

2025 MVP Health Care[®] (MVP) Commercial Formulary (List of Covered Drugs)

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

This Formulary was updated on **April 1, 2025**. 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).



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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:

CO-PAY Some MVP plans may offer different co-pays or co-insurance for certain categories of medications. This may be different than your regular tier co-pay. Please refer to your MVP Prescription Drug Rider for the specific co-pay or co-insurance amount associated with medications.

ORAL CHEMOTHERAPY CO-PAY (OC) Some MVP plans may offer a different co-pay or coinsurance for oral chemotherapy drugs. These are medications, taken by mouth, to treat cancer. This may be different than your regular tier co-pay. Please refer to your MVP Prescription Drug Rider for the specific co-pay or co-insurance amount associated with this category of medications.

MEDICAL CO-PAY (MC) Some MVP plans may offer a different co-pay or co-insurance for medical benefit medications. This may be different than your regular tier co-pay. Please refer to your MVP Prescription Drug Rider for the specific co-pay or co-insurance amount associated with this category of medications.

DIABETIC CO-PAY (DC) Some MVP plans may offer a different co-pay or co-insurance for medications used to treat diabetes. This may be different than your regular tier co-pay. Please refer to your MVP Prescription Drug Rider for the specific co-pay or co-insurance amount associated with this category of medications.

LIMITED DISTRIBUTION (LD) Some specialty medications are only available from certain pharmacies. They usually treat rare or complex medical conditions. You would not be able to pick it up from your regular pharmacy.

NOT AVAILABLE FOR MAIL ORDER (NM) For plans that offer a mail order benefit, certain medications are not available through the mail order pharmacy benefit. In general, maintenance drugs are available through the mail order benefit. A maintenance drug is defined as "any drug taken regularly to treat or prevent a chronic health condition such as, but not limited to, high blood pressure, diabetes, or asthma." Drugs that are not suitable for mail delivery, medications that are indicated for short term use, or medications requiring frequent provider evaluation and/or dose adjustments may not be eligible for mail order.

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, pharmacoeconomic, 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.

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 Commercial Formulary.

The information contained in the MVP Commercial 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 Commercial Formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgement of the medical provider in their choice of prescription drugs. The MVP Commercial 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 listed on your MVP Member ID card.

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	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 (2 caps every 1 day)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	
<i>dextroamphetamine sulfate tab 5 mg</i>	1	
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	
<i>dextroamphetamine sulfate tab 10 mg</i>	1	
<i>dextroamphetamine sulfate tab 15 mg</i>	1	
<i>dextroamphetamine sulfate tab 20 mg</i>	1	
<i>dextroamphetamine sulfate tab 30 mg</i>	1	
<i>lisdexamfetamine dimesylate cap 10 mg</i>	1	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	1	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	1	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	1	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	1	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	1	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	1	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	1	QL (60 tabs every 30 days)

AGE - Age Limit **DC** - Subject to pharmacy diabetic copay per contract/rider **LD** - Limited Distribution **MC** - Subject to medical copay per contract/rider **NM** - Not available at mail-order **OC** - Subject to pharmacy oral chemo copay per contract/rider **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 18

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	1	QL (60 tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	1	QL (60 tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	1	QL (60 tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	1	QL (60 tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	1	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 sol 5mg/5ml</i>	1	
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>	1	
<i>zenzedi tab 5mg</i>	1	
<i>zenzedi tab 7.5mg</i>	1	
<i>zenzedi tab 10mg</i>	1	
<i>zenzedi tab 15mg</i>	1	
<i>zenzedi tab 20mg</i>	1	
<i>zenzedi tab 30mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANALEPTICS		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	NM
ANOREXIANTS NON-AMPHETAMINE		
ADIPEX-P CAP 37.5MG	3	NM; QL (365 days per lifetime)
ADIPEX-P TAB 37.5MG	3	NM; QL (365 days per lifetime)
<i>benzphetamine hcl tab 50 mg</i>	1	NM; QL (365 days per lifetime)
<i>diethylpropion hcl tab 25 mg</i>	1	NM; QL (365 days per lifetime)
<i>diethylpropion hcl tab er 24hr 75 mg</i>	1	NM; QL (365 days per lifetime)
LOMAIRA TAB 8MG	3	NM; QL (365 days per lifetime)
<i>phendimetrazine tartrate tab 35 mg</i>	1	NM; QL (365 days per lifetime)
<i>phentermine hcl cap 15 mg</i>	1	NM; QL (365 days per lifetime)
<i>phentermine hcl cap 30 mg</i>	1	NM; QL (365 days per lifetime)
<i>phentermine hcl cap 37.5 mg</i>	1	NM; QL (365 days per lifetime)
<i>phentermine hcl tab 37.5 mg</i>	1	NM; QL (365 days per lifetime)
QSYMIA CAP 3.75-23	3	NM; QL (365 days per lifetime)
QSYMIA CAP 7.5-46MG	3	NM; QL (365 days per lifetime)
QSYMIA CAP 11.25-69	3	NM; QL (365 days per lifetime)
QSYMIA CAP 15-92MG	3	NM; QL (365 days per lifetime)
ANTI-OBESITY AGENTS		
CONTRAVE TAB 8-90MG	3	NM; QL (365 days per lifetime)
IMCIVREE INJ 10MG/ML	3	PA; LD
<i>orlistat cap 120 mg</i>	1	NM; QL (365 days per lifetime)
SAXENDA INJ 18MG/3ML	2	PA

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Drug Name	Drug Tier	Requirements/Limits
WEGOVY INJ 0.5MG	2	PA, NM
WEGOVY INJ 0.25MG	2	PA, NM
WEGOVY INJ 1.7MG	2	PA, NM
WEGOVY INJ 1MG	2	PA, NM
WEGOVY INJ 2.4MG	2	PA, NM
XENICAL CAP 120MG	3	NM; QL (365 days per lifetime)
ZEPBOUND INJ 2.5/0.5	2	PA, NM
ZEPBOUND INJ 5/0.5ML	2	PA, NM
ZEPBOUND INJ 7.5/0.5	2	PA, NM
ZEPBOUND INJ 10/0.5ML	2	PA, NM
ZEPBOUND INJ 12.5/0.5	2	PA, NM
ZEPBOUND INJ 15/0.5ML	2	PA, NM
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (90 caps every 30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	
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 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
QELBREE CAP 150MG ER	3	QL (60 caps every 30 days)
QELBREE CAP 200MG ER	3	QL (60 caps 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)
STRATTERA CAP 100MG	3	QL (90 caps every 30 days)

DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)

SUNOSI TAB 75MG	2	QL (60 tabs every 30 days)
SUNOSI TAB 150MG	2	QL (60 tabs every 30 days)

STIMULANTS - MISC.

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>	1	QL (60 tabs every 30 days)
<i>armodafinil tab 150 mg</i>	1	QL (60 tabs every 30 days)
<i>armodafinil tab 200 mg</i>	1	QL (60 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	1	QL (60 tabs every 30 days)
CONCERTA TAB 18MG	3	QL (60 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	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)

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Drug Name	Drug Tier	Requirements/Limits
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 caps every 30 days)
JORNAY PM CAP 40MG ER	3	QL (60 caps every 30 days)
JORNAY PM CAP 60MG ER	3	QL (60 caps every 30 days)
JORNAY PM CAP 80MG ER	3	QL (60 caps every 30 days)
JORNAY PM CAP 100MG ER	3	QL (60 caps every 30 days)
METHYLIN SOL 5MG/5ML	3	
METHYLIN SOL 10MG/5ML	3	
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	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>	1	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>	1	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>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	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>	1	QL (60 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	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>	1	
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	
<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>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 45 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 63 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate td patch 10 mg/9hr</i>	1	
<i>methylphenidate td patch 15 mg/9hr</i>	1	
<i>methylphenidate td patch 20 mg/9hr</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate td patch 30 mg/9hr</i>	1	
<i>modafinil tab 100 mg</i>	1	QL (60 tabs every 30 days)
<i>modafinil tab 200 mg</i>	1	QL (60 tabs every 30 days)
NUVIGIL TAB 50MG	3	QL (60 tabs every 30 days)
NUVIGIL TAB 150MG	3	QL (60 tabs every 30 days)
NUVIGIL TAB 200MG	3	QL (60 tabs every 30 days)
NUVIGIL TAB 250MG	3	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 18MG ER	3	QL (60 tabs every 30 days)
RELEXXII TAB 27MG ER	3	QL (60 tabs every 30 days)
RELEXXII TAB 36MG ER	3	QL (60 tabs every 30 days)
RELEXXII TAB 45MG ER	3	QL (60 tabs every 30 days)
RELEXXII TAB 54MG ER	3	QL (60 tabs every 30 days)
RELEXXII TAB 63MG ER	3	QL (60 tabs 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
PALFORZIA CAP 1-3YRS	3	PA, NM; LD
PALFORZIA CAP 4-17YRS	3	PA, NM; LD
PALFORZIA CAP ESCALAT	3	PA, NM; LD
PALFORZIA CAP LEVEL 0	3	PA, NM; LD
PALFORZIA CAP LEVEL 1	3	PA, NM; LD
PALFORZIA CAP LEVEL 2	3	PA, NM; LD
PALFORZIA CAP LEVEL 3	3	PA, NM; LD
PALFORZIA CAP LEVEL 4	3	PA, NM; LD
PALFORZIA CAP LEVEL 5	3	PA, NM; LD

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

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA CAP LEVEL 6	3	PA, NM; LD
PALFORZIA CAP LEVEL 7	3	PA, NM; LD
PALFORZIA CAP LEVEL 8	3	PA, NM; LD
PALFORZIA CAP LEVEL 9	3	PA, NM; LD
PALFORZIA CAP LEVEL 10	3	PA, NM; LD
PALFORZIA POW LEVEL 11	3	PA, NM; LD
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
TOBI NEB 300/5ML	3	SP, PA
TOBI PODHALR CAP 28MG	3	SP, PA
<i>tobramycin nebu soln 300 mg/4ml</i>	1	SP, PA
<i>tobramycin nebu soln 300 mg/5ml</i>	1	SP, PA
<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, QL (4 pens every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	2	SP, PA, QL (4 syringes every 28 days)
HUMIRA INJ 10/0.1ML	2	SP, PA, QL (2 syringes every 28 days)
HUMIRA INJ 20/0.2ML	2	SP, PA, QL (4 syringes every 28 days)
HUMIRA INJ 40/0.4ML	2	SP, PA, QL (4 syringes every 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA KIT 40MG/0.8	2	SP, PA, QL (4 syringes every 28 days)
HUMIRA PEN INJ 40/0.4ML	2	SP, PA, QL (4 pens every 28 days)
HUMIRA PEN INJ 40MG/0.8	2	SP, PA, QL (4 pens every 28 days)
HUMIRA PEN INJ 80/0.8ML	2	SP, PA, QL (2 pens every 28 days)
HUMIRA PEN KIT 80/0.8ML	2	SP, PA, QL (2 pens every 28 days)
HUMIRA PEN KIT CD/UC/HS	2	SP, PA, QL (Starter kit - one time use)
HUMIRA PEN KIT PS/UV	2	SP, PA, QL (Starter kit - one time use)
HYRIMOZ INJ 40/0.4ML	2	SP, PA, QL (4 pens every 28 days); (coverage restricted to Cordavis brand only)
HYRIMOZ INJ 40/0.4ML	2	SP, PA, QL (4 syringes every 28 days); (coverage restricted to Cordavis brand only)
HYRIMOZ INJ 40/0.8ML	2	SP, PA, QL (4 pens every 28 days); (coverage restricted to Cordavis brand only)
HYRIMOZ INJ 40/0.8ML	2	SP, PA, QL (4 syringes every 28 days); (coverage restricted to Cordavis brand only)
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ LQ SOL 1MG/ML	2	SP, PA, QL (2 bottles every 30 days)
RINVOQ TAB 15MG ER	2	SP, PA, QL (30 tabs every 30 days)
RINVOQ TAB 30MG ER	2	SP, PA, QL (30 tabs every 30 days)
RINVOQ TAB 45MG ER	2	SP, PA; QL (Not for daily use - limited to 8 weeks/12 weeks)
XELJANZ SOL 1MG/ML	2	SP, PA, QL (240 mL every 24 days)

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 5MG	2	SP, PA, QL (60 tabs every 30 days)
XELJANZ TAB 10MG	2	SP, PA, QL (60 tabs every 30 days)
XELJANZ XR TAB 11MG	2	SP, PA, QL (30 tabs every 30 days)
XELJANZ XR TAB 22MG	2	SP, PA, QL (30 tabs every 30 days)

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

AURANOFIN CAP 3MG	2	
RIDAURA CAP 3MG	2	

INTERLEUKIN-1 BLOCKERS

ARCALYST INJ 220MG	3	SP, PA
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NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

ANAPROX DS TAB 550MG	3	
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	

AGE - Age Limit **DC** - Subject to pharmacy diabetic copay per contract/rider **LD** - Limited Distribution **MC** - Subject to medical copay per contract/rider **NM** - Not available at mail-order **OC** - Subject to pharmacy oral chemo copay per contract/rider **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 29

Drug Name	Drug Tier	Requirements/Limits
<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>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
<i>ec-naproxen tab 375mg</i>	1	
<i>ec-naproxen tab 500mg</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>	1	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibu tab 400mg</i>	1	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</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	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
KETOR TROMET SPR 15.75MG	3	PA, QL (5 ea every 23 days), NM
<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>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	QL (14 caps every 23 days)

AGE - Age Limit **DC** - Subject to pharmacy diabetic copay per contract/rider **LD** - Limited Distribution **MC** - Subject to medical copay per contract/rider **NM** - Not available at mail-order **OC** - Subject to pharmacy oral chemo copay per contract/rider **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 30

Drug Name	Drug Tier	Requirements/Limits
<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	
NAPROSYN TAB 500MG	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>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	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20	2	SP, PA, QL (55 tabs every 28 days), NM
OTEZLA TAB 10/20/30	2	SP, PA, QL (55 tabs every 28 days), NM
OTEZLA TAB 20MG	2	SP, PA, QL (60 tabs every 30 days), NM
OTEZLA TAB 30MG	2	SP, PA, QL (60 tabs every 30 days), NM
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	2	SP, PA, QL (8 syringes every 28 days)
ENBREL INJ 25MG	2	SP, PA, QL (8 vials every 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 50MG/ML	2	SP, PA, QL (4 syringes every 28 days)
ENBREL MINI INJ 50MG/ML	2	SP, PA, QL (4 cartridges every 28 days)
ENBREL SRCLK INJ 50MG/ML	2	SP, PA, QL (4 pens every 28 days)

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>bac tab</i>	1	NM
<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
<i>tencon tab 50-325mg</i>	1	NM

SALICYLATES

<i>aspirin chew tab 81 mg</i>	1	AGE, OTC, NM
<i>aspirin tab delayed release 81 mg</i>	1	AGE, OTC, NM
<i>diflunisal tab 500 mg</i>	1	
<i>salsalate tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	

ANALGESICS - OPIOID

OPIOID AGONISTS

ACTIQ LOZ 200MCG	3	PA, QL (2 lozenges every 1 day), NM
ACTIQ LOZ 400MCG	3	PA, QL (2 ea every 1 day), NM
ACTIQ LOZ 600MCG	3	PA, QL (2 ea every 1 day), NM
ACTIQ LOZ 800MCG	3	PA, QL (2 ea every 1 day), NM
ACTIQ LOZ 1600MCG	3	PA, QL (2 lozenges every 1 day), NM
CODEINE SULF TAB 15MG	3	NM
CODEINE SULF TAB 60MG	3	NM
<i>codeine sulfate tab 30 mg</i>	1	NM
CONZIP CAP 100MG	3	QL (30 caps every 30 days), NM

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Drug Name	Drug Tier	Requirements/Limits
CONZIP CAP 200MG	3	QL (30 caps every 30 days), NM
CONZIP CAP 300MG	3	QL (30 caps every 30 days), 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 buccal tab 100 mcg (base equiv)</i>	1	PA, QL (2 ea every 1 day), NM
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA, QL (2 ea every 1 day), NM
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	PA, QL (60 ea every 30 days), NM
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA, QL (60 ea every 30 days), NM
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	PA, QL (60 ea every 30 days), NM
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	ST, QL (20 patches every 30 days), NM
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	ST, QL (20 patches every 30 days), NM
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	ST, QL (20 patches every 30 days), NM
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	ST, QL (20 patches every 30 days), NM
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	ST, QL (20 patches every 30 days), NM
FENTORA TAB 200MCG	3	PA, QL (2 ea every 1 day), NM
FENTORA TAB 400MCG	3	PA, QL (2 tabs every 1 day), NM
FENTORA TAB 600MCG	3	PA, QL (2 tabs every 1 day), NM
FENTORA TAB 800MCG	3	PA, QL (2 tabs every 1 day), NM
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	ST, QL (60 caps every 30 days), NM
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	ST, QL (60 caps every 30 days), NM

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	1	ST, QL (60 caps every 30 days), NM
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	ST, QL (60 caps every 30 days), NM
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	ST, QL (60 caps every 30 days), NM
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	ST, QL (60 caps every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	ST, QL (60 tabs every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	ST, QL (60 tabs every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	ST, QL (60 tabs every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	ST, QL (60 tabs every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	ST, QL (60 tabs every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	ST, QL (60 tabs every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	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
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

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Drug Name	Drug Tier	Requirements/Limits
<i>meperidine hcl tab 50 mg</i>	1	NM
<i>methadone hcl conc 10 mg/ml</i>	1	NM
<i>methadone hcl inj 10 mg/ml</i>	1	NM
<i>methadone hcl soln 5 mg/5ml</i>	1	NM
<i>methadone hcl soln 10 mg/5ml</i>	1	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>	1	NM
<i>methadose tab 40mg</i>	1	NM
<i>mitigo inj 10mg/ml</i>	1	NM
<i>mitigo inj 25mg/ml</i>	1	NM
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	ST, PA, QL (30 caps every 30 days), NM
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	ST, PA, QL (30 caps every 30 days), NM
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	ST, PA, QL (30 caps every 30 days), NM
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	ST, PA, QL (30 caps every 30 days), NM
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	ST, PA, QL (30 caps every 30 days), NM
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	ST, PA, QL (30 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 10 mg</i>	1	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 20 mg</i>	1	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 30 mg</i>	1	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 50 mg</i>	1	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 60 mg</i>	1	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 80 mg</i>	1	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 100 mg</i>	1	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>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate suppos 10 mg</i>	1	NM
<i>morphine sulfate suppos 20 mg</i>	1	NM
<i>morphine sulfate suppos 30 mg</i>	1	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>	1	ST, PA, QL (90 ea every 30 days), NM
<i>morphine sulfate tab er 30 mg</i>	1	ST, PA, QL (90 ea every 30 days), NM
<i>morphine sulfate tab er 60 mg</i>	1	ST, PA, QL (90 ea every 30 days), NM
<i>morphine sulfate tab er 100 mg</i>	1	ST, PA, QL (90 ea every 30 days), NM
<i>morphine sulfate tab er 200 mg</i>	1	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 tabs every 30 days), NM
NUCYNTA ER TAB 250MG	3	QL (60 tabs every 30 days), NM
NUCYNTA TAB 50MG	3	NM
NUCYNTA TAB 75MG	3	NM
NUCYNTA TAB 100MG	3	NM
OXAYDO TAB 5MG	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

AGE - Age Limit **DC** - Subject to pharmacy diabetic copay per contract/rider **LD** - Limited Distribution **MC** - Subject to medical copay per contract/rider **NM** - Not available at mail-order **OC** - Subject to pharmacy oral chemo copay per contract/rider **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 36

Drug Name	Drug Tier	Requirements/Limits
<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
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
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>	1	NM
<i>oxymorphone hcl tab 10 mg</i>	1	NM
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	ST, PA, QL (90 tabs every 30 days), NM
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	ST, PA, QL (90 tabs every 30 days), NM
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	ST, PA, QL (90 tabs every 30 days), NM
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	ST, PA, QL (90 tabs every 30 days), NM
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	ST, PA, QL (90 tabs every 30 days), NM
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	ST, PA, QL (90 tabs every 30 days), NM
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	ST, PA, QL (90 tabs every 30 days), NM
ROXICODONE TAB 15MG	3	NM
ROXICODONE TAB 30MG	3	NM
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	1	QL (30 caps every 30 days), NM
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	1	QL (30 caps every 30 days), NM

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

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	1	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
<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 tab 2.5-325</i>	1	NM
<i>endocet tab 5-325mg</i>	1	NM
<i>endocet tab 7.5-325</i>	1	NM
<i>endocet tab 10-325mg</i>	1	NM
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	NM
<i>hydrocodone-acetaminophen tab 2.5-325 mg</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
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	NM
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	NM
<i>oxycodone w/ acetaminophen tab 2.5-325 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>	1	NM
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	NM
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	NM
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films every 30 days), NM

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films every 30 days), NM
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films every 30 days), NM
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films every 30 days), NM
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs every 30 days), NM
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs every 30 days), NM
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	ST, PA, QL (4 ea every 21 days), NM
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	ST, PA, QL (4 ea every 21 days), NM
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	ST, PA, QL (4 ea every 21 days), NM
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	ST, PA, QL (4 ea every 21 days), NM
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	ST, PA, QL (4 ea every 21 days), NM
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (4 bottles every 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>	1	NM
<i>nalbuphine hcl inj 20 mg/ml</i>	1	NM
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	NM
SUBOXONE MIS 2-0.5MG	3	QL (90 films every 30 days), NM
SUBOXONE MIS 4-1MG	3	QL (90 films every 30 days), NM
SUBOXONE MIS 8-2MG	3	QL (90 films every 30 days), NM

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Drug Name	Drug Tier	Requirements/Limits
SUBOXONE MIS 12-3MG	3	QL (60 films every 30 days), NM
ZUBSOLV SUB 0.7-0.18	3	QL (90 tabs every 30 days), NM
ZUBSOLV SUB 1.4-0.36	3	QL (90 tabs every 30 days), NM
ZUBSOLV SUB 2.9-0.71	3	QL (90 tabs every 30 days), NM
ZUBSOLV SUB 5.7-1.4	3	QL (90 tabs every 30 days), NM
ZUBSOLV SUB 8.6-2.1	3	QL (60 tabs every 30 days), NM
ZUBSOLV SUB 11.4-2.9	3	QL (30 tabs every 30 days), NM

ANDROGENS-ANABOLIC

ANDROGENS

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
<i>depo-testost inj 100mg/ml</i>	1	QL (1 vial every 30 days)
<i>depo-testost inj 200mg/ml</i>	1	QL (10 vials every 30 days)
FORTESTA GEL 10MG/ACT	3	PA, QL (2 gm every 1 day)
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
<i>methitest tab 10mg</i>	1	PA, QL (1 tab every 1 day)
<i>methyltestosterone cap 10 mg</i>	1	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>	1	QL (1 vial every 30 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	QL (10 mL every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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>	1	QL (60 gm every 30 days)
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	QL (150 gm every 30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	QL (150 gm every 30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	QL (150 gm every 30 days)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	QL (150 gm every 30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	QL (150 gm every 30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	QL (150 gm every 30 days)
<i>testosterone td soln 30 mg/act</i>	1	QL (90 mL every 30 days)
VOGELXO GEL 1%(50MG)	3	PA
VOGELXO GEL PUMP 1%	3	PA
XYOSTED INJ 50/0.5ML	3	PA, QL (10 pens every 30 days)
XYOSTED INJ 75/0.5ML	3	PA, QL (10 pens every 30 days)
XYOSTED INJ 100/0.5	3	PA, QL (10 pens every 30 days)

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>budesonide rectal foam 2 mg/act</i>	1	NM
CORTIFOAM AER 90MG	3	NM
<i>hydrocortisone enema 100 mg/60ml</i>	1	NM
UCERIS AER 2MG/ACT	3	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>	1	NM
<i>lidocort cre 3-0.5%</i>	1	NM
PROCTOFOAM AER HC 1%	3	NM

RECTAL STEROIDS

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

VASODILATING AGENTS

<i>nitroglycerin oint 0.4%</i>	1	NM
RECTIV OIN 0.4%	3	NM

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Drug Name	Drug Tier	Requirements/Limits
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	1	NM
BENZNIDAZOLE TAB 12.5MG	3	PA, NM
BENZNIDAZOLE TAB 100MG	3	PA, NM
BILTRICIDE TAB 600MG	3	NM
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>	1	NM
STROMECTOL TAB 3MG	3	NM
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
IMPAVIDO CAP 50MG	3	PA, NM
LIKMEZ SUS 500/5ML	3	NM
<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>	1	NM
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	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 tabs every 180 days), NM
XIFAXAN TAB 550MG	3	QL (126 tabs in 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 pd sus 200-40/5</i>	1	NM
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	NM
ALINIA TAB 500MG	3	NM
<i>atovaquone susp 750 mg/5ml</i>	1	QL (140 mL every 180 days), NM

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Drug Name	Drug Tier	Requirements/Limits
MEPRON SUS	3	QL (140 mL every 180 days), NM
<i>nitazoxanide tab 500 mg</i>	1	NM
CARBAPENEMS		
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	1	NM
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML	3	NM
FIRVANQ SOL 50MG/ML	3	NM
VANCOCIN CAP 125MG	3	NM
VANCOCIN CAP 250MG	3	NM
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	NM
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	NM
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	1	NM
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	1	NM
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOSAMIDES		
<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>	1	NM
MONOBACTAMS		
<i>aztreonam for inj 1 gm</i>	1	NM
<i>aztreonam for inj 2 gm</i>	1	NM
CAYSTON INH 75MG	3	SP, PA, NM
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	NM
<i>linezolid tab 600 mg</i>	1	NM
SIVEXTRO TAB 200MG	3	NM
ZYVOX SUS 100MG/5M	3	NM
ZYVOX TAB 600MG	3	NM
PLEUROMUTILINS		
XENLETA TAB 600MG	3	NM

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Drug Name	Drug Tier	Requirements/Limits
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	NM
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
<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

ANTIANGINAL AGENTS

ANTIANGINALS-OTHER

ASPRUZYO SPR GRA 500MG	3	
ASPRUZYO SPR GRA 1000MG	3	
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	

NITRATES

ISORDIL TAB 5MG	3	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

<i>bupirone hcl tab 5 mg</i>	1	NM
<i>bupirone hcl tab 7.5 mg</i>	1	NM
<i>bupirone hcl tab 10 mg</i>	1	NM
<i>bupirone 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
<i>alprazolam tab 0.5mg xr</i>	1	NM
<i>alprazolam tab 0.25 mg</i>	1	NM
<i>alprazolam tab 1 mg</i>	1	NM
<i>alprazolam tab 1mg xr</i>	1	NM
<i>alprazolam tab 2 mg</i>	1	NM
<i>alprazolam tab 2mg xr</i>	1	NM
<i>alprazolam tab 3mg xr</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>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 con 5mg/ml</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam conc 5 mg/ml</i>	1	NM
<i>diazepam inj 5 mg/ml</i>	1	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	
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG	3	
NORPACE CAP 150MG CR	3	
<i>procainamide hcl inj 100 mg/ml</i>	1	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	

ANTIARRHYTHMICS TYPE I-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	

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Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS TYPE I-C		
<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>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<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	
ANTIARRHYTHMICS TYPE III		
<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>	1	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	
MULTAQ TAB 400MG	3	
<i>pacerone tab 100mg</i>	1	
<i>pacerone tab 200mg</i>	1	
<i>pacerone tab 400mg</i>	1	
TIKOSYN CAP 125MCG	3	
TIKOSYN CAP 250MCG	3	
TIKOSYN CAP 500MCG	3	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ 30MG/ML	2	SP, PA
NUCALA INJ 40MG/0.4	2	SP, PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	2	SP, PA, QL (3 pens every 28 days)
NUCALA INJ 100MG/ML	2	SP, PA, QL (3 syringes every 28 days)
TEZSPIRE INJ 210MG	2	PA
TEZSPIRE SOL 210MG	2	PA

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR INJ 75/0.5	2	SP, PA, QL (2 pens every 28 days), NM
XOLAIR INJ 75/0.5	2	SP, PA, QL (2 syringes every 28 days), NM
XOLAIR INJ 150MG/ML	2	SP, PA, QL (8 pens every 28 days), NM
XOLAIR INJ 150MG/ML	2	SP, PA, QL (8 syringes every 28 days), NM
XOLAIR INJ 300/2ML	2	SP, PA, QL (4 pens every 28 days), NM
XOLAIR INJ 300/2ML	2	SP, PA, QL (4 syringes every 28 days), NM

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AER 17MCG	3	
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	

PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS

OHTUVAYRE SUS 3/2.5ML	3	
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SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

DALIRESP TAB 250MCG	3	
DALIRESP TAB 500MCG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>roflumilast tab 250 mcg</i>	1	
<i>roflumilast tab 500 mcg</i>	1	
STEROID INHALANTS		
ARNUIITY ELPT INH 50MCG	2	
ARNUIITY ELPT INH 100MCG	2	
ARNUIITY 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>	1	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	
<i>budesonide inhalation susp 1 mg/2ml</i>	1	
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</i>	1	
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	1	
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	1	
PULMICORT INH 90MCG	3	
PULMICORT INH 180MCG	3	
QVAR REDIIHA AER 80MCG	2	
QVAR REDIIHAL AER 40MCG	2	
SYMPATHOMIMETICS		
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	
<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>	1	
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>breyna aer 80/4.5</i>	1	
<i>breyna 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>	1	
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	1	
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	1	
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	
<i>isoproterenol hcl inj 0.2 mg/ml</i>	1	NM
<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>	1	
PERFOROMIST NEB 20MCG	3	
PROAIR RESPI AER	2	
SEREVENT DIS AER 50MCG	2	
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 aer 100/50</i>	1	
<i>wixela inhub aer 250/50</i>	1	
<i>wixela inhub aer 500/50</i>	1	
XANTHINES		
<i>elixophyllin elx 80/15ml</i>	1	
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 soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 100 mg</i>	1	
<i>theophylline tab er 12hr 200 mg</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	

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Drug Name	Drug Tier	Requirements/Limits
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ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	
<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
<i>warfarin sodium tab 1 mg</i>	1	
<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>	1	NM
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	1	NM
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	1	NM
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	1	NM
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	1	NM
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	1	NM
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	1	NM
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	NM
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	NM
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	NM
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	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
HEPARIN SOD INJ 5000/0.5	3	NM
HEPARIN SOD INJ 5000/ML	3	NM
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	NM
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	NM
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	NM
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	NM
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	1	NM
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	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

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Drug Name	Drug Tier	Requirements/Limits
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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>	1	
<i>clobazam tab 10 mg</i>	1	
<i>clobazam tab 20 mg</i>	1	
<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
<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
LIBERVANT MIS 5MG	3	NM
LIBERVANT MIS 7.5MG	3	NM
LIBERVANT MIS 10MG	3	NM
LIBERVANT MIS 12.5MG	3	NM
LIBERVANT MIS 15MG	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	

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Drug Name	Drug Tier	Requirements/Limits
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>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
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 tab 200mg</i>	1	
EPRONTIA SOL 25MG/ML	3	
FINTEPLA SOL 2.2MG/ML	3	SP, PA; LD

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Drug Name	Drug Tier	Requirements/Limits
<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>	1	
<i>lacosamide tab 50 mg</i>	1	
<i>lacosamide tab 100 mg</i>	1	
<i>lacosamide tab 150 mg</i>	1	
<i>lacosamide tab 200 mg</i>	1	
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	
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>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	NM
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	NM
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	NM
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<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 21 x 25 mg & 7 x 50 mg titration kit</i>	1	NM
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	NM
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	NM
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<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	
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	

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Drug Name	Drug Tier	Requirements/Limits
MOTPOLY XR CAP 100MG	3	
MOTPOLY XR CAP 150MG	3	
MOTPOLY XR CAP 200MG	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	
<i>oxcarbazepine tab er 24hr 150 mg</i>	1	
<i>oxcarbazepine tab er 24hr 300 mg</i>	1	
<i>oxcarbazepine tab er 24hr 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>	1	
<i>pregabalin cap 50 mg</i>	1	
<i>pregabalin cap 75 mg</i>	1	
<i>pregabalin cap 100 mg</i>	1	
<i>pregabalin cap 150 mg</i>	1	
<i>pregabalin cap 200 mg</i>	1	
<i>pregabalin cap 225 mg</i>	1	
<i>pregabalin cap 300 mg</i>	1	
<i>pregabalin soln 20 mg/ml</i>	1	
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 125 mg</i>	1	
<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>roweepra tab 500mg</i>	1	
<i>rufinamide susp 40 mg/ml</i>	1	
<i>rufinamide tab 200 mg</i>	1	
<i>rufinamide tab 400 mg</i>	1	
<i>subvenite kit start 35</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>subvenite kit start 49</i>	1	NM
<i>subvenite kit start 98</i>	1	NM
<i>subvenite tab 25mg</i>	1	
<i>subvenite tab 100mg</i>	1	
<i>subvenite tab 150mg</i>	1	
<i>subvenite tab 200mg</i>	1	
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>	1	
<i>topiramate cap er 24hr 50 mg</i>	1	
<i>topiramate cap er 24hr 100 mg</i>	1	
<i>topiramate cap er 24hr 200 mg</i>	1	
<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 sprinkle cap 50 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 300/5ML	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	

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Drug Name	Drug Tier	Requirements/Limits
VIMPAT SOL 10MG/ML	2	
VIMPAT TAB 50MG	2	
VIMPAT TAB 100MG	2	
VIMPAT TAB 150MG	2	
VIMPAT TAB 200MG	2	
ZONISADE SUS 100MG/5	3	
<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>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
XCOPRI PAK 12.5-25	3	NM
XCOPRI PAK 50-100MG	3	NM
XCOPRI PAK 100-150	3	NM
XCOPRI PAK 150-200	3	NM
XCOPRI TAB 25MG	3	
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>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	SP; LD
<i>vigabatrin tab 500 mg</i>	1	SP
<i>vigadrone pow 500mg</i>	1	SP; LD
<i>vigadrone tab 500mg</i>	1	SP
VIGAFYDE SOL 100MG/ML	3	LD
<i>vigpoder pow 500mg</i>	1	SP; LD

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Drug Name	Drug Tier	Requirements/Limits
HYDANTOINS		
DILANTIN CAP 30MG	2	
DILANTIN CAP 100MG	2	
DILANTIN CHW 50MG	2	
DILANTIN-125 SUS 125/5ML	2	
<i>phenytek cap 200mg</i>	1	
<i>phenytek cap 300mg</i>	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	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
SUCCINIMIDES		
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>	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
VALPROIC ACID		
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>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	

ANTIDEPRESSANT COMBINATIONS

AUVELITY TAB 45-105MG	3	
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ANTIDEPRESSANTS - MISC.

<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	
<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	

GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID

ZURZUVAE CAP 20MG	3	SP, QL (28 caps every 270 days), NM
ZURZUVAE CAP 25MG	3	SP, QL (28 caps every 270 days), NM
ZURZUVAE CAP 30MG	3	SP, QL (14 caps every 270 days), NM

MONOAMINE OXIDASE INHIBITORS (MAOIS)

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	

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

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	

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Drug Name	Drug Tier	Requirements/Limits
<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>	1	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<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	
LEXAPRO TAB 10MG	3	
LEXAPRO TAB 20MG	3	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<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	
PROZAC CAP 10MG	3	
PROZAC CAP 20MG	3	
PROZAC CAP 40MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<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	
SEROTONIN MODULATORS		
<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	
<i>trazodone hcl tab 300 mg</i>	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
VIIBRYD TAB 10MG	2	
VIIBRYD TAB 20MG	2	
VIIBRYD TAB 40MG	2	
<i>vilazodone hcl tab 10 mg</i>	1	
<i>vilazodone hcl tab 20 mg</i>	1	
<i>vilazodone hcl tab 40 mg</i>	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
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>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	
DRIZALMA CAP 20MG DR	3	

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

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Drug Name	Drug Tier	Requirements/Limits
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>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<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>	1	
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	1	

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

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

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	2	DC
SYMLNPEN 120 INJ 1000MCG	2	DC

ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-850MG	3	DC
DUETACT TAB 30-2MG	3	DC
DUETACT TAB 30-4MG	3	DC
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	DC
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	DC
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	DC
<i>glyburide-metformin tab 1.25-250 mg</i>	1	DC
<i>glyburide-metformin tab 2.5-500 mg</i>	1	DC
<i>glyburide-metformin tab 5-500 mg</i>	1	DC
GLYXAMBI TAB 10-5 MG	2	DC
GLYXAMBI TAB 25-5 MG	2	DC
JANUMET TAB 50-500MG	2	DC
JANUMET TAB 50-1000	2	DC
JANUMET XR TAB 50-500MG	2	DC
JANUMET XR TAB 50-1000	2	DC
JANUMET XR TAB 100-1000	2	DC
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	DC
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	DC
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	DC
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	DC

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Drug Name	Drug Tier	Requirements/Limits
SOLIQUA INJ 100/33	2	DC
SYNJARDY TAB	2	DC
SYNJARDY TAB 5-500MG	2	DC
SYNJARDY TAB 5-1000MG	2	DC
SYNJARDY TAB 12.5-500	2	DC
SYNJARDY XR TAB	2	DC
SYNJARDY XR TAB 5-1000MG	2	DC
SYNJARDY XR TAB 10-1000	2	DC
SYNJARDY XR TAB 25-1000	2	DC
TRIJARDY XR TAB	2	DC
XIGDUO XR TAB 2.5-1000	2	DC
XIGDUO XR TAB 5-500MG	2	DC
XIGDUO XR TAB 5-1000MG	2	DC
XIGDUO XR TAB 10-500MG	2	DC
XIGDUO XR TAB 10-1000	2	DC

BIGUANIDES

GLUMETZA TAB 500MG	3	PA; DC
GLUMETZA TAB 1000MG	3	PA; DC
<i>metformin hcl tab 500 mg</i>	1	DC
<i>metformin hcl tab 850 mg</i>	1	DC
<i>metformin hcl tab 1000 mg</i>	1	DC
<i>metformin hcl tab er 24hr 500 mg</i>	1	DC
<i>metformin hcl tab er 24hr 750 mg</i>	1	DC
<i>metformin hcl tab er 24hr modified release 500 mg</i>	1	PA; DC
<i>metformin hcl tab er 24hr modified release 1000 mg</i>	1	PA; DC
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	1	PA; DC
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	1	PA; DC

DIABETIC OTHER

BAQSIMI ONE POW 3MG/DOSE	2	NM; DC
BAQSIMI TWO POW 3MG/DOSE	2	NM; DC
<i>diazoxide susp 50 mg/ml</i>	1	DC
<i>glucagon (rdna) for inj kit 1 mg</i>	1	NM; DC
GLUCAGON EMR SOL 1MG	2	NM; DC
GVOKE HYPO 1 INJ 0.5/.1ML	2	NM; DC
GVOKE HYPO 1 INJ 1MG/.2ML	2	NM; DC
GVOKE HYPO 2 INJ 0.5/.1ML	2	NM; DC
GVOKE HYPO 2 INJ 1MG/.2ML	2	NM; DC
GVOKE KIT SOL 1MG/0.2M	2	NM; DC
GVOKE PFS INJ	2	NM; DC

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Drug Name	Drug Tier	Requirements/Limits
KORLYM TAB 300MG	3	SP, PA; LD
<i>mifepristone tab 300 mg</i>	1	SP, PA
PROGLYCEM SUS 50MG/ML	3	DC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG	2	DC
JANUVIA TAB 50MG	2	DC
JANUVIA TAB 100MG	2	DC
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS		
MOUNJARO INJ 2.5/0.5	2	PA, NM; DC
MOUNJARO INJ 5MG/0.5	2	PA, NM; DC
MOUNJARO INJ 7.5/0.5	2	PA, NM; DC
MOUNJARO INJ 10MG/0.5	2	PA, NM; DC
MOUNJARO INJ 12.5/0.5	2	PA, NM; DC
MOUNJARO INJ 15MG/0.5	2	PA, NM; DC
OZEMPIC INJ 2MG/3ML	2	PA; DC
OZEMPIC INJ 4MG/3ML	2	PA; DC
OZEMPIC INJ 8MG/3ML	2	PA; DC
RYBELSUS TAB 1.5MG	2	PA, NM; DC
RYBELSUS TAB 3MG	2	PA, NM; DC
RYBELSUS TAB 4MG	2	PA; DC
RYBELSUS TAB 7MG	2	PA; DC
RYBELSUS TAB 9MG	2	PA; DC
RYBELSUS TAB 14MG	2	PA; DC
TRULICITY INJ 0.75/0.5	2	PA; DC
TRULICITY INJ 1.5/0.5	2	PA; DC
TRULICITY INJ 3/0.5	2	PA; DC
TRULICITY INJ 4.5/0.5	2	PA; DC
VICTOZA INJ 18MG/3ML	3	PA, QL (3 pens every 30 days); DC
INSULIN		
BASAGLAR INJ 100UNIT	2	DC
FIASP FLEX INJ TOUCH	2	DC
FIASP INJ 100/ML	2	DC
FIASP PENFIL INJ U-100	2	DC
FIASP PMPCRT INJ U-100	2	DC
HUMULIN R INJ U-500	2	DC
LANTUS INJ 100/ML	2	DC
LANTUS SOLOS INJ 100/ML	2	DC

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN INJ 70/30	2	OTC; DC
NOVOLIN INJ 70/30 FP	2	OTC; DC
NOVOLIN N INJ 100 UNIT	2	OTC; DC
NOVOLIN N INJ U-100	2	OTC; DC
NOVOLIN R INJ 100 UNIT	2	OTC; DC
NOVOLIN R INJ U-100	2	OTC; DC
NOVOLOG INJ 100/ML	2	DC
NOVOLOG INJ FLEXPEN	2	DC
NOVOLOG INJ PENFILL	2	DC
NOVOLOG MIX INJ 70/30	2	DC
NOVOLOG MIX INJ FLEXPEN	2	DC
TOUJEO MAX INJ 300/ML	2	DC
TOUJEO SOLO INJ 300/ML	2	DC
TRESIBA FLEX INJ 100UNIT	2	DC
TRESIBA FLEX INJ 200UNIT	2	DC
TRESIBA INJ 100UNIT	2	DC

INSULIN SENSITIZING AGENTS

<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	DC
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	DC
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	DC

MEGLITINIDE ANALOGUES

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

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA TAB 5MG	2	DC
FARXIGA TAB 10MG	2	DC
JARDIANCE TAB 10MG	2	DC
JARDIANCE TAB 25MG	2	DC

SULFONYLUREAS

AMARYL TAB 1MG	3	DC
AMARYL TAB 2MG	3	DC
AMARYL TAB 4MG	3	DC
<i>glimepiride tab 1 mg</i>	1	DC
<i>glimepiride tab 2 mg</i>	1	DC
<i>glimepiride tab 4 mg</i>	1	DC
<i>glipizide tab 5 mg</i>	1	DC
<i>glipizide tab 10 mg</i>	1	DC

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tab er 24hr 2.5 mg</i>	1	DC
<i>glipizide tab er 24hr 5 mg</i>	1	DC
<i>glipizide tab er 24hr 10 mg</i>	1	DC
<i>glipizide xl tab 2.5mg</i>	1	DC
<i>glipizide xl tab 5mg</i>	1	DC
<i>glipizide xl tab 10mg</i>	1	DC
GLUCOTROL XL TAB 2.5MG	3	DC
GLUCOTROL XL TAB 5MG	3	DC
GLUCOTROL XL TAB 10MG	3	DC
<i>glyburide micronized tab 1.5 mg</i>	1	DC
<i>glyburide micronized tab 3 mg</i>	1	DC
<i>glyburide micronized tab 6 mg</i>	1	DC
<i>glyburide tab 1.25 mg</i>	1	DC
<i>glyburide tab 2.5 mg</i>	1	DC
<i>glyburide tab 5 mg</i>	1	DC
GLYNASE TAB 1.5MG	3	DC
GLYNASE TAB 3MG	3	DC
GLYNASE TAB 6MG	3	DC

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	NM
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ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

CHEMET CAP 100MG	3	NM
<i>deferasirox granules packet 90 mg</i>	1	SP
<i>deferasirox granules packet 180 mg</i>	1	SP
<i>deferasirox granules packet 360 mg</i>	1	SP
<i>deferasirox tab 90 mg</i>	1	SP
<i>deferasirox tab 180 mg</i>	1	SP
<i>deferasirox tab 360 mg</i>	1	SP
<i>deferasirox tab for oral susp 125 mg</i>	1	SP, PA
<i>deferasirox tab for oral susp 250 mg</i>	1	SP, PA
<i>deferasirox tab for oral susp 500 mg</i>	1	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

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Drug Name	Drug Tier	Requirements/Limits
FERRIPROX TAB 1000MG	3	
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

ANTIDOTES AND SPECIFIC ANTAGONISTS

<i>deferoxamine mesylate for inj 2 gm</i>	1	SP, NM
<i>deferoxamine mesylate for inj 500 mg</i>	1	NM
DESFERAL INJ 500MG	3	SP, NM

OPIOID ANTAGONISTS

KLOXXADO SPR 8MG	2	NM
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	NM
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	OTC, NM
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	1	NM
<i>naltrexone hcl tab 50 mg</i>	1	NM
NARCAN SPR 4MG	2	NM
NARCAN SPR 4MG	2	OTC, NM
OPVEE SPR 2.7/0.1	3	NM
REXTOVY SPR 4/0.25ML	3	NM
RIVIVE SPR 3/0.1ML	2	OTC, NM
ZIMHI SOL	2	NM

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

ANZEMET TAB 50MG	3	QL (14 tabs every 23 days), NM
<i>granisetron hcl tab 1 mg</i>	1	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 inj soln pref syr 4 mg/2ml</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
<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

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Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - ANTICHOLINERGIC		
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	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>	1	NM
<i>dronabinol cap 5 mg</i>	1	NM
<i>dronabinol cap 10 mg</i>	1	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>	1	QL (1 cap every 21 days), NM
<i>aprepitant capsule 80 mg</i>	1	QL (8 ea every 21 days), NM
<i>aprepitant capsule 125 mg</i>	1	QL (2 caps every 21 days), NM
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (6 tabs every 21 days), NM
EMEND BIPACK PAK 80MG	3	QL (8 caps every 21 days), NM
EMEND SUS 125MG	3	QL (2 kits every 23 days), NM
EMEND TRIPAC PAK 125 & 80	3	QL (6 caps every 21 days), NM
VARUBI TAB 90MG	3	QL (4 tabs every 23 days), NM
ANTIFUNGALS		
ANTIFUNGALS		
ANCOBON CAP 250MG	3	NM
ANCOBON CAP 500MG	3	NM
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<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 186MG	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>	1	QL (360 caps every 365 days), NM
<i>itraconazole oral soln 10 mg/ml</i>	1	QL (3600 mL every 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>	1	
<i>posaconazole tab delayed release 100 mg</i>	1	
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
<i>voriconazole for susp 40 mg/ml</i>	1	NM
<i>voriconazole tab 50 mg</i>	1	NM
<i>voriconazole tab 200 mg</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
<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
ANTIHISTAMINES - NON-SEDATING		
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
ANTIHISTAMINES - PHENOTHIAZINES		
<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 sup 12.5mg</i>	1	NM
<i>promethegan sup 25mg</i>	1	NM
<i>promethegan sup 50mg</i>	1	NM
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	NM
<i>cyproheptadine hcl tab 4 mg</i>	1	NM
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	3	PA
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
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	
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl cap 0.5 gm</i>	1	
<i>icosapent ethyl cap 1 gm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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 light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
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 pow 4gm</i>	1	
<i>prevalite pow 4gm pk</i>	1	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	2	
WELCHOL TAB 625MG	2	

FIBRIC ACID DERIVATIVES

<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>fenofibric acid tab 35 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibric acid tab 105 mg</i>	1	
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
<i>gemfibrozil tab 600 mg</i>	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
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	AGE
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	AGE
<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>	1	AGE
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1	AGE
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	1	AGE
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tab 10 mg</i>	1	AGE
<i>lovastatin tab 20 mg</i>	1	AGE
<i>lovastatin tab 40 mg</i>	1	AGE
<i>pitavastatin calcium tab 1 mg</i>	1	AGE
<i>pitavastatin calcium tab 2 mg</i>	1	AGE
<i>pitavastatin calcium tab 4 mg</i>	1	AGE
<i>pravastatin sodium tab 10 mg</i>	1	AGE
<i>pravastatin sodium tab 20 mg</i>	1	AGE
<i>pravastatin sodium tab 40 mg</i>	1	AGE
<i>pravastatin sodium tab 80 mg</i>	1	AGE
<i>rosuvastatin calcium tab 5 mg</i>	1	AGE
<i>rosuvastatin calcium tab 10 mg</i>	1	AGE
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	1	AGE
<i>simvastatin tab 10 mg</i>	1	AGE
<i>simvastatin tab 20 mg</i>	1	AGE
<i>simvastatin tab 40 mg</i>	1	AGE
<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	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	
ZETIA TAB 10MG	3	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG	3	SP, PA; LD
JUXTAPID CAP 10MG	3	SP, PA; LD
JUXTAPID CAP 20MG	3	SP, PA; LD
JUXTAPID CAP 30MG	3	SP, PA; LD
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
<i>niacor tab 500mg</i>	1	NM
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ 75MG/ML	3	PA
PRALUENT INJ 150MG/ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERTENSIVES		
ACE INHIBITORS		

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	
<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>	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
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	
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

DIBENZYLIN CAP 10MG	2	NM
<i>metyrosine cap 250 mg</i>	1	NM
<i>phenoxybenzamine hcl cap 10 mg</i>	1	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	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<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>	1	
<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		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	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>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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>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	
ANTIHYPERTENSIVE COMBINATIONS		
<i>ACCURETIC TAB 10-12.5</i>	3	
<i>ACCURETIC TAB 20-12.5</i>	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>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & 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 & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & 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 & hydrochlorothiazide tab 5-12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate & 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	
EXFORGEH/5- TAB 160-12.5	3	
EXFORGEH/5- TAB 160-25	3	
EXFORGEH/10- TAB 160-12.5	3	
EXFORGEH/10- TAB 160-25	3	
EXFORGEH/10- TAB 320-25	3	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & 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	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & 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 & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol & 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>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
PRESTALIA TAB 3.5-2.5	3	
PRESTALIA TAB 7-5MG	3	
PRESTALIA TAB 14-10MG	3	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<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>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
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	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<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>	1	QL (42 tabs every year), NM
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	QL (42 tabs every year), NM
COARTEM TAB 20-120MG	3	QL (24 tabs every year), NM
ANTIMALARIALS		
<i>chloroquine phosphate tab 250 mg</i>	1	QL (16 tabs every year)

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Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate tab 500 mg</i>	1	QL (16 tabs every year)
<i>hydroxychloroquine sulfate tab 100 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>hydroxychloroquine sulfate tab 300 mg</i>	1	
<i>hydroxychloroquine sulfate tab 400 mg</i>	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>	1	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>	1	NM
<i>pyridostigmine bromide tab 60 mg</i>	1	NM
<i>pyridostigmine bromide tab er 180 mg</i>	1	NM

ANTIMYCOBACTERIAL AGENTS

ANTIMYCOBACTERIAL AGENTS

<i>cycloserine cap 250 mg</i>	1	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	2	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

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

Drug Name	Drug Tier	Requirements/Limits
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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

ALKERAN TAB 2MG	2	NM
CYCLOPHOSPH TAB 25MG	2	NM; OC
CYCLOPHOSPH TAB 50MG	2	NM; OC
<i>cyclophosphamide cap 25 mg</i>	1	NM; OC
<i>cyclophosphamide cap 50 mg</i>	1	NM; OC
<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; OC
GLEOSTINE CAP 40MG	3	NM; OC
GLEOSTINE CAP 100MG	3	NM; OC
LEUKERAN TAB 2MG	2	NM; OC
MYLERAN TAB 2MG	2	NM; OC
<i>temozolomide cap 5 mg</i>	1	NM; OC
<i>temozolomide cap 20 mg</i>	1	NM; OC
<i>temozolomide cap 100 mg</i>	1	NM; OC
<i>temozolomide cap 140 mg</i>	1	NM; OC
<i>temozolomide cap 180 mg</i>	1	NM; OC
<i>temozolomide cap 250 mg</i>	1	NM; OC

ANTIMETABOLITES

<i>capecitabine tab 150 mg</i>	1	NM; OC
<i>capecitabine tab 500 mg</i>	1	NM; OC
<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; OC
<i>methotrexate sodium for inj 1 gm</i>	1	NM
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	NM
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	NM
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	NM
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	NM
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	NM
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	NM; OC
ONUREG TAB 200MG	3	PA, NM; OC

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Drug Name	Drug Tier	Requirements/Limits
ONUREG TAB 300MG	3	PA, NM; OC
PURIXAN SUS 20MG/ML	3	NM; OC
TABLOID TAB 40MG	2	NM; OC
TREXALL TAB 5MG	3	NM; OC
TREXALL TAB 7.5MG	3	NM; OC
TREXALL TAB 10MG	3	NM; OC
TREXALL TAB 15MG	3	NM; OC
XELODA TAB 150MG	3	NM; OC
XELODA TAB 500MG	3	NM; OC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA CAP 1MG	3	NM; OC
FRUZAQLA CAP 5MG	3	NM; OC
INLYTA TAB 1MG	3	NM; OC
INLYTA TAB 5MG	3	NM; OC
LENVIMA CAP 4MG	3	NM; OC
LENVIMA CAP 8 MG	3	NM; OC
LENVIMA CAP 10 MG	3	NM; OC
LENVIMA CAP 12MG	3	NM; OC
LENVIMA CAP 14 MG	3	NM; OC
LENVIMA CAP 18 MG	3	NM; OC
LENVIMA CAP 20 MG	3	NM; OC
LENVIMA CAP 24 MG	3	NM; OC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	3	NM; OC
TUKYSA TAB 150MG	3	NM; OC
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	3	NM; OC
VENCLEXTA TAB 50MG	3	NM; OC
VENCLEXTA TAB 100MG	3	NM; OC
VENCLEXTA TAB START PK	3	NM; OC
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	1	NM; OC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	1	NM; OC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	1	NM; OC
<i>gefitinib tab 250 mg</i>	1	NM; OC
GILOTRIF TAB 20MG	3	NM; OC
GILOTRIF TAB 30MG	3	NM; OC
GILOTRIF TAB 40MG	3	NM; OC
IRESSA TAB 250MG	3	NM; OC
TAGRISSO TAB 40MG	3	NM; OC

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Drug Name	Drug Tier	Requirements/Limits
TAGRISSO TAB 80MG	3	NM; OC
TARCEVA TAB 100MG	3	NM; OC
VIZIMPRO TAB 15MG	3	PA, NM; OC
VIZIMPRO TAB 30MG	3	PA, NM; OC
VIZIMPRO TAB 45MG	3	PA, NM; OC

ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS

DAURISMO TAB 25MG	3	PA, NM; OC
DAURISMO TAB 100MG	3	PA, NM; OC
ERIVEDGE CAP 150MG	3	NM; OC
ODOMZO CAP 200MG	3	NM; OC

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate tab 250 mg</i>	1	NM; OC
<i>abiraterone acetate tab 500 mg</i>	1	NM; OC
AKEEGA TAB 50/500MG	3	NM; OC
AKEEGA TAB 100/500	3	NM; OC
<i>anastrozole tab 1 mg</i>	1	AGE; OC
ARIMIDEX TAB 1MG	3	OC
AROMASIN TAB 25MG	3	OC
<i>bicalutamide tab 50 mg</i>	1	NM; OC
CASODEX TAB 50MG	3	NM; OC
ERLEADA TAB 60MG	3	NM; OC
ERLEADA TAB 240MG	3	NM; OC
<i>exemestane tab 25 mg</i>	1	AGE; OC
FARESTON TAB 60MG	3	OC
FEMARA TAB 2.5MG	3	OC
<i>letrozole tab 2.5 mg</i>	1	OC
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	1	SP, NM
LYSODREN TAB 500MG	2	NM; OC
<i>megestrol acetate susp 40 mg/ml</i>	1	NM; OC
<i>megestrol acetate tab 20 mg</i>	1	NM; OC
<i>megestrol acetate tab 40 mg</i>	1	NM; OC
NILANDRON TAB 150MG	2	NM; OC
<i>nilutamide tab 150 mg</i>	1	NM; OC
NUBEQA TAB 300MG	3	NM; OC
ORGOVYX TAB 120MG	3	NM; OC
ORSERDU TAB 86MG	3	NM; LD, OC
ORSERDU TAB 345MG	3	NM; LD, OC
SOLTAMOX SOL 10MG/5ML	3	OC
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	AGE; OC
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	AGE; OC
<i>toremifene citrate tab 60 mg (base equivalent)</i>	1	OC

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Drug Name	Drug Tier	Requirements/Limits
XTANDI CAP 40MG	3	NM; OC
XTANDI TAB 40MG	3	NM; OC
XTANDI TAB 80MG	3	NM; OC
YONSA TAB 125MG	3	NM; OC
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB 40MG	3	NM; OC
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	3	NM; OC
POMALYST CAP 2MG	3	NM; OC
POMALYST CAP 3MG	3	NM; OC
POMALYST CAP 4MG	3	NM; OC
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB 25MG	3	PA, NM; OC
AYVAKIT TAB 50MG	3	PA, NM; OC
AYVAKIT TAB 100MG	3	PA, NM; OC
AYVAKIT TAB 200MG	3	PA, NM; OC
AYVAKIT TAB 300MG	3	PA, NM; OC
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	3	PA, NM; OC
XPOVIO PAK 50MG	3	PA, NM; OC
XPOVIO PAK 60MG	3	PA, NM; OC
XPOVIO PAK 80MG	3	PA, NM; OC
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	3	NM; OC
LONSURF TAB 15-6.14	3	NM; OC
LONSURF TAB 20-8.19	3	NM; OC
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG	3	NM; OC
AFINITOR DIS TAB 3MG	3	NM; OC
AFINITOR DIS TAB 5MG	3	NM; OC
AFINITOR TAB 2.5MG	3	NM; OC
AFINITOR TAB 5MG	3	NM; OC
AFINITOR TAB 7.5MG	3	NM; OC
AFINITOR TAB 10MG	3	NM; OC
ALECENSA CAP 150MG	3	NM; OC
ALUNBRIG PAK	3	NM; OC
ALUNBRIG TAB 30MG	3	NM; OC
ALUNBRIG TAB 90MG	3	NM; OC
ALUNBRIG TAB 180MG	3	NM; OC
AUGTYRO CAP 40MG	3	SP, NM; LD, OC

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Drug Name	Drug Tier	Requirements/Limits
AUGTYRO CAP 160MG	3	SP, NM; LD, OC
BALVERSA TAB 3MG	3	NM; OC
BALVERSA TAB 4MG	3	NM; OC
BALVERSA TAB 5MG	3	NM; OC
BOSULIF CAP 50MG	3	NM; OC
BOSULIF CAP 100MG	3	NM; OC
BOSULIF TAB 100MG	3	NM; OC
BOSULIF TAB 400MG	3	NM; OC
BOSULIF TAB 500MG	3	NM; OC
BRAFTOVI CAP 75MG	3	NM; OC
BRUKINSA CAP 80MG	3	NM; OC
CABOMETYX TAB 20MG	2	NM; OC
CABOMETYX TAB 40MG	2	NM; OC
CABOMETYX TAB 60MG	2	NM; OC
CALQUENCE TAB 100MG	3	PA, NM; OC
CAPRELSA TAB 100MG	3	NM; OC
CAPRELSA TAB 300MG	3	NM; OC
COMETRIQ KIT 60MG	3	PA, NM; OC
COMETRIQ KIT 100MG	3	PA, NM; OC
COMETRIQ KIT 140MG	3	PA, NM; OC
COPIKTRA CAP 15MG	3	NM; OC
COPIKTRA CAP 25MG	3	NM; OC
COTELLIC TAB 20MG	3	NM; OC
<i>dasatinib tab 20 mg</i>	1	NM; OC
<i>dasatinib tab 50 mg</i>	1	NM; OC
<i>dasatinib tab 70 mg</i>	1	NM; OC
<i>dasatinib tab 80 mg</i>	1	NM; OC
<i>dasatinib tab 100 mg</i>	1	NM; OC
<i>dasatinib tab 140 mg</i>	1	NM; OC
<i>everolimus tab 2.5 mg</i>	1	NM; OC
<i>everolimus tab 5 mg</i>	1	NM; OC
<i>everolimus tab 7.5 mg</i>	1	NM; OC
<i>everolimus tab 10 mg</i>	1	NM; OC
<i>everolimus tab for oral susp 2 mg</i>	1	NM; OC
<i>everolimus tab for oral susp 3 mg</i>	1	NM; OC
<i>everolimus tab for oral susp 5 mg</i>	1	NM; OC
FOTIVDA CAP 0.89MG	3	NM; OC
FOTIVDA CAP 1.34MG	3	NM; OC
GAVRETO CAP 100MG	3	NM; OC
GLEEVEC TAB 100MG	3	NM; OC
GLEEVEC TAB 400MG	3	NM; OC

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Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAP 75MG	2	NM; OC
IBRANCE CAP 100MG	2	NM; OC
IBRANCE CAP 125MG	2	NM; OC
IBRANCE TAB 75MG	2	NM; OC
IBRANCE TAB 100MG	2	NM; OC
IBRANCE TAB 125MG	2	NM; OC
ICLUSIG TAB 10MG	3	NM; OC
ICLUSIG TAB 15MG	3	NM; OC
ICLUSIG TAB 30MG	3	NM; OC
ICLUSIG TAB 45MG	3	NM; OC
IDHIFA TAB 50MG	3	NM; OC
IDHIFA TAB 100MG	3	NM; OC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	1	NM; OC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	1	NM; OC
IMBRUVICA CAP 70MG	3	NM; OC
IMBRUVICA CAP 140MG	3	NM; OC
IMBRUVICA SUS 70MG/ML	3	NM; OC
IMBRUVICA TAB 140MG	3	NM; OC
IMBRUVICA TAB 280MG	3	NM; OC
IMBRUVICA TAB 420MG	3	NM; OC
INREBIC CAP 100MG	3	PA, NM; OC
JAKAFI TAB 5MG	3	PA, NM; OC
JAKAFI TAB 10MG	3	PA, NM; OC
JAKAFI TAB 15MG	3	PA, NM; OC
JAKAFI TAB 20MG	3	PA, NM; OC
JAKAFI TAB 25MG	3	PA, NM; OC
JAYPIRCA TAB 50MG	3	NM; OC
JAYPIRCA TAB 100MG	3	NM; OC
KISQALI TAB 200DOSE	2	NM; OC
KISQALI TAB 400DOSE	2	NM; OC
KISQALI TAB 600DOSE	2	NM; OC
KOSELUGO CAP 10MG	3	PA, NM; OC
KOSELUGO CAP 25MG	3	PA, NM; OC
KRAZATI TAB 200MG	3	NM; OC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	1	NM; OC
LORBRENA TAB 25MG	3	NM; OC
LORBRENA TAB 100MG	3	NM; OC
LUMAKRAS TAB 120MG	3	NM; OC
LUMAKRAS TAB 240MG	3	NM; OC
LUMAKRAS TAB 320MG	3	NM; OC

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Drug Name	Drug Tier	Requirements/Limits
LYNPARZA TAB 100MG	3	NM; OC
LYNPARZA TAB 150MG	3	NM; OC
LYTGOBI TAB 4MG	3	NM; OC
MEKINIST SOL 0.05/ML	3	NM; OC
MEKINIST TAB 0.5MG	3	NM; OC
MEKINIST TAB 2MG	3	NM; OC
MEKTOVI TAB 15MG	3	NM; OC
NERLYNX TAB 40MG	3	NM; OC
NEXAVAR TAB 200MG	3	NM; OC
NINLARO CAP 2.3MG	3	NM; OC
NINLARO CAP 3MG	3	NM; OC
NINLARO CAP 4MG	3	NM; OC
OGSIVEO TAB 50MG	3	NM; OC
OGSIVEO TAB 100MG	3	NM; OC
OGSIVEO TAB 150MG	3	NM; OC
OJEMDA SUS 25MG/ML	3	NM; LD, OC
OJEMDA TAB 100MG	3	NM; LD, OC
OJJAARA TAB 100MG	3	PA, NM; OC
OJJAARA TAB 150MG	3	PA, NM; OC
OJJAARA TAB 200MG	3	PA, NM; OC
<i>pazopanib hcl tab 200 mg (base equiv)</i>	1	NM; OC
PEMAZYRE TAB 4.5MG	3	PA, NM; OC
PEMAZYRE TAB 9MG	3	PA, NM; OC
PEMAZYRE TAB 13.5MG	3	PA, NM; OC
PIQRAY 200MG TAB DOSE	3	NM; OC
PIQRAY 250MG TAB DOSE	3	NM; OC
PIQRAY 300MG TAB DOSE	3	NM; OC
QINLOCK TAB 50MG	3	NM; OC
RETEVMO CAP 40MG	3	PA, NM; OC
RETEVMO CAP 80MG	3	PA, NM; OC
RETEVMO TAB 40MG	3	PA, NM; OC
RETEVMO TAB 80MG	3	PA, NM; OC
RETEVMO TAB 120MG	3	PA, NM; OC
RETEVMO TAB 160MG	3	PA, NM; OC
REZLIDHIA CAP 150MG	3	NM; OC
ROZLYTREK CAP 100MG	3	PA, NM; OC
ROZLYTREK CAP 200MG	3	PA, NM; OC
ROZLYTREK PAK 50MG	3	PA, NM; OC
RUBRACA TAB 200MG	3	NM; OC
RUBRACA TAB 250MG	3	NM; OC
RUBRACA TAB 300MG	3	NM; OC

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Drug Name	Drug Tier	Requirements/Limits
RYDAPT CAP 25MG	3	NM; OC
SCEMBLIX TAB 20MG	3	NM; OC
SCEMBLIX TAB 40MG	3	NM; OC
SCEMBLIX TAB 100MG	3	NM; OC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	1	NM; OC
SPRYCEL TAB 20MG	3	NM; OC
SPRYCEL TAB 50MG	3	NM; OC
SPRYCEL TAB 70MG	3	NM; OC
SPRYCEL TAB 80MG	3	NM; OC
SPRYCEL TAB 100MG	3	NM; OC
SPRYCEL TAB 140MG	3	NM; OC
STIVARGA TAB 40MG	3	NM; OC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	1	NM; OC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	1	NM; OC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	1	NM; OC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	1	NM; OC
SUTENT CAP 12.5MG	3	NM; OC
SUTENT CAP 25MG	3	NM; OC
SUTENT CAP 37.5MG	3	NM; OC
SUTENT CAP 50MG	3	NM; OC
TABRECTA TAB 150MG	3	PA, NM; OC
TABRECTA TAB 200MG	3	PA, NM; OC
TAFINLAR CAP 50MG	3	NM; OC
TAFINLAR CAP 75MG	3	NM; OC
TAFINLAR TAB 10MG	3	NM; OC
TALZENNA CAP 0.1MG	3	NM; OC
TALZENNA CAP 0.5MG	3	NM; OC
TALZENNA CAP 0.25MG	3	NM; OC
TALZENNA CAP 0.35MG	3	NM; OC
TALZENNA CAP 0.75MG	3	NM; OC
TALZENNA CAP 1MG	3	NM; OC
TASIGNA CAP 50MG	3	NM; OC
TASIGNA CAP 150MG	3	NM; OC
TASIGNA CAP 200MG	3	NM; OC
TAZVERIK TAB 200MG	3	PA, NM; OC
TEPMETKO TAB 225MG	3	NM; OC
TIBSOVO TAB 250MG	3	PA, NM; OC
<i>torpenz tab 2.5mg</i>	1	NM; OC
<i>torpenz tab 5mg</i>	1	NM; OC
<i>torpenz tab 7.5mg</i>	1	NM; OC

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Drug Name	Drug Tier	Requirements/Limits
<i>torpenz tab 10mg</i>	1	NM; OC
TRUQAP PAK 160MG	3	NM; OC
TRUQAP PAK 200MG	3	NM; OC
TRUQAP TAB 160MG	3	NM; OC
TRUQAP TAB 200MG	3	NM; OC
TURALIO CAP 125MG	3	PA, NM; OC
TYKERB TAB 250MG	3	NM; OC
VANFLYTA TAB 17.7MG	3	NM; OC
VANFLYTA TAB 26.5MG	3	NM; OC
VERZENIO TAB 50MG	3	NM; OC
VERZENIO TAB 100MG	3	NM; OC
VERZENIO TAB 150MG	3	NM; OC
VERZENIO TAB 200MG	3	NM; OC
VITRAKVI CAP 25MG	3	PA, NM; OC
VITRAKVI CAP 100MG	3	PA, NM; OC
VITRAKVI SOL 20MG/ML	3	PA, NM; OC
VONJO CAP 100MG	3	PA, NM; OC
VORANIGO TAB 10MG	3	NM; LD, OC
VORANIGO TAB 40MG	3	NM; LD, OC
VOTRIENT TAB 200MG	3	NM; OC
XALKORI CAP 20MG	3	NM; OC
XALKORI CAP 50MG	3	NM; OC
XALKORI CAP 150MG	3	NM; OC
XALKORI CAP 200MG	3	NM; OC
XALKORI CAP 250MG	3	NM; OC
XOSPATA TAB 40MG	3	PA, NM; OC
ZEJULA TAB 100MG	3	NM; OC
ZEJULA TAB 200MG	3	NM; OC
ZEJULA TAB 300MG	3	NM; OC
ZELBORAF TAB 240MG	3	NM; OC
ZOLINZA CAP 100MG	3	PA, NM; OC
ZYDELIG TAB 100MG	3	NM; OC
ZYDELIG TAB 150MG	3	NM; OC
ZYKADIA TAB 150MG	3	NM; OC
ANTINEOPLASTIC ENZYMES		
ONCASPAR INJ 750/ML	3	SP, NM
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	3	SP
BESREMI SOL 500MCG	3	
<i>bexarotene cap 75 mg</i>	1	NM; OC
HYDREA CAP 500MG	3	NM; OC

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyurea cap 500 mg</i>	1	NM; OC
MATULANE CAP 50MG	2	NM; LD, OC
TARGRETIN CAP 75MG	3	NM; OC
<i>tretinoin cap 10 mg</i>	1	NM; OC
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TAB 192MG	3	OC
<i>leucovorin calcium inj 100 mg/10ml (10 mg/ml)</i>	1	NM
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	1	NM
<i>leucovorin calcium tab 5 mg</i>	1	NM; OC
<i>leucovorin calcium tab 10 mg</i>	1	NM; OC
<i>leucovorin calcium tab 15 mg</i>	1	NM; OC
<i>leucovorin calcium tab 25 mg</i>	1	NM; OC
<i>mesna tab 400 mg</i>	1	NM; OC
MESNEX TAB 400MG	3	NM; OC
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	1	NM; OC
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	3	NM; OC
HYCAMTIN CAP 1MG	3	NM; OC
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	
LODOSYN TAB 25MG	3	
NOURIANZ TAB 20MG	3	
NOURIANZ TAB 40MG	3	
ANTIPARKINSON ANTICHOLINERGICS		
<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	
<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	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
<i>entacapone tab 200 mg</i>	1	
ONGENTYS CAP 25MG	3	
ONGENTYS CAP 50MG	3	
TASMAR TAB 100MG	3	
<i>tolcapone tab 100 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON DOPAMINERGICS		
<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	
APOKYN INJ 10MG/ML	3	SP, PA, NM
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	1	PA, NM
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
CREXONT CAP 35-140MG	3	
CREXONT CAP 52.5-210	3	
CREXONT CAP 70-280MG	3	
CREXONT CAP 87.5-350	3	
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	3	
INBRIJA CAP 42MG	3	SP; LD
KYNMOBI MIS 10MG	3	NM
KYNMOBI MIS 15MG	3	NM
KYNMOBI MIS 20MG	3	NM

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Drug Name	Drug Tier	Requirements/Limits
KYNMOBI MIS 25MG	3	NM
KYNMOBI MIS 30MG	3	NM
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>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
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>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<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>	1	

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Drug Name	Drug Tier	Requirements/Limits
LITHOBID TAB 300MG CR	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP 10.5MG	3	
CAPLYTA CAP 21MG	3	
CAPLYTA CAP 42MG	3	
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
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 1.5MG	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	
BENZISOXAZOLES		
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>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<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>	1	NM
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	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>	1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	NM
<i>clozapine orally disintegrating tab 25 mg</i>	1	NM
<i>clozapine orally disintegrating tab 100 mg</i>	1	NM
<i>clozapine orally disintegrating tab 150 mg</i>	1	NM
<i>clozapine orally disintegrating tab 200 mg</i>	1	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
CLOZARIL TAB 25MG	3	NM
CLOZARIL TAB 100MG	3	NM

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>olanzapine for im inj 10 mg</i>	1	NM
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<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>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
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	

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Drug Name	Drug Tier	Requirements/Limits
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	
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 sup 25mg</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	

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY TAB 10MG	3	
ABILIFY TAB 15MG	3	
ABILIFY TAB 20MG	3	
ABILIFY TAB 30MG	3	
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
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>	1	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	
APTIVUS CAP 250MG	2	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	
BIKTARVY TAB	2	
CABENUVA SUS 400-600	2	NM
CABENUVA SUS 600-900	2	NM
CIMDUO TAB 300-300	2	
COMBIVIR TAB 150-300	3	
COMPLERA TAB	3	
<i>darunavir tab 600 mg</i>	1	
<i>darunavir tab 800 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO TAB	3	
DESCOVY TAB 120-15MG	2	
DESCOVY TAB 200/25MG	2	
DOVATO TAB 50-300MG	2	
EDURANT TAB 25MG	2	
<i>efavirenz tab 600 mg</i>	1	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	
<i>emtricitabine caps 200 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	
EMTRIVA CAP 200MG	2	
EMTRIVA SOL 10MG/ML	2	
EPIVIR SOL 10MG/ML	3	
EPIVIR TAB 150MG	3	
EPIVIR TAB 300MG	3	
EPZICOM TAB 600-300	2	
<i>etravirine tab 100 mg</i>	1	
<i>etravirine tab 200 mg</i>	1	
EVOTAZ TAB 300-150	3	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	
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	

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Drug Name	Drug Tier	Requirements/Limits
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>	1	
<i>lamivudine tab 150 mg</i>	1	
<i>lamivudine tab 300 mg</i>	1	
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	
LEXIVA SUS 50MG/ML	3	
LEXIVA TAB 700MG	3	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	
<i>maraviroc tab 150 mg</i>	1	
<i>maraviroc tab 300 mg</i>	1	
<i>nevirapine susp 50 mg/5ml</i>	1	
<i>nevirapine tab 200 mg</i>	1	
<i>nevirapine tab er 24hr 400 mg</i>	1	
NORVIR CAP 100MG	2	
NORVIR POW 100MG	2	
NORVIR TAB 100MG	2	
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>	1	
RUKOBIA TAB 600MG ER	3	
SELZENTRY SOL 20MG/ML	2	
SELZENTRY TAB 150MG	2	
SELZENTRY TAB 300MG	2	

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

Drug Name	Drug Tier	Requirements/Limits
STRIBILD TAB	2	
SUNLENCA TAB 300MG	3	NM
SYMFI LO TAB	3	
SYMFI TAB	3	
SYMTUZA TAB	2	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	
TIVICAY PD TAB 5MG	3	
TIVICAY TAB 50MG	3	
TRIUMEQ PD TAB	2	
TRIUMEQ TAB	2	
TYBOST TAB 150MG	3	
VIRACEPT TAB 250MG	2	
VIRACEPT TAB 625MG	2	
VIREAD POW 40MG/GM	2	
VIREAD TAB 150MG	2	
VIREAD TAB 200MG	2	
VIREAD TAB 250MG	2	
VIREAD TAB 300MG	2	
ZIAGEN SOL 20MG/ML	3	
ZIAGEN TAB 300MG	3	
<i>zidovudine cap 100 mg</i>	1	
<i>zidovudine syrup 10 mg/ml</i>	1	
<i>zidovudine tab 300 mg</i>	1	
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	3	QL (40 ea every 30 days), NM
PAXLOVID TAB 300-100	3	QL (60 ea every 30 days), NM
CMV AGENTS		
LIVTENCITY TAB 200MG	3	
PREVYMIS PAK 20MG	3	
PREVYMIS PAK 120MG	3	
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	1	SP
BARACLUDE SOL	3	SP
BARACLUDE TAB 0.5MG	3	SP

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Drug Name	Drug Tier	Requirements/Limits
BARACLUDE TAB 1MG	3	SP
<i>entecavir tab 0.5 mg</i>	1	SP
<i>entecavir tab 1 mg</i>	1	SP
EPCLUSA PAK 150-37.5	2	SP, PA, NM
EPCLUSA PAK 200-50MG	2	SP, PA, NM
EPCLUSA TAB 200-50MG	2	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 45-200MG	2	PA, NM
HARVONI TAB 90-400MG	2	SP, PA, NM
<i>lamivudine tab 100 mg (hbv)</i>	1	SP
LEDIP-SOFOSB TAB 90-400MG	2	SP, PA, NM
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>	1	SP, PA, NM
<i>ribavirin tab 200 mg</i>	1	PA, NM
SOVALDI PAK 150MG	3	SP, PA, NM
SOVALDI PAK 200MG	3	SP, PA, NM
SOVALDI TAB 200MG	3	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>	1	NM
<i>famciclovir tab 250 mg</i>	1	NM
<i>famciclovir tab 500 mg</i>	1	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
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Drug Name	Drug Tier	Requirements/Limits
<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
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 tabs every 180 days), NM
XOFLUZA TAB 80MG	3	QL (2 tabs every 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>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
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	
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	
BETA BLOCKERS NON-SELECTIVE		
BETAPACE AF TAB 80MG	3	
BETAPACE AF TAB 120MG	3	
BETAPACE AF TAB 160MG	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
<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 tab 80mg</i>	1	
<i>sorine tab 120mg</i>	1	
<i>sorine tab 160mg</i>	1	
<i>sorine tab 240mg</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	
SOTYLIZE SOL 5MG/ML	3	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

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

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Drug Name	Drug Tier	Requirements/Limits
<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>	1	
<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 tab 180mg/24</i>	1	
<i>matzim la tab 240mg/24</i>	1	
<i>matzim la tab 300mg/24</i>	1	
<i>matzim la tab 360mg/24</i>	1	
<i>matzim la tab 420mg/24</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	
<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>	1	NM
<i>nimodipine oral soln 60 mg/20ml (3 mg/ml)</i>	1	NM
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine tab er 24hr 40 mg</i>	1	
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 cap 120mg/24</i>	1	
<i>taztia xt cap 180mg/24</i>	1	
<i>taztia xt cap 240mg/24</i>	1	
<i>taztia xt cap 300mg er</i>	1	
<i>taztia xt cap 360mg/24</i>	1	
<i>tiadytl cap 120mg/24</i>	1	
<i>tiadytl cap 180mg/24</i>	1	
<i>tiadytl cap 240mg/24</i>	1	
<i>tiadytl cap 300mg/24</i>	1	
<i>tiadytl cap 360mg/24</i>	1	
<i>tiadytl cap 420mg/24</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	
VERAPAMIL CAP 100MG ER	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	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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>digoxin inj 0.25 mg/ml</i>	1	NM
<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	

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAP 2.5MG	3	SP, PA, QL (30 caps every 30 days)
CAMZYOS CAP 5MG	3	SP, PA, QL (30 caps every 30 days)
CAMZYOS CAP 10MG	3	SP, PA, QL (30 caps every 30 days)
CAMZYOS CAP 15MG	3	SP, PA, QL (30 caps every 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	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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 CAP 6-6MG	3	
ENTRESTO CAP 15-16MG	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>	1	
OPSYNVI TAB 10-20MG	3	PA
OPSYNVI TAB 10-40MG	3	PA
<i>sacubitril-valsartan tab 24-26 mg</i>	1	
<i>sacubitril-valsartan tab 49-51 mg</i>	1	
<i>sacubitril-valsartan tab 97-103 mg</i>	1	
IMPOTENCE AGENTS		
CAVERJECT IM KIT 10MCG	3	QL (6 each every 30 days), NM
CAVERJECT IM KIT 20MCG	3	QL (6 kits every 30 days), NM
CAVERJECT INJ 20MCG	3	QL (6 vials every 30 days), NM
CAVERJECT INJ 40MCG	3	QL (6 vials 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

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Drug Name	Drug Tier	Requirements/Limits
EDEX KIT 40MCG	3	QL (6 kits every 30 days), NM
<i>sildenafil citrate tab 25 mg</i>	1	QL (4 tabs every 30 days), NM
<i>sildenafil citrate tab 50 mg</i>	1	QL (4 tabs every 30 days), NM
<i>sildenafil citrate tab 100 mg</i>	1	QL (4 tabs every 30 days), NM
<i>tadalafil tab 2.5 mg</i>	1	PA, QL (4 tabs every 30 days)
<i>tadalafil tab 5 mg</i>	1	PA, QL (4 tabs every 30 days)
<i>tadalafil tab 10 mg</i>	1	QL (4 tabs every 30 days), NM
<i>tadalafil tab 20 mg</i>	1	QL (4 tabs every 30 days), NM
<i>varденаfil hcl orally disintegrating tab 10 mg</i>	1	QL (4 tabs every 30 days), NM
<i>varденаfil hcl tab 2.5 mg</i>	1	QL (4 tabs every 30 days), NM
<i>varденаfil hcl tab 5 mg</i>	1	QL (4 tabs every 30 days), NM
<i>varденаfil hcl tab 10 mg</i>	1	QL (4 tabs every 30 days), NM
<i>varденаfil hcl tab 20 mg</i>	1	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 16MCG	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 RF KT SOL 0.6MG/ML	3	SP, PA

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Drug Name	Drug Tier	Requirements/Limits
TYVASO SOL 0.6MG/ML	3	SP, PA
TYVASO ST KT SOL 0.6MG/ML	3	SP, PA
VENTAVIS SOL 10MCG/ML	3	SP, PA
VENTAVIS SOL 20MCG/ML	3	SP, PA
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR INJ 45MG	3	PA, NM
WINREVAIR INJ 60MG	3	PA, NM
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	1	SP, PA
<i>ambrisentan tab 10 mg</i>	1	SP, PA
<i>bosentan tab 62.5 mg</i>	1	PA
<i>bosentan tab 125 mg</i>	1	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
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TAB 20MG	3	SP, PA
<i>alyq tab 20mg</i>	1	SP, PA
REVATIO SUS 10MG/ML	3	SP, PA
REVATIO TAB 20MG	3	SP, PA
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	SP, PA
<i>sildenafil citrate tab 20 mg</i>	1	SP, PA
<i>tadalafil tab 20 mg (pah)</i>	1	SP, PA
TADLIQ SUS 20MG/5ML	3	SP, PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
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
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	3	SP, PA
ADEMPAS TAB 1.5MG	3	SP, PA

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Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TAB 1MG	3	SP, PA
ADEMPAS TAB 2.5MG	3	SP, PA
ADEMPAS TAB 2MG	3	SP, PA
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	3	
CORLANOR TAB 7.5MG	3	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	1	
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	1	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	3	SP, PA
VYNDAQEL CAP 20MG	3	SP, PA
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 250 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

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Drug Name	Drug Tier	Requirements/Limits
<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 cap 400 mg</i>	1	NM
<i>cefixime for susp 100 mg/5ml</i>	1	NM
<i>cefixime for susp 200 mg/5ml</i>	1	NM
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	NM
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	NM
<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>	1	NM
<i>ceftazidime for inj 6 gm</i>	1	NM
<i>ceftriaxone sodium for inj 1 gm</i>	1	PA, NM
<i>ceftriaxone sodium for inj 2 gm</i>	1	PA, NM
<i>ceftriaxone sodium for inj 250 mg</i>	1	QL (4 vials every 23 days), NM
<i>ceftriaxone sodium for inj 500 mg</i>	1	QL (8 vials every 23 days), NM
<i>tazicef inj 1gm</i>	1	NM

CEPHALOSPORINS - 4TH GENERATION

<i>cefepime hcl for inj 1 gm</i>	1	NM
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CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

<i>afirmelle tab 0.1-0.02</i>	1	
<i>altavera tab</i>	1	
<i>alyacen tab 1/35</i>	1	
<i>alyacen tab 7/7/7</i>	1	
<i>amethia tab</i>	1	
<i>amethyst tab 90-20mcg</i>	1	
<i>apri tab</i>	1	
<i>aranelle tab</i>	1	
<i>ashlyna tab</i>	1	
<i>aubra eq tab 0.1-0.02</i>	1	
<i>aurovela 24 tab fe 1/20</i>	1	
<i>aurovela fe tab 1.5/30</i>	1	
<i>aurovela fe tab 1/20</i>	1	
<i>aurovela tab 1.5/30</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>aurovela tab 1/20</i>	1	
<i>aviane tab</i>	1	
<i>ayuna tab</i>	1	
<i>azurette tab</i>	1	
<i>balziva tab</i>	1	
BEYAZ TAB	3	
<i>blisovi 24 tab fe 1/20</i>	1	
<i>blisovi fe tab 1.5/30</i>	1	
<i>blisovi fe tab 1/20</i>	1	
<i>briellyn tab</i>	1	
<i>camrese lo tab</i>	1	
<i>camrese tab</i>	1	
<i>charlotte 24 chw fe 1/20</i>	1	
<i>chateal eq tab 0.15/30</i>	1	
<i>cryselle-28 tab 28 tabs</i>	1	
<i>cyred eq tab</i>	1	
<i>cyred tab</i>	1	
<i>dasetta tab 1/35</i>	1	
<i>dasetta tab 7/7/7</i>	1	
<i>daysee tab</i>	1	
<i>delyla tab 0.1-0.02</i>	1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</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 tab</i>	1	
<i>enpresse-28 tab</i>	1	
<i>enskyce tab</i>	1	
<i>estarylla tab 0.25-35</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>falmina tab</i>	1	
<i>fayosim tab</i>	1	
<i>feirza tab 1.5/30</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>feirza tab 1/20</i>	1	
<i>finzala chw fe 1/20</i>	1	
<i>gemmily cap 1/20</i>	1	
<i>hailey 24 tab fe</i>	1	
<i>hailey fe tab 1.5/30</i>	1	
<i>hailey fe tab 1/20</i>	1	
<i>hailey tab 1.5/30</i>	1	
<i>iclevia tab</i>	1	
<i>introvale tab</i>	1	
<i>isibloom tab</i>	1	
<i>jaimiess tab</i>	1	
<i>jasmiel tab 3-0.02mg</i>	1	
<i>jolessa tab</i>	1	
<i>juleber tab</i>	1	
<i>junel 1.5/30 tab</i>	1	
<i>junel 1/20 tab</i>	1	
<i>junel fe 24 tab 1/20</i>	1	
<i>junel fe tab 1.5/30</i>	1	
<i>junel fe tab 1/20</i>	1	
<i>kaitlib fe chw</i>	1	
<i>kalliga tab</i>	1	
<i>kariva tab 28 day</i>	1	
<i>kelnor 1/50 tab</i>	1	
<i>kelnor tab 1/35</i>	1	
<i>kurvelo tab 0.15/30</i>	1	
<i>larin 24 tab fe 1/20</i>	1	
<i>larin fe tab 1.5/30</i>	1	
<i>larin fe tab 1/20</i>	1	
<i>larin tab 1.5/30</i>	1	
<i>larin tab 1/20</i>	1	
<i>layolis fe chw</i>	1	
<i>leena tab</i>	1	
<i>lessina tab</i>	1	
<i>levonest tab</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol (91-day) tab</i> <i>0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20</i> <i>mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-</i> <i>30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-</i> <i>40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous)</i> <i>tab 90-20 mcg</i>	1	
<i>levora-28 tab 0.15/30</i>	1	
LO LOESTRIN TAB 1-10-10	2	
<i>lo-zumandimi tab 3-0.02mg</i>	1	
<i>loestrin 21 tab 1.5/30</i>	1	
<i>loestrin fe tab 1.5/30</i>	1	
<i>loestrin fe tab 1/20</i>	1	
<i>loestrin tab 1/20-21</i>	1	
<i>lojaimiess tab</i>	1	
<i>loryna tab 3-0.02mg</i>	1	
LOSEASONIQUE TAB	3	
<i>low-ogestrel tab</i>	1	
<i>lutra tab</i>	1	
<i>marlissa tab 0.15/30</i>	1	
<i>merzee cap 1/20</i>	1	
<i>mibelas 24 chw fe</i>	1	
<i>micrgstin 24 tab fe 1/20</i>	1	
<i>microgestin tab 1.5/30</i>	1	
<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 tab 0.25/35</i>	1	
MINASTRIN 24 CHW FE	3	
MIRCETTE TAB 28 DAY	3	
<i>mono-linyah tab 0.25-35</i>	1	
NATAZIA TAB	3	
<i>necon tab 0.5/35</i>	1	
NEXTSTELLIS TAB 3-14.2MG	3	
<i>nikki tab 3-0.02mg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab</i> <i>0.4 mg-35 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>nortrel tab 0.5/35</i>	1	
<i>nortrel tab 1/35</i>	1	
<i>nortrel tab 7/7/7</i>	1	
<i>nylia tab 1/35</i>	1	
<i>nylia tab 7/7/7</i>	1	
<i>nymyo tab 0.25-35</i>	1	
<i>ocella tab 3-0.03mg</i>	1	
<i>philith tab 0.4-35</i>	1	
<i>pimtreea tab</i>	1	
<i>portia-28 tab</i>	1	
QUARTETTE TAB	3	
<i>reclipsen tab</i>	1	
<i>rivelsa tab</i>	1	
SAFYRAL TAB	3	
SEASONIQUE TAB	3	
<i>setlakin tab</i>	1	
<i>simliya tab 28 day</i>	1	
<i>simpesse tab</i>	1	
<i>sprintec 28 tab 28 day</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sronyx tab</i>	1	
<i>syeda tab 3-0.03mg</i>	1	
<i>tarina 24 fe tab</i>	1	
<i>tarina fe tab 1/20 eq</i>	1	
<i>taysofy cap 1/20</i>	1	
TAYTULLA CAP 1MG/20MC	3	
<i>tilia fe tab</i>	1	
<i>tri-estaryll tab</i>	1	
<i>tri-legest tab fe</i>	1	
<i>tri-linyah tab</i>	1	
<i>tri-lo tab estaryll</i>	1	
<i>tri-lo- tab marzia</i>	1	
<i>tri-lo- tab sprintec</i>	1	
<i>tri-lo-mili tab</i>	1	
<i>tri-mili tab</i>	1	
<i>tri-nymyo tab</i>	1	
<i>tri-sprintec tab</i>	1	
<i>tri-vylibra tab</i>	1	
<i>tri-vylibra tab lo</i>	1	
<i>trivora-28 tab</i>	1	
<i>turqoz tab</i>	1	
<i>tydemy tab</i>	1	
<i>valtya 1/50 tab</i>	1	
<i>velivet pak</i>	1	
<i>vestura tab 3-0.02mg</i>	1	
<i>vienva tab 0.1-20</i>	1	
<i>viorele tab</i>	1	
<i>volnea tab</i>	1	
<i>vyfemla tab 0.4-35</i>	1	
<i>vylibra tab 0.25-35</i>	1	
<i>wera tab 0.5/35</i>	1	
<i>wymzya fe chw 0.4mg-35</i>	1	
<i>xarah fe tab</i>	1	
YASMIN 28 TAB 3-0.03MG	3	
YAZ TAB 3-0.02MG	3	
<i>zovia 1/35 tab</i>	1	
<i>zumandimine tab 3-0.03mg</i>	1	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
TWIRLA DIS 120-30	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>xulane dis 150-35</i>	1	
<i>zafemy dis 150/35</i>	1	
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>eluryng mis</i>	1	
<i>enilloring mis</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	
<i>haloette mis</i>	1	
NUVARING MIS	3	
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	3	NM
<i>levonorgestrel tab 1.5 mg</i>	1	OTC, NM
PLAN B TAB 1.5MG	3	OTC, NM
PROGESTIN CONTRACEPTIVES - INJECTABLE		
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
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila tab 0.35mg</i>	1	
<i>deblitane tab 0.35mg</i>	1	
<i>emzahh tab 0.35mg</i>	1	
<i>errin tab 0.35mg</i>	1	
<i>heather tab 0.35mg</i>	1	
<i>incassia tab 0.35mg</i>	1	
<i>jencycla tab 0.35mg</i>	1	
<i>lyleq tab 0.35mg</i>	1	
<i>lyza tab 0.35mg</i>	1	
<i>nora-be tab 0.35mg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norlyroc tab 0.35mg</i>	1	
OPILL TAB 0.075MG	2	OTC
<i>sharobel tab 0.35mg</i>	1	
SLYND TAB 4MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		

AGAMREE SUS 40MG/ML	3	PA, NM
<i>budesonide delayed release particles cap 3 mg</i>	1	NM
<i>budesonide tab er 24hr 9 mg</i>	1	NM
CORTEF TAB 5MG	3	NM
CORTEF TAB 10MG	3	NM
CORTEF TAB 20MG	3	NM
<i>deflazacort susp 22.75 mg/ml</i>	1	PA, NM
<i>deflazacort tab 6 mg</i>	1	SP, PA, NM
<i>deflazacort tab 18 mg</i>	1	SP, PA, NM
<i>deflazacort tab 30 mg</i>	1	SP, PA, NM
<i>deflazacort tab 36 mg</i>	1	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
<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	PA, NM
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
EOHILIA SUS 2MG/10ML	3	NM
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	1	NM
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	1	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>	1	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>prednisolone tab 5 mg</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
<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 2GM	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
MINERALOCORTICIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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COUGH/COLD/ALLERGY

ANTITUSSIVES

<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 syp 5-1.5/5</i>	1	NM

COUGH/COLD/ALLERGY COMBINATIONS

<i>bromfed dm sol 2-30-10</i>	1	NM
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	ST, 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>promethazine & phenylephrine syrup 6.25-5 mg/5ml</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

MISC. RESPIRATORY INHALANTS

<i>sodium chloride soln nebu 0.9%</i>	1	NM
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MUCOLYTICS

<i>acetylcysteine inhal soln 10%</i>	1	NM
<i>acetylcysteine inhal soln 20%</i>	1	NM

DERMATOLOGICALS

ACNE PRODUCTS

<i>accutane cap 10mg</i>	1	NM
<i>accutane cap 20mg</i>	1	NM
<i>accutane cap 30mg</i>	1	NM
<i>accutane cap 40mg</i>	1	NM
<i>adapalene cream 0.1%</i>	1	NM
<i>adapalene gel 0.1%</i>	1	NM
<i>adapalene gel 0.3%</i>	1	NM
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	NM
<i>amneestem cap 10mg</i>	1	NM
<i>amneestem cap 20mg</i>	1	NM
<i>amneestem cap 40mg</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	NM
<i>bp 10-1 emu</i>	1	NM
<i>claravis cap 10mg</i>	1	NM
<i>claravis cap 20mg</i>	1	NM
<i>claravis cap 30mg</i>	1	NM
<i>claravis cap 40mg</i>	1	NM
CLEOCIN-T LOT 1%	3	NM
<i>clindacin mis etz 1%</i>	1	NM
<i>clindacin-p pad 1%</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>	1	NM
<i>ery pad 2%</i>	1	NM
<i>erythromycin gel 2%</i>	1	NM
<i>erythromycin soln 2%</i>	1	NM
<i>isotretinoin cap 10 mg</i>	1	NM
<i>isotretinoin cap 20 mg</i>	1	NM
<i>isotretinoin cap 25 mg</i>	1	NM
<i>isotretinoin cap 30 mg</i>	1	NM
<i>isotretinoin cap 35 mg</i>	1	NM
<i>isotretinoin cap 40 mg</i>	1	NM
KLARON LOT 10%	3	NM
SOD SUL/SULF EMU 10-5%	3	NM
<i>sss 10-5 aer 10-5%</i>	1	NM
<i>sss cre 10%-5%</i>	1	NM
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	NM
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i>	1	NM
<i>sulfacetamide sodium w/ sulfur cleanser 9- 4.5%</i>	1	NM
<i>sulfacetamide sodium w/ sulfur cleanser 9.8- 4.8%</i>	1	NM
<i>sulfacetamide sodium w/ sulfur cleanser 10- 2%</i>	1	NM
<i>sulfacetamide sodium w/ sulfur cleanser 10- 5%</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	1	NM
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i>	1	NM
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	1	NM
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	1	NM
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i>	1	NM
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	1	NM
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	1	NM
<i>sulfacleanse sus 8-4%</i>	1	NM
<i>sulfamez emu 10-1%</i>	1	NM
<i>tretinoin cream 0.1%</i>	1	NM
<i>tretinoin cream 0.05%</i>	1	NM
<i>tretinoin cream 0.025%</i>	1	NM
<i>tretinoin gel 0.01%</i>	1	NM
<i>tretinoin gel 0.05%</i>	1	NM
<i>tretinoin gel 0.025%</i>	1	NM
<i>WINLEVI CRE 1%</i>	3	NM
<i>zenatane cap 10mg</i>	1	NM
<i>zenatane cap 20mg</i>	1	NM
<i>zenatane cap 30mg</i>	1	NM
<i>zenatane cap 40mg</i>	1	NM

AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS

<i>VEREGEN OIN 15%</i>	3	NM
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ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>diclofenac epolamine patch 1.3%</i>	1	NM
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1	NM
<i>diclofenac sodium soln 1.5%</i>	1	NM
<i>diclofenac sodium soln 2%</i>	1	NM
<i>FLECTOR DIS 1.3%</i>	3	NM

ANTIBIOTICS - TOPICAL

<i>gentamicin sulfate oint 0.1%</i>	1	NM
<i>mupirocin oint 2%</i>	1	NM

ANTIFUNGALS - TOPICAL

<i>ciclodan sol 8%</i>	1	QL (20 mL every year), NM
<i>ciclopirox gel 0.77%</i>	1	NM
<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

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Drug Name	Drug Tier	Requirements/Limits
<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>	1	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>klayesta pow 100000</i>	1	NM
<i>luliconazole cream 1%</i>	1	NM
LUZU CRE 1%	3	NM
<i>naftifine hcl cream 1%</i>	1	NM
<i>naftifine hcl cream 2%</i>	1	NM
<i>naftifine hcl gel 2%</i>	1	NM
NAFTIN GEL 1%	3	NM
NAFTIN GEL 2%	3	NM
<i>nyamyc pow 100000</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 pow 100000</i>	1	NM
<i>sulconazole nitrate cream 1%</i>	1	NM
<i>sulconazole nitrate solution 1%</i>	1	NM
<i>tavaborole soln 5%</i>	1	PA, NM
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene gel 1%</i>	1	NM
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	QL (100 grams per 365 days), NM
EFUDEX CRE 5%	3	NM
<i>fluorouracil cream 0.5%</i>	1	NM
<i>fluorouracil cream 5%</i>	1	NM
<i>fluorouracil soln 2%</i>	1	NM
<i>fluorouracil soln 5%</i>	1	NM
PANRETIN GEL 0.1%	2	NM

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Drug Name	Drug Tier	Requirements/Limits
TARGRETIN GEL 1%	3	NM
TOLAK CRE 4%	3	NM
VALCHLOR GEL 0.016%	3	PA, NM

ANTIPRURITICS - TOPICAL

<i>doxepin hcl cream 5%</i>	1	QL (45 grams per 365 days), NM
PRUDOXIN CRE 5%	3	QL (45 grams per 365 days), NM
ZONALON CRE 5%	3	QL (45 grams per 365 days), NM

ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	1	NM
<i>acitretin cap 17.5 mg</i>	1	NM
<i>acitretin cap 25 mg</i>	1	NM
<i>calcipotriene cream 0.005%</i>	1	QL (60 gm every 30 days), NM
<i>calcipotriene oint 0.005%</i>	1	QL (60 gm every 30 days), NM
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	QL (60 mL every 30 days), NM
<i>calcitrene oin 0.005%</i>	1	QL (60 gm every 30 days), NM
<i>calcitriol oint 3 mcg/gm</i>	1	NM
COSENTYX INJ 75MG/0.5	2	SP, PA, QL (1 syringe every 28 days)
COSENTYX INJ 150MG/ML	2	SP, PA, QL (1 syringe every 28 days)
COSENTYX INJ 300DOSE	2	SP, PA, QL (2 syringes every 28 days)
COSENTYX PEN INJ 150MG/ML	2	SP, PA, QL (1 pen every 28 days)
COSENTYX PEN INJ 300DOSE	2	SP, PA, QL (2 pens every 28 days)
COSENTYX UNO INJ 300/2ML	2	SP, PA, QL (1 pen every 28 days)
<i>methoxsalen rapid cap 10 mg</i>	1	NM
SKYRIZI INJ 150MG/ML	2	SP, PA, QL (1 syringe every 63 days)
SKYRIZI PEN INJ 150MG/ML	2	SP, PA, QL (1 pen every 63 days)

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Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 45MG/0.5	2	SP, PA, QL (1 syringe every 84 days)
STELARA INJ 45MG/0.5	2	SP, PA, QL (1 vial every 84 days)
STELARA INJ 90MG/ML	2	SP, PA, QL (1 syringe every 56 days)
<i>tazarotene cream 0.1%</i>	1	NM
<i>tazarotene cream 0.05%</i>	1	NM
<i>tazarotene gel 0.1%</i>	1	NM
<i>tazarotene gel 0.05%</i>	1	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, QL (1 pen every 56 days)
TREMFYA INJ 100MG/ML	2	SP, PA, QL (1 syringe every 56 days)
TREMFYA INJ 200/2ML	2	SP, PA, QL (1 pen every 28 days)
TREMFYA INJ 200/2ML	2	SP, PA, QL (1 syringe every 28 days)
ZORYVE CRE 0.3%	3	NM
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotion 2.5%</i>	1	NM
<i>selenium sulfide shampoo 2.3%</i>	1	NM
<i>selenium sulfide shampoo 2.25%</i>	1	NM
<i>sulfacetamide sodium cleansing gel 10%</i>	1	NM
<i>sulfacetamide sodium liquid 10%</i>	1	NM
<i>sulfacetamide sodium shampoo 10%</i>	1	NM
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	NM
DENAVIR CRE 1%	3	NM
<i>penciclovir cream 1%</i>	1	NM
ZOVIRAX OIN 5%	3	NM
BURN PRODUCTS		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	NM
SILVADENE CRE 1%	3	NM
<i>silver sulfadiazine cream 1%</i>	1	NM
<i>ssd cre 1%</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
SULFAMYLYON CRE 85MG/GM	3	NM
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	1	NM
<i>alclometasone dipropionate oint 0.05%</i>	1	NM
<i>amcinonide cream 0.1%</i>	1	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 e cre 0.05%</i>	1	NM
<i>clobetasol propionate cream 0.05%</i>	1	NM
<i>clobetasol propionate gel 0.05%</i>	1	NM
<i>clobetasol propionate lotion 0.05%</i>	1	NM
<i>clobetasol propionate oint 0.05%</i>	1	QL (120 gm every 30 days), NM
<i>clobetasol propionate soln 0.05%</i>	1	NM
DERMA-SMOOTH OIL /FS BODY	3	NM
DERMA-SMOOTH OIL /FS SCLP	3	NM
<i>desonide cream 0.05%</i>	1	NM
<i>desonide lotion 0.05%</i>	1	NM
<i>desonide oint 0.05%</i>	1	NM
DESOWEN CRE 0.05%	3	NM
<i>desoximetasone cream 0.05%</i>	1	NM
<i>desoximetasone cream 0.25%</i>	1	NM
<i>desoximetasone gel 0.05%</i>	1	NM
<i>desoximetasone spray 0.25%</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>diflorasone diacetate oint 0.05%</i>	1	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>	1	NM
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	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>	1	QL (60 gm every 30 days), NM
<i>flurandrenolide lotion 0.05%</i>	1	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>	1	NM
<i>halobetasol propionate oint 0.05%</i>	1	NM
<i>hydrocortisone butyrate cream 0.1%</i>	1	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
<i>texacort sol 2.5%</i>	3	NM
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	1	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

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

Drug Name	Drug Tier	Requirements/Limits
<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 cre 0.5%</i>	1	NM
TRIDESILON CRE 0.05%	3	NM

ECZEMA AGENTS

DUPIXENT INJ 200/1.14	2	SP, PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	2	SP, PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	2	SP, PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	2	SP, PA, QL (4 syringes every 28 days)

EMOLLIENT/KERATOLYTIC AGENTS

CEM-UREA SOL 45%	2	NM
HYDRO 40 AER FOAM	3	NM
<i>umecta mouss aer 40%</i>	1	NM
<i>urea cream 39%</i>	1	NM
<i>urea cream 40%</i>	1	NM
<i>urea cream 41%</i>	1	NM
<i>urea cream 45%</i>	1	NM
<i>urea cream 47%</i>	1	NM
<i>urea hydrati aer 35%</i>	1	NM
<i>urea lotion 40%</i>	1	NM
<i>urea nail gel 45%</i>	1	NM
<i>xurea cre 39%</i>	1	NM

ENZYMES - TOPICAL

SANTYL OIN 250/GM	3	QL (90 gm every 30 days), NM
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HAIR GROWTH AGENTS

LITFULO CAP 50MG	3	SP, PA, NM
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IMMUNOMODULATING AGENTS - TOPICAL

<i>imiquimod cream 5%</i>	1	NM
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IMMUNOSUPPRESSIVE AGENTS - TOPICAL

ELIDEL CRE 1%	3	NM
HYFTOR GEL 0.2%	3	NM
<i>pimecrolimus cream 1%</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus oint 0.1%</i>	1	NM
<i>tacrolimus oint 0.03%</i>	1	NM
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL 0.5%	3	NM
PODOCON-25 SOL	3	NM
<i>podofilox gel 0.5%</i>	1	NM
<i>podofilox soln 0.5%</i>	1	NM
PYROGALL ACD OIN	2	NM
<i>salicylic acid er film-forming soln 28.5%</i>	1	NM
LOCAL ANESTHETICS - TOPICAL		
<i>glydo gel 2%</i>	1	NM
<i>lido-sorb lot 3%</i>	1	NM
<i>lidocaine hcl cream 3%</i>	1	NM
<i>lidocaine hcl lotion 3%</i>	1	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>	1	NM
<i>lidocaine patch 5%</i>	1	NM
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	NM
<i>lidocan pad 5%</i>	1	NM
LIDODERM DIS 5%	3	NM
<i>proxivol gel 2%</i>	1	NM
<i>7t lido gel 2%</i>	1	NM
<i>tridacaine pad 5%</i>	1	NM
<i>zionodil 100 lot 3%</i>	1	NM
<i>zionodil lot 3%</i>	1	NM
MISC. TOPICAL		
DRYSOL SOL 20%	3	NM
QBREXZA PAD 2.4%	3	NM
SOFDRA GEL 12.45%	3	NM
XERAC-AC SOL 6.25%	3	NM
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	NM
ZORYVE CRE 0.15%	3	NM
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	NM
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	1	QL (120 caps every 365 days), NM
FINACEA AER 15%	2	NM
FINACEA GEL 15%	3	NM
<i>ivermectin cream 1%</i>	1	NM
METROCREAM CRE 0.75%	3	NM
METROGEL GEL 1%	3	NM
METROLOTION LOT 0.75%	3	NM
<i>metronidazole cream 0.75%</i>	1	NM
<i>metronidazole gel 0.75%</i>	1	NM
<i>metronidazole gel 1%</i>	1	NM
<i>metronidazole lotion 0.75%</i>	1	NM
ORACEA CAP 40MG	3	QL (120 caps every 365 days), NM
RHOFADE CRE 1%	3	NM
SOOLANTRA CRE 1%	2	NM

SCABICIDES & PEDICULICIDES

<i>crotan lot 10%</i>	1	NM
<i>malathion lotion 0.5%</i>	1	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>	1	NM

DIAGNOSTIC PRODUCTS

DIAGNOSTIC DRUGS

METOPIRONE CAP 250MG	3	NM
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DIAGNOSTIC TESTS

ONETOUCH TES ULTRA	2	QL (200 strips every 30 days), OTC, NM
ONETOUCH TES VERIO	2	QL (200 strips every 30 days), OTC, NM

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	

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Drug Name	Drug Tier	Requirements/Limits
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
VIKACE TAB 10440	3	
VIKACE 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>	1	NM
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	

DIURETIC COMBINATIONS

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

LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>ethacrynic acid tab 25 mg</i>	1	
<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>torseamide tab 5 mg</i>	1	
<i>torseamide tab 10 mg</i>	1	
<i>torseamide tab 20 mg</i>	1	
<i>torseamide tab 100 mg</i>	1	
POTASSIUM SPARING DIURETICS		
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>	1	
<i>triamterene cap 100 mg</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<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	
<i>metolazone tab 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 1MG	3	SP; LD
ISTURISA TAB 5MG	3	SP; LD
RECORLEV TAB 150MG	3	
BONE DENSITY REGULATORS		
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	
AELVIA TAB	3	
BINOSTO TAB 70MG	3	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
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	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	NM
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
TERIPARATIDE INJ 620/2.48	2	SP
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	1	
TYMLOS INJ	2	SP
CORTICOTROPIN		
ACTHAR INJ GEL	3	SP, PA, NM
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	3	SP, NM; QL (9 cycles per lifetime)
<i>clomid tab 50mg</i>	1	QL (30 tabs every 30 days), NM
<i>clomiphene citrate tab 50 mg</i>	1	QL (1 tab every 1 day), NM
FOLLISTIM AQ INJ 300UNIT	2	SP, NM; QL (9 cycles per lifetime)

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Drug Name	Drug Tier	Requirements/Limits
FOLLISTIM AQ INJ 600UNIT	2	SP, NM; QL (9 cycles per lifetime)
FOLLISTIM AQ INJ 900UNIT	2	SP, NM; QL (9 cycles per lifetime)
MENOPUR INJ 75UNIT	2	SP, NM; QL (9 cycles per lifetime)
NOVAREL INJ 5000UNIT	3	SP, NM; QL (9 cycles per lifetime)
OVIDREL INJ	3	SP, NM; QL (9 cycles per lifetime)
PREGNYL INJ 10000UNT	3	SP, NM; QL (9 cycles per lifetime)

GNRH/LHRH ANTAGONISTS

<i>cetorelix acetate for inj kit 0.25 mg</i>	1	SP, NM; QL (9 cycles per lifetime)
CETROTIDE KIT 0.25MG	3	SP, NM; QL (9 cycles per lifetime)
<i>fyremadel sol 250/0.5</i>	1	SP, NM; QL (9 cycles per lifetime)
GANIRELIX AC INJ 250/0.5	3	SP, NM; QL (9 cycles per lifetime)
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	1	SP, NM; QL (9 cycles per lifetime)
ORLISSA TAB 150MG	2	NM
ORLISSA TAB 200MG	2	NM

GROWTH HORMONE RECEPTOR ANTAGONISTS

SOMAVERT INJ 10MG	2	SP
SOMAVERT INJ 15MG	2	SP
SOMAVERT INJ 20MG	2	SP
SOMAVERT INJ 25MG	2	SP
SOMAVERT INJ 30MG	2	SP

GROWTH HORMONE RELEASING HORMONES (GHRH)

EGRIFTA SV INJ 2MG	3	
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GROWTH HORMONES

HUMATROPE INJ 6MG	2	PA
HUMATROPE INJ 12MG	2	PA
HUMATROPE INJ 24MG	2	PA
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

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Drug Name	Drug Tier	Requirements/Limits
OMNITROPE INJ 5/1.5ML	2	PA
OMNITROPE INJ 10/1.5ML	2	PA
SAIZEN INJ 5MG	3	PA
SAIZEN INJ 8.8MG	3	PA
SAIZENPREP INJ 8.8MG	3	PA
SEROSTIM INJ 4MG	3	SP, PA
SEROSTIM INJ 5MG	3	SP, PA
SEROSTIM INJ 6MG	3	SP, PA
ZORBTIVE INJ 8.8MG	3	PA

HORMONE RECEPTOR MODULATORS

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

INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)

INCRELEX INJ 40MG/4ML	3	SP, PA
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LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS

SYNAREL SOL 2MG/ML	2	NM
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METABOLIC MODIFIERS

<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
CARBAGLU TAB 200MG	3	SP, PA; LD
<i>carglumic acid soluble tab 200 mg</i>	1	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>	1	SP
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	SP
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	SP
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
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	
MYALEPT INJ 11.3MG	3	SP, PA; LD
<i>nitisinone cap 2 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone cap 5 mg</i>	1	PA
<i>nitisinone cap 10 mg</i>	1	PA
<i>nitisinone cap 20 mg</i>	1	SP, PA
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
OPFOLDA CAP 65MG	3	SP, PA, NM
ORFADIN CAP 2MG	3	SP, PA; LD
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>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
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>	1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	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>	1	SP
<i>sodium phenylbutyrate tab 500 mg</i>	1	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

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Drug Name	Drug Tier	Requirements/Limits
STRENSIQ INJ 80/0.8ML	3	SP, PA; LD
XURIDEN POW 2GM	3	SP, PA; LD
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	3	
KERENDIA TAB 20MG	3	
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	3	SP, PA
VOXZOGO INJ 0.56MG	3	SP, PA
VOXZOGO INJ 1.2MG	3	SP, PA
POSTERIOR PITUITARY HORMONES		
DDAVP INJ 4MCG/ML	3	NM
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
<i>desmopressin acetate inj 4 mcg/ml</i>	1	NM
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	1	NM
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
DESMOPRESSIN SOL 1.5MG/ML	2	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone tab 200 mg</i>	1	NM
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	1	NM
SOMATOSTATIC AGENTS		
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	1	NM
LANREOTIDE INJ 120/.5ML	3	SP, NM
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

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Drug Name	Drug Tier	Requirements/Limits
VASOPRESSIN RECEPTOR ANTAGONISTS		
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 tabs every 180 days), NM; LD
SAMSCA TAB 30MG	3	SP, QL (60 tabs every 180 days), NM; LD
<i>tolvaptan tab 15 mg</i>	1	SP, QL (60 tabs every 180 days), NM; LD
<i>tolvaptan tab 30 mg</i>	1	SP, QL (60 tabs every 180 days), NM; LD

ESTROGENS

ESTROGEN COMBINATIONS

ACTIVELLA TAB 1-0.5MG	3	
<i>amabelz tab 0.5-0.1</i>	1	
<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	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	3	
DUAVEE TAB 0.45-20	3	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>fyavolv tab 0.5-2.5</i>	1	
<i>fyavolv tab 1-5</i>	1	
<i>jinteli tab 1mg-5mcg</i>	1	
<i>mimvey tab 1-0.5mg</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

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Drug Name	Drug Tier	Requirements/Limits
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	

ESTROGENS

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	
<i>dotti dis 0.1mg</i>	1	
<i>dotti dis 0.05mg</i>	1	
<i>dotti dis 0.025mg</i>	1	
<i>dotti dis 0.075mg</i>	1	
<i>dotti dis 0.0375mg</i>	1	
ELESTRIN GEL 0.06%	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	1	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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 0.06%	3	
EVAMIST SPR 1.53MG	3	
<i>lyllana dis 0.1mg</i>	1	
<i>lyllana dis 0.05mg</i>	1	
<i>lyllana dis 0.025mg</i>	1	
<i>lyllana dis 0.075mg</i>	1	
<i>lyllana dis 0.0375mg</i>	1	
MENEST TAB 0.3MG	3	
MENEST TAB 0.625MG	3	
MENEST TAB 1.25MG	3	
MENEST TAB 2.5MG	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	2	
PREMARIN TAB 0.9MG	2	
PREMARIN TAB 0.45MG	2	
PREMARIN TAB 0.625MG	2	
PREMARIN TAB 1.25MG	2	
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	

FLUROQUINOLONES

FLUROQUINOLONES

BAXDELA TAB 450MG	3	NM
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Drug Name	Drug Tier	Requirements/Limits
CIPRO (5%) SUS 250MG/5	3	NM
CIPRO (10%) SUS 500MG/5	3	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

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS

MOTEGRITY TAB 1MG	3	
MOTEGRITY TAB 2MG	3	
<i>prucalopride succinate tab 1 mg (base equivalent)</i>	1	
<i>prucalopride succinate tab 2 mg (base equivalent)</i>	1	

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB 3MG	3	
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BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAP 50MG	3	SP, PA; LD
CHOLBAM CAP 250MG	3	SP, PA; LD

FARNESOID X RECEPTOR (FXR) AGONISTS

OCALIVA TAB 5MG	3	SP, PA
OCALIVA TAB 10MG	3	SP, PA

GALLSTONE SOLUBILIZING AGENTS

CHENODAL TAB 250MG	3	SP, NM; LD
URSO 250 TAB 250MG	3	
URSO FORTE TAB 500MG	3	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	

GASTROINTESTINAL ANTIALLERGY AGENTS

<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
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GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	NM
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	NM
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	NM
HEPATOTROPICS		
REZDIFFRA TAB 60MG	3	PA, NM
REZDIFFRA TAB 80MG	3	PA, NM
REZDIFFRA TAB 100MG	3	PA, NM
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
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
LIVMARLI SOL 19MG/ML	3	PA
INFLAMMATORY BOWEL AGENTS		
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
ENTYVIO PEN INJ 108/0.68	3	PA, NM
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine cap er 500 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	NM
<i>mesalamine suppos 1000 mg</i>	1	NM
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	1	NM
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
ROWASA KIT 4GM	3	NM
SKYRIZI INJ 180/1.2	2	SP, PA, QL (1 cartridge every 56 days)
SKYRIZI INJ 360/2.4	2	SP, PA, QL (1 cartridge every 56 days)
<i>sulfasalazine tab 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tab delayed release 500 mg</i>	1	
VELSIPITY TAB 2MG	2	PA
INTESTINAL ACIDIFIERS		
<i>enulose sol 10gm/15</i>	1	
<i>generlac sol 10/15ml</i>	1	
<i>generlac sol 10gm/15</i>	1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	PA
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	PA
LOTRONEX TAB 1MG	3	PA
VIBERZI TAB 75MG	3	PA
VIBERZI TAB 100MG	3	PA
LIVE FECAL MICROBIOTA		
VOWST CAP	3	SP, PA, QL (12 caps every 30 days), NM
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG	2	NM
MOVANTIK TAB 25MG	2	NM
SYMPROIC TAB 0.2MG	3	NM
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
LIVDELZI CAP 10MG	3	PA; LD
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	3	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
FOSRENOL CHW 500MG	3	
FOSRENOL CHW 750MG	3	
FOSRENOL CHW 1000MG	3	
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	1	
RENAGEL TAB 800MG	3	
RENVELA POW 0.8GM	3	
RENVELA POW 2.4GM	3	
RENVELA TAB 800MG	3	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	1	
VELPHORO CHW 500MG	2	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	3	SP, PA
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	3	
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	2	NM
ALKALINIZERS		
ORACIT SOL	2	NM
ORAL CITRATE SOL	2	NM
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	NM
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	NM
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	NM
CYSTINOSIS AGENTS		
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	PA; LD
PROCYSBI GRA 300MG	3	PA; LD
GENITOURINARY IRRIGANTS		
<i>argyl saline sol 0.9% irr</i>	1	NM
<i>curity salin sol 0.9% irr</i>	1	NM
RENACIDIN SOL	3	NM
<i>sodium chloride irrigation soln 0.9%</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
HYPEROXALURIA AGENTS		
RIVFLOZA INJ 128/0.8	3	PA
RIVFLOZA INJ 160MG/ML	3	PA
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG	3	NM
PROSTATIC HYPERTROPHY AGENTS		
<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>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
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>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
UROXATRAL TAB 10MG	3	
URINARY ANALGESICS		
<i>phenazo tab 200mg</i>	1	NM
<i>phenazopyridine hcl tab 100 mg</i>	1	NM
<i>phenazopyridine hcl tab 200 mg</i>	1	NM
PYRIDIUM TAB 100MG	3	NM
PYRIDIUM TAB 200MG	3	NM
URINARY STONE AGENTS		
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>	1	SP; LD
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>colchicine cap 0.6 mg</i>	1	QL (60 caps every 23 days), NM
<i>colchicine tab 0.6 mg</i>	1	QL (60 tabs every 23 days), NM
COLCRYS TAB 0.6MG	3	QL (180 tabs every 69 days), NM
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
GLOPERBA SOL 0.6/5ML	3	QL (300 mL every 30 days), NM
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	
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI INJ 189MG/ML	3	SP, PA, NM; LD
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	3	SP, PA, NM
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	1	SP, PA, NM
<i>sajazir inj 30mg/3ml</i>	1	SP, PA, NM
COMPLEMENT INHIBITORS		
EMPAVELI INJ 1080MG	3	PA, NM
HAEGARDA INJ 2000UNIT	3	SP, PA, NM
HAEGARDA INJ 3000UNIT	3	SP, PA, NM
TAVNEOS CAP 10MG	3	
ZILBRYSQ INJ 16.6MG	3	PA
ZILBRYSQ INJ 23MG	3	PA
ZILBRYSQ INJ 32.4MG	3	PA
HEMATOALOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	3	SP, PA; LD
TAVALISSE TAB 150MG	3	SP, PA; LD
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ 150MG/ML	3	SP, PA
TAKHZYRO INJ 300/2ML	3	SP, PA
PLATELET AGGREGATION INHIBITORS		
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>	1	
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>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
ZONTIVITY TAB 2.08MG	3	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	3	SP, PA
<i>miglustat cap 100 mg</i>	1	SP, PA; LD
<i>yargesa cap 100mg</i>	1	SP, PA; LD
ZAVESCA CAP 100MG	3	SP, PA; LD
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
ENDARI POW 5GM	3	SP, NM; LD
<i>glutamine (sickle cell) powd pack 5 gm</i>	1	NM
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	NM
<i>dodex inj</i>	1	NM
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i>	1	AGE, OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	1	AGE, OTC, NM
<i>folic acid tab 800 mcg</i>	1	AGE, OTC

HEMATOPOIETIC GROWTH FACTORS

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
JESDUVROQ TAB 1MG	3	
JESDUVROQ TAB 2MG	3	
JESDUVROQ TAB 4MG	3	
JESDUVROQ TAB 6MG	3	
JESDUVROQ TAB 8MG	3	
LEUKINE INJ 250MCG	3	NM
MIRCERA INJ 30MCG	3	NM
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

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

Drug Name	Drug Tier	Requirements/Limits
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 POW 12.5MG	3	SP
PROMACTA POW 25MG	3	
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	NM
RELEUKO INJ 480MCG	3	NM
RETACRIT INJ 2000UNIT	2	NM
RETACRIT INJ 3000UNIT	2	NM
RETACRIT INJ 4000UNIT	2	NM
RETACRIT INJ 10000UNT	2	NM
RETACRIT INJ 20000UNI	2	NM
RETACRIT INJ 40000UNT	2	NM
STIMUFEND INJ 6/0.6ML	3	NM
UDENYCA INJ 6MG/0.6	2	NM
UDENYCA INJ 6MG/.6ML	2	NM
VAFSEO TAB 150MG	3	LD
VAFSEO TAB 300MG	3	LD
ZARXIO INJ 300/0.5	3	NM
ZARXIO INJ 480/0.8	3	NM
ZIEXTENZO INJ 6/0.6ML	3	NM

STEM CELL MOBILIZERS

MOZOBIL INJ	3	SP, NM
<i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i>	1	SP, NM
XOLREMDI CAP 100MG	3	SP, PA; LD

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1	NM
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AGE - Age Limit **DC** - Subject to pharmacy diabetic copay per contract/rider **LD** - Limited Distribution **MC** - Subject to medical copay per contract/rider **NM** - Not available at mail-order **OC** - Subject to pharmacy oral chemo copay per contract/rider **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 160

Drug Name	Drug Tier	Requirements/Limits
<i>aminocaproic acid tab 500 mg</i>	1	NM
<i>aminocaproic acid tab 1000 mg</i>	1	NM
<i>tranexamic acid tab 650 mg</i>	1	NM

HEMOSTATICS - TOPICAL

MONSELS FERR SOL SUBSULF	2	NM
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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS

<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	

HYPNOTICS - TRICYCLIC AGENTS

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	QL (30 tabs every 30 days), NM
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	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

NON-BARBITURATE HYPNOTICS

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
DORAL TAB 15MG	3	QL (1 tab every 1 day), 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

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

Drug Name	Drug Tier	Requirements/Limits
<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
<i>flurazepam hcl cap 15 mg</i>	1	QL (30 caps every 30 days), NM
<i>flurazepam hcl cap 30 mg</i>	1	QL (30 caps 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	ST, 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
<i>zaleplon cap 10 mg</i>	1	QL (30 caps every 30 days), NM
<i>zolpidem tartrate sl tab 1.75 mg</i>	1	ST, PA, QL (30 tabs every 30 days), NM

AGE - Age Limit **DC** - Subject to pharmacy diabetic copay per contract/rider **LD** - Limited Distribution **MC** - Subject to medical copay per contract/rider **NM** - Not available at mail-order **OC** - Subject to pharmacy oral chemo copay per contract/rider **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 162

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate sl tab 3.5 mg</i>	1	ST, PA, QL (30 tabs 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 tabs every 30 days), NM
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL (30 tabs every 30 days), NM

OREXIN RECEPTOR ANTAGONISTS

BELSOMRA TAB 5MG	3	ST, PA, QL (30 tabs every 30 days), NM
BELSOMRA TAB 10MG	3	ST, PA, QL (30 tabs every 30 days), NM
BELSOMRA TAB 15MG	3	ST, PA, QL (30 tabs every 30 days), NM
BELSOMRA TAB 20MG	3	ST, PA, QL (30 tabs every 30 days), NM
DAYVIGO TAB 5MG	3	ST, PA, QL (30 tabs every 30 days), NM
DAYVIGO TAB 10MG	3	ST, PA, QL (30 tabs every 30 days), NM
QUVIVIQ TAB 25MG	3	ST, PA, QL (30 tabs every 30 days), NM
QUVIVIQ TAB 50MG	3	ST, PA, 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 tabs every 30 days), NM
ROZEREM TAB 8MG	2	ST, PA, QL (30 tabs every 30 days), NM
<i>tasimelteon capsule 20 mg</i>	1	SP, PA; LD

LAXATIVES

LAXATIVE COMBINATIONS

<i>gavilyte-c sol</i>	1	NM
<i>gavilyte-g sol</i>	1	NM
<i>gavilyte-n sol flav pk</i>	1	NM
GOLYTELY SOL	3	NM

AGE - Age Limit **DC** - Subject to pharmacy diabetic copay per contract/rider **LD** - Limited Distribution **MC** - Subject to medical copay per contract/rider **NM** - Not available at mail-order **OC** - Subject to pharmacy oral chemo copay per contract/rider **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 163

Drug Name	Drug Tier	Requirements/Limits
<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	AGE, NM

LAXATIVES - MISCELLANEOUS

<i>constulose sol 10gm/15</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	

MACROLIDES

AZITHROMYCIN

<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 250MG	3	NM
ZITHROMAX TAB 500MG	3	NM
ZITHROMAX TAB TRI-PAK	3	NM
ZITHROMAX TAB Z-PAK	3	NM

CLARITHROMYCIN

<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

ERYTHROMYCINS

<i>e.e.s. 400 tab 400mg</i>	1	NM
E.E.S. GRAN SUS 200/5ML	3	NM
<i>ery-tab tab 250mg ec</i>	1	NM
<i>ery-tab tab 333mg ec</i>	1	NM
<i>ery-tab tab 500mg ec</i>	1	NM
ERYPED SUS 200/5ML	3	NM
ERYPED SUS 400/5ML	3	NM
<i>erythrocin tab 250mg</i>	1	NM

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

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	NM
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	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
<i>erythromycin tab delayed release 250 mg</i>	1	NM
<i>erythromycin tab delayed release 333 mg</i>	1	NM
<i>erythromycin tab delayed release 500 mg</i>	1	NM

FIDAXOMICIN

DIFICID SUS	3	NM
DIFICID TAB 200MG	3	NM

MEDICAL DEVICES AND SUPPLIES

DIABETIC SUPPLIES

DEXCOM G6 MIS RECEIVER	2	ST, QL (1 Receiver every 365 days), NM; DC
DEXCOM G6 MIS SENSOR	2	ST, QL (1 Sensor every 10 days), NM; DC
DEXCOM G6 MIS TRANSMIT	2	ST, QL (1 Transmitter every 90 days), NM; DC
DEXCOM G7 MIS RECEIVER	2	ST, QL (1 Receiver every 365 days), NM; DC
DEXCOM G7 MIS SENSOR	2	ST, QL (1 Sensor every 10 days), NM; DC
FREESTY LIBR KIT 2 SENSOR	2	ST, QL (1 Sensor every 14 days), NM; DC
FREESTY LIBR KIT 3 SENSOR	2	ST, QL (1 Sensor every 14 days), NM; DC
FREESTY LIBR KIT SENSOR	2	ST, QL (1 Sensor every 14 days), NM; DC
FREESTY LIBR MIS 2 READER	2	ST, QL (1 Receiver every 365 days), NM; DC
FREESTY LIBR MIS 3 READER	2	ST, QL (1 Receiver every 365 days), NM; DC
FREESTY LIBR MIS READER	2	ST, QL (1 Receiver every 365 days), NM; DC
OMNIPOD 5 DX KIT INT G7G6	2	QL (1 kit every 273 days), NM; DC
OMNIPOD 5 DX MIS POD G7G6	2	NM; DC
OMNIPOD 5 G7 MIS PODS	2	NM; DC

AGE - Age Limit **DC** - Subject to pharmacy diabetic copay per contract/rider **LD** - Limited Distribution **MC** - Subject to medical copay per contract/rider **NM** - Not available at mail-order **OC** - Subject to pharmacy oral chemo copay per contract/rider **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 165

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 LB KIT INTRO G6	2	QL (1 kit every 273 days), NM; DC
OMNIPOD 5 LB MIS PODS G6	2	NM; DC
OMNIPOD DASH KIT INTRO	2	QL (1 kit every 273 days), NM; DC
OMNIPOD DASH KIT PDM	2	QL (1 kit every 273 days), NM; DC
OMNIPOD DASH MIS PODS	2	NM; DC
OMNIPOD GO KIT 20UNT/DY	2	NM; DC
OMNIPOD GO KIT 30UNT/DY	2	NM; DC
OMNIPOD GO KIT 40UNT/DY	2	NM; DC
V-GO 20 KIT	2	NM; DC
V-GO 30 KIT	2	NM; DC
V-GO 40 KIT	2	NM; DC

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	2	QL (3 pens every 63 days)
AIMOVIG INJ 140MG/ML	2	QL (3 pens every 63 days)
EMGALITY INJ 100MG/ML	2	QL (9 syringes every 63 days)
EMGALITY INJ 120MG/ML	2	QL (3 pens every 63 days)
EMGALITY INJ 120MG/ML	2	QL (3 syringes every 63 days)
NURTEC TAB 75MG ODT	2	QL (16 tabs every 30 days), NM
QULIPTA TAB 10MG	2	QL (1 tab every 1 day)
QULIPTA TAB 30MG	2	QL (1 tab every 1 day)
QULIPTA TAB 60MG	2	QL (1 tab every 1 day)
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 21 days), NM
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MIGRAINE PRODUCTS

ERGOMAR SUB 2MG	3	NM
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MIGRAINE PRODUCTS - NSAIDS

CAMBIA POW 50MG	3	QL (9 packets every 45 days), NM
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AGE - Age Limit **DC** - Subject to pharmacy diabetic copay per contract/rider **LD** - Limited Distribution **MC** - Subject to medical copay per contract/rider **NM** - Not available at mail-order **OC** - Subject to pharmacy oral chemo copay per contract/rider **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 166

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac potassium (migraine) packet 50 mg</i>	1	QL (9 packets every 45 days), NM
ELYXYB SOL 120/4.8	3	QL (6 bottles every 45 days), NM

SEROTONIN AGONISTS

<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs every 30 days), NM
<i>almotriptan malate tab 12.5 mg</i>	1	QL (8 tabs every 30 days), NM
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 ea every 30 days), NM
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (8 ea every 30 days), NM
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	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
REYVOW TAB 50MG	3	QL (4 tabs every 30 days), NM
REYVOW TAB 100MG	3	QL (4 tabs every 30 days), NM
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (12 tabs every 30 days), NM
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (12 tabs every 30 days), NM
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (12 tabs every 30 days), NM
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (12 tabs every 30 days), NM
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (12 inhalers every 30 days), NM
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 inhalers every 30 days), NM
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (8 injections every 30 days), NM
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (12 injections every 30 days), NM
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (8 injections every 30 days), NM

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (12 injections every 30 days), NM
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (8 injections every 30 days), NM
<i>sumatriptan succinate tab 25 mg</i>	1	QL (18 ea every 30 days), NM
<i>sumatriptan succinate tab 50 mg</i>	1	QL (18 ea every 30 days), NM
<i>sumatriptan succinate tab 100 mg</i>	1	QL (9 tabs every 30 days), NM
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	1	QL (12 doses every 30 days), NM
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 doses every 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

MINERALS & ELECTROLYTES

FLUORIDE

<i>nafrinse chw 1mg f</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	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	AGE
<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	

PHOSPHATE

<i>K-PHOS TAB</i>	2	
<i>phospha 250 tab neutral</i>	1	
<i>phospho-trin tab 250 neut</i>	1	
<i>phospho-trin tab k500</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	1	
<i>wes-phos 250 tab neutral</i>	1	

POTASSIUM

EFFER-K TAB 10MEQ	3	NM
EFFER-K TAB 20MEQ	3	NM
K-TAB TAB 10MEQ CR	3	
K-TAB TAB 20MEQ	3	
<i>klor-con 8 tab 8meq er</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>klor-con pak 20meq</i>	1	
POKONZA POW 10MEQ	3	
<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 microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 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	
<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	

SODIUM

<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	1	NM
<i>sodium chloride preservative free (pf) inj 0.9%</i>	1	NM

ZINC

GALZIN CAP 25MG	2	NM
GALZIN CAP 50MG	2	NM

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

CUPRIMINE CAP 250MG	3	SP, PA, NM
CUVRIOR TAB 300MG	3	PA, NM

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

Drug Name	Drug Tier	Requirements/Limits
DEPEN TITRA TAB 250MG	3	SP, NM
<i>penicillamine cap 250 mg</i>	1	SP, PA, NM
<i>penicillamine tab 250 mg</i>	1	SP, NM
SYPRINE CAP 250MG	3	SP, PA, NM
<i>trientine hcl cap 250 mg</i>	1	SP, PA, NM
<i>trientine hcl cap 500 mg</i>	1	SP, PA, NM

IMMUNOMODULATORS

JOENJA TAB 70MG	3	PA
<i>lenalidomide cap 5 mg</i>	1	NM; OC
<i>lenalidomide cap 10 mg</i>	1	NM; OC
<i>lenalidomide cap 15 mg</i>	1	NM; OC
<i>lenalidomide cap 20 mg</i>	1	NM; OC
<i>lenalidomide cap 25 mg</i>	1	NM; OC
<i>lenalidomide caps 2.5 mg</i>	1	NM; OC
REVLIMID CAP 2.5MG	3	NM; OC
REVLIMID CAP 5MG	3	NM; OC
REVLIMID CAP 10MG	3	NM; OC
REVLIMID CAP 15MG	3	NM; OC
REVLIMID CAP 20MG	3	NM; OC
REVLIMID CAP 25MG	3	NM; OC
REZUROCK TAB 200MG	3	PA
THALOMID CAP 50MG	3	
THALOMID CAP 100MG	3	

IMMUNOSUPPRESSIVE AGENTS

ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
<i>azasan tab 75 mg</i>	1	
<i>azasan tab 100mg</i>	1	
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	1	
<i>azathioprine tab 100 mg</i>	1	
CELLCEPT CAP 250MG	3	
CELLCEPT SUS 200MG/ML	3	
CELLCEPT TAB 500MG	3	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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>	1	
<i>everolimus tab 0.25 mg</i>	1	
<i>everolimus tab 0.75 mg</i>	1	
<i>everolimus tab 1 mg</i>	1	
<i>gengraf cap 25mg</i>	1	
<i>gengraf cap 100mg</i>	1	
<i>gengraf sol 100mg/ml</i>	1	
IMURAN TAB 50MG	3	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
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 TAB 1MG	3	
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
ZORTRESS TAB 0.5MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	
ZORTRESS TAB 1MG	3	
IRRIGATION SOLUTIONS		
<i>argyl saline sol 100ml</i>	1	NM
<i>water for irrigation, sterile irrigation soln</i>	1	NM
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE GRA 50MG	3	PA
VIJOICE TAB 50MG	3	SP, PA
VIJOICE TAB 125MG	3	SP, PA
VIJOICE TAB 250MG	3	SP, PA
POTASSIUM REMOVING AGENTS		
<i>kionex sus 15gm/60</i>	1	NM
LOKELMA PAK 5GM	3	
LOKELMA PAK 10GM	3	
<i>sodium polystyrene sulfonate powder</i>	1	NM
<i>sps sus 15gm/60</i>	1	NM
<i>sps sus 30gm/120</i>	1	NM
VELTASSA POW 1GM	3	
VELTASSA POW 8.4GM	3	
VELTASSA POW 16.8GM	3	
VELTASSA POW 25.2GM	3	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	3	PA; LD
ZOKINVY CAP 75MG	3	PA; LD
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	3	SP
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	NM
<i>lidocaine hcl viscous soln 2%</i>	1	NM
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	NM
<i>nystatin susp 100000 unit/ml</i>	1	NM
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	1	NM
DEBACTEROL SOL 30-50%	2	NM
<i>periogard sol 0.12%</i>	1	NM
DENTAL PRODUCTS		
<i>clinpro 5000 pst 1.1%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>denta 5000 cre plus</i>	1	
<i>denta 5000 cre plus 2pk</i>	1	
DENTA 5000 GEL PLUS SEN	3	NM
<i>dentagel gel 1.1%</i>	1	
FLUORID SENS GEL 1.1-5%	3	NM
<i>fluoridex pst 1.1%</i>	1	
FLUORMX 5000 GEL SENSITIV	3	NM
<i>fluormx 5000 pst 1.1%</i>	1	
<i>fraiche 5000 gel 1.1%</i>	1	
<i>just right gel 5000</i>	1	
<i>just right pst 5000</i>	1	
NA FL/K NITR GEL 1.1-5%	3	NM
PREVDNT 5000 CRE 1.1% PLS	3	
PREVDNT 5000 GEL 1.1% DRY	3	
PREVDNT 5000 GEL 1.1-5%	3	NM
PREVDNT 5000 PST 1.1%	3	
PREVDNT 5000 PST 1.1% KID	3	
PREVIDENT GEL 1.1% BER	3	
PREVIDENT GEL 1.1% MIN	3	
PREVIDENT SOL 0.2%	3	
<i>sf 5000 plus cre 1.1%</i>	1	
<i>sf gel 1.1%</i>	1	
<i>sod fluoride gel 1.1%</i>	1	
SOD FLUORIDE GEL 1.1-5%	3	NM
<i>sod fluoride pst 1.1%</i>	1	
<i>sodium fluor cre 5000 pls</i>	1	
<i>sodium fluor cre 5000 ppm</i>	1	
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride rinse 0.2%</i>	1	
STERIODS - MOUTH/THROAT/DENTAL		
<i>kourzeq pst 0.1%</i>	1	NM
<i>oralone dent pst 0.1%</i>	1	NM
<i>triamcinolone acetonide dental paste 0.1%</i>	1	NM
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMINS		
<i>PED MULTI VITAMINS W/FL & FE</i>		
<i>multi-vit/fl dro /fe 0.25</i>	1	NM
<i>PED MV W/ FLUORIDE</i>		
FLORIVA DRO PLUS	3	NM
<i>multi vit/fl chw 0.25mg</i>	1	NM
<i>multi-vit/fl dro 0.5mg/ml</i>	1	NM
<i>multivit/fl dro 0.25mg</i>	1	NM
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	1	NM
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	1	NM
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	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>tri-vit/fluo dro 0.25mg</i>	1	NM
<i>PRENATAL VITAMINS</i>		
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
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
<i>elite-ob tab</i>	1	NM
FOLIVANE-OB CAP	3	NM
<i>inatal gt tab</i>	1	NM
JENLIVA CAP	3	NM
KOSHR PRENAT TAB 30-1MG	3	NM
M-NATAL PLUS TAB	3	NM
NATALVIT TAB 75-1MG	3	NM
NEO-VITAL RX TAB	3	NM

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Drug Name	Drug Tier	Requirements/Limits
NEONATAL PLS TAB 27-1MG	3	NM
NEONATAL TAB COMPLETE	3	NM
NEONATAL TAB COMPLTE	3	NM
NEONATAL TAB PLUS	3	NM
NESTABS DHA PAK	3	NM
NESTABS ONE CAP	3	NM
NESTABS TAB	3	NM
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
OBSTETRX ONE CAP 38-1-225	3	NM
ONE VITE TAB 1MG PLUS	3	NM
<i>pnv-dha cap</i>	1	NM
PNV-DHA CAP DOCUSATE	3	NM
PNV-OMEGA CAP	3	NM
<i>pnv-select tab</i>	1	NM
PRENA1 PEARL CAP	3	NM
PRENAISSANCE CAP	3	NM
PRENAISSANCE CAP PLUS	3	NM
PRENATAL 19 CHW 29-1MG	3	NM
<i>prenatal 19 chw tab</i>	1	NM
PRENATAL 19 TAB 29-1MG	3	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
PRENATVITE TAB COMPLETE	3	NM
PRENATVITE TAB PLUS	3	NM
PRENATVITE TAB RX	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
THRIVITE RX TAB 29-1MG	3	NM
TRICARE TAB PRENATAL	3	NM

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Drug Name	Drug Tier	Requirements/Limits
TRINATAL RX TAB 1	3	NM
<i>trinate tab</i>	1	NM
VINATE DHA CAP 27-1.13	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
VITAFOL-OB PAK +DHA	3	NM
VITAFOL-OB TAB 65-1MG	3	NM
VITAFOL-ONE CAP	3	NM
VITAMED MD CAP ONE RX	3	NM
VITAPEARL CAP	3	NM
VITATHELY TAB	3	NM
VITATRUE MIS	3	NM
VIVA DHA CAP	3	NM
WESCAP-C DHA CAP	3	NM
WESCAP-PN CAP DHA	3	NM
WESNATAL DHA PAK COMPLETE	3	NM
WESNATE DHA CAP	3	NM
WESTAB PLUS TAB 27-1MG	3	NM

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

<i>baclofen oral soln 5 mg/5ml</i>	1	NM
<i>baclofen oral soln 10 mg/5ml</i>	1	NM
<i>baclofen susp 25 mg/5ml</i>	1	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>	1	NM
<i>carisoprodol tab 350 mg</i>	1	NM
<i>cyclobenzaprine hcl tab 5 mg</i>	1	NM
<i>cyclobenzaprine hcl tab 7.5 mg</i>	1	NM
<i>cyclobenzaprine hcl tab 10 mg</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>methocarbamol tab 500 mg</i>	1	NM
<i>methocarbamol tab 750 mg</i>	1	NM
<i>orphenadrine citrate inj 30 mg/ml</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	NM
OZOBAX DS SOL 10MG/5ML	3	NM
OZOBAX SOL 5MG/5ML	3	NM
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	NM
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	NM
<i>vanadom tab 350mg</i>	1	NM
ZANAFLEX TAB 4MG	3	NM

DIRECT MUSCLE RELAXANTS

DANTRIUM CAP 25MG	3	NM
<i>dantrolene sodium cap 25 mg</i>	1	NM
<i>dantrolene sodium cap 50 mg</i>	1	NM
<i>dantrolene sodium cap 100 mg</i>	1	NM

FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS

SOHONOS CAP 1.5MG	3	SP, PA
SOHONOS CAP 1MG	3	SP, PA
SOHONOS CAP 2.5MG	3	SP, PA
SOHONOS CAP 5MG	3	SP, PA
SOHONOS CAP 10MG	3	SP, PA

NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL AGENT COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	NM
DYMISTA SPR 137-50	3	NM
RYALTRIS SPR 665-25	3	NM

NASAL ANTIALLERGY

<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

NASAL ANTICHOLINERGICS

<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	

NASAL STEROIDS

BECONASE AQ SUS 0.042%	3	NM
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	NM
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
OMNARIS SPR	3	NM
XHANCE MIS 93MCG	3	NM
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML	3	SP, PA
RADICAVA ORS SUS STARTER	3	SP, PA
<i>riluzole tab 50 mg</i>	1	
TEGLUTIK SUS 50/10ML	3	PA
TIGLUTIK SUS 50/10ML	3	PA
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG	3	PA
RETT SYNDROME AGENTS		
DAYBUE SOL 200MG/ML	3	PA
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	3	SP, PA, QL (240 mL every 30 days); LD
EVRYSDI TAB 5MG	3	SP, PA; LD
NUTRIENTS		
LIPIDS		
DOJOLVI LIQ 100%	3	SP, PA
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPTHALMIC		
<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>	1	SP
<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	
DORZOL/TIMOL 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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>timolol ophth soln 0.5%</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	
CHOLINERGIC AGONISTS		
TYRVAYA SOL 0.03MG	3	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	3	
<i>atropine sulfate ophth soln 1%</i>	1	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
ISOPTO ATROP SOL 1% OP	3	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	
MIOTICS		
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	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	NM
<i>brimonidine tartrate ophth soln 0.1%</i>	1	
<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	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1%	3	NM
<i>bacitracin ophth oint 500 unit/gm</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b ophth oint</i>	1	NM
BESIVANCE SUS 0.6%	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>	1	NM
<i>gatifloxacin ophth soln 0.5%</i>	1	NM
<i>gentamicin sulfate ophth soln 0.3%</i>	1	NM
KLARITY-A DRO 1%	3	NM
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	NM
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	NM
NATACYN SUS 5% OP	3	NM
<i>neo-polycin oin op</i>	1	NM
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	NM
<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 oin op</i>	1	NM
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	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
OPHTHALMIC IMMUNOMODULATORS		
CEQUA SOL 0.09%	3	
<i>cyclosporine (ophth) emulsion 0.05%</i>	1	
RESTASIS EMU 0.05% OP	2	
RESTASIS MUL EMU 0.05% OP	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	2	
ROCKLATAN DRO	2	

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

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	3	SP, NM; LD
OPHTHALMIC STEROIDS		
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>	1	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%	2	NM
LOTEMAX OIN 0.5%	2	NM
LOTEMAX SM GEL 0.38%	2	NM
LOTEMAX SUS 0.5%	3	NM
<i>loteprednol etabonate ophth gel 0.5%</i>	1	NM
<i>loteprednol etabonate ophth susp 0.2%</i>	1	NM
<i>loteprednol etabonate ophth susp 0.5%</i>	1	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 oin hc 1%op</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

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	NM
ZYLET SUS 0.5-0.3%	3	NM
OPHTHALMICS - MISC.		
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>	1	NM
BEPREVE DRO 1.5% OP	3	NM
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	1	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>	1	NM
BROMSITE DRO 0.075%	3	NM
<i>cromolyn sodium ophth soln 4%</i>	1	NM
CYSTADROPS SOL 0.37%	3	SP, PA; LD
CYSTARAN SOL 0.44%	3	SP, PA; LD
<i>diclofenac sodium ophth soln 0.1%</i>	1	NM
<i>dorzolamide hcl ophth soln 2%</i>	1	
<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>	1	NM
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	NM
MIEBO DRO 1.3GM/ML	2	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
PROLENSA SOL 0.07%	3	NM
UPNEEQ SOL 0.1%	3	
PROSTAGLANDINS - OPTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
LATANOPROST SOL 0.005%	3	

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Drug Name	Drug Tier	Requirements/Limits
LUMIGAN SOL 0.01% OP	2	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
TRAVATAN Z DRO 0.004%	3	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
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
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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>	1	NM
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	1	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 oil 0.01%</i>	1	NM
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	NM
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	NM

OXYTOCICS

OXYTOCICS

<i>methergine tab 0.2mg</i>	1	QL (28 tabs every year), NM
<i>methylergonovine maleate tab 0.2 mg</i>	1	QL (28 tabs every year), NM

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS

HEPAGAM B INJ	2	SP, NM
HYPERHEP B INJ	2	NM

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Drug Name	Drug Tier	Requirements/Limits
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

NATURAL PENICILLINS

<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

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	NM
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	NM
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	NM
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	NM
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	NM
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	NM
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	NM
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	NM
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	NM
AUGMENTIN SUS 125/5ML	3	NM

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Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN SUS ES-600	3	NM
AUGMENTIN TAB 500MG	3	NM
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	1	NM
<i>dicloxacillin sodium cap 500 mg</i>	1	NM
PROGESTINS		
PROGESTINS		
<i>gallifrey tab 5mg</i>	1	
<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>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
PROMETRIUM CAP 100MG	3	
PROMETRIUM CAP 200MG	3	
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	
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	1	QL (168 tabs every 180 days), NM
LUCEMYRA TAB 0.18MG	3	QL (168 tabs every 180 days), NM
ANTI-CATAPLECTIC AGENTS		
SOD OXYBATE SOL 500MG/ML	3	PA, QL (540 mL every 30 days), NM; LD
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
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>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	NM
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
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 7-10MG	3	NM
NAMZARIC CAP 14-10MG	3	NM

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Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAP 21-10MG	3	NM
NAMZARIC CAP 28-10MG	3	NM
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>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	NM
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB 100MG	3	PA
VYLEESI INJ 1.75/0.3	3	PA, NM
MOVEMENT DISORDER DRUG THERAPY		
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>	1	SP, PA
<i>tetrabenazine tab 25 mg</i>	1	SP, PA
XENAZINE TAB 12.5MG	3	SP, PA

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Drug Name	Drug Tier	Requirements/Limits
XENAZINE TAB 25MG	3	SP, PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	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>	1	SP
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	SP
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	SP
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	NM
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	1	SP
GILENYA CAP 0.5MG	3	SP
GILENYA CAP 0.25MG	3	SP
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1	SP
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	SP
<i>glatopa inj 20mg/ml</i>	1	SP
<i>glatopa inj 40mg/ml</i>	1	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

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Drug Name	Drug Tier	Requirements/Limits
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
ZEPOSIA 7DAY CAP STR PACK	3	PA, NM
ZEPOSIA CAP 0.92MG	3	PA
ZEPOSIA CAP STR KIT	3	PA, NM
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily) tab 300 mg</i>	1	PA
<i>gabapentin (once-daily) tab 600 mg</i>	1	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
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUDEXTA CAP 20-10MG	3	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB 300MG ER	3	PA
HORIZANT TAB 600MG ER	3	PA
SMOKING DETERRENTS		
APO-VARENICL TAB 0.5MG	2	NM
APO-VARENICL TAB 1MG	2	NM
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	NM; Maximum 168 day supply per calendar year
NICODERM CQ DIS 7MG/24HR	3	OTC, NM; Maximum 168 day supply per calendar year

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Drug Name	Drug Tier	Requirements/Limits
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
NICORETTE GUM 2MG CINN	3	OTC, NM
NICORETTE GUM 2MG MINT	3	OTC, NM
NICORETTE GUM 2MG ORIG	3	OTC, NM
NICORETTE GUM 2MGFRUIT	3	OTC, NM
NICORETTE GUM 4MG	3	OTC, NM
NICORETTE GUM 4MG CINN	3	OTC, NM
NICORETTE GUM 4MG MINT	3	OTC, NM
NICORETTE GUM 4MG ORIG	3	OTC, NM
NICORETTE GUM 4MGFRUIT	3	OTC, NM
NICORETTE LOZ 2MG	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	3	OTC, NM; Maximum 168 day supply per calendar year
NICORETTE LOZ 4MG MINT	3	OTC, NM; Maximum 168 day supply per calendar year
NICORETTE ST GUM 2MG MINT	3	OTC, NM
NICORETTE ST GUM 2MG ORIG	3	OTC, NM
NICORETTE ST GUM 4MG ORIG	3	OTC, NM
<i>nicotine polacrilex gum 2 mg</i>	1	OTC, NM
<i>nicotine polacrilex gum 4 mg</i>	1	OTC, NM
<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
NICOTINE SYS KIT TRANSDER	3	OTC, NM

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Drug Name	Drug Tier	Requirements/Limits
<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
NICOTROL INH	3	NM
NICOTROL NS SPR 10MG/ML	3	NM
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	1	NM; Maximum 168 day supply per calendar year
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	NM; Maximum 168 day supply per calendar year
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	NM
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
WAINUA INJ 45/0.8ML	3	PA; LD
VASOMOTOR SYMPTOM AGENTS		
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	1	
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
BRONCHITOL CAP 40MG	3	SP
BRONCHITOL CAP TOL TEST	3	SP
KALYDECO GRA 5.8MG	3	PA
KALYDECO GRA 13.4MG	3	PA; LD
KALYDECO PAK 25MG	3	
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	2	SP, PA
SYMDEKO TAB 50-75MG	3	SP, PA; LD
SYMDEKO TAB 100-150	3	SP, PA; LD
TRIKAFTA PAK 59.5MG	3	SP, PA
TRIKAFTA PAK 75MG	3	SP, PA

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

Drug Name	Drug Tier	Requirements/Limits
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>	1	SP, PA
<i>pirfenidone tab 267 mg</i>	1	SP, PA
<i>pirfenidone tab 801 mg</i>	1	SP, PA
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine tab 500 mg</i>	1	NM
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	NM
TETRACYCLINES		
<i>avidoxy tab 100mg</i>	1	NM
<i>coremino tab 45mg</i>	1	QL (84 tabs every 273 days), NM
<i>coremino tab 90mg</i>	1	QL (84 tabs every 273 days), NM
<i>coremino tab 135mg</i>	1	QL (84 tabs every 273 days), NM
<i>demeclocycline hcl tab 150 mg</i>	1	NM
<i>demeclocycline hcl tab 300 mg</i>	1	NM
DORYX TAB 50MG	3	NM
DORYX TAB 200MG	3	NM
<i>doxycycline hyclate cap 50 mg</i>	1	NM
<i>doxycycline hyclate cap 100 mg</i>	1	NM
<i>doxycycline hyclate tab 20 mg</i>	1	NM
<i>doxycycline hyclate tab 100 mg</i>	1	NM
<i>doxycycline hyclate tab delayed release 50 mg</i>	1	NM
<i>doxycycline hyclate tab delayed release 75 mg</i>	1	NM
<i>doxycycline hyclate tab delayed release 100 mg</i>	1	NM
<i>doxycycline hyclate tab delayed release 150 mg</i>	1	NM
<i>doxycycline hyclate tab delayed release 200 mg</i>	1	NM
<i>doxycycline monohydrate cap 50 mg</i>	1	NM

AGE - Age Limit **DC** - Subject to pharmacy diabetic copay per contract/rider **LD** - Limited Distribution **MC** - Subject to medical copay per contract/rider **NM** - Not available at mail-order **OC** - Subject to pharmacy oral chemo copay per contract/rider **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 192

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate cap 75 mg</i>	1	NM
<i>doxycycline monohydrate cap 100 mg</i>	1	NM
<i>doxycycline monohydrate cap 150 mg</i>	1	NM
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	NM
<i>doxycycline monohydrate tab 50 mg</i>	1	NM
<i>doxycycline monohydrate tab 75 mg</i>	1	NM
<i>doxycycline monohydrate tab 100 mg</i>	1	NM
<i>doxycycline monohydrate tab 150 mg</i>	1	NM
<i>lymepak tab 100mg</i>	1	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>	1	QL (84 tabs every 365 days), NM
<i>minocycline hcl tab er 24hr 55 mg</i>	1	QL (84 tabs every 365 days), NM
<i>minocycline hcl tab er 24hr 65 mg</i>	1	QL (84 tabs every 365 days), NM
<i>minocycline hcl tab er 24hr 80 mg</i>	1	QL (84 tabs every 365 days), NM
<i>minocycline hcl tab er 24hr 90 mg</i>	1	QL (84 tabs every 365 days), NM
<i>minocycline hcl tab er 24hr 105 mg</i>	1	QL (84 tabs every 365 days), NM
<i>minocycline hcl tab er 24hr 115 mg</i>	1	QL (84 tabs every 365 days), NM
<i>minocycline hcl tab er 24hr 135 mg</i>	1	QL (84 tabs every 365 days), NM
<i>mondoxyne nl cap 100mg</i>	1	NM
SOLODYN TAB 55MG	3	QL (84 tabs every 273 days), NM
SOLODYN TAB 65MG	3	QL (84 tabs every 273 days), NM
SOLODYN TAB 80MG	3	QL (84 tabs every 273 days), NM
SOLODYN TAB 105MG	3	QL (84 tabs every 273 days), NM
SOLODYN TAB 115MG	3	QL (84 tabs every 273 days), NM
<i>tetracycline hcl cap 250 mg</i>	1	NM
<i>tetracycline hcl cap 500 mg</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
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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 tab 25mcg</i>	1	
<i>euthyrox tab 50mcg</i>	1	
<i>euthyrox tab 75mcg</i>	1	
<i>euthyrox tab 88mcg</i>	1	
<i>euthyrox tab 100mcg</i>	1	
<i>euthyrox tab 112mcg</i>	1	
<i>euthyrox tab 125mcg</i>	1	
<i>euthyrox tab 137mcg</i>	1	
<i>euthyrox tab 150mcg</i>	1	
<i>euthyrox tab 175mcg</i>	1	
<i>euthyrox tab 200mcg</i>	1	
<i>levo-t tab 25mcg</i>	1	
<i>levo-t tab 50mcg</i>	1	
<i>levo-t tab 75mcg</i>	1	
<i>levo-t tab 88mcg</i>	1	
<i>levo-t tab 100mcg</i>	1	
<i>levo-t tab 112mcg</i>	1	
<i>levo-t tab 125mcg</i>	1	
<i>levo-t tab 137mcg</i>	1	
<i>levo-t tab 150mcg</i>	1	
<i>levo-t tab 175mcg</i>	1	
<i>levo-t tab 200mcg</i>	1	
<i>levo-t tab 300 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium cap 13 mcg</i>	1	
<i>levothyroxine sodium cap 25 mcg</i>	1	
<i>levothyroxine sodium cap 50 mcg</i>	1	
<i>levothyroxine sodium cap 75 mcg</i>	1	
<i>levothyroxine sodium cap 88 mcg</i>	1	
<i>levothyroxine sodium cap 100 mcg</i>	1	
<i>levothyroxine sodium cap 112 mcg</i>	1	
<i>levothyroxine sodium cap 125 mcg</i>	1	
<i>levothyroxine sodium cap 137 mcg</i>	1	
<i>levothyroxine sodium cap 150 mcg</i>	1	
<i>levothyroxine sodium cap 175 mcg</i>	1	
<i>levothyroxine sodium cap 200 mcg</i>	1	
<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 tab 25mcg</i>	1	
<i>levoxyl tab 50mcg</i>	1	
<i>levoxyl tab 75mcg</i>	1	
<i>levoxyl tab 88mcg</i>	1	
<i>levoxyl tab 100mcg</i>	1	
<i>levoxyl tab 112mcg</i>	1	
<i>levoxyl tab 125mcg</i>	1	
<i>levoxyl tab 137mcg</i>	1	
<i>levoxyl tab 150mcg</i>	1	
<i>levoxyl tab 175mcg</i>	1	
<i>levoxyl tab 200mcg</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	
NIVA THYROID TAB 15MG	3	
NIVA THYROID TAB 30MG	3	
NIVA THYROID TAB 60MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
NIVA THYROID TAB 90MG	3	
NIVA THYROID TAB 120MG	3	
NP THYROID TAB 15MG	3	
NP THYROID TAB 30MG	3	
NP THYROID TAB 60MG	3	
NP THYROID TAB 90MG	3	
NP THYROID TAB 120MG	3	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYQUIDITY SOL 100MCG	3	
THYROID TAB 15MG	3	
THYROID TAB 30MG	3	
THYROID TAB 60MG	3	
THYROID TAB 90MG	3	
THYROID TAB 120MG	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 200MCG	3	
TIROSINT-SOL SOL 13MCG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
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 tab 25mcg</i>	1	
<i>unithroid tab 50mcg</i>	1	
<i>unithroid tab 75mcg</i>	1	
<i>unithroid tab 88mcg</i>	1	
<i>unithroid tab 100mcg</i>	1	
<i>unithroid tab 112mcg</i>	1	
<i>unithroid tab 125mcg</i>	1	
<i>unithroid tab 137mcg</i>	1	
<i>unithroid tab 150mcg</i>	1	
<i>unithroid tab 175mcg</i>	1	
<i>unithroid tab 200mcg</i>	1	
<i>unithroid tab 300mcg</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
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>	1	
<i>glycopyrrolate tab 1 mg</i>	1	NM
<i>glycopyrrolate tab 2 mg</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate inj 0.5 mg/ml</i>	1	NM
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	
LEVBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
<i>methscopolamine bromide tab 2.5 mg</i>	1	NM
<i>methscopolamine bromide tab 5 mg</i>	1	NM
<i>nulev tab 0.125mg</i>	1	
<i>oscimin sub 0.125mg</i>	1	
<i>oscimin tab 0.125mg</i>	1	
ROBINUL FORT TAB 2MG	3	NM
ROBINUL TAB 1MG	3	NM

H-2 ANTAGONISTS

<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	

MISC. ANTI-ULCER

CARAFATE SUS 1GM/10ML	3	
CARAFATE TAB 1GM	3	
<i>sucralfate susp 1 gm/10ml</i>	1	
<i>sucralfate tab 1 gm</i>	1	

PROTON PUMP INHIBITORS

ACIPHEX TAB 20MG	3	PA, QL (60 tabs every 30 days)
DEXILANT CAP 30MG DR	3	PA, QL (60 caps every 30 days)
DEXILANT CAP 60MG DR	3	PA, QL (60 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dexlansoprazole cap delayed release 30 mg</i>	1	QL (60 caps every 30 days)
<i>dexlansoprazole cap delayed release 60 mg</i>	1	QL (60 caps every 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (60 caps every 30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (60 caps every 30 days)
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	1	QL (60 packets every 30 days)
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	1	QL (60 packets every 30 days)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (60 packets every 30 days)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (60 packets every 30 days)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (60 packets every 30 days)
FIRST-OMEPRA SUS 2MG/ML	3	AGE; PA Required for those 7 years and older
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; PA Required for those 7 years and older
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	1	QL (60 ea every 30 days)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	1	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)

AGE - Age Limit **DC** - Subject to pharmacy diabetic copay per contract/rider **LD** - Limited Distribution **MC** - Subject to medical copay per contract/rider **NM** - Not available at mail-order **OC** - Subject to pharmacy oral chemo copay per contract/rider **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 199

Drug Name	Drug Tier	Requirements/Limits
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; PA Required for those 7 years and older
<i>omeprazole cap delayed release 10 mg</i>	1	
<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>	1	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 caps every 30 days)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (60 tabs every 30 days)
VOQUEZNA TAB 10MG	3	PA, NM
VOQUEZNA TAB 20MG	3	PA, NM
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	
CYTOTEC TAB 200MCG	3	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	

AGE - Age Limit **DC** - Subject to pharmacy diabetic copay per contract/rider **LD** - Limited Distribution **MC** - Subject to medical copay per contract/rider **NM** - Not available at mail-order **OC** - Subject to pharmacy oral chemo copay per contract/rider **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 200

Drug Name	Drug Tier	Requirements/Limits
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	NM
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	NM
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	1	PA, QL (60 caps every 30 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	1	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	1	PA
PYLERA CAP	3	NM
TALICIA CAP	3	NM
VOQUEZNA PAK DUAL PAK	3	NM
VOQUEZNA PAK TRIP PK	3	NM
ZEGERID CAP 40-1100	3	PA, QL (60 caps every 30 days)
ZEGERID POW 20-1680	3	PA
ZEGERID POW 40-1680	3	PA

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
DITROPAN XL TAB 5MG	3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
<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>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	3	
TOVIAZ TAB 8MG	3	

AGE - Age Limit **DC** - Subject to pharmacy diabetic copay per contract/rider **LD** - Limited Distribution **MC** - Subject to medical copay per contract/rider **NM** - Not available at mail-order **OC** - Subject to pharmacy oral chemo copay per contract/rider **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 201

Drug Name	Drug Tier	Requirements/Limits
<i>tropium chloride cap er 24hr 60 mg</i>	1	
<i>tropium chloride tab 20 mg</i>	1	
VESICARE LS SUS 5MG/5ML	3	
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ SUS 8MG/ML	2	
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<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
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	1	
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA SUP 6.5MG	3	
SPERMICIDES		
ENCARE SUP 100MG	3	OTC, NM
GYNOL II GEL 3%	3	OTC, NM
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	3	NM
CLEOCIN SUP 100MG	3	NM
<i>clindamycin phosphate vaginal cream 2%</i>	1	NM
CLINDESSE CRE 2%	3	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
VANAZOLE GEL 0.75%	2	NM
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tab 10 mcg</i>	1	
ESTRING MIS 7.5/24HR	2	
FEMRING MIS 0.1MG/24	3	
FEMRING MIS 0.05/24H	3	

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN VAG CRE 0.625MG	2	
VAGIFEM TAB 10MCG	3	
<i>yuvaferm tab 10mcg</i>	1	
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	NM
CRINONE GEL 8% VAG	2	NM
ENDOMETRIN SUP 100MG	3	NM
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN INJ 1MG/ML	2	NM
ADRENALIN INJ 30/30ML	2	NM
<i>epinephrine inj 1 mg/ml (1:1000)</i>	1	NM
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	1	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
NEFFY SPR 2/0.1ML	3	NM
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa cap 100 mg</i>	1	SP, NM
<i>droxidopa cap 200 mg</i>	1	SP, NM
<i>droxidopa cap 300 mg</i>	1	SP, NM
NORTHERA CAP 100MG	3	SP, NM
NORTHERA CAP 200MG	3	SP, NM
NORTHERA CAP 300MG	3	SP, NM
VASOPRESSORS		
EPINEPHRINE INJ 1MG/ML	3	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
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	1	NM

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

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ARIXTRA INJ 7.5/0.6	53	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	106
<i>armodafinil tab 150 mg</i>	22	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	106
<i>armodafinil tab 200 mg</i>	22	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	106
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<i>asenapine maleate sl tab 2.5 mg (base</i> <i>equiv)</i>	103	<i>atorvastatin calcium tab 40 mg (base</i> <i>equivalent)</i>	78
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<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	87	<i>azelastine hcl-fluticasone prop nasal spray</i> <i>137-50 mcg/act</i>	177
<i>atovaquone susp 750 mg/5ml</i>	43	<i>azelastine hcl nasal spray 0.1% (137</i> <i>mcg/spray)</i>	177
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BELBUCA MIS 750MCG.....	39	<i>betamethasone dipropionate augmented</i>	
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<i>benazepril & hydrochlorothiazide tab 10-</i>		137
<i>12.5 mg</i>	84	<i>betamethasone dipropionate oint 0.05%</i>	
<i>benazepril & hydrochlorothiazide tab 20-</i>		137
<i>12.5 mg</i>	84	<i>betamethasone valerate aerosol foam</i>	
<i>benazepril & hydrochlorothiazide tab 20-25</i>		<i>0.12%</i>	137
<i>mg</i>	84	<i>betamethasone valerate cream 0.1% (base</i>	
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<i>6.25 mg</i>	84	<i>betamethasone valerate lotion 0.1% (base</i>	
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<i>benazepril hcl tab 20 mg</i>	80	<i>betamethasone valerate oint 0.1% (base</i>	
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<i>bexarotene gel 1%</i>	134	<i>brimonidine tartrate ophth soln 0.1%</i>	179
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<i>bicalutamide tab 50 mg</i>	91	<i>brimonidine tartrate ophth soln 0.2%</i>	179
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<i>bisoprolol & hydrochlorothiazide tab 2.5-</i>		<i>equivalent)</i>	182
<i>6.25 mg</i>	84	<i>bromfenac sodium ophth soln 0.075%</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>		<i>(base equivalent)</i>	182
<i>mg</i>	84	<i>bromfenac sodium ophth soln 0.09% (base</i>	
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<i>bisoprolol fumarate tab 5 mg</i>	112	<i>bromocriptine mesylate tab 2.5 mg (base</i>	
<i>blisovi 24 tab fe 1/20</i>	123	<i>equivalent)</i>	99
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<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	40	<i>butalbital-acetaminophen tab 50-300 mg</i>	32
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	39	<i>butalbital-acetaminophen tab 50-325 mg</i>	32
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	40	<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	32
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<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	39	BUTRANS DIS 20MCG/HR	40
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	39	BUTRANS DIS 5MCG/HR	40
<i>buprenorphine td patch weekly 10 mcg/hr</i>	40	BUTRANS DIS 7.5/HR	40
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		<i>calcipotriene oint 0.005%</i>	135

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<i>candesartan cilexetil tab 32 mg</i>81	<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>99
<i>candesartan cilexetil tab 4 mg</i>81	<i>carbidopa-levodopa-entacapone tabs 25-</i> <i>100-200 mg</i>99
<i>candesartan cilexetil tab 8 mg</i>81	<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>99
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CARDURA XL TAB 8MG.....	156	<i>cefixime for susp 100 mg/5ml</i>	122
<i>carglumic acid soluble tab 200 mg.....</i>	146	<i>cefixime for susp 200 mg/5ml.....</i>	122
<i>carisoprodol tab 250 mg</i>	176	<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	
<i>carisoprodol tab 350 mg</i>	176	.....	122
CARNITOR SF SOL 1GM/10ML	146	<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	
CARNITOR SOL 1GM/10ML	146	.....	122
CARNITOR TAB 330MG	146	<i>cefpodoxime proxetil tab 100 mg</i>	122
<i>carteolol hcl ophth soln 1%</i>	178	<i>cefpodoxime proxetil tab 200 mg</i>	122
<i>cartia xt cap 120/24hr</i>	114	<i>cefprozil for susp 125 mg/5ml</i>	121
<i>cartia xt cap 180/24hr.....</i>	114	<i>cefprozil for susp 250 mg/5ml</i>	121
<i>cartia xt cap 240/24hr</i>	114	<i>cefprozil tab 250 mg</i>	121
<i>cartia xt cap 300/24hr.....</i>	114	<i>cefprozil tab 500 mg</i>	122
<i>carvedilol phosphate cap er 24hr 10 mg ..</i>	111	<i>ceftazidime for inj 1 gm</i>	122
<i>carvedilol phosphate cap er 24hr 20 mg ..</i>	111	<i>ceftazidime for inj 6 gm</i>	122
<i>carvedilol phosphate cap er 24hr 40 mg ..</i>	111	<i>ceftriaxone sodium for inj 1 gm</i>	122
<i>carvedilol phosphate cap er 24hr 80 mg ..</i>	111	<i>ceftriaxone sodium for inj 250 mg</i>	122
<i>carvedilol tab 12.5 mg</i>	111	<i>ceftriaxone sodium for inj 2 gm</i>	122
<i>carvedilol tab 25 mg</i>	111	<i>ceftriaxone sodium for inj 500 mg</i>	122
<i>carvedilol tab 3.125 mg.....</i>	111	<i>cefuroxime axetil tab 250 mg</i>	122
<i>carvedilol tab 6.25 mg</i>	111	<i>cefuroxime axetil tab 500 mg</i>	122
CASODEX TAB 50MG	91	CELEBREX CAP 100MG	29
CAVERJECT IM KIT 10MCG.....	118	CELEBREX CAP 200MG.....	29
CAVERJECT IM KIT 20MCG	118	CELEBREX CAP 400MG.....	29
CAVERJECT INJ 20MCG.....	118	CELEBREX CAP 50MG	29
CAVERJECT INJ 40MCG	118	<i>celecoxib cap 100 mg.....</i>	29
CAYSTON INH 75MG	44	<i>celecoxib cap 200 mg</i>	29
<i>cefaclor cap 250 mg</i>	121	<i>celecoxib cap 400 mg</i>	29
<i>cefaclor cap 500 mg</i>	121	<i>celecoxib cap 50 mg</i>	29
CEFACLOR ER TAB 500MG.....	121	CELEXA TAB 10MG	63
<i>cefaclor for susp 250 mg/5ml</i>	121	CELEXA TAB 20MG	63
<i>cefadroxil cap 500 mg.....</i>	121	CELEXA TAB 40MG	63
<i>cefadroxil for susp 250 mg/5ml</i>	121	CELLCEPT CAP 250MG	170
<i>cefadroxil for susp 500 mg/5ml.....</i>	121	CELLCEPT SUS 200MG/ML	170

CELLCEPT TAB 500MG.....	170	<i>ciclopirox olamine susp 0.77% (base equiv)</i>	133
CELONTIN CAP 300MG.....	62	.....	133
CEM-UREA SOL 45%.....	139	<i>ciclopirox shampoo 1%.....</i>	133
<i>cephalexin cap 250 mg</i>	121	<i>ciclopirox solution 8%.....</i>	133
<i>cephalexin cap 500 mg</i>	121	<i>cilostazol tab 100 mg</i>	158
<i>cephalexin cap 750 mg</i>	121	<i>cilostazol tab 50 mg</i>	158
<i>cephalexin for susp 125 mg/5ml</i>	121	CILOXAN OIN 0.3% OP.....	180
<i>cephalexin for susp 250 mg/5ml</i>	121	CIMDUO TAB 300-300.....	106
CEQUA SOL 0.09%.....	180	<i>cimetidine hcl soln 300 mg/5ml.....</i>	198
CERDELGA CAP 84MG.....	158	<i>cimetidine tab 200 mg</i>	198
CETRAXAL SOL 0.2%.....	183	<i>cimetidine tab 300 mg</i>	198
<i>cetorelix acetate for inj kit 0.25 mg</i>	145	<i>cimetidine tab 400 mg</i>	198
CETROTIDE KIT 0.25MG.....	145	<i>cimetidine tab 800 mg</i>	198
<i>cevimeline hcl cap 30 mg</i>	173	<i>cinacalcet hcl tab 30 mg (base equiv).....</i>	146
<i>charlotte 24 chw fe 1/20</i>	123	<i>cinacalcet hcl tab 60 mg (base equiv).....</i>	146
<i>chateal eq tab 0.15/30</i>	123	<i>cinacalcet hcl tab 90 mg (base equiv).....</i>	146
CHEMET CAP 100MG.....	72	CIPRO (10%) SUS 500MG/5.....	152
CHENODAL TAB 250MG.....	152	CIPRO (5%) SUS 250MG/5.....	152
<i>chlordiazepoxide hcl cap 10 mg</i>	46	<i>ciprofloxacin-dexamethasone otic susp</i>	
<i>chlordiazepoxide hcl cap 25 mg</i>	46	0.3-0.1%.....	183
<i>chlordiazepoxide hcl cap 5 mg</i>	46	<i>ciprofloxacin-fluocinolone acetone (pf) otic</i>	
<i>chlorhexidine gluconate soln 0.12%</i>	172	<i>soln 0.3-0.025%</i>	183
<i>chloroquine phosphate tab 250 mg</i>	87	<i>ciprofloxacin hcl ophth soln 0.3% (base</i>	
<i>chloroquine phosphate tab 500 mg</i>	88	<i>equivalent)</i>	180
<i>chlorpromazine hcl tab 10 mg</i>	105	<i>ciprofloxacin hcl otic soln 0.2% (base</i>	
<i>chlorthalidone tab 25 mg</i>	143	<i>equivalent)</i>	183
<i>chlorthalidone tab 50 mg</i>	143	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	
CHOLBAM CAP 250MG.....	152	.....	152
CHOLBAM CAP 50MG.....	152	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	
<i>cholestyramine light powder 4 gm/dose..</i>	77	.....	152
<i>cholestyramine light powder packets 4 gm</i>		<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	
.....	77	.....	152
<i>cholestyramine powder 4 gm/dose</i>	77	<i>citalopram hydrobromide oral soln 10</i>	
<i>cholestyramine powder packets 4 gm</i>	77	<i>mg/5ml</i>	63
<i>choline fenofibrate cap dr 135 mg</i>		<i>citalopram hydrobromide tab 10 mg (base</i>	
<i>(fenofibric acid equiv)</i>	77	<i>equiv)</i>	63
<i>choline fenofibrate cap dr 45 mg (fenofibric</i>		<i>citalopram hydrobromide tab 20 mg (base</i>	
<i>acid equiv)</i>	77	<i>equiv)</i>	63
CHOR GONADOT INJ 10000UNT.....	144	<i>citalopram hydrobromide tab 40 mg (base</i>	
<i>ciclodan sol 8%</i>	133	<i>equiv)</i>	64
<i>ciclopirox gel 0.77%</i>	133	CITRANATAL CAP HARMONY.....	174
<i>ciclopirox olamine cream 0.77% (base</i>		CITRANATAL MIS 90 DHA.....	174
<i>equiv)</i>	133	CITRANATAL MIS B-CALM.....	174
		CITRANATAL PAK ASSURE.....	174

<i>claravis cap 10mg</i>	132	<i>clobetasol propionate cream 0.05%</i>	137
<i>claravis cap 20mg</i>	132	<i>clobetasol propionate gel 0.05%</i>	137
<i>claravis cap 30mg</i>	132	<i>clobetasol propionate lotion 0.05%</i>	137
<i>claravis cap 40mg</i>	132	<i>clobetasol propionate oint 0.05%</i>	137
CLARINEX TAB 5MG	76	<i>clobetasol propionate soln 0.05%</i>	137
<i>clarithromycin for susp 125 mg/5ml</i>	164	<i>clomid tab 50mg</i>	144
<i>clarithromycin for susp 250 mg/5ml</i>	164	<i>clomiphene citrate tab 50 mg</i>	144
<i>clarithromycin tab 250 mg</i>	164	<i>clomipramine hcl cap 25 mg</i>	67
<i>clarithromycin tab 500 mg</i>	164	<i>clomipramine hcl cap 50 mg</i>	67
<i>clarithromycin tab er 24hr 500 mg</i>	164	<i>clomipramine hcl cap 75 mg</i>	67
<i>clemastine fumarate tab 2.68 mg</i>	76	<i>clonazepam orally disintegrating tab 0.125</i> <i>mg</i>	55
CLEOCIN CRE 2% VAG	202	<i>clonazepam orally disintegrating tab 0.25</i> <i>mg</i>	55
CLEOCIN SUP 100MG	202	<i>clonazepam orally disintegrating tab 0.5 mg</i>	55
CLEOCIN-T LOT 1%.....	132	<i>clonazepam orally disintegrating tab 1 mg</i>	55
CLIMARA DIS 0.025MG	150	<i>clonazepam orally disintegrating tab 2 mg</i>	55
CLIMARA DIS 0.0375MG	150	<i>clonazepam tab 0.5 mg</i>	55
CLIMARA DIS 0.05MG.....	150	<i>clonazepam tab 1 mg</i>	55
CLIMARA DIS 0.06MG.....	150	<i>clonazepam tab 2 mg</i>	55
CLIMARA DIS 0.075MG	150	<i>clonidine hcl tab 0.1 mg</i>	82
CLIMARA DIS 0.1MG.....	150	<i>clonidine hcl tab 0.2 mg</i>	82
CLIMARA PRO DIS WEEKLY	149	<i>clonidine hcl tab 0.3 mg</i>	82
<i>clindacin mis etz 1%</i>	132	<i>clonidine hcl tab er 12hr 0.1 mg</i>	21
<i>clindacin-p pad 1%</i>	132	<i>clonidine td patch weekly 0.1 mg/24hr</i>	82
<i>clindamycin hcl cap 150 mg</i>	44	<i>clonidine td patch weekly 0.2 mg/24hr</i>	82
<i>clindamycin hcl cap 300 mg</i>	44	<i>clonidine td patch weekly 0.3 mg/24hr</i>	82
<i>clindamycin hcl cap 75 mg</i>	44	<i>clopidogrel bisulfate tab 300 mg (base</i> <i>equiv)</i>	158
<i>clindamycin palmitate hcl for soln 75</i> <i>mg/5ml (base equiv)</i>	44	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	158
<i>clindamycin phosphate-benzoyl peroxide</i> <i>gel 1-5%</i>	132	<i>clorazepate dipotassium tab 15 mg</i>	46
<i>clindamycin phosphate gel 1%</i>	132	<i>clorazepate dipotassium tab 3.75 mg</i>	46
<i>clindamycin phosphate lotion 1%</i>	132	<i>clorazepate dipotassium tab 7.5 mg</i>	46
<i>clindamycin phosphate soln 1%</i>	132	<i>clotrimazole troche 10 mg</i>	172
<i>clindamycin phosphate swab 1%</i>	132	<i>clotrimazole w/ betamethasone cream 1-</i> <i>0.05%</i>	134
<i>clindamycin phosphate vaginal cream 2%</i>	202	<i>clotrimazole w/ betamethasone lotion 1-</i> <i>0.05%</i>	134
<i>clindamycin phosph-benzoyl peroxide</i> <i>(refrig) gel 1.2 (1)-5%</i>	132	<i>clozapine orally disintegrating tab 100 mg</i>	103
CLINDESSE CRE 2%.....	202		
<i>clinpro 5000 pst 1.1%</i>	172		
<i>clobazam suspension 2.5 mg/ml</i>	55		
<i>clobazam tab 10 mg</i>	55		
<i>clobazam tab 20 mg</i>	55		
<i>clobetasol e cre 0.05%</i>	137		

<i>clozapine orally disintegrating tab 12.5 mg</i>	103	COMPLETE NAT PAK DHA	174
<i>clozapine orally disintegrating tab 150 mg</i>	103	<i>compro sup 25mg</i>	105
<i>clozapine orally disintegrating tab 200 mg</i>	103	COMTAN TAB 200MG	98
<i>clozapine orally disintegrating tab 25 mg</i>	103	CO-NATAL FA TAB 29-1MG	174
<i>clozapine tab 100 mg</i>	103	CONCEPT DHA CAP	174
<i>clozapine tab 200 mg</i>	103	CONCEPT OB CAP	174
<i>clozapine tab 25 mg</i>	103	CONCERTA TAB 18MG	22
<i>clozapine tab 50 mg</i>	103	CONCERTA TAB 27MG	23
CLOZARIL TAB 100MG	103	CONCERTA TAB 36MG	23
CLOZARIL TAB 25MG	103	CONCERTA TAB 54MG	23
C-NATE DHA CAP 28-1-200	174	CONDYLOX GEL 0.5%	140
COARTEM TAB 20-120MG	87	<i>constulose sol 10gm/15</i>	164
<i>codeine sulfate tab 30 mg</i>	32	CONTRAVE TAB 8-90MG	20
CODEINE SULF TAB 15MG	32	CONZIP CAP 100MG	32
CODEINE SULF TAB 60MG	32	CONZIP CAP 200MG	33
COLAZAL CAP 750MG	153	CONZIP CAP 300MG	33
<i>colchicine cap 0.6 mg</i>	157	COPAXONE INJ 20MG/ML	188
<i>colchicine tab 0.6 mg</i>	157	COPAXONE INJ 40MG/ML	188
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	156	COPIKTRA CAP 15MG	93
COLCRYS TAB 0.6MG	157	COPIKTRA CAP 25MG	93
<i>colesevelam hcl packet for susp 3.75 gm</i>	77	COREG CR CAP 10MG	111
<i>colesevelam hcl tab 625 mg</i>	77	COREG CR CAP 20MG	111
COLESTID FLA GRA 5/7.5GM	77	COREG CR CAP 40MG	111
COLESTID FLA GRA 5GM	77	COREG CR CAP 80MG	111
COLESTID GRA 5GM	77	<i>coremino tab 135mg</i>	192
COLESTID POW 5GM	77	<i>coremino tab 45mg</i>	192
COLESTID TAB 1GM	77	<i>coremino tab 90mg</i>	192
<i>colestipol hcl granule packets 5 gm</i>	77	CORGARD TAB 20MG	113
<i>colestipol hcl granules 5 gm</i>	77	CORGARD TAB 40MG	113
<i>colestipol hcl tab 1 gm</i>	77	CORLANOR SOL 5MG/5ML	121
COMBIGAN SOL 0.2/0.5%	178	CORLANOR TAB 5MG	121
COMBIPATCH DIS	149	CORLANOR TAB 7.5MG	121
COMBIVENT AER 20-100	51	CORTEF TAB 10MG	129
COMBIVIR TAB 150-300	106	CORTEF TAB 20MG	129
COMETRIQ KIT 100MG	93	CORTEF TAB 5MG	129
COMETRIQ KIT 140MG	93	CORTIFOAM AER 90MG	42
COMETRIQ KIT 60MG	93	COSENTYX INJ 150MG/ML	135
COMPLERA TAB	106	COSENTYX INJ 300DOSE	135
COMPLETENATE CHW	174	COSENTYX INJ 75MG/0.5	135
		COSENTYX PEN INJ 150MG/ML	135
		COSENTYX PEN INJ 300DOSE	135
		COSENTYX UNO INJ 300/2ML	135
		COSOFT PF SOL 2%-0.5%	178
		COSOFT SOL 2-0.5%OP	178

COTELLIC TAB 20MG	93	CYCLOPHOSPH TAB 50MG.....	89
COZAAR TAB 100MG	82	<i>cycloserine cap 250 mg</i>	88
COZAAR TAB 25MG	82	CYCLOSET TAB 0.8MG.....	70
COZAAR TAB 50MG	82	<i>cyclosporine (ophth) emulsion 0.05% ...</i>	180
CREON CAP 12000UNT	141	<i>cyclosporine cap 100 mg</i>	170
CREON CAP 24000UNT.....	141	<i>cyclosporine cap 25 mg</i>	170
CREON CAP 3000UNIT	141	<i>cyclosporine modified cap 100 mg</i>	170
CREON CAP 36000UNT.....	141	<i>cyclosporine modified cap 25 mg</i>	170
CREON CAP 6000UNIT.....	141	<i>cyclosporine modified cap 50 mg</i>	170
CRESEMBA CAP 186MG	75	<i>cyclosporine modified oral soln 100 mg/ml</i>	
CRESEMBA CAP 74.5MG.....	75	.....	170
CRESTOR TAB 10MG	78	CYMBALTA CAP 20MG	65
CRESTOR TAB 20MG	78	CYMBALTA CAP 30MG	65
CRESTOR TAB 40MG	78	CYMBALTA CAP 60MG	65
CRESTOR TAB 5MG.....	78	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	76
CREXONT CAP 35-140MG	99	<i>cyproheptadine hcl tab 4 mg</i>	76
CREXONT CAP 52.5-210.....	99	<i>cyred eq tab</i>	123
CREXONT CAP 70-280MG.....	99	<i>cyred tab</i>	123
CREXONT CAP 87.5-350.....	99	CYSTADROPS SOL 0.37%	182
CRINONE GEL 4% VAG.....	203	CYSTAGON CAP 150MG	155
CRINONE GEL 8% VAG.....	203	CYSTAGON CAP 50MG.....	155
<i>cromolyn sodium ophth soln 4%</i>	182	CYSTARAN SOL 0.44%	182
<i>cromolyn sodium oral conc 100 mg/5ml</i>	152	<i>cytarabine inj 20 mg/ml</i>	89
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	48	<i>cytarabine inj pf 100 mg/ml</i>	89
<i>crotan lot 10%</i>	141	<i>cytarabine inj pf 20 mg/ml</i>	89
<i>cryselle-28 tab 28 tabs</i>	123	CYTOMEL TAB 25MCG	194
CUPRIMINE CAP 250MG	169	CYTOMEL TAB 50MCG	194
<i>curity salin sol 0.9% irr</i>	155	CYTOMEL TAB 5MCG	194
CUVPOSA SOL 1MG/5ML.....	197	CYTOTEC TAB 100MCG	200
CUVRIOR TAB 300MG.....	169	CYTOTEC TAB 200MCG	200
<i>cyanocobalamin inj 1000 mcg/ml</i>	158	D	
<i>cyclobenzaprine hcl tab 10 mg</i>	176	<i>dalfampridine tab er 12hr 10 mg</i>	188
<i>cyclobenzaprine hcl tab 5 mg</i>	176	DALIRESP TAB 250MCG	49
<i>cyclobenzaprine hcl tab 7.5 mg</i>	176	DALIRESP TAB 500MCG	49
CYCLOGYL SOL 0.5% OP	179	<i>danazol cap 100 mg</i>	41
CYCLOGYL SOL 1% OP	179	<i>danazol cap 200 mg</i>	41
CYCLOGYL SOL 2% OP.....	179	<i>danazol cap 50 mg</i>	41
<i>cyclopentolate hcl ophth soln 1%</i>	179	DANTRIUM CAP 25MG	177
<i>cyclophosphamide cap 25 mg</i>	89	<i>dantrolene sodium cap 100 mg</i>	177
<i>cyclophosphamide cap 50 mg</i>	89	<i>dantrolene sodium cap 25 mg</i>	177
<i>cyclophosphamide for inj 1 gm</i>	89	<i>dantrolene sodium cap 50 mg</i>	177
<i>cyclophosphamide for inj 2 gm</i>	89	<i>dapsone gel 5%</i>	132
<i>cyclophosphamide for inj 500 mg</i>	89	<i>dapsone tab 100 mg</i>	44
CYCLOPHOSPH TAB 25MG	89	<i>dapsone tab 25 mg</i>	44

<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	201	<i>deflazacort tab 18 mg</i>	129
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	201	<i>deflazacort tab 30 mg</i>	129
<i>darunavir tab 600 mg</i>	106	<i>deflazacort tab 36 mg</i>	129
<i>darunavir tab 800 mg</i>	106	<i>deflazacort tab 6 mg</i>	129
<i>dasatinib tab 100 mg</i>	93	DELSTRIGO TAB	107
<i>dasatinib tab 140 mg</i>	93	<i>delyla tab 0.1-0.02</i>	123
<i>dasatinib tab 20 mg</i>	93	<i>demeclocycline hcl tab 150 mg</i>	192
<i>dasatinib tab 50 mg</i>	93	<i>demeclocycline hcl tab 300 mg</i>	192
<i>dasatinib tab 70 mg</i>	93	DEMEROL INJ 100MG/ML	33
<i>dasatinib tab 80 mg</i>	93	DENAVIR CRE 1%	136
<i>dasetta tab 1/35</i>	123	<i>denta 5000 cre plus</i>	173
<i>dasetta tab 7/7/7</i>	123	<i>denta 5000 cre plus 2pk</i>	173
DAURISMO TAB 100MG	91	DENTA 5000 GEL PLUS SEN	173
DAURISMO TAB 25MG	91	<i>dentagel gel 1.1%</i>	173
DAYBUE SOL 200MG/ML	178	DEPAKOTE ER TAB 250MG	62
DAYPRO TAB 600MG	29	DEPAKOTE ER TAB 500MG	62
<i>daysee tab</i>	123	DEPAKOTE SPR CAP 125MG	62
DAYTRANA DIS 10MG/9HR	23	DEPAKOTE TAB 125MG DR	62
DAYTRANA DIS 15MG/9HR	23	DEPAKOTE TAB 250MG DR	62
DAYTRANA DIS 20MG/9HR	23	DEPAKOTE TAB 500MG DR	62
DAYTRANA DIS 30MG/9HR	23	DEPEN TITRA TAB 250MG	170
DAYVIGO TAB 10MG	163	DEPO-ESTRADI INJ 5MG/ML	150
DAYVIGO TAB 5MG	163	DEPO-PROVERA INJ 150MG/ML	128
DDAVP INJ 4MCG/ML	148	DEPO-SQ PROV INJ 104	128
DDAVP TAB 0.1MG	148	<i>depo-testost inj 100mg/ml</i>	41
DDAVP TAB 0.2MG	148	<i>depo-testost inj 200mg/ml</i>	41
DEBACTEROL SOL 30-50%	172	DERMA-SMOOTH OIL /FS BODY	137
<i>deblitane tab 0.35mg</i>	128	DERMA-SMOOTH OIL /FS SCLP	137
<i>deferasirox granules packet 180 mg</i>	72	DERMOTIC OIL 0.01%	183
<i>deferasirox granules packet 360 mg</i>	72	DESCOVY TAB 120-15MG	107
<i>deferasirox granules packet 90 mg</i>	72	DESCOVY TAB 200/25MG	107
<i>deferasirox tab 180 mg</i>	72	DEFERAL INJ 500MG	73
<i>deferasirox tab 360 mg</i>	72	<i>desipramine hcl tab 100 mg</i>	67
<i>deferasirox tab 90 mg</i>	72	<i>desipramine hcl tab 10 mg</i>	67
<i>deferasirox tab for oral susp 125 mg</i>	72	<i>desipramine hcl tab 150 mg</i>	67
<i>deferasirox tab for oral susp 250 mg</i>	72	<i>desipramine hcl tab 25 mg</i>	67
<i>deferasirox tab for oral susp 500 mg</i>	72	<i>desipramine hcl tab 50 mg</i>	67
<i>deferiprone tab 1000 mg</i>	72	<i>desipramine hcl tab 75 mg</i>	67
<i>deferiprone tab 500 mg</i>	72	<i>desloratadine tab 5 mg</i>	76
<i>deferoxamine mesylate for inj 2 gm</i>	73	<i>desmopressin acetate inj 4 mcg/ml</i>	148
<i>deferoxamine mesylate for inj 500 mg</i>	73	<i>desmopressin acetate nasal spray soln 0.01%</i>	148
<i>deflazacort susp 22.75 mg/ml</i>	129	<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	148

<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	148	DEXILANT CAP 30MG DR	198
<i>desmopressin acetate tab 0.1 mg</i>	148	DEXILANT CAP 60MG DR	198
<i>desmopressin acetate tab 0.2 mg</i>	148	<i>dexlansoprazole cap delayed release 30 mg</i>	199
DESMOPRESSIN SOL 1.5MG/ML	148	<i>dexlansoprazole cap delayed release 60 mg</i>	199
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	123	<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	23
<i>desonide cream 0.05%</i>	137	<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	23
<i>desonide lotion 0.05%</i>	137	<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	23
<i>desonide oint 0.05%</i>	137	<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	23
DESOWEN CRE 0.05%	137	<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	23
<i>desoximetasone cream 0.05%</i>	137	<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	23
<i>desoximetasone cream 0.25%</i>	137	<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	23
<i>desoximetasone gel 0.05%</i>	137	<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	23
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	65	<i>dexmethylphenidate hcl tab 10 mg</i>	23
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	65	<i>dexmethylphenidate hcl tab 2.5 mg</i>	23
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	65	<i>dexmethylphenidate hcl tab 5 mg</i>	23
DESVENLAFAX TAB 100MG ER	65	<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	18
DESVENLAFAX TAB 50MG ER.....	65	<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	18
DEXAMETHASON CON 1MG/ML	129	<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	18
<i>dexamethasone elixir 0.5 mg/5ml</i>	129	<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	18
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	129	<i>dextroamphetamine sulfate tab 10 mg</i>	18
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	181	<i>dextroamphetamine sulfate tab 15 mg</i>	18
<i>dexamethasone soln 0.5 mg/5ml</i>	129	<i>dextroamphetamine sulfate tab 2.5 mg</i>	18
<i>dexamethasone tab 0.5 mg</i>	129	<i>dextroamphetamine sulfate tab 20 mg</i>	18
<i>dexamethasone tab 0.75 mg</i>	129	<i>dextroamphetamine sulfate tab 30 mg</i>	18
<i>dexamethasone tab 1.5 mg</i>	129	<i>dextroamphetamine sulfate tab 5 mg</i>	18
<i>dexamethasone tab 1 mg</i>	129	<i>dextroamphetamine sulfate tab 7.5 mg</i>	18
<i>dexamethasone tab 2 mg</i>	129	DHIVY TAB 25-100MG	99
<i>dexamethasone tab 4 mg</i>	129	DIACOMIT CAP 250MG	56
<i>dexamethasone tab 6 mg</i>	129	DIACOMIT CAP 500MG.....	56
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DIASTAT ACDL GEL 5-10MG.....	55	<i>diethylpropion hcl tab 25 mg</i>	20
DIASTAT PED GEL 2.5M GEL	55	<i>diethylpropion hcl tab er 24hr 75 mg</i>	20
<i>diazepam con 5mg/ml</i>	46	DIFICID SUS.....	165
<i>diazepam conc 5 mg/ml</i>	47	DIFICID TAB 200MG	165
<i>diazepam inj 5 mg/ml</i>	47	<i>diflorasone diacetate oint 0.05%</i>	138
<i>diazepam oral soln 1 mg/ml</i>	47	DIFLUCAN SUS 10MG/ML	75
<i>diazepam rectal gel delivery system 10 mg</i>	55	DIFLUCAN SUS 40MG/ML	75
<i>diazepam rectal gel delivery system 2.5 mg</i>	55	DIFLUCAN TAB 100MG	75
<i>diazepam rectal gel delivery system 20 mg</i>	55	DIFLUCAN TAB 150MG	75
<i>diazepam tab 10 mg</i>	47	DIFLUCAN TAB 200MG	75
<i>diazepam tab 2 mg</i>	47	<i>diflunisal tab 500 mg</i>	32
<i>diazepam tab 5 mg</i>	47	<i>difluprednate ophth emulsion 0.05%</i>	181
<i>diazoxide susp 50 mg/ml</i>	69	<i>digoxin inj 0.25 mg/ml</i>	117
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<i>diclofenac epolamine patch 1.3%</i>	133	<i>digoxin tab 250 mcg (0.25 mg)</i>	117
<i>diclofenac potassium (migraine) packet 50</i> <i>mg</i>	167	DILANTIN-125 SUS 125/5ML	62
<i>diclofenac potassium tab 50 mg</i>	30	DILANTIN CAP 100MG.....	62
<i>diclofenac sodium (actinic keratoses) gel</i> <i>3%</i>	134	DILANTIN CAP 30MG.....	62
<i>diclofenac sodium gel 1% (1.16%</i> <i>diethylamine equiv)</i>	133	DILANTIN CHW 50MG	62
<i>diclofenac sodium ophth soln 0.1%</i>	182	DILAUDID LIQ 1MG/ML	33
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<i>diclofenac sodium soln 2%</i>	133	DILAUDID TAB 4MG	33
<i>diclofenac sodium tab delayed release 25</i> <i>mg</i>	30	DILAUDID TAB 8MG	33
<i>diclofenac sodium tab delayed release 50</i> <i>mg</i>	30	<i>diltiazem hcl cap er 12hr 120 mg</i>	114
<i>diclofenac sodium tab delayed release 75</i> <i>mg</i>	30	<i>diltiazem hcl cap er 12hr 60 mg</i>	114
<i>diclofenac sodium tab er 24hr 100 mg</i>	30	<i>diltiazem hcl cap er 12hr 90 mg</i>	114
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 50-0.2 mg</i>	30	<i>diltiazem hcl cap er 24hr 120 mg</i>	114
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 75-0.2 mg</i>	30	<i>diltiazem hcl cap er 24hr 180 mg</i>	114
<i>dicloxacillin sodium cap 250 mg</i>	185	<i>diltiazem hcl cap er 24hr 240 mg</i>	114
<i>dicloxacillin sodium cap 500 mg</i>	185	<i>diltiazem hcl coated beads cap er 24hr 120</i> <i>mg</i>	114
		<i>diltiazem hcl coated beads cap er 24hr 180</i> <i>mg</i>	114
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		<i>diltiazem hcl coated beads cap er 24hr 300</i> <i>mg</i>	114
		<i>diltiazem hcl coated beads cap er 24hr 360</i> <i>mg</i>	114
		<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 120 mg</i>	114

<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	114	<i>disopyramide phosphate cap 100 mg</i>	47
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	114	<i>disopyramide phosphate cap 150 mg</i>	47
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	114	<i>disulfiram tab 250 mg</i>	185
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	114	<i>disulfiram tab 500 mg</i>	185
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<i>diltiazem hcl tab 60 mg</i>	115	<i>divalproex sodium tab delayed release 125 mg</i>	62
<i>diltiazem hcl tab 90 mg</i>	115	<i>divalproex sodium tab delayed release 250 mg</i>	62
<i>diltiazem hcl tab er 24hr 120 mg</i>	115	<i>divalproex sodium tab delayed release 500 mg</i>	62
<i>diltiazem hcl tab er 24hr 180 mg</i>	115	<i>divalproex sodium tab er 24 hr 250 mg</i>	62
<i>diltiazem hcl tab er 24hr 240 mg</i>	115	<i>divalproex sodium tab er 24 hr 500 mg</i> ...	62
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<i>diltiazem hcl tab er 24hr 360 mg</i>	115	DIVIGEL GEL 0.5MG.....	150
<i>diltiazem hcl tab er 24hr 420 mg</i>	115	DIVIGEL GEL 0.75MG	150
<i>dilt-xr cap 120mg</i>	114	DIVIGEL GEL 1.25MG	150
<i>dilt-xr cap 180mg</i>	114	DIVIGEL GEL 1MG/GM.....	150
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<i>dimethyl fumarate capsule delayed release 120 mg</i>	188	<i>dofetilide cap 125 mcg (0.125 mg)</i>	48
<i>dimethyl fumarate capsule delayed release 240 mg</i>	188	<i>dofetilide cap 250 mcg (0.25 mg)</i>	48
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	188	<i>dofetilide cap 500 mcg (0.5 mg)</i>	48
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<i>dotti dis 0.0375mg</i>	150	<i>doxycycline monohydrate for susp 25</i>	
<i>dotti dis 0.05mg</i>	150	<i>mg/5ml</i>	193
<i>dotti dis 0.075mg</i>	150	<i>doxycycline monohydrate tab 100 mg</i>	193
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<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>		DRIZALMA CAP 60MG DR	66
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<i>doxepin hcl cap 10 mg</i>	67	<i>dronabinol cap 5 mg</i>	74
<i>doxepin hcl cap 150 mg</i>	67	<i>drosiprenone-ethinyl estradiol tab 3-0.02</i>	
<i>doxepin hcl cap 25 mg</i>	67	<i>mg</i>	123
<i>doxepin hcl cap 50 mg</i>	67	<i>drosiprenone-ethinyl estradiol tab 3-0.03</i>	
<i>doxepin hcl cap 75 mg</i>	67	<i>mg</i>	123
<i>doxepin hcl conc 10 mg/ml</i>	67	<i>drosiprenone-ethinyl estrad-levomefolate</i>	
<i>doxepin hcl cream 5%</i>	135	<i>tab 3-0.02-0.451 mg</i>	123
<i>doxercalciferol cap 0.5 mcg</i>	146	<i>drosiprenone-ethinyl estrad-levomefolate</i>	
<i>doxercalciferol cap 1 mcg</i>	146	<i>tab 3-0.03-0.451 mg</i>	123
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<i>doxycycline hyclate cap 100 mg</i>	192	<i>droxidopa cap 100 mg</i>	203
<i>doxycycline hyclate cap 50 mg</i>	192	<i>droxidopa cap 200 mg</i>	203
<i>doxycycline hyclate tab 100 mg</i>	192	<i>droxidopa cap 300 mg</i>	203
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<i>150 mg</i>	192	<i>duloxetine hcl enteric coated pellets cap 20</i>	
<i>doxycycline hyclate tab delayed release</i>		<i>mg (base eq)</i>	66
<i>200 mg</i>	192	<i>duloxetine hcl enteric coated pellets cap 30</i>	
<i>doxycycline hyclate tab delayed release 50</i>		<i>mg (base eq)</i>	66
<i>mg</i>	192	<i>duloxetine hcl enteric coated pellets cap 40</i>	
<i>doxycycline hyclate tab delayed release 75</i>		<i>mg (base eq)</i>	66
<i>mg</i>	192	<i>duloxetine hcl enteric coated pellets cap 60</i>	
<i>doxycycline monohydrate cap 100 mg</i> ...	193	<i>mg (base eq)</i>	66
<i>doxycycline monohydrate cap 150 mg</i>	193	DUOPA SUS 4.63-20	99
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<i>ec-naproxen tab 375mg</i>	30
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ELEPSIA XR TAB 1500MG	56
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<i>eletriptan hydrobromide tab 40 mg (base</i> <i>equivalent)</i>	167
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<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 100-150 mg</i>	107
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 133-200 mg</i>	107
<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 167-250 mg</i>	107
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<i>emzahh tab 0.35mg</i>	128
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<i>enalapril maleate & hydrochlorothiazide tab</i> <i>5-12.5 mg</i>	84	ENTRESTO TAB 24-26MG	118
<i>enalapril maleate oral soln 1 mg/ml</i>	80	ENTRESTO TAB 49-51MG	118
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<i>enoxaparin sodium inj soln pref syr 100</i> <i>mg/ml</i>	54	<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.15ml (1:1000)</i>	203
<i>enoxaparin sodium inj soln pref syr 120</i> <i>mg/0.8ml</i>	54	<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.3ml (1:2000)</i>	203
<i>enoxaparin sodium inj soln pref syr 150</i> <i>mg/ml</i>	54	<i>epinephrine solution auto-injector 0.3</i> <i>mg/0.3ml (1:1000)</i>	203
<i>enoxaparin sodium inj soln pref syr 30</i> <i>mg/0.3ml</i>	53	EPIPEN 2-PAK INJ 0.3MG	203
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erythromycin ethylsuccinate for susp 400 mg/5ml.....	165	estradiol tab 1 mg	150
erythromycin ethylsuccinate tab 400 mg	165	estradiol tab 2 mg.....	150
erythromycin gel 2%	132	estradiol td gel 0.25 mg/0.25gm (0.1%) .150	
erythromycin ophth oint 5 mg/gm.....	180	estradiol td gel 0.5 mg/0.5gm (0.1%)	150
erythromycin soln 2%	132	estradiol td gel 0.75 mg/0.75gm (0.1%) .150	
erythromycin tab 250 mg	165	estradiol td gel 1.25 mg/1.25gm (0.1%) ...150	
erythromycin tab 500 mg.....	165	estradiol td gel 1 mg/gm (0.1%)	150
erythromycin tab delayed release 250 mg	165	estradiol td patch twice weekly 0.025 mg/24hr	150
erythromycin tab delayed release 333 mg	165		
erythromycin tab delayed release 500 mg	165		
ESBRIET CAP 267MG.....	192		
ESBRIET TAB 267MG	192		
ESBRIET TAB 801MG.....	192		
escitalopram oxalate soln 5 mg/5ml (base equiv)	64		

<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	151	<i>etravirine tab 200 mg</i>	107
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	150	<i>EUCRISA OIN 2%</i>	140
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	150	<i>euthyrox tab 100mcg</i>	194
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	150	<i>euthyrox tab 112mcg</i>	194
<i>estradiol td patch weekly 0.025 mg/24hr</i>	151	<i>euthyrox tab 125mcg</i>	194
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	151	<i>euthyrox tab 137mcg</i>	194
<i>estradiol td patch weekly 0.05 mg/24hr</i> ..	151	<i>euthyrox tab 150mcg</i>	194
<i>estradiol td patch weekly 0.06 mg/24hr</i> ..	151	<i>euthyrox tab 175mcg</i>	194
<i>estradiol td patch weekly 0.075 mg/24hr</i>	151	<i>euthyrox tab 200mcg</i>	194
<i>estradiol td patch weekly 0.1 mg/24hr</i>	151	<i>euthyrox tab 25mcg</i>	194
<i>estradiol vaginal cream 0.1 mg/gm</i>	202	<i>euthyrox tab 50mcg</i>	194
<i>estradiol vaginal tab 10 mcg</i>	202	<i>euthyrox tab 75mcg</i>	194
<i>estradiol valerate im in oil 20 mg/ml</i>	151	<i>euthyrox tab 88mcg</i>	194
<i>estradiol valerate im in oil 40 mg/ml</i>	151	<i>EVAMIST SPR 1.53MG</i>	151
<i>ESTRING MIS 7.5/24HR</i>	202	<i>everolimus tab 0.25 mg</i>	171
<i>ESTROGEL GEL 0.06%</i>	151	<i>everolimus tab 0.5 mg</i>	171
<i>eszopiclone tab 1 mg</i>	162	<i>everolimus tab 0.75 mg</i>	171
<i>eszopiclone tab 2 mg</i>	162	<i>everolimus tab 10 mg</i>	93
<i>eszopiclone tab 3 mg</i>	162	<i>everolimus tab 1 mg</i>	171
<i>ethacrynic acid tab 25 mg</i>	143	<i>everolimus tab 2.5 mg</i>	93
<i>ethambutol hcl tab 100 mg</i>	88	<i>everolimus tab 5 mg</i>	93
<i>ethambutol hcl tab 400 mg</i>	88	<i>everolimus tab 7.5 mg</i>	93
<i>ethosuximide cap 250 mg</i>	62	<i>everolimus tab for oral susp 2 mg</i>	93
<i>ethosuximide soln 250 mg/5ml</i>	62	<i>everolimus tab for oral susp 3 mg</i>	93
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	123	<i>everolimus tab for oral susp 5 mg</i>	93
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	123	<i>EVISTA TAB 60MG</i>	146
<i>etodolac cap 200 mg</i>	30	<i>EVOTAZ TAB 300-150</i>	107
<i>etodolac cap 300 mg</i>	30	<i>EVRYSDI SOL</i>	178
<i>etodolac tab 400 mg</i>	30	<i>EVRYSDI TAB 5MG</i>	178
<i>etodolac tab 500 mg</i>	30	<i>EXELDERM CRE 1%</i>	134
<i>etodolac tab er 24hr 400 mg</i>	30	<i>EXELDERM SOL 1%</i>	134
<i>etodolac tab er 24hr 500 mg</i>	30	<i>EXELON DIS 13.3/24</i>	186
<i>etodolac tab er 24hr 600 mg</i>	30	<i>EXELON DIS 4.6MG/24</i>	186
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	128	<i>EXELON DIS 9.5MG/24</i>	186
<i>etoposide cap 50 mg</i>	98	<i>exemestane tab 25 mg</i>	91
<i>etravirine tab 100 mg</i>	107	<i>EXFORGEH/10- TAB 160-12.5</i>	85
		<i>EXFORGEH/10- TAB 160-25</i>	85
		<i>EXFORGEH/10- TAB 320-25</i>	85
		<i>EXFORGEH/5- TAB 160-12.5</i>	85
		<i>EXFORGEH/5- TAB 160-25</i>	85
		<i>EXFORGE TAB 10-160MG</i>	85
		<i>EXFORGE TAB 10-320MG</i>	85
		<i>EXFORGE TAB 5-160MG</i>	85
		<i>EXFORGE TAB 5-320MG</i>	85

EXJADE TAB 125MG	72	<i>fenofibrate micronized cap 134 mg</i>	77
EXJADE TAB 250MG	72	<i>fenofibrate micronized cap 200 mg</i>	77
EXJADE TAB 500MG	72	<i>fenofibrate micronized cap 43 mg</i>	77
EYSUVIS DRO 0.25%	181	<i>fenofibrate micronized cap 67 mg</i>	77
EZALLOR SPR CAP 10MG	78	<i>fenofibrate tab 145 mg</i>	77
EZALLOR SPR CAP 20MG	78	<i>fenofibrate tab 160 mg</i>	77
EZALLOR SPR CAP 40MG	78	<i>fenofibrate tab 48 mg</i>	77
EZALLOR SPR CAP 5MG	78	<i>fenofibrate tab 54 mg</i>	77
<i>ezetimibe-simvastatin tab 10-10 mg</i>	76	<i>fenofibric acid tab 105 mg</i>	78
<i>ezetimibe-simvastatin tab 10-20 mg</i>	76	<i>fenofibric acid tab 35 mg</i>	77
<i>ezetimibe-simvastatin tab 10-40 mg</i>	76	<i>fenopropfen calcium tab 600 mg</i>	30
<i>ezetimibe-simvastatin tab 10-80 mg</i>	76	<i>fentanyl citrate buccal tab 100 mcg (base</i>	
<i>ezetimibe tab 10 mg</i>	79	<i>equiv)</i>	33
F		<i>fentanyl citrate buccal tab 200 mcg (base</i>	
<i>falmina tab</i>	123	<i>equiv)</i>	33
<i>famciclovir tab 125 mg</i>	110	<i>fentanyl citrate buccal tab 400 mcg (base</i>	
<i>famciclovir tab 250 mg</i>	110	<i>equiv)</i>	33
<i>famciclovir tab 500 mg</i>	110	<i>fentanyl citrate buccal tab 600 mcg (base</i>	
<i>famotidine for susp 40 mg/5ml</i>	198	<i>equiv)</i>	33
<i>famotidine tab 20 mg</i>	198	<i>fentanyl citrate buccal tab 800 mcg (base</i>	
<i>famotidine tab 40 mg</i>	198	<i>equiv)</i>	33
FARESTON TAB 60MG	91	<i>fentanyl td patch 72hr 100 mcg/hr</i>	33
FARXIGA TAB 10MG	71	<i>fentanyl td patch 72hr 12 mcg/hr</i>	33
FARXIGA TAB 5MG	71	<i>fentanyl td patch 72hr 25 mcg/hr</i>	33
FASENRA PEN INJ 30MG/ML	48	<i>fentanyl td patch 72hr 50 mcg/hr</i>	33
<i>fayosim tab</i>	123	<i>fentanyl td patch 72hr 75 mcg/hr</i>	33
<i>febuxostat tab 40 mg</i>	157	FENTORA TAB 200MCG	33
<i>febuxostat tab 80 mg</i>	157	FENTORA TAB 400MCG	33
<i>feirza tab 1/20</i>	124	FENTORA TAB 600MCG	33
<i>feirza tab 1.5/30</i>	123	FENTORA TAB 800MCG	33
<i>felbamate susp 600 mg/5ml</i>	61	FERPRX 2-DAY TAB 1000MG	72
<i>felbamate tab 400 mg</i>	61	FERRIPROX SOL 100MG/ML	72
<i>felbamate tab 600 mg</i>	61	FERRIPROX TAB 1000MG	73
FELDENE CAP 10MG	30	FERRIPROX TAB 500MG	72
FELDENE CAP 20MG	30	<i>fesoterodine fumarate tab er 24hr 4 mg .201</i>	
<i>felodipine tab er 24hr 10 mg</i>	115	<i>fesoterodine fumarate tab er 24hr 8 mg .201</i>	
<i>felodipine tab er 24hr 2.5 mg</i>	115	FETZIMA CAP 120MG	66
<i>felodipine tab er 24hr 5 mg</i>	115	FETZIMA CAP 20MG	66
FEMARA TAB 2.5MG	91	FETZIMA CAP 40MG	66
FEMRING MIS 0.05/24H	202	FETZIMA CAP 80MG	66
FEMRING MIS 0.1MG/24	202	FETZIMA CAP TITRATIO	66
<i>fenofibrate cap 150 mg</i>	77	FIASP FLEX INJ TOUCH	70
<i>fenofibrate cap 50 mg</i>	77	FIASP INJ 100/ML	70
<i>fenofibrate micronized cap 130 mg</i>	77	FIASP PENFIL INJ U-100	70

FIASP PMPCRT INJ U-100.....	70	<i>fluocinolone acetonide oil 0.01% (body oil)</i>	138
FIBRICOR TAB 105MG.....	78	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	138
FIBRICOR TAB 35MG.....	78	<i>fluocinolone acetonide oint 0.025%</i>	138
FINACEA AER 15%	141	<i>fluocinolone acetonide soln 0.01%</i>	138
FINACEA GEL 15%	141	<i>fluocinonide cream 0.05%</i>	138
<i>finasteride tab 5 mg</i>	156	<i>fluocinonide emulsified base cream 0.05%</i>	138
<i> fingolimod hcl cap 0.5 mg (base equiv)</i> ..	188	<i>fluocinonide gel 0.05%</i>	138
FINTEPLA SOL 2.2MG/ML.....	56	<i>fluocinonide oint 0.05%</i>	138
<i>finzala chw fe 1/20</i>	124	<i>fluocinonide soln 0.05%</i>	138
FIRAZYR INJ 30MG/3ML.....	157	<i>fluoridex pst 1.1%</i>	173
FIRDAPSE TAB 10MG	88	FLUORID SENS GEL 1.1-5%	173
FIRST-OMEPRA SUS 2MG/ML	199	FLUORMX 5000 GEL SENSITIV	173
FIRST-PANTPR SUS 4MG/ML	199	<i>fluormx 5000 pst 1.1%</i>	173
FIRVANQ SOL 25MG/ML.....	44	<i>fluorometholone ophth susp 0.1%</i>	181
FIRVANQ SOL 50MG/ML	44	<i>fluorouracil cream 0.5%</i>	134
<i>flac oil 0.01%</i>	183	<i>fluorouracil cream 5%</i>	134
FLAREX SUS 0.1% OP	181	<i>fluorouracil soln 2%</i>	134
<i>flavoxate hcl tab 100 mg</i>	202	<i>fluorouracil soln 5%</i>	134
<i>flecainide acetate tab 100 mg</i>	48	<i>fluoxetine hcl cap 10 mg</i>	64
<i>flecainide acetate tab 150 mg</i>	48	<i>fluoxetine hcl cap 20 mg</i>	64
<i>flecainide acetate tab 50 mg</i>	48	<i>fluoxetine hcl cap 40 mg</i>	64
FLECTOR DIS 1.3%	133	<i>fluoxetine hcl cap delayed release 90 mg</i>	64
FLEQSUVY SUS 25MG/5ML.....	176	<i>fluoxetine hcl solution 20 mg/5ml</i>	64
FLOMAX CAP 0.4MG.....	156	<i>fluoxetine hcl tab 60 mg</i>	64
FLORIVA DRO PLUS.....	174	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	105
FLOVENT DISK AER 100MCG	50	<i>fluphenazine hcl oral conc 5 mg/ml</i>	105
FLOVENT DISK AER 250MCG.....	50	<i>fluphenazine hcl tab 10 mg</i>	105
FLOVENT DISK AER 50MCG	50	<i>fluphenazine hcl tab 1 mg</i>	105
FLOVENT HFA AER 110MCG	50	<i>fluphenazine hcl tab 2.5 mg</i>	105
FLOVENT HFA AER 220MCG	50	<i>fluphenazine hcl tab 5 mg</i>	105
FLOVENT HFA AER 44MCG	50	<i>flurandrenolide cream 0.05%</i>	138
<i>fluconazole for susp 10 mg/ml</i>	75	<i>flurandrenolide lotion 0.05%</i>	138
<i>fluconazole for susp 40 mg/ml</i>	75	<i>flurazepam hcl cap 15 mg</i>	162
<i>fluconazole tab 100 mg</i>	75	<i>flurazepam hcl cap 30 mg</i>	162
<i>fluconazole tab 150 mg</i>	75	<i>flurbiprofen sodium ophth soln 0.03%</i>	182
<i>fluconazole tab 200 mg</i>	75	<i>flurbiprofen tab 100 mg</i>	30
<i>fluconazole tab 50 mg</i>	75	<i>flurbiprofen tab 50 mg</i>	30
<i>fludrocortisone acetate tab 0.1 mg</i>	130	<i>fluticasone propionate aer pow ba 100</i>	
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>		<i>mcg/act</i>	50
.....	177	<i>fluticasone propionate aer pow ba 250</i>	
<i>fluocinolone acetonide (otic) oil 0.01%</i> ...	183	<i>mcg/act</i>	50
<i>fluocinolone acetonide cream 0.01%</i>	138		
<i>fluocinolone acetonide cream 0.025%</i> ...	138		

<i>fluticasone propionate aer pow ba 50 mcg/act</i>	50	FOCALIN XR CAP 10MG.....	23
<i>fluticasone propionate cream 0.05%</i>	138	FOCALIN XR CAP 15MG.....	23
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	50	FOCALIN XR CAP 20MG.....	23
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	50	FOCALIN XR CAP 25MG.....	23
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	50	FOCALIN XR CAP 30MG.....	23
<i>fluticasone propionate lotion 0.05%</i>	138	FOCALIN XR CAP 35MG.....	24
<i>fluticasone propionate oint 0.005%</i>	138	FOCALIN XR CAP 40MG.....	24
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	51	FOCALIN XR CAP 5MG.....	23
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	51	<i>folic acid cap 0.8 mg</i>	158
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	51	<i>folic acid tab 1 mg</i>	159
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	51	<i>folic acid tab 400 mcg</i>	159
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	51	<i>folic acid tab 800 mcg</i>	159
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	51	FOLIVANE-OB CAP.....	174
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	51	FOLLISTIM AQ INJ 300UNIT.....	144
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	51	FOLLISTIM AQ INJ 600UNIT.....	145
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	51	FOLLISTIM AQ INJ 900UNIT.....	145
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	78	<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	54
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	78	<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	54
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	78	<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	54
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	64	<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	54
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	64	<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	51
<i>fluvoxamine maleate tab 100 mg</i>	64	FORTEO INJ 600/2.4.....	144
<i>fluvoxamine maleate tab 25 mg</i>	64	FORTESTA GEL 10MG/ACT.....	41
<i>fluvoxamine maleate tab 50 mg</i>	64	FOSAMAX + D TAB 70-2800.....	144
FML FORTE SUS 0.25% OP.....	181	FOSAMAX + D TAB 70-5600.....	144
FOCALIN TAB 10MG.....	23	FOSAMAX TAB 70MG.....	144
FOCALIN TAB 2.5MG.....	23	<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	107
FOCALIN TAB 5MG.....	23	<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	45
		<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	85
		<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	85
		<i>fosinopril sodium tab 10 mg</i>	80
		<i>fosinopril sodium tab 20 mg</i>	80
		<i>fosinopril sodium tab 40 mg</i>	80
		FOSRENOL CHW 1000MG.....	154
		FOSRENOL CHW 500MG.....	154

FOSRENOL CHW 750MG	154
FOSRENOL POW 1000MG	154
FOSRENOL POW 750MG	154
FOTIVDA CAP 0.89MG	93
FOTIVDA CAP 1.34MG	93
FRAGMIN INJ 10000/ML	54
FRAGMIN INJ 12500UNT	54
FRAGMIN INJ 15000UNT	54
FRAGMIN INJ 18000UNT	54
FRAGMIN INJ 2500/0.2	54
FRAGMIN INJ 2500/ML	54
FRAGMIN INJ 5000/0.2	54
FRAGMIN INJ 7500/0.3	54
FRAGMIN INJ 95000UNT	54
<i>fraiche 5000 gel 1.1%</i>	173
FREESTY LIBR KIT 2 SENSOR	165
FREESTY LIBR KIT 3 SENSOR	165
FREESTY LIBR KIT SENSOR	165
FREESTY LIBR MIS 2 READER	165
FREESTY LIBR MIS 3 READER	165
FREESTY LIBR MIS READER	165
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	167
FRUZAQLA CAP 1MG	90
FRUZAQLA CAP 5MG	90
FULPHILA INJ 6/0.6ML	159
<i>furosemide inj 10 mg/ml</i>	143
<i>furosemide oral soln 10 mg/ml</i>	143
<i>furosemide oral soln 8 mg/ml</i>	143
<i>furosemide tab 20 mg</i>	143
<i>furosemide tab 40 mg</i>	143
<i>furosemide tab 80 mg</i>	143
FUZEON INJ 90MG	107
<i>fyavolv tab 0.5-2.5</i>	149
<i>fyavolv tab 1-5</i>	149
FYCOMPA SUS 0.5MG/ML	55
FYCOMPA TAB 10MG	55
FYCOMPA TAB 12MG	55
FYCOMPA TAB 2MG	55
FYCOMPA TAB 4MG	55
FYCOMPA TAB 6MG	55
FYCOMPA TAB 8MG	55
FYLNTRTA INJ 6MG/0.6	159
<i>fyremadel sol 250/0.5</i>	145

G	
<i>gabapentin (once-daily) tab 300 mg</i>	189
<i>gabapentin (once-daily) tab 600 mg</i>	189
<i>gabapentin cap 100 mg</i>	57
<i>gabapentin cap 300 mg</i>	57
<i>gabapentin cap 400 mg</i>	57
<i>gabapentin oral soln 250 mg/5ml</i>	57
<i>gabapentin tab 600 mg</i>	57
<i>gabapentin tab 800 mg</i>	57
GABITRIL TAB 12MG	61
GABITRIL TAB 16MG	61
GABITRIL TAB 2MG	61
GABITRIL TAB 4MG	61
GALAFOLD CAP 123MG	146
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	186
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	186
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	186
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	186
<i>galantamine hydrobromide tab 12 mg</i>	186
<i>galantamine hydrobromide tab 4 mg</i>	186
<i>galantamine hydrobromide tab 8 mg</i>	186
<i>gallifrey tab 5mg</i>	185
GALZIN CAP 25MG	169
GALZIN CAP 50MG	169
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	145
GANIRELIX AC INJ 250/0.5	145
<i>gatifloxacin ophth soln 0.5%</i>	180
GATTEX KIT 5MG	155
<i>gavilyte-c sol</i>	163
<i>gavilyte-g sol</i>	163
<i>gavilyte-n sol flav pk</i>	163
GAVRETO CAP 100MG	93
<i>gefitinib tab 250 mg</i>	90
<i>gemfibrozil tab 600 mg</i>	78
<i>gemmily cap 1/20</i>	124
<i>generlac sol 10/15ml</i>	154
<i>generlac sol 10gm/15</i>	154
<i>gengraf cap 100mg</i>	171
<i>gengraf cap 25mg</i>	171

<i>gengraf sol 100mg/ml</i>	171	GLUMETZA TAB 500MG.....	69
<i>gentamicin sulfate inj 10 mg/ml</i>	27	<i>glutamine (sickle cell) powd pack 5 gm</i> ..	158
<i>gentamicin sulfate inj 40 mg/ml</i>	27	<i>glyburide-metformin tab 1.25-250 mg</i>	68
<i>gentamicin sulfate oint 0.1%</i>	133	<i>glyburide-metformin tab 2.5-500 mg</i>	68
<i>gentamicin sulfate ophth soln 0.3%</i>	180	<i>glyburide-metformin tab 5-500 mg</i>	68
GENVOYA TAB.....	107	<i>glyburide micronized tab 1.5 mg</i>	72
GILENYA CAP 0.25MG	188	<i>glyburide micronized tab 3 mg</i>	72
GILENYA CAP 0.5MG	188	<i>glyburide micronized tab 6 mg</i>	72
GILOTRIF TAB 20MG.....	90	<i>glyburide tab 1.25 mg</i>	72
GILOTRIF TAB 30MG.....	90	<i>glyburide tab 2.5 mg</i>	72
GILOTRIF TAB 40MG	90	<i>glyburide tab 5 mg</i>	72
GIVLAARI INJ 189MG/ML	157	GLYCATE TAB 1.5MG.....	197
<i>glatiramer acetate soln prefilled syringe 20</i>		GLYCOPYRROLA TAB 1.5MG	197
<i>mg/ml</i>	188	<i>glycopyrrolate inj 0.2 mg/ml</i>	197
<i>glatiramer acetate soln prefilled syringe 40</i>		<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	
<i>mg/ml</i>	188	197
<i>glatopa inj 20mg/ml</i>	188	<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i> .	197
<i>glatopa inj 40mg/ml</i>	188	<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	
GLEEVEC TAB 100MG	93	197
GLEEVEC TAB 400MG	93	<i>glycopyrrolate oral soln 1 mg/5ml</i>	197
GLEOSTINE CAP 100MG.....	89	<i>glycopyrrolate tab 1 mg</i>	197
GLEOSTINE CAP 10MG	89	<i>glycopyrrolate tab 2 mg</i>	197
GLEOSTINE CAP 40MG	89	<i>glydo gel 2%</i>	140
<i>glimepiride tab 1 mg</i>	71	GLYNASE TAB 1.5MG	72
<i>glimepiride tab 2 mg</i>	71	GLYNASE TAB 3MG.....	72
<i>glimepiride tab 4 mg</i>	71	GLYNASE TAB 6MG.....	72
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ...	68	GLYXAMBI TAB 10-5 MG.....	68
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ...	68	GLYXAMBI TAB 25-5 MG.....	68
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<i>lidocaine hcl soln 4%</i>	140	<i>mg</i>	19
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<i>methotrexate sodium tab 2.5 mg (base</i> <i>equiv)</i>	89	<i>methylphenidate hcl tab er 10 mg</i>	25
<i>methoxsalen rapid cap 10 mg</i>	135	<i>methylphenidate hcl tab er 20 mg</i>	25
<i>methscopolamine bromide tab 2.5 mg</i> ...	198	<i>methylphenidate hcl tab er 24hr 18 mg</i>	25
<i>methscopolamine bromide tab 5 mg</i>	198	<i>methylphenidate hcl tab er 24hr 27 mg</i>	25
<i>methsuximide cap 300 mg</i>	62	<i>methylphenidate hcl tab er 24hr 36 mg</i>	25
<i>methyl dopa tab 250 mg</i>	83	<i>methylphenidate hcl tab er 24hr 54 mg</i>	25
<i>methyl dopa tab 500 mg</i>	83	<i>methylphenidate hcl tab er osmotic release</i> <i>(osm) 18 mg</i>	25
<i>methylergonovine maleate tab 0.2 mg</i>	183	<i>methylphenidate hcl tab er osmotic release</i> <i>(osm) 27 mg</i>	25
METHYLIN SOL 10MG/5ML	24	<i>methylphenidate hcl tab er osmotic release</i> <i>(osm) 36 mg</i>	25
METHYLIN SOL 5MG/5ML	24		
<i>methylphenidate hcl cap er 10 mg (cd)</i>	24		
<i>methylphenidate hcl cap er 20 mg (cd)</i>	24		
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	24		
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	24		

<i>methylphenidate hcl tab er osmotic release (osm) 45 mg</i>	25	<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	112
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	25	<i>metoprolol tartrate tab 100 mg</i>	112
<i>methylphenidate hcl tab er osmotic release (osm) 63 mg</i>	25	<i>metoprolol tartrate tab 25 mg</i>	112
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	25	<i>metoprolol tartrate tab 37.5 mg</i>	112
<i>methylphenidate td patch 10 mg/9hr</i>	25	<i>metoprolol tartrate tab 50 mg</i>	112
<i>methylphenidate td patch 15 mg/9hr</i>	25	<i>metoprolol tartrate tab 75 mg</i>	112
<i>methylphenidate td patch 20 mg/9hr</i>	25	METROCREAM CRE 0.75%	141
<i>methylphenidate td patch 30 mg/9hr</i>	26	METROGEL GEL 1%	141
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	130	METROLOTION LOT 0.75%	141
<i>methylprednisolone tab 16 mg</i>	130	<i>metronidazole cream 0.75%</i>	141
<i>methylprednisolone tab 32 mg</i>	130	<i>metronidazole gel 0.75%</i>	141
<i>methylprednisolone tab 4 mg</i>	130	<i>metronidazole gel 1%</i>	141
<i>methylprednisolone tab 8 mg</i>	130	<i>metronidazole lotion 0.75%</i>	141
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	130	<i>metronidazole tab 250 mg</i>	43
<i>methyltestosterone cap 10 mg</i>	41	<i>metronidazole tab 500 mg</i>	43
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	153	<i>metronidazole vaginal gel 0.75%</i>	202
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	153	<i>metyrosine cap 250 mg</i>	81
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	153	<i>mexiletine hcl cap 150 mg</i>	47
<i>metolazone tab 10 mg</i>	143	<i>mexiletine hcl cap 200 mg</i>	47
<i>metolazone tab 2.5 mg</i>	143	<i>mexiletine hcl cap 250 mg</i>	47
<i>metolazone tab 5 mg</i>	143	<i>mibelas 24 chw fe</i>	125
METOPIRONE CAP 250MG	141	MICARDIS HCT TAB 40/12.5	86
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	85	MICARDIS HCT TAB 80/12.5	86
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	86	MICARDIS HCT TAB 80-25MG	86
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	85	<i>micrgstin 24 tab fe 1/20</i>	125
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	112	<i>microgestin tab 1/20</i>	125
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	112	<i>microgestin tab 1.5/30</i>	125
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	112	<i>microgestin tab fe 1/20</i>	125
		<i>microgestin tab fe1.5/30</i>	125
		<i>midodrine hcl tab 10 mg</i>	203
		<i>midodrine hcl tab 2.5 mg</i>	203
		<i>midodrine hcl tab 5 mg</i>	203
		MIEBO DRO 1.3GM/ML	182
		<i>mifepristone tab 200 mg</i>	148
		<i>mifepristone tab 300 mg</i>	70
		<i>miglitol tab 100 mg</i>	68
		<i>miglitol tab 25 mg</i>	68
		<i>miglitol tab 50 mg</i>	68
		<i>miglustat cap 100 mg</i>	158
		<i>mili tab 0.25/35</i>	125
		<i>millipred tab 5mg</i>	130
		<i>mimvey tab 1-0.5mg</i>	149
		MINASTRIN 24 CHW FE	125

MINIVELLE DIS 0.025MG.....	151	<i>modafinil tab 200 mg.....</i>	26
MINIVELLE DIS 0.0375MG.....	151	<i>moexipril hcl tab 15 mg</i>	80
MINIVELLE DIS 0.05MG.....	151	<i>moexipril hcl tab 7.5 mg.....</i>	80
MINIVELLE DIS 0.075MG.....	151	<i>mometasone furoate cream 0.1%.....</i>	138
MINIVELLE DIS 0.1MG	151	<i>mometasone furoate nasal susp 50</i>	
<i>minocycline hcl cap 100 mg.....</i>	193	<i>mcg/act.....</i>	177
<i>minocycline hcl cap 50 mg</i>	193	<i>mometasone furoate oint 0.1%</i>	138
<i>minocycline hcl cap 75 mg.....</i>	193	<i>mometasone furoate solution 0.1% (lotion)</i>	
<i>minocycline hcl tab er 24hr 105 mg</i>	193	<i>.....</i>	138
<i>minocycline hcl tab er 24hr 115 mg</i>	193	<i>mondoxyne nl cap 100mg</i>	193
<i>minocycline hcl tab er 24hr 135 mg</i>	193	<i>mono-lynyah tab 0.25-35</i>	125
<i>minocycline hcl tab er 24hr 45 mg.....</i>	193	MONSELS FERR SOL SUBSULF.....	161
<i>minocycline hcl tab er 24hr 55 mg.....</i>	193	<i>montelukast sodium chew tab 4 mg (base</i>	
<i>minocycline hcl tab er 24hr 65 mg.....</i>	193	<i>equiv)</i>	49
<i>minocycline hcl tab er 24hr 80 mg.....</i>	193	<i>montelukast sodium chew tab 5 mg (base</i>	
<i>minocycline hcl tab er 24hr 90 mg.....</i>	193	<i>equiv)</i>	49
<i>minoxidil tab 10 mg</i>	87	<i>montelukast sodium oral granules packet 4</i>	
<i>minoxidil tab 2.5 mg.....</i>	87	<i>mg (base equiv).....</i>	49
MIRAPEX ER TAB 0.375MG.....	100	<i>montelukast sodium tab 10 mg (base equiv)</i>	
MIRAPEX ER TAB 0.75MG.....	100	<i>.....</i>	49
MIRAPEX ER TAB 1.5MG	100	<i>morphine sulfate beads cap er 24hr 120 mg</i>	
MIRAPEX ER TAB 2.25MG	100	<i>.....</i>	35
MIRAPEX ER TAB 3.75MG	100	<i>morphine sulfate beads cap er 24hr 30 mg</i>	
MIRAPEX ER TAB 3MG.....	100	<i>.....</i>	35
MIRAPEX ER TAB 4.5MG	100	<i>morphine sulfate beads cap er 24hr 45 mg</i>	
MIRCERA INJ 100MCG.....	159	<i>.....</i>	35
MIRCERA INJ 120MCG	159	<i>morphine sulfate beads cap er 24hr 60 mg</i>	
MIRCERA INJ 150MCG	159	<i>.....</i>	35
MIRCERA INJ 200MCG	159	<i>morphine sulfate beads cap er 24hr 75 mg</i>	
MIRCERA INJ 30MCG.....	159	<i>.....</i>	35
MIRCERA INJ 50MCG.....	159	<i>morphine sulfate beads cap er 24hr 90 mg</i>	
MIRCERA INJ 75MCG.....	159	<i>.....</i>	35
MIRCETTE TAB 28 DAY	125	<i>morphine sulfate cap er 24hr 100 mg</i>	35
<i>mirtazapine tab 15 mg</i>	62	<i>morphine sulfate cap er 24hr 10 mg.....</i>	35
<i>mirtazapine tab 30 mg</i>	63	<i>morphine sulfate cap er 24hr 20 mg</i>	35
<i>mirtazapine tab 45 mg</i>	63	<i>morphine sulfate cap er 24hr 30 mg</i>	35
<i>mirtazapine tab 7.5 mg.....</i>	62	<i>morphine sulfate cap er 24hr 50 mg.....</i>	35
<i>misoprostol tab 100 mcg</i>	200	<i>morphine sulfate cap er 24hr 60 mg.....</i>	35
<i>misoprostol tab 200 mcg</i>	200	<i>morphine sulfate cap er 24hr 80 mg.....</i>	35
MITIGARE CAP 0.6MG.....	157	<i>morphine sulfate oral soln 100 mg/5ml (20</i>	
<i>mitigo inj 10mg/ml</i>	35	<i>mg/ml)</i>	35
<i>mitigo inj 25mg/ml.....</i>	35	<i>morphine sulfate oral soln 10 mg/5ml.....</i>	35
M-NATAL PLUS TAB.....	174	<i>morphine sulfate oral soln 20 mg/5ml.....</i>	35
<i>modafinil tab 100 mg</i>	26	<i>morphine sulfate suppos 10 mg</i>	36

<i>morphine sulfate suppos 20 mg</i>	36	MYCOBUTIN CAP 150MG.....	88
<i>morphine sulfate suppos 30 mg</i>	36	<i>mycophenolate mofetil cap 250 mg</i>	171
<i>morphine sulfate suppos 5 mg</i>	35	<i>mycophenolate mofetil for oral susp 200</i>	
<i>morphine sulfate tab 15 mg</i>	36	<i>mg/ml</i>	171
<i>morphine sulfate tab 30 mg</i>	36	<i>mycophenolate mofetil tab 500 mg</i>	171
<i>morphine sulfate tab er 100 mg</i>	36	<i>mycophenolate sodium tab dr 180 mg</i>	
<i>morphine sulfate tab er 15 mg</i>	36	<i>(mycophenolic acid equiv)</i>	171
<i>morphine sulfate tab er 200 mg</i>	36	<i>mycophenolate sodium tab dr 360 mg</i>	
<i>morphine sulfate tab er 30 mg</i>	36	<i>(mycophenolic acid equiv)</i>	171
<i>morphine sulfate tab er 60 mg</i>	36	MYDAYIS CAP 12.5MG.....	19
MOTEGRITY TAB 1MG	152	MYDAYIS CAP 25MG	19
MOTEGRITY TAB 2MG.....	152	MYDAYIS CAP 37.5MG.....	19
MOTPOLY XR CAP 100MG.....	59	MYDAYIS CAP 50MG.....	19
MOTPOLY XR CAP 150MG.....	59	MYFEMBREE TAB.....	149
MOTPOLY XR CAP 200MG	59	MYFORTIC TAB 180MG	171
MOUNJARO INJ 10MG/0.5	70	MYFORTIC TAB 360MG	171
MOUNJARO INJ 12.5/0.5	70	MYLERAN TAB 2MG.....	89
MOUNJARO INJ 15MG/0.5	70	MYRBETRIQ SUS 8MG/ML.....	202
MOUNJARO INJ 2.5/0.5.....	70	MYRBETRIQ TAB 25MG.....	202
MOUNJARO INJ 5MG/0.5.....	70	MYRBETRIQ TAB 50MG	202
MOUNJARO INJ 7.5/0.5.....	70	N	
MOVANTIK TAB 12.5MG	154	NABI-HB INJ	184
MOVANTIK TAB 25MG	154	<i>nabumetone tab 500 mg</i>	31
<i>moxifloxacin hcl ophth soln 0.5% (base eq)</i>		<i>nabumetone tab 750 mg</i>	31
<i>(2 times daily)</i>	180	<i>nadolol tab 20 mg</i>	113
<i>moxifloxacin hcl ophth soln 0.5% (base</i>		<i>nadolol tab 40 mg</i>	113
<i>equiv)</i>	180	<i>nadolol tab 80 mg</i>	113
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>		NA FL/K NITR GEL 1.1-5%	173
.....	152	<i>nafrinse chw 1mg f</i>	168
MOZOBIL INJ	160	<i>naftifine hcl cream 1%</i>	134
MS CONTIN TAB 100MG ER.....	36	<i>naftifine hcl cream 2%</i>	134
MS CONTIN TAB 15MG ER	36	<i>naftifine hcl gel 2%</i>	134
MS CONTIN TAB 200MG ER.....	36	NAFTIN GEL 1%	134
MS CONTIN TAB 30MG ER.....	36	NAFTIN GEL 2%.....	134
MS CONTIN TAB 60MG ER	36	<i>nalbuphine hcl inj 10 mg/ml</i>	40
MULPLETA TAB 3MG.....	159	<i>nalbuphine hcl inj 20 mg/ml</i>	40
MULTAQ TAB 400MG.....	48	NALFON TAB 600MG	31
<i>multi vit/fl chw 0.25mg</i>	174	<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	73
<i>multi-vit/fl dro /fe 0.25</i>	174	<i>naloxone hcl soln prefilled syringe 0.4</i>	
<i>multivit/fl dro 0.25mg</i>	174	<i>mg/ml</i>	73
<i>multi-vit/fl dro 0.5mg/ml</i>	174	<i>naltrexone hcl tab 50 mg</i>	73
<i>mupirocin oint 2%</i>	133	NAMENDA TAB 10MG	186
MYALEPT INJ 11.3MG	146	NAMENDA TAB 5-10MG.....	186
MYCAPSSA CAP 20MG.....	148	NAMENDA TAB 5MG	186

NAMENDA XR CAP 14MG	186	<i>neomycin-polymy-gramicid op sol 1.75-</i>	
NAMENDA XR CAP 21MG	186	<i>10000-0.025mg-unt-mg/ml</i>	180
NAMENDA XR CAP 28MG	186	<i>neomycin-polymyxin-dexamethasone</i>	
NAMENDA XR CAP 7MG.....	186	<i>ophth oint 0.1%</i>	181
NAMZARIC CAP 14-10MG	186	<i>neomycin-polymyxin-dexamethasone</i>	
NAMZARIC CAP 21-10MG	187	<i>ophth susp 0.1%</i>	181
NAMZARIC CAP 28-10MG	187	<i>neomycin-polymyxin-hc ophth susp</i>	181
NAMZARIC CAP 7-10MG.....	186	<i>neomycin-polymyxin-hc otic soln 1%</i>	183
NAPROSYN TAB 500MG	31	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>naproxen sodium tab 275 mg</i>	31	<i>mg/ml-10000 unit/ml-1%</i>	183
<i>naproxen sodium tab 550 mg</i>	31	<i>neomycin sulfate tab 500 mg</i>	27
<i>naproxen tab 250 mg</i>	31	NEONATAL PLS TAB 27-1MG	175
<i>naproxen tab 375 mg</i>	31	NEONATAL TAB COMPLETE	175
<i>naproxen tab 500 mg</i>	31	NEONATAL TAB COMPLTE	175
<i>naproxen tab ec 375 mg</i>	31	NEONATAL TAB PLUS	175
<i>naproxen tab ec 500 mg.....</i>	31	<i>neo-polycin oin hc 1%op</i>	181
<i>naratriptan hcl tab 1 mg (base equiv)</i>	167	<i>neo-polycin oin op.....</i>	180
<i>naratriptan hcl tab 2.5 mg (base equiv) ..</i>	167	NEORAL CAP 100MG.....	171
NARCAN SPR 4MG	73	NEORAL CAP 25MG.....	171
NARDIL TAB 15MG.....	63	NEORAL SOL 100MG/ML.....	171
NATACYN SUS 5% OP	180	NEO-VITAL RX TAB.....	174
NATALVIT TAB 75-1MG	174	NERLYNX TAB 40MG.....	95
NATAZIA TAB.....	125	NESTABS DHA PAK.....	175
<i>nateglinide tab 120 mg</i>	71	NESTABS ONE CAP.....	175
<i>nateglinide tab 60 mg</i>	71	NESTABS TAB.....	175
NATESTO GEL 5.5MG	41	NEULASTA INJ 6MG/0.6M	159
NATROBA SUS 0.9%	141	NEULASTA KIT 6MG/0.6M	159
NAYZILAM SPR 5MG.....	55	NEUPOGEN INJ 300/0.5.....	159
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	112	NEUPOGEN INJ 300MCG	159
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	112	NEUPOGEN INJ 480/0.8.....	159
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	112	NEUPOGEN INJ 480MCG	159
<i>nebivolol hcl tab 5 mg (base equivalent) ..</i>	112	NEUPRO DIS 1MG/24HR	100
NEBUPENT INH 300MG.....	43	NEUPRO DIS 2MG/24HR	100
<i>necon tab 0.5/35</i>	125	NEUPRO DIS 3MG/24HR	100
<i>nefazodone hcl tab 100 mg</i>	65	NEUPRO DIS 4MG/24HR	100
<i>nefazodone hcl tab 150 mg.....</i>	65	NEUPRO DIS 6MG/24HR	100
<i>nefazodone hcl tab 200 mg.....</i>	65	NEUPRO DIS 8MG/24HR	100
<i>nefazodone hcl tab 250 mg.....</i>	65	NEURONTIN CAP 100MG	59
<i>nefazodone hcl tab 50 mg</i>	65	NEURONTIN CAP 300MG.....	59
NEFFY SPR 2/0.1ML	203	NEURONTIN CAP 400MG	59
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-</i>		NEURONTIN SOL 250/5ML.....	59
<i>400unt-10000unt op oin.....</i>	180	NEURONTIN TAB 600MG.....	59
		NEURONTIN TAB 800MG	59
		NEVANAC SUS 0.1% OP	182

<i>nevirapine susp 50 mg/5ml</i>	108	<i>nicotine polacrilex lozenge 4 mg</i>	190
<i>nevirapine tab 200 mg</i>	108	NICOTINE SYS KIT TRANSDER	190
<i>nevirapine tab er 24hr 400 mg</i>	108	<i>nicotine td patch 24hr 14 mg/24hr</i>	191
NEXAVAR TAB 200MG	95	<i>nicotine td patch 24hr 21 mg/24hr</i>	191
NEXIUM CAP 20MG	199	<i>nicotine td patch 24hr 7 mg/24hr</i>	191
NEXIUM CAP 40MG.....	199	NICOTROL INH	191
NEXIUM GRA 10MG DR	199	NICOTROL NS SPR 10MG/ML.....	191
NEXIUM GRA 2.5MG DR.....	199	<i>nifedipine cap 10 mg</i>	115
NEXIUM GRA 20MG DR.....	200	<i>nifedipine cap 20 mg</i>	115
NEXIUM GRA 40MG DR.....	200	<i>nifedipine tab er 24hr 30 mg</i>	115
NEXIUM GRA 5MG DR	199	<i>nifedipine tab er 24hr 60 mg</i>	115
NEXLETOL TAB 180MG.....	76	<i>nifedipine tab er 24hr 90 mg</i>	115
NEXLIZET TAB 180/10MG.....	76	<i>nifedipine tab er 24hr osmotic release 30</i> <i>mg</i>	115
NEXTSTELLIS TAB 3-14.2MG.....	125	<i>nifedipine tab er 24hr osmotic release 60</i> <i>mg</i>	115
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	79	<i>nifedipine tab er 24hr osmotic release 90</i> <i>mg</i>	115
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	79	<i>nikki tab 3-0.02mg</i>	125
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	79	NILANDRON TAB 150MG	91
<i>niacor tab 500mg</i>	79	<i>nilutamide tab 150 mg</i>	91
<i>nicardipine hcl cap 20 mg</i>	115	<i>nimodipine cap 30 mg</i>	115
<i>nicardipine hcl cap 30 mg</i>	115	<i>nimodipine oral soln 60 mg/20ml (3 mg/ml)</i>	115
NICODERM CQ DIS 14MG/24H	190	NINLARO CAP 2.3MG.....	95
NICODERM CQ DIS 21MG/24H	190	NINLARO CAP 3MG.....	95
NICODERM CQ DIS 7MG/24HR	189	NINLARO CAP 4MG.....	95
NICORETTE GUM 2MG.....	190	<i>nisoldipine tab er 24hr 17 mg</i>	115
NICORETTE GUM 2MG CINN	190	<i>nisoldipine tab er 24hr 20 mg</i>	115
NICORETTE GUM 2MGFRUIT	190	<i>nisoldipine tab er 24hr 25.5 mg</i>	115
NICORETTE GUM 2MG MINT	190	<i>nisoldipine tab er 24hr 30 mg</i>	115
NICORETTE GUM 2MG ORIG.....	190	<i>nisoldipine tab er 24hr 34 mg</i>	115
NICORETTE GUM 4MG.....	190	<i>nisoldipine tab er 24hr 40 mg</i>	116
NICORETTE GUM 4MG CINN	190	<i>nisoldipine tab er 24hr 8.5 mg</i>	115
NICORETTE GUM 4MGFRUIT	190	<i>nitazoxanide tab 500 mg</i>	44
NICORETTE GUM 4MG MINT	190	<i>nitisinone cap 10 mg</i>	147
NICORETTE GUM 4MG ORIG	190	<i>nitisinone cap 20 mg</i>	147
NICORETTE LOZ 2MG	190	<i>nitisinone cap 2 mg</i>	146
NICORETTE LOZ 2MG MINT.....	190	<i>nitisinone cap 5 mg</i>	147
NICORETTE LOZ 4MG	190	NITRO-BID OIN 2%.....	45
NICORETTE LOZ 4MG MINT.....	190	NITRO-DUR DIS 0.1MG/HR	45
NICORETTE ST GUM 2MG MINT.....	190	NITRO-DUR DIS 0.2MG/HR.....	45
NICORETTE ST GUM 2MG ORIG	190	NITRO-DUR DIS 0.3MG/HR.....	45
NICORETTE ST GUM 4MG ORIG.....	190	NITRO-DUR DIS 0.4MG/HR	45
<i>nicotine polacrilex gum 2 mg</i>	190		
<i>nicotine polacrilex gum 4 mg</i>	190		
<i>nicotine polacrilex lozenge 2 mg</i>	190		

NITRO-DUR DIS 0.6MG/HR.....	45	<i>norethindrone & ethinyl estradiol-fe chew</i>	
NITRO-DUR DIS 0.8MG/HR.....	45	<i>tab 0.4 mg-35 mcg</i>	125
<i>nitrofurantoin macrocrystalline cap 100 mg</i>		<i>norethindrone & ethinyl estradiol-fe chew</i>	
.....	45	<i>tab 0.8 mg-25 mcg</i>	126
<i>nitrofurantoin macrocrystalline cap 25 mg</i>		<i>norethindrone ace & ethinyl estradiol-fe tab</i>	
.....	45	<i>1.5 mg-30 mcg</i>	126
<i>nitrofurantoin macrocrystalline cap 50 mg</i>		<i>norethindrone ace & ethinyl estradiol-fe tab</i>	
.....	45	<i>1 mg-20 mcg.....</i>	126
<i>nitrofurantoin monohydrate</i>		<i>norethindrone ace & ethinyl estradiol tab 1.5</i>	
<i>macrocrystalline cap 100 mg</i>	45	<i>mg-30 mcg</i>	126
<i>nitroglycerin oint 0.4%</i>	42	<i>norethindrone ace & ethinyl estradiol tab 1</i>	
<i>nitroglycerin sl tab 0.3 mg</i>	45	<i>mg-20 mcg</i>	126
<i>nitroglycerin sl tab 0.4 mg</i>	45	<i>norethindrone ace-eth estradiol-fe chew</i>	
<i>nitroglycerin sl tab 0.6 mg</i>	45	<i>tab 1 mg-20 mcg (24)</i>	126
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	45	<i>norethindrone ace-ethinyl estradiol-fe cap 1</i>	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	45	<i>mg-20 mcg (24)</i>	126
<i>nitroglycerin td patch 24hr 0.4 mg/hr.....</i>	46	<i>norethindrone acetate-ethinyl estradiol tab</i>	
<i>nitroglycerin td patch 24hr 0.6 mg/hr.....</i>	46	<i>0.5 mg-2.5 mcg.....</i>	149
NITROSTAT SUB 0.3MG	46	<i>norethindrone acetate-ethinyl estradiol tab</i>	
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<i>phospho-trin tab k500</i>	168	<i>mg/ml)</i>	160
<i>phytonadione inj 10 mg/ml</i>	204	<i>pnv-dha cap</i>	175
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	203	PNV-DHA CAP DOCUSATE	175
<i>phytonadione tab 5 mg</i>	204	PNV-OMEGA CAP	175
PIFELTRO TAB 100MG	108	<i>pnv-select tab</i>	175
<i>pilocarpine hcl ophth soln 1%</i>	179	PODOCON-25 SOL	140
<i>pilocarpine hcl ophth soln 2%</i>	179	<i>podofilox gel 0.5%</i>	140
<i>pilocarpine hcl ophth soln 4%</i>	179	<i>podofilox soln 0.5%</i>	140
<i>pilocarpine hcl tab 5 mg</i>	173	POKONZA POW 10MEQ	169
<i>pilocarpine hcl tab 7.5 mg</i>	173	<i>polycin oin op</i>	180
<i>pimecrolimus cream 1%</i>	139	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>pimozide tab 1 mg</i>	189	<i>10000 unit/ml-0.1%</i>	180
<i>pimozide tab 2 mg</i>	189	POMALYST CAP 1MG	92
<i>pimtrea tab</i>	126	POMALYST CAP 2MG	92
<i>pindolol tab 10 mg</i>	113	POMALYST CAP 3MG	92
<i>pindolol tab 5 mg</i>	113	POMALYST CAP 4MG	92

PONVORY TAB 20MG.....	189	<i>pramipexole dihydrochloride tab er 24hr</i>	
PONVORY TAB STARTER.....	189	0.375 mg.....	100
<i>portia-28 tab</i>	126	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>posaconazole susp 40 mg/ml</i>	75	0.75 mg.....	100
<i>posaconazole tab delayed release 100 mg</i>	75	<i>pramipexole dihydrochloride tab er 24hr 1.5</i>	
.....	75	mg.....	100
<i>potassium chloride cap er 10 meq</i>	169	<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>potassium chloride cap er 8 meq</i>	169	2.25 mg.....	100
<i>potassium chloride microencapsulated crys</i>		<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>er tab 10 meq</i>	169	3.75 mg.....	100
<i>potassium chloride microencapsulated crys</i>		<i>pramipexole dihydrochloride tab er 24hr 3</i>	
<i>er tab 15 meq</i>	169	mg.....	100
<i>potassium chloride microencapsulated crys</i>		<i>pramipexole dihydrochloride tab er 24hr</i>	
<i>er tab 20 meq</i>	169	4.5 mg.....	100
<i>potassium chloride oral soln 10% (20</i>		<i>prasugrel hcl tab 10 mg (base equiv)</i>	158
<i>meq/15ml)</i>	169	<i>prasugrel hcl tab 5 mg (base equiv)</i>	158
<i>potassium chloride oral soln 20% (40</i>		<i>pravastatin sodium tab 10 mg</i>	79
<i>meq/15ml)</i>	169	<i>pravastatin sodium tab 20 mg</i>	79
<i>potassium chloride powder packet 20 meq</i>	169	<i>pravastatin sodium tab 40 mg</i>	79
.....	169	<i>pravastatin sodium tab 80 mg</i>	79
<i>potassium chloride tab er 10 meq</i>	169	<i>praziquantel tab 600 mg</i>	43
<i>potassium chloride tab er 20 meq (1500</i>		<i>prazosin hcl cap 1 mg</i>	83
<i>mg)</i>	169	<i>prazosin hcl cap 2 mg</i>	83
<i>potassium chloride tab er 8 meq (600 mg)</i>	169	<i>prazosin hcl cap 5 mg</i>	83
.....	169	PRED MILD SUS 0.12% OP.....	181
<i>potassium citrate tab er 10 meq (1080 mg)</i>	155	<i>prednisolone acetate ophth susp 1%</i>	181
.....	155	<i>prednisolone sodium phosphate oral soln</i>	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	155	25 mg/5ml (base eq).....	130
.....	155	<i>prednisolone sod phosphate oral soln 15</i>	
<i>potassium citrate tab er 5 meq (540 mg)</i>	155	mg/5ml (base equiv).....	130
<i>pot phos monobasic w/sod phos di &</i>		<i>prednisolone sod phosph oral soln 6.7</i>	
<i>monobas tab 155-852-130mg</i>	169	mg/5ml (5 mg/5ml base).....	130
PRALUENT INJ 150MG/ML.....	79	<i>prednisolone soln 15 mg/5ml</i>	130
PRALUENT INJ 75MG/ML.....	79	PREDNISOLONE SUS 1%.....	181
<i>pramipexole dihydrochloride tab 0.125 mg</i>	100	<i>prednisolone tab 5 mg</i>	130
.....	100	<i>prednisone oral soln 5 mg/5ml</i>	130
<i>pramipexole dihydrochloride tab 0.25 mg</i>	100	<i>prednisone tab 10 mg</i>	130
.....	100	<i>prednisone tab 1 mg</i>	130
<i>pramipexole dihydrochloride tab 0.5 mg</i>	100	<i>prednisone tab 2.5 mg</i>	130
<i>pramipexole dihydrochloride tab 0.75 mg</i>	100	<i>prednisone tab 20 mg</i>	130
.....	100	<i>prednisone tab 50 mg</i>	130
<i>pramipexole dihydrochloride tab 1.5 mg</i>	100	<i>prednisone tab 5 mg</i>	130
<i>pramipexole dihydrochloride tab 1 mg</i>	100	<i>prednisone tab therapy pack 10 mg (21)</i> .130	
		<i>prednisone tab therapy pack 10 mg (48)</i>	130

<i>prednisone tab therapy pack 5 mg (21)</i> ...	130	<i>prevalite pow 4gm</i>	77
<i>prednisone tab therapy pack 5 mg (48)</i> ..	130	<i>prevalite pow 4gm pk</i>	77
PRED SOD PHO SOL 1% OP	181	PREVDNT 5000 CRE 1.1% PLS.....	173
<i>pregabalin cap 100 mg</i>	59	PREVDNT 5000 GEL 1.1% DRY	173
<i>pregabalin cap 150 mg</i>	59	PREVDNT 5000 GEL 1.1-5%	173
<i>pregabalin cap 200 mg</i>	59	PREVDNT 5000 PST 1.1%	173
<i>pregabalin cap 225 mg</i>	59	PREVDNT 5000 PST 1.1% KID.....	173
<i>pregabalin cap 25 mg</i>	59	PREVIDENT GEL 1.1% BER.....	173
<i>pregabalin cap 300 mg</i>	59	PREVIDENT GEL 1.1% MIN.....	173
<i>pregabalin cap 50 mg</i>	59	PREVIDENT SOL 0.2%	173
<i>pregabalin cap 75 mg</i>	59	PREVYMIS PAK 120MG	109
<i>pregabalin soln 20 mg/ml</i>	59	PREVYMIS PAK 20MG.....	109
PREGNYL INJ 10000UNT	145	PREVYMIS TAB 240MG.....	109
PREMARIN TAB 0.3MG	151	PREVYMIS TAB 480MG.....	109
PREMARIN TAB 0.45MG.....	151	PREZCOBIX TAB 800-150	108
PREMARIN TAB 0.625MG.....	151	PREZISTA SUS 100MG/ML	108
PREMARIN TAB 0.9MG	151	PREZISTA TAB 150MG.....	108
PREMARIN TAB 1.25MG.....	151	PREZISTA TAB 600MG.....	108
PREMARIN VAG CRE 0.625MG	203	PREZISTA TAB 75MG	108
PREMPHASE TAB.....	150	PREZISTA TAB 800MG.....	108
PREMPRO TAB	150	PRIFTIN TAB 150MG.....	88
PREMPRO TAB 0.3-1.5	150	PRILOSEC POW 10MG.....	200
PREMPRO TAB 0.45-1.5	150	PRILOSEC POW 2.5MG	200
PREMPRO TAB 0.625-5	150	<i>primaquine phosphate tab 26.3 mg (15 mg</i> <i>base)</i>	88
PRENA1 PEARL CAP.....	175	PRIMAQUINE TAB 26.3MG.....	88
PRENAISSANCE CAP.....	175	<i>primidone tab 125 mg</i>	59
PRENAISSANCE CAP PLUS	175	<i>primidone tab 250 mg</i>	59
PRENATAL 19 CHW 29-1MG.....	175	<i>primidone tab 50 mg</i>	59
<i>prenatal 19 chw tab</i>	175	PRISTIQ TAB 100MG	66
PRENATAL 19 TAB 29-1MG.....	175	PRISTIQ TAB 25MG	66
PRENATAL PLS MIS MV + DHA.....	175	PRISTIQ TAB 50MG	66
PRENATAL TAB 27-1MG.....	175	PROAIR RESPI AER.....	52
PRENATAL TAB PLUS.....	175	<i>probenecid tab 500 mg</i>	157
PRENATAL-U CAP 106.5-1	175	<i>procainamide hcl inj 100 mg/ml</i>	47
PRENATVITE TAB COMPLETE	175	PROCARDIA XL TAB 30MG CR.....	116
PRENATVITE TAB PLUS	175	PROCARDIA XL TAB 60MG CR.....	116
PRENATVITE TAB RX.....	175	PROCARDIA XL TAB 90MG CR.....	116
PRESTALIA TAB 14-10MG.....	86	<i>procentra sol 5mg/5ml</i>	19
PRESTALIA TAB 3.5-2.5.....	86	<i>prochlorperazine maleate tab 10 mg (base</i> <i>equivalent)</i>	105
PRESTALIA TAB 7-5MG.....	86	<i>prochlorperazine maleate tab 5 mg (base</i> <i>equivalent)</i>	105
PRETOMANID TAB 200MG.....	88	<i>prochlorperazine suppos 25 mg</i>	105
PREVACID CAP 30MG DR.....	200		
PREVACID TAB 15MG STB	200		
PREVACID TAB 30MG STB	200		

PROCRIT INJ 10000/ML	160	PROMETRIUM CAP 100MG	185
PROCRIT INJ 2000/ML	160	PROMETRIUM CAP 200MG.....	185
PROCRIT INJ 20000/ML	160	<i>propafenone hcl cap er 12hr 225 mg</i>	48
PROCRIT INJ 3000/ML.....	160	<i>propafenone hcl cap er 12hr 325 mg</i>	48
PROCRIT INJ 4000/ML.....	160	<i>propafenone hcl cap er 12hr 425 mg</i>	48
PROCRIT INJ 40000/ML	160	<i>propafenone hcl tab 150 mg</i>	48
PROCTOFOAM AER HC 1%	42	<i>propafenone hcl tab 225 mg</i>	48
<i>procto-med cre hc 2.5%</i>	42	<i>propafenone hcl tab 300 mg</i>	48
<i>proctosol hc cre 2.5%</i>	42	<i>propranolol hcl cap er 24hr 120 mg</i>	113
<i>proctozone cre -hc 2.5%</i>	42	<i>propranolol hcl cap er 24hr 160 mg</i>	113
PROCYSBI CAP 25MG	155	<i>propranolol hcl cap er 24hr 60 mg</i>	113
PROCYSBI CAP 75MG.....	155	<i>propranolol hcl cap er 24hr 80 mg</i>	113
PROCYSBI GRA 300MG	155	<i>propranolol hcl oral soln 20 mg/5ml</i>	113
PROCYSBI GRA 75MG.....	155	<i>propranolol hcl oral soln 40 mg/5ml</i>	113
<i>progesterone cap 100 mg</i>	185	<i>propranolol hcl tab 10 mg</i>	113
<i>progesterone cap 200 mg</i>	185	<i>propranolol hcl tab 20 mg</i>	113
PROGLYCEM SUS 50MG/ML	70	<i>propranolol hcl tab 40 mg</i>	113
PROGRAF CAP 0.5MG.....	171	<i>propranolol hcl tab 60 mg</i>	113
PROGRAF CAP 1MG.....	171	<i>propranolol hcl tab 80 mg</i>	113
PROGRAF CAP 5MG	171	<i>propylthiouracil tab 50 mg</i>	194
PROGRAF GRA 0.2MG.....	171	PROSCAR TAB 5MG	156
PROGRAF GRA 1MG.....	171	PROTONIX PAK 40MG	200
PROLENSA SOL 0.07%	182	PROTONIX TAB 20MG.....	200
PROMACTA POW 12.5MG	160	PROTONIX TAB 40MG.....	200
PROMACTA POW 25MG.....	160	<i>protriptyline hcl tab 10 mg</i>	68
PROMACTA TAB 12.5MG.....	160	<i>protriptyline hcl tab 5 mg</i>	68
PROMACTA TAB 25MG	160	PROVIDA OB CAP.....	175
PROMACTA TAB 50MG	160	PROVIGIL TAB 100MG.....	26
PROMACTA TAB 75MG	160	PROVIGIL TAB 200MG.....	26
<i>promethazine & phenylephrine syrup 6.25-</i>		<i>proxivol gel 2%</i>	140
<i>5 mg/5ml</i>	131	PROZAC CAP 10MG	64
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	131	PROZAC CAP 20MG.....	64
<i>promethazine hcl oral soln 6.25 mg/5ml</i> ..	76	PROZAC CAP 40MG.....	64
<i>promethazine hcl suppos 12.5 mg</i>	76	<i>prucalopride succinate tab 1 mg (base</i>	
<i>promethazine hcl suppos 25 mg</i>	76	<i>equivalent)</i>	152
<i>promethazine hcl tab 12.5 mg</i>	76	<i>prucalopride succinate tab 2 mg (base</i>	
<i>promethazine hcl tab 25 mg</i>	76	<i>equivalent)</i>	152
<i>promethazine hcl tab 50 mg</i>	76	PRUDOXIN CRE 5%.....	135
<i>promethazine w/ codeine syrup 6.25-10</i>		<i>pseudoephed-bromphen-dm syrup 30-2-10</i>	
<i>mg/5ml</i>	131	<i>mg/5ml</i>	131
<i>promethegan sup 12.5mg</i>	76	PULMICORT INH 180MCG.....	50
<i>promethegan sup 25mg</i>	76	PULMICORT INH 90MCG	50
<i>promethegan sup 50mg</i>	76	PULMOZYME SOL 1MG/ML.....	191
<i>prometh vc syp 6.25-5/5</i>	131	PURIXAN SUS 20MG/ML.....	90

PYLERA CAP	201
<i>pyrazinamide tab 500 mg</i>	88
PYRIDIUM TAB 100MG	156
PYRIDIUM TAB 200MG	156
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	88
<i>pyridostigmine bromide tab 60 mg</i>	88
<i>pyridostigmine bromide tab er 180 mg</i>	88
<i>pyridoxine hcl inj 100 mg/ml</i>	204
PYROGALL ACD OIN	140
Q	
QBRELIS SOL 1MG/ML	81
QBREXZA PAD 2.4%	140
QELBREE CAP 100MG ER	21
QELBREE CAP 150MG ER	22
QELBREE CAP 200MG ER	22
QINLOCK TAB 50MG	95
QSYMIA CAP 11.25-69	20
QSYMIA CAP 15-92MG	20
QSYMIA CAP 3.75-23	20
QSYMIA CAP 7.5-46MG	20
QUALAQUIN CAP 324MG	88
QUARTETTE TAB	126
QUDEXY XR CAP 100/24HR	59
QUDEXY XR CAP 150/24HR	59
QUDEXY XR CAP 200/24HR	59
QUDEXY XR CAP 25/24HR	59
QUDEXY XR CAP 50/24HR	59
QUESTRAN POW 4GM LITE	77
<i>quetiapine fumarate tab 100 mg</i>	104
<i>quetiapine fumarate tab 150 mg</i>	104
<i>quetiapine fumarate tab 200 mg</i>	104
<i>quetiapine fumarate tab 25 mg</i>	104
<i>quetiapine fumarate tab 300 mg</i>	104
<i>quetiapine fumarate tab 400 mg</i>	104
<i>quetiapine fumarate tab 50 mg</i>	104
<i>quetiapine fumarate tab er 24hr 150 mg</i>	104
<i>quetiapine fumarate tab er 24hr 200 mg</i>	104
<i>quetiapine fumarate tab er 24hr 300 mg</i>	104
<i>quetiapine fumarate tab er 24hr 400 mg</i>	104
<i>quetiapine fumarate tab er 24hr 50 mg</i>	104
QUILLIVANT SUS 25MG/5ML	26
<i>quinapril hcl tab 10 mg</i>	81
<i>quinapril hcl tab 20 mg</i>	81

<i>quinapril hcl tab 40 mg</i>	81
<i>quinapril hcl tab 5 mg</i>	81
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	86
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	86
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	86
<i>quinidine gluconate tab er 324 mg</i>	47
<i>quinidine sulfate tab 200 mg</i>	47
<i>quinidine sulfate tab 300 mg</i>	47
<i>quinine sulfate cap 324 mg</i>	88
QULIPTA TAB 10MG	166
QULIPTA TAB 30MG	166
QULIPTA TAB 60MG	166
QUVIVIQ TAB 25MG	163
QUVIVIQ TAB 50MG	163
QVAR REDIIHA AER 80MCG	50
QVAR REDIIHAL AER 40MCG	50
R	
RABEPRAZOLE CAP 10MG DR	200
<i>rabeprazole sodium ec tab 20 mg</i>	200
RADICAVA ORS SUS 105/5ML	178
RADICAVA ORS SUS STARTER	178
RAGWITEK SUB	27
<i>raloxifene hcl tab 60 mg</i>	146
<i>ramelteon tab 8 mg</i>	163
<i>ramipril cap 1.25 mg</i>	81
<i>ramipril cap 10 mg</i>	81
<i>ramipril cap 2.5 mg</i>	81
<i>ramipril cap 5 mg</i>	81
<i>ranolazine tab er 12hr 1000 mg</i>	45
<i>ranolazine tab er 12hr 500 mg</i>	45
RAPAFLO CAP 4MG	156
RAPAFLO CAP 8MG	156
RAPAMUNE TAB 1MG	171
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	101
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	101
RASUVO INJ 10MG	29
RASUVO INJ 12.5MG	29
RASUVO INJ 15MG	29
RASUVO INJ 17.5MG	29

RASUVO INJ 20MG.....	29	RESTORIL CAP 30MG.....	162
RASUVO INJ 22.5MG.....	29	RESTORIL CAP 7.5MG.....	162
RASUVO INJ 25MG.....	29	RETACRIT INJ 10000UNT.....	160
RASUVO INJ 30MG.....	29	RETACRIT INJ 20000UNI.....	160
RASUVO INJ 7.5MG.....	29	RETACRIT INJ 2000UNIT.....	160
RAVICTI LIQ 1.1GM/ML.....	147	RETACRIT INJ 3000UNIT.....	160
RAYALDEE CAP 30MCG.....	147	RETACRIT INJ 40000UNT.....	160
RAZADYNE ER CAP 16MG.....	187	RETACRIT INJ 4000UNIT.....	160
RAZADYNE ER CAP 24MG.....	187	RETEVMO CAP 40MG.....	95
RAZADYNE ER CAP 8MG.....	187	RETEVMO CAP 80MG.....	95
REBIF INJ 22/0.5.....	189	RETEVMO TAB 120MG.....	95
REBIF INJ 44/0.5.....	189	RETEVMO TAB 160MG.....	95
REBIF REBIDO INJ 22/0.5.....	189	RETEVMO TAB 40MG.....	95
REBIF REBIDO INJ 44/0.5.....	189	RETEVMO TAB 80MG.....	95
REBIF REBIDO INJ TITRATN.....	189	RETROVIR CAP 100MG.....	108
REBIF TITRTN INJ PACK.....	189	RETROVIR SYP 50MG/5ML.....	108
<i>reclipsen tab</i>	126	REVATIO SUS 10MG/ML.....	120
RECORLEV TAB 150MG.....	144	REVATIO TAB 20MG.....	120
RECTIV OIN 0.4%.....	42	REVLIMID CAP 10MG.....	170
REDICHEW RX CHW.....	175	REVLIMID CAP 15MG.....	170
RELENZA MIS DISKHALE.....	111	REVLIMID CAP 2.5MG.....	170
RELEUKO INJ 300MCG.....	160	REVLIMID CAP 20MG.....	170
RELEUKO INJ 480MCG.....	160	REVLIMID CAP 25MG.....	170
RELEXXII TAB 18MG ER.....	26	REVLIMID CAP 5MG.....	170
RELEXXII TAB 27MG ER.....	26	REXTOVY SPR 4/0.25ML.....	73
RELEXXII TAB 36MG ER.....	26	REXULTI TAB 0.25MG.....	106
RELEXXII TAB 45MG ER.....	26	REXULTI TAB 0.5MG.....	106
RELEXXII TAB 54MG ER.....	26	REXULTI TAB 1MG.....	106
RELEXXII TAB 63MG ER.....	26	REXULTI TAB 2MG.....	106
RELEXXII TAB 72MG ER.....	26	REXULTI TAB 3MG.....	106
RELNATE DHA CAP.....	175	REXULTI TAB 4MG.....	106
REMERON TAB 15MG.....	63	REYATAZ CAP 200MG.....	108
REMERON TAB 30MG.....	63	REYATAZ CAP 300MG.....	108
RENACIDIN SOL.....	155	REYATAZ POW 50MG.....	108
RENAGEL TAB 800MG.....	155	REYVOW TAB 100MG.....	167
REVELA POW 0.8GM.....	155	REYVOW TAB 50MG.....	167
REVELA POW 2.4GM.....	155	REZDIFFRA TAB 100MG.....	153
REVELA TAB 800MG.....	155	REZDIFFRA TAB 60MG.....	153
<i>repaglinide tab 0.5 mg</i>	71	REZDIFFRA TAB 80MG.....	153
<i>repaglinide tab 1 mg</i>	71	REZLIDHIA CAP 150MG.....	95
<i>repaglinide tab 2 mg</i>	71	REZUROCK TAB 200MG.....	170
RESTASIS EMU 0.05% OP.....	180	RHOFADE CRE 1%.....	141
RESTASIS MUL EMU 0.05% OP.....	180	RHOPHYLAC INJ 1500/2ML.....	184
RESTORIL CAP 15MG.....	162	RHOPRESSA SOL 0.02%.....	180

<i>ribavirin cap 200 mg</i>	110	RITALIN LA CAP 20MG	26
<i>ribavirin tab 200 mg</i>	110	RITALIN LA CAP 30MG	26
RIDAURA CAP 3MG	29	RITALIN LA CAP 40MG	26
<i>rifabutin cap 150 mg</i>	88	RITALIN TAB 10MG.....	26
<i>rifampin cap 150 mg</i>	88	RITALIN TAB 20MG	26
<i>rifampin cap 300 mg</i>	88	RITALIN TAB 5MG.....	26
<i>riluzole tab 50 mg</i>	178	<i>ritonavir tab 100 mg</i>	108
<i>rimantadine hydrochloride tab 100 mg</i>	111	<i>rivastigmine tartrate cap 1.5 mg (base</i> <i>equivalent)</i>	187
RINVOQ LQ SOL 1MG/ML.....	28	<i>rivastigmine tartrate cap 3 mg (base</i> <i>equivalent)</i>	187
RINVOQ TAB 15MG ER	28	<i>rivastigmine tartrate cap 4.5 mg (base</i> <i>equivalent)</i>	187
RINVOQ TAB 30MG ER	28	<i>rivastigmine tartrate cap 6 mg (base</i> <i>equivalent)</i>	187
RINVOQ TAB 45MG ER	28	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	187
<i>risedronate sodium tab 150 mg</i>	144	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i> .	187
<i>risedronate sodium tab 30 mg</i>	144	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i> ..	187
<i>risedronate sodium tab 35 mg</i>	144	<i>rivelsa tab</i>	126
<i>risedronate sodium tab 5 mg</i>	144	RIVFLOZA INJ 128/0.8	156
<i>risedronate sodium tab delayed release 35</i> <i>mg</i>	144	RIVFLOZA INJ 160MG/ML	156
RISPERDAL SOL 1MG/ML	102	RIVIVE SPR 3/0.1ML	73
RISPERDAL TAB 0.5MG	102	<i>rizatriptan benzoate oral disintegrating tab</i> <i>10 mg (base eq)</i>	167
RISPERDAL TAB 1MG.....	102	<i>rizatriptan benzoate oral disintegrating tab</i> <i>5 mg (base eq)</i>	167
RISPERDAL TAB 2MG.....	102	<i>rizatriptan benzoate tab 10 mg (base</i> <i>equivalent)</i>	167
RISPERDAL TAB 3MG.....	103	<i>rizatriptan benzoate tab 5 mg (base</i> <i>equivalent)</i>	167
RISPERDAL TAB 4MG.....	103	ROBINUL FORT TAB 2MG	198
<i>risperidone orally disintegrating tab 0.25</i> <i>mg</i>	103	ROBINUL TAB 1MG.....	198
<i>risperidone orally disintegrating tab 0.5 mg</i>	103	ROCKLATAN DRO.....	180
<i>risperidone orally disintegrating tab 1 mg</i>	103	<i>roflumilast tab 250 mcg</i>	50
<i>risperidone orally disintegrating tab 2 mg</i>	103	<i>roflumilast tab 500 mcg</i>	50
<i>risperidone orally disintegrating tab 3 mg</i>	103	<i>ropinirole hydrochloride tab 0.25 mg</i>	100
<i>risperidone orally disintegrating tab 4 mg</i>	103	<i>ropinirole hydrochloride tab 0.5 mg</i>	100
<i>risperidone soln 1 mg/ml</i>	103	<i>ropinirole hydrochloride tab 1 mg</i>	100
<i>risperidone tab 0.25 mg</i>	103	<i>ropinirole hydrochloride tab 2 mg</i>	100
<i>risperidone tab 0.5 mg</i>	103	<i>ropinirole hydrochloride tab 3 mg</i>	100
<i>risperidone tab 1 mg</i>	103	<i>ropinirole hydrochloride tab 4 mg</i>	100
<i>risperidone tab 2 mg</i>	103	<i>ropinirole hydrochloride tab 5 mg</i>	100
<i>risperidone tab 3 mg</i>	103	<i>ropinirole hydrochloride tab er 24hr 12 mg</i> <i>(base equivalent)</i>	101
<i>risperidone tab 4 mg</i>	103		
RITALIN LA CAP 10MG.....	26		

<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	101	SABRIL TAB 500MG.....	61
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	101	<i>sacubitril-valsartan tab 24-26 mg</i>	118
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	101	<i>sacubitril-valsartan tab 49-51 mg</i>	118
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	101	<i>sacubitril-valsartan tab 97-103 mg</i>	118
<i>rosuvastatin calcium tab 10 mg</i>	79	SAFYRAL TAB.....	126
<i>rosuvastatin calcium tab 20 mg</i>	79	SAIZEN INJ 5MG.....	146
<i>rosuvastatin calcium tab 40 mg</i>	79	SAIZEN INJ 8.8MG.....	146
<i>rosuvastatin calcium tab 5 mg</i>	79	SAIZENPREP INJ 8.8MG.....	146
ROWASA KIT 4GM.....	153	<i>sajazir inj 30mg/3ml</i>	157
<i>roweepra tab 500mg</i>	59	<i>salicylic acid er film-forming soln 28.5%</i>	140
ROXICODONE TAB 15MG.....	37	<i>salsalate tab 500 mg</i>	32
ROXICODONE TAB 30MG.....	37	<i>salsalate tab 750 mg</i>	32
ROZEREM TAB 8MG.....	163	SAMSCA TAB 15MG.....	149
ROZLYTREK CAP 100MG.....	95	SAMSCA TAB 30MG.....	149
ROZLYTREK CAP 200MG.....	95	SANCUSO DIS 3.1MG.....	73
ROZLYTREK PAK 50MG.....	95	SANDIMMUNE CAP 100MG.....	171
RUBRACA TAB 200MG.....	95	SANDIMMUNE CAP 25MG.....	171
RUBRACA TAB 250MG.....	95	SANTYL OIN 250/GM.....	139
RUBRACA TAB 300MG.....	95	SAPHRIS SUB 10MG.....	104
<i>rufinamide susp 40 mg/ml</i>	59	SAPHRIS SUB 2.5MG.....	104
<i>rufinamide tab 200 mg</i>	59	SAPHRIS SUB 5MG.....	104
<i>rufinamide tab 400 mg</i>	59	<i>sapropterin dihydrochloride powder packet 100 mg</i>	147
RUKOBIA TAB 600MG ER.....	108	<i>sapropterin dihydrochloride powder packet 500 mg</i>	147
RYALTRIS SPR 665-25.....	177	<i>sapropterin dihydrochloride tab 100 mg</i>	147
RYBELSUS TAB 1.5MG.....	70	SAVELLA MIS TITR PAK.....	187
RYBELSUS TAB 14MG.....	70	SAVELLA TAB 100MG.....	187
RYBELSUS TAB 3MG.....	70	SAVELLA TAB 12.5MG.....	187
RYBELSUS TAB 4MG.....	70	SAVELLA TAB 25MG.....	187
RYBELSUS TAB 7MG.....	70	SAVELLA TAB 50MG.....	187
RYBELSUS TAB 9MG.....	70	SAXENDA INJ 18MG/3ML.....	20
RYDAPT CAP 25MG.....	96	SCSEMBLIX TAB 100MG.....	96
RYTARY CAP 145MG.....	101	SCSEMBLIX TAB 20MG.....	96
RYTARY CAP 195MG.....	101	SCSEMBLIX TAB 40MG.....	96
RYTARY CAP 245MG.....	101	<i>scopolamine td patch 72hr 1 mg/3days</i>	74
RYTARY CAP 95MG.....	101	SEASONIQUE TAB.....	126
RYTHMOL SR CAP 225MG.....	48	SELECT-OB+ PAK DHA.....	175
RYTHMOL SR CAP 325MG.....	48	SELECT-OB CHW.....	175
RYTHMOL SR CAP 425MG.....	48	<i>selegiline hcl cap 5 mg</i>	101
S		<i>selegiline hcl tab 5 mg</i>	101
SABRIL POW 500MG.....	61	<i>selenium sulfide lotion 2.5%</i>	136
		<i>selenium sulfide shampoo 2.25%</i>	136
		<i>selenium sulfide shampoo 2.3%</i>	136

SELZENTRY SOL 20MG/ML	108	<i>sildenafil citrate tab 25 mg</i>	119
SELZENTRY TAB 150MG	108	<i>sildenafil citrate tab 50 mg</i>	119
SELZENTRY TAB 300MG	108	SILENOR TAB 3MG	161
SE-NATAL 19 CHW	175	SILENOR TAB 6MG	161
SE-NATAL 19 TAB	175	<i>silodosin cap 4 mg</i>	156
SENSIPAR TAB 30MG	147	<i>silodosin cap 8 mg</i>	156
SENSIPAR TAB 60MG	147	SILVADENE CRE 1%	136
SENSIPAR TAB 90MG	147	<i>silver sulfadiazine cream 1%</i>	136
SEREVENT DIS AER 50MCG	52	SIMBRINZA SUS 1-0.2%	179
SEROQUEL TAB 100MG	104	<i>simliya tab 28 day</i>	126
SEROQUEL TAB 200MG	104	<i>simpesse tab</i>	126
SEROQUEL TAB 25MG	104	<i>simvastatin tab 10 mg</i>	79
SEROQUEL TAB 300MG	104	<i>simvastatin tab 20 mg</i>	79
SEROQUEL TAB 400MG	104	<i>simvastatin tab 40 mg</i>	79
SEROQUEL TAB 50MG	104	<i>simvastatin tab 5 mg</i>	79
SEROQUEL XR TAB 150MG	104	<i>simvastatin tab 80 mg</i>	79
SEROQUEL XR TAB 200MG	104	SINEMET TAB 10-100MG	101
SEROQUEL XR TAB 300MG	104	SINEMET TAB 25-100MG	101
SEROQUEL XR TAB 400MG	104	SINGULAIR CHW 4MG	49
SEROQUEL XR TAB 50MG	104	SINGULAIR CHW 5MG	49
SEROSTIM INJ 4MG	146	SINGULAIR GRA 4MG	49
SEROSTIM INJ 5MG	146	SINGULAIR TAB 10MG	49
SEROSTIM INJ 6MG	146	<i>sirolimus oral soln 1 mg/ml</i>	171
<i>sertraline hcl oral concentrate for solution</i>		<i>sirolimus tab 0.5 mg</i>	171
<i>20 mg/ml</i>	65	<i>sirolimus tab 1 mg</i>	171
<i>sertraline hcl tab 100 mg</i>	65	<i>sirolimus tab 2 mg</i>	171
<i>sertraline hcl tab 25 mg</i>	65	SIRTURO TAB 100MG	88
<i>sertraline hcl tab 50 mg</i>	65	SIRTURO TAB 20MG	88
<i>setlakin tab</i>	126	SIVEXTRO TAB 200MG	44
<i>sevelamer carbonate packet 0.8 gm</i>	155	SKYCLARYS CAP 50MG	178
<i>sevelamer carbonate packet 2.4 gm</i>	155	SKYRIZI INJ 150MG/ML	135
<i>sevelamer carbonate tab 800 mg</i>	155	SKYRIZI INJ 180/1.2	153
<i>sevelamer hcl tab 400 mg</i>	155	SKYRIZI INJ 360/2.4	153
<i>sevelamer hcl tab 800 mg</i>	155	SKYRIZI PEN INJ 150MG/ML	135
<i>sf 5000 plus cre 1.1%</i>	173	SLYND TAB 4MG	128
<i>sf gel 1.1%</i>	173	<i>sod fluoride gel 1.1%</i>	173
<i>sharobel tab 0.35mg</i>	128	SOD FLUORIDE GEL 1.1-5%	173
SIGNIFOR INJ 0.3MG/ML	148	<i>sod fluoride pst 1.1%</i>	173
SIGNIFOR INJ 0.6MG/ML	148	<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	169
SIGNIFOR INJ 0.9MG/ML	148	<i>sodium chloride irrigation soln 0.9%</i>	155
<i>sildenafil citrate for suspension 10 mg/ml</i>		<i>sodium chloride preservative free (pf) inj</i>	
.....	120	0.9%	169
<i>sildenafil citrate tab 100 mg</i>	119	<i>sodium chloride soln nebu 0.9%</i>	131
<i>sildenafil citrate tab 20 mg</i>	120	<i>sodium fluor cre 5000 pls</i>	173

<i>sodium fluor cre 5000 ppm</i>	173	SOLU-MEDROL INJ 125MG	130
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	168	SOLU-MEDROL INJ 1GM	130
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	168	SOLU-MEDROL INJ 2GM	130
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	168	SOLU-MEDROL INJ 40MG.....	130
<i>sodium fluoride cream 1.1%</i>	173	SOLU-MEDROL INJ 500MG	130
<i>sodium fluoride gel 1.1% (0.5% f)</i>	173	SOMATULINE INJ 120/.5ML	148
<i>sodium fluoride rinse 0.2%</i>	173	SOMATULINE INJ 60/0.2ML	148
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	168	SOMATULINE INJ 90/0.3ML	148
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	168	SOMAVERT INJ 10MG	145
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	168	SOMAVERT INJ 15MG	145
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	147	SOMAVERT INJ 20MG.....	145
<i>sodium phenylbutyrate tab 500 mg</i>	147	SOMAVERT INJ 25MG.....	145
<i>sodium polystyrene sulfonate powder</i>	172	SOMAVERT INJ 30MG.....	145
SOD OXYBATE SOL 500MG/ML.....	185	SOOLANTRA CRE 1%	141
SOD SUL/SULF EMU 10-5%	132	<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	96
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	164	<i>sorine tab 120mg</i>	113
SOFDRA GEL 12.45%	140	<i>sorine tab 160mg</i>	113
SOHONOS CAP 1.5MG.....	177	<i>sorine tab 240mg</i>	113
SOHONOS CAP 10MG.....	177	<i>sorine tab 80mg</i>	113
SOHONOS CAP 1MG	177	<i>sotalol hcl (afib/afl) tab 120 mg</i>	113
SOHONOS CAP 2.5MG	177	<i>sotalol hcl (afib/afl) tab 160 mg</i>	113
SOHONOS CAP 5MG	177	<i>sotalol hcl (afib/afl) tab 80 mg</i>	113
<i>solifenacin succinate tab 10 mg</i>	201	<i>sotalol hcl tab 120 mg</i>	113
<i>solifenacin succinate tab 5 mg</i>	201	<i>sotalol hcl tab 160 mg</i>	113
SOLIQUA INJ 100/33.....	69	<i>sotalol hcl tab 240 mg</i>	113
SOLODYN TAB 105MG	193	<i>sotalol hcl tab 80 mg</i>	113
SOLODYN TAB 115MG	193	SOTYLIZE SOL 5MG/ML	113
SOLODYN TAB 55MG.....	193	SOVALDI PAK 150MG.....	110
SOLODYN TAB 65MG.....	193	SOVALDI PAK 200MG.....	110
SOLODYN TAB 80MG.....	193	SOVALDI TAB 200MG.....	110
SOLTAMOX SOL 10MG/5ML	91	SOVALDI TAB 400MG.....	110
SOLU-CORTEF INJ 1000MG.....	130	<i>spinosad susp 0.9%</i>	141
SOLU-CORTEF INJ 100MG	130	SPIRIVA AER 1.25MCG	49
SOLU-CORTEF INJ 250MG.....	130	SPIRIVA CAP HANDIHLR.....	49
SOLU-CORTEF INJ 500MG	130	SPIRIVA SPR 2.5MCG.....	49
SOLU-MEDROL INJ 1000MG.....	130	<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	142
		<i>spironolactone tab 100 mg</i>	143
		<i>spironolactone tab 25 mg</i>	143
		<i>spironolactone tab 50 mg</i>	143
		SPORANOX CAP 100MG	75
		SPORANOX SOL 10MG/ML.....	75
		<i>sprintec 28 tab 28 day</i>	126

SPRIX SPR 15.75MG	31	<i>subvenite tab 100mg</i>	60
SPRYCEL TAB 100MG	96	<i>subvenite tab 150mg</i>	60
SPRYCEL TAB 140MG	96	<i>subvenite tab 200mg</i>	60
SPRYCEL TAB 20MG.....	96	<i>subvenite tab 25mg</i>	60
SPRYCEL TAB 50MG.....	96	SUCRAID SOL 8500/ML.....	142
SPRYCEL TAB 70MG.....	96	<i>sucralfate susp 1 gm/10ml</i>	198
SPRYCEL TAB 80MG.....	96	<i>sucralfate tab 1 gm</i>	198
<i>sps sus 15gm/60</i>	172	SULAR TAB 17MG ER	116
<i>sps sus 30gm/120</i>	172	SULAR TAB 34MG ER	116
<i>sronyx tab</i>	127	SULAR TAB 8.5MG ER	116
<i>ssd cre 1%</i>	136	<i>sulconazole nitrate cream 1%</i>	134
<i>sss 10-5 aer 10-5%</i>	132	<i>sulconazole nitrate solution 1%</i>	134
<i>sss cre 10%-5%</i>	132	<i>sulfacetamide sodium cleansing gel 10%</i>	136
STALEVO 100 TAB	101	<i>sulfacetamide sodium liquid 10%</i>	136
STALEVO 125 TAB.....	101	<i>sulfacetamide sodium lotion 10% (acne)</i> 132	
STALEVO 150 TAB	101	<i>sulfacetamide sodium ophth oint 10%</i>	180
STALEVO 200 TAB.....	101	<i>sulfacetamide sodium ophth soln 10%</i> ..	180
STALEVO 50 TAB	101	<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	181
STALEVO 75 TAB	101	<i>sulfacetamide sodium shampoo 10%</i>	136
STELARA INJ 45MG/0.5	136	<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	132
STELARA INJ 90MG/ML	136	<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	132
STIMUFEND INJ 6/0.6ML	160	<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	132
STIVARGA TAB 40MG.....	96	<i>sulfacetamide sodium w/ sulfur cleanser 9- 4.5%</i>	132
STRATTERA CAP 100MG.....	22	<i>sulfacetamide sodium w/ sulfur cleanser 9- 4%</i>	132
STRATTERA CAP 10MG	22	<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	133
STRATTERA CAP 18MG.....	22	<i>sulfacetamide sodium w/ sulfur cream 10- 2%</i>	133
STRATTERA CAP 25MG.....	22	<i>sulfacetamide sodium w/ sulfur cream 10- 5%</i>	133
STRATTERA CAP 40MG.....	22	<i>sulfacetamide sodium w/ sulfur cream 9.8- 4.8%</i>	133
STRATTERA CAP 60MG.....	22	<i>sulfacetamide sodium w/ sulfur lotion 10- 5%</i>	133
STRATTERA CAP 80MG.....	22	<i>sulfacetamide sodium w/ sulfur lotion 9.8- 4.8%</i>	133
STRENSIQ INJ 18/0.45	147		
STRENSIQ INJ 28/0.7ML	147		
STRENSIQ INJ 40MG/ML	147		
STRENSIQ INJ 80/0.8ML	148		
STRIBILD TAB	109		
STRIVERDI AER 2.5MCG	52		
STROMECTOL TAB 3MG	43		
SUBOXONE MIS 12-3MG	41		
SUBOXONE MIS 2-0.5MG	40		
SUBOXONE MIS 4-1MG	40		
SUBOXONE MIS 8-2MG.....	40		
<i>subvenite kit start 35</i>	59		
<i>subvenite kit start 49</i>	60		
<i>subvenite kit start 98</i>	60		

<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	SUTAB TAB.....	164
.....	SUTENT CAP 12.5MG	96
<i>sulfacleanse sus 8-4%</i>	SUTENT CAP 25MG.....	96
133	SUTENT CAP 37.5MG.....	96
<i>sulfadiazine tab 500 mg</i>	SUTENT CAP 50MG.....	96
192	<i>syeda tab 3-0.03mg</i>	127
<i>sulfamethoxazole-trimethoprim susp 200-</i>	SYMBYAX CAP 3-25MG.....	187
<i>40 mg/5ml</i>	SYMBYAX CAP 6-25MG.....	187
43	SYMDEKO TAB 100-150.....	191
<i>sulfamethoxazole-trimethoprim tab 400-80</i>	SYMDEKO TAB 50-75MG.....	191
<i>mg</i>	SYMFI LO TAB.....	109
43	SYMFI TAB.....	109
<i>sulfamethoxazole-trimethoprim tab 800-</i>	SYMLINPEN 60 INJ 1000MCG.....	68
<i>160 mg</i>	SYMLNPEN 120 INJ 1000MCG.....	68
43	SYMPAZAN MIS 10MG.....	55
<i>sulfamez emu 10-1%</i>	SYMPAZAN MIS 20MG.....	56
133	SYMPAZAN MIS 5MG.....	55
SULFAMYLON CRE 85MG/GM.....	SYMPROIC TAB 0.2MG.....	154
137	SYMTUZA TAB.....	109
<i>sulfasalazine tab 500 mg</i>	SYNAREL SOL 2MG/ML.....	146
153	SYNJARDY TAB.....	69
<i>sulfasalazine tab delayed release 500 mg</i>	SYNJARDY TAB 12.5-500.....	69
.....	SYNJARDY TAB 5-1000MG.....	69
154	SYNJARDY TAB 5-500MG.....	69
<i>sulfatrim pd sus 200-40/5</i>	SYNJARDY XR TAB.....	69
43	SYNJARDY XR TAB 10-1000.....	69
<i>sulindac tab 150 mg</i>	SYNJARDY XR TAB 25-1000.....	69
31	SYNJARDY XR TAB 5-1000MG.....	69
<i>sulindac tab 200 mg</i>	SYNTHROID TAB 100MCG.....	196
31	SYNTHROID TAB 112MCG.....	196
<i>sumatriptan nasal spray 20 mg/act</i>	SYNTHROID TAB 125MCG.....	196
167	SYNTHROID TAB 137MCG.....	196
<i>sumatriptan nasal spray 5 mg/act</i>	SYNTHROID TAB 150MCG.....	196
167	SYNTHROID TAB 175MCG.....	196
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	SYNTHROID TAB 200MCG.....	196
167	SYNTHROID TAB 25MCG.....	196
<i>sumatriptan succinate solution auto-</i>	SYNTHROID TAB 300MCG.....	196
<i>injector 4 mg/0.5ml</i>	SYNTHROID TAB 50MCG.....	196
167	SYNTHROID TAB 75MCG.....	196
<i>sumatriptan succinate solution auto-</i>	SYNTHROID TAB 88MCG.....	196
<i>injector 6 mg/0.5ml</i>	SYPRINE CAP 250MG.....	170
167	T	
<i>sumatriptan succinate solution cartridge 4</i>	TABLOID TAB 40MG.....	90
<i>mg/0.5ml</i>	TABRECTA TAB 150MG.....	96
168		
<i>sumatriptan succinate solution cartridge 6</i>		
<i>mg/0.5ml</i>		
168		
<i>sumatriptan succinate tab 100 mg</i>		
168		
<i>sumatriptan succinate tab 25 mg</i>		
168		
<i>sumatriptan succinate tab 50 mg</i>		
168		
<i>sunitinib malate cap 12.5 mg (base</i>		
<i>equivalent)</i>		
96		
<i>sunitinib malate cap 25 mg (base</i>		
<i>equivalent)</i>		
96		
<i>sunitinib malate cap 37.5 mg (base</i>		
<i>equivalent)</i>		
96		
<i>sunitinib malate cap 50 mg (base</i>		
<i>equivalent)</i>		
96		
SUNLENCA TAB 300MG.....		
109		
SUNOSI TAB 150MG.....		
22		
SUNOSI TAB 75MG.....		
22		
SUPREP BOWEL SOL PREP KIT.....		
164		

TABRECTA TAB 200MG	96	TASIGNA CAP 200MG	96
<i>tacrolimus cap 0.5 mg</i>	171	TASIGNA CAP 50MG.....	96
<i>tacrolimus cap 1 mg</i>	171	<i>tasimelteon capsule 20 mg</i>	163
<i>tacrolimus cap 5 mg</i>	171	TASMAR TAB 100MG	98
<i>tacrolimus oint 0.03%</i>	140	<i>tavaborole soln 5%</i>	134
<i>tacrolimus oint 0.1%</i>	140	TAVALISSE TAB 100MG	157
<i>tadalafil tab 10 mg</i>	119	TAVALISSE TAB 150MG.....	157
<i>tadalafil tab 2.5 mg</i>	119	TAVNEOS CAP 10MG.....	157
<i>tadalafil tab 20 mg</i>	119	<i>taysofy cap 1/20</i>	127
<i>tadalafil tab 20 mg (pah)</i>	120	TAYTULLA CAP 1MG/20MC	127
<i>tadalafil tab 5 mg</i>	119	<i>tazarotene cream 0.05%</i>	136
TADLIQ SUS 20MG/5ML.....	120	<i>tazarotene cream 0.1%</i>	136
TAFINLAR CAP 50MG.....	96	<i>tazarotene gel 0.05%</i>	136
TAFINLAR CAP 75MG	96	<i>tazarotene gel 0.1%</i>	136
TAFINLAR TAB 10MG	96	<i>tazicef inj 1gm</i>	122
<i>tafluprost preservative free (pf) ophth soln</i> <i>0.0015%</i>	183	TAZORAC CRE 0.05%	136
TAGRISSO TAB 40MG	90	TAZORAC CRE 0.1%.....	136
TAGRISSO TAB 80MG	91	TAZORAC GEL 0.05%.....	136
TAKHZYRO INJ 150MG/ML	158	TAZORAC GEL 0.1%.....	136
TAKHZYRO INJ 300/2ML	158	<i>taztia xt cap 120mg/24</i>	116
TALICIA CAP	201	<i>taztia xt cap 180mg/24</i>	116
TALZENNA CAP 0.1MG	96	<i>taztia xt cap 240mg/24</i>	116
TALZENNA CAP 0.25MG	96	<i>taztia xt cap 300mg er</i>	116
TALZENNA CAP 0.35MG	96	<i>taztia xt cap 360mg/24</i>	116
TALZENNA CAP 0.5MG	96	TAZVERIK TAB 200MG	96
TALZENNA CAP 0.75MG	96	TEGLUTIK SUS 50/10ML	178
TALZENNA CAP 1MG	96	TEGRETOL SUS 100/5ML	60
TAMIFLU CAP 30MG	111	TEGRETOL TAB 200MG.....	60
TAMIFLU CAP 45MG	111	TEGRETOL-XR TAB 100MG.....	60
TAMIFLU CAP 75MG	111	TEGRETOL-XR TAB 200MG	60
TAMIFLU SUS 6MG/ML	111	TEGRETOL-XR TAB 400MG.....	60
<i>tamoxifen citrate tab 10 mg (base</i> <i>equivalent)</i>	91	TEKTURNA TAB 150MG	87
<i>tamoxifen citrate tab 20 mg (base</i> <i>equivalent)</i>	91	TEKTURNA TAB 300MG	87
<i>tamsulosin hcl cap 0.4 mg</i>	156	<i>telmisartan-amlodipine tab 40-10 mg</i>	86
TARCEVA TAB 100MG	91	<i>telmisartan-amlodipine tab 40-5 mg</i>	86
TARGRETIN CAP 75MG	98	<i>telmisartan-amlodipine tab 80-10 mg</i>	86
TARGRETIN GEL 1%	135	<i>telmisartan-amlodipine tab 80-5 mg</i>	86
<i>tarina 24 fe tab</i>	127	<i>telmisartan-hydrochlorothiazide tab 40-</i> <i>12.5 mg</i>	86
<i>tarina fe tab 1/20 eq</i>	127	<i>telmisartan-hydrochlorothiazide tab 80-12.5</i> <i>mg</i>	86
TARON-C DHA CAP	175	<i>telmisartan-hydrochlorothiazide tab 80-25</i> <i>mg</i>	86
TASIGNA CAP 150MG	96	<i>telmisartan tab 20 mg</i>	82

<i>telmisartan tab 40 mg</i>	82	<i>testosterone td gel 20.25 mg/1.25gm</i> (1.62%).....	42
<i>telmisartan tab 80 mg</i>	82	<i>testosterone td gel 20.25 mg/act (1.62%)</i>	42
<i>temazepam cap 15 mg</i>	162	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	42
<i>temazepam cap 30 mg</i>	162	<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	42
<i>temazepam cap 7.5 mg</i>	162	<i>testosterone td gel 50 mg/5gm (1%)</i>	42
TEMBEXA SUS 10MG/ML	111	<i>testosterone td soln 30 mg/act</i>	42
TEMBEXA TAB 100MG	111	<i>tetrabenazine tab 12.5 mg</i>	187
<i>temozolomide cap 100 mg</i>	89	<i>tetrabenazine tab 25 mg</i>	187
<i>temozolomide cap 140 mg</i>	89	<i>tetracycline hcl cap 250 mg</i>	193
<i>temozolomide cap 180 mg</i>	89	<i>tetracycline hcl cap 500 mg</i>	193
<i>temozolomide cap 20 mg</i>	89	<i>texacort sol 2.5%</i>	138
<i>temozolomide cap 250 mg</i>	89	TEZSPIRE INJ 210MG	48
<i>temozolomide cap 5 mg</i>	89	TEZSPIRE SOL 210MG.....	48
<i>tencon tab 50-325mg</i>	32	THALOMID CAP 100MG.....	170
<i>tenofovir disoproxil fumarate tab 300 mg</i>	109	THALOMID CAP 50MG.....	170
TENORETIC TAB 100	86	THEO-24 CAP 100MG CR	52
TENORETIC TAB 50.....	86	THEO-24 CAP 200MG CR	52
TEPMETKO TAB 225MG	96	THEO-24 CAP 300MG CR	52
<i>terazosin hcl cap 10 mg (base equivalent)</i>	83	THEO-24 CAP 400MG ER.....	52
<i>terazosin hcl cap 1 mg (base equivalent)</i> ..	83	<i>theophylline elixir 80 mg/15ml</i>	52
<i>terazosin hcl cap 2 mg (base equivalent)</i> .	83	<i>theophylline soln 80 mg/15ml</i>	52
<i>terazosin hcl cap 5 mg (base equivalent)</i> .	83	<i>theophylline tab er 12hr 100 mg</i>	52
<i>terbinafine hcl tab 250 mg</i>	75	<i>theophylline tab er 12hr 200 mg</i>	52
<i>terbutaline sulfate inj 1 mg/ml</i>	52	<i>theophylline tab er 12hr 300 mg</i>	52
<i>terbutaline sulfate tab 2.5 mg</i>	52	<i>theophylline tab er 12hr 450 mg</i>	52
<i>terbutaline sulfate tab 5 mg</i>	52	<i>theophylline tab er 24hr 400 mg</i>	52
<i>terconazole vaginal cream 0.4%</i>	202	<i>theophylline tab er 24hr 600 mg</i>	52
<i>terconazole vaginal cream 0.8%</i>	202	THIOLA EC TAB 100MG.....	156
<i>terconazole vaginal suppos 80 mg</i>	202	THIOLA EC TAB 300MG.....	156
<i>teriflunomide tab 14 mg</i>	189	THIOLA TAB 100MG.....	156
<i>teriflunomide tab 7 mg</i>	189	<i>thioridazine hcl tab 100 mg</i>	105
TERIPARATIDE INJ 620/2.48	144	<i>thioridazine hcl tab 10 mg</i>	105
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	144	<i>thioridazine hcl tab 25 mg</i>	105
TESTIM GEL 1%(50MG)	41	<i>thioridazine hcl tab 50 mg</i>	105
<i>testosterone cypionate im inj in oil 100</i> <i>mg/ml</i>	41	<i>thiothixene cap 10 mg</i>	106
<i>testosterone cypionate im inj in oil 200</i> <i>mg/ml</i>	41	<i>thiothixene cap 1 mg</i>	106
<i>testosterone enanthate im inj in oil 200</i> <i>mg/ml</i>	42	<i>thiothixene cap 2 mg</i>	106
<i>testosterone td gel 10mg/act (2%)</i>	42	<i>thiothixene cap 5 mg</i>	106
<i>testosterone td gel 12.5 mg/act (1%)</i>	42	THRIVITE RX TAB 29-1MG.....	175
		THYQUIDITY SOL 100MCG.....	196
		THYROID TAB 120MG.....	196
		THYROID TAB 15MG	196

THYROID TAB 30MG	196	TIROSINT CAP 100MCG	196
THYROID TAB 60MG	196	TIROSINT CAP 112MCG	196
THYROID TAB 90MG	196	TIROSINT CAP 125MCG	196
<i>tiadylt cap 120mg/24</i>	116	TIROSINT CAP 137MCG	196
<i>tiadylt cap 180mg/24</i>	116	TIROSINT CAP 13MCG	196
<i>tiadylt cap 240mg/24</i>	116	TIROSINT CAP 150MCG	196
<i>tiadylt cap 300mg/24</i>	116	TIROSINT CAP 175MCG	196
<i>tiadylt cap 360mg/24</i>	116	TIROSINT CAP 200MCG	196
<i>tiadylt cap 420mg/24</i>	116	TIROSINT CAP 25MCG	196
<i>tiagabine hcl tab 12 mg</i>	61	TIROSINT CAP 37.5MCG	196
<i>tiagabine hcl tab 16 mg</i>	61	TIROSINT CAP 44MCG	196
<i>tiagabine hcl tab 2 mg</i>	61	TIROSINT CAP 50MCG	196
<i>tiagabine hcl tab 4 mg</i>	61	TIROSINT CAP 62.5MCG	196
TIAZAC CAP 120MG/24	116	TIROSINT CAP 75MCG	196
TIAZAC CAP 180MG/24	116	TIROSINT CAP 88MCG	196
TIAZAC CAP 240MG/24	116	TIROSINT-SOL SOL 100MCG	197
TIAZAC CAP 300MG/24	116	TIROSINT-SOL SOL 112MCG	197
TIAZAC CAP 360MG/24	116	TIROSINT-SOL SOL 125MCG	197
TIAZAC CAP 420MG/24	116	TIROSINT-SOL SOL 137MCG	197
TIBSOVO TAB 250MG	96	TIROSINT-SOL SOL 13MCG/ML	196
TIGLUTIK SUS 50/10ML	178	TIROSINT-SOL SOL 150MCG	197
TIKOSYN CAP 125MCG	48	TIROSINT-SOL SOL 175MCG	197
TIKOSYN CAP 250MCG	48	TIROSINT-SOL SOL 200MCG	197
TIKOSYN CAP 500MCG	48	TIROSINT-SOL SOL 25MCG/ML	197
<i>tilia fe tab</i>	127	TIROSINT-SOL SOL 37.5/ML	197
<i>timolol maleate ophth gel forming soln</i>		TIROSINT-SOL SOL 44MCG/ML	197
0.25%	179	TIROSINT-SOL SOL 50MCG/ML	197
<i>timolol maleate ophth gel forming soln</i>		TIROSINT-SOL SOL 62.5/ML	197
0.5%	178	TIROSINT-SOL SOL 75MCG/ML	197
<i>timolol maleate ophth soln 0.25%</i>	179	TIROSINT-SOL SOL 88MCG/ML	197
<i>timolol maleate ophth soln 0.5%</i>	179	TIVICAY PD TAB 5MG	109
<i>timolol maleate ophth soln 0.5% (once-</i>		TIVICAY TAB 50MG	109
<i>daily)</i>	179	<i>tizanidine hcl tab 2 mg (base equivalent)</i> 177	
<i>timolol maleate tab 10 mg</i>	113	<i>tizanidine hcl tab 4 mg (base equivalent)</i> 177	
<i>timolol maleate tab 20 mg</i>	113	TOBI NEB 300/5ML	27
<i>timolol maleate tab 5 mg</i>	113	TOBI PODHALR CAP 28MG	27
<i>timolol ophth soln 0.5%</i>	179	TOBRADEX OIN 0.3-0.1%	181
TIMOPTIC SOL 0.25% OP	179	TOBRADEX ST SUS 0.3-0.05	181
TIMOPTIC SOL 0.5% OP	179	TOBRADEX SUS 0.3-0.1%	181
TIMOPTIC-XE SOL 0.25% OP	179	<i>tobramycin-dexamethasone ophth susp</i>	
TIMOPTIC-XE SOL 0.5% OP	179	0.3-0.1%	182
<i>tinidazole tab 250 mg</i>	43	<i>tobramycin nebu soln 300 mg/4ml</i>	27
<i>tinidazole tab 500 mg</i>	43	<i>tobramycin nebu soln 300 mg/5ml</i>	27
<i>tiopronin tab 100 mg</i>	156	<i>tobramycin ophth soln 0.3%</i>	180

<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	27	TOPROL XL TAB 25MG	112
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	27	TOPROL XL TAB 50MG	112
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	27	<i>toremifene citrate tab 60 mg (base equivalent)</i>	91
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	27	<i>torpenz tab 10mg</i>	97
TOBEX OIN 0.3% OP	180	<i>torpenz tab 2.5mg</i>	96
TOLAK CRE 4%.....	135	<i>torpenz tab 5mg</i>	96
<i>tolcapone tab 100 mg</i>	98	<i>torpenz tab 7.5mg</i>	96
<i>tolmetin sodium cap 400 mg</i>	31	<i>torseamide tab 100 mg</i>	143
<i>tolmetin sodium tab 600 mg</i>	31	<i>torseamide tab 10 mg</i>	143
TOLSURA CAP 65MG	75	<i>torseamide tab 20 mg</i>	143
<i>tolterodine tartrate cap er 24hr 2 mg</i>	201	<i>torseamide tab 5 mg</i>	143
<i>tolterodine tartrate cap er 24hr 4 mg</i>	201	TOUJEO MAX INJ 300/ML.....	71
<i>tolterodine tartrate tab 1 mg</i>	201	TOUJEO SOLO INJ 300/ML	71
<i>tolterodine tartrate tab 2 mg</i>	201	TOVIAZ TAB 4MG.....	201
<i>tolvaptan tab 15 mg</i>	149	TOVIAZ TAB 8MG.....	201
<i>tolvaptan tab 30 mg</i>	149	TRACLEER TAB 125MG	120
TOPAMAX SPR CAP 15MG.....	60	TRACLEER TAB 32MG	120
TOPAMAX SPR CAP 25MG	60	TRACLEER TAB 62.5MG.....	120
TOPAMAX TAB 100MG.....	60	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	39
TOPAMAX TAB 200MG	60	<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	37
TOPAMAX TAB 25MG.....	60	<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	37
TOPAMAX TAB 50MG.....	60	<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	38
<i>topiramate cap er 24hr 100 mg</i>	60	<i>tramadol hcl tab 100 mg</i>	38
<i>topiramate cap er 24hr 200 mg</i>	60	<i>tramadol hcl tab 50 mg</i>	38
<i>topiramate cap er 24hr 25 mg</i>	60	<i>tramadol hcl tab er 24hr 100 mg</i>	38
<i>topiramate cap er 24hr 50 mg</i>	60	<i>tramadol hcl tab er 24hr 200 mg</i>	38
<i>topiramate cap er 24hr sprinkle 100 mg</i> ..	60	<i>tramadol hcl tab er 24hr 300 mg</i>	38
<i>topiramate cap er 24hr sprinkle 150 mg</i> ..	60	<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	38
<i>topiramate cap er 24hr sprinkle 200 mg</i> ..	60	<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	38
<i>topiramate cap er 24hr sprinkle 25 mg</i>	60	<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	38
<i>topiramate cap er 24hr sprinkle 50 mg</i>	60	<i>trandolapril tab 1 mg</i>	81
<i>topiramate sprinkle cap 15 mg</i>	60	<i>trandolapril tab 2 mg</i>	81
<i>topiramate sprinkle cap 25 mg</i>	60	<i>trandolapril tab 4 mg</i>	81
<i>topiramate sprinkle cap 50 mg</i>	60	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	86
<i>topiramate tab 100 mg</i>	60		
<i>topiramate tab 200 mg</i>	60		
<i>topiramate tab 25 mg</i>	60		
<i>topiramate tab 50 mg</i>	60		
TOPROL XL TAB 100MG.....	112		
TOPROL XL TAB 200MG.....	112		

<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	86	<i>triamcinolone acetone oint 0.1%</i>	139
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	86	<i>triamcinolone acetone oint 0.5%</i>	139
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	87	<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	142
<i>tranexamic acid tab 650 mg</i>	161	<i>triamterene & hydrochlorothiazide tab 37.5-</i> 25 mg.....	142
TRANSDERM-SC DIS 1MG/3DAY	74	<i>triamterene & hydrochlorothiazide tab 75-</i> 50 mg	142
<i>tranylcyromine sulfate tab 10 mg</i>	63	<i>triamterene cap 100 mg</i>	143
TRAVATAN Z DRO 0.004%.....	183	<i>triamterene cap 50 mg</i>	143
<i>travoprost ophth soln 0.004%</i> (benzalkonium free) (bak free)	183	<i>triazolam tab 0.125 mg</i>	162
<i>trazodone hcl tab 100 mg</i>	65	<i>triazolam tab 0.25 mg</i>	162
<i>trazodone hcl tab 150 mg</i>	65	TRIBENZOR20- TAB 5-12.5MG	87
<i>trazodone hcl tab 300 mg</i>	65	TRIBENZOR40- TAB 10-12.5.....	87
<i>trazodone hcl tab 50 mg</i>	65	TRIBENZOR40- TAB 10-25MG	87
TRELEGY AER 100MCG.....	52	TRIBENZOR40- TAB 5-12.5MG	87
TRELEGY AER 200MCG.....	52	TRIBENZOR40- TAB 5-25MG.....	87
TREMFYA INJ 100MG/ML.....	136	TRICARE TAB PRENATAL	175
TREMFYA INJ 200/2ML	136	TRICOR TAB 145MG	78
TRESIBA FLEX INJ 100UNIT	71	TRICOR TAB 48MG.....	78
TRESIBA FLEX INJ 200UNIT	71	<i>tridacaine pad 5%</i>	140
TRESIBA INJ 100UNIT	71	<i>triderm cre 0.5%</i>	139
<i>tretinoin cap 10 mg</i>	98	TRIDESILON CRE 0.05%	139
<i>tretinoin cream 0.025%</i>	133	<i>trientine hcl cap 250 mg</i>	170
<i>tretinoin cream 0.05%</i>	133	<i>trientine hcl cap 500 mg</i>	170
<i>tretinoin cream 0.1%</i>	133	<i>tri-estaryll tab</i>	127
<i>tretinoin gel 0.01%</i>	133	<i>trifluoperazine hcl tab 10 mg (base</i> equivalent).....	105
<i>tretinoin gel 0.025%</i>	133	<i>trifluoperazine hcl tab 1 mg (base</i> equivalent).....	105
<i>tretinoin gel 0.05%</i>	133	<i>trifluoperazine hcl tab 2 mg (base</i> equivalent).....	105
TREXALL TAB 10MG.....	90	<i>trifluoperazine hcl tab 5 mg (base</i> equivalent).....	105
TREXALL TAB 15MG.....	90	<i>trifluridine ophth soln 1%</i>	180
TREXALL TAB 5MG	90	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> ...	98
TREXALL TAB 7.5MG	90	<i>trihexyphenidyl hcl tab 2 mg</i>	98
<i>triamcinolone acetone aerosol soln 0.147</i> mg/gm	138	<i>trihexyphenidyl hcl tab 5 mg</i>	98
<i>triamcinolone acetone cream 0.025%</i>	138	TRIJARDY XR TAB	69
<i>triamcinolone acetone cream 0.1%</i>	138	TRIKAFTA PAK 59.5MG	191
<i>triamcinolone acetone cream 0.5%</i>	138	TRIKAFTA PAK 75MG.....	191
<i>triamcinolone acetone dental paste 0.1%</i>	173	TRIKAFTA TAB.....	192
<i>triamcinolone acetone lotion 0.025%</i> ..	139	<i>tri-legest tab fe</i>	127
<i>triamcinolone acetone lotion 0.1%</i>	139	TRILEPTAL SUS 300/5ML.....	60
<i>triamcinolone acetone oint 0.025%</i>	139		

TRILEPTAL TAB 150MG	60	TRULICITY INJ 1.5/0.5.....	70
TRILEPTAL TAB 300MG	60	TRULICITY INJ 3/0.5	70
TRILEPTAL TAB 600MG	60	TRULICITY INJ 4.5/0.5.....	70
<i>tri-lynyah tab</i>	127	TRUQAP PAK 160MG.....	97
TRILIPIX CAP 135MG	78	TRUQAP PAK 200MG.....	97
TRILIPIX CAP 45MG	78	TRUQAP TAB 160MG.....	97
<i>tri-lo-mili tab</i>	127	TRUQAP TAB 200MG.....	97
<i>tri-lo tab estaryll</i>	127	TUKYSA TAB 150MG	90
<i>tri-lo- tab marzia</i>	127	TUKYSA TAB 50MG.....	90
<i>tri-lo- tab sprintec</i>	127	TURALIO CAP 125MG.....	97
<i>trimethobenzamide hcl cap 300 mg</i>	74	<i>turqoz tab</i>	127
<i>trimethoprim tab 100 mg</i>	43	TUXARIN ER TAB 54.3-8MG.....	131
<i>tri-mili tab</i>	127	TWIRLA DIS 120-30	127
<i>trimipramine maleate cap 100 mg</i>	68	TYBOST TAB 150MG.....	109
<i>trimipramine maleate cap 25 mg</i>	68	<i>tydemy tab</i>	127
<i>trimipramine maleate cap 50 mg</i>	68	TYKERB TAB 250MG	97
TRINATAL RX TAB 1	176	TYMLOS INJ.....	144
<i>trinate tab</i>	176	TYRVAYA SOL 0.03MG	179
TRINTELLIX TAB 10MG	65	TYVASO DPI POW 16-32-48.....	119
TRINTELLIX TAB 20MG.....	65	TYVASO DPI POW 16MCG	119
TRINTELLIX TAB 5MG.....	65	TYVASO DPI POW 32MCG	119
<i>tri-nymyo tab</i>	127	TYVASO DPI POW 48MCG	119
<i>tri-sprintec tab</i>	127	TYVASO DPI POW 64MCG	119
TRIUMEQ PD TAB.....	109	TYVASO RF KT SOL 0.6MG/ML	119
TRIUMEQ TAB.....	109	TYVASO SOL 0.6MG/ML.....	120
TRI-VI-FLORO SUS 0.25/ML.....	174	TYVASO ST KT SOL 0.6MG/ML	120
TRI-VI-FLORO SUS 0.5MG/ML.....	174	U	
TRI-VI-FLOR SUS 0.25/ML.....	174	UBRELVY TAB 100MG	166
TRI-VI-FLOR SUS 0.5MG/ML.....	174	UBRELVY TAB 50MG	166
<i>tri-vit/fluo dro 0.25mg</i>	174	UCERIS AER 2MG/ACT	42
<i>tri-vit/fluo dro 0.5mg</i>	174	UCERIS TAB 9MG.....	130
<i>trivora-28 tab</i>	127	UDENYCA INJ 6MG/.6ML.....	160
<i>tri-vylibra tab</i>	127	UDENYCA INJ 6MG/0.6	160
<i>tri-vylibra tab lo</i>	127	ULORIC TAB 40MG	157
TROKENDI XR CAP 100MG	60	ULORIC TAB 80MG	157
TROKENDI XR CAP 200MG	60	<i>umecta mouss aer 40%</i>	139
TROKENDI XR CAP 25MG	60	<i>unithroid tab 100mcg</i>	197
TROKENDI XR CAP 50MG.....	60	<i>unithroid tab 112mcg</i>	197
<i>tropicamide ophth soln 0.5%</i>	179	<i>unithroid tab 125mcg</i>	197
<i>tropicamide ophth soln 1%</i>	179	<i>unithroid tab 137mcg</i>	197
<i>trospium chloride cap er 24hr 60 mg</i>	202	<i>unithroid tab 150mcg</i>	197
<i>trospium chloride tab 20 mg</i>	202	<i>unithroid tab 175mcg</i>	197
TRULANCE TAB 3MG.....	152	<i>unithroid tab 200mcg</i>	197
TRULICITY INJ 0.75/0.5	70	<i>unithroid tab 25mcg</i>	197

<i>unithroid tab 300mcg</i>	197	<i>valproic acid cap 250 mg</i>	62
<i>unithroid tab 50mcg</i>	197	<i>valsartan-hydrochlorothiazide tab 160-12.5</i>	
<i>unithroid tab 75mcg</i>	197	<i>mg</i>	87
<i>unithroid tab 88mcg</i>	197	<i>valsartan-hydrochlorothiazide tab 160-25</i>	
UPNEEQ SOL 0.1%	182	<i>mg</i>	87
UPTRAVI PACK TAB 200/800	120	<i>valsartan-hydrochlorothiazide tab 320-12.5</i>	
UPTRAVI TAB 1000MCG	120	<i>mg</i>	87
UPTRAVI TAB 1200MCG	120	<i>valsartan-hydrochlorothiazide tab 320-25</i>	
UPTRAVI TAB 1400MCG	120	<i>mg</i>	87
UPTRAVI TAB 1600MCG	120	<i>valsartan-hydrochlorothiazide tab 80-12.5</i>	
UPTRAVI TAB 200MCG	120	<i>mg</i>	87
UPTRAVI TAB 400MCG	120	<i>valsartan oral soln 4 mg/ml</i>	82
UPTRAVI TAB 600MCG	120	<i>valsartan tab 160 mg</i>	82
UPTRAVI TAB 800MCG	120	<i>valsartan tab 320 mg</i>	82
<i>urea cream 39%</i>	139	<i>valsartan tab 40 mg</i>	82
<i>urea cream 40%</i>	139	<i>valsartan tab 80 mg</i>	82
<i>urea cream 41%</i>	139	VALTOCO SPR 10MG	56
<i>urea cream 45%</i>	139	VALTOCO SPR 15MG	56
<i>urea cream 47%</i>	139	VALTOCO SPR 20MG	56
<i>urea hydrati aer 35%</i>	139	VALTOCO SPR 5MG	56
<i>urea lotion 40%</i>	139	VALTRESX TAB 1GM	110
<i>urea nail gel 45%</i>	139	VALTRESX TAB 500MG	110
UROXATRAL TAB 10MG	156	<i>valtya 1/50 tab</i>	127
URSO 250 TAB 250MG	152	<i>vanadom tab 350mg</i>	177
<i>ursodiol cap 300 mg</i>	152	VANCOCIN CAP 125MG	44
<i>ursodiol tab 250 mg</i>	152	VANCOCIN CAP 250MG	44
<i>ursodiol tab 500 mg</i>	152	<i>vancomycin hcl cap 125 mg (base</i>	
URSO FORTE TAB 500MG	152	<i>equivalent)</i>	44
V		<i>vancomycin hcl cap 250 mg (base</i>	
VAFSEO TAB 150MG	160	<i>equivalent)</i>	44
VAFSEO TAB 300MG	160	<i>vancomycin hcl for oral soln 25 mg/ml</i>	
VAGIFEM TAB 10MCG	203	<i>(base equivalent)</i>	44
<i>valacyclovir hcl tab 1 gm</i>	110	<i>vancomycin hcl for oral soln 50 mg/ml</i>	
<i>valacyclovir hcl tab 500 mg</i>	110	<i>(base equivalent)</i>	44
VALCHLOR GEL 0.016%	135	VANDAZOLE GEL 0.75%	202
<i>valganciclovir hcl for soln 50 mg/ml (base</i>		VANFLYTA TAB 17.7MG	97
<i>equiv)</i>	109	VANFLYTA TAB 26.5MG	97
<i>valganciclovir hcl tab 450 mg (base</i>		<i>vardenafil hcl orally disintegrating tab 10</i>	
<i>equivalent)</i>	109	<i>mg</i>	119
VALIUM TAB 10MG	47	<i>vardenafil hcl tab 10 mg</i>	119
VALIUM TAB 2MG	47	<i>vardenafil hcl tab 2.5 mg</i>	119
VALIUM TAB 5MG	47	<i>vardenafil hcl tab 20 mg</i>	119
<i>valproate sodium oral soln 250 mg/5ml</i>		<i>vardenafil hcl tab 5 mg</i>	119
<i>(base equiv)</i>	62		

<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>
.....19166
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>
.....19166
<i>varenicline tartrate tab 1 mg (base equiv)</i>	VENTAVIS SOL 10MCG/ML
.....191120
VARUBI TAB 90MG	VENTAVIS SOL 20MCG/ML
.....74120
VASCEPA CAP 0.5GM	VENTOLIN HFA AER
.....7752
VASCEPA CAP 1GM	VERAPAMIL CAP 100MG ER
.....77116
VASOTEC TAB 10MG	<i>verapamil hcl cap er 24hr 100 mg</i>
.....81116
VASOTEC TAB 2.5MG	<i>verapamil hcl cap er 24hr 120 mg</i>
.....81116
VASOTEC TAB 20MG	<i>verapamil hcl cap er 24hr 180 mg</i>
.....81116
VASOTEC TAB 5MG	<i>verapamil hcl cap er 24hr 200 mg</i>
.....81116
<i>velivet pak</i>	<i>verapamil hcl cap er 24hr 240 mg</i>
.....127116
VELPHORO CHW 500MG	<i>verapamil hcl cap er 24hr 300 mg</i>
.....155116
VELSIPITY TAB 2MG	<i>verapamil hcl cap er 24hr 360 mg</i>
.....154116
VELTASSA POW 16.8GM	<i>verapamil hcl tab 120 mg</i>
.....172116
VELTASSA POW 1GM	<i>verapamil hcl tab 40 mg</i>
.....172116
VELTASSA POW 25.2GM	<i>verapamil hcl tab 80 mg</i>
.....172116
VELTASSA POW 8.4GM	<i>verapamil hcl tab er 120 mg</i>
.....172116
VEMLIDY TAB 25MG	<i>verapamil hcl tab er 180 mg</i>
.....110116
VENCLEXTA TAB 100MG	<i>verapamil hcl tab er 240 mg</i>
.....90117
VENCLEXTA TAB 10MG	VEREGEN OIN 15%
.....90133
VENCLEXTA TAB 50MG	VERELAN CAP 120MG SR
.....90117
VENCLEXTA TAB START PK	VERELAN CAP 180MG SR
.....90117
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	VERELAN CAP 240MG SR
.....66117
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	VERELAN CAP 360MG SR
.....66117
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	VERELAN PM CAP 100MG ER
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97
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202
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202
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202
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75
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