

# 2024 MVP Health Care<sup>®</sup> Marketplace Formulary (List of Covered Drugs)

**Please Read:** This document contains information about the drugs we cover in this plan.

This Formulary was updated on **May 1, 2024**. For more up-to-date information or other questions, please contact the MVP Customer Care Center.

You can reach the Customer Care Center using the phone number on the back of your MVP Member ID card, Monday–Friday, 8 am–6 pm (Eastern Time), (TTY 711).



For more detailed information about your MVP prescription drug coverage, please review your Certificate of Coverage or Summary Plan Description. Please be advised that this document is updated periodically, and changes may appear prior to their effective date to allow for member notification.

**For the most up-to-date information or other questions, please contact the MVP Customer Care Center at the phone number on the back of your MVP Member ID card.**

## How do I use the Formulary?

There are two ways to find a drug within this Formulary document. On your keyboard, press *CTRL+F* to bring up a search window.

1. **Search by Medical Condition.** The drugs in this Formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular." If you know what your drug is used for, look for the category name in the document below. Then look under the category name for your drug.
2. **Search by Drug Name.** If you are not sure of the category, look for your drug in the Index. The Index provides an alphabetical list of all the drugs, both brand name and generic, included in this document. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information.

## Are there coverage restrictions?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

**PRIOR AUTHORIZATION (PA)** MVP requires your provider to get prior authorization for certain drugs. This means that you will need to get approval from MVP before you fill your prescriptions. If you don't get approval, MVP may not cover the drug. Some drugs not listed in the Formulary follow approved MVP prior authorization policies. Please note that all new drugs will be excluded from the Formulary and require prior authorization until reviewed by the MVP Pharmacy and Therapeutics (P&T) Committee. The P&T Committee recommends drugs to be excluded from coverage if they do not have significant clinical and/or therapeutic advantages over drugs currently covered by MVP. The committee uses utilization, pharmaco-economic, and clinical data to develop the exclusions. However, not every member may be able to tolerate Formulary drugs due to clinical ineffectiveness or adverse/allergic reactions. A Formulary exception (prior authorization) process for these cases will allow members to receive otherwise non-covered medications.

**QUANTITY LIMIT (QL)** Some drugs in the Formulary have a maximum quantity that may be received over a specified time period. The list of drugs with quantity limits is subject to change and are marked by a "QL." The amount of drug covered is based on clinical considerations. If

you require more than the allowed quantity, the prescribing provider should initiate a request for coverage.

**STEP THERAPY (ST)** In some cases, MVP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP will then cover Drug B.

**SPECIALTY DRUGS (SP)** Specialty medications are used in the management of complex chronic or genetic conditions and certain catastrophic diseases. They are most often injectable medications but may also include oral agents. Drugs identified in the Formulary as “SP” must be filled through the CVS Specialty Pharmacy or another pharmacy in the specialty network.

**OVER-THE-COUNTER MEDICATIONS (OTC)** Certain medications listed in the Formulary are available over the counter. For these to be covered by insurance, a prescription is required.

**MEDICAL (M)** These drugs are covered under your Medical benefit. Typically, these products are obtained and administered by your provider. If you do not receive these medications from your provider, they must be obtained from CVS Specialty pharmacy, or another pharmacy in the specialty network.

**AGE** Some medications have age restrictions to ensure they are used in appropriate age groups. If you are outside of the age restriction but require the use of a drug with an age edit, your provider can submit a request for coverage and tell us why you need this drug.

## More information

Your provider is the person best suited to help you make decisions about prescription drugs, and the prescription drug information here is intended for consumer guidance only. This information relates to the Prescription Drug Formulary, generally, and may not describe your specific coverage. Your Certificate of Coverage or Summary Plan Description determines your benefits, limitations, and exclusions.

While every effort has been made to ensure accuracy, some information may be out of date. The Formulary is subject to change based on decisions made by the P&T Committee. New drugs are not covered until reviewed by the P&T Committee. Medications with an OTC equivalent are not a covered benefit. Drugs entering the market between 1938 and 1962 that were approved for safety but not effectiveness are called “DESI” drugs. DESI drugs are not covered on the MVP Marketplace Formulary.

The information contained in the MVP Marketplace Formulary is provided solely for the convenience of medical providers. MVP does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. The MVP Marketplace Formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgement of the medical provider in his/her choice of prescription drugs. The MVP Marketplace Formulary is subject to

state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands, and mandatory generic drugs whenever applicable. MVP assumes no responsibility for the actions of any medical provider based upon reliance, in whole or part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

Your employer may have limited your coverage of certain prescription drugs. In the case of some drugs, MVP may limit coverage to a specific quantity or a specific course of treatment. MVP may also require prior authorization on some covered drugs. If you need more information about policies regarding a specific drug, consult your provider or contact the MVP Customer Care Center at the phone number on the back of your MVP Member ID card. If the medication you take is not listed below, contact the CVS Caremark Customer Care Center at the phone number on the back of your MVP Member ID card .

## MVP Exchange Effective 05/01/2024

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

### AMPHETAMINES

ADDERALL TAB 5MG	3	
ADDERALL TAB 7.5MG	3	
ADDERALL TAB 10MG	3	
ADDERALL TAB 12.5MG	3	
ADDERALL TAB 15MG	3	
ADDERALL TAB 20MG	3	
ADDERALL TAB 30MG	3	
ADDERALL XR CAP 5MG	3	QL (60 caps every 30 days)
ADDERALL XR CAP 10MG	3	QL (60 caps every 30 days)
ADDERALL XR CAP 15MG	3	QL (60 caps every 30 days)
ADDERALL XR CAP 20MG	3	QL (60 caps every 30 days)
ADDERALL XR CAP 25MG	3	QL (60 caps every 30 days)
ADDERALL XR CAP 30MG	3	QL (60 caps every 30 days)
<i>amphetamine sulfate tab 5 mg</i>	1	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	2	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	2	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	2	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	2	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (60 caps every 30 days)

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	
DEXEDRINE CAP 10MG CR	3	QL (60 caps every 30 days)
DEXEDRINE CAP 15MG CR	3	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	2	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	2	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	
<i>dextroamphetamine sulfate tab 5 mg</i>	2	
<i>dextroamphetamine sulfate tab 10 mg</i>	2	
<i>dextroamphetamine sulfate tab 30 mg</i>	2	
<i>lisdexamfetamine dimesylate cap 10 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	2	QL (60 tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	2	QL (60 tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	2	QL (60 tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	2	QL (60 tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	2	QL (60 tabs every 30 days)

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	2	QL (60 tabs every 30 days)
MYDAYIS CAP 12.5MG	2	QL (60 caps every 30 days)
MYDAYIS CAP 25MG	2	QL (60 caps every 30 days)
MYDAYIS CAP 37.5MG	2	QL (60 caps every 30 days)
MYDAYIS CAP 50MG	2	QL (60 caps every 30 days)
<i>procentra</i>	2	
VYVANSE CAP 10MG	3	QL (60 caps every 30 days)
VYVANSE CAP 20MG	3	QL (60 caps every 30 days)
VYVANSE CAP 30MG	3	QL (60 caps every 30 days)
VYVANSE CAP 40MG	3	QL (60 caps every 30 days)
VYVANSE CAP 50MG	3	QL (60 caps every 30 days)
VYVANSE CAP 60MG	3	QL (60 caps every 30 days)
VYVANSE CAP 70MG	3	QL (60 caps every 30 days)
VYVANSE CHW 10MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 20MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 30MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 40MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 50MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 60MG	3	QL (60 tabs every 30 days)
<i>zenzedi tab 2.5mg</i>	2	
<i>zenzedi tab 7.5mg</i>	2	
<i>zenzedi tab 15mg</i>	2	
<i>zenzedi tab 20mg</i>	2	
<b>ANALEPTICS</b>		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	NM
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
ADIPEX-P CAP 37.5MG	3	QL (365 days per lifetime), NM
ADIPEX-P TAB 37.5MG	3	QL (365 days per lifetime), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benzphetamine hcl tab 50 mg</i>	1	QL (365 days per lifetime), NM
<i>diethylpropion hcl tab 25 mg</i>	1	QL (365 days per lifetime), NM
<i>diethylpropion hcl tab er 24hr 75 mg</i>	1	QL (365 days per lifetime), NM
LOMAIRA TAB 8MG	3	QL (365 days per lifetime), NM
<i>phendimetrazine tartrate tab 35 mg</i>	1	QL (365 days per lifetime), NM
<i>phentermine hcl cap 15 mg</i>	1	QL (365 days per lifetime), NM
<i>phentermine hcl cap 30 mg</i>	1	QL (365 days per lifetime), NM
<i>phentermine hcl cap 37.5 mg</i>	1	QL (365 days per lifetime), NM
<i>phentermine hcl tab 37.5 mg</i>	1	QL (365 days per lifetime), NM
QSYMIA CAP 3.75-23	3	QL (365 days per lifetime), NM
QSYMIA CAP 7.5-46MG	3	QL (365 days per lifetime), NM
QSYMIA CAP 11.25-69	3	QL (365 days per lifetime), NM
QSYMIA CAP 15-92MG	3	QL (365 days per lifetime), NM
<b>ANTI-OBESITY AGENTS</b>		
CONTRAVE TAB 8-90MG	3	QL (365 days per lifetime), NM
IMCIVREE INJ 10MG/ML	3	PA; LD
<i>orlistat cap 120 mg</i>	2	QL (365 days per lifetime), NM
SAXENDA INJ 18MG/3ML	2	PA
WEGOVY INJ 0.5MG	2	PA, NM
WEGOVY INJ 0.25MG	2	PA, NM
WEGOVY INJ 1.7MG	2	PA
WEGOVY INJ 1MG	2	PA, NM
WEGOVY INJ 2.4MG	2	PA
XENICAL CAP 120MG	3	QL (365 days per lifetime), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	QL (90 caps every 30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	2	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	2	
INTUNIV TAB 1MG	3	
INTUNIV TAB 2MG	3	
INTUNIV TAB 3MG	3	
INTUNIV TAB 4MG	3	
KAPVAY TAB 0.1 MG	3	
QELBREE CAP 100MG ER	3	QL (60 capsule every 30 days)
QELBREE CAP 150MG ER	3	QL (60 capsule every 30 days)
QELBREE CAP 200MG ER	3	QL (60 capsule every 30 days)
STRATTERA CAP 10MG	3	QL (90 caps every 30 days)
STRATTERA CAP 18MG	3	QL (90 caps every 30 days)
STRATTERA CAP 25MG	3	QL (90 caps every 30 days)
STRATTERA CAP 40MG	3	QL (90 caps every 30 days)
STRATTERA CAP 60MG	3	QL (90 caps every 30 days)
STRATTERA CAP 80MG	3	QL (90 caps every 30 days)

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STRATTERA CAP 100MG	3	QL (90 caps every 30 days)
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI TAB 75MG	2	QL (60 tabs every 30 days)
SUNOSI TAB 150MG	2	QL (60 tabs every 30 days)
<b>STIMULANTS - MISC.</b>		
APTENSIO XR CAP 10MG	3	QL (60 caps every 30 days)
APTENSIO XR CAP 15MG	3	QL (60 caps every 30 days)
APTENSIO XR CAP 20MG	3	QL (60 caps every 30 days)
APTENSIO XR CAP 30MG	3	QL (60 caps every 30 days)
APTENSIO XR CAP 40MG	3	QL (60 caps every 30 days)
APTENSIO XR CAP 50MG	3	QL (60 caps every 30 days)
APTENSIO XR CAP 60MG	3	QL (60 caps every 30 days)
<i>armodafinil tab 50 mg</i>	2	QL (60 tabs every 30 days)
<i>armodafinil tab 150 mg</i>	2	QL (60 tabs every 30 days)
<i>armodafinil tab 200 mg</i>	2	QL (60 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	2	QL (60 tabs every 30 days)
CONCERTA TAB 18MG	3	QL (60 tabs every 30 days)
CONCERTA TAB 27MG	3	QL (60 tabs every 30 days)
CONCERTA TAB 36MG	3	QL (60 tabs every 30 days)
CONCERTA TAB 54MG	3	QL (60 tabs every 30 days)
DAYTRANA DIS 10MG/9HR	3	
DAYTRANA DIS 15MG/9HR	3	
DAYTRANA DIS 20MG/9HR	3	
DAYTRANA DIS 30MG/9HR	3	
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	2	QL (60 caps every 30 days)

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	
<i>dexmethylphenidate hcl tab 5 mg</i>	1	
<i>dexmethylphenidate hcl tab 10 mg</i>	1	
FOCALIN TAB 2.5MG	3	
FOCALIN TAB 5MG	3	
FOCALIN TAB 10MG	3	
FOCALIN XR CAP 5MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 10MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 15MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 20MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 25MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 30MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 35MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 40MG	3	QL (60 caps every 30 days)
JORNAY PM CAP 20MG ER	3	QL (60 capsules per 30 days)
JORNAY PM CAP 40MG ER	3	QL (60 capsules per 30 days)
JORNAY PM CAP 60MG ER	3	QL (60 capsules per 30 days)
JORNAY PM CAP 80MG ER	3	QL (60 capsules per 30 days)
JORNAY PM CAP 100MG ER	3	QL (60 capsules per 30 days)
METHYLIN SOL 5MG/5ML	3	
METHYLIN SOL 10MG/5ML	3	
METHYLPHENID TAB 45MG ER	3	QL (60 tabs every 30 days)
METHYLPHENID TAB 63MG ER	3	QL (60 tabs every 30 days)

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl cap er 10 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	
<i>methylphenidate hcl chew tab 5 mg</i>	1	
<i>methylphenidate hcl chew tab 10 mg</i>	1	
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	
<i>methylphenidate hcl tab 5 mg</i>	1	
<i>methylphenidate hcl tab 10 mg</i>	1	
<i>methylphenidate hcl tab 20 mg</i>	1	
<i>methylphenidate hcl tab er 10 mg</i>	2	QL (60 tabs every 30 days)

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl tab er 20 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	2	QL (60 tabs every 30 days)
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 72 MG	3	QL (60 tabs every 30 days)
<i>methylphenidate td patch 10 mg/9hr</i>	2	
<i>methylphenidate td patch 15 mg/9hr</i>	2	
<i>methylphenidate td patch 20 mg/9hr</i>	2	
<i>methylphenidate td patch 30 mg/9hr</i>	2	
<i>modafinil tab 100 mg</i>	2	QL (60 tabs every 30 days)
<i>modafinil tab 200 mg</i>	2	QL (60 tabs every 30 days)
PROVIGIL TAB 100MG	3	QL (60 tabs every 30 days)
PROVIGIL TAB 200MG	3	QL (60 tabs every 30 days)
QUILLIVANT SUS 25MG/5ML	3	QL (360 mL every 30 days)
RELEXXII TAB 72MG ER	3	QL (60 tabs every 30 days)
RITALIN LA CAP 10MG	3	QL (60 caps every 30 days)
RITALIN LA CAP 20MG	3	QL (60 caps every 30 days)
RITALIN LA CAP 30MG	3	QL (60 caps every 30 days)
RITALIN LA CAP 40MG	3	QL (60 caps every 30 days)
RITALIN TAB 5MG	3	
RITALIN TAB 10MG	3	
RITALIN TAB 20MG	3	

## **ALLERGENIC EXTRACTS/BIOLOGICALS MISC**

### **ALLERGENIC EXTRACTS**

GRASTEK SUB 2800BAU	3	PA
ODACTRA SUB	3	PA
ORALAIR SUB 300 IR	3	PA
PALFORZIA CAP ESCALAT	3	SP, PA, NM
PALFORZIA CAP LEVEL 1	3	SP, PA, NM
PALFORZIA CAP LEVEL 2	3	SP, PA, NM
PALFORZIA CAP LEVEL 3	3	SP, PA, NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PALFORZIA CAP LEVEL 4	3	SP, PA, NM
PALFORZIA CAP LEVEL 5	3	SP, PA, NM
PALFORZIA CAP LEVEL 6	3	SP, PA, NM
PALFORZIA CAP LEVEL 7	3	SP, PA, NM
PALFORZIA CAP LEVEL 8	3	SP, PA, NM
PALFORZIA CAP LEVEL 9	3	SP, PA, NM
PALFORZIA CAP LEVEL 10	3	SP, PA, NM
PALFORZIA POW LEVEL 11	3	SP, PA
PALFORZIA POW LEVEL 11	3	SP, PA, NM
RAGWITEK SUB	3	PA

## **AMINOGLYCOSIDES**

### **AMINOGLYCOSIDES**

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	1	NM
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	1	NM
BETHKIS NEB 300/4ML	3	SP, PA
<i>gentamicin sulfate inj 10 mg/ml</i>	1	NM
<i>gentamicin sulfate inj 40 mg/ml</i>	1	NM
KITABIS PAK NEB 300/5ML	3	SP, PA
<i>neomycin sulfate tab 500 mg</i>	1	NM
<i>paromomycin sulfate cap 250 mg</i>	2	NM
TOBI NEB 300/5ML	3	SP, PA
TOBI PODHALR CAP 28MG	3	SP, PA
<i>tobramycin nebu soln 300 mg/4ml</i>	2	SP, PA
<i>tobramycin nebu soln 300 mg/5ml</i>	2	SP, PA
<i>tobramycin sulfate for inj 1.2 gm</i>	1	NM
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	1	NM
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	1	NM
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	1	NM
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	1	NM

## **ANALGESICS - ANTI-INFLAMMATORY**

### **ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

ADALIMU-ADAZ INJ 40/0.4ML	2	SP, PA
HUMIRA INJ 10/0.1ML	2	SP, PA
HUMIRA INJ 20/0.2ML	2	SP, PA
HUMIRA INJ 40/0.4ML	2	SP, PA
HUMIRA KIT 40MG/0.8	2	SP, PA
HUMIRA PEDIA INJ CROHNS	2	SP, PA
HUMIRA PEN INJ 40/0.4ML	2	SP, PA

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN INJ 40MG/0.8	2	SP, PA
HUMIRA PEN INJ CD/UC/HS	2	SP, PA
HUMIRA PEN INJ PS/UV	2	SP, PA
HUMIRA PEN KIT CD/UC/HS	2	SP, PA
HUMIRA PEN KIT PS/UV	2	SP, PA
HYRIMOZ INJ 40/0.4ML	2	SP, PA; (coverage restricted to Cordavis brand only)
HYRIMOZ INJ 40/0.8ML	2	SP, PA; (coverage restricted to Cordavis brand only)

### **ANTIRHEUMATIC - ENZYME INHIBITORS**

RINVOQ TAB 15MG ER	2	SP, PA
RINVOQ TAB 30MG ER	2	SP, PA
RINVOQ TAB 45MG ER	2	SP, PA
XELJANZ SOL 1MG/ML	2	SP, PA
XELJANZ TAB 5MG	2	SP, PA
XELJANZ TAB 10MG	2	SP, PA
XELJANZ XR TAB 11MG	2	SP, PA
XELJANZ XR TAB 22MG	2	SP, PA

### **ANTIRHEUMATIC ANTIMETABOLITES**

OTREXUP INJ 10MG	3	SP, PA
OTREXUP INJ 12.5/0.4	3	SP, PA
OTREXUP INJ 15MG	3	SP, PA
OTREXUP INJ 17.5/0.4	3	SP, PA
OTREXUP INJ 20MG	3	SP, PA
OTREXUP INJ 22.5/0.4	3	SP, PA
OTREXUP INJ 25MG	3	SP, PA
RASUVO INJ 7.5MG	3	SP, PA
RASUVO INJ 10MG	3	SP, PA
RASUVO INJ 12.5MG	3	SP, PA
RASUVO INJ 15MG	3	SP, PA
RASUVO INJ 17.5MG	3	SP, PA
RASUVO INJ 20MG	3	SP, PA
RASUVO INJ 22.5MG	3	SP, PA
RASUVO INJ 25MG	3	SP, PA
RASUVO INJ 30MG	3	SP, PA

### **GOLD COMPOUNDS**

RIDAURA CAP 3MG	2	
-----------------	---	--

### **INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)**

KINERET INJ	3	SP, PA; LD
-------------	---	------------

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA INJ 162/0.9	3	SP, PA
ACTEMRA INJ ACTPEN	3	SP, PA
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
CELEBREX CAP 50MG	3	
CELEBREX CAP 100MG	3	
CELEBREX CAP 200MG	3	
CELEBREX CAP 400MG	3	
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
DAYPRO TAB 600MG	3	
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
DUEXIS TAB 800-26.6	3	QL (90 tabs every 30 days)
EC-NAPROSYN TAB 375MG	3	
<i>ec-naproxen</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
FELDENE CAP 10MG	3	
FELDENE CAP 20MG	3	
<i>fenoprofen calcium tab 600 mg</i>	2	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibu</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>ketorolac tromethamine inj 30 mg/ml</i>	1	NM
<i>ketorolac tromethamine tab 10 mg</i>	1	NM
<i>meclofenamate sodium cap 50 mg</i>	2	
<i>meclofenamate sodium cap 100 mg</i>	2	
<i>mefenamic acid cap 250 mg</i>	2	QL (14 caps every 30 days)
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
NALFON TAB 600MG	3	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	2	QL (60 tabs every 30 days)
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	2	QL (60 tabs every 30 days)
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
SPRIX SPR 15.75MG	3	PA, QL (5 bottles every 23 days), NM
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA TAB 10/20/30	2	SP, PA, NM
OTEZLA TAB 30MG	2	SP, PA
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL INJ 25/0.5ML	2	SP, PA
ENBREL INJ 25MG	2	SP, PA
ENBREL INJ 50MG/ML	2	SP, PA

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENBREL MINI INJ 50MG/ML	2	SP, PA
ENBREL SRCLK INJ 50MG/ML	2	SP, PA

## **ANALGESICS - NONNARCOTIC**

### **ANALGESIC COMBINATIONS**

<i>butalbital-acetaminophen tab 50-300 mg</i>	1	NM
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	NM
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	NM
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	NM
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	NM
ESGIC TAB	3	NM
tencon	1	NM

### **SALICYLATES**

<i>aspirin 81 low dose</i>	1	AGE, OTC, NM
<i>aspirin chew tab 81 mg</i>	1	OTC, NM
<i>aspirin childrens</i>	1	AGE, OTC, NM
<i>aspirin chw 81mg</i>	1	AGE, OTC, NM
<i>aspirin low tab 81mg ec</i>	1	OTC, NM
<i>aspirin tab delayed release 81 mg</i>	1	OTC, NM
<i>aspirin tab delayed release 81 mg</i>	1	AGE, OTC, NM
<i>bayer chewable low dose</i>	1	AGE, OTC, NM
<i>bayer low dose</i>	1	AGE, OTC, NM
<i>child asa chw 81mg</i>	1	OTC, NM
<i>cvs aspirin adult low str</i>	1	AGE, OTC, NM
<i>cvs aspirin low dose</i>	1	AGE, OTC, NM
<i>diflunisal tab 500 mg</i>	1	
<i>ecotrin low strength</i>	1	AGE, OTC, NM
<i>eq aspirin chw 81mg</i>	1	OTC, NM
<i>eql aspirin low dose</i>	1	AGE, OTC, NM
<i>gnp adult aspirin low str</i>	1	AGE, OTC, NM
<i>kls aspirin low dose</i>	1	AGE, OTC, NM
<i>kp aspirin</i>	1	AGE, OTC, NM
<i>px aspirin</i>	1	AGE, OTC, NM
<i>px enteric aspirin</i>	1	AGE, OTC, NM
<i>qc aspirin chw 81mg</i>	1	OTC, NM
<i>qc childrens aspirin</i>	1	AGE, OTC, NM
<i>ra aspirin adult low stre</i>	1	AGE, OTC, NM
<i>ra aspirin ec</i>	1	AGE, OTC, NM
<i>salsalate tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	
<i>sb childrens aspirin</i>	1	AGE, OTC, NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sm aspirin ec low strengt</i>	1	AGE, OTC, NM
<i>sm aspirin tab 81mg ec</i>	1	OTC, NM
<i>sm childrens aspirin</i>	1	AGE, OTC, NM
<i>st joseph low dose aspiri</i>	1	AGE, OTC, NM

## **ANALGESICS - OPIOID**

### **OPIOID AGONISTS**

ACTIQ LOZ 200MCG	3	PA, QL (60 lozenges every 30 days), NM
ACTIQ LOZ 400MCG	3	PA, QL (60 ea every 30 days), NM
ACTIQ LOZ 600MCG	3	PA, QL (60 ea every 30 days), NM
ACTIQ LOZ 800MCG	3	PA, QL (60 ea every 30 days), NM
ACTIQ LOZ 1200MCG	3	PA, QL (60 ea every 30 days), NM
ACTIQ LOZ 1600MCG	3	PA, QL (60 lozenges every 30 days), NM
CODEINE SULF TAB 60MG	3	NM
<i>codeine sulfat tab 30 mg</i>	1	NM
CONZIP CAP 100MG	3	QL (30 caps every 30 days), NM
CONZIP CAP 200MG	3	QL (30 caps every 30 days), NM
CONZIP CAP 300MG	3	QL (30 caps every 30 days), NM
DEMEROL INJ 75MG/ML	3	NM
DEMEROL INJ 100MG/ML	3	NM
DILAUDID LIQ 1MG/ML	3	NM
DILAUDID TAB 2MG	3	NM
DILAUDID TAB 4MG	3	NM
DILAUDID TAB 8MG	3	NM
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	2	PA, QL (60 ea every 30 days), NM
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	2	PA, QL (60 ea every 30 days), NM
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	2	PA, QL (60 ea every 30 days), NM
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	2	PA, QL (60 ea every 30 days), NM
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	2	PA, QL (60 ea every 30 days), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	2	PA, QL (60 ea every 30 days), NM
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	ST, QL (20 patches every 30 days), NM
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	ST, QL (20 patches every 30 days), NM
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	ST, QL (20 patches every 30 days), NM
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	ST, QL (20 patches every 30 days), NM
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	ST, QL (20 patches every 30 days), NM
FENTORA TAB 100MCG	3	PA, QL (60 ea every 30 days), NM
FENTORA TAB 200MCG	3	PA, QL (60 ea every 30 days), NM
FENTORA TAB 400MCG	3	PA, QL (60 tabs every 30 days), NM
FENTORA TAB 600MCG	3	PA, QL (60 tabs every 30 days), NM
FENTORA TAB 800MCG	3	PA, QL (60 tabs every 30 days), NM
HYDROCODONE BITARTRATE CAP ER 12HR 10 MG	3	ST, QL (60 caps every 30 days), NM
HYDROCODONE BITARTRATE CAP ER 12HR 15 MG	3	ST, QL (60 caps every 30 days), NM
HYDROCODONE BITARTRATE CAP ER 12HR 20 MG	3	ST, QL (60 caps every 30 days), NM
HYDROCODONE BITARTRATE CAP ER 12HR 30 MG	3	ST, QL (60 caps every 30 days), NM
HYDROCODONE BITARTRATE CAP ER 12HR 40 MG	3	ST, QL (60 caps every 30 days), NM
HYDROCODONE BITARTRATE CAP ER 12HR 50 MG	3	ST, QL (60 caps every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	2	ST, QL (60 tabs every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	2	ST, QL (60 tabs every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	2	ST, QL (60 tabs every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	2	ST, QL (60 tabs every 30 days), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	2	ST, QL (60 tabs every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	2	ST, QL (60 tabs every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	2	ST, QL (60 tabs every 30 days), NM
HYDROMORPHON SUP 3MG	3	NM
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	NM
<i>hydromorphone hcl tab 2 mg</i>	1	NM
<i>hydromorphone hcl tab 4 mg</i>	1	NM
<i>hydromorphone hcl tab 8 mg</i>	1	NM
<i>hydromorphone hcl tab er 24hr 8 mg</i>	2	ST, QL (30 tabs every 30 days), NM
HYSINGLA ER TAB 20 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 30 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 40 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 60 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 80 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 100 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 120 MG	3	ST, QL (60 tabs every 30 days), NM
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	NM
<i>meperidine hcl tab 50 mg</i>	1	NM
<i>methadone hcl conc 10 mg/ml</i>	2	NM
<i>methadone hcl soln 5 mg/5ml</i>	2	NM
<i>methadone hcl soln 10 mg/5ml</i>	2	NM
<i>methadone hcl tab 5 mg</i>	1	NM
<i>methadone hcl tab 10 mg</i>	1	NM
<i>methadone hcl tab for oral susp 40 mg</i>	2	NM
METHADONE INJ 10MG/ML	2	NM
<i>methadose</i>	2	NM
METHADOSE CON 10MG/ML	3	NM
METHADOSE SF CON 10MG/ML	3	NM
<i>mitigo</i>	2	NM
<i>morphine sulfate beads cap er 24hr 30 mg</i>	2	ST, PA, QL (30 caps every 30 days), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate beads cap er 24hr 45 mg</i>	2	ST, PA, QL (30 caps every 30 days), NM
<i>morphine sulfate beads cap er 24hr 60 mg</i>	2	ST, PA, QL (30 caps every 30 days), NM
<i>morphine sulfate beads cap er 24hr 75 mg</i>	2	ST, PA, QL (30 caps every 30 days), NM
<i>morphine sulfate beads cap er 24hr 90 mg</i>	2	ST, PA, QL (30 caps every 30 days), NM
<i>morphine sulfate beads cap er 24hr 120 mg</i>	2	ST, PA, QL (30 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 10 mg</i>	2	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 20 mg</i>	2	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 30 mg</i>	2	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 50 mg</i>	2	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 60 mg</i>	2	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 80 mg</i>	2	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 100 mg</i>	2	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	NM
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	NM
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	NM
<i>morphine sulfate suppos 5 mg</i>	2	NM
<i>morphine sulfate suppos 10 mg</i>	2	NM
<i>morphine sulfate suppos 20 mg</i>	2	NM
<i>morphine sulfate suppos 30 mg</i>	2	NM
<i>morphine sulfate tab 15 mg</i>	1	NM
<i>morphine sulfate tab 30 mg</i>	1	NM
<i>morphine sulfate tab er 15 mg</i>	2	ST, PA, QL (90 tabs every 30 days), NM
<i>morphine sulfate tab er 30 mg</i>	2	ST, PA, QL (90 tabs every 30 days), NM
<i>morphine sulfate tab er 60 mg</i>	2	ST, PA, QL (90 tabs every 30 days), NM
<i>morphine sulfate tab er 100 mg</i>	2	ST, PA, QL (90 tabs every 30 days), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate tab er 200 mg</i>	2	ST, PA, QL (90 tabs every 30 days), NM
MS CONTIN TAB 15MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
MS CONTIN TAB 30MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
MS CONTIN TAB 60MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
MS CONTIN TAB 100MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
MS CONTIN TAB 200MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
NUCYNTA ER TAB 50MG	3	QL (60 tabs every 30 days), NM
NUCYNTA ER TAB 100MG	3	QL (60 tabs every 30 days), NM
NUCYNTA ER TAB 150MG	3	QL (60 tabs every 30 days), NM
NUCYNTA ER TAB 200MG	3	QL (60 tablets per 30 days), NM
NUCYNTA ER TAB 250MG	3	QL (60 tablets per 30 days), NM
NUCYNTA TAB 50MG	3	NM
NUCYNTA TAB 75MG	3	NM
NUCYNTA TAB 100MG	3	NM
<i>oxycodone hcl cap 5 mg</i>	1	NM
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	NM
<i>oxycodone hcl soln 5 mg/5ml</i>	1	NM
<i>oxycodone hcl tab 5 mg</i>	1	NM
<i>oxycodone hcl tab 10 mg</i>	1	NM
<i>oxycodone hcl tab 15 mg</i>	1	NM
<i>oxycodone hcl tab 20 mg</i>	1	NM
<i>oxycodone hcl tab 30 mg</i>	1	NM
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	2	ST, PA, QL (90 tabs every 30 days), NM
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	2	ST, PA, QL (90 tabs every 30 days), NM
OXYCONTIN TAB 10MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
OXYCONTIN TAB 15MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
OXYCONTIN TAB 20MG ER	3	ST, PA, QL (90 tabs every 30 days), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OXYCONTIN TAB 30MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
OXYCONTIN TAB 40MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
OXYCONTIN TAB 60MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
OXYCONTIN TAB 80MG ER	3	ST, PA, QL (90 tabs every 30 days), NM
<i>oxymorphone hcl tab 5 mg</i>	2	NM
<i>oxymorphone hcl tab 10 mg</i>	2	NM
<i>oxymorphone hcl tab er 12hr 5 mg</i>	2	ST, PA, QL (90 tabs every 30 days), NM
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	2	ST, PA, QL (90 tabs every 30 days), NM
<i>oxymorphone hcl tab er 12hr 10 mg</i>	2	ST, PA, QL (90 tabs every 30 days), NM
<i>oxymorphone hcl tab er 12hr 15 mg</i>	2	ST, PA, QL (90 tabs every 30 days), NM
<i>oxymorphone hcl tab er 12hr 20 mg</i>	2	ST, PA, QL (90 tabs every 30 days), NM
<i>oxymorphone hcl tab er 12hr 30 mg</i>	2	ST, PA, QL (90 tabs every 30 days), NM
<i>oxymorphone hcl tab er 12hr 40 mg</i>	2	ST, PA, QL (90 tabs every 30 days), NM
ROXICODONE TAB 15MG	3	NM
ROXICODONE TAB 30MG	3	NM
SUBSYS SPR 100MCG	3	PA, QL (60 ea every 30 days), NM
SUBSYS SPR 400MCG	3	PA, QL (60 ea every 30 days), NM
SUBSYS SPR 600MCG	3	PA, QL (60 ea every 30 days), NM
SUBSYS SPR 800MCG	3	PA, QL (60 ea every 30 days), NM
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	2	QL (30 caps every 30 days), NM
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	2	QL (30 caps every 30 days), NM
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	2	QL (30 caps every 30 days), NM
<i>tramadol hcl tab 50 mg</i>	1	NM
<i>tramadol hcl tab 100 mg</i>	1	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tramadol hcl tab er 24hr 100 mg</i>	1	QL (30 tabs every 30 days), NM
<i>tramadol hcl tab er 24hr 200 mg</i>	1	QL (30 tabs every 30 days), NM
<i>tramadol hcl tab er 24hr 300 mg</i>	1	QL (30 tabs every 30 days), NM
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	QL (30 tabs every 30 days), NM
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	QL (30 tabs every 30 days), NM
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	QL (30 tabs every 30 days), NM
XTAMPZA ER CAP 9MG	3	ST, PA, QL (60 caps every 30 days), NM
XTAMPZA ER CAP 13.5MG	3	ST, PA, QL (60 caps every 30 days), NM
XTAMPZA ER CAP 18MG	3	ST, PA, QL (60 caps every 30 days), NM
XTAMPZA ER CAP 27MG	3	ST, PA, QL (60 caps every 30 days), NM
XTAMPZA ER CAP 36MG	3	ST, PA, QL (60 caps every 30 days), NM

### **OPIOID COMBINATIONS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	NM
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	NM
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	NM
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	NM
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	NM
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	NM
<i>endocet</i>	1	NM
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	NM
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	NM
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	NM
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	NM
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	NM
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	NM
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	NM
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	NM
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	NM
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	NM
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	NM
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	NM
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	NM

### **OPIOID PARTIAL AGONISTS**

BELBUCA MIS 75MCG	3	QL (60 films every 30 days), NM
BELBUCA MIS 150MCG	3	QL (60 films every 30 days), NM
BELBUCA MIS 300MCG	3	QL (60 films every 30 days), NM
BELBUCA MIS 450MCG	3	QL (60 films every 30 days), NM
BELBUCA MIS 600MCG	3	QL (60 films every 30 days), NM
BELBUCA MIS 750MCG	3	QL (60 films every 30 days), NM
BELBUCA MIS 900MCG	3	QL (60 films every 30 days), NM
BUPRENEX INJ 0.3MG/ML	3	NM
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	2	NM
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	NM
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2	NM
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (90 films per 30 days), NM
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films per 30 days), NM
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films per 30 days), NM
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (60 films per 30 days), NM
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 films per 30 days), NM
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 films per 30 days), NM
<i>buprenorphine td patch weekly 5 mcg/hr</i>	2	ST, PA, QL (4 patches every 21 days), NM
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	2	ST, PA, QL (4 patches every 21 days), NM
<i>buprenorphine td patch weekly 10 mcg/hr</i>	2	ST, PA, QL (4 patches every 21 days), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>buprenorphine td patch weekly 15 mcg/hr</i>	2	ST, PA, QL (4 patches every 21 days), NM
<i>buprenorphine td patch weekly 20 mcg/hr</i>	2	ST, PA, QL (4 patches every 21 days), NM
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	2	QL (4 canisters per 30 days), NM
BUTRANS DIS 5MCG/HR	3	ST, PA, QL (4 patches every 21 days), NM
BUTRANS DIS 7.5/HR	3	ST, PA, QL (4 patches every 21 days), NM
BUTRANS DIS 10MCG/HR	3	ST, PA, QL (4 patches every 21 days), NM
BUTRANS DIS 15MCG/HR	3	ST, PA, QL (4 patches every 21 days), NM
BUTRANS DIS 20MCG/HR	3	ST, PA, QL (4 patches every 21 days), NM
<i>nalbuphine hcl inj 10 mg/ml</i>	2	NM
<i>nalbuphine hcl inj 20 mg/ml</i>	2	NM
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	NM
SUBOXONE MIS 2-0.5MG	3	QL (90 films per 30 days), NM
SUBOXONE MIS 4-1MG	3	QL (90 films per 30 days), NM
SUBOXONE MIS 8-2MG	3	QL (90 films per 30 days), NM
SUBOXONE MIS 12-3MG	3	QL (60 films per 30 days), NM
ZUBSOLV SUB 0.7-0.18	3	QL (90 films per 30 days), NM
ZUBSOLV SUB 1.4-0.36	3	QL (90 films per 30 days), NM
ZUBSOLV SUB 2.9-0.71	3	QL (90 films per 30 days), NM
ZUBSOLV SUB 5.7-1.4	3	QL (90 films per 30 days), NM
ZUBSOLV SUB 8.6-2.1	3	QL (60 films per 30 days), NM
ZUBSOLV SUB 11.4-2.9	3	QL (30 films per 30 days), NM
<b>ANDROGENS-ANABOLIC</b>		
<b>ANABOLIC STEROIDS</b>		
<i>oxandrolone tab 2.5 mg</i>	2	QL (60 tabs every 30 days), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxandrolone tab 10 mg</i>	2	QL (60 tabs every 30 days), NM

### **ANDROGENS**

ANDRODERM DIS 2MG/24HR	3	PA, QL (30 patches every 30 days)
ANDRODERM DIS 4MG/24HR	3	PA, QL (30 ea every 30 days)
ANDROGEL GEL 1.62%	2	QL (150 gm every 30 days)
<i>danazol cap 50 mg</i>	1	NM
<i>danazol cap 100 mg</i>	1	NM
<i>danazol cap 200 mg</i>	1	NM
DEPO-TESTOST INJ 100MG/ML	3	PA, QL (10 ml / 30 days)
DEPO-TESTOST INJ 200MG/ML	3	PA, QL (10 ml / 30 days)
FORTESTA GEL 10MG/ACT	3	PA, QL (60 gm every 30 days)
JATENZO CAP 158MG	3	PA, QL (120 caps every 30 days)
JATENZO CAP 198MG	3	PA, QL (120 caps every 30 days)
JATENZO CAP 237MG	3	PA, QL (120 caps every 30 days)
KYZATREX CAP 100MG	3	PA
KYZATREX CAP 150MG	3	PA
KYZATREX CAP 200MG	3	PA
METHITEST TAB 10MG	3	PA, QL (30 tabs every 30 days)
<i>methyltestosterone cap 10 mg</i>	2	PA, QL (30 caps every 30 days)
NATESTO GEL 5.5MG	3	PA, QL (24 gm every 30 days)
TESTIM GEL 1%(50MG)	3	PA, QL (150 gm every 30 days)
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	QL (1 vial every 30 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	QL (10 vials every 30 days)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	QL (1 vial every 30 days)
<i>testosterone td gel 10mg/act (2%)</i>	2	QL (60 gm every 30 days)
<i>testosterone td gel 12.5 mg/act (1%)</i>	2	QL (150 gm every 30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	2	QL (150 gm every 30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	2	QL (150 gm every 30 days)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	QL (150 gm every 30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	2	QL (150 gm every 30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	QL (150 gm every 30 days)

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>testosterone td soln 30 mg/act</i>	2	QL (90 mL every 30 days)
VOGELXO GEL 1%(50MG)	3	PA, QL (150 gm every 30 days)
VOGELXO GEL PUMP 1%	3	PA, QL (150 gm every 30 days)
XYOSTED INJ 50/0.5	3	PA, QL (10 pens every 30 days)
XYOSTED INJ 75/0.5	3	PA, QL (10 pens every 30 days)
XYOSTED INJ 100/0.5	3	PA, QL (10 pens every 30 days)

## **ANORECTAL AGENTS**

### **INTRARECTAL STEROIDS**

CORTENEMA ENE 100MG	3	NM
CORTIFOAM AER 90MG	3	NM
<i>hydrocortisone enema 100 mg/60ml</i>	2	NM

### **RECTAL COMBINATIONS**

<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	NM
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	2	NM
PROCTOFOAM AER HC 1%	3	NM

### **RECTAL STEROIDS**

<i>hydrocortisone perianal cream 2.5%</i>	1	NM
<i>procto-med hc</i>	1	NM
<i>proctosol hc</i>	1	NM
<i>proctozone-hc</i>	1	NM

### **VASODILATING AGENTS**

RECTIV OIN 0.4%	3	NM
-----------------	---	----

## **ANORECTAL AND RELATED PRODUCTS**

### **INTRARECTAL STEROIDS**

<i>budesonide rectal foam 2 mg/act</i>	2	NM
UCERIS AER 2MG/ACT	3	NM

### **VASODILATING AGENTS**

<i>nitroglycerin oint 0.4%</i>	2	NM
--------------------------------	---	----

## **ANTHELMINTICS**

### **ANTHELMINTICS**

<i>albendazole tab 200 mg</i>	2	NM
BENZNIDAZOLE TAB 12.5MG	3	PA, NM
BENZNIDAZOLE TAB 100MG	3	PA, NM
BILTRICIDE TAB 600MG	3	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
EMVERM CHW 100MG	3	QL (2 ea every 135 days), NM
<i>ivermectin tab 3 mg</i>	1	NM
<i>praziquantel tab 600 mg</i>	2	NM
STROMECTOL TAB 3MG	3	NM

#### ANTI-INFECTIVE AGENTS - MISC.

##### ANTI-INFECTIVE AGENTS - MISC.

<i>metronidazole tab 250 mg</i>	1	NM
<i>metronidazole tab 500 mg</i>	1	NM
NEBUPENT INH 300MG	3	NM
<i>pentamidine isethionate for inj soln 300 mg</i>	2	NM
<i>pentamidine isethionate for nebulization soln 300 mg</i>	2	NM
<i>tinidazole tab 250 mg</i>	1	NM
<i>tinidazole tab 500 mg</i>	1	NM
<i>trimethoprim tab 100 mg</i>	1	NM
XIFAXAN TAB 200MG	3	QL (9 tablets per 180 days), NM
XIFAXAN TAB 550MG	3	QL (126 tablets per lifetime)

##### ANTI-INFECTIVE MISC. - COMBINATIONS

BACTRIM DS TAB 800-160	3	NM
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	NM
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	NM
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	NM
<i>sulfatrim pediatric</i>	1	NM

##### ANTIPROTOZOAL AGENTS

ALINIA SUS 100/5ML	3	NM
ALINIA TAB 500MG	3	NM
<i>atovaquone susp 750 mg/5ml</i>	2	QL (QvT= 140 ml per 180 days), NM
MEPRON SUS	3	QL (QvT= 140 ml per 180 days), NM
<i>nitazoxanide tab 500 mg</i>	2	NM

##### CARBAPENEMS

<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	2	NM
--	---	----

##### GLYCOPEPTIDES

FIRVANQ SOL 25MG/ML	3	NM
FIRVANQ SOL 50MG/ML	3	NM
VANCOCIN CAP 125MG	3	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VANCOCIN CAP 250MG	3	NM
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	2	NM
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	2	NM
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	2	NM
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	2	NM
<b>LEPROSTATICS</b>		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl cap 75 mg</i>	1	NM
<i>clindamycin hcl cap 150 mg</i>	1	NM
<i>clindamycin hcl cap 300 mg</i>	1	NM
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	2	NM
<b>MONOBACTAMS</b>		
<i>aztreonam for inj 1 gm</i>	2	NM
<i>aztreonam for inj 2 gm</i>	2	NM
CAYSTON INH 75MG	3	SP, PA, NM
<b>OXAZOLIDINONES</b>		
<i>linezolid for susp 100 mg/5ml</i>	2	NM
<i>linezolid tab 600 mg</i>	2	NM
SIVEXTRO TAB 200MG	3	NM
ZYVOX SUS 100MG/5M	3	NM
ZYVOX TAB 600MG	3	NM
<b>PLEUROMUTILINS</b>		
XENLETA TAB 600MG	3	NM
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	NM
HIPREX TAB 1GM	3	NM
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
ASPRUZYO SPR GRA 500MG	3	
ASPRUZYO SPR GRA 1000MG	3	
<i>ranolazine tab er 12hr 500 mg</i>	2	
<i>ranolazine tab er 12hr 1000 mg</i>	2	
<b>NITRATES</b>		
ISORDIL TAB 5MG	3	
<i>isosorbide dinitrate tab 5 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.1MG/HR	3	
NITRO-DUR DIS 0.2MG/HR	3	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.4MG/HR	3	
NITRO-DUR DIS 0.6MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
NITROSTAT SUB 0.3MG	2	
NITROSTAT SUB 0.4MG	2	
NITROSTAT SUB 0.6MG	2	

## **ANTIANGIENOSIS AGENTS**

### **ANTIANGIENOSIS AGENTS - MISC.**

<i>bupropion hcl tab 5 mg</i>	1	NM
<i>bupropion hcl tab 7.5 mg</i>	1	NM
<i>bupropion hcl tab 10 mg</i>	1	NM
<i>bupropion hcl tab 15 mg</i>	1	NM
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	NM
<i>hydroxyzine hcl tab 10 mg</i>	1	NM
<i>hydroxyzine hcl tab 25 mg</i>	1	NM
<i>hydroxyzine hcl tab 50 mg</i>	1	NM
<i>hydroxyzine pamoate cap 25 mg</i>	1	NM
<i>hydroxyzine pamoate cap 50 mg</i>	1	NM
<i>hydroxyzine pamoate cap 100 mg</i>	1	NM
<i>meprobamate tab 200 mg</i>	1	NM
<i>meprobamate tab 400 mg</i>	1	NM

### **BENZODIAZEPINES**

ALPRAZOLAM CON 1 MG/ML	2	NM
<i>alprazolam tab 0.5 mg</i>	1	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alprazolam tab 0.25 mg</i>	1	NM
<i>alprazolam tab 1 mg</i>	1	NM
<i>alprazolam tab 2 mg</i>	1	NM
<i>alprazolam tab er 24hr 0.5 mg</i>	1	NM
<i>alprazolam tab er 24hr 1 mg</i>	1	NM
<i>alprazolam tab er 24hr 2 mg</i>	1	NM
<i>alprazolam tab er 24hr 3 mg</i>	1	NM
<i>alprazolam xr</i>	1	NM
<i>chlordiazepoxide hcl cap 5 mg</i>	1	NM
<i>chlordiazepoxide hcl cap 10 mg</i>	1	NM
<i>chlordiazepoxide hcl cap 25 mg</i>	1	NM
<i>clorazepate dipotassium tab 3.75 mg</i>	1	NM
<i>clorazepate dipotassium tab 7.5 mg</i>	1	NM
<i>clorazepate dipotassium tab 15 mg</i>	1	NM
<i>diazepam inj 5 mg/ml</i>	2	NM
<i>diazepam intensol</i>	2	NM
<i>diazepam oral soln 1 mg/ml</i>	1	NM
<i>diazepam tab 2 mg</i>	1	NM
<i>diazepam tab 5 mg</i>	1	NM
<i>diazepam tab 10 mg</i>	1	NM
<i>lorazepam tab 0.5 mg</i>	1	NM
<i>lorazepam tab 1 mg</i>	1	NM
<i>lorazepam tab 2 mg</i>	1	NM
<i>oxazepam cap 10 mg</i>	1	NM
<i>oxazepam cap 15 mg</i>	1	NM
<i>oxazepam cap 30 mg</i>	1	NM
VALIUM TAB 2MG	3	NM
VALIUM TAB 5MG	3	NM
VALIUM TAB 10MG	3	NM
XANAX TAB 0.5MG	3	NM
XANAX TAB 0.25MG	3	NM
XANAX TAB 1MG	3	NM
XANAX TAB 2MG	3	NM
XANAX XR TAB 0.5MG	3	NM
XANAX XR TAB 1MG	3	NM
XANAX XR TAB 2MG	3	NM
XANAX XR TAB 3MG	3	NM

## **ANTIARRHYTHMICS**

### **ANTIARRHYTHMICS TYPE I-A**

<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
NORPACE CAP 100MG	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG	3	
NORPACE CAP 150MG CR	3	
<i>procainamide hcl inj 100 mg/ml</i>	2	NM
<i>quinidine gluconate tab er 324 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	2	
<i>propafenone hcl cap er 12hr 325 mg</i>	2	
<i>propafenone hcl cap er 12hr 425 mg</i>	2	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
RYTHMOL SR CAP 225MG	3	
RYTHMOL SR CAP 325MG	3	
RYTHMOL SR CAP 425MG	3	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	2	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	
MULTAQ TAB 400MG	3	
<i>pacerone</i>	1	
TIKOSYN CAP 125MCG	3	
TIKOSYN CAP 250MCG	3	
TIKOSYN CAP 500MCG	3	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA PEN INJ 30MG/ML	2	SP, PA

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
NUCALA INJ 40MG/0.4	2	SP, PA
NUCALA INJ 100MG/ML	2	SP, PA
XOLAIR INJ 75/0.5	2	SP, PA, NM
XOLAIR INJ 150MG/ML	2	SP, PA, NM
XOLAIR INJ 300/2ML	2	SP, PA, NM

### **BRONCHODILATORS - ANTICHOLINERGICS**

ATROVENT HFA AER 17MCG	2	
INCRUSE ELPT INH 62.5MCG	2	
<i>ipratropium bromide inhal soln 0.02%</i>	1	
SPIRIVA AER 1.25MCG	2	
SPIRIVA CAP HANDIHLR	2	
SPIRIVA SPR 2.5MCG	2	
YUPELRI SOL	3	

### **LEUKOTRIENE MODULATORS**

ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
SINGULAIR CHW 4MG	3	
SINGULAIR CHW 5MG	3	
SINGULAIR GRA 4MG	3	
SINGULAIR TAB 10MG	3	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	

### **SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

DALIRESP TAB 250MCG	3	
DALIRESP TAB 500MCG	3	
<i>roflumilast tab 250 mcg</i>	1	
<i>roflumilast tab 500 mcg</i>	1	

### **STEROID INHALANTS**

ALVESCO AER 80MCG	3	
ALVESCO AER 160MCG	3	
ARMONAIR DIG AER 55MCG	3	QL (2 inhalers every 30 days)
ARMONAIR DIG AER 113MCG	3	QL (2 inhalers every 30 days)

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARMONAIR DIG AER 232MCG	3	QL (2 inhalers every 30 days)
ARNUITY ELPT INH 50MCG	2	
ARNUITY ELPT INH 100MCG	2	
ARNUITY ELPT INH 200MCG	2	
ASMANEX HFA AER 50MCG	3	AGE; PA Required for those 11 years and older
ASMANEX HFA AER 100 MCG	3	AGE; PA Required for those 11 years and older
ASMANEX HFA AER 200 MCG	3	AGE; PA Required for those 11 years and older
<i>budesonide inhalation susp 0.5 mg/2ml</i>	2	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	
<i>budesonide inhalation susp 1 mg/2ml</i>	2	
FLOVENT DISK AER 50MCG	3	
FLOVENT DISK AER 100MCG	3	
FLOVENT DISK AER 250MCG	3	
FLOVENT HFA AER 44MCG	3	
FLOVENT HFA AER 110MCG	3	
FLOVENT HFA AER 220MCG	3	
<i>fluticasone propionate aer pow ba 50 mcg/act</i>	1	
<i>fluticasone propionate aer pow ba 100 mcg/act</i>	1	
<i>fluticasone propionate aer pow ba 250 mcg/act</i>	1	
<i>fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)</i>	1	
<i>fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)</i>	1	
<i>fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)</i>	1	
PULMICORT INH 90MCG	3	
PULMICORT INH 180MCG	3	
QVAR REDIIHA AER 80MCG	2	
QVAR REDIIHAL AER 40MCG	2	
<b>SYMPATHOMIMETICS</b>		
AIRSUPRA AER 90-80MCG	3	NM
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
ANORO ELLIPT AER 62.5-25	2	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	2	
BEVESPI AER 9-4.8MCG	2	
BREO ELLIPTA INH 50-25MCG	2	
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 200-25	2	
<i>brey-na aer 80/4.5</i>	1	
<i>brey-na aer 160/4.5</i>	1	
BREZTRI AERO AER SPHERE	2	
BROVANA NEB 15MCG	3	
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	
COMBIVENT AER 20-100	2	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	2	
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	2	
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	2	
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	2	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	
<i>isoproterenol hcl inj 0.2 mg/ml</i>	2	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	2	
PERFOROMIST NEB 20MCG	3	
PROAIR DIGIH AER	3	
PROAIR RESPI AER	3	
PROVENTIL AER HFA	3	
SEREVENT DIS AER 50MCG	3	
STRIVERDI AER 2.5MCG	3	
<i>terbutaline sulfate inj 1 mg/ml</i>	1	NM
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER 100MCG	2	
TRELEGY AER 200MCG	2	
VENTOLIN HFA AER	3	
<i>wixela inhub</i>	1	
XOPENEX CONC NEB 1.25/0.5	3	
XOPENEX HFA AER	3	
XOPENEX NEB 0.31MG	3	
XOPENEX NEB 0.63MG	3	
XOPENEX NEB 1.25/3ML	3	
<b>XANTHINES</b>		
THEO-24 CAP 100MG CR	3	
THEO-24 CAP 200MG CR	3	
THEO-24 CAP 300MG CR	3	
THEO-24 CAP 400MG ER	3	
<i>theophylline elixir 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<i>jantoven</i>	1	
<i>warfarin sodium tab 1 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	

#### **DIRECT FACTOR XA INHIBITORS**

ELIQUIS ST P TAB 5MG	2	NM
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
XARELTO STAR TAB 15/20MG	2	NM
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	

#### **HEPARINS AND HEPARINOID-LIKE AGENTS**

ARIXTRA INJ 2.5/0.5	3	NM
ARIXTRA INJ 5/0.4ML	3	NM
ARIXTRA INJ 7.5/0.6	3	NM
ARIXTRA INJ 10/0.8ML	3	NM
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	NM
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	2	NM
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	2	NM
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	2	NM
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	2	NM
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	2	NM
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	2	NM
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	2	NM
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	NM
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	2	NM
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	2	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	2	NM
FRAGMIN INJ 2500/0.2	3	NM
FRAGMIN INJ 2500/ML	3	NM
FRAGMIN INJ 5000/0.2	3	NM
FRAGMIN INJ 7500/0.3	3	NM
FRAGMIN INJ 10000/ML	3	NM
FRAGMIN INJ 12500UNT	3	NM
FRAGMIN INJ 15000UNT	3	NM
FRAGMIN INJ 18000UNT	3	NM
FRAGMIN INJ 95000UNT	3	NM
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	NM
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	NM
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	NM
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	NM
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	2	NM
LOVENOX INJ 30/0.3ML	3	NM
LOVENOX INJ 40/0.4ML	3	NM
LOVENOX INJ 60/0.6ML	3	NM
LOVENOX INJ 80/0.8ML	3	NM
LOVENOX INJ 100MG/ML	3	NM
LOVENOX INJ 120/0.8	3	NM
LOVENOX INJ 150MG/ML	3	NM
LOVENOX INJ 300/3ML	3	NM

## **ANTICONVULSANTS**

### **AMPA GLUTAMATE RECEPTOR ANTAGONISTS**

FYCOMPA SUS 0.5MG/ML	3	
FYCOMPA TAB 2MG	3	
FYCOMPA TAB 4MG	3	
FYCOMPA TAB 6MG	3	
FYCOMPA TAB 8MG	3	
FYCOMPA TAB 10MG	3	
FYCOMPA TAB 12MG	3	

### **ANTICONVULSANTS - BENZODIAZEPINES**

<i>clobazam suspension 2.5 mg/ml</i>	2	
<i>clobazam tab 10 mg</i>	2	
<i>clobazam tab 20 mg</i>	2	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	NM
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	NM
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	NM
<i>clonazepam orally disintegrating tab 1 mg</i>	1	NM
<i>clonazepam orally disintegrating tab 2 mg</i>	1	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clonazepam tab 0.5 mg</i>	1	NM
<i>clonazepam tab 1 mg</i>	1	NM
<i>clonazepam tab 2 mg</i>	1	NM
DIASTAT ACDL GEL 5-10MG	3	NM
DIASTAT ACDL GEL 12.5-20	3	NM
DIASTAT PED GEL 2.5M GEL	3	NM
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	NM
<i>diazepam rectal gel delivery system 10 mg</i>	1	NM
<i>diazepam rectal gel delivery system 20 mg</i>	1	NM
KLONOPIN TAB 0.5MG	3	NM
KLONOPIN TAB 1MG	3	NM
KLONOPIN TAB 2MG	3	NM
NAYZILAM SPR 5MG	2	NM
ONFI SUS 2.5MG/ML	3	
ONFI TAB 10MG	3	
ONFI TAB 20MG	3	
SYMPAZAN MIS 5MG	3	
SYMPAZAN MIS 10MG	3	
SYMPAZAN MIS 20MG	3	
VALTOCO SPR 5MG	2	NM
VALTOCO SPR 10MG	2	NM
VALTOCO SPR 15MG	2	NM
VALTOCO SPR 20MG	2	NM

**ANTICONVULSANTS - MISC.**

APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	
APTIOM TAB 600MG	3	
APTIOM TAB 800MG	3	
BANZEL SUS 40MG/ML	3	
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
<i>carbamazepine cap er 12hr 100 mg</i>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	2	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
DIACOMIT CAP 250MG	3	SP, PA; LD
DIACOMIT CAP 500MG	3	SP, PA; LD
DIACOMIT PAK 250MG	3	SP, PA; LD
DIACOMIT PAK 500MG	3	SP, PA; LD
ELEPSIA XR TAB 1000MG	3	
ELEPSIA XR TAB 1500MG	3	
EPIDIOLEX SOL 100MG/ML	3	SP
<i>epitol</i>	1	
EPRONTIA SOL 25MG/ML	3	
FINTEPLA SOL 2.2MG/ML	3	SP, PA; LD
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
KEPPRA SOL 100MG/ML	3	
KEPPRA TAB 250MG	3	
KEPPRA TAB 500MG	3	
KEPPRA TAB 750MG	3	
KEPPRA TAB 1000MG	3	
KEPPRA XR TAB 500MG	3	
KEPPRA XR TAB 750MG	3	
<i>lacosamide oral solution 10 mg/ml</i>	2	
<i>lacosamide tab 50 mg</i>	2	
<i>lacosamide tab 100 mg</i>	2	
<i>lacosamide tab 150 mg</i>	2	
<i>lacosamide tab 200 mg</i>	2	
LAMICTAL CHW 5MG	3	
LAMICTAL CHW 25MG	3	
LAMICTAL KIT START 35	3	NM
LAMICTAL KIT START 49	3	NM
LAMICTAL KIT START 98	3	NM
LAMICTAL ODT KIT	3	NM
LAMICTAL ODT TAB 25MG	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LAMICTAL ODT TAB 50MG	3	
LAMICTAL ODT TAB 100MG	3	
LAMICTAL ODT TAB 200MG	3	
LAMICTAL TAB 25MG	3	
LAMICTAL TAB 100MG	3	
LAMICTAL TAB 150MG	3	
LAMICTAL TAB 200MG	3	
LAMICTAL XR KIT	3	NM
LAMICTAL XR TAB 25MG	3	
LAMICTAL XR TAB 50MG	3	
LAMICTAL XR TAB 100MG	3	
LAMICTAL XR TAB 200MG	3	
LAMICTAL XR TAB 250MG	3	
LAMICTAL XR TAB 300MG	3	
<i>lamotrigine orally disintegrating tab 25 mg</i>	2	
<i>lamotrigine orally disintegrating tab 50 mg</i>	2	
<i>lamotrigine orally disintegrating tab 100 mg</i>	2	
<i>lamotrigine orally disintegrating tab 200 mg</i>	2	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	2	NM
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	NM
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	2	NM
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i>	2	NM
<i>lamotrigine tab er 24hr 25 mg</i>	2	
<i>lamotrigine tab er 24hr 50 mg</i>	2	
<i>lamotrigine tab er 24hr 100 mg</i>	2	
<i>lamotrigine tab er 24hr 200 mg</i>	2	
<i>lamotrigine tab er 24hr 250 mg</i>	2	
<i>lamotrigine tab er 24hr 300 mg</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
LYRICA CAP 25MG	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYRICA CAP 50MG	3	
LYRICA CAP 75MG	3	
LYRICA CAP 100MG	3	
LYRICA CAP 150MG	3	
LYRICA CAP 200MG	3	
LYRICA CAP 225MG	3	
LYRICA CAP 300MG	3	
LYRICA SOL 20MG/ML	3	
NEURONTIN CAP 100MG	3	
NEURONTIN CAP 300MG	3	
NEURONTIN CAP 400MG	3	
NEURONTIN SOL 250/5ML	3	
NEURONTIN TAB 600MG	3	
NEURONTIN TAB 800MG	3	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
OXTELLAR XR TAB 150MG	3	
OXTELLAR XR TAB 300MG	3	
OXTELLAR XR TAB 600MG	3	
<i>pregabalin cap 25 mg</i>	2	
<i>pregabalin cap 50 mg</i>	2	
<i>pregabalin cap 75 mg</i>	2	
<i>pregabalin cap 100 mg</i>	2	
<i>pregabalin cap 150 mg</i>	2	
<i>pregabalin cap 200 mg</i>	2	
<i>pregabalin cap 225 mg</i>	2	
<i>pregabalin cap 300 mg</i>	2	
<i>pregabalin soln 20 mg/ml</i>	2	
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 125 mg</i>	2	
<i>primidone tab 250 mg</i>	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
<i>rufinamide susp 40 mg/ml</i>	2	
<i>rufinamide tab 200 mg</i>	2	
<i>rufinamide tab 400 mg</i>	2	
<i>subvenite</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>subvenite starter kit/blu</i>	2	NM
<i>subvenite starter kit/gre</i>	2	NM
<i>subvenite starter kit/ora</i>	2	NM
TEGRETOL SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	3	
TEGRETOL-XR TAB 200MG	3	
TEGRETOL-XR TAB 400MG	3	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
<i>topiramate cap er 24hr 25 mg</i>	2	
<i>topiramate cap er 24hr 50 mg</i>	2	
<i>topiramate cap er 24hr 100 mg</i>	2	
<i>topiramate cap er 24hr sprinkle 25 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 50 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 100 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 150 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 200 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
TRILEPTAL SUS 300MG/5M	3	
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 300MG	3	
TRILEPTAL TAB 600MG	3	
TROKENDI XR CAP 25MG	3	
TROKENDI XR CAP 50MG	3	
TROKENDI XR CAP 100MG	3	
TROKENDI XR CAP 200MG	3	
VIMPAT SOL 10MG/ML	3	
VIMPAT TAB 50MG	3	
VIMPAT TAB 100MG	3	
VIMPAT TAB 150MG	3	
VIMPAT TAB 200MG	3	
ZONISADE SUS 100MG/5	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
ZTALMY SUS 50MG/ML	3	PA

### **CARBAMATES**

<i>felbamate susp 600 mg/5ml</i>	2	
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	
XCOPRI PAK 12.5-25	3	NM; **
XCOPRI PAK 50-100MG	3	NM; **
XCOPRI PAK 100-150	3	
XCOPRI PAK 150-200	3	**
XCOPRI PAK 150-200	3	NM; **
XCOPRI TAB 50MG	3	**
XCOPRI TAB 100MG	3	**
XCOPRI TAB 150MG	3	**
XCOPRI TAB 200MG	3	**

### **GABA MODULATORS**

GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
SABRIL POW 500MG	3	SP; LD
SABRIL TAB 500MG	3	SP
<i>tiagabine hcl tab 2 mg</i>	2	
<i>tiagabine hcl tab 4 mg</i>	2	
<i>tiagabine hcl tab 12 mg</i>	2	
<i>tiagabine hcl tab 16 mg</i>	2	
<i>vigabatrin powd pack 500 mg</i>	2	SP; LD
<i>vigabatrin tab 500 mg</i>	2	SP
<i>vigadrone</i>	2	SP; LD

### **HYDANTOINS**

DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	3	
PHENYTEK CAP 200MG	1	
PHENYTEK CAP 300MG	1	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<b>SUCCINIMIDES</b>		
CELONTIN CAP 300MG	2	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>methsuximide cap 300 mg</i>	2	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
<b>VALPROIC ACID</b>		
DEPAKOTE ER TAB 250MG	3	
DEPAKOTE ER TAB 500MG	3	
DEPAKOTE SPR CAP 125MG	3	
DEPAKOTE TAB 125MG DR	3	
DEPAKOTE TAB 250MG DR	3	
DEPAKOTE TAB 500MG DR	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY TAB 45-105MG	3	
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	3	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 60 mg</i>	2	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	2	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	2	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
LEXAPRO TAB 5MG	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LEXAPRO TAB 10MG	3	
LEXAPRO TAB 20MG	3	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	2	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
PAXIL CR TAB 12.5MG	3	
PAXIL CR TAB 25MG	3	
PAXIL CR TAB 37.5MG	3	
PAXIL SUS 10MG/5ML	3	
PAXIL TAB 10MG	3	
PAXIL TAB 20MG	3	
PAXIL TAB 30MG	3	
PAXIL TAB 40MG	3	
PEXEVA TAB 10MG	3	
PEXEVA TAB 20MG	3	
PEXEVA TAB 30MG	3	
PROZAC CAP 10MG	3	
PROZAC CAP 20MG	3	
PROZAC CAP 40MG	3	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
ZOLOFT CON 20MG/ML	3	
ZOLOFT TAB 25MG	3	
ZOLOFT TAB 50MG	3	
ZOLOFT TAB 100MG	3	
<b>SEROTONIN MODULATORS</b>		
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trazodone hcl tab 300 mg</i>	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
VIIBRYD KIT STARTER	2	NM
VIIBRYD TAB 10MG	2	
VIIBRYD TAB 20MG	2	
VIIBRYD TAB 40MG	2	
<i>vilazodone hcl tab 10 mg</i>	2	
<i>vilazodone hcl tab 20 mg</i>	2	
<i>vilazodone hcl tab 40 mg</i>	2	
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
CYMBALTA CAP 20MG	3	
CYMBALTA CAP 30MG	3	
CYMBALTA CAP 60MG	3	
DESVENLAFAX TAB 50MG ER	3	
DESVENLAFAX TAB 100MG ER	3	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	2	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	
DRIZALMA CAP 20MG DR	3	
DRIZALMA CAP 30MG DR	3	
DRIZALMA CAP 40MG DR	3	
DRIZALMA CAP 60MG DR	3	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
EFFEXOR XR CAP 37.5MG	3	
EFFEXOR XR CAP 75MG	3	
EFFEXOR XR CAP 150MG	3	
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FETZIMA CAP TITRATIO	3	NM
PRISTIQ TAB 25MG	3	
PRISTIQ TAB 50MG	3	
PRISTIQ TAB 100MG	3	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	2	

### **TRICYCLIC AGENTS**

<i>amitriptyline hcl tab 10 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
ANAFRANIL CAP 25MG	3	
ANAFRANIL CAP 50MG	3	
ANAFRANIL CAP 75MG	3	
<i>clomipramine hcl cap 25 mg</i>	2	
<i>clomipramine hcl cap 50 mg</i>	2	
<i>clomipramine hcl cap 75 mg</i>	2	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
NORPRAMIN TAB 10MG	3	
NORPRAMIN TAB 25MG	3	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	2	
<i>trimipramine maleate cap 50 mg</i>	2	
<i>trimipramine maleate cap 100 mg</i>	2	

## **ANTIDIABETICS**

### **ALPHA-GLUCOSIDASE INHIBITORS**

<i>acarbose tab 25 mg</i>	1	**
<i>acarbose tab 50 mg</i>	1	**
<i>acarbose tab 100 mg</i>	1	**
<i>miglitol tab 50 mg</i>	2	**
<i>miglitol tab 100 mg</i>	2	**

### **ANTIDIABETIC - AMYLIN ANALOGS**

SYMLINPEN 60 INJ 1000MCG	3	**
SYMLNPEN 120 INJ 1000MCG	3	**

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDIABETIC COMBINATIONS</b>		
ACTOPLUS MET TAB 15-850MG	3	**
DUETACT TAB 30-2MG	3	**
DUETACT TAB 30-4MG	3	**
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	**
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	**
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	**
<i>glyburide-metformin tab 1.25-250 mg</i>	1	**
<i>glyburide-metformin tab 2.5-500 mg</i>	1	**
<i>glyburide-metformin tab 5-500 mg</i>	1	**
GLYXAMBI TAB 10-5 MG	2	**
GLYXAMBI TAB 25-5 MG	2	**
JANUMET TAB 50-500MG	2	**
JANUMET TAB 50-1000	2	**
JANUMET XR TAB 50-500MG	2	**
JANUMET XR TAB 50-1000	2	**
JANUMET XR TAB 100-1000	2	**
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	2	**
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	2	**
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	2	**
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	2	**
SOLIQUA INJ 100/33	2	**
SYNJARDY TAB	2	**
SYNJARDY TAB 5-500MG	2	**
SYNJARDY TAB 5-1000MG	2	**
SYNJARDY TAB 12.5-500	2	**
SYNJARDY XR TAB	2	**
SYNJARDY XR TAB 5-1000MG	2	**
SYNJARDY XR TAB 10-1000	2	**
SYNJARDY XR TAB 25-1000	2	**
TRIJARDY XR TAB	2	**
XIGDUO XR TAB 2.5-1000	2	**
XIGDUO XR TAB 5-500MG	2	**
XIGDUO XR TAB 5-1000MG	2	**
XIGDUO XR TAB 10-500MG	2	**
XIGDUO XR TAB 10-1000	2	**
<b>BIGUANIDES</b>		
GLUMETZA TAB 500MG	3	PA; **
GLUMETZA TAB 1000MG	3	PA; **
<i>metformin hcl tab 500 mg</i>	1	**
<i>metformin hcl tab 850 mg</i>	1	**
<i>metformin hcl tab 1000 mg</i>	1	**

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metformin hcl tab er 24hr 500 mg</i>	1	**
<i>metformin hcl tab er 24hr 750 mg</i>	1	**
<i>metformin hcl tab er 24hr modified release 500 mg</i>	2	PA; **
<i>metformin hcl tab er 24hr modified release 1000 mg</i>	2	PA; **
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	2	PA; **
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	2	PA; **

#### **DIABETIC OTHER**

BAQSIMI ONE POW 3MG/DOSE	2	NM; **
<i>diazoxide susp 50 mg/ml</i>	2	**
GLUCAGEN INJ HYPOKIT	2	NM; **
GLUCAGON EMR SOL 1MG	2	NM; **
GLUCAGON KIT 1MG	2	NM; **
GVOKE HYPO 2 INJ 1MG/.2ML	2	NM; **
GVOKE HYPO 2 INJ .5/.1ML	2	NM; **
GVOKE KIT SOL 1MG/0.2M	2	NM; **
GVOKE PFS INJ	2	NM; **
KORLYM TAB 300MG	3	SP, PA; LD
<i>mifepristone tab 300 mg</i>	2	SP, PA
PROGLYCEM SUS 50MG/ML	3	**

#### **DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**

JANUVIA TAB 25MG	2	**
JANUVIA TAB 50MG	2	**
JANUVIA TAB 100MG	2	**

#### **DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC**

CYCLOSET TAB 0.8MG	3	**
--------------------	---	----

#### **INCRETIN MIMETIC AGENTS**

MOUNJARO INJ 2.5/0.5	2	PA, NM; **
MOUNJARO INJ 5MG/0.5	2	PA; **
MOUNJARO INJ 7.5/0.5	2	PA; **
MOUNJARO INJ 10MG/0.5	2	PA; **
MOUNJARO INJ 12.5/0.5	2	PA; **
MOUNJARO INJ 15MG/0.5	2	PA; **
OZEMPIC INJ 2MG/3ML	2	PA; **
OZEMPIC INJ 4MG/3ML	2	PA; **
OZEMPIC INJ 8MG/3ML	2	PA; **
RYBELSUS TAB 3MG	2	PA; **
RYBELSUS TAB 7MG	2	PA; **
RYBELSUS TAB 14MG	2	PA; **
TRULICITY INJ 0.75/0.5	2	PA; **

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRULICITY INJ 1.5/0.5	2	PA; **
TRULICITY INJ 3/0.5	2	PA; **
TRULICITY INJ 4.5/0.5	2	PA; **
VICTOZA INJ 18MG/3ML	2	PA, QL (3 pens every 30 days); **

### **INSULIN**

BASAGLAR INJ 100UNIT	2	**
FIASP FLEX INJ TOUCH	2	**
FIASP INJ 100/ML	2	**
HUMULIN R INJ U-500	2	**
LANTUS INJ 100/ML	2	**
LANTUS SOLOS INJ 100/ML	2	**
NOVOLIN70/30 INJ RELION	2	OTC; **
NOVOLIN INJ 70/30	2	OTC; **
NOVOLIN N INJ 100 UNIT	2	OTC; **
NOVOLIN N INJ RELION	2	OTC; **
NOVOLIN N INJ U-100	2	OTC; **
NOVOLIN R INJ 100 UNIT	2	OTC; **
NOVOLIN R INJ RELION	2	OTC; **
NOVOLIN R INJ U-100	2	OTC; **
NOVOLOG INJ 100/ML	2	**
NOVOLOG INJ FLEXPEN	2	**
NOVOLOG INJ PENFILL	2	**
NOVOLOG MIX INJ 70/30	2	**
NOVOLOG MIX INJ FLEXPEN	2	**
TOUJEO MAX INJ 300/ML	2	**
TOUJEO SOLO INJ 300/ML	2	**
TRESIBA FLEX INJ 100UNIT	2	**
TRESIBA FLEX INJ 200UNIT	2	**
TRESIBA INJ 100UNIT	2	**

### **INSULIN SENSITIZING AGENTS**

<i>pioglitazone hcl tab 15 mg (base equiv)</i>	2	**
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	2	**
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	2	**

### **MEGLITINIDE ANALOGUES**

<i>nateglinide tab 60 mg</i>	1	**
<i>nateglinide tab 120 mg</i>	1	**
<i>repaglinide tab 0.5 mg</i>	2	**
<i>repaglinide tab 1 mg</i>	2	**
<i>repaglinide tab 2 mg</i>	2	**

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB 5MG	2	**
FARXIGA TAB 10MG	2	**
JARDIANCE TAB 10MG	2	**
JARDIANCE TAB 25MG	2	**

**SULFONYLUREAS**

AMARYL TAB 1MG	3	**
AMARYL TAB 2MG	3	**
AMARYL TAB 4MG	3	**
<i>glimepiride tab 1 mg</i>	1	**
<i>glimepiride tab 2 mg</i>	1	**
<i>glimepiride tab 4 mg</i>	1	**
<i>glipizide tab 5 mg</i>	1	**
<i>glipizide tab 10 mg</i>	1	**
<i>glipizide tab er 24hr 2.5 mg</i>	1	**
<i>glipizide tab er 24hr 5 mg</i>	1	**
<i>glipizide tab er 24hr 10 mg</i>	1	**
<i>glipizide xl</i>	1	**
GLUCOTROL XL TAB 2.5MG	3	**
GLUCOTROL XL TAB 5MG	3	**
GLUCOTROL XL TAB 10MG	3	**
<i>glyburide micronized tab 1.5 mg</i>	1	**
<i>glyburide micronized tab 3 mg</i>	1	**
<i>glyburide micronized tab 6 mg</i>	1	**
<i>glyburide tab 1.25 mg</i>	1	**
<i>glyburide tab 2.5 mg</i>	1	**
<i>glyburide tab 5 mg</i>	1	**
GLYNASE TAB 1.5MG	3	**
GLYNASE TAB 3MG	3	**
GLYNASE TAB 6MG	3	**

**ANTI-DIARRHEAL/PROBIOTIC AGENTS**

**ANTIPERISTALTIC AGENTS**

<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	NM
---	---	----

**ANTIDOTES AND SPECIFIC ANTAGONISTS**

**ANTIDOTES - CHELATING AGENTS**

CHEMET CAP 100MG	3	NM
<i>deferasirox granules packet 90 mg</i>	2	SP
<i>deferasirox granules packet 180 mg</i>	2	SP
<i>deferasirox granules packet 360 mg</i>	2	SP
<i>deferasirox tab 90 mg</i>	2	SP
<i>deferasirox tab 180 mg</i>	2	SP

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>deferasirox tab 360 mg</i>	2	SP
<i>deferasirox tab for oral susp 125 mg</i>	2	SP, PA
<i>deferasirox tab for oral susp 250 mg</i>	2	SP, PA
<i>deferasirox tab for oral susp 500 mg</i>	2	SP, PA
<i>deferiprone tab 500 mg</i>	1	SP
<i>deferiprone tab 1000 mg</i>	1	SP
EXJADE TAB 125MG	3	SP, PA
EXJADE TAB 250MG	3	SP, PA
EXJADE TAB 500MG	3	SP, PA
FERPRX 2-DAY TAB 1000MG	3	SP; LD
FERRIPROX SOL 100MG/ML	3	SP; LD
FERRIPROX TAB 500MG	3	SP; LD
JADENU SPRKL GRA 90MG	3	SP
JADENU SPRKL GRA 180MG	3	SP
JADENU SPRKL GRA 360MG	3	SP
JADENU TAB 90MG	3	SP
JADENU TAB 180MG	3	SP
JADENU TAB 360MG	3	SP

### **OPIOID ANTAGONISTS**

KLOXXADO SPR 8MG	2	NM
LIFEMS NALOX INJ 2MG/2ML	3	NM
<i>naloxone hcl inj 0.4 mg/ml</i>	1	NM
<i>naloxone hcl inj 4 mg/10ml</i>	1	NM
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	NM
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	NM
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	NM
<i>naltrexone hcl tab 50 mg</i>	1	NM
NARCAN SPR 4MG	2	NM
OPVEE SPR 2.7/0.1	3	NM
RIVIVE SPR 3/0.1ML	2	OTC, NM
ZIMHI SOL	3	NM

### **ANTIEMETICS**

#### **5-HT3 RECEPTOR ANTAGONISTS**

ANZEMET TAB 50MG	3	QL (14 tabs every 23 days), NM
<i>granisetron hcl tab 1 mg</i>	2	QL (14 tabs every 23 days), NM
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	1	NM
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	1	NM
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	NM
<i>ondansetron hcl tab 4 mg</i>	1	NM
<i>ondansetron hcl tab 8 mg</i>	1	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ondansetron hcl tab 24 mg</i>	1	NM
<i>ondansetron orally disintegrating tab 4 mg</i>	1	NM
<i>ondansetron orally disintegrating tab 8 mg</i>	1	NM
SANCUSO DIS 3.1MG	3	QL (2 patches every 23 days), NM

#### **ANTIEMETICS - ANTICHOLINERGIC**

<i>scopolamine td patch 72hr 1 mg/3days</i>	2	NM
TRANSDERM-SC DIS 1MG/3DAY	3	NM
<i>trimethobenzamide hcl cap 300 mg</i>	1	NM

#### **ANTIEMETICS - MISCELLANEOUS**

AKYNZEO CAP 300-0.5	3	QL (2 caps every 23 days), NM
BONJESTA TAB 20-20MG	3	QL (60 tabs every 30 days), NM
DICLEGIS TAB 10-10MG	3	QL (60 tabs every 30 days), NM
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	QL (60 tabs every 30 days), NM
<i>dronabinol cap 2.5 mg</i>	2	NM
<i>dronabinol cap 5 mg</i>	2	NM
<i>dronabinol cap 10 mg</i>	2	NM
MARINOL CAP 2.5MG	3	NM
MARINOL CAP 5MG	3	NM
MARINOL CAP 10MG	3	NM

#### **SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**

<i>aprepitant capsule 40 mg</i>	2	QL (1 cap every 21 days), NM
<i>aprepitant capsule 80 mg</i>	2	QL (8 caps every 21 days), NM
<i>aprepitant capsule 125 mg</i>	2	QL (2 ea every 21 days), NM
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	2	QL (6 caps every 21 days), NM
EMEND CAP 80MG	3	QL (8 caps every 21 days), NM
EMEND SUS 125MG	3	QL (2 kits every 23 days), NM
EMEND TRIPAC PAK 80 & 125	3	QL (6 caps every 21 days), NM
VARUBI TAB 90MG	3	QL (4 tabs every 30 days), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

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

**ANTIFUNGALS**

**ANTIFUNGALS**

ANCOBON CAP 250MG	3	NM
ANCOBON CAP 500MG	3	NM
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	NM
<i>griseofulvin microsize tab 500 mg</i>	1	NM
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	NM
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	NM
<i>nystatin tab 500000 unit</i>	1	NM
<i>terbinafine hcl tab 250 mg</i>	1	QL (168 tabs every year), NM

**IMIDAZOLE-RELATED ANTIFUNGALS**

CRESEMBA CAP 74.5MG	3	NM
CRESEMBA CAP 186 MG	3	NM
DIFLUCAN SUS 10MG/ML	3	NM
DIFLUCAN SUS 40MG/ML	3	NM
DIFLUCAN TAB 100MG	3	NM
DIFLUCAN TAB 150MG	3	NM
DIFLUCAN TAB 200MG	3	NM
<i>fluconazole for susp 10 mg/ml</i>	1	NM
<i>fluconazole for susp 40 mg/ml</i>	1	NM
<i>fluconazole tab 50 mg</i>	1	NM
<i>fluconazole tab 100 mg</i>	1	NM
<i>fluconazole tab 150 mg</i>	1	NM
<i>fluconazole tab 200 mg</i>	1	NM
<i>itraconazole cap 100 mg</i>	2	QL (QVT= 360 capsules per 365 days), NM
<i>itraconazole oral soln 10 mg/ml</i>	2	QL (QVT= 3600 ml per 365 days), NM
<i>ketoconazole tab 200 mg</i>	1	NM
NOXAFIL PAK 300MG	3	
NOXAFIL SUS 40MG/ML	3	
NOXAFIL TAB 100MG	3	
<i>posaconazole susp 40 mg/ml</i>	2	
<i>posaconazole tab delayed release 100 mg</i>	2	
SPORANOX CAP 100MG	3	PA, NM
SPORANOX SOL 10MG/ML	3	PA, NM
TOLSURA CAP 65MG	3	PA, NM
VFEND SUS 40MG/ML	3	NM
VFEND TAB 50MG	3	NM
VFEND TAB 200MG	3	NM
VIVJOA CAP 150MG	3	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>voriconazole for susp 40 mg/ml</i>	2	NM
<i>voriconazole tab 50 mg</i>	2	NM
<i>voriconazole tab 200 mg</i>	2	NM
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	NM
<i>carbinoxamine maleate tab 4 mg</i>	1	NM
<i>clemastine fumarate tab 2.68 mg</i>	1	NM
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	NM
<b>ANTIHISTAMINES - NON-SEDATING</b>		
CLARINEX TAB 5MG	3	NM
<i>desloratadine tab 5 mg</i>	1	NM
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	NM
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	NM
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	NM
<i>promethazine hcl suppos 12.5 mg</i>	1	NM
<i>promethazine hcl suppos 25 mg</i>	1	NM
<i>promethazine hcl tab 12.5 mg</i>	1	NM
<i>promethazine hcl tab 25 mg</i>	1	NM
<i>promethazine hcl tab 50 mg</i>	1	NM
<i>promethegan</i>	1	NM
<b>ANTIHISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	NM
<i>cyproheptadine hcl tab 4 mg</i>	1	NM
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL TAB 180MG	3	PA
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	
NEXLIZET TAB 180/10MG	3	PA
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl cap 0.5 gm</i>	2	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>icosapent ethyl cap 1 gm</i>	2	
LOVAZA CAP 1GM	3	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	

### **BILE ACID SEQUESTRANTS**

<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	2	
<i>colesevelam hcl tab 625 mg</i>	2	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<i>prevalite</i>	1	
<i>prevalite pow 4gm pk</i>	1	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	2	

### **FIBRIC ACID DERIVATIVES**

ANTARA CAP 90MG	3	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 50 mg</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 130 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LOPID TAB 600MG	3	
TRICOR TAB 48MG	3	
TRICOR TAB 145MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	

### **HMG COA REDUCTASE INHIBITORS**

ATORVALIQ SUS 20MG/5ML	3	
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
CRESTOR TAB 5MG	3	
CRESTOR TAB 10MG	3	
CRESTOR TAB 20MG	3	
CRESTOR TAB 40MG	3	
EZALLOR SPR CAP 5MG	3	
EZALLOR SPR CAP 10MG	3	
EZALLOR SPR CAP 20MG	3	
EZALLOR SPR CAP 40MG	3	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	2	
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	2	
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	2	
LESCOL XL TAB 80MG	3	
LIPITOR TAB 10MG	3	
LIPITOR TAB 20MG	3	
LIPITOR TAB 40MG	3	
LIPITOR TAB 80MG	3	
LIVALO TAB 1MG	3	
LIVALO TAB 2MG	3	
LIVALO TAB 4MG	3	
<i>lovastatin tab 10 mg</i>	1	
<i>lovastatin tab 20 mg</i>	1	
<i>lovastatin tab 40 mg</i>	1	
<i>pitavastatin calcium tab 1 mg</i>	2	
<i>pitavastatin calcium tab 2 mg</i>	2	
<i>pitavastatin calcium tab 4 mg</i>	2	
<i>pravastatin sodium tab 10 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pravastatin sodium tab 20 mg</i>	1	
<i>pravastatin sodium tab 40 mg</i>	1	
<i>pravastatin sodium tab 80 mg</i>	1	
<i>rosuvastatin calcium tab 5 mg</i>	1	
<i>rosuvastatin calcium tab 10 mg</i>	1	
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	1	
<i>simvastatin tab 10 mg</i>	1	
<i>simvastatin tab 20 mg</i>	1	
<i>simvastatin tab 40 mg</i>	1	
<i>simvastatin tab 80 mg</i>	1	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
ZYPITAMAG TAB 2MG	3	
ZYPITAMAG TAB 4MG	3	
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe tab 10 mg</i>	1	
ZETIA TAB 10MG	3	
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	
<i>niacor</i>	1	NM
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
PRALUENT INJ 75MG/ML	3	PA
PRALUENT INJ 150MG/ML	3	PA
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ALTACE CAP 1.25MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 5MG	3	
ALTACE CAP 10MG	3	
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate oral soln 1 mg/ml</i>	2	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
EPANED SOL 1MG/ML	3	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
QBRELIS SOL 1MG/ML	3	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
VASOTEC TAB 2.5MG	3	
VASOTEC TAB 5MG	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



Drug Name	Drug Tier	Requirements/Limits
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	

### **AGENTS FOR PHEOCHROMOCYTOMA**

DEMSER CAP 250MG	3	NM
DIBENZYLINE CAP 10MG	2	NM
<i>metyrosine cap 250 mg</i>	2	NM
<i>phenoxybenzamine hcl cap 10 mg</i>	2	NM

### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

ATACAND TAB 4MG	3	
ATACAND TAB 8MG	3	
ATACAND TAB 16MG	3	
ATACAND TAB 32MG	3	
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
BENICAR TAB 5MG	3	
BENICAR TAB 20MG	3	
BENICAR TAB 40MG	3	
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
COZAAR TAB 25MG	3	
COZAAR TAB 50MG	3	
COZAAR TAB 100MG	3	
DIOVAN TAB 40MG	3	
DIOVAN TAB 80MG	3	
DIOVAN TAB 160MG	3	
DIOVAN TAB 320MG	3	
EDARBI TAB 40MG	3	
EDARBI TAB 80MG	3	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	2	
<i>olmesartan medoxomil tab 20 mg</i>	2	
<i>olmesartan medoxomil tab 40 mg</i>	2	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan oral soln 4 mg/ml</i>	2	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	

### **ANTIADRENERGIC ANTIHYPERTENSIVES**

<i>CARDURA TAB 1MG</i>	3	
<i>CARDURA TAB 2MG</i>	3	
<i>CARDURA TAB 4MG</i>	3	
<i>CARDURA TAB 8MG</i>	3	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
<i>MINIPRESS CAP 1MG</i>	3	
<i>MINIPRESS CAP 2MG</i>	3	
<i>MINIPRESS CAP 5MG</i>	3	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	2	
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	2	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
BENICAR HCT TAB 20-12.5	3	
BENICAR HCT TAB 40-12.5	3	
BENICAR HCT TAB 40-25MG	3	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
DIOVAN HCT TAB 80/12.5	3	
DIOVAN HCT TAB 160-12.5	3	
DIOVAN HCT TAB 160-25MG	3	
DIOVAN HCT TAB 320-12.5	3	
DIOVAN HCT TAB 320-25MG	3	
EDARBYCLOR TAB 40-12.5	3	
EDARBYCLOR TAB 40-25MG	3	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	
EXFORGE TAB 5-160MG	3	
EXFORGE TAB 5-320MG	3	
EXFORGE TAB 10-160MG	3	
EXFORGE TAB 10-320MG	3	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
HYZAAR TAB 50-12.5	3	
HYZAAR TAB 100-12.5	3	
HYZAAR TAB 100-25	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	
MICARDIS HCT TAB 40/12.5	3	
MICARDIS HCT TAB 80-25MG	3	
MICARDIS HCT TAB 80/12.5	3	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
TEKTURNA HCT TAB 300-12.5	3	
TEKTURNA HCT TAB 300-25MG	3	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	2	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ZIAC TAB 2.5/6.25	3	
ZIAC TAB 5-6.25MG	3	
ZIAC TAB 10/6.25	3	
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	2	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	2	
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
<b>VASODILATORS</b>		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	

## ANTIMALARIALS

### ANTIMALARIAL COMBINATIONS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	QL (42 tabs every year), NM
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	QL (42 tabs every year), NM
COARTEM TAB 20-120MG	3	QL (24 tabs every year), NM
MALARONE TAB 62.5-25	3	QL (42 tabs every year), NM
MALARONE TAB 250-100	3	QL (42 tabs every year), NM

### ANTIMALARIALS

<i>chloroquine phosphate tab 250 mg</i>	1	QL (16 tabs every year)
<i>chloroquine phosphate tab 500 mg</i>	1	QL (16 tabs every year)
HYDROXYCHLOROQUINE SULFATE TAB 100 MG	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
HYDROXYCHLOROQUINE SULFATE TAB 300 MG	1	
HYDROXYCHLOROQUINE SULFATE TAB 400 MG	1	
<i>mefloquine hcl tab 250 mg</i>	1	QL (14 tabs every year)
PLAQUENIL TAB 200MG	3	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	QL (46 tabs every year), NM
PRIMAQUINE TAB 26.3MG	3	QL (46 tabs every year), NM
QUALAQUIN CAP 324MG	3	QL (84 caps every year), NM
<i>quinine sulfate cap 324 mg</i>	1	QL (84 caps every year), NM

## ANTIMYASTHENIC/CHOLINERGIC AGENTS

### ANTIMYASTHENIC/CHOLINERGIC AGENTS

FIRDAPSE TAB 10MG	3	SP, PA, NM; LD
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2	NM
<i>pyridostigmine bromide tab 60 mg</i>	1	NM
<i>pyridostigmine bromide tab er 180 mg</i>	2	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

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

**ANTIMYCOBACTERIAL AGENTS**

**ANTIMYCOBACTERIAL AGENTS**

<i>cycloserine cap 250 mg</i>	2	NM
<i>ethambutol hcl tab 100 mg</i>	1	NM
<i>ethambutol hcl tab 400 mg</i>	1	NM
<i>isoniazid inj 100 mg/ml</i>	1	NM
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
MYCOBUTIN CAP 150MG	3	NM
PRETOMANID TAB 200MG	3	NM
PRIFTIN TAB 150MG	3	NM
<i>pyrazinamide tab 500 mg</i>	1	NM
<i>rifabutin cap 150 mg</i>	1	NM
<i>rifampin cap 150 mg</i>	1	NM
<i>rifampin cap 300 mg</i>	1	NM
SIRTURO TAB 20MG	3	NM
SIRTURO TAB 100MG	3	NM
TRECTOR TAB 250MG	3	NM

**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

**ALKYLATING AGENTS**

<i>cyclophosphamide cap 25 mg</i>	2	NM; **
<i>cyclophosphamide cap 50 mg</i>	2	NM; **
<i>cyclophosphamide for inj 1 gm</i>	1	NM
<i>cyclophosphamide for inj 2 gm</i>	1	NM
<i>cyclophosphamide for inj 500 mg</i>	1	NM
GLEOSTINE CAP 10MG	3	NM; **
GLEOSTINE CAP 40MG	3	NM; **
GLEOSTINE CAP 100MG	3	NM; **
LEUKERAN TAB 2MG	2	NM; **
<i>melphalan tab 2 mg</i>	2	NM; **
MYLERAN TAB 2MG	2	NM; **
<i>temozolomide cap 5 mg</i>	2	NM; **
<i>temozolomide cap 20 mg</i>	2	NM; **
<i>temozolomide cap 100 mg</i>	2	NM; **
<i>temozolomide cap 140 mg</i>	2	NM; **
<i>temozolomide cap 180 mg</i>	2	NM; **
<i>temozolomide cap 250 mg</i>	2	NM; **

**ANTIMETABOLITES**

<i>capecitabine tab 150 mg</i>	2	NM; **
<i>capecitabine tab 500 mg</i>	2	NM; **

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cytarabine inj 20 mg/ml</i>	1	NM
<i>cytarabine inj pf 20 mg/ml</i>	1	NM
<i>cytarabine inj pf 100 mg/ml</i>	1	NM
<i>mercaptopurine tab 50 mg</i>	1	NM; **
<i>methotrexate sodium for inj 1 gm</i>	2	NM
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	NM
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	NM
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	NM
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	NM
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	NM
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	NM; **
ONUREG TAB 200MG	3	SP, PA, NM; *
ONUREG TAB 300MG	3	SP, PA, NM; *
PURIXAN SUS 20MG/ML	3	NM; **
TABLOID TAB 40MG	2	NM; **
TREXALL TAB 5MG	3	NM; **
TREXALL TAB 7.5MG	3	NM; **
TREXALL TAB 10MG	3	NM; **
TREXALL TAB 15MG	3	NM; **
XELODA TAB 150MG	3	NM; **
XELODA TAB 500MG	3	NM; **
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA TAB 10MG	3	NM; **
VENCLEXTA TAB 50MG	3	NM; **
VENCLEXTA TAB 100MG	3	NM; **
VENCLEXTA TAB START PK	3	NM; **
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	2	NM; **
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	2	NM; **
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	2	NM; **
EXKIVITY CAP 40MG	3	SP, NM; **
<i>gefitinib tab 250 mg</i>	2	NM; **
IRESSA TAB 250MG	3	NM; **
TARCEVA TAB 25MG	3	NM; **
TARCEVA TAB 100MG	3	NM; **
TARCEVA TAB 150MG	3	NM; **
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO TAB 25MG	3	PA, NM; **

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DAURISMO TAB 100MG	3	PA, NM; **
ERIVEDGE CAP 150MG	3	NM; **
ODOMZO CAP 200MG	3	NM; **
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate tab 250 mg</i>	2	NM; **
<i>abiraterone acetate tab 500 mg</i>	2	NM; **
<i>anastrozole tab 1 mg</i>	1	**
ARIMIDEX TAB 1MG	3	**
AROMASIN TAB 25MG	3	**
<i>bicalutamide tab 50 mg</i>	1	NM; **
CASODEX TAB 50MG	3	NM; **
EMCYT CAP 140MG	2	NM; **
ERLEADA TAB 60MG	3	NM; **
<i>exemestane tab 25 mg</i>	2	**
FARESTON TAB 60MG	3	**
FEMARA TAB 2.5MG	3	**
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	2	NM
<i>letrozole tab 2.5 mg</i>	1	**
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	2	SP, QL (9 cycles per lifetime), NM
LYSODREN TAB 500MG	3	NM; **
<i>megestrol acetate susp 40 mg/ml</i>	2	NM; **
<i>megestrol acetate tab 20 mg</i>	2	NM; **
<i>megestrol acetate tab 40 mg</i>	2	NM; **
NILANDRON TAB 150MG	3	NM; **
<i>nilutamide tab 150 mg</i>	2	NM; **
NUBEQA TAB 300MG	3	NM; **
ORGOVYX TAB 120MG	3	NM; **
ORSERDU TAB 86MG	3	NM; **, LD
ORSERDU TAB 345MG	3	NM; **, LD
SOLTAMOX SOL 10MG/5ML	3	**
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	**
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	**
<i>toremifene citrate tab 60 mg (base equivalent)</i>	2	**
XTANDI CAP 40MG	3	NM; **
XTANDI TAB 40MG	3	NM; **
XTANDI TAB 80MG	3	NM; **
YONSA TAB 125MG	3	NM; **
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG TAB 40MG	3	NM; **

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP 1MG	3	NM; **
POMALYST CAP 2MG	3	NM; **
POMALYST CAP 3MG	3	NM; **
POMALYST CAP 4MG	3	NM; **
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO PAK 60MG	3	PA, NM; **
XPOVIO PAK 80MG	3	PA, NM; **
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI TAB 35-100MG	3	NM; **
KISQALI 200 PAK FEMARA	2	NM; **
KISQALI 400 PAK FEMARA	2	NM; **
KISQALI 600 PAK FEMARA	2	NM; **
LONSURF TAB 15-6.14	3	NM; **
LONSURF TAB 20-8.19	3	NM; **
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
AFINITOR DIS TAB 2MG	3	NM; **
AFINITOR DIS TAB 3MG	3	NM; **
AFINITOR DIS TAB 5MG	3	NM; **
AFINITOR TAB 2.5MG	3	NM; **
AFINITOR TAB 5MG	3	NM; **
AFINITOR TAB 7.5MG	3	NM; **
AFINITOR TAB 10MG	3	NM; **
ALECENSA CAP 150MG	3	NM; **
ALUNBRIG PAK	3	NM; **
ALUNBRIG TAB 30MG	3	NM; **
ALUNBRIG TAB 90MG	3	NM; **
ALUNBRIG TAB 180MG	3	NM; **
AYVAKIT TAB 100MG	3	PA, NM; **
AYVAKIT TAB 200MG	3	PA, NM; **
AYVAKIT TAB 300MG	3	PA, NM; **
BALVERSA TAB 3MG	3	NM; **
BALVERSA TAB 4MG	3	NM; **
BALVERSA TAB 5MG	3	NM; **
BOSULIF CAP 50MG	3	NM; **
BOSULIF CAP 100MG	3	NM; **
BOSULIF TAB 100MG	3	NM; **
BOSULIF TAB 400MG	3	NM; **
BOSULIF TAB 500MG	3	NM; **
BRAFTOVI CAP 75MG	3	NM; **
BRUKINSA CAP 80MG	3	NM; **

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CABOMETYX TAB 20MG	2	NM; **
CABOMETYX TAB 40MG	2	NM; **
CABOMETYX TAB 60MG	2	NM; **
CALQUENCE TAB 100MG	3	PA, NM; **
CAPRELSA TAB 100MG	3	NM; **
CAPRELSA TAB 300MG	3	NM; **
COMETRIQ KIT 60MG	3	PA, NM; **
COMETRIQ KIT 100MG	3	PA, NM; **
COMETRIQ KIT 140MG	3	PA, NM; **
COPIKTRA CAP 15MG	3	NM; **
COPIKTRA CAP 25MG	3	NM; **
COTELLIC TAB 20MG	3	NM; **
<i>everolimus tab 2.5 mg</i>	2	NM; **
<i>everolimus tab 5 mg</i>	2	NM; **
<i>everolimus tab 7.5 mg</i>	2	NM; **
<i>everolimus tab 10 mg</i>	2	NM; **
<i>everolimus tab for oral susp 2 mg</i>	2	NM; **
<i>everolimus tab for oral susp 3 mg</i>	2	NM; **
<i>everolimus tab for oral susp 5 mg</i>	2	NM; **
FOTIVDA CAP 0.89MG	3	NM; **
FOTIVDA CAP 1.34MG	3	NM; **
GAVRETO CAP 100MG	3	NM; *
GILOTRIF TAB 20MG	3	NM; **
GILOTRIF TAB 30MG	3	NM; **
GILOTRIF TAB 40MG	3	NM; **
GLEEVEC TAB 100MG	3	NM; **
GLEEVEC TAB 400MG	3	NM; **
IBRANCE CAP 75MG	2	NM; **
IBRANCE CAP 100MG	2	NM; **
IBRANCE CAP 125MG	2	NM; **
IBRANCE TAB 75MG	2	NM; **
IBRANCE TAB 100MG	2	NM; **
IBRANCE TAB 125MG	2	NM; **
ICLUSIG TAB 15MG	3	NM; **
ICLUSIG TAB 45MG	3	NM; **
IDHIFA TAB 50MG	3	NM; **
IDHIFA TAB 100MG	3	NM; **
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	2	NM; **
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	2	NM; **
IMBRUVICA CAP 70MG	3	NM; **
IMBRUVICA CAP 140MG	3	NM; **
IMBRUVICA SUS 70MG/ML	3	NM; **

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMBRUVICA TAB 140MG	3	NM; **
IMBRUVICA TAB 280MG	3	NM; **
IMBRUVICA TAB 420MG	3	NM; **
IMBRUVICA TAB 560MG	3	NM; **
INLYTA TAB 1MG	3	NM; **
INLYTA TAB 5MG	3	NM; **
INREBIC CAP 100MG	3	PA, NM; **
JAKAFI TAB 5MG	3	PA, NM; **
JAKAFI TAB 10MG	3	PA, NM; **
JAKAFI TAB 15MG	3	PA, NM; **
JAKAFI TAB 20MG	3	PA, NM; **
JAKAFI TAB 25MG	3	PA, NM; **
JAYPIRCA TAB 50MG	3	NM; **
JAYPIRCA TAB 100MG	3	NM; **
KISQALI TAB 200DOSE	2	NM; **
KISQALI TAB 400DOSE	2	NM; **
KISQALI TAB 600DOSE	2	NM; **
KOSELUGO CAP 10MG	3	PA, NM
KOSELUGO CAP 25MG	3	PA, NM
KRAZATI TAB 200MG	3	NM
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	2	NM; **
LENVIMA CAP 4MG	3	NM; **
LENVIMA CAP 8 MG	3	NM; **
LENVIMA CAP 10 MG	3	NM; **
LENVIMA CAP 12MG	3	NM; **
LENVIMA CAP 14 MG	3	NM; **
LENVIMA CAP 18 MG	3	NM; **
LENVIMA CAP 20 MG	3	NM; **
LENVIMA CAP 24 MG	3	NM; **
LORBRENA TAB 25MG	3	NM; **
LORBRENA TAB 100MG	3	NM; **
LUMAKRAS TAB 120MG	3	NM; **
LUMAKRAS TAB 320MG	3	NM; **
LYNPARZA TAB 100MG	3	NM; **
LYNPARZA TAB 150MG	3	NM; **
LYTGOBI TAB 4MG	3	NM
MEKINIST SOL 0.05/ML	3	NM; **
MEKINIST TAB 0.5MG	3	NM; **
MEKINIST TAB 2MG	3	NM; **
MEKTOVI TAB 15MG	3	NM; **
NERLYNX TAB 40MG	3	NM; **
NEXAVAR TAB 200MG	3	NM; **

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NINLARO CAP 2.3MG	3	NM; **
NINLARO CAP 3MG	3	NM; **
NINLARO CAP 4MG	3	NM; **
<i>pazopanib hcl tab 200 mg (base equiv)</i>	2	NM; **
PEMAZYRE TAB 4.5MG	3	PA, NM; **
PEMAZYRE TAB 9MG	3	PA, NM; **
PEMAZYRE TAB 13.5MG	3	PA, NM; **
PIQRAY 200MG TAB DOSE	3	NM; **
PIQRAY 250MG TAB DOSE	3	NM; **
PIQRAY 300MG TAB DOSE	3	NM; **
QINLOCK TAB 50MG	3	NM; **
RETEVMO CAP 40MG	3	PA, NM; **
RETEVMO CAP 80MG	3	PA, NM; **
REZLIDHIA CAP 150MG	3	NM; **
ROZLYTREK CAP 100MG	3	PA, NM; **
ROZLYTREK CAP 200MG	3	PA, NM; **
ROZLYTREK PAK 50MG	3	NM; **
RUBRACA TAB 200MG	3	NM; **
RUBRACA TAB 250MG	3	NM; **
RUBRACA TAB 300MG	3	NM; **
RYDAPT CAP 25MG	3	NM; **
SCEMBLIX TAB 20MG	3	NM; **
SCEMBLIX TAB 40MG	3	NM; **
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	2	NM; **
SPRYCEL TAB 20MG	3	NM; **
SPRYCEL TAB 50MG	3	NM; **
SPRYCEL TAB 70MG	3	NM; **
SPRYCEL TAB 80MG	3	NM; **
SPRYCEL TAB 100MG	3	NM; **
SPRYCEL TAB 140MG	3	NM; **
STIVARGA TAB 40MG	3	NM; **
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	2	NM; **
<i>sunitinib malate cap 25 mg (base equivalent)</i>	2	NM; **
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	2	NM; **
<i>sunitinib malate cap 50 mg (base equivalent)</i>	2	NM; **
SUTENT CAP 12.5MG	3	NM; **
SUTENT CAP 25MG	3	NM; **
SUTENT CAP 37.5MG	3	NM; **
SUTENT CAP 50MG	3	NM; **
TABRECTA TAB 150MG	3	PA, NM; **
TABRECTA TAB 200MG	3	PA, NM; **
TAFINLAR CAP 50MG	3	NM; **

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TAFINLAR CAP 75MG	3	NM; **
TAFINLAR TAB 10MG	3	NM; **
TAGRISSO TAB 40MG	3	NM; **
TAGRISSO TAB 80MG	3	NM; **
TALZENNA CAP 0.1MG	3	NM; **
TALZENNA CAP 0.5MG	3	NM; **
TALZENNA CAP 0.25MG	3	NM; **
TALZENNA CAP 0.35MG	3	NM; **
TALZENNA CAP 0.75MG	3	NM; **
TALZENNA CAP 1MG	3	NM; **
TASIGNA CAP 50MG	3	NM; **
TASIGNA CAP 150MG	3	NM; **
TASIGNA CAP 200MG	3	NM; **
TAZVERIK TAB 200MG	3	PA, NM; **
TEPMETKO TAB 225MG	3	NM; **
TIBSOVO TAB 250MG	3	PA, NM; **
TUKYSA TAB 50MG	3	NM; **
TUKYSA TAB 150MG	3	NM; **
TURALIO CAP 125MG	3	PA, NM; **
TYKERB TAB 250MG	3	NM; **
VERZENIO TAB 50MG	3	NM; **
VERZENIO TAB 100MG	3	NM; **
VERZENIO TAB 150MG	3	NM; **
VERZENIO TAB 200MG	3	NM; **
VITRAKVI CAP 25MG	3	PA, NM; **
VITRAKVI CAP 100MG	3	PA, NM; **
VITRAKVI SOL 20MG/ML	3	PA, NM; **
VIZIMPRO TAB 15MG	3	PA, NM; **
VIZIMPRO TAB 30MG	3	PA, NM; **
VIZIMPRO TAB 45MG	3	PA, NM; **
VONJO CAP 100MG	3	PA, NM; **
VOTRIENT TAB 200MG	3	NM; **
XALKORI CAP 20MG	3	NM; **
XALKORI CAP 50MG	3	NM; **
XALKORI CAP 150MG	3	NM; **
XALKORI CAP 200MG	3	NM; **
XALKORI CAP 250MG	3	NM; **
XOSPATA TAB 40MG	3	PA, NM; **
ZEJULA CAP 100MG	3	NM; **
ZEJULA TAB 100MG	3	NM; **
ZEJULA TAB 200MG	3	NM; **
ZEJULA TAB 300MG	3	NM; **

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZELBORAF TAB 240MG	3	NM; **
ZOLINZA CAP 100MG	3	PA, NM; **
ZYDELIG TAB 100MG	3	NM; **
ZYDELIG TAB 150MG	3	NM; **
ZYKADIA TAB 150MG	3	NM; **
<b>ANTINEOPLASTIC ENZYMES</b>		
ONCASPAR INJ 750/ML	3	SP, NM
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE INJ 2MU/0.5	3	SP
BESREMI SOL 500MCG	3	
<i>bexarotene cap 75 mg</i>	2	NM; **
HYDREA CAP 500MG	3	NM; **
<i>hydroxyurea cap 500 mg</i>	1	NM; **
MATULANE CAP 50MG	3	SP, NM; LD
TARGRETIN CAP 75MG	3	NM; **
<i>tretinoin cap 10 mg</i>	2	NM; **
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
<i>leucovorin calcium inj 100 mg/10ml (10 mg/ml)</i>	1	NM
<i>leucovorin calcium tab 5 mg</i>	1	NM; **
<i>leucovorin calcium tab 10 mg</i>	1	NM; **
<i>leucovorin calcium tab 15 mg</i>	1	NM; **
<i>leucovorin calcium tab 25 mg</i>	1	NM; **
MESNEX TAB 400MG	2	NM; **
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	1	NM
<b>MITOTIC INHIBITORS</b>		
<i>etoposide cap 50 mg</i>	2	NM; **
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN CAP 0.25MG	3	NM; **
HYCAMTIN CAP 1MG	3	NM; **
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
NOURIANZ TAB 20MG	3	
NOURIANZ TAB 40MG	3	
<b>ANTIPARKINSON ADJUVANTS</b>		
<i>carbidopa tab 25 mg</i>	1	
LODOSYN TAB 25MG	3	
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
COMTAN TAB 200MG	3	
<i>entacapone tab 200 mg</i>	2	
ONGENTYS CAP 25MG	3	
ONGENTYS CAP 50MG	3	
TASMAR TAB 100MG	3	
<i>tolcapone tab 100 mg</i>	2	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	2	SP, PA, NM
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG	2	
CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG	2	
CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG	2	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
DUOPA SUS 4.63-20	3	
INBRIJA CAP 42MG	3	SP; LD

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
NEUPRO DIS 1MG/24HR	3	
NEUPRO DIS 2MG/24HR	3	
NEUPRO DIS 3MG/24HR	3	
NEUPRO DIS 4MG/24HR	3	
NEUPRO DIS 6MG/24HR	3	
NEUPRO DIS 8MG/24HR	3	
PARLODEL TAB 2.5MG	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	2	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	2	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	

#### **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	2	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	2	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
XADAGO TAB 50MG	3	
XADAGO TAB 100MG	3	
ZELAPAR TAB 1.25MG	3	

#### **ANTIPSYCHOTICS/ANTIMANIC AGENTS**

##### **ANTIMANIC AGENTS**

<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	2	
LITHOBID TAB 300MG CR	3	

##### **ANTIPSYCHOTICS - MISC.**

CAPLYTA CAP 10.5MG	3	
CAPLYTA CAP 21MG	3	
CAPLYTA CAP 42MG	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
GEODON CAP 40MG	3	
GEODON INJ 20MG	3	NM
LATUDA TAB 20MG	3	
LATUDA TAB 40MG	3	
LATUDA TAB 60MG	3	
LATUDA TAB 80MG	3	
LATUDA TAB 120MG	3	
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
NUPLAZID CAP 34MG	3	SP, PA
NUPLAZID TAB 10MG	3	SP, PA
VRAYLAR CAP 1.5-3MG	2	NM
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
<b>BENZISOXAZOLES</b>		
INVEGA TAB 1.5MG	3	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
<i>paliperidone tab er 24hr 1.5 mg</i>	2	
<i>paliperidone tab er 24hr 3 mg</i>	2	
<i>paliperidone tab er 24hr 6 mg</i>	2	
<i>paliperidone tab er 24hr 9 mg</i>	2	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	

### **BUTYROPHENONES**

<i>haloperidol decanoate im soln 50 mg/ml</i>	2	NM
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	NM
<i>haloperidol lactate inj 5 mg/ml</i>	1	NM
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	

### **DIBENZAPINES**

<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	2	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	2	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	2	
<i>clozapine orally disintegrating tab 12.5 mg</i>	2	NM
<i>clozapine orally disintegrating tab 25 mg</i>	2	NM
<i>clozapine orally disintegrating tab 100 mg</i>	2	NM
<i>clozapine orally disintegrating tab 150 mg</i>	2	NM
<i>clozapine orally disintegrating tab 200 mg</i>	2	NM
<i>clozapine tab 25 mg</i>	1	NM
<i>clozapine tab 50 mg</i>	1	NM
<i>clozapine tab 100 mg</i>	1	NM
<i>clozapine tab 200 mg</i>	1	NM
<b>CLOZARIL TAB 25MG</b>	3	NM
<b>CLOZARIL TAB 100MG</b>	3	NM
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olanzapine for im inj 10 mg</i>	2	NM
<i>olanzapine orally disintegrating tab 5 mg</i>	2	
<i>olanzapine orally disintegrating tab 10 mg</i>	2	
<i>olanzapine orally disintegrating tab 15 mg</i>	2	
<i>olanzapine orally disintegrating tab 20 mg</i>	2	
<i>olanzapine tab 2.5 mg</i>	2	
<i>olanzapine tab 5 mg</i>	2	
<i>olanzapine tab 7.5 mg</i>	2	
<i>olanzapine tab 10 mg</i>	2	
<i>olanzapine tab 15 mg</i>	2	
<i>olanzapine tab 20 mg</i>	2	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 150 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	2	
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
SEROQUEL XR TAB 50MG	3	
SEROQUEL XR TAB 150MG	3	
SEROQUEL XR TAB 200MG	3	
SEROQUEL XR TAB 300MG	3	
SEROQUEL XR TAB 400MG	3	
VERSACLOZ SUS 50MG/ML	3	NM
ZYPREXA INJ 10MG	3	NM
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	

### **PHENOTHIAZINES**

<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>compro</i>	1	NM
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	NM
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	

### **QUINOLINONE DERIVATIVES**

ABILIFY TAB 2MG	3	
ABILIFY TAB 5MG	3	
ABILIFY TAB 10MG	3	
ABILIFY TAB 15MG	3	
ABILIFY TAB 20MG	3	
ABILIFY TAB 30MG	3	
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole orally disintegrating tab 10 mg</i>	2	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aripiprazole orally disintegrating tab 15 mg</i>	2	
<i>aripiprazole tab 2 mg</i>	2	
<i>aripiprazole tab 5 mg</i>	2	
<i>aripiprazole tab 10 mg</i>	2	
<i>aripiprazole tab 15 mg</i>	2	
<i>aripiprazole tab 20 mg</i>	2	
<i>aripiprazole tab 30 mg</i>	2	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
REXULTI TAB 1MG	3	
REXULTI TAB 2MG	3	
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	

### **THIOXANTHENES**

<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	

### **ANTIVIRALS**

#### **ANTIRETROVIRALS**

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	
APTIVUS CAP 250MG	2	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	
BIKTARVY TAB	2	
CIMDUO TAB 300-300	2	
COMBIVIR TAB 150-300	3	
COMPLERA TAB	3	
<i>darunavir tab 600 mg</i>	2	
<i>darunavir tab 800 mg</i>	2	
DELSTRIGO TAB	3	
DESCOVY TAB 120-15MG	2	
DESCOVY TAB 200/25MG	2	
DOVATO TAB 50-300MG	2	
EDURANT TAB 25MG	3	
<i>efavirenz cap 50 mg</i>	2	
<i>efavirenz cap 200 mg</i>	2	
<i>efavirenz tab 600 mg</i>	2	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	2	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	
<i>emtricitabine caps 200 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	
EMTRIVA CAP 200MG	3	
EMTRIVA SOL 10MG/ML	2	
EPIVIR SOL 10MG/ML	3	
EPIVIR TAB 150MG	3	
EPIVIR TAB 300MG	3	
EPZICOM TAB 600-300	3	
<i>etravirine tab 100 mg</i>	2	
<i>etravirine tab 200 mg</i>	2	
EVOTAZ TAB 300-150	3	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	2	
FUZEON INJ 90MG	2	
GENVOYA TAB	2	
INTELENCE TAB 25MG	3	
INTELENCE TAB 100MG	3	
INTELENCE TAB 200MG	3	
ISENTRESS CHW 25MG	2	
ISENTRESS CHW 100MG	2	
ISENTRESS HD TAB 600MG	2	
ISENTRESS POW 100MG	2	
ISENTRESS TAB 400MG	2	
JULUCA TAB 50-25MG	3	
KALETRA SOL	3	
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	3	
<i>lamivudine oral soln 10 mg/ml</i>	2	
<i>lamivudine tab 150 mg</i>	2	
<i>lamivudine tab 300 mg</i>	2	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	
LEXIVA TAB 700MG	3	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	
<i>maraviroc tab 150 mg</i>	2	
<i>maraviroc tab 300 mg</i>	2	
NEVIRAPINE SUSP 50 MG/5ML	2	
<i>nevirapine tab 200 mg</i>	2	
<i>nevirapine tab er 24hr 100 mg</i>	2	
<i>nevirapine tab er 24hr 400 mg</i>	2	
NORVIR POW 100MG	3	
NORVIR TAB 100MG	3	
ODEFSEY TAB	2	
PIFELTRO TAB 100MG	3	
PREZCOBIX TAB 800-150	3	
PREZISTA SUS 100MG/ML	2	
PREZISTA TAB 75MG	2	
PREZISTA TAB 150MG	2	
PREZISTA TAB 600MG	3	
PREZISTA TAB 800MG	3	
RETROVIR CAP 100MG	3	
RETROVIR SYP 50MG/5ML	3	
REYATAZ CAP 200MG	3	
REYATAZ CAP 300MG	3	
REYATAZ POW 50MG	3	
<i>ritonavir tab 100 mg</i>	2	
RUKOBIA TAB 600MG ER	3	
SELZENTRY SOL 20MG/ML	2	
SELZENTRY TAB 25MG	2	
SELZENTRY TAB 75MG	2	
SELZENTRY TAB 150MG	3	
SELZENTRY TAB 300MG	3	
<i>stavudine cap 15 mg</i>	2	
<i>stavudine cap 20 mg</i>	2	
<i>stavudine cap 30 mg</i>	2	
<i>stavudine cap 40 mg</i>	2	
STRIBILD TAB	3	
SUNLENCA TAB 300MG	3	NM
SUSTIVA TAB 600MG	3	
SYMFI LO TAB	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMFI TAB	3	
SYMTUZA TAB	2	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	SP
TIVICAY PD TAB 5MG	3	
TIVICAY TAB 10MG	3	
TIVICAY TAB 25MG	3	
TIVICAY TAB 50MG	3	
TRIUMEQ PD TAB	2	
TRIUMEQ TAB	2	
TRIZIVIR TAB	3	
TYBOST TAB 150MG	3	
VIRACEPT TAB 250MG	2	
VIRACEPT TAB 625MG	2	
VIREAD POW 40MG/GM	3	
VIREAD TAB 150MG	3	
VIREAD TAB 200MG	3	
VIREAD TAB 250MG	3	
VIREAD TAB 300MG	3	
ZIAGEN SOL 20MG/ML	3	
ZIAGEN TAB 300MG	3	
<i>zidovudine cap 100 mg</i>	2	
<i>zidovudine syrup 10 mg/ml</i>	2	
<i>zidovudine tab 300 mg</i>	2	
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID TAB 150-100	3	QL (40 tablets per 30 days), NM
PAXLOVID TAB 300-100	3	QL (60 tablets per 30 days), NM
<b>CMV AGENTS</b>		
LIVTENCITY TAB 200MG	3	
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	2	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	2	
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil tab 10 mg</i>	1	SP
BARACLUDE SOL	3	SP
BARACLUDE TAB 0.5MG	3	SP
BARACLUDE TAB 1MG	3	SP
<i>entecavir tab 0.5 mg</i>	2	SP
<i>entecavir tab 1 mg</i>	2	SP

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPCLUSA PAK 150-37.5	2	SP, PA, NM
EPCLUSA PAK 200-50MG	2	SP, PA, NM
EPCLUSA TAB 400-100	2	SP, PA, NM
HARVONI PAK	2	SP, PA, NM
HARVONI PAK 45-200MG	2	SP, PA, NM
HARVONI TAB 90-400MG	2	SP, PA, NM
<i>lamivudine tab 100 mg (hbv)</i>	2	SP
MAVYRET PAK 50-20MG	2	SP, PA, NM
MAVYRET TAB 100-40MG	2	SP, PA, NM
PEGASYS INJ	2	SP, PA, NM
PEGASYS INJ 180MCG/M	2	SP, PA, NM
<i>ribavirin cap 200 mg</i>	2	SP, PA, NM
<i>ribavirin tab 200 mg</i>	2	SP, PA, NM
SOVALDI PAK 150MG	3	SP, PA, NM
SOVALDI PAK 200MG	3	SP, PA, NM
SOVALDI TAB 400MG	3	SP, PA, NM
VEMLIDY TAB 25MG	3	SP
VOSEVI TAB	2	SP, PA, NM

### **HERPES AGENTS**

<i>acyclovir cap 200 mg</i>	1	NM
<i>acyclovir susp 200 mg/5ml</i>	1	NM
<i>acyclovir tab 400 mg</i>	1	NM
<i>acyclovir tab 800 mg</i>	1	NM
<i>famciclovir tab 125 mg</i>	2	NM
<i>famciclovir tab 250 mg</i>	2	NM
<i>famciclovir tab 500 mg</i>	2	NM
<i>valacyclovir hcl tab 1 gm</i>	1	NM
<i>valacyclovir hcl tab 500 mg</i>	1	NM
VALTREX TAB 1GM	3	NM
VALTREX TAB 500MG	3	NM

### **INFLUENZA AGENTS**

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (21 caps every 180 days), NM
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (21 caps every 180 days), NM
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (21 caps every 180 days), NM
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (180 mL every 180 days), NM
RELENZA MIS DISKHALE	3	QL (1 inhaler every 180 days), NM
<i>rimantadine hydrochloride tab 100 mg</i>	1	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TAMIFLU CAP 30MG	3	QL (21 caps every 180 days), NM
TAMIFLU CAP 45MG	3	QL (21 caps every 180 days), NM
TAMIFLU CAP 75MG	3	QL (21 caps every 180 days), NM
TAMIFLU SUS 6MG/ML	3	QL (180 mL every 180 days), NM
XOFLUZA TAB 40MG	3	QL (2 per 180 days), NM
XOFLUZA TAB 80MG	3	QL (2 per 180 days), NM

### **MISC. ANTIVIRALS**

TEMBEXA SUS 10MG/ML	3	NM
TEMBEXA TAB 100MG	3	NM

### **BETA BLOCKERS**

#### **ALPHA-BETA BLOCKERS**

<i>carvedilol phosphate cap er 24hr 10 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	2	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
COREG CR CAP 10MG	3	
COREG CR CAP 20MG	3	
COREG CR CAP 40MG	3	
COREG CR CAP 80MG	3	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	

#### **BETA BLOCKERS CARDIO-SELECTIVE**

<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BYSTOLIC TAB 10MG	3	
BYSTOLIC TAB 20MG	3	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	
TOPROL XL TAB 25MG	3	
TOPROL XL TAB 50MG	3	
TOPROL XL TAB 100MG	3	
TOPROL XL TAB 200MG	3	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
BETAPACE AF TAB 80MG	3	
BETAPACE AF TAB 120MG	3	
BETAPACE AF TAB 160MG	3	
BETAPACE TAB 80MG	3	
BETAPACE TAB 120MG	3	
BETAPACE TAB 160MG	3	
CORGARD TAB 20MG	3	
CORGARD TAB 40MG	3	
HEMANGEOL SOL 4.28/ML	3	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 120 mg</i>	1	
<i>sotalol hcl (afib/af) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
<b>SOTYLIZE SOL 5MG/ML</b>	3	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<b>TIMOLOL MALEATE TAB 20 MG</b>	2	

## **CALCIUM CHANNEL BLOCKERS**

### **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<b>CARDIZEM CD CAP 120MG/24</b>	3	
<b>CARDIZEM CD CAP 180MG/24</b>	3	
<b>CARDIZEM CD CAP 240MG/24</b>	3	
<b>CARDIZEM CD CAP 300MG/24</b>	3	
<b>CARDIZEM LA TAB 120MG</b>	3	
<b>CARDIZEM LA TAB 180MG</b>	3	
<b>CARDIZEM LA TAB 240MG</b>	3	
<b>CARDIZEM LA TAB 300MG/24</b>	3	
<b>CARDIZEM LA TAB 360MG</b>	3	
<b>CARDIZEM LA TAB 420MG/24</b>	3	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>diltiazem hcl tab er 24hr 120 mg</i>	2	
<i>diltiazem hcl tab er 24hr 180 mg</i>	1	
<i>diltiazem hcl tab er 24hr 240 mg</i>	1	
<i>diltiazem hcl tab er 24hr 300 mg</i>	1	
<i>diltiazem hcl tab er 24hr 360 mg</i>	1	
<i>diltiazem hcl tab er 24hr 420 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
KATERZIA SUS 1MG/ML	3	
<i>matzim la</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	2	NM
<i>nisoldipine tab er 24hr 8.5 mg</i>	2	
<i>nisoldipine tab er 24hr 17 mg</i>	2	
<i>nisoldipine tab er 24hr 20 mg</i>	2	
<i>nisoldipine tab er 24hr 25.5 mg</i>	2	
<i>nisoldipine tab er 24hr 30 mg</i>	2	
<i>nisoldipine tab er 24hr 34 mg</i>	2	
<i>nisoldipine tab er 24hr 40 mg</i>	2	
NORLIQVA SOL 1MG/ML	3	
NORVASC TAB 2.5MG	3	
NORVASC TAB 5MG	3	
NORVASC TAB 10MG	3	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
SULAR TAB 8.5MG ER	3	
SULAR TAB 17MG ER	3	
SULAR TAB 34MG ER	3	
<i>taztia xt</i>	1	
<i>taztia xt cap 300mg er</i>	1	
<i>tiadytl cap 180mg/24</i>	1	
<i>tiadytl cap 240mg/24</i>	1	
<i>tiadytl er</i>	1	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
VERELAN CAP 120MG SR	3	
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	

## **CARDIOTONICS**

### **CARDIAC GLYCOSIDES**

<i>digox tab 0.125mg</i>	1	
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN INJ 0.25MG/1	2	NM

## **CARDIOVASCULAR AGENTS - MISC.**

### **CARDIAC MYOSIN INHIBITORS**

CAMZYOS CAP 2.5MG	3	SP, PA, QL (30 caps per 30 days)
CAMZYOS CAP 5MG	3	SP, PA, QL (30 caps per 30 days)
CAMZYOS CAP 10MG	3	SP, PA, QL (30 caps per 30 days)
CAMZYOS CAP 15MG	3	SP, PA, QL (30 caps per 30 days)

### **CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

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

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	

### **IMPOTENCE AGENTS**

CAVERJECT IM KIT 10MCG	3	QL (6 each every 30 days), NM
CAVERJECT INJ 40MCG	3	QL (6 vials every 30 days), NM
CAVERJECT KIT 20MCG	3	QL (6 kits every 30 days), NM
EDEX KIT 10MCG	3	QL (6 each every 30 days), NM
EDEX KIT 20MCG	3	QL (6 kits every 30 days), NM
EDEX KIT 40MCG	3	QL (6 kits every 30 days), NM
MUSE SUP 250MCG	3	QL (6 sup every 30 days), NM
MUSE SUP 500MCG	3	QL (6 sup every 30 days), NM
MUSE SUP 1000MCG	3	QL (6 sup every 30 days), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sildenafil citrate tab 25 mg</i>	2	QL (4 tabs every 30 days), NM
<i>sildenafil citrate tab 50 mg</i>	2	QL (4 tabs every 30 days), NM
<i>sildenafil citrate tab 100 mg</i>	2	QL (4 tabs every 30 days), NM
<i>tadalafil tab 10 mg</i>	2	QL (4 tabs every 30 days), NM
<i>tadalafil tab 20 mg</i>	2	QL (4 tabs every 30 days), NM
<i>vardeafil hcl orally disintegrating tab 10 mg</i>	2	QL (4 tabs every 30 days), NM
<i>vardeafil hcl tab 2.5 mg</i>	2	QL (4 tabs every 30 days), NM
<i>vardeafil hcl tab 5 mg</i>	2	QL (4 tabs every 30 days), NM
<i>vardeafil hcl tab 10 mg</i>	2	QL (4 tabs every 30 days), NM
<i>vardeafil hcl tab 20 mg</i>	2	QL (4 tabs every 30 days), NM

#### **PROSTAGLANDIN VASODILATORS**

ORENITRAM TAB 0.25MG	3	SP, PA
ORENITRAM TAB 0.125MG	3	SP, PA
ORENITRAM TAB 1MG	3	SP, PA
ORENITRAM TAB 2.5MG	3	SP, PA
ORENITRAM TAB 5MG	3	SP, PA
ORENITRAM TAB MONTH 1	3	SP, PA
ORENITRAM TAB MONTH 2	3	SP, PA
ORENITRAM TAB MONTH 3	3	SP, PA
TYVASO DPI POW 16-32-48	3	SP, PA, NM
TYVASO DPI POW 16-32MCG	3	SP, PA, NM
TYVASO DPI POW 16MCG	3	SP, PA
TYVASO DPI POW 32-48MCG	3	SP, PA
TYVASO DPI POW 32MCG	3	SP, PA
TYVASO DPI POW 48MCG	3	SP, PA
TYVASO DPI POW 64MCG	3	SP, PA
TYVASO REFIL SOL 0.6MG/ML	3	SP, PA
TYVASO SOL 0.6MG/ML	3	SP, PA
TYVASO START SOL 0.6MG/ML	3	SP, PA
VENTAVIS SOL 10MCG/ML	3	SP, PA
VENTAVIS SOL 20MCG/ML	3	SP, PA

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan tab 5 mg</i>	2	SP, PA
<i>ambrisentan tab 10 mg</i>	2	SP, PA
LETAIRIS TAB 5MG	3	SP, PA
LETAIRIS TAB 10MG	3	SP, PA
OPSUMIT TAB 10MG	3	SP, PA
TRACLEER TAB 32MG	3	SP, PA
TRACLEER TAB 62.5MG	3	SP, PA
TRACLEER TAB 125MG	3	SP, PA
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
ADCIRCA TAB 20MG	3	SP, PA
<i>alyq</i>	2	SP, PA
LIQREV SUS 10MG/ML	3	SP, PA
REVATIO SUS 10MG/ML	3	SP, PA
REVATIO TAB 20MG	3	SP, PA
<i>sildenafil citrate tab 20 mg</i>	2	SP, PA
<i>tadalafil tab 20 mg (pah)</i>	2	SP, PA
TADLIQ SUS 20MG/5ML	3	PA
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI PACK TAB 200/800	3	SP, PA, NM
UPTRAVI TAB 200MCG	3	SP, PA
UPTRAVI TAB 400MCG	3	SP, PA
UPTRAVI TAB 600MCG	3	SP, PA
UPTRAVI TAB 800MCG	3	SP, PA
UPTRAVI TAB 1000MCG	3	SP, PA
UPTRAVI TAB 1200MCG	3	SP, PA
UPTRAVI TAB 1400MCG	3	SP, PA
UPTRAVI TAB 1600MCG	3	SP, PA
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS TAB 0.5MG	3	SP, PA
ADEMPAS TAB 1.5MG	3	SP, PA
ADEMPAS TAB 1MG	3	SP, PA
ADEMPAS TAB 2.5MG	3	SP, PA
ADEMPAS TAB 2MG	3	SP, PA
<b>SINUS NODE INHIBITORS</b>		
CORLANOR TAB 5MG	3	
CORLANOR TAB 7.5MG	3	
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX CAP 61MG	3	SP, PA
VYNDAQEL CAP 20MG	3	SP, PA

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

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

**VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)**

VERQUVO TAB 2.5MG	3	
VERQUVO TAB 5MG	3	
VERQUVO TAB 10MG	3	

**CEPHALOSPORINS**

**CEPHALOSPORINS - 1ST GENERATION**

<i>cefadroxil cap 500 mg</i>	1	NM
<i>cefadroxil for susp 250 mg/5ml</i>	1	NM
<i>cefadroxil for susp 500 mg/5ml</i>	1	NM
<i>cefadroxil tab 1 gm</i>	1	NM
<i>cefazolin sodium for inj 1 gm</i>	1	NM
<i>cefazolin sodium for inj 2 gm</i>	1	NM
<i>cefazolin sodium for inj 3 gm</i>	1	NM
<i>cefazolin sodium for inj 10 gm</i>	1	NM
<i>cefazolin sodium for inj 500 mg</i>	1	NM
<i>cephalexin cap 250 mg</i>	1	NM
<i>cephalexin cap 500 mg</i>	1	NM
<i>cephalexin cap 750 mg</i>	1	NM
<i>cephalexin for susp 125 mg/5ml</i>	1	NM
<i>cephalexin for susp 250 mg/5ml</i>	1	NM

**CEPHALOSPORINS - 2ND GENERATION**

<i>cefaclor cap 250 mg</i>	1	NM
<i>cefaclor cap 500 mg</i>	1	NM
CEFACLOR ER TAB 500MG	2	NM
<i>cefaclor for susp 125 mg/5ml</i>	1	NM
<i>cefaclor for susp 250 mg/5ml</i>	1	NM
<i>cefaclor for susp 375 mg/5ml</i>	1	NM
<i>cefprozil for susp 125 mg/5ml</i>	1	NM
<i>cefprozil for susp 250 mg/5ml</i>	1	NM
<i>cefprozil tab 250 mg</i>	1	NM
<i>cefprozil tab 500 mg</i>	1	NM
<i>cefuroxime axetil tab 250 mg</i>	1	NM
<i>cefuroxime axetil tab 500 mg</i>	1	NM

**CEPHALOSPORINS - 3RD GENERATION**

<i>cefdinir cap 300 mg</i>	1	NM
<i>cefdinir for susp 125 mg/5ml</i>	1	NM
<i>cefdinir for susp 250 mg/5ml</i>	1	NM
<i>cefixime for susp 100 mg/5ml</i>	2	NM
<i>cefixime for susp 200 mg/5ml</i>	2	NM
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	NM
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefpodoxime proxetil tab 100 mg</i>	1	NM
<i>cefpodoxime proxetil tab 200 mg</i>	1	NM
<i>ceftazidime for inj 1 gm</i>	2	NM
<i>ceftazidime for inj 6 gm</i>	2	NM
<i>ceftazidime for iv soln 2 gm</i>	2	NM
<i>ceftriaxone sodium for inj 1 gm</i>	2	PA, NM
<i>ceftriaxone sodium for inj 2 gm</i>	2	PA, NM
<i>ceftriaxone sodium for inj 10 gm</i>	2	PA, NM
<i>ceftriaxone sodium for inj 250 mg</i>	2	QL (4 vials every 23 days), NM
<i>ceftriaxone sodium for inj 500 mg</i>	2	QL (8 vials every 23 days), NM
<i>ceftriaxone sodium for iv soln 1 gm</i>	2	PA, NM
<i>ceftriaxone sodium for iv soln 2 gm</i>	2	PA, NM
SUPRAX CAP 400MG	3	NM
SUPRAX CHW 100MG	3	NM
SUPRAX CHW 200MG	3	NM
SUPRAX SUS 200/5ML	3	NM
SUPRAX SUS 500/5ML	3	NM
<i>tazicef</i>	2	NM
TAZICEF	2	NM

#### **CEPHALOSPORINS - 4TH GENERATION**

<i>cefepime hcl for inj 1 gm</i>	2	NM
<i>cefepime hcl for iv soln 2 gm</i>	2	NM

#### **CONTRACEPTIVES**

##### **COMBINATION CONTRACEPTIVES - ORAL**

<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>azurette tab</i>	1	
<i>balziva</i>	1	
BEYAZ TAB	3	
<i>briellyn</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>delyla</i>	1	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>dolishale tab 90-20mcg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce tab</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>falmina</i>	1	
<i>fayosim</i>	1	
<b>GENERESS FE CHW</b>	<b>3</b>	
<i>hailey 24 fe</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>junel fe 24</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo tab 0.15/30</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<b>LO LOESTRIN TAB 1-10-10</b>	2	
<i>loestrin 1.5/30-21</i>	3	
<i>loestrin 1/20-21</i>	3	
<i>loestrin fe 1.5/30</i>	3	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<b>LOSEASONIQUE TAB</b>	3	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	
<i>mibelas 24 chw fe</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>microgestin tab 1/20</i>	1	
<i>microgestin tab fe1.5/30</i>	1	
<i>microgestin tab fe 1/20</i>	1	
<i>mili</i>	1	
MINASTRIN 24 CHW FE	3	
MIRCETTE TAB 28 DAY	3	
<i>mono-linyah</i>	1	
NATAZIA TAB	3	
NEXTSTELLIS TAB 3-14.2MG	3	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg- 20 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nortrel tab 1/35</i>	3	
<i>ocella</i>	1	
<i>orsythia tab</i>	1	
<i>philith</i>	1	
<i>pimtrea tab</i>	1	
<i>portia-28</i>	1	
QUARTETTE TAB	3	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
SAFYRAL TAB	3	
SEASONIQUE TAB	3	
<i>setlakin</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
TAYTULLA CAP 1MG/20MC	3	
<i>tilia fe tab</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri femynor tab</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo tab</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>tydemy tab</i>	1	
<i>velivet</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>volnea</i>	1	
<i>vyfemla tab 0.4-35</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
YASMIN 28 TAB 3-0.03MG	3	
YAZ TAB 3-0.02MG	3	
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
TWIRLA DIS 120-30	3	
<i>xulane</i>	1	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	
NUVARING MIS	3	
<b>EMERGENCY CONTRACEPTIVES</b>		
<i>aftera tab 1.5mg</i>	1	OTC, NM
<i>econtra ez</i>	1	OTC, NM
<i>econtra one-step</i>	1	OTC, NM
ELLA TAB 30MG	3	NM
<i>levonorgestrel tab 1.5 mg</i>	1	OTC, NM
<i>my choice</i>	1	OTC, NM
<i>my way</i>	1	OTC, NM
<i>new day</i>	1	OTC, NM
<i>opcicon one-step</i>	1	OTC, NM
<i>option 2</i>	1	OTC, NM
<i>react</i>	1	OTC, NM
<i>take action tab 1.5mg</i>	1	OTC, NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA INJ 150MG/ML	3	QL (4 injections every 300 days), NM
DEPO-SQ PROV INJ 104	3	QL (4 injections every 300 days), NM
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	QL (4 injections every 300 days), NM
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	QL (4 injections every 300 days), NM
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila tab 0.35mg</i>	1	
<i>deblitane</i>	1	
<i>errin tab 0.35mg</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla tab 0.35mg</i>	1	
<i>lyza</i>	1	
<i>nora-be</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norlyda tab 0.35mg</i>	1	
<i>norlyroc</i>	1	
OPILL TAB 0.075MG	2	OTC
<i>sharobel</i>	1	
SLYND TAB 4MG	3	

## **CORTICOSTEROIDS**

### **GLUCOCORTICOSTEROIDS**

<i>budesonide delayed release particles cap 3 mg</i>	2	NM
<i>budesonide tab er 24hr 9 mg</i>	2	NM
CORTEF TAB 5MG	3	NM
CORTEF TAB 10MG	3	NM
CORTEF TAB 20MG	3	NM
<i>deflazacort tab 6 mg</i>	2	SP, PA, NM
<i>deflazacort tab 18 mg</i>	2	SP, PA, NM
<i>deflazacort tab 30 mg</i>	2	SP, PA, NM
<i>deflazacort tab 36 mg</i>	2	SP, PA, NM
DEXAMETHASON CON 1MG/ML	3	NM
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	NM
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	1	NM
<i>dexamethasone soln 0.5 mg/5ml</i>	1	NM
<i>dexamethasone tab 0.5 mg</i>	1	NM
<i>dexamethasone tab 0.75 mg</i>	1	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone tab 1 mg</i>	1	NM
<i>dexamethasone tab 1.5 mg</i>	1	NM
<i>dexamethasone tab 2 mg</i>	1	NM
<i>dexamethasone tab 4 mg</i>	1	NM
<i>dexamethasone tab 6 mg</i>	1	NM
EMFLAZA SUS 22.75/ML	3	SP, PA, NM; LD
EMFLAZA TAB 6MG	3	SP, PA, NM; LD
EMFLAZA TAB 18MG	3	SP, PA, NM; LD
EMFLAZA TAB 30MG	3	SP, PA, NM; LD
EMFLAZA TAB 36MG	3	SP, PA, NM; LD
<i>hydrocortisone tab 5 mg</i>	1	NM
<i>hydrocortisone tab 10 mg</i>	1	NM
<i>hydrocortisone tab 20 mg</i>	1	NM
MEDROL TAB 2MG	3	NM
MEDROL TAB 4MG	3	NM
MEDROL TAB 8MG	3	NM
MEDROL TAB 16MG	3	NM
<i>methylprednisolone tab 4 mg</i>	1	NM
<i>methylprednisolone tab 8 mg</i>	1	NM
<i>methylprednisolone tab 16 mg</i>	1	NM
<i>methylprednisolone tab 32 mg</i>	1	NM
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	NM
<i>millipred tab 5mg</i>	2	NM
ORTIKOS CAP 6MG ER	3	NM
ORTIKOS CAP 9MG ER	3	NM
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	NM
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	NM
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	NM
<i>prednisolone soln 15 mg/5ml</i>	1	NM
<i>prednisone oral soln 5 mg/5ml</i>	1	NM
<i>prednisone tab 1 mg</i>	1	NM
<i>prednisone tab 2.5 mg</i>	1	NM
<i>prednisone tab 5 mg</i>	1	NM
<i>prednisone tab 10 mg</i>	1	NM
<i>prednisone tab 20 mg</i>	1	NM
<i>prednisone tab 50 mg</i>	1	NM
<i>prednisone tab therapy pack 5 mg (21)</i>	1	NM
<i>prednisone tab therapy pack 5 mg (48)</i>	1	NM
<i>prednisone tab therapy pack 10 mg (21)</i>	1	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisone tab therapy pack 10 mg (48)</i>	1	NM
SOLU-CORTEF INJ 100MG	3	NM
SOLU-CORTEF INJ 250MG	3	NM
SOLU-CORTEF INJ 500MG	3	NM
SOLU-CORTEF INJ 1000MG	3	NM
SOLU-MEDROL INJ 1GM	3	NM
SOLU-MEDROL INJ 40MG	3	NM
SOLU-MEDROL INJ 125MG	3	NM
SOLU-MEDROL INJ 500MG	3	NM
SOLU-MEDROL INJ 1000MG	3	NM
UCERIS TAB 9MG	3	NM
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate cap 100 mg</i>	1	NM
<i>benzonatate cap 200 mg</i>	1	NM
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	NM
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	NM
<i>hydromet</i>	1	NM
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	OTC, NM
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	NM
<i>prometh vc syp 6.25-5/5</i>	1	NM
<i>prometh vc/ syp codeine</i>	1	NM
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	NM
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	NM
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	NM
TUXARIN ER TAB 54.3-8MG	3	NM
TUZISTRA XR SUS	3	NM
<b>MISC. RESPIRATORY INHALANTS</b>		
<i>sodium chloride soln nebu 0.9%</i>	1	NM
<b>MUCOLYTICS</b>		
<i>acetylcysteine inhal soln 10%</i>	2	NM
<i>acetylcysteine inhal soln 20%</i>	2	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		

<i>accutane cap 10mg</i>	2	NM
<i>accutane cap 20mg</i>	2	NM
<i>accutane cap 30mg</i>	2	NM
<i>accutane cap 40mg</i>	2	NM
<i>adapalene cream 0.1%</i>	2	NM
<i>adapalene gel 0.1%</i>	2	NM
<i>adapalene gel 0.3%</i>	2	NM
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	NM
<i>amneesteem</i>	2	NM
<i>amneesteem cap 10mg</i>	2	NM
<i>benzebro</i>	2	NM
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	NM
<i>bp 10-1</i>	2	NM
<i>bp cleansing wash</i>	1	NM
<i>claravis</i>	2	NM
<i>claravis cap 20mg</i>	2	NM
CLEOCIN-T LOT 1%	3	NM
<i>clindacin etz pledgets</i>	1	NM
<i>clindacin-p</i>	1	NM
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	NM
<i>clindamycin phosphate gel 1%</i>	1	NM
<i>clindamycin phosphate lotion 1%</i>	1	NM
<i>clindamycin phosphate soln 1%</i>	1	NM
<i>clindamycin phosphate swab 1%</i>	1	NM
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	NM
<i>dapsone gel 5%</i>	2	NM
<i>ery</i>	1	NM
<i>erythromycin gel 2%</i>	1	NM
<i>erythromycin soln 2%</i>	1	NM
<i>isotretinoin cap 10 mg</i>	2	NM
<i>isotretinoin cap 20 mg</i>	2	NM
<i>isotretinoin cap 25 mg</i>	2	NM
<i>isotretinoin cap 30 mg</i>	2	NM
<i>isotretinoin cap 35 mg</i>	2	NM
<i>isotretinoin cap 40 mg</i>	2	NM
KLARON LOT 10%	3	NM
SOD SUL/SULF EMU 10-5%	3	NM
<i>sss 10%-5%</i>	2	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
sss 10-5	2	NM
sulfacetamide sodium lotion 10% (acne)	2	NM
sulfacetamide sodium w/ sulfur cleanser 9-4%	2	NM
sulfacetamide sodium w/ sulfur cleanser 9-4.5%	2	NM
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%	2	NM
sulfacetamide sodium w/ sulfur cleanser 10-2%	2	NM
sulfacetamide sodium w/ sulfur cleanser 10-5%	2	NM
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	2	NM
sulfacetamide sodium w/ sulfur cream 9.8-4.8%	2	NM
sulfacetamide sodium w/ sulfur cream 10-2%	2	NM
sulfacetamide sodium w/ sulfur cream 10-5%	2	NM
sulfacetamide sodium w/ sulfur lotion 9.8-4.8%	2	NM
sulfacetamide sodium w/ sulfur lotion 10-5%	2	NM
sulfacetamide sodium w/ sulfur susp 8-4%	2	NM
sulfacleanse 8/4	2	NM
sulfamez wash	2	NM
tretinoin cream 0.1%	2	NM
tretinoin cream 0.05%	2	NM
tretinoin cream 0.025%	2	NM
tretinoin gel 0.01%	2	NM
tretinoin gel 0.05%	2	NM
tretinoin gel 0.025%	2	NM
WINLEVI CRE 1%	3	NM
zenatane	2	NM
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN OIN 15%	3	NM
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
diclofenac sodium gel 1% (1.16% diethylamine equiv)	2	NM
diclofenac sodium soln 1.5%	1	NM
diclofenac sodium soln 2%	2	NM
<b>ANTIBIOTICS - TOPICAL</b>		
ALTABAX OIN 1%	3	NM
gentamicin sulfate oint 0.1%	1	NM
mupirocin oint 2%	1	NM
<b>ANTIFUNGALS - TOPICAL</b>		
ciclodan	1	QL (20 mL every year), NM
ciclopirox gel 0.77%	1	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 108



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	NM
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	NM
<i>ciclopirox shampoo 1%</i>	1	NM
<i>ciclopirox solution 8%</i>	1	QL (20 mL every year), NM
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	NM
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	NM
<i>econazole nitrate cream 1%</i>	2	NM
EXELDERM CRE 1%	3	NM
EXELDERM SOL 1%	3	NM
JUBLIA SOL 10%	3	PA, NM
KERYDIN SOL 5%	3	PA, NM
<i>ketoconazole cream 2%</i>	1	QL (120 gm every 30 days), NM
<i>ketoconazole shampoo 2%</i>	1	NM
<i>luliconazole cream 1%</i>	2	NM
LUZU CRE 1%	3	NM
<i>naftifine hcl cream 1%</i>	2	NM
<i>naftifine hcl cream 2%</i>	2	NM
<i>naftifine hcl gel 2%</i>	2	NM
NAFTIN GEL 1%	3	NM
NAFTIN GEL 2%	3	NM
<i>nyamyc</i>	1	NM
<i>nystatin cream 100000 unit/gm</i>	1	NM
<i>nystatin oint 100000 unit/gm</i>	1	NM
<i>nystatin topical powder 100000 unit/gm</i>	1	NM
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	NM
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	NM
<i>nystop</i>	1	NM
<i>sulconazole nitrate cream 1%</i>	2	NM
<i>sulconazole nitrate solution 1%</i>	2	NM
<i>tavaborole soln 5%</i>	2	PA, NM
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>bexarotene gel 1%</i>	2	NM
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	2	PA, NM
EFUDEX CRE 5%	3	NM
<i>fluorouracil cream 0.5%</i>	2	NM
<i>fluorouracil cream 5%</i>	2	NM
<i>fluorouracil soln 2%</i>	2	NM
<i>fluorouracil soln 5%</i>	2	NM
PANRETIN GEL 0.1%	2	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TARGRETIN GEL 1%	3	NM
VALCHLOR GEL 0.016%	3	PA, NM
<b>ANTIPRURITICS - TOPICAL</b>		
<i>doxepin hcl cream 5%</i>	2	PA, NM
PRUDOXIN CRE 5%	3	PA, NM
ZONALON CRE 5%	3	PA, NM
<b>ANTIPSORIATICS</b>		
<i>acitretin cap 10 mg</i>	2	NM
<i>acitretin cap 17.5 mg</i>	2	NM
<i>acitretin cap 25 mg</i>	2	NM
<i>calcipotriene cream 0.005%</i>	2	QL (60 gm every 30 days), NM
<i>calcipotriene oint 0.005%</i>	2	NM
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	NM
<i>calcitrene</i>	2	QL (60 gm every 30 days), NM
<i>calcitriol oint 3 mcg/gm</i>	2	NM
COSENTYX INJ 75MG/0.5	2	SP, PA
COSENTYX INJ 150MG/ML	2	SP, PA
COSENTYX INJ 300DOSE	2	SP, PA
COSENTYX PEN INJ 150MG/ML	2	SP, PA
COSENTYX PEN INJ 300DOSE	2	SP, PA
COSENTYX UNO INJ 300/2ML	2	SP, PA
DOVONEX CRE 0.005%	3	QL (60 gm every 30 days), NM
<i>methoxsalen rapid cap 10 mg</i>	2	NM
SKYRIZI INJ 150MG/ML	2	SP, PA
SKYRIZI PEN INJ 150MG/ML	2	SP, PA
STELARA INJ 45MG/0.5	2	SP, PA
STELARA INJ 90MG/ML	2	SP, PA
<i>tazarotene cream 0.1%</i>	2	NM
<i>tazarotene gel 0.1%</i>	2	NM
<i>tazarotene gel 0.05%</i>	2	NM
TAZORAC CRE 0.1%	3	NM
TAZORAC CRE 0.05%	3	NM
TAZORAC GEL 0.1%	3	NM
TAZORAC GEL 0.05%	3	NM
TREMFYA INJ 100MG/ML	2	SP, PA
ZORYVE CRE 0.3%	3	NM
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide lotion 2.5%</i>	1	NM
<i>selenium sulfide shampoo 2.3%</i>	2	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>selenium sulfide shampoo 2.25%</i>	2	NM
<i>sulfacetamide sodium cleansing gel 10%</i>	2	NM
<i>sulfacetamide sodium liquid 10%</i>	1	NM
<i>sulfacetamide sodium shampoo 10%</i>	1	NM
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir oint 5%</i>	2	NM
DENAVIR CRE 1%	3	NM
<i>penciclovir cream 1%</i>	2	NM
ZOVIRAX OIN 5%	3	NM
<b>BURN PRODUCTS</b>		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	2	NM
SILVADENE CRE 1%	3	NM
<i>silver sulfadiazine cream 1%</i>	1	NM
ssd	1	NM
SULFAMYLON CRE 85MG/GM	3	NM
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>alclometasone dipropionate cream 0.05%</i>	1	NM
<i>alclometasone dipropionate oint 0.05%</i>	1	NM
<i>amcinonide lotion 0.1%</i>	2	NM
AMCINONIDE OINT 0.1%	2	NM
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	NM
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	NM
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	NM
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	NM
<i>betamethasone dipropionate cream 0.05%</i>	1	NM
<i>betamethasone dipropionate lotion 0.05%</i>	1	NM
<i>betamethasone dipropionate oint 0.05%</i>	1	NM
<i>betamethasone valerate aerosol foam 0.12%</i>	1	NM
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	NM
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	NM
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	NM
<i>clobetasol propionate cream 0.05%</i>	2	NM
<i>clobetasol propionate emo</i>	2	NM
<i>clobetasol propionate gel 0.05%</i>	2	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobetasol propionate lotion 0.05%</i>	2	NM
<i>clobetasol propionate oint 0.05%</i>	2	QL (120 gm every 30 days), NM
<i>clobetasol propionate soln 0.05%</i>	2	NM
DERMA-SMOOTH OIL /FS BODY	3	NM
DERMA-SMOOTH OIL /FS SCLP	3	NM
<i>desonide cream 0.05%</i>	2	NM
<i>desonide lotion 0.05%</i>	2	NM
<i>desonide oint 0.05%</i>	2	NM
DESOWEN CRE 0.05%	3	NM
<i>desoximetasone cream 0.05%</i>	2	NM
<i>desoximetasone cream 0.25%</i>	2	NM
<i>desoximetasone gel 0.05%</i>	2	NM
<i>desoximetasone oint 0.05%</i>	2	NM
<i>desoximetasone oint 0.25%</i>	2	NM
<i>desoximetasone spray 0.25%</i>	2	NM
<i>diflorasone diacetate cream 0.05%</i>	2	QL (60 gm every 30 days), NM
<i>diflorasone diacetate oint 0.05%</i>	2	QL (60 gm every 30 days), NM
DIPROLENE OIN 0.05%	3	NM
EPIFOAM AER 1%	3	NM
<i>fluocinolone acetonide cream 0.01%</i>	1	NM
<i>fluocinolone acetonide cream 0.025%</i>	1	NM
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	NM
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	NM
<i>fluocinolone acetonide oint 0.025%</i>	1	NM
<i>fluocinolone acetonide soln 0.01%</i>	1	NM
<i>fluocinonide cream 0.05%</i>	1	NM
<i>fluocinonide emulsified base cream 0.05%</i>	1	NM
<i>fluocinonide gel 0.05%</i>	1	NM
<i>fluocinonide oint 0.05%</i>	1	NM
<i>fluocinonide soln 0.05%</i>	1	NM
<i>flurandrenolide cream 0.05%</i>	2	QL (60 gm every 30 days), NM
<i>flurandrenolide lotion 0.05%</i>	2	QL (120 ml every 30 days), NM
<i>fluticasone propionate cream 0.05%</i>	1	NM
<i>fluticasone propionate lotion 0.05%</i>	1	NM
<i>fluticasone propionate oint 0.005%</i>	1	NM
<i>halobetasol propionate cream 0.05%</i>	2	NM
<i>halobetasol propionate oint 0.05%</i>	2	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone butyrate cream 0.1%</i>	1	NM
<i>hydrocortisone butyrate lotion 0.1%</i>	2	QL (59 mL every 30 days), NM
<i>hydrocortisone butyrate oint 0.1%</i>	1	NM
<i>hydrocortisone butyrate soln 0.1%</i>	1	NM
<i>hydrocortisone cream 2.5%</i>	1	NM
<i>hydrocortisone lotion 2.5%</i>	1	NM
<i>hydrocortisone oint 2.5%</i>	1	NM
<i>hydrocortisone valerate cream 0.2%</i>	1	NM
<i>hydrocortisone valerate oint 0.2%</i>	1	NM
<i>mometasone furoate cream 0.1%</i>	1	NM
<i>mometasone furoate oint 0.1%</i>	1	NM
<i>mometasone furoate solution 0.1% (lotion)</i>	1	NM
TEXACORT SOL 2.5%	3	NM
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	2	NM
<i>triamcinolone acetonide cream 0.1%</i>	1	NM
<i>triamcinolone acetonide cream 0.5%</i>	1	NM
<i>triamcinolone acetonide cream 0.025%</i>	1	NM
<i>triamcinolone acetonide lotion 0.1%</i>	1	NM
<i>triamcinolone acetonide lotion 0.025%</i>	1	NM
<i>triamcinolone acetonide oint 0.1%</i>	1	NM
<i>triamcinolone acetonide oint 0.5%</i>	1	NM
<i>triamcinolone acetonide oint 0.025%</i>	1	NM
<i>triderm</i>	1	NM
TRIDESILON CRE 0.05%	3	NM

### **ECZEMA AGENTS**

DUPIXENT INJ 100/0.67	2	SP, PA
DUPIXENT INJ 200/1.14	2	SP, PA
DUPIXENT INJ 200MG	2	SP, PA
DUPIXENT INJ 300/2ML	2	SP, PA

### **EMOLLIENT/KERATOLYTIC AGENTS**

CEM-UREA SOL 45%	2	NM
<i>cerovel</i>	2	NM
HYDRO 40 AER FOAM	3	NM
<i>umecta mousse</i>	2	NM
<i>urea cream 40%</i>	2	NM
<i>urea cream 41%</i>	2	NM
<i>urea cream 45%</i>	2	NM
<i>urea cream 47%</i>	2	NM
<i>urea hydrating</i>	1	NM
<i>urea lotion 40%</i>	2	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>urea nail</i>	2	NM
<i>uredeb cre 39%</i>	2	NM
<b>ENZYMES - TOPICAL</b>		
SANTYL OIN 250/GM	3	QL (90 grams per 30 days), NM
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod cream 5%</i>	1	NM
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
ELIDEL CRE 1%	3	NM
HYFTOR GEL 0.2%	3	NM
<i>pimecrolimus cream 1%</i>	2	NM
PROTOPIC OIN 0.1%	3	NM
PROTOPIC OIN 0.03%	3	NM
<i>tacrolimus oint 0.1%</i>	2	NM
<i>tacrolimus oint 0.03%</i>	2	NM
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
CONDYLOX GEL 0.5%	3	NM
PODOCON-25 SOL	3	NM
<i>podofilox gel 0.5%</i>	2	NM
<i>podofilox soln 0.5%</i>	2	NM
PYROGALL ACD OIN	2	NM
<i>salicylic acid er film-forming soln 28.5%</i>	2	NM
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>glydo</i>	1	NM
<i>lido-sorb</i>	2	NM
<i>lidocaine hcl cream 3%</i>	1	NM
<i>lidocaine hcl lotion 3%</i>	2	NM
<i>lidocaine hcl soln 4%</i>	1	NM
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	NM
<i>lidocaine oint 5%</i>	2	NM
<i>lidocaine patch 5%</i>	2	NM
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	NM
LIDODERM DIS 5%	3	NM
PLIAGLIS CRE 7-7%	3	QL (30 grams every 30 days), NM
<i>7t lido gel</i>	1	NM
<b>MISC. TOPICAL</b>		
DRYSOL SOL 20%	3	NM
QBREXZA PAD 2.4%	3	NM
XERAC-AC SOL 6.25%	3	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA OIN 2%	2	NM
<b>ROSACEA AGENTS</b>		
<i>azelaic acid gel 15%</i>	2	NM
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	2	NM
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	1	QL (120 capsules per 365 days), NM
FINACEA AER 15%	2	NM
FINACEA GEL 15%	3	NM
<i>ivermectin cream 1%</i>	2	NM
METROCREAM CRE 0.75%	3	NM
METROGEL GEL 1%	3	NM
METROLOTION LOT 0.75%	3	NM
<i>metronidazole cream 0.75%</i>	2	NM
<i>metronidazole gel 0.75%</i>	2	NM
<i>metronidazole gel 1%</i>	2	NM
<i>metronidazole lotion 0.75%</i>	2	NM
ORACEA CAP 40MG	3	QL (120 capsules per 365 days), NM
RHOFADE CRE 1%	3	NM
SOOLANTRA CRE 1%	2	NM
<b>SCABICIDES &amp; PEDICULICIDES</b>		
<i>croton</i>	2	NM
<i>lindane shampoo 1%</i>	1	NM
<i>malathion lotion 0.5%</i>	2	NM
NATROBA SUS 0.9%	3	NM
OVIDE LOT 0.5%	3	NM
<i>permethrin cream 5%</i>	1	NM
<i>spinosad susp 0.9%</i>	2	NM
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
METOPIRONE CAP 250MG	3	NM
<b>DIAGNOSTIC TESTS</b>		
KETOSTIX TES STRIP	1	OTC, NM
ONETOUCH TES ULTRA	2	QL (200 strips every 30 days), OTC, NM
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
SUCRAID SOL 8500/ML	3	SP; LD
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	3	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	

## DIURETICS

### CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide sodium for inj 500 mg</i>	2	NM
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>methazolamide tab 25 mg</i>	2	
<i>methazolamide tab 50 mg</i>	2	

### DIURETIC COMBINATIONS

<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	
<b>LOOP DIURETICS</b>		
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>ethacrynic acid tab 25 mg</i>	2	
<i>furosemide inj 10 mg/ml</i>	1	NM
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<b>POTASSIUM SPARING DIURETICS</b>		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
<i>amiloride hcl tab 5 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	2	
<i>triamterene cap 100 mg</i>	2	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	3	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metolazone tab 10 mg</i>	1	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>ADRENAL STEROID INHIBITORS</b>		
ISTURISA TAB 1MG	3	SP; LD
ISTURISA TAB 5MG	3	SP; LD
ISTURISA TAB 10MG	3	SP; LD
RECORLEV TAB 150MG	3	
<b>BONE DENSITY REGULATORS</b>		
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
ATELVIA TAB	3	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	
FORTEO INJ 600/2.4	2	SP
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
MIACALCIN INJ 200/ML	3	NM
<i>risedronate sodium tab 5 mg</i>	2	
<i>risedronate sodium tab 30 mg</i>	2	NM
<i>risedronate sodium tab 35 mg</i>	2	
<i>risedronate sodium tab 150 mg</i>	2	
<i>risedronate sodium tab delayed release 35 mg</i>	2	
<i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>	2	
TERIPARATIDE INJ 620/2.48	2	SP
TYMLOS INJ	2	SP
<b>FERTILITY REGULATORS</b>		
CHOR GONADOT INJ 10000UNT	3	SP, QL (9 cycles per lifetime), NM
<i>clomid tab 50mg</i>	1	QL (30 tabs every 30 days), NM
FOLLISTIM AQ INJ 300UNIT	2	SP, QL (9 cycles per lifetime), NM
FOLLISTIM AQ INJ 600UNIT	2	SP, QL (9 cycles per lifetime), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FOLLISTIM AQ INJ 900UNIT	2	SP, QL (9 cycles per lifetime), NM
GONAL-F INJ 450UNIT	3	SP, QL (9 cycles per lifetime), NM
GONAL-F INJ 1050UNIT	3	SP, QL (9 cycles per lifetime), NM
GONAL-F RFF INJ 75UNIT	3	SP, QL (9 cycles per lifetime), NM
GONAL-F RFF INJ 300/0.5	3	SP, QL (9 cycles per lifetime), NM
GONAL-F RFF INJ 450/0.75	3	SP, QL (9 cycles per lifetime), NM
GONAL-F RFF INJ 900/1.5	3	SP, QL (9 cycles per lifetime), NM
MENOPUR INJ 75UNIT	2	SP, QL (9 cycles per lifetime), NM
NOVAREL INJ 5000UNIT	3	SP, QL (9 cycles per lifetime), NM
NOVAREL INJ 10000UNT	3	SP, QL (9 cycles per lifetime), NM
OVIDREL INJ	3	SP, QL (9 cycles per lifetime), NM
PREGNYL INJ 10000UNT	3	SP, QL (9 cycles per lifetime), NM
<b>GNRH/LHRH ANTAGONISTS</b>		
CETROTIDE KIT 0.25MG	3	SP, QL (9 cycles per lifetime), NM
ORILISSA TAB 150MG	2	NM
ORILISSA TAB 200MG	2	NM
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ 10MG	3	SP
SOMAVERT INJ 15MG	3	SP
SOMAVERT INJ 20MG	3	SP
SOMAVERT INJ 25MG	3	SP
SOMAVERT INJ 30MG	3	SP
<b>GROWTH HORMONES</b>		
NORDITROPIN INJ 5/1.5ML	2	SP, PA
NORDITROPIN INJ 10/1.5ML	2	SP, PA
NORDITROPIN INJ 15/1.5ML	2	SP, PA
NORDITROPIN INJ 30/3ML	2	SP, PA
NUTROPIN AQ INJ 10MG/2ML	2	SP, PA
NUTROPIN AQ INJ 20MG/2ML	2	SP, PA

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUTROPIN AQ INJ NUSPIN 5	2	SP, PA
SEROSTIM INJ 4MG	3	SP, PA
SEROSTIM INJ 5MG	3	SP, PA
SEROSTIM INJ 6MG	3	SP, PA

### **HORMONE RECEPTOR MODULATORS**

EVISTA TAB 60MG	3	
OSPHENA TAB 60MG	3	
<i>raloxifene hcl tab 60 mg</i>	1	AGE

### **LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS**

SYNAREL SOL 2MG/ML	2	NM
--------------------	---	----

### **METABOLIC MODIFIERS**

<i>calcitriol cap 0.5 mcg</i>	2	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	2	
CARBAGLU TAB 200MG	3	SP, PA; LD
<i>carglumic acid soluble tab 200 mg</i>	2	SP, PA; LD
CARNITOR SF SOL 1GM/10ML	3	
CARNITOR SOL 1GM/10ML	3	
CARNITOR TAB 330MG	3	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	2	SP
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	2	SP
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	2	SP
<i>doxercalciferol cap 0.5 mcg</i>	2	
<i>doxercalciferol cap 1 mcg</i>	2	
<i>doxercalciferol cap 2.5 mcg</i>	2	
GALAFOLD CAP 123MG	3	SP, PA; LD
KUVAN POW 100MG	3	PA
KUVAN POW 500MG	3	PA
KUVAN TAB 100MG	3	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
NITYR TAB 2MG	3	SP, PA; LD
NITYR TAB 5MG	3	SP, PA; LD
NITYR TAB 10MG	3	SP, PA; LD
OLPRUVA PAK 2GM	3	SP
OLPRUVA PAK 3GM	3	SP
OLPRUVA PAK 4 GM	3	SP
OLPRUVA PAK 5GM	3	SP
OLPRUVA PAK 6.67GM	3	SP
OLPRUVA PAK 6GM	3	SP
ORFADIN CAP 2MG	3	SP, PA; LD

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORFADIN CAP 5MG	3	SP, PA; LD
ORFADIN CAP 10MG	3	SP, PA; LD
ORFADIN CAP 20MG	3	SP, PA; LD
ORFADIN SUS 4MG/ML	3	SP, PA; LD
PALYNZIQ INJ 2.5/0.5	3	SP, PA
PALYNZIQ INJ 10/0.5ML	3	SP, PA
PALYNZIQ INJ 20MG/ML	3	SP, PA
<i>paricalcitol cap 1 mcg</i>	2	
<i>paricalcitol cap 2 mcg</i>	2	
<i>paricalcitol cap 4 mcg</i>	2	
PHEBURANE MIS 483/GM	3	PA
RAVICTI LIQ 1.1GM/ML	3	SP, PA
RAYALDEE CAP 30MCG	3	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	2	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	2	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	2	PA
SENSIPAR TAB 30MG	3	SP
SENSIPAR TAB 60MG	3	SP
SENSIPAR TAB 90MG	3	SP
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	2	SP
<i>sodium phenylbutyrate tab 500 mg</i>	2	SP
STRENSIQ INJ 18/0.45	3	SP, PA; LD
STRENSIQ INJ 28/0.7ML	3	SP, PA; LD
STRENSIQ INJ 40MG/ML	3	SP, PA; LD
STRENSIQ INJ 80/0.8ML	3	SP, PA; LD
XURIDEN POW 2GM	3	SP, PA; LD
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA TAB 10MG	3	
KERENDIA TAB 20MG	3	
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO INJ 0.4MG	3	SP, PA
VOXZOGO INJ 0.56MG	3	SP, PA
VOXZOGO INJ 1.2MG	3	SP, PA
<b>POSTERIOR PITUITARY HORMONES</b>		
DDAVP INJ 4MCG/ML	3	NM
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
<i>desmopressin acetate inj 4 mcg/ml</i>	2	NM
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
DESMOPRESSIN SOL 1.5MG/ML	2	SP
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
<i>mifepristone tab 200 mg</i>	1	NM
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline tab 0.5 mg</i>	2	NM
<b>SOMATOSTATIC AGENTS</b>		
MYCAPSSA CAP 20MG	3	SP; LD
SIGNIFOR INJ 0.3MG/ML	3	SP, PA; LD
SIGNIFOR INJ 0.6MG/ML	3	SP, PA; LD
SIGNIFOR INJ 0.9MG/ML	3	SP, PA; LD
SOMATULINE INJ 60/0.2ML	3	SP, NM
SOMATULINE INJ 90/0.3ML	3	SP, NM
SOMATULINE INJ 120/.5ML	3	SP, NM
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
JYNARQUE PAK 15MG	3	SP, PA, NM; LD
JYNARQUE PAK 30-15MG	3	SP, PA, NM; LD
JYNARQUE PAK 45-15MG	3	SP, PA, NM; LD
JYNARQUE PAK 60-30MG	3	SP, PA, NM; LD
JYNARQUE PAK 90-30MG	3	SP, PA, NM; LD
JYNARQUE TAB 15MG	3	SP, PA, NM; LD
JYNARQUE TAB 30MG	3	SP, PA, NM; LD
SAMSCA TAB 15MG	3	SP, QL (60 Tablets every 180 days), NM; LD
SAMSCA TAB 30MG	3	SP, QL (60 Tablets every 180 days), NM; LD
<i>tolvaptan tab 15 mg</i>	2	SP, QL (60 Tablets every 180 days), NM
<i>tolvaptan tab 30 mg</i>	2	SP, QL (60 Tablets every 180 days), NM; LD
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
ACTIVELLA TAB 1-0.5MG	3	
<i>amabelz tab 1-0.5mg</i>	1	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLIMARA PRO DIS WEEKLY	3	
COMBIPATCH DIS	3	
DUAVEE TAB 0.45-20	3	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	
<i>fyavolv</i>	1	
<i>fyavolv tab 0.5-2.5</i>	1	
<i>jinteli</i>	1	
<i>mimvey</i>	1	
MYFEMBREE TAB	2	NM
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
ORIAHNN CAP	2	NM
PREFEST TAB	3	
PREMPHASE TAB	3	
PREMPRO TAB	3	
PREMPRO TAB 0.3-1.5	3	
PREMPRO TAB 0.45-1.5	3	
PREMPRO TAB 0.625-5	3	
<b>ESTROGENS</b>		
CLIMARA DIS 0.1MG	3	
CLIMARA DIS 0.05MG	3	
CLIMARA DIS 0.06MG	3	
CLIMARA DIS 0.025MG	3	
CLIMARA DIS 0.075MG	3	
CLIMARA DIS 0.0375MG	3	
DEPO-ESTRADI INJ 5MG/ML	3	NM
DIVIGEL GEL 0.5MG	3	
DIVIGEL GEL 0.25MG	3	
DIVIGEL GEL 0.75MG	3	
DIVIGEL GEL 1.25MG	3	
DIVIGEL GEL 1MG/GM	3	
ELESTRIN GEL 0.06%	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	2	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	2	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	2	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	2	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	2	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	NM
<i>estradiol valerate im in oil 40 mg/ml</i>	1	NM
ESTROGEL GEL	3	
EVAMIST SPR 1.53MG	3	
MENEST TAB 0.3MG	3	
MENEST TAB 0.625MG	3	
MENEST TAB 1.25MG	3	
MENOSTAR DIS 14MCG	3	
MINIVELLE DIS 0.1MG	3	
MINIVELLE DIS 0.05MG	3	
MINIVELLE DIS 0.025MG	3	
MINIVELLE DIS 0.075MG	3	
MINIVELLE DIS 0.0375MG	3	
PREMARIN TAB 0.3MG	3	
PREMARIN TAB 0.9MG	3	
PREMARIN TAB 0.45MG	3	
PREMARIN TAB 0.625MG	3	
PREMARIN TAB 1.25MG	3	
VIVELLE-DOT DIS 0.1MG	3	
VIVELLE-DOT DIS 0.05MG	3	
VIVELLE-DOT DIS 0.025MG	3	
VIVELLE-DOT DIS 0.075MG	3	
VIVELLE-DOT DIS 0.0375MG	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



Drug Name	Drug Tier	Requirements/Limits
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
BAXDELA TAB 450MG	3	NM
CIPRO (5%) SUS 250MG/5	3	NM
CIPRO (10%) SUS 500MG/5	3	NM
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	NM
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	NM
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	NM
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	NM
<i>levofloxacin oral soln 25 mg/ml</i>	1	NM
<i>levofloxacin tab 250 mg</i>	1	NM
<i>levofloxacin tab 500 mg</i>	1	NM
<i>levofloxacin tab 750 mg</i>	1	NM
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	NM
<i>ofloxacin tab 300 mg</i>	1	NM
<i>ofloxacin tab 400 mg</i>	1	NM
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>5-HT4 RECEPTOR AGONISTS</b>		
MOTEGRITY TAB 1MG	3	
MOTEGRITY TAB 2MG	3	
<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)</b>		
TRULANCE TAB 3MG	3	
<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OCALIVA TAB 5MG	3	SP, PA
OCALIVA TAB 10MG	3	SP, PA
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
CHENODAL TAB 250MG	3	SP, NM; LD
URSO 250 TAB 250MG	3	
URSO FORTE TAB 500MG	3	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
GASTROCROM CON 100/5ML	3	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone cap 8 mcg</i>	2	
<i>lubiprostone cap 24 mcg</i>	2	
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	NM
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	NM
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS</b>		
BYLVAY CAP 200MCG	3	PA; LD
BYLVAY CAP 400MCG	3	PA; LD
BYLVAY CAP 600MCG	3	PA; LD
BYLVAY CAP 1200MCG	3	PA; LD
LIVMARLI SOL 9.5MG/ML	3	PA
<b>INFLAMMATORY BOWEL AGENTS</b>		
APRISO CAP 0.375GM	3	
ASACOL HD TAB 800MG	3	NM
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
<i>balsalazide disodium cap 750 mg</i>	1	NM
CANASA SUP 1000MG	3	NM
COLAZAL CAP 750MG	3	NM
<i>mesalamine cap dr 400 mg</i>	2	
<i>mesalamine cap er 24hr 0.375 gm</i>	2	
<i>mesalamine cap er 500 mg</i>	2	
<i>mesalamine enema 4 gm</i>	2	NM
<i>mesalamine suppos 1000 mg</i>	2	NM
<i>mesalamine tab delayed release 1.2 gm</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	NM
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
ROWASA KIT 4GM	3	NM
SKYRIZI INJ 180/1.2	2	SP, PA
SKYRIZI INJ 360/2.4	2	SP, PA
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose</i>	1	
<i>generlac</i>	1	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosecron hcl tab 0.5 mg (base equiv)</i>	2	PA
<i>alosecron hcl tab 1 mg (base equiv)</i>	2	PA
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
VIBERZI TAB 75MG	3	PA

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIBERZI TAB 100MG	3	PA
<b>LIVE FECAL MICROBIOTA</b>		
VOWST CAP	3	SP, PA, QL (12 capsules per 30 days), NM
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK TAB 12.5MG	3	NM
MOVANTIK TAB 25MG	3	NM
RELISTOR INJ 8/0.4ML	3	NM
RELISTOR INJ 12/0.6ML	3	NM
RELISTOR TAB 150MG	3	NM
SYMPROIC TAB 0.2MG	3	NM
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA TAB 210MG	3	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
calcium acetate (phosphate binder) tab 667 mg	1	
FOSRENOL CHW 500MG	3	
FOSRENOL CHW 750MG	3	
FOSRENOL CHW 1000MG	3	
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
lanthanum carbonate chew tab 500 mg (elemental)	2	
lanthanum carbonate chew tab 750 mg (elemental)	2	
lanthanum carbonate chew tab 1000 mg (elemental)	2	
PHOSLYRA SOL	3	
RENAGEL TAB 800MG	3	
RENVELA POW 0.8GM	3	
RENVELA POW 2.4GM	3	
RENVELA TAB 800MG	3	
sevelamer carbonate packet 0.8 gm	2	
sevelamer carbonate packet 2.4 gm	2	
sevelamer carbonate tab 800 mg	2	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	2	
VELPHORO CHW 500MG	3	
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX KIT 5MG	3	SP, PA

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO TAB 250MG	3	
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ACIDIFIERS</b>		
K-PHOS TAB NO 2	2	NM
<b>ALKALINIZERS</b>		
ORACIT SOL	2	NM
<i>potassium citrate tab er 5 meq (540 mg)</i>	2	NM
<i>potassium citrate tab er 10 meq (1080 mg)</i>	2	NM
<i>potassium citrate tab er 15 meq (1620 mg)</i>	2	NM
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP 50MG	2	SP
CYSTAGON CAP 150MG	2	SP
PROCYSBI CAP 25MG	3	SP, PA; LD
PROCYSBI CAP 75MG	3	SP, PA; LD
PROCYSBI GRA 75MG	3	SP, PA; LD
PROCYSBI GRA 300MG	3	SP, PA; LD
<b>GENITOURINARY IRRIGANTS</b>		
<i>argyle sterile saline</i>	2	NM
<i>curity sterile saline</i>	2	NM
<i>sodium chloride irrigation soln 0.9%</i>	2	NM
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAP 100MG	3	NM
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
<i>dutasteride cap 0.5 mg</i>	2	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	
ENTADFI CAP 5-5MG	3	NM
<i>finasteride tab 5 mg</i>	1	
FLOMAX CAP 0.4MG	3	
JALYN CAP	3	
PROSCAR TAB 5MG	3	
RAPAFLO CAP 4MG	3	
RAPAFLO CAP 8MG	3	
<i>silodosin cap 4 mg</i>	2	
<i>silodosin cap 8 mg</i>	2	
<i>tadalafil tab 2.5 mg</i>	2	PA, QL (30 tabs every 30 days)

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tadalafil tab 5 mg</i>	2	PA, QL (30 tabs every 30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	1	
UROXATRAL TAB 10MG	3	
<b>URINARY ANALGESICS</b>		
<i>phenazo</i>	1	NM
<i>phenazopyridine hcl tab 100 mg</i>	1	NM
<i>phenazopyridine hcl tab 200 mg</i>	1	NM
PYRIDIDIUM TAB 100MG	3	NM
PYRIDIDIUM TAB 200MG	3	NM
<b>URINARY STONE AGENTS</b>		
THIOLA EC TAB 100MG	3	SP; LD
THIOLA EC TAB 300MG	3	SP; LD
THIOLA TAB 100MG	3	SP; LD
<i>tiopronin tab 100 mg</i>	2	SP; LD
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<b>GOUT AGENTS</b>		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine cap 0.6 mg</i>	2	QL (60 caps every 23 days), NM
<i>colchicine tab 0.6 mg</i>	2	QL (60 tabs every 23 days), NM
COLCRYS TAB 0.6MG	3	QL (60 tabs every 23 days), NM
<i>febuxostat tab 40 mg</i>	2	
<i>febuxostat tab 80 mg</i>	2	
MITIGARE CAP 0.6MG	3	QL (60 caps every 23 days), NM
ULORIC TAB 40MG	3	PA
ULORIC TAB 80MG	3	PA
ZYLOPRIM TAB 100MG	3	
ZYLOPRIM TAB 300MG	3	
<b>URICOSURICS</b>		
<i>probenecid tab 500 mg</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA</b>		
GIVLAARI INJ 189MG/ML	3	SP, PA, NM; LD

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
FIRAZYR INJ 30MG/3ML	3	SP, PA, NM
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	2	SP, PA, NM
<b>COMPLEMENT INHIBITORS</b>		
EMPAVELI INJ 1080MG	3	PA, NM
HAEGARDA INJ 2000UNIT	3	SP, PA, NM
HAEGARDA INJ 3000UNIT	3	SP, PA, NM
TAVNEOS CAP 10MG	3	
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE TAB 100MG	3	SP, PA; LD
TAVALISSE TAB 150MG	3	SP, PA; LD
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tab er 400 mg</i>	1	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
TAKHZYRO INJ 150MG/ML	3	SP, PA
TAKHZYRO INJ 300/2ML	3	SP, PA
<b>PLATELET AGGREGATION INHIBITORS</b>		
AGRYLIN CAP 0.5MG	3	
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	NM
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
PLAVIX TAB 75MG	3	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	
ZONTIVITY TAB 2.08MG	3	
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA CAP 84MG	3	SP, PA
<i>miglustat cap 100 mg</i>	2	SP, PA; LD

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZAVESCA CAP 100MG	3	SP, PA; LD
<b>AGENTS FOR SICKLE CELL ANEMIA</b>		
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
OXBRYTA TAB 500MG	3	SP, PA
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
ENDARI POW 5GM	3	SP, NM; LD
OXBRYTA TAB 300MG	3	PA
OXBRYTA TAB 300MG	3	SP, PA
<b>COBALAMINS</b>		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	NM
<b>FOLIC ACID/FOLATES</b>		
<i>fa-8</i>	1	AGE, OTC
<i>folate</i>	1	AGE, OTC, NM
<i>folic acid cap 0.8 mg</i>	1	AGE, OTC
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	1	OTC, NM
<i>folic acid tab 800 mcg</i>	1	OTC
<i>sm folic acid</i>	1	AGE, OTC, NM
<i>yl folic acid</i>	1	AGE, OTC, NM
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP INJ 10MCG	3	NM
ARANESP INJ 25MCG	3	NM
ARANESP INJ 40MCG	3	NM
ARANESP INJ 60MCG	3	NM
ARANESP INJ 100MCG	3	NM
ARANESP INJ 150MCG	3	NM
ARANESP INJ 200MCG	3	NM
ARANESP INJ 300MCG	3	NM
ARANESP INJ 500MCG	3	NM
DOPTELET TAB 20MG	3	SP, PA, NM
EPOGEN INJ 2000/ML	3	NM
EPOGEN INJ 3000/ML	3	NM
EPOGEN INJ 4000/ML	3	NM
EPOGEN INJ 10000/ML	3	NM
EPOGEN INJ 20000/ML	3	NM
FULPHILA INJ 6/0.6ML	3	NM
FYLNETRA INJ 6MG/0.6	3	NM
LEUKINE INJ 250MCG	3	NM
MIRCERA INJ 30MCG	3	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MIRCERA INJ 50MCG	3	NM
MIRCERA INJ 75MCG	3	NM
MIRCERA INJ 100MCG	3	NM
MIRCERA INJ 120MCG	3	NM
MIRCERA INJ 150MCG	3	NM
MIRCERA INJ 200MCG	3	NM
MULPLETA TAB 3MG	3	SP, PA, NM
NEULASTA INJ 6MG/0.6M	3	NM
NEULASTA KIT 6MG/0.6M	3	NM
NEUPOGEN INJ 300/0.5	3	NM
NEUPOGEN INJ 300MCG	3	NM
NEUPOGEN INJ 480/0.8	3	NM
NEUPOGEN INJ 480MCG	3	NM
NIVESTYM INJ 300/0.5	2	NM
NIVESTYM INJ 300MCG	2	NM
NIVESTYM INJ 480/0.8	2	NM
NIVESTYM INJ 480MCG	2	NM
NYVEPRIA INJ 6/0.6ML	3	NM
PROCRIT INJ 2000/ML	3	NM
PROCRIT INJ 3000/ML	3	NM
PROCRIT INJ 4000/ML	3	NM
PROCRIT INJ 10000/ML	3	NM
PROCRIT INJ 20000/ML	3	NM
PROCRIT INJ 40000/ML	3	NM
PROMACTA PAK 25MG	3	
PROMACTA POW 12.5MG	3	SP
PROMACTA TAB 12.5MG	3	SP
PROMACTA TAB 25MG	3	SP
PROMACTA TAB 50MG	3	SP
PROMACTA TAB 75MG	3	SP
RELEUKO INJ 300MCG	3	SP, NM
RELEUKO INJ 480MCG	3	SP, NM
RETACRIT INJ 2000UNIT	2	NM
RETACRIT INJ 3000UNIT	2	NM
RETACRIT INJ 4000UNIT	2	NM
RETACRIT INJ 10000UNT	2	NM
RETACRIT INJ 40000UNT	2	NM
STIMUFEND INJ 6/0.6ML	3	SP, NM
UDENYCA INJ 6MG/0.6	2	NM
UDENYCA INJ 6MG/.6ML	2	NM
ZARXIO INJ 300/0.5	3	NM
ZARXIO INJ 480/0.8	3	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZIEXTENZO INJ 6/0.6ML	3	NM
<b>STEM CELL MOBILIZERS</b>		
MOZOBIL INJ	3	SP, NM
<i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i>	2	SP, NM
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
AMICAR SOL 0.25/ML	3	NM
<i>tranexamic acid tab 650 mg</i>	1	NM
<b>HEMOSTATICS - TOPICAL</b>		
MONSELS FERR SOL SUBSULF	2	NM
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	2	QL (30 tabs every 30 days), NM
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	2	QL (30 tabs every 30 days), NM
SILENOR TAB 3MG	3	PA, QL (30 tabs every 30 days), NM
SILENOR TAB 6MG	3	PA, QL (30 tabs every 30 days), NM
<b>NON-BARBITURATE HYPNOTICS</b>		
AMBIEN CR TAB 6.25MG	3	ST, PA, QL (30 tabs every 30 days), NM
AMBIEN CR TAB 12.5MG	3	ST, PA, QL (30 tabs every 30 days), NM
AMBIEN TAB 5MG	3	ST, PA, QL (30 tabs every 30 days), NM
AMBIEN TAB 10MG	3	ST, PA, QL (30 tabs every 30 days), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DORAL TAB 15MG	3	QL (30 tabs every 30 days), NM
EDLUAR SUB 5MG	3	ST, PA, QL (30 tabs every 30 days), NM
EDLUAR SUB 10MG	3	ST, PA, QL (30 tabs every 30 days), NM
<i>estazolam tab 1 mg</i>	1	QL (30 tabs every 30 days), NM
<i>estazolam tab 2 mg</i>	1	QL (30 tabs every 30 days), NM
<i>eszopiclone tab 1 mg</i>	1	QL (30 tabs every 30 days), NM
<i>eszopiclone tab 2 mg</i>	1	QL (30 tabs every 30 days), NM
<i>eszopiclone tab 3 mg</i>	1	QL (30 tabs every 30 days), NM
HALCION TAB 0.25MG	3	QL (30 tabs every 30 days), NM
LUNESTA TAB 1MG	3	ST, PA, QL (30 tabs every 30 days), NM
LUNESTA TAB 2MG	3	PA, QL (30 tabs every 30 days), NM
LUNESTA TAB 3MG	3	ST, PA, QL (30 tabs every 30 days), NM
RESTORIL CAP 7.5MG	3	QL (30 caps every 30 days), NM
RESTORIL CAP 15MG	3	QL (30 caps every 30 days), NM
RESTORIL CAP 30MG	3	QL (30 caps every 30 days), NM
<i>temazepam cap 7.5 mg</i>	1	QL (30 caps every 30 days), NM
<i>temazepam cap 15 mg</i>	1	QL (30 caps every 30 days), NM
<i>temazepam cap 30 mg</i>	1	QL (30 caps every 30 days), NM
<i>triazolam tab 0.25 mg</i>	1	QL (30 tabs every 30 days), NM
<i>triazolam tab 0.125 mg</i>	1	QL (30 tabs every 30 days), NM
<i>zaleplon cap 5 mg</i>	1	QL (30 caps every 30 days), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zaleplon cap 10 mg</i>	1	QL (30 caps every 30 days), NM
<i>zolpidem tartrate sl tab 1.75 mg</i>	2	ST, PA, QL (30 ea every 30 days), NM
<i>zolpidem tartrate sl tab 3.5 mg</i>	2	ST, PA, QL (30 ea every 30 days), NM
<i>zolpidem tartrate tab 5 mg</i>	1	QL (30 tabs every 30 days), NM
<i>zolpidem tartrate tab 10 mg</i>	1	QL (30 tabs every 30 days), NM
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL (30 tablets per 30 days), NM
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL (30 tablets per 30 days), NM
ZOLPIMIST SPR 5MG	3	ST, QL (1 unit every 30 days), NM
ZOLPIMIST SPR 5MG	3	ST, QL (2 units every 30 days), NM

#### **OREXIN RECEPTOR ANTAGONISTS**

BELSOMRA TAB 5MG	3	ST, QL (30 tabs every 30 days), NM
BELSOMRA TAB 10MG	3	ST, QL (30 tabs every 30 days), NM
BELSOMRA TAB 15MG	3	ST, QL (30 tabs every 30 days), NM
BELSOMRA TAB 20MG	3	ST, QL (30 tabs every 30 days), NM
DAYVIGO TAB 5MG	3	ST, QL (30 tabs every 30 days), NM
DAYVIGO TAB 10MG	3	ST, QL (30 tabs every 30 days), NM
QUVIVIQ TAB 25MG	3	ST, QL (30 tabs every 30 days), NM
QUVIVIQ TAB 50MG	3	ST, QL (30 tabs every 30 days), NM

#### **SELECTIVE MELATONIN RECEPTOR AGONISTS**

HETLIOZ CAP 20MG	3	SP, PA; LD
HETLIOZ LQ SUS 4MG/ML	3	SP, PA; LD
<i>ramelteon tab 8 mg</i>	1	QL (30 tablets every 30 days), NM
ROZEREM TAB 8MG	3	ST, PA, QL (30 tabs every 30 days), NM
<i>tasimelteon capsule 20 mg</i>	2	SP, PA; LD

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 135

Drug Name	Drug Tier	Requirements/Limits
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
<i>gavilyte-c</i>	1	NM
<i>gavilyte-g</i>	1	NM
GOLYTELY SOL	3	NM
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	NM
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	NM
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	AGE, NM
SUPREP BOWEL SOL PREP KIT	3	NM
SUTAB TAB	3	NM
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin for susp 100 mg/5ml</i>	1	NM
<i>azithromycin for susp 200 mg/5ml</i>	1	NM
<i>azithromycin powd pack for susp 1 gm</i>	1	NM
<i>azithromycin tab 250 mg</i>	1	NM
<i>azithromycin tab 500 mg</i>	1	NM
<i>azithromycin tab 600 mg</i>	1	NM
ZITHROMAX POW 1GM PAK	3	NM
ZITHROMAX SUS 100/5ML	3	NM
ZITHROMAX SUS 200/5ML	3	NM
ZITHROMAX TAB 500MG	3	NM
ZITHROMAX TAB TRI-PAK	3	NM
ZITHROMAX TAB Z-PAK	3	NM
<b>CLARITHROMYCIN</b>		
<i>clarithromycin for susp 125 mg/5ml</i>	1	NM
<i>clarithromycin for susp 250 mg/5ml</i>	1	NM
<i>clarithromycin tab 250 mg</i>	1	NM
<i>clarithromycin tab 500 mg</i>	1	NM
<i>clarithromycin tab er 24hr 500 mg</i>	1	NM
<b>ERYTHROMYCINS</b>		
<i>e.e.s. 400 tab 400mg</i>	1	NM
E.E.S. GRAN SUS 200/5ML	3	NM
<i>ery-tab</i>	1	NM
ERYPED SUS 200/5ML	3	NM
ERYPED SUS 400/5ML	3	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	2	NM
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	2	NM
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	NM
<i>erythromycin tab 250 mg</i>	1	NM
<i>erythromycin tab 500 mg</i>	1	NM

### **FIDAXOMICIN**

DIFICID TAB 200MG	3	NM
-------------------	---	----

## **MEDICAL DEVICES AND SUPPLIES**

### **DIABETIC SUPPLIES**

DEXCOM G6 MIS RECEIVER	2	ST, QL (1 Receiver every 365 days), NM; **
DEXCOM G6 MIS SENSOR	2	ST, QL (1 Sensor every 10 days), NM; **
DEXCOM G6 MIS TRANSMIT	2	ST, QL (1 Transmitter every 90 days), NM; **
DEXCOM G7 MIS RECEIVER	2	QL (1 Receiver every 365 days), NM; **
DEXCOM G7 MIS SENSOR	2	QL (1 Sensor every 10 days), NM; **
FREESTY LIBR KIT 2 SENSOR	2	ST, QL (1 Sensor every 14 days), NM; **
FREESTY LIBR MIS 2 READER	2	ST, QL (1 Receiver every 365 days), NM; **
FREESTYLE KIT SENSOR	2	ST, QL (1 Sensor every 14 days), NM; **
FREESTYLE MIS READER	2	ST, QL (1 Receiver every 365 days), NM; **
OMNIPOD 5 G6 KIT INTRO	2	QL (1 per 365 days), NM
OMNIPOD 5 G6 MIS PODS	2	QL (10 pods per 30 days), NM
OMNIPOD DASH 5 PACK	2	QL (10 pods per 30 days), NM
OMNIPOD DASH KIT INTRO	2	QL (1 per 365 days), NM
OMNIPOD DASH MIS PODS	2	QL (10 pods per 30 days), NM
OMNIPOD GO KIT 10UNT/DY	2	QL (10 pods/30 days), NM
OMNIPOD GO KIT 15UNT/DY	2	QL (10 pods/30 days), NM
OMNIPOD GO KIT 25UNT/DY	2	QL (10 pods/30 days), NM
OMNIPOD GO KIT 35UNT/DY	2	QL (10 pods/30 days), NM
ONETOUCH KIT VERIO RE	2	OTC, NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
V-GO 20 KIT	2	QL (1 box / 30 days), NM
V-GO 30 KIT	2	QL (1 box / 30 days), NM
V-GO 40 KIT	2	QL (1 box / 30 days), NM

## MIGRAINE PRODUCTS

### CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	2	ST
AIMOVIG INJ 140MG/ML	2	ST
AJOVY INJ 225/1.5	2	ST
EMGALITY INJ 100MG/ML	2	ST
EMGALITY INJ 120MG/ML	2	ST
NURTEC TAB 75MG ODT	2	QL (16 tablets per 30 days), NM
UBRELVY TAB 50MG	2	QL (16 tabs every 30 days), NM
UBRELVY TAB 100MG	2	QL (16 tabs every 30 days), NM

### MIGRAINE COMBINATIONS

<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs every 28 days), NM
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	2	PA, NM
TREXIMET TAB 85-500MG	3	PA, QL (9 tablets per 30 days), NM

### MIGRAINE PRODUCTS

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	PA, QL (20 ampules every 30 days), NM
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	2	PA, QL (8mL per 30 days), NM
ERGOMAR SUB 2MG	3	NM

### MIGRAINE PRODUCTS - NSAIDS

CAMBIA POW 50MG	3	QL (9 packets every 45 days), NM
<i>diclofenac potassium (migraine) packet 50 mg</i>	2	QL (9 packets per 45 days), NM
ELYXYB SOL 120/4.8	3	QL (6 bottles per 45 days), NM

### SEROTONIN AGONISTS

<i>almotriptan malate tab 6.25 mg</i>	2	QL (12 tabs every 30 days), NM
<i>almotriptan malate tab 12.5 mg</i>	2	QL (8 tabs every 30 days), NM
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs every 30 days), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (8 tabs every 30 days), NM
FROVA TAB 2.5MG	3	PA, QL (12 tabs every 30 days), NM
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	2	QL (12 tabs every 30 days), NM
IMITREX INJ 4MG/0.5	3	PA, QL (6 inj per 30 days), NM
IMITREX INJ 6MG/0.5	3	PA, QL (4 inj per 30 days), NM
IMITREX INJ 6MG/0.5	3	PA, QL (4 inj per 30days), NM
IMITREX SPR 5MG/ACT	3	PA, QL (12 inhalers every 30 days), NM
IMITREX SPR 20MG/ACT	3	PA, QL (12 inhalers every 30 days), NM
IMITREX TAB 25MG	3	PA, QL (18 tabs every 30 days), NM
IMITREX TAB 50MG	3	PA, QL (18 tabs every 30 days), NM
IMITREX TAB 100MG	3	PA, QL (9 tabs every 30 days), NM
MAXALT TAB 10MG	3	PA, QL (12 tabs every 30 days), NM
MAXALT-MLT TAB 10MG	3	PA, QL (12 tabs every 30 days), NM
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (18 tabs every 30 days), NM
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (9 tabs every 30 days), NM
ONZETRA XSAI MIS 11MG	3	PA, QL (30 nosepieces every 30 days), NM
RELPAX TAB 20MG	3	PA, QL (12 tabs every 30 days), NM
RELPAX TAB 40MG	3	PA, QL (8 tabs every 30 days), NM
REYVOW TAB 50MG	3	PA, QL (4 tabs every 30 days), NM
REYVOW TAB 100MG	3	PA, QL (4 tabs every 30 days), NM
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	2	QL (12 tabs every 30 days), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (12 tabs every 30 days), NM
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (12 ea every 30 days), NM
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (12 ea every 30 days), NM
<i>sumatriptan nasal spray 5 mg/act</i>	2	QL (12 inhalers every 30 days), NM
<i>sumatriptan nasal spray 20 mg/act</i>	2	QL (12 inhalers every 30 days), NM
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (4 inj per 30 days), NM
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QL (12 injections every 30 days), NM
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QL (8 injections every 30 days), NM
<i>sumatriptan succinate tab 25 mg</i>	2	QL (18 tabs every 30 days), NM
<i>sumatriptan succinate tab 50 mg</i>	2	QL (18 tabs every 30 days), NM
<i>sumatriptan succinate tab 100 mg</i>	2	QL (9 tabs every 30 days), NM
TOSYMRA SOL 10MG	3	PA, QL (18 sprays every 30 days), NM
ZEMBRACE SYM INJ 3/0.5ML	3	PA, QL (12 injections per 30 days), NM
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	2	QL (12 doses per 30 days), NM
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs every 30 days), NM
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (8 tabs every 30 days), NM
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs every 30 days), NM
<i>zolmitriptan tab 5 mg</i>	1	QL (8 tabs every 30 days), NM
ZOMIG SPR 2.5MG	3	PA, QL (12 doses per 30 days), NM
ZOMIG SPR 5MG	3	PA, QL (12 doses per 30 days), NM
ZOMIG TAB 2.5MG	3	PA, QL (12 tabs every 30 days), NM
ZOMIG TAB 5MG	3	PA, QL (8 tabs every 30 days), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 140



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

**MINERALS & ELECTROLYTES**

**FLUORIDE**

<i>fluoritab</i>	1	AGE
<i>nafrinse</i>	1	
<i>nafrinse drops</i>	1	AGE
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	AGE
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	AGE
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	1	
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	1	AGE
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1	

**MAGNESIUM**

MAGNEBIND TAB 400	2	OTC, NM
-------------------	---	---------

**PHOSPHATE**

K-PHOS TAB	2	
<i>phospho-trin k500</i>	2	

**POTASSIUM**

EFFER-K TAB 10MEQ	3	NM
EFFER-K TAB 20MEQ	3	NM
K-TAB TAB 20MEQ	3	
<i>klor-con</i>	1	
<i>klor-con 10 tab 10meq er</i>	1	
<i>klor-con m10 tab 10meq er</i>	1	
<i>klor-con m15 tab 15meq er</i>	1	
<i>klor-con m20 tab 20meq er</i>	1	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
<b>SODIUM</b>		
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2	NM
<i>sodium chloride preservative free (pf) inj 0.9%</i>	1	NM
<b>ZINC</b>		
GALZIN CAP 25MG	2	NM
GALZIN CAP 50MG	2	NM
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
CUPRIMINE CAP 250MG	3	SP, PA, NM
CUVRIOR TAB 300MG	3	PA, NM
DEPEN TITRA TAB 250MG	3	SP, NM
<i>penicillamine cap 250 mg</i>	2	SP, PA, NM
<i>penicillamine tab 250 mg</i>	2	SP, NM
SYPRINE CAP 250MG	3	SP, PA, NM
<i>trientine hcl cap 250 mg</i>	2	SP, PA, NM
<i>trientine hcl cap 500 mg</i>	2	SP, PA, NM
<b>IMMUNOMODULATORS</b>		
JOENJA TAB 70MG	3	PA
<i>lenalidomide cap 5 mg</i>	2	NM; **
<i>lenalidomide cap 10 mg</i>	2	NM; **
<i>lenalidomide cap 15 mg</i>	2	NM; **
<i>lenalidomide cap 20 mg</i>	2	NM; **
<i>lenalidomide cap 25 mg</i>	2	NM; **
<i>lenalidomide caps 2.5 mg</i>	2	NM; **
REVLIMID CAP 2.5MG	3	NM; **
REVLIMID CAP 5MG	3	NM; **
REVLIMID CAP 10MG	3	NM; **
REVLIMID CAP 15MG	3	NM; **
REVLIMID CAP 20MG	3	NM; **
REVLIMID CAP 25MG	3	NM; **
THALOMID CAP 50MG	3	
THALOMID CAP 100MG	3	
THALOMID CAP 150MG	3	
THALOMID CAP 200MG	3	
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
AZASAN	2	
<i>azathioprine tab 50 mg</i>	1	
CELLCEPT CAP 250MG	3	
CELLCEPT SUS 200MG/ML	3	
CELLCEPT TAB 500MG	3	
<i>cyclosporine cap 25 mg</i>	2	
<i>cyclosporine modified cap 50 mg</i>	2	
<i>cyclosporine modified cap 100 mg</i>	2	
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	
ENSPRYNG INJ	3	SP, PA
ENVARUSUS XR TAB 0.75MG	3	
ENVARUSUS XR TAB 1MG	3	
ENVARUSUS XR TAB 4MG	3	
<i>everolimus tab 0.5 mg</i>	2	
<i>everolimus tab 0.25 mg</i>	2	
<i>everolimus tab 0.75 mg</i>	2	
<i>everolimus tab 1 mg</i>	2	
<i>gengraf</i>	2	
IMURAN TAB 50MG	3	
<i>mycophenolate mofetil cap 250 mg</i>	2	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	
<i>mycophenolate mofetil tab 500 mg</i>	2	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	
MYFORTIC TAB 180MG	3	
MYFORTIC TAB 360MG	3	
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	
PROGRAF CAP 1MG	3	
PROGRAF CAP 5MG	3	
PROGRAF GRA 0.2MG	3	
PROGRAF GRA 1MG	3	
RAPAMUNE SOL 1MG/ML	3	
RAPAMUNE TAB 0.5MG	3	
RAPAMUNE TAB 1MG	3	
RAPAMUNE TAB 2MG	3	
REZUROCK TAB 200MG	3	PA
SANDIMMUNE CAP 25MG	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SANDIMMUNE CAP 100MG	2	
SANDIMMUNE SOL 100MG/ML	3	
<i>sirolimus oral soln 1 mg/ml</i>	2	
<i>sirolimus tab 0.5 mg</i>	2	
<i>sirolimus tab 1 mg</i>	2	
<i>sirolimus tab 2 mg</i>	2	
<i>tacrolimus cap 0.5 mg</i>	2	
<i>tacrolimus cap 1 mg</i>	2	
<i>tacrolimus cap 5 mg</i>	2	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	
ZORTRESS TAB 1MG	3	
<b>IRRIGATION SOLUTIONS</b>		
<i>argyle sterile water 100m</i>	1	NM
<i>water for irrigation, sterile irrigation soln</i>	1	NM
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE TAB 50MG	3	SP, PA
VIJOICE TAB 125MG	3	SP, PA
VIJOICE TAB 250MG	3	SP, PA
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA PAK 5GM	3	
LOKELMA PAK 10GM	3	
<i>sodium polystyrene sulfonate powder</i>	1	NM
<i>sps sus 15gm/60</i>	1	NM
VELTASSA POW 8.4GM	3	
VELTASSA POW 16.8GM	3	
VELTASSA POW 25.2GM	3	
<b>PROGERIA TREATMENT AGENTS</b>		
ZOKINVY CAP 50MG	3	PA; LD
ZOKINVY CAP 75MG	3	PA; LD
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA INJ 200MG/ML	3	SP
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl laryngotracheal soln 4%</i>	2	NM
<i>lidocaine hcl viscous soln 2%</i>	2	NM
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troche 10 mg</i>	2	NM
<i>nystatin susp 100000 unit/ml</i>	1	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	1	NM
DEBACTEROL SOL 30-50%	2	NM
<b>DENTAL PRODUCTS</b>		
<i>clinpro 5000</i>	1	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
<i>fluoridex daily defense</i>	1	
PREVDNT 5000 GEL 1.1-5%	3	NM
PREVDNT 5000 PST 1.1%	3	
PREVIDENT CRE 5000 PLS	3	
PREVIDENT GEL 1.1%	3	
PREVIDENT GEL 1.1% BER	3	
PREVIDENT GEL 1.1% MIN	3	
PREVIDENT PST 1.1%	3	
PREVIDENT SOL 0.2%	3	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>oralone dental paste</i>	2	NM
<i>triamcinolone acetonide dental paste 0.1%</i>	2	NM
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl cap 30 mg</i>	2	
EVOXAC CAP 30MG	3	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<b>MULTIVITAMINS</b>		
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
MULTI VITAMN TAB MINERALS	3	OTC, NM
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<i>multi-vit/iron/fluoride</i>	1	OTC, NM
<i>multi-vitamin/fluoride/ir</i>	1	NM
<b>PED MV W/ FLUORIDE</b>		
FLORIVA DRO PLUS	3	NM
<i>multi-vitamin/fluoride dr</i>	1	NM
<i>multivit/fl chw 0.5mg</i>	1	NM
<i>multivit/fl chw 0.25mg</i>	1	NM
<i>multivit/fl chw 1mg</i>	1	NM
<i>multivitamin with fluorid</i>	1	OTC, NM
<i>multivitamin/fluoride</i>	1	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	1	NM
POLY-VI-FLOR SUS 0.25/ML	3	NM
QUFLORA PED DRO 0.25MG	1	NM
TRI-VI-FLOR SUS 0.5MG/ML	3	NM
TRI-VI-FLOR SUS 0.25/ML	3	NM
TRI-VI-FLORO SUS 0.5MG/ML	3	NM
TRI-VI-FLORO SUS 0.25/ML	3	NM
<i>tri-vit/fluo dro 0.5mg</i>	1	NM
<i>vitamins a/c/d/fluoride</i>	1	NM

### **PRENATAL VITAMINS**

ATABEX EC TAB 29-1MG	3	NM
ATABEX OB TAB 29-1MG	3	NM
C-NATE DHA CAP 28-1-200	3	NM
CITRANATAL CAP HARMONY	3	NM
CITRANATAL MIS 90 DHA	3	NM
CITRANATAL MIS B-CALM	3	NM
CITRANATAL PAK ASSURE	3	NM
CITRANATAL PAK DHA	3	NM
CITRANATAL TAB BLOOM	3	NM
CO-NATAL FA TAB 29-1MG	3	NM
COMPLETE NAT PAK DHA	3	NM
COMPLETENATE CHW	3	NM
CONCEPT DHA CAP	3	NM
CONCEPT OB CAP	3	NM
DUET DHA 400 MIS 25-1-400	3	NM
DUET DHA MIS BALANCED	3	NM
<i>elite-ob</i>	1	NM
FOLIVANE-OB CAP	3	NM
<i>inatal gt</i>	1	NM
JENLIVA CAP	3	NM
KOSHR PRENAT TAB 30-1MG	3	NM
M-NATAL PLUS TAB	3	NM
NATACHEW CHW	3	NM
NATALVIT TAB 75-1MG	3	NM
NEONATAL 19 TAB	3	NM
NEONATAL FE TAB	3	NM
NEONATAL PLS TAB 27-1MG	3	NM
NEONATAL/DHA MIS	3	NM
NESTABS DHA PAK	3	NM
NESTABS ONE CAP	3	NM
NESTABS TAB	3	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NIVA-PLUS TAB	3	NM
OB COMPLETE TAB	3	NM
OB COMPLETE TAB PREMIER	3	NM
OB COMPLETE/ CAP DHA	3	NM
OBSTETRIX EC TAB	3	NM
PNV PRENATAL TAB PLUS	3	NM
<i>pnv-dha</i>	1	NM
PNV-DHA CAP DOCUSATE	3	NM
PNV-OMEGA CAP	3	NM
<i>pnv-select</i>	1	NM
PRENA1 CHW	3	NM
PRENA1 PEARL CAP	3	NM
PRENA 1 TRUE MIS	3	NM
PRENAISSANCE CAP	3	NM
PRENAISSANCE CAP PLUS	3	NM
<i>prenatal 19</i>	1	NM
PRENATAL 19 TAB	1	OTC, NM
PRENATAL PLS MIS MV + DHA	3	NM
PRENATAL TAB 27-1MG	3	NM
PRENATAL TAB PLUS	3	NM
PRENATAL-U CAP 106.5-1	3	NM
PROVIDA OB CAP	3	NM
REDICHEW RX CHW	3	NM
RELNATE DHA CAP	3	NM
SE-NATAL 19 CHW	3	NM
SE-NATAL 19 TAB	3	NM
SELECT-OB CHW	3	NM
SELECT-OB+ PAK DHA	3	NM
TARON-C DHA CAP	3	NM
TRICARE TAB PRENATAL	3	NM
TRINATAL RX TAB 1	3	NM
<i>trinate</i>	1	NM
TRISTART DHA CAP	3	NM
TRISTART ONE CAP 35-1-215	3	NM
VINATE DHA CAP 27-1.13	3	NM
VINATE II TAB	3	NM
VINATE ONE TAB	3	NM
VIRT-NATE CAP DHA	3	NM
VIRT-PN DHA CAP	3	NM
VITAFOL CAP ULTRA	3	NM
VITAFOL CHW GUMMIES	3	NM
VITAFOL FE+ CAP	3	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VITAFOL STRP MIS 1MG	3	NM
VITAFOL-NANO TAB	3	NM
VITAFOL-OB PAK +DHA	3	NM
VITAFOL-OB TAB 65-1MG	3	NM
VITAFOL-ONE CAP	3	NM
VITAPEARL CAP	3	NM
VITATHELY TAB	3	NM
VITATRUE MIS	3	NM
VIVA DHA CAP	3	NM

## **MUSCULOSKELETAL THERAPY AGENTS**

### **CENTRAL MUSCLE RELAXANTS**

<i>baclofen oral soln 5 mg/5ml</i>	2	NM
<i>baclofen oral soln 10 mg/5ml</i>	2	NM
<i>baclofen susp 25 mg/5ml</i>	2	NM
<i>baclofen tab 5 mg</i>	1	NM
<i>baclofen tab 10 mg</i>	1	NM
<i>baclofen tab 20 mg</i>	1	NM
<i>carisoprodol tab 250 mg</i>	2	NM
<i>carisoprodol tab 350 mg</i>	2	NM
<i>chlorzoxazone tab 500 mg</i>	2	QL (120 tablets per 30 days), NM
<i>cyclobenzaprine hcl tab 5 mg</i>	1	NM
<i>cyclobenzaprine hcl tab 10 mg</i>	1	NM
<i>fexmid</i>	1	NM
FLEQSUVY SUS 25MG/5ML	3	NM
LYVISPAH GRA 5MG	3	NM
LYVISPAH GRA 10MG	3	NM
LYVISPAH GRA 20MG	3	NM
<i>metaxalone tab 800 mg</i>	2	QL (120 tablets per 30 days), NM
<i>methocarbamol tab 500 mg</i>	1	NM
<i>methocarbamol tab 750 mg</i>	1	NM
<i>orphenadrine citrate inj 30 mg/ml</i>	2	NM
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	NM
OZOBAX DS SOL 10MG/5ML	3	NM
OZOBAX SOL 5MG/5ML	3	NM
ROBAXIN INJ 100MG/ML	3	NM
SOMA TAB 250MG	3	NM
SOMA TAB 350MG	3	NM
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	NM
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	NM
ZANAFLEX TAB 4MG	3	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



Drug Name	Drug Tier	Requirements/Limits
<b>DIRECT MUSCLE RELAXANTS</b>		
DANTRIUM CAP 25MG	3	NM
<i>dantrolene sodium cap 25 mg</i>	2	NM
<i>dantrolene sodium cap 50 mg</i>	2	NM
<i>dantrolene sodium cap 100 mg</i>	2	NM
<b>MUSCLE RELAXANT COMBINATIONS</b>		
<i>orphengesic tab forte</i>	2	QL (120 tablets per 30 days), NM
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	NM
DYMISTA SPR 137-50	3	NM
RYALTRIS SPR 665-25	3	NM
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	NM
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	NM
<i>olopatadine hcl nasal soln 0.6%</i>	1	NM
PATANASE SPR 0.6%	3	NM
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
<b>NASAL STEROIDS</b>		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	NM
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	NM
OMNARIS SPR	3	NM
QNASL AER 80MCG	3	NM
QNASL CHILD SPR 40MCG	3	NM
XHANCE MIS 93MCG	3	NM
ZETONNA AER 37MCG	3	NM
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
RADICAVA ORS SUS 105/5ML	3	SP, PA
RELYVRIO PAK 3-1GM	3	SP, PA, NM
<i>riluzole tab 50 mg</i>	1	
TIGLUTIK SUS 50/10ML	3	PA
<b>FRIEDRICH'S ATAXIA AGENTS</b>		
SKYCLARYS CAP 50MG	3	PA

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>RETT SYNDROME AGENTS</b>		
DAYBUE SOL 200MG/ML	3	PA
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
EVRYSDI SOL	3	SP, PA, QL (240 mL every 30 days); LD
<b>NUTRIENTS</b>		
<b>LIPIDS</b>		
DOJOLVI LIQ 100%	3	SP, PA
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
LACRISERT MIS 5MG OP	3	NM
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETIMOL SOL 0.5%	3	
BETIMOL SOL 0.25%	3	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	3	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
ISTALOL SOL 0.5% OP	3	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
TIMOPTIC SOL 0.5% OP	3	
TIMOPTIC SOL 0.25% OP	3	
TIMOPTIC-XE SOL 0.5% OP	3	
TIMOPTIC-XE SOL 0.25% OP	3	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine sulfate ophth oint 1%</i>	1	
<i>atropine sulfate ophth soln 1%</i>	2	
CYCLOGYL SOL 0.5% OP	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
ISOPTO ATROP SOL 1% OP	3	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	
<b>MIOTICS</b>		
PHOSPHOLINE SOL 0.125%OP	2	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
VUITY SOL 1.25% OP	3	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P SOL 0.1%	3	
ALPHAGAN P SOL 0.15%	3	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	NM
<i>brimonidine tartrate ophth soln 0.1%</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
IOPIDINE SOL 1% OP	3	NM
SIMBRINZA SUS 1-0.2%	3	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
AZASITE SOL 1%	3	NM
<i>bacitracin ophth oint 500 unit/gm</i>	1	NM
<i>bacitracin-polymyxin b ophth oint</i>	1	NM
BESIVANCE SUS 0.6%	3	NM
BETADINE SOL 5% OP	3	NM
CILOXAN OIN 0.3% OP	3	NM
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	NM
<i>erythromycin ophth oint 5 mg/gm</i>	2	NM
<i>gatifloxacin ophth soln 0.5%</i>	2	NM
<i>gentamicin sulfate ophth soln 0.3%</i>	1	NM
<i>levofloxacin ophth soln 0.5%</i>	1	NM
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	2	NM
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	NM
NATACYN SUS 5% OP	3	NM
<i>neo-polycin</i>	1	NM
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	NM
OCUFLOX DRO 0.3% OP	3	NM
<i>ofloxacin ophth soln 0.3%</i>	1	NM
<i>polycin</i>	1	NM
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	NM
POLYTRIM SOL OP	3	NM
<i>sulfacetamide sodium ophth oint 10%</i>	1	NM
<i>sulfacetamide sodium ophth soln 10%</i>	1	NM
<i>tobramycin ophth soln 0.3%</i>	1	NM
TOBEX OIN 0.3% OP	3	NM
<i>trifluridine ophth soln 1%</i>	1	NM
VIGAMOX DRO 0.5%	3	NM
ZIRGAN GEL 0.15%	3	NM
ZYMAXID SOL 0.5%	3	NM
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<i>cyclosporine (ophth) emulsion 0.05%</i>	2	
RESTASIS EMU 0.05% OP	2	
RESTASIS MUL EMU 0.05% OP	2	
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA DRO 5%	2	
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA SOL 0.02%	2	
ROCKLATAN DRO	2	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE SOL 20MCG/ML	3	SP, PA, NM; LD
<b>OPHTHALMIC STEROIDS</b>		
ALREX SUS 0.2%	3	NM
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	NM
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	NM
<i>difluprednate ophth emulsion 0.05%</i>	2	NM
DUREZOL EMU 0.05%	3	NM
EYSUVIS DRO 0.25%	3	NM
FLAREX SUS 0.1% OP	3	NM
<i>fluorometholone ophth susp 0.1%</i>	1	NM
FML FORTE SUS 0.25% OP	3	NM
INVELTYS SUS 1%	3	NM
LOTEMAX GEL 0.5%	3	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LOTEMAX OIN 0.5%	3	NM
LOTEMAX SM GEL 0.38%	3	NM
LOTEMAX SUS 0.5%	3	NM
<i>loteprednol etabonate ophth gel 0.5%</i>	2	NM
<i>loteprednol etabonate ophth susp 0.2%</i>	2	NM
MAXIDEX SUS 0.1% OP	3	NM
MAXITROL OIN 0.1% OP	3	NM
MAXITROL SUS 0.1% OP	3	NM
<i>neo-polycin hc</i>	1	NM
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	NM
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	NM
<i>neomycin-polymyxin-hc ophth susp</i>	1	NM
PRED MILD SUS 0.12% OP	3	NM
PRED SOD PHO SOL 1% OP	3	NM
<i>prednisolone acetate ophth susp 1%</i>	1	NM
PREDNISOLONE SUS 1%	3	NM
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	NM
TOBRADEX OIN 0.3-0.1%	3	NM
TOBRADEX ST SUS 0.3-0.05	3	NM
TOBRADEX SUS 0.3-0.1%	3	NM
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	NM
ZYLET SUS 0.5-0.3%	3	NM
<b>OPHTHALMICS - MISC.</b>		
ACULAR LS SOL 0.4%	3	NM
ACULAR SOL 0.5% OP	3	NM
ACUVAIL SOL 0.45%	3	NM
ALOCRIAL SOL 2%	3	NM
<i>azelastine hcl ophth soln 0.05%</i>	1	NM
<i>bepotastine besilate ophth soln 1.5%</i>	2	NM
BEPREVE DRO 1.5%	3	NM
<i>brinzolamide ophth susp 1%</i>	2	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	2	NM
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	NM
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	2	NM
BROMSITE DRO 0.075%	3	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cromolyn sodium ophth soln 4%</i>	1	NM
CYSTADROPS SOL 0.37%	3	SP, PA; LD
<i>diclofenac sodium ophth soln 0.1%</i>	1	NM
<i>dorzolamide hcl ophth soln 2%</i>	1	
DORZOLAMIDE SOL 2%	3	
<i>epinastine hcl ophth soln 0.05%</i>	1	NM
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	NM
ILEVRO DRO 0.3% OP	3	NM
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	NM
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	NM
LASTACAFT SOL 0.25%	3	OTC, NM
NEVANAC SUS 0.1% OP	3	NM
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	NM
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	NM
PATADAY SOL 0.7%	3	OTC, NM
PROLENSA SOL 0.07%	3	NM
UPNEEQ SOL 0.1%	3	

#### **PROSTAGLANDINS - OPHTHALMIC**

<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
LUMIGAN SOL 0.01%	2	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	2	
TRAVATAN Z DRO 0.004%	3	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	
XALATAN SOL 0.005%	3	
XELPROS EMU 0.005%	3	
ZIOPTAN DRO 0.0015%	3	

#### **OTIC AGENTS**

##### **OTIC AGENTS - MISCELLANEOUS**

<i>acetic acid otic soln 2%</i>	1	NM
---------------------------------	---	----

##### **OTIC ANTI-INFECTIVES**

CETRAXAL SOL 0.2%	3	NM
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	NM
<i>ofloxacin otic soln 0.3%</i>	1	NM

##### **OTIC COMBINATIONS**

<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	NM
---	---	----

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	2	NM
CORTISPORIN SUS -TC OTIC	3	NM
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	NM
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	NM

### **OTIC STEROIDS**

DERMOTIC OIL 0.01%	3	NM
<i>flac</i>	2	NM
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	NM
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	NM

### **OXYTOCICS**

#### **OXYTOCICS**

<i>methergine</i>	2	QL (28 tabs every year), NM
<i>methylergonovine maleate tab 0.2 mg</i>	2	QL (28 tabs every year), NM

### **PASSIVE IMMUNIZING AND TREATMENT AGENTS**

#### **IMMUNE SERUMS**

HEPAGAM B INJ	2	SP, NM
HYPERHEP B INJ	2	SP, NM
NABI-HB INJ	2	SP, NM
RHOPHYLAC INJ 1500/2ML	2	SP, NM
WINRHO SDF INJ 1500UNIT	2	SP, NM
WINRHO SDF INJ 2500UNIT	2	SP, NM
WINRHO SDF INJ 5000UNIT	2	SP, NM
WINRHO SDF INJ 15000UNT	2	SP, NM

### **PENICILLINS**

#### **AMINOPENICILLINS**

<i>amoxicillin (trihydrate) cap 250 mg</i>	1	NM
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	NM
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	NM
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	NM
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	NM
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	NM
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	NM
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	NM
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	NM
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	NM
<i>ampicillin cap 500 mg</i>	1	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NATURAL PENICILLINS</b>		
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	NM
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	NM
<i>penicillin v potassium tab 250 mg</i>	1	NM
<i>penicillin v potassium tab 500 mg</i>	1	NM
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	1	NM
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	1	NM
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1	NM
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1	NM
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1	NM
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	1	NM
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1	NM
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1	NM
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1	NM
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	1	NM
AUGMENTIN SUS 125/5ML	3	NM
AUGMENTIN TAB 500MG	3	NM
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium cap 250 mg</i>	1	NM
<i>dicloxacillin sodium cap 500 mg</i>	1	NM
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	2	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
<i>progesterone im in oil 50 mg/ml</i>	1	NM
PROMETRIUM CAP 100MG	3	
PROMETRIUM CAP 200MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



**Drug Name Drug Tier Requirements/Limits**  
**PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

**AGENTS FOR CHEMICAL DEPENDENCY**

<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
LUCEMYRA TAB 0.18MG	3	QL (168 tabs every 180 days), NM

**ANTI-CATAPLECTIC AGENTS**

XYREM SOL 500MG/ML	3	PA, QL (540 ML every 30 days), NM; LD
XYWAV SOL 0.5GM/ML	3	PA, QL (540 ML every 30 days), NM

**ANTIDEMENTIA AGENTS**

ADLARITY DIS 5MG/DAY	3	
ADLARITY DIS 10MG/DAY	3	
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 23 mg</i>	2	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	2	
<i>memantine hcl cap er 24hr 14 mg</i>	2	
<i>memantine hcl cap er 24hr 21 mg</i>	2	
<i>memantine hcl cap er 24hr 28 mg</i>	2	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl tab 5 mg</i>	2	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>memantine hcl tab 10 mg</i>	2	
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	2	NM
NAMENDA TAB 5-10MG	3	NM
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMENDA XR CAP 7MG	3	
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMZARIC CAP	3	NM
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
RAZADYNE ER CAP 8MG	3	
RAZADYNE ER CAP 16MG	3	
RAZADYNE ER CAP 24MG	3	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	2	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	2	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	2	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	2	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	2	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA MIS TITR PAK	3	NM
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
<b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</b>		
VYLEESI INJ 1.75/0.3	3	PA, NM
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO TAB 6MG	2	SP, PA
AUSTEDO TAB 9MG	2	SP, PA
AUSTEDO TAB 12MG	2	SP, PA
AUSTEDO XR TAB 6MG	2	SP, PA
AUSTEDO XR TAB 12MG	2	SP, PA
AUSTEDO XR TAB 24MG	2	SP, PA
AUSTEDO XR TAB TITR KIT	2	SP, PA, NM
INGREZZA CAP 40-80MG	3	SP, PA, NM; LD
INGREZZA CAP 40MG	3	SP, PA; LD
INGREZZA CAP 60MG	3	SP, PA; LD
INGREZZA CAP 80MG	3	SP, PA; LD
<i>tetrabenazine tab 12.5 mg</i>	2	SP, PA
<i>tetrabenazine tab 25 mg</i>	2	SP, PA
XENAZINE TAB 12.5MG	3	SP, PA
XENAZINE TAB 25MG	3	SP, PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA TAB 10MG	3	SP
AUBAGIO TAB 7MG	3	SP
AUBAGIO TAB 14MG	3	SP
AVONEX PEN KIT 30MCG	2	SP
AVONEX PREFL KIT 30MCG	2	SP
BAFIERTAM CAP 95MG	2	SP
BETASERON INJ 0.3MG	2	SP
COPAXONE INJ 20MG/ML	2	SP
COPAXONE INJ 40MG/ML	2	SP
<i>dalfampridine tab er 12hr 10 mg</i>	2	SP
<i>dimethyl fumarate capsule delayed release 120 mg</i>	2	SP
<i>dimethyl fumarate capsule delayed release 240 mg</i>	2	SP
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	2	SP, NM
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	2	SP

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 159

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GILENYA CAP 0.5MG	3	SP
GILENYA CAP 0.25MG	3	SP
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	2	SP
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	2	SP
<i>glatopa</i>	2	SP
KESIMPTA INJ 20/.4ML	3	SP, PA
MAVENCLAD PAK 10MG(4)	3	SP, PA, NM
MAVENCLAD PAK 10MG(5)	3	SP, PA, NM
MAVENCLAD PAK 10MG(6)	3	SP, PA, NM
MAVENCLAD PAK 10MG(7)	3	SP, PA, NM
MAVENCLAD PAK 10MG(8)	3	SP, PA, NM
MAVENCLAD PAK 10MG(9)	3	SP, PA, NM
MAVENCLAD PAK 10MG(10)	3	SP, PA, NM
MAYZENT PAK STARTER	2	SP, NM
MAYZENT TAB 0.25MG	2	SP
MAYZENT TAB 1MG	2	SP
MAYZENT TAB 2MG	2	SP
PLEGRIDY INJ	2	SP
PLEGRIDY INJ PEN	2	SP
PLEGRIDY INJ STARTER	2	SP, NM
PLEGRIDY PEN INJ STARTER	2	SP, NM
PONVORY TAB 20MG	3	SP, PA
PONVORY TAB STARTER	3	SP, PA, NM
REBIF INJ 22/0.5	2	SP
REBIF INJ 44/0.5	2	SP
REBIF REBIDO INJ 22/0.5	2	SP
REBIF REBIDO INJ 44/0.5	2	SP
REBIF REBIDO INJ TITRATN	2	SP
REBIF TITRTN INJ PACK	2	SP
<i>teriflunomide tab 7 mg</i>	1	SP
<i>teriflunomide tab 14 mg</i>	1	SP
VUMERITY CAP 231MG	2	SP

### **POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS**

<i>gabapentin (once-daily) tab 300 mg</i>	2	PA
<i>gabapentin (once-daily) tab 600 mg</i>	2	PA
GRALISE TAB 300MG	3	PA
GRALISE TAB 450MG	3	PA
GRALISE TAB 600MG	3	PA
GRALISE TAB 750MG	3	PA
GRALISE TAB 900MG	3	PA

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP 20-10MG	3	PA
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<i>ergoloid mesylates tab 1 mg</i>	2	
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT TAB 300MG ER	3	PA
HORIZANT TAB 600MG ER	3	PA
<b>SMOKING DETERRENTS</b>		
APO-VARENICL TAB 0.5MG	2	NM; Maximum 168 day supply per calendar year.
APO-VARENICL TAB 1MG	2	NM; Maximum 168 day supply per calendar year.
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	NM; Maximum 168 day supply per calendar year.
<i>cvs nicotine</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>cvs nicotine loz 4mg mint</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>cvs nicotine polacrilex</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>cvs nicotine transdermal</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>eq nicotine</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>eq nicotine dis 7mg/24hr</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>eq nicotine lozenges</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>eq nicotine polacrilex</i>	1	OTC, NM; Maximum 168 day supply per calendar year.

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>eql nicotine polacrilex</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>gnp nicotine gum 2mg mint</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>gnp nicotine loz mini 2mg</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>gnp nicotine polacrilex</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>gnp nicotine transdermal</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>goodsense nicotine</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>goodsense nicotine gum</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>goodsense nicotine polacr</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>hm nicotine dis 21mg/24h</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>hm nicotine gum 4mg frt</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>hm nicotine transdermal s</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>kls quit2</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>kls quit4 gum 4mg</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
NICODERM CQ DIS 7MG/24HR	3	OTC, NM; Maximum 168 day supply per calendar year.

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NICODERM CQ DIS 14MG/24H	3	OTC, NM; Maximum 168 day supply per calendar year.
NICODERM CQ DIS 21MG/24H	3	OTC, NM; Maximum 168 day supply per calendar year.
NICORETTE GUM 2MG	3	OTC, NM; Maximum 168 day supply per calendar year.
NICORETTE GUM 2MG CINN	3	OTC, NM; Maximum 168 day supply per calendar year.
NICORETTE GUM 2MG MINT	3	OTC, NM; Maximum 168 day supply per calendar year.
NICORETTE GUM 2MG ORIG	3	OTC, NM; Maximum 168 day supply per calendar year.
NICORETTE GUM 2MGFRUIT	3	OTC, NM; Maximum 168 day supply per calendar year.
NICORETTE GUM 4MG	3	OTC, NM; Maximum 168 day supply per calendar year.
NICORETTE GUM 4MG CINN	3	OTC, NM; Maximum 168 day supply per calendar year.
NICORETTE GUM 4MG MINT	3	OTC, NM; Maximum 168 day supply per calendar year.
NICORETTE GUM 4MG ORIG	3	OTC, NM; Maximum 168 day supply per calendar year.
NICORETTE GUM 4MGFRUIT	3	OTC, NM; Maximum 168 day supply per calendar year.
NICORETTE LOZ 2MG MINT	3	OTC, NM; Maximum 168 day supply per calendar year.
NICORETTE LOZ 4MG MINT	3	OTC, NM; Maximum 168 day supply per calendar year.

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NICORETTE ST GUM 2MG MINT	3	OTC, NM; Maximum 168 day supply per calendar year.
NICORETTE ST GUM 2MG ORIG	3	OTC, NM; Maximum 168 day supply per calendar year.
NICORETTE ST GUM 4MG ORIG	3	OTC, NM; Maximum 168 day supply per calendar year.
<i>nicotine mini lozenge</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>nicotine polacrilex gum 2 mg</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>nicotine polacrilex gum 4 mg</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>nicotine polacrilex lozenge 2 mg</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>nicotine polacrilex lozenge 4 mg</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>nicotine step 1</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>nicotine step 3</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
NICOTINE SYS KIT TRANSDER	3	OTC, NM; Maximum 168 day supply per calendar year.
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	OTC, NM; Maximum 168 day supply per calendar year.

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NICOTROL INH	3	NM; Maximum 168 day supply per calendar year.
NICOTROL NS SPR 10MG/ML	3	NM; Maximum 168 day supply per calendar year.
<i>px stop smoking aid</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>ra nicotine</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>ra nicotine gum</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>ra nicotine polacrilex</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>ra nicotine transdermal s</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>sm nicotine</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>sm nicotine dis 14mg/24h</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>sm nicotine dis 21mg/24h</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>sm nicotine gum 2mg</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>sm nicotine gum 2mg mint</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>sm nicotine gum 4mg</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>sm nicotine polacrilex</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>sm nicotine transdermal s</i>	1	OTC, NM; Maximum 168 day supply per calendar year.

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>thrive</i>	1	OTC, NM; Maximum 168 day supply per calendar year.
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	2	NM; Maximum 168 day supply per calendar year.
<i>varenicline tartrate tab 1 mg (base equiv)</i>	2	NM; Maximum 168 day supply per calendar year.
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	2	NM

### **TRANSTHYRETIN AMYLOIDOSIS AGENTS**

TEGSEDI INJ 284/1.5	3	SP, PA; LD
---------------------	---	------------

### **VASOMOTOR SYMPTOM AGENTS**

<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	2	
--	---	--

### **RESPIRATORY AGENTS - MISC.**

#### **CYSTIC FIBROSIS AGENTS**

BRONCHITOL CAP 40MG	3	SP
KALYDECO GRA 5.8MG	3	PA
KALYDECO GRA 13.4MG	3	PA; LD
KALYDECO PAK 50MG	3	SP, PA; LD
KALYDECO PAK 75MG	3	SP, PA; LD
KALYDECO TAB 150MG	3	SP, PA; LD
ORKAMBI GRA 75-94MG	3	SP, PA
ORKAMBI GRA 100-125	3	SP, PA; LD
ORKAMBI GRA 150-188	3	SP, PA; LD
ORKAMBI TAB 100-125	3	SP, PA; LD
ORKAMBI TAB 200-125	3	SP, PA; LD
PULMOZYME SOL 1MG/ML	3	SP, PA
SYMDEKO TAB 100-150	3	SP, PA; LD
TRIKAFTA PAK 59.5MG	3	SP, PA
TRIKAFTA PAK 75MG	3	SP, PA
TRIKAFTA TAB	3	SP, PA; LD

#### **PULMONARY FIBROSIS AGENTS**

ESBRIET CAP 267MG	3	SP, PA
ESBRIET TAB 267MG	3	SP, PA
ESBRIET TAB 801MG	3	SP, PA
OFEV CAP 100MG	3	SP, PA
OFEV CAP 150MG	3	SP, PA
<i>pirfenidone cap 267 mg</i>	2	SP, PA
<i>pirfenidone tab 267 mg</i>	2	SP, PA
<i>pirfenidone tab 801 mg</i>	2	SP, PA

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SULFONAMIDES</b>		
<b><i>SULFONAMIDES</i></b>		
<i>sulfadiazine tab 500 mg</i>	2	NM
<b>TETRACYCLINES</b>		
<b><i>AMINOMETHYLCYCLINES</i></b>		
NUZYRA TAB 150MG	3	NM
<b><i>TETRACYCLINES</i></b>		
<i>avidoxy</i>	2	NM
<i>demeclocycline hcl tab 150 mg</i>	2	NM
<i>demeclocycline hcl tab 300 mg</i>	2	NM
DORYX MPC TAB 120MG	3	NM
DORYX TAB 50MG	3	NM
DORYX TAB 200MG	3	NM
<i>doxycycline hyclate cap 50 mg</i>	2	NM
<i>doxycycline hyclate cap 100 mg</i>	2	NM
<i>doxycycline hyclate tab 20 mg</i>	2	NM
<i>doxycycline hyclate tab 100 mg</i>	2	NM
<i>doxycycline hyclate tab delayed release 50 mg</i>	2	NM
<i>doxycycline hyclate tab delayed release 75 mg</i>	2	NM
<i>doxycycline hyclate tab delayed release 100 mg</i>	2	NM
<i>doxycycline hyclate tab delayed release 150 mg</i>	2	NM
<i>doxycycline hyclate tab delayed release 200 mg</i>	2	NM
<i>doxycycline monohydrate cap 50 mg</i>	2	NM
<i>doxycycline monohydrate cap 75 mg</i>	2	NM
<i>doxycycline monohydrate cap 100 mg</i>	2	NM
<i>doxycycline monohydrate cap 150 mg</i>	2	NM
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	NM
<i>doxycycline monohydrate tab 50 mg</i>	2	NM
<i>doxycycline monohydrate tab 75 mg</i>	2	NM
<i>doxycycline monohydrate tab 100 mg</i>	2	NM
<i>doxycycline monohydrate tab 150 mg</i>	2	NM
<i>minocycline hcl cap 50 mg</i>	1	NM
<i>minocycline hcl cap 75 mg</i>	1	NM
<i>minocycline hcl cap 100 mg</i>	1	NM
<i>minocycline hcl tab er 24hr 45 mg</i>	2	QL (QVT= 84 capsules per 365 days), NM
<i>minocycline hcl tab er 24hr 55 mg</i>	2	QL (QVT= 84 capsules per 365 days), NM
<i>minocycline hcl tab er 24hr 65 mg</i>	2	QL (QVT= 84 capsules per 365 days), NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>minocycline hcl tab er 24hr 80 mg</i>	2	QL (QVT= 84 capsules per 365 days), NM
<i>minocycline hcl tab er 24hr 90 mg</i>	2	QL (QVT= 84 capsules per 365 days), NM
<i>minocycline hcl tab er 24hr 105 mg</i>	2	QL (QVT= 84 capsules per 365 days), NM
<i>minocycline hcl tab er 24hr 115 mg</i>	2	QL (QVT= 84 capsules per 365 days), NM
<i>minocycline hcl tab er 24hr 135 mg</i>	2	QL (QVT= 84 capsules per 365 days), NM
<i>mondoxyne nl</i>	2	NM
SOLODYN TAB 55MG	3	QL (QVT= 84 capsules per 365 days), NM
SOLODYN TAB 65MG	3	QL (QVT= 84 capsules per 365 days), NM
SOLODYN TAB 80MG	3	QL (QVT= 84 capsules per 365 days), NM
SOLODYN TAB 105MG	3	QL (QVT= 84 capsules per 365 days), NM
SOLODYN TAB 115MG	3	QL (QVT= 84 capsules per 365 days), NM
<i>tetracycline hcl cap 250 mg</i>	2	NM
<i>tetracycline hcl cap 500 mg</i>	2	NM

## **THYROID AGENTS**

### **ANTITHYROID AGENTS**

<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	

### **THYROID HORMONES**

ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
CYTOMEL TAB 5MCG	3	
CYTOMEL TAB 25MCG	3	
CYTOMEL TAB 50MCG	3	
ERMEZA SOL 150/5ML	3	
<i>euthyrox</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levo-t</i>	1	
<i>levothyroxine sodium cap 13 mcg</i>	2	
<i>levothyroxine sodium cap 25 mcg</i>	2	
<i>levothyroxine sodium cap 50 mcg</i>	2	
<i>levothyroxine sodium cap 75 mcg</i>	2	
<i>levothyroxine sodium cap 88 mcg</i>	2	
<i>levothyroxine sodium cap 100 mcg</i>	2	
<i>levothyroxine sodium cap 112 mcg</i>	2	
<i>levothyroxine sodium cap 125 mcg</i>	2	
<i>levothyroxine sodium cap 137 mcg</i>	2	
<i>levothyroxine sodium cap 150 mcg</i>	2	
<i>levothyroxine sodium cap 175 mcg</i>	2	
<i>levothyroxine sodium cap 200 mcg</i>	2	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
<i>np thyroid 15</i>	1	
<i>np thyroid 30</i>	1	
<i>np thyroid 60</i>	1	
<i>np thyroid 90</i>	1	
<i>np thyroid 120</i>	1	
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	
TIROSINT CAP 13MCG	3	
TIROSINT CAP 25MCG	3	
TIROSINT CAP 37.5MCG	3	
TIROSINT CAP 44MCG	3	
TIROSINT CAP 50MCG	3	
TIROSINT CAP 62.5MCG	3	
TIROSINT CAP 75MCG	3	
TIROSINT CAP 88MCG	3	
TIROSINT CAP 100MCG	3	
TIROSINT CAP 112MCG	3	
TIROSINT CAP 125MCG	3	
TIROSINT CAP 137MCG	3	
TIROSINT CAP 150MCG	3	
TIROSINT CAP 175MCG	3	
TIROSINT CAP 200	3	
TIROSINT-SOL SOL 13MCG/ML	3	
TIROSINT-SOL SOL 25MCG/ML	3	
TIROSINT-SOL SOL 37.5/ML	3	
TIROSINT-SOL SOL 44MCG/ML	3	
TIROSINT-SOL SOL 50MCG/ML	3	
TIROSINT-SOL SOL 62.5/ML	3	
TIROSINT-SOL SOL 75MCG/ML	3	
TIROSINT-SOL SOL 88MCG/ML	3	
TIROSINT-SOL SOL 100MCG	3	
TIROSINT-SOL SOL 112MCG	3	
TIROSINT-SOL SOL 125MCG	3	
TIROSINT-SOL SOL 137MCG	3	
TIROSINT-SOL SOL 150MCG	3	
TIROSINT-SOL SOL 175MCG	3	
TIROSINT-SOL SOL 200MCG	3	
<i>unithroid</i>	1	

## ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

### ANTISPASMODICS

ANASPAZ TAB 0.125MG	3	
CUVPOSA SOL 1MG/5ML	3	
<i>dicyclomine hcl cap 10 mg</i>	1	NM
<i>dicyclomine hcl tab 20 mg</i>	1	NM
GLYCATE TAB 1.5MG	3	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLYCOPYRROLA TAB 1.5MG	3	NM
<i>glycopyrrolate inj 0.2 mg/ml</i>	1	NM
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	1	NM
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	1	NM
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	1	NM
<i>glycopyrrolate oral soln 1 mg/5ml</i>	2	NM
<i>glycopyrrolate tab 1 mg</i>	1	NM
<i>glycopyrrolate tab 2 mg</i>	1	NM
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate inj 0.5 mg/ml</i>	3	NM
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	
LEVBIID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
<i>methscopolamine bromide tab 2.5 mg</i>	2	NM
<i>methscopolamine bromide tab 5 mg</i>	2	NM
<i>nulev</i>	1	
<i>oscimin</i>	1	
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 200 mg</i>	1	NM
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
PEPCID TAB 20MG	3	
PEPCID TAB 40MG	3	
<b>MISC. ANTI-ULCER</b>		
CARAFATE SUS 1GM/10ML	3	
CARAFATE TAB 1GM	3	
<i>sucralfate susp 1 gm/10ml</i>	2	
<i>sucralfate tab 1 gm</i>	1	
<b>PROTON PUMP INHIBITORS</b>		
ACIPHEX TAB 20MG	3	PA, QL (60 tabs every 30 days)
DEXILANT CAP 30MG DR	3	PA, QL (60 capsules every 30 days)

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEXILANT CAP 60MG DR	3	PA, QL (60 capsules every 30 days)
<i>dexlansoprazole cap delayed release 30 mg</i>	2	QL (60 capsules every 30 days)
<i>dexlansoprazole cap delayed release 60 mg</i>	2	QL (60 capsules every 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	2	QL (60 caps every 30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	QL (60 caps every 30 days)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	2	QL (60 packets every 30 days)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	2	QL (60 packets every 30 days)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	2	QL (60 packets every 30 days)
FIRST PANTPR SUS 4MG/ML	3	AGE; PA Required for those 7 years and older
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (60 caps every 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (60 caps every 30 days)
LANSOPRAZOLE SUS 3MG/ML	3	AGE
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	2	QL (60 ea every 30 days)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	2	QL (60 ea every 30 days)
NEXIUM CAP 20MG	3	PA, QL (60 caps every 30 days)
NEXIUM CAP 40MG	3	PA, QL (60 caps every 30 days)
NEXIUM GRA 2.5MG DR	3	PA, QL (60 packets every 30 days)
NEXIUM GRA 5MG DR	3	PA, QL (60 packets every 30 days)
NEXIUM GRA 10MG DR	3	PA, QL (60 packets every 30 days)
NEXIUM GRA 20MG DR	3	PA, QL (60 packets every 30 days)
NEXIUM GRA 40MG DR	3	PA, QL (60 packets every 30 days)
OMEPRAZOLE + SUS SYRSPEND	3	AGE
<i>omeprazole cap delayed release 10 mg</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (60 tabs every 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (60 tabs every 30 days)
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	2	QL (60 packets every 30 days)
PREVACID CAP 30MG DR	3	PA, QL (60 caps every 30 days)
PREVACID TAB 15MG STB	3	QL (60 ea every 30 days)
PREVACID TAB 30MG STB	3	QL (60 ea every 30 days)
PRILOSEC POW 2.5MG	3	PA, QL (60 packets every 30 days)
PRILOSEC POW 10MG	3	PA, QL (60 packets every 30 days)
PROTONIX PAK 40MG	3	PA, QL (60 packets every 30 days)
PROTONIX TAB 20MG	3	PA, QL (60 tabs every 30 days)
PROTONIX TAB 40MG	3	PA, QL (60 tabs every 30 days)
RABEPRAZOLE CAP 10MG DR	3	PA, QL (60 capsules every 30 days)
<i>rabeprazole sodium ec tab 20 mg</i>	2	QL (60 tabs every 30 days)
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
CYTOTEC TAB 100MCG	3	
CYTOTEC TAB 200MCG	3	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>	2	NM
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	2	NM
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	2	PA, QL (60 caps every 30 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	2	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	2	PA
PYLERA CAP	3	NM
TALICIA CAP	3	NM
VOQUEZNA PAK DUAL PAK	3	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
VOQUEZNA PAK TRIP PK	3	NM

## URINARY ANTI-INFECTIVES

### URINARY ANTI-INFECTIVES

MACROBID CAP 100MG	3	NM
MACRODANTIN CAP 25MG	3	NM
MACRODANTIN CAP 50MG	3	NM
MACRODANTIN CAP 100MG	3	NM
<i>methenamine hippurate tab 1 gm</i>	1	NM
MONUROL PAK GRANULES	3	NM
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	NM
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	NM
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	NM
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	NM

## URINARY ANTISPASMODICS

### URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	2	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	2	
DETROL LA CAP 2MG	3	
DETROL LA CAP 4MG	3	
DITROPAN XL TAB 5MG	3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	2	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	2	
GELNIQUE GEL 10%	3	
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	2	
<i>solifenacin succinate tab 10 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	2	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	2	
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
TOVIAZ TAB 4MG	3	
TOVIAZ TAB 8MG	3	
<i>trospium chloride cap er 24hr 60 mg</i>	2	
<i>trospium chloride tab 20 mg</i>	2	
VESICARE LS SUS 5MG/5ML	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
MYRBETRIQ SUS 8MG/ML	2	
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride tab 5 mg</i>	1	NM
<i>bethanechol chloride tab 10 mg</i>	1	NM
<i>bethanechol chloride tab 25 mg</i>	1	NM
<i>bethanechol chloride tab 50 mg</i>	1	NM
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl tab 100 mg</i>	1	
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
INTRAROSA SUP 6.5MG	3	
<b>SPERMICIDES</b>		
ENCARE SUP 100MG	3	OTC, NM
GYNOL II GEL 3%	3	OTC, NM
TODAY SPONGE MIS	3	OTC, NM
VCF VAGINAL AER CONTRACP	3	OTC, NM
VCF VAGINAL GEL CONTRACE	1	OTC, NM
VCF VAGINAL MIS CONTRACP	3	OTC, NM
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN CRE 2% VAG	3	NM
CLEOCIN SUP 100MG	3	NM
<i>clindamycin phosphate vaginal cream 2%</i>	1	NM
CLINDESSE CRE 2%	2	NM
GYNAZOLE-1 CRE 2%	3	NM
<i>metronidazole vaginal gel 0.75%</i>	1	NM
<i>terconazole vaginal cream 0.4%</i>	1	NM
<i>terconazole vaginal cream 0.8%</i>	1	NM
<i>terconazole vaginal suppos 80 mg</i>	1	NM
VANDAZOLE GEL 0.75%	2	NM
<b>VAGINAL ESTROGENS</b>		
ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	2	
ESTRING MIS 2MG	2	
FEMRING MIS 0.1MG/24	3	
FEMRING MIS 0.05/24H	3	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREMARIN VAG CRE 0.625MG	3	
VAGIFEM TAB 10MCG	3	
<i>yuvafem</i>	2	
<b>VAGINAL PROGESTINS</b>		
CRINONE GEL 8% VAG	3	NM
ENDOMETRIN SUP 100MG	3	NM
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
ADRENALIN INJ 1MG/ML	2	NM
ADRENALIN INJ 30/30ML	2	NM
<i>epinephrine inj 1 mg/ml (1:1000)</i>	2	NM
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	2	NM
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (2 pens every 30 days), NM
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL (2 pens every 30 days), NM
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (2 pens every 30 days), NM
EPIPEN 2-PAK INJ 0.3MG	2	QL (2 pens every 30 days), NM
EPIPEN-JR INJ 0.15MG	2	QL (2 pens every 30 days), NM
SYMJEPI INJ 0.3MG	2	QL (2 pens every 30 days), NM
SYMJEPI INJ 0.15MG	2	QL (2 pens every 30 days), NM
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
<i>droxidopa cap 100 mg</i>	2	SP, NM
<i>droxidopa cap 200 mg</i>	2	SP, NM
<i>droxidopa cap 300 mg</i>	2	SP, NM
NORTHERA CAP 100MG	3	SP, NM
NORTHERA CAP 200MG	3	SP, NM
NORTHERA CAP 300MG	3	SP, NM
<b>VASOPRESSORS</b>		
EPINEPHRINE INJ 1MG/ML	2	NM
<i>midodrine hcl tab 2.5 mg</i>	1	NM
<i>midodrine hcl tab 5 mg</i>	1	NM
<i>midodrine hcl tab 10 mg</i>	1	NM
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	1	NM
<i>phytonadione inj 10 mg/ml</i>	1	NM
<i>phytonadione tab 5 mg</i>	1	NM
<b>WATER SOLUBLE VITAMINS</b>		
<i>pyridoxine hcl inj 100 mg/ml</i>	1	NM

\*\* - Subject to medical, pharmacy oral chemo or pharmacy diabetic copay per contract/rider **AGE** - Age Limit **LD** - Limited Distribution **NM** - Not available at mail-order **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

## Index

<b>7</b>	
7t lido gel .....	114
<b>A</b>	
abacavir sulfate-lamivudine tab 600-300 mg .....	84
abacavir sulfate soln 20 mg/ml (base equiv) .....	84
abacavir sulfate tab 300 mg (base equiv) .....	84
ABILIFY TAB 10MG.....	83
ABILIFY TAB 15MG.....	83
ABILIFY TAB 20MG.....	83
ABILIFY TAB 2MG .....	83
ABILIFY TAB 30MG.....	83
ABILIFY TAB 5MG .....	83
abiraterone acetate tab 250 mg .....	70
abiraterone acetate tab 500 mg .....	70
acamprosate calcium tab delayed release 333 mg .....	157
acarbose tab 100 mg .....	48
acarbose tab 25 mg .....	48
acarbose tab 50 mg.....	48
ACCOLATE TAB 10MG .....	31
ACCOLATE TAB 20MG .....	31
ACCUPRIL TAB 10MG .....	59
ACCUPRIL TAB 20MG.....	59
ACCUPRIL TAB 40MG.....	59
ACCUPRIL TAB 5MG .....	59
ACCURETIC TAB 10-12.5.....	63
ACCURETIC TAB 20-12.5.....	63
accutane cap 10mg .....	107
accutane cap 20mg .....	107
accutane cap 30mg .....	107
accutane cap 40mg .....	107
acebutolol hcl cap 200 mg .....	89
acebutolol hcl cap 400 mg .....	89
acetaminophen w/ codeine soln 120-12 mg/5ml.....	21
acetaminophen w/ codeine tab 300-15 mg .....	21
acetaminophen w/ codeine tab 300-30 mg .....	21
acetaminophen w/ codeine tab 300-60 mg .....	21
acetazolamide cap er 12hr 500 mg.....	116
acetazolamide sodium for inj 500 mg .....	116
acetazolamide tab 125 mg .....	116
acetazolamide tab 250 mg .....	116
acetic acid otic soln 2% .....	154
acetylcysteine inhal soln 10% .....	106
acetylcysteine inhal soln 20% .....	106
ACIPHEX TAB 20MG.....	171
acitretin cap 10 mg.....	110
acitretin cap 17.5 mg.....	110
acitretin cap 25 mg .....	110
ACTEMRA INJ 162/0.9.....	12
ACTEMRA INJ ACTPEN .....	12
ACTIMMUNE INJ 2MU/0.5.....	76
ACTIQ LOZ 1200MCG .....	15
ACTIQ LOZ 1600MCG .....	15
ACTIQ LOZ 200MCG.....	15
ACTIQ LOZ 400MCG.....	15
ACTIQ LOZ 600MCG.....	15
ACTIQ LOZ 800MCG.....	15
ACTIVELLA TAB 1-0.5MG.....	122
ACTONEL TAB 150MG.....	118
ACTONEL TAB 35MG .....	118
ACTOPLUS MET TAB 15-850MG.....	49
ACULAR LS SOL 0.4% .....	153
ACULAR SOL 0.5% OP .....	153
ACUVAIL SOL 0.45% .....	153
acyclovir cap 200 mg .....	88
acyclovir oint 5%.....	111
acyclovir susp 200 mg/5ml .....	88
acyclovir tab 400 mg.....	88
acyclovir tab 800 mg.....	88
ADALIMU-ADAZ INJ 40/0.4ML .....	10
adapalene-benzoyl peroxide gel 0.1-2.5% .....	107
adapalene cream 0.1% .....	107
adapalene gel 0.1% .....	107
adapalene gel 0.3% .....	107
ADCIRCA TAB 20MG.....	97
ADDERALL TAB 10MG.....	1
ADDERALL TAB 12.5MG.....	1
ADDERALL TAB 15MG.....	1
ADDERALL TAB 20MG.....	1

ADDERALL TAB 30MG .....	1	<i>albuterol sulfate soln nebu 1.25 mg/3ml</i>	
ADDERALL TAB 5MG .....	1	<i>(base equiv)</i> .....	33
ADDERALL TAB 7.5MG .....	1	<i>albuterol sulfate syrup 2 mg/5ml</i> .....	33
ADDERALL XR CAP 10MG .....	1	<i>albuterol sulfate tab 2 mg</i> .....	33
ADDERALL XR CAP 15MG .....	1	<i>albuterol sulfate tab 4 mg</i> .....	33
ADDERALL XR CAP 20MG.....	1	<i>aclometasone dipropionate cream 0.05%</i>	
ADDERALL XR CAP 25MG.....	1	.....	111
ADDERALL XR CAP 30MG.....	1	<i>aclometasone dipropionate oint 0.05%</i> ..	111
ADDERALL XR CAP 5MG.....	1	ALDACTONE TAB 100MG .....	117
<i>adefovir dipivoxil tab 10 mg</i> .....	87	ALDACTONE TAB 25MG .....	117
ADEMPAS TAB 0.5MG .....	97	ALDACTONE TAB 50MG.....	117
ADEMPAS TAB 1.5MG .....	97	ALECENSA CAP 150MG.....	71
ADEMPAS TAB 1MG .....	97	<i>alendronate sodium oral soln 70 mg/75ml</i>	
ADEMPAS TAB 2.5MG .....	97	.....	118
ADEMPAS TAB 2MG.....	97	<i>alendronate sodium tab 10 mg</i> .....	118
ADIPEX-P CAP 37.5MG .....	3	<i>alendronate sodium tab 35 mg</i> .....	118
ADIPEX-P TAB 37.5MG .....	3	<i>alendronate sodium tab 5 mg</i> .....	118
ADLARITY DIS 10MG/DAY .....	157	<i>alendronate sodium tab 70 mg</i> .....	118
ADLARITY DIS 5MG/DAY .....	157	<i>alfuzosin hcl tab er 24hr 10 mg</i> .....	128
ADRENALIN INJ 1MG/ML.....	176	ALINIA SUS 100/5ML .....	26
ADRENALIN INJ 30/30ML .....	176	ALINIA TAB 500MG.....	26
AFINITOR DIS TAB 2MG.....	71	<i>aliskiren fumarate tab 150 mg (base</i>	
AFINITOR DIS TAB 3MG .....	71	<i>equivalent)</i> .....	66
AFINITOR DIS TAB 5MG .....	71	<i>aliskiren fumarate tab 300 mg (base</i>	
AFINITOR TAB 10MG.....	71	<i>equivalent)</i> .....	66
AFINITOR TAB 2.5MG .....	71	<i>allopurinol tab 100 mg</i> .....	129
AFINITOR TAB 5MG .....	71	<i>allopurinol tab 300 mg</i> .....	129
AFINITOR TAB 7.5MG .....	71	<i>almotriptan malate tab 12.5 mg</i> .....	138
<i>aftera tab 1.5mg</i> .....	103	<i>almotriptan malate tab 6.25 mg</i> .....	138
AGRYLIN CAP 0.5MG .....	130	ALOCRI SOL 2% .....	153
AIMOVIG INJ 140MG/ML .....	138	<i>alose tron hcl tab 0.5 mg (base equiv)</i> ....	126
AIMOVIG INJ 70MG/ML.....	138	<i>alose tron hcl tab 1 mg (base equiv)</i> .....	126
AIRSUPRA AER 90-80MCG.....	32	ALPHAGAN P SOL 0.1%.....	151
AJOVY INJ 225/1.5.....	138	ALPHAGAN P SOL 0.15%.....	151
AKYNZEO CAP 300-0.5.....	54	ALPRAZOLAM CON 1 MG/ML.....	28
<i>albendazole tab 200 mg</i> .....	25	<i>alprazolam tab 0.25 mg</i> .....	29
<i>albuterol sulfate inhal aero 108 mcg/act</i>		<i>alprazolam tab 0.5 mg</i> .....	28
<i>(90mcg base equiv)</i> .....	32	<i>alprazolam tab 1 mg</i> .....	29
<i>albuterol sulfate soln nebu 0.083% (2.5</i>		<i>alprazolam tab 2 mg</i> .....	29
<i>mg/3ml)</i> .....	32	<i>alprazolam tab er 24hr 0.5 mg</i> .....	29
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>		<i>alprazolam tab er 24hr 1 mg</i> .....	29
.....	32	<i>alprazolam tab er 24hr 2 mg</i> .....	29
<i>albuterol sulfate soln nebu 0.63 mg/3ml</i>		<i>alprazolam tab er 24hr 3 mg</i> .....	29
<i>(base equiv)</i> .....	32	<i>alprazolam xr</i> .....	29

ALREX SUS 0.2% .....	152	<i>amitriptyline hcl tab 10 mg</i> .....	47
ALTABAX OIN 1% .....	108	<i>amitriptyline hcl tab 150 mg</i> .....	47
ALTACE CAP 1.25MG .....	59	<i>amitriptyline hcl tab 25 mg</i> .....	47
ALTACE CAP 10MG .....	59	<i>amitriptyline hcl tab 50 mg</i> .....	47
ALTACE CAP 2.5MG .....	59	<i>amitriptyline hcl tab 75 mg</i> .....	47
ALTACE CAP 5MG .....	59	<i>amlodipine besylate-atorvastatin calcium</i>	
<i>altavera</i> .....	99	<i>tab 10-10 mg</i> .....	95
ALUNBRIG PAK .....	71	<i>amlodipine besylate-atorvastatin calcium</i>	
ALUNBRIG TAB 180MG .....	71	<i>tab 10-20 mg</i> .....	95
ALUNBRIG TAB 30MG .....	71	<i>amlodipine besylate-atorvastatin calcium</i>	
ALUNBRIG TAB 90MG .....	71	<i>tab 10-40 mg</i> .....	95
ALVESCO AER 160MCG .....	31	<i>amlodipine besylate-atorvastatin calcium</i>	
ALVESCO AER 80MCG .....	31	<i>tab 10-80 mg</i> .....	95
<i>alyacen 1/35</i> .....	99	<i>amlodipine besylate-atorvastatin calcium</i>	
<i>alyacen 7/7/7</i> .....	99	<i>tab 2.5-10 mg</i> .....	94
<i>alyq</i> .....	97	<i>amlodipine besylate-atorvastatin calcium</i>	
<i>amabelz tab 1-0.5mg</i> .....	122	<i>tab 2.5-20 mg</i> .....	94
<i>amantadine hcl cap 100 mg</i> .....	77	<i>amlodipine besylate-atorvastatin calcium</i>	
<i>amantadine hcl soln 50 mg/5ml</i> .....	77	<i>tab 2.5-40 mg</i> .....	94
<i>amantadine hcl tab 100 mg</i> .....	77	<i>amlodipine besylate-atorvastatin calcium</i>	
AMARYL TAB 1MG .....	52	<i>tab 5-10 mg</i> .....	94
AMARYL TAB 2MG .....	52	<i>amlodipine besylate-atorvastatin calcium</i>	
AMARYL TAB 4MG .....	52	<i>tab 5-20 mg</i> .....	94
AMBIEN CR TAB 12.5MG .....	133	<i>amlodipine besylate-atorvastatin calcium</i>	
AMBIEN CR TAB 6.25MG .....	133	<i>tab 5-40 mg</i> .....	94
AMBIEN TAB 10MG .....	133	<i>amlodipine besylate-atorvastatin calcium</i>	
AMBIEN TAB 5MG .....	133	<i>tab 5-80 mg</i> .....	94
<i>ambrisentan tab 10 mg</i> .....	97	<i>amlodipine besylate-benazepril hcl cap 10-</i>	
<i>ambrisentan tab 5 mg</i> .....	97	<i>20 mg</i> .....	63
<i>amcinonide lotion 0.1%</i> .....	111	<i>amlodipine besylate-benazepril hcl cap 10-</i>	
AMCINONIDE OINT 0.1% .....	111	<i>40 mg</i> .....	63
<i>amethia</i> .....	99	<i>amlodipine besylate-benazepril hcl cap 2.5-</i>	
AMICAR SOL 0.25/ML .....	133	<i>10 mg</i> .....	63
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>		<i>amlodipine besylate-benazepril hcl cap 5-</i>	
.....	10	<i>10 mg</i> .....	63
<i>amikacin sulfate inj 500 mg/2ml (250</i>		<i>amlodipine besylate-benazepril hcl cap 5-</i>	
<i>mg/ml)</i> .....	10	<i>20 mg</i> .....	63
<i>amiloride &amp; hydrochlorothiazide tab 5-50</i>		<i>amlodipine besylate-benazepril hcl cap 5-</i>	
<i>mg</i> .....	116	<i>40 mg</i> .....	63
<i>amiloride hcl tab 5 mg</i> .....	117	<i>amlodipine besylate-olmesartan</i>	
<i>amiodarone hcl tab 100 mg</i> .....	30	<i>medoxomil tab 10-20 mg</i> .....	63
<i>amiodarone hcl tab 200 mg</i> .....	30	<i>amlodipine besylate-olmesartan</i>	
<i>amiodarone hcl tab 400 mg</i> .....	30	<i>medoxomil tab 10-40 mg</i> .....	63
<i>amitriptyline hcl tab 100 mg</i> .....	47		



<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> .....	63	<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i> .....	155
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> .....	63	<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i> .....	155
<i>amlodipine besylate tab 10 mg (base equivalent)</i> .....	91	<i>amoxicillin (trihydrate) tab 500 mg</i> .....	155
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i> .....	91	<i>amoxicillin (trihydrate) tab 875 mg</i> .....	155
<i>amlodipine besylate tab 5 mg (base equivalent)</i> .....	91	<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i> .....	156
<i>amlodipine besylate-valsartan tab 10-160 mg</i> .....	63	<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i> .....	156
<i>amlodipine besylate-valsartan tab 10-320 mg</i> .....	63	<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> .....	156
<i>amlodipine besylate-valsartan tab 5-160 mg</i> .....	63	<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> .....	156
<i>amlodipine besylate-valsartan tab 5-320 mg</i> .....	63	<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i> .....	156
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> .....	63	<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> .....	156
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> .....	63	<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i> .....	156
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> .....	63	<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> .....	156
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> .....	63	<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> .....	156
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> .....	63	<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i> .....	156
<i>amnestem</i> .....	107	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i> .....	1
<i>amnestem cap 10mg</i> .....	107	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i> .....	1
<i>amoxapine tab 100 mg</i> .....	47	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i> .....	1
<i>amoxapine tab 150 mg</i> .....	47	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i> .....	1
<i>amoxapine tab 25 mg</i> .....	47	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> .....	1
<i>amoxapine tab 50 mg</i> .....	47	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> .....	1
<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i> .....	173	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> .....	1
<i>amoxicillin (trihydrate) cap 250 mg</i> .....	155	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> .....	1
<i>amoxicillin (trihydrate) cap 500 mg</i> .....	155	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> .....	2
<i>amoxicillin (trihydrate) chew tab 125 mg</i> 155			
<i>amoxicillin (trihydrate) chew tab 250 mg</i> 155			
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i> .....	155		
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i> .....	155		

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> .....	1	<i>aprepitant capsule 80 mg</i> .....	54
<i>amphetamine-dextroamphetamine tab 10 mg</i> .....	2	<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....	54
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....	2	<i>apri</i> .....	99
<i>amphetamine-dextroamphetamine tab 15 mg</i> .....	2	APRISO CAP 0.375GM .....	126
<i>amphetamine-dextroamphetamine tab 20 mg</i> .....	2	APTENSIO XR CAP 10MG .....	6
<i>amphetamine-dextroamphetamine tab 30 mg</i> .....	2	APTENSIO XR CAP 15MG .....	6
<i>amphetamine-dextroamphetamine tab 5 mg</i> .....	2	APTENSIO XR CAP 20MG .....	6
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....	2	APTENSIO XR CAP 30MG .....	6
<i>amphetamine sulfate tab 5 mg</i> .....	1	APTENSIO XR CAP 40MG .....	6
<i>ampicillin cap 500 mg</i> .....	155	APTENSIO XR CAP 50MG .....	6
AMPYRA TAB 10MG .....	159	APTENSIO XR CAP 60MG .....	6
ANAFRANIL CAP 25MG .....	47	APTIOM TAB 200MG .....	37
ANAFRANIL CAP 50MG .....	47	APTIOM TAB 400MG .....	37
ANAFRANIL CAP 75MG .....	47	APTIOM TAB 600MG .....	37
<i>anagrelide hcl cap 0.5 mg</i> .....	130	APTIOM TAB 800MG .....	37
<i>anagrelide hcl cap 1 mg</i> .....	130	APTIVUS CAP 250MG .....	84
ANASPAZ TAB 0.125MG .....	170	<i>aranelle</i> .....	99
<i>anastrozole tab 1 mg</i> .....	70	ARANESP INJ 100MCG .....	131
ANCOBON CAP 250MG .....	55	ARANESP INJ 10MCG .....	131
ANCOBON CAP 500MG .....	55	ARANESP INJ 150MCG .....	131
ANDRODERM DIS 2MG/24HR .....	24	ARANESP INJ 200MCG .....	131
ANDRODERM DIS 4MG/24HR .....	24	ARANESP INJ 25MCG .....	131
ANDROGEL GEL 1.62% .....	24	ARANESP INJ 300MCG .....	131
ANGELIQ TAB 0.25-0.5 .....	122	ARANESP INJ 40MCG .....	131
ANGELIQ TAB 0.5-1MG .....	122	ARANESP INJ 500MCG .....	131
ANORO ELLIPT AER 62.5-25 .....	33	ARANESP INJ 60MCG .....	131
ANTARA CAP 90MG .....	57	ARAVA TAB 10MG .....	13
ANZEMET TAB 50MG .....	53	ARAVA TAB 20MG .....	13
<i>apomorphine hcl soln cartridge 30 mg/3ml</i> .....	77	<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i> .....	33
APO-VARENICL TAB 0.5MG .....	161	<i>argyle sterile saline</i> .....	128
APO-VARENICL TAB 1MG .....	161	<i>argyle sterile water 100m</i> .....	144
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i> .....	151	ARICEPT TAB 10MG .....	157
<i>aprepitant capsule 125 mg</i> .....	54	ARICEPT TAB 23MG .....	157
<i>aprepitant capsule 40 mg</i> .....	54	ARICEPT TAB 5MG .....	157
		ARIMIDEX TAB 1MG .....	70
		<i>aripiprazole orally disintegrating tab 10 mg</i> .....	83
		<i>aripiprazole orally disintegrating tab 15 mg</i> .....	84
		<i>aripiprazole oral solution 1 mg/ml</i> .....	83
		<i>aripiprazole tab 10 mg</i> .....	84
		<i>aripiprazole tab 15 mg</i> .....	84

<i>aripiprazole tab 20 mg</i> .....	84	<i>aspirin low tab 81mg ec</i> .....	14
<i>aripiprazole tab 2 mg</i> .....	84	<i>aspirin tab delayed release 81 mg</i> .....	14
<i>aripiprazole tab 30 mg</i> .....	84	ASPRUZYO SPR GRA 1000MG.....	27
<i>aripiprazole tab 5 mg</i> .....	84	ASPRUZYO SPR GRA 500MG .....	27
ARIXTRA INJ 10/0.8ML.....	35	ASTAGRAF XL CAP 0.5MG .....	142
ARIXTRA INJ 2.5/0.5 .....	35	ASTAGRAF XL CAP 1MG .....	142
ARIXTRA INJ 5/0.4ML .....	35	ASTAGRAF XL CAP 5MG.....	142
ARIXTRA INJ 7.5/0.6 .....	35	ATABEX EC TAB 29-1MG .....	146
<i>armodafinil tab 150 mg</i> .....	6	ATABEX OB TAB 29-1MG .....	146
<i>armodafinil tab 200 mg</i> .....	6	ATACAND TAB 16MG.....	61
<i>armodafinil tab 250 mg</i> .....	6	ATACAND TAB 32MG .....	61
<i>armodafinil tab 50 mg</i> .....	6	ATACAND TAB 4MG .....	61
ARMONAIR DIG AER 113MCG.....	31	ATACAND TAB 8MG .....	61
ARMONAIR DIG AER 232MCG .....	32	<i>atazanavir sulfat cap 150 mg (base equiv)</i>	
ARMONAIR DIG AER 55MCG.....	31	.....	84
ARMOUR THYRO TAB 120MG .....	168	<i>atazanavir sulfat cap 200 mg (base equiv)</i>	
ARMOUR THYRO TAB 15MG .....	168	.....	84
ARMOUR THYRO TAB 180MG.....	168	<i>atazanavir sulfat cap 300 mg (base equiv)</i>	
ARMOUR THYRO TAB 240MG .....	168	.....	84
ARMOUR THYRO TAB 300MG .....	168	ATELVIA TAB .....	118
ARMOUR THYRO TAB 30MG .....	168	<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> ..	63
ARMOUR THYRO TAB 60MG .....	168	<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> ...	63
ARMOUR THYRO TAB 90MG .....	168	<i>atenolol tab 100 mg</i> .....	89
ARNUITY ELPT INH 100MCG .....	32	<i>atenolol tab 25 mg</i> .....	89
ARNUITY ELPT INH 200MCG.....	32	<i>atenolol tab 50 mg</i> .....	89
ARNUITY ELPT INH 50MCG .....	32	<i>atomoxetine hcl cap 100 mg (base equiv)</i> ..	5
AROMASIN TAB 25MG .....	70	<i>atomoxetine hcl cap 10 mg (base equiv)</i> ....	5
ASACOL HD TAB 800MG.....	126	<i>atomoxetine hcl cap 18 mg (base equiv)</i> .....	5
<i>asenapine maleate sl tab 10 mg (base equiv)</i> .....	81	<i>atomoxetine hcl cap 25 mg (base equiv)</i> ....	5
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i> .....	81	<i>atomoxetine hcl cap 40 mg (base equiv)</i> ....	5
<i>asenapine maleate sl tab 5 mg (base equiv)</i> .....	81	<i>atomoxetine hcl cap 60 mg (base equiv)</i> ....	5
<i>ashlyna</i> .....	99	<i>atomoxetine hcl cap 80 mg (base equiv)</i> ....	5
ASMANEX HFA AER 100 MCG .....	32	ATORVALIQ SUS 20MG/5ML.....	58
ASMANEX HFA AER 200 MCG.....	32	<i>atorvastatin calcium tab 10 mg (base equivalent)</i> .....	58
ASMANEX HFA AER 50MCG.....	32	<i>atorvastatin calcium tab 20 mg (base equivalent)</i> .....	58
<i>aspirin 81 low dose</i> .....	14	<i>atorvastatin calcium tab 40 mg (base equivalent)</i> .....	58
<i>aspirin chew tab 81 mg</i> .....	14	<i>atorvastatin calcium tab 80 mg (base equivalent)</i> .....	58
<i>aspirin childrens</i> .....	14	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	
<i>aspirin chw 81mg</i> .....	14	.....	67
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .....	130		

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>		<i>azelastine hcl nasal spray 0.15% (205.5</i>	
.....	67	<i>mcg/spray)</i> .....	149
<i>atovaquone susp 750 mg/5ml</i> .....	26	<i>azelastine hcl ophth soln 0.05%</i> .....	153
<i>atropine sulfate ophth oint 1%</i> .....	150	AZILECT TAB 0.5MG .....	79
<i>atropine sulfate ophth soln 1%</i> .....	150	AZILECT TAB 1MG.....	79
ATROVENT HFA AER 17MCG .....	31	<i>azithromycin for susp 100 mg/5ml</i> .....	136
AUBAGIO TAB 14MG.....	159	<i>azithromycin for susp 200 mg/5ml</i> .....	136
AUBAGIO TAB 7MG.....	159	<i>azithromycin powd pack for susp 1 gm</i> ...	136
<i>aubra eq</i> .....	99	<i>azithromycin tab 250 mg</i> .....	136
AUGMENTIN SUS 125/5ML.....	156	<i>azithromycin tab 500 mg</i> .....	136
AUGMENTIN TAB 500MG.....	156	<i>azithromycin tab 600 mg</i> .....	136
<i>aurovela 1.5/30</i> .....	99	<i>aztreonam for inj 1 gm</i> .....	27
<i>aurovela 24 fe</i> .....	99	<i>aztreonam for inj 2 gm</i> .....	27
<i>aurovela fe 1/20</i> .....	99	AZULFIDINE TAB 500MG .....	126
AURYXIA TAB 210MG.....	127	AZULFIDINE TAB 500MG EN .....	126
AUSTEDO TAB 12MG .....	159	<i>azurette tab</i> .....	99
AUSTEDO TAB 6MG.....	159	<b>B</b>	
AUSTEDO TAB 9MG.....	159	<i>bacitracin ophth oint 500 unit/gm</i> .....	151
AUSTEDO XR TAB 12MG .....	159	<i>bacitracin-polymyxin b ophth oint</i> .....	151
AUSTEDO XR TAB 24MG.....	159	<i>bacitracin-polymyxin-neomycin-hc ophth</i>	
AUSTEDO XR TAB 6MG.....	159	<i>oint 1%</i> .....	152
AUSTEDO XR TAB TITR KIT .....	159	<i>baclofen oral soln 10 mg/5ml</i> .....	148
AUVELITY TAB 45-105MG.....	43	<i>baclofen oral soln 5 mg/5ml</i> .....	148
AVALIDE TAB 150-12.5 .....	63	<i>baclofen susp 25 mg/5ml</i> .....	148
AVALIDE TAB 300-12.5 .....	63	<i>baclofen tab 10 mg</i> .....	148
AVAPRO TAB 150MG .....	61	<i>baclofen tab 20 mg</i> .....	148
AVAPRO TAB 300MG .....	61	<i>baclofen tab 5 mg</i> .....	148
AVAPRO TAB 75MG .....	61	BACTRIM DS TAB 800-160 .....	26
<i>aviane</i> .....	99	BAFIERTAM CAP 95MG .....	159
<i>avidoxy</i> .....	167	<i>balsalazide disodium cap 750 mg</i> .....	126
AVODART CAP 0.5MG.....	128	BALVERSA TAB 3MG .....	71
AVONEX PEN KIT 30MCG.....	159	BALVERSA TAB 4MG .....	71
AVONEX PREFL KIT 30MCG.....	159	BALVERSA TAB 5MG .....	71
AYVAKIT TAB 100MG.....	71	<i>balziva</i> .....	99
AYVAKIT TAB 200MG .....	71	BANZEL SUS 40MG/ML.....	37
AYVAKIT TAB 300MG .....	71	BANZEL TAB 200MG.....	37
AZASAN .....	143	BANZEL TAB 400MG.....	37
AZASITE SOL 1% .....	151	BAQSIMI ONE POW 3MG/DOSE .....	50
<i>azathioprine tab 50 mg</i> .....	143	BARACLUDE SOL .....	87
<i>azelaic acid gel 15%</i> .....	115	BARACLUDE TAB 0.5MG.....	87
<i>azelastine hcl-fluticasone prop nasal spray</i>		BARACLUDE TAB 1MG .....	87
<i>137-50 mcg/act</i> .....	149	BASAGLAR INJ 100UNIT .....	51
<i>azelastine hcl nasal spray 0.1% (137</i>		BAXDELA TAB 450MG .....	125
<i>mcg/spray)</i> .....	149	<i>bayer chewable low dose</i> .....	14

<i>bayer low dose</i> .....	14	BESIVANCE SUS 0.6%.....	151
BELBUCA MIS 150MCG.....	22	BESREMI SOL 500MCG .....	76
BELBUCA MIS 300MCG.....	22	BETADINE SOL 5% OP .....	151
BELBUCA MIS 450MCG.....	22	<i>betamethasone dipropionate augmented</i>	
BELBUCA MIS 600MCG.....	22	<i>cream 0.05%</i> .....	111
BELBUCA MIS 750MCG.....	22	<i>betamethasone dipropionate augmented</i>	
BELBUCA MIS 75MCG.....	22	<i>gel 0.05%</i> .....	111
BELBUCA MIS 900MCG.....	22	<i>betamethasone dipropionate augmented</i>	
BELSOMRA TAB 10MG .....	135	<i>lotion 0.05%</i> .....	111
BELSOMRA TAB 15MG .....	135	<i>betamethasone dipropionate augmented</i>	
BELSOMRA TAB 20MG.....	135	<i>oint 0.05%</i> .....	111
BELSOMRA TAB 5MG.....	135	<i>betamethasone dipropionate cream 0.05%</i>	
<i>benazepril &amp; hydrochlorothiazide tab 10-</i>		.....	111
<i>12.5 mg</i> .....	64	<i>betamethasone dipropionate lotion 0.05%</i>	
<i>benazepril &amp; hydrochlorothiazide tab 20-</i>		.....	111
<i>12.5 mg</i> .....	64	<i>betamethasone dipropionate oint 0.05%</i> .....	111
<i>benazepril &amp; hydrochlorothiazide tab 20-25</i>		<i>betamethasone valerate aerosol foam</i>	
<i>mg</i> .....	64	<i>0.12%</i> .....	111
BENZAEPRI & HYDROCHLOROTHIAZIDE		<i>betamethasone valerate cream 0.1% (base</i>	
TAB 5-6.25 MG .....	63	<i>equivalent)</i> .....	111
<i>benazepril hcl tab 10 mg</i> .....	59	<i>betamethasone valerate lotion 0.1% (base</i>	
<i>benazepril hcl tab 20 mg</i> .....	59	<i>equivalent)</i> .....	111
<i>benazepril hcl tab 40 mg</i> .....	60	<i>betamethasone valerate oint 0.1% (base</i>	
<i>benazepril hcl tab 5 mg</i> .....	59	<i>equivalent)</i> .....	111
BENICAR HCT TAB 20-12.5 .....	64	BETAPACE AF TAB 120MG.....	90
BENICAR HCT TAB 40-12.5.....	64	BETAPACE AF TAB 160MG .....	90
BENICAR HCT TAB 40-25MG .....	64	BETAPACE AF TAB 80MG.....	90
BENICAR TAB 20MG .....	61	BETAPACE TAB 120MG .....	90
BENICAR TAB 40MG.....	61	BETAPACE TAB 160MG .....	90
BENICAR TAB 5MG .....	61	BETAPACE TAB 80MG.....	90
BENLYSTA INJ 200MG/ML .....	144	BETASERON INJ 0.3MG .....	159
<i>benzepro</i> .....	107	<i>betaxolol hcl ophth soln 0.5%</i> .....	150
BENZNIDAZOLE TAB 100MG .....	25	<i>betaxolol hcl tab 10 mg</i> .....	89
BENZNIDAZOLE TAB 12.5MG.....	25	<i>betaxolol hcl tab 20 mg</i> .....	89
<i>benzonatate cap 100 mg</i> .....	106	<i>bethanechol chloride tab 10 mg</i> .....	175
<i>benzonatate cap 200 mg</i> .....	106	<i>bethanechol chloride tab 25 mg</i> .....	175
<i>benzoyl peroxide-erythromycin gel 5-3%</i>		<i>bethanechol chloride tab 50 mg</i> .....	175
.....	107	<i>bethanechol chloride tab 5 mg</i> .....	175
<i>benzphetamine hcl tab 50 mg</i> .....	4	BETHKIS NEB 300/4ML .....	10
<i>benztropine mesylate tab 0.5 mg</i> .....	76	BETIMOL SOL 0.25%.....	150
<i>benztropine mesylate tab 1 mg</i> .....	76	BETIMOL SOL 0.5% .....	150
<i>benztropine mesylate tab 2 mg</i> .....	76	BETOPTIC-S SUS 0.25% OP .....	150
<i>bepotastine besilate ophth soln 1.5%</i> .....	153	BEVESPI AER 9-4.8MCG .....	33
BEPREVE DRO 1.5% .....	153	<i>bexarotene cap 75 mg</i> .....	76

<i>bexarotene gel 1%</i> .....	109	<i>brinzolamide ophth susp 1%</i> .....	153
BEYAZ TAB .....	99	BRIVIACT SOL 10MG/ML.....	37
<i>bicalutamide tab 50 mg</i> .....	70	BRIVIACT TAB 100MG.....	37
BIDIL TAB .....	95	BRIVIACT TAB 10MG .....	37
BIJUVA CAP 0.5-100 .....	122	BRIVIACT TAB 25MG.....	37
BIJUVA CAP 1-100MG.....	122	BRIVIACT TAB 50MG .....	37
BIKTARVY TAB.....	84	BRIVIACT TAB 75MG.....	37
BILTRICIDE TAB 600MG.....	25	<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i> .....	153
<i>bimatoprost ophth soln 0.03%</i> .....	154	<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i> .....	153
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i> .....	173	<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> .....	153
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> .....	64	<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> .....	77
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> .....	64	BROMSITE DRO 0.075% .....	153
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....	64	BRONCHITOL CAP 40MG.....	166
<i>bisoprolol fumarate tab 10 mg</i> .....	89	BROVANA NEB 15MCG .....	33
<i>bisoprolol fumarate tab 5 mg</i> .....	89	BRUKINSA CAP 80MG.....	71
BONJESTA TAB 20-20MG.....	54	<i>budesonide delayed release particles cap 3 mg</i> .....	104
BOSULIF CAP 100MG.....	71	<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> .....	33
BOSULIF CAP 50MG .....	71	<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> .....	33
BOSULIF TAB 100MG .....	71	<i>budesonide inhalation susp 0.25 mg/2ml</i> 32	
BOSULIF TAB 400MG .....	71	<i>budesonide inhalation susp 0.5 mg/2ml</i> ...32	
BOSULIF TAB 500MG .....	71	<i>budesonide inhalation susp 1 mg/2ml</i> .....32	
<i>bp 10-1</i> .....	107	<i>budesonide rectal foam 2 mg/act</i> .....	25
<i>bp cleansing wash</i> .....	107	<i>budesonide tab er 24hr 9 mg</i> .....	104
BRAFTOVI CAP 75MG.....	71	<i>bumetanide tab 0.5 mg</i> .....	117
BREO ELLIPTA INH 100-25 .....	33	<i>bumetanide tab 1 mg</i> .....	117
BREO ELLIPTA INH 200-25 .....	33	<i>bumetanide tab 2 mg</i> .....	117
BREO ELLIPTA INH 50-25MCG.....	33	BUPRENEX INJ 0.3MG/ML.....	22
<i>breyna aer 160/4.5</i> .....	33	<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i> .....	22
<i>breyna aer 80/4.5</i> .....	33	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> .....	22
BREZTRI AERO AER SPHERE .....	33	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> .....	22
<i>briellyn</i> .....	99	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> .....	22
BRILINTA TAB 60MG.....	130	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> .....	22
BRILINTA TAB 90MG.....	130		
<i>brimonidine tartrate gel 0.33% (base equivalent)</i> .....	115		
<i>brimonidine tartrate ophth soln 0.1%</i> .....	151		
<i>brimonidine tartrate ophth soln 0.15%</i> .....	151		
<i>brimonidine tartrate ophth soln 0.2%</i> .....	151		
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> .....	150		

<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> .....	22
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> .....	22
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i> .....	22
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i> .....	22
<i>buprenorphine td patch weekly 10 mcg/hr</i> .....	22
<i>buprenorphine td patch weekly 15 mcg/hr</i> .....	23
<i>buprenorphine td patch weekly 20 mcg/hr</i> .....	23
<i>buprenorphine td patch weekly 5 mcg/hr</i> .....	22
<i>buprenorphine td patch weekly 7.5 mcg/hr</i> .....	22
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> .....	161
<i>bupropion hcl tab 100 mg</i> .....	43
<i>bupropion hcl tab 75 mg</i> .....	43
<i>bupropion hcl tab er 12hr 100 mg</i> .....	43
<i>bupropion hcl tab er 12hr 150 mg</i> .....	43
<i>bupropion hcl tab er 12hr 200 mg</i> .....	44
<i>bupropion hcl tab er 24hr 150 mg</i> .....	44
<i>bupropion hcl tab er 24hr 300 mg</i> .....	44
<i>bupirone hcl tab 10 mg</i> .....	28
<i>bupirone hcl tab 15 mg</i> .....	28
<i>bupirone hcl tab 5 mg</i> .....	28
<i>bupirone hcl tab 7.5 mg</i> .....	28
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> .....	14
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> .....	14
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> .....	21
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> .....	21
<i>butalbital-acetaminophen tab 50-300 mg</i> .....	14
<i>butalbital-acetaminophen tab 50-325 mg</i> .....	14
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> .....	14
<i>butorphanol tartrate nasal soln 10 mg/ml</i> .....	23
<b>BUTRANS DIS 10MCG/HR</b> .....	23

<b>BUTRANS DIS 15MCG/HR</b> .....	23
<b>BUTRANS DIS 20MCG/HR</b> .....	23
<b>BUTRANS DIS 5MCG/HR</b> .....	23
<b>BUTRANS DIS 7.5/HR</b> .....	23
<b>BYLVAY CAP 1200MCG</b> .....	126
<b>BYLVAY CAP 200MCG</b> .....	126
<b>BYLVAY CAP 400MCG</b> .....	126
<b>BYLVAY CAP 600MCG</b> .....	126
<b>BYSTOLIC TAB 10MG</b> .....	90
<b>BYSTOLIC TAB 2.5MG</b> .....	89
<b>BYSTOLIC TAB 20MG</b> .....	90
<b>BYSTOLIC TAB 5MG</b> .....	89
<b>C</b>	
<i>cabergoline tab 0.5 mg</i> .....	122
<b>CABOMETYX TAB 20MG</b> .....	72
<b>CABOMETYX TAB 40MG</b> .....	72
<b>CABOMETYX TAB 60MG</b> .....	72
<b>CADUET TAB 10-10MG</b> .....	95
<b>CADUET TAB 10-20MG</b> .....	95
<b>CADUET TAB 10-40MG</b> .....	95
<b>CADUET TAB 10-80MG</b> .....	95
<b>CADUET TAB 5-10MG</b> .....	95
<b>CADUET TAB 5-20MG</b> .....	95
<b>CADUET TAB 5-40MG</b> .....	95
<b>CADUET TAB 5-80MG</b> .....	95
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i> .....	3
<i>calcipotriene cream 0.005%</i> .....	110
<i>calcipotriene oint 0.005%</i> .....	110
<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .....	110
<i>calcitonin (salmon) nasal soln 200 unit/act</i> .....	118
<i>calcitrene</i> .....	110
<i>calcitriol cap 0.25 mcg</i> .....	120
<i>calcitriol cap 0.5 mcg</i> .....	120
<i>calcitriol oint 3 mcg/gm</i> .....	110
<i>calcitriol oral soln 1 mcg/ml</i> .....	120
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> .....	127
<i>calcium acetate (phosphate binder) tab 667 mg</i> .....	127
<b>CALQUENCE TAB 100MG</b> .....	72
<b>CAMBIA POW 50MG</b> .....	138
<i>camila tab 0.35mg</i> .....	104

<i>camrese</i> .....	100
<i>camrese lo</i> .....	100
CAMZYOS CAP 10MG .....	94
CAMZYOS CAP 15MG .....	94
CAMZYOS CAP 2.5MG.....	94
CAMZYOS CAP 5MG.....	94
CANASA SUP 1000MG .....	126
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 16-12.5 mg</i> .....	64
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 32-12.5 mg</i> .....	64
<i>candesartan cilexetil-hydrochlorothiazide</i> <i>tab 32-25 mg</i> .....	64
<i>candesartan cilexetil tab 16 mg</i> .....	61
<i>candesartan cilexetil tab 32 mg</i> .....	61
<i>candesartan cilexetil tab 4 mg</i> .....	61
<i>candesartan cilexetil tab 8 mg</i> .....	61
<i>capecitabine tab 150 mg</i> .....	68
<i>capecitabine tab 500 mg</i> .....	68
CAPLYTA CAP 10.5MG .....	79
CAPLYTA CAP 21MG.....	79
CAPLYTA CAP 42MG .....	79
CAPRELSA TAB 100MG .....	72
CAPRELSA TAB 300MG.....	72
<i>captopril tab 100 mg</i> .....	60
<i>captopril tab 12.5 mg</i> .....	60
<i>captopril tab 25 mg</i> .....	60
<i>captopril tab 50 mg</i> .....	60
CARAFATE SUS 1GM/10ML .....	171
CARAFATE TAB 1GM .....	171
CARBAGLU TAB 200MG .....	120
<i>carbamazepine cap er 12hr 100 mg</i> .....	37
<i>carbamazepine cap er 12hr 200 mg</i> .....	37
<i>carbamazepine cap er 12hr 300 mg</i> .....	37
<i>carbamazepine chew tab 100 mg</i> .....	37
<i>carbamazepine susp 100 mg/5ml</i> .....	37
<i>carbamazepine tab 200 mg</i> .....	38
<i>carbamazepine tab er 12hr 100 mg</i> .....	38
<i>carbamazepine tab er 12hr 200 mg</i> .....	38
<i>carbamazepine tab er 12hr 400 mg</i> .....	38
CARBATROL CAP 100MG.....	38
CARBATROL CAP 200MG.....	38
CARBATROL CAP 300MG.....	38

CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG .....	77
CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG.....	77
CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG .....	77
<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....	77
<i>carbidopa &amp; levodopa tab 25-100 mg</i> .....	77
<i>carbidopa &amp; levodopa tab 25-250 mg</i> .....	77
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> ..77	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> ..77	
<i>carbidopa-levodopa-entacapone tabs 12.5- 50-200 mg</i> .....	77
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	77
<i>carbidopa-levodopa-entacapone tabs 25- 100-200 mg</i> .....	77
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	77
<i>carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg</i> .....	77
<i>carbidopa-levodopa-entacapone tabs 50- 200-200 mg</i> .....	77
<i>carbidopa tab 25 mg</i> .....	76
<i>carbinoxamine maleate soln 4 mg/5ml</i> ....	56
<i>carbinoxamine maleate tab 4 mg</i> .....	56
CARDIZEM CD CAP 120MG/24 .....	91
CARDIZEM CD CAP 180MG/24 .....	91
CARDIZEM CD CAP 240MG/24 .....	91
CARDIZEM CD CAP 300MG/24 .....	91
CARDIZEM LA TAB 120MG.....	91
CARDIZEM LA TAB 180MG.....	91
CARDIZEM LA TAB 240MG.....	91
CARDIZEM LA TAB 300MG/24 .....	91
CARDIZEM LA TAB 360MG.....	91
CARDIZEM LA TAB 420MG/24 .....	91
CARDURA TAB 1MG.....	62
CARDURA TAB 2MG.....	62
CARDURA TAB 4MG.....	62
CARDURA TAB 8MG.....	62
CARDURA XL TAB 4MG.....	128
CARDURA XL TAB 8MG.....	128
<i>carglumic acid soluble tab 200 mg</i> .....	120
<i>carisoprodol tab 250 mg</i> .....	148



<i>carisoprodol tab 350 mg</i> .....	148	<i>cefpodoxime proxetil for susp 50 mg/5ml</i> .....	98
CARNITOR SF SOL 1GM/10ML .....	120	<i>cefpodoxime proxetil tab 100 mg</i> .....	99
CARNITOR SOL 1GM/10ML .....	120	<i>cefpodoxime proxetil tab 200 mg</i> .....	99
CARNITOR TAB 330MG .....	120	<i>cefprozil for susp 125 mg/5ml</i> .....	98
<i>carteolol hcl ophth soln 1%</i> .....	150	<i>cefprozil for susp 250 mg/5ml</i> .....	98
<i>cartia xt</i> .....	91	<i>cefprozil tab 250 mg</i> .....	98
<i>carvedilol phosphate cap er 24hr 10 mg</i> ..	89	<i>cefprozil tab 500 mg</i> .....	98
<i>carvedilol phosphate cap er 24hr 20 mg</i> ..	89	<i>ceftazidime for inj 1 gm</i> .....	99
<i>carvedilol phosphate cap er 24hr 40 mg</i> ..	89	<i>ceftazidime for inj 6 gm</i> .....	99
<i>carvedilol phosphate cap er 24hr 80 mg</i> ..	89	<i>ceftazidime for iv soln 2 gm</i> .....	99
<i>carvedilol tab 12.5 mg</i> .....	89	<i>ceftriaxone sodium for inj 10 gm</i> .....	99
<i>carvedilol tab 25 mg</i> .....	89	<i>ceftriaxone sodium for inj 1 gm</i> .....	99
<i>carvedilol tab 3.125 mg</i> .....	89	<i>ceftriaxone sodium for inj 250 mg</i> .....	99
<i>carvedilol tab 6.25 mg</i> .....	89	<i>ceftriaxone sodium for inj 2 gm</i> .....	99
CASODEX TAB 50MG .....	70	<i>ceftriaxone sodium for inj 500 mg</i> .....	99
CAVERJECT IM KIT 10MCG.....	95	<i>ceftriaxone sodium for iv soln 1 gm</i> .....	99
CAVERJECT INJ 40MCG .....	95	<i>ceftriaxone sodium for iv soln 2 gm</i> .....	99
CAVERJECT KIT 20MCG .....	95	<i>cefuroxime axetil tab 250 mg</i> .....	98
CAYSTON INH 75MG.....	27	<i>cefuroxime axetil tab 500 mg</i> .....	98
<i>cefaclor cap 250 mg</i> .....	98	CELEBREX CAP 100MG .....	12
<i>cefaclor cap 500 mg</i> .....	98	CELEBREX CAP 200MG.....	12
CEFACLOR ER TAB 500MG .....	98	CELEBREX CAP 400MG .....	12
<i>cefaclor for susp 125 mg/5ml</i> .....	98	CELEBREX CAP 50MG.....	12
<i>cefaclor for susp 250 mg/5ml</i> .....	98	<i>celecoxib cap 100 mg</i> .....	12
<i>cefaclor for susp 375 mg/5ml</i> .....	98	<i>celecoxib cap 200 mg</i> .....	12
<i>cefadroxil cap 500 mg</i> .....	98	<i>celecoxib cap 400 mg</i> .....	12
<i>cefadroxil for susp 250 mg/5ml</i> .....	98	<i>celecoxib cap 50 mg</i> .....	12
<i>cefadroxil for susp 500 mg/5ml</i> .....	98	CELEXA TAB 10MG.....	44
<i>cefadroxil tab 1 gm</i> .....	98	CELEXA TAB 20MG .....	44
<i>cefazolin sodium for inj 10 gm</i> .....	98	CELEXA TAB 40MG .....	44
<i>cefazolin sodium for inj 1 gm</i> .....	98	CELLCEPT CAP 250MG.....	143
<i>cefazolin sodium for inj 2 gm</i> .....	98	CELLCEPT SUS 200MG/ML .....	143
<i>cefazolin sodium for inj 3 gm</i> .....	98	CELLCEPT TAB 500MG.....	143
<i>cefazolin sodium for inj 500 mg</i> .....	98	CELONTIN CAP 300MG.....	43
<i>cefdinir cap 300 mg</i> .....	98	CEM-UREA SOL 45%.....	113
<i>cefdinir for susp 125 mg/5ml</i> .....	98	<i>cephalexin cap 250 mg</i> .....	98
<i>cefdinir for susp 250 mg/5ml</i> .....	98	<i>cephalexin cap 500 mg</i> .....	98
<i>cefepime hcl for inj 1 gm</i> .....	99	<i>cephalexin cap 750 mg</i> .....	98
<i>cefepime hcl for iv soln 2 gm</i> .....	99	<i>cephalexin for susp 125 mg/5ml</i> .....	98
<i>cefixime for susp 100 mg/5ml</i> .....	98	<i>cephalexin for susp 250 mg/5ml</i> .....	98
<i>cefixime for susp 200 mg/5ml</i> .....	98	CERDELGA CAP 84MG.....	130
<i>cefpodoxime proxetil for susp 100 mg/5ml</i> .....	98	<i>cerovel</i> .....	113
		CETRAXAL SOL 0.2% .....	154

CETROTIDE KIT 0.25MG .....	119	<i>cinacalcet hcl tab 60 mg (base equiv)</i> .....	120
<i>cevimeline hcl cap 30 mg</i> .....	145	<i>cinacalcet hcl tab 90 mg (base equiv)</i> .....	120
<i>chateal eq</i> .....	100	CIPRO (10%) SUS 500MG/5 .....	125
CHEMET CAP 100MG.....	52	CIPRO (5%) SUS 250MG/5 .....	125
CHENODAL TAB 250MG.....	125	<i>ciprofloxacin-dexamethasone otic susp</i> <i>0.3-0.1%</i> .....	154
<i>child asa chw 81mg</i> .....	14	<i>ciprofloxacin-fluocinolone acetone (pf) otic</i> <i>soln 0.3-0.025%</i> .....	155
<i>chlordiazepoxide-amitriptyline tab 10-25</i> <i>mg</i> .....	158	<i>ciprofloxacin hcl ophth soln 0.3% (base</i> <i>equivalent)</i> .....	151
<i>chlordiazepoxide-amitriptyline tab 5-12.5</i> <i>mg</i> .....	158	<i>ciprofloxacin hcl otic soln 0.2% (base</i> <i>equivalent)</i> .....	154
<i>chlordiazepoxide hcl cap 10 mg</i> .....	29	<i>ciprofloxacin hcl tab 100 mg (base equiv)</i> .....	125
<i>chlordiazepoxide hcl cap 25 mg</i> .....	29	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> .....	125
<i>chlordiazepoxide hcl cap 5 mg</i> .....	29	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> .....	125
<i>chlorhexidine gluconate soln 0.12%</i> .....	145	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i> .....	125
<i>chloroquine phosphate tab 250 mg</i> .....	67	<i>citalopram hydrobromide oral soln 10</i> <i>mg/5ml</i> .....	44
<i>chloroquine phosphate tab 500 mg</i> .....	67	<i>citalopram hydrobromide tab 10 mg (base</i> <i>equiv)</i> .....	44
<i>chlorpromazine hcl tab 10 mg</i> .....	83	<i>citalopram hydrobromide tab 20 mg (base</i> <i>equiv)</i> .....	44
<i>chlorthalidone tab 25 mg</i> .....	117	<i>citalopram hydrobromide tab 40 mg (base</i> <i>equiv)</i> .....	44
<i>chlorthalidone tab 50 mg</i> .....	117	CITRANATAL CAP HARMONY .....	146
<i>chlorzoxazone tab 500 mg</i> .....	148	CITRANATAL MIS 90 DHA.....	146
<i>cholestyramine powder packets 4 gm</i> .....	57	CITRANATAL MIS B-CALM.....	146
<i>choline fenofibrate cap dr 135 mg</i> <i>(fenofibric acid equiv)</i> .....	57	CITRANATAL PAK ASSURE .....	146
<i>choline fenofibrate cap dr 45 mg (fenofibric</i> <i>acid equiv)</i> .....	57	CITRANATAL PAK DHA.....	146
CHOR GONADOT INJ 10000UNT .....	118	CITRANATAL TAB BLOOM .....	146
<i>ciclodan</i> .....	108	<i>claravis</i> .....	107
<i>ciclopirox gel 0.77%</i> .....	108	<i>claravis cap 20mg</i> .....	107
<i>ciclopirox olamine cream 0.77% (base</i> <i>equiv)</i> .....	109	CLARINEX TAB 5MG .....	56
<i>ciclopirox olamine susp 0.77% (base equiv)</i> .....	109	<i>clarithromycin for susp 125 mg/5ml</i> .....	136
<i>ciclopirox shampoo 1%</i> .....	109	<i>clarithromycin for susp 250 mg/5ml</i> .....	136
<i>ciclopirox solution 8%</i> .....	109	<i>clarithromycin tab 250 mg</i> .....	136
<i>cilostazol tab 100 mg</i> .....	130	<i>clarithromycin tab 500 mg</i> .....	136
<i>cilostazol tab 50 mg</i> .....	130	<i>clarithromycin tab er 24hr 500 mg</i> .....	136
CILOXAN OIN 0.3% OP .....	151	<i>clemastine fumarate tab 2.68 mg</i> .....	56
CIMDUO TAB 300-300 .....	84	CLEOCIN CRE 2% VAG.....	175
<i>cimetidine hcl soln 300 mg/5ml</i> .....	171		
<i>cimetidine tab 200 mg</i> .....	171		
<i>cimetidine tab 300 mg</i> .....	171		
<i>cimetidine tab 400 mg</i> .....	171		
<i>cimetidine tab 800 mg</i> .....	171		
<i>cinacalcet hcl tab 30 mg (base equiv)</i> .....	120		

CLEOCIN SUP 100MG.....	175	<i>clonazepam orally disintegrating tab 0.25 mg</i> .....	36
CLEOCIN-T LOT 1% .....	107	<i>clonazepam orally disintegrating tab 0.5 mg</i> .....	36
CLIMARA DIS 0.025MG.....	123	<i>clonazepam orally disintegrating tab 1 mg</i> .....	36
CLIMARA DIS 0.0375MG.....	123	<i>clonazepam orally disintegrating tab 2 mg</i> .....	36
CLIMARA DIS 0.05MG .....	123	<i>clonazepam tab 0.5 mg</i> .....	37
CLIMARA DIS 0.06MG .....	123	<i>clonazepam tab 1 mg</i> .....	37
CLIMARA DIS 0.075MG.....	123	<i>clonazepam tab 2 mg</i> .....	37
CLIMARA DIS 0.1MG .....	123	<i>clonidine hcl tab 0.1 mg</i> .....	62
CLIMARA PRO DIS WEEKLY .....	123	<i>clonidine hcl tab 0.2 mg</i> .....	62
<i>clindacin etz pledgets</i> .....	107	<i>clonidine hcl tab 0.3 mg</i> .....	62
<i>clindacin-p</i> .....	107	<i>clonidine hcl tab er 12hr 0.1 mg</i> .....	5
<i>clindamycin hcl cap 150 mg</i> .....	27	<i>clonidine td patch weekly 0.1 mg/24hr</i> ....	62
<i>clindamycin hcl cap 300 mg</i> .....	27	<i>clonidine td patch weekly 0.2 mg/24hr</i> ....	62
<i>clindamycin hcl cap 75 mg</i> .....	27	<i>clonidine td patch weekly 0.3 mg/24hr</i> ....	62
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> .....	27	<i>clopidogrel bisulfate tab 300 mg (base equiv)</i> .....	130
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> .....	107	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> .....	130
<i>clindamycin phosphate gel 1%</i> .....	107	<i>clorazepate dipotassium tab 15 mg</i> .....	29
<i>clindamycin phosphate lotion 1%</i> .....	107	<i>clorazepate dipotassium tab 3.75 mg</i> .....	29
<i>clindamycin phosphate soln 1%</i> .....	107	<i>clorazepate dipotassium tab 7.5 mg</i> .....	29
<i>clindamycin phosphate swab 1%</i> .....	107	<i>clotrimazole troche 10 mg</i> .....	144
<i>clindamycin phosphate vaginal cream 2%</i> .....	175	<i>clotrimazole w/ betamethasone cream 1-0.05%</i> .....	109
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> .....	107	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> .....	109
CLINDESSE CRE 2%.....	175	<i>clozapine orally disintegrating tab 100 mg</i> 81	
<i>clinpro 5000</i> .....	145	<i>clozapine orally disintegrating tab 12.5 mg</i> .....	81
<i>clobazam suspension 2.5 mg/ml</i> .....	36	<i>clozapine orally disintegrating tab 150 mg</i> 81	
<i>clobazam tab 10 mg</i> .....	36	<i>clozapine orally disintegrating tab 200 mg</i> .....	81
<i>clobazam tab 20 mg</i> .....	36	<i>clozapine orally disintegrating tab 25 mg</i> ..	81
<i>clobetasol propionate cream 0.05%</i> .....	111	<i>clozapine tab 100 mg</i> .....	81
<i>clobetasol propionate emo</i> .....	111	<i>clozapine tab 200 mg</i> .....	81
<i>clobetasol propionate gel 0.05%</i> .....	111	<i>clozapine tab 25 mg</i> .....	81
<i>clobetasol propionate lotion 0.05%</i> .....	112	<i>clozapine tab 50 mg</i> .....	81
<i>clobetasol propionate oint 0.05%</i> .....	112	CLOZARIL TAB 100MG .....	81
<i>clobetasol propionate soln 0.05%</i> .....	112	CLOZARIL TAB 25MG .....	81
<i>clomid tab 50mg</i> .....	118	C-NATE DHA CAP 28-1-200 .....	146
<i>clomipramine hcl cap 25 mg</i> .....	47		
<i>clomipramine hcl cap 50 mg</i> .....	47		
<i>clomipramine hcl cap 75 mg</i> .....	47		
<i>clonazepam orally disintegrating tab 0.125 mg</i> .....	36		

COARTEM TAB 20-120MG .....	67	COPAXONE INJ 20MG/ML.....	159
<i>codeine sulfate tab 30 mg</i> .....	15	COPAXONE INJ 40MG/ML.....	159
CODEINE SULF TAB 60MG .....	15	COPIKTRA CAP 15MG .....	72
COLAZAL CAP 750MG .....	126	COPIKTRA CAP 25MG.....	72
<i>colchicine cap 0.6 mg</i> .....	129	COREG CR CAP 10MG.....	89
<i>colchicine tab 0.6 mg</i> .....	129	COREG CR CAP 20MG.....	89
<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	129	COREG CR CAP 40MG.....	89
COLCRYS TAB 0.6MG .....	129	COREG CR CAP 80MG.....	89
<i>colesevelam hcl packet for susp 3.75 gm</i> .....	57	CORGARD TAB 20MG.....	90
<i>colesevelam hcl tab 625 mg</i> .....	57	CORGARD TAB 40MG .....	90
COLESTID FLA GRA 5/7.5GM .....	57	CORLANOR TAB 5MG.....	97
COLESTID FLA GRA 5GM .....	57	CORLANOR TAB 7.5MG.....	97
COLESTID GRA 5GM .....	57	CORTEF TAB 10MG.....	104
COLESTID POW 5GM .....	57	CORTEF TAB 20MG .....	104
COLESTID TAB 1GM .....	57	CORTEF TAB 5MG.....	104
<i>colestipol hcl granule packets 5 gm</i> .....	57	CORTENEMA ENE 100MG .....	25
<i>colestipol hcl granules 5 gm</i> .....	57	CORTIFOAM AER 90MG .....	25
<i>colestipol hcl tab 1 gm</i> .....	57	CORTISPORIN SUS -TC OTIC .....	155
COMBIGAN SOL 0.2/0.5% .....	150	COSENTYX INJ 150MG/ML.....	110
COMBIPATCH DIS.....	123	COSENTYX INJ 300DOSE .....	110
COMBIVENT AER 20-100.....	33	COSENTYX INJ 75MG/0.5.....	110
COMBIVIR TAB 150-300 .....	84	COSENTYX PEN INJ 150MG/ML .....	110
COMETRIQ KIT 100MG.....	72	COSENTYX PEN INJ 300DOSE.....	110
COMETRIQ KIT 140MG.....	72	COSENTYX UNO INJ 300/2ML.....	110
COMETRIQ KIT 60MG .....	72	COSOPT PF SOL 2%-0.5% .....	150
COMPLERA TAB .....	84	COSOPT SOL 2-0.5%OP .....	150
COMPLETENATE CHW .....	146	COTELLIC TAB 20MG.....	72
COMPLETE NAT PAK DHA .....	146	COZAAR TAB 100MG .....	61
<i>compro</i> .....	83	COZAAR TAB 25MG .....	61
COMTAN TAB 200MG.....	77	COZAAR TAB 50MG.....	61
CO-NATAL FA TAB 29-1MG.....	146	CREON CAP 12000UNT .....	116
CONCEPT DHA CAP .....	146	CREON CAP 24000UNT.....	116
CONCEPT OB CAP .....	146	CREON CAP 3000UNIT.....	115
CONCERTA TAB 18MG.....	6	CREON CAP 36000UNT.....	116
CONCERTA TAB 27MG .....	6	CREON CAP 6000UNIT.....	115
CONCERTA TAB 36MG .....	6	CRESEMBA CAP 186 MG .....	55
CONCERTA TAB 54MG .....	6	CRESEMBA CAP 74.5MG .....	55
CONDYLOX GEL 0.5% .....	114	CRESTOR TAB 10MG.....	58
<i>constulose</i> .....	136	CRESTOR TAB 20MG .....	58
CONTRAVE TAB 8-90MG .....	4	CRESTOR TAB 40MG .....	58
CONZIP CAP 100MG .....	15	CRESTOR TAB 5MG .....	58
CONZIP CAP 200MG .....	15	CRINONE GEL 8% VAG .....	176
CONZIP CAP 300MG .....	15	<i>cromolyn sodium ophth soln 4%</i> .....	154
		<i>cromolyn sodium oral conc 100 mg/5ml</i> .....	125

<i>cromolyn sodium soln nebu 20 mg/2ml</i> ...30	<i>cytarabine inj pf 20 mg/ml</i> .....69
<i>crotan</i> .....115	CYTOMEL TAB 25MCG .....168
<i>cryselle-28</i> .....100	CYTOMEL TAB 50MCG .....168
CUPRIMINE CAP 250MG.....142	CYTOMEL TAB 5MCG .....168
<i>curity sterile saline</i> .....128	CYTOTEC TAB 100MCG .....173
CUVPOSA SOL 1MG/5ML .....170	CYTOTEC TAB 200MCG.....173
CUVRIOR TAB 300MG .....142	<b>D</b>
<i>cvs aspirin adult low str</i> .....14	<i>dalfampridine tab er 12hr 10 mg</i> .....159
<i>cvs aspirin low dose</i> .....14	DALIRESP TAB 250MCG .....31
<i>cvs nicotine</i> .....161	DALIRESP TAB 500MCG .....31
<i>cvs nicotine loz 4mg mint</i> .....161	<i>danazol cap 100 mg</i> .....24
<i>cvs nicotine polacrilex</i> .....161	<i>danazol cap 200 mg</i> .....24
<i>cvs nicotine transdermal</i> .....161	<i>danazol cap 50 mg</i> .....24
<i>cyanocobalamin inj 1000 mcg/ml</i> .....131	DANTRIUM CAP 25MG.....149
<i>cyclobenzaprine hcl tab 10 mg</i> .....148	<i>dantrolene sodium cap 100 mg</i> .....149
<i>cyclobenzaprine hcl tab 5 mg</i> .....148	<i>dantrolene sodium cap 25 mg</i> .....149
CYCLOGYL SOL 0.5% OP .....150	<i>dantrolene sodium cap 50 mg</i> .....149
CYCLOGYL SOL 1% OP .....151	<i>dapsone gel 5%</i> .....107
CYCLOGYL SOL 2% OP .....151	<i>dapsone tab 100 mg</i> .....27
<i>cyclophosphamide cap 25 mg</i> .....68	<i>dapsone tab 25 mg</i> .....27
<i>cyclophosphamide cap 50 mg</i> .....68	<i>darifenacin hydrobromide tab er 24hr 15</i>
<i>cyclophosphamide for inj 1 gm</i> .....68	<i>mg (base equiv)</i> .....174
<i>cyclophosphamide for inj 2 gm</i> .....68	<i>darifenacin hydrobromide tab er 24hr 7.5</i>
<i>cyclophosphamide for inj 500 mg</i> .....68	<i>mg (base equiv)</i> .....174
<i>cycloserine cap 250 mg</i> .....68	<i>darunavir tab 600 mg</i> .....84
CYCLOSET TAB 0.8MG.....50	<i>darunavir tab 800 mg</i> .....84
<i>cyclosporine (ophth) emulsion 0.05%</i> ....152	<i>dasetta 1/35</i> .....100
<i>cyclosporine cap 25 mg</i> .....143	<i>dasetta 7/7/7</i> .....100
<i>cyclosporine modified cap 100 mg</i> .....143	DAURISMO TAB 100MG.....70
<i>cyclosporine modified cap 50 mg</i> .....143	DAURISMO TAB 25MG.....69
<i>cyclosporine modified oral soln 100 mg/ml</i>	DAYBUE SOL 200MG/ML .....150
.....143	DAYPRO TAB 600MG .....12
CYMBALTA CAP 20MG .....46	<i>daysee</i> .....100
CYMBALTA CAP 30MG .....46	DAYTRANA DIS 10MG/9HR.....6
CYMBALTA CAP 60MG .....46	DAYTRANA DIS 15MG/9HR.....6
<i>cyproheptadine hcl syrup 2 mg/5ml</i> .....56	DAYTRANA DIS 20MG/9HR .....6
<i>cyproheptadine hcl tab 4 mg</i> .....56	DAYTRANA DIS 30MG/9HR.....6
<i>cyred</i> .....100	DAYVIGO TAB 10MG .....135
<i>cyred eq</i> .....100	DAYVIGO TAB 5MG.....135
CYSTADROPS SOL 0.37% .....154	DDAVP INJ 4MCG/ML .....121
CYSTAGON CAP 150MG .....128	DDAVP TAB 0.1MG.....121
CYSTAGON CAP 50MG.....128	DDAVP TAB 0.2MG .....121
<i>cytarabine inj 20 mg/ml</i> .....69	DEBACTEROL SOL 30-50%.....145
<i>cytarabine inj pf 100 mg/ml</i> .....69	<i>deblitane</i> .....104

<i>deferasirox granules packet 180 mg</i> .....	52	<i>desipramine hcl tab 150 mg</i> .....	48
<i>deferasirox granules packet 360 mg</i> .....	52	<i>desipramine hcl tab 25 mg</i> .....	47
<i>deferasirox granules packet 90 mg</i> .....	52	<i>desipramine hcl tab 50 mg</i> .....	48
<i>deferasirox tab 180 mg</i> .....	52	<i>desipramine hcl tab 75 mg</i> .....	48
<i>deferasirox tab 360 mg</i> .....	53	<i>desloratadine tab 5 mg</i> .....	56
<i>deferasirox tab 90 mg</i> .....	52	<i>desmopressin acetate inj 4 mcg/ml</i> .....	121
<i>deferasirox tab for oral susp 125 mg</i> .....	53	<i>desmopressin acetate nasal spray soln</i>	
<i>deferasirox tab for oral susp 250 mg</i> .....	53	0.01% .....	121
<i>deferasirox tab for oral susp 500 mg</i> .....	53	<i>desmopressin acetate nasal spray soln</i>	
<i>deferiprone tab 1000 mg</i> .....	53	0.01% (refrigerated) .....	122
<i>deferiprone tab 500 mg</i> .....	53	<i>desmopressin acetate tab 0.1 mg</i> .....	122
<i>deflazacort tab 18 mg</i> .....	104	<i>desmopressin acetate tab 0.2 mg</i> .....	122
<i>deflazacort tab 30 mg</i> .....	104	DESMOPRESSIN SOL 1.5MG/ML .....	122
<i>deflazacort tab 36 mg</i> .....	104	<i>desogest-eth estrad &amp; eth estrad tab 0.15-</i>	
<i>deflazacort tab 6 mg</i> .....	104	0.02/0.01 mg(21/5) .....	100
DELSTRIGO TAB .....	84	<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-</i>	
<i>delyla</i> .....	100	30 mcg .....	100
<i>demeclocycline hcl tab 150 mg</i> .....	167	<i>desonide cream 0.05%</i> .....	112
<i>demeclocycline hcl tab 300 mg</i> .....	167	<i>desonide lotion 0.05%</i> .....	112
DEMEROL INJ 100MG/ML .....	15	<i>desonide oint 0.05%</i> .....	112
DEMEROL INJ 75MG/ML .....	15	DESOWEN CRE 0.05% .....	112
DEMSER CAP 250MG .....	61	<i>desoximetasone cream 0.05%</i> .....	112
DENAVIR CRE 1% .....	111	<i>desoximetasone cream 0.25%</i> .....	112
<i>denta 5000 plus</i> .....	145	<i>desoximetasone gel 0.05%</i> .....	112
<i>dentagel</i> .....	145	<i>desoximetasone oint 0.05%</i> .....	112
DEPAKOTE ER TAB 250MG.....	43	<i>desoximetasone oint 0.25%</i> .....	112
DEPAKOTE ER TAB 500MG .....	43	<i>desoximetasone spray 0.25%</i> .....	112
DEPAKOTE SPR CAP 125MG.....	43	<i>desvenlafaxine succinate tab er 24hr 100</i>	
DEPAKOTE TAB 125MG DR .....	43	mg (base equiv).....	46
DEPAKOTE TAB 250MG DR .....	43	<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	
DEPAKOTE TAB 500MG DR.....	43	(base equiv) .....	46
DEPEN TITRA TAB 250MG.....	142	<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	
DEPO-ESTRADI INJ 5MG/ML.....	123	(base equiv) .....	46
DEPO-PROVERA INJ 150MG/ML.....	104	DESVENLAFAX TAB 100MG ER .....	46
DEPO-SQ PROV INJ 104 .....	104	DESVENLAFAX TAB 50MG ER.....	46
DEPO-TESTOST INJ 100MG/ML .....	24	DETROL LA CAP 2MG.....	174
DEPO-TESTOST INJ 200MG/ML.....	24	DETROL LA CAP 4MG.....	174
DERMA-SMOOTH OIL /FS BODY.....	112	DEXAMETHASON CON 1MG/ML.....	104
DERMA-SMOOTH OIL /FS SCLP .....	112	<i>dexamethasone elixir 0.5 mg/5ml</i> .....	104
DERMOTIC OIL 0.01% .....	155	<i>dexamethasone sodium phosphate inj 10</i>	
DESCOVY TAB 120-15MG.....	84	mg/ml.....	104
DESCOVY TAB 200/25MG .....	84	<i>dexamethasone sodium phosphate ophth</i>	
<i>desipramine hcl tab 100 mg</i> .....	48	soln 0.1%.....	152
<i>desipramine hcl tab 10 mg</i> .....	47	<i>dexamethasone soln 0.5 mg/5ml</i> .....	104

<i>dexamethasone tab 0.5 mg</i> .....	104	<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> .....	2
<i>dexamethasone tab 0.75 mg</i> .....	104	<i>dextroamphetamine sulfate tab 10 mg</i> .....	2
<i>dexamethasone tab 1.5 mg</i> .....	105	<i>dextroamphetamine sulfate tab 30 mg</i> .....	2
<i>dexamethasone tab 1 mg</i> .....	105	<i>dextroamphetamine sulfate tab 5 mg</i> .....	2
<i>dexamethasone tab 2 mg</i> .....	105	DIACOMIT CAP 250MG .....	38
<i>dexamethasone tab 4 mg</i> .....	105	DIACOMIT CAP 500MG.....	38
<i>dexamethasone tab 6 mg</i> .....	105	DIACOMIT PAK 250MG .....	38
DEXCOM G6 MIS RECEIVER .....	137	DIACOMIT PAK 500MG .....	38
DEXCOM G6 MIS SENSOR .....	137	DIASTAT ACDL GEL 12.5-20.....	37
DEXCOM G6 MIS TRANSMIT .....	137	DIASTAT ACDL GEL 5-10MG.....	37
DEXCOM G7 MIS RECEIVER .....	137	DIASTAT PED GEL 2.5M GEL.....	37
DEXCOM G7 MIS SENSOR .....	137	<i>diazepam inj 5 mg/ml</i> .....	29
DEXEDRINE CAP 10MG CR .....	2	<i>diazepam intensol</i> .....	29
DEXEDRINE CAP 15MG CR .....	2	<i>diazepam oral soln 1 mg/ml</i> .....	29
DEXILANT CAP 30MG DR .....	171	<i>diazepam rectal gel delivery system 10 mg</i> .....	37
DEXILANT CAP 60MG DR .....	172	<i>diazepam rectal gel delivery system 2.5 mg</i> .....	37
<i>dexlansoprazole cap delayed release 30 mg</i> .....	172	<i>diazepam rectal gel delivery system 20 mg</i> .....	37
<i>dexlansoprazole cap delayed release 60 mg</i> .....	172	<i>diazepam tab 10 mg</i> .....	29
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> .....	6	<i>diazepam tab 2 mg</i> .....	29
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> .....	6	<i>diazepam tab 5 mg</i> .....	29
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> .....	6	<i>diazoxide susp 50 mg/ml</i> .....	50
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> .....	6	DIBENZYLINE CAP 10MG .....	61
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> .....	7	DICLEGIS TAB 10-10MG.....	54
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> .....	7	<i>diclofenac potassium (migraine) packet 50 mg</i> .....	138
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> .....	7	<i>diclofenac potassium tab 50 mg</i> .....	12
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> .....	6	<i>diclofenac sodium (actinic keratoses) gel 3%</i> .....	109
<i>dexmethylphenidate hcl tab 10 mg</i> .....	7	<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> .....	108
<i>dexmethylphenidate hcl tab 2.5 mg</i> .....	7	<i>diclofenac sodium ophth soln 0.1%</i> .....	154
<i>dexmethylphenidate hcl tab 5 mg</i> .....	7	<i>diclofenac sodium soln 1.5%</i> .....	108
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i> .....	2	<i>diclofenac sodium soln 2%</i> .....	108
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> .....	2	<i>diclofenac sodium tab delayed release 25 mg</i> .....	12
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> .....	2	<i>diclofenac sodium tab delayed release 50 mg</i> .....	12
		<i>diclofenac sodium tab delayed release 75 mg</i> .....	12
		<i>diclofenac sodium tab er 24hr 100 mg</i> .....	12

<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> .....	12	<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> .....	92
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> .....	12	<i>diltiazem hcl coated beads cap er 24hr 360 mg</i> .....	92
<i>dicloxacillin sodium cap 250 mg</i> .....	156	<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> .....	92
<i>dicloxacillin sodium cap 500 mg</i> .....	156	<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> .....	92
<i>dicyclomine hcl cap 10 mg</i> .....	170	<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> .....	92
<i>dicyclomine hcl tab 20 mg</i> .....	170	<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> .....	92
<i>diethylpropion hcl tab 25 mg</i> .....	4	<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> .....	92
<i>diethylpropion hcl tab er 24hr 75 mg</i> .....	4	<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> .....	92
<i>DIFICID TAB 200MG</i> .....	137	<i>diltiazem hcl tab 120 mg</i> .....	92
<i>diflorasone diacetate cream 0.05%</i> .....	112	<i>diltiazem hcl tab 30 mg</i> .....	92
<i>diflorasone diacetate oint 0.05%</i> .....	112	<i>diltiazem hcl tab 60 mg</i> .....	92
<i>DIFLUCAN SUS 10MG/ML</i> .....	55	<i>diltiazem hcl tab 90 mg</i> .....	92
<i>DIFLUCAN SUS 40MG/ML</i> .....	55	<i>diltiazem hcl tab er 24hr 120 mg</i> .....	92
<i>DIFLUCAN TAB 100MG</i> .....	55	<i>diltiazem hcl tab er 24hr 180 mg</i> .....	92
<i>DIFLUCAN TAB 150MG</i> .....	55	<i>diltiazem hcl tab er 24hr 240 mg</i> .....	92
<i>DIFLUCAN TAB 200MG</i> .....	55	<i>diltiazem hcl tab er 24hr 300 mg</i> .....	92
<i>diflunisal tab 500 mg</i> .....	14	<i>diltiazem hcl tab er 24hr 360 mg</i> .....	92
<i>difluprednate ophth emulsion 0.05%</i> .....	152	<i>diltiazem hcl tab er 24hr 420 mg</i> .....	92
<i>digoxin oral soln 0.05 mg/ml</i> .....	94	<i>dilt-xr</i> .....	91
<i>digoxin tab 125 mcg (0.125 mg)</i> .....	94	<i>dimethyl fumarate capsule delayed release 120 mg</i> .....	159
<i>digoxin tab 250 mcg (0.25 mg)</i> .....	94	<i>dimethyl fumarate capsule delayed release 240 mg</i> .....	159
<i>digox tab 0.125mg</i> .....	94	<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> .....	159
<i>dihydroergotamine mesylate inj 1 mg/ml</i> .....	138	<i>DIOVAN HCT TAB 160-12.5</i> .....	64
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i> .....	138	<i>DIOVAN HCT TAB 160-25MG</i> .....	64
<i>DILANTIN-125 SUS 125/5ML</i> .....	42	<i>DIOVAN HCT TAB 320-12.5</i> .....	64
<i>DILANTIN CAP 100MG</i> .....	42	<i>DIOVAN HCT TAB 320-25MG</i> .....	64
<i>DILANTIN CAP 30MG</i> .....	42	<i>DIOVAN HCT TAB 80/12.5</i> .....	64
<i>DILANTIN CHW 50MG</i> .....	42	<i>DIOVAN TAB 160MG</i> .....	61
<i>DILAUDID LIQ 1MG/ML</i> .....	15	<i>DIOVAN TAB 320MG</i> .....	61
<i>DILAUDID TAB 2MG</i> .....	15	<i>DIOVAN TAB 40MG</i> .....	61
<i>DILAUDID TAB 4MG</i> .....	15	<i>DIOVAN TAB 80MG</i> .....	61
<i>DILAUDID TAB 8MG</i> .....	15	<i>diphenhydramine hcl inj 50 mg/ml</i> .....	56
<i>diltiazem hcl cap er 12hr 120 mg</i> .....	92		
<i>diltiazem hcl cap er 12hr 60 mg</i> .....	91		
<i>diltiazem hcl cap er 12hr 90 mg</i> .....	91		
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> .....	92		
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> .....	92		
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> .....	92		



<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .....	52	<i>dorzolamide hcl ophth soln 2%</i> .....	154
DIPROLENE OIN 0.05%.....	112	<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> .....	150
<i>dipyridamole tab 25 mg</i> .....	130	<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> .....	150
<i>dipyridamole tab 50 mg</i> .....	130	DORZOLAMIDE SOL 2%.....	154
<i>dipyridamole tab 75 mg</i> .....	130	DOVATO TAB 50-300MG.....	84
<i>disopyramide phosphate cap 100 mg</i> .....	29	DOVONEX CRE 0.005%.....	110
<i>disopyramide phosphate cap 150 mg</i> .....	29	<i>doxazosin mesylate tab 1 mg</i> .....	62
<i>disulfiram tab 250 mg</i> .....	157	<i>doxazosin mesylate tab 2 mg</i> .....	62
<i>disulfiram tab 500 mg</i> .....	157	<i>doxazosin mesylate tab 4 mg</i> .....	62
DITROPAN XL TAB 5MG.....	174	<i>doxazosin mesylate tab 8 mg</i> .....	62
DIURIL SUS 250/5ML .....	117	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i> .....	133
<i>divalproex sodium cap delayed release sprinkle 125 mg</i> .....	43	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i> .....	133
<i>divalproex sodium tab delayed release 125 mg</i> .....	43	<i>doxepin hcl cap 100 mg</i> .....	48
<i>divalproex sodium tab delayed release 250 mg</i> .....	43	<i>doxepin hcl cap 10 mg</i> .....	48
<i>divalproex sodium tab delayed release 500 mg</i> .....	43	<i>doxepin hcl cap 150 mg</i> .....	48
<i>divalproex sodium tab er 24 hr 250 mg</i> ...	43	<i>doxepin hcl cap 25 mg</i> .....	48
<i>divalproex sodium tab er 24 hr 500 mg</i> ...	43	<i>doxepin hcl cap 50 mg</i> .....	48
DIVIGEL GEL 0.25MG.....	123	<i>doxepin hcl cap 75 mg</i> .....	48
DIVIGEL GEL 0.5MG.....	123	<i>doxepin hcl conc 10 mg/ml</i> .....	48
DIVIGEL GEL 0.75MG.....	123	<i>doxepin hcl cream 5%</i> .....	110
DIVIGEL GEL 1.25MG.....	123	<i>doxercalciferol cap 0.5 mcg</i> .....	120
DIVIGEL GEL 1MG/GM .....	123	<i>doxercalciferol cap 1 mcg</i> .....	120
<i>dofetilide cap 125 mcg (0.125 mg)</i> .....	30	<i>doxercalciferol cap 2.5 mcg</i> .....	120
<i>dofetilide cap 250 mcg (0.25 mg)</i> .....	30	<i>doxycycline (rosacea) cap delayed release 40 mg</i> .....	115
<i>dofetilide cap 500 mcg (0.5 mg)</i> .....	30	<i>doxycycline hyclate cap 100 mg</i> .....	167
DOJOLVI LIQ 100%.....	150	<i>doxycycline hyclate cap 50 mg</i> .....	167
<i>dolishale tab 90-20mcg</i> .....	100	<i>doxycycline hyclate tab 100 mg</i> .....	167
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i> .....	157	<i>doxycycline hyclate tab 20 mg</i> .....	167
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i> .....	157	<i>doxycycline hyclate tab delayed release 100 mg</i> .....	167
<i>donepezil hydrochloride tab 10 mg</i> .....	157	<i>doxycycline hyclate tab delayed release 150 mg</i> .....	167
<i>donepezil hydrochloride tab 23 mg</i> .....	157	<i>doxycycline hyclate tab delayed release 200 mg</i> .....	167
<i>donepezil hydrochloride tab 5 mg</i> .....	157	<i>doxycycline hyclate tab delayed release 50 mg</i> .....	167
DOPTLET TAB 20MG.....	131	<i>doxycycline hyclate tab delayed release 75 mg</i> .....	167
DORAL TAB 15MG .....	134	<i>doxycycline monohydrate cap 100 mg</i> ...	167
DORYX MPC TAB 120MG .....	167		
DORYX TAB 200MG.....	167		
DORYX TAB 50MG .....	167		

<i>doxycycline monohydrate cap 150 mg</i> .....	167	<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i> .....	46
<i>doxycycline monohydrate cap 50 mg</i> .....	167	<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i> .....	46
<i>doxycycline monohydrate cap 75 mg</i> .....	167	DUOPA SUS 4.63-20.....	77
<i>doxycycline monohydrate for susp 25 mg/5ml</i> .....	167	DUPIXENT INJ 100/0.67.....	113
<i>doxycycline monohydrate tab 100 mg</i> ....	167	DUPIXENT INJ 200/1.14.....	113
<i>doxycycline monohydrate tab 150 mg</i> ....	167	DUPIXENT INJ 200MG.....	113
<i>doxycycline monohydrate tab 50 mg</i> .....	167	DUPIXENT INJ 300/2ML.....	113
<i>doxycycline monohydrate tab 75 mg</i> .....	167	DUREZOL EMU 0.05%.....	152
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> .....	54	<i>dutasteride cap 0.5 mg</i> .....	128
DRIZALMA CAP 20MG DR.....	46	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....	128
DRIZALMA CAP 30MG DR.....	46	DYMISTA SPR 137-50.....	149
DRIZALMA CAP 40MG DR.....	46	<b>E</b>	
DRIZALMA CAP 60MG DR.....	46	<i>e.e.s. 400 tab 400mg</i> .....	136
<i>dronabinol cap 10 mg</i> .....	54	E.E.S. GRAN SUS 200/5ML.....	136
<i>dronabinol cap 2.5 mg</i> .....	54	EC-NAPROSYN TAB 375MG.....	12
<i>dronabinol cap 5 mg</i> .....	54	<i>ec-naproxen</i> .....	12
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	100	<i>econazole nitrate cream 1%</i> .....	109
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> .....	100	<i>econtra ez</i> .....	103
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> .....	100	<i>econtra one-step</i> .....	103
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> .....	100	<i>ecotrin low strength</i> .....	14
DROXIA CAP 200MG.....	131	EDARBI TAB 40MG.....	61
DROXIA CAP 300MG.....	131	EDARBI TAB 80MG.....	61
DROXIA CAP 400MG.....	131	EDARBYCLOR TAB 40-12.5.....	64
<i>droxidopa cap 100 mg</i> .....	176	EDARBYCLOR TAB 40-25MG.....	64
<i>droxidopa cap 200 mg</i> .....	176	EDEX KIT 10MCG.....	95
<i>droxidopa cap 300 mg</i> .....	176	EDEX KIT 20MCG.....	95
DRYSOL SOL 20%.....	114	EDEX KIT 40MCG.....	95
DUAVEE TAB 0.45-20.....	123	EDLUAR SUB 10MG.....	134
DUETACT TAB 30-2MG.....	49	EDLUAR SUB 5MG.....	134
DUETACT TAB 30-4MG.....	49	EDURANT TAB 25MG.....	84
DUET DHA 400 MIS 25-1-400.....	146	<i>efavirenz cap 200 mg</i> .....	84
DUET DHA MIS BALANCED.....	146	<i>efavirenz cap 50 mg</i> .....	84
DUEXIS TAB 800-26.6.....	12	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> .....	85
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i> .....	46	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> .....	85
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i> .....	46	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> .....	85
		<i>efavirenz tab 600 mg</i> .....	84
		EFFER-K TAB 10MEQ.....	141
		EFFER-K TAB 20MEQ.....	141

EFFEXOR XR CAP 150MG .....	46	<i>emtricitabine-tenofovir disoproxil fumarate</i>	
EFFEXOR XR CAP 37.5MG.....	46	<i>tab 200-300 mg .....</i>	85
EFFEXOR XR CAP 75MG.....	46	EMTRIVA CAP 200MG .....	85
EFFIENT TAB 10MG.....	130	EMTRIVA SOL 10MG/ML .....	85
EFFIENT TAB 5MG.....	130	EMVERM CHW 100MG.....	26
EFUDEX CRE 5%.....	109	<i>enalapril maleate &amp; hydrochlorothiazide tab</i>	
ELEPSIA XR TAB 1000MG.....	38	<i>10-25 mg.....</i>	64
ELEPSIA XR TAB 1500MG.....	38	<i>enalapril maleate &amp; hydrochlorothiazide tab</i>	
ELESTRIN GEL 0.06% .....	123	<i>5-12.5 mg.....</i>	64
<i>eletriptan hydrobromide tab 20 mg (base</i>		<i>enalapril maleate oral soln 1 mg/ml.....</i>	60
<i>equivalent) .....</i>	138	<i>enalapril maleate tab 10 mg .....</i>	60
<i>eletriptan hydrobromide tab 40 mg (base</i>		<i>enalapril maleate tab 2.5 mg .....</i>	60
<i>equivalent) .....</i>	139	<i>enalapril maleate tab 20 mg.....</i>	60
ELIDEL CRE 1% .....	114	<i>enalapril maleate tab 5 mg .....</i>	60
<i>elinest.....</i>	100	ENBREL INJ 25/0.5ML.....	13
ELIQUIS ST P TAB 5MG.....	35	ENBREL INJ 25MG.....	13
ELIQUIS TAB 2.5MG.....	35	ENBREL INJ 50MG/ML.....	13
ELIQUIS TAB 5MG.....	35	ENBREL MINI INJ 50MG/ML .....	14
<i>elite-ob.....</i>	146	ENBREL SRCLK INJ 50MG/ML .....	14
ELLA TAB 30MG .....	103	ENCARE SUP 100MG .....	175
ELMIRON CAP 100MG .....	128	ENDARI POW 5GM.....	131
ELYXYB SOL 120/4.8 .....	138	<i>endocet .....</i>	21
EMCYT CAP 140MG .....	70	ENDOMETRIN SUP 100MG .....	176
EMEND CAP 80MG.....	54	<i>enoxaparin sodium inj 300 mg/3ml .....</i>	35
EMEND SUS 125MG.....	54	<i>enoxaparin sodium inj soln pref syr 100</i>	
EMEND TRIPAC PAK 80 & 125.....	54	<i>mg/ml .....</i>	35
EMFLAZA SUS 22.75/ML .....	105	<i>enoxaparin sodium inj soln pref syr 120</i>	
EMFLAZA TAB 18MG .....	105	<i>mg/0.8ml.....</i>	35
EMFLAZA TAB 30MG.....	105	<i>enoxaparin sodium inj soln pref syr 150</i>	
EMFLAZA TAB 36MG.....	105	<i>mg/ml .....</i>	35
EMFLAZA TAB 6MG.....	105	<i>enoxaparin sodium inj soln pref syr 30</i>	
EMGALITY INJ 100MG/ML .....	138	<i>mg/0.3ml.....</i>	35
EMGALITY INJ 120MG/ML.....	138	<i>enoxaparin sodium inj soln pref syr 40</i>	
EMPAVELI INJ 1080MG.....	130	<i>mg/0.4ml.....</i>	35
EMSAM DIS 12MG/24H.....	44	<i>enoxaparin sodium inj soln pref syr 60</i>	
EMSAM DIS 6MG/24HR .....	44	<i>mg/0.6ml.....</i>	35
EMSAM DIS 9MG/24HR .....	44	<i>enoxaparin sodium inj soln pref syr 80</i>	
<i>emtricitabine caps 200 mg.....</i>	85	<i>mg/0.8ml.....</i>	35
<i>emtricitabine-tenofovir disoproxil fumarate</i>		<i>enpresse-28 .....</i>	100
<i>tab 100-150 mg.....</i>	85	<i>enskyce tab .....</i>	100
<i>emtricitabine-tenofovir disoproxil fumarate</i>		ENSPRYNG INJ.....	143
<i>tab 133-200 mg .....</i>	85	<i>entacapone tab 200 mg .....</i>	77
<i>emtricitabine-tenofovir disoproxil fumarate</i>		ENTADFI CAP 5-5MG .....	128
<i>tab 167-250 mg.....</i>	85	<i>entecavir tab 0.5 mg.....</i>	87

<i>entecavir tab 1 mg</i> .....	87	<i>eq nicotine dis 7mg/24hr</i> .....	161
ENTRESTO TAB 24-26MG.....	95	<i>eq nicotine lozenges</i> .....	161
ENTRESTO TAB 49-51MG.....	95	<i>eq nicotine polacrilex</i> .....	161
ENTRESTO TAB 97-103MG .....	95	EQUETRO CAP 100MG.....	80
<i>enulose</i> .....	126	EQUETRO CAP 200MG.....	80
ENVARUSUS XR TAB 0.75MG.....	143	EQUETRO CAP 300MG.....	80
ENVARUSUS XR TAB 1MG .....	143	<i>ergocalciferol cap 1.25 mg (50000 unit)</i> .	176
ENVARUSUS XR TAB 4MG .....	143	<i>ergoloid mesylates tab 1 mg</i> .....	161
EPANED SOL 1MG/ML .....	60	ERGOMAR SUB 2MG.....	138
EPCLUSA PAK 150-37.5.....	88	<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	138
EPCLUSA PAK 200-50MG.....	88	ERIVEDGE CAP 150MG .....	70
EPCLUSA TAB 400-100 .....	88	ERLEADA TAB 60MG .....	70
EPIDIOLEX SOL 100MG/ML .....	38	<i>erlotinib hcl tab 100 mg (base equivalent)</i>	69
EPIFOAM AER 1% .....	112	<i>erlotinib hcl tab 150 mg (base equivalent)</i>	69
<i>epinastine hcl ophth soln 0.05%</i> .....	154	<i>erlotinib hcl tab 25 mg (base equivalent)</i> .	69
EPINEPHRINE INJ 1MG/ML .....	176	ERMEZA SOL 150/5ML.....	168
<i>epinephrine inj 1 mg/ml (1:1000)</i> .....	176	<i>errin tab 0.35mg</i> .....	104
<i>epinephrine inj 30 mg/30ml (1 mg/ml)</i> <i>(1:1000)</i> .....	176	<i>ertapenem sodium for inj 1 gm (base</i> <i>equivalent)</i> .....	26
<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.15ml (1:1000)</i> .....	176	<i>ery</i> .....	107
<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.3ml (1:2000)</i> .....	176	ERYPED SUS 200/5ML.....	136
<i>epinephrine solution auto-injector 0.3</i> <i>mg/0.3ml (1:1000)</i> .....	176	ERYPED SUS 400/5ML.....	136
EPIPEN 2-PAK INJ 0.3MG.....	176	<i>ery-tab</i> .....	136
EPIPEN-JR INJ 0.15MG .....	176	<i>erythromycin ethylsuccinate for susp 200</i> <i>mg/5ml</i> .....	137
<i>epitol</i> .....	38	<i>erythromycin ethylsuccinate for susp 400</i> <i>mg/5ml</i> .....	137
EPIVIR SOL 10MG/ML .....	85	<i>erythromycin ethylsuccinate tab 400 mg</i> .....	137
EPIVIR TAB 150MG .....	85	<i>erythromycin gel 2%</i> .....	107
EPIVIR TAB 300MG .....	85	<i>erythromycin ophth oint 5 mg/gm</i> .....	151
<i>eplerenone tab 25 mg</i> .....	66	<i>erythromycin soln 2%</i> .....	107
<i>eplerenone tab 50 mg</i> .....	66	<i>erythromycin tab 250 mg</i> .....	137
EPOGEN INJ 10000/ML .....	131	<i>erythromycin tab 500 mg</i> .....	137
EPOGEN INJ 2000/ML.....	131	ESBRIET CAP 267MG.....	166
EPOGEN INJ 20000/ML .....	131	ESBRIET TAB 267MG .....	166
EPOGEN INJ 3000/ML.....	131	ESBRIET TAB 801MG .....	166
EPOGEN INJ 4000/ML.....	131	<i>escitalopram oxalate soln 5 mg/5ml (base</i> <i>equiv)</i> .....	44
EPRONTIA SOL 25MG/ML.....	38	<i>escitalopram oxalate tab 10 mg (base</i> <i>equiv)</i> .....	44
EPZICOM TAB 600-300.....	85	<i>escitalopram oxalate tab 20 mg (base</i> <i>equiv)</i> .....	44
<i>eq aspirin chw 81mg</i> .....	14		
<i>eq aspirin low dose</i> .....	14		
<i>eq nicotine polacrilex</i> .....	162		
<i>eq nicotine</i> .....	161		

<i>escitalopram oxalate tab 5 mg (base equiv)</i>	44	<i>estradiol td patch weekly 0.0375 mg/24hr</i>	124
.....		(37.5 mcg/24hr).....	
ESGIC TAB .....	14	<i>estradiol td patch weekly 0.05 mg/24hr</i>	124
<i>esomeprazole magnesium cap delayed</i>		<i>estradiol td patch weekly 0.06 mg/24hr</i>	124
<i>release 20 mg (base eq)</i> .....	172	<i>estradiol td patch weekly 0.075 mg/24hr</i>	
<i>esomeprazole magnesium cap delayed</i>		.....	124
<i>release 40 mg (base eq)</i> .....	172	<i>estradiol td patch weekly 0.1 mg/24hr</i> ...	124
<i>esomeprazole magnesium for delayed</i>		<i>estradiol vaginal cream 0.1 mg/gm</i> .....	175
<i>release susp packet 10 mg</i> .....	172	<i>estradiol vaginal tab 10 mcg</i> .....	175
<i>esomeprazole magnesium for delayed</i>		<i>estradiol valerate im in oil 20 mg/ml</i> .....	124
<i>release susp packet 20 mg</i> .....	172	<i>estradiol valerate im in oil 40 mg/ml</i> .....	124
<i>esomeprazole magnesium for delayed</i>		ESTRING MIS 2MG .....	175
<i>release susp packet 40 mg</i> .....	172	ESTROGEL GEL.....	124
<i>estarylla</i> .....	100	<i>eszopiclone tab 1 mg</i> .....	134
<i>estazolam tab 1 mg</i> .....	134	<i>eszopiclone tab 2 mg</i> .....	134
<i>estazolam tab 2 mg</i> .....	134	<i>eszopiclone tab 3 mg</i> .....	134
ESTRACE TAB 0.5MG .....	123	<i>ethacrynic acid tab 25 mg</i> .....	117
ESTRACE TAB 1MG.....	123	<i>ethambutol hcl tab 100 mg</i> .....	68
ESTRACE TAB 2MG.....	123	<i>ethambutol hcl tab 400 mg</i> .....	68
ESTRACE VAG CRE 0.01% .....	175	<i>ethosuximide cap 250 mg</i> .....	43
<i>estradiol &amp; norethindrone acetate tab 0.5-</i>		<i>ethosuximide soln 250 mg/5ml</i> .....	43
<i>0.1 mg</i> .....	123	<i>ethynodiol diacetate &amp; ethinyl estradiol tab</i>	
<i>estradiol &amp; norethindrone acetate tab 1-0.5</i>		<i>1 mg-35 mcg</i> .....	100
<i>mg</i> .....	123	<i>ethynodiol diacetate &amp; ethinyl estradiol tab</i>	
<i>estradiol tab 0.5 mg</i> .....	123	<i>1 mg-50 mcg</i> .....	100
<i>estradiol tab 1 mg</i> .....	123	<i>etodolac cap 200 mg</i> .....	12
<i>estradiol tab 2 mg</i> .....	123	<i>etodolac cap 300 mg</i> .....	12
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	124	<i>etodolac tab 400 mg</i> .....	12
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i> .....	124	<i>etodolac tab 500 mg</i> .....	12
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	124	<i>etodolac tab er 24hr 400 mg</i> .....	12
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i> ...	124	<i>etodolac tab er 24hr 500 mg</i> .....	12
<i>estradiol td gel 1 mg/gm (0.1%)</i> .....	124	<i>etodolac tab er 24hr 600 mg</i> .....	12
<i>estradiol td patch twice weekly 0.025</i>		<i>etonogestrel-ethinyl estradiol va ring 0.12-</i>	
<i>mg/24hr</i> .....	124	<i>0.015 mg/24hr</i> .....	103
<i>estradiol td patch twice weekly 0.0375</i>		<i>etoposide cap 50 mg</i> .....	76
<i>mg/24hr</i> .....	124	<i>etravirine tab 100 mg</i> .....	85
<i>estradiol td patch twice weekly 0.05</i>		<i>etravirine tab 200 mg</i> .....	85
<i>mg/24hr</i> .....	124	EUCRISA OIN 2%.....	115
<i>estradiol td patch twice weekly 0.075</i>		<i>euthyrox</i> .....	168
<i>mg/24hr</i> .....	124	EVAMIST SPR 1.53MG .....	124
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>		<i>everolimus tab 0.25 mg</i> .....	143
.....	124	<i>everolimus tab 0.5 mg</i> .....	143
<i>estradiol td patch weekly 0.025 mg/24hr</i>		<i>everolimus tab 0.75 mg</i> .....	143
.....	124	<i>everolimus tab 10 mg</i> .....	72

<i>everolimus tab 1 mg</i> .....	143	FARESTON TAB 60MG.....	70
<i>everolimus tab 2.5 mg</i> .....	72	FARXIGA TAB 10MG .....	52
<i>everolimus tab 5 mg</i> .....	72	FARXIGA TAB 5MG.....	52
<i>everolimus tab 7.5 mg</i> .....	72	FASENRA PEN INJ 30MG/ML.....	30
<i>everolimus tab for oral susp 2 mg</i> .....	72	<i>fayosim</i> .....	100
<i>everolimus tab for oral susp 3 mg</i> .....	72	<i>febuxostat tab 40 mg</i> .....	129
<i>everolimus tab for oral susp 5 mg</i> .....	72	<i>febuxostat tab 80 mg</i> .....	129
EVISTA TAB 60MG .....	120	<i>felbamate susp 600 mg/5ml</i> .....	42
EVOTAZ TAB 300-150 .....	85	<i>felbamate tab 400 mg</i> .....	42
EVOXAC CAP 30MG .....	145	<i>felbamate tab 600 mg</i> .....	42
EVRYSDI SOL .....	150	FELDENE CAP 10MG .....	12
EXELDERM CRE 1%.....	109	FELDENE CAP 20MG.....	12
EXELDERM SOL 1%.....	109	<i>felodipine tab er 24hr 10 mg</i> .....	92
EXELON DIS 13.3/24 .....	157	<i>felodipine tab er 24hr 2.5 mg</i> .....	92
EXELON DIS 4.6MG/24 .....	157	<i>felodipine tab er 24hr 5 mg</i> .....	92
EXELON DIS 9.5MG/24 .....	157	FEMARA TAB 2.5MG .....	70
<i>exemestane tab 25 mg</i> .....	70	FEMRING MIS 0.05/24H .....	175
EXFORGE TAB 10-160MG .....	64	FEMRING MIS 0.1MG/24 .....	175
EXFORGE TAB 10-320MG.....	64	<i>fenofibrate cap 150 mg</i> .....	57
EXFORGE TAB 5-160MG.....	64	<i>fenofibrate cap 50 mg</i> .....	57
EXFORGE TAB 5-320MG .....	64	<i>fenofibrate micronized cap 130 mg</i> .....	57
EXJADE TAB 125MG .....	53	<i>fenofibrate micronized cap 134 mg</i> .....	57
EXJADE TAB 250MG .....	53	<i>fenofibrate micronized cap 200 mg</i> .....	57
EXJADE TAB 500MG.....	53	<i>fenofibrate micronized cap 43 mg</i> .....	57
EXKIVITY CAP 40MG .....	69	<i>fenofibrate micronized cap 67 mg</i> .....	57
EYSUVIS DRO 0.25% .....	152	<i>fenofibrate tab 145 mg</i> .....	57
EZALLOR SPR CAP 10MG .....	58	<i>fenofibrate tab 160 mg</i> .....	57
EZALLOR SPR CAP 20MG .....	58	<i>fenofibrate tab 48 mg</i> .....	57
EZALLOR SPR CAP 40MG .....	58	<i>fenofibrate tab 54 mg</i> .....	57
EZALLOR SPR CAP 5MG.....	58	<i>fenopropfen calcium tab 600 mg</i> .....	12
<i>ezetimibe-simvastatin tab 10-10 mg</i> .....	56	<i>fantanyl citrate lozenge on a handle 1200</i> <i>mcg</i> .....	15
<i>ezetimibe-simvastatin tab 10-20 mg</i> .....	56	<i>fantanyl citrate lozenge on a handle 1600</i> <i>mcg</i> .....	16
<i>ezetimibe-simvastatin tab 10-40 mg</i> .....	56	<i>fantanyl citrate lozenge on a handle 200</i> <i>mcg</i> .....	15
<i>ezetimibe-simvastatin tab 10-80 mg</i> .....	56	<i>fantanyl citrate lozenge on a handle 400</i> <i>mcg</i> .....	15
<i>ezetimibe tab 10 mg</i> .....	59	<i>fantanyl citrate lozenge on a handle 600</i> <i>mcg</i> .....	15
<b>F</b>		<i>fantanyl citrate lozenge on a handle 800</i> <i>mcg</i> .....	15
<i>fa-8</i> .....	131	<i>fantanyl td patch 72hr 100 mcg/hr</i> .....	16
<i>falmina</i> .....	100	<i>fantanyl td patch 72hr 12 mcg/hr</i> .....	16
<i>famciclovir tab 125 mg</i> .....	88		
<i>famciclovir tab 250 mg</i> .....	88		
<i>famciclovir tab 500 mg</i> .....	88		
<i>famotidine for susp 40 mg/5ml</i> .....	171		
<i>famotidine tab 20 mg</i> .....	171		
<i>famotidine tab 40 mg</i> .....	171		

<i>fentanyl td patch 72hr 25 mcg/hr</i> .....	16	FLOVENT HFA AER 220MCG .....	32
<i>fentanyl td patch 72hr 50 mcg/hr</i> .....	16	FLOVENT HFA AER 44MCG .....	32
<i>fentanyl td patch 72hr 75 mcg/hr</i> .....	16	<i>fluconazole for susp 10 mg/ml</i> .....	55
FENTORA TAB 100MCG .....	16	<i>fluconazole for susp 40 mg/ml</i> .....	55
FENTORA TAB 200MCG.....	16	<i>fluconazole tab 100 mg</i> .....	55
FENTORA TAB 400MCG.....	16	<i>fluconazole tab 150 mg</i> .....	55
FENTORA TAB 600MCG.....	16	<i>fluconazole tab 200 mg</i> .....	55
FENTORA TAB 800MCG.....	16	<i>fluconazole tab 50 mg</i> .....	55
FERPRX 2-DAY TAB 1000MG.....	53	<i>fludrocortisone acetate tab 0.1 mg</i> .....	106
FERRIPROX SOL 100MG/ML.....	53	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i> .....	149
FERRIPROX TAB 500MG .....	53	<i>fluocinolone acetonide (otic) oil 0.01%</i> ...	155
<i>fesoterodine fumarate tab er 24hr 4 mg</i> .	174	<i>fluocinolone acetonide cream 0.01%</i> .....	112
<i>fesoterodine fumarate tab er 24hr 8 mg</i> .	174	<i>fluocinolone acetonide cream 0.025%</i> ....	112
FETZIMA CAP 120MG.....	46	<i>fluocinolone acetonide oil 0.01% (body oil)</i> .....	112
FETZIMA CAP 20MG .....	46	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> .....	112
FETZIMA CAP 40MG .....	46	<i>fluocinolone acetonide oint 0.025%</i> .....	112
FETZIMA CAP 80MG .....	46	<i>fluocinolone acetonide soln 0.01%</i> .....	112
FETZIMA CAP TITRATIO .....	47	<i>fluocinonide cream 0.05%</i> .....	112
<i>fexmid</i> .....	148	<i>fluocinonide emulsified base cream 0.05%</i> .....	112
FIASP FLEX INJ TOUCH.....	51	<i>fluocinonide gel 0.05%</i> .....	112
FIASP INJ 100/ML .....	51	<i>fluocinonide oint 0.05%</i> .....	112
FINACEA AER 15% .....	115	<i>fluocinonide soln 0.05%</i> .....	112
FINACEA GEL 15% .....	115	<i>fluoridex daily defense</i> .....	145
<i>finasteride tab 5 mg</i> .....	128	<i>fluoritab</i> .....	141
<i>ingolimod hcl cap 0.5 mg (base equiv)</i> ..	159	<i>fluorometholone ophth susp 0.1%</i> .....	152
FINTEPLA SOL 2.2MG/ML.....	38	<i>fluorouracil cream 0.5%</i> .....	109
FIRAZYR INJ 30MG/3ML .....	130	<i>fluorouracil cream 5%</i> .....	109
FIRDAPSE TAB 10MG .....	67	<i>fluorouracil soln 2%</i> .....	109
FIRST PANTPR SUS 4MG/ML.....	172	<i>fluorouracil soln 5%</i> .....	109
FIRVANQ SOL 25MG/ML.....	26	<i>fluoxetine hcl cap 10 mg</i> .....	44
FIRVANQ SOL 50MG/ML.....	26	<i>fluoxetine hcl cap 20 mg</i> .....	44
<i>flac</i> .....	155	<i>fluoxetine hcl cap 40 mg</i> .....	44
FLAREX SUS 0.1% OP .....	152	<i>fluoxetine hcl cap delayed release 90 mg</i>	44
<i>flavoxate hcl tab 100 mg</i> .....	175	<i>fluoxetine hcl solution 20 mg/5ml</i> .....	44
<i>flecainide acetate tab 100 mg</i> .....	30	<i>fluoxetine hcl tab 60 mg</i> .....	44
<i>flecainide acetate tab 150 mg</i> .....	30	<i>fluphenazine hcl elixir 2.5 mg/5ml</i> .....	83
<i>flecainide acetate tab 50 mg</i> .....	30	<i>fluphenazine hcl oral conc 5 mg/ml</i> .....	83
FLEQSUVY SUS 25MG/5ML .....	148	<i>fluphenazine hcl tab 10 mg</i> .....	83
FLOMAX CAP 0.4MG.....	128	<i>fluphenazine hcl tab 1 mg</i> .....	83
FLORIVA DRO PLUS.....	145	<i>fluphenazine hcl tab 2.5 mg</i> .....	83
FLOVENT DISK AER 100MCG.....	32		
FLOVENT DISK AER 250MCG .....	32		
FLOVENT DISK AER 50MCG .....	32		
FLOVENT HFA AER 110MCG.....	32		

<i>fluphenazine hcl tab 5 mg</i> .....	83	<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> .....	58
<i>flurandrenolide cream 0.05%</i> .....	112	<i>fluvoxamine maleate cap er 24hr 100 mg</i> 44	
<i>flurandrenolide lotion 0.05%</i> .....	112	<i>fluvoxamine maleate cap er 24hr 150 mg</i> 44	
<i>flurbiprofen sodium ophth soln 0.03%</i> ....	154	<i>fluvoxamine maleate tab 100 mg</i> .....	44
<i>flurbiprofen tab 100 mg</i> .....	12	<i>fluvoxamine maleate tab 25 mg</i> .....	44
<i>flurbiprofen tab 50 mg</i> .....	12	<i>fluvoxamine maleate tab 50 mg</i> .....	44
<i>fluticasone propionate aer pow ba 100 mcg/act</i> .....	32	FML FORTE SUS 0.25% OP .....	152
<i>fluticasone propionate aer pow ba 250 mcg/act</i> .....	32	FOCALIN TAB 10MG .....	7
<i>fluticasone propionate aer pow ba 50 mcg/act</i> .....	32	FOCALIN TAB 2.5MG .....	7
<i>fluticasone propionate cream 0.05%</i> .....	112	FOCALIN TAB 5MG .....	7
<i>fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)</i> .....	32	FOCALIN XR CAP 10MG .....	7
<i>fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)</i> .....	32	FOCALIN XR CAP 15MG .....	7
<i>fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)</i> .....	32	FOCALIN XR CAP 20MG .....	7
<i>fluticasone propionate lotion 0.05%</i> .....	112	FOCALIN XR CAP 25MG .....	7
<i>fluticasone propionate oint 0.005%</i> .....	112	FOCALIN XR CAP 30MG .....	7
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> .....	33	FOCALIN XR CAP 35MG .....	7
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i> .....	33	FOCALIN XR CAP 40MG .....	7
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i> .....	33	FOCALIN XR CAP 5MG.....	7
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> .....	33	<i>folate</i> .....	131
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> .....	33	<i>folic acid cap 0.8 mg</i> .....	131
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i> .....	33	<i>folic acid tab 1 mg</i> .....	131
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i> .....	33	<i>folic acid tab 400 mcg</i> .....	131
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i> .....	33	<i>folic acid tab 800 mcg</i> .....	131
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i> .....	33	FOLIVANE-OB CAP .....	146
<i>fluvastatin sodium cap 20 mg (base equivalent)</i> .....	58	FOLLISTIM AQ INJ 300UNIT .....	118
<i>fluvastatin sodium cap 40 mg (base equivalent)</i> .....	58	FOLLISTIM AQ INJ 600UNIT .....	118
		FOLLISTIM AQ INJ 900UNIT .....	119
		<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> .....	36
		<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> .....	35
		<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> .....	35
		<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> .....	35
		<i>formoterol fumarate soln nebu 20 mcg/2ml</i> .....	33
		FORTEO INJ 600/2.4.....	118
		FORTESTA GEL 10MG/ACT .....	24
		FOSAMAX + D TAB 70-2800 .....	118
		FOSAMAX + D TAB 70-5600 .....	118
		FOSAMAX TAB 70MG .....	118



<i>fosamprenavir calcium tab 700 mg (base equiv)</i> .....	85	FYCOMPA SUS 0.5MG/ML.....	36
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i> .....	27	FYCOMPA TAB 10MG.....	36
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	64	FYCOMPA TAB 12MG.....	36
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	64	FYCOMPA TAB 2MG .....	36
<i>fosinopril sodium tab 10 mg</i> .....	60	FYCOMPA TAB 4MG .....	36
<i>fosinopril sodium tab 20 mg</i> .....	60	FYCOMPA TAB 6MG .....	36
<i>fosinopril sodium tab 40 mg</i> .....	60	FYCOMPA TAB 8MG .....	36
FOSRENOL CHW 1000MG .....	127	FYLNETRA INJ 6MG/0.6 .....	131
FOSRENOL CHW 500MG.....	127	<b>G</b>	
FOSRENOL CHW 750MG .....	127	<i>gabapentin (once-daily) tab 300 mg</i> .....	160
FOSRENOL POW 1000MG .....	127	<i>gabapentin (once-daily) tab 600 mg</i> .....	160
FOSRENOL POW 750MG .....	127	<i>gabapentin cap 100 mg</i> .....	38
FOTIVDA CAP 0.89MG.....	72	<i>gabapentin cap 300 mg</i> .....	38
FOTIVDA CAP 1.34MG.....	72	<i>gabapentin cap 400 mg</i> .....	38
FRAGMIN INJ 10000/ML.....	36	<i>gabapentin oral soln 250 mg/5ml</i> .....	38
FRAGMIN INJ 12500UNT .....	36	<i>gabapentin tab 600 mg</i> .....	38
FRAGMIN INJ 15000UNT.....	36	<i>gabapentin tab 800 mg</i> .....	38
FRAGMIN INJ 18000UNT.....	36	GABITRIL TAB 12MG.....	42
FRAGMIN INJ 2500/0.2.....	36	GABITRIL TAB 16MG.....	42
FRAGMIN INJ 2500/ML.....	36	GABITRIL TAB 2MG .....	42
FRAGMIN INJ 5000/0.2.....	36	GABITRIL TAB 4MG .....	42
FRAGMIN INJ 7500/0.3.....	36	GALAFOLD CAP 123MG .....	120
FRAGMIN INJ 95000UNT .....	36	<i>galantamine hydrobromide cap er 24hr 16 mg</i> .....	157
FREESTYLE KIT SENSOR.....	137	<i>galantamine hydrobromide cap er 24hr 24 mg</i> .....	157
FREESTYLE MIS READER .....	137	<i>galantamine hydrobromide cap er 24hr 8 mg</i> .....	157
FREESTY LIBR KIT 2 SENSOR .....	137	<i>galantamine hydrobromide oral soln 4 mg/ml</i> .....	157
FREESTY LIBR MIS 2 READER .....	137	<i>galantamine hydrobromide tab 12 mg</i> .....	157
FROVA TAB 2.5MG.....	139	<i>galantamine hydrobromide tab 4 mg</i> .....	157
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i> .....	139	<i>galantamine hydrobromide tab 8 mg</i> .....	157
FULPHILA INJ 6/0.6ML.....	131	GALZIN CAP 25MG .....	142
<i>furosemide inj 10 mg/ml</i> .....	117	GALZIN CAP 50MG .....	142
<i>furosemide oral soln 10 mg/ml</i> .....	117	GASTROCROM CON 100/5ML.....	125
<i>furosemide oral soln 8 mg/ml</i> .....	117	<i>gatifloxacin ophth soln 0.5%</i> .....	151
<i>furosemide tab 20 mg</i> .....	117	GATTEX KIT 5MG.....	127
<i>furosemide tab 40 mg</i> .....	117	<i>gavilyte-c</i> .....	136
<i>furosemide tab 80 mg</i> .....	117	<i>gavilyte-g</i> .....	136
FUZEON INJ 90MG .....	85	GAVRETO CAP 100MG.....	72
<i>fyavolv</i> .....	123	<i>gefitinib tab 250 mg</i> .....	69
<i>fyavolv tab 0.5-2.5</i> .....	123	GELNIQUE GEL 10% .....	174
		<i>gemfibrozil tab 600 mg</i> .....	57

GENERESS FE CHW .....	100	GLUMETZA TAB 1000MG .....	49
<i>generlac</i> .....	126	GLUMETZA TAB 500MG.....	49
<i>gengraf</i> .....	143	<i>glyburide-metformin tab 1.25-250 mg</i> .....	49
<i>gentamicin sulfate inj 10 mg/ml</i> .....	10	<i>glyburide-metformin tab 2.5-500 mg</i> .....	49
<i>gentamicin sulfate inj 40 mg/ml</i> .....	10	<i>glyburide-metformin tab 5-500 mg</i> .....	49
<i>gentamicin sulfate oint 0.1%</i> .....	108	<i>glyburide micronized tab 1.5 mg</i> .....	52
<i>gentamicin sulfate ophth soln 0.3%</i> .....	151	<i>glyburide micronized tab 3 mg</i> .....	52
GENVOYA TAB .....	85	<i>glyburide micronized tab 6 mg</i> .....	52
GEODON CAP 40MG .....	80	<i>glyburide tab 1.25 mg</i> .....	52
GEODON INJ 20MG .....	80	<i>glyburide tab 2.5 mg</i> .....	52
GILENYA CAP 0.25MG .....	160	<i>glyburide tab 5 mg</i> .....	52
GILENYA CAP 0.5MG .....	160	GLYCATE TAB 1.5MG.....	170
GILOTRIF TAB 20MG .....	72	GLYCOPYRROLA TAB 1.5MG .....	171
GILOTRIF TAB 30MG .....	72	<i>glycopyrrolate inj 0.2 mg/ml</i> .....	171
GILOTRIF TAB 40MG.....	72	<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	
GIVLAARI INJ 189MG/ML .....	129	.....	171
<i>glatiramer acetate soln prefilled syringe 20</i>		<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i> ..	171
<i>mg/ml</i> .....	160	<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	
<i>glatiramer acetate soln prefilled syringe 40</i>		.....	171
<i>mg/ml</i> .....	160	<i>glycopyrrolate oral soln 1 mg/5ml</i> .....	171
<i>glatopa</i> .....	160	<i>glycopyrrolate tab 1 mg</i> .....	171
GLEEVEC TAB 100MG .....	72	<i>glycopyrrolate tab 2 mg</i> .....	171
GLEEVEC TAB 400MG .....	72	<i>glydo</i> .....	114
GLEOSTINE CAP 100MG.....	68	GLYNASE TAB 1.5MG .....	52
GLEOSTINE CAP 10MG .....	68	GLYNASE TAB 3MG.....	52
GLEOSTINE CAP 40MG .....	68	GLYNASE TAB 6MG.....	52
<i>glimepiride tab 1 mg</i> .....	52	GLYXAMBI TAB 10-5 MG .....	49
<i>glimepiride tab 2 mg</i> .....	52	GLYXAMBI TAB 25-5 MG .....	49
<i>glimepiride tab 4 mg</i> .....	52	<i>gnp adult aspirin low str</i> .....	14
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ..	49	<i>gnp nicotine gum 2mg mint</i> .....	162
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ..	49	<i>gnp nicotine loz mini 2mg</i> .....	162
<i>glipizide-metformin hcl tab 5-500 mg</i> .....	49	<i>gnp nicotine polacrilex</i> .....	162
<i>glipizide tab 10 mg</i> .....	52	<i>gnp nicotine transdermal</i> .....	162
<i>glipizide tab 5 mg</i> .....	52	GOLYTELY SOL.....	136
<i>glipizide tab er 24hr 10 mg</i> .....	52	GONAL-F INJ 1050UNIT .....	119
<i>glipizide tab er 24hr 2.5 mg</i> .....	52	GONAL-F INJ 450UNIT .....	119
<i>glipizide tab er 24hr 5 mg</i> .....	52	GONAL-F RFF INJ 300/0.5 .....	119
<i>glipizide xl</i> .....	52	GONAL-F RFF INJ 450/0.75.....	119
GLUCAGEN INJ HYPOKIT .....	50	GONAL-F RFF INJ 75UNIT .....	119
GLUCAGON EMR SOL 1MG .....	50	GONAL-F RFF INJ 900/1.5.....	119
GLUCAGON KIT 1MG.....	50	<i>goodsense nicotine</i> .....	162
GLUCOTROL XL TAB 10MG.....	52	<i>goodsense nicotine gum</i> .....	162
GLUCOTROL XL TAB 2.5MG .....	52	<i>goodsense nicotine polacr</i> .....	162
GLUCOTROL XL TAB 5MG .....	52	GRALISE TAB 300MG.....	160

GRALISE TAB 450MG.....	160	<i>haloperidol tab 5 mg</i> .....	81
GRALISE TAB 600MG.....	160	HARVONI PAK.....	88
GRALISE TAB 750MG.....	160	HARVONI PAK 45-200MG .....	88
GRALISE TAB 900MG.....	160	HARVONI TAB 90-400MG .....	88
<i>granisetron hcl tab 1 mg</i> .....	53	<i>heather</i> .....	104
GRASTEK SUB 2800BAU .....	9	HEMANGEOL SOL 4.28/ML.....	90
<i>griseofulvin microsize susp 125 mg/5ml</i> .....	55	HEPAGAM B INJ.....	155
<i>griseofulvin microsize tab 500 mg</i> .....	55	<i>heparin sodium (porcine) inj 10000 unit/ml</i>	
<i>griseofulvin ultramicrosize tab 125 mg</i> .....	55	.....	36
<i>griseofulvin ultramicrosize tab 250 mg</i> .....	55	<i>heparin sodium (porcine) inj 1000 unit/ml</i>	36
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>		<i>heparin sodium (porcine) inj 20000 unit/ml</i>	
.....	106	.....	36
<i>guanfacine hcl tab 1 mg</i> .....	62	<i>heparin sodium (porcine) inj 5000 unit/ml</i>	
<i>guanfacine hcl tab 2 mg</i> .....	62	.....	36
<i>guanfacine hcl tab er 24hr 1 mg (base</i>		<i>heparin sodium (porcine) pf inj 5000</i>	
<i>equiv)</i> .....	5	<i>unit/0.5ml</i> .....	36
<i>guanfacine hcl tab er 24hr 2 mg (base</i>		HETLIOZ CAP 20MG .....	135
<i>equiv)</i> .....	5	HETLIOZ LQ SUS 4MG/ML.....	135
<i>guanfacine hcl tab er 24hr 3 mg (base</i>		HIPREX TAB 1GM .....	27
<i>equiv)</i> .....	5	<i>hm nicotine dis 21mg/24h</i> .....	162
<i>guanfacine hcl tab er 24hr 4 mg (base</i>		<i>hm nicotine gum 4mg frt</i> .....	162
<i>equiv)</i> .....	5	<i>hm nicotine transdermal s</i> .....	162
GVOKE HYPO 2 INJ .5/.1ML.....	50	HORIZANT TAB 300MG ER .....	161
GVOKE HYPO 2 INJ 1MG/.2ML.....	50	HORIZANT TAB 600MG ER .....	161
GVOKE KIT SOL 1MG/0.2M .....	50	HUMIRA INJ 10/0.1ML .....	10
GVOKE PFS INJ.....	50	HUMIRA INJ 20/0.2ML.....	10
GYNAZOLE-1 CRE 2% .....	175	HUMIRA INJ 40/0.4ML.....	10
GYNOL II GEL 3% .....	175	HUMIRA KIT 40MG/0.8 .....	10
<b>H</b>		HUMIRA PEDIA INJ CROHNS .....	10
HAEGARDA INJ 2000UNIT .....	130	HUMIRA PEN INJ 40/0.4ML.....	10
HAEGARDA INJ 3000UNIT .....	130	HUMIRA PEN INJ 40MG/0.8 .....	11
<i>hailey 24 fe</i> .....	100	HUMIRA PEN INJ CD/UC/HS .....	11
HALCION TAB 0.25MG.....	134	HUMIRA PEN INJ PS/UV .....	11
<i>halobetasol propionate cream 0.05%</i> .....	112	HUMIRA PEN KIT CD/UC/HS .....	11
<i>halobetasol propionate oint 0.05%</i> .....	112	HUMIRA PEN KIT PS/UV .....	11
<i>haloperidol decanoate im soln 100 mg/ml</i>	81	HUMULIN R INJ U-500 .....	51
<i>haloperidol decanoate im soln 50 mg/ml</i> .	81	HYCAMTIN CAP 0.25MG.....	76
<i>haloperidol lactate inj 5 mg/ml</i> .....	81	HYCAMTIN CAP 1MG .....	76
<i>haloperidol lactate oral conc 2 mg/ml</i> .....	81	<i>hydralazine hcl tab 100 mg</i> .....	67
<i>haloperidol tab 0.5 mg</i> .....	81	<i>hydralazine hcl tab 10 mg</i> .....	66
<i>haloperidol tab 10 mg</i> .....	81	<i>hydralazine hcl tab 25 mg</i> .....	66
<i>haloperidol tab 1 mg</i> .....	81	<i>hydralazine hcl tab 50 mg</i> .....	67
<i>haloperidol tab 20 mg</i> .....	81	HYDREA CAP 500MG .....	76
<i>haloperidol tab 2 mg</i> .....	81	HYDRO 40 AER FOAM.....	113

<i>hydrochlorothiazide cap 12.5 mg</i> .....	117	<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i> .....	16
<i>hydrochlorothiazide tab 12.5 mg</i> .....	117	<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i> .....	17
<i>hydrochlorothiazide tab 25 mg</i> .....	117	<i>hydrocodone-ibuprofen tab 10-200 mg</i> ...	22
<i>hydrochlorothiazide tab 50 mg</i> .....	117	<i>hydrocodone-ibuprofen tab 5-200 mg</i> .....	21
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> .....	21	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> ...21	
<i>hydrocodone-acetaminophen tab 10-300 mg</i> .....	21	<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i> .....	106
<i>hydrocodone-acetaminophen tab 10-325 mg</i> .....	21	<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i> .....	25
<i>hydrocodone-acetaminophen tab 5-300 mg</i> .....	21	<i>hydrocortisone butyrate cream 0.1%</i> .....	113
<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	21	<i>hydrocortisone butyrate lotion 0.1%</i> .....	113
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> .....	21	<i>hydrocortisone butyrate oint 0.1%</i> .....	113
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .....	21	<i>hydrocortisone butyrate soln 0.1%</i> .....	113
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i> .....	106	<i>hydrocortisone cream 2.5%</i> .....	113
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> .....	106	<i>hydrocortisone enema 100 mg/60ml</i> .....	25
HYDROCODONE BITARTRATE CAP ER 12HR 10 MG.....	16	<i>hydrocortisone lotion 2.5%</i> .....	113
HYDROCODONE BITARTRATE CAP ER 12HR 15 MG.....	16	<i>hydrocortisone oint 2.5%</i> .....	113
HYDROCODONE BITARTRATE CAP ER 12HR 20 MG .....	16	<i>hydrocortisone perianal cream 2.5%</i> .....	25
HYDROCODONE BITARTRATE CAP ER 12HR 30 MG .....	16	<i>hydrocortisone tab 10 mg</i> .....	105
HYDROCODONE BITARTRATE CAP ER 12HR 40 MG .....	16	<i>hydrocortisone tab 20 mg</i> .....	105
HYDROCODONE BITARTRATE CAP ER 12HR 50 MG .....	16	<i>hydrocortisone tab 5 mg</i> .....	105
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i> .....	17	<i>hydrocortisone valerate cream 0.2%</i> .....	113
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i> .....	17	<i>hydrocortisone valerate oint 0.2%</i> .....	113
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i> .....	16	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> .....	155
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i> .....	16	<i>hydromet</i> .....	106
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i> .....	16	<i>hydromorphone hcl liqd 1 mg/ml</i> .....	17
		<i>hydromorphone hcl tab 2 mg</i> .....	17
		<i>hydromorphone hcl tab 4 mg</i> .....	17
		<i>hydromorphone hcl tab 8 mg</i> .....	17
		<i>hydromorphone hcl tab er 24hr 8 mg</i> .....	17
		HYDROMORPHON SUP 3MG .....	17
		HYDROXYCHLOROQUINE SULFATE TAB 100 MG.....	67
		<i>hydroxychloroquine sulfate tab 200 mg</i> ...67	
		HYDROXYCHLOROQUINE SULFATE TAB 300 MG .....	67
		HYDROXYCHLOROQUINE SULFATE TAB 400 MG.....	67
		<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i> .....	70
		<i>hydroxyurea cap 500 mg</i> .....	76

<i>hydroxyzine hcl syrup 10 mg/5ml</i> .....	28	<i>icosapent ethyl cap 1 gm</i> .....	57
<i>hydroxyzine hcl tab 10 mg</i> .....	28	IDHIFA TAB 100MG.....	72
<i>hydroxyzine hcl tab 25 mg</i> .....	28	IDHIFA TAB 50MG .....	72
<i>hydroxyzine hcl tab 50 mg</i> .....	28	ILEVRO DRO 0.3% OP .....	154
<i>hydroxyzine pamoate cap 100 mg</i> .....	28	<i>imatinib mesylate tab 100 mg (base</i> <i>equivalent)</i> .....	72
<i>hydroxyzine pamoate cap 25 mg</i> .....	28	<i>imatinib mesylate tab 400 mg (base</i> <i>equivalent)</i> .....	72
<i>hydroxyzine pamoate cap 50 mg</i> .....	28	IMBRUVICA CAP 140MG.....	72
HYFTOR GEL 0.2%.....	114	IMBRUVICA CAP 70MG .....	72
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> .171		IMBRUVICA SUS 70MG/ML.....	72
<i>hyoscyamine sulfate inj 0.5 mg/ml</i> .....	171	IMBRUVICA TAB 140MG .....	73
<i>hyoscyamine sulfate tab disint 0.125 mg</i> .171		IMBRUVICA TAB 280MG .....	73
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> .....	171	IMBRUVICA TAB 420MG .....	73
HYPERHEP B INJ.....	155	IMBRUVICA TAB 560MG .....	73
HYRIMOZ INJ 40/0.4ML .....	11	IMCIVREE INJ 10MG/ML.....	4
HYRIMOZ INJ 40/0.8ML .....	11	<i>imipramine hcl tab 10 mg</i> .....	48
HYSINGLA ER TAB 100 MG .....	17	<i>imipramine hcl tab 25 mg</i> .....	48
HYSINGLA ER TAB 120 MG .....	17	<i>imipramine hcl tab 50 mg</i> .....	48
HYSINGLA ER TAB 20 MG.....	17	<i>imipramine pamoate cap 100 mg</i> .....	48
HYSINGLA ER TAB 30 MG.....	17	<i>imipramine pamoate cap 125 mg</i> .....	48
HYSINGLA ER TAB 40 MG.....	17	<i>imipramine pamoate cap 150 mg</i> .....	48
HYSINGLA ER TAB 60 MG.....	17	<i>imipramine pamoate cap 75 mg</i> .....	48
HYSINGLA ER TAB 80 MG.....	17	<i>imiquimod cream 5%</i> .....	114
HYZAAR TAB 100-12.5 .....	64	IMITREX INJ 4MG/0.5 .....	139
HYZAAR TAB 100-25 .....	64	IMITREX INJ 6MG/0.5 .....	139
HYZAAR TAB 50-12.5 .....	64	IMITREX SPR 20MG/ACT .....	139
<b>I</b>		IMITREX SPR 5MG/ACT .....	139
<i>ibandronate sodium tab 150 mg (base</i> <i>equivalent)</i> .....	118	IMITREX TAB 100MG .....	139
IBRANCE CAP 100MG .....	72	IMITREX TAB 25MG .....	139
IBRANCE CAP 125MG.....	72	IMITREX TAB 50MG .....	139
IBRANCE CAP 75MG .....	72	IMURAN TAB 50MG .....	143
IBRANCE TAB 100MG.....	72	<i>inatal gt</i> .....	146
IBRANCE TAB 125MG .....	72	INBRIJA CAP 42MG.....	77
IBRANCE TAB 75MG.....	72	<i>incassia</i> .....	104
<i>ibu</i> .....	12	INCRUSE ELPT INH 62.5MCG.....	31
<i>ibuprofen tab 400 mg</i> .....	12	<i>indapamide tab 1.25 mg</i> .....	117
<i>ibuprofen tab 600 mg</i> .....	12	<i>indapamide tab 2.5 mg</i> .....	117
<i>ibuprofen tab 800 mg</i> .....	12	<i>indomethacin cap 25 mg</i> .....	12
<i>icatibant acetate subcutaneous soln pref</i> <i>syr 30 mg/3ml</i> .....	130	<i>indomethacin cap 50 mg</i> .....	13
ICLUSIG TAB 15MG .....	72	<i>indomethacin cap er 75 mg</i> .....	13
ICLUSIG TAB 45MG .....	72	INGREZZA CAP 40-80MG.....	159
<i>icosapent ethyl cap 0.5 gm</i> .....	56	INGREZZA CAP 40MG .....	159
		INGREZZA CAP 60MG .....	159

INGREZZA CAP 80MG .....	159	<i>isoniazid tab 300 mg .....</i>	68
INLYTA TAB 1MG.....	73	<i>isoproterenol hcl inj 0.2 mg/ml .....</i>	33
INLYTA TAB 5MG.....	73	ISOPTO ATROP SOL 1% OP .....	151
INQOVI TAB 35-100MG .....	71	ISORDIL TAB 5MG.....	27
INREBIC CAP 100MG.....	73	<i>isosorbide dinitrate-hydralazine hcl tab 20-</i>	
INTELENCE TAB 100MG .....	85	37.5 mg.....	95
INTELENCE TAB 200MG.....	85	<i>isosorbide dinitrate tab 10 mg .....</i>	28
INTELENCE TAB 25MG .....	85	<i>isosorbide dinitrate tab 20 mg .....</i>	28
INTRAROSA SUP 6.5MG.....	175	<i>isosorbide dinitrate tab 30 mg .....</i>	28
<i>introvale .....</i>	100	<i>isosorbide dinitrate tab 5 mg .....</i>	27
INTUNIV TAB 1MG .....	5	<i>isosorbide mononitrate tab 20 mg.....</i>	28
INTUNIV TAB 2MG .....	5	<i>isosorbide mononitrate tab er 24hr 120 mg</i>	
INTUNIV TAB 3MG .....	5	.....	28
INTUNIV TAB 4MG .....	5	<i>isosorbide mononitrate tab er 24hr 30 mg</i>	
INVEGA TAB 1.5MG .....	80	.....	28
INVEGA TAB 3MG.....	80	<i>isosorbide mononitrate tab er 24hr 60 mg</i>	
INVEGA TAB 6MG.....	80	.....	28
INVEGA TAB 9MG.....	80	<i>isotretinoin cap 10 mg .....</i>	107
INVELTYS SUS 1% .....	152	<i>isotretinoin cap 20 mg .....</i>	107
IOPIDINE SOL 1% OP .....	151	<i>isotretinoin cap 25 mg .....</i>	107
<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>		<i>isotretinoin cap 30 mg .....</i>	107
<i>mg/3ml .....</i>	33	<i>isotretinoin cap 35 mg .....</i>	107
<i>ipratropium bromide inhal soln 0.02% .....</i>	31	<i>isotretinoin cap 40 mg .....</i>	107
<i>ipratropium bromide nasal soln 0.03% (21</i>		<i>isradipine cap 2.5 mg .....</i>	92
<i>mcg/spray) .....</i>	149	<i>isradipine cap 5 mg.....</i>	92
<i>ipratropium bromide nasal soln 0.06% (42</i>		ISTALOL SOL 0.5% OP.....	150
<i>mcg/spray) .....</i>	149	ISTURISA TAB 10MG.....	118
<i>irbesartan-hydrochlorothiazide tab 150-12.5</i>		ISTURISA TAB 1MG .....	118
<i>mg .....</i>	64	ISTURISA TAB 5MG.....	118
<i>irbesartan-hydrochlorothiazide tab 300-</i>		<i>itraconazole cap 100 mg .....</i>	55
12.5 mg.....	65	<i>itraconazole oral soln 10 mg/ml .....</i>	55
<i>irbesartan tab 150 mg.....</i>	61	<i>ivermectin cream 1% .....</i>	115
<i>irbesartan tab 300 mg.....</i>	61	<i>ivermectin tab 3 mg.....</i>	26
<i>irbesartan tab 75 mg .....</i>	61	<b>J</b>	
IRESSA TAB 250MG .....	69	JADENU SPRKL GRA 180MG .....	53
ISENTRESS CHW 100MG.....	85	JADENU SPRKL GRA 360MG.....	53
ISENTRESS CHW 25MG.....	85	JADENU SPRKL GRA 90MG .....	53
ISENTRESS HD TAB 600MG .....	85	JADENU TAB 180MG.....	53
ISENTRESS POW 100MG .....	85	JADENU TAB 360MG .....	53
ISENTRESS TAB 400MG.....	85	JADENU TAB 90MG .....	53
<i>isibloom .....</i>	100	JAKAFI TAB 10MG .....	73
<i>isoniazid inj 100 mg/ml.....</i>	68	JAKAFI TAB 15MG.....	73
<i>isoniazid syrup 50 mg/5ml .....</i>	68	JAKAFI TAB 20MG.....	73
<i>isoniazid tab 100 mg .....</i>	68	JAKAFI TAB 25MG .....	73

JAKAFI TAB 5MG .....	73
JALYN CAP.....	128
<i>jantoven</i> .....	34
JANUMET TAB 50-1000 .....	49
JANUMET TAB 50-500MG.....	49
JANUMET XR TAB 100-1000.....	49
JANUMET XR TAB 50-1000 .....	49
JANUMET XR TAB 50-500MG.....	49
JANUVIA TAB 100MG .....	50
JANUVIA TAB 25MG .....	50
JANUVIA TAB 50MG .....	50
JARDIANCE TAB 10MG.....	52
JARDIANCE TAB 25MG .....	52
<i>jasmiel</i> .....	100
JATENZO CAP 158MG.....	24
JATENZO CAP 198MG.....	24
JATENZO CAP 237MG .....	24
JAYPIRCA TAB 100MG .....	73
JAYPIRCA TAB 50MG .....	73
<i>jencycla tab 0.35mg</i> .....	104
JENLIVA CAP .....	146
<i>jinteli</i> .....	123
JOENJA TAB 70MG .....	142
<i>jolessa</i> .....	100
JORNAY PM CAP 100MG ER.....	7
JORNAY PM CAP 20MG ER.....	7
JORNAY PM CAP 40MG ER .....	7
JORNAY PM CAP 60MG ER .....	7
JORNAY PM CAP 80MG ER.....	7
JUBLIA SOL 10% .....	109
<i>juleber</i> .....	100
JULUCA TAB 50-25MG.....	85
<i>junel 1/20</i> .....	100
<i>junel 1.5/30</i> .....	100
<i>junel fe 1/20</i> .....	100
<i>junel fe 1.5/30</i> .....	100
<i>junel fe 24</i> .....	101
JYNARQUE PAK 15MG.....	122
JYNARQUE PAK 30-15MG .....	122
JYNARQUE PAK 45-15MG .....	122
JYNARQUE PAK 60-30MG .....	122
JYNARQUE PAK 90-30MG .....	122
JYNARQUE TAB 15MG .....	122
JYNARQUE TAB 30MG .....	122

<b>K</b>	
KALETRA SOL.....	85
KALETRA TAB 100-25MG.....	85
KALETRA TAB 200-50MG.....	85
KALYDECO GRA 13.4MG.....	166
KALYDECO GRA 5.8MG .....	166
KALYDECO PAK 50MG .....	166
KALYDECO PAK 75MG.....	166
KALYDECO TAB 150MG .....	166
KAPVAY TAB 0.1 MG.....	5
<i>kariva</i> .....	101
KATERZIA SUS 1MG/ML .....	92
<i>kelnor 1/35</i> .....	101
<i>kelnor 1/50</i> .....	101
KEPPRA SOL 100MG/ML.....	38
KEPPRA TAB 1000MG.....	38
KEPPRA TAB 250MG.....	38
KEPPRA TAB 500MG .....	38
KEPPRA TAB 750MG.....	38
KEPPRA XR TAB 500MG .....	38
KEPPRA XR TAB 750MG.....	38
KERENDIA TAB 10MG.....	121
KERENDIA TAB 20MG .....	121
KERYDIN SOL 5%.....	109
KESIMPTA INJ 20/.4ML.....	160
<i>ketoconazole cream 2%</i> .....	109
<i>ketoconazole shampoo 2%</i> .....	109
<i>ketoconazole tab 200 mg</i> .....	55
<i>ketorolac tromethamine inj 30 mg/ml</i> .....	13
<i>ketorolac tromethamine ophth soln 0.4%</i> .....	154
<i>ketorolac tromethamine ophth soln 0.5%</i> .....	154
<i>ketorolac tromethamine tab 10 mg</i> .....	13
KETOSTIX TES STRIP.....	115
KINERET INJ.....	11
KISQALI 200 PAK FEMARA .....	71
KISQALI 400 PAK FEMARA.....	71
KISQALI 600 PAK FEMARA.....	71
KISQALI TAB 200DOSE.....	73
KISQALI TAB 400DOSE.....	73
KISQALI TAB 600DOSE.....	73
KITABIS PAK NEB 300/5ML .....	10
KLARON LOT 10%.....	107

KLONOPIN TAB 0.5MG .....	37	LAMICTAL ODT KIT .....	38
KLONOPIN TAB 1MG .....	37	LAMICTAL ODT TAB 100MG .....	39
KLONOPIN TAB 2MG.....	37	LAMICTAL ODT TAB 200MG .....	39
<i>klor-con</i> .....	141	LAMICTAL ODT TAB 25MG .....	38
<i>klor-con 10 tab 10meq er</i> .....	141	LAMICTAL ODT TAB 50MG.....	39
<i>klor-con m10 tab 10meq er</i> .....	141	LAMICTAL TAB 100MG.....	39
<i>klor-con m15 tab 15meq er</i> .....	141	LAMICTAL TAB 150MG.....	39
<i>klor-con m20 tab 20meq er</i> .....	141	LAMICTAL TAB 200MG .....	39
KLOXXADO SPR 8MG .....	53	LAMICTAL TAB 25MG.....	39
<i>klz aspirin low dose</i> .....	14	LAMICTAL XR KIT .....	39
<i>klz quit2</i> .....	162	LAMICTAL XR TAB 100MG .....	39
<i>klz quit4 gum 4mg</i> .....	162	LAMICTAL XR TAB 200MG .....	39
KORLYM TAB 300MG .....	50	LAMICTAL XR TAB 250MG .....	39
KOSELUGO CAP 10MG.....	73	LAMICTAL XR TAB 25MG.....	39
KOSELUGO CAP 25MG .....	73	LAMICTAL XR TAB 300MG .....	39
KOSHR PRENAT TAB 30-1MG.....	146	LAMICTAL XR TAB 50MG.....	39
<i>kp aspirin</i> .....	14	<i>lamivudine oral soln 10 mg/ml</i> .....	85
K-PHOS TAB .....	141	<i>lamivudine tab 100 mg (hbv)</i> .....	88
K-PHOS TAB NO 2.....	128	<i>lamivudine tab 150 mg</i> .....	85
KRAZATI TAB 200MG.....	73	<i>lamivudine tab 300 mg</i> .....	85
K-TAB TAB 20MEQ .....	141	<i>lamivudine-zidovudine tab 150-300 mg</i> ...	86
<i>kurvelo tab 0.15/30</i> .....	101	<i>lamotrigine orally disintegrating tab 100 mg</i> .....	39
KUVAN POW 100MG .....	120	<i>lamotrigine orally disintegrating tab 200 mg</i> .....	39
KUVAN POW 500MG.....	120	<i>lamotrigine orally disintegrating tab 25 mg</i> .....	39
KUVAN TAB 100MG .....	120	<i>lamotrigine orally disintegrating tab 50 mg</i> .....	39
KYZATREX CAP 100MG .....	24	<i>lamotrigine tab 200 mg</i> .....	39
KYZATREX CAP 150MG .....	24	<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7)</i> <i>starter kit</i> .....	39
KYZATREX CAP 200MG .....	24	<i>lamotrigine tab 35 x 25 mg starter kit</i> .....	39
<b>L</b>		<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg</i> <i>starter kit</i> .....	39
<i>labetalol hcl tab 100 mg</i> .....	89	<i>lamotrigine tab chewable dispersible 25 mg</i> .....	39
<i>labetalol hcl tab 200 mg</i> .....	89	<i>lamotrigine tab chewable dispersible 5 mg</i> .....	39
<i>labetalol hcl tab 300 mg</i> .....	89	<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp;</i> <i>100 mg (7) kit</i> .....	39
<i>lacosamide oral solution 10 mg/ml</i> .....	38	<i>lamotrigine tab er 24hr 100 mg</i> .....	39
<i>lacosamide tab 100 mg</i> .....	38	<i>lamotrigine tab er 24hr 200 mg</i> .....	39
<i>lacosamide tab 150 mg</i> .....	38	<i>lamotrigine tab er 24hr 250 mg</i> .....	39
<i>lacosamide tab 200 mg</i> .....	38		
<i>lacosamide tab 50 mg</i> .....	38		
LACRISERT MIS 5MG OP .....	150		
<i>lactulose solution 10 gm/15ml</i> .....	136		
LAMICTAL CHW 25MG.....	38		
LAMICTAL CHW 5MG .....	38		
LAMICTAL KIT START 35.....	38		
LAMICTAL KIT START 49 .....	38		
LAMICTAL KIT START 98 .....	38		



<i>lamotrigine tab er 24hr 25 mg</i> .....	39	<i>lenalidomide cap 5 mg</i> .....	142
<i>lamotrigine tab er 24hr 300 mg</i> .....	39	<i>lenalidomide caps 2.5 mg</i> .....	142
<i>lamotrigine tab er 24hr 50 mg</i> .....	39	LENVIMA CAP 10 MG .....	73
LANOXIN INJ 0.25MG/1 .....	94	LENVIMA CAP 12MG .....	73
<i>lansoprazole cap delayed release 15 mg</i> .172		LENVIMA CAP 14 MG .....	73
<i>lansoprazole cap delayed release 30 mg</i> 172		LENVIMA CAP 18 MG .....	73
LANSOPRAZOLE SUS 3MG/ML .....	172	LENVIMA CAP 20 MG.....	73
<i>lansoprazole tab delayed release orally</i>		LENVIMA CAP 24 MG.....	73
<i>disintegrating 15 mg</i> .....	172	LENVIMA CAP 4MG.....	73
<i>lansoprazole tab delayed release orally</i>		LENVIMA CAP 8 MG.....	73
<i>disintegrating 30 mg</i> .....	172	LESCOL XL TAB 80MG.....	58
<i>lanthanum carbonate chew tab 1000 mg</i>		<i>lessina</i> .....	101
<i>(elemental)</i> .....	127	LETAIRIS TAB 10MG .....	97
<i>lanthanum carbonate chew tab 500 mg</i>		LETAIRIS TAB 5MG.....	97
<i>(elemental)</i> .....	127	<i>letrozole tab 2.5 mg</i> .....	70
<i>lanthanum carbonate chew tab 750 mg</i>		<i>leucovorin calcium inj 100 mg/10ml (10</i>	
<i>(elemental)</i> .....	127	<i>mg/ml)</i> .....	76
LANTUS INJ 100/ML .....	51	<i>leucovorin calcium inj 500 mg/50ml (10</i>	
LANTUS SOLOS INJ 100/ML.....	51	<i>mg/ml)</i> .....	76
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>		<i>leucovorin calcium tab 10 mg</i> .....	76
.....	73	<i>leucovorin calcium tab 15 mg</i> .....	76
<i>larin 1/20</i> .....	101	<i>leucovorin calcium tab 25 mg</i> .....	76
<i>larin 1.5/30</i> .....	101	<i>leucovorin calcium tab 5 mg</i> .....	76
<i>larin 24 fe</i> .....	101	LEUKERAN TAB 2MG .....	68
<i>larin fe 1/20</i> .....	101	LEUKINE INJ 250MCG.....	131
<i>larin fe 1.5/30</i> .....	101	<i>leuprolide acetate inj kit 1 mg/0.2ml (5</i>	
LASIX TAB 20MG .....	117	<i>mg/ml)</i> .....	70
LASIX TAB 40MG .....	117	<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i>	
LASIX TAB 80MG .....	117	<i>(base equiv)</i> .....	34
LASTACFT SOL 0.25%.....	154	<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i>	
<i>latanoprost ophth soln 0.005%</i> .....	154	<i>(base equiv)</i> .....	34
LATUDA TAB 120MG .....	80	<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>	
LATUDA TAB 20MG .....	80	<i>(base equiv)</i> .....	34
LATUDA TAB 40MG .....	80	<i>levalbuterol hcl soln nebu conc 1.25</i>	
LATUDA TAB 60MG .....	80	<i>mg/0.5ml (base equiv)</i> .....	34
LATUDA TAB 80MG .....	80	<i>levalbuterol tartrate inhal aerosol 45</i>	
<i>layolis fe</i> .....	101	<i>mcg/act (base equiv)</i> .....	34
<i>leena</i> .....	101	LEVBID TAB 0.375 ER.....	171
<i>leflunomide tab 10 mg</i> .....	13	<i>levetiracetam oral soln 100 mg/ml</i> .....	39
<i>leflunomide tab 20 mg</i> .....	13	<i>levetiracetam tab 1000 mg</i> .....	39
<i>lenalidomide cap 10 mg</i> .....	142	<i>levetiracetam tab 250 mg</i> .....	39
<i>lenalidomide cap 15 mg</i> .....	142	<i>levetiracetam tab 500 mg</i> .....	39
<i>lenalidomide cap 20 mg</i> .....	142	<i>levetiracetam tab 750 mg</i> .....	39
<i>lenalidomide cap 25 mg</i> .....	142	<i>levetiracetam tab er 24hr 500 mg</i> .....	39

<i>levetiracetam tab er 24hr 750 mg</i> .....	39	<i>levothyroxine sodium tab 100 mcg</i> .....	169
<i>levobunolol hcl ophth soln 0.5%</i> .....	150	<i>levothyroxine sodium tab 112 mcg</i> .....	169
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> ..	120	<i>levothyroxine sodium tab 125 mcg</i> .....	169
<i>levocarnitine tab 330 mg</i> .....	120	<i>levothyroxine sodium tab 137 mcg</i> .....	169
<i>levocetirizine dihydrochloride soln 2.5</i>		<i>levothyroxine sodium tab 150 mcg</i> .....	169
<i>mg/5ml (0.5 mg/ml)</i> .....	56	<i>levothyroxine sodium tab 175 mcg</i> .....	169
<i>levocetirizine dihydrochloride tab 5 mg</i> ...	56	<i>levothyroxine sodium tab 200 mcg</i> .....	169
<i>levofloxacin ophth soln 0.5%</i> .....	151	<i>levothyroxine sodium tab 25 mcg</i> .....	169
<i>levofloxacin oral soln 25 mg/ml</i> .....	125	<i>levothyroxine sodium tab 300 mcg</i> .....	169
<i>levofloxacin tab 250 mg</i> .....	125	<i>levothyroxine sodium tab 50 mcg</i> .....	169
<i>levofloxacin tab 500 mg</i> .....	125	<i>levothyroxine sodium tab 75 mcg</i> .....	169
<i>levofloxacin tab 750 mg</i> .....	125	<i>levothyroxine sodium tab 88 mcg</i> .....	169
<i>levonest</i> .....	101	<i>levoxyl</i> .....	169
<i>levonor-eth est tab 0.15-0.02/0.025/0.03</i>		<i>LEVSIN/SL SUB 0.125MG</i> .....	171
<i>mg &amp;eth est 0.01 mg</i> .....	101	<i>LEVSIN TAB 0.125MG</i> .....	171
<i>levonorgestrel &amp; ethinyl estradiol (91-day)</i>		<i>LEXAPRO TAB 10MG</i> .....	45
<i>tab 0.15-0.03 mg</i> .....	101	<i>LEXAPRO TAB 20MG</i> .....	45
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15</i>		<i>LEXAPRO TAB 5MG</i> .....	44
<i>mg-30 mcg</i> .....	101	<i>LEXIVA TAB 700MG</i> .....	86
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1</i>		<i>lidocaine hcl cream 3%</i> .....	114
<i>mg-20 mcg</i> .....	101	<i>lidocaine hcl laryngotracheal soln 4%</i> ....	144
<i>levonorgestrel-eth estra tab 0.05-</i>		<i>lidocaine hcl lotion 3%</i> .....	114
<i>30/0.075-40/0.125-30mg-mcg</i> .....	101	<i>lidocaine hcl soln 4%</i> .....	114
<i>levonorgestrel-ethinyl estradiol</i>		<i>lidocaine hcl urethral/mucosal gel prefilled</i>	
<i>(continuous) tab 90-20 mcg</i> .....	101	<i>syringe 2%</i> .....	114
<i>levonorgestrel tab 1.5 mg</i> .....	103	<i>lidocaine hcl viscous soln 2%</i> .....	144
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth</i>		<i>lidocaine-hydrocortisone acetate perianal</i>	
<i>est tab 0.01mg(7)</i> .....	101	<i>cream 3-0.5%</i> .....	25
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth</i>		<i>lidocaine oint 5%</i> .....	114
<i>est tab 0.01mg(7)</i> .....	101	<i>lidocaine patch 5%</i> .....	114
<i>levora 0.15/30-28</i> .....	101	<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	114
<i>levo-t</i> .....	169	<i>LIDODERM DIS 5%</i> .....	114
<i>levothyroxine sodium cap 100 mcg</i> .....	169	<i>lido-sorb</i> .....	114
<i>levothyroxine sodium cap 112 mcg</i> .....	169	<i>LIFEMS NALOX INJ 2MG/2ML</i> .....	53
<i>levothyroxine sodium cap 125 mcg</i> .....	169	<i>lindane shampoo 1%</i> .....	115
<i>levothyroxine sodium cap 137 mcg</i> .....	169	<i>linezolid for susp 100 mg/5ml</i> .....	27
<i>levothyroxine sodium cap 13 mcg</i> .....	169	<i>linezolid tab 600 mg</i> .....	27
<i>levothyroxine sodium cap 150 mcg</i> .....	169	<i>LINZESS CAP 145MCG</i> .....	126
<i>levothyroxine sodium cap 175 mcg</i> .....	169	<i>LINZESS CAP 290MCG</i> .....	126
<i>levothyroxine sodium cap 200 mcg</i> .....	169	<i>LINZESS CAP 72MCG</i> .....	126
<i>levothyroxine sodium cap 25 mcg</i> .....	169	<i>liothyronine sodium tab 25 mcg</i> .....	169
<i>levothyroxine sodium cap 50 mcg</i> .....	169	<i>liothyronine sodium tab 50 mcg</i> .....	169
<i>levothyroxine sodium cap 75 mcg</i> .....	169	<i>liothyronine sodium tab 5 mcg</i> .....	169
<i>levothyroxine sodium cap 88 mcg</i> .....	169	<i>LIPITOR TAB 10MG</i> .....	58

LIPITOR TAB 20MG .....	58	LITHOBID TAB 300MG CR.....	79
LIPITOR TAB 40MG .....	58	LIVALO TAB 1MG .....	58
LIPITOR TAB 80MG .....	58	LIVALO TAB 2MG.....	58
LIPOFEN CAP 150MG .....	57	LIVALO TAB 4MG.....	58
LIPOFEN CAP 50MG.....	57	LIVMARLI SOL 9.5MG/ML .....	126
LIQREV SUS 10MG/ML.....	97	LIVTENCITY TAB 200MG.....	87
<i>lisdexamfetamine dimesylate cap 10 mg</i> ...	2	LODOSYN TAB 25MG.....	76
<i>lisdexamfetamine dimesylate cap 20 mg</i> ...	2	<i>loestrin 1/20-21</i> .....	101
<i>lisdexamfetamine dimesylate cap 30 mg</i> ...	2	<i>loestrin 1.5/30-21</i> .....	101
<i>lisdexamfetamine dimesylate cap 40 mg</i> ...	2	<i>loestrin fe 1/20</i> .....	101
<i>lisdexamfetamine dimesylate cap 50 mg</i> ...	2	<i>loestrin fe 1.5/30</i> .....	101
<i>lisdexamfetamine dimesylate cap 60 mg</i> ...	2	LOKELMA PAK 10GM .....	144
<i>lisdexamfetamine dimesylate cap 70 mg</i> ...	2	LOKELMA PAK 5GM .....	144
<i>lisdexamfetamine dimesylate chew tab 10</i>		LO LOESTRIN TAB 1-10-10.....	101
<i>mg</i> .....	2	LOMAIRA TAB 8MG.....	4
<i>lisdexamfetamine dimesylate chew tab 20</i>		LONSURF TAB 15-6.14.....	71
<i>mg</i> .....	2	LONSURF TAB 20-8.19.....	71
<i>lisdexamfetamine dimesylate chew tab 30</i>		LOPID TAB 600MG.....	58
<i>mg</i> .....	2	<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	
<i>lisdexamfetamine dimesylate chew tab 40</i>		<i>(80-20 mg/ml)</i> .....	86
<i>mg</i> .....	2	<i>lopinavir-ritonavir tab 100-25 mg</i> .....	86
<i>lisdexamfetamine dimesylate chew tab 50</i>		<i>lopinavir-ritonavir tab 200-50 mg</i> .....	86
<i>mg</i> .....	2	LOPRESSOR TAB 100MG .....	90
<i>lisdexamfetamine dimesylate chew tab 60</i>		LOPRESSOR TAB 50MG .....	90
<i>mg</i> .....	3	<i>lorazepam tab 0.5 mg</i> .....	29
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5</i>		<i>lorazepam tab 1 mg</i> .....	29
<i>mg</i> .....	65	<i>lorazepam tab 2 mg</i> .....	29
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5</i>		LORBRENA TAB 100MG.....	73
<i>mg</i> .....	65	LORBRENA TAB 25MG.....	73
<i>lisinopril &amp; hydrochlorothiazide tab 20-25</i>		<i>loryna</i> .....	101
<i>mg</i> .....	65	<i>losartan potassium &amp; hydrochlorothiazide</i>	
<i>lisinopril tab 10 mg</i> .....	60	<i>tab 100-12.5 mg</i> .....	65
<i>lisinopril tab 2.5 mg</i> .....	60	<i>losartan potassium &amp; hydrochlorothiazide</i>	
<i>lisinopril tab 20 mg</i> .....	60	<i>tab 100-25 mg</i> .....	65
<i>lisinopril tab 30 mg</i> .....	60	<i>losartan potassium &amp; hydrochlorothiazide</i>	
<i>lisinopril tab 40 mg</i> .....	60	<i>tab 50-12.5 mg</i> .....	65
<i>lisinopril tab 5 mg</i> .....	60	<i>losartan potassium tab 100 mg</i> .....	62
<i>lithium carbonate cap 150 mg</i> .....	79	<i>losartan potassium tab 25 mg</i> .....	61
<i>lithium carbonate cap 300 mg</i> .....	79	<i>losartan potassium tab 50 mg</i> .....	61
<i>lithium carbonate cap 600 mg</i> .....	79	LOSEASONIQUE TAB .....	101
<i>lithium carbonate tab 300 mg</i> .....	79	LOTEMAX GEL 0.5% .....	152
<i>lithium carbonate tab er 300 mg</i> .....	79	LOTEMAX OIN 0.5% .....	153
<i>lithium carbonate tab er 450 mg</i> .....	79	LOTEMAX SM GEL 0.38%.....	153
<i>lithium oral solution 8 meq/5ml</i> .....	79	LOTEMAX SUS 0.5%.....	153

LOTENSIN HCT TAB 10-12.5.....	65	<i>lutra</i> .....	101
LOTENSIN HCT TAB 20-12.5.....	65	LUZU CRE 1% .....	109
LOTENSIN HCT TAB 20-25MG .....	65	LYNPARZA TAB 100MG .....	73
LOTENSIN TAB 10MG .....	60	LYNPARZA TAB 150MG .....	73
LOTENSIN TAB 20MG.....	60	LYRICA CAP 100MG.....	40
LOTENSIN TAB 40MG.....	60	LYRICA CAP 150MG .....	40
<i>loteprednol etabonate ophth gel 0.5%</i> ....	153	LYRICA CAP 200MG .....	40
<i>loteprednol etabonate ophth susp 0.2%</i> .....	153	LYRICA CAP 225MG.....	40
LOTREL CAP 10-20MG.....	65	LYRICA CAP 25MG .....	39
LOTREL CAP 10-40MG .....	65	LYRICA CAP 300MG .....	40
LOTREL CAP 5-10MG.....	65	LYRICA CAP 50MG .....	40
LOTREL CAP 5-20MG .....	65	LYRICA CAP 75MG.....	40
<i>lovastatin tab 10 mg</i> .....	58	LYRICA SOL 20MG/ML.....	40
<i>lovastatin tab 20 mg</i> .....	58	LYSODREN TAB 500MG.....	70
<i>lovastatin tab 40 mg</i> .....	58	LYTGOBI TAB 4MG.....	73
LOVAZA CAP 1GM .....	57	LYVISPAH GRA 10MG.....	148
LOVENOX INJ 100MG/ML.....	36	LYVISPAH GRA 20MG .....	148
LOVENOX INJ 120/0.8 .....	36	LYVISPAH GRA 5MG.....	148
LOVENOX INJ 150MG/ML.....	36	<i>lyza</i> .....	104
LOVENOX INJ 30/0.3ML .....	36	<b>M</b>	
LOVENOX INJ 300/3ML .....	36	MACROBID CAP 100MG .....	174
LOVENOX INJ 40/0.4ML.....	36	MACRODANTIN CAP 100MG .....	174
LOVENOX INJ 60/0.6ML.....	36	MACRODANTIN CAP 25MG .....	174
LOVENOX INJ 80/0.8ML.....	36	MACRODANTIN CAP 50MG.....	174
<i>low-ogestrel</i> .....	101	<i>mafenide acetate packet for topical soln</i> <i>5% (50 gm)</i> .....	111
<i>loxapine succinate cap 10 mg</i> .....	81	MAGNEBIND TAB 400 .....	141
<i>loxapine succinate cap 25 mg</i> .....	81	MALARONE TAB 250-100 .....	67
<i>loxapine succinate cap 50 mg</i> .....	81	MALARONE TAB 62.5-25 .....	67
<i>loxapine succinate cap 5 mg</i> .....	81	<i>malathion lotion 0.5%</i> .....	115
<i>lubiprostone cap 24 mcg</i> .....	125	<i>maraviroc tab 150 mg</i> .....	86
<i>lubiprostone cap 8 mcg</i> .....	125	<i>maraviroc tab 300 mg</i> .....	86
LUCEMYRA TAB 0.18MG .....	157	MARINOL CAP 10MG .....	54
<i>luliconazole cream 1%</i> .....	109	MARINOL CAP 2.5MG.....	54
LUMAKRAS TAB 120MG .....	73	MARINOL CAP 5MG .....	54
LUMAKRAS TAB 320MG.....	73	<i>marlissa</i> .....	101
LUMIGAN SOL 0.01%.....	154	MARPLAN TAB 10MG.....	44
LUNESTA TAB 1MG .....	134	MATULANE CAP 50MG .....	76
LUNESTA TAB 2MG.....	134	<i>matzim la</i> .....	92
LUNESTA TAB 3MG .....	134	MAVENCLAD PAK 10MG(10) .....	160
<i>lurasidone hcl tab 120 mg</i> .....	80	MAVENCLAD PAK 10MG(4).....	160
<i>lurasidone hcl tab 20 mg</i> .....	80	MAVENCLAD PAK 10MG(5).....	160
<i>lurasidone hcl tab 40 mg</i> .....	80	MAVENCLAD PAK 10MG(6).....	160
<i>lurasidone hcl tab 60 mg</i> .....	80	MAVENCLAD PAK 10MG(7).....	160
<i>lurasidone hcl tab 80 mg</i> .....	80		

MAVENCLAD PAK 10MG(8).....	160	<i>memantine hcl cap er 24hr 21 mg</i> .....	157
MAVENCLAD PAK 10MG(9).....	160	<i>memantine hcl cap er 24hr 28 mg</i> .....	157
MAVYRET PAK 50-20MG .....	88	<i>memantine hcl cap er 24hr 7 mg</i> .....	157
MAVYRET TAB 100-40MG .....	88	<i>memantine hcl oral solution 2 mg/ml</i> .....	157
MAXALT-MLT TAB 10MG.....	139	<i>memantine hcl tab 10 mg</i> .....	158
MAXALT TAB 10MG .....	139	<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg</i>	
MAXIDEX SUS 0.1% OP .....	153	<i>titration pack</i> .....	158
MAXITROL OIN 0.1% OP .....	153	<i>memantine hcl tab 5 mg</i> .....	157
MAXITROL SUS 0.1% OP .....	153	MENEST TAB 0.3MG.....	124
MAXZIDE-25 TAB .....	116	MENEST TAB 0.625MG .....	124
MAXZIDE TAB 75-50 .....	116	MENEST TAB 1.25MG .....	124
MAYZENT PAK STARTER.....	160	MENOPUR INJ 75UNIT .....	119
MAYZENT TAB 0.25MG.....	160	MENOSTAR DIS 14MCG .....	124
MAYZENT TAB 1MG.....	160	<i>meperidine hcl oral soln 50 mg/5ml</i> .....	17
MAYZENT TAB 2MG .....	160	<i>meperidine hcl tab 50 mg</i> .....	17
<i>meclofenamate sodium cap 100 mg</i> .....	13	<i>meprobamate tab 200 mg</i> .....	28
<i>meclofenamate sodium cap 50 mg</i> .....	13	<i>meprobamate tab 400 mg</i> .....	28
MEDROL TAB 16MG.....	105	MEPRON SUS .....	26
MEDROL TAB 2MG .....	105	<i>mercaptopurine tab 50 mg</i> .....	69
MEDROL TAB 4MG .....	105	<i>mesalamine cap dr 400 mg</i> .....	126
MEDROL TAB 8MG .....	105	<i>mesalamine cap er 24hr 0.375 gm</i> .....	126
<i>medroxyprogesterone acetate im susp 150</i>		<i>mesalamine cap er 500 mg</i> .....	126
<i>mg/ml</i> .....	104	<i>mesalamine enema 4 gm</i> .....	126
<i>medroxyprogesterone acetate im susp</i>		<i>mesalamine suppos 1000 mg</i> .....	126
<i>prefilled syr 150 mg/ml</i> .....	104	<i>mesalamine tab delayed release 1.2 gm</i> .	126
<i>medroxyprogesterone acetate tab 10 mg</i>		<i>mesalamine tab delayed release 800 mg</i>	
.....	156	.....	126
<i>medroxyprogesterone acetate tab 2.5 mg</i>		MESNEX TAB 400MG.....	76
.....	156	<i>metaxalone tab 800 mg</i> .....	148
<i>medroxyprogesterone acetate tab 5 mg</i>	156	<i>metformin hcl tab 1000 mg</i> .....	49
<i>mefenamic acid cap 250 mg</i> .....	13	<i>metformin hcl tab 500 mg</i> .....	49
<i>mefloquine hcl tab 250 mg</i> .....	67	<i>metformin hcl tab 850 mg</i> .....	49
<i>megestrol acetate susp 40 mg/ml</i> .....	70	<i>metformin hcl tab er 24hr 500 mg</i> .....	50
<i>megestrol acetate susp 625 mg/5ml</i> .....	156	<i>metformin hcl tab er 24hr 750 mg</i> .....	50
<i>megestrol acetate tab 20 mg</i> .....	70	<i>metformin hcl tab er 24hr modified release</i>	
<i>megestrol acetate tab 40 mg</i> .....	70	<i>1000 mg</i> .....	50
MEKINIST SOL 0.05/ML .....	73	<i>metformin hcl tab er 24hr modified release</i>	
MEKINIST TAB 0.5MG.....	73	<i>500 mg</i> .....	50
MEKINIST TAB 2MG .....	73	<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	
MEKTOVI TAB 15MG.....	73	.....	50
<i>meloxicam tab 15 mg</i> .....	13	<i>metformin hcl tab er 24hr osmotic 500 mg</i>	
<i>meloxicam tab 7.5 mg</i> .....	13	.....	50
<i>melphalan tab 2 mg</i> .....	68	<i>methadone hcl conc 10 mg/ml</i> .....	17
<i>memantine hcl cap er 24hr 14 mg</i> .....	157	<i>methadone hcl soln 10 mg/5ml</i> .....	17

<i>methadone hcl soln 5 mg/5ml</i> .....	17	<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i> .....	8
<i>methadone hcl tab 10 mg</i> .....	17	<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i> .....	8
<i>methadone hcl tab 5 mg</i> .....	17	<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> .....	8
<i>methadone hcl tab for oral susp 40 mg</i> .....	17	<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i> .....	8
METHADONE INJ 10MG/ML .....	17	<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> .....	8
<i>methadose</i> .....	17	<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i> .....	8
METHADOSE CON 10MG/ML .....	17	<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> .....	8
METHADOSE SF CON 10MG/ML.....	17	<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i> .....	8
<i>methazolamide tab 25 mg</i> .....	116	<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i> .....	8
<i>methazolamide tab 50 mg</i> .....	116	<i>methylphenidate hcl cap er 24hr 60 mg (la)</i> .....	8
<i>methenamine hippurate tab 1 gm</i> .....	174	<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i> .....	8
<i>methergine</i> .....	155	<i>methylphenidate hcl cap er 30 mg (cd)</i> .....	8
<i>methimazole tab 10 mg</i> .....	168	<i>methylphenidate hcl cap er 40 mg (cd)</i> .....	8
<i>methimazole tab 5 mg</i> .....	168	<i>methylphenidate hcl cap er 50 mg (cd)</i> .....	8
METHITEST TAB 10MG .....	24	<i>methylphenidate hcl cap er 60 mg (cd)</i> .....	8
<i>methocarbamol tab 500 mg</i> .....	148	<i>methylphenidate hcl chew tab 10 mg</i> .....	8
<i>methocarbamol tab 750 mg</i> .....	148	<i>methylphenidate hcl chew tab 2.5 mg</i> .....	8
<i>methotrexate sodium for inj 1 gm</i> .....	69	<i>methylphenidate hcl chew tab 5 mg</i> .....	8
<i>methotrexate sodium inj 250 mg/10ml (25</i> <i>mg/ml)</i> .....	69	<i>methylphenidate hcl soln 10 mg/5ml</i> .....	8
<i>methotrexate sodium inj 50 mg/2ml (25</i> <i>mg/ml)</i> .....	69	<i>methylphenidate hcl soln 5 mg/5ml</i> .....	8
<i>methotrexate sodium inj pf 1000 mg/40ml</i> <i>(25 mg/ml)</i> .....	69	<i>methylphenidate hcl tab 10 mg</i> .....	8
<i>methotrexate sodium inj pf 250 mg/10ml</i> <i>(25 mg/ml)</i> .....	69	<i>methylphenidate hcl tab 20 mg</i> .....	8
<i>methotrexate sodium inj pf 50 mg/2ml (25</i> <i>mg/ml)</i> .....	69	<i>methylphenidate hcl tab 5 mg</i> .....	8
<i>methotrexate sodium tab 2.5 mg (base</i> <i>equiv)</i> .....	69	<i>methylphenidate hcl tab er 10 mg</i> .....	8
<i>methoxsalen rapid cap 10 mg</i> .....	110	<i>methylphenidate hcl tab er 20 mg</i> .....	9
<i>methscopolamine bromide tab 2.5 mg</i> ....	171	<i>methylphenidate hcl tab er 24hr 18 mg</i> .....	9
<i>methscopolamine bromide tab 5 mg</i> .....	171	<i>methylphenidate hcl tab er osmotic release</i> <i>(osm) 18 mg</i> .....	9
<i>methsuximide cap 300 mg</i> .....	43	<i>methylphenidate hcl tab er osmotic release</i> <i>(osm) 27 mg</i> .....	9
<i>methyldopa tab 250 mg</i> .....	62	<i>methylphenidate hcl tab er osmotic release</i> <i>(osm) 36 mg</i> .....	9
<i>methyldopa tab 500 mg</i> .....	62	<i>methylphenidate hcl tab er osmotic release</i> <i>(osm) 54 mg</i> .....	9
<i>methylergonovine maleate tab 0.2 mg</i> ....	155		
METHYLIN SOL 10MG/5ML.....	7		
METHYLIN SOL 5MG/5ML .....	7		
<i>methylphenidate hcl cap er 10 mg (cd)</i> .....	8		
<i>methylphenidate hcl cap er 20 mg (cd)</i> .....	8		
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i> .....	8		

METHYLPHENIDATE HCL TAB ER	
OSMOTIC RELEASE (OSM) 72 MG.....	9
<i>methylphenidate td patch 10 mg/9hr</i> .....	9
<i>methylphenidate td patch 15 mg/9hr</i> .....	9
<i>methylphenidate td patch 20 mg/9hr</i> .....	9
<i>methylphenidate td patch 30 mg/9hr</i> .....	9
METHYLPHENID TAB 45MG ER.....	7
METHYLPHENID TAB 63MG ER.....	7
<i>methylprednisolone tab 16 mg</i> .....	105
<i>methylprednisolone tab 32 mg</i> .....	105
<i>methylprednisolone tab 4 mg</i> .....	105
<i>methylprednisolone tab 8 mg</i> .....	105
<i>methylprednisolone tab therapy pack 4 mg</i> <i>(21)</i> .....	105
<i>methyltestosterone cap 10 mg</i> .....	24
<i>metoclopramide hcl soln 5 mg/5ml (10</i> <i>mg/10ml) (base equiv)</i> .....	125
<i>metoclopramide hcl tab 10 mg (base</i> <i>equivalent)</i> .....	126
<i>metoclopramide hcl tab 5 mg (base</i> <i>equivalent)</i> .....	126
<i>metolazone tab 10 mg</i> .....	118
<i>metolazone tab 2.5 mg</i> .....	117
<i>metolazone tab 5 mg</i> .....	117
METOPIRONE CAP 250MG.....	115
<i>metoprolol &amp; hydrochlorothiazide tab 100-</i> <i>25 mg</i> .....	65
<i>metoprolol &amp; hydrochlorothiazide tab 100-</i> <i>50 mg</i> .....	65
<i>metoprolol &amp; hydrochlorothiazide tab 50-25</i> <i>mg</i> .....	65
<i>metoprolol succinate tab er 24hr 100 mg</i> <i>(tartrate equiv)</i> .....	90
<i>metoprolol succinate tab er 24hr 200 mg</i> <i>(tartrate equiv)</i> .....	90
<i>metoprolol succinate tab er 24hr 25 mg</i> <i>(tartrate equiv)</i> .....	90
<i>metoprolol succinate tab er 24hr 50 mg</i> <i>(tartrate equiv)</i> .....	90
<i>metoprolol tartrate tab 100 mg</i> .....	90
<i>metoprolol tartrate tab 25 mg</i> .....	90
<i>metoprolol tartrate tab 37.5 mg</i> .....	90
<i>metoprolol tartrate tab 50 mg</i> .....	90
<i>metoprolol tartrate tab 75 mg</i> .....	90
METROCREAM CRE 0.75%.....	115
METROGEL GEL 1%.....	115
METROLOTION LOT 0.75%.....	115
<i>metronidazole cream 0.75%</i> .....	115
<i>metronidazole gel 0.75%</i> .....	115
<i>metronidazole gel 1%</i> .....	115
<i>metronidazole lotion 0.75%</i> .....	115
<i>metronidazole tab 250 mg</i> .....	26
<i>metronidazole tab 500 mg</i> .....	26
<i>metronidazole vaginal gel 0.75%</i> .....	175
<i>metyrosine cap 250 mg</i> .....	61
<i>mexiletine hcl cap 150 mg</i> .....	30
<i>mexiletine hcl cap 200 mg</i> .....	30
<i>mexiletine hcl cap 250 mg</i> .....	30
MIACALCIN INJ 200/ML.....	118
<i>mibelas 24 chw fe</i> .....	101
MICARDIS HCT TAB 40/12.5.....	65
MICARDIS HCT TAB 80/12.5.....	65
MICARDIS HCT TAB 80-25MG.....	65
<i>microgestin tab 1/20</i> .....	102
<i>microgestin tab fe 1/20</i> .....	102
<i>microgestin tab fe1.5/30</i> .....	102
<i>midodrine hcl tab 10 mg</i> .....	176
<i>midodrine hcl tab 2.5 mg</i> .....	176
<i>midodrine hcl tab 5 mg</i> .....	176
<i>mifepristone tab 200 mg</i> .....	122
<i>mifepristone tab 300 mg</i> .....	50
<i>miglitol tab 100 mg</i> .....	48
<i>miglitol tab 50 mg</i> .....	48
<i>miglustat cap 100 mg</i> .....	130
<i>mili</i> .....	102
<i>millipred tab 5mg</i> .....	105
<i>mimvey</i> .....	123
MINASTRIN 24 CHW FE.....	102
MINIPRESS CAP 1MG.....	62
MINIPRESS CAP 2MG.....	62
MINIPRESS CAP 5MG.....	62
MINIVELLE DIS 0.025MG.....	124
MINIVELLE DIS 0.0375MG.....	124
MINIVELLE DIS 0.05MG.....	124
MINIVELLE DIS 0.075MG.....	124
MINIVELLE DIS 0.1MG.....	124
<i>minocycline hcl cap 100 mg</i> .....	167
<i>minocycline hcl cap 50 mg</i> .....	167

<i>minocycline hcl cap 75 mg</i> .....	167	<i>mometasone furoate solution 0.1% (lotion)</i> .....	113
<i>minocycline hcl tab er 24hr 105 mg</i> .....	168	<i>mondoxyne nl</i> .....	168
<i>minocycline hcl tab er 24hr 115 mg</i> .....	168	<i>mono-lyyah</i> .....	102
<i>minocycline hcl tab er 24hr 135 mg</i> .....	168	<b>MONSELS FERR SOL SUBSULF</b> .....	133
<i>minocycline hcl tab er 24hr 45 mg</i> .....	167	<i>montelukast sodium chew tab 4 mg (base equiv)</i> .....	31
<i>minocycline hcl tab er 24hr 55 mg</i> .....	167	<i>montelukast sodium chew tab 5 mg (base equiv)</i> .....	31
<i>minocycline hcl tab er 24hr 65 mg</i> .....	167	<i>montelukast sodium oral granules packet 4 mg (base equiv)</i> .....	31
<i>minocycline hcl tab er 24hr 80 mg</i> .....	168	<i>montelukast sodium tab 10 mg (base equiv)</i> .....	31
<i>minocycline hcl tab er 24hr 90 mg</i> .....	168	<b>MONUROL PAK GRANULES</b> .....	174
<i>minoxidil tab 10 mg</i> .....	67	<i>morphine sulfat beads cap er 24hr 120 mg</i> .....	18
<i>minoxidil tab 2.5 mg</i> .....	67	<i>morphine sulfat beads cap er 24hr 30 mg</i> .....	17
<b>MIRAPEX ER TAB 0.375MG</b> .....	78	<i>morphine sulfat beads cap er 24hr 45 mg</i> .....	18
<b>MIRAPEX ER TAB 0.75MG</b> .....	78	<i>morphine sulfat beads cap er 24hr 60 mg</i> .....	18
<b>MIRAPEX ER TAB 1.5MG</b> .....	78	<i>morphine sulfat beads cap er 24hr 75 mg</i> .....	18
<b>MIRAPEX ER TAB 2.25MG</b> .....	78	<i>morphine sulfat beads cap er 24hr 90 mg</i> .....	18
<b>MIRAPEX ER TAB 3.75MG</b> .....	78	<i>morphine sulfat cap er 24hr 100 mg</i> .....	18
<b>MIRAPEX ER TAB 3MG</b> .....	78	<i>morphine sulfat cap er 24hr 10 mg</i> .....	18
<b>MIRAPEX ER TAB 4.5MG</b> .....	78	<i>morphine sulfat cap er 24hr 20 mg</i> .....	18
<b>MIRCERA INJ 100MCG</b> .....	132	<i>morphine sulfat cap er 24hr 30 mg</i> .....	18
<b>MIRCERA INJ 120MCG</b> .....	132	<i>morphine sulfat cap er 24hr 50 mg</i> .....	18
<b>MIRCERA INJ 150MCG</b> .....	132	<i>morphine sulfat cap er 24hr 60 mg</i> .....	18
<b>MIRCERA INJ 200MCG</b> .....	132	<i>morphine sulfat cap er 24hr 80 mg</i> .....	18
<b>MIRCERA INJ 30MCG</b> .....	131	<i>morphine sulfat oral soln 100 mg/5ml (20 mg/ml)</i> .....	18
<b>MIRCERA INJ 50MCG</b> .....	132	<i>morphine sulfat oral soln 10 mg/5ml</i> .....	18
<b>MIRCERA INJ 75MCG</b> .....	132	<i>morphine sulfat oral soln 20 mg/5ml</i> .....	18
<b>MIRCETTE TAB 28 DAY</b> .....	102	<i>morphine sulfat suppos 10 mg</i> .....	18
<i>mirtazapine tab 15 mg</i> .....	43	<i>morphine sulfat suppos 20 mg</i> .....	18
<i>mirtazapine tab 30 mg</i> .....	43	<i>morphine sulfat suppos 30 mg</i> .....	18
<i>mirtazapine tab 45 mg</i> .....	43	<i>morphine sulfat suppos 5 mg</i> .....	18
<i>mirtazapine tab 7.5 mg</i> .....	43	<i>morphine sulfat tab 15 mg</i> .....	18
<i>misoprostol tab 100 mcg</i> .....	173	<i>morphine sulfat tab 30 mg</i> .....	18
<i>misoprostol tab 200 mcg</i> .....	173	<i>morphine sulfat tab er 100 mg</i> .....	18
<b>MITIGARE CAP 0.6MG</b> .....	129		
<i>mitigo</i> .....	17		
<b>M-NATAL PLUS TAB</b> .....	146		
<i>modafinil tab 100 mg</i> .....	9		
<i>modafinil tab 200 mg</i> .....	9		
<i>moexipril hcl tab 15 mg</i> .....	60		
<i>moexipril hcl tab 7.5 mg</i> .....	60		
<i>mometasone furoate cream 0.1%</i> .....	113		
<i>mometasone furoate nasal susp 50 mcg/act</i> .....	149		
<i>mometasone furoate oint 0.1%</i> .....	113		



<i>morphine sulfate tab er 15 mg</i> .....	18	<i>mycophenolate mofetil cap 250 mg</i> .....	143
<i>morphine sulfate tab er 200 mg</i> .....	19	<i>mycophenolate mofetil for oral susp 200</i>	
<i>morphine sulfate tab er 30 mg</i> .....	18	<i>mg/ml</i> .....	143
<i>morphine sulfate tab er 60 mg</i> .....	18	<i>mycophenolate mofetil tab 500 mg</i> .....	143
MOTEGRITY TAB 1MG .....	125	<i>mycophenolate sodium tab dr 180 mg</i>	
MOTEGRITY TAB 2MG.....	125	<i>(mycophenolic acid equiv)</i> .....	143
MOUNJARO INJ 10MG/0.5 .....	50	<i>mycophenolate sodium tab dr 360 mg</i>	
MOUNJARO INJ 12.5/0.5 .....	50	<i>(mycophenolic acid equiv)</i> .....	143
MOUNJARO INJ 15MG/0.5 .....	50	MYDAYIS CAP 12.5MG .....	3
MOUNJARO INJ 2.5/0.5.....	50	MYDAYIS CAP 25MG.....	3
MOUNJARO INJ 5MG/0.5.....	50	MYDAYIS CAP 37.5MG .....	3
MOUNJARO INJ 7.5/0.5.....	50	MYDAYIS CAP 50MG .....	3
MOVANTIK TAB 12.5MG.....	127	MYFEMBREE TAB .....	123
MOVANTIK TAB 25MG .....	127	MYFORTIC TAB 180MG .....	143
<i>moxifloxacin hcl ophth soln 0.5% (base eq)</i>		MYFORTIC TAB 360MG .....	143
<i>(2 times daily)</i> .....	151	MYLERAN TAB 2MG.....	68
<i>moxifloxacin hcl ophth soln 0.5% (base</i>		MYRBETRIQ SUS 8MG/ML .....	175
<i>equiv)</i> .....	151	MYRBETRIQ TAB 25MG .....	175
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>		MYRBETRIQ TAB 50MG .....	175
.....	125	<i>my way</i> .....	103
MOZOBIL INJ .....	133	<b>N</b>	
MS CONTIN TAB 100MG ER.....	19	NABI-HB INJ .....	155
MS CONTIN TAB 15MG ER .....	19	<i>nabumetone tab 500 mg</i> .....	13
MS CONTIN TAB 200MG ER.....	19	<i>nabumetone tab 750 mg</i> .....	13
MS CONTIN TAB 30MG ER .....	19	<i>nadolol tab 20 mg</i> .....	90
MS CONTIN TAB 60MG ER .....	19	<i>nadolol tab 40 mg</i> .....	90
MULPLETA TAB 3MG.....	132	<i>nadolol tab 80 mg</i> .....	90
MULTAQ TAB 400MG.....	30	<i>nafrinse</i> .....	141
<i>multivit/fl chw 0.25mg</i> .....	145	<i>nafrinse drops</i> .....	141
<i>multivit/fl chw 0.5mg</i> .....	145	<i>naftifine hcl cream 1%</i> .....	109
<i>multivit/fl chw 1mg</i> .....	145	<i>naftifine hcl cream 2%</i> .....	109
<i>multi-vit/iron/fluoride</i> .....	145	<i>naftifine hcl gel 2%</i> .....	109
<i>multivitamin/fluoride</i> .....	145	NAFTIN GEL 1% .....	109
<i>multi-vitamin/fluoride/ir</i> .....	145	NAFTIN GEL 2%.....	109
<i>multi-vitamin/fluoride dr</i> .....	145	<i>nalbuphine hcl inj 10 mg/ml</i> .....	23
<i>multivitamin with fluorid</i> .....	145	<i>nalbuphine hcl inj 20 mg/ml</i> .....	23
MULTI VITAMN TAB MINERALS .....	145	NALFON TAB 600MG .....	13
<i>mupirocin oint 2%</i> .....	108	<i>naloxone hcl inj 0.4 mg/ml</i> .....	53
MUSE SUP 1000MCG .....	95	<i>naloxone hcl inj 4 mg/10ml</i> .....	53
MUSE SUP 250MCG .....	95	<i>naloxone hcl nasal spray 4 mg/0.1ml</i> .....	53
MUSE SUP 500MCG.....	95	<i>naloxone hcl soln cartridge 0.4 mg/ml</i> .....	53
MYCAPSSA CAP 20MG .....	122	<i>naloxone hcl soln prefilled syringe 2</i>	
<i>my choice</i> .....	103	<i>mg/2ml</i> .....	53
MYCOBUTIN CAP 150MG.....	68	<i>naltrexone hcl tab 50 mg</i> .....	53

NAMENDA TAB 10MG .....	158	<i>nefazodone hcl tab 200 mg</i> .....	45
NAMENDA TAB 5-10MG.....	158	<i>nefazodone hcl tab 250 mg</i> .....	45
NAMENDA TAB 5MG .....	158	<i>nefazodone hcl tab 50 mg</i> .....	45
NAMENDA XR CAP 14MG .....	158	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> .....	151
NAMENDA XR CAP 21MG .....	158	<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> .....	152
NAMENDA XR CAP 28MG.....	158	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....	153
NAMENDA XR CAP 7MG.....	158	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....	153
NAMZARIC CAP .....	158	<i>neomycin-polymyxin-hc ophth susp</i> .....	153
NAMZARIC CAP 14-10MG .....	158	<i>neomycin-polymyxin-hc otic soln 1%</i> .....	155
NAMZARIC CAP 21-10MG .....	158	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....	155
NAMZARIC CAP 28-10MG .....	158	<i>neomycin sulfate tab 500 mg</i> .....	10
NAMZARIC CAP 7-10MG.....	158	NEONATAL/DHA MIS .....	146
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> .....	13	NEONATAL 19 TAB.....	146
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> .....	13	NEONATAL FE TAB .....	146
<i>naproxen sodium tab 275 mg</i> .....	13	NEONATAL PLS TAB 27-1MG.....	146
<i>naproxen sodium tab 550 mg</i> .....	13	<i>neo-polycin</i> .....	151
<i>naproxen tab 250 mg</i> .....	13	<i>neo-polycin hc</i> .....	153
<i>naproxen tab 375 mg</i> .....	13	NEORAL CAP 100MG.....	143
<i>naproxen tab 500 mg</i> .....	13	NEORAL CAP 25MG.....	143
<i>naproxen tab ec 375 mg</i> .....	13	NEORAL SOL 100MG/ML.....	143
<i>naproxen tab ec 500 mg</i> .....	13	NERLYNX TAB 40MG .....	73
<i>naratriptan hcl tab 1 mg (base equiv)</i> .....	139	NESTABS DHA PAK .....	146
<i>naratriptan hcl tab 2.5 mg (base equiv)</i> ..	139	NESTABS ONE CAP .....	146
NARCAN SPR 4MG .....	53	NESTABS TAB.....	146
NARDIL TAB 15MG .....	44	NEULASTA INJ 6MG/0.6M .....	132
NATACHEW CHW .....	146	NEULASTA KIT 6MG/0.6M .....	132
NATACYN SUS 5% OP .....	151	NEUPOGEN INJ 300/0.5 .....	132
NATALVIT TAB 75-1MG.....	146	NEUPOGEN INJ 300MCG .....	132
NATAZIA TAB.....	102	NEUPOGEN INJ 480/0.8 .....	132
<i>nateglinide tab 120 mg</i> .....	51	NEUPOGEN INJ 480MCG.....	132
<i>nateglinide tab 60 mg</i> .....	51	NEUPRO DIS 1MG/24HR .....	78
NATESTO GEL 5.5MG .....	24	NEUPRO DIS 2MG/24HR .....	78
NATROBA SUS 0.9% .....	115	NEUPRO DIS 3MG/24HR .....	78
NAYZILAM SPR 5MG.....	37	NEUPRO DIS 4MG/24HR .....	78
<i>nebivolol hcl tab 10 mg (base equivalent)</i> 90		NEUPRO DIS 6MG/24HR .....	78
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i> .....	90	NEUPRO DIS 8MG/24HR .....	78
<i>nebivolol hcl tab 20 mg (base equivalent)</i> 90		NEURONTIN CAP 100MG .....	40
<i>nebivolol hcl tab 5 mg (base equivalent)</i> ..	90	NEURONTIN CAP 300MG .....	40
NEBUPENT INH 300MG.....	26	NEURONTIN CAP 400MG .....	40
<i>nefazodone hcl tab 100 mg</i> .....	45		
<i>nefazodone hcl tab 150 mg</i> .....	45		

NEURONTIN SOL 250/5ML.....	40	NICORETTE ST GUM 4MG ORIG .....	164
NEURONTIN TAB 600MG.....	40	<i>nicotine mini lozenge</i> .....	164
NEURONTIN TAB 800MG.....	40	<i>nicotine polacrilex gum 2 mg</i> .....	164
NEVANAC SUS 0.1% OP .....	154	<i>nicotine polacrilex gum 4 mg</i> .....	164
NEVIRAPINE SUSP 50 MG/5ML .....	86	<i>nicotine polacrilex lozenge 2 mg</i> .....	164
<i>nevirapine tab 200 mg</i> .....	86	<i>nicotine polacrilex lozenge 4 mg</i> .....	164
<i>nevirapine tab er 24hr 100 mg</i> .....	86	<i>nicotine step 1</i> .....	164
<i>nevirapine tab er 24hr 400 mg</i> .....	86	<i>nicotine step 3</i> .....	164
<i>new day</i> .....	103	NICOTINE SYS KIT TRANSDER .....	164
NEXAVAR TAB 200MG.....	73	<i>nicotine td patch 24hr 14 mg/24hr</i> .....	164
NEXIUM CAP 20MG .....	172	<i>nicotine td patch 24hr 21 mg/24hr</i> .....	164
NEXIUM CAP 40MG .....	172	<i>nicotine td patch 24hr 7 mg/24hr</i> .....	164
NEXIUM GRA 10MG DR.....	172	NICOTROL INH .....	165
NEXIUM GRA 2.5MG DR .....	172	NICOTROL NS SPR 10MG/ML .....	165
NEXIUM GRA 20MG DR .....	172	<i>nifedipine cap 10 mg</i> .....	92
NEXIUM GRA 40MG DR.....	172	<i>nifedipine cap 20 mg</i> .....	92
NEXIUM GRA 5MG DR .....	172	<i>nifedipine tab er 24hr 30 mg</i> .....	92
NEXLETOL TAB 180MG.....	56	<i>nifedipine tab er 24hr 60 mg</i> .....	92
NEXLIZET TAB 180/10MG.....	56	<i>nifedipine tab er 24hr 90 mg</i> .....	92
NEXTSTELLIS TAB 3-14.2MG .....	102	<i>nifedipine tab er 24hr osmotic release 30</i>	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>		<i>mg</i> .....	93
.....	59	<i>nifedipine tab er 24hr osmotic release 60</i>	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	59	<i>mg</i> .....	93
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	59	<i>nifedipine tab er 24hr osmotic release 90</i>	
<i>niacor</i> .....	59	<i>mg</i> .....	93
<i>nicardipine hcl cap 20 mg</i> .....	92	NILANDRON TAB 150MG .....	70
<i>nicardipine hcl cap 30 mg</i> .....	92	<i>nilutamide tab 150 mg</i> .....	70
NICODERM CQ DIS 14MG/24H .....	163	<i>nimodipine cap 30 mg</i> .....	93
NICODERM CQ DIS 21MG/24H .....	163	NINLARO CAP 2.3MG.....	74
NICODERM CQ DIS 7MG/24HR .....	162	NINLARO CAP 3MG.....	74
NICORETTE GUM 2MG .....	163	NINLARO CAP 4MG.....	74
NICORETTE GUM 2MG CINN.....	163	<i>nisoldipine tab er 24hr 17 mg</i> .....	93
NICORETTE GUM 2MGFRUIT .....	163	<i>nisoldipine tab er 24hr 20 mg</i> .....	93
NICORETTE GUM 2MG MINT .....	163	<i>nisoldipine tab er 24hr 25.5 mg</i> .....	93
NICORETTE GUM 2MG ORIG.....	163	<i>nisoldipine tab er 24hr 30 mg</i> .....	93
NICORETTE GUM 4MG .....	163	<i>nisoldipine tab er 24hr 34 mg</i> .....	93
NICORETTE GUM 4MG CINN .....	163	<i>nisoldipine tab er 24hr 40 mg</i> .....	93
NICORETTE GUM 4MGFRUIT .....	163	<i>nisoldipine tab er 24hr 8.5 mg</i> .....	93
NICORETTE GUM 4MG MINT .....	163	<i>nitazoxanide tab 500 mg</i> .....	26
NICORETTE GUM 4MG ORIG.....	163	NITRO-BID OIN 2% .....	28
NICORETTE LOZ 2MG MINT .....	163	NITRO-DUR DIS 0.1MG/HR .....	28
NICORETTE LOZ 4MG MINT .....	163	NITRO-DUR DIS 0.2MG/HR.....	28
NICORETTE ST GUM 2MG MINT .....	164	NITRO-DUR DIS 0.3MG/HR.....	28
NICORETTE ST GUM 2MG ORIG .....	164	NITRO-DUR DIS 0.4MG/HR.....	28

NITRO-DUR DIS 0.6MG/HR.....	28	<i>norethindrone ace-eth estradiol-fe chew</i>	
NITRO-DUR DIS 0.8MG/HR.....	28	<i>tab 1 mg-20 mcg (24)</i> .....	102
<i>nitrofurantoin macrocrystalline cap 100 mg</i>		<i>norethindrone acetate-ethinyl estradiol tab</i>	
.....	174	<i>0.5 mg-2.5 mcg</i> .....	123
<i>nitrofurantoin macrocrystalline cap 25 mg</i>		<i>norethindrone acetate-ethinyl estradiol tab</i>	
.....	174	<i>1 mg-5 mcg</i> .....	123
<i>nitrofurantoin macrocrystalline cap 50 mg</i>		<i>norethindrone acetate tab 5 mg</i> .....	156
.....	174	<i>norethindrone tab 0.35 mg</i> .....	104
<i>nitrofurantoin monohydrate</i>		<i>norgestimate &amp; ethinyl estradiol tab 0.25</i>	
<i>macrocrystalline cap 100 mg</i> .....	174	<i>mg-35 mcg</i> .....	102
<i>nitroglycerin oint 0.4%</i> .....	25	NORLIQVA SOL 1MG/ML.....	93
<i>nitroglycerin sl tab 0.3 mg</i> .....	28	<i>norlyda tab 0.35mg</i> .....	104
<i>nitroglycerin sl tab 0.4 mg</i> .....	28	<i>norlyroc</i> .....	104
<i>nitroglycerin sl tab 0.6 mg</i> .....	28	NORPACE CAP 100MG.....	29
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> .....	28	NORPACE CAP 100MG CR.....	30
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> .....	28	NORPACE CAP 150MG.....	30
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> .....	28	NORPACE CAP 150MG CR.....	30
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> .....	28	NORPRAMIN TAB 10MG.....	48
NITROSTAT SUB 0.3MG.....	28	NORPRAMIN TAB 25MG.....	48
NITROSTAT SUB 0.4MG.....	28	NORTHERA CAP 100MG.....	176
NITROSTAT SUB 0.6MG.....	28	NORTHERA CAP 200MG.....	176
NITYR TAB 10MG.....	120	NORTHERA CAP 300MG.....	176
NITYR TAB 2MG.....	120	<i>nortrel 0.5/35 (28)</i> .....	102
NITYR TAB 5MG.....	120	<i>nortrel 7/7/7</i> .....	102
NIVA-PLUS TAB.....	147	<i>nortrel tab 1/35</i> .....	102
NIVESTYM INJ 300/0.5.....	132	<i>nortriptyline hcl cap 10 mg</i> .....	48
NIVESTYM INJ 300MCG.....	132	<i>nortriptyline hcl cap 25 mg</i> .....	48
NIVESTYM INJ 480/0.8.....	132	<i>nortriptyline hcl cap 50 mg</i> .....	48
NIVESTYM INJ 480MCG.....	132	<i>nortriptyline hcl cap 75 mg</i> .....	48
<i>nizatidine cap 150 mg</i> .....	171	<i>nortriptyline hcl soln 10 mg/5ml</i> .....	48
<i>nizatidine cap 300 mg</i> .....	171	NORVASC TAB 10MG.....	93
<i>nora-be</i> .....	104	NORVASC TAB 2.5MG.....	93
NORDITROPIN INJ 10/1.5ML.....	119	NORVASC TAB 5MG.....	93
NORDITROPIN INJ 15/1.5ML.....	119	NORVIR POW 100MG.....	86
NORDITROPIN INJ 30/3ML.....	119	NORVIR TAB 100MG.....	86
NORDITROPIN INJ 5/1.5ML.....	119	NOURIANZ TAB 20MG.....	76
<i>norethindrone &amp; ethinyl estradiol-fe chew</i>		NOURIANZ TAB 40MG.....	76
<i>tab 0.4 mg-35 mcg</i> .....	102	NOVAREL INJ 10000UNT.....	119
<i>norethindrone &amp; ethinyl estradiol-fe chew</i>		NOVAREL INJ 5000UNIT.....	119
<i>tab 0.8 mg-25 mcg</i> .....	102	NOVOLIN70/30 INJ RELION.....	51
<i>norethindrone ace &amp; ethinyl estradiol-fe tab</i>		NOVOLIN INJ 70/30.....	51
<i>1 mg-20 mcg</i> .....	102	NOVOLIN N INJ 100 UNIT.....	51
<i>norethindrone ace &amp; ethinyl estradiol tab 1</i>		NOVOLIN N INJ RELION.....	51
<i>mg-20 mcg</i> .....	102	NOVOLIN N INJ U-100.....	51

NOVOLIN R INJ 100 UNIT .....	51	<i>nystatin-triamcinolone cream 100000-0.1</i>	
NOVOLIN R INJ RELION .....	51	<i>unit/gm-% .....</i>	109
NOVOLIN R INJ U-100.....	51	<i>nystatin-triamcinolone oint 100000-0.1</i>	
NOVOLOG INJ 100/ML.....	51	<i>unit/gm-% .....</i>	109
NOVOLOG INJ FLEXPEN .....	51	<i>nystop .....</i>	109
NOVOLOG INJ PENFILL.....	51	NYVEPRIA INJ 6/0.6ML .....	132
NOVOLOG MIX INJ 70/30.....	51	●	
NOVOLOG MIX INJ FLEXPEN .....	51	OB COMPLETE/ CAP DHA.....	147
NOXAFIL PAK 300MG.....	55	OB COMPLETE TAB .....	147
NOXAFIL SUS 40MG/ML .....	55	OB COMPLETE TAB PREMIER.....	147
NOXAFIL TAB 100MG.....	55	OBSTETRIX EC TAB.....	147
<i>np thyroid 120.....</i>	169	OCALIVA TAB 10MG .....	125
<i>np thyroid 15 .....</i>	169	OCALIVA TAB 5MG .....	125
<i>np thyroid 30 .....</i>	169	<i>ocella .....</i>	102
<i>np thyroid 60 .....</i>	169	OCUFLOX DRO 0.3% OP .....	152
<i>np thyroid 90 .....</i>	169	ODACTRA SUB .....	9
NUBEQA TAB 300MG .....	70	ODEFSEY TAB .....	86
NUCALA INJ 100MG/ML .....	31	ODOMZO CAP 200MG.....	70
NUCALA INJ 40MG/0.4.....	31	OFEV CAP 100MG .....	166
NUCYNTA ER TAB 100MG.....	19	OFEV CAP 150MG .....	166
NUCYNTA ER TAB 150MG.....	19	<i>ofloxacin ophth soln 0.3%.....</i>	152
NUCYNTA ER TAB 200MG.....	19	<i>ofloxacin otic soln 0.3% .....</i>	154
NUCYNTA ER TAB 250MG .....	19	<i>ofloxacin tab 300 mg .....</i>	125
NUCYNTA ER TAB 50MG .....	19	<i>ofloxacin tab 400 mg .....</i>	125
NUCYNTA TAB 100MG .....	19	<i>olanzapine-fluoxetine hcl cap 12-25 mg..</i>	158
NUCYNTA TAB 50MG.....	19	<i>olanzapine-fluoxetine hcl cap 12-50 mg .</i>	158
NUCYNTA TAB 75MG .....	19	<i>olanzapine-fluoxetine hcl cap 3-25 mg ...</i>	158
NUDEXTA CAP 20-10MG.....	161	<i>olanzapine-fluoxetine hcl cap 6-25 mg ...</i>	158
<i>nulev .....</i>	171	<i>olanzapine-fluoxetine hcl cap 6-50 mg...158</i>	
NUPLAZID CAP 34MG .....	80	<i>olanzapine for im inj 10 mg.....</i>	82
NUPLAZID TAB 10MG .....	80	<i>olanzapine orally disintegrating tab 10 mg</i>	
NURTEC TAB 75MG ODT .....	138	<i>.....</i>	82
NUTROPIN AQ INJ 10MG/2ML .....	119	<i>olanzapine orally disintegrating tab 15 mg</i>	
NUTROPIN AQ INJ 20MG/2ML.....	119	<i>.....</i>	82
NUTROPIN AQ INJ NUSPIN 5 .....	120	<i>olanzapine orally disintegrating tab 20 mg</i>	
NUVARING MIS.....	103	<i>.....</i>	82
NUZYRA TAB 150MG .....	167	<i>olanzapine orally disintegrating tab 5 mg.</i>	82
<i>nyamyc .....</i>	109	<i>olanzapine tab 10 mg .....</i>	82
<i>nystatin cream 100000 unit/gm.....</i>	109	<i>olanzapine tab 15 mg .....</i>	82
<i>nystatin oint 100000 unit/gm .....</i>	109	<i>olanzapine tab 2.5 mg .....</i>	82
<i>nystatin susp 100000 unit/ml .....</i>	144	<i>olanzapine tab 20 mg .....</i>	82
<i>nystatin tab 500000 unit.....</i>	55	<i>olanzapine tab 5 mg.....</i>	82
<i>nystatin topical powder 100000 unit/gm</i>	109	<i>olanzapine tab 7.5 mg .....</i>	82

<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i> ..65	OMNIPOD DASH 5 PACK .....137
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i> 65	OMNIPOD DASH KIT INTRO .....137
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i> ...65	OMNIPOD DASH MIS PODS .....137
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i> ..65	OMNIPOD GO KIT 10UNT/DY .....137
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i> ....65	OMNIPOD GO KIT 15UNT/DY .....137
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i> .....65	OMNIPOD GO KIT 25UNT/DY .....137
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i> .....65	OMNIPOD GO KIT 35UNT/DY .....137
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i> .....65	ONCASPAR INJ 750/ML.....76
<i>olmesartan medoxomil tab 20 mg</i> .....62	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i> .....53
<i>olmesartan medoxomil tab 40 mg</i> .....62	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i> ..53
<i>olmesartan medoxomil tab 5 mg</i> .....62	<i>ondansetron hcl oral soln 4 mg/5ml</i> .....53
<i>olopatadine hcl nasal soln 0.6%</i> .....149	<i>ondansetron hcl tab 24 mg</i> .....54
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i> .....154	<i>ondansetron hcl tab 4 mg</i> .....53
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i> .....154	<i>ondansetron hcl tab 8 mg</i> .....53
OLPRUVA PAK 2GM.....120	<i>ondansetron orally disintegrating tab 4 mg</i> .....54
OLPRUVA PAK 3GM.....120	<i>ondansetron orally disintegrating tab 8 mg</i> .....54
OLPRUVA PAK 4 GM.....120	ONETOUCH KIT VERIO RE .....137
OLPRUVA PAK 5GM .....120	ONETOUCH TES ULTRA.....115
OLPRUVA PAK 6.67GM.....120	ONFI SUS 2.5MG/ML .....37
OLPRUVA PAK 6GM .....120	ONFI TAB 10MG.....37
<i>omega-3-acid ethyl esters cap 1 gm</i> .....57	ONFI TAB 20MG .....37
OMEPRAZOLE + SUS SYRSPEND .....172	ONGENTYS CAP 25MG .....77
<i>omeprazole cap delayed release 10 mg</i> ..172	ONGENTYS CAP 50MG.....77
<i>omeprazole cap delayed release 20 mg</i> .173	ONUREG TAB 200MG .....69
<i>omeprazole cap delayed release 40 mg</i> .173	ONUREG TAB 300MG .....69
<i>omeprazole-sodium bicarbonate cap 40- 1100 mg</i> .....173	ONZETRA XSAI MIS 11MG .....139
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i> .....173	<i>opcicon one-step</i> .....103
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i> .....173	OPILL TAB 0.075MG.....104
OMNARIS SPR .....149	OPSUMIT TAB 10MG .....97
OMNIPOD 5 G6 KIT INTRO .....137	<i>option 2</i> .....103
OMNIPOD 5 G6 MIS PODS.....137	OPVEE SPR 2.7/0.1 .....53
	ORACEA CAP 40MG.....115
	ORACIT SOL .....128
	ORALAIR SUB 300 IR.....9
	<i>oralone dental paste</i> .....145
	ORENITRAM TAB 0.125MG .....96
	ORENITRAM TAB 0.25MG.....96
	ORENITRAM TAB 1MG .....96
	ORENITRAM TAB 2.5MG .....96
	ORENITRAM TAB 5MG .....96
	ORENITRAM TAB MONTH 1 .....96

ORENITRAM TAB MONTH 2 .....	96	OVIDE LOT 0.5% .....	115
ORENITRAM TAB MONTH 3 .....	96	OVIDREL INJ .....	119
ORFADIN CAP 10MG.....	121	<i>oxandrolone tab 10 mg</i> .....	24
ORFADIN CAP 20MG.....	121	<i>oxandrolone tab 2.5 mg</i> .....	23
ORFADIN CAP 2MG .....	120	<i>oxaprozin tab 600 mg</i> .....	13
ORFADIN CAP 5MG .....	121	<i>oxazepam cap 10 mg</i> .....	29
ORFADIN SUS 4MG/ML .....	121	<i>oxazepam cap 15 mg</i> .....	29
ORGOVYX TAB 120MG.....	70	<i>oxazepam cap 30 mg</i> .....	29
ORIAHNN CAP .....	123	OXBRYTA TAB 300MG.....	131
ORLISSA TAB 150MG .....	119	OXBRYTA TAB 500MG.....	131
ORLISSA TAB 200MG.....	119	<i>oxcarbazepine susp 300 mg/5ml (60</i>	
ORKAMBI GRA 100-125.....	166	<i>mg/ml)</i> .....	40
ORKAMBI GRA 150-188 .....	166	<i>oxcarbazepine tab 150 mg</i> .....	40
ORKAMBI GRA 75-94MG.....	166	<i>oxcarbazepine tab 300 mg</i> .....	40
ORKAMBI TAB 100-125.....	166	<i>oxcarbazepine tab 600 mg</i> .....	40
ORKAMBI TAB 200-125.....	166	OXERVATE SOL 20MCG/ML .....	152
<i>orlistat cap 120 mg</i> .....	4	OXTELLAR XR TAB 150MG.....	40
<i>orphenadrine citrate inj 30 mg/ml</i> .....	148	OXTELLAR XR TAB 300MG.....	40
<i>orphenadrine citrate tab er 12hr 100 mg</i> .	148	OXTELLAR XR TAB 600MG.....	40
<i>orphengesic tab forte</i> .....	149	<i>oxybutynin chloride solution 5 mg/5ml</i> ...174	
ORSERDU TAB 345MG.....	70	<i>oxybutynin chloride tab 5 mg</i> .....	174
ORSERDU TAB 86MG.....	70	<i>oxybutynin chloride tab er 24hr 10 mg</i> ....174	
<i>orsythia tab</i> .....	102	<i>oxybutynin chloride tab er 24hr 15 mg</i> ....174	
ORTIKOS CAP 6MG ER.....	105	<i>oxybutynin chloride tab er 24hr 5 mg</i> .....174	
ORTIKOS CAP 9MG ER.....	105	<i>oxycodone hcl cap 5 mg</i> .....	19
<i>oscimin</i> .....	171	<i>oxycodone hcl conc 100 mg/5ml (20</i>	
<i>oseltamivir phosphate cap 30 mg (base</i>		<i>mg/ml)</i> .....	19
<i>equiv)</i> .....	88	<i>oxycodone hcl soln 5 mg/5ml</i> .....	19
<i>oseltamivir phosphate cap 45 mg (base</i>		<i>oxycodone hcl tab 10 mg</i> .....	19
<i>equiv)</i> .....	88	<i>oxycodone hcl tab 15 mg</i> .....	19
<i>oseltamivir phosphate cap 75 mg (base</i>		<i>oxycodone hcl tab 20 mg</i> .....	19
<i>equiv)</i> .....	88	<i>oxycodone hcl tab 30 mg</i> .....	19
<i>oseltamivir phosphate for susp 6 mg/ml</i>		<i>oxycodone hcl tab 5 mg</i> .....	19
<i>(base equiv)</i> .....	88	<i>oxycodone hcl tab er 12hr deter 10 mg</i> .....19	
OSPHENA TAB 60MG.....	120	<i>oxycodone hcl tab er 12hr deter 20 mg</i> ....19	
OTEZLA TAB 10/20/30 .....	13	<i>oxycodone w/ acetaminophen tab 10-325</i>	
OTEZLA TAB 30MG .....	13	<i>mg</i> .....	22
OTREXUP INJ 10MG.....	11	<i>oxycodone w/ acetaminophen tab 5-325</i>	
OTREXUP INJ 12.5/0.4.....	11	<i>mg</i> .....	22
OTREXUP INJ 15MG .....	11	<i>oxycodone w/ acetaminophen tab 7.5-325</i>	
OTREXUP INJ 17.5/0.4.....	11	<i>mg</i> .....	22
OTREXUP INJ 20MG .....	11	OXYCONTIN TAB 10MG ER.....	19
OTREXUP INJ 22.5/0.4.....	11	OXYCONTIN TAB 15MG ER.....	19
OTREXUP INJ 25MG .....	11	OXYCONTIN TAB 20MG ER .....	19

OXYCONTIN TAB 30MG ER .....	20	PANCREAZE CAP 4200UNIT .....	116
OXYCONTIN TAB 40MG ER .....	20	PANRETIN GEL 0.1%.....	109
OXYCONTIN TAB 60MG ER .....	20	<i>pantoprazole sodium ec tab 20 mg (base equiv)</i> .....	173
OXYCONTIN TAB 80MG ER .....	20	<i>pantoprazole sodium ec tab 40 mg (base equiv)</i> .....	173
<i>oxymorphone hcl tab 10 mg</i> .....	20	<i>pantoprazole sodium for delayed release susp packet 40 mg</i> .....	173
<i>oxymorphone hcl tab 5 mg</i> .....	20	<i>paricalcitol cap 1 mcg</i> .....	121
<i>oxymorphone hcl tab er 12hr 10 mg</i> .....	20	<i>paricalcitol cap 2 mcg</i> .....	121
<i>oxymorphone hcl tab er 12hr 15 mg</i> .....	20	<i>paricalcitol cap 4 mcg</i> .....	121
<i>oxymorphone hcl tab er 12hr 20 mg</i> .....	20	PARLODEL TAB 2.5MG .....	78
<i>oxymorphone hcl tab er 12hr 30 mg</i> .....	20	<i>paromomycin sulfate cap 250 mg</i> .....	10
<i>oxymorphone hcl tab er 12hr 40 mg</i> .....	20	<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i> .....	45
<i>oxymorphone hcl tab er 12hr 5 mg</i> .....	20	<i>paroxetine hcl tab 10 mg</i> .....	45
<i>oxymorphone hcl tab er 12hr 7.5 mg</i> .....	20	<i>paroxetine hcl tab 20 mg</i> .....	45
OZEMPIC INJ 2MG/3ML.....	50	<i>paroxetine hcl tab 30 mg</i> .....	45
OZEMPIC INJ 4MG/3ML .....	50	<i>paroxetine hcl tab 40 mg</i> .....	45
OZEMPIC INJ 8MG/3ML.....	50	<i>paroxetine hcl tab er 24hr 12.5 mg</i> .....	45
OZOBAX DS SOL 10MG/5ML .....	148	<i>paroxetine hcl tab er 24hr 25 mg</i> .....	45
OZOBAX SOL 5MG/5ML .....	148	<i>paroxetine hcl tab er 24hr 37.5 mg</i> .....	45
<b>P</b>		<i>paroxetine mesylate cap 7.5 mg (base equiv)</i> .....	166
<i>pacerone</i> .....	30	PATADAY SOL 0.7% .....	154
PALFORZIA CAP ESCALAT.....	9	PATANASE SPR 0.6%.....	149
PALFORZIA CAP LEVEL 1.....	9	PAXIL CR TAB 12.5MG .....	45
PALFORZIA CAP LEVEL 10 .....	10	PAXIL CR TAB 25MG.....	45
PALFORZIA CAP LEVEL 2 .....	9	PAXIL CR TAB 37.5MG.....	45
PALFORZIA CAP LEVEL 3 .....	9	PAXIL SUS 10MG/5ML.....	45
PALFORZIA CAP LEVEL 4.....	10	PAXIL TAB 10MG.....	45
PALFORZIA CAP LEVEL 5.....	10	PAXIL TAB 20MG.....	45
PALFORZIA CAP LEVEL 6.....	10	PAXIL TAB 30MG.....	45
PALFORZIA CAP LEVEL 7.....	10	PAXIL TAB 40MG.....	45
PALFORZIA CAP LEVEL 8.....	10	PAXLOVID TAB 150-100.....	87
PALFORZIA CAP LEVEL 9.....	10	PAXLOVID TAB 300-100.....	87
PALFORZIA POW LEVEL 11.....	10	<i>pazopanib hcl tab 200 mg (base equiv)</i> ....	74
<i>paliperidone tab er 24hr 1.5 mg</i> .....	80	<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i> .....	146
<i>paliperidone tab er 24hr 3 mg</i> .....	80	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....	136
<i>paliperidone tab er 24hr 6 mg</i> .....	80	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> .....	136
<i>paliperidone tab er 24hr 9 mg</i> .....	80	PEGASYS INJ.....	88
PALYNZIQ INJ 10/0.5ML.....	121		
PALYNZIQ INJ 2.5/0.5.....	121		
PALYNZIQ INJ 20MG/ML .....	121		
PANCREAZE CAP 10500UNT .....	116		
PANCREAZE CAP 16800UNT .....	116		
PANCREAZE CAP 21000UNT .....	116		
PANCREAZE CAP 2600UNIT.....	116		
PANCREAZE CAP 37000 .....	116		



PEGASYS INJ 180MCG/M .....	88	PEXEVA TAB 30MG .....	45
PEMAZYRE TAB 13.5MG .....	74	PHEBURANE MIS 483/GM.....	121
PEMAZYRE TAB 4.5MG.....	74	<i>phenazo</i> .....	129
PEMAZYRE TAB 9MG.....	74	<i>phenazopyridine hcl tab 100 mg</i> .....	129
<i>peniclovir cream 1%</i> .....	111	<i>phenazopyridine hcl tab 200 mg</i> .....	129
<i>penicillamine cap 250 mg</i> .....	142	<i>phendimetrazine tartrate tab 35 mg</i> .....	4
<i>penicillamine tab 250 mg</i> .....	142	<i>phenelzine sulfate tab 15 mg</i> .....	44
<i>penicillin v potassium for soln 125 mg/5ml</i> .....	156	<i>phenobarbital elixir 20 mg/5ml</i> .....	133
<i>penicillin v potassium for soln 250 mg/5ml</i> .....	156	<i>phenobarbital tab 100 mg</i> .....	133
<i>penicillin v potassium tab 250 mg</i> .....	156	<i>phenobarbital tab 15 mg</i> .....	133
<i>penicillin v potassium tab 500 mg</i> .....	156	<i>phenobarbital tab 16.2 mg</i> .....	133
<i>pentamidine isethionate for inj soln 300 mg</i> .....	26	<i>phenobarbital tab 30 mg</i> .....	133
<i>pentamidine isethionate for nebulization</i> <i>soln 300 mg</i> .....	26	<i>phenobarbital tab 32.4 mg</i> .....	133
PENTASA CAP 250MG CR.....	126	<i>phenobarbital tab 60 mg</i> .....	133
PENTASA CAP 500MG CR.....	126	<i>phenobarbital tab 64.8 mg</i> .....	133
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i> .....	23	<i>phenobarbital tab 97.2 mg</i> .....	133
<i>pentoxifylline tab er 400 mg</i> .....	130	<i>phenoxybenzamine hcl cap 10 mg</i> .....	61
PEPCID TAB 20MG .....	171	<i>phentermine hcl cap 15 mg</i> .....	4
PEPCID TAB 40MG .....	171	<i>phentermine hcl cap 30 mg</i> .....	4
PERFOROMIST NEB 20MCG.....	34	<i>phentermine hcl cap 37.5 mg</i> .....	4
<i>perindopril erbumine tab 2 mg</i> .....	60	<i>phentermine hcl tab 37.5 mg</i> .....	4
<i>perindopril erbumine tab 4 mg</i> .....	60	PHENYTEK CAP 200MG.....	42
<i>perindopril erbumine tab 8 mg</i> .....	60	PHENYTEK CAP 300MG.....	42
<i>permethrin cream 5%</i> .....	115	<i>phenytoin chew tab 50 mg</i> .....	42
<i>perphenazine-amitriptyline tab 2-10 mg</i> .	158	<i>phenytoin sodium extended cap 100 mg</i> .	42
<i>perphenazine-amitriptyline tab 2-25 mg</i> .	158	<i>phenytoin sodium extended cap 200 mg</i> .	42
<i>perphenazine-amitriptyline tab 4-10 mg</i> .	158	<i>phenytoin sodium extended cap 300 mg</i> .	43
<i>perphenazine-amitriptyline tab 4-25 mg</i> .	158	<i>phenytoin susp 125 mg/5ml</i> .....	43
<i>perphenazine-amitriptyline tab 4-50 mg</i> .	158	<i>philith</i> .....	102
<i>perphenazine tab 16 mg</i> .....	83	PHOSLYRA SOL .....	127
<i>perphenazine tab 2 mg</i> .....	83	PHOSPHOLINE SOL 0.125%OP .....	151
<i>perphenazine tab 4 mg</i> .....	83	<i>phospho-trin k500</i> .....	141
<i>perphenazine tab 8 mg</i> .....	83	<i>phytonadione inj 10 mg/ml</i> .....	177
PERTZYE CAP 16000U .....	116	<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i> ..	177
PERTZYE CAP 24000U.....	116	<i>phytonadione tab 5 mg</i> .....	177
PERTZYE CAP 4000UNIT.....	116	PIFELTRO TAB 100MG .....	86
PERTZYE CAP 8000UNIT.....	116	<i>pilocarpine hcl ophth soln 1%</i> .....	151
PEXEVA TAB 10MG.....	45	<i>pilocarpine hcl ophth soln 2%</i> .....	151
PEXEVA TAB 20MG .....	45	<i>pilocarpine hcl ophth soln 4%</i> .....	151
		<i>pilocarpine hcl tab 5 mg</i> .....	145
		<i>pilocarpine hcl tab 7.5 mg</i> .....	145
		<i>pimecrolimus cream 1%</i> .....	114
		<i>pimozide tab 1 mg</i> .....	161
		<i>pimozide tab 2 mg</i> .....	161

<i>pimtrea tab</i> .....	102	POLY-VI-FLOR SUS 0.25/ML .....	146
<i>pindolol tab 10 mg</i> .....	90	POMALYST CAP 1MG.....	71
<i>pindolol tab 5 mg</i> .....	90	POMALYST CAP 2MG .....	71
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> 49		POMALYST CAP 3MG.....	71
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> 49		POMALYST CAP 4MG.....	71
<i>pioglitazone hcl-metformin hcl tab 15-500</i>		PONVORY TAB 20MG .....	160
<i>mg</i> .....	49	PONVORY TAB STARTER .....	160
<i>pioglitazone hcl-metformin hcl tab 15-850</i>		<i>portia-28</i> .....	102
<i>mg</i> .....	49	<i>posaconazole susp 40 mg/ml</i> .....	55
<i>pioglitazone hcl tab 15 mg (base equiv)</i> .....	51	<i>posaconazole tab delayed release 100 mg</i>	
<i>pioglitazone hcl tab 30 mg (base equiv)</i> ....	51	.....	55
<i>pioglitazone hcl tab 45 mg (base equiv)</i> ....	51	<i>potassium chloride cap er 10 meq</i> .....	141
PIQRAY 200MG TAB DOSE .....	74	<i>potassium chloride cap er 8 meq</i> .....	141
PIQRAY 250MG TAB DOSE .....	74	<i>potassium chloride microencapsulated crys</i>	
PIQRAY 300MG TAB DOSE .....	74	<i>er tab 10 meq</i> .....	141
<i>pirfenidone cap 267 mg</i> .....	166	<i>potassium chloride oral soln 10% (20</i>	
<i>pirfenidone tab 267 mg</i> .....	166	<i>meq/15ml)</i> .....	141
<i>pirfenidone tab 801 mg</i> .....	166	<i>potassium chloride oral soln 20% (40</i>	
<i>piroxicam cap 10 mg</i> .....	13	<i>meq/15ml)</i> .....	141
<i>piroxicam cap 20 mg</i> .....	13	<i>potassium chloride powder packet 20 meq</i>	
<i>pitavastatin calcium tab 1 mg</i> .....	58	.....	141
<i>pitavastatin calcium tab 2 mg</i> .....	58	<i>potassium chloride tab er 10 meq</i> .....	142
<i>pitavastatin calcium tab 4 mg</i> .....	58	<i>potassium chloride tab er 20 meq (1500</i>	
PLAQUENIL TAB 200MG .....	67	<i>mg)</i> .....	142
PLAVIX TAB 75MG .....	130	<i>potassium chloride tab er 8 meq (600 mg)</i>	
PLEGRIDY INJ.....	160	.....	142
PLEGRIDY INJ PEN .....	160	<i>potassium citrate tab er 10 meq (1080 mg)</i>	
PLEGRIDY INJ STARTER.....	160	.....	128
PLEGRIDY PEN INJ STARTER .....	160	<i>potassium citrate tab er 15 meq (1620 mg)</i>	
<i>plerixafor subcutaneous inj 24 mg/1.2ml (20</i>		.....	128
<i>mg/ml)</i> .....	133	<i>potassium citrate tab er 5 meq (540 mg)</i> 128	
PLIAGLIS CRE 7-7%.....	114	PRALUENT INJ 150MG/ML .....	59
<i>pnv-dha</i> .....	147	PRALUENT INJ 75MG/ML .....	59
PNV-DHA CAP DOCUSATE.....	147	<i>pramipexole dihydrochloride tab 0.125 mg</i>	
PNV-OMEGA CAP .....	147	.....	78
PNV PRENATAL TAB PLUS .....	147	<i>pramipexole dihydrochloride tab 0.25 mg</i>	
<i>pnv-select</i> .....	147	.....	78
PODOCON-25 SOL .....	114	<i>pramipexole dihydrochloride tab 0.5 mg</i> .78	
<i>podofilox gel 0.5%</i> .....	114	<i>pramipexole dihydrochloride tab 0.75 mg</i>	
<i>podofilox soln 0.5%</i> .....	114	.....	78
<i>polycin</i> .....	152	<i>pramipexole dihydrochloride tab 1.5 mg</i> ..78	
<i>polymyxin b-trimethoprim ophth soln</i>		<i>pramipexole dihydrochloride tab 1 mg</i> .....78	
10000 unit/ml-0.1%.....	152	<i>pramipexole dihydrochloride tab er 24hr</i>	
POLYTRIM SOL OP.....	152	0.375 mg.....	78

<i>pramipexole dihydrochloride tab er 24hr</i>		PREFEST TAB.....	123
0.75 mg.....	78	<i>pregabalin cap 100 mg</i> .....	40
<i>pramipexole dihydrochloride tab er 24hr 1.5</i>		<i>pregabalin cap 150 mg</i> .....	40
mg .....	78	<i>pregabalin cap 200 mg</i> .....	40
<i>pramipexole dihydrochloride tab er 24hr</i>		<i>pregabalin cap 225 mg</i> .....	40
2.25 mg .....	78	<i>pregabalin cap 25 mg</i> .....	40
<i>pramipexole dihydrochloride tab er 24hr</i>		<i>pregabalin cap 300 mg</i> .....	40
3.75 mg .....	78	<i>pregabalin cap 50 mg</i> .....	40
<i>pramipexole dihydrochloride tab er 24hr 3</i>		<i>pregabalin cap 75 mg</i> .....	40
mg .....	78	<i>pregabalin soln 20 mg/ml</i> .....	40
<i>pramipexole dihydrochloride tab er 24hr</i>		PREGNYL INJ 10000UNT.....	119
4.5 mg .....	78	PREMARIN TAB 0.3MG .....	124
<i>prasugrel hcl tab 10 mg (base equiv)</i> .....	130	PREMARIN TAB 0.45MG .....	124
<i>prasugrel hcl tab 5 mg (base equiv)</i> .....	130	PREMARIN TAB 0.625MG.....	124
<i>pravastatin sodium tab 10 mg</i> .....	58	PREMARIN TAB 0.9MG .....	124
<i>pravastatin sodium tab 20 mg</i> .....	59	PREMARIN TAB 1.25MG .....	124
<i>pravastatin sodium tab 40 mg</i> .....	59	PREMARIN VAG CRE 0.625MG.....	176
<i>pravastatin sodium tab 80 mg</i> .....	59	PREMPHASE TAB .....	123
<i>praziquantel tab 600 mg</i> .....	26	PREMPRO TAB.....	123
<i>prazosin hcl cap 1 mg</i> .....	62	PREMPRO TAB 0.3-1.5.....	123
<i>prazosin hcl cap 2 mg</i> .....	62	PREMPRO TAB 0.45-1.5 .....	123
<i>prazosin hcl cap 5 mg</i> .....	62	PREMPRO TAB 0.625-5.....	123
PRED MILD SUS 0.12% OP .....	153	PRENA1 CHW .....	147
<i>prednisolone acetate ophth susp 1%</i> .....	153	PRENA1 PEARL CAP.....	147
<i>prednisolone sodium phosphate oral soln</i>		PRENA 1 TRUE MIS .....	147
25 mg/5ml (base eq).....	105	PRENAISSANCE CAP.....	147
<i>prednisolone sod phosphate oral soln 15</i>		PRENAISSANCE CAP PLUS .....	147
mg/5ml (base equiv).....	105	<i>prenatal 19</i> .....	147
<i>prednisolone sod phosph oral soln 6.7</i>		PRENATAL 19 TAB.....	147
mg/5ml (5 mg/5ml base) .....	105	PRENATAL PLS MIS MV + DHA.....	147
<i>prednisolone soln 15 mg/5ml</i> .....	105	PRENATAL TAB 27-1MG.....	147
PREDNISOLONE SUS 1%.....	153	PRENATAL TAB PLUS.....	147
<i>prednisone oral soln 5 mg/5ml</i> .....	105	PRENATAL-U CAP 106.5-1 .....	147
<i>prednisone tab 10 mg</i> .....	105	PRETOMANID TAB 200MG .....	68
<i>prednisone tab 1 mg</i> .....	105	PREVACID CAP 30MG DR.....	173
<i>prednisone tab 2.5 mg</i> .....	105	PREVACID TAB 15MG STB .....	173
<i>prednisone tab 20 mg</i> .....	105	PREVACID TAB 30MG STB .....	173
<i>prednisone tab 50 mg</i> .....	105	<i>prevalite</i> .....	57
<i>prednisone tab 5 mg</i> .....	105	<i>prevalite pow 4gm pk</i> .....	57
<i>prednisone tab therapy pack 10 mg (21)</i> .105		PREVDNT 5000 GEL 1.1-5%.....	145
<i>prednisone tab therapy pack 10 mg (48)</i> 106		PREVDNT 5000 PST 1.1%.....	145
<i>prednisone tab therapy pack 5 mg (21)</i> ..105		PREVIDENT CRE 5000 PLS.....	145
<i>prednisone tab therapy pack 5 mg (48)</i> ..105		PREVIDENT GEL 1.1%.....	145
PRED SOD PHO SOL 1% OP .....	153	PREVIDENT GEL 1.1% BER .....	145

PREVIDENT GEL 1.1% MIN .....	145	<i>proctosol hc</i> .....	25
PREVIDENT PST 1.1%.....	145	<i>proctozone-hc</i> .....	25
PREVIDENT SOL 0.2%.....	145	PROCYSBI CAP 25MG .....	128
PREVYMIS TAB 240MG .....	87	PROCYSBI CAP 75MG .....	128
PREVYMIS TAB 480MG .....	87	PROCYSBI GRA 300MG .....	128
PREZCOBIX TAB 800-150 .....	86	PROCYSBI GRA 75MG .....	128
PREZISTA SUS 100MG/ML.....	86	<i>progesterone cap 100 mg</i> .....	156
PREZISTA TAB 150MG .....	86	<i>progesterone cap 200 mg</i> .....	156
PREZISTA TAB 600MG .....	86	<i>progesterone im in oil 50 mg/ml</i> .....	156
PREZISTA TAB 75MG .....	86	PROGLYCEM SUS 50MG/ML .....	50
PREZISTA TAB 800MG .....	86	PROGRAF CAP 0.5MG.....	143
PRIFTIN TAB 150MG.....	68	PROGRAF CAP 1MG .....	143
PRILOSEC POW 10MG .....	173	PROGRAF CAP 5MG .....	143
PRILOSEC POW 2.5MG .....	173	PROGRAF GRA 0.2MG.....	143
<i>primaquine phosphate tab 26.3 mg (15 mg</i> <i>base)</i> .....	67	PROGRAF GRA 1MG.....	143
PRIMAQUINE TAB 26.3MG.....	67	PROLENSA SOL 0.07% .....	154
<i>primidone tab 125 mg</i> .....	40	PROMACTA PAK 25MG.....	132
<i>primidone tab 250 mg</i> .....	40	PROMACTA POW 12.5MG.....	132
<i>primidone tab 50 mg</i> .....	40	PROMACTA TAB 12.5MG .....	132
PRISTIQ TAB 100MG .....	47	PROMACTA TAB 25MG.....	132
PRISTIQ TAB 25MG .....	47	PROMACTA TAB 50MG.....	132
PRISTIQ TAB 50MG .....	47	PROMACTA TAB 75MG.....	132
PROAIR DIGIH AER .....	34	<i>promethazine-dm syrup 6.25-15 mg/5ml</i> .....	106
PROAIR RESPI AER .....	34	<i>promethazine hcl oral soln 6.25 mg/5ml</i> ..	56
<i>probenecid tab 500 mg</i> .....	129	<i>promethazine hcl suppos 12.5 mg</i> .....	56
<i>procainamide hcl inj 100 mg/ml</i> .....	30	<i>promethazine hcl suppos 25 mg</i> .....	56
PROCARDIA XL TAB 30MG CR.....	93	<i>promethazine hcl tab 12.5 mg</i> .....	56
PROCARDIA XL TAB 60MG CR.....	93	<i>promethazine hcl tab 25 mg</i> .....	56
PROCARDIA XL TAB 90MG CR.....	93	<i>promethazine hcl tab 50 mg</i> .....	56
<i>procentra</i> .....	3	<i>promethazine hcl tab 50 mg</i> .....	56
<i>prochlorperazine maleate tab 10 mg (base</i> <i>equivalent)</i> .....	83	<i>promethazine w/ codeine syrup 6.25-10</i> <i>mg/5ml</i> .....	106
<i>prochlorperazine maleate tab 5 mg (base</i> <i>equivalent)</i> .....	83	<i>promethegan</i> .....	56
<i>prochlorperazine suppos 25 mg</i> .....	83	<i>prometh vc/ syp codeine</i> .....	106
PROCRIT INJ 10000/ML .....	132	<i>prometh vc syp 6.25-5/5</i> .....	106
PROCRIT INJ 2000/ML .....	132	PROMETRIUM CAP 100MG .....	156
PROCRIT INJ 20000/ML.....	132	PROMETRIUM CAP 200MG.....	156
PROCRIT INJ 3000/ML .....	132	<i>propafenone hcl cap er 12hr 225 mg</i> .....	30
PROCRIT INJ 4000/ML .....	132	<i>propafenone hcl cap er 12hr 325 mg</i> .....	30
PROCRIT INJ 40000/ML.....	132	<i>propafenone hcl cap er 12hr 425 mg</i> .....	30
PROCTOFOAM AER HC 1% .....	25	<i>propafenone hcl tab 150 mg</i> .....	30
<i>procto-med hc</i> .....	25	<i>propafenone hcl tab 225 mg</i> .....	30
		<i>propafenone hcl tab 300 mg</i> .....	30
		<i>propranolol hcl cap er 24hr 120 mg</i> .....	91

<i>propranolol hcl cap er 24hr 160 mg</i> .....	91	<i>pyridostigmine bromide tab 60 mg</i> .....	67
<i>propranolol hcl cap er 24hr 60 mg</i> .....	90	<i>pyridostigmine bromide tab er 180 mg</i> .....	67
<i>propranolol hcl cap er 24hr 80 mg</i> .....	90	<i>pyridoxine hcl inj 100 mg/ml</i> .....	177
<i>propranolol hcl oral soln 20 mg/5ml</i> .....	91	PYROGALL ACD OIN .....	114
<i>propranolol hcl oral soln 40 mg/5ml</i> .....	91	<b>Q</b>	
<i>propranolol hcl tab 10 mg</i> .....	91	QBRELIS SOL 1MG/ML .....	60
<i>propranolol hcl tab 20 mg</i> .....	91	QBREXZA PAD 2.4% .....	114
<i>propranolol hcl tab 40 mg</i> .....	91	<i>qc aspirin chw 81mg</i> .....	14
<i>propranolol hcl tab 60 mg</i> .....	91	<i>qc childrens aspirin</i> .....	14
<i>propranolol hcl tab 80 mg</i> .....	91	QELBREE CAP 100MG ER .....	5
<i>propylthiouracil tab 50 mg</i> .....	168	QELBREE CAP 150MG ER .....	5
PROSCAR TAB 5MG .....	128	QELBREE CAP 200MG ER .....	5
PROTONIX PAK 40MG .....	173	QINLOCK TAB 50MG .....	74
PROTONIX TAB 20MG .....	173	QNASL AER 80MCG .....	149
PROTONIX TAB 40MG .....	173	QNASL CHILD SPR 40MCG .....	149
PROTOPIC OIN 0.03% .....	114	QSYMIA CAP 11.25-69 .....	4
PROTOPIC OIN 0.1% .....	114	QSYMIA CAP 15-92MG .....	4
<i>protriptyline hcl tab 10 mg</i> .....	48	QSYMIA CAP 3.75-23 .....	4
<i>protriptyline hcl tab 5 mg</i> .....	48	QSYMIA CAP 7.5-46MG .....	4
PROVENTIL AER HFA .....	34	QUALAQUIN CAP 324MG .....	67
PROVERA TAB 10MG .....	156	QUARTETTE TAB .....	102
PROVERA TAB 5MG .....	156	QUDEXY XR CAP 100/24HR .....	40
PROVIDA OB CAP .....	147	QUDEXY XR CAP 150/24HR .....	40
PROVIGIL TAB 100MG .....	9	QUDEXY XR CAP 200/24HR .....	40
PROVIGIL TAB 200MG .....	9	QUDEXY XR CAP 25/24HR .....	40
PROZAC CAP 10MG .....	45	QUDEXY XR CAP 50/24HR .....	40
PROZAC CAP 20MG .....	45	QUESTRAN POW 4GM LITE .....	57
PROZAC CAP 40MG .....	45	<i>quetiapine fumarate tab 100 mg</i> .....	82
PRUDOXIN CRE 5% .....	110	<i>quetiapine fumarate tab 150 mg</i> .....	82
<i>pseudoephed-bromphen-dm syrup 30-2-10</i> <i>mg/5ml</i> .....	106	<i>quetiapine fumarate tab 200 mg</i> .....	82
PULMICORT INH 180MCG .....	32	<i>quetiapine fumarate tab 25 mg</i> .....	82
PULMICORT INH 90MCG .....	32	<i>quetiapine fumarate tab 300 mg</i> .....	82
PULMOZYME SOL 1MG/ML .....	166	<i>quetiapine fumarate tab 400 mg</i> .....	82
PURIXAN SUS 20MG/ML .....	69	<i>quetiapine fumarate tab 50 mg</i> .....	82
<i>px aspirin</i> .....	14	<i>quetiapine fumarate tab er 24hr 150 mg</i> .....	82
<i>px enteric aspirin</i> .....	14	<i>quetiapine fumarate tab er 24hr 200 mg</i> .....	82
<i>px stop smoking aid</i> .....	165	<i>quetiapine fumarate tab er 24hr 300 mg</i> .....	82
PYLERA CAP .....	173	<i>quetiapine fumarate tab er 24hr 400 mg</i> .....	82
<i>pyrazinamide tab 500 mg</i> .....	68	<i>quetiapine fumarate tab er 24hr 50 mg</i> .....	82
PYRIDIDIUM TAB 100MG .....	129	QUFLORA PED DRO 0.25MG .....	146
PYRIDIDIUM TAB 200MG .....	129	QUILLIVANT SUS 25MG/5ML .....	9
<i>pyridostigmine bromide oral soln 60</i> <i>mg/5ml</i> .....	67	<i>quinapril hcl tab 10 mg</i> .....	60
		<i>quinapril hcl tab 20 mg</i> .....	60
		<i>quinapril hcl tab 40 mg</i> .....	60

<i>quinapril hcl tab 5 mg</i> .....	60	RASUVO INJ 12.5MG.....	11
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> .....	65	RASUVO INJ 15MG.....	11
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> .....	66	RASUVO INJ 17.5MG.....	11
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i> .....	66	RASUVO INJ 20MG.....	11
<i>quinidine gluconate tab er 324 mg</i> .....	30	RASUVO INJ 22.5MG.....	11
<i>quinidine sulfate tab 200 mg</i> .....	30	RASUVO INJ 25MG.....	11
<i>quinidine sulfate tab 300 mg</i> .....	30	RASUVO INJ 30MG.....	11
<i>quinine sulfate cap 324 mg</i> .....	67	RASUVO INJ 7.5MG.....	11
QUVIVIQ TAB 25MG.....	135	RAVICTI LIQ 1.1GM/ML.....	121
QUVIVIQ TAB 50MG.....	135	RAYALDEE CAP 30MCG.....	121
QVAR REDIIHA AER 80MCG.....	32	RAZADYNE ER CAP 16MG.....	158
QVAR REDIIHAL AER 40MCG.....	32	RAZADYNE ER CAP 24MG.....	158
<b>R</b>		RAZADYNE ER CAP 8MG.....	158
<i>ra aspirin adult low stre</i> .....	14	<i>react</i> .....	103
<i>ra aspirin ec</i> .....	14	REBIF INJ 22/0.5.....	160
RABEPRAZOLE CAP 10MG DR.....	173	REBIF INJ 44/0.5.....	160
<i>rabeprazole sodium ec tab 20 mg</i> .....	173	REBIF REBIDO INJ 22/0.5.....	160
RADICAVA ORS SUS 105/5ML.....	149	REBIF REBIDO INJ 44/0.5.....	160
RAGWITEK SUB.....	10	REBIF REBIDO INJ TITRATN.....	160
<i>raloxifene hcl tab 60 mg</i> .....	120	REBIF TITRTN INJ PACK.....	160
<i>ramelteon tab 8 mg</i> .....	135	<i>reclipsen</i> .....	102
<i>ramipril cap 1.25 mg</i> .....	60	RECORLEV TAB 150MG.....	118
<i>ramipril cap 10 mg</i> .....	60	RECTIV OIN 0.4%.....	25
<i>ramipril cap 2.5 mg</i> .....	60	REDICHEW RX CHW.....	147
<i>ramipril cap 5 mg</i> .....	60	RELENZA MIS DISKHALE.....	88
<i>ra nicotine</i> .....	165	RELEUKO INJ 300MCG.....	132
<i>ra nicotine gum</i> .....	165	RELEUKO INJ 480MCG.....	132
<i>ra nicotine polacrilex</i> .....	165	RELEXXII TAB 72MG ER.....	9
<i>ra nicotine transdermal s</i> .....	165	RELISTOR INJ 12/0.6ML.....	127
<i>ranolazine tab er 12hr 1000 mg</i> .....	27	RELISTOR INJ 8/0.4ML.....	127
<i>ranolazine tab er 12hr 500 mg</i> .....	27	RELISTOR TAB 150MG.....	127
RAPAFLO CAP 4MG.....	128	RELNATE DHA CAP.....	147
RAPAFLO CAP 8MG.....	128	RELPAK TAB 20MG.....	139
RAPAMUNE SOL 1MG/ML.....	143	RELPAK TAB 40MG.....	139
RAPAMUNE TAB 0.5MG.....	143	RELYVRIO PAK 3-1GM.....	149
RAPAMUNE TAB 1MG.....	143	REMERON TAB 15MG.....	43
RAPAMUNE TAB 2MG.....	143	REMERON TAB 30MG.....	43
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i> .....	79	RENAGEL TAB 800MG.....	127
<i>rasagiline mesylate tab 1 mg (base equiv)</i> .....	79	REVELA POW 0.8GM.....	127
RASUVO INJ 10MG.....	11	REVELA POW 2.4GM.....	127
		REVELA TAB 800MG.....	127
		<i>repaglinide tab 0.5 mg</i> .....	51
		<i>repaglinide tab 1 mg</i> .....	51
		<i>repaglinide tab 2 mg</i> .....	51

RESTASIS EMU 0.05% OP.....	152	<i>riluzole tab 50 mg</i> .....	149
RESTASIS MUL EMU 0.05% OP .....	152	<i>rimantadine hydrochloride tab 100 mg</i> .....	88
RESTORIL CAP 15MG.....	134	RINVOQ TAB 15MG ER.....	11
RESTORIL CAP 30MG.....	134	RINVOQ TAB 30MG ER.....	11
RESTORIL CAP 7.5MG.....	134	RINVOQ TAB 45MG ER.....	11
RETACRIT INJ 10000UNT .....	132	<i>risedronate sodium tab 150 mg</i> .....	118
RETACRIT INJ 2000UNIT .....	132	<i>risedronate sodium tab 30 mg</i> .....	118
RETACRIT INJ 3000UNIT .....	132	<i>risedronate sodium tab 35 mg</i> .....	118
RETACRIT INJ 40000UNT .....	132	<i>risedronate sodium tab 5 mg</i> .....	118
RETACRIT INJ 4000UNIT .....	132	<i>risedronate sodium tab delayed release 35</i> <i>mg</i> .....	118
RETEVMO CAP 40MG.....	74	RISPERDAL SOL 1MG/ML.....	80
RETEVMO CAP 80MG .....	74	RISPERDAL TAB 0.5MG.....	80
RETROVIR CAP 100MG.....	86	RISPERDAL TAB 1MG .....	80
RETROVIR SYP 50MG/5ML .....	86	RISPERDAL TAB 2MG .....	80
REVATIO SUS 10MG/ML .....	97	RISPERDAL TAB 3MG .....	80
REVATIO TAB 20MG.....	97	RISPERDAL TAB 4MG .....	80
REVLIMID CAP 10MG.....	142	<i>risperidone orally disintegrating tab 0.25</i> <i>mg</i> .....	81
REVLIMID CAP 15MG.....	142	<i>risperidone orally disintegrating tab 0.5 mg</i> .....	80
REVLIMID CAP 2.5MG .....	142	<i>risperidone orally disintegrating tab 1 mg</i> .81	
REVLIMID CAP 20MG .....	142	<i>risperidone orally disintegrating tab 2 mg</i> .81	
REVLIMID CAP 25MG .....	142	<i>risperidone orally disintegrating tab 3 mg</i> .81	
REVLIMID CAP 5MG .....	142	<i>risperidone orally disintegrating tab 4 mg</i> .81	
REXULTI TAB 0.25MG .....	84	<i>risperidone soln 1 mg/ml</i> .....	81
REXULTI TAB 0.5MG .....	84	<i>risperidone tab 0.25 mg</i> .....	81
REXULTI TAB 1MG .....	84	<i>risperidone tab 0.5 mg</i> .....	81
REXULTI TAB 2MG.....	84	<i>risperidone tab 1 mg</i> .....	81
REXULTI TAB 3MG.....	84	<i>risperidone tab 2 mg</i> .....	81
REXULTI TAB 4MG.....	84	<i>risperidone tab 3 mg</i> .....	81
REYATAZ CAP 200MG.....	86	<i>risperidone tab 4 mg</i> .....	81
REYATAZ CAP 300MG.....	86	RITALIN LA CAP 10MG .....	9
REYATAZ POW 50MG.....	86	RITALIN LA CAP 20MG .....	9
REYVOW TAB 100MG.....	139	RITALIN LA CAP 30MG .....	9
REYVOW TAB 50MG.....	139	RITALIN LA CAP 40MG .....	9
REZLIDHIA CAP 150MG .....	74	RITALIN TAB 10MG.....	9
REZUROCK TAB 200MG .....	143	RITALIN TAB 20MG .....	9
RHOFADE CRE 1%.....	115	RITALIN TAB 5MG.....	9
RHOPHYLAC INJ 1500/2ML.....	155	<i>ritonavir tab 100 mg</i> .....	86
RHOPRESSA SOL 0.02%.....	152	<i>rivastigmine tartrate cap 1.5 mg (base</i> <i>equivalent)</i> .....	158
<i>ribavirin cap 200 mg</i> .....	88	<i>rivastigmine tartrate cap 3 mg (base</i> <i>equivalent)</i> .....	158
<i>ribavirin tab 200 mg</i> .....	88		
RIDAURA CAP 3MG.....	11		
<i>rifabutin cap 150 mg</i> .....	68		
<i>rifampin cap 150 mg</i> .....	68		
<i>rifampin cap 300 mg</i> .....	68		

<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i> .....	158	ROXICODONE TAB 30MG .....	20
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i> .....	158	ROZEREM TAB 8MG .....	135
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	158	ROZLYTREK CAP 100MG.....	74
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	.158	ROZLYTREK CAP 200MG.....	74
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	.158	ROZLYTREK PAK 50MG.....	74
<i>rivelsa</i> .....	102	RUBRACA TAB 200MG .....	74
RIVIVE SPR 3/0.1ML .....	53	RUBRACA TAB 250MG .....	74
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> .....	140	RUBRACA TAB 300MG .....	74
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i> .....	139	<i>rufinamide susp 40 mg/ml</i> .....	40
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i> .....	140	<i>rufinamide tab 200 mg</i> .....	40
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i> .....	140	<i>rufinamide tab 400 mg</i> .....	40
ROBAXIN INJ 100MG/ML .....	148	RUKOBIA TAB 600MG ER.....	86
ROCKLATAN DRO .....	152	RYALTRIS SPR 665-25 .....	149
<i>roflumilast tab 250 mcg</i> .....	31	RYBELSUS TAB 14MG .....	50
<i>roflumilast tab 500 mcg</i> .....	31	RYBELSUS TAB 3MG.....	50
<i>ropinirole hydrochloride tab 0.25 mg</i> .....	78	RYBELSUS TAB 7MG.....	50
<i>ropinirole hydrochloride tab 0.5 mg</i> .....	78	RYDAPT CAP 25MG .....	74
<i>ropinirole hydrochloride tab 1 mg</i> .....	78	RYTARY CAP 145MG .....	79
<i>ropinirole hydrochloride tab 2 mg</i> .....	78	RYTARY CAP 195MG .....	79
<i>ropinirole hydrochloride tab 3 mg</i> .....	78	RYTARY CAP 245MG .....	79
<i>ropinirole hydrochloride tab 4 mg</i> .....	78	RYTARY CAP 95MG.....	79
<i>ropinirole hydrochloride tab 5 mg</i> .....	78	RYTHMOL SR CAP 225MG.....	30
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i> .....	79	RYTHMOL SR CAP 325MG.....	30
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i> .....	78	RYTHMOL SR CAP 425MG.....	30
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i> .....	78	<b>S</b>	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i> .....	79	SABRIL POW 500MG .....	42
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i> .....	79	SABRIL TAB 500MG .....	42
<i>rosuvastatin calcium tab 10 mg</i> .....	59	SAFYRAL TAB .....	102
<i>rosuvastatin calcium tab 20 mg</i> .....	59	<i>salicylic acid er film-forming soln 28.5%</i> .114	
<i>rosuvastatin calcium tab 40 mg</i> .....	59	<i>salsalate tab 500 mg</i> .....	14
<i>rosuvastatin calcium tab 5 mg</i> .....	59	<i>salsalate tab 750 mg</i> .....	14
ROWASA KIT 4GM .....	126	SAMSCA TAB 15MG .....	122
ROXICODONE TAB 15MG .....	20	SAMSCA TAB 30MG .....	122
		SANCUSO DIS 3.1MG .....	54
		SANDIMMUNE CAP 100MG.....	144
		SANDIMMUNE CAP 25MG.....	143
		SANDIMMUNE SOL 100MG/ML.....	144
		SANTYL OIN 250/GM.....	114
		SAPHRIS SUB 10MG .....	82
		SAPHRIS SUB 2.5MG.....	82
		SAPHRIS SUB 5MG .....	82
		<i>sapropterin dihydrochloride powder packet 100 mg</i> .....	121



<i>sapropterin dihydrochloride powder packet</i>	
500 mg.....	121
<i>sapropterin dihydrochloride tab 100 mg</i> ..	121
SAVELLA MIS TITR PAK .....	159
SAVELLA TAB 100MG.....	159
SAVELLA TAB 12.5MG .....	159
SAVELLA TAB 25MG.....	159
SAVELLA TAB 50MG .....	159
SAXENDA INJ 18MG/3ML.....	4
<i>sb childrens aspirin</i> .....	14
SCEMBLIX TAB 20MG.....	74
SCEMBLIX TAB 40MG.....	74
<i>scopolamine td patch 72hr 1 mg/3days</i> ....	54
SEASONIQUE TAB.....	102
SELECT-OB+ PAK DHA .....	147
SELECT-OB CHW .....	147
<i>selegiline hcl cap 5 mg</i> .....	79
<i>selegiline hcl tab 5 mg</i> .....	79
<i>selenium sulfide lotion 2.5%</i> .....	110
<i>selenium sulfide shampoo 2.25%</i> .....	111
<i>selenium sulfide shampoo 2.3%</i> .....	110
SELZENTRY SOL 20MG/ML.....	86
SELZENTRY TAB 150MG.....	86
SELZENTRY TAB 25MG .....	86
SELZENTRY TAB 300MG.....	86
SELZENTRY TAB 75MG .....	86
SE-NATAL 19 CHW .....	147
SE-NATAL 19 TAB.....	147
SENSIPAR TAB 30MG.....	121
SENSIPAR TAB 60MG.....	121
SENSIPAR TAB 90MG.....	121
SEREVENT DIS AER 50MCG.....	34
SEROQUEL TAB 100MG .....	82
SEROQUEL TAB 200MG .....	82
SEROQUEL TAB 25MG .....	82
SEROQUEL TAB 300MG .....	82
SEROQUEL TAB 400MG .....	82
SEROQUEL TAB 50MG.....	82
SEROQUEL XR TAB 150MG .....	82
SEROQUEL XR TAB 200MG .....	82
SEROQUEL XR TAB 300MG .....	82
SEROQUEL XR TAB 400MG .....	82
SEROQUEL XR TAB 50MG.....	82
SEROSTIM INJ 4MG.....	120
SEROSTIM INJ 5MG.....	120
SEROSTIM INJ 6MG.....	120
<i>sertraline hcl oral concentrate for solution</i>	
20 mg/ml.....	45
<i>sertraline hcl tab 100 mg</i> .....	45
<i>sertraline hcl tab 25 mg</i> .....	45
<i>sertraline hcl tab 50 mg</i> .....	45
setlakin .....	102
<i>sevelamer carbonate packet 0.8 gm</i> .....	127
<i>sevelamer carbonate packet 2.4 gm</i> .....	127
<i>sevelamer carbonate tab 800 mg</i> .....	127
<i>sevelamer hcl tab 400 mg</i> .....	127
<i>sevelamer hcl tab 800 mg</i> .....	127
sf 145	
<i>sf 5000 plus</i> .....	145
<i>sharobel</i> .....	104
SIGNIFOR INJ 0.3MG/ML.....	122
SIGNIFOR INJ 0.6MG/ML.....	122
SIGNIFOR INJ 0.9MG/ML.....	122
<i>sildenafil citrate tab 100 mg</i> .....	96
<i>sildenafil citrate tab 20 mg</i> .....	97
<i>sildenafil citrate tab 25 mg</i> .....	96
<i>sildenafil citrate tab 50 mg</i> .....	96
SILENOR TAB 3MG.....	133
SILENOR TAB 6MG.....	133
<i>silodosin cap 4 mg</i> .....	128
<i>silodosin cap 8 mg</i> .....	128
SILVADENE CRE 1%.....	111
<i>silver sulfadiazine cream 1%</i> .....	111
SIMBRINZA SUS 1-0.2% .....	151
<i>simvastatin tab 10 mg</i> .....	59
<i>simvastatin tab 20 mg</i> .....	59
<i>simvastatin tab 40 mg</i> .....	59
<i>simvastatin tab 5 mg</i> .....	59
<i>simvastatin tab 80 mg</i> .....	59
SINEMET TAB 10-100MG .....	79
SINEMET TAB 25-100MG .....	79
SINGULAIR CHW 4MG.....	31
SINGULAIR CHW 5MG.....	31
SINGULAIR GRA 4MG .....	31
SINGULAIR TAB 10MG .....	31
<i>sirolimus oral soln 1 mg/ml</i> .....	144
<i>sirolimus tab 0.5 mg</i> .....	144
<i>sirolimus tab 1 mg</i> .....	144

<i>sirolimus tab 2 mg</i> .....	144	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i>	
SIRTURO TAB 100MG .....	68	<i>3.13-1.6 gm/177ml</i> .....	136
SIRTURO TAB 20MG .....	68	<i>solifenacin succinate tab 10 mg</i> .....	174
SIVEXTRO TAB 200MG .....	27	<i>solifenacin succinate tab 5 mg</i> .....	174
SKYCLARYS CAP 50MG .....	149	SOLIQUA INJ 100/33.....	49
SKYRIZI INJ 150MG/ML .....	110	SOLODYN TAB 105MG .....	168
SKYRIZI INJ 180/1.2.....	126	SOLODYN TAB 115MG .....	168
SKYRIZI INJ 360/2.4 .....	126	SOLODYN TAB 55MG .....	168
SKYRIZI PEN INJ 150MG/ML .....	110	SOLODYN TAB 65MG.....	168
SLYND TAB 4MG.....	104	SOLODYN TAB 80MG.....	168
<i>sm aspirin ec low strengt</i> .....	15	SOLTAMOX SOL 10MG/5ML .....	70
<i>sm aspirin tab 81mg ec</i> .....	15	SOLU-CORTEF INJ 1000MG.....	106
<i>sm childrens aspirin</i> .....	15	SOLU-CORTEF INJ 100MG .....	106
<i>sm folic acid</i> .....	131	SOLU-CORTEF INJ 250MG.....	106
<i>sm nicotine</i> .....	165	SOLU-CORTEF INJ 500MG .....	106
<i>sm nicotine dis 14mg/24h</i> .....	165	SOLU-MEDROL INJ 1000MG.....	106
<i>sm nicotine dis 21mg/24h</i> .....	165	SOLU-MEDROL INJ 125MG .....	106
<i>sm nicotine gum 2mg</i> .....	165	SOLU-MEDROL INJ 1GM.....	106
<i>sm nicotine gum 2mg mint</i> .....	165	SOLU-MEDROL INJ 40MG.....	106
<i>sm nicotine gum 4mg</i> .....	165	SOLU-MEDROL INJ 500MG .....	106
<i>sm nicotine polacrilex</i> .....	165	SOMA TAB 250MG.....	148
<i>sm nicotine transdermal s</i> .....	165	SOMA TAB 350MG.....	148
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i> .	142	SOMATULINE INJ 120/.5ML .....	122
<i>sodium chloride irrigation soln 0.9%</i> .....	128	SOMATULINE INJ 60/0.2ML .....	122
<i>sodium chloride preservative free (pf) inj</i>		SOMATULINE INJ 90/0.3ML .....	122
<i>0.9%</i> .....	142	SOMAVERT INJ 10MG .....	119
<i>sodium chloride soln nebu 0.9%</i> .....	106	SOMAVERT INJ 15MG .....	119
<i>sodium fluoride chew tab 0.25 mg f (from</i>		SOMAVERT INJ 20MG .....	119
<i>0.55 mg naf)</i> .....	141	SOMAVERT INJ 25MG.....	119
<i>sodium fluoride chew tab 0.5 mg f (from 1.1</i>		SOMAVERT INJ 30MG .....	119
<i>mg naf)</i> .....	141	SOOLANTRA CRE 1% .....	115
<i>sodium fluoride chew tab 1 mg f (from 2.2</i>		<i>sorafenib tosylate tab 200 mg (base</i>	
<i>mg naf)</i> .....	141	<i>equivalent)</i> .....	74
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1</i>		<i>sorine</i> .....	91
<i>mg/ml naf)</i> .....	141	<i>sotalol hcl (afib/afl) tab 120 mg</i> .....	91
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg</i>		<i>sotalol hcl (afib/afl) tab 160 mg</i> .....	91
<i>naf)</i> .....	141	<i>sotalol hcl (afib/afl) tab 80 mg</i> .....	91
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>		<i>sotalol hcl tab 120 mg</i> .....	91
<i>.....</i>	141	<i>sotalol hcl tab 160 mg</i> .....	91
<i>sodium phenylbutyrate oral powder 3</i>		<i>sotalol hcl tab 240 mg</i> .....	91
<i>gm/teaspoonful</i> .....	121	<i>sotalol hcl tab 80 mg</i> .....	91
<i>sodium phenylbutyrate tab 500 mg</i> .....	121	SOTYLIZE SOL 5MG/ML.....	91
<i>sodium polystyrene sulfonate powder</i> ....	144	SOVALDI PAK 150MG.....	88
SOD SUL/SULF EMU 10-5%.....	107	SOVALDI PAK 200MG.....	88

SOVALDI TAB 400MG.....	88	STRATTERA CAP 40MG.....	5
<i>spinosad susp 0.9%</i> .....	115	STRATTERA CAP 60MG.....	5
SPIRIVA AER 1.25MCG.....	31	STRATTERA CAP 80MG.....	5
SPIRIVA CAP HANDIHLR.....	31	STRENSIQ INJ 18/0.45.....	121
SPIRIVA SPR 2.5MCG.....	31	STRENSIQ INJ 28/0.7ML.....	121
<i>spironolactone &amp; hydrochlorothiazide tab</i>		STRENSIQ INJ 40MG/ML.....	121
<i>25-25 mg</i> .....	116	STRENSIQ INJ 80/0.8ML.....	121
<i>spironolactone tab 100 mg</i> .....	117	STRIBILD TAB.....	86
<i>spironolactone tab 25 mg</i> .....	117	STRIVERDI AER 2.5MCG.....	34
<i>spironolactone tab 50 mg</i> .....	117	STROMECTOL TAB 3MG.....	26
SPORANOX CAP 100MG.....	55	SUBOXONE MIS 12-3MG.....	23
SPORANOX SOL 10MG/ML.....	55	SUBOXONE MIS 2-0.5MG.....	23
<i>sprintec 28</i> .....	102	SUBOXONE MIS 4-1MG.....	23
SPRIX SPR 15.75MG.....	13	SUBOXONE MIS 8-2MG.....	23
SPRYCEL TAB 100MG.....	74	SUBSYS SPR 100MCG.....	20
SPRYCEL TAB 140MG.....	74	SUBSYS SPR 400MCG.....	20
SPRYCEL TAB 20MG.....	74	SUBSYS SPR 600MCG.....	20
SPRYCEL TAB 50MG.....	74	SUBSYS SPR 800MCG.....	20
SPRYCEL TAB 70MG.....	74	<i>subvenite</i> .....	40
SPRYCEL TAB 80MG.....	74	<i>subvenite starter kit/blu</i> .....	41
<i>sps sus 15gm/60</i> .....	144	<i>subvenite starter kit/gre</i> .....	41
<i>sronyx</i> .....	102	<i>subvenite starter kit/ora</i> .....	41
<i>ssd</i> .....	111	SUCRAID SOL 8500/ML.....	116
<i>sss 10%-5%</i> .....	107	<i>sucralfate susp 1 gm/10ml</i> .....	171
<i>sss 10-5</i> .....	108	<i>sucralfate tab 1 gm</i> .....	171
STALEVO 100 TAB.....	79	SULAR TAB 17MG ER.....	93
STALEVO 125 TAB.....	79	SULAR TAB 34MG ER.....	93
STALEVO 150 TAB.....	79	SULAR TAB 8.5MG ER.....	93
STALEVO 200 TAB.....	79	<i>sulconazole nitrate cream 1%</i> .....	109
STALEVO 50 TAB.....	79	<i>sulconazole nitrate solution 1%</i> .....	109
STALEVO 75 TAB.....	79	<i>sulfacetamide sodium cleansing gel 10%</i> .....	111
<i>stavudine cap 15 mg</i> .....	86	<i>sulfacetamide sodium liquid 10%</i> .....	111
<i>stavudine cap 20 mg</i> .....	86	<i>sulfacetamide sodium lotion 10% (acne)</i> .....	108
<i>stavudine cap 30 mg</i> .....	86	<i>sulfacetamide sodium ophth oint 10%</i> .....	152
<i>stavudine cap 40 mg</i> .....	86	<i>sulfacetamide sodium ophth soln 10%</i> .....	152
STELARA INJ 45MG/0.5.....	110	<i>sulfacetamide sodium-prednisolone ophth</i>	
STELARA INJ 90MG/ML.....	110	<i>soln 10-0.23(0.25)%</i> .....	153
STIMUFEND INJ 6/0.6ML.....	132	<i>sulfacetamide sodium shampoo 10%</i> .....	111
STIVARGA TAB 40MG.....	74	<i>sulfacetamide sodium w/ sulfur cleanser</i>	
<i>st joseph low dose aspiri</i> .....	15	<i>10-2%</i> .....	108
STRATTERA CAP 100MG.....	6	<i>sulfacetamide sodium w/ sulfur cleanser</i>	
STRATTERA CAP 10MG.....	5	<i>10-5%</i> .....	108
STRATTERA CAP 18MG.....	5	<i>sulfacetamide sodium w/ sulfur cleanser</i>	
STRATTERA CAP 25MG.....	5	<i>9.8-4.8%</i> .....	108

<i>sulfacetamide sodium w/ sulfur cleanser 9-4.5%</i> .....	108	<i>sumatriptan succinate tab 25 mg</i> .....	140
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i> .....	108	<i>sumatriptan succinate tab 50 mg</i> .....	140
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i> .....	108	<i>sunitinib malate cap 12.5 mg (base equivalent)</i> .....	74
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i> .....	108	<i>sunitinib malate cap 25 mg (base equivalent)</i> .....	74
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i> .....	108	<i>sunitinib malate cap 37.5 mg (base equivalent)</i> .....	74
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i> .....	108	<i>sunitinib malate cap 50 mg (base equivalent)</i> .....	74
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i> .....	108	SUNLENCA TAB 300MG.....	86
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i> .....	108	SUNOSI TAB 150MG .....	6
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i> .....	108	SUNOSI TAB 75MG.....	6
<i>sulfacleanse 8/4</i> .....	108	SUPRAX CAP 400MG.....	99
<i>sulfadiazine tab 500 mg</i> .....	167	SUPRAX CHW 100MG.....	99
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> .....	26	SUPRAX CHW 200MG .....	99
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> .....	26	SUPRAX SUS 200/5ML.....	99
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> .....	26	SUPRAX SUS 500/5ML.....	99
<i>sulfamez wash</i> .....	108	SUPREP BOWEL SOL PREP KIT .....	136
SULFAMYLON CRE 85MG/GM .....	111	SUSTIVA TAB 600MG .....	86
<i>sulfasalazine tab 500 mg</i> .....	126	SUTAB TAB.....	136
<i>sulfasalazine tab delayed release 500 mg</i> .....	126	SUTENT CAP 12.5MG .....	74
<i>sulfatrim pediatric</i> .....	26	SUTENT CAP 25MG .....	74
<i>sulindac tab 150 mg</i> .....	13	SUTENT CAP 37.5MG.....	74
<i>sulindac tab 200 mg</i> .....	13	SUTENT CAP 50MG.....	74
<i>sumatriptan-naproxen sodium tab 85-500 mg</i> .....	138	<i>syeda</i> .....	102
<i>sumatriptan nasal spray 20 mg/act</i> .....	140	SYMBYAX CAP 3-25MG.....	158
<i>sumatriptan nasal spray 5 mg/act</i> .....	140	SYMBYAX CAP 6-25MG.....	158
<i>sumatriptan succinate inj 6 mg/0.5ml</i> ....	140	SYMDEKO TAB 100-150 .....	166
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i> .....	140	SYMFI LO TAB .....	86
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i> .....	140	SYMFI TAB .....	87
<i>sumatriptan succinate tab 100 mg</i> .....	140	SYMJEPI INJ 0.15MG .....	176
		SYMJEPI INJ 0.3MG.....	176
		SYMLINPEN 60 INJ 1000MCG .....	48
		SYMLNPEN 120 INJ 1000MCG .....	48
		SYMPAZAN MIS 10MG .....	37
		SYMPAZAN MIS 20MG .....	37
		SYMPAZAN MIS 5MG.....	37
		SYMPROIC TAB 0.2MG .....	127
		SYMTUZA TAB.....	87
		SYNAREL SOL 2MG/ML .....	120
		SYNJARDY TAB .....	49
		SYNJARDY TAB 12.5-500.....	49
		SYNJARDY TAB 5-1000MG .....	49

SYNJARDY TAB 5-500MG .....	49	TALZENNA CAP 0.1MG .....	75
SYNJARDY XR TAB .....	49	TALZENNA CAP 0.25MG .....	75
SYNJARDY XR TAB 10-1000 .....	49	TALZENNA CAP 0.35MG .....	75
SYNJARDY XR TAB 25-1000.....	49	TALZENNA CAP 0.5MG .....	75
SYNJARDY XR TAB 5-1000MG .....	49	TALZENNA CAP 0.75MG .....	75
SYNTHROID TAB 100MCG.....	169	TALZENNA CAP 1MG.....	75
SYNTHROID TAB 112MCG.....	169	TAMIFLU CAP 30MG.....	89
SYNTHROID TAB 125MCG .....	169	TAMIFLU CAP 45MG.....	89
SYNTHROID TAB 137MCG .....	169	TAMIFLU CAP 75MG .....	89
SYNTHROID TAB 150MCG.....	170	TAMIFLU SUS 6MG/ML .....	89
SYNTHROID TAB 175MCG .....	170	<i>tamoxifen citrate tab 10 mg (base</i>	
SYNTHROID TAB 200MCG .....	170	<i>equivalent)</i> .....	70
SYNTHROID TAB 25MCG.....	169	<i>tamoxifen citrate tab 20 mg (base</i>	
SYNTHROID TAB 300MCG .....	170	<i>equivalent)</i> .....	70
SYNTHROID TAB 50MCG .....	169	<i>tamsulosin hcl cap 0.4 mg</i> .....	129
SYNTHROID TAB 75MCG.....	169	TARCEVA TAB 100MG .....	69
SYNTHROID TAB 88MCG .....	169	TARCEVA TAB 150MG .....	69
SYPRINE CAP 250MG.....	142	TARCEVA TAB 25MG .....	69
<b>T</b>		TARGRETIN CAP 75MG .....	76
TABLOID TAB 40MG .....	69	TARGRETIN GEL 1%.....	110
TABRECTA TAB 150MG .....	74	<i>tarina 24 fe</i> .....	102
TABRECTA TAB 200MG .....	74	<i>tarina fe 1/20 eq</i> .....	102
<i>tacrolimus cap 0.5 mg</i> .....	144	TARON-C DHA CAP .....	147
<i>tacrolimus cap 1 mg</i> .....	144	TASIGNA CAP 150MG .....	75
<i>tacrolimus cap 5 mg</i> .....	144	TASIGNA CAP 200MG .....	75
<i>tacrolimus oint 0.03%</i> .....	114	TASIGNA CAP 50MG.....	75
<i>tacrolimus oint 0.1%</i> .....	114	<i>tasimelteon capsule 20 mg</i> .....	135
<i>tadalafil tab 10 mg</i> .....	96	TASMAR TAB 100MG .....	77
<i>tadalafil tab 2.5 mg</i> .....	128	<i>tavaborole soln 5%</i> .....	109
<i>tadalafil tab 20 mg</i> .....	96	TAVALISSE TAB 100MG .....	130
<i>tadalafil tab 20 mg (pah)</i> .....	97	TAVALISSE TAB 150MG .....	130
<i>tadalafil tab 5 mg</i> .....	129	TAVNEOS CAP 10MG.....	130
TADLIQ SUS 20MG/5ML .....	97	TAYTULLA CAP 1MG/20MC .....	102
TAFINLAR CAP 50MG .....	74	<i>tazarotene cream 0.1%</i> .....	110
TAFINLAR CAP 75MG .....	75	<i>tazarotene gel 0.05%</i> .....	110
TAFINLAR TAB 10MG .....	75	<i>tazarotene gel 0.1%</i> .....	110
<i>tafluprost preservative free (pf) ophth soln</i>		<i>tazicef</i> .....	99
<i>0.0015%</i> .....	154	TAZICEF.....	99
TAGRISSO TAB 40MG.....	75	TAZORAC CRE 0.05% .....	110
TAGRISSO TAB 80MG.....	75	TAZORAC CRE 0.1% .....	110
<i>take action tab 1.5mg</i> .....	103	TAZORAC GEL 0.05% .....	110
TAKHZYRO INJ 150MG/ML .....	130	TAZORAC GEL 0.1% .....	110
TAKHZYRO INJ 300/2ML .....	130	<i>taztia xt</i> .....	93
TALICIA CAP .....	173	<i>taztia xt cap 300mg er</i> .....	93

TAZVERIK TAB 200MG .....	75	<i>terbinafine hcl tab 250 mg</i> .....	55
TEGRETOL SUS 100/5ML.....	41	<i>terbutaline sulfate inj 1 mg/ml</i> .....	34
TEGRETOL TAB 200MG.....	41	<i>terbutaline sulfate tab 2.5 mg</i> .....	34
TEGRETOL-XR TAB 100MG.....	41	<i>terbutaline sulfate tab 5 mg</i> .....	34
TEGRETOL-XR TAB 200MG.....	41	<i>terconazole vaginal cream 0.4%</i> .....	175
TEGRETOL-XR TAB 400MG.....	41	<i>terconazole vaginal cream 0.8%</i> .....	175
TEGSEDI INJ 284/1.5 .....	166	<i>terconazole vaginal suppos 80 mg</i> .....	175
TEKTURNA HCT TAB 300-12.5 .....	66	<i>teriflunomide tab 14 mg</i> .....	160
TEKTURNA HCT TAB 300-25MG .....	66	<i>teriflunomide tab 7 mg</i> .....	160
TEKTURNA TAB 150MG .....	66	<i>teriparatide (recombinant) soln pen-inj 600</i>	
TEKTURNA TAB 300MG .....	66	<i>mcg/2.4ml</i> .....	118
<i>telmisartan-amlodipine tab 40-10 mg</i> .....	66	TERIPARATIDE INJ 620/2.48 .....	118
<i>telmisartan-amlodipine tab 40-5 mg</i> .....	66	TESTIM GEL 1%(50MG).....	24
<i>telmisartan-amlodipine tab 80-10 mg</i> .....	66	<i>testosterone cypionate im inj in oil 100</i>	
<i>telmisartan-amlodipine tab 80-5 mg</i> .....	66	<i>mg/ml</i> .....	24
<i>telmisartan-hydrochlorothiazide tab 40-</i>		<i>testosterone cypionate im inj in oil 200</i>	
<i>12.5 mg</i> .....	66	<i>mg/ml</i> .....	24
<i>telmisartan-hydrochlorothiazide tab 80-12.5</i>		<i>testosterone enanthate im inj in oil 200</i>	
<i>mg</i> .....	66	<i>mg/ml</i> .....	24
<i>telmisartan-hydrochlorothiazide tab 80-25</i>		<i>testosterone td gel 10mg/act (2%)</i> .....	24
<i>mg</i> .....	66	<i>testosterone td gel 12.5 mg/act (1%)</i> .....	24
<i>telmisartan tab 20 mg</i> .....	62	<i>testosterone td gel 20.25 mg/1.25gm</i>	
<i>telmisartan tab 40 mg</i> .....	62	<i>(1.62%)</i> .....	24
<i>telmisartan tab 80 mg</i> .....	62	<i>testosterone td gel 20.25 mg/act (1.62%)</i> .....	24
<i>temazepam cap 15 mg</i> .....	134	<i>testosterone td gel 25 mg/2.5gm (1%)</i> .....	24
<i>temazepam cap 30 mg</i> .....	134	<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	
<i>temazepam cap 7.5 mg</i> .....	134	.....	24
TEMBEXA SUS 10MG/ML .....	89	<i>testosterone td gel 50 mg/5gm (1%)</i> .....	24
TEMBEXA TAB 100MG .....	89	<i>testosterone td soln 30 mg/act</i> .....	25
<i>temozolomide cap 100 mg</i> .....	68	<i>tetrabenazine tab 12.5 mg</i> .....	159
<i>temozolomide cap 140 mg</i> .....	68	<i>tetrabenazine tab 25 mg</i> .....	159
<i>temozolomide cap 180 mg</i> .....	68	<i>tetracycline hcl cap 250 mg</i> .....	168
<i>temozolomide cap 20 mg</i> .....	68	<i>tetracycline hcl cap 500 mg</i> .....	168
<i>temozolomide cap 250 mg</i> .....	68	TEXACORT SOL 2.5%.....	113
<i>temozolomide cap 5 mg</i> .....	68	THALOMID CAP 100MG.....	142
<i>tencon</i> .....	14	THALOMID CAP 150MG .....	142
<i>tenofovir disoproxil fumarate tab 300 mg</i> .....	87	THALOMID CAP 200MG .....	142
TENORETIC TAB 100 .....	66	THALOMID CAP 50MG.....	142
TENORETIC TAB 50.....	66	THEO-24 CAP 100MG CR .....	34
TEPMETKO TAB 225MG .....	75	THEO-24 CAP 200MG CR .....	34
<i>terazosin hcl cap 10 mg (base equivalent)</i> .....	62	THEO-24 CAP 300MG CR .....	34
<i>terazosin hcl cap 1 mg (base equivalent)</i> ..	62	THEO-24 CAP 400MG ER.....	34
<i>terazosin hcl cap 2 mg (base equivalent)</i> ..	62	<i>theophylline elixir 80 mg/15ml</i> .....	34
<i>terazosin hcl cap 5 mg (base equivalent)</i> ..	62	<i>theophylline tab er 12hr 300 mg</i> .....	34

<i>theophylline tab er 12hr 450 mg</i> .....	34	<i>timolol maleate tab 5 mg</i> .....	91
<i>theophylline tab er 24hr 400 mg</i> .....	34	TIMOPTIC SOL 0.25% OP.....	150
<i>theophylline tab er 24hr 600 mg</i> .....	34	TIMOPTIC SOL 0.5% OP.....	150
THIOLA EC TAB 100MG.....	129	TIMOPTIC-XE SOL 0.25% OP.....	150
THIOLA EC TAB 300MG.....	129	TIMOPTIC-XE SOL 0.5% OP.....	150
THIOLA TAB 100MG.....	129	<i>tinidazole tab 250 mg</i> .....	26
<i>thioridazine hcl tab 100 mg</i> .....	83	<i>tinidazole tab 500 mg</i> .....	26
<i>thioridazine hcl tab 10 mg</i> .....	83	<i>tiopronin tab 100 mg</i> .....	129
<i>thioridazine hcl tab 25 mg</i> .....	83	TIROSINT CAP 100MCG.....	170
<i>thioridazine hcl tab 50 mg</i> .....	83	TIROSINT CAP 112MCG.....	170
<i>thiothixene cap 10 mg</i> .....	84	TIROSINT CAP 125MCG.....	170
<i>thiothixene cap 1 mg</i> .....	84	TIROSINT CAP 137MCG.....	170
<i>thiothixene cap 2 mg</i> .....	84	TIROSINT CAP 13MCG.....	170
<i>thiothixene cap 5 mg</i> .....	84	TIROSINT CAP 150MCG.....	170
<i>thrive</i> .....	166	TIROSINT CAP 175MCG.....	170
<i>tiadylyt cap 180mg/24</i> .....	93	TIROSINT CAP 200.....	170
<i>tiadylyt cap 240mg/24</i> .....	93	TIROSINT CAP 25MCG.....	170
<i>tiadylyt er</i> .....	93	TIROSINT CAP 37.5MCG.....	170
<i>tiagabine hcl tab 12 mg</i> .....	42	TIROSINT CAP 44MCG.....	170
<i>tiagabine hcl tab 16 mg</i> .....	42	TIROSINT CAP 50MCG.....	170
<i>tiagabine hcl tab 2 mg</i> .....	42	TIROSINT CAP 62.5MCG.....	170
<i>tiagabine hcl tab 4 mg</i> .....	42	TIROSINT CAP 75MCG.....	170
TIAZAC CAP 120MG/24.....	93	TIROSINT CAP 88MCG.....	170
TIAZAC CAP 180MG/24.....	93	TIROSINT-SOL SOL 100MCG.....	170
TIAZAC CAP 240MG/24.....	93	TIROSINT-SOL SOL 112MCG.....	170
TIAZAC CAP 300MG/24.....	93	TIROSINT-SOL SOL 125MCG.....	170
TIAZAC CAP 360MG/24.....	93	TIROSINT-SOL SOL 137MCG.....	170
TIAZAC CAP 420MG/24.....	93	TIROSINT-SOL SOL 13MCG/ML.....	170
TIBSOVO TAB 250MG.....	75	TIROSINT-SOL SOL 150MCG.....	170
TIGLUTIK SUS 50/10ML.....	149	TIROSINT-SOL SOL 175MCG.....	170
TIKOSYN CAP 125MCG.....	30	TIROSINT-SOL SOL 200MCG.....	170
TIKOSYN CAP 250MCG.....	30	TIROSINT-SOL SOL 25MCG/ML.....	170
TIKOSYN CAP 500MCG.....	30	TIROSINT-SOL SOL 37.5/ML.....	170
<i>tilia fe tab</i> .....	102	TIROSINT-SOL SOL 44MCG/ML.....	170
<i>timolol maleate ophth gel forming soln</i> 0.25%.....	150	TIROSINT-SOL SOL 50MCG/ML.....	170
<i>timolol maleate ophth gel forming soln</i> 0.5%.....	150	TIROSINT-SOL SOL 62.5/ML.....	170
<i>timolol maleate ophth soln 0.25%</i> .....	150	TIROSINT-SOL SOL 75MCG/ML.....	170
<i>timolol maleate ophth soln 0.5%</i> .....	150	TIROSINT-SOL SOL 88MCG/ML.....	170
<i>timolol maleate ophth soln 0.5% (once-</i> <i>daily)</i> .....	150	TIVICAY PD TAB 5MG.....	87
<i>timolol maleate tab 10 mg</i> .....	91	TIVICAY TAB 10MG.....	87
TIMOLOL MALEATE TAB 20 MG.....	91	TIVICAY TAB 25MG.....	87
		TIVICAY TAB 50MG.....	87
		<i>tizanidine hcl tab 2 mg (base equivalent)</i>	148
		<i>tizanidine hcl tab 4 mg (base equivalent)</i>	148

TOBI NEB 300/5ML.....	10	<i>topiramate sprinkle cap 25 mg</i> .....	41
TOBI PODHALR CAP 28MG .....	10	<i>topiramate tab 100 mg</i> .....	41
TOBRADEX OIN 0.3-0.1%.....	153	<i>topiramate tab 200 mg</i> .....	41
TOBRADEX ST SUS 0.3-0.05 .....	153	<i>topiramate tab 25 mg</i> .....	41
TOBRADEX SUS 0.3-0.1% .....	153	<i>topiramate tab 50 mg</i> .....	41
<i>tobramycin-dexamethasone ophth susp</i>		TOPROL XL TAB 100MG .....	90
0.3-0.1% .....	153	TOPROL XL TAB 200MG .....	90
<i>tobramycin nebu soln 300 mg/4ml</i> .....	10	TOPROL XL TAB 25MG .....	90
<i>tobramycin nebu soln 300 mg/5ml</i> .....	10	TOPROL XL TAB 50MG.....	90
<i>tobramycin ophth soln 0.3%</i> .....	152	<i>toremifene citrate tab 60 mg (base</i>	
<i>tobramycin sulfate for inj 1.2 gm</i> .....	10	<i>equivalent)</i> .....	70
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>		<i>torsemidate tab 100 mg</i> .....	117
<i>mg/ml) (base equiv)</i> .....	10	<i>torsemidate tab 10 mg</i> .....	117
<i>tobramycin sulfate inj 10 mg/ml (base</i>		<i>torsemidate tab 20 mg</i> .....	117
<i>equivalent)</i> .....	10	<i>torsemidate tab 5 mg</i> .....	117
<i>tobramycin sulfate inj 2 gm/50ml (40</i>		TOSYMRA SOL 10MG .....	140
<i>mg/ml) (base equiv)</i> .....	10	TOUJEO MAX INJ 300/ML.....	51
<i>tobramycin sulfate inj 80 mg/2ml (40</i>		TOUJEO SOLO INJ 300/ML.....	51
<i>mg/ml) (base equiv)</i> .....	10	TOVIAZ TAB 4MG .....	174
TOBEX OIN 0.3% OP .....	152	TOVIAZ TAB 8MG .....	174
TODAY SPONGE MIS .....	175	TRACLEER TAB 125MG .....	97
<i>tolcapone tab 100 mg</i> .....	77	TRACLEER TAB 32MG.....	97
TOLSURA CAP 65MG .....	55	TRACLEER TAB 62.5MG .....	97
<i>tolterodine tartrate cap er 24hr 2 mg</i> .....	174	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	
<i>tolterodine tartrate cap er 24hr 4 mg</i> .....	174	.....	22
<i>tolterodine tartrate tab 1 mg</i> .....	174	<i>tramadol hcl cap er 24hr biphasic release</i>	
<i>tolterodine tartrate tab 2 mg</i> .....	174	<i>100 mg</i> .....	20
<i>tolvaptan tab 15 mg</i> .....	122	<i>tramadol hcl cap er 24hr biphasic release</i>	
<i>tolvaptan tab 30 mg</i> .....	122	<i>200 mg</i> .....	20
TOPAMAX SPR CAP 15MG.....	41	<i>tramadol hcl cap er 24hr biphasic release</i>	
TOPAMAX SPR CAP 25MG .....	41	<i>300 mg</i> .....	20
TOPAMAX TAB 100MG.....	41	<i>tramadol hcl tab 100 mg</i> .....	20
TOPAMAX TAB 200MG .....	41	<i>tramadol hcl tab 50 mg</i> .....	20
TOPAMAX TAB 25MG.....	41	<i>tramadol hcl tab er 24hr 100 mg</i> .....	21
TOPAMAX TAB 50MG .....	41	<i>tramadol hcl tab er 24hr 200 mg</i> .....	21
<i>topiramate cap er 24hr 100 mg</i> .....	41	<i>tramadol hcl tab er 24hr 300 mg</i> .....	21
<i>topiramate cap er 24hr 25 mg</i> .....	41	<i>tramadol hcl tab er 24hr biphasic release</i>	
<i>topiramate cap er 24hr 50 mg</i> .....	41	<i>100 mg</i> .....	21
<i>topiramate cap er 24hr sprinkle 100 mg</i> ....	41	<i>tramadol hcl tab er 24hr biphasic release</i>	
<i>topiramate cap er 24hr sprinkle 150 mg</i> ....	41	<i>200 mg</i> .....	21
<i>topiramate cap er 24hr sprinkle 200 mg</i> ...	41	<i>tramadol hcl tab er 24hr biphasic release</i>	
<i>topiramate cap er 24hr sprinkle 25 mg</i> .....	41	<i>300 mg</i> .....	21
<i>topiramate cap er 24hr sprinkle 50 mg</i> .....	41	<i>trandolapril tab 1 mg</i> .....	60
<i>topiramate sprinkle cap 15 mg</i> .....	41	<i>trandolapril tab 2 mg</i> .....	60



<i>trandolapril tab 4 mg</i> .....	60	<i>triamcinolone acetonide dental paste 0.1%</i> .....	145
<i>trandolapril-verapamil hcl tab er 1-240 mg</i> .....	66	<i>triamcinolone acetonide lotion 0.025%</i> ...	113
<i>trandolapril-verapamil hcl tab er 2-180 mg</i> .....	66	<i>triamcinolone acetonide lotion 0.1%</i> .....	113
<i>trandolapril-verapamil hcl tab er 2-240 mg</i> .....	66	<i>triamcinolone acetonide oint 0.025%</i> .....	113
<i>trandolapril-verapamil hcl tab er 4-240 mg</i> .....	66	<i>triamcinolone acetonide oint 0.1%</i> .....	113
<i>tranexamic acid tab 650 mg</i> .....	133	<i>triamcinolone acetonide oint 0.5%</i> .....	113
TRANSDERM-SC DIS 1MG/3DAY .....	54	<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg .....	116
<i>tranylcypromine sulfate tab 10 mg</i> .....	44	<i>triamterene &amp; hydrochlorothiazide tab 37.5-</i> 25 mg .....	116
TRAVATAN Z DRO 0.004% .....	154	<i>triamterene &amp; hydrochlorothiazide tab 75-</i> 50 mg .....	117
<i>travoprost ophth soln 0.004%</i> (benzalkonium free) (bak free) .....	154	<i>triamterene cap 100 mg</i> .....	117
<i>trazodone hcl tab 100 mg</i> .....	45	<i>triamterene cap 50 mg</i> .....	117
<i>trazodone hcl tab 150 mg</i> .....	45	<i>triazolam tab 0.125 mg</i> .....	134
<i>trazodone hcl tab 300 mg</i> .....	46	<i>triazolam tab 0.25 mg</i> .....	134
<i>trazodone hcl tab 50 mg</i> .....	45	TRIBENZOR20- TAB 5-12.5MG .....	66
TRECTOR TAB 250MG .....	68	TRIBENZOR40- TAB 10-12.5.....	66
TRELEGY AER 100MCG.....	34	TRIBENZOR40- TAB 10-25MG.....	66
TRELEGY AER 200MCG.....	34	TRIBENZOR40- TAB 5-12.5MG .....	66
TREMFYA INJ 100MG/ML .....	110	TRIBENZOR40- TAB 5-25MG .....	66
TRESIBA FLEX INJ 100UNIT .....	51	TRICARE TAB PRENATAL .....	147
TRESIBA FLEX INJ 200UNIT .....	51	TRICOR TAB 145MG .....	58
TRESIBA INJ 100UNIT .....	51	TRICOR TAB 48MG.....	58
<i>tretinoin cap 10 mg</i> .....	76	<i>triderm</i> .....	113
<i>tretinoin cream 0.025%</i> .....	108	TRIDESILON CRE 0.05% .....	113
<i>tretinoin cream 0.05%</i> .....	108	<i>trientine hcl cap 250 mg</i> .....	142
<i>tretinoin cream 0.1%</i> .....	108	<i>trientine hcl cap 500 mg</i> .....	142
<i>tretinoin gel 0.01%</i> .....	108	<i>tri-estarylla</i> .....	103
<i>tretinoin gel 0.025%</i> .....	108	<i>tri femynor tab</i> .....	103
<i>tretinoin gel 0.05%</i> .....	108	<i>trifluoperazine hcl tab 10 mg (base</i> <i>equivalent)</i> .....	83
TREXALL TAB 10MG.....	69	<i>trifluoperazine hcl tab 1 mg (base</i> <i>equivalent)</i> .....	83
TREXALL TAB 15MG .....	69	<i>trifluoperazine hcl tab 2 mg (base</i> <i>equivalent)</i> .....	83
TREXALL TAB 5MG.....	69	<i>trifluoperazine hcl tab 5 mg (base</i> <i>equivalent)</i> .....	83
TREXALL TAB 7.5MG .....	69	<i>trifluridine ophth soln 1%</i> .....	152
TREXIMET TAB 85-500MG .....	138	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> ....	77
<i>triamcinolone acetonide aerosol soln 0.147</i> <i>mg/gm</i> .....	113	<i>trihexyphenidyl hcl tab 2 mg</i> .....	77
<i>triamcinolone acetonide cream 0.025%</i> .	113	<i>trihexyphenidyl hcl tab 5 mg</i> .....	77
<i>triamcinolone acetonide cream 0.1%</i> .....	113	TRIJARDY XR TAB .....	49
<i>triamcinolone acetonide cream 0.5%</i> .....	113		

TRIKAFTA PAK 59.5MG.....	166	<i>trosipium chloride cap er 24hr 60 mg</i> .....	174
TRIKAFTA PAK 75MG.....	166	<i>trosipium chloride tab 20 mg</i> .....	174
TRIKAFTA TAB.....	166	TRULANCE TAB 3MG.....	125
TRILEPTAL SUS 300MG/5M.....	41	TRULICITY INJ 0.75/0.5 .....	50
TRILEPTAL TAB 150MG .....	41	TRULICITY INJ 1.5/0.5 .....	51
TRILEPTAL TAB 300MG .....	41	TRULICITY INJ 3/0.5.....	51
TRILEPTAL TAB 600MG .....	41	TRULICITY INJ 4.5/0.5.....	51
<i>tri-linyah</i> .....	103	TUKYSA TAB 150MG .....	75
TRILIPIX CAP 135MG.....	58	TUKYSA TAB 50MG.....	75
TRILIPIX CAP 45MG .....	58	TURALIO CAP 125MG.....	75
<i>tri-lo-estarylla</i> .....	103	TUXARIN ER TAB 54.3-8MG.....	106
<i>tri-lo-sprintec</i> .....	103	TUZISTRA XR SUS .....	106
<i>trimethobenzamide hcl cap 300 mg</i> .....	54	TWIRLA DIS 120-30.....	103
<i>trimethoprim tab 100 mg</i> .....	26	TYBOST TAB 150MG .....	87
<i>tri-mili</i> .....	103	<i>tydemy tab</i> .....	103
<i>trimipramine maleate cap 100 mg</i> .....	48	TYKERB TAB 250MG.....	75
<i>trimipramine maleate cap 25 mg</i> .....	48	TYMLOS INJ.....	118
<i>trimipramine maleate cap 50 mg</i> .....	48	TYVASO DPI POW 16-32-48.....	96
TRINATAL RX TAB 1 .....	147	TYVASO DPI POW 16-32MCG.....	96
<i>trinate</i> .....	147	TYVASO DPI POW 16MCG.....	96
TRINTELLIX TAB 10MG .....	46	TYVASO DPI POW 32-48MCG.....	96
TRINTELLIX TAB 20MG .....	46	TYVASO DPI POW 32MCG .....	96
TRINTELLIX TAB 5MG.....	46	TYVASO DPI POW 48MCG.....	96
<i>tri-nymyo tab</i> .....	103	TYVASO DPI POW 64MCG.....	96
<i>tri-sprintec</i> .....	103	TYVASO REFIL SOL 0.6MG/ML.....	96
TRISTART DHA CAP.....	147	TYVASO SOL 0.6MG/ML.....	96
TRISTART ONE CAP 35-1-215.....	147	TYVASO START SOL 0.6MG/ML.....	96
TRIUMEQ PD TAB .....	87	<b>U</b>	
TRIUMEQ TAB.....	87	UBRELVY TAB 100MG .....	138
TRI-VI-FLORO SUS 0.25/ML.....	146	UBRELVY TAB 50MG .....	138
TRI-VI-FLORO SUS 0.5MG/ML.....	146	UCERIS AER 2MG/ACT .....	25
TRI-VI-FLOR SUS 0.25/ML.....	146	UCERIS TAB 9MG.....	106
TRI-VI-FLOR SUS 0.5MG/ML .....	146	UDENYCA INJ 6MG/.6ML.....	132
<i>tri-vit/fluo dro 0.5mg</i> .....	146	UDENYCA INJ 6MG/0.6 .....	132
<i>trivora-28</i> .....	103	ULORIC TAB 40MG .....	129
<i>tri-vylibra</i> .....	103	ULORIC TAB 80MG .....	129
<i>tri-vylibra lo</i> .....	103	<i>umecta mousse</i> .....	113
TRIZIVIR TAB .....	87	<i>unithroid</i> .....	170
TROKENDI XR CAP 100MG .....	41	UPNEEQ SOL 0.1% .....	154
TROKENDI XR CAP 200MG .....	41	UPTRAVI PACK TAB 200/800 .....	97
TROKENDI XR CAP 25MG .....	41	UPTRAVI TAB 1000MCG.....	97
TROKENDI XR CAP 50MG.....	41	UPTRAVI TAB 1200MCG .....	97
<i>tropicamide ophth soln 0.5%</i> .....	151	UPTRAVI TAB 1400MCG.....	97
<i>tropicamide ophth soln 1%</i> .....	151	UPTRAVI TAB 1600MCG.....	97

UPTRAVI TAB 200MCG .....	97	<i>valsartan tab 160 mg</i> .....	62
UPTRAVI TAB 400MCG .....	97	<i>valsartan tab 320 mg</i> .....	62
UPTRAVI TAB 600MCG .....	97	<i>valsartan tab 40 mg</i> .....	62
UPTRAVI TAB 800MCG .....	97	<i>valsartan tab 80 mg</i> .....	62
<i>urea cream 40%</i> .....	113	VALTOCO SPR 10MG.....	37
<i>urea cream 41%</i> .....	113	VALTOCO SPR 15MG.....	37
<i>urea cream 45%</i> .....	113	VALTOCO SPR 20MG.....	37
<i>urea cream 47%</i> .....	113	VALTOCO SPR 5MG .....	37
<i>urea hydrating</i> .....	113	VALTRESX TAB 1GM.....	88
<i>urea lotion 40%</i> .....	113	VALTRESX TAB 500MG .....	88
<i>urea nail</i> .....	114	VANCOCIN CAP 125MG.....	26
<i>uredeb cre 39%</i> .....	114	VANCOCIN CAP 250MG.....	27
UROXATRAL TAB 10MG .....	129	<i>vancomycin hcl cap 125 mg (base</i>	
URSO 250 TAB 250MG.....	125	<i>equivalent)</i> .....	27
<i>ursodiol cap 300 mg</i> .....	125	<i>vancomycin hcl cap 250 mg (base</i>	
<i>ursodiol tab 250 mg</i> .....	125	<i>equivalent)</i> .....	27
<i>ursodiol tab 500 mg</i> .....	125	<i>vancomycin hcl for oral soln 25 mg/ml</i>	
URSO FORTE TAB 500MG .....	125	<i>(base equivalent)</i> .....	27
<b>V</b>		<i>vancomycin hcl for oral soln 50 mg/ml</i>	
VAGIFEM TAB 10MCG .....	176	<i>(base equivalent)</i> .....	27
<i>valacyclovir hcl tab 1 gm</i> .....	88	VANDAZOLE GEL 0.75%.....	175
<i>valacyclovir hcl tab 500 mg</i> .....	88	<i>vardenafil hcl orally disintegrating tab 10</i>	
VALCHLOR GEL 0.016% .....	110	<i>mg</i> .....	96
<i>valganciclovir hcl for soln 50 mg/ml (base</i>		<i>vardenafil hcl tab 10 mg</i> .....	96
<i>equiv)</i> .....	87	<i>vardenafil hcl tab 2.5 mg</i> .....	96
<i>valganciclovir hcl tab 450 mg (base</i>		<i>vardenafil hcl tab 20 mg</i> .....	96
<i>equivalent)</i> .....	87	<i>vardenafil hcl tab 5 mg</i> .....	96
VALIUM TAB 10MG .....	29	<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	
VALIUM TAB 2MG.....	29	.....	166
VALIUM TAB 5MG.....	29	<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1</i>	
<i>valproate sodium oral soln 250 mg/5ml</i>		<i>mg start pack</i> .....	166
<i>(base equiv)</i> .....	43	<i>varenicline tartrate tab 1 mg (base equiv)</i>	
<i>valproic acid cap 250 mg</i> .....	43	.....	166
<i>valsartan-hydrochlorothiazide tab 160-12.5</i>		VARUBI TAB 90MG.....	54
<i>mg</i> .....	66	VASCEPA CAP 0.5GM.....	57
<i>valsartan-hydrochlorothiazide tab 160-25</i>		VASCEPA CAP 1GM .....	57
<i>mg</i> .....	66	VASOTEC TAB 10MG .....	61
<i>valsartan-hydrochlorothiazide tab 320-12.5</i>		VASOTEC TAB 2.5MG .....	60
<i>mg</i> .....	66	VASOTEC TAB 20MG.....	61
<i>valsartan-hydrochlorothiazide tab 320-25</i>		VASOTEC TAB 5MG .....	60
<i>mg</i> .....	66	VCF VAGINAL AER CONTRACP .....	175
<i>valsartan-hydrochlorothiazide tab 80-12.5</i>		VCF VAGINAL GEL CONTRACE .....	175
<i>mg</i> .....	66	VCF VAGINAL MIS CONTRACP.....	175
<i>valsartan oral soln 4 mg/ml</i> .....	62	<i>velivet</i> .....	103

VELPHORO CHW 500MG .....	127	<i>verapamil hcl tab 40 mg</i> .....	93
VELTASSA POW 16.8GM.....	144	<i>verapamil hcl tab 80 mg</i> .....	93
VELTASSA POW 25.2GM .....	144	<i>verapamil hcl tab er 120 mg</i> .....	94
VELTASSA POW 8.4GM .....	144	<i>verapamil hcl tab er 180 mg</i> .....	94
VEMLIDY TAB 25MG .....	88	<i>verapamil hcl tab er 240 mg</i> .....	94
VENCLEXTA TAB 100MG.....	69	VEREGEN OIN 15%.....	108
VENCLEXTA TAB 10MG .....	69	VERELAN CAP 120MG SR.....	94
VENCLEXTA TAB 50MG .....	69	VERELAN CAP 180MG SR.....	94
VENCLEXTA TAB START PK .....	69	VERELAN CAP 240MG SR.....	94
<i>venlafaxine hcl cap er 24hr 150 mg (base</i>		VERELAN CAP 360MG SR.....	94
<i>equivalent)</i> .....	47	VERELAN PM CAP 100MG ER.....	94
<i>venlafaxine hcl cap er 24hr 37.5 mg (base</i>		VERELAN PM CAP 200MG ER .....	94
<i>equivalent)</i> .....	47	VERELAN PM CAP 300MG ER .....	94
<i>venlafaxine hcl cap er 24hr 75 mg (base</i>		VERQUVO TAB 10MG .....	98
<i>equivalent)</i> .....	47	VERQUVO TAB 2.5MG.....	98
<i>venlafaxine hcl tab 100 mg (base</i>		VERQUVO TAB 5MG.....	98
<i>equivalent)</i> .....	47	VERSACLOZ SUS 50MG/ML .....	82
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>		VERZENIO TAB 100MG .....	75
.....	47	VERZENIO TAB 150MG.....	75
<i>venlafaxine hcl tab 37.5 mg (base</i>		VERZENIO TAB 200MG.....	75
<i>equivalent)</i> .....	47	VERZENIO TAB 50MG .....	75
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>		VESICARE LS SUS 5MG/5ML .....	174
.....	47	VESICARE TAB 10MG.....	175
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>		VESICARE TAB 5MG .....	175
.....	47	VFEND SUS 40MG/ML.....	55
<i>venlafaxine hcl tab er 24hr 150 mg (base</i>		VFEND TAB 200MG.....	55
<i>equivalent)</i> .....	47	VFEND TAB 50MG .....	55
<i>venlafaxine hcl tab er 24hr 225 mg (base</i>		V-GO 20 KIT .....	138
<i>equivalent)</i> .....	47	V-GO 30 KIT .....	138
<i>venlafaxine hcl tab er 24hr 37.5 mg (base</i>		V-GO 40 KIT .....	138
<i>equivalent)</i> .....	47	VIBERZI TAB 100MG.....	127
<i>venlafaxine hcl tab er 24hr 75 mg (base</i>		VIBERZI TAB 75MG .....	126
<i>equivalent)</i> .....	47	VICTOZA INJ 18MG/3ML.....	51
VENTAVIS SOL 10MCG/ML.....	96	<i>vienna</i> .....	103
VENTAVIS SOL 20MCG/ML .....	96	<i>vigabatrin powd pack 500 mg</i> .....	42
VENTOLIN HFA AER .....	34	<i>vigabatrin tab 500 mg</i> .....	42
<i>verapamil hcl cap er 24hr 100 mg</i> .....	93	<i>vigadrone</i> .....	42
<i>verapamil hcl cap er 24hr 120 mg</i> .....	93	VIGAMOX DRO 0.5% .....	152
<i>verapamil hcl cap er 24hr 180 mg</i> .....	93	VIIBRYD KIT STARTER .....	46
<i>verapamil hcl cap er 24hr 200 mg</i> .....	93	VIIBRYD TAB 10MG .....	46
<i>verapamil hcl cap er 24hr 240 mg</i> .....	93	VIIBRYD TAB 20MG.....	46
<i>verapamil hcl cap er 24hr 300 mg</i> .....	93	VIIBRYD TAB 40MG.....	46
<i>verapamil hcl cap er 24hr 360 mg</i> .....	93	VIJOICE TAB 125MG .....	144
<i>verapamil hcl tab 120 mg</i> .....	93	VIJOICE TAB 250MG .....	144

VIJOICE TAB 50MG .....	144	VIVELLE-DOT DIS 0.1MG .....	124
<i>vilazodone hcl tab 10 mg</i> .....	46	VIVJOA CAP 150MG .....	55
<i>vilazodone hcl tab 20 mg</i> .....	46	VIZIMPRO TAB 15MG .....	75
<i>vilazodone hcl tab 40 mg</i> .....	46	VIZIMPRO TAB 30MG.....	75
VIMPAT SOL 10MG/ML .....	41	VIZIMPRO TAB 45MG.....	75
VIMPAT TAB 100MG .....	41	VOGELXO GEL 1%(50MG) .....	25
VIMPAT TAB 150MG .....	41	VOGELXO GEL PUMP 1%.....	25
VIMPAT TAB 200MG.....	41	<i>volnea</i> .....	103
VIMPAT TAB 50MG.....	41	VONJO CAP 100MG .....	75
VINATE DHA CAP 27-1.13 .....	147	VOQUEZNA PAK DUAL PAK .....	173
VINATE II TAB .....	147	VOQUEZNA PAK TRIP PK.....	174
VINATE ONE TAB.....	147	<i>voriconazole for susp 40 mg/ml</i> .....	56
VIOKACE TAB 10440 .....	116	<i>voriconazole tab 200 mg</i> .....	56
VIOKACE TAB 20880.....	116	<i>voriconazole tab 50 mg</i> .....	56
<i>viorele</i> .....	103	VOSEVI TAB .....	88
VIRACEPT TAB 250MG .....	87	VOTRIENT TAB 200MG.....	75
VIRACEPT TAB 625MG .....	87	VOWST CAP .....	127
VIREAD POW 40MG/GM .....	87	VOXZOGO INJ 0.4MG.....	121
VIREAD TAB 150MG.....	87	VOXZOGO INJ 0.56MG .....	121
VIREAD TAB 200MG.....	87	VOXZOGO INJ 1.2MG.....	121
VIREAD TAB 250MG.....	87	VRAYLAR CAP 1.5-3MG.....	80
VIREAD TAB 300MG.....	87	VRAYLAR CAP 1.5MG.....	80
VIRT-NATE CAP DHA.....	147	VRAYLAR CAP 3MG .....	80
VIRT-PN DHA CAP .....	147	VRAYLAR CAP 4.5MG.....	80
VITAFOL CAP ULTRA .....	147	VRAYLAR CAP 6MG .....	80
VITAFOL CHW GUMMIES .....	147	VUITY SOL 1.25% OP .....	151
VITAFOL FE+ CAP .....	147	VUMERITY CAP 231MG .....	160
VITAFOL-NANO TAB .....	148	<i>vyfemla tab 0.4-35</i> .....	103
VITAFOL-OB PAK +DHA.....	148	VYLEESI INJ 1.75/0.3 .....	159
VITAFOL-OB TAB 65-1MG .....	148	<i>vylibra</i> .....	103
VITAFOL-ONE CAP .....	148	VYNDAMAX CAP 61MG .....	97
VITAFOL STRP MIS 1MG.....	148	VYNDAQEL CAP 20MG.....	97
<i>vitamins a/c/d/fluoride</i> .....	146	VYTORIN TAB 10-10MG .....	56
VITAPEARL CAP .....	148	VYTORIN TAB 10-20MG.....	56
VITATHELY TAB .....	148	VYTORIN TAB 10-40MG .....	56
VITATRUE MIS .....	148	VYTORIN TAB 10-80MG .....	56
VITRAKVI CAP 100MG .....	75	VYVANSE CAP 10MG.....	3
VITRAKVI CAP 25MG .....	75	VYVANSE CAP 20MG .....	3
VITRAKVI SOL 20MG/ML .....	75	VYVANSE CAP 30MG .....	3
VIVA DHA CAP.....	148	VYVANSE CAP 40MG .....	3
VIVELLE-DOT DIS 0.025MG .....	124	VYVANSE CAP 50MG .....	3
VIVELLE-DOT DIS 0.0375MG .....	124	VYVANSE CAP 60MG .....	3
VIVELLE-DOT DIS 0.05MG.....	124	VYVANSE CAP 70MG .....	3
VIVELLE-DOT DIS 0.075MG .....	124	VYVANSE CHW 10MG .....	3

VYVANSE CHW 20MG.....	3	XANAX TAB 0.5MG.....	29
VYVANSE CHW 30MG .....	3	XANAX TAB 1MG.....	29
VYVANSE CHW 40MG .....	3	XANAX TAB 2MG .....	29
VYVANSE CHW 50MG .....	3	XANAX XR TAB 0.5MG.....	29
VYVANSE CHW 60MG .....	3	XANAX XR TAB 1MG.....	29
<b>W</b>		XANAX XR TAB 2MG .....	29
<i>warfarin sodium tab 10 mg</i> .....	35	XANAX XR TAB 3MG .....	29
<i>warfarin sodium tab 1 mg</i> .....	34	XARELTO STAR TAB 15/20MG .....	35
<i>warfarin sodium tab 2.5 mg</i> .....	35	XARELTO SUS 1MG/ML .....	35
<i>warfarin sodium tab 2 mg</i> .....	35	XARELTO TAB 10MG .....	35
<i>warfarin sodium tab 3 mg</i> .....	35	XARELTO TAB 15MG .....	35
<i>warfarin sodium tab 4 mg</i> .....	35	XARELTO TAB 2.5MG.....	35
<i>warfarin sodium tab 5 mg</i> .....	35	XARELTO TAB 20MG.....	35
<i>warfarin sodium tab 6 mg</i> .....	35	XCOPRI PAK 100-150 .....	42
<i>warfarin sodium tab 7.5 mg</i> .....	35	XCOPRI PAK 12.5-25 .....	42
<i>water for irrigation, sterile irrigation soln</i>	144	XCOPRI PAK 150-200 .....	42
WEGOVY INJ 0.25MG .....	4	XCOPRI PAK 50-100MG .....	42
WEGOVY INJ 0.5MG .....	4	XCOPRI TAB 100MG.....	42
WEGOVY INJ 1.7MG.....	4	XCOPRI TAB 150MG.....	42
WEGOVY INJ 1MG.....	4	XCOPRI TAB 200MG .....	42
WEGOVY INJ 2.4MG.....	4	XCOPRI TAB 50MG .....	42
WELCHOL PAK 3.75GM.....	57	XELJANZ SOL 1MG/ML .....	11
WELCHOL TAB 625MG.....	57	XELJANZ TAB 10MG .....	11
WELIREG TAB 40MG.....	70	XELJANZ TAB 5MG.....	11
WELLBUTRIN TAB 100MG SR.....	44	XELJANZ XR TAB 11MG .....	11
WELLBUTRIN TAB 150MG SR.....	44	XELJANZ XR TAB 22MG.....	11
WELLBUTRIN TAB 200MG SR .....	44	XELODA TAB 150MG.....	69
<i>wera</i> .....	103	XELODA TAB 500MG.....	69
WINLEVI CRE 1% .....	108	XELPROS EMU 0.005%.....	154
WINRHO SDF INJ 15000UNT .....	155	XENAZINE TAB 12.5MG .....	159
WINRHO SDF INJ 1500UNIT .....	155	XENAZINE TAB 25MG.....	159
WINRHO SDF INJ 2500UNIT .....	155	XENICAL CAP 120MG.....	4
WINRHO SDF INJ 5000UNIT .....	155	XENLETA TAB 600MG .....	27
<i>wixela inhub</i> .....	34	XERAC-AC SOL 6.25% .....	114
<b>X</b>		XERMELO TAB 250MG.....	128
XADAGO TAB 100MG.....	79	XHANCE MIS 93MCG .....	149
XADAGO TAB 50MG .....	79	XIFAXAN TAB 200MG .....	26
XALATAN SOL 0.005% .....	154	XIFAXAN TAB 550MG.....	26
XALKORI CAP 150MG .....	75	XIGDUO XR TAB 10-1000.....	49
XALKORI CAP 200MG.....	75	XIGDUO XR TAB 10-500MG .....	49
XALKORI CAP 20MG .....	75	XIGDUO XR TAB 2.5-1000 .....	49
XALKORI CAP 250MG.....	75	XIGDUO XR TAB 5-1000MG .....	49
XALKORI CAP 50MG .....	75	XIGDUO XR TAB 5-500MG.....	49
XANAX TAB 0.25MG .....	29	XIIDRA DRO 5% .....	152

XOFLUZA TAB 40MG .....	89	ZARXIO INJ 480/0.8 .....	132
XOFLUZA TAB 80MG .....	89	ZAVESCA CAP 100MG.....	131
XOLAIR INJ 150MG/ML .....	31	ZEJULA CAP 100MG.....	75
XOLAIR INJ 300/2ML .....	31	ZEJULA TAB 100MG .....	75
XOLAIR INJ 75/0.5 .....	31	ZEJULA TAB 200MG .....	75
XOPENEX CONC NEB 1.25/0.5 .....	34	ZEJULA TAB 300MG .....	75
XOPENEX HFA AER .....	34	ZELAPAR TAB 1.25MG.....	79
XOPENEX NEB 0.31MG .....	34	ZELBORAF TAB 240MG .....	76
XOPENEX NEB 0.63MG .....	34	ZEMBRACE SYM INJ 3/0.5ML .....	140
XOPENEX NEB 1.25/3ML .....	34	<i>zenatane</i> .....	108
XOSPATA TAB 40MG .....	75	ZENPEP CAP 10000UNT .....	116
XPOVIO PAK 60MG .....	71	ZENPEP CAP 15000UNT .....	116
XPOVIO PAK 80MG .....	71	ZENPEP CAP 20000UNT .....	116
XTAMPZA ER CAP 13.5MG .....	21	ZENPEP CAP 25000UNT .....	116
XTAMPZA ER CAP 18MG .....	21	ZENPEP CAP 3000UNIT.....	116
XTAMPZA ER CAP 27MG.....	21	ZENPEP CAP 40000UNT .....	116
XTAMPZA ER CAP 36MG .....	21	ZENPEP CAP 5000UNIT.....	116
XTAMPZA ER CAP 9MG.....	21	ZENPEP CAP 60000UNT .....	116
XTANDI CAP 40MG .....	70	<i>zenzedi tab 15mg</i> .....	3
XTANDI TAB 40MG .....	70	<i>zenzedi tab 2.5mg</i> .....	3
XTANDI TAB 80MG .....	70	<i>zenzedi tab 20mg</i> .....	3
<i>xulane</i> .....	103	<i>zenzedi tab 7.5mg</i> .....	3
XURIDEN POW 2GM .....	121	ZESTRIL TAB 10MG .....	61
XYOSTED INJ 100/0.5.....	25	ZESTRIL TAB 2.5MG.....	61
XYOSTED INJ 50/0.5 .....	25	ZESTRIL TAB 20MG.....	61
XYOSTED INJ 75/0.5.....	25	ZESTRIL TAB 30MG.....	61
XYREM SOL 500MG/ML .....	157	ZESTRIL TAB 40MG.....	61
XYWAV SOL 0.5GM/ML .....	157	ZESTRIL TAB 5MG .....	61
<b>Y</b>		ZETIA TAB 10MG .....	59
YASMIN 28 TAB 3-0.03MG.....	103	ZETONNA AER 37MCG.....	149
YAZ TAB 3-0.02MG.....	103	ZIAC TAB 10/6.25.....	66
<i>yl folic acid</i> .....	131	ZIAC TAB 2.5/6.25 .....	66
YONSA TAB 125MG .....	70	ZIAC TAB 5-6.25MG .....	66
YUPELRI SOL .....	31	ZIAGEN SOL 20MG/ML.....	87
<i>yuvaferm</i> .....	176	ZIAGEN TAB 300MG.....	87
<b>Z</b>		<i>zidovudine cap 100 mg</i> .....	87
<i>zafirlukast tab 10 mg</i> .....	31	<i>zidovudine syrup 10 mg/ml</i> .....	87
<i>zafirlukast tab 20 mg</i> .....	31	<i>zidovudine tab 300 mg</i> .....	87
<i>zaleplon cap 10 mg</i> .....	135	ZIEXTENZO INJ 6/0.6ML.....	133
<i>zaleplon cap 5 mg</i> .....	134	ZIMHI SOL .....	53
ZANAFLEX TAB 4MG .....	148	ZIOPTAN DRO 0.0015% .....	154
ZARONTIN CAP 250MG.....	43	<i>ziprasidone hcl cap 20 mg</i> .....	80
ZARONTIN SOL 250/5ML.....	43	<i>ziprasidone hcl cap 40 mg</i> .....	80
ZARXIO INJ 300/0.5 .....	132	<i>ziprasidone hcl cap 60 mg</i> .....	80

<i>ziprasidone hcl cap 80 mg</i> .....	80	<i>zonisamide cap 25 mg</i> .....	42
ZIRGAN GEL 0.15%.....	152	<i>zonisamide cap 50 mg</i> .....	42
ZITHROMAX POW 1GM PAK.....	136	ZONTIVITY TAB 2.08MG .....	130
ZITHROMAX SUS 100/5ML.....	136	ZORTRESS TAB 0.25MG .....	144
ZITHROMAX SUS 200/5ML .....	136	ZORTRESS TAB 0.5MG.....	144
ZITHROMAX TAB 500MG .....	136	ZORTRESS TAB 0.75MG .....	144
ZITHROMAX TAB TRI-PAK.....	136	ZORTRESS TAB 1MG.....	144
ZITHROMAX TAB Z-PAK .....	136	ZORYVE CRE 0.3%.....	110
ZOCOR TAB 10MG .....	59	ZOVIRAX OIN 5% .....	111
ZOCOR TAB 20MG .....	59	ZTALMY SUS 50MG/ML .....	42
ZOCOR TAB 40MG .....	59	ZUBSOLV SUB 0.7-0.18 .....	23
ZOKINVY CAP 50MG .....	144	ZUBSOLV SUB 1.4-0.36 .....	23
ZOKINVY CAP 75MG .....	144	ZUBSOLV SUB 11.4-2.9 .....	23
ZOLINZA CAP 100MG.....	76	ZUBSOLV SUB 2.9-0.71 .....	23
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	140	ZUBSOLV SUB 5.7-1.4.....	23
<i>zolmitriptan orally disintegrating tab 2.5 mg</i> .....	140	ZUBSOLV SUB 8.6-2.1.....	23
<i>zolmitriptan orally disintegrating tab 5 mg</i> .....	140	ZYDELIG TAB 100MG .....	76
<i>zolmitriptan tab 2.5 mg</i> .....	140	ZYDELIG TAB 150MG.....	76
<i>zolmitriptan tab 5 mg</i> .....	140	ZYKADIA TAB 150MG.....	76
ZOLOFT CON 20MG/ML.....	45	ZYLET SUS 0.5-0.3% .....	153
ZOLOFT TAB 100MG .....	45	ZYLOPRIM TAB 100MG .....	129
ZOLOFT TAB 25MG .....	45	ZYLOPRIM TAB 300MG.....	129
ZOLOFT TAB 50MG .....	45	ZYMAXID SOL 0.5% .....	152
<i>zolpidem tartrate sl tab 1.75 mg</i> .....	135	ZYPITAMAG TAB 2MG .....	59
<i>zolpidem tartrate sl tab 3.5 mg</i> .....	135	ZYPITAMAG TAB 4MG.....	59
<i>zolpidem tartrate tab 10 mg</i> .....	135	ZYPREXA INJ 10MG.....	82
<i>zolpidem tartrate tab 5 mg</i> .....	135	ZYPREXA TAB 10MG .....	83
<i>zolpidem tartrate tab er 12.5 mg</i> .....	135	ZYPREXA TAB 15MG.....	83
<i>zolpidem tartrate tab er 6.25 mg</i> .....	135	ZYPREXA TAB 2.5MG.....	82
ZOLPIMIST SPR 5MG.....	135	ZYPREXA TAB 20MG.....	83
ZOMIG SPR 2.5MG.....	140	ZYPREXA TAB 5MG .....	82
ZOMIG SPR 5MG .....	140	ZYPREXA TAB 7.5MG.....	82
ZOMIG TAB 2.5MG.....	140	ZYPREXA ZYDI TAB 10MG .....	83
ZOMIG TAB 5MG .....	140	ZYPREXA ZYDI TAB 15MG .....	83
ZONALON CRE 5% .....	110	ZYPREXA ZYDI TAB 20MG .....	83
ZONISADE SUS 100MG/5.....	41	ZYPREXA ZYDI TAB 5MG.....	83
<i>zonisamide cap 100 mg</i> .....	42	ZYVOX SUS 100MG/5M .....	27
		ZYVOX TAB 600MG.....	27