

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

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

This Formulary was updated on **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 Marketplace Formulary.

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

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

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

MVP Exchange Effective 04/01/2025

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

AMPHETAMINES

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

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 **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>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	
DEXEDRINE CAP 10MG CR	3	QL (60 caps every 30 days)
DEXEDRINE CAP 15MG CR	3	QL (2 caps every 1 day)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	2	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	2	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	
<i>dextroamphetamine sulfate tab 2.5 mg</i>	2	
<i>dextroamphetamine sulfate tab 5 mg</i>	2	
<i>dextroamphetamine sulfate tab 7.5 mg</i>	2	
<i>dextroamphetamine sulfate tab 10 mg</i>	2	
<i>dextroamphetamine sulfate tab 15 mg</i>	2	
<i>dextroamphetamine sulfate tab 20 mg</i>	2	
<i>dextroamphetamine sulfate tab 30 mg</i>	2	
<i>lisdexamfetamine dimesylate cap 10 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	2	QL (60 caps every 30 days)

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>lisdexamfetamine dimesylate cap 70 mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	2	QL (60 tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	2	QL (60 tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	2	QL (60 tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	2	QL (60 tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	2	QL (60 tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	2	QL (60 tabs every 30 days)
MYDAYIS CAP 12.5MG	3	QL (60 caps every 30 days)
MYDAYIS CAP 25MG	3	QL (60 caps every 30 days)
MYDAYIS CAP 37.5MG	3	QL (60 caps every 30 days)
MYDAYIS CAP 50MG	3	QL (60 caps every 30 days)
<i>procentra sol 5mg/5ml</i>	2	
VYVANSE CAP 10MG	3	QL (60 caps every 30 days)
VYVANSE CAP 20MG	3	QL (60 caps every 30 days)
VYVANSE CAP 30MG	3	QL (60 caps every 30 days)
VYVANSE CAP 40MG	3	QL (60 caps every 30 days)
VYVANSE CAP 50MG	3	QL (60 caps every 30 days)
VYVANSE CAP 60MG	3	QL (60 caps every 30 days)
VYVANSE CAP 70MG	3	QL (60 caps every 30 days)
VYVANSE CHW 10MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 20MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 30MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 40MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 50MG	3	QL (60 tabs every 30 days)
VYVANSE CHW 60MG	3	QL (60 tabs every 30 days)
<i>zenzedi tab 2.5mg</i>	2	
<i>zenzedi tab 5mg</i>	2	
<i>zenzedi tab 7.5mg</i>	2	
<i>zenzedi tab 10mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>zenzedi tab 15mg</i>	2	
<i>zenzedi tab 20mg</i>	2	
<i>zenzedi tab 30mg</i>	2	
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)

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Drug Name	Drug Tier	Requirements/Limits
IMCIVREE INJ 10MG/ML	3	PA; LD
<i>orlistat cap 120 mg</i>	2	NM; QL (365 days per lifetime)
SAXENDA INJ 18MG/3ML	2	PA
WEGOVY INJ 0.5MG	2	PA, NM
WEGOVY INJ 0.25MG	2	PA, NM
WEGOVY INJ 1.7MG	2	PA, 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>	2	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	QL (90 caps every 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	QL (90 caps every 30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	2	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	2	
INTUNIV TAB 1MG	3	
INTUNIV TAB 2MG	3	
INTUNIV TAB 3MG	3	

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Drug Name	Drug Tier	Requirements/Limits
INTUNIV TAB 4MG	3	
KAPVAY TAB 0.1 MG	3	
QELBREE CAP 100MG ER	3	QL (60 caps every 30 days)
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>	2	QL (60 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil tab 150 mg</i>	2	QL (60 tabs every 30 days)
<i>armodafinil tab 200 mg</i>	2	QL (60 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	2	QL (60 tabs every 30 days)
CONCERTA TAB 18MG	3	QL (60 tabs every 30 days)
CONCERTA TAB 27MG	3	QL (60 tabs every 30 days)
CONCERTA TAB 36MG	3	QL (60 tabs every 30 days)
CONCERTA TAB 54MG	3	QL (60 tabs every 30 days)
DAYTRANA DIS 10MG/9HR	3	
DAYTRANA DIS 15MG/9HR	3	
DAYTRANA DIS 20MG/9HR	3	
DAYTRANA DIS 30MG/9HR	3	
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	
<i>dexmethylphenidate hcl tab 5 mg</i>	1	
<i>dexmethylphenidate hcl tab 10 mg</i>	1	
FOCALIN TAB 2.5MG	3	
FOCALIN TAB 5MG	3	
FOCALIN TAB 10MG	3	
FOCALIN XR CAP 5MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 10MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 15MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 20MG	3	QL (60 caps every 30 days)

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 23

Drug Name	Drug Tier	Requirements/Limits
FOCALIN XR CAP 25MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 30MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 35MG	3	QL (60 caps every 30 days)
FOCALIN XR CAP 40MG	3	QL (60 caps every 30 days)
JORNAY PM CAP 20MG ER	3	QL (60 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>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	2	QL (60 caps every 30 days)

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>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	
<i>methylphenidate hcl chew tab 5 mg</i>	1	
<i>methylphenidate hcl chew tab 10 mg</i>	1	
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	
<i>methylphenidate hcl tab 5 mg</i>	1	
<i>methylphenidate hcl tab 10 mg</i>	1	
<i>methylphenidate hcl tab 20 mg</i>	1	
<i>methylphenidate hcl tab er 10 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 45 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	2	QL (60 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er osmotic release (osm) 63 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate td patch 10 mg/9hr</i>	2	
<i>methylphenidate td patch 15 mg/9hr</i>	2	
<i>methylphenidate td patch 20 mg/9hr</i>	2	
<i>methylphenidate td patch 30 mg/9hr</i>	2	
<i>modafinil tab 100 mg</i>	2	QL (60 tabs every 30 days)
<i>modafinil tab 200 mg</i>	2	QL (60 tabs every 30 days)
PROVIGIL TAB 100MG	3	QL (60 tabs every 30 days)
PROVIGIL TAB 200MG	3	QL (60 tabs every 30 days)
QUILLIVANT SUS 25MG/5ML	3	QL (360 mL every 30 days)
RELEXXII TAB 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
ORALAIR SUB 300 IR	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

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 26

Drug Name	Drug Tier	Requirements/Limits
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
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>	2	SP, PA
<i>tobramycin nebu soln 300 mg/5ml</i>	2	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)

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Drug Name	Drug Tier	Requirements/Limits
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
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	

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

ANAPROX DS TAB 550MG	3	
CELEBREX CAP 50MG	3	
CELEBREX CAP 100MG	3	
CELEBREX CAP 200MG	3	

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Drug Name	Drug Tier	Requirements/Limits
CELEBREX CAP 400MG	3	
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
DAYPRO TAB 600MG	3	
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
DUEXIS TAB 800-26.6	3	QL (90 tabs every 30 days)
EC-NAPROSYN TAB 375MG	3	
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>	2	
<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>ibuprofen-famotidine tab 800-26.6 mg</i>	2	QL (90 tabs every 30 days)
<i>indomethacin cap 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>meclofenamate sodium cap 100 mg</i>	2	
<i>mefenamic acid cap 250 mg</i>	2	QL (14 caps every 23 days)
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
NALFON TAB 600MG	3	
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>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	2	PA, QL (60 tabs every 30 days)
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	2	PA, QL (60 tabs every 30 days)
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
SPRIX SPR 15.75MG	3	PA, QL (5 bottles every 23 days), NM
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<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

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Drug Name	Drug Tier	Requirements/Limits
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)
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	

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Drug Name	Drug Tier	Requirements/Limits
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
CONZIP CAP 200MG	3	QL (30 caps every 30 days), NM
CONZIP CAP 300MG	3	QL (30 caps every 30 days), NM
DEMEROL INJ 75MG/ML	3	NM
DEMEROL INJ 100MG/ML	3	NM
DILAUDID LIQ 1MG/ML	3	NM
DILAUDID TAB 2MG	3	NM
DILAUDID TAB 4MG	3	NM
DILAUDID TAB 8MG	3	NM
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	2	PA, QL (2 ea every 1 day), NM
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	2	PA, QL (2 ea every 1 day), NM
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	2	PA, QL (60 ea every 30 days), NM
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	2	PA, QL (60 ea every 30 days), NM
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	2	PA, QL (60 ea every 30 days), NM
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	ST, QL (20 patches every 30 days), NM
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	ST, QL (20 patches every 30 days), NM

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	ST, QL (20 patches every 30 days), NM
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	ST, QL (20 patches every 30 days), NM
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	ST, QL (20 patches every 30 days), NM
FENTORA TAB 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>	2	ST, QL (60 caps every 30 days), NM
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	2	ST, QL (60 caps every 30 days), NM
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	2	ST, QL (60 caps every 30 days), NM
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	2	ST, QL (60 caps every 30 days), NM
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	2	ST, QL (60 caps every 30 days), NM
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	2	ST, QL (60 caps every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	2	ST, QL (60 tabs every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	2	ST, QL (60 tabs every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	2	ST, QL (60 tabs every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	2	ST, QL (60 tabs every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	2	ST, QL (60 tabs every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	2	ST, QL (60 tabs every 30 days), NM
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	2	ST, QL (60 tabs every 30 days), NM
HYDROMORPHON SUP 3MG	3	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	NM
<i>hydromorphone hcl tab 2 mg</i>	1	NM
<i>hydromorphone hcl tab 4 mg</i>	1	NM
<i>hydromorphone hcl tab 8 mg</i>	1	NM
<i>hydromorphone hcl tab er 24hr 8 mg</i>	2	ST, QL (30 tabs every 30 days), NM
HYSINGLA ER TAB 20 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 30 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 40 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 60 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 80 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 100 MG	3	ST, QL (60 tabs every 30 days), NM
HYSINGLA ER TAB 120 MG	3	ST, QL (60 tabs every 30 days), NM
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	NM
<i>meperidine hcl tab 50 mg</i>	1	NM
<i>methadone hcl conc 10 mg/ml</i>	2	NM
<i>methadone hcl inj 10 mg/ml</i>	2	NM
<i>methadone hcl soln 5 mg/5ml</i>	2	NM
<i>methadone hcl soln 10 mg/5ml</i>	2	NM
<i>methadone hcl tab 5 mg</i>	1	NM
<i>methadone hcl tab 10 mg</i>	1	NM
<i>methadone hcl tab for oral susp 40 mg</i>	2	NM
<i>methadose tab 40mg</i>	2	NM
<i>mitigo inj 10mg/ml</i>	2	NM
<i>mitigo inj 25mg/ml</i>	2	NM
<i>morphine sulfate beads cap er 24hr 30 mg</i>	2	ST, PA, QL (30 caps every 30 days), NM
<i>morphine sulfate beads cap er 24hr 45 mg</i>	2	ST, PA, QL (30 caps every 30 days), NM
<i>morphine sulfate beads cap er 24hr 60 mg</i>	2	ST, PA, QL (30 caps every 30 days), NM
<i>morphine sulfate beads cap er 24hr 75 mg</i>	2	ST, PA, QL (30 caps every 30 days), NM

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate beads cap er 24hr 90 mg</i>	2	ST, PA, QL (30 caps every 30 days), NM
<i>morphine sulfate beads cap er 24hr 120 mg</i>	2	ST, PA, QL (30 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 10 mg</i>	2	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 20 mg</i>	2	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 30 mg</i>	2	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 50 mg</i>	2	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 60 mg</i>	2	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 80 mg</i>	2	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate cap er 24hr 100 mg</i>	2	ST, PA, QL (90 caps every 30 days), NM
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	NM
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	NM
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	NM
<i>morphine sulfate suppos 5 mg</i>	2	NM
<i>morphine sulfate suppos 10 mg</i>	2	NM
<i>morphine sulfate suppos 20 mg</i>	2	NM
<i>morphine sulfate suppos 30 mg</i>	2	NM
<i>morphine sulfate tab 15 mg</i>	1	NM
<i>morphine sulfate tab 30 mg</i>	1	NM
<i>morphine sulfate tab er 15 mg</i>	2	ST, PA, QL (90 ea every 30 days), NM
<i>morphine sulfate tab er 30 mg</i>	2	ST, PA, QL (90 ea every 30 days), NM
<i>morphine sulfate tab er 60 mg</i>	2	ST, PA, QL (90 ea every 30 days), NM
<i>morphine sulfate tab er 100 mg</i>	2	ST, PA, QL (90 ea every 30 days), NM
<i>morphine sulfate tab er 200 mg</i>	2	ST, PA, QL (90 tabs every 30 days), NM
MS CONTIN TAB 15MG ER	3	ST, PA, QL (90 tabs every 30 days), NM

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
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
<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

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

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	2	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

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	2	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>	2	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>	2	QL (90 films every 30 days), NM
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films every 30 days), NM
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films every 30 days), NM
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (60 films every 30 days), NM
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs every 30 days), NM
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs every 30 days), NM
<i>buprenorphine td patch weekly 5 mcg/hr</i>	2	ST, PA, QL (4 ea every 21 days), NM

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

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Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUB 11.4-2.9	3	QL (30 tabs every 30 days), NM

ANDROGENS-ANABOLIC

ANDROGENS

ANDROGEL GEL 1.62%	3	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>	2	QL (1 vials 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>	2	PA, QL (1 tab every 1 day)
<i>methyltestosterone cap 10 mg</i>	2	PA, QL (30 caps every 30 days)
NATESTO GEL 5.5MG	3	PA, QL (24 gm every 30 days)
TESTIM GEL 1%(50MG)	3	PA, QL (150 gm every 30 days)
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	QL (1 vials every 30 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	QL (10 mL every 30 days)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	QL (1 vials every 30 days)
<i>testosterone td gel 10mg/act (2%)</i>	2	QL (60 gm every 30 days)
<i>testosterone td gel 12.5 mg/act (1%)</i>	2	QL (150 gm every 30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	2	QL (150 gm every 30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	2	QL (150 gm every 30 days)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	QL (150 gm every 30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	2	QL (150 gm every 30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	QL (150 gm every 30 days)
<i>testosterone td soln 30 mg/act</i>	2	QL (90 mL every 30 days)
VOGELXO GEL 1%(50MG)	3	PA
VOGELXO GEL PUMP 1%	3	PA

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Drug Name	Drug Tier	Requirements/Limits
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>	2	NM
CORTENEMA ENE 100MG	3	NM
CORTIFOAM AER 90MG	3	NM
<i>hydrocortisone enema 100 mg/60ml</i>	2	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>	2	NM
<i>lidocort cre 3-0.5%</i>	2	NM
PROCTOFOAM AER HC 1%	3	NM

RECTAL STEROIDS

<i>hydrocortisone perianal cream 2.5%</i>	1	NM
<i>procto-med 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>	2	NM
RECTIV OIN 0.4%	3	NM

ANTHELMINTICS

ANTHELMINTICS

<i>albendazole tab 200 mg</i>	2	NM
BENZNIDAZOLE TAB 12.5MG	3	PA, NM
BENZNIDAZOLE TAB 100MG	3	PA, NM
BILTRICIDE TAB 600MG	3	NM
EMVERM CHW 100MG	3	QL (2 ea every 135 days), NM
<i>ivermectin tab 3 mg</i>	1	NM
<i>praziquantel tab 600 mg</i>	2	NM
STROMECTOL TAB 3MG	3	NM

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
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>	2	NM
<i>pentamidine isethionate for nebulization soln 300 mg</i>	2	NM
<i>tinidazole tab 250 mg</i>	1	NM
<i>tinidazole tab 500 mg</i>	1	NM
<i>trimethoprim tab 100 mg</i>	1	NM
XIFAXAN TAB 200MG	3	QL (9 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>	2	QL (140 mL every 180 days), NM
MEPRON SUS	3	QL (140 mL every 180 days), NM
<i>nitazoxanide tab 500 mg</i>	2	NM
CARBAPENEMS		
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	2	NM
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML	3	NM
FIRVANQ SOL 50MG/ML	3	NM
VANCOCIN CAP 125MG	3	NM
VANCOCIN CAP 250MG	3	NM
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	2	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	2	NM
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	2	NM
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	2	NM
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>	2	NM
MONOBACTAMS		
<i>aztreonam for inj 1 gm</i>	2	NM
<i>aztreonam for inj 2 gm</i>	2	NM
CAYSTON INH 75MG	3	SP, PA, NM
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	2	NM
<i>linezolid tab 600 mg</i>	2	NM
SIVEXTRO TAB 200MG	3	NM
ZYVOX SUS 100MG/5M	3	NM
ZYVOX TAB 600MG	3	NM
PLEUROMUTILINS		
XENLETA TAB 600MG	3	NM
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	NM
HIPREX TAB 1GM	3	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

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>ranolazine tab er 12hr 1000 mg</i>	2	

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	
<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	

ANTIANGIETY AGENTS

ANTIANGIETY AGENTS - MISC.

<i>bupirone hcl tab 5 mg</i>	1	NM
<i>bupirone hcl tab 7.5 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

Drug Name	Drug Tier	Requirements/Limits
<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

<i>ALPRAZOLAM CON 1 MG/ML</i>	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>	2	NM
<i>diazepam conc 5 mg/ml</i>	2	NM
<i>diazepam inj 5 mg/ml</i>	2	NM
<i>diazepam oral soln 1 mg/ml</i>	1	NM
<i>diazepam tab 2 mg</i>	1	NM
<i>diazepam tab 5 mg</i>	1	NM
<i>diazepam tab 10 mg</i>	1	NM
<i>lorazepam tab 0.5 mg</i>	1	NM
<i>lorazepam tab 1 mg</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	NM
<i>quinidine gluconate tab er 324 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	

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	

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>	2	
<i>propafenone hcl cap er 12hr 325 mg</i>	2	
<i>propafenone hcl cap er 12hr 425 mg</i>	2	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	
MULTAQ TAB 400MG	3	
<i>pacerone 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>	2	
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
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

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Drug Name	Drug Tier	Requirements/Limits
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	2	
INCRUSE ELPT INH 62.5MCG	2	
<i>ipratropium bromide inhal soln 0.02%</i>	1	
SPIRIVA AER 1.25MCG	2	
SPIRIVA CAP HANDIHLR	2	
SPIRIVA SPR 2.5MCG	2	
YUPELRI SOL	3	

LEUKOTRIENE MODULATORS

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

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	
<i>roflumilast tab 250 mcg</i>	2	
<i>roflumilast tab 500 mcg</i>	2	

STEROID INHALANTS

ALVESCO AER 80MCG	3	
ALVESCO AER 160MCG	3	
ARNUITY ELPT INH 50MCG	2	
ARNUITY ELPT INH 100MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELPT INH 200MCG	2	
ASMANEX HFA AER 50MCG	3	AGE; PA Required for those 11 years and older
ASMANEX HFA AER 100 MCG	3	AGE; PA Required for those 11 years and older
ASMANEX HFA AER 200 MCG	3	AGE; PA Required for those 11 years and older
<i>budesonide inhalation susp 0.5 mg/2ml</i>	2	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	
<i>budesonide inhalation susp 1 mg/2ml</i>	2	
FLOVENT DISK AER 50MCG	3	
FLOVENT DISK AER 100MCG	3	
FLOVENT DISK AER 250MCG	3	
FLOVENT HFA AER 44MCG	3	
FLOVENT HFA AER 110MCG	3	
FLOVENT HFA AER 220MCG	3	
<i>fluticasone propionate aer pow ba 50 mcg/act</i>	1	
<i>fluticasone propionate aer pow ba 100 mcg/act</i>	1	
<i>fluticasone propionate aer pow ba 250 mcg/act</i>	1	
<i>fluticasone propionate hfa inhal aer 110 mcg/act</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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
ANORO ELLIPT AER 62.5-25	2	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	2	
BEVESPI AER 9-4.8MCG	2	
BREO ELLIPTA INH 50-25MCG	2	
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 200-25	2	
<i>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>	2	
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	2	
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	2	
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	2	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	
<i>isoproterenol hcl inj 0.2 mg/ml</i>	2	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	2	
PERFOROMIST NEB 20MCG	3	
PROAIR DIGIH AER	3	
PROAIR RESPI AER	3	
PROVENTIL AER HFA	3	
SEREVENT DIS AER 50MCG	3	
STRIVERDI AER 2.5MCG	3	
<i>terbutaline sulfate inj 1 mg/ml</i>	1	NM
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER 100MCG	2	
TRELEGY AER 200MCG	2	
VENTOLIN HFA AER	3	
<i>wixela inhub aer 100/50</i>	1	
<i>wixela inhub aer 250/50</i>	1	
<i>wixela inhub aer 500/50</i>	1	
XOPENEX HFA AER	3	
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>	2	NM
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	2	NM
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	2	NM

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

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Drug Name	Drug Tier	Requirements/Limits
LOVENOX INJ 300/3ML	3	NM

ANTICONVULSANTS

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

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

ANTICONVULSANTS - BENZODIAZEPINES

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

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Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN MIS 5MG	3	
SYMPAZAN MIS 10MG	3	
SYMPAZAN MIS 20MG	3	
VALTOCO SPR 5MG	2	NM
VALTOCO SPR 10MG	2	NM
VALTOCO SPR 15MG	2	NM
VALTOCO SPR 20MG	2	NM

ANTICONVULSANTS - MISC.

APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	
APTIOM TAB 600MG	3	
APTIOM TAB 800MG	3	
BANZEL SUS 40MG/ML	3	
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
<i>carbamazepine cap er 12hr 100 mg</i>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	2	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
DIACOMIT CAP 250MG	3	SP, PA; LD
DIACOMIT CAP 500MG	3	SP, PA; LD
DIACOMIT PAK 250MG	3	SP, PA; LD
DIACOMIT PAK 500MG	3	SP, PA; LD
ELEPSIA XR TAB 1000MG	3	
ELEPSIA XR TAB 1500MG	3	
EPIDIOLEX SOL 100MG/ML	3	SP

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>epitol tab 200mg</i>	1	
EPRONTIA SOL 25MG/ML	3	
FINTEPLA SOL 2.2MG/ML	3	SP, PA; LD
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
KEPPRA SOL 100MG/ML	3	
KEPPRA TAB 250MG	3	
KEPPRA TAB 500MG	3	
KEPPRA TAB 750MG	3	
KEPPRA TAB 1000MG	3	
KEPPRA XR TAB 500MG	3	
KEPPRA XR TAB 750MG	3	
<i>lacosamide oral solution 10 mg/ml</i>	2	
<i>lacosamide tab 50 mg</i>	2	
<i>lacosamide tab 100 mg</i>	2	
<i>lacosamide tab 150 mg</i>	2	
<i>lacosamide tab 200 mg</i>	2	
LAMICTAL CHW 5MG	3	
LAMICTAL CHW 25MG	3	
LAMICTAL KIT START 35	3	NM
LAMICTAL KIT START 49	3	NM
LAMICTAL KIT START 98	3	NM
LAMICTAL ODT KIT	3	NM
LAMICTAL ODT TAB 25MG	3	
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	

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
LAMICTAL XR TAB 250MG	3	
LAMICTAL XR TAB 300MG	3	
<i>lamotrigine orally disintegrating tab 25 mg</i>	2	
<i>lamotrigine orally disintegrating tab 50 mg</i>	2	
<i>lamotrigine orally disintegrating tab 100 mg</i>	2	
<i>lamotrigine orally disintegrating tab 200 mg</i>	2	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	NM
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	NM
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	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>	2	NM
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	2	NM
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	2	NM
<i>lamotrigine tab er 24hr 25 mg</i>	2	
<i>lamotrigine tab er 24hr 50 mg</i>	2	
<i>lamotrigine tab er 24hr 100 mg</i>	2	
<i>lamotrigine tab er 24hr 200 mg</i>	2	
<i>lamotrigine tab er 24hr 250 mg</i>	2	
<i>lamotrigine tab er 24hr 300 mg</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
LYRICA CAP 25MG	3	
LYRICA CAP 50MG	3	
LYRICA CAP 75MG	3	
LYRICA CAP 100MG	3	

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Drug Name	Drug Tier	Requirements/Limits
LYRICA CAP 150MG	3	
LYRICA CAP 200MG	3	
LYRICA CAP 225MG	3	
LYRICA CAP 300MG	3	
LYRICA SOL 20MG/ML	3	
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>	2	
<i>oxcarbazepine tab er 24hr 300 mg</i>	2	
<i>oxcarbazepine tab er 24hr 600 mg</i>	2	
OXTELLAR XR TAB 150MG	3	
OXTELLAR XR TAB 300MG	3	
OXTELLAR XR TAB 600MG	3	
<i>pregabalin cap 25 mg</i>	2	
<i>pregabalin cap 50 mg</i>	2	
<i>pregabalin cap 75 mg</i>	2	
<i>pregabalin cap 100 mg</i>	2	
<i>pregabalin cap 150 mg</i>	2	
<i>pregabalin cap 200 mg</i>	2	
<i>pregabalin cap 225 mg</i>	2	
<i>pregabalin cap 300 mg</i>	2	
<i>pregabalin soln 20 mg/ml</i>	2	
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 125 mg</i>	2	
<i>primidone tab 250 mg</i>	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	

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Drug Name	Drug Tier	Requirements/Limits
QUDEXY XR CAP 200/24HR	3	
<i>roweepra tab 500mg</i>	1	
<i>rufinamide susp 40 mg/ml</i>	2	
<i>rufinamide tab 200 mg</i>	2	
<i>rufinamide tab 400 mg</i>	2	
<i>subvenite kit start 35</i>	2	NM
<i>subvenite kit start 49</i>	2	NM
<i>subvenite kit start 98</i>	2	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>	2	
<i>topiramate cap er 24hr 50 mg</i>	2	
<i>topiramate cap er 24hr 100 mg</i>	2	
<i>topiramate cap er 24hr 200 mg</i>	2	
<i>topiramate cap er 24hr sprinkle 25 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 50 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 100 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 150 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 200 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate sprinkle cap 50 mg</i>	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 300MG	3	
TRILEPTAL TAB 600MG	3	
TROKENDI XR CAP 25MG	3	
TROKENDI XR CAP 50MG	3	
TROKENDI XR CAP 100MG	3	
TROKENDI XR CAP 200MG	3	
VIMPAT SOL 10MG/ML	3	
VIMPAT TAB 50MG	3	
VIMPAT TAB 100MG	3	
VIMPAT TAB 150MG	3	
VIMPAT TAB 200MG	3	
ZONISADE SUS 100MG/5	3	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
ZTALMY SUS 50MG/ML	3	PA
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	2	
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	
XCOPRI PAK 12.5-25	3	NM
XCOPRI PAK 50-100MG	3	NM
XCOPRI PAK 100-150	3	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>	2	
<i>tiagabine hcl tab 4 mg</i>	2	
<i>tiagabine hcl tab 12 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hcl tab 16 mg</i>	2	
<i>vigabatrin powd pack 500 mg</i>	2	SP; LD
<i>vigabatrin tab 500 mg</i>	2	SP
<i>vigadrone pow 500mg</i>	2	SP; LD
<i>vigadrone tab 500mg</i>	2	SP
VIGAFYDE SOL 100MG/ML	3	LD
<i>vigpoder pow 500mg</i>	2	SP; LD

HYDANTOINS

DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	3	
<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>	2	
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>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
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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	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 60 mg</i>	2	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	2	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	2	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
LEXAPRO TAB 5MG	3	
LEXAPRO TAB 10MG	3	
LEXAPRO TAB 20MG	3	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	2	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
PAXIL CR TAB 12.5MG	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
<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 KIT STARTER	3	NM
VIIBRYD TAB 10MG	3	
VIIBRYD TAB 20MG	3	
VIIBRYD TAB 40MG	3	
<i>vilazodone hcl tab 10 mg</i>	2	
<i>vilazodone hcl tab 20 mg</i>	2	
<i>vilazodone hcl tab 40 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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>	2	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	
DRIZALMA CAP 20MG DR	3	
DRIZALMA CAP 30MG DR	3	
DRIZALMA CAP 40MG DR	3	
DRIZALMA CAP 60MG DR	3	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
EFFEXOR XR CAP 37.5MG	3	
EFFEXOR XR CAP 75MG	3	
EFFEXOR XR CAP 150MG	3	
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	3	NM
PRISTIQ TAB 25MG	3	
PRISTIQ TAB 50MG	3	
PRISTIQ TAB 100MG	3	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	2	

TRICYCLIC AGENTS

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

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

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

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

ANTIDIABETIC - AMYLIN ANALOGS

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

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	DC
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	2	DC
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	2	DC
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	2	DC
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

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tab er 24hr modified release 500 mg</i>	2	PA; DC
<i>metformin hcl tab er 24hr modified release 1000 mg</i>	2	PA; DC
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	2	PA; DC
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	2	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>	2	DC
<i>glucagon (rdna) for inj kit 1 mg</i>	2	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
KORLYM TAB 300MG	3	SP, PA; LD
<i>mifepristone tab 300 mg</i>	2	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	
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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

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Drug Name	Drug Tier	Requirements/Limits
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
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>	2	DC
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	2	DC
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	2	DC

MEGLITINIDE ANALOGUES

<i>nateglinide tab 60 mg</i>	1	DC
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Drug Name	Drug Tier	Requirements/Limits
<i>nateglinide tab 120 mg</i>	1	DC
<i>repaglinide tab 0.5 mg</i>	2	DC
<i>repaglinide tab 1 mg</i>	2	DC
<i>repaglinide tab 2 mg</i>	2	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
<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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Drug Name	Drug Tier	Requirements/Limits
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ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

CHEMET CAP 100MG	3	NM
<i>deferasirox granules packet 90 mg</i>	2	SP
<i>deferasirox granules packet 180 mg</i>	2	SP
<i>deferasirox granules packet 360 mg</i>	2	SP
<i>deferasirox tab 90 mg</i>	2	SP
<i>deferasirox tab 180 mg</i>	2	SP
<i>deferasirox tab 360 mg</i>	2	SP
<i>deferasirox tab for oral susp 125 mg</i>	2	SP, PA
<i>deferasirox tab for oral susp 250 mg</i>	2	SP, PA
<i>deferasirox tab for oral susp 500 mg</i>	2	SP, PA
<i>deferiprone tab 500 mg</i>	2	SP
<i>deferiprone tab 1000 mg</i>	2	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
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

OPIOID ANTAGONISTS

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

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Drug Name	Drug Tier	Requirements/Limits
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>	2	QL (14 tabs every 23 days), NM
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	1	NM
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	1	NM
<i>ondansetron hcl 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

ANTIEMETICS - ANTICHOLINERGIC

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

ANTIEMETICS - MISCELLANEOUS

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

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Drug Name	Drug Tier	Requirements/Limits
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	2	QL (1 cap every 21 days), NM
<i>aprepitant capsule 80 mg</i>	2	QL (8 caps every 21 days), NM
<i>aprepitant capsule 125 mg</i>	2	QL (2 caps every 21 days), NM
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	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
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole tab 150 mg</i>	1	NM
<i>fluconazole tab 200 mg</i>	1	NM
<i>itraconazole cap 100 mg</i>	2	QL (360 caps every 365 days), NM
<i>itraconazole oral soln 10 mg/ml</i>	2	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>	2	
SPORANOX CAP 100MG	3	PA, NM
SPORANOX SOL 10MG/ML	3	PA, NM
TOLSURA CAP 65MG	3	PA, NM
VFEND SUS 40MG/ML	3	NM
VFEND TAB 50MG	3	NM
VFEND TAB 200MG	3	NM
VIVJOA CAP 150MG	3	NM
<i>voriconazole for susp 40 mg/ml</i>	2	NM
<i>voriconazole tab 50 mg</i>	2	NM
<i>voriconazole tab 200 mg</i>	2	NM

ANTI-HISTAMINES

ANTI-HISTAMINES - 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
<i>diphenhydramine hcl inj 50 mg/ml</i>	1	NM

ANTI-HISTAMINES - 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

ANTI-HISTAMINES - 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

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>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>	2	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	
NEXLIZET TAB 180/10MG	3	PA
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl cap 0.5 gm</i>	2	
<i>icosapent ethyl cap 1 gm</i>	2	
LOVAZA CAP 1GM	3	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
BILE ACID SEQUESTRANTS		
<i>cholestyramine 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>	2	
<i>colesevelam hcl tab 625 mg</i>	2	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	

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Drug Name	Drug Tier	Requirements/Limits
<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	3	
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	
<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

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	AGE
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	2	AGE
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	2	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	
<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>	2	AGE
<i>pitavastatin calcium tab 2 mg</i>	2	AGE
<i>pitavastatin calcium tab 4 mg</i>	2	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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	
<i>niacor tab 500mg</i>	1	NM
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ 75MG/ML	3	PA
PRALUENT INJ 150MG/ML	3	PA
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	

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

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

AGENTS FOR PHEOCHROMOCYTOMA

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil tab 5 mg</i>	2	
<i>olmesartan medoxomil tab 20 mg</i>	2	
<i>olmesartan medoxomil tab 40 mg</i>	2	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan oral soln 4 mg/ml</i>	2	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
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>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	2	
<i>atenolol & 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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
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	
<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>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	2	
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>	2	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	2	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ZIAC TAB 2.5/6.25	3	
ZIAC TAB 5-6.25MG	3	
ZIAC TAB 10/6.25	3	

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 **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
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	2	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	2	
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
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>	2	QL (42 tabs every year), NM
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	QL (42 tabs every year), NM
COARTEM TAB 20-120MG	3	QL (24 tabs every year), NM
MALARONE TAB 62.5-25	3	QL (42 tabs every year), NM
MALARONE TAB 250-100	3	QL (42 tabs every year), NM
ANTIMALARIALS		
<i>chloroquine phosphate tab 250 mg</i>	1	QL (16 tabs every 365 days)
<i>chloroquine phosphate tab 500 mg</i>	1	QL (16 tabs every 365 days)
<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	

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>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	QL (46 tabs every year), NM
PRIMAQUINE TAB 26.3MG	3	QL (46 tabs every year), NM
QUALAQUIN CAP 324MG	3	QL (84 caps every year), NM
<i>quinine sulfate cap 324 mg</i>	1	QL (84 caps every year), NM

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

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

ANTIMYCOBACTERIAL AGENTS

ANTIMYCOBACTERIAL AGENTS

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

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

ALKERAN TAB 2MG	3	NM
CYCLOPHOSPH TAB 25MG	2	NM; OC
CYCLOPHOSPH TAB 50MG	2	NM; OC
<i>cyclophosphamide cap 25 mg</i>	2	NM; OC
<i>cyclophosphamide cap 50 mg</i>	2	NM; OC

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 90

Drug Name	Drug Tier	Requirements/Limits
<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>	2	NM; OC
<i>temozolomide cap 20 mg</i>	2	NM; OC
<i>temozolomide cap 100 mg</i>	2	NM; OC
<i>temozolomide cap 140 mg</i>	2	NM; OC
<i>temozolomide cap 180 mg</i>	2	NM; OC
<i>temozolomide cap 250 mg</i>	2	NM; OC
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	2	NM; OC
<i>capecitabine tab 500 mg</i>	2	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>	2	NM
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	NM
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	NM
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	NM
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	NM
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	NM
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	NM; OC
ONUREG TAB 200MG	3	PA, NM; OC
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

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
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>	2	NM; OC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	2	NM; OC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	2	NM; OC
<i>gefitinib tab 250 mg</i>	2	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
TAGRISO TAB 40MG	3	NM; OC
TAGRISO 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

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Drug Name	Drug Tier	Requirements/Limits
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>	2	NM; OC
<i>abiraterone acetate tab 500 mg</i>	2	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>	2	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>	2	SP, NM
LYSODREN TAB 500MG	3	NM; OC
<i>megestrol acetate susp 40 mg/ml</i>	2	NM; OC
<i>megestrol acetate tab 20 mg</i>	2	NM; OC
<i>megestrol acetate tab 40 mg</i>	2	NM; OC
NILANDRON TAB 150MG	3	NM; OC
<i>nilutamide tab 150 mg</i>	2	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>	2	OC
XTANDI CAP 40MG	3	NM; OC
XTANDI TAB 40MG	3	NM; OC
XTANDI TAB 80MG	3	NM; OC
YONSA TAB 125MG	3	NM; OC

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Drug Name	Drug Tier	Requirements/Limits
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
AUGTYRO CAP 160MG	3	SP, NM; LD, OC
BALVERSA TAB 3MG	3	NM; OC
BALVERSA TAB 4MG	3	NM; OC

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Drug Name	Drug Tier	Requirements/Limits
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>	2	NM; OC
<i>dasatinib tab 50 mg</i>	2	NM; OC
<i>dasatinib tab 70 mg</i>	2	NM; OC
<i>dasatinib tab 80 mg</i>	2	NM; OC
<i>dasatinib tab 100 mg</i>	2	NM; OC
<i>dasatinib tab 140 mg</i>	2	NM; OC
<i>everolimus tab 2.5 mg</i>	2	NM; OC
<i>everolimus tab 5 mg</i>	2	NM; OC
<i>everolimus tab 7.5 mg</i>	2	NM; OC
<i>everolimus tab 10 mg</i>	2	NM; OC
<i>everolimus tab for oral susp 2 mg</i>	2	NM; OC
<i>everolimus tab for oral susp 3 mg</i>	2	NM; OC
<i>everolimus tab for oral susp 5 mg</i>	2	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
IBRANCE CAP 75MG	2	NM; OC
IBRANCE CAP 100MG	2	NM; OC

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Drug Name	Drug Tier	Requirements/Limits
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>	2	NM; OC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	2	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>	2	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
LYNPARZA TAB 100MG	3	NM; OC

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Drug Name	Drug Tier	Requirements/Limits
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>	2	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

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
RYDAPT CAP 25MG	3	NM; OC
SCSEMBLIX TAB 20MG	3	NM; OC
SCSEMBLIX TAB 40MG	3	NM; OC
SCSEMBLIX TAB 100MG	3	NM; OC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	2	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>	2	NM; OC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	2	NM; OC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	2	NM; OC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	2	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>	2	NM; OC
<i>torpenz tab 5mg</i>	2	NM; OC

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 98

Drug Name	Drug Tier	Requirements/Limits
<i>torpenz tab 7.5mg</i>	2	NM; OC
<i>torpenz tab 10mg</i>	2	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	

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 99

Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene cap 75 mg</i>	2	NM; OC
HYDREA CAP 500MG	3	NM; OC
<i>hydroxyurea cap 500 mg</i>	1	NM; OC
MATULANE CAP 50MG	3	NM; LD, OC
TARGRETIN CAP 75MG	3	NM; OC
<i>tretinoin cap 10 mg</i>	2	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>	2	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>	2	
ONGENTYS CAP 25MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ONGENTYS CAP 50MG	3	
TASMAR TAB 100MG	3	
<i>tolcapone tab 100 mg</i>	2	
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>	2	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>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
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	

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Drug Name	Drug Tier	Requirements/Limits
INBRIJA CAP 42MG	3	SP; LD
KYNMOBI MIS 10MG	3	NM
KYNMOBI MIS 15MG	3	NM
KYNMOBI MIS 20MG	3	NM
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>	2	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	2	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	2	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	2	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	2	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	2	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
XADAGO TAB 50MG	3	
XADAGO TAB 100MG	3	
ZELAPAR TAB 1.25MG	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate cap 150 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	2	
LITHOBID TAB 300MG CR	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP 10.5MG	3	
CAPLYTA CAP 21MG	3	
CAPLYTA CAP 42MG	3	
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	
GEODON CAP 60MG	3	
GEODON CAP 80MG	3	
GEODON INJ 20MG	3	NM
LATUDA TAB 20MG	3	
LATUDA TAB 40MG	3	
LATUDA TAB 60MG	3	
LATUDA TAB 80MG	3	
LATUDA TAB 120MG	3	
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
NUPLAZID CAP 34MG	3	SP, PA
NUPLAZID TAB 10MG	3	SP, PA
VRAYLAR CAP 1.5MG	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	

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Drug Name	Drug Tier	Requirements/Limits
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>	2	
<i>paliperidone tab er 24hr 3 mg</i>	2	
<i>paliperidone tab er 24hr 6 mg</i>	2	
<i>paliperidone tab er 24hr 9 mg</i>	2	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
BUTYROPHENONES		
<i>haloperidol decanoate im soln 50 mg/ml</i>	2	NM
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	NM
<i>haloperidol lactate inj 5 mg/ml</i>	1	NM
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DIBENZAPINES		
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	2	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	2	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	2	
<i>clozapine orally disintegrating tab 12.5 mg</i>	2	NM
<i>clozapine orally disintegrating tab 25 mg</i>	2	NM
<i>clozapine orally disintegrating tab 100 mg</i>	2	NM
<i>clozapine orally disintegrating tab 150 mg</i>	2	NM
<i>clozapine orally disintegrating tab 200 mg</i>	2	NM
<i>clozapine tab 25 mg</i>	1	NM
<i>clozapine tab 50 mg</i>	1	NM
<i>clozapine tab 100 mg</i>	1	NM
<i>clozapine tab 200 mg</i>	1	NM
CLOZARIL TAB 25MG	3	NM
CLOZARIL TAB 100MG	3	NM
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine for im inj 10 mg</i>	2	NM
<i>olanzapine orally disintegrating tab 5 mg</i>	2	
<i>olanzapine orally disintegrating tab 10 mg</i>	2	
<i>olanzapine orally disintegrating tab 15 mg</i>	2	
<i>olanzapine orally disintegrating tab 20 mg</i>	2	
<i>olanzapine tab 2.5 mg</i>	2	
<i>olanzapine tab 5 mg</i>	2	
<i>olanzapine tab 7.5 mg</i>	2	
<i>olanzapine tab 10 mg</i>	2	
<i>olanzapine tab 15 mg</i>	2	
<i>olanzapine tab 20 mg</i>	2	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 150 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	2	

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

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Drug Name	Drug Tier	Requirements/Limits
<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

<i>ABILIFY TAB 2MG</i>	3	
<i>ABILIFY TAB 5MG</i>	3	
<i>ABILIFY TAB 10MG</i>	3	
<i>ABILIFY TAB 15MG</i>	3	
<i>ABILIFY TAB 20MG</i>	3	
<i>ABILIFY TAB 30MG</i>	3	
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole orally disintegrating tab 10 mg</i>	2	
<i>aripiprazole orally disintegrating tab 15 mg</i>	2	
<i>aripiprazole tab 2 mg</i>	2	
<i>aripiprazole tab 5 mg</i>	2	
<i>aripiprazole tab 10 mg</i>	2	
<i>aripiprazole tab 15 mg</i>	2	
<i>aripiprazole tab 20 mg</i>	2	
<i>aripiprazole tab 30 mg</i>	2	
<i>REXULTI TAB 0.5MG</i>	3	
<i>REXULTI TAB 0.25MG</i>	3	
<i>REXULTI TAB 1MG</i>	3	
<i>REXULTI TAB 2MG</i>	3	
<i>REXULTI TAB 3MG</i>	3	
<i>REXULTI TAB 4MG</i>	3	

THIOXANTHENES

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

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Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene cap 10 mg</i>	1	

ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	
APTIVUS CAP 250MG	2	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	
BIKTARVY TAB	2	
CIMDUO TAB 300-300	2	
COMBIVIR TAB 150-300	3	
COMPLERA TAB	3	
<i>darunavir tab 600 mg</i>	2	
<i>darunavir tab 800 mg</i>	2	
DELSTRIGO TAB	3	
DESCOVY TAB 120-15MG	2	
DESCOVY TAB 200/25MG	2	
DOVATO TAB 50-300MG	2	
EDURANT TAB 25MG	3	
<i>efavirenz tab 600 mg</i>	2	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	2	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	
<i>emtricitabine caps 200 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	
EMTRIVA CAP 200MG	3	
EMTRIVA SOL 10MG/ML	2	
EPIVIR SOL 10MG/ML	3	

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
EPIVIR TAB 150MG	3	
EPIVIR TAB 300MG	3	
EPZICOM TAB 600-300	3	
<i>etravirine tab 100 mg</i>	2	
<i>etravirine tab 200 mg</i>	2	
EVOTAZ TAB 300-150	3	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	2	
FUZEON INJ 90MG	2	
GENVOYA TAB	2	
INTELENCE TAB 25MG	3	
INTELENCE TAB 100MG	3	
INTELENCE TAB 200MG	3	
ISENTRESS CHW 25MG	2	
ISENTRESS CHW 100MG	2	
ISENTRESS HD TAB 600MG	2	
ISENTRESS POW 100MG	2	
ISENTRESS TAB 400MG	2	
JULUCA TAB 50-25MG	3	
KALETRA SOL	3	
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	3	
<i>lamivudine oral soln 10 mg/ml</i>	2	
<i>lamivudine tab 150 mg</i>	2	
<i>lamivudine tab 300 mg</i>	2	
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	
LEXIVA SUS 50MG/ML	3	
LEXIVA TAB 700MG	3	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	
<i>maraviroc tab 150 mg</i>	2	
<i>maraviroc tab 300 mg</i>	2	
<i>nevirapine susp 50 mg/5ml</i>	2	
<i>nevirapine tab 200 mg</i>	2	
<i>nevirapine tab er 24hr 400 mg</i>	2	
NORVIR CAP 100MG	2	
NORVIR POW 100MG	3	
NORVIR TAB 100MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ODEFSEY TAB	2	
PIFELTRO TAB 100MG	3	
PREZCOBIX TAB 800-150	3	
PREZISTA SUS 100MG/ML	2	
PREZISTA TAB 75MG	2	
PREZISTA TAB 150MG	2	
PREZISTA TAB 600MG	3	
PREZISTA TAB 800MG	3	
RETROVIR CAP 100MG	3	
RETROVIR SYP 50MG/5ML	3	
REYATAZ CAP 200MG	3	
REYATAZ CAP 300MG	3	
REYATAZ POW 50MG	3	
<i>ritonavir tab 100 mg</i>	2	
RUKOBIA TAB 600MG ER	3	
SELZENTRY SOL 20MG/ML	2	
SELZENTRY TAB 150MG	3	
SELZENTRY TAB 300MG	3	
STRIBILD TAB	3	
SUNLENCA TAB 300MG	3	NM
SYMFI LO TAB	3	
SYMFI TAB	3	
SYMTUZA TAB	2	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	
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	3	
VIREAD TAB 150MG	3	
VIREAD TAB 200MG	3	
VIREAD TAB 250MG	3	
VIREAD TAB 300MG	3	
ZIAGEN SOL 20MG/ML	3	
ZIAGEN TAB 300MG	3	
<i>zidovudine cap 100 mg</i>	2	
<i>zidovudine syrup 10 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine tab 300 mg</i>	2	
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>	2	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	2	
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	1	SP
BARACLUDE SOL	3	SP
BARACLUDE TAB 0.5MG	3	SP
BARACLUDE TAB 1MG	3	SP
<i>entecavir tab 0.5 mg</i>	2	SP
<i>entecavir tab 1 mg</i>	2	SP
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>	2	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>	2	SP, PA, NM
<i>ribavirin tab 200 mg</i>	2	PA, NM
SOVALDI PAK 150MG	3	SP, PA, NM
SOVALDI PAK 200MG	3	SP, PA, NM

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Drug Name	Drug Tier	Requirements/Limits
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>	2	NM
<i>famciclovir tab 250 mg</i>	2	NM
<i>famciclovir tab 500 mg</i>	2	NM
<i>valacyclovir hcl tab 1 gm</i>	1	NM
<i>valacyclovir hcl tab 500 mg</i>	1	NM
VALTREX TAB 1GM	3	NM
VALTREX TAB 500MG	3	NM

INFLUENZA AGENTS

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

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Drug Name	Drug Tier	Requirements/Limits
MISC. ANTIVIRALS		
TEMBEXA SUS 10MG/ML	3	NM
TEMBEXA TAB 100MG	3	NM
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol phosphate cap er 24hr 10 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	2	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
COREG CR CAP 10MG	3	
COREG CR CAP 20MG	3	
COREG CR CAP 40MG	3	
COREG CR CAP 80MG	3	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	
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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
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	

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Drug Name	Drug Tier	Requirements/Limits
<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/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) 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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>diltiazem hcl tab er 24hr 120 mg</i>	2	
<i>diltiazem hcl tab er 24hr 180 mg</i>	1	
<i>diltiazem hcl tab er 24hr 240 mg</i>	1	
<i>diltiazem hcl tab er 24hr 300 mg</i>	1	
<i>diltiazem hcl tab er 24hr 360 mg</i>	1	
<i>diltiazem hcl tab er 24hr 420 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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>	2	NM
<i>nimodipine oral soln 60 mg/20ml (3 mg/ml)</i>	1	NM
<i>nisoldipine tab er 24hr 8.5 mg</i>	2	
<i>nisoldipine tab er 24hr 17 mg</i>	2	
<i>nisoldipine tab er 24hr 20 mg</i>	2	
<i>nisoldipine tab er 24hr 25.5 mg</i>	2	
<i>nisoldipine tab er 24hr 30 mg</i>	2	
<i>nisoldipine tab er 24hr 34 mg</i>	2	
<i>nisoldipine tab er 24hr 40 mg</i>	2	
NORLIQVA SOL 1MG/ML	3	
NORVASC TAB 2.5MG	3	
NORVASC TAB 5MG	3	
NORVASC TAB 10MG	3	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
SULAR TAB 8.5MG ER	3	
SULAR TAB 17MG ER	3	
SULAR TAB 34MG ER	3	
<i>taztia xt 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>tiadylt cap 120mg/24</i>	1	
<i>tiadylt cap 180mg/24</i>	1	
<i>tiadylt cap 240mg/24</i>	1	
<i>tiadylt cap 300mg/24</i>	1	
<i>tiadylt cap 360mg/24</i>	1	
<i>tiadylt 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	
<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	
LANOXIN INJ 0.5/2ML	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
LANOXIN INJ 0.25MG/1	3	NM
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	
<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	

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
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>	2	
OPSYNVI TAB 10-20MG	3	PA
OPSYNVI TAB 10-40MG	3	PA
<i>sacubitril-valsartan tab 24-26 mg</i>	2	
<i>sacubitril-valsartan tab 49-51 mg</i>	2	
<i>sacubitril-valsartan tab 97-103 mg</i>	2	
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
EDEX KIT 40MCG	3	QL (6 kits every 30 days), NM
<i>sildenafil citrate tab 25 mg</i>	2	QL (4 tabs every 30 days), NM
<i>sildenafil citrate tab 50 mg</i>	2	QL (4 tabs every 30 days), NM
<i>sildenafil citrate tab 100 mg</i>	2	QL (4 tabs every 30 days), NM
<i>tadalafil tab 2.5 mg</i>	2	PA, QL (4 tabs every 30 days)
<i>tadalafil tab 5 mg</i>	2	PA, QL (4 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil tab 10 mg</i>	2	QL (4 tabs every 30 days), NM
<i>tadalafil tab 20 mg</i>	2	QL (4 tabs every 30 days), NM
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	2	QL (4 tabs every 30 days), NM
<i>vardenafil hcl tab 2.5 mg</i>	2	QL (4 tabs every 30 days), NM
<i>vardenafil hcl tab 5 mg</i>	2	QL (4 tabs every 30 days), NM
<i>vardenafil hcl tab 10 mg</i>	2	QL (4 tabs every 30 days), NM
<i>vardenafil hcl tab 20 mg</i>	2	QL (4 tabs every 30 days), NM

PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG	3	SP, PA
ORENITRAM TAB 0.125MG	3	SP, PA
ORENITRAM TAB 1MG	3	SP, PA
ORENITRAM TAB 2.5MG	3	SP, PA
ORENITRAM TAB 5MG	3	SP, PA
ORENITRAM TAB MONTH 1	3	SP, PA
ORENITRAM TAB MONTH 2	3	SP, PA
ORENITRAM TAB MONTH 3	3	SP, PA
TYVASO DPI POW 16-32-48	3	SP, PA, NM
TYVASO DPI POW 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
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>	2	SP, PA
<i>ambrisentan tab 10 mg</i>	2	SP, PA
<i>bosentan tab 62.5 mg</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>bosentan tab 125 mg</i>	2	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>	2	SP, PA
REVATIO SUS 10MG/ML	3	SP, PA
REVATIO TAB 20MG	3	SP, PA
<i>sildenafil citrate for suspension 10 mg/ml</i>	2	SP, PA
<i>sildenafil citrate tab 20 mg</i>	2	SP, PA
<i>tadalafil tab 20 mg (pah)</i>	2	SP, PA
TADLIQ SUS 20MG/5ML	3	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
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>	2	
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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
<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>	2	NM

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

CEPHALOSPORINS - 4TH GENERATION

<i>cefepime hcl for inj 1 gm</i>	2	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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>feirza tab 1/20</i>	1	
<i>finzala chw fe 1/20</i>	1	
<i>gemmily cap 1/20</i>	2	
<i>hailey 24 tab fe</i>	1	
<i>hailey fe tab 1.5/30</i>	1	
<i>hailey fe tab 1/20</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora-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>	2	
<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 0.4 mg-35 mcg</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<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>pimtrea 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	
<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>	2	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>xulane dis 150-35</i>	1	
<i>zafemy dis 150/35</i>	1	
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>eluryng mis</i>	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
<i>enilloring mis</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	
<i>haloette mis</i>	2	
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	

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

AGAMREE SUS 40MG/ML	3	PA, NM
<i>budesonide delayed release particles cap 3 mg</i>	2	NM
<i>budesonide tab er 24hr 9 mg</i>	2	NM
CORTEF TAB 5MG	3	NM

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Drug Name	Drug Tier	Requirements/Limits
CORTEF TAB 10MG	3	NM
CORTEF TAB 20MG	3	NM
<i>deflazacort susp 22.75 mg/ml</i>	2	PA, NM
<i>deflazacort tab 6 mg</i>	2	SP, PA, NM
<i>deflazacort tab 18 mg</i>	2	SP, PA, NM
<i>deflazacort tab 30 mg</i>	2	SP, PA, NM
<i>deflazacort tab 36 mg</i>	2	SP, PA, NM
DEXAMETHASON CON 1MG/ML	3	NM
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	NM
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	1	NM
<i>dexamethasone soln 0.5 mg/5ml</i>	1	NM
<i>dexamethasone tab 0.5 mg</i>	1	NM
<i>dexamethasone tab 0.75 mg</i>	1	NM
<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>	2	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
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	2	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

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	NM
<i>millipred tab 5mg</i>	2	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>	2	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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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

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Drug Name	Drug Tier	Requirements/Limits
<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>prometh vc/ syp codeine</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>	2	NM
<i>acetylcysteine inhal soln 20%</i>	2	NM

DERMATOLOGICALS

ACNE PRODUCTS

<i>acutane cap 10mg</i>	2	NM
<i>acutane cap 20mg</i>	2	NM
<i>acutane cap 30mg</i>	2	NM
<i>acutane cap 40mg</i>	2	NM
<i>adapalene cream 0.1%</i>	2	NM
<i>adapalene gel 0.1%</i>	2	NM
<i>adapalene gel 0.3%</i>	2	NM
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	NM
<i>amneestem cap 10mg</i>	2	NM
<i>amneestem cap 20mg</i>	2	NM
<i>amneestem cap 40mg</i>	2	NM
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	NM
<i>bp 10-1 emu</i>	2	NM
<i>bp cleansing emu 10-4%</i>	1	NM
<i>claravis cap 10mg</i>	2	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>claravis cap 20mg</i>	2	NM
<i>claravis cap 30mg</i>	2	NM
<i>claravis cap 40mg</i>	2	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>	2	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>	2	NM
<i>dapsone gel 5%</i>	2	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>	2	NM
<i>isotretinoin cap 20 mg</i>	2	NM
<i>isotretinoin cap 25 mg</i>	2	NM
<i>isotretinoin cap 30 mg</i>	2	NM
<i>isotretinoin cap 35 mg</i>	2	NM
<i>isotretinoin cap 40 mg</i>	2	NM
KLARON LOT 10%	3	NM
SOD SUL/SULF EMU 10-5%	3	NM
<i>sss 10-5 aer 10-5%</i>	2	NM
<i>sss cre 10%-5%</i>	2	NM
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	NM
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i>	2	NM
<i>sulfacetamide sodium w/ sulfur cleanser 9- 4.5%</i>	2	NM
<i>sulfacetamide sodium w/ sulfur cleanser 9.8- 4.8%</i>	2	NM
<i>sulfacetamide sodium w/ sulfur cleanser 10- 2%</i>	2	NM
<i>sulfacetamide sodium w/ sulfur cleanser 10- 5%</i>	2	NM
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	2	NM

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

AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS

VEREGEN OIN 15%	3	NM
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ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	2	NM
<i>diclofenac sodium soln 1.5%</i>	1	NM
<i>diclofenac sodium soln 2%</i>	2	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
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	NM
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>econazole nitrate cream 1%</i>	2	NM
EXELDERM CRE 1%	3	NM
EXELDERM SOL 1%	3	NM
JUBLIA SOL 10%	3	PA, NM
KERYDIN SOL 5%	3	PA, NM
<i>ketoconazole cream 2%</i>	1	QL (120 gm every 30 days), NM
<i>ketoconazole shampoo 2%</i>	1	NM
<i>klayesta pow 100000</i>	1	NM
<i>luliconazole cream 1%</i>	2	NM
LUZU CRE 1%	3	NM
<i>naftifine hcl cream 1%</i>	2	NM
<i>naftifine hcl cream 2%</i>	2	NM
<i>naftifine hcl gel 2%</i>	2	NM
NAFTIN GEL 1%	3	NM
NAFTIN GEL 2%	3	NM
<i>nyamyc 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>	2	NM
<i>sulconazole nitrate solution 1%</i>	2	NM
<i>tavaborole soln 5%</i>	2	PA, NM
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene gel 1%</i>	2	NM
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	2	QL (100 grams per 365 days), NM
EFUDEX CRE 5%	3	NM
<i>fluorouracil cream 0.5%</i>	2	NM
<i>fluorouracil cream 5%</i>	2	NM
<i>fluorouracil soln 2%</i>	2	NM
<i>fluorouracil soln 5%</i>	2	NM
PANRETIN GEL 0.1%	2	NM
TARGRETIN GEL 1%	3	NM
TOLAK CRE 4%	3	NM

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Drug Name	Drug Tier	Requirements/Limits
VALCHLOR GEL 0.016%	3	PA, NM
ANTIPRURITICS - TOPICAL		
<i>doxepin hcl cream 5%</i>	2	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>	2	NM
<i>acitretin cap 17.5 mg</i>	2	NM
<i>acitretin cap 25 mg</i>	2	NM
<i>calcipotriene cream 0.005%</i>	2	QL (60 gm every 30 days), NM
<i>calcipotriene oint 0.005%</i>	2	QL (60 gm every 30 days), NM
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	QL (60 mL every 30 days), NM
<i>calcitrene oin 0.005%</i>	2	QL (60 gm every 30 days), NM
<i>calcitriol oint 3 mcg/gm</i>	2	NM
COSENTYX INJ 75MG/0.5	2	SP, PA, 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>	2	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)
STELARA INJ 45MG/0.5	2	SP, PA, QL (1 syringe every 84 days)

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Drug Name	Drug Tier	Requirements/Limits
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>	2	NM
<i>tazarotene cream 0.05%</i>	2	NM
<i>tazarotene gel 0.1%</i>	2	NM
<i>tazarotene gel 0.05%</i>	2	NM
TAZORAC CRE 0.1%	3	NM
TAZORAC CRE 0.05%	3	NM
TAZORAC GEL 0.1%	3	NM
TAZORAC GEL 0.05%	3	NM
TREMFYA INJ 100MG/ML	2	SP, PA, 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 21 days)
TREMFYA INJ 200/2ML	2	SP, PA, QL (1 syringe every 21 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>	2	NM
<i>selenium sulfide shampoo 2.25%</i>	2	NM
<i>sulfacetamide sodium cleansing gel 10%</i>	2	NM
<i>sulfacetamide sodium liquid 10%</i>	1	NM
<i>sulfacetamide sodium shampoo 10%</i>	1	NM
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	2	NM
DENAVIR CRE 1%	3	NM
<i>penciclovir cream 1%</i>	2	NM
ZOVIRAX OIN 5%	3	NM
BURN PRODUCTS		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	2	NM
SILVADENE CRE 1%	3	NM
<i>silver sulfadiazine cream 1%</i>	1	NM
<i>ssd cre 1%</i>	1	NM
SULFAMYLLON CRE 85MG/GM	3	NM

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Drug Name	Drug Tier	Requirements/Limits
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>	2	NM
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	NM
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	NM
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	NM
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	NM
<i>betamethasone dipropionate cream 0.05%</i>	1	NM
<i>betamethasone dipropionate lotion 0.05%</i>	1	NM
<i>betamethasone dipropionate oint 0.05%</i>	1	NM
<i>betamethasone valerate aerosol foam 0.12%</i>	1	NM
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	NM
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	NM
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	NM
<i>clobetasol e cre 0.05%</i>	2	NM
<i>clobetasol propionate cream 0.05%</i>	2	NM
<i>clobetasol propionate gel 0.05%</i>	2	NM
<i>clobetasol propionate lotion 0.05%</i>	2	NM
<i>clobetasol propionate oint 0.05%</i>	2	QL (120 gm every 30 days), NM
<i>clobetasol propionate soln 0.05%</i>	2	NM
DERMA-SMOOTH OIL /FS BODY	3	NM
DERMA-SMOOTH OIL /FS SCLP	3	NM
<i>desonide cream 0.05%</i>	2	NM
<i>desonide lotion 0.05%</i>	2	NM
<i>desonide oint 0.05%</i>	2	NM
DESOWEN CRE 0.05%	3	NM
<i>desoximetasone cream 0.05%</i>	2	NM
<i>desoximetasone cream 0.25%</i>	2	NM
<i>desoximetasone gel 0.05%</i>	2	NM
<i>desoximetasone spray 0.25%</i>	2	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>diflorasone diacetate oint 0.05%</i>	2	QL (60 gm every 30 days), NM
DIPROLENE OIN 0.05%	3	NM
EPIFOAM AER 1%	3	NM
<i>fluocinolone acetonide cream 0.01%</i>	1	NM
<i>fluocinolone acetonide cream 0.025%</i>	1	NM
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	NM
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	NM
<i>fluocinolone acetonide oint 0.025%</i>	1	NM
<i>fluocinolone acetonide soln 0.01%</i>	1	NM
<i>fluocinonide cream 0.05%</i>	1	NM
<i>fluocinonide emulsified base cream 0.05%</i>	1	NM
<i>fluocinonide gel 0.05%</i>	1	NM
<i>fluocinonide oint 0.05%</i>	1	NM
<i>fluocinonide soln 0.05%</i>	1	NM
<i>flurandrenolide cream 0.05%</i>	2	QL (60 gm every 30 days), NM
<i>flurandrenolide lotion 0.05%</i>	2	QL (120 mL every 30 days), NM
<i>fluticasone propionate cream 0.05%</i>	1	NM
<i>fluticasone propionate lotion 0.05%</i>	1	NM
<i>fluticasone propionate oint 0.005%</i>	1	NM
<i>halobetasol propionate cream 0.05%</i>	2	NM
<i>halobetasol propionate oint 0.05%</i>	2	NM
<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>	2	NM
<i>triamcinolone acetonide cream 0.1%</i>	1	NM
<i>triamcinolone acetonide cream 0.5%</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide cream 0.025%</i>	1	NM
<i>triamcinolone acetonide lotion 0.1%</i>	1	NM
<i>triamcinolone acetonide lotion 0.025%</i>	1	NM
<i>triamcinolone acetonide oint 0.1%</i>	1	NM
<i>triamcinolone acetonide oint 0.5%</i>	1	NM
<i>triamcinolone acetonide oint 0.025%</i>	1	NM
<i>triderm 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>	2	NM
<i>urea cream 39%</i>	2	NM
<i>urea cream 40%</i>	2	NM
<i>urea cream 41%</i>	2	NM
<i>urea cream 45%</i>	2	NM
<i>urea cream 47%</i>	2	NM
<i>urea hydrati aer 35%</i>	1	NM
<i>urea lotion 40%</i>	2	NM
<i>urea nail gel 45%</i>	2	NM
<i>xurea cre 39%</i>	2	NM
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	QL (90 gm every 30 days), NM
HAIR GROWTH AGENTS		
LITFULO CAP 50MG	3	SP, PA, NM
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 5%</i>	1	NM
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CRE 1%	3	NM

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Drug Name	Drug Tier	Requirements/Limits
HYFTOR GEL 0.2%	3	NM
<i>pimecrolimus cream 1%</i>	2	NM
<i>tacrolimus oint 0.1%</i>	2	NM
<i>tacrolimus oint 0.03%</i>	2	NM
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL 0.5%	3	NM
PODOCON-25 SOL	3	NM
<i>podofilox gel 0.5%</i>	2	NM
<i>podofilox soln 0.5%</i>	2	NM
PYROGALL ACD OIN	2	NM
<i>salicylic acid er film-forming soln 28.5%</i>	2	NM
LOCAL ANESTHETICS - TOPICAL		
<i>glydo gel 2%</i>	1	NM
<i>lido-sorb lot 3%</i>	2	NM
<i>lidocaine hcl cream 3%</i>	1	NM
<i>lidocaine hcl lotion 3%</i>	2	NM
<i>lidocaine hcl soln 4%</i>	1	NM
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	NM
<i>lidocaine oint 5%</i>	2	NM
<i>lidocaine patch 5%</i>	2	NM
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	NM
<i>lidocan pad 5%</i>	2	NM
LIDODERM DIS 5%	3	NM
PLIAGLIS CRE 7-7%	3	QL (1 gm every 1 day), NM
<i>proxivol gel 2%</i>	1	NM
<i>7t lido gel 2%</i>	1	NM
<i>tridacaine pad 5%</i>	2	NM
<i>zionodil 100 lot 3%</i>	2	NM
<i>zionodil lot 3%</i>	2	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

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Drug Name	Drug Tier	Requirements/Limits
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	2	NM
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	2	NM
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	1	QL (120 caps every 365 days), NM
FINACEA AER 15%	2	NM
FINACEA GEL 15%	3	NM
<i>ivermectin cream 1%</i>	2	NM
METROCREAM CRE 0.75%	3	NM
METROGEL GEL 1%	3	NM
METROLOTION LOT 0.75%	3	NM
<i>metronidazole cream 0.75%</i>	2	NM
<i>metronidazole gel 0.75%</i>	2	NM
<i>metronidazole gel 1%</i>	2	NM
<i>metronidazole lotion 0.75%</i>	2	NM
ORACEA CAP 40MG	3	QL (120 caps every 365 days), NM
RHOFADE CRE 1%	3	NM
SOOLANTRA CRE 1%	3	NM
SCABICIDES & PEDICULICIDES		
<i>crotan lot 10%</i>	2	NM
<i>malathion lotion 0.5%</i>	2	NM
NATROBA SUS 0.9%	3	NM
OVIDE LOT 0.5%	3	NM
<i>permethrin cream 5%</i>	1	NM
<i>spinosad susp 0.9%</i>	2	NM
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
METOPIRONE CAP 250MG	3	NM
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	

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Drug Name	Drug Tier	Requirements/Limits
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
SUCRAID SOL 8500/ML	3	SP; LD
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>	2	NM
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>methazolamide tab 25 mg</i>	2	
<i>methazolamide tab 50 mg</i>	2	

DIURETIC COMBINATIONS

<i>amiloride & 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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>ethacrynic acid tab 25 mg</i>	2	
<i>furosemide inj 10 mg/ml</i>	1	NM
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	

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>	2	
<i>triamterene cap 100 mg</i>	2	

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	

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Drug Name	Drug Tier	Requirements/Limits
<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	

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) inj 200 unit/ml</i>	2	NM
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	
FORTEO INJ 600/2.4	2	SP
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
MIACALCIN INJ 200/ML	3	NM
MIACALCIN INJ 400/2ML	3	NM
<i>risedronate sodium tab 5 mg</i>	2	
<i>risedronate sodium tab 30 mg</i>	2	NM
<i>risedronate sodium tab 35 mg</i>	2	
<i>risedronate sodium tab 150 mg</i>	2	
<i>risedronate sodium tab delayed release 35 mg</i>	2	
TERIPARATIDE INJ 620/2.48	2	SP
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	2	
TYMLOS INJ	2	SP

CORTICOTROPIN

ACTHAR INJ GEL	3	SP, PA, NM
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Drug Name	Drug Tier	Requirements/Limits
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)
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>	2	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>	2	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>	2	SP, NM; QL (9 cycles per lifetime)
ORLISSA TAB 150MG	2	NM
ORLISSA TAB 200MG	2	NM
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG	3	SP
SOMAVERT INJ 15MG	3	SP
SOMAVERT INJ 20MG	3	SP
SOMAVERT INJ 25MG	3	SP
SOMAVERT INJ 30MG	3	SP

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Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	3	
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
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
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	2	NM
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg</i>	2	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	2	
CARBAGLU TAB 200MG	3	SP, PA; LD
<i>carglumic acid soluble tab 200 mg</i>	2	SP, PA; LD
CARNITOR SF SOL 1GM/10ML	3	
CARNITOR SOL 1GM/10ML	3	
CARNITOR TAB 330MG	3	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	2	SP
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	2	SP
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	2	SP
<i>doxercalciferol cap 0.5 mcg</i>	2	
<i>doxercalciferol cap 1 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxercalciferol cap 2.5 mcg</i>	2	
GALAFOLD CAP 123MG	3	SP, PA; LD
KUVAN POW 100MG	3	PA
KUVAN POW 500MG	3	PA
KUVAN TAB 100MG	3	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
<i>nitisinone cap 2 mg</i>	2	PA
<i>nitisinone cap 5 mg</i>	2	PA
<i>nitisinone cap 10 mg</i>	2	PA
<i>nitisinone cap 20 mg</i>	2	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>	2	
<i>paricalcitol cap 2 mcg</i>	2	
<i>paricalcitol cap 4 mcg</i>	2	
PHEBURANE MIS 483/GM	3	PA
RAVICTI LIQ 1.1GM/ML	3	SP, PA
RAYALDEE CAP 30MCG	3	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	2	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	2	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	2	PA

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 150

Drug Name	Drug Tier	Requirements/Limits
SENSIPAR TAB 30MG	3	SP
SENSIPAR TAB 60MG	3	SP
SENSIPAR TAB 90MG	3	SP
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	2	SP
<i>sodium phenylbutyrate tab 500 mg</i>	2	SP
STRENSIQ INJ 18/0.45	3	SP, PA; LD
STRENSIQ INJ 28/0.7ML	3	SP, PA; LD
STRENSIQ INJ 40MG/ML	3	SP, PA; LD
STRENSIQ INJ 80/0.8ML	3	SP, PA; LD
XURIDEN POW 2GM	3	SP, PA; LD
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>	2	NM
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	2	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>	2	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
SOMATOSTATIC AGENTS		
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	2	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
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>	2	SP, QL (60 tabs every 180 days), NM; LD
<i>tolvaptan tab 30 mg</i>	2	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	3	
COMBIPATCH DIS	3	
DUAVEE TAB 0.45-20	3	

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Drug Name	Drug Tier	Requirements/Limits
<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
PREMPHASE TAB	3	
PREMPRO TAB	3	
PREMPRO TAB 0.3-1.5	3	
PREMPRO TAB 0.45-1.5	3	
PREMPRO TAB 0.625-5	3	
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	

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Drug Name	Drug Tier	Requirements/Limits
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	2	
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td gel 0.5 mg/0.5gm (0.1%)	2	
estradiol td gel 0.25 mg/0.25gm (0.1%)	2	
estradiol td gel 0.75 mg/0.75gm (0.1%)	2	
estradiol td gel 1 mg/gm (0.1%)	2	
estradiol td gel 1.25 mg/1.25gm (0.1%)	2	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 20 mg/ml	1	NM
estradiol valerate im in oil 40 mg/ml	1	NM
ESTROGEL GEL 0.06%	3	
EVAMIST SPR 1.53MG	3	
lyllana dis 0.1mg	1	
lyllana dis 0.05mg	1	
lyllana dis 0.025mg	1	
lyllana dis 0.075mg	1	
lyllana dis 0.0375mg	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	

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Drug Name	Drug Tier	Requirements/Limits
MINIVELLE DIS 0.075MG	3	
MINIVELLE DIS 0.0375MG	3	
PREMARIN TAB 0.3MG	3	
PREMARIN TAB 0.9MG	3	
PREMARIN TAB 0.45MG	3	
PREMARIN TAB 0.625MG	3	
PREMARIN TAB 1.25MG	3	
VIVELLE-DOT DIS 0.1MG	3	
VIVELLE-DOT DIS 0.05MG	3	
VIVELLE-DOT DIS 0.025MG	3	
VIVELLE-DOT DIS 0.075MG	3	
VIVELLE-DOT DIS 0.0375MG	3	

FLUOROQUINOLONES

FLUOROQUINOLONES

BAXDELA TAB 450MG	3	NM
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>	2	
<i>prucalopride succinate tab 2 mg (base equivalent)</i>	2	

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB 3MG	3	
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FARNESOID X RECEPTOR (FXR) AGONISTS

OCALIVA TAB 5MG	3	SP, PA
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Drug Name	Drug Tier	Requirements/Limits
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>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	2	
<i>lubiprostone cap 24 mcg</i>	2	
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

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Drug Name	Drug Tier	Requirements/Limits
ENTYVIO PEN INJ 108/0.68	3	PA, NM
<i>mesalamine cap dr 400 mg</i>	2	
<i>mesalamine cap er 24hr 0.375 gm</i>	2	
<i>mesalamine cap er 500 mg</i>	2	
<i>mesalamine enema 4 gm</i>	2	NM
<i>mesalamine suppos 1000 mg</i>	2	NM
<i>mesalamine tab delayed release 1.2 gm</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	NM
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
ROWASA KIT 4GM	3	NM
SKYRIZI INJ 180/1.2	2	SP, PA, 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	
<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>	2	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	2	PA
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
VIBERZI TAB 75MG	3	PA
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	3	NM
MOVANTIK TAB 25MG	3	NM
RELISTOR INJ 8/0.4ML	3	NM
RELISTOR INJ 12/0.6ML	3	NM

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Drug Name	Drug Tier	Requirements/Limits
RELISTOR TAB 150MG	3	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	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
calcium acetate (phosphate binder) tab 667 mg	1	
FOSRENOL CHW 500MG	3	
FOSRENOL CHW 750MG	3	
FOSRENOL CHW 1000MG	3	
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
lanthanum carbonate chew tab 500 mg (elemental)	2	
lanthanum carbonate chew tab 750 mg (elemental)	2	
lanthanum carbonate chew tab 1000 mg (elemental)	2	
RENAGEL TAB 800MG	3	
RENVELA POW 0.8GM	3	
RENVELA POW 2.4GM	3	
RENVELA TAB 800MG	3	
sevelamer carbonate packet 0.8 gm	2	
sevelamer carbonate packet 2.4 gm	2	
sevelamer carbonate tab 800 mg	2	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	2	
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

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate tab er 5 meq (540 mg)</i>	2	NM
<i>potassium citrate tab er 10 meq (1080 mg)</i>	2	NM
<i>potassium citrate tab er 15 meq (1620 mg)</i>	2	NM
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>	2	NM
<i>curity salin sol 0.9% irr</i>	2	NM
<i>sodium chloride irrigation soln 0.9%</i>	2	NM
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>	2	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	
ENTADFI CAP 5-5MG	3	NM
<i>finasteride tab 5 mg</i>	1	
FLOMAX CAP 0.4MG	3	
JALYN CAP	3	
PROSCAR TAB 5MG	3	
RAPAFLO CAP 4MG	3	
RAPAFLO CAP 8MG	3	
<i>silodosin cap 4 mg</i>	2	
<i>silodosin cap 8 mg</i>	2	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
UROXATRAL TAB 10MG	3	
URINARY ANALGESICS		
<i>phenazo tab 200mg</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	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	
<i>colchicine cap 0.6 mg</i>	2	QL (60 caps every 23 days), NM
<i>colchicine tab 0.6 mg</i>	2	QL (60 tabs every 23 days), NM
COLCRYS TAB 0.6MG	3	QL (60 tabs every 23 days), NM
<i>febuxostat tab 40 mg</i>	2	
<i>febuxostat tab 80 mg</i>	2	
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

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Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	2	SP, PA, NM
<i>sajazir inj 30mg/3ml</i>	2	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
HEMATAOLOGIC - 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	
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>	2	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	NM
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
PLAVIX TAB 75MG	3	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	
ZONTIVITY TAB 2.08MG	3	

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
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	3	SP, PA
<i>miglustat cap 100 mg</i>	2	SP, PA; LD
<i>yargesa cap 100mg</i>	2	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>	2	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
<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	

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
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
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

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
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>	2	SP, NM
XOLREMDI CAP 100MG	3	SP, PA; LD

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid oral soln 0.25 gm/ml</i>	2	NM
<i>aminocaproic acid tab 500 mg</i>	2	NM
<i>aminocaproic acid tab 1000 mg</i>	2	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>	2	QL (30 tabs every 30 days), NM
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Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	2	QL (30 tabs every 30 days), NM
SILENOR TAB 3MG	3	PA, QL (30 tabs every 30 days), NM
SILENOR TAB 6MG	3	PA, QL (30 tabs every 30 days), NM

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
<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

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Drug Name	Drug Tier	Requirements/Limits
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>	2	ST, PA, QL (30 tabs every 30 days), NM
<i>zolpidem tartrate sl tab 3.5 mg</i>	2	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

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Drug Name	Drug Tier	Requirements/Limits
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>	2	QL (30 tabs every 30 days), NM
ROZEREM TAB 8MG	3	ST, PA, QL (30 tabs every 30 days), NM
<i>tasimelteon capsule 20 mg</i>	2	SP, PA; LD

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
<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

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Drug Name	Drug Tier	Requirements/Limits
<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>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	2	NM
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	2	NM
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	NM
<i>erythromycin tab 250 mg</i>	1	NM
<i>erythromycin tab 500 mg</i>	1	NM
<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
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Drug Name	Drug Tier	Requirements/Limits
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
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
OMNIPOD MIS CLASSIC	2	NM; DC
V-GO 20 KIT	2	NM; DC
V-GO 30 KIT	2	NM; DC
V-GO 40 KIT	2	NM; DC

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Drug Name	Drug Tier	Requirements/Limits
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 ea 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>	2	QL (40 tabs every 21 days), NM
MIGRAINE PRODUCTS		
ERGOMAR SUB 2MG	3	NM
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POW 50MG	3	QL (9 packets every 45 days), NM
<i>diclofenac potassium (migraine) packet 50 mg</i>	2	QL (9 packets 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>	2	QL (12 tabs every 30 days), NM
<i>almotriptan malate tab 12.5 mg</i>	2	QL (8 tabs every 30 days), NM
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 ea every 30 days), NM
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (8 ea every 30 days), NM

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Drug Name	Drug Tier	Requirements/Limits
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	2	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>	2	QL (12 tabs every 30 days), NM
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (12 tabs every 30 days), NM
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (12 tabs every 30 days), NM
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (12 tabs every 30 days), NM
<i>sumatriptan nasal spray 5 mg/act</i>	2	QL (12 inhalers every 30 days), NM
<i>sumatriptan nasal spray 20 mg/act</i>	2	QL (12 inhalers every 30 days), NM
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (8 injections every 30 days), NM
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QL (12 injections every 30 days), NM
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QL (8 injections every 30 days), NM
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	2	QL (12 injections every 30 days), NM
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	2	QL (8 injections every 30 days), NM
<i>sumatriptan succinate tab 25 mg</i>	2	QL (18 ea every 30 days), NM
<i>sumatriptan succinate tab 50 mg</i>	2	QL (18 ea every 30 days), NM
<i>sumatriptan succinate tab 100 mg</i>	2	QL (9 tabs every 30 days), NM
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	2	QL (12 doses every 30 days), NM

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Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	2	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

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

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	

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>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>	2	NM
<i>sodium chloride preservative free (pf) inj 0.9%</i>	1	NM

ZINC

<i>GALZIN CAP 25MG</i>	2	NM
<i>GALZIN CAP 50MG</i>	2	NM

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

<i>CUPRIMINE CAP 250MG</i>	3	SP, PA, NM
<i>CUVRIOR TAB 300MG</i>	3	PA, NM
<i>DEPEN TITRA TAB 250MG</i>	3	SP, NM
<i>penicillamine cap 250 mg</i>	2	SP, PA, NM
<i>penicillamine tab 250 mg</i>	2	SP, NM
<i>SYPRINE CAP 250MG</i>	3	SP, PA, NM
<i>trientine hcl cap 250 mg</i>	2	SP, PA, NM
<i>trientine hcl cap 500 mg</i>	2	SP, PA, NM

IMMUNOMODULATORS

<i>JOENJA TAB 70MG</i>	3	PA
<i>lenalidomide cap 5 mg</i>	2	NM; OC
<i>lenalidomide cap 10 mg</i>	2	NM; OC
<i>lenalidomide cap 15 mg</i>	2	NM; OC
<i>lenalidomide cap 20 mg</i>	2	NM; OC
<i>lenalidomide cap 25 mg</i>	2	NM; OC
<i>lenalidomide caps 2.5 mg</i>	2	NM; OC
<i>REVLIMID CAP 2.5MG</i>	3	NM; OC
<i>REVLIMID CAP 5MG</i>	3	NM; OC

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Drug Name	Drug Tier	Requirements/Limits
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	
THALOMID CAP 150MG	3	
THALOMID CAP 200MG	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>	2	
<i>azasan tab 100mg</i>	2	
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	2	
<i>azathioprine tab 100 mg</i>	2	
CELLCEPT CAP 250MG	3	
CELLCEPT SUS 200MG/ML	3	
CELLCEPT TAB 500MG	3	
<i>cyclosporine cap 25 mg</i>	2	
<i>cyclosporine cap 100 mg</i>	2	
<i>cyclosporine modified cap 25 mg</i>	2	
<i>cyclosporine modified cap 50 mg</i>	2	
<i>cyclosporine modified cap 100 mg</i>	2	
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	
ENSPRYNG INJ	3	SP, PA
ENVARUSUS XR TAB 0.75MG	3	
ENVARUSUS XR TAB 1MG	3	
ENVARUSUS XR TAB 4MG	3	
<i>everolimus tab 0.5 mg</i>	2	
<i>everolimus tab 0.25 mg</i>	2	
<i>everolimus tab 0.75 mg</i>	2	
<i>everolimus tab 1 mg</i>	2	
<i>gengraf cap 25mg</i>	2	
<i>gengraf cap 100mg</i>	2	
<i>gengraf sol 100mg/ml</i>	2	
IMURAN TAB 50MG	3	
<i>mycophenolate mofetil cap 250 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	
<i>mycophenolate mofetil tab 500 mg</i>	2	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	
MYFORTIC TAB 180MG	3	
MYFORTIC TAB 360MG	3	
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	
PROGRAF CAP 1MG	3	
PROGRAF CAP 5MG	3	
PROGRAF GRA 0.2MG	3	
PROGRAF GRA 1MG	3	
RAPAMUNE TAB 1MG	3	
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	
<i>sirolimus oral soln 1 mg/ml</i>	2	
<i>sirolimus tab 0.5 mg</i>	2	
<i>sirolimus tab 1 mg</i>	2	
<i>sirolimus tab 2 mg</i>	2	
<i>tacrolimus cap 0.5 mg</i>	2	
<i>tacrolimus cap 1 mg</i>	2	
<i>tacrolimus cap 5 mg</i>	2	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	
ZORTRESS TAB 1MG	3	
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

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Drug Name	Drug Tier	Requirements/Limits
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>	2	NM
<i>lidocaine hcl viscous soln 2%</i>	2	NM
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	2	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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>kourzeq pst 0.1%</i>	2	NM
<i>oralone dent pst 0.1%</i>	2	NM
<i>triamcinolone acetamide dental paste 0.1%</i>	2	NM
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	2	
EVOXAC CAP 30MG	3	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
<i>multi-vit/fl dro /fe 0.25</i>	1	NM
PED MV W/ FLUORIDE		
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

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Drug Name	Drug Tier	Requirements/Limits
<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/fluoro 0.5mg</i>	1	NM
<i>tri-vit/fluoro 0.25mg</i>	1	NM

PRENATAL VITAMINS

ATABEX EC TAB 29-1MG	3	NM
ATABEX OB TAB 29-1MG	3	NM
C-NATE DHA CAP 28-1-200	3	NM
CITRANATAL CAP HARMONY	3	NM
CITRANATAL MIS 90 DHA	3	NM
CITRANATAL MIS B-CALM	3	NM
CITRANATAL PAK ASSURE	3	NM
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
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

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Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
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>	2	NM
<i>baclofen oral soln 10 mg/5ml</i>	2	NM
<i>baclofen susp 25 mg/5ml</i>	2	NM
<i>baclofen tab 5 mg</i>	1	NM
<i>baclofen tab 10 mg</i>	1	NM
<i>baclofen tab 20 mg</i>	1	NM
<i>carisoprodol tab 250 mg</i>	2	NM
<i>carisoprodol tab 350 mg</i>	2	NM
<i>chlorzoxazone tab 500 mg</i>	2	QL (120 tabs every 30 days), 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>metaxalone tab 800 mg</i>	2	QL (120 tabs every 30 days), NM
<i>methocarbamol tab 500 mg</i>	1	NM
<i>methocarbamol tab 750 mg</i>	1	NM
<i>orphenadrine citrate inj 30 mg/ml</i>	2	NM
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	NM
OZOBAX DS SOL 10MG/5ML	3	NM
OZOBAX SOL 5MG/5ML	3	NM

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Drug Name	Drug Tier	Requirements/Limits
ROBAXIN INJ 100MG/ML	3	NM
SOMA TAB 250MG	3	NM
SOMA TAB 350MG	3	NM
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	NM
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	NM
<i>vanadom tab 350mg</i>	2	NM
ZANAFLEX TAB 4MG	3	NM

DIRECT MUSCLE RELAXANTS

DANTRIUM CAP 25MG	3	NM
<i>dantrolene sodium cap 25 mg</i>	2	NM
<i>dantrolene sodium cap 50 mg</i>	2	NM
<i>dantrolene sodium cap 100 mg</i>	2	NM

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

MUSCLE RELAXANT COMBINATIONS

<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	2	NM
<i>orphengesic tab forte</i>	2	QL (120 tabs every 30 days), NM

NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL AGENT COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	NM
DYMISTA SPR 137-50	3	NM
RYALTRIS SPR 665-25	3	NM

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	
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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	NM
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	NM
OMNARIS SPR	3	NM
XHANCE MIS 93MCG	3	NM
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML	3	SP, PA
RADICAVA ORS SUS STARTER	3	SP, PA
RELYVRIO PAK 3-1GM	3	PA, NM
<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		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT MIS 5MG OP	3	NM
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETIMOL SOL 0.5%	3	
BETIMOL SOL 0.25%	3	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	SP
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	3	
COSOPT PF SOL 2%-0.5%	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
<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>	2	
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>	2	
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%	3	
ALPHAGAN P SOL 0.15%	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
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	NM
<i>brimonidine tartrate ophth soln 0.1%</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
IOPIDINE SOL 1% OP	3	NM
SIMBRINZA SUS 1-0.2%	3	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1%	3	NM
<i>bacitracin ophth oint 500 unit/gm</i>	1	NM
<i>bacitracin-polymyxin b ophth oint</i>	1	NM
BESIVANCE SUS 0.6%	3	NM
BETADINE SOL 5% OP	3	NM
CILOXAN OIN 0.3% OP	3	NM
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	NM
<i>erythromycin ophth oint 5 mg/gm</i>	2	NM
<i>gatifloxacin ophth soln 0.5%</i>	2	NM
<i>gentamicin sulfate ophth soln 0.3%</i>	1	NM
KLARITY-A DRO 1%	3	NM
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	2	NM
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	NM
NATACYN SUS 5% OP	3	NM
<i>neo-polycin 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
POVIDONE IOD SOL 5%	3	NM
<i>sulfacetamide sodium ophth oint 10%</i>	1	NM
<i>sulfacetamide sodium ophth soln 10%</i>	1	NM
<i>tobramycin ophth soln 0.3%</i>	1	NM
TOBEX OIN 0.3% OP	3	NM
<i>trifluridine ophth soln 1%</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
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>	2	
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	
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>	2	NM
DUREZOL EMU 0.05%	3	NM
EYSUVIS DRO 0.25%	3	NM
FLAREX SUS 0.1% OP	3	NM
<i>fluorometholone ophth susp 0.1%</i>	1	NM
FML FORTE SUS 0.25% OP	3	NM
INVELTYS SUS 1%	3	NM
LOTEMAX GEL 0.5%	3	NM
LOTEMAX OIN 0.5%	3	NM
LOTEMAX SM GEL 0.38%	3	NM
LOTEMAX SUS 0.5%	3	NM
<i>loteprednol etabonate ophth gel 0.5%</i>	2	NM
<i>loteprednol etabonate ophth susp 0.2%</i>	2	NM
<i>loteprednol etabonate ophth susp 0.5%</i>	2	NM
MAXIDEX SUS 0.1% OP	3	NM
MAXITROL OIN 0.1% OP	3	NM
MAXITROL SUS 0.1% OP	3	NM
<i>neo-polycin oin hc 1%op</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	NM
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	NM
<i>neomycin-polymyxin-hc ophth susp</i>	1	NM
PRED MILD SUS 0.12% OP	3	NM
PRED SOD PHO SOL 1% OP	3	NM
<i>prednisolone acetate ophth susp 1%</i>	1	NM
PREDNISOLONE SUS 1%	3	NM
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	NM
TOBRADEX OIN 0.3-0.1%	3	NM
TOBRADEX ST SUS 0.3-0.05	3	NM
TOBRADEX SUS 0.3-0.1%	3	NM
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	NM
ZYLET SUS 0.5-0.3%	3	NM
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>	2	NM
BEPREVE DRO 1.5% OP	3	NM
<i>brinzolamide ophth susp 1%</i>	2	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	2	NM
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	NM
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	2	NM
BROMSITE DRO 0.075%	3	NM
<i>cromolyn sodium ophth soln 4%</i>	1	NM
CYSTADROPS SOL 0.37%	3	SP, PA; LD
<i>diclofenac sodium ophth soln 0.1%</i>	1	NM
<i>dorzolamide hcl ophth soln 2%</i>	1	
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	NM
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	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	
ZERVIAE DRO 0.24%	3	NM

PROSTAGLANDINS - OPHTHALMIC

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

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid otic soln 2%</i>	1	NM
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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>	2	NM
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	2	NM
CORTISPORIN SUS -TC OTIC	3	NM
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	NM

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	NM
OTIC STEROIDS		
<i>DERMOTIC OIL 0.01%</i>	3	NM
<i>flac oil 0.01%</i>	2	NM
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	NM
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	NM
OXYTOCICS		
OXYTOCICS		
<i>methergine tab 0.2mg</i>	2	QL (28 tabs every year), NM
<i>methylergonovine maleate tab 0.2 mg</i>	2	QL (28 tabs every year), NM
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
<i>HEPAGAM B INJ</i>	2	SP, NM
<i>HYPERHEP B INJ</i>	2	NM
<i>NABI-HB INJ</i>	2	SP, NM
<i>RHOPHYLAC INJ 1500/2ML</i>	2	SP, NM
<i>WINRHO SDF INJ 1500UNIT</i>	2	SP, NM
<i>WINRHO SDF INJ 2500UNIT</i>	2	SP, NM
<i>WINRHO SDF INJ 5000UNIT</i>	2	SP, NM
<i>WINRHO SDF INJ 15000UNT</i>	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

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Drug Name	Drug Tier	Requirements/Limits
<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
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>	2	
<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	
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	

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

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	2	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	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 23 mg</i>	2	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl cap er 24hr 7 mg</i>	2	
<i>memantine hcl cap er 24hr 14 mg</i>	2	
<i>memantine hcl cap er 24hr 21 mg</i>	2	
<i>memantine hcl cap er 24hr 28 mg</i>	2	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl tab 5 mg</i>	2	
<i>memantine hcl tab 10 mg</i>	2	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	NM
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	2	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	2	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	2	
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
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>	2	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	2	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	2	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	2	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	2	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	2	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
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		
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>	2	SP, PA
<i>tetrabenazine tab 25 mg</i>	2	SP, PA
XENAZINE TAB 12.5MG	3	SP, PA
XENAZINE TAB 25MG	3	SP, PA
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

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Drug Name	Drug Tier	Requirements/Limits
COPAXONE INJ 40MG/ML	2	SP
<i>dalfampridine tab er 12hr 10 mg</i>	2	SP
<i>dimethyl fumarate capsule delayed release 120 mg</i>	2	SP
<i>dimethyl fumarate capsule delayed release 240 mg</i>	2	SP
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	2	NM
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	2	SP
GILENYA CAP 0.5MG	3	SP
GILENYA CAP 0.25MG	3	SP
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	2	SP
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	2	SP
<i>glatopa inj 20mg/ml</i>	2	SP
<i>glatopa inj 40mg/ml</i>	2	SP
KESIMPTA INJ 20/.4ML	3	SP, PA
MAVENCLAD PAK 10MG(4)	3	SP, PA, NM
MAVENCLAD PAK 10MG(5)	3	SP, PA, NM
MAVENCLAD PAK 10MG(6)	3	SP, PA, NM
MAVENCLAD PAK 10MG(7)	3	SP, PA, NM
MAVENCLAD PAK 10MG(8)	3	SP, PA, NM
MAVENCLAD PAK 10MG(9)	3	SP, PA, NM
MAVENCLAD PAK 10MG(10)	3	SP, PA, NM
MAYZENT PAK STARTER	2	SP, NM
MAYZENT TAB 0.25MG	2	SP
MAYZENT TAB 1MG	2	SP
MAYZENT TAB 2MG	2	SP
PLEGRIDY INJ	2	SP
PLEGRIDY INJ PEN	2	SP
PLEGRIDY INJ STARTER	2	SP, NM
PLEGRIDY PEN INJ STARTER	2	SP
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

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

PSEUDOBULBAR AFFECT (PBA) AGENTS

NUDEXTA CAP 20-10MG	3	PA
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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

<i>ergoloid mesylates tab 1 mg</i>	2	
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	

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
NICODERM CQ DIS 14MG/24H	3	OTC, NM
NICODERM CQ DIS 21MG/24H	3	OTC, NM
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

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Drug Name	Drug Tier	Requirements/Limits
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
NICORETTE LOZ 2MG MINT	3	OTC, NM
NICORETTE LOZ 4MG	3	OTC, NM
NICORETTE LOZ 4MG MINT	3	OTC, NM
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
<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>	2	NM; Maximum 168 day supply per calendar year
<i>varenicline tartrate tab 1 mg (base equiv)</i>	2	NM; Maximum 168 day supply per calendar year
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	2	NM
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
WAINUA INJ 45/0.8ML	3	PA; LD

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Drug Name	Drug Tier	Requirements/Limits
VASOMOTOR SYMPTOM AGENTS		
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	2	
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
BRONCHITOL CAP 40MG	3	SP
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	3	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
TRIKAFTA TAB	3	SP, PA; LD
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	3	SP, PA
ESBRIET TAB 267MG	3	SP, PA
ESBRIET TAB 801MG	3	SP, PA
OFEV CAP 100MG	3	SP, PA
OFEV CAP 150MG	3	SP, PA
<i>pirfenidone cap 267 mg</i>	2	SP, PA
<i>pirfenidone tab 267 mg</i>	2	SP, PA
<i>pirfenidone tab 801 mg</i>	2	SP, PA
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine tab 500 mg</i>	2	NM
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	NM

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Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
<i>avidoxy tab 100mg</i>	2	NM
<i>coremino tab 45mg</i>	2	QL (84 tabs every 273 days), NM
<i>coremino tab 90mg</i>	2	QL (84 tabs every 273 days), NM
<i>coremino tab 135mg</i>	2	QL (84 tabs every 273 days), NM
<i>demeclocycline hcl tab 150 mg</i>	2	NM
<i>demeclocycline hcl tab 300 mg</i>	2	NM
DORYX TAB 50MG	3	NM
DORYX TAB 200MG	3	NM
<i>doxycycline hyclate cap 50 mg</i>	2	NM
<i>doxycycline hyclate cap 100 mg</i>	2	NM
<i>doxycycline hyclate tab 20 mg</i>	2	NM
<i>doxycycline hyclate tab 100 mg</i>	2	NM
<i>doxycycline hyclate tab delayed release 50 mg</i>	2	NM
<i>doxycycline hyclate tab delayed release 75 mg</i>	2	NM
<i>doxycycline hyclate tab delayed release 100 mg</i>	2	NM
<i>doxycycline hyclate tab delayed release 150 mg</i>	2	NM
<i>doxycycline hyclate tab delayed release 200 mg</i>	2	NM
<i>doxycycline monohydrate cap 50 mg</i>	2	NM
<i>doxycycline monohydrate cap 75 mg</i>	2	NM
<i>doxycycline monohydrate cap 100 mg</i>	2	NM
<i>doxycycline monohydrate cap 150 mg</i>	2	NM
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	NM
<i>doxycycline monohydrate tab 50 mg</i>	2	NM
<i>doxycycline monohydrate tab 75 mg</i>	2	NM
<i>doxycycline monohydrate tab 100 mg</i>	2	NM
<i>doxycycline monohydrate tab 150 mg</i>	2	NM
<i>lymepak tab 100mg</i>	2	NM
<i>minocycline hcl cap 50 mg</i>	1	NM
<i>minocycline hcl cap 75 mg</i>	1	NM
<i>minocycline hcl cap 100 mg</i>	1	NM
<i>minocycline hcl tab er 24hr 45 mg</i>	2	QL (84 tabs every 365 days), NM

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Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl tab er 24hr 55 mg</i>	2	QL (84 tabs every 365 days), NM
<i>minocycline hcl tab er 24hr 65 mg</i>	2	QL (84 tabs every 365 days), NM
<i>minocycline hcl tab er 24hr 80 mg</i>	2	QL (84 tabs every 365 days), NM
<i>minocycline hcl tab er 24hr 90 mg</i>	2	QL (84 tabs every 365 days), NM
<i>minocycline hcl tab er 24hr 105 mg</i>	2	QL (84 tabs every 365 days), NM
<i>minocycline hcl tab er 24hr 115 mg</i>	2	QL (84 tabs every 365 days), NM
<i>minocycline hcl tab er 24hr 135 mg</i>	2	QL (84 tabs every 365 days), NM
<i>mondoxyne nl cap 100mg</i>	2	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>	2	NM
<i>tetracycline hcl cap 500 mg</i>	2	NM

THYROID AGENTS

ANTITHYROID AGENTS

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

THYROID HORMONES

ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>levothyroxine sodium cap 13 mcg</i>	2	
<i>levothyroxine sodium cap 25 mcg</i>	2	
<i>levothyroxine sodium cap 50 mcg</i>	2	
<i>levothyroxine sodium cap 75 mcg</i>	2	
<i>levothyroxine sodium cap 88 mcg</i>	2	
<i>levothyroxine sodium cap 100 mcg</i>	2	
<i>levothyroxine sodium cap 112 mcg</i>	2	
<i>levothyroxine sodium cap 125 mcg</i>	2	
<i>levothyroxine sodium cap 137 mcg</i>	2	
<i>levothyroxine sodium cap 150 mcg</i>	2	
<i>levothyroxine sodium cap 175 mcg</i>	2	
<i>levothyroxine sodium cap 200 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
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	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
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>	2	
<i>glycopyrrolate tab 1 mg</i>	1	NM
<i>glycopyrrolate tab 2 mg</i>	1	NM
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate inj 0.5 mg/ml</i>	2	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	

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Drug Name	Drug Tier	Requirements/Limits
<i>methscopolamine bromide tab 2.5 mg</i>	2	NM
<i>methscopolamine bromide tab 5 mg</i>	2	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>	2	
<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)
<i>dexlansoprazole cap delayed release 30 mg</i>	2	QL (60 caps every 30 days)
<i>dexlansoprazole cap delayed release 60 mg</i>	2	QL (60 caps every 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	2	QL (60 caps every 30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	QL (60 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	2	QL (60 packets every 30 days)
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	2	QL (60 packets every 30 days)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	2	QL (60 packets every 30 days)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	2	QL (60 packets every 30 days)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	2	QL (60 packets every 30 days)
FIRST-OMEPPRA 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>	2	QL (60 ea every 30 days)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	2	QL (60 ea every 30 days)
NEXIUM CAP 20MG	3	PA, QL (60 caps every 30 days)
NEXIUM CAP 40MG	3	PA, QL (60 caps every 30 days)
NEXIUM GRA 2.5MG DR	3	PA, QL (60 packets every 30 days)
NEXIUM GRA 5MG DR	3	PA, QL (60 packets every 30 days)
NEXIUM GRA 10MG DR	3	PA, QL (60 packets every 30 days)
NEXIUM GRA 20MG DR	3	PA, QL (60 packets every 30 days)
NEXIUM GRA 40MG DR	3	PA, QL (60 packets every 30 days)
OMEPPRAZOLE + SUS SYRSPEND	3	AGE; PA Required for those 7 years and older
<i>omeprazole cap delayed release 10 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 204

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (60 tabs every 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (60 tabs every 30 days)
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	2	QL (60 packets every 30 days)
PREVACID CAP 30MG DR	3	PA, QL (60 caps every 30 days)
PREVACID TAB 15MG STB	3	QL (60 ea every 30 days)
PREVACID TAB 30MG STB	3	QL (60 ea every 30 days)
PRILOSEC POW 2.5MG	3	PA, QL (60 packets every 30 days)
PRILOSEC POW 10MG	3	PA, QL (60 packets every 30 days)
PROTONIX PAK 40MG	3	PA, QL (60 packets every 30 days)
PROTONIX TAB 20MG	3	PA, QL (60 tabs every 30 days)
PROTONIX TAB 40MG	3	PA, QL (60 tabs every 30 days)
RABEPRAZOLE CAP 10MG DR	3	PA, QL (60 caps every 30 days)
<i>rabeprazole sodium ec tab 20 mg</i>	2	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	
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	2	NM
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	2	NM
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	2	PA, QL (60 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	2	PA
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	2	PA
PYLERA CAP	3	NM
TALICIA CAP	3	NM
VOQUEZNA PAK DUAL PAK	3	NM
VOQUEZNA PAK TRIP PK	3	NM

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	2	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	2	
DITROPAN XL TAB 5MG	3	
fesoterodine fumarate tab er 24hr 4 mg	2	
fesoterodine fumarate tab er 24hr 8 mg	2	
oxybutynin chloride solution 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
solifenacin succinate tab 5 mg	2	
solifenacin succinate tab 10 mg	2	
tolterodine tartrate cap er 24hr 2 mg	2	
tolterodine tartrate cap er 24hr 4 mg	2	
tolterodine tartrate tab 1 mg	2	
tolterodine tartrate tab 2 mg	2	
TOVIAZ TAB 4MG	3	
TOVIAZ TAB 8MG	3	
tropium chloride cap er 24hr 60 mg	2	
tropium chloride tab 20 mg	2	
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	

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Drug Name	Drug Tier	Requirements/Limits
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	
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VAGINAL AND RELATED PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

INTRAROSA SUP 6.5MG	3	
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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%	2	NM
GYNAZOLE-1 CRE 2%	3	NM
<i>metronidazole vaginal gel 0.75%</i>	1	NM
<i>terconazole vaginal cream 0.4%</i>	1	NM
<i>terconazole vaginal cream 0.8%</i>	1	NM
<i>terconazole vaginal suppos 80 mg</i>	1	NM
VANDAZOLE GEL 0.75%	2	NM

VAGINAL ESTROGENS

ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	2	
ESTRING MIS 2MG	2	
ESTRING MIS 7.5/24HR	2	
FEMRING MIS 0.1MG/24	3	
FEMRING MIS 0.05/24H	3	
PREMARIN VAG CRE 0.625MG	3	
VAGIFEM TAB 10MCG	3	
<i>yuvafem tab 10mcg</i>	2	

VAGINAL PROGESTINS

CRINONE GEL 4% VAG	3	NM
CRINONE GEL 8% VAG	3	NM
ENDOMETRIN SUP 100MG	3	NM

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Drug Name	Drug Tier	Requirements/Limits
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>	2	NM
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	2	NM
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (2 pens every 30 days), NM
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL (2 pens every 30 days), NM
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (2 pens every 30 days), NM
EPIPEN 2-PAK INJ 0.3MG	2	QL (2 pens every 30 days), NM
EPIPEN-JR INJ 0.15MG	2	QL (2 pens every 30 days), NM
NEFFY SPR 2/0.1ML	3	NM
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa cap 100 mg</i>	2	SP, NM
<i>droxidopa cap 200 mg</i>	2	SP, NM
<i>droxidopa cap 300 mg</i>	2	SP, NM
NORTHERA CAP 100MG	3	SP, NM
NORTHERA CAP 200MG	3	SP, NM
NORTHERA CAP 300MG	3	SP, NM
VASOPRESSORS		
EPINEPHRINE INJ 1MG/ML	2	NM
<i>midodrine hcl tab 2.5 mg</i>	1	NM
<i>midodrine hcl tab 5 mg</i>	1	NM
<i>midodrine hcl tab 10 mg</i>	1	NM
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
<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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<i>alyacen tab 1/35</i>	125	<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-20 mg</i>	120
<i>alyacen tab 7/7/7</i>	125	<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-40 mg</i>	120
<i>alyq tab 20mg</i>	123	<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-10 mg</i>	120
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<i>amantadine hcl cap 100 mg</i>	101	<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-80 mg</i>	120
<i>amantadine hcl soln 50 mg/5ml</i>	101	<i>amlodipine besylate-benazepril hcl cap 10-</i> <i>20 mg</i>	85
<i>amantadine hcl tab 100 mg</i>	101	<i>amlodipine besylate-benazepril hcl cap 10-</i> <i>40 mg</i>	85
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<i>amlodipine besylate-valsartan tab 5-160 mg</i>	85	<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	189
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	85	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	189
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	85	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	189
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<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	85	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	189
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	85	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	189
<i>amnestem cap 10mg</i>	134	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	189
<i>amnestem cap 20mg</i>	134	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	189
<i>amnestem cap 40mg</i>	134	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	17
<i>amoxapine tab 100 mg</i>	68	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	17
<i>amoxapine tab 150 mg</i>	68	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	17
<i>amoxapine tab 25 mg</i>	68	<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	17
<i>amoxapine tab 50 mg</i>	68	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	17

<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	17	<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	101
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	17	APO-VARENICL TAB 0.5MG.....	194
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	18	APO-VARENICL TAB 1MG.....	194
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	18	<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	184
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	17	<i>aprepitant capsule 125 mg</i>	76
<i>amphetamine-dextroamphetamine tab 10 mg</i>	18	<i>aprepitant capsule 40 mg</i>	76
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	18	<i>aprepitant capsule 80 mg</i>	76
<i>amphetamine-dextroamphetamine tab 15 mg</i>	18	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	76
<i>amphetamine-dextroamphetamine tab 20 mg</i>	18	APRISO CAP 0.375GM	156
<i>amphetamine-dextroamphetamine tab 30 mg</i>	18	<i>apri tab</i>	125
<i>amphetamine-dextroamphetamine tab 5 mg</i>	18	APTENSIO XR CAP 10MG	22
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	18	APTENSIO XR CAP 15MG.....	22
<i>amphetamine sulfate tab 5 mg</i>	17	APTENSIO XR CAP 20MG.....	22
<i>ampicillin cap 500 mg</i>	188	APTENSIO XR CAP 30MG.....	22
AMPYRA TAB 10MG.....	192	APTENSIO XR CAP 40MG.....	22
ANAFRANIL CAP 25MG.....	68	APTENSIO XR CAP 50MG.....	22
ANAFRANIL CAP 50MG.....	68	APTENSIO XR CAP 60MG.....	22
ANAFRANIL CAP 75MG.....	68	APTIOM TAB 200MG.....	57
<i>anagrelide hcl cap 0.5 mg</i>	161	APTIOM TAB 400MG	57
<i>anagrelide hcl cap 1 mg</i>	161	APTIOM TAB 600MG	57
ANAPROX DS TAB 550MG.....	29	APTIOM TAB 800MG	57
ANASPAZ TAB 0.125MG.....	202	APTIVUS CAP 250MG	109
<i>anastrozole tab 1 mg</i>	93	<i>aranelle tab</i>	125
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ANCOBON CAP 500MG	76	ARANESP INJ 10MCG.....	162
ANDROGEL GEL 1.62%	42	ARANESP INJ 150MCG.....	162
ANGELIQ TAB 0.25-0.5	152	ARANESP INJ 200MCG.....	162
ANGELIQ TAB 0.5-1MG	152	ARANESP INJ 25MCG	162
ANORO ELLIPT AER 62.5-25.....	52	ARANESP INJ 300MCG.....	162
ANZEMET TAB 50MG.....	75	ARANESP INJ 40MCG	162
APOKYN INJ 10MG/ML.....	101	ARANESP INJ 500MCG.....	162
		ARANESP INJ 60MCG	162
		ARAVA TAB 10MG.....	32
		ARAVA TAB 20MG	32
		<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	52
		<i>argyl saline sol 0.9% irr</i>	159
		<i>argyl saline sol 100ml</i>	175
		ARICEPT TAB 10MG.....	190
		ARICEPT TAB 23MG	190
		ARICEPT TAB 5MG	190

ARIMIDEX TAB 1MG.....	93	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	
<i>aripiprazole orally disintegrating tab 10 mg</i>		.....	161
.....	108	<i>aspirin tab delayed release 81 mg</i>	32
<i>aripiprazole orally disintegrating tab 15 mg</i>		ASPRUZYO SPR GRA 1000MG	46
.....	108	ASPRUZYO SPR GRA 500MG	46
<i>aripiprazole oral solution 1 mg/ml</i>	108	ASTAGRAF XL CAP 0.5MG	174
<i>aripiprazole tab 10 mg</i>	108	ASTAGRAF XL CAP 1MG	174
<i>aripiprazole tab 15 mg</i>	108	ASTAGRAF XL CAP 5MG.....	174
<i>aripiprazole tab 20 mg</i>	108	ATABEX EC TAB 29-1MG.....	178
<i>aripiprazole tab 2 mg</i>	108	ATABEX OB TAB 29-1MG	178
<i>aripiprazole tab 30 mg</i>	108	ATACAND TAB 16MG	83
<i>aripiprazole tab 5 mg</i>	108	ATACAND TAB 32MG	83
ARIXTRA INJ 10/0.8ML.....	54	ATACAND TAB 4MG	83
ARIXTRA INJ 2.5/0.5.....	54	ATACAND TAB 8MG.....	83
ARIXTRA INJ 5/0.4ML	54	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	
ARIXTRA INJ 7.5/0.6.....	54	.....	109
<i>armodafinil tab 150 mg</i>	23	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	
<i>armodafinil tab 200 mg</i>	23	.....	109
<i>armodafinil tab 250 mg</i>	23	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	
<i>armodafinil tab 50 mg</i>	22	.....	109
ARMOUR THYRO TAB 120MG	198	ATELVIA TAB.....	147
ARMOUR THYRO TAB 15MG	198	<i>atenolol & chlorthalidone tab 100-25 mg</i> .85	
ARMOUR THYRO TAB 180MG.....	198	<i>atenolol & chlorthalidone tab 50-25 mg</i> ...85	
ARMOUR THYRO TAB 240MG	198	<i>atenolol tab 100 mg</i>	114
ARMOUR THYRO TAB 300MG	199	<i>atenolol tab 25 mg</i>	114
ARMOUR THYRO TAB 30MG	198	<i>atenolol tab 50 mg</i>	114
ARMOUR THYRO TAB 60MG	198	<i>atomoxetine hcl cap 100 mg (base equiv)</i> ..21	
ARMOUR THYRO TAB 90MG	198	<i>atomoxetine hcl cap 10 mg (base equiv)</i> ..21	
ARNUITY ELPT INH 100MCG	50	<i>atomoxetine hcl cap 18 mg (base equiv)</i> ...21	
ARNUITY ELPT INH 200MCG	51	<i>atomoxetine hcl cap 25 mg (base equiv)</i> ..21	
ARNUITY ELPT INH 50MCG.....	50	<i>atomoxetine hcl cap 40 mg (base equiv)</i> ..21	
AROMASIN TAB 25MG	93	<i>atomoxetine hcl cap 60 mg (base equiv)</i> ..21	
ASACOL HD TAB 800MG.....	156	<i>atomoxetine hcl cap 80 mg (base equiv)</i> ..21	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	106	ATORVALIQ SUS 20MG/5ML.....	79
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	106	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	79
<i>asenapine maleate sl tab 5 mg (base equiv)</i>		<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	80
.....	106	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	80
<i>ashlyna tab</i>	125	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	80
ASMANEX HFA AER 100 MCG.....	51	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	80
ASMANEX HFA AER 200 MCG	51	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	
ASMANEX HFA AER 50MCG	51	.....	89
<i>aspirin chew tab 81 mg</i>	32		

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>		<i>azelastine hcl-fluticasone prop nasal spray</i>	
.....	89	<i>137-50 mcg/act</i>	181
<i>atovaquone susp 750 mg/5ml</i>	44	<i>azelastine hcl nasal spray 0.1% (137</i>	
<i>atropine sulfate ophth soln 1%</i>	183	<i>mcg/spray)</i>	181
ATROPINE SUL SOL 1% OP	183	<i>azelastine hcl nasal spray 0.15% (205.5</i>	
ATROVENT HFA AER 17MCG	50	<i>mcg/spray)</i>	181
<i>aubra eq tab 0.1-0.02</i>	125	<i>azelastine hcl ophth soln 0.05%</i>	186
AUGMENTIN SUS 125/5ML.....	189	AZILECT TAB 0.5MG.....	103
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AUGTYRO CAP 160MG	94	<i>azithromycin for susp 200 mg/5ml</i>	167
AUGTYRO CAP 40MG.....	94	<i>azithromycin powd pack for susp 1 gm</i> ...	167
AURANOFIN CAP 3MG.....	29	<i>azithromycin tab 250 mg</i>	167
<i>aurovela 24 tab fe 1/20</i>	125	<i>azithromycin tab 500 mg</i>	168
<i>aurovela fe tab 1/20</i>	125	<i>azithromycin tab 600 mg</i>	168
<i>aurovela fe tab 1.5/30</i>	125	<i>aztreonam for inj 1 gm</i>	45
<i>aurovela tab 1/20</i>	125	<i>aztreonam for inj 2 gm</i>	45
<i>aurovela tab 1.5/30</i>	125	AZULFIDINE TAB 500MG.....	156
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AUVELITY TAB 45-105MG.....	64	<i>azurette tab</i>	125
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AVALIDE TAB 300-12.5	85	<i>bacitracin ophth oint 500 unit/gm</i>	184
AVAPRO TAB 150MG	83	<i>bacitracin-polymyxin b ophth oint</i>	184
AVAPRO TAB 300MG.....	83	<i>bacitracin-polymyxin-neomycin-hc ophth</i>	
AVAPRO TAB 75MG	83	<i>oint 1%</i>	185
<i>aviane tab</i>	125	<i>baclofen oral soln 10 mg/5ml</i>	180
<i>avidoxy tab 100mg</i>	197	<i>baclofen oral soln 5 mg/5ml</i>	180
AVODART CAP 0.5MG	159	<i>baclofen susp 25 mg/5ml</i>	180
AVONEX PEN KIT 30MCG.....	192	<i>baclofen tab 10 mg</i>	180
AVONEX PREFL KIT 30MCG	192	<i>baclofen tab 20 mg</i>	180
<i>ayuna tab</i>	125	<i>baclofen tab 5 mg</i>	180
AYVAKIT TAB 100MG.....	94	<i>bac tab</i>	32
AYVAKIT TAB 200MG	94	BACTRIM DS TAB 800-160	44
AYVAKIT TAB 25MG.....	94	BAFIERTAM CAP 95MG	192
AYVAKIT TAB 300MG	94	<i>balsalazide disodium cap 750 mg</i>	156
AYVAKIT TAB 50MG	94	BALVERSA TAB 3MG	94
<i>azasan tab 100mg</i>	174	BALVERSA TAB 4MG	94
<i>azasan tab 75 mg</i>	174	BALVERSA TAB 5MG	95
AZASITE SOL 1%.....	184	<i>balziva tab</i>	125
<i>azathioprine tab 100 mg</i>	174	BANZEL SUS 40MG/ML.....	57
<i>azathioprine tab 50 mg</i>	174	BANZEL TAB 200MG.....	57
<i>azathioprine tab 75 mg</i>	174	BANZEL TAB 400MG.....	57
<i>azelaic acid gel 15%</i>	144	BAQSIMI ONE POW 3MG/DOSE	71
		BAQSIMI TWO POW 3MG/DOSE	71

BARACLUDE SOL	112	<i>benztropine mesylate tab 2 mg</i>	100
BARACLUDE TAB 0.5MG	112	<i>bepotastine besilate ophth soln 1.5%</i>	186
BARACLUDE TAB 1MG	112	BEPREVE DRO 1.5% OP	186
BASAGLAR INJ 100UNIT	72	BESIVANCE SUS 0.6%.....	184
BAXDELA TAB 450MG	155	BESREMI SOL 500MCG.....	99
BELBUCA MIS 150MCG	40	BETADINE SOL 5% OP	184
BELBUCA MIS 300MCG	40	<i>betamethasone dipropionate augmented</i>	
BELBUCA MIS 450MCG.....	40	<i>cream 0.05%</i>	140
BELBUCA MIS 600MCG	40	<i>betamethasone dipropionate augmented</i>	
BELBUCA MIS 750MCG.....	40	<i>gel 0.05%</i>	140
BELBUCA MIS 75MCG	40	<i>betamethasone dipropionate augmented</i>	
BELBUCA MIS 900MCG	40	<i>lotion 0.05%</i>	140
BELSOMRA TAB 10MG.....	166	<i>betamethasone dipropionate augmented</i>	
BELSOMRA TAB 15MG	166	<i>oint 0.05%</i>	140
BELSOMRA TAB 20MG.....	167	<i>betamethasone dipropionate cream 0.05%</i>	
BELSOMRA TAB 5MG.....	166	.....	140
<i>benazepril & hydrochlorothiazide tab 10-</i>		<i>betamethasone dipropionate lotion 0.05%</i>	
<i>12.5 mg</i>	86	.....	140
<i>benazepril & hydrochlorothiazide tab 20-</i>		<i>betamethasone dipropionate oint 0.05%</i>	
<i>12.5 mg</i>	86	.....	140
<i>benazepril & hydrochlorothiazide tab 20-25</i>		<i>betamethasone valerate aerosol foam</i>	
<i>mg</i>	86	<i>0.12%</i>	140
<i>benazepril & hydrochlorothiazide tab 5-</i>		<i>betamethasone valerate cream 0.1% (base</i>	
<i>6.25 mg</i>	86	<i>equivalent)</i>	140
<i>benazepril hcl tab 10 mg</i>	81	<i>betamethasone valerate lotion 0.1% (base</i>	
<i>benazepril hcl tab 20 mg</i>	81	<i>equivalent)</i>	140
<i>benazepril hcl tab 40 mg</i>	81	<i>betamethasone valerate oint 0.1% (base</i>	
<i>benazepril hcl tab 5 mg</i>	81	<i>equivalent)</i>	140
BENICAR HCT TAB 20-12.5	86	BETAPACE AF TAB 120MG	115
BENICAR HCT TAB 40-12.5.....	86	BETAPACE AF TAB 160MG	115
BENICAR HCT TAB 40-25MG	86	BETAPACE AF TAB 80MG	115
BENICAR TAB 20MG	83	BETAPACE TAB 120MG.....	115
BENICAR TAB 40MG	83	BETAPACE TAB 160MG.....	115
BENICAR TAB 5MG.....	83	BETAPACE TAB 80MG	115
BENLYSTA INJ 200MG/ML	176	BETASERON INJ 0.3MG	192
BENZNIDAZOLE TAB 100MG	43	<i>betaxolol hcl ophth soln 0.5%</i>	182
BENZNIDAZOLE TAB 12.5MG.....	43	<i>betaxolol hcl tab 10 mg</i>	114
<i>benzonatate cap 100 mg</i>	133	<i>betaxolol hcl tab 20 mg</i>	114
<i>benzonatate cap 200 mg</i>	133	<i>bethanechol chloride tab 10 mg</i>	207
<i>benzoyl peroxide-erythromycin gel 5-3%</i>		<i>bethanechol chloride tab 25 mg</i>	207
.....	134	<i>bethanechol chloride tab 50 mg</i>	207
<i>benzphetamine hcl tab 50 mg</i>	20	<i>bethanechol chloride tab 5 mg</i>	207
<i>benztropine mesylate tab 0.5 mg</i>	100	BETHKIS NEB 300/4ML.....	27
<i>benztropine mesylate tab 1 mg</i>	100	BETIMOL SOL 0.25%	182

BETIMOL SOL 0.5%	182	<i>briellyn tab</i>	126
BETOPTIC-S SUS 0.25% OP	182	BRILINTA TAB 60MG.....	161
BEVESPI AER 9-4.8MCG.....	52	BRILINTA TAB 90MG.....	161
<i>bexarotene cap 75 mg</i>	100	<i>brimonidine tartrate gel 0.33% (base</i>	
<i>bexarotene gel 1%</i>	137	<i>equivalent)</i>	144
BEYAZ TAB	125	<i>brimonidine tartrate ophth soln 0.1%</i>	184
<i>bicalutamide tab 50 mg</i>	93	<i>brimonidine tartrate ophth soln 0.15%</i> ...	184
BIDIL TAB.....	120	<i>brimonidine tartrate ophth soln 0.2%</i>	184
BIJUVA CAP 0.5-100.....	152	<i>brimonidine tartrate-timolol maleate ophth</i>	
BIJUVA CAP 1-100MG.....	152	<i>soln 0.2-0.5%</i>	182
BIKTARVY TAB	109	<i>brinzolamide ophth susp 1%</i>	186
BILTRICIDE TAB 600MG.....	43	BRIVIACT SOL 10MG/ML.....	57
<i>bimatoprost ophth soln 0.03%</i>	187	BRIVIACT TAB 100MG.....	57
BINOSTO TAB 70MG	147	BRIVIACT TAB 10MG	57
<i>bismuth subcit-metronidazole-tetracycline</i>		BRIVIACT TAB 25MG.....	57
<i>cap 140-125-125 mg</i>	205	BRIVIACT TAB 50MG	57
<i>bisoprolol & hydrochlorothiazide tab 10-</i>		BRIVIACT TAB 75MG.....	57
<i>6.25 mg</i>	86	<i>bromfed dm sol 2-30-10</i>	134
<i>bisoprolol & hydrochlorothiazide tab 2.5-</i>		<i>bromfenac sodium ophth soln 0.07% (base</i>	
<i>6.25 mg</i>	86	<i>equivalent)</i>	186
<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>		<i>bromfenac sodium ophth soln 0.075%</i>	
<i>mg</i>	86	<i>(base equivalent)</i>	186
<i>bisoprolol fumarate tab 10 mg</i>	114	<i>bromfenac sodium ophth soln 0.09% (base</i>	
<i>bisoprolol fumarate tab 5 mg</i>	114	<i>equiv) (once-daily)</i>	186
<i>blisovi 24 tab fe 1/20</i>	125	<i>bromocriptine mesylate tab 2.5 mg (base</i>	
<i>blisovi fe tab 1/20</i>	126	<i>equivalent)</i>	101
<i>blisovi fe tab 1.5/30</i>	126	BROMSITE DRO 0.075%	186
BONJESTA TAB 20-20MG.....	75	BRONCHITOL CAP 40MG.....	196
<i>bosentan tab 125 mg</i>	123	BRONCHITOL CAP TOL TEST	196
<i>bosentan tab 62.5 mg</i>	122	BROVANA NEB 15MCG	52
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BOSULIF CAP 50MG.....	95	<i>budesonide delayed release particles cap 3</i>	
BOSULIF TAB 100MG	95	<i>mg</i>	131
BOSULIF TAB 400MG	95	<i>budesonide-formoterol fumarate dihyd</i>	
BOSULIF TAB 500MG	95	<i>aerosol 160-4.5 mcg/act</i>	52
<i>bp 10-1 emu</i>	134	<i>budesonide-formoterol fumarate dihyd</i>	
<i>bp cleansing emu 10-4%</i>	134	<i>aerosol 80-4.5 mcg/act</i>	52
BRAFTOVI CAP 75MG.....	95	<i>budesonide inhalation susp 0.25 mg/2ml</i> .51	
BREO ELLIPTA INH 100-25.....	52	<i>budesonide inhalation susp 0.5 mg/2ml</i> ...	51
BREO ELLIPTA INH 200-25	52	<i>budesonide inhalation susp 1 mg/2ml</i>	51
BREO ELLIPTA INH 50-25MCG	52	<i>budesonide rectal foam 2 mg/act</i>	43
<i>breyna aer 160/4.5</i>	52	<i>budesonide tab er 24hr 9 mg</i>	131
<i>breyna aer 80/4.5</i>	52	<i>bumetanide tab 0.5 mg</i>	146
BREZTRI AERO AER SPHERE	52	<i>bumetanide tab 1 mg</i>	146

<i>bumetanide tab 2 mg</i>	146	<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	32
BUPRENEX INJ 0.3MG/ML	40	<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	39
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	40	<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	39
<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>	40	<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
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	40	<i>butorphanol tartrate nasal soln 10 mg/ml</i> .	41
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	40	BUTRANS DIS 10MCG/HR.....	41
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	40	BUTRANS DIS 15MCG/HR.....	41
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	40	BUTRANS DIS 20MCG/HR	41
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	40	BUTRANS DIS 5MCG/HR	41
<i>buprenorphine td patch weekly 10 mcg/hr</i>	41	BUTRANS DIS 7.5/HR	41
<i>buprenorphine td patch weekly 15 mcg/hr</i>	41	BYLVAY CAP 1200MCG	156
<i>buprenorphine td patch weekly 20 mcg/hr</i>	41	BYLVAY CAP 200MCG.....	156
<i>buprenorphine td patch weekly 5 mcg/hr</i>	40	BYLVAY CAP 400MCG.....	156
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	41	BYLVAY CAP 600MCG.....	156
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	194	BYSTOLIC TAB 10MG	114
<i>bupropion hcl tab 100 mg</i>	64	BYSTOLIC TAB 2.5MG.....	114
<i>bupropion hcl tab 75 mg</i>	64	BYSTOLIC TAB 20MG.....	114
<i>bupropion hcl tab er 12hr 100 mg</i>	64	BYSTOLIC TAB 5MG.....	114
<i>bupropion hcl tab er 12hr 150 mg</i>	64	C	
<i>bupropion hcl tab er 12hr 200 mg</i>	64	<i>cabergoline tab 0.5 mg</i>	151
<i>bupropion hcl tab er 24hr 150 mg</i>	64	CABOMETYX TAB 20MG.....	95
<i>bupropion hcl tab er 24hr 300 mg</i>	64	CABOMETYX TAB 40MG.....	95
<i>bupirone hcl tab 10 mg</i>	47	CABOMETYX TAB 60MG.....	95
<i>bupirone hcl tab 15 mg</i>	47	CADUET TAB 10-10MG	120
<i>bupirone hcl tab 5 mg</i>	46	CADUET TAB 10-20MG	121
<i>bupirone hcl tab 7.5 mg</i>	46	CADUET TAB 10-40MG	121
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	32	CADUET TAB 10-80MG	121
		CADUET TAB 5-10MG.....	120
		CADUET TAB 5-20MG	120
		CADUET TAB 5-40MG	120
		CADUET TAB 5-80MG	120
		<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	20
		<i>calcipotriene cream 0.005%</i>	138
		<i>calcipotriene oint 0.005%</i>	138
		<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .	138
		<i>calcitonin (salmon) inj 200 unit/ml</i>	147

<i>calcitonin (salmon) nasal soln 200 unit/act</i>	CARBAGLU TAB 200MG	149
.....	<i>carbamazepine cap er 12hr 100 mg</i>	57
<i>calcitrene oin 0.005%</i>	<i>carbamazepine cap er 12hr 200 mg</i>	57
138	<i>carbamazepine cap er 12hr 300 mg</i>	57
<i>calcitriol cap 0.25 mcg</i>	<i>carbamazepine chew tab 100 mg</i>	57
149	<i>carbamazepine susp 100 mg/5ml</i>	57
<i>calcitriol cap 0.5 mcg</i>	<i>carbamazepine tab 200 mg</i>	57
149	<i>carbamazepine tab er 12hr 100 mg</i>	57
<i>calcitriol oint 3 mcg/gm</i>	<i>carbamazepine tab er 12hr 200 mg</i>	57
138	<i>carbamazepine tab er 12hr 400 mg</i>	57
<i>calcitriol oral soln 1 mcg/ml</i>	CARBATROL CAP 100MG.....	57
149	CARBATROL CAP 200MG	57
<i>calcium acetate (phosphate binder) cap</i>	CARBATROL CAP 300MG	57
<i>667 mg (169 mg ca)</i>	<i>carbidopa & levodopa orally disintegrating</i>	
158	<i>tab 10-100 mg</i>	101
<i>calcium acetate (phosphate binder) tab 667</i>	<i>carbidopa & levodopa orally disintegrating</i>	
<i>mg</i>	<i>tab 25-100 mg</i>	101
158	<i>carbidopa & levodopa orally disintegrating</i>	
CALQUENCE TAB 100MG.....	<i>tab 25-250 mg</i>	101
95	<i>carbidopa & levodopa tab 10-100 mg</i>	101
CAMBIA POW 50MG	<i>carbidopa & levodopa tab 25-100 mg</i>	101
170	<i>carbidopa & levodopa tab 25-250 mg</i>	101
<i>camila tab 0.35mg</i>	<i>carbidopa & levodopa tab er 25-100 mg</i> .	101
131	<i>carbidopa & levodopa tab er 50-200 mg</i> 101	
<i>camrese lo tab</i>	<i>carbidopa-levodopa-entacapone tabs 12.5-</i>	
126	<i>50-200 mg</i>	101
<i>camrese tab</i>	<i>carbidopa-levodopa-entacapone tabs</i>	
126	<i>18.75-75-200 mg</i>	101
CAMZYOS CAP 10MG.....	<i>carbidopa-levodopa-entacapone tabs 25-</i>	
120	<i>100-200 mg</i>	101
CAMZYOS CAP 15MG.....	<i>carbidopa-levodopa-entacapone tabs</i>	
120	<i>31.25-125-200 mg</i>	101
CAMZYOS CAP 2.5MG	<i>carbidopa-levodopa-entacapone tabs 37.5-</i>	
120	<i>150-200 mg</i>	101
CAMZYOS CAP 5MG	<i>carbidopa-levodopa-entacapone tabs 50-</i>	
120	<i>200-200 mg</i>	101
CANASA SUP 1000MG	<i>carbidopa tab 25 mg</i>	100
156	<i>carbinoxamine maleate soln 4 mg/5ml</i>	77
<i>candesartan cilexetil-hydrochlorothiazide</i>	<i>carbinoxamine maleate tab 4 mg</i>	77
<i>tab 16-12.5 mg</i>	CARDIZEM CD CAP 120MG/24.....	116
86	CARDIZEM CD CAP 180MG/24.....	116
<i>candesartan cilexetil-hydrochlorothiazide</i>	CARDIZEM CD CAP 240MG/24	116
<i>tab 32-12.5 mg</i>	CARDIZEM CD CAP 300MG/24.....	116
86	CARDIZEM LA TAB 120MG	116
<i>candesartan cilexetil-hydrochlorothiazide</i>		
<i>tab 32-25 mg</i>		
86		
<i>candesartan cilexetil tab 16 mg</i>		
83		
<i>candesartan cilexetil tab 32 mg</i>		
83		
<i>candesartan cilexetil tab 4 mg</i>		
83		
<i>candesartan cilexetil tab 8 mg</i>		
83		
<i>capecitabine tab 150 mg</i>		
91		
<i>capecitabine tab 500 mg</i>		
91		
CAPLYTA CAP 10.5MG.....		
104		
CAPLYTA CAP 21MG		
104		
CAPLYTA CAP 42MG		
104		
CAPRELSA TAB 100MG		
95		
CAPRELSA TAB 300MG		
95		
<i>captopril tab 100 mg</i>		
81		
<i>captopril tab 12.5 mg</i>		
81		
<i>captopril tab 25 mg</i>		
81		
<i>captopril tab 50 mg</i>		
81		
CARAFATE SUS 1GM/10ML.....		
203		
CARAFATE TAB 1GM.....		
203		

CARDIZEM LA TAB 180MG	116	<i>cefadroxil for susp 500 mg/5ml</i>	124
CARDIZEM LA TAB 240MG	116	<i>cefadroxil tab 1 gm</i>	124
CARDIZEM LA TAB 300MG/24	116	<i>cefazolin sodium for inj 10 gm</i>	124
CARDIZEM LA TAB 360MG	116	<i>cefazolin sodium for inj 1 gm</i>	124
CARDIZEM LA TAB 420MG/24	116	<i>cefazolin sodium for inj 2 gm</i>	124
CARDURA TAB 1MG	84	<i>cefazolin sodium for inj 3 gm</i>	124
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CARDURA TAB 4MG.....	84	<i>cefdinir cap 300 mg</i>	124
CARDURA TAB 8MG.....	84	<i>cefdinir for susp 125 mg/5ml</i>	124
CARDURA XL TAB 4MG	159	<i>cefdinir for susp 250 mg/5ml</i>	124
CARDURA XL TAB 8MG.....	159	<i>cefepime hcl for inj 1 gm</i>	125
<i>carglumic acid soluble tab 200 mg</i>	149	<i>cefixime cap 400 mg</i>	124
<i>carisoprodol tab 250 mg</i>	180	<i>cefixime for susp 100 mg/5ml</i>	125
<i>carisoprodol tab 350 mg</i>	180	<i>cefixime for susp 200 mg/5ml</i>	125
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	181	<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	125
CARNITOR SF SOL 1GM/10ML	149	<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	125
CARNITOR SOL 1GM/10ML	149	<i>cefpodoxime proxetil tab 100 mg</i>	125
CARNITOR TAB 330MG	149	<i>cefpodoxime proxetil tab 200 mg</i>	125
<i>carteolol hcl ophth soln 1%</i>	182	<i>cefprozil for susp 125 mg/5ml</i>	124
<i>cartia xt cap 120/24hr</i>	116	<i>cefprozil for susp 250 mg/5ml</i>	124
<i>cartia xt cap 180/24hr</i>	116	<i>cefprozil tab 250 mg</i>	124
<i>cartia xt cap 240/24hr</i>	116	<i>cefprozil tab 500 mg</i>	124
<i>cartia xt cap 300/24hr</i>	116	<i>ceftazidime for inj 1 gm</i>	125
<i>carvedilol phosphate cap er 24hr 10 mg</i> ..114		<i>ceftazidime for inj 6 gm</i>	125
<i>carvedilol phosphate cap er 24hr 20 mg</i> .114		<i>ceftriaxone sodium for inj 1 gm</i>	125
<i>carvedilol phosphate cap er 24hr 40 mg</i> .114		<i>ceftriaxone sodium for inj 250 mg</i>	125
<i>carvedilol phosphate cap er 24hr 80 mg</i> .114		<i>ceftriaxone sodium for inj 2 gm</i>	125
<i>carvedilol tab 12.5 mg</i>	114	<i>ceftriaxone sodium for inj 500 mg</i>	125
<i>carvedilol tab 25 mg</i>	114	<i>cefuroxime axetil tab 250 mg</i>	124
<i>carvedilol tab 3.125 mg</i>	114	<i>cefuroxime axetil tab 500 mg</i>	124
<i>carvedilol tab 6.25 mg</i>	114	CELEBREX CAP 100MG	29
CASODEX TAB 50MG.....	93	CELEBREX CAP 200MG.....	29
CAVERJECT IM KIT 10MCG	121	CELEBREX CAP 400MG	30
CAVERJECT IM KIT 20MCG	121	CELEBREX CAP 50MG	29
CAVERJECT INJ 20MCG.....	121	<i>celecoxib cap 100 mg</i>	30
CAVERJECT INJ 40MCG	121	<i>celecoxib cap 200 mg</i>	30
CAYSTON INH 75MG	45	<i>celecoxib cap 400 mg</i>	30
<i>cefaclor cap 250 mg</i>	124	<i>celecoxib cap 50 mg</i>	30
<i>cefaclor cap 500 mg</i>	124	CELEXA TAB 10MG.....	65
CEFACLOR ER TAB 500MG	124	CELEXA TAB 20MG	65
<i>cefaclor for susp 250 mg/5ml</i>	124	CELEXA TAB 40MG	65
<i>cefadroxil cap 500 mg</i>	124	CELLCEPT CAP 250MG.....	174
<i>cefadroxil for susp 250 mg/5ml</i>	124		

CELLCEPT SUS 200MG/ML.....	174	<i>ciclopirox gel 0.77%</i>	136
CELLCEPT TAB 500MG.....	174	<i>ciclopirox olamine cream 0.77% (base equiv)</i>	136
CELONTIN CAP 300MG.....	63	<i>ciclopirox olamine susp 0.77% (base equiv)</i>	136
CEM-UREA SOL 45%.....	142	<i>ciclopirox shampoo 1%</i>	136
<i>cephalexin cap 250 mg</i>	124	<i>ciclopirox solution 8%</i>	136
<i>cephalexin cap 500 mg</i>	124	<i>cilostazol tab 100 mg</i>	161
<i>cephalexin cap 750 mg</i>	124	<i>cilostazol tab 50 mg</i>	161
<i>cephalexin for susp 125 mg/5ml</i>	124	CILOXAN OIN 0.3% OP.....	184
<i>cephalexin for susp 250 mg/5ml</i>	124	CIMDUO TAB 300-300.....	109
CEQUA SOL 0.09%.....	185	<i>cimetidine hcl soln 300 mg/5ml</i>	203
CERDELGA CAP 84MG.....	162	<i>cimetidine tab 200 mg</i>	203
CETRAXAL SOL 0.2%.....	187	<i>cimetidine tab 300 mg</i>	203
<i>cetorelix acetate for inj kit 0.25 mg</i>	148	<i>cimetidine tab 400 mg</i>	203
CETROTIDE KIT 0.25MG.....	148	<i>cimetidine tab 800 mg</i>	203
<i>cevimeline hcl cap 30 mg</i>	177	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	149
<i>charlotte 24 chw fe 1/20</i>	126	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	149
<i>chateal eq tab 0.15/30</i>	126	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	149
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<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	192	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	187
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	192	<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	187
<i>chlordiazepoxide hcl cap 10 mg</i>	47	<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	184
<i>chlordiazepoxide hcl cap 25 mg</i>	47	<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	187
<i>chlordiazepoxide hcl cap 5 mg</i>	47	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	155
<i>chlorhexidine gluconate soln 0.12%</i>	176	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	155
<i>chloroquine phosphate tab 250 mg</i>	89	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	155
<i>chloroquine phosphate tab 500 mg</i>	89	<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	65
<i>chlorpromazine hcl tab 10 mg</i>	107	<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	65
<i>chlorthalidone tab 25 mg</i>	146	<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	65
<i>chlorthalidone tab 50 mg</i>	146	<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	65
<i>chlorzoxazone tab 500 mg</i>	180	CITRANATAL CAP HARMONY.....	178
<i>cholestyramine light powder 4 gm/dose</i>	78		
<i>cholestyramine light powder packets 4 gm</i>	78		
<i>cholestyramine powder 4 gm/dose</i>	78		
<i>cholestyramine powder packets 4 gm</i>	78		
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	79		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	79		
CHOR GONADOT INJ 10000UNT.....	148		
<i>ciclodan sol 8%</i>	136		

CITRANATAL MIS 90 DHA	178	<i>clobazam tab 10 mg</i>	56
CITRANATAL MIS B-CALM.....	178	<i>clobazam tab 20 mg</i>	56
CITRANATAL PAK ASSURE	178	<i>clobetasol e cre 0.05%</i>	140
<i>claravis cap 10mg</i>	134	<i>clobetasol propionate cream 0.05%</i>	140
<i>claravis cap 20mg</i>	135	<i>clobetasol propionate gel 0.05%</i>	140
<i>claravis cap 30mg</i>	135	<i>clobetasol propionate lotion 0.05%</i>	140
<i>claravis cap 40mg</i>	135	<i>clobetasol propionate oint 0.05%</i>	140
CLARINEX TAB 5MG.....	77	<i>clobetasol propionate soln 0.05%</i>	140
<i>clarithromycin for susp 125 mg/5ml</i>	168	<i>clomid tab 50mg</i>	148
<i>clarithromycin for susp 250 mg/5ml</i>	168	<i>clomiphene citrate tab 50 mg</i>	148
<i>clarithromycin tab 250 mg</i>	168	<i>clomipramine hcl cap 25 mg</i>	68
<i>clarithromycin tab 500 mg</i>	168	<i>clomipramine hcl cap 50 mg</i>	68
<i>clarithromycin tab er 24hr 500 mg</i>	168	<i>clomipramine hcl cap 75 mg</i>	68
<i>clemastine fumarate tab 2.68 mg</i>	77	<i>clonazepam orally disintegrating tab 0.125</i> <i>mg</i>	56
CLEOCIN CRE 2% VAG	207	<i>clonazepam orally disintegrating tab 0.25</i> <i>mg</i>	56
CLEOCIN SUP 100MG	207	<i>clonazepam orally disintegrating tab 0.5 mg</i>	56
CLEOCIN-T LOT 1%.....	135	<i>clonazepam orally disintegrating tab 1 mg</i>	56
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CLIMARA DIS 0.0375MG	153	<i>clonazepam tab 0.5 mg</i>	56
CLIMARA DIS 0.05MG.....	153	<i>clonazepam tab 1 mg</i>	56
CLIMARA DIS 0.06MG.....	153	<i>clonazepam tab 2 mg</i>	56
CLIMARA DIS 0.075MG.....	153	<i>clonidine hcl tab 0.1 mg</i>	84
CLIMARA DIS 0.1MG	153	<i>clonidine hcl tab 0.2 mg</i>	84
CLIMARA PRO DIS WEEKLY	152	<i>clonidine hcl tab 0.3 mg</i>	84
<i>clindacin mis etz 1%</i>	135	<i>clonidine hcl tab er 12hr 0.1 mg</i>	21
<i>clindacin-p pad 1%</i>	135	<i>clonidine td patch weekly 0.1 mg/24hr</i>	84
<i>clindamycin hcl cap 150 mg</i>	45	<i>clonidine td patch weekly 0.2 mg/24hr</i>	84
<i>clindamycin hcl cap 300 mg</i>	45	<i>clonidine td patch weekly 0.3 mg/24hr</i>	84
<i>clindamycin hcl cap 75 mg</i>	45	<i>clopidogrel bisulfate tab 300 mg (base</i> <i>equiv)</i>	161
<i>clindamycin palmitate hcl for soln 75</i> <i>mg/5ml (base equiv)</i>	45	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	161
<i>clindamycin phosphate-benzoyl peroxide</i> <i>gel 1-5%</i>	135	<i>clorazepate dipotassium tab 15 mg</i>	47
<i>clindamycin phosphate gel 1%</i>	135	<i>clorazepate dipotassium tab 3.75 mg</i>	47
<i>clindamycin phosphate lotion 1%</i>	135	<i>clorazepate dipotassium tab 7.5 mg</i>	47
<i>clindamycin phosphate soln 1%</i>	135	<i>clotrimazole troche 10 mg</i>	176
<i>clindamycin phosphate swab 1%</i>	135	<i>clotrimazole w/ betamethasone cream 1-</i> <i>0.05%</i>	136
<i>clindamycin phosphate vaginal cream 2%</i>	207		
<i>clindamycin phosph-benzoyl peroxide</i> <i>(refrig) gel 1.2 (1)-5%</i>	135		
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<i>clinpro 5000 pst 1.1%</i>	176		
<i>clobazam suspension 2.5 mg/ml</i>	56		

<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	136	COMETRIQ KIT 140MG	95
<i>clozapine orally disintegrating tab 100 mg</i>	106	COMETRIQ KIT 60MG	95
<i>clozapine orally disintegrating tab 12.5 mg</i>	106	COMPLERA TAB.....	109
<i>clozapine orally disintegrating tab 150 mg</i>	106	COMPLETENATE CHW.....	178
<i>clozapine orally disintegrating tab 200 mg</i>	106	COMPLETE NAT PAK DHA	178
<i>clozapine orally disintegrating tab 25 mg</i>	106	<i>compro sup 25mg</i>	107
<i>clozapine tab 100 mg</i>	106	COMTAN TAB 200MG.....	100
<i>clozapine tab 200 mg</i>	106	CO-NATAL FA TAB 29-1MG	178
<i>clozapine tab 25 mg</i>	106	CONCEPT DHA CAP	178
<i>clozapine tab 50 mg</i>	106	CONCEPT OB CAP	178
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CLOZARIL TAB 25MG.....	106	CONCERTA TAB 27MG	23
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COARTEM TAB 20-120MG	89	CONCERTA TAB 54MG.....	23
<i>codeine sulfate tab 30 mg</i>	33	CONDYLOX GEL 0.5%.....	143
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CODEINE SULF TAB 60MG.....	33	CONTRAVE TAB 8-90MG.....	20
COLAZAL CAP 750MG	156	CONZIP CAP 100MG	33
<i>colchicine cap 0.6 mg</i>	160	CONZIP CAP 200MG.....	33
<i>colchicine tab 0.6 mg</i>	160	CONZIP CAP 300MG.....	33
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	160	COPAXONE INJ 20MG/ML.....	192
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<i>colesevelam hcl packet for susp 3.75 gm</i> 78		COPIKTRA CAP 15MG	95
<i>colesevelam hcl tab 625 mg</i>	78	COPIKTRA CAP 25MG	95
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COLESTID FLA GRA 5GM	78	COREG CR CAP 20MG	114
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COLESTID POW 5GM	78	COREG CR CAP 80MG	114
COLESTID TAB 1GM	78	<i>coremino tab 135mg</i>	197
<i>colestipol hcl granule packets 5 gm</i>	79	<i>coremino tab 45mg</i>	197
<i>colestipol hcl granules 5 gm</i>	79	<i>coremino tab 90mg</i>	197
<i>colestipol hcl tab 1 gm</i>	79	CORGARD TAB 20MG	115
COMBIGAN SOL 0.2/0.5%.....	182	CORGARD TAB 40MG.....	115
COMBIPATCH DIS.....	152	CORLANOR SOL 5MG/5ML.....	123
COMBIVENT AER 20-100.....	52	CORLANOR TAB 5MG	123
COMBIVIR TAB 150-300	109	CORLANOR TAB 7.5MG	123
COMETRIQ KIT 100MG	95	CORTEF TAB 10MG	132
		CORTEF TAB 20MG.....	132
		CORTEF TAB 5MG.....	131
		CORTENEMA ENE 100MG	43
		CORTIFOAM AER 90MG.....	43
		CORTISPORIN SUS -TC OTIC	187
		COSENTYX INJ 150MG/ML	138
		COSENTYX INJ 300DOSE.....	138

COSENTYX INJ 75MG/0.5	138	<i>cyclophosphamide cap 25 mg</i>	90
COSENTYX PEN INJ 150MG/ML.....	138	<i>cyclophosphamide cap 50 mg</i>	90
COSENTYX PEN INJ 300DOSE	138	<i>cyclophosphamide for inj 1 gm</i>	91
COSENTYX UNO INJ 300/2ML	138	<i>cyclophosphamide for inj 2 gm</i>	91
COSOPT PF SOL 2%-0.5%	182	<i>cyclophosphamide for inj 500 mg</i>	91
COSOPT SOL 2-0.5%OP	183	CYCLOPHOSPH TAB 25MG.....	90
COTELLIC TAB 20MG	95	CYCLOPHOSPH TAB 50MG.....	90
COZAAR TAB 100MG	83	<i>cycloserine cap 250 mg</i>	90
COZAAR TAB 25MG	83	CYCLOSET TAB 0.8MG.....	71
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CREON CAP 24000UNT	145	<i>cyclosporine cap 25 mg</i>	174
CREON CAP 3000UNIT	144	<i>cyclosporine modified cap 100 mg</i>	174
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CREON CAP 6000UNIT	144	<i>cyclosporine modified cap 50 mg</i>	174
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CRESTOR TAB 20MG	80	CYMBALTA CAP 30MG	67
CRESTOR TAB 40MG.....	80	CYMBALTA CAP 60MG	67
CRESTOR TAB 5MG	80	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	78
CREXONT CAP 35-140MG.....	101	<i>cyproheptadine hcl tab 4 mg</i>	78
CREXONT CAP 52.5-210.....	101	<i>cyred eq tab</i>	126
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CREXONT CAP 87.5-350	101	CYSTADROPS SOL 0.37%	186
CRINONE GEL 4% VAG.....	207	CYSTAGON CAP 150MG	159
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<i>cromolyn sodium ophth soln 4%</i>	186	<i>cytarabine inj 20 mg/ml</i>	91
<i>cromolyn sodium oral conc 100 mg/5ml</i>	156	<i>cytarabine inj pf 100 mg/ml</i>	91
<i>cromolyn sodium soln nebu 20 mg/2ml</i> ..	49	<i>cytarabine inj pf 20 mg/ml</i>	91
<i>croton lot 10%</i>	144	CYTOMEL TAB 25MCG	199
<i>cryselle-28 tab 28 tabs</i>	126	CYTOMEL TAB 50MCG	199
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<i>curity salin sol 0.9% irr</i>	159	CYTOTEC TAB 100MCG	205
CUVPOSA SOL 1MG/5ML.....	202	CYTOTEC TAB 200MCG	205
CUVRIOR TAB 300MG	173	D	
<i>cyanocobalamin inj 1000 mcg/ml</i>	162	<i>dalfampridine tab er 12hr 10 mg</i>	193
<i>cyclobenzaprine hcl tab 10 mg</i>	180	DALIRESP TAB 250MCG	50
<i>cyclobenzaprine hcl tab 5 mg</i>	180	DALIRESP TAB 500MCG	50
<i>cyclobenzaprine hcl tab 7.5 mg</i>	180	<i>danazol cap 100 mg</i>	42
CYCLOGYL SOL 0.5% OP	183	<i>danazol cap 200 mg</i>	42
CYCLOGYL SOL 1% OP	183	<i>danazol cap 50 mg</i>	42
CYCLOGYL SOL 2% OP	183	DANTRIUM CAP 25MG.....	181
<i>cyclopentolate hcl ophth soln 1%</i>	183	<i>dantrolene sodium cap 100 mg</i>	181

<i>dantrolene sodium cap 25 mg</i>	181	<i>deferiprone tab 1000 mg</i>	74
<i>dantrolene sodium cap 50 mg</i>	181	<i>deferiprone tab 500 mg</i>	74
<i>dapsone gel 5%</i>	135	<i>deflazacort susp 22.75 mg/ml</i>	132
<i>dapsone tab 100 mg</i>	45	<i>deflazacort tab 18 mg</i>	132
<i>dapsone tab 25 mg</i>	45	<i>deflazacort tab 30 mg</i>	132
<i>darifenacin hydrobromide tab er 24hr 15</i> <i>mg (base equiv)</i>	206	<i>deflazacort tab 36 mg</i>	132
<i>darifenacin hydrobromide tab er 24hr 7.5</i> <i>mg (base equiv)</i>	206	<i>deflazacort tab 6 mg</i>	132
<i>darunavir tab 600 mg</i>	109	DELSTRIGO TAB.....	109
<i>darunavir tab 800 mg</i>	109	<i>delyla tab 0.1-0.02</i>	126
<i>dasatinib tab 100 mg</i>	95	<i>demeclocycline hcl tab 150 mg</i>	197
<i>dasatinib tab 140 mg</i>	95	<i>demeclocycline hcl tab 300 mg</i>	197
<i>dasatinib tab 20 mg</i>	95	DEMEROL INJ 100MG/ML.....	33
<i>dasatinib tab 50 mg</i>	95	DEMEROL INJ 75MG/ML.....	33
<i>dasatinib tab 70 mg</i>	95	DEMSEER CAP 250MG.....	83
<i>dasatinib tab 80 mg</i>	95	DENAVIR CRE 1%	139
<i>dasetta tab 1/35</i>	126	<i>denta 5000 cre plus</i>	176
<i>dasetta tab 7/7/7</i>	126	<i>denta 5000 cre plus 2pk</i>	176
DAURISMO TAB 100MG.....	93	DENTA 5000 GEL PLUS SEN	176
DAURISMO TAB 25MG.....	93	<i>dentagel gel 1.1%</i>	176
DAYBUE SOL 200MG/ML	182	DEPAKOTE ER TAB 250MG.....	63
DAYPRO TAB 600MG	30	DEPAKOTE ER TAB 500MG	63
<i>daysee tab</i>	126	DEPAKOTE SPR CAP 125MG.....	63
DAYTRANA DIS 10MG/9HR.....	23	DEPAKOTE TAB 125MG DR	63
DAYTRANA DIS 15MG/9HR.....	23	DEPAKOTE TAB 250MG DR	63
DAYTRANA DIS 20MG/9HR	23	DEPAKOTE TAB 500MG DR.....	63
DAYTRANA DIS 30MG/9HR.....	23	DEPEN TITRA TAB 250MG.....	173
DAYVIGO TAB 10MG.....	167	DEPO-ESTRADI INJ 5MG/ML.....	153
DAYVIGO TAB 5MG.....	167	DEPO-PROVERA INJ 150MG/ML.....	131
DDAVP INJ 4MCG/ML	151	DEPO-SQ PROV INJ 104.....	131
DDAVP TAB 0.1MG.....	151	<i>depo-testost inj 100mg/ml</i>	42
DDAVP TAB 0.2MG.....	151	<i>depo-testost inj 200mg/ml</i>	42
DEBACTEROL SOL 30-50%.....	176	DERMA-SMOOTH OIL /FS BODY	140
<i>deblitane tab 0.35mg</i>	131	DERMA-SMOOTH OIL /FS SCLP	140
<i>deferasirox granules packet 180 mg</i>	74	DERMOTIC OIL 0.01%	188
<i>deferasirox granules packet 360 mg</i>	74	DESCOVY TAB 120-15MG	109
<i>deferasirox granules packet 90 mg</i>	74	DESCOVY TAB 200/25MG	109
<i>deferasirox tab 180 mg</i>	74	<i>desipramine hcl tab 100 mg</i>	68
<i>deferasirox tab 360 mg</i>	74	<i>desipramine hcl tab 10 mg</i>	68
<i>deferasirox tab 90 mg</i>	74	<i>desipramine hcl tab 150 mg</i>	68
<i>deferasirox tab for oral susp 125 mg</i>	74	<i>desipramine hcl tab 25 mg</i>	68
<i>deferasirox tab for oral susp 250 mg</i>	74	<i>desipramine hcl tab 50 mg</i>	68
<i>deferasirox tab for oral susp 500 mg</i>	74	<i>desipramine hcl tab 75 mg</i>	68
		<i>desloratadine tab 5 mg</i>	77
		<i>desmopressin acetate inj 4 mcg/ml</i>	151

<i>desmopressin acetate nasal spray soln</i>		DEXCOM G7 MIS RECEIVER.....	169
0.01%	151	DEXCOM G7 MIS SENSOR.....	169
<i>desmopressin acetate nasal spray soln</i>		DEXEDRINE CAP 10MG CR	18
0.01% (refrigerated).....	151	DEXEDRINE CAP 15MG CR.....	18
<i>desmopressin acetate preservative free (pf)</i>		DEXILANT CAP 30MG DR	203
inj 4 mcg/ml	151	DEXILANT CAP 60MG DR	203
<i>desmopressin acetate tab 0.1 mg</i>	151	<i>dexlansoprazole cap delayed release 30</i>	
<i>desmopressin acetate tab 0.2 mg</i>	151	mg	203
DESMOPRESSIN SOL 1.5MG/ML.....	151	<i>dexlansoprazole cap delayed release 60</i>	
<i>desogest-eth estrad & eth estrad tab 0.15-</i>		mg	203
0.02/0.01 mg(21/5).....	126	<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	
<i>desonide cream 0.05%</i>	140	.....	23
<i>desonide lotion 0.05%</i>	140	<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	
<i>desonide oint 0.05%</i>	140	.....	23
DESOWEN CRE 0.05%	140	<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	
<i>desoximetasone cream 0.05%</i>	140	.....	23
<i>desoximetasone cream 0.25%</i>	140	<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	
<i>desoximetasone gel 0.05%</i>	140	.....	23
<i>desoximetasone spray 0.25%</i>	140	<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	
<i>desvenlafaxine succinate tab er 24hr 100</i>		.....	23
mg (base equiv)	67	<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	
<i>desvenlafaxine succinate tab er 24hr 25 mg</i>		.....	23
(base equiv).....	67	<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	
<i>desvenlafaxine succinate tab er 24hr 50 mg</i>		.....	23
(base equiv).....	67	<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	
DESVENLAFAX TAB 100MG ER	67	.....	23
DESVENLAFAX TAB 50MG ER	67	<i>dexmethylphenidate hcl tab 10 mg</i>	23
DEXAMETHASON CON 1MG/ML	132	<i>dexmethylphenidate hcl tab 2.5 mg</i>	23
<i>dexamethasone elixir 0.5 mg/5ml</i>	132	<i>dexmethylphenidate hcl tab 5 mg</i>	23
<i>dexamethasone sodium phosphate inj 10</i>		<i>dextroamphetamine sulfate cap er 24hr 10</i>	
mg/ml.....	132	mg	18
<i>dexamethasone sodium phosphate ophth</i>		<i>dextroamphetamine sulfate cap er 24hr 15</i>	
soln 0.1%.....	185	mg	18
<i>dexamethasone soln 0.5 mg/5ml</i>	132	<i>dextroamphetamine sulfate cap er 24hr 5</i>	
<i>dexamethasone tab 0.5 mg</i>	132	mg	18
<i>dexamethasone tab 0.75 mg</i>	132	<i>dextroamphetamine sulfate oral solution 5</i>	
<i>dexamethasone tab 1.5 mg</i>	132	mg/5ml.....	18
<i>dexamethasone tab 1 mg</i>	132	<i>dextroamphetamine sulfate tab 10 mg</i>	18
<i>dexamethasone tab 2 mg</i>	132	<i>dextroamphetamine sulfate tab 15 mg</i>	18
<i>dexamethasone tab 4 mg</i>	132	<i>dextroamphetamine sulfate tab 2.5 mg</i>	18
<i>dexamethasone tab 6 mg</i>	132	<i>dextroamphetamine sulfate tab 20 mg</i>	18
DEXCOM G6 MIS RECEIVER.....	168	<i>dextroamphetamine sulfate tab 30 mg</i>	18
DEXCOM G6 MIS SENSOR.....	169	<i>dextroamphetamine sulfate tab 5 mg</i>	18
DEXCOM G6 MIS TRANSMIT	169	<i>dextroamphetamine sulfate tab 7.5 mg</i>	18

DHIVY TAB 25-100MG	101	<i>diclofenac w/ misoprostol tab delayed</i>	
DIACOMIT CAP 250MG	57	<i>release 75-0.2 mg</i>	30
DIACOMIT CAP 500MG	57	<i>dicloxacillin sodium cap 250 mg</i>	189
DIACOMIT PAK 250MG	57	<i>dicloxacillin sodium cap 500 mg</i>	189
DIACOMIT PAK 500MG	57	<i>dicyclomine hcl cap 10 mg</i>	202
DIASTAT ACDL GEL 12.5-20	56	<i>dicyclomine hcl tab 20 mg</i>	202
DIASTAT ACDL GEL 5-10MG.....	56	<i>diethylpropion hcl tab 25 mg.....</i>	20
DIASTAT PED GEL 2.5M GEL	56	<i>diethylpropion hcl tab er 24hr 75 mg</i>	20
<i>diazepam con 5mg/ml</i>	47	DIFICID SUS.....	168
<i>diazepam conc 5 mg/ml</i>	47	DIFICID TAB 200MG	168
<i>diazepam inj 5 mg/ml.....</i>	47	<i>diflorasone diacetate oint 0.05%.....</i>	141
<i>diazepam oral soln 1 mg/ml.....</i>	47	DIFLUCAN SUS 10MG/ML	76
<i>diazepam rectal gel delivery system 10 mg</i>		DIFLUCAN SUS 40MG/ML	76
.....	56	DIFLUCAN TAB 100MG	76
<i>diazepam rectal gel delivery system 2.5 mg</i>		DIFLUCAN TAB 150MG	76
.....	56	DIFLUCAN TAB 200MG	76
<i>diazepam rectal gel delivery system 20 mg</i>		<i>diflunisal tab 500 mg</i>	32
.....	56	<i>difluprednate ophth emulsion 0.05%</i>	185
<i>diazepam tab 10 mg.....</i>	47	<i>digoxin inj 0.25 mg/ml.....</i>	119
<i>diazepam tab 2 mg</i>	47	<i>digoxin oral soln 0.05 mg/ml.....</i>	119
<i>diazepam tab 5 mg</i>	47	<i>digoxin tab 125 mcg (0.125 mg).....</i>	119
<i>diazoxide susp 50 mg/ml</i>	71	<i>digoxin tab 250 mcg (0.25 mg)</i>	119
DIBENZYLINE CAP 10MG.....	83	DILANTIN-125 SUS 125/5ML	63
DICLEGIS TAB 10-10MG.....	75	DILANTIN CAP 100MG.....	63
<i>diclofenac potassium (migraine) packet 50</i>		DILANTIN CAP 30MG.....	63
<i>mg.....</i>	170	DILANTIN CHW 50MG.....	63
<i>diclofenac potassium tab 50 mg</i>	30	DILAUDID LIQ 1MG/ML	33
<i>diclofenac sodium (actinic keratoses) gel</i>		DILAUDID TAB 2MG.....	33
<i>3%.....</i>	137	DILAUDID TAB 4MG	33
<i>diclofenac sodium gel 1% (1.16%</i>		DILAUDID TAB 8MG	33
<i>diethylamine equiv)</i>	136	<i>diltiazem hcl cap er 12hr 120 mg</i>	117
<i>diclofenac sodium ophth soln 0.1%</i>	186	<i>diltiazem hcl cap er 12hr 60 mg.....</i>	117
<i>diclofenac sodium soln 1.5%</i>	136	<i>diltiazem hcl cap er 12hr 90 mg.....</i>	117
<i>diclofenac sodium soln 2%</i>	136	<i>diltiazem hcl cap er 24hr 120 mg.....</i>	117
<i>diclofenac sodium tab delayed release 25</i>		<i>diltiazem hcl cap er 24hr 180 mg</i>	117
<i>mg</i>	30	<i>diltiazem hcl cap er 24hr 240 mg.....</i>	117
<i>diclofenac sodium tab delayed release 50</i>		<i>diltiazem hcl coated beads cap er 24hr 120</i>	
<i>mg</i>	30	<i>mg.....</i>	117
<i>diclofenac sodium tab delayed release 75</i>		<i>diltiazem hcl coated beads cap er 24hr 180</i>	
<i>mg</i>	30	<i>mg.....</i>	117
<i>diclofenac sodium tab er 24hr 100 mg</i>	30	<i>diltiazem hcl coated beads cap er 24hr 240</i>	
<i>diclofenac w/ misoprostol tab delayed</i>		<i>mg.....</i>	117
<i>release 50-0.2 mg</i>	30	<i>diltiazem hcl coated beads cap er 24hr 300</i>	
		<i>mg.....</i>	117

<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	117	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	73
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	117	DIPROLENE OIN 0.05%	141
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	117	<i>dipyridamole tab 25 mg</i>	161
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	117	<i>dipyridamole tab 50 mg</i>	161
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	117	<i>dipyridamole tab 75 mg</i>	161
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	117	<i>disopyramide phosphate cap 100 mg</i>	48
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	117	<i>disopyramide phosphate cap 150 mg</i>	48
<i>diltiazem hcl tab 120 mg</i>	117	<i>disulfiram tab 250 mg</i>	190
<i>diltiazem hcl tab 30 mg</i>	117	<i>disulfiram tab 500 mg</i>	190
<i>diltiazem hcl tab 60 mg</i>	117	DITROPAN XL TAB 5MG.....	206
<i>diltiazem hcl tab 90 mg</i>	117	DIURIL SUS 250/5ML.....	146
<i>diltiazem hcl tab er 24hr 120 mg</i>	117	<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	63
<i>diltiazem hcl tab er 24hr 180 mg</i>	117	<i>divalproex sodium tab delayed release 125 mg</i>	63
<i>diltiazem hcl tab er 24hr 240 mg</i>	117	<i>divalproex sodium tab delayed release 250 mg</i>	63
<i>diltiazem hcl tab er 24hr 300 mg</i>	117	<i>divalproex sodium tab delayed release 500 mg</i>	63
<i>diltiazem hcl tab er 24hr 360 mg</i>	117	<i>divalproex sodium tab er 24 hr 250 mg</i>	63
<i>diltiazem hcl tab er 24hr 420 mg</i>	117	<i>divalproex sodium tab er 24 hr 500 mg</i>	63
<i>dilt-xr cap 120mg</i>	116	DIVIGEL GEL 0.25MG.....	153
<i>dilt-xr cap 180mg</i>	117	DIVIGEL GEL 0.5MG	153
<i>dilt-xr cap 240mg</i>	117	DIVIGEL GEL 0.75MG.....	153
<i>dimethyl fumarate capsule delayed release 120 mg</i>	193	DIVIGEL GEL 1.25MG.....	153
<i>dimethyl fumarate capsule delayed release 240 mg</i>	193	DIVIGEL GEL 1MG/GM	153
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	193	<i>dodex inj</i>	162
DIOVAN HCT TAB 160-12.5	86	<i>dofetilide cap 125 mcg (0.125 mg)</i>	49
DIOVAN HCT TAB 160-25MG	86	<i>dofetilide cap 250 mcg (0.25 mg)</i>	49
DIOVAN HCT TAB 320-12.5.....	86	<i>dofetilide cap 500 mcg (0.5 mg)</i>	49
DIOVAN HCT TAB 320-25MG.....	86	DOJOLVI LIQ 100%	182
DIOVAN HCT TAB 80-12.5.....	86	<i>dolishale tab 90-20mcg</i>	126
DIOVAN TAB 160MG	83	<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	190
DIOVAN TAB 320MG.....	83	<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	190
DIOVAN TAB 40MG.....	83	<i>donepezil hydrochloride tab 10 mg</i>	190
DIOVAN TAB 80MG.....	83	<i>donepezil hydrochloride tab 23 mg</i>	190
<i>diphenhydramine hcl inj 50 mg/ml</i>	77	<i>donepezil hydrochloride tab 5 mg</i>	190
		DOPTELET TAB 20MG	162
		DORAL TAB 15MG	165
		DORYX TAB 200MG.....	197
		DORYX TAB 50MG	197

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dozoramide hcl ophth soln 2%	186	doxycycline hyclate tab delayed release 75 mg	197
dozoramide hcl-timolol maleate ophth soln 2-0.5%.....	183	doxycycline monohydrate cap 100 mg ...	197
dozoramide hcl-timolol maleate pf ophth soln 2-0.5%	183	doxycycline monohydrate cap 150 mg....	197
dotti dis 0.025mg.....	153	doxycycline monohydrate cap 50 mg	197
dotti dis 0.0375mg	153	doxycycline monohydrate cap 75 mg	197
dotti dis 0.05mg.....	153	doxycycline monohydrate for susp 25 mg/5ml.....	197
dotti dis 0.075mg.....	153	doxycycline monohydrate tab 100 mg ...	197
dotti dis 0.1mg	153	doxycycline monohydrate tab 150 mg ...	197
DOVATO TAB 50-300MG	109	doxycycline monohydrate tab 50 mg	197
doxazosin mesylate tab 1 mg	84	doxycycline monohydrate tab 75 mg	197
doxazosin mesylate tab 2 mg.....	84	doxylamine-pyridoxine tab delayed release 10-10 mg	75
doxazosin mesylate tab 4 mg.....	84	DRIZALMA CAP 20MG DR.....	67
doxazosin mesylate tab 8 mg.....	84	DRIZALMA CAP 30MG DR.....	67
doxepin hcl (sleep) tab 3 mg (base equiv)	164	DRIZALMA CAP 40MG DR.....	67
doxepin hcl (sleep) tab 6 mg (base equiv)	165	DRIZALMA CAP 60MG DR.....	67
doxepin hcl cap 100 mg	69	dronabinol cap 10 mg	75
doxepin hcl cap 10 mg.....	68	dronabinol cap 2.5 mg.....	75
doxepin hcl cap 150 mg	69	dronabinol cap 5 mg	75
doxepin hcl cap 25 mg	68	drospirenone-ethinyl estradiol tab 3-0.02 mg	126
doxepin hcl cap 50 mg	69	drospirenone-ethinyl estradiol tab 3-0.03 mg	126
doxepin hcl cap 75 mg	69	drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....	126
doxepin hcl conc 10 mg/ml	69	drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg.....	126
doxepin hcl cream 5%	138	DROXIA CAP 200MG	162
doxercalciferol cap 0.5 mcg	149	DROXIA CAP 300MG	162
doxercalciferol cap 1 mcg	149	DROXIA CAP 400MG	162
doxercalciferol cap 2.5 mcg	150	droxidopa cap 100 mg	208
doxycycline (rosacea) cap delayed release 40 mg	144	droxidopa cap 200 mg.....	208
doxycycline hyclate cap 100 mg	197	droxidopa cap 300 mg.....	208
doxycycline hyclate cap 50 mg	197	DRYSOL SOL 20%.....	143
doxycycline hyclate tab 100 mg	197	DUAVEE TAB 0.45-20	152
doxycycline hyclate tab 20 mg.....	197	DUETACT TAB 30-2MG	69
doxycycline hyclate tab delayed release 100 mg.....	197	DUETACT TAB 30-4MG	69
doxycycline hyclate tab delayed release 150 mg	197	DUEXIS TAB 800-26.6.....	30
doxycycline hyclate tab delayed release 200 mg	197	duloxetine hcl enteric coated pellets cap 20 mg (base eq)	67

<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	67	EFFEXOR XR CAP 75MG	67
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	67	EFFIENT TAB 10MG	161
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	67	EFFIENT TAB 5MG	161
DUOPA SUS 4.63-20	101	EFUDEX CRE 5%	137
DUPIXENT INJ 200/1.14	142	EGRIFTA SV INJ 2MG	149
DUPIXENT INJ 200MG	142	ELEPSIA XR TAB 1000MG	57
DUPIXENT INJ 300/2ML	142	ELEPSIA XR TAB 1500MG	57
DUREZOL EMU 0.05%	185	ELESTRIN GEL 0.06%	153
<i>dutasteride cap 0.5 mg</i>	159	<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	170
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	159	<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	170
DYMISTA SPR 137-50	181	ELIDEL CRE 1%	142
E		<i>elinest tab</i>	126
<i>e.e.s. 400 tab 400mg</i>	168	ELIQUIS ST P TAB 5MG	54
E.E.S. GRAN SUS 200/5ML	168	ELIQUIS TAB 2.5MG	54
EC-NAPROSYN TAB 375MG	30	ELIQUIS TAB 5MG	54
EC-NAPROSYN TAB 500MG	30	<i>elite-ob tab</i>	178
<i>ec-naproxen tab 375mg</i>	30	<i>elixophyllin elx 80/15ml</i>	53
<i>ec-naproxen tab 500mg</i>	30	ELLA TAB 30MG	131
<i>econazole nitrate cream 1%</i>	137	ELMIRON CAP 100MG	159
EDARBI TAB 40MG	83	<i>eluryng mis</i>	130
EDARBI TAB 80MG	83	ELYXYB SOL 120/4.8	170
EDARBYCLOR TAB 40-12.5	86	EMEND BIPACK PAK 80MG	76
EDARBYCLOR TAB 40-25MG	86	EMEND SUS 125MG	76
EDEX KIT 10MCG	121	EMEND TRIPAC PAK 125 & 80	76
EDEX KIT 20MCG	121	EMFLAZA SUS 22.75/ML	132
EDEX KIT 40MCG	121	EMFLAZA TAB 18MG	132
EDLUAR SUB 10MG	165	EMFLAZA TAB 30MG	132
EDLUAR SUB 5MG	165	EMFLAZA TAB 36MG	132
EDURANT TAB 25MG	109	EMFLAZA TAB 6MG	132
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	109	EMGALITY INJ 100MG/ML	170
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	109	EMGALITY INJ 120MG/ML	170
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	109	EMPAVELI INJ 1080MG	161
<i>efavirenz tab 600 mg</i>	109	EMSAM DIS 12MG/24H	64
EFFER-K TAB 10MEQ	172	EMSAM DIS 6MG/24HR	64
EFFER-K TAB 20MEQ	172	EMSAM DIS 9MG/24HR	64
EFFEXOR XR CAP 150MG	67	<i>emtricitabine caps 200 mg</i>	109
EFFEXOR XR CAP 37.5MG	67	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	109
		<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	109
		<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	109

<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	109	<i>enskyce tab</i>	126
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EMTRIVA SOL 10MG/ML.....	109	<i>entacapone tab 200 mg</i>	100
EMVERM CHW 100MG.....	43	ENTADFI CAP 5-5MG	159
<i>emzahh tab 0.35mg</i>	131	<i>entecavir tab 0.5 mg</i>	112
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	86	<i>entecavir tab 1 mg</i>	112
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	86	ENTRESTO CAP 15-16MG	121
<i>enalapril maleate oral soln 1 mg/ml</i>	82	ENTRESTO CAP 6-6MG	121
<i>enalapril maleate tab 10 mg</i>	82	ENTRESTO TAB 24-26MG	121
<i>enalapril maleate tab 2.5 mg</i>	82	ENTRESTO TAB 49-51MG	121
<i>enalapril maleate tab 20 mg</i>	82	ENTRESTO TAB 97-103MG.....	121
<i>enalapril maleate tab 5 mg</i>	82	ENTYVIO PEN INJ 108/0.68.....	157
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ENBREL INJ 25MG	32	ENVARBUS XR TAB 0.75MG.....	174
ENBREL INJ 50MG/ML	32	ENVARBUS XR TAB 1MG	174
ENBREL MINI INJ 50MG/ML.....	32	ENVARBUS XR TAB 4MG.....	174
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ENCARE SUP 100MG.....	207	EPANED SOL 1MG/ML	82
ENDARI POW 5GM	162	EPCLUSA PAK 150-37.5	112
<i>endocet tab 10-325mg</i>	39	EPCLUSA PAK 200-50MG	112
<i>endocet tab 2.5-325</i>	39	EPCLUSA TAB 200-50MG	112
<i>endocet tab 5-325mg</i>	39	EPCLUSA TAB 400-100.....	112
<i>endocet tab 7.5-325</i>	39	EPIDIOLEX SOL 100MG/ML	57
ENDOMETRIN SUP 100MG	207	EPIFOAM AER 1%.....	141
<i>enilloring mis</i>	131	<i>epinastine hcl ophth soln 0.05%</i>	186
<i>enoxaparin sodium inj 300 mg/3ml</i>	54	EPINEPHRINE INJ 1MG/ML.....	208
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	55	<i>epinephrine inj 1 mg/ml (1:1000)</i>	208
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	55	<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	208
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	55	<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	208
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	54	<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	208
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	54	<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	208
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	55	EPIPEN 2-PAK INJ 0.3MG	208
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	55	EPIPEN-JR INJ 0.15MG.....	208
<i>enpresse-28 tab</i>	126	<i>epitol tab 200mg</i>	58
		EPIVIR SOL 10MG/ML	109
		EPIVIR TAB 150MG	110
		EPIVIR TAB 300MG.....	110
		<i>eplerenone tab 25 mg</i>	89
		<i>eplerenone tab 50 mg</i>	89
		EPOGEN INJ 10000/ML	162

EPOGEN INJ 2000/ML	162	<i>erythromycin tab delayed release 500 mg</i>	168
EPOGEN INJ 20000/ML.....	162	.....	168
EPOGEN INJ 3000/ML	162	ESBRIET CAP 267MG.....	196
EPOGEN INJ 4000/ML	162	ESBRIET TAB 267MG	196
EPRONTIA SOL 25MG/ML	58	ESBRIET TAB 801MG	196
EPZICOM TAB 600-300.....	110	<i>escitalopram oxalate soln 5 mg/5ml (base</i>	
EQUETRO CAP 100MG	104	<i>equiv)</i>	65
EQUETRO CAP 200MG	104	<i>escitalopram oxalate tab 10 mg (base</i>	
EQUETRO CAP 300MG	104	<i>equiv)</i>	65
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	208	<i>escitalopram oxalate tab 20 mg (base</i>	
<i>ergoloid mesylates tab 1 mg</i>	194	<i>equiv)</i>	65
ERGOMAR SUB 2MG	170	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	170	.....	65
ERIVEDGE CAP 150MG	93	ESGIC TAB.....	32
ERLEADA TAB 240MG	93	<i>esomeprazole magnesium cap delayed</i>	
ERLEADA TAB 60MG	93	<i>release 20 mg (base eq)</i>	203
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	92	<i>esomeprazole magnesium cap delayed</i>	
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	92	<i>release 40 mg (base eq)</i>	203
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	92	<i>esomeprazole magnesium for delayed</i>	
ERMEZA SOL 150/5ML.....	199	<i>release susp pack 2.5 mg</i>	204
<i>errin tab 0.35mg</i>	131	<i>esomeprazole magnesium for delayed</i>	
<i>ertapenem sodium for inj 1 gm (base</i>		<i>release susp packet 10 mg</i>	204
<i>equivalent)</i>	44	<i>esomeprazole magnesium for delayed</i>	
<i>ery pad 2%</i>	135	<i>release susp packet 20 mg.....</i>	204
ERYPED SUS 200/5ML.....	168	<i>esomeprazole magnesium for delayed</i>	
ERYPED SUS 400/5ML.....	168	<i>release susp packet 40 mg</i>	204
<i>ery-tab tab 250mg ec</i>	168	<i>esomeprazole magnesium for delayed</i>	
<i>ery-tab tab 333mg ec</i>	168	<i>release susp packet 5 mg</i>	204
<i>ery-tab tab 500mg ec</i>	168	<i>estarylla tab 0.25-35</i>	126
<i>erythromycin ethylsuccinate for susp 200</i>		<i>estazolam tab 1 mg.....</i>	165
<i>mg/5ml.....</i>	168	<i>estazolam tab 2 mg</i>	165
<i>erythromycin ethylsuccinate for susp 400</i>		ESTRACE TAB 0.5MG	153
<i>mg/5ml.....</i>	168	ESTRACE TAB 1MG	153
<i>erythromycin ethylsuccinate tab 400 mg</i>		ESTRACE TAB 2MG.....	153
.....	168	ESTRACE VAG CRE 0.01%	207
<i>erythromycin gel 2%.....</i>	135	<i>estradiol & norethindrone acetate tab 0.5-</i>	
<i>erythromycin ophth oint 5 mg/gm</i>	184	<i>0.1 mg</i>	153
<i>erythromycin soln 2%.....</i>	135	<i>estradiol & norethindrone acetate tab 1-0.5</i>	
<i>erythromycin tab 250 mg</i>	168	<i>mg</i>	153
<i>erythromycin tab 500 mg.....</i>	168	<i>estradiol gel 0.06% (0.75 mg/1.25 gm</i>	
<i>erythromycin tab delayed release 250 mg</i>		<i>metered-dose pump)</i>	154
.....	168	<i>estradiol tab 0.5 mg</i>	154
<i>erythromycin tab delayed release 333 mg</i>		<i>estradiol tab 1 mg</i>	154
.....	168	<i>estradiol tab 2 mg.....</i>	154

estradiol td gel 0.25 mg/0.25gm (0.1%)	154	etodolac cap 300 mg	30
estradiol td gel 0.5 mg/0.5gm (0.1%)	154	etodolac tab 400 mg	30
estradiol td gel 0.75 mg/0.75gm (0.1%)	154	etodolac tab 500 mg	30
estradiol td gel 1.25 mg/1.25gm (0.1%)	154	etodolac tab er 24hr 400 mg	30
estradiol td gel 1 mg/gm (0.1%)	154	etodolac tab er 24hr 500 mg	30
estradiol td patch twice weekly 0.025 mg/24hr	154	etodolac tab er 24hr 600 mg	30
estradiol td patch twice weekly 0.0375 mg/24hr	154	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	131
estradiol td patch twice weekly 0.05 mg/24hr	154	etoposide cap 50 mg	100
estradiol td patch twice weekly 0.075 mg/24hr	154	etravirine tab 100 mg	110
estradiol td patch twice weekly 0.1 mg/24hr	154	etravirine tab 200 mg	110
estradiol td patch weekly 0.025 mg/24hr	154	EUCRISA OIN 2%	143
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	154	euthyrox tab 100mcg	199
estradiol td patch weekly 0.05 mg/24hr	154	euthyrox tab 112mcg	199
estradiol td patch weekly 0.06 mg/24hr	154	euthyrox tab 125mcg	199
estradiol td patch weekly 0.075 mg/24hr	154	euthyrox tab 137mcg	199
estradiol td patch weekly 0.1 mg/24hr	154	euthyrox tab 150mcg	199
estradiol vaginal cream 0.1 mg/gm	207	euthyrox tab 175mcg	199
estradiol vaginal tab 10 mcg	207	euthyrox tab 200mcg	199
estradiol valerate im in oil 20 mg/ml	154	euthyrox tab 25mcg	199
estradiol valerate im in oil 40 mg/ml	154	euthyrox tab 50mcg	199
ESTRING MIS 2MG	207	euthyrox tab 75mcg	199
ESTRING MIS 7.5/24HR	207	euthyrox tab 88mcg	199
ESTROGEL GEL 0.06%	154	EVAMIST SPR 1.53MG	154
eszopiclone tab 1 mg	165	everolimus tab 0.25 mg	174
eszopiclone tab 2 mg	165	everolimus tab 0.5 mg	174
eszopiclone tab 3 mg	165	everolimus tab 0.75 mg	174
ethacrynic acid tab 25 mg	146	everolimus tab 10 mg	95
ethambutol hcl tab 100 mg	90	everolimus tab 1 mg	174
ethambutol hcl tab 400 mg	90	everolimus tab 2.5 mg	95
ethosuximide cap 250 mg	63	everolimus tab 5 mg	95
ethosuximide soln 250 mg/5ml	63	everolimus tab 7.5 mg	95
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	126	everolimus tab for oral susp 2 mg	95
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	126	everolimus tab for oral susp 3 mg	95
etodolac cap 200 mg	30	everolimus tab for oral susp 5 mg	95
		EVISTA TAB 60MG	149
		EVOTAZ TAB 300-150	110
		EVOXAC CAP 30MG	177
		EVRYSDI SOL	182
		EVRYSDI TAB 5MG	182
		EXELDERM CRE 1%	137
		EXELDERM SOL 1%	137
		EXELON DIS 13.3/24	190
		EXELON DIS 4.6MG/24	190

EXELON DIS 9.5MG/24	190	FEMARA TAB 2.5MG	93
<i>exemestane tab 25 mg</i>	93	FEMRING MIS 0.05/24H.....	207
EXFORGE TAB 10-160MG	86	FEMRING MIS 0.1MG/24	207
EXFORGE TAB 10-320MG.....	86	<i>fenofibrate cap 150 mg</i>	79
EXFORGE TAB 5-160MG.....	86	<i>fenofibrate cap 50 mg</i>	79
EXFORGE TAB 5-320MG	86	<i>fenofibrate micronized cap 130 mg</i>	79
EXJADE TAB 125MG.....	74	<i>fenofibrate micronized cap 134 mg</i>	79
EXJADE TAB 250MG	74	<i>fenofibrate micronized cap 200 mg</i>	79
EXJADE TAB 500MG.....	74	<i>fenofibrate micronized cap 43 mg</i>	79
EYSUVIS DRO 0.25%	185	<i>fenofibrate micronized cap 67 mg</i>	79
EZALLOR SPR CAP 10MG.....	80	<i>fenofibrate tab 145 mg</i>	79
EZALLOR SPR CAP 20MG	80	<i>fenofibrate tab 160 mg</i>	79
EZALLOR SPR CAP 40MG.....	80	<i>fenofibrate tab 48 mg</i>	79
EZALLOR SPR CAP 5MG	80	<i>fenofibrate tab 54 mg</i>	79
<i>ezetimibe-simvastatin tab 10-10 mg</i>	78	<i>fenofibric acid tab 105 mg</i>	79
<i>ezetimibe-simvastatin tab 10-20 mg</i>	78	<i>fenofibric acid tab 35 mg</i>	79
<i>ezetimibe-simvastatin tab 10-40 mg</i>	78	<i>fenopropfen calcium tab 600 mg</i>	30
<i>ezetimibe-simvastatin tab 10-80 mg</i>	78	<i>fantanyl citrate buccal tab 100 mcg (base</i> <i>equiv)</i>	33
<i>ezetimibe tab 10 mg</i>	81	<i>fantanyl citrate buccal tab 200 mcg (base</i> <i>equiv)</i>	33
F		<i>fantanyl citrate buccal tab 400 mcg (base</i> <i>equiv)</i>	33
<i>falmina tab</i>	126	<i>fantanyl citrate buccal tab 600 mcg (base</i> <i>equiv)</i>	33
<i>famciclovir tab 125 mg</i>	113	<i>fantanyl citrate buccal tab 800 mcg (base</i> <i>equiv)</i>	33
<i>famciclovir tab 250 mg</i>	113	<i>fantanyl td patch 72hr 100 mcg/hr</i>	34
<i>famciclovir tab 500 mg</i>	113	<i>fantanyl td patch 72hr 12 mcg/hr</i>	33
<i>famotidine for susp 40 mg/5ml</i>	203	<i>fantanyl td patch 72hr 25 mcg/hr</i>	33
<i>famotidine tab 20 mg</i>	203	<i>fantanyl td patch 72hr 50 mcg/hr</i>	34
<i>famotidine tab 40 mg</i>	203	<i>fantanyl td patch 72hr 75 mcg/hr</i>	34
FARESTON TAB 60MG.....	93	FENTORA TAB 200MCG.....	34
FARXIGA TAB 10MG	73	FENTORA TAB 400MCG.....	34
FARXIGA TAB 5MG.....	73	FENTORA TAB 600MCG.....	34
FASENRA PEN INJ 30MG/ML.....	49	FENTORA TAB 800MCG.....	34
<i>fayosim tab</i>	126	FERPRX 2-DAY TAB 1000MG.....	74
<i>febuxostat tab 40 mg</i>	160	FERRIPROX SOL 100MG/ML.....	74
<i>febuxostat tab 80 mg</i>	160	FERRIPROX TAB 1000MG.....	74
<i>feirza tab 1/20</i>	126	FERRIPROX TAB 500MG	74
<i>feirza tab 1.5/30</i>	126	<i>fesoterodine fumarate tab er 24hr 4 mg</i> 206	
<i>felbamate susp 600 mg/5ml</i>	62	<i>fesoterodine fumarate tab er 24hr 8 mg</i> 206	
<i>felbamate tab 400 mg</i>	62	FETZIMA CAP 120MG.....	67
<i>felbamate tab 600 mg</i>	62	FETZIMA CAP 20MG	67
FELDENE CAP 10MG	30		
FELDENE CAP 20MG.....	30		
<i>felodipine tab er 24hr 10 mg</i>	117		
<i>felodipine tab er 24hr 2.5 mg</i>	117		
<i>felodipine tab er 24hr 5 mg</i>	117		

FETZIMA CAP 40MG	67	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	182
FETZIMA CAP 80MG	67	<i>fluocinolone acetonide (otic) oil 0.01% ...</i>	188
FETZIMA CAP TITRATIO	67	<i>fluocinolone acetonide cream 0.01%</i>	141
FIASP FLEX INJ TOUCH	72	<i>fluocinolone acetonide cream 0.025%</i>	141
FIASP INJ 100/ML	72	<i>fluocinolone acetonide oil 0.01% (body oil)</i>	141
FIASP PENFIL INJ U-100	72	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	141
FIASP PMPCRT INJ U-100	72	<i>fluocinolone acetonide oint 0.025%.....</i>	141
FIBRICOR TAB 105MG.....	79	<i>fluocinolone acetonide soln 0.01%</i>	141
FIBRICOR TAB 35MG.....	79	<i>fluocinonide cream 0.05%</i>	141
FINACEA AER 15%	144	<i>fluocinonide emulsified base cream 0.05%</i>	141
FINACEA GEL 15%.....	144	<i>fluocinonide gel 0.05%</i>	141
<i>finasteride tab 5 mg</i>	159	<i>fluocinonide oint 0.05%</i>	141
<i>finzala chw fe 1/20</i>	126	<i>fluocinonide soln 0.05%</i>	141
FIRAZYR INJ 30MG/3ML	160	<i>fluoridex pst 1.1%</i>	176
FIRDAPSE TAB 10MG	90	FLUORID SENS GEL 1.1-5%	176
FIRST-OMEPRASUS 2MG/ML	204	FLUORMX 5000 GEL SENSITIV	176
FIRST-PANTPR SUS 4MG/ML	204	<i>fluormx 5000 pst 1.1%</i>	176
FIRVANQ SOL 25MG/ML.....	44	<i>fluorometholone ophth susp 0.1%</i>	185
FIRVANQ SOL 50MG/ML	44	<i>fluorouracil cream 0.5%</i>	137
<i>flac oil 0.01%</i>	188	<i>fluorouracil cream 5%</i>	137
FLAREX SUS 0.1% OP	185	<i>fluorouracil soln 2%.....</i>	137
<i>flavoxate hcl tab 100 mg</i>	207	<i>fluorouracil soln 5%</i>	137
<i>flecainide acetate tab 100 mg</i>	48	<i>fluoxetine hcl cap 10 mg</i>	65
<i>flecainide acetate tab 150 mg</i>	48	<i>fluoxetine hcl cap 20 mg.....</i>	65
<i>flecainide acetate tab 50 mg.....</i>	48	<i>fluoxetine hcl cap 40 mg.....</i>	65
FLEQSUVY SUS 25MG/5ML	180	<i>fluoxetine hcl cap delayed release 90 mg</i>	65
FLOMAX CAP 0.4MG.....	159	<i>fluoxetine hcl solution 20 mg/5ml</i>	65
FLORIVA DRO PLUS	177	<i>fluoxetine hcl tab 60 mg</i>	65
FLOVENT DISK AER 100MCG	51	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	107
FLOVENT DISK AER 250MCG.....	51	<i>fluphenazine hcl oral conc 5 mg/ml.....</i>	107
FLOVENT DISK AER 50MCG.....	51	<i>fluphenazine hcl tab 10 mg.....</i>	107
FLOVENT HFA AER 110MCG	51	<i>fluphenazine hcl tab 1 mg</i>	107
FLOVENT HFA AER 220MCG	51	<i>fluphenazine hcl tab 2.5 mg</i>	107
FLOVENT HFA AER 44MCG	51	<i>fluphenazine hcl tab 5 mg</i>	107
<i>fluconazole for susp 10 mg/ml</i>	76	<i>flurandrenolide cream 0.05%</i>	141
<i>fluconazole for susp 40 mg/ml</i>	76	<i>flurandrenolide lotion 0.05%.....</i>	141
<i>fluconazole tab 100 mg</i>	76	<i>flurazepam hcl cap 15 mg.....</i>	165
<i>fluconazole tab 150 mg.....</i>	77	<i>flurazepam hcl cap 30 mg.....</i>	165
<i>fluconazole tab 200 mg.....</i>	77	<i>flurbiprofen sodium ophth soln 0.03%....</i>	186
<i>fluconazole tab 50 mg</i>	76	<i>flurbiprofen tab 100 mg.....</i>	30
<i>fludrocortisone acetate tab 0.1 mg</i>	133		

<i>flurbiprofen tab 50 mg</i>	30	<i>fluvoxamine maleate tab 50 mg</i>	65
<i>fluticasone propionate aer pow ba 100</i>		<i>FML FORTE SUS 0.25% OP</i>	185
<i>mcg/act</i>	51	<i>FOCALIN TAB 10MG</i>	23
<i>fluticasone propionate aer pow ba 250</i>		<i>FOCALIN TAB 2.5MG</i>	23
<i>mcg/act</i>	51	<i>FOCALIN TAB 5MG</i>	23
<i>fluticasone propionate aer pow ba 50</i>		<i>FOCALIN XR CAP 10MG</i>	23
<i>mcg/act</i>	51	<i>FOCALIN XR CAP 15MG</i>	23
<i>fluticasone propionate cream 0.05%</i>	141	<i>FOCALIN XR CAP 20MG</i>	23
<i>fluticasone propionate hfa inhal aer 110</i>		<i>FOCALIN XR CAP 25MG</i>	24
<i>mcg/act</i>	51	<i>FOCALIN XR CAP 30MG</i>	24
<i>fluticasone propionate hfa inhal aer 220</i>		<i>FOCALIN XR CAP 35MG</i>	24
<i>mcg/act</i>	51	<i>FOCALIN XR CAP 40MG</i>	24
<i>fluticasone propionate hfa inhal aero 44</i>		<i>FOCALIN XR CAP 5MG</i>	23
<i>mcg/act</i>	51	<i>folic acid cap 0.8 mg</i>	162
<i>fluticasone propionate lotion 0.05%</i>	141	<i>folic acid tab 1 mg</i>	162
<i>fluticasone propionate oint 0.005%</i>	141	<i>folic acid tab 400 mcg</i>	162
<i>fluticasone-salmeterol aer powder ba 100-</i>		<i>folic acid tab 800 mcg</i>	162
<i>50 mcg/act</i>	52	<i>FOLIVANE-OB CAP</i>	178
<i>fluticasone-salmeterol aer powder ba 113-</i>		<i>FOLLISTIM AQ INJ 300UNIT</i>	148
<i>14 mcg/act</i>	52	<i>FOLLISTIM AQ INJ 600UNIT</i>	148
<i>fluticasone-salmeterol aer powder ba 232-</i>		<i>FOLLISTIM AQ INJ 900UNIT</i>	148
<i>14 mcg/act</i>	52	<i>fondaparinux sodium subcutaneous inj 10</i>	
<i>fluticasone-salmeterol aer powder ba 250-</i>		<i>mg/0.8ml</i>	55
<i>50 mcg/act</i>	52	<i>fondaparinux sodium subcutaneous inj 2.5</i>	
<i>fluticasone-salmeterol aer powder ba 500-</i>		<i>mg/0.5ml</i>	55
<i>50 mcg/act</i>	52	<i>fondaparinux sodium subcutaneous inj 5</i>	
<i>fluticasone-salmeterol aer powder ba 55-14</i>		<i>mg/0.4ml</i>	55
<i>mcg/act</i>	52	<i>fondaparinux sodium subcutaneous inj 7.5</i>	
<i>fluticasone-salmeterol inhal aerosol 115-21</i>		<i>mg/0.6ml</i>	55
<i>mcg/act</i>	52	<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	
<i>fluticasone-salmeterol inhal aerosol 230-21</i>		.....	52
<i>mcg/act</i>	52	<i>FORTEO INJ 600/2.4</i>	147
<i>fluticasone-salmeterol inhal aerosol 45-21</i>		<i>FORTESTA GEL 10MG/ACT</i>	42
<i>mcg/act</i>	52	<i>FOSAMAX + D TAB 70-2800</i>	147
<i>fluvastatin sodium cap 20 mg (base</i>		<i>FOSAMAX + D TAB 70-5600</i>	147
<i>equivalent)</i>	80	<i>FOSAMAX TAB 70MG</i>	147
<i>fluvastatin sodium cap 40 mg (base</i>		<i>fosamprenavir calcium tab 700 mg (base</i>	
<i>equivalent)</i>	80	<i>equiv)</i>	110
<i>fluvastatin sodium tab er 24 hr 80 mg (base</i>		<i>fosfomycin tromethamine powd pack 3 gm</i>	
<i>equivalent)</i>	80	<i>(base equivalent)</i>	45
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	65	<i>fosinopril sodium & hydrochlorothiazide tab</i>	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	65	<i>10-12.5 mg</i>	86
<i>fluvoxamine maleate tab 100 mg</i>	65	<i>fosinopril sodium & hydrochlorothiazide tab</i>	
<i>fluvoxamine maleate tab 25 mg</i>	65	<i>20-12.5 mg</i>	86

<i>fosinopril sodium tab 10 mg</i>	82	FYCOMPA TAB 4MG	56
<i>fosinopril sodium tab 20 mg</i>	82	FYCOMPA TAB 6MG	56
<i>fosinopril sodium tab 40 mg</i>	82	FYCOMPA TAB 8MG	56
FOSRENOL CHW 1000MG	158	FYLNETRA INJ 6MG/0.6	162
FOSRENOL CHW 500MG.....	158	<i>fyremadel sol 250/0.5</i>	148
FOSRENOL CHW 750MG.....	158	G	
FOSRENOL POW 1000MG	158	<i>gabapentin (once-daily) tab 300 mg</i>	194
FOSRENOL POW 750MG	158	<i>gabapentin (once-daily) tab 600 mg</i>	194
FOTIVDA CAP 0.89MG.....	95	<i>gabapentin cap 100 mg</i>	58
FOTIVDA CAP 1.34MG.....	95	<i>gabapentin cap 300 mg</i>	58
FRAGMIN INJ 10000/ML.....	55	<i>gabapentin cap 400 mg</i>	58
FRAGMIN INJ 12500UNT	55	<i>gabapentin oral soln 250 mg/5ml</i>	58
FRAGMIN INJ 15000UNT.....	55	<i>gabapentin tab 600 mg</i>	58
FRAGMIN INJ 18000UNT.....	55	<i>gabapentin tab 800 mg</i>	58
FRAGMIN INJ 2500/0.2.....	55	GABITRIL TAB 12MG.....	62
FRAGMIN INJ 2500/ML.....	55	GABITRIL TAB 16MG.....	62
FRAGMIN INJ 5000/0.2.....	55	GABITRIL TAB 2MG	62
FRAGMIN INJ 7500/0.3.....	55	GABITRIL TAB 4MG	62
FRAGMIN INJ 95000UNT	55	GALAFOLD CAP 123MG	150
<i>fraiche 5000 gel 1.1%</i>	176	<i>galantamine hydrobromide cap er 24hr 16</i> <i>mg</i>	190
FREESTY LIBR KIT 2 SENSOR.....	169	<i>galantamine hydrobromide cap er 24hr 24</i> <i>mg</i>	190
FREESTY LIBR KIT 3 SENSOR.....	169	<i>galantamine hydrobromide cap er 24hr 8</i> <i>mg</i>	190
FREESTY LIBR KIT SENSOR	169	<i>galantamine hydrobromide oral soln 4</i> <i>mg/ml</i>	190
FREESTY LIBR MIS 2 READER	169	<i>galantamine hydrobromide tab 12 mg</i>	190
FREESTY LIBR MIS 3 READER	169	<i>galantamine hydrobromide tab 4 mg</i>	190
FREESTY LIBR MIS READER	169	<i>galantamine hydrobromide tab 8 mg</i>	190
<i>frovatriptan succinate tab 2.5 mg (base</i> <i>equivalent)</i>	171	<i>gallifrey tab 5mg</i>	189
FRUZAQLA CAP 1MG.....	92	GALZIN CAP 25MG	173
FRUZAQLA CAP 5MG	92	GALZIN CAP 50MG	173
FULPHILA INJ 6/0.6ML	162	<i>ganirelix acetate soln prefilled syringe 250</i> <i>mcg/0.5ml</i>	148
<i>furosemide inj 10 mg/ml</i>	146	GANIRELIX AC INJ 250/0.5	148
<i>furosemide oral soln 10 mg/ml</i>	146	GASTROCROM CON 100/5ML.....	156
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<i>furosemide tab 40 mg</i>	146	<i>gavilyte-c sol</i>	167
<i>furosemide tab 80 mg</i>	146	<i>gavilyte-g sol</i>	167
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<i>generlac sol 10gm/15</i>	157	<i>glipizide xl tab 5mg</i>	73
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<i>gengraf cap 25mg</i>	174	<i>glucagon (rdna) for inj kit 1 mg</i>	71
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GEODON CAP 60MG	104	<i>glyburide-metformin tab 2.5-500 mg</i>	70
GEODON CAP 80MG	104	<i>glyburide-metformin tab 5-500 mg</i>	70
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<i>glatopa inj 20mg/ml</i>	193	<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	202
<i>glatopa inj 40mg/ml</i>	193	<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i> 202	
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GLEEVEC TAB 400MG	95	<i>glycopyrrolate oral soln 1 mg/5ml</i>	202
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<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	21	HEPAGAM B INJ.....	188
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<i>hydroxychloroquine sulfate tab 200 mg</i> ...89		<i>ibuprofen tab 600 mg</i>	30
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<i>hydroxyurea cap 500 mg</i>	100	<i>ibu tab 600mg</i>	30
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	47	<i>ibu tab 800mg</i>	30
<i>hydroxyzine hcl tab 10 mg</i>	47	<i>icatibant acetate subcutaneous soln pref</i>	
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<i>hyoscyamine sulfate sl tab 0.125 mg</i>	202	IDHIFA TAB 50MG	96
<i>hyoscyamine sulfate tab 0.125 mg</i>	202	ILEVRO DRO 0.3% OP	186
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I		<i>imipramine pamoate cap 150 mg</i>	69
<i>ibandronate sodium tab 150 mg (base</i>		<i>imipramine pamoate cap 75 mg</i>	69
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<i>indomethacin cap 25 mg</i>	30	ISENTRESS POW 100MG	110
<i>indomethacin cap 50 mg</i>	31	ISENTRESS TAB 400MG	110
<i>indomethacin cap er 75 mg</i>	31	<i>isibloom tab</i>	127
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INGREZZA CAP 40MG	192	<i>isoniazid syrup 50 mg/5ml</i>	90
INGREZZA CAP 60MG	192	<i>isoniazid tab 100 mg</i>	90
INGREZZA CAP 80MG	192	<i>isoniazid tab 300 mg</i>	90
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INVEGA TAB 6MG	105	46
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INVELTYS SUS 1%	185	<i>isotretinoin cap 20 mg</i>	135
IOPIDINE SOL 1% OP	184	<i>isotretinoin cap 25 mg</i>	135
<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>		<i>isotretinoin cap 30 mg</i>	135
<i>mg/3ml</i>	52	<i>isotretinoin cap 35 mg</i>	135
<i>ipratropium bromide inhal soln 0.02%</i>	50	<i>isotretinoin cap 40 mg</i>	135
<i>ipratropium bromide nasal soln 0.03% (21</i>		<i>isradipine cap 2.5 mg</i>	117
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<i>12.5 mg</i>	87	<i>ivabradine hcl tab 5 mg (base equiv)</i>	123
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<i>irbesartan tab 300 mg</i>	83	<i>ivermectin cream 1%</i>	144
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<i>jantoven tab 1mg</i>	54	<i>junel fe 24 tab 1/20</i>	127
<i>jantoven tab 2.5mg</i>	54	<i>junel fe tab 1/20</i>	127
<i>jantoven tab 2mg</i>	54	<i>junel fe tab 1.5/30</i>	127
<i>jantoven tab 3mg</i>	54	<i>just right gel 5000</i>	176
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<i>ketoconazole cream 2%</i>	137	KYNMOBI MIS 20MG	102
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<i>lamotrigine tab 200 mg</i>	59	<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	
<i>lamotrigine tab 25 mg</i>	59	96
<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i>		<i>larin 24 tab fe 1/20</i>	127
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<i>lamotrigine tab 35 x 25 mg starter kit</i>	59	<i>larin fe tab 1.5/30</i>	127
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i>		<i>larin tab 1/20</i>	127
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<i>lamotrigine tab er 24hr 300 mg</i>	59	<i>leflunomide tab 20 mg</i>	32

<i>lenalidomide cap 10 mg</i>	173	<i>levetiracetam tab 250 mg</i>	59
<i>lenalidomide cap 15 mg</i>	173	<i>levetiracetam tab 500 mg</i>	59
<i>lenalidomide cap 20 mg</i>	173	<i>levetiracetam tab 750 mg</i>	59
<i>lenalidomide cap 25 mg</i>	173	<i>levetiracetam tab er 24hr 500 mg</i>	59
<i>lenalidomide cap 5 mg</i>	173	<i>levetiracetam tab er 24hr 750 mg</i>	59
<i>lenalidomide caps 2.5 mg</i>	173	<i>levobunolol hcl ophth soln 0.5%</i>	183
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LENVIMA CAP 12MG	92	<i>levocarnitine tab 330 mg</i>	150
LENVIMA CAP 14 MG	92	<i>levocetirizine dihydrochloride soln 2.5</i>	
LENVIMA CAP 18 MG	92	<i>mg/5ml (0.5 mg/ml)</i>	77
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<i>letrozole tab 2.5 mg</i>	93	<i>levonorgestrel & ethinyl estradiol (91-day)</i>	
<i>leucovorin calcium inj 100 mg/10ml (10</i>		<i>tab 0.15-0.03 mg</i>	127
<i>mg/ml)</i>	100	<i>levonorgestrel & ethinyl estradiol tab 0.15</i>	
<i>leucovorin calcium inj 500 mg/50ml (10</i>		<i>mg-30 mcg</i>	127
<i>mg/ml)</i>	100	<i>levonorgestrel & ethinyl estradiol tab 0.1</i>	
<i>leucovorin calcium tab 10 mg</i>	100	<i>mg-20 mcg</i>	127
<i>leucovorin calcium tab 15 mg</i>	100	<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>leucovorin calcium tab 25 mg</i>	100	<i>30/0.075-40/0.125-30mg-mcg</i>	128
<i>leucovorin calcium tab 5 mg</i>	100	<i>levonorgestrel-ethinyl estradiol</i>	
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<i>mg/ml)</i>	93	<i>est tab 0.01mg(7)</i>	127
<i>levabuterol hcl soln nebu 0.31 mg/3ml</i>		<i>levonorg-eth est tab 0.15-0.03mg(84) & eth</i>	
<i>(base equiv)</i>	53	<i>est tab 0.01mg(7)</i>	127
<i>levabuterol hcl soln nebu 0.63 mg/3ml</i>		<i>levora-28 tab 0.15/30</i>	128
<i>(base equiv)</i>	53	<i>levothyroxine sodium cap 100 mcg</i>	199
<i>levabuterol hcl soln nebu 1.25 mg/3ml</i>		<i>levothyroxine sodium cap 112 mcg</i>	199
<i>(base equiv)</i>	53	<i>levothyroxine sodium cap 125 mcg</i>	199
<i>levabuterol hcl soln nebu conc 1.25</i>		<i>levothyroxine sodium cap 137 mcg</i>	199
<i>mg/0.5ml (base equiv)</i>	53	<i>levothyroxine sodium cap 13 mcg</i>	199
<i>levabuterol tartrate inhal aerosol 45</i>		<i>levothyroxine sodium cap 150 mcg</i>	199
<i>mcg/act (base equiv)</i>	53	<i>levothyroxine sodium cap 175 mcg</i>	199
LEVBID TAB 0.375 ER	202	<i>levothyroxine sodium cap 200 mcg</i>	199
<i>levetiracetam oral soln 100 mg/ml</i>	59	<i>levothyroxine sodium cap 25 mcg</i>	199
<i>levetiracetam tab 1000 mg</i>	59	<i>levothyroxine sodium cap 50 mcg</i>	199

<i>levothyroxine sodium cap 75 mcg</i>	199	LIBERVANT MIS 10MG	56
<i>levothyroxine sodium cap 88 mcg</i>	199	LIBERVANT MIS 12.5MG	56
<i>levothyroxine sodium tab 100 mcg</i>	200	LIBERVANT MIS 15MG	56
<i>levothyroxine sodium tab 112 mcg</i>	200	LIBERVANT MIS 5MG.....	56
<i>levothyroxine sodium tab 125 mcg</i>	200	LIBERVANT MIS 7.5MG.....	56
<i>levothyroxine sodium tab 137 mcg</i>	200	<i>lidocaine hcl cream 3%</i>	143
<i>levothyroxine sodium tab 150 mcg</i>	200	<i>lidocaine hcl laryngotracheal soln 4%</i>	176
<i>levothyroxine sodium tab 175 mcg</i>	200	<i>lidocaine hcl lotion 3%</i>	143
<i>levothyroxine sodium tab 200 mcg</i>	200	<i>lidocaine hcl soln 4%</i>	143
<i>levothyroxine sodium tab 25 mcg</i>	200	<i>lidocaine hcl urethral/mucosal gel prefilled</i>	
<i>levothyroxine sodium tab 300 mcg</i>	200	<i>syringe 2%</i>	143
<i>levothyroxine sodium tab 50 mcg</i>	200	<i>lidocaine hcl viscous soln 2%</i>	176
<i>levothyroxine sodium tab 75 mcg</i>	200	<i>lidocaine-hydrocortisone acetate perianal</i>	
<i>levothyroxine sodium tab 88 mcg</i>	200	<i>cream 3-0.5%</i>	43
<i>levo-t tab 100mcg</i>	199	<i>lidocaine oint 5%</i>	143
<i>levo-t tab 112mcg</i>	199	<i>lidocaine patch 5%</i>	143
<i>levo-t tab 125mcg</i>	199	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	143
<i>levo-t tab 137mcg</i>	199	<i>lidocan pad 5%</i>	143
<i>levo-t tab 150mcg</i>	199	<i>lidocort cre 3-0.5%</i>	43
<i>levo-t tab 175mcg</i>	199	LIDODERM DIS 5%.....	143
<i>levo-t tab 200mcg</i>	199	<i>lido-sorb lot 3%</i>	143
<i>levo-t tab 25mcg</i>	199	LIKMEZ SUS 500/5ML	44
<i>levo-t tab 300 mcg</i>	199	<i>linezolid for susp 100 mg/5ml</i>	45
<i>levo-t tab 50mcg</i>	199	<i>linezolid tab 600 mg</i>	45
<i>levo-t tab 75mcg</i>	199	LINZESS CAP 145MCG	157
<i>levo-t tab 88mcg</i>	199	LINZESS CAP 290MCG.....	157
<i>levoxyl tab 100mcg</i>	200	LINZESS CAP 72MCG	157
<i>levoxyl tab 112mcg</i>	200	<i>liothyronine sodium tab 25 mcg</i>	200
<i>levoxyl tab 125mcg</i>	200	<i>liothyronine sodium tab 50 mcg</i>	200
<i>levoxyl tab 137mcg</i>	200	<i>liothyronine sodium tab 5 mcg</i>	200
<i>levoxyl tab 150mcg</i>	200	LIPITOR TAB 10MG.....	80
<i>levoxyl tab 175mcg</i>	200	LIPITOR TAB 20MG	80
<i>levoxyl tab 200mcg</i>	200	LIPITOR TAB 40MG	80
<i>levoxyl tab 25mcg</i>	200	LIPITOR TAB 80MG	80
<i>levoxyl tab 50mcg</i>	200	LIPOFEN CAP 150MG	79
<i>levoxyl tab 75mcg</i>	200	LIPOFEN CAP 50MG	79
<i>levoxyl tab 88mcg</i>	200	<i>lisdexamfetamine dimesylate cap 10 mg</i> ..18	
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<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	19	<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	190
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	19	<i>lojaimiess tab</i>	128
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<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	19	LO LOESTRIN TAB 1-10-10	128
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<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	87	LONSURF TAB 15-6.14.....	94
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<i>lisinopril tab 2.5 mg</i>	82	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	110
<i>lisinopril tab 20 mg</i>	82	<i>lopinavir-ritonavir tab 100-25 mg</i>	110
<i>lisinopril tab 30 mg</i>	82	<i>lopinavir-ritonavir tab 200-50 mg</i>	110
<i>lisinopril tab 40 mg</i>	82	LOPRESSOR TAB 100MG.....	114
<i>lisinopril tab 5 mg</i>	82	LOPRESSOR TAB 50MG	114
LITFULO CAP 50MG	142	<i>lorazepam tab 0.5 mg</i>	47
<i>lithium carbonate cap 150 mg</i>	103	<i>lorazepam tab 1 mg</i>	47
<i>lithium carbonate cap 300 mg</i>	104	<i>lorazepam tab 2 mg</i>	48
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<i>lithium carbonate tab er 300 mg</i>	104	<i>loryna tab 3-0.02mg</i>	128
<i>lithium carbonate tab er 450 mg</i>	104	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	87
<i>lithium oral solution 8 meq/5ml</i>	104	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	87
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LIVALO TAB 4MG	80	<i>losartan potassium tab 50 mg</i>	83
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<i>loestrin fe tab 1/20</i>	128	LOTENSIN HCT TAB 20-12.5	87
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		LOTENSIN TAB 10MG.....	82
		LOTENSIN TAB 20MG	82
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<i>loteprednol etabonate ophth susp 0.5%</i>	185	<i>lyllana dis 0.05mg</i>	154
LOTREL CAP 10-20MG	87	<i>lyllana dis 0.075mg</i>	154
LOTREL CAP 10-40MG	87	<i>lyllana dis 0.1mg</i>	154
LOTREL CAP 5-10MG	87	<i>lymepak tab 100mg</i>	197
LOTREL CAP 5-20MG	87	LYNPARZA TAB 100MG	96
<i>lovastatin tab 10 mg</i>	80	LYNPARZA TAB 150MG	97
<i>lovastatin tab 20 mg</i>	80	LYRICA CAP 100MG	59
<i>lovastatin tab 40 mg</i>	80	LYRICA CAP 150MG	60
LOVAZA CAP 1GM	78	LYRICA CAP 200MG	60
LOVENOX INJ 100MG/ML	55	LYRICA CAP 225MG	60
LOVENOX INJ 120/0.8	55	LYRICA CAP 25MG	59
LOVENOX INJ 150MG/ML	55	LYRICA CAP 300MG	60
LOVENOX INJ 30/0.3ML	55	LYRICA CAP 50MG	59
LOVENOX INJ 300/3ML	56	LYRICA CAP 75MG	59
LOVENOX INJ 40/0.4ML	55	LYRICA SOL 20MG/ML	60
LOVENOX INJ 60/0.6ML	55	LYSODREN TAB 500MG	93
LOVENOX INJ 80/0.8ML	55	LYTGOBI TAB 4MG	97
<i>low-ogestrel tab</i>	128	LYVISPAH GRA 10MG	180
<i>loxapine succinate cap 10 mg</i>	106	LYVISPAH GRA 20MG	180
<i>loxapine succinate cap 25 mg</i>	106	LYVISPAH GRA 5MG	180
<i>loxapine succinate cap 50 mg</i>	106	<i>lyza tab 0.35mg</i>	131
<i>loxapine succinate cap 5 mg</i>	106	M	
<i>lo-zumandimi tab 3-0.02mg</i>	128	MACROBID CAP 100MG	45
<i>lubiprostone cap 24 mcg</i>	156	MACRODANTIN CAP 100MG	45
<i>lubiprostone cap 8 mcg</i>	156	MACRODANTIN CAP 25MG	45
LUCEMYRA TAB 0.18MG	190	MACRODANTIN CAP 50MG	45
<i>luliconazole cream 1%</i>	137	<i>mafenide acetate packet for topical soln</i>	
LUMAKRAS TAB 120MG	96	5% (50 gm)	139
LUMAKRAS TAB 240MG	96	MALARONE TAB 250-100	89
LUMAKRAS TAB 320MG	96	MALARONE TAB 62.5-25	89
LUMIGAN SOL 0.01% OP	187	<i>malathion lotion 0.5%</i>	144
LUNESTA TAB 1MG	165	<i>maraviroc tab 150 mg</i>	110
LUNESTA TAB 2MG	165	<i>maraviroc tab 300 mg</i>	110
LUNESTA TAB 3MG	166	MARINOL CAP 10MG	75
<i>lurasidone hcl tab 120 mg</i>	104	MARINOL CAP 2.5MG	75
<i>lurasidone hcl tab 20 mg</i>	104	MARINOL CAP 5MG	75
<i>lurasidone hcl tab 40 mg</i>	104	<i>marlissa tab 0.15/30</i>	128
<i>lurasidone hcl tab 60 mg</i>	104	MARPLAN TAB 10MG	64
<i>lurasidone hcl tab 80 mg</i>	104	MATULANE CAP 50MG	100
<i>lutera tab</i>	128	<i>matzim la tab 180mg/24</i>	118
LUZU CRE 1%	137	<i>matzim la tab 240mg/24</i>	118
<i>lyleq tab 0.35mg</i>	131	<i>matzim la tab 300mg/24</i>	118
<i>lyllana dis 0.025mg</i>	154	<i>matzim la tab 360mg/24</i>	118

<i>matzim la tab 420mg/24</i>	118	<i>meloxicam tab 15 mg</i>	31
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MAXIDEX SUS 0.1% OP	185	<i>memantine hcl-donepezil hcl cap er 24hr</i>	
MAXITROL OIN 0.1% OP	185	<i>28-10 mg</i>	191
MAXITROL SUS 0.1% OP.....	185	<i>memantine hcl oral solution 2 mg/ml</i>	191
MAXZIDE-25 TAB	145	<i>memantine hcl tab 10 mg</i>	191
MAXZIDE TAB 75-50	145	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i>	
MAYZENT PAK STARTER.....	193	<i>titration pack</i>	191
MAYZENT TAB 0.25MG.....	193	<i>memantine hcl tab 5 mg</i>	191
MAYZENT TAB 1MG	193	MENEST TAB 0.3MG.....	154
MAYZENT TAB 2MG.....	193	MENEST TAB 0.625MG	154
<i>meclofenamate sodium cap 100 mg</i>	31	MENEST TAB 1.25MG	154
<i>meclofenamate sodium cap 50 mg</i>	31	MENEST TAB 2.5MG.....	154
MEDROL TAB 16MG	132	MENOPUR INJ 75UNIT	148
MEDROL TAB 2MG.....	132	MENOSTAR DIS 14MCG	154
MEDROL TAB 4MG.....	132	<i>meperidine hcl oral soln 50 mg/5ml</i>	35
MEDROL TAB 8MG.....	132	<i>meperidine hcl tab 50 mg</i>	35
<i>medroxyprogesterone acetate im susp 150</i>		<i>meprobamate tab 200 mg</i>	47
<i>mg/ml</i>	131	<i>meprobamate tab 400 mg</i>	47
<i>medroxyprogesterone acetate im susp</i>		MEPRON SUS	44
<i>prefilled syr 150 mg/ml</i>	131	<i>mercaptopurine tab 50 mg</i>	91
<i>medroxyprogesterone acetate tab 10 mg</i>		<i>merzee cap 1/20</i>	128
.....	189	<i>mesalamine cap dr 400 mg</i>	157
<i>medroxyprogesterone acetate tab 2.5 mg</i>		<i>mesalamine cap er 24hr 0.375 gm</i>	157
.....	189	<i>mesalamine cap er 500 mg</i>	157
<i>medroxyprogesterone acetate tab 5 mg</i>	189	<i>mesalamine enema 4 gm</i>	157
<i>mefenamic acid cap 250 mg</i>	31	<i>mesalamine suppos 1000 mg</i>	157
<i>mefloquine hcl tab 250 mg</i>	89	<i>mesalamine tab delayed release 1.2 gm</i> ..	157
<i>megestrol acetate susp 40 mg/ml</i>	93	<i>mesalamine tab delayed release 800 mg</i>	
<i>megestrol acetate susp 625 mg/5ml</i>	189	.....	157
<i>megestrol acetate tab 20 mg</i>	93	<i>mesna tab 400 mg</i>	100
<i>megestrol acetate tab 40 mg</i>	93	MESNEX TAB 400MG.....	100
MEKINIST SOL 0.05/ML	97	<i>metaxalone tab 800 mg</i>	180
MEKINIST TAB 0.5MG.....	97	<i>metformin hcl tab 1000 mg</i>	70
MEKINIST TAB 2MG	97	<i>metformin hcl tab 500 mg</i>	70
MEKTOVI TAB 15MG.....	97	<i>metformin hcl tab 850 mg</i>	70

<i>metformin hcl tab er 24hr 500 mg</i>	70	<i>methyldopa tab 250 mg</i>	84
<i>metformin hcl tab er 24hr 750 mg</i>	70	<i>methyldopa tab 500 mg</i>	84
<i>metformin hcl tab er 24hr modified release</i> <i>1000 mg</i>	71	<i>methylergonovine maleate tab 0.2 mg</i>	188
<i>metformin hcl tab er 24hr modified release</i> <i>500 mg</i>	71	METHYLIN SOL 10MG/5ML	24
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	71	METHYLIN SOL 5MG/5ML	24
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	71	<i>methylphenidate hcl cap er 10 mg (cd)</i>	24
<i>methadone hcl conc 10 mg/ml</i>	35	<i>methylphenidate hcl cap er 20 mg (cd)</i>	24
<i>methadone hcl inj 10 mg/ml</i>	35	<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	24
<i>methadone hcl soln 10 mg/5ml</i>	35	<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	24
<i>methadone hcl soln 5 mg/5ml</i>	35	<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	24
<i>methadone hcl tab 10 mg</i>	35	<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	24
<i>methadone hcl tab 5 mg</i>	35	<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	24
<i>methadone hcl tab for oral susp 40 mg</i>	35	<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	24
<i>methadose tab 40mg</i>	35	<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	24
<i>methazolamide tab 25 mg</i>	145	<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	24
<i>methazolamide tab 50 mg</i>	145	<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	24
<i>methenamine hippurate tab 1 gm</i>	45	<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	24
<i>methergine tab 0.2mg</i>	188	<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	25
<i>methimazole tab 10 mg</i>	198	<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	25
<i>methimazole tab 5 mg</i>	198	<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	25
<i>methitest tab 10mg</i>	42	<i>methylphenidate hcl cap er 24hr 50 mg (la)</i>	25
<i>methocarbamol tab 500 mg</i>	180	<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	25
<i>methocarbamol tab 750 mg</i>	180	<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	25
<i>methotrexate sodium for inj 1 gm</i>	91	<i>methylphenidate hcl cap er 30 mg (cd)</i>	25
<i>methotrexate sodium inj 250 mg/10ml (25</i> <i>mg/ml)</i>	91	<i>methylphenidate hcl cap er 40 mg (cd)</i>	25
<i>methotrexate sodium inj 50 mg/2ml (25</i> <i>mg/ml)</i>	91	<i>methylphenidate hcl cap er 50 mg (cd)</i>	25
<i>methotrexate sodium inj pf 1000 mg/40ml</i> <i>(25 mg/ml)</i>	91	<i>methylphenidate hcl cap er 60 mg (cd)</i>	25
<i>methotrexate sodium inj pf 250 mg/10ml</i> <i>(25 mg/ml)</i>	91	<i>methylphenidate hcl chew tab 10 mg</i>	25
<i>methotrexate sodium inj pf 50 mg/2ml (25</i> <i>mg/ml)</i>	91	<i>methylphenidate hcl chew tab 2.5 mg</i>	25
<i>methotrexate sodium tab 2.5 mg (base</i> <i>equiv)</i>	91	<i>methylphenidate hcl chew tab 5 mg</i>	25
<i>methoxsalen rapid cap 10 mg</i>	138	<i>methylphenidate hcl soln 10 mg/5ml</i>	25
<i>methscopolamine bromide tab 2.5 mg</i> ...203		<i>methylphenidate hcl soln 5 mg/5ml</i>	25
<i>methscopolamine bromide tab 5 mg</i>.....203		<i>methylphenidate hcl tab 10 mg</i>	25
<i>methsuximide cap 300 mg</i>	63	<i>methylphenidate hcl tab 20 mg</i>	25
		<i>methylphenidate hcl tab 5 mg</i>	25
		<i>methylphenidate hcl tab er 10 mg</i>	25

<i>methylphenidate hcl tab er 20 mg</i>	25	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	87
<i>methylphenidate hcl tab er 24hr 18 mg</i>	25	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	87
<i>methylphenidate hcl tab er 24hr 27 mg</i>	25	<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	115
<i>methylphenidate hcl tab er 24hr 36 mg</i>	25	<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	115
<i>methylphenidate hcl tab er 24hr 54 mg</i>	25	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	114
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	25	<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	114
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	25	<i>metoprolol tartrate tab 100 mg</i>	115
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	25	<i>metoprolol tartrate tab 25 mg</i>	115
<i>methylphenidate hcl tab er osmotic release (osm) 45 mg</i>	25	<i>metoprolol tartrate tab 37.5 mg</i>	115
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	25	<i>metoprolol tartrate tab 50 mg</i>	115
<i>methylphenidate hcl tab er osmotic release (osm) 63 mg</i>	26	<i>metoprolol tartrate tab 75 mg</i>	115
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	26	<i>METROCREAM CRE 0.75%</i>	144
<i>methylphenidate td patch 10 mg/9hr</i>	26	<i>METROGEL GEL 1%</i>	144
<i>methylphenidate td patch 15 mg/9hr</i>	26	<i>METROLOTION LOT 0.75%</i>	144
<i>methylphenidate td patch 20 mg/9hr</i>	26	<i>metronidazole cream 0.75%</i>	144
<i>methylphenidate td patch 30 mg/9hr</i>	26	<i>metronidazole gel 0.75%</i>	144
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	132	<i>metronidazole gel 1%</i>	144
<i>methylprednisolone tab 16 mg</i>	132	<i>metronidazole lotion 0.75%</i>	144
<i>methylprednisolone tab 32 mg</i>	132	<i>metronidazole tab 250 mg</i>	44
<i>methylprednisolone tab 4 mg</i>	132	<i>metronidazole tab 500 mg</i>	44
<i>methylprednisolone tab 8 mg</i>	132	<i>metronidazole vaginal gel 0.75%</i>	207
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	133	<i>metyrosine cap 250 mg</i>	83
<i>methyltestosterone cap 10 mg</i>	42	<i>mexiletine hcl cap 150 mg</i>	48
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	156	<i>mexiletine hcl cap 200 mg</i>	48
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	156	<i>mexiletine hcl cap 250 mg</i>	48
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	156	<i>MIACALCIN INJ 200/ML</i>	147
<i>metolazone tab 10 mg</i>	147	<i>MIACALCIN INJ 400/2ML</i>	147
<i>metolazone tab 2.5 mg</i>	147	<i>mibelas 24 chw fe</i>	128
<i>metolazone tab 5 mg</i>	147	<i>MICARDIS HCT TAB 40/12.5</i>	87
<i>METOPIRONE CAP 250MG</i>	144	<i>MICARDIS HCT TAB 80/12.5</i>	87
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	87	<i>MICARDIS HCT TAB 80-25MG</i>	87
		<i>micrgstin 24 tab fe 1/20</i>	128
		<i>microgestin tab 1/20</i>	128
		<i>microgestin tab 1.5/30</i>	128
		<i>microgestin tab fe 1/20</i>	128
		<i>microgestin tab fe1.5/30</i>	128
		<i>midodrine hcl tab 10 mg</i>	208
		<i>midodrine hcl tab 2.5 mg</i>	208

<i>midodrine hcl tab 5 mg</i>	208	MIRCERA INJ 30MCG.....	163
MIEBO DRO 1.3GM/ML.....	187	MIRCERA INJ 50MCG.....	163
<i>mifepristone tab 200 mg</i>	151	MIRCERA INJ 75MCG.....	163
<i>mifepristone tab 300 mg</i>	71	MIRCETTE TAB 28 DAY	128
<i>miglitol tab 100 mg</i>	69	<i>mirtazapine tab 15 mg</i>	64
<i>miglitol tab 25 mg</i>	69	<i>mirtazapine tab 30 mg</i>	64
<i>miglitol tab 50 mg</i>	69	<i>mirtazapine tab 45 mg</i>	64
<i>miglustat cap 100 mg</i>	162	<i>mirtazapine tab 7.5 mg</i>	64
<i>mili tab 0.25/35</i>	128	<i>misoprostol tab 100 mcg</i>	205
<i>millipred tab 5mg</i>	133	<i>misoprostol tab 200 mcg</i>	205
<i>mimvey tab 1-0.5mg</i>	153	MITIGARE CAP 0.6MG	160
MINASTRIN 24 CHW FE	128	<i>mitigo inj 10mg/ml</i>	35
MINIPRESS CAP 1MG	84	<i>mitigo inj 25mg/ml</i>	35
MINIPRESS CAP 2MG	84	M-NATAL PLUS TAB	178
MINIPRESS CAP 5MG	84	<i>modafinil tab 100 mg</i>	26
MINIVELLE DIS 0.025MG	154	<i>modafinil tab 200 mg</i>	26
MINIVELLE DIS 0.0375MG.....	155	<i>moexipril hcl tab 15 mg</i>	82
MINIVELLE DIS 0.05MG	154	<i>moexipril hcl tab 7.5 mg</i>	82
MINIVELLE DIS 0.075MG	155	<i>mometasone furoate cream 0.1%</i>	141
MINIVELLE DIS 0.1MG	154	<i>mometasone furoate nasal susp 50</i> <i>mcg/act</i>	182
<i>minocycline hcl cap 100 mg</i>	197	<i>mometasone furoate oint 0.1%</i>	141
<i>minocycline hcl cap 50 mg</i>	197	<i>mometasone furoate solution 0.1% (lotion)</i>	141
<i>minocycline hcl cap 75 mg</i>	197	<i>mondoxyne nl cap 100mg</i>	198
<i>minocycline hcl tab er 24hr 105 mg</i>	198	<i>mono-lynyah tab 0.25-35</i>	128
<i>minocycline hcl tab er 24hr 115 mg</i>	198	MONSELS FERR SOL SUBSULF.....	164
<i>minocycline hcl tab er 24hr 135 mg</i>	198	<i>montelukast sodium chew tab 4 mg (base</i> <i>equiv)</i>	50
<i>minocycline hcl tab er 24hr 45 mg</i>	197	<i>montelukast sodium chew tab 5 mg (base</i> <i>equiv)</i>	50
<i>minocycline hcl tab er 24hr 55 mg</i>	198	<i>montelukast sodium oral granules packet 4</i> <i>mg (base equiv)</i>	50
<i>minocycline hcl tab er 24hr 65 mg</i>	198	<i>montelukast sodium tab 10 mg (base equiv)</i>	50
<i>minocycline hcl tab er 24hr 80 mg</i>	198	<i>morphine sulfat e beads cap er 24hr 120 mg</i>	36
<i>minocycline hcl tab er 24hr 90 mg</i>	198	<i>morphine sulfat e beads cap er 24hr 30 mg</i>	35
<i>minoxidil tab 10 mg</i>	89	<i>morphine sulfat e beads cap er 24hr 45 mg</i>	35
<i>minoxidil tab 2.5 mg</i>	89	<i>morphine sulfat e beads cap er 24hr 60 mg</i>	35
MIRAPEX ER TAB 0.375MG	102		
MIRAPEX ER TAB 0.75MG	102		
MIRAPEX ER TAB 1.5MG	102		
MIRAPEX ER TAB 2.25MG.....	102		
MIRAPEX ER TAB 3.75MG.....	102		
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MIRAPEX ER TAB 4.5MG.....	102		
MIRCERA INJ 100MCG	163		
MIRCERA INJ 120MCG	163		
MIRCERA INJ 150MCG	163		
MIRCERA INJ 200MCG	163		

<i>morphine sulfate beads cap er 24hr 75 mg</i>	35	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	155
<i>morphine sulfate beads cap er 24hr 90 mg</i>	36	MOZOBIL INJ	164
<i>morphine sulfate cap er 24hr 100 mg</i>	36	MS CONTIN TAB 100MG ER	37
<i>morphine sulfate cap er 24hr 10 mg</i>	36	MS CONTIN TAB 15MG ER	36
<i>morphine sulfate cap er 24hr 20 mg</i>	36	MS CONTIN TAB 200MG ER	37
<i>morphine sulfate cap er 24hr 30 mg</i>	36	MS CONTIN TAB 30MG ER.....	37
<i>morphine sulfate cap er 24hr 50 mg</i>	36	MS CONTIN TAB 60MG ER.....	37
<i>morphine sulfate cap er 24hr 60 mg</i>	36	MULPLETA TAB 3MG.....	163
<i>morphine sulfate cap er 24hr 80 mg</i>	36	MULTAQ TAB 400MG.....	49
<i>morphine sulfate oral soln 100 mg/5ml (20</i> <i>mg/ml)</i>	36	<i>multi vit/fl chw 0.25mg</i>	177
<i>morphine sulfate oral soln 10 mg/5ml</i>	36	<i>multi-vit/fl dro /fe 0.25</i>	177
<i>morphine sulfate oral soln 20 mg/5ml</i>	36	<i>multivit/fl dro 0.25mg</i>	177
<i>morphine sulfate suppos 10 mg</i>	36	<i>multi-vit/fl dro 0.5mg/ml</i>	177
<i>morphine sulfate suppos 20 mg</i>	36	<i>mupirocin oint 2%</i>	136
<i>morphine sulfate suppos 30 mg</i>	36	MYCAPSSA CAP 20MG.....	152
<i>morphine sulfate suppos 5 mg</i>	36	MYCOPUTIN CAP 150MG.....	90
<i>morphine sulfate tab 15 mg</i>	36	<i>mycophenolate mofetil cap 250 mg</i>	174
<i>morphine sulfate tab 30 mg</i>	36	<i>mycophenolate mofetil for oral susp 200</i> <i>mg/ml</i>	175
<i>morphine sulfate tab er 100 mg</i>	36	<i>mycophenolate mofetil tab 500 mg</i>	175
<i>morphine sulfate tab er 15 mg</i>	36	<i>mycophenolate sodium tab dr 180 mg</i> <i>(mycophenolic acid equiv)</i>	175
<i>morphine sulfate tab er 200 mg</i>	36	<i>mycophenolate sodium tab dr 360 mg</i> <i>(mycophenolic acid equiv)</i>	175
<i>morphine sulfate tab er 30 mg</i>	36	MYDAYIS CAP 12.5MG.....	19
<i>morphine sulfate tab er 60 mg</i>	36	MYDAYIS CAP 25MG	19
MOTEGRITY TAB 1MG	155	MYDAYIS CAP 37.5MG.....	19
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MOTPOLY XR CAP 100MG.....	60	MYFEMBREE TAB.....	153
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MOTPOLY XR CAP 200MG	60	MYFORTIC TAB 360MG	175
MOUNJARO INJ 10MG/0.5	71	MYLERAN TAB 2MG.....	91
MOUNJARO INJ 12.5/0.5	71	MYRBETRIQ SUS 8MG/ML	206
MOUNJARO INJ 15MG/0.5	71	MYRBETRIQ TAB 25MG.....	206
MOUNJARO INJ 2.5/0.5.....	71	MYRBETRIQ TAB 50MG	206
MOUNJARO INJ 5MG/0.5.....	71	N	
MOUNJARO INJ 7.5/0.5.....	71	NABI-HB INJ	188
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MOVANTIK TAB 25MG	157	<i>nabumetone tab 750 mg</i>	31
<i>moxifloxacin hcl ophth soln 0.5% (base eq)</i> <i>(2 times daily)</i>	184	<i>nadolol tab 20 mg</i>	115
<i>moxifloxacin hcl ophth soln 0.5% (base</i> <i>equiv)</i>	184	<i>nadolol tab 40 mg</i>	115
		<i>nadolol tab 80 mg</i>	115
		NA FL/K NITR GEL 1.1-5%	177

<i>nafrinse chw 1mg f</i>	172	NARDIL TAB 15MG.....	64
<i>naftifine hcl cream 1%</i>	137	NATACYN SUS 5% OP.....	184
<i>naftifine hcl cream 2%</i>	137	NATALVIT TAB 75-1MG.....	178
<i>naftifine hcl gel 2%</i>	137	NATAZIA TAB.....	128
NAFTIN GEL 1%.....	137	<i>nateglinide tab 120 mg</i>	73
NAFTIN GEL 2%.....	137	<i>nateglinide tab 60 mg</i>	72
<i>nalbuphine hcl inj 10 mg/ml</i>	41	NATESTO GEL 5.5MG.....	42
<i>nalbuphine hcl inj 20 mg/ml</i>	41	NATROBA SUS 0.9%.....	144
NALFON TAB 600MG.....	31	NAYZILAM SPR 5MG.....	56
<i>naloxone hcl inj 0.4 mg/ml</i>	74	<i>nebivolol hcl tab 10 mg (base equivalent)</i>	115
<i>naloxone hcl inj 4 mg/10ml</i>	74	<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	115
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	74	<i>nebivolol hcl tab 20 mg (base equivalent)</i>	115
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	74	<i>nebivolol hcl tab 5 mg (base equivalent)</i>	115
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	74	NEBUPENT INH 300MG.....	44
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	74	<i>necon tab 0.5/35</i>	128
<i>naltrexone hcl tab 50 mg</i>	74	<i>nefazodone hcl tab 100 mg</i>	66
NAMENDA TAB 10MG.....	191	<i>nefazodone hcl tab 150 mg</i>	66
NAMENDA TAB 5-10MG.....	191	<i>nefazodone hcl tab 200 mg</i>	66
NAMENDA TAB 5MG.....	191	<i>nefazodone hcl tab 250 mg</i>	66
NAMENDA XR CAP 14MG.....	191	<i>nefazodone hcl tab 50 mg</i>	66
NAMENDA XR CAP 21MG.....	191	NEFFY SPR 2/0.1ML.....	208
NAMENDA XR CAP 28MG.....	191	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	184
NAMENDA XR CAP 7MG.....	191	<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	184
NAMZARIC CAP 14-10MG.....	191	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	186
NAMZARIC CAP 21-10MG.....	191	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	186
NAMZARIC CAP 28-10MG.....	191	<i>neomycin-polymyxin-hc ophth susp</i>	186
NAMZARIC CAP 7-10MG.....	191	<i>neomycin-polymyxin-hc otic soln 1%</i>	187
NAPROSYN TAB 500MG.....	31	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	188
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	31	<i>neomycin sulfate tab 500 mg</i>	27
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	31	NEONATAL PLS TAB 27-1MG.....	178
<i>naproxen sodium tab 275 mg</i>	31	NEONATAL TAB COMPLETE.....	178
<i>naproxen sodium tab 550 mg</i>	31	NEONATAL TAB COMPLTE.....	178
<i>naproxen tab 250 mg</i>	31	NEONATAL TAB PLUS.....	178
<i>naproxen tab 375 mg</i>	31	<i>neo-polycin oin hc 1%op</i>	185
<i>naproxen tab 500 mg</i>	31	<i>neo-polycin oin op</i>	184
<i>naproxen tab ec 375 mg</i>	31	NEORAL CAP 100MG.....	175
<i>naproxen tab ec 500 mg</i>	31	NEORAL CAP 25MG.....	175
<i>naratriptan hcl tab 1 mg (base equiv)</i>	171		
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	171		
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NEORAL SOL 100MG/ML.....	175	<i>nicardipine hcl cap 20 mg</i>	118
NEO-VITAL RX TAB.....	178	<i>nicardipine hcl cap 30 mg</i>	118
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<i>sotalol hcl (afib/afl) tab 160 mg</i>	116	STIMUFEND INJ 6/0.6ML	164
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<i>sotalol hcl tab 160 mg</i>	116	STRATTERA CAP 10MG	22
<i>sotalol hcl tab 240 mg</i>	116	STRATTERA CAP 18MG.....	22
<i>sotalol hcl tab 80 mg</i>	116	STRATTERA CAP 25MG.....	22
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<i>SULAR TAB 34MG ER</i>	118	<i>SULFAMYLON CRE 85MG/GM</i>	139
<i>SULAR TAB 8.5MG ER</i>	118	<i>sulfasalazine tab 500 mg</i>	157
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<i>sulconazole nitrate solution 1%</i>	137	<i>sulfatrim pd sus 200-40/5</i>	44
<i>sulfacetamide sodium cleansing gel 10%</i>	139	<i>sulindac tab 150 mg</i>	31
<i>sulfacetamide sodium liquid 10%</i>	139	<i>sulindac tab 200 mg</i>	31
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<i>sulfacetamide sodium shampoo 10%</i>	139	<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	171
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<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	135	<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	171
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<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	135	<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	98
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	136	<i>sunitinib malate cap 25 mg (base equivalent)</i>	98
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	136	<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	98
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i>	136	<i>sunitinib malate cap 50 mg (base equivalent)</i>	98
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	136	<i>SUNLENCA TAB 300MG</i>	111
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i>	136	<i>SUNOSI TAB 150MG</i>	22
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	136	<i>SUNOSI TAB 75MG</i>	22
<i>sulfacleanse sus 8-4%</i>	136	<i>SUPREP BOWEL SOL PREP KIT</i>	167
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		<i>SUTENT CAP 25MG</i>	98
		<i>SUTENT CAP 37.5MG</i>	98
		<i>SUTENT CAP 50MG</i>	98
		<i>syeda tab 3-0.03mg</i>	129

SYMBYAX CAP 3-25MG.....	192	<i>tadalafil tab 10 mg</i>	122
SYMBYAX CAP 6-25MG.....	192	<i>tadalafil tab 2.5 mg</i>	121
SYMDEKO TAB 100-150.....	196	<i>tadalafil tab 20 mg</i>	122
SYMDEKO TAB 50-75MG.....	196	<i>tadalafil tab 20 mg (pah)</i>	123
SYMFI LO TAB.....	111	<i>tadalafil tab 5 mg</i>	121
SYMFI TAB.....	111	TADLIQ SUS 20MG/5ML.....	123
SYMLINPEN 60 INJ 1000MCG.....	69	TAFINLAR CAP 50MG.....	98
SYMLNPEN 120 INJ 1000MCG.....	69	TAFINLAR CAP 75MG.....	98
SYMPAZAN MIS 10MG.....	57	TAFINLAR TAB 10MG.....	98
SYMPAZAN MIS 20MG.....	57	<i>tafluprost preservative free (pf) ophth soln</i>	
SYMPAZAN MIS 5MG.....	57	<i>0.0015%</i>	187
SYMPROIC TAB 0.2MG.....	158	TAGRISO TAB 40MG.....	92
SYMTUZA TAB.....	111	TAGRISO TAB 80MG.....	92
SYNAREL SOL 2MG/ML.....	149	TAKHZYRO INJ 150MG/ML.....	161
SYNJARDY TAB.....	70	TAKHZYRO INJ 300/2ML.....	161
SYNJARDY TAB 12.5-500.....	70	TALICIA CAP.....	206
SYNJARDY TAB 5-1000MG.....	70	TALZENNA CAP 0.1MG.....	98
SYNJARDY TAB 5-500MG.....	70	TALZENNA CAP 0.25MG.....	98
SYNJARDY XR TAB.....	70	TALZENNA CAP 0.35MG.....	98
SYNJARDY XR TAB 10-1000.....	70	TALZENNA CAP 0.5MG.....	98
SYNJARDY XR TAB 25-1000.....	70	TALZENNA CAP 0.75MG.....	98
SYNJARDY XR TAB 5-1000MG.....	70	TALZENNA CAP 1MG.....	98
SYNTHROID TAB 100MCG.....	201	TAMIFLU CAP 30MG.....	113
SYNTHROID TAB 112MCG.....	201	TAMIFLU CAP 45MG.....	113
SYNTHROID TAB 125MCG.....	201	TAMIFLU CAP 75MG.....	113
SYNTHROID TAB 137MCG.....	201	TAMIFLU SUS 6MG/ML.....	113
SYNTHROID TAB 150MCG.....	201	<i>tamoxifen citrate tab 10 mg (base</i>	
SYNTHROID TAB 175MCG.....	201	<i>equivalent)</i>	93
SYNTHROID TAB 200MCG.....	201	<i>tamoxifen citrate tab 20 mg (base</i>	
SYNTHROID TAB 25MCG.....	200	<i>equivalent)</i>	93
SYNTHROID TAB 300MCG.....	201	<i>tamsulosin hcl cap 0.4 mg</i>	159
SYNTHROID TAB 50MCG.....	200	TARCEVA TAB 100MG.....	92
SYNTHROID TAB 75MCG.....	200	TARGRETIN CAP 75MG.....	100
SYNTHROID TAB 88MCG.....	200	TARGRETIN GEL 1%.....	137
SYPRINE CAP 250MG.....	173	<i>tarina 24 fe tab</i>	129
T		<i>tarina fe tab 1/20 eq</i>	129
TABLOID TAB 40MG.....	91	TARON-C DHA CAP.....	179
TABRECTA TAB 150MG.....	98	TASIGNA CAP 150MG.....	98
TABRECTA TAB 200MG.....	98	TASIGNA CAP 200MG.....	98
<i>tacrolimus cap 0.5 mg</i>	175	TASIGNA CAP 50MG.....	98
<i>tacrolimus cap 1 mg</i>	175	<i>tasimelteon capsule 20 mg</i>	167
<i>tacrolimus cap 5 mg</i>	175	TASMAR TAB 100MG.....	101
<i>tacrolimus oint 0.03%</i>	143	<i>tavorole soln 5%</i>	137
<i>tacrolimus oint 0.1%</i>	143	TAVALISSE TAB 100MG.....	161

TAVALISSE TAB 150MG	161	TEMBEXA TAB 100MG	114
TAVNEOS CAP 10MG	161	temozolomide cap 100 mg	91
taysofy cap 1/20.....	129	temozolomide cap 140 mg	91
TAYTULLA CAP 1MG/20MC	130	temozolomide cap 180 mg	91
tazarotene cream 0.05%.....	139	temozolomide cap 20 mg.....	91
tazarotene cream 0.1%.....	139	temozolomide cap 250 mg.....	91
tazarotene gel 0.05%	139	temozolomide cap 5 mg	91
tazarotene gel 0.1%.....	139	tencon tab 50-325mg.....	32
tazicef inj 1gm.....	125	tenofovir disoproxil fumarate tab 300 mg	111
TAZORAC CRE 0.05%	139	TENORETIC TAB 100	88
TAZORAC CRE 0.1%.....	139	TENORETIC TAB 50.....	88
TAZORAC GEL 0.05%.....	139	TEPMETKO TAB 225MG	98
TAZORAC GEL 0.1%.....	139	terazosin hcl cap 10 mg (base equivalent)	84
taztia xt cap 120mg/24	118	terazosin hcl cap 1 mg (base equivalent) ..	84
taztia xt cap 180mg/24	118	terazosin hcl cap 2 mg (base equivalent) .	84
taztia xt cap 240mg/24	118	terazosin hcl cap 5 mg (base equivalent) .	84
taztia xt cap 300mg er	118	terbinafine hcl tab 250 mg	76
taztia xt cap 360mg/24	118	terbutaline sulfate inj 1 mg/ml	53
TAZVERIK TAB 200MG	98	terbutaline sulfate tab 2.5 mg.....	53
TEGLUTIK SUS 50/10ML	182	terbutaline sulfate tab 5 mg.....	53
TEGRETOL SUS 100/5ML.....	61	terconazole vaginal cream 0.4%	207
TEGRETOL TAB 200MG.....	61	terconazole vaginal cream 0.8%	207
TEGRETOL-XR TAB 100MG.....	61	terconazole vaginal suppos 80 mg	207
TEGRETOL-XR TAB 200MG.....	61	teriflunomide tab 14 mg	194
TEGRETOL-XR TAB 400MG.....	61	teriflunomide tab 7 mg.....	194
TEKTURNA TAB 150MG	89	TERIPARATIDE INJ 620/2.48	147
TEKTURNA TAB 300MG	89	teriparatide soln pen-inj 600 mcg/2.4ml	147
telmisartan-amlodipine tab 40-10 mg.....	88	TESTIM GEL 1%(50MG).....	42
telmisartan-amlodipine tab 40-5 mg	88	testosterone cypionate im inj in oil 100	
telmisartan-amlodipine tab 80-10 mg.....	88	mg/ml	42
telmisartan-amlodipine tab 80-5 mg	88	testosterone cypionate im inj in oil 200	
telmisartan-hydrochlorothiazide tab 40-		mg/ml	42
12.5 mg.....	88	testosterone enanthate im inj in oil 200	
telmisartan-hydrochlorothiazide tab 80-12.5		mg/ml	42
mg	88	testosterone td gel 10mg/act (2%)	42
telmisartan-hydrochlorothiazide tab 80-25		testosterone td gel 12.5 mg/act (1%)	42
mg	88	testosterone td gel 20.25 mg/1.25gm	
telmisartan tab 20 mg	84	(1.62%).....	42
telmisartan tab 40 mg	84	testosterone td gel 20.25 mg/act (1.62%)	42
telmisartan tab 80 mg	84	testosterone td gel 25 mg/2.5gm (1%)	42
temazepam cap 15 mg.....	166	testosterone td gel 40.5 mg/2.5gm (1.62%)	
temazepam cap 30 mg.....	166	.....	42
temazepam cap 7.5 mg	166	testosterone td gel 50 mg/5gm (1%)	42
TEMBEXA SUS 10MG/ML	114	testosterone td soln 30 mg/act.....	42

<i>tetrabenazine tab 12.5 mg</i>	192	<i>tiadylt cap 300mg/24</i>	119
<i>tetrabenazine tab 25 mg</i>	192	<i>tiadylt cap 360mg/24</i>	119
<i>tetracycline hcl cap 250 mg</i>	198	<i>tiadylt cap 420mg/24</i>	119
<i>tetracycline hcl cap 500 mg</i>	198	<i>tiagabine hcl tab 12 mg</i>	62
<i>texacort sol 2.5%</i>	141	<i>tiagabine hcl tab 16 mg</i>	63
TEZSPIRE INJ 210MG	49	<i>tiagabine hcl tab 2 mg</i>	62
TEZSPIRE SOL 210MG	49	<i>tiagabine hcl tab 4 mg</i>	62
THALOMID CAP 100MG	174	TIAZAC CAP 120MG/24	119
THALOMID CAP 150MG	174	TIAZAC CAP 180MG/24	119
THALOMID CAP 200MG	174	TIAZAC CAP 240MG/24	119
THALOMID CAP 50MG	174	TIAZAC CAP 300MG/24	119
THEO-24 CAP 100MG CR	53	TIAZAC CAP 360MG/24	119
THEO-24 CAP 200MG CR	53	TIAZAC CAP 420MG/24	119
THEO-24 CAP 300MG CR	53	TIBSOVO TAB 250MG	98
THEO-24 CAP 400MG ER	53	TIGLUTIK SUS 50/10ML	182
<i>theophylline elixir 80 mg/15ml</i>	53	TIKOSYN CAP 125MCG	49
<i>theophylline soln 80 mg/15ml</i>	53	TIKOSYN CAP 250MCG	49
<i>theophylline tab er 12hr 100 mg</i>	53	TIKOSYN CAP 500MCG	49
<i>theophylline tab er 12hr 200 mg</i>	53	<i>tilia fe tab</i>	130
<i>theophylline tab er 12hr 300 mg</i>	53	<i>timolol maleate ophth gel forming soln</i>	
<i>theophylline tab er 12hr 450 mg</i>	53	0.25%	183
<i>theophylline tab er 24hr 400 mg</i>	53	<i>timolol maleate ophth gel forming soln</i>	
<i>theophylline tab er 24hr 600 mg</i>	53	0.5%	183
THIOLA EC TAB 100MG	160	<i>timolol maleate ophth soln 0.25%</i>	183
THIOLA EC TAB 300MG	160	<i>timolol maleate ophth soln 0.5%</i>	183
THIOLA TAB 100MG	160	<i>timolol maleate ophth soln 0.5% (once-</i>	
<i>thioridazine hcl tab 100 mg</i>	108	<i>daily)</i>	183
<i>thioridazine hcl tab 10 mg</i>	108	<i>timolol maleate tab 10 mg</i>	116
<i>thioridazine hcl tab 25 mg</i>	108	<i>timolol maleate tab 20 mg</i>	116
<i>thioridazine hcl tab 50 mg</i>	108	<i>timolol maleate tab 5 mg</i>	116
<i>thiothixene cap 10 mg</i>	109	<i>timolol ophth soln 0.5%</i>	183
<i>thiothixene cap 1 mg</i>	108	TIMOPTIC SOL 0.25% OP	183
<i>thiothixene cap 2 mg</i>	108	TIMOPTIC SOL 0.5% OP	183
<i>thiothixene cap 5 mg</i>	108	TIMOPTIC-XE SOL 0.25% OP	183
THRIVITE RX TAB 29-1MG	179	TIMOPTIC-XE SOL 0.5% OP	183
THYQUIDITY SOL 100MCG	201	<i>tinidazole tab 250 mg</i>	44
THYROID TAB 120MG	201	<i>tinidazole tab 500 mg</i>	44
THYROID TAB 15MG	201	<i>tiopronin tab 100 mg</i>	160
THYROID TAB 30MG	201	TIROSINT CAP 100MCG	201
THYROID TAB 60MG	201	TIROSINT CAP 112MCG	201
THYROID TAB 90MG	201	TIROSINT CAP 125MCG	201
<i>tiadylt cap 120mg/24</i>	119	TIROSINT CAP 137MCG	201
<i>tiadylt cap 180mg/24</i>	119	TIROSINT CAP 13MCG	201
<i>tiadylt cap 240mg/24</i>	119	TIROSINT CAP 150MCG	201

TIROSINT CAP 175MCG	201	<i>tobramycin sulfate inj 80 mg/2ml (40</i>	
TIROSINT CAP 200MCG	201	<i>mg/ml) (base equiv).....</i>	27
TIROSINT CAP 25MCG.....	201	TOBREX OIN 0.3% OP	184
TIROSINT CAP 37.5MCG.....	201	TOLAK CRE 4%.....	137
TIROSINT CAP 44MCG.....	201	<i>tolcapone tab 100 mg.....</i>	101
TIROSINT CAP 50MCG.....	201	<i>tolmetin sodium cap 400 mg</i>	31
TIROSINT CAP 62.5MCG.....	201	<i>tolmetin sodium tab 600 mg.....</i>	31
TIROSINT CAP 75MCG.....	201	TOLSURA CAP 65MG	77
TIROSINT CAP 88MCG.....	201	<i>tolterodine tartrate cap er 24hr 2 mg.....</i>	206
TIROSINT-SOL SOL 100MCG	201	<i>tolterodine tartrate cap er 24hr 4 mg.....</i>	206
TIROSINT-SOL SOL 112MCG.....	201	<i>tolterodine tartrate tab 1 mg.....</i>	206
TIROSINT-SOL SOL 125MCG.....	201	<i>tolterodine tartrate tab 2 mg.....</i>	206
TIROSINT-SOL SOL 137MCG	202	<i>tolvaptan tab 15 mg</i>	152
TIROSINT-SOL SOL 13MCG/ML.....	201	<i>tolvaptan tab 30 mg</i>	152
TIROSINT-SOL SOL 150MCG.....	202	TOPAMAX SPR CAP 15MG.....	61
TIROSINT-SOL SOL 175MCG	202	TOPAMAX SPR CAP 25MG	61
TIROSINT-SOL SOL 200MCG	202	TOPAMAX TAB 100MG.....	61
TIROSINT-SOL SOL 25MCG/ML.....	201	TOPAMAX TAB 200MG	61
TIROSINT-SOL SOL 37.5/ML.....	201	TOPAMAX TAB 25MG.....	61
TIROSINT-SOL SOL 44MCG/ML.....	201	TOPAMAX TAB 50MG	61
TIROSINT-SOL SOL 50MCG/ML.....	201	<i>topiramate cap er 24hr 100 mg.....</i>	61
TIROSINT-SOL SOL 62.5/ML.....	201	<i>topiramate cap er 24hr 200 mg</i>	61
TIROSINT-SOL SOL 75MCG/ML.....	201	<i>topiramate cap er 24hr 25 mg</i>	61
TIROSINT-SOL SOL 88MCG/ML.....	201	<i>topiramate cap er 24hr 50 mg</i>	61
TIVICAY PD TAB 5MG	111	<i>topiramate cap er 24hr sprinkle 100 mg....</i>	61
TIVICAY TAB 50MG	111	<i>topiramate cap er 24hr sprinkle 150 mg....</i>	61
<i>tizanidine hcl tab 2 mg (base equivalent).</i>	181	<i>topiramate cap er 24hr sprinkle 200 mg ...</i>	61
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	181	<i>topiramate cap er 24hr sprinkle 25 mg.....</i>	61
TOBI NEB 300/5ML	27	<i>topiramate cap er 24hr sprinkle 50 mg</i>	61
TOBI PODHALR CAP 28MG.....	27	<i>topiramate sprinkle cap 15 mg.....</i>	61
TOBRADEX OIN 0.3-0.1%.....	186	<i>topiramate sprinkle cap 25 mg</i>	61
TOBRADEX ST SUS 0.3-0.05	186	<i>topiramate sprinkle cap 50 mg.....</i>	61
TOBRADEX SUS 0.3-0.1%	186	<i>topiramate tab 100 mg.....</i>	61
<i>tobramycin-dexamethasone ophth susp</i>		<i>topiramate tab 200 mg</i>	61
<i>0.3-0.1%.....</i>	186	<i>topiramate tab 25 mg.....</i>	61
<i>tobramycin nebu soln 300 mg/4ml.....</i>	27	<i>topiramate tab 50 mg.....</i>	61
<i>tobramycin nebu soln 300 mg/5ml.....</i>	27	TOPROL XL TAB 100MG	115
<i>tobramycin ophth soln 0.3%.....</i>	184	TOPROL XL TAB 200MG.....	115
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>		TOPROL XL TAB 25MG	115
<i>mg/ml) (base equiv).....</i>	27	TOPROL XL TAB 50MG	115
<i>tobramycin sulfate inj 10 mg/ml (base</i>		<i>toremifene citrate tab 60 mg (base</i>	
<i>equivalent).....</i>	27	<i>equivalent).....</i>	93
<i>tobramycin sulfate inj 2 gm/50ml (40</i>		<i>torpenz tab 10mg</i>	99
<i>mg/ml) (base equiv).....</i>	27	<i>torpenz tab 2.5mg.....</i>	98

<i>torpenz tab 5mg</i>	98	TRANSDERM-SC DIS 1MG/3DAY	75
<i>torpenz tab 7.5mg</i>	99	<i>tranylcypramine sulfate tab 10 mg</i>	64
<i>torsemid tab 100 mg</i>	146	TRAVATAN Z DRO 0.004%.....	187
<i>torsemid tab 10 mg</i>	146	<i>travoprost ophth soln 0.004%</i>	
<i>torsemid tab 20 mg</i>	146	<i>(benzalkonium free) (bak free)</i>	187
<i>torsemid tab 5 mg</i>	146	<i>trazodone hcl tab 100 mg</i>	66
TOUJEO MAX INJ 300/ML	72	<i>trazodone hcl tab 150 mg</i>	66
TOUJEO SOLO INJ 300/ML	72	<i>trazodone hcl tab 300 mg</i>	66
TOVIAZ TAB 4MG	206	<i>trazodone hcl tab 50 mg</i>	66
TOVIAZ TAB 8MG	206	TRECTOR TAB 250MG	90
TRACLEER TAB 125MG.....	123	TRELEGY AER 100MCG.....	53
TRACLEER TAB 32MG	123	TRELEGY AER 200MCG.....	53
TRACLEER TAB 62.5MG.....	123	TREMFYA INJ 100MG/ML.....	139
<i>tramadol-acetaminophen tab 37.5-325 mg</i>		TREMFYA INJ 200/2ML	139
.....	40	TRESIBA FLEX INJ 100UNIT	72
<i>tramadol hcl cap er 24hr biphasic release</i>		TRESIBA FLEX INJ 200UNIT	72
<i>100 mg</i>	38	TRESIBA INJ 100UNIT	72
<i>tramadol hcl cap er 24hr biphasic release</i>		<i>tretinoin cap 10 mg</i>	100
<i>200 mg</i>	38	<i>tretinoin cream 0.025%</i>	136
<i>tramadol hcl cap er 24hr biphasic release</i>		<i>tretinoin cream 0.05%</i>	136
<i>300 mg</i>	38	<i>tretinoin cream 0.1%</i>	136
<i>tramadol hcl tab 100 mg</i>	38	<i>tretinoin gel 0.01%</i>	136
<i>tramadol hcl tab 50 mg</i>	38	<i>tretinoin gel 0.025%</i>	136
<i>tramadol hcl tab er 24hr 100 mg</i>	38	<i>tretinoin gel 0.05%</i>	136
<i>tramadol hcl tab er 24hr 200 mg</i>	38	TREXALL TAB 10MG.....	91
<i>tramadol hcl tab er 24hr 300 mg</i>	38	TREXALL TAB 15MG	92
<i>tramadol hcl tab er 24hr biphasic release</i>		TREXALL TAB 5MG	91
<i>100 mg</i>	38	TREXALL TAB 7.5MG	91
<i>tramadol hcl tab er 24hr biphasic release</i>		<i>triamcinolone acetone aerosol soln 0.147</i>	
<i>200 mg</i>	38	<i>mg/gm</i>	141
<i>tramadol hcl tab er 24hr biphasic release</i>		<i>triamcinolone acetone cream 0.025%</i>	142
<i>300 mg</i>	39	<i>triamcinolone acetone cream 0.1%</i>	141
<i>trandolapril tab 1 mg</i>	82	<i>triamcinolone acetone cream 0.5%</i>	141
<i>trandolapril tab 2 mg</i>	82	<i>triamcinolone acetone dental paste 0.1%</i>	
<i>trandolapril tab 4 mg</i>	82	.....	177
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>		<i>triamcinolone acetone lotion 0.025%</i> ..	142
.....	88	<i>triamcinolone acetone lotion 0.1%</i>	142
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>		<i>triamcinolone acetone oint 0.025%</i>	142
.....	88	<i>triamcinolone acetone oint 0.1%</i>	142
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>		<i>triamcinolone acetone oint 0.5%</i>	142
.....	88	<i>triamterene & hydrochlorothiazide cap</i>	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>		<i>37.5-25 mg</i>	145
.....	88	<i>triamterene & hydrochlorothiazide tab 37.5-</i>	
<i>tranexamic acid tab 650 mg</i>	164	<i>25 mg</i>	146

<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	146	<i>tri-lo-mili tab</i>	130
<i>triamterene cap 100 mg</i>	146	<i>tri-lo tab estaryll</i>	130
<i>triamterene cap 50 mg</i>	146	<i>tri-lo- tab marzia</i>	130
<i>triazolam tab 0.125 mg</i>	166	<i>tri-lo- tab sprintec</i>	130
<i>triazolam tab 0.25 mg</i>	166	<i>trimethobenzamide hcl cap 300 mg</i>	75
TRIBENZOR20- TAB 5-12.5MG	88	<i>trimethoprim tab 100 mg</i>	44
TRIBENZOR40- TAB 10-12.5.....	88	<i>tri-mili tab</i>	130
TRIBENZOR40- TAB 10-25MG.....	88	<i>trimipramine maleate cap 100 mg</i>	69
TRIBENZOR40- TAB 5-12.5MG.....	88	<i>trimipramine maleate cap 25 mg</i>	69
TRIBENZOR40- TAB 5-25MG	88	<i>trimipramine maleate cap 50 mg</i>	69
TRICARE TAB PRENATAL	179	TRINATAL RX TAB 1	179
TRICOR TAB 145MG	79	<i>trinate tab</i>	179
TRICOR TAB 48MG.....	79	TRINTELLIX TAB 10MG	66
<i>tridacaine pad 5%</i>	143	TRINTELLIX TAB 20MG	66
<i>triderm cre 0.5%</i>	142	TRINTELLIX TAB 5MG.....	66
TRIDESILON CRE 0.05%	142	<i>tri-nymyo tab</i>	130
<i>trientine hcl cap 250 mg</i>	173	<i>tri-sprintec tab</i>	130
<i>trientine hcl cap 500 mg</i>	173	TRIUMEQ PD TAB	111
<i>tri-estaryll tab</i>	130	TRIUMEQ TAB.....	111
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	108	TRI-VI-FLORO SUS 0.25/ML.....	178
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	108	TRI-VI-FLORO SUS 0.5MG/ML.....	178
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	108	TRI-VI-FLOR SUS 0.25/ML.....	178
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	108	TRI-VI-FLOR SUS 0.5MG/ML.....	178
<i>trifluridine ophth soln 1%</i>	184	<i>tri-vit/fluo dro 0.25mg</i>	178
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	100	<i>tri-vit/fluo dro 0.5mg</i>	178
<i>trihexyphenidyl hcl tab 2 mg</i>	100	<i>trivora-28 tab</i>	130
<i>trihexyphenidyl hcl tab 5 mg</i>	100	<i>tri-vylibra tab</i>	130
TRIJARDY XR TAB	70	<i>tri-vylibra tab lo</i>	130
TRIKAFTA PAK 59.5MG.....	196	TROKENDI XR CAP 100MG	62
TRIKAFTA PAK 75MG	196	TROKENDI XR CAP 200MG.....	62
TRIKAFTA TAB	196	TROKENDI XR CAP 25MG	62
<i>tri-legest tab fe</i>	130	TROKENDI XR CAP 50MG	62
TRILEPTAL SUS 300/5ML	61	<i>tropicamide ophth soln 0.5%</i>	183
TRILEPTAL TAB 150MG	62	<i>tropicamide ophth soln 1%</i>	183
TRILEPTAL TAB 300MG	62	<i>tropium chloride cap er 24hr 60 mg</i>	206
TRILEPTAL TAB 600MG	62	<i>tropium chloride tab 20 mg</i>	206
<i>tri-lynyah tab</i>	130	TRULANCE TAB 3MG.....	155
TRILIPIX CAP 135MG	79	TRULICITY INJ 0.75/0.5.....	72
TRILIPIX CAP 45MG	79	TRULICITY INJ 1.5/0.5.....	72
		TRULICITY INJ 3/0.5	72
		TRULICITY INJ 4.5/0.5	72
		TRUQAP PAK 160MG	99
		TRUQAP PAK 200MG.....	99
		TRUQAP TAB 160MG.....	99

TRUQAP TAB 200MG.....	99	UPTRAVI TAB 1000MCG	123
TUKYSA TAB 150MG	92	UPTRAVI TAB 1200MCG.....	123
TUKYSA TAB 50MG.....	92	UPTRAVI TAB 1400MCG	123
TURALIO CAP 125MG.....	99	UPTRAVI TAB 1600MCG	123
<i>turqoz tab</i>	130	UPTRAVI TAB 200MCG	123
TUXARIN ER TAB 54.3-8MG	134	UPTRAVI TAB 400MCG.....	123
TWIRLA DIS 120-30.....	130	UPTRAVI TAB 600MCG.....	123
TYBOST TAB 150MG	111	UPTRAVI TAB 800MCG.....	123
<i>tydemy tab</i>	130	<i>urea cream 39%</i>	142
TYKERB TAB 250MG.....	99	<i>urea cream 40%</i>	142
TYMLOS INJ.....	147	<i>urea cream 41%</i>	142
TYRVAYA SOL 0.03MG	183	<i>urea cream 45%</i>	142
TYVASO DPI POW 16-32-48	122	<i>urea cream 47%</i>	142
TYVASO DPI POW 16MCG	122	<i>urea hydrati aer 35%</i>	142
TYVASO DPI POW 32MCG.....	122	<i>urea lotion 40%</i>	142
TYVASO DPI POW 48MCG.....	122	<i>urea nail gel 45%</i>	142
TYVASO DPI POW 64MCG.....	122	UROXATRAL TAB 10MG	159
TYVASO RF KT SOL 0.6MG/ML	122	URSO 250 TAB 250MG.....	156
TYVASO SOL 0.6MG/ML.....	122	<i>ursodiol cap 300 mg</i>	156
TYVASO ST KT SOL 0.6MG/ML	122	<i>ursodiol tab 250 mg</i>	156
U		<i>ursodiol tab 500 mg</i>	156
UBRELVY TAB 100MG	170	URSO FORTE TAB 500MG	156
UBRELVY TAB 50MG.....	170	V	
UCERIS AER 2MG/ACT	43	VAFSEO TAB 150MG.....	164
UCERIS TAB 9MG	133	VAFSEO TAB 300MG.....	164
UDENYCA INJ 6MG/.6ML.....	164	VAGIFEM TAB 10MCG.....	207
UDENYCA INJ 6MG/0.6	164	<i>valacyclovir hcl tab 1 gm</i>	113
ULORIC TAB 40MG.....	160	<i>valacyclovir hcl tab 500 mg</i>	113
ULORIC TAB 80MG.....	160	VALCHLOR GEL 0.016%.....	138
<i>umecta mouss aer 40%</i>	142	<i>valganciclovir hcl for soln 50 mg/ml (base</i> <i>equiv)</i>	112
<i>unithroid tab 100mcg</i>	202	<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	112
<i>unithroid tab 112mcg</i>	202	VALIUM TAB 10MG.....	48
<i>unithroid tab 125mcg</i>	202	VALIUM TAB 2MG.....	48
<i>unithroid tab 137mcg</i>	202	VALIUM TAB 5MG.....	48
<i>unithroid tab 150mcg</i>	202	<i>valproate sodium oral soln 250 mg/5ml</i> <i>(base equiv)</i>	64
<i>unithroid tab 175mcg</i>	202	<i>valproic acid cap 250 mg</i>	64
<i>unithroid tab 200mcg</i>	202	<i>valsartan-hydrochlorothiazide tab 160-12.5</i> <i>mg</i>	88
<i>unithroid tab 25mcg</i>	202	<i>valsartan-hydrochlorothiazide tab 160-25</i> <i>mg</i>	88
<i>unithroid tab 300mcg</i>	202		
<i>unithroid tab 50mcg</i>	202		
<i>unithroid tab 75mcg</i>	202		
<i>unithroid tab 88mcg</i>	202		
UPNEEQ SOL 0.1%	187		
UPTRAVI PACK TAB 200/800.....	123		

<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	88	VARUBI TAB 90MG.....	76
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	88	VASCEPA CAP 0.5GM.....	78
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	88	VASCEPA CAP 1GM	78
<i>valsartan oral soln 4 mg/ml</i>	84	VASOTEC TAB 10MG.....	82
<i>valsartan tab 160 mg</i>	84	VASOTEC TAB 2.5MG	82
<i>valsartan tab 320 mg</i>	84	VASOTEC TAB 20MG	82
<i>valsartan tab 40 mg</i>	84	VASOTEC TAB 5MG	82
<i>valsartan tab 80 mg</i>	84	<i>velivet pak</i>	130
VALTOCO SPR 10MG	57	VELSIPITY TAB 2MG	157
VALTOCO SPR 15MG.....	57	VELTASSA POW 16.8GM.....	176
VALTOCO SPR 20MG.....	57	VELTASSA POW 1GM.....	176
VALTOCO SPR 5MG	57	VELTASSA POW 25.2GM	176
VALTRESX TAB 1GM	113	VELTASSA POW 8.4GM	176
VALTRESX TAB 500MG.....	113	VEMLIDY TAB 25MG.....	113
<i>valtya 1/50 tab</i>	130	VENCLEXTA TAB 100MG.....	92
<i>vanadom tab 350mg</i>	181	VENCLEXTA TAB 10MG	92
VANCOCIN CAP 125MG.....	44	VENCLEXTA TAB 50MG	92
VANCOCIN CAP 250MG.....	44	VENCLEXTA TAB START PK	92
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	44	<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	68
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	45	<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	67
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	45	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	67
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	45	<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	68
VANDAZOLE GEL 0.75%	207	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	68
VANFLYTA TAB 17.7MG.....	99	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	68
VANFLYTA TAB 26.5MG.....	99	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	68
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	122	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	68
<i>vardenafil hcl tab 10 mg</i>	122	<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	68
<i>vardenafil hcl tab 2.5 mg</i>	122	<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	68
<i>vardenafil hcl tab 20 mg</i>	122	<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	68
<i>vardenafil hcl tab 5 mg</i>	122	<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	68
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	195	VENTAVIS SOL 10MCG/ML	122
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	195	VENTAVIS SOL 20MCG/ML.....	122
<i>varenicline tartrate tab 1 mg (base equiv)</i>	195		

VENTOLIN HFA AER	53	<i>vienva tab 0.1-20</i>	130
VERAPAMIL CAP 100MG ER	119	<i>vigabatrin powd pack 500 mg</i>	63
<i>verapamil hcl cap er 24hr 100 mg</i>	119	<i>vigabatrin tab 500 mg</i>	63
<i>verapamil hcl cap er 24hr 120 mg</i>	119	<i>vigadrone pow 500mg</i>	63
<i>verapamil hcl cap er 24hr 180 mg</i>	119	<i>vigadrone tab 500mg</i>	63
<i>verapamil hcl cap er 24hr 200 mg</i>	119	VIGAFYDE SOL 100MG/ML	63
<i>verapamil hcl cap er 24hr 240 mg</i>	119	VIGAMOX DRO 0.5%	185
<i>verapamil hcl cap er 24hr 300 mg</i>	119	<i>vigpoder pow 500mg</i>	63
<i>verapamil hcl cap er 24hr 360 mg</i>	119	VIIBRYD KIT STARTER	66
<i>verapamil hcl tab 120 mg</i>	119	VIIBRYD TAB 10MG.....	66
<i>verapamil hcl tab 40 mg</i>	119	VIIBRYD TAB 20MG.....	66
<i>verapamil hcl tab 80 mg</i>	119	VIIBRYD TAB 40MG.....	66
<i>verapamil hcl tab er 120 mg</i>	119	VIJOICE GRA 50MG	175
<i>verapamil hcl tab er 180 mg</i>	119	VIJOICE TAB 125MG	175
<i>verapamil hcl tab er 240 mg</i>	119	VIJOICE TAB 250MG	175
VEREGEN OIN 15%	136	VIJOICE TAB 50MG.....	175
VERELAN CAP 120MG SR	119	<i>vilazodone hcl tab 10 mg</i>	66
VERELAN CAP 180MG SR	119	<i>vilazodone hcl tab 20 mg</i>	66
VERELAN CAP 240MG SR	119	<i>vilazodone hcl tab 40 mg</i>	66
VERELAN CAP 360MG SR	119	VIMPAT SOL 10MG/ML.....	62
VERELAN PM CAP 100MG ER	119	VIMPAT TAB 100MG.....	62
VERELAN PM CAP 200MG ER	119	VIMPAT TAB 150MG.....	62
VERELAN PM CAP 300MG ER	119	VIMPAT TAB 200MG	62
VERQUVO TAB 10MG.....	124	VIMPAT TAB 50MG	62
VERQUVO TAB 2.5MG	124	VINATE DHA CAP 27-1.13.....	179
VERQUVO TAB 5MG	124	VIOKACE TAB 10440	145
VERSACLOZ SUS 50MG/ML	107	VIOKACE TAB 20880.....	145
VERZENIO TAB 100MG	99	<i>viorele tab</i>	130
VERZENIO TAB 150MG	99	VIRACEPT TAB 250MG.....	111
VERZENIO TAB 200MG.....	99	VIRACEPT TAB 625MG	111
VERZENIO TAB 50MG.....	99	VIREAD POW 40MG/GM	111
VESICARE LS SUS 5MG/5ML	206	VIREAD TAB 150MG	111
VESICARE TAB 10MG.....	206	VIREAD TAB 200MG.....	111
VESICARE TAB 5MG	206	VIREAD TAB 250MG.....	111
<i>vestura tab 3-0.02mg</i>	130	VIREAD TAB 300MG.....	111
VFEND SUS 40MG/ML	77	VIRT-NATE CAP DHA.....	179
VFEND TAB 200MG	77	VIRT-PN DHA CAP	179
VFEND TAB 50MG	77	VITAFOL CAP ULTRA.....	179
V-GO 20 KIT	169	VITAFOL CHW GUMMIES.....	179
V-GO 30 KIT	169	VITAFOL FE+ CAP	179
V-GO 40 KIT	169	VITAFOL-OB PAK +DHA	180
VIBERZI TAB 100MG	157	VITAFOL-OB TAB 65-1MG	180
VIBERZI TAB 75MG	157	VITAFOL-ONE CAP	180
VICTOZA INJ 18MG/3ML	72	VITAMED MD CAP ONE RX	180

VITAPEARL CAP	180	VYNDAMAX CAP 61MG	124
VITATHELY TAB	180	VYNDAQEL CAP 20MG	124
VITATRUE MIS	180	VYTORIN TAB 10-10MG	78
VITRAKVI CAP 100MG	99	VYTORIN TAB 10-20MG.....	78
VITRAKVI CAP 25MG	99	VYTORIN TAB 10-40MG	78
VITRAKVI SOL 20MG/ML	99	VYTORIN TAB 10-80MG.....	78
VIVA DHA CAP.....	180	VYVANSE CAP 10MG	19
VIVELLE-DOT DIS 0.025MG	155	VYVANSE CAP 20MG	19
VIVELLE-DOT DIS 0.0375MG	155	VYVANSE CAP 30MG	19
VIVELLE-DOT DIS 0.05MG.....	155	VYVANSE CAP 40MG	19
VIVELLE-DOT DIS 0.075MG	155	VYVANSE CAP 50MG	19
VIVELLE-DOT DIS 0.1MG.....	155	VYVANSE CAP 60MG	19
VIVJOA CAP 150MG	77	VYVANSE CAP 70MG	19
VIZIMPRO TAB 15MG	92	VYVANSE CHW 10MG.....	19
VIZIMPRO TAB 30MG.....	92	VYVANSE CHW 20MG.....	19
VIZIMPRO TAB 45MG.....	92	VYVANSE CHW 30MG.....	19
VOGELXO GEL 1%(50MG)	42	VYVANSE CHW 40MG.....	19
VOGELXO GEL PUMP 1%.....	42	VYVANSE CHW 50MG.....	19
<i>volnea tab</i>	130	VYVANSE CHW 60MG.....	19
VONJO CAP 100MG	99	W	
VOQUEZNA PAK DUAL PAK	206	WAINUA INJ 45/0.8ML	195
VOQUEZNA PAK TRIP PK.....	206	<i>warfarin sodium tab 10 mg</i>	54
VOQUEZNA TAB 10MG	205	<i>warfarin sodium tab 1 mg</i>	54
VOQUEZNA TAB 20MG	205	<i>warfarin sodium tab 2.5 mg</i>	54
VORANIGO TAB 10MG	99	<i>warfarin sodium tab 2 mg</i>	54
VORANIGO TAB 40MG	99	<i>warfarin sodium tab 3 mg</i>	54
<i>voriconazole for susp 40 mg/ml</i>	77	<i>warfarin sodium tab 4 mg</i>	54
<i>voriconazole tab 200 mg</i>	77	<i>warfarin sodium tab 5 mg</i>	54
<i>voriconazole tab 50 mg</i>	77	<i>warfarin sodium tab 6 mg</i>	54
VOSEVI TAB	113	<i>warfarin sodium tab 7.5 mg</i>	54
VOTRIENT TAB 200MG	99	<i>water for irrigation, sterile irrigation soln</i> .175	
VOWST CAP	157	WEGOVI INJ 0.25MG	21
VOXZOGO INJ 0.4MG	151	WEGOVI INJ 0.5MG	21
VOXZOGO INJ 0.56MG	151	WEGOVI INJ 1.7MG	21
VOXZOGO INJ 1.2MG.....	151	WEGOVI INJ 1MG	21
VRAYLAR CAP 1.5MG	104	WEGOVI INJ 2.4MG	21
VRAYLAR CAP 3MG.....	104	WELCHOL PAK 3.75GM.....	79
VRAYLAR CAP 4.5MG	104	WELCHOL TAB 625MG.....	79
VRAYLAR CAP 6MG	104	WELIREG TAB 40MG.....	94
VUITY SOL 1.25% OP	183	WELLBUTRIN TAB 100MG SR.....	64
VUMERITY CAP 231MG	194	WELLBUTRIN TAB 150MG SR.....	64
<i>vyfemla tab 0.4-35</i>	130	WELLBUTRIN TAB 200MG SR	64
VYLEESI INJ 1.75/0.3	192	<i>wera tab 0.5/35</i>	130
<i>vylibra tab 0.25-35</i>	130	WESCAP-C DHA CAP	180

WESCAP-PN CAP DHA	180	XCOPRI TAB 150MG	62
WESNATAL DHA PAK COMPLETE	180	XCOPRI TAB 200MG	62
WESNATE DHA CAP	180	XCOPRI TAB 25MG	62
WESTAB PLUS TAB 27-1MG	180	XCOPRI TAB 50MG	62
WINLEVI CRE 1%	136	XELJANZ SOL 1MG/ML	29
WINREVAIR INJ 45MG	122	XELJANZ TAB 10MG	29
WINREVAIR INJ 60MG	122	XELJANZ TAB 5MG	29
WINRHO SDF INJ 15000UNT	188	XELJANZ XR TAB 11MG	29
WINRHO SDF INJ 1500UNIT	188	XELJANZ XR TAB 22MG	29
WINRHO SDF INJ 2500UNIT	188	XELODA TAB 150MG	92
WINRHO SDF INJ 5000UNIT	188	XELODA TAB 500MG	92
<i>wixela inhub aer 100/50</i>	53	XELPROS EMU 0.005%	187
<i>wixela inhub aer 250/50</i>	53	XENAZINE TAB 12.5MG	192
<i>wixela inhub aer 500/50</i>	53	XENAZINE TAB 25MG	192
<i>wymzya fe chw 0.4mg-35</i>	130	XENICAL CAP 120MG	21
X		XENLETA TAB 600MG	45
XADAGO TAB 100MG	103	XERAC-AC SOL 6.25%	143
XADAGO TAB 50MG	103	XERMELO TAB 250MG	158
XALATAN SOL 0.005%	187	XHANCE MIS 93MCG	182
XALKORI CAP 150MG	99	XIFAXAN TAB 200MG	44
XALKORI CAP 200MG	99	XIFAXAN TAB 550MG	44
XALKORI CAP 20MG	99	XIGDUO XR TAB 10-1000	70
XALKORI CAP 250MG	99	XIGDUO XR TAB 10-500MG	70
XALKORI CAP 50MG	99	XIGDUO XR TAB 2.5-1000	70
XANAX TAB 0.25MG	48	XIGDUO XR TAB 5-1000MG	70
XANAX TAB 0.5MG	48	XIGDUO XR TAB 5-500MG	70
XANAX TAB 1MG	48	XIIDRA DRO 5%	185
XANAX TAB 2MG	48	XOFLUZA TAB 40MG	113
XANAX XR TAB 0.5MG	48	XOFLUZA TAB 80MG	113
XANAX XR TAB 1MG	48	XOLAIR INJ 150MG/ML	49
XANAX XR TAB 2MG	48	XOLAIR INJ 300/2ML	50
XANAX XR TAB 3MG	48	XOLAIR INJ 75/0.5	49
<i>xarah fe tab</i>	130	XOLREMDI CAP 100MG	164
XARELTO STAR TAB 15/20MG	54	XOPENEX HFA AER	53
XARELTO SUS 1MG/ML	54	XOSPATA TAB 40MG	99
XARELTO TAB 10MG	54	XPOVIO PAK 40MG	94
XARELTO TAB 15MG	54	XPOVIO PAK 50MG	94
XARELTO TAB 2.5MG	54	XPOVIO PAK 60MG	94
XARELTO TAB 20MG	54	XPOVIO PAK 80MG	94
XCOPRI PAK 100-150	62	XTAMPZA ER CAP 13.5MG	39
XCOPRI PAK 12.5-25	62	XTAMPZA ER CAP 18MG	39
XCOPRI PAK 150-200	62	XTAMPZA ER CAP 27MG	39
XCOPRI PAK 50-100MG	62	XTAMPZA ER CAP 36MG	39
XCOPRI TAB 100MG	62	XTAMPZA ER CAP 9MG	39

XTANDI CAP 40MG	93	ZENPEP CAP 25000UNT	145
XTANDI TAB 40MG.....	93	ZENPEP CAP 3000UNIT	145
XTANDI TAB 80MG.....	93	ZENPEP CAP 40000UNT	145
<i>xulane dis 150-35</i>	130	ZENPEP CAP 5000UNIT	145
<i>xurea cre 39%</i>	142	ZENPEP CAP 60000UNT	145
XURIDEN POW 2GM	151	<i>zenzedi tab 10mg</i>	19
XYOSTED INJ 100/0.5.....	43	<i>zenzedi tab 15mg</i>	20
XYOSTED INJ 50/0.5ML.....	43	<i>zenzedi tab 2.5mg</i>	19
XYOSTED INJ 75/0.5ML	43	<i>zenzedi tab 20mg</i>	20
XYREM SOL 500MG/ML.....	190	<i>zenzedi tab 30mg</i>	20
XYWAV SOL 0.5GM/ML.....	190	<i>zenzedi tab 5mg</i>	19
Y		<i>zenzedi tab 7.5mg</i>	19
<i>yargesa cap 100mg</i>	162	ZEPBOUND INJ 10/0.5ML	21
YASMIN 28 TAB 3-0.03MG.....	130	ZEPBOUND INJ 12.5/0.5.....	21
YAZ TAB 3-0.02MG.....	130	ZEPBOUND INJ 15/0.5ML	21
YONSA TAB 125MG	93	ZEPBOUND INJ 2.5/0.5	21
YUPELRI SOL.....	50	ZEPBOUND INJ 5/0.5ML.....	21
<i>yuvaferm tab 10mcg</i>	207	ZEPBOUND INJ 7.5/0.5	21
Z		ZEPOSIA 7DAY CAP STR PACK	194
<i>zafemy dis 150/35</i>	130	ZEPOSIA CAP 0.92MG.....	194
<i>zafirlukast tab 10 mg</i>	50	ZEPOSIA CAP STR KIT	194
<i>zafirlukast tab 20 mg</i>	50	ZERVIATE DRO 0.24%	187
<i>zaleplon cap 10 mg</i>	166	ZESTRIL TAB 10MG.....	83
<i>zaleplon cap 5 mg</i>	166	ZESTRIL TAB 2.5MG	82
ZANAFLEX TAB 4MG.....	181	ZESTRIL TAB 20MG	83
ZARONTIN CAP 250MG.....	63	ZESTRIL TAB 30MG.....	83
ZARONTIN SOL 250/5ML.....	63	ZESTRIL TAB 40MG.....	83
ZARXIO INJ 300/0.5	164	ZESTRIL TAB 5MG	83
ZARXIO INJ 480/0.8.....	164	ZETIA TAB 10MG.....	81
ZAVESCA CAP 100MG.....	162	ZIAC TAB 10/6.25.....	88
ZEJULA TAB 100MG	99	ZIAC TAB 2.5/6.25	88
ZEJULA TAB 200MG	99	ZIAC TAB 5-6.25MG	88
ZEJULA TAB 300MG	99	ZIAGEN SOL 20MG/ML.....	111
ZELAPAR TAB 1.25MG	103	ZIAGEN TAB 300MG	111
ZELBORAF TAB 240MG	99	<i>zidovudine cap 100 mg</i>	111
ZEMPLAR CAP 1MCG	151	<i>zidovudine syrup 10 mg/ml</i>	111
ZEMPLAR CAP 2MCG.....	151	<i>zidovudine tab 300 mg</i>	112
<i>zenatane cap 10mg</i>	136	ZIEXTENZO INJ 6/0.6ML	164
<i>zenatane cap 20mg</i>	136	ZILBRYSQ INJ 16.6MG.....	161
<i>zenatane cap 30mg</i>	136	ZILBRYSQ INJ 23MG	161
<i>zenatane cap 40mg</i>	136	ZILBRYSQ INJ 32.4MG	161
ZENPEP CAP 10000UNT	145	ZIMHI SOL	75
ZENPEP CAP 15000UNT	145	<i>zionodil 100 lot 3%</i>	143
ZENPEP CAP 20000UNT	145	<i>zionodil lot 3%</i>	143

ZIOPTAN DRO 0.0015%	187	ZONTIVITY TAB 2.08MG	161
<i>ziprasidone hcl cap 20 mg</i>	104	ZORBTIVE INJ 8.8MG	149
<i>ziprasidone hcl cap 40 mg</i>	104	ZORTRESS TAB 0.25MG.....	175
<i>ziprasidone hcl cap 60 mg</i>	104	ZORTRESS TAB 0.5MG.....	175
<i>ziprasidone hcl cap 80 mg</i>	104	ZORTRESS TAB 0.75MG.....	175
ZIRGAN GEL 0.15%	185	ZORTRESS TAB 1MG	175
ZITHROMAX POW 1GM PAK	168	ZORYVE CRE 0.15%	143
ZITHROMAX SUS 100/5ML.....	168	ZORYVE CRE 0.3%	139
ZITHROMAX SUS 200/5ML	168	<i>zovia 1/35 tab</i>	130
ZITHROMAX TAB 250MG	168	ZOVIRAX OIN 5%.....	139
ZITHROMAX TAB 500MG	168	ZTALMY SUS 50MG/ML	62
ZITHROMAX TAB TRI-PAK	168	ZUBSOLV SUB 0.7-0.18.....	41
ZITHROMAX TAB Z-PAK	168	ZUBSOLV SUB 1.4-0.36.....	41
ZOCOR TAB 10MG.....	81	ZUBSOLV SUB 11.4-2.9	42
ZOCOR TAB 20MG	81	ZUBSOLV SUB 2.9-0.71	41
ZOCOR TAB 40MG	81	ZUBSOLV SUB 5.7-1.4	41
ZOKINVY CAP 50MG	176	ZUBSOLV SUB 8.6-2.1	41
ZOKINVY CAP 75MG	176	<i>zumandimine tab 3-0.03mg</i>	130
ZOLINZA CAP 100MG	99	ZURZUVAE CAP 20MG.....	64
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>		ZURZUVAE CAP 25MG.....	64
.....	171	ZURZUVAE CAP 30MG.....	64
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	172	ZYDELIG TAB 100MG	99
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>		ZYDELIG TAB 150MG	99
.....	172	ZYKADIA TAB 150MG.....	99
<i>zolmitriptan orally disintegrating tab 5 mg</i>		ZYLET SUS 0.5-0.3%	186
.....	172	ZYLOPRIM TAB 100MG	160
<i>zolmitriptan tab 2.5 mg</i>	172	ZYLOPRIM TAB 300MG	160
<i>zolmitriptan tab 5 mg</i>	172	ZYMAXID SOL 0.5%.....	185
ZOLOFT CON 20MG/ML.....	66	ZYPITAMAG TAB 2MG.....	81
ZOLOFT TAB 100MG	66	ZYPITAMAG TAB 4MG.....	81
ZOLOFT TAB 25MG	66	ZYPREXA INJ 10MG	107
ZOLOFT TAB 50MG	66	ZYPREXA TAB 10MG.....	107
<i>zolpidem tartrate sl tab 1.75 mg</i>	166	ZYPREXA TAB 15MG	107
<i>zolpidem tartrate sl tab 3.5 mg</i>	166	ZYPREXA TAB 2.5MG	107
<i>zolpidem tartrate tab 10 mg</i>	166	ZYPREXA TAB 20MG	107
<i>zolpidem tartrate tab 5 mg</i>	166	ZYPREXA TAB 5MG	107
<i>zolpidem tartrate tab er 12.5 mg</i>	166	ZYPREXA TAB 7.5MG	107
<i>zolpidem tartrate tab er 6.25 mg</i>	166	ZYPREXA ZYDI TAB 10MG	107
ZONALON CRE 5%.....	138	ZYPREXA ZYDI TAB 15MG.....	107
ZONISADE SUS 100MG/5	62	ZYPREXA ZYDI TAB 20MG.....	107
<i>zonisamide cap 100 mg</i>	62	ZYPREXA ZYDI TAB 5MG	107
<i>zonisamide cap 25 mg</i>	62	ZYVOX SUS 100MG/5M	45
<i>zonisamide cap 50 mg</i>	62	ZYVOX TAB 600MG.....	45