

MVP Health Care[®]

2023 Medicare Part D 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, 2023. For more recent information or questions, please contact the MVP Medicare Customer Care Center.

Important Message About What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible.

Important Message About What You Pay for Insulin: You won't pay more than \$35 for a one-month supply of each insulin covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Getting Help from Medicare: If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week for help comparing your options. TTY users should call 1-877-486-2048.

Additional Resources to Help: Please contact the MVP Medicare Customer Care Center at **1-800-665-7924** for additional information.

MVP DualAccess members should call **1-866-954-1872**.

TTY users should call 711. Hours are seven days a week, 8 am-8 pm Eastern Time.

April 1-September 30, call Monday-Friday, 8 am-8 pm.

Visit mvphealthcare.com/partdformulary for the most up-to-date Formulary listing.

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (Formulary) refers to “we,” “us,” or “our,” it means MVP Health Care (MVP). When it refers to “plan” or “our plan,” it means MVP[®] Medicare Patriot PlanSM (PPO), MVP Medicare Preferred Gold (HMO-POS), MVP Medicare Secure (HMO-POS), MVP Medicare Secure Plus (HMO-POS), MVP[®] Medicare WellSelect[®] (PPO), MVP[®] Medicare WellSelect[®] Plus (PPO), or MVP DualAccess (HMO D-SNP).

This document includes a list of the drugs (Formulary) for our plan which is current as of April 1, 2023. For an updated Formulary, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, Formulary, pharmacy network, and/or co-payments/co-insurance may change on January 1, 2024, and from time to time during the year.

What is the MVP Health Care Medicare Part D Formulary?

A Formulary is a list of covered drugs selected by MVP Health Care in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. MVP will generally cover the drugs listed in our Formulary as long as the drug is medically necessary, the prescription is filled at an MVP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (Drug List) Change?

Most changes in drug coverage happen on January 1, but MVP may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes That Can Affect You This Year

In the below cases, you will be affected by coverage changes during the year.

New Generic Drugs

We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different

cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the how to request an exception, and you can also find information in the section entitled "How do I request an exception to the MVP Medicare Part D Formulary?" on page C.

Drugs Removed from the Market

If the Food and Drug Administration deems a drug on our Formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our Formulary and provide notice to members who take the drug.

Other Changes

We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the Formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may add a generic drug that is not new to market to replace a brand name drug currently on the Formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our Formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one month supply of the drug (up to 30 days).

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled, "How Do I Request an Exception to the MVP Medicare Part D Formulary?"

Changes That Will Not Affect You If You Are Currently Taking the Drug

Generally, if you are taking a drug on our 2023 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such

changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed Formulary is current as of April 1, 2023. To get updated information about the drugs covered by MVP Health Care, please contact us. Our contact information appears on the front and back cover pages.

In the event of a change or changes to the Formulary during the year, the changes also will be posted at mvphealthcare.com. The updated version of the comprehensive Formulary will be posted on the MVP website on a monthly basis as needed. To view the list of changes, start at our home page and:

- Select *Members*, then *Medicare*
- Choose *Drug Coverage (Part D)*
- Select *Covered Drugs and Formulary*
- Select *Monthly Medicare Formulary Updates*

Or you may request an errata sheet (a copy of the 2023 Formulary changes) by calling the MVP Medicare Customer Care Center at the phone numbers on the back of your Member ID card.

How Do I Use the Formulary?

There are two ways to find your drug within the Formulary:

Medical Condition

The Formulary begins on page 1. 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 list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 105. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index.

1. Look in the Index and find your drug.
2. Next to your drug, you will see the page number where you can find coverage information.

3. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are Generic Drugs?

MVP covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are There Any Restrictions on My Coverage?

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

Prior Authorization

MVP requires you or your physician 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.

Quantity Limits

For certain drugs, MVP limits the amount of the drug that MVP will cover. For example, MVP provides 30 tablets per 30 days per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.

Step Therapy

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. You can find out if your drug has any additional requirements or limits by looking in the Formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You can ask MVP to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the MVP Medicare Part D Formulary?" on the next page for information about how to request an exception.

What If My Drug is Not on the Formulary?

If your drug is not included in this Formulary (list of covered drugs), you should first contact the MVP Medicare Customer Care Center and ask if your drug is covered.

If you learn that MVP Health Care does not cover your drug, you have two options:

1. You can ask the MVP Medicare Customer Care Center for a list of similar drugs that are covered by MVP. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by MVP.
2. You can ask MVP to make an exception and cover your drug. See next section for information about how to request an exception.

How Do I Request an Exception to the MVP Medicare Part D Formulary?

You can ask MVP to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our Formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a Formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug. **Note:** You may not ask us to cover a Tier 5 (Specialty Tier) Formulary drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, MVP limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, MVP will only approve your request for an exception if the alternative drugs included on the plan's Formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/ or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a Formulary, tiering, or utilization restriction exception. **When you request a Formulary, tiering, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to

expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What Do I Do Before I Can Talk to My Doctor About Changing My Drugs or Requesting an Exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our Formulary. Or, you may be taking a drug that is on our Formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a Formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our Formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our Formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover up to a cumulative 31-day supply of that drug while you pursue a Formulary exception.

Members who are changing levels of care may be eligible for a transition supply of medication outside of their initial 90-day enrollment transition period. Level of care changes may include: entering or leaving a long-term care facility, discharge from hospital to home, and ending a skilled nursing facility stay and reverting to Part D Formulary coverage under your plan.

For More Information

For more detailed information about your MVP Health Care prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about MVP Health Care, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or, visit [medicare.gov](https://www.medicare.gov).

The MVP Health Care Medicare Part D Formulary

The Formulary that begins on page 1 provides coverage information about most of the drugs covered by MVP Health Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 105.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *allopurinol*).

The information in the Requirements/Limits column tells you if MVP has any special requirements for coverage of your drug.

Abbreviations and Definitions of Formulary Terms

You may find one or more of the following abbreviations in the Formulary under the Requirements/Limits column next to a drug name.

Not Available at Mail Order (NM)

Certain drugs are not allowed through the mail order pharmacy program. These prescriptions can only be filled at a retail pharmacy.

Prior Authorization (PA)

For safety reasons and/or cost savings, MVP Health Care requires you or your doctor 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 first, MVP may not cover the drug.

Quantity Limits (QL)

For safety reasons and/or cost savings, for certain drugs MVP Health Care limits the amount of the drug that we will cover. For example, MVP provides one capsule per day for JANUVIA. This limit may be applied to a standard one-month or three-month supply.

Step Therapy (ST)

For safety reasons and/or cost savings, in some cases MVP Health Care 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.

Dispensing Limits (DL)

For safety reasons and/or cost savings, certain drugs are limited to a one-month supply through a retail pharmacy and are not available through the mail order program.

Limited Access (LA)

Some drugs are available only through a designated Specialty Pharmacy because of manufacturer limited distribution.

Part B versus Part D drug coverage (B/D)

Some drugs could be covered under the Part B (medical) or Part D (prescription drug) benefit, depending on certain criteria. This means that you or your doctor will need to submit a request to MVP so we can determine, based on Medicare guidelines, if your drug will be covered as Part B or Part D. Your cost sharing will be based on this determination.

Your Costs in the Initial Coverage Period

Note:

1. Not all MVP Medicare Advantage plans are offered in each New York and Vermont county.
2. If you qualify for New York State EPIC (Elderly Pharmaceutical Insurance Coverage), Vermont VPharm, or Low Income Subsidy, the amounts below may be reduced.

What you Pay for a 30-Day Supply From a Retail Pharmacy:

| MVP Medicare Advantage Plan Type | Deductible | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Tier 5 |
|---|------------|---|---------------|----------------------------|---------------------|-----------------|
| | | Preferred Generic Drugs | Generic Drugs | Preferred Brand Name Drugs | Non-Preferred Drugs | Specialty Drugs |
| MVP Medicare Patriot Plan with Part D | | <i>What you pay after deductible is met</i> | | | | |
| <i>Select Counties¹</i> | \$250 | \$0 | \$15 | \$45 | 25% | 27% |
| MVP Medicare Preferred Gold with Part D | | <i>What you pay after deductible is met</i> | | | | |
| <i>Rochester/Buffalo Region²</i> | \$0 | \$0 | \$10 | \$40 | 26% | 33% |
| <i>All Other Regions⁴</i> | \$0 | \$0 | \$10 | \$35 | 26% | 33% |
| MVP Medicare Secure Plus with Part D | | <i>What you pay after deductible is met</i> | | | | |
| <i>All Regions³</i> | \$0 | \$0 | \$15 | \$45 | 25% | 33% |
| MVP Medicare WellSelect Plus with Part D | | <i>What you pay after deductible is met</i> | | | | |
| <i>Hudson Valley Region⁵</i> | \$0 | \$0 | \$10 | \$35 | 25% | 33% |
| <i>All Other Regions^{3,4}</i> | \$0 | \$0 | \$10 | \$35 | 25% | 33% |
| MVP Medicare WellSelect with Part D | | <i>What you pay after deductible is met</i> | | | | |
| <i>Rochester/Buffalo Region²</i> | \$250 | \$0 | \$10 | \$47 | 25% | 25% |
| <i>Hudson Valley Region⁵</i> | \$250 | \$0 | \$12 | \$47 | 25% | 27% |
| <i>All Other Regions</i> | \$300 | \$0 | \$12 | \$47 | 25% | 27% |
| MVP Medicare Secure with Part D | | <i>What you pay after deductible is met</i> | | | | |
| <i>Rochester/Buffalo Region²</i> | \$300 | \$0 | \$10 | \$47 | 25% | 25% |
| <i>All Other Regions⁴</i> | \$150 | \$0 | \$10 | \$47 | 25% | 30% |
| MVP DualAccess | | <i>What you pay after deductible is met</i> | | | | |
| <i>Select Counties⁶</i> | \$0-\$104* | Generic: \$0 / \$1.45 / \$4.15 / 15%** Brand: \$0 / \$4.30 / \$10.35 / 15%** | | | | |

¹MVP Medicare Patriot Plan is offered in the following New York counties: Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Cortland, Delaware, Dutchess, Erie, Fulton, Genesee, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, and Yates.

²Rochester/Buffalo Region includes Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Seneca, Wayne, Wyoming, and Yates counties.

³MVP Medicare Secure Plus and MVP Medicare WellSelect Plus are not offered in the Rochester/Buffalo Region.

⁴Medicare Secure, MVP Medicare Preferred Gold, and MVP Medicare WellSelect Plus are not offered in Clinton, Essex, Franklin, Hamilton, and St. Lawrence counties in New York; and all counties in Vermont.

⁵Hudson Valley Region includes Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties.

⁶MVP DualAccess is offered in the following New York counties: Albany, Columbia, Dutchess, Greene, Monroe, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, and Westchester.

*Your deductible will be \$0–\$104 based on your level of “Extra Help.”

**Cost-share for prescription drugs filled at any network pharmacy is based on your level of “Extra Help.”

Tier Descriptions

Tier 1–Preferred Generic Drugs–\$0 cost

Tier 1 includes select generic drugs used to treat chronic conditions such as diabetes, high blood pressure, high cholesterol, and osteoporosis/bone health.

Tier 2–Generic Drugs

Tier 2 includes most other generic drugs on our Formulary. Generic drugs have the same active ingredients, strength, and effectiveness as the brand name versions, but generally at a much lower cost.

Tier 3–Preferred Brand Name Drugs

Tier 3 includes preferred brand drugs that have the lowest cost sharing for brand name drugs. Certain generic drugs may appear in Tier 3 due to potential safety concerns or the high cost of the drug.

Tier 4–Non-Preferred Brand Drugs

Tier 4 includes all other non-preferred brand-name and generic drugs on our Formulary. Part D drugs excluded from our Formulary must go through an exception process in order for MVP to cover them. If they are approved they will be covered in Tier 4.

Tier 5–Specialty Drugs

Tier 5 includes high-cost specialty generic and brand-name drugs that cost \$830 or more for a one-month supply. Most drugs in Tier 5 are restricted to a one-month supply at retail, and are excluded from the mail order program and tier exception process.

| | |
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MVP DB 2023 eff 04/01/2023

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

ANALGESICS**GOUT**

| | | |
|--|---|------------------------|
| <i>allopurinol tab 100 mg</i> | 2 | |
| <i>allopurinol tab 300 mg</i> | 2 | |
| <i>colchicine tab 0.6 mg</i> | 3 | QL (60 tabs / 30 days) |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 2 | |
| <i>febuxostat tab 40 mg</i> | 3 | QL (30 tabs / 30 days) |
| <i>febuxostat tab 80 mg</i> | 3 | QL (30 tabs / 30 days) |
| <i>probenecid tab 500 mg</i> | 2 | |

MISCELLANEOUS

| | | |
|---|---|------------------------|
| <i>butalbital-acetaminophen tab 50-325 mg</i> | 2 | QL (60 tabs / 30 days) |
| <i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> | 2 | QL (60 caps / 30 days) |
| <i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> | 2 | QL (60 caps / 30 days) |
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> | 2 | QL (60 tabs / 30 days) |
| <i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> | 2 | QL (60 caps / 30 days) |
| <i>tencon</i> | 2 | QL (60 tabs / 30 days) |

NSAIDS

| | | |
|--|---|--|
| <i>celecoxib cap 50 mg</i> | 3 | |
| <i>celecoxib cap 100 mg</i> | 3 | |
| <i>celecoxib cap 200 mg</i> | 3 | |
| <i>celecoxib cap 400 mg</i> | 3 | |
| <i>diclofenac sodium tab delayed release 50 mg</i> | 2 | |
| <i>diclofenac sodium tab delayed release 75 mg</i> | 2 | |
| <i>diclofenac sodium tab er 24hr 100 mg</i> | 2 | |
| <i>ibuprofen tab 400 mg</i> | 2 | |
| <i>ibuprofen tab 600 mg</i> | 2 | |
| <i>ibuprofen tab 800 mg</i> | 2 | |
| <i>meloxicam tab 7.5 mg</i> | 2 | |
| <i>meloxicam tab 15 mg</i> | 2 | |
| <i>nabumetone tab 500 mg</i> | 2 | |
| <i>nabumetone tab 750 mg</i> | 2 | |
| <i>naproxen tab 250 mg</i> | 2 | |
| <i>naproxen tab 375 mg</i> | 2 | |
| <i>naproxen tab 500 mg</i> | 2 | |
| <i>salsalate tab 500 mg</i> | 3 | |
| <i>salsalate tab 750 mg</i> | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| OPIOID ANALGESICS, LONG-ACTING | | |
| <i>buprenorphine td patch weekly 5 mcg/hr</i> | 3 | QL (4 patches / 28 days) |
| <i>buprenorphine td patch weekly 7.5 mcg/hr</i> | 3 | QL (4 patches / 28 days) |
| <i>buprenorphine td patch weekly 10 mcg/hr</i> | 3 | QL (4 patches / 28 days) |
| <i>buprenorphine td patch weekly 15 mcg/hr</i> | 3 | QL (4 patches / 28 days) |
| <i>buprenorphine td patch weekly 20 mcg/hr</i> | 3 | QL (4 patches / 28 days) |
| <i>fentanyl td patch 72hr 12 mcg/hr</i> | 2 | QL (20 patches / 30 days) |
| <i>fentanyl td patch 72hr 25 mcg/hr</i> | 2 | QL (20 patches / 30 days) |
| <i>fentanyl td patch 72hr 50 mcg/hr</i> | 2 | QL (20 patches / 30 days) |
| <i>fentanyl td patch 72hr 75 mcg/hr</i> | 3 | QL (20 patches / 30 days) |
| <i>fentanyl td patch 72hr 100 mcg/hr</i> | 3 | QL (20 patches / 30 days) |
| <i>morphine sulfate tab er 15 mg</i> | 2 | QL (90 tabs / 30 days) |
| <i>morphine sulfate tab er 30 mg</i> | 2 | QL (90 tabs / 30 days) |
| <i>morphine sulfate tab er 60 mg</i> | 2 | QL (60 tabs / 30 days) |
| <i>morphine sulfate tab er 100 mg</i> | 2 | QL (60 tabs / 30 days) |
| <i>morphine sulfate tab er 200 mg</i> | 2 | QL (60 tabs / 30 days) |
| <i>oxycodone hcl tab er 12hr deter 10 mg</i> | 3 | QL (90 tabs / 30 days) |
| <i>oxycodone hcl tab er 12hr deter 20 mg</i> | 3 | QL (90 tabs / 30 days) |
| <i>oxycodone hcl tab er 12hr deter 40 mg</i> | 3 | QL (60 tabs / 30 days) |
| <i>oxycodone hcl tab er 12hr deter 80 mg</i> | 3 | QL (60 tabs / 30 days) |
| OXYCONTIN TAB 10MG ER | 4 | QL (90 tabs / 30 days) |
| OXYCONTIN TAB 15MG ER | 4 | QL (90 tabs / 30 days) |
| OXYCONTIN TAB 20MG ER | 4 | QL (90 tabs / 30 days) |
| OXYCONTIN TAB 30MG ER | 4 | QL (90 tabs / 30 days) |
| OXYCONTIN TAB 40MG ER | 4 | QL (60 tabs / 30 days) |
| OXYCONTIN TAB 60MG ER | 4 | QL (60 tabs / 30 days) |
| OXYCONTIN TAB 80MG ER | 4 | QL (60 tabs / 30 days) |
| OPIOID ANALGESICS, SHORT-ACTING | | |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | 2 | |
| <i>acetaminophen w/ codeine tab 300-15 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>acetaminophen w/ codeine tab 300-30 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>ascomp/codeine</i> | 2 | QL (60 caps / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| <i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i> | 2 | |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> | 2 | QL (60 caps / 30 days) |
| <i>butorphanol tartrate inj 1 mg/ml</i> | 2 | |
| <i>butorphanol tartrate inj 2 mg/ml</i> | 2 | |
| <i>butorphanol tartrate nasal soln 10 mg/ml</i> | 2 | QL (4 bottles / 30 days) |
| <i>endocet tab 5-325mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>endocet tab 7.5-325mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>endocet tab 10-325mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>fentanyl citrate buccal tab 100 mcg (base equiv)</i> | 5 | QL (120 tabs / 30 days), PA; DL |
| <i>fentanyl citrate buccal tab 200 mcg (base equiv)</i> | 5 | QL (120 tabs / 30 days), PA; DL |
| <i>fentanyl citrate buccal tab 400 mcg (base equiv)</i> | 5 | QL (120 tabs / 30 days), PA; DL |
| <i>fentanyl citrate buccal tab 600 mcg (base equiv)</i> | 5 | QL (120 tabs / 30 days), PA; DL |
| <i>fentanyl citrate buccal tab 800 mcg (base equiv)</i> | 5 | QL (120 tabs / 30 days), PA; DL |
| <i>fentanyl citrate lozenge on a handle 200 mcg</i> | 4 | QL (120 lozenges / 30 days), PA; DL |
| <i>fentanyl citrate lozenge on a handle 400 mcg</i> | 5 | QL (120 lozenges / 30 days), PA; DL |
| <i>fentanyl citrate lozenge on a handle 600 mcg</i> | 5 | QL (120 lozenges / 30 days), PA; DL |
| <i>fentanyl citrate lozenge on a handle 800 mcg</i> | 5 | QL (120 lozenges / 30 days), PA; DL |
| <i>fentanyl citrate lozenge on a handle 1200 mcg</i> | 5 | QL (120 lozenges / 30 days), PA; DL |
| <i>fentanyl citrate lozenge on a handle 1600 mcg</i> | 5 | QL (120 lozenges / 30 days), PA; DL |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | 2 | |
| <i>hydrocodone-acetaminophen tab 5-300 mg</i> | 3 | QL (360 tabs / 30 days) |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>hydromorphone hcl liqd 1 mg/ml</i> | 2 | |
| <i>hydromorphone hcl tab 2 mg</i> | 2 | QL (250 tabs / 30 days) |
| <i>hydromorphone hcl tab 4 mg</i> | 2 | QL (250 tabs / 30 days) |
| <i>hydromorphone hcl tab 8 mg</i> | 2 | QL (250 tabs / 30 days) |
| <i>morphine sulfate oral soln 10 mg/5ml</i> | 3 | |
| <i>morphine sulfate oral soln 20 mg/5ml</i> | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> | 3 | |
| <i>morphine sulfate suppos 10 mg</i> | 2 | |
| <i>morphine sulfate tab 15 mg</i> | 3 | QL (300 tabs / 30 days) |
| <i>morphine sulfate tab 30 mg</i> | 3 | QL (300 tabs / 30 days) |
| <i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> | 2 | QL (120 mL / 30 days) |
| <i>oxycodone hcl soln 5 mg/5ml</i> | 2 | |
| <i>oxycodone hcl tab 5 mg</i> | 2 | QL (240 tabs / 30 days) |
| <i>oxycodone hcl tab 10 mg</i> | 2 | QL (240 tabs / 30 days) |
| <i>oxycodone hcl tab 15 mg</i> | 2 | QL (200 tabs / 30 days) |
| <i>oxycodone hcl tab 20 mg</i> | 2 | QL (200 tabs / 30 days) |
| <i>oxycodone hcl tab 30 mg</i> | 2 | QL (200 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>oxymorphone hcl tab 5 mg</i> | 3 | QL (240 tabs / 30 days) |
| <i>oxymorphone hcl tab 10 mg</i> | 3 | QL (200 tabs / 30 days) |
| <i>tramadol hcl tab 50 mg</i> | 2 | |
| <i>tramadol hcl tab 100 mg</i> | 2 | |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> | 2 | |

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

| | | |
|--|---|---------------------------|
| <i>albendazole tab 200 mg</i> | 3 | |
| <i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i> | 2 | |
| <i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i> | 2 | |
| <i>atovaquone susp 750 mg/5ml</i> | 4 | QL (300 mL / 30 days); DL |
| <i>aztreonam for inj 1 gm</i> | 2 | |
| <i>baciim</i> | 2 | |
| CAYSTON INH 75MG | 5 | NM, LA, PA; DL |
| <i>clindamycin hcl cap 75 mg</i> | 2 | |
| <i>clindamycin hcl cap 150 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>clindamycin hcl cap 300 mg</i> | 2 | |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> | 2 | |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> | 2 | |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> | 2 | |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> | 2 | |
| <i>clindamycin phosphate inj 300 mg/2ml</i> | 2 | |
| <i>clindamycin phosphate inj 600 mg/4ml</i> | 2 | |
| <i>clindamycin phosphate inj 900 mg/6ml</i> | 2 | |
| <i>colistimethate sod for inj 150 mg (colistin base activity)</i> | 4 | |
| <i>dapsone tab 25 mg</i> | 3 | |
| <i>dapsone tab 100 mg</i> | 3 | |
| <i>daptomycin for iv soln 500 mg</i> | 5 | DL |
| DORIBAX INJ 250MG | 4 | |
| EMVERM CHW 100MG | 5 | DL |
| <i>ertapenem sodium for inj 1 gm (base equivalent)</i> | 4 | |
| FIRVANQ SOL 25MG/ML | 3 | |
| FIRVANQ SOL 50MG/ML | 3 | |
| <i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i> | 3 | |
| <i>gentamicin in saline inj 0.8 mg/ml</i> | 2 | |
| <i>gentamicin in saline inj 1 mg/ml</i> | 2 | |
| <i>gentamicin in saline inj 1.2 mg/ml</i> | 2 | |
| <i>gentamicin in saline inj 1.6 mg/ml</i> | 2 | |
| <i>gentamicin sulfate inj 40 mg/ml</i> | 2 | |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i> | 2 | |
| <i>imipenem-cilastatin intravenous for soln 500 mg</i> | 2 | |
| IMPAVIDO CAP 50MG | 5 | DL |
| <i>ivermectin tab 3 mg</i> | 2 | |
| <i>linezolid for susp 100 mg/5ml</i> | 5 | DL |
| <i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i> | 4 | |
| <i>linezolid tab 600 mg</i> | 2 | |
| <i>meropenem iv for soln 1 gm</i> | 2 | |
| <i>meropenem iv for soln 500 mg</i> | 2 | |
| <i>methenamine hippurate tab 1 gm</i> | 2 | |
| <i>metronidazole in nacl</i> | 2 | |
| <i>metronidazole tab 250 mg</i> | 2 | |
| <i>metronidazole tab 500 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>neomycin sulfate tab 500 mg</i> | 2 | |
| <i>nitazoxanide tab 500 mg</i> | 4 | DL |
| <i>nitrofur mac cap 50mg</i> | 3 | |
| <i>nitrofurantoin macrocrystalline cap 25 mg</i> | 3 | |
| <i>nitrofurantoin macrocrystalline cap 100 mg</i> | 3 | |
| <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> | 3 | |
| <i>paromomycin sulfate cap 250 mg</i> | 2 | |
| <i>pentamidine isethionate inh</i> | 2 | B/D |
| <i>pentamidine isethionate inj</i> | 4 | DL |
| <i>praziquantel tab 600 mg</i> | 3 | |
| <i>pyrimethamine tab 25 mg</i> | 5 | PA; DL |
| <i>streptomycin sulfate for inj 1 gm</i> | 4 | |
| <i>sulfadiazine tab 500 mg</i> | 3 | |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> | 2 | |
| SYNERCID INJ 500MG | 5 | DL |
| <i>tinidazole tab 250 mg</i> | 2 | |
| <i>tinidazole tab 500 mg</i> | 2 | |
| TOBI PODHALR CAP 28MG | 3 | NM, LA, PA; DL |
| <i>tobramycin nebu soln 300 mg/4ml</i> | 5 | B/D, NM; DL |
| <i>tobramycin nebu soln 300 mg/5ml</i> | 5 | B/D, NM; DL |
| <i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i> | 2 | B/D; DL |
| <i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i> | 2 | B/D; DL |
| <i>trimethoprim tab 100 mg</i> | 2 | |
| <i>vancomycin hcl cap 125 mg (base equivalent)</i> | 3 | DL |
| <i>vancomycin hcl cap 250 mg (base equivalent)</i> | 3 | DL |
| <i>vancomycin hcl for iv soln 1 gm (base equivalent)</i> | 2 | DL |
| <i>vancomycin hcl for iv soln 5 gm (base equivalent)</i> | 2 | DL |
| <i>vancomycin hcl for iv soln 10 gm (base equivalent)</i> | 2 | DL |
| <i>vancomycin hcl for iv soln 500 mg (base equivalent)</i> | 2 | DL |
| <i>vancomycin hcl for iv soln 750 mg (base equivalent)</i> | 2 | DL |

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|------------------------|------------------|----------------------------------|
| VANCOMYCIN SOL 250/5ML | 3 | |
| XENLETA TAB 600MG | 5 | NM; DL |
| XIFAXAN TAB 200MG | 4 | QL (9 tabs / 30 days), PA; DL |
| ZEMDRI INJ 500MG/10 | 5 | DL |

ANTIFUNGALS

| | | |
|--|---|-------------------------|
| ABELCET INJ 5MG/ML | 4 | B/D |
| <i>amphotericin b for iv soln 50 mg</i> | 3 | B/D; DL |
| <i>fluconazole for susp 10 mg/ml</i> | 2 | |
| <i>fluconazole for susp 40 mg/ml</i> | 2 | |
| <i>fluconazole in dextrose</i> | 2 | |
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> | 2 | DL |
| <i>fluconazole tab 50 mg</i> | 2 | |
| <i>fluconazole tab 100 mg</i> | 2 | |
| <i>fluconazole tab 150 mg</i> | 2 | |
| <i>fluconazole tab 200 mg</i> | 2 | |
| <i>flucytosine cap 250 mg</i> | 2 | |
| <i>flucytosine cap 500 mg</i> | 2 | |
| <i>griseofulvin microsize susp 125 mg/5ml</i> | 3 | |
| <i>griseofulvin microsize tab 500 mg</i> | 3 | |
| <i>griseofulvin ultramicrosize tab 125 mg</i> | 3 | |
| <i>griseofulvin ultramicrosize tab 250 mg</i> | 3 | |
| <i>itraconazole cap 100 mg</i> | 3 | PA |
| <i>ketoconazole tab 200 mg</i> | 4 | |
| <i>micafungin sodium for iv soln 50 mg</i> | 5 | DL |
| <i>micafungin sodium for iv soln 100 mg</i> | 5 | DL |
| NOXAFIL SUS 40MG/ML | 5 | PA; DL |
| <i>nystatin tab 500000 unit</i> | 2 | |
| <i>posaconazole tab delayed release 100 mg</i> | 5 | PA; DL |
| <i>terbinafine hcl tab 250 mg</i> | 2 | QL (84 tabs / 365 days) |
| <i>voriconazole for inj 200 mg</i> | 4 | PA; DL |
| <i>voriconazole for susp 40 mg/ml</i> | 5 | DL |
| <i>voriconazole tab 50 mg</i> | 4 | DL |
| <i>voriconazole tab 200 mg</i> | 3 | |

ANTIMALARIALS

| | | |
|--|---|-----------------------------|
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> | 4 | DL |
| <i>chloroquine phosphate tab 250 mg</i> | 2 | DL |
| <i>chloroquine phosphate tab 500 mg</i> | 2 | DL |
| COARTEM TAB 20-120MG | 4 | DL |
| <i>mefloquine hcl tab 250 mg</i> | 2 | DL |
| PRIMAQUINE TAB 26.3MG | 4 | DL |
| <i>quinine sulfate cap 324 mg</i> | 2 | QL (84 caps / 365 days); DL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| ANTIRETROVIRAL AGENTS | | |
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i> | 2 | NM |
| <i>abacavir sulfate tab 300 mg (base equiv)</i> | 2 | NM |
| APTIVUS CAP 250MG | 5 | NM; DL |
| <i>atazanavir sulfate cap 150 mg (base equiv)</i> | 4 | NM |
| <i>atazanavir sulfate cap 200 mg (base equiv)</i> | 4 | NM |
| <i>atazanavir sulfate cap 300 mg (base equiv)</i> | 4 | NM |
| EDURANT TAB 25MG | 5 | NM; DL |
| <i>efavirenz cap 50 mg</i> | 2 | NM |
| <i>efavirenz cap 200 mg</i> | 2 | NM |
| <i>efavirenz tab 600 mg</i> | 2 | NM |
| <i>emtricitabine caps 200 mg</i> | 3 | NM |
| EMTRIVA SOL 10MG/ML | 3 | NM |
| <i>etravirine tab 100 mg</i> | 5 | NM; DL |
| <i>etravirine tab 200 mg</i> | 5 | NM; DL |
| <i>fosamprenavir calcium tab 700 mg (base equiv)</i> | 5 | NM; DL |
| FUZEON INJ 90MG | 3 | NM |
| INTELENCE TAB 25MG | 4 | NM |
| INVIRASE TAB 500MG | 3 | NM |
| ISENTRESS CHW 25MG | 3 | NM |
| ISENTRESS CHW 100MG | 5 | NM; DL |
| ISENTRESS HD TAB 600MG | 5 | NM; DL |
| ISENTRESS POW 100MG | 4 | NM |
| ISENTRESS TAB 400MG | 5 | NM; DL |
| <i>lamivudine oral soln 10 mg/ml</i> | 2 | NM |
| <i>lamivudine tab 150 mg</i> | 2 | NM |
| <i>lamivudine tab 300 mg</i> | 2 | NM |
| LEXIVA SUS 50MG/ML | 4 | NM |
| <i>maraviroc tab 150 mg</i> | 5 | NM; DL |
| <i>maraviroc tab 300 mg</i> | 5 | NM; DL |
| <i>nevirapine susp 50 mg/5ml</i> | 3 | NM |
| <i>nevirapine tab 200 mg</i> | 2 | NM |
| <i>nevirapine tab er 24hr 100 mg</i> | 2 | NM |
| <i>nevirapine tab er 24hr 400 mg</i> | 4 | NM |
| NORVIR POW 100MG | 4 | NM |
| NORVIR SOL 80MG/ML | 3 | NM |
| NORVIR TAB 100MG | 3 | NM |
| PIFELTRO TAB 100MG | 5 | NM; DL |
| PREZISTA SUS 100MG/ML | 4 | NM |
| PREZISTA TAB 75MG | 4 | NM |
| PREZISTA TAB 150MG | 4 | NM |
| PREZISTA TAB 600MG | 5 | NM; DL |

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|--|------------------|------------------------------------|
| PREZISTA TAB 800MG | 5 | NM; DL |
| RETROVIR INJ 10MG/ML | 4 | NM |
| REYATAZ POW 50MG | 5 | NM; DL |
| <i>ritonavir tab 100 mg</i> | 3 | NM |
| RUKOBIA TAB 600MG ER | 5 | NM; DL |
| SELZENTRY SOL 20MG/ML | 4 | NM |
| SELZENTRY TAB 25MG | 4 | QL (120 tabs / 30 days), NM; DL |
| SELZENTRY TAB 75MG | 5 | NM; DL |
| SUNLENCA INJ | 5 | NM, LA; DL |
| SUNLENCA TAB 300MG | 5 | NM, LA; DL |
| <i>tenofovir disoproxil fumarate tab 300 mg</i> | 3 | NM |
| TIVICAY PD TAB 5MG | 4 | NM |
| TIVICAY TAB 10MG | 4 | QL (30 tabs / 30 days), NM |
| TIVICAY TAB 25MG | 5 | NM; DL |
| TIVICAY TAB 50MG | 5 | NM; DL |
| TYBOST TAB 150MG | 4 | NM |
| VIRACEPT TAB 250MG | 3 | NM |
| VIRACEPT TAB 625MG | 3 | NM |
| VIREAD POW 40MG/GM | 3 | NM |
| VIREAD TAB 150MG | 3 | NM |
| VIREAD TAB 200MG | 3 | NM |
| VIREAD TAB 250MG | 3 | NM |
| <i>zidovudine cap 100 mg</i> | 2 | NM |
| <i>zidovudine syrup 10 mg/ml</i> | 2 | NM |
| <i>zidovudine tab 300 mg</i> | 2 | NM |
| ANTIRETROVIRAL COMBINATION AGENTS | | |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | 3 | NM |
| <i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> | 4 | NM |
| BIKTARVY TAB | 5 | NM; DL |
| CIMDUO TAB 300-300 | 5 | NM; DL |
| COMPLERA TAB | 5 | NM; DL |
| DELSTRIGO TAB | 5 | NM; DL |
| DESCOVY TAB 120-15MG | 5 | NM; DL |
| DESCOVY TAB 200/25MG | 5 | NM; DL |
| DOVATO TAB 50-300MG | 5 | NM; DL |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> | 5 | NM; DL |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> | 5 | NM; DL |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> | 5 | NM; DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 5 | NM; DL |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 5 | NM; DL |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 5 | NM; DL |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 5 | NM; DL |
| EVOTAZ TAB 300-150 | 5 | NM; DL |
| GENVOYA TAB | 5 | NM; DL |
| JULUCA TAB 50-25MG | 5 | NM; DL |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | 3 | NM |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | 3 | NM |
| <i>lopinavir-ritonavir tab 100-25 mg</i> | 3 | NM |
| <i>lopinavir-ritonavir tab 200-50 mg</i> | 3 | NM |
| ODEFSEY TAB | 5 | NM; DL |
| PREZCOBIX TAB 800-150 | 5 | NM; DL |
| STRIBILD TAB | 5 | NM; DL |
| SYMTUZA TAB | 5 | NM; DL |
| TEMIXYS TAB 300-300 | 4 | NM |
| TRIUMEQ PD TAB | 5 | NM; DL |
| TRIUMEQ TAB | 5 | NM; DL |
| TRIZIVIR TAB | 4 | NM |

ANTITUBERCULAR AGENTS

| | | |
|----------------------------------|---|------------|
| CAPASTAT SUL INJ 1GM | 4 | |
| <i>ethambutol hcl tab 100 mg</i> | 2 | |
| <i>ethambutol hcl tab 400 mg</i> | 2 | |
| <i>isoniazid inj 100 mg/ml</i> | 2 | |
| <i>isoniazid syrup 50 mg/5ml</i> | 2 | |
| <i>isoniazid tab 100 mg</i> | 2 | |
| <i>isoniazid tab 300 mg</i> | 2 | |
| PRETOMANID TAB 200MG | 4 | |
| PRIFTIN TAB 150MG | 4 | |
| <i>pyrazinamide tab 500 mg</i> | 2 | |
| <i>rifabutin cap 150 mg</i> | 3 | |
| <i>rifampin cap 150 mg</i> | 2 | |
| <i>rifampin cap 300 mg</i> | 2 | |
| <i>rifampin for inj 600 mg</i> | 2 | |
| SIRTURO TAB 20MG | 5 | NM, LA; DL |
| SIRTURO TAB 100MG | 5 | NM, LA; DL |
| TRECTOR TAB 250MG | 4 | |

ANTIVIRALS

| | | |
|-----------------------------|---|--|
| <i>acyclovir cap 200 mg</i> | 2 | |
|-----------------------------|---|--|

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>acyclovir sodium iv soln 50 mg/ml</i> | 2 | B/D |
| <i>acyclovir susp 200 mg/5ml</i> | 2 | |
| <i>acyclovir tab 400 mg</i> | 2 | |
| <i>acyclovir tab 800 mg</i> | 2 | |
| <i>adefovir dipivoxil tab 10 mg</i> | 2 | NM |
| <i>cidofovir iv inj 75 mg/ml</i> | 2 | |
| <i>entecavir tab 0.5 mg</i> | 4 | NM |
| <i>entecavir tab 1 mg</i> | 4 | NM |
| EPCLUSA PAK 150-37.5 | 5 | NM, PA; DL |
| EPCLUSA PAK 200-50MG | 5 | NM, PA; DL |
| EPCLUSA TAB 200-50MG | 5 | NM, PA; DL |
| EPCLUSA TAB 400-100 | 5 | NM, PA; DL |
| <i>famciclovir tab 125 mg</i> | 2 | |
| <i>famciclovir tab 250 mg</i> | 2 | |
| <i>famciclovir tab 500 mg</i> | 2 | |
| HARVONI PAK 33.75-150MG | 5 | NM, PA; DL |
| HARVONI PAK 45-200MG | 5 | NM, PA; DL |
| HARVONI TAB 90-400MG | 5 | NM, PA; DL |
| <i>lamivudine tab 100 mg (hbv)</i> | 2 | NM |
| LIVTENCITY TAB 200MG | 5 | NM, LA; DL |
| MAVYRET PAK 50-20MG | 5 | NM, PA; DL |
| MAVYRET TAB 100-40MG | 5 | NM, PA; DL |
| <i>oseltamivir phosphate cap 30 mg (base equiv)</i> | 3 | QL (168 caps / year) |
| <i>oseltamivir phosphate cap 45 mg (base equiv)</i> | 3 | QL (84 caps / year) |
| <i>oseltamivir phosphate cap 75 mg (base equiv)</i> | 3 | QL (84 caps / year) |
| <i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> | 3 | QL (720 mL / 180 days) |
| PEGASYS INJ | 5 | NM; DL |
| PEGASYS INJ 180MCG/M | 5 | NM; DL |
| PREVYMIS TAB 240MG | 5 | DL |
| PREVYMIS TAB 480MG | 5 | DL |
| RELENZA MIS DISKHALE | 4 | QL (3 inhalers / 180 days) |
| <i>ribavirin cap 200 mg</i> | 2 | NM, PA; DL |
| <i>ribavirin tab 200 mg</i> | 2 | NM, PA; DL |
| <i>rimantadine hydrochloride tab 100 mg</i> | 2 | |
| SOVALDI PAK 150MG | 5 | NM, PA; DL |
| SOVALDI PAK 200MG | 5 | NM, PA; DL |
| SOVALDI TAB 400MG | 5 | NM, PA; DL |
| <i>valacyclovir hcl tab 1 gm</i> | 2 | |
| <i>valacyclovir hcl tab 500 mg</i> | 2 | |

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|--|------------------|----------------------------|
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i> | 3 | |
| VOSEVI TAB | 5 | NM, PA; DL |
| XOFLUZA TAB 40MG | 4 | QL (4 tabs / 180 days) |
| XOFLUZA TAB 80MG | 4 | QL (2 tabs / 180 days) |
| ZEPATIER TAB 50-100MG | 5 | NM, PA; DL |

CEPHALOSPORINS

| | | |
|---|---|--|
| <i>cefaclor cap 250 mg</i> | 2 | |
| <i>cefaclor cap 500 mg</i> | 2 | |
| <i>cefadroxil cap 500 mg</i> | 2 | |
| <i>cefadroxil for susp 250 mg/5ml</i> | 2 | |
| <i>cefadroxil for susp 500 mg/5ml</i> | 2 | |
| <i>cefadroxil tab 1 gm</i> | 2 | |
| <i>cefazolin sodium for inj 1 gm</i> | 2 | |
| <i>cefazolin sodium for inj 10 gm</i> | 2 | |
| <i>cefazolin sodium for inj 500 mg</i> | 2 | |
| <i>cefdinir cap 300 mg</i> | 2 | |
| <i>cefdinir for susp 125 mg/5ml</i> | 2 | |
| <i>cefdinir for susp 250 mg/5ml</i> | 2 | |
| <i>cefepime hcl for inj 1 gm</i> | 2 | |
| <i>cefepime hcl for inj 2 gm</i> | 2 | |
| <i>cefixime cap 400 mg</i> | 2 | |
| <i>cefixime for susp 100 mg/5ml</i> | 2 | |
| <i>cefixime for susp 200 mg/5ml</i> | 2 | |
| <i>cefotetan disodium for inj 1 gm</i> | 2 | |
| <i>cefotetan disodium for inj 2 gm</i> | 2 | |
| <i>cefoxitin sodium for iv soln 1 gm</i> | 2 | |
| <i>cefoxitin sodium for iv soln 2 gm</i> | 2 | |
| <i>cefoxitin sodium for iv soln 10 gm</i> | 2 | |
| <i>cefpodoxime proxetil for susp 50 mg/5ml</i> | 2 | |
| <i>cefpodoxime proxetil for susp 100 mg/5ml</i> | 2 | |
| <i>cefpodoxime proxetil tab 100 mg</i> | 2 | |
| <i>cefpodoxime proxetil tab 200 mg</i> | 2 | |
| <i>cefprozil for susp 125 mg/5ml</i> | 2 | |
| <i>cefprozil for susp 250 mg/5ml</i> | 2 | |
| <i>cefprozil tab 250 mg</i> | 2 | |
| <i>cefprozil tab 500 mg</i> | 2 | |
| <i>ceftazidime for inj 1 gm</i> | 2 | |
| <i>ceftazidime for inj 6 gm</i> | 2 | |
| <i>ceftriaxone sodium for inj 1 gm</i> | 2 | |
| <i>ceftriaxone sodium for inj 2 gm</i> | 2 | |
| <i>ceftriaxone sodium for inj 10 gm</i> | 2 | |
| <i>ceftriaxone sodium for inj 250 mg</i> | 2 | |
| <i>ceftriaxone sodium for inj 500 mg</i> | 2 | |

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **DL** - Medication restricted to a 30 day supply

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>cefuroxime axetil tab 250 mg</i> | 2 | |
| <i>cefuroxime axetil tab 500 mg</i> | 2 | |
| <i>cefuroxime sodium for inj 750 mg</i> | 2 | |
| <i>cefuroxime sodium for iv soln 1.5 gm</i> | 2 | |
| <i>cephalexin cap 250 mg</i> | 2 | |
| <i>cephalexin cap 500 mg</i> | 2 | |
| <i>cephalexin for susp 125 mg/5ml</i> | 2 | |
| <i>cephalexin for susp 250 mg/5ml</i> | 2 | |
| <i>cephalexin tab 250 mg</i> | 2 | |
| <i>cephalexin tab 500 mg</i> | 2 | |
| SUPRAX SUS 500/5ML | 4 | |
| <i>tazicef</i> | 2 | |
| TEFLARO INJ 400MG | 4 | |
| TEFLARO INJ 600MG | 4 | |
| ERYTHROMYCINS/MACROLIDES | | |
| <i>azithromycin for susp 100 mg/5ml</i> | 2 | |
| <i>azithromycin for susp 200 mg/5ml</i> | 2 | |
| <i>azithromycin iv for soln 500 mg</i> | 2 | |
| <i>azithromycin tab 250 mg</i> | 2 | |
| <i>azithromycin tab 500 mg</i> | 2 | |
| <i>azithromycin tab 600 mg</i> | 2 | |
| <i>clarithromycin for susp 125 mg/5ml</i> | 2 | |
| <i>clarithromycin for susp 250 mg/5ml</i> | 2 | |
| <i>clarithromycin tab 250 mg</i> | 2 | |
| <i>clarithromycin tab 500 mg</i> | 2 | |
| <i>clarithromycin tab er 24hr 500 mg</i> | 2 | |
| DIFICID SUS | 5 | PA; DL |
| DIFICID TAB 200MG | 5 | PA; DL |
| <i>e.e.s. 400</i> | 3 | |
| <i>ery-tab</i> | 3 | |
| ERYTHROCIN INJ 500MG | 4 | |
| <i>erythrocin stearate</i> | 2 | |
| <i>erythromycin ethylsuccinate tab 400 mg</i> | 3 | |
| <i>erythromycin tab 250 mg</i> | 2 | |
| <i>erythromycin tab 500 mg</i> | 2 | |
| <i>erythromycin tab delayed release 250 mg</i> | 2 | |
| <i>erythromycin tab delayed release 333 mg</i> | 2 | |
| <i>erythromycin tab delayed release 500 mg</i> | 2 | |
| <i>erythromycin w/ delayed release particles cap 250 mg</i> | 2 | |
| FLUOROQUINOLONES | | |
| <i>ciprofloxacin 200 mg/100ml in d5w</i> | 2 | |
| <i>ciprofloxacin 400 mg/200ml in d5w</i> | 2 | |
| <i>ciprofloxacin hcl tab 100 mg (base equiv)</i> | 2 | |

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access DL - Medication restricted to a 30 day supply

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>ciprofloxacin hcl tab 250 mg (base equiv)</i> | 2 | |
| <i>ciprofloxacin hcl tab 500 mg (base equiv)</i> | 2 | |
| <i>ciprofloxacin hcl tab 750 mg (base equiv)</i> | 2 | |
| <i>ciprofloxacin iv soln 200 mg/20ml (1%)</i> | 2 | |
| <i>ciprofloxacin iv soln 400 mg/40ml (1%)</i> | 2 | |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i> | 2 | DL |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i> | 2 | |
| <i>levofloxacin in d5w iv soln 750 mg/150ml</i> | 2 | DL |
| <i>levofloxacin iv soln 25 mg/ml</i> | 2 | DL |
| <i>levofloxacin oral soln 25 mg/ml</i> | 2 | |
| <i>levofloxacin tab 250 mg</i> | 2 | |
| <i>levofloxacin tab 500 mg</i> | 2 | |
| <i>levofloxacin tab 750 mg</i> | 2 | |
| <i>moxifloxacin hcl tab 400 mg (base equiv)</i> | 2 | |
| <i>ofloxacin tab 300 mg</i> | 2 | |
| <i>ofloxacin tab 400 mg</i> | 2 | |

PENICILLINS

| | | |
|---|---|--|
| <i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i> | 2 | |
| <i>amoxicillin & k clavulanate chew tab 400-57 mg</i> | 2 | |
| <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> | 2 | |
| <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> | 2 | |
| <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> | 2 | |
| <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> | 2 | |
| <i>amoxicillin & k clavulanate tab 250-125 mg</i> | 2 | |
| <i>amoxicillin & k clavulanate tab 500-125 mg</i> | 2 | |
| <i>amoxicillin & k clavulanate tab 875-125 mg</i> | 2 | |
| <i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> | 2 | |
| <i>amoxicillin (trihydrate) cap 250 mg</i> | 2 | |
| <i>amoxicillin (trihydrate) cap 500 mg</i> | 2 | |
| <i>amoxicillin (trihydrate) chew tab 125 mg</i> | 2 | |
| <i>amoxicillin (trihydrate) chew tab 250 mg</i> | 2 | |
| <i>amoxicillin (trihydrate) for susp 125 mg/5ml</i> | 2 | |
| <i>amoxicillin (trihydrate) for susp 200 mg/5ml</i> | 2 | |
| <i>amoxicillin (trihydrate) for susp 250 mg/5ml</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>amoxicillin (trihydrate) for susp 400 mg/5ml</i> | 2 | |
| <i>amoxicillin (trihydrate) tab 500 mg</i> | 2 | |
| <i>amoxicillin (trihydrate) tab 875 mg</i> | 2 | |
| <i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> | 2 | |
| <i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> | 2 | |
| <i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> | 2 | |
| <i>ampicillin cap 250 mg</i> | 2 | |
| <i>ampicillin cap 500 mg</i> | 2 | |
| <i>ampicillin for susp 250 mg/5ml</i> | 2 | |
| <i>ampicillin sodium for inj 1 gm</i> | 2 | |
| <i>ampicillin sodium for inj 125 mg</i> | 2 | |
| <i>ampicillin sodium for iv soln 10 gm</i> | 2 | |
| BICILLIN C-R INJ 900/300 | 4 | |
| BICILLIN C-R INJ 1200000 | 4 | |
| BICILLIN L-A INJ 600000 | 4 | |
| BICILLIN L-A INJ 1200000 | 4 | |
| BICILLIN L-A INJ 2400000 | 4 | |
| <i>dicloxacillin sodium cap 250 mg</i> | 2 | |
| <i>dicloxacillin sodium cap 500 mg</i> | 2 | |
| <i>nafcillin sodium for inj 1 gm</i> | 2 | |
| <i>nafcillin sodium for inj 2 gm</i> | 2 | |
| <i>nafcillin sodium for iv soln 10 gm</i> | 2 | |
| <i>oxacillin sodium for inj 1 gm (base equivalent)</i> | 2 | |
| <i>oxacillin sodium for inj 2 gm (base equivalent)</i> | 2 | |
| <i>oxacillin sodium for iv soln 10 gm (base equivalent)</i> | 2 | |
| PEN G PROC INJ 600000 | 3 | |
| PEN GK/DEXTR INJ 20000/ML | 4 | |
| PEN GK/DEXTR INJ 40000/ML | 4 | |
| PEN GK/DEXTR INJ 60000/ML | 4 | |
| <i>penicillin g potassium for inj 20000000 unit</i> | 2 | |
| <i>penicillin g sodium for inj 5000000 unit</i> | 2 | |
| <i>penicillin v potassium for soln 125 mg/5ml</i> | 2 | |
| <i>penicillin v potassium for soln 250 mg/5ml</i> | 2 | |
| <i>penicillin v potassium tab 250 mg</i> | 2 | |
| <i>penicillin v potassium tab 500 mg</i> | 2 | |
| <i>pfizerpen</i> | 2 | |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> | 2 | |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> | 2 | |

TETRACYCLINES

| | | |
|---|---|------------|
| <i>doxy 100</i> | 3 | |
| <i>doxycycline hyclate cap 50 mg</i> | 2 | |
| <i>doxycycline hyclate cap 100 mg</i> | 2 | |
| <i>doxycycline hyclate tab 20 mg</i> | 2 | |
| <i>doxycycline hyclate tab 100 mg</i> | 2 | |
| <i>doxycycline monohydrate cap 50 mg</i> | 3 | |
| <i>doxycycline monohydrate cap 75 mg</i> | 3 | |
| <i>doxycycline monohydrate cap 100 mg</i> | 3 | |
| <i>doxycycline monohydrate for susp 25 mg/5ml</i> | 2 | |
| <i>doxycycline monohydrate tab 50 mg</i> | 2 | |
| <i>doxycycline monohydrate tab 75 mg</i> | 4 | |
| <i>doxycycline monohydrate tab 100 mg</i> | 2 | |
| <i>doxycycline monohydrate tab 150 mg</i> | 4 | |
| <i>minocycline hcl cap 50 mg</i> | 2 | |
| <i>minocycline hcl cap 75 mg</i> | 2 | |
| <i>minocycline hcl cap 100 mg</i> | 2 | |
| <i>minocycline hcl tab 50 mg</i> | 2 | |
| <i>minocycline hcl tab 75 mg</i> | 2 | |
| <i>minocycline hcl tab 100 mg</i> | 2 | |
| NUZYRA INJ 100MG | 5 | NM, LA; DL |
| NUZYRA TAB 150MG | 5 | NM, LA; DL |
| <i>tetracycline hcl cap 250 mg</i> | 3 | |
| <i>tetracycline hcl cap 500 mg</i> | 3 | |
| <i>tigecycline for iv soln 50 mg</i> | 4 | DL |

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

| | | |
|---|---|--------|
| <i>bendamustine hcl for iv soln 25 mg</i> | 5 | NM; DL |
| <i>bendamustine hcl for iv soln 100 mg</i> | 5 | NM; DL |
| BICNU INJ 100MG | 4 | |
| <i>busulfan inj 6 mg/ml</i> | 5 | DL |
| <i>carboplatin iv soln 50 mg/5ml</i> | 2 | DL |
| <i>carboplatin iv soln 150 mg/15ml</i> | 2 | |
| <i>carboplatin iv soln 450 mg/45ml</i> | 2 | DL |
| <i>carboplatin iv soln 600 mg/60ml</i> | 2 | DL |
| <i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> | 2 | |
| <i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> | 2 | DL |
| CYCLOPHOSPH TAB 25MG | 3 | B/D |
| CYCLOPHOSPH TAB 50MG | 3 | B/D |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>cyclophosphamide cap 25 mg</i> | 3 | B/D |
| <i>cyclophosphamide cap 50 mg</i> | 3 | B/D |
| GLEOSTINE CAP 10MG | 4 | NM |
| GLEOSTINE CAP 40MG | 4 | NM |
| GLEOSTINE CAP 100MG | 4 | NM |
| <i>ifosfamide for inj 1 gm</i> | 2 | |
| LEUKERAN TAB 2MG | 3 | |
| <i>melphalan hcl for inj 50 mg (base equiv)</i> | 2 | |
| <i>oxaliplatin for iv inj 100 mg</i> | 4 | |
| <i>oxaliplatin iv soln 50 mg/10ml</i> | 4 | |
| <i>oxaliplatin iv soln 100 mg/20ml</i> | 4 | |
| <i>thiotepa for inj 15 mg</i> | 5 | NM; DL |
| TREANDA INJ 25MG | 5 | NM, LA; DL |
| TREANDA INJ 100MG | 5 | NM, LA; DL |
| YONDELIS INJ 1MG | 5 | NM, LA; DL |
| ZANOSAR INJ 1GM | 4 | |

ANTIBIOTICS

| | | |
|--|---|-----|
| <i>bleomycin sulfate for inj 15 unit</i> | 2 | |
| <i>bleomycin sulfate for inj 30 unit</i> | 2 | B/D |
| <i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i> | 2 | |
| <i>doxorubicin hcl inj 2 mg/ml</i> | 2 | |
| <i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i> | 4 | |
| <i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i> | 3 | |
| <i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i> | 2 | DL |
| <i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i> | 2 | |
| <i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i> | 2 | DL |
| <i>mitomycin for iv soln 5 mg</i> | 4 | |
| <i>mitomycin for iv soln 20 mg</i> | 5 | DL |
| <i>mitomycin for iv soln 40 mg</i> | 5 | DL |

ANTIMETABOLITES

| | | |
|---|---|---------|
| ARRANON INJ 5MG/ML | 5 | DL |
| <i>azacitidine for inj 100 mg</i> | 5 | NM; DL |
| <i>clofarabine iv soln 1 mg/ml</i> | 5 | DL |
| <i>cytarabine inj 20 mg/ml</i> | 2 | B/D |
| <i>cytarabine inj pf 20 mg/ml</i> | 2 | DL |
| <i>cytarabine inj pf 100 mg/ml</i> | 2 | B/D |
| <i>decitabine for inj 50 mg</i> | 5 | NM; DL |
| <i>fludarabine phosphate for inj 50 mg</i> | 2 | |
| <i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i> | 2 | B/D; DL |
| <i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i> | 2 | B/D |
| <i>gemcitabine hcl for inj 1 gm</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| <i>gemcitabine hcl for inj 2 gm</i> | 2 | |
| <i>gemcitabine hcl for inj 200 mg</i> | 2 | |
| INQOVI TAB 35-100MG | 5 | NM, LA, PA; DL |
| LONSURF TAB 15-6.14 | 5 | NM, LA, PA; DL |
| LONSURF TAB 20-8.19 | 5 | NM, LA, PA; DL |
| <i>mercaptopurine tab 50 mg</i> | 2 | |
| <i>methotrexate sodium for inj 1 gm</i> | 2 | |
| <i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> | 3 | |
| <i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> | 3 | |
| PURIXAN SUS 20MG/ML | 4 | NM |
| TABLOID TAB 40MG | 4 | |
| HORMONAL ANTINEOPLASTIC AGENTS | | |
| <i>abiraterone acetate tab 250 mg</i> | 5 | NM; DL |
| <i>abiraterone acetate tab 500 mg</i> | 5 | NM; DL |
| <i>anastrozole tab 1 mg</i> | 2 | |
| <i>bicalutamide tab 50 mg</i> | 2 | |
| ELIGARD INJ 7.5MG | 4 | NM; DL |
| ELIGARD INJ 22.5MG | 4 | NM |
| ELIGARD INJ 30MG | 4 | NM |
| ELIGARD INJ 45MG | 4 | NM; DL |
| EMCYT CAP 140MG | 3 | |
| ERLEADA TAB 60MG | 5 | NM, LA; DL |
| EULEXIN CAP 125MG | 4 | |
| <i>exemestane tab 25 mg</i> | 3 | |
| FASLODEX INJ 250/5ML | 5 | DL |
| FIRMAGON INJ 80MG | 4 | QL (4 vials / 28 days), NM; DL |
| FIRMAGON INJ 120MG | 5 | NM; DL |
| <i>flutamide cap 125 mg</i> | 2 | |
| <i>letrozole tab 2.5 mg</i> | 2 | |
| <i>leuprolide inj 1mg/0.2</i> | 2 | NM |
| LEUPROLIDE INJ 22.5MG | 4 | NM |
| LUPRON DEPOT INJ 3.75MG | 4 | NM; DL |
| LUPRON DEPOT INJ 7.5MG | 5 | NM; DL |
| LUPRON DEPOT INJ 11.25MG | 5 | NM; DL |
| LUPRON DEPOT INJ 22.5MG | 5 | NM; DL |
| LUPRON DEPOT INJ 30MG | 5 | NM; DL |
| LUPRON DEPOT INJ 45MG | 5 | NM; DL |
| LYSODREN TAB 500MG | 3 | NM |
| <i>megestrol acetate tab 20 mg</i> | 2 | PA; DL |
| <i>megestrol acetate tab 40 mg</i> | 2 | PA; DL |
| <i>nilutamide tab 150 mg</i> | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------------|
| NUBEQA TAB 300MG | 5 | NM, LA; DL |
| ORGOVYX TAB 120MG | 5 | NM, LA; DL |
| ORSERDU TAB 86MG | 5 | NM, LA; DL |
| ORSERDU TAB 345MG | 5 | NM, LA; DL |
| SOLTAMOX SOL 10MG/5ML | 4 | |
| <i>tamoxifen citrate tab 10 mg (base equivalent)</i> | 2 | |
| <i>tamoxifen citrate tab 20 mg (base equivalent)</i> | 2 | |
| <i>toremifene citrate tab 60 mg (base equivalent)</i> | 5 | DL |
| TRELSTAR MIX INJ 3.75MG | 5 | NM; DL |
| TRELSTAR MIX INJ 11.25MG | 5 | NM; DL |
| TRELSTAR MIX INJ 22.5MG | 5 | NM; DL |
| XTANDI CAP 40MG | 5 | NM, LA; DL |
| XTANDI TAB 40MG | 5 | NM, LA; DL |
| XTANDI TAB 80MG | 5 | NM, LA; DL |
| YONSA TAB 125MG | 5 | NM, LA; DL |
| IMMUNOMODULATORS | | |
| <i>lenalidomide cap 5 mg</i> | 5 | NM, LA; DL |
| <i>lenalidomide cap 10 mg</i> | 5 | NM, LA; DL |
| <i>lenalidomide cap 15 mg</i> | 5 | NM, LA; DL |
| <i>lenalidomide cap 20 mg</i> | 5 | NM, LA; DL |
| <i>lenalidomide cap 25 mg</i> | 5 | NM, LA; DL |
| <i>lenalidomide caps 2.5 mg</i> | 5 | NM, LA; DL |
| POMALYST CAP 1MG | 5 | QL (30 caps / 30 days), NM, LA; DL |
| POMALYST CAP 2MG | 5 | QL (30 caps / 30 days), NM, LA; DL |
| POMALYST CAP 3MG | 5 | QL (30 caps / 30 days), NM, LA; DL |
| POMALYST CAP 4MG | 5 | QL (30 caps / 30 days), NM, LA; DL |
| REVLIMID CAP 2.5MG | 5 | NM, LA; DL |
| REVLIMID CAP 5MG | 5 | NM, LA; DL |
| REVLIMID CAP 10MG | 5 | NM, LA; DL |
| REVLIMID CAP 15MG | 5 | NM, LA; DL |
| REVLIMID CAP 20MG | 5 | NM, LA; DL |
| REVLIMID CAP 25MG | 5 | NM, LA; DL |
| THALOMID CAP 50MG | 5 | NM, LA; DL |
| THALOMID CAP 100MG | 5 | NM, LA; DL |
| THALOMID CAP 150MG | 5 | NM, LA; DL |
| THALOMID CAP 200MG | 5 | NM, LA; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| MISCELLANEOUS | | |
| BESREMI SOL 500MCG | 5 | NM, LA; DL |
| <i>bexarotene cap 75 mg</i> | 5 | NM; DL |
| <i>dacarbazine for inj 100 mg</i> | 2 | |
| <i>dacarbazine for inj 200 mg</i> | 2 | |
| ERWINAZE INJ 10000UNT | 5 | NM, LA; DL |
| <i>hydroxyurea cap 500 mg</i> | 2 | |
| <i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i> | 4 | |
| <i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i> | 4 | |
| <i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i> | 4 | |
| KISQALI 200 PAK FEMARA | 5 | NM, PA; DL |
| KISQALI 400 PAK FEMARA | 5 | NM, PA; DL |
| KISQALI 600 PAK FEMARA | 5 | NM, PA; DL |
| MATULANE CAP 50MG | 5 | NM, LA; DL |
| <i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i> | 2 | NM; DL |
| <i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i> | 2 | NM |
| <i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i> | 2 | NM; DL |
| NIPENT INJ 10MG | 5 | DL |
| ONUREG TAB 200MG | 5 | NM, LA, PA; DL |
| ONUREG TAB 300MG | 5 | NM, LA, PA; DL |
| PROLEUKIN INJ 22MU | 5 | NM; DL |
| SYNRIBO INJ 3.5MG | 5 | NM; DL |
| TAVNEOS CAP 10MG | 5 | NM, LA; DL |
| TECVAYLI INJ 30MG/3ML | 5 | NM, LA, PA; DL |
| TECVAYLI INJ 153/1.7 | 5 | NM, LA, PA; DL |
| <i>topotecan hcl for inj 4 mg (base equiv)</i> | 5 | DL |
| <i>tretinoin cap 10 mg</i> | 5 | DL |
| WELIREG TAB 40MG | 5 | NM, LA; DL |
| MITOTIC INHIBITORS | | |
| ABRAXANE INJ 100MG | 5 | NM, LA; DL |
| DOCETAXEL INJ 80MG/4ML | 3 | |
| DOCETAXEL INJ 160/16ML | 3 | |
| ETOPOPHOS INJ 100MG | 4 | |
| <i>etoposide inj 100 mg/5ml (20 mg/ml)</i> | 2 | |
| HALAVEN INJ 1MG/2ML | 5 | NM; DL |
| IXEMPRA KIT INJ 15MG | 5 | NM; DL |
| JEVTANA INJ 60/1.5ML | 5 | NM, LA; DL |
| <i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i> | 2 | DL |
| <i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i> | 2 | |
| <i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i> | 2 | DL |

PA - Prior Authorization QL - Quantity Limits NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access DL - Medication restricted to a 30 day supply

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>toposar</i> | 2 | |
| <i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i> | 3 | |
| <i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i> | 3 | |

MOLECULAR TARGET AGENTS

| | | |
|----------------------|---|---|
| AFINITOR DIS TAB 2MG | 5 | NM, PA; DL |
| AFINITOR DIS TAB 3MG | 5 | NM, PA; DL |
| AFINITOR DIS TAB 5MG | 5 | NM, PA; DL |
| ALECENSA CAP 150MG | 5 | NM, LA, PA; DL |
| ALUNBRIG PAK | 5 | NM, LA, PA; DL |
| ALUNBRIG TAB 30MG | 5 | NM, LA, PA; DL |
| ALUNBRIG TAB 90MG | 5 | NM, LA, PA; DL |
| ALUNBRIG TAB 180MG | 5 | NM, LA, PA; DL |
| ARZERRA CON 100/5ML | 5 | NM, LA; DL |
| AVASTIN INJ | 5 | NM, LA; DL |
| AVASTIN INJ 400/16ML | 5 | NM, LA; DL |
| AYVAKIT TAB 25MG | 5 | NM, LA, PA; DL |
| AYVAKIT TAB 50MG | 5 | NM, LA, PA; DL |
| AYVAKIT TAB 100MG | 5 | NM, LA, PA; DL |
| AYVAKIT TAB 200MG | 5 | NM, LA, PA; DL |
| AYVAKIT TAB 300MG | 5 | NM, LA, PA; DL |
| BALVERSA TAB 3MG | 5 | NM, LA, PA; DL |
| BALVERSA TAB 4MG | 5 | NM, LA, PA; DL |
| BALVERSA TAB 5MG | 5 | NM, LA, PA; DL |
| BELEODAQ INJ 500MG | 5 | NM, LA; DL |
| BOSULIF TAB 100MG | 5 | NM, PA; DL |
| BOSULIF TAB 400MG | 5 | NM, PA; DL |
| BOSULIF TAB 500MG | 5 | NM, PA; DL |
| BRAFTOVI CAP 75MG | 5 | NM, LA, PA; DL |
| BRUKINSA CAP 80MG | 5 | NM, LA, PA; DL |
| CABOMETYX TAB 20MG | 5 | NM, LA, PA; DL |
| CABOMETYX TAB 40MG | 5 | NM, LA, PA; DL |
| CABOMETYX TAB 60MG | 5 | NM, LA, PA; DL |
| CALQUENCE CAP 100MG | 5 | NM, LA, PA; DL |
| CALQUENCE TAB 100MG | 5 | NM, LA, PA; DL |
| CAPRELSA TAB 100MG | 3 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| CAPRELSA TAB 300MG | 3 | QL (30 tabs / 30 days), NM, LA, PA; DL |
| COMETRIQ (60MG DOSE) | 5 | NM, LA, PA; DL |
| COMETRIQ KIT 100MG | 5 | NM, LA, PA; DL |
| COMETRIQ KIT 140MG | 5 | NM, LA, PA; DL |
| COPIKTRA CAP 15MG | 5 | NM, LA, PA; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| COPIKTRA CAP 25MG | 5 | NM, LA, PA; DL |
| COTELIC TAB 20MG | 5 | NM, LA, PA; DL |
| CYRAMZA INJ 100/10ML | 5 | NM, LA; DL |
| CYRAMZA INJ 500/50ML | 5 | NM, LA; DL |
| DARZALEX SOL 100MG/5M | 5 | NM, LA; DL |
| DARZALEX SOL 400MG/20 | 5 | NM, LA; DL |
| DAURISMO TAB 25MG | 5 | NM, LA, PA; DL |
| DAURISMO TAB 100MG | 5 | NM, LA, PA; DL |
| EMPLICITI INJ 300MG | 5 | NM, LA; DL |
| EMPLICITI INJ 400MG | 5 | NM, LA; DL |
| ERBITUX INJ 100MG | 5 | NM; DL |
| ERBITUX INJ 200MG | 5 | NM; DL |
| ERIVEDGE CAP 150MG | 5 | NM, LA; DL |
| <i>erlotinib hcl tab 25 mg (base equivalent)</i> | 5 | NM; DL |
| <i>erlotinib hcl tab 100 mg (base equivalent)</i> | 5 | NM; DL |
| <i>erlotinib hcl tab 150 mg (base equivalent)</i> | 5 | NM; DL |
| <i>everolimus tab 2.5 mg</i> | 5 | NM, PA; DL |
| <i>everolimus tab 5 mg</i> | 5 | NM, PA; DL |
| <i>everolimus tab 7.5 mg</i> | 5 | NM, PA; DL |
| <i>everolimus tab 10 mg</i> | 5 | NM, PA; DL |
| <i>everolimus tab for oral susp 2 mg</i> | 5 | NM, PA; DL |
| <i>everolimus tab for oral susp 3 mg</i> | 5 | NM, PA; DL |
| <i>everolimus tab for oral susp 5 mg</i> | 5 | NM, PA; DL |
| EXKIVITY CAP 40MG | 5 | NM, LA, PA; DL |
| FARYDAK CAP 10MG | 5 | NM, LA, PA; DL |
| FARYDAK CAP 15MG | 5 | NM, LA, PA; DL |
| FARYDAK CAP 20MG | 5 | NM, LA, PA; DL |
| FOTIVDA CAP 0.89MG | 5 | NM, LA, PA; DL |
| FOTIVDA CAP 1.34MG | 5 | NM, LA, PA; DL |
| GAVRETO CAP 100MG | 5 | NM, LA, PA; DL |
| GILOTRIF TAB 20MG | 5 | NM, LA; DL |
| GILOTRIF TAB 30MG | 5 | NM, LA; DL |
| GILOTRIF TAB 40MG | 5 | NM, LA; DL |
| HERCEPTIN INJ 150MG | 5 | NM, LA; DL |
| HERCEPTIN INJ 440MG | 5 | DL |
| IBRANCE CAP 75MG | 5 | NM, LA, PA; DL |
| IBRANCE CAP 100MG | 5 | NM, LA, PA; DL |
| IBRANCE CAP 125MG | 5 | NM, LA, PA; DL |
| IBRANCE TAB 75MG | 5 | NM, LA, PA; DL |
| IBRANCE TAB 100MG | 5 | NM, LA, PA; DL |
| IBRANCE TAB 125MG | 5 | NM, LA, PA; DL |
| ICLUSIG TAB 10MG | 5 | NM, LA, PA; DL |
| ICLUSIG TAB 15MG | 5 | NM, LA, PA; DL |
| ICLUSIG TAB 30MG | 5 | NM, LA, PA; DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| ICLUSIG TAB 45MG | 5 | NM, LA, PA; DL |
| IDHIFA TAB 50MG | 5 | NM, LA, PA; DL |
| IDHIFA TAB 100MG | 5 | NM, LA, PA; DL |
| <i>imatinib mesylate tab 100 mg (base equivalent)</i> | 5 | QL (90 tabs / 30 days), NM, PA; DL |
| <i>imatinib mesylate tab 400 mg (base equivalent)</i> | 5 | QL (60 tabs / 30 days), NM, PA; DL |
| IMBRUVICA CAP 70MG | 5 | NM, LA, PA; DL |
| IMBRUVICA CAP 140MG | 5 | NM, LA, PA; DL |
| IMBRUVICA SUS 70MG/ML | 5 | NM, LA, PA; DL |
| IMBRUVICA TAB 140MG | 5 | NM, LA, PA; DL |
| IMBRUVICA TAB 280MG | 5 | NM, LA, PA; DL |
| IMBRUVICA TAB 420MG | 5 | NM, LA, PA; DL |
| IMBRUVICA TAB 560MG | 5 | NM, LA, PA; DL |
| INLYTA TAB 1MG | 5 | NM, LA, PA; DL |
| INLYTA TAB 5MG | 5 | NM, LA, PA; DL |
| INREBIC CAP 100MG | 5 | QL (120 caps / 30 days), NM, LA, PA; DL |
| IRESSA TAB 250MG | 5 | NM, LA, PA; DL |
| ISTODAX OVR INJ 10MG | 5 | NM; DL |
| JAKAFI TAB 5MG | 5 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| JAKAFI TAB 10MG | 5 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| JAKAFI TAB 15MG | 5 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| JAKAFI TAB 20MG | 5 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| JAKAFI TAB 25MG | 5 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| JAYPIRCA TAB 50MG | 5 | NM, LA, PA; DL |
| JAYPIRCA TAB 100MG | 5 | NM, LA, PA; DL |
| KADCYLA INJ 100MG | 5 | NM, LA; DL |
| KADCYLA INJ 160MG | 5 | NM, LA; DL |
| KEYTRUDA INJ 100MG/4M | 5 | NM, LA; DL |
| KISQALI 200 DOSE | 5 | NM, PA; DL |
| KISQALI 400 DOSE | 5 | NM, PA; DL |
| KISQALI 600 DOSE | 5 | NM, PA; DL |
| KOSELUGO CAP 10MG | 5 | NM, LA, PA; DL |
| KOSELUGO CAP 25MG | 5 | NM, LA, PA; DL |
| KRAZATI TAB 200MG | 5 | NM, LA, PA; DL |
| KYPROLIS SOL 30MG | 5 | NM, LA; DL |
| KYPROLIS SOL 60MG | 5 | NM, LA; DL |
| <i>lapatinib ditosylate tab 250 mg (base equiv)</i> | 5 | NM; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------|------------------|----------------------------|
| LARTRUVO INJ 10MG/ML | 5 | LA; DL |
| LARTRUVO INJ 190/19ML | 5 | LA; DL |
| LENVIMA CAP 4MG | 5 | NM, LA, PA; DL |
| LENVIMA CAP 8 MG | 5 | NM, LA, PA; DL |
| LENVIMA CAP 10 MG | 5 | NM, LA, PA; DL |
| LENVIMA CAP 12MG | 5 | NM, LA, PA; DL |
| LENVIMA CAP 14 MG | 5 | NM, LA, PA; DL |
| LENVIMA CAP 18 MG | 5 | NM, LA, PA; DL |
| LENVIMA CAP 20 MG | 5 | NM, LA, PA; DL |
| LENVIMA CAP 24 MG | 5 | NM, LA, PA; DL |
| LORBRENA TAB 25MG | 5 | NM, LA, PA; DL |
| LORBRENA TAB 100MG | 5 | NM, LA, PA; DL |
| LUMAKRAS TAB 120MG | 5 | NM, LA, PA; DL |
| LYNPARZA TAB 100MG | 5 | NM, LA, PA; DL |
| LYNPARZA TAB 150MG | 5 | NM, LA, PA; DL |
| MEKINIST TAB 0.5MG | 5 | NM, LA, PA; DL |
| MEKINIST TAB 2MG | 5 | NM, LA, PA; DL |
| MEKTOVI TAB 15MG | 5 | NM, LA, PA; DL |
| NERLYNX TAB 40MG | 5 | NM, LA, PA; DL |
| NEXAVAR TAB 200MG | 5 | NM, LA, PA; DL |
| NINLARO CAP 2.3MG | 5 | NM, PA; DL |
| NINLARO CAP 3MG | 5 | NM, PA; DL |
| NINLARO CAP 4MG | 5 | NM, PA; DL |
| ODOMZO CAP 200MG | 5 | NM, LA, PA; DL |
| PEMAZYRE TAB 4.5MG | 5 | NM, LA, PA; DL |
| PEMAZYRE TAB 9MG | 5 | NM, LA, PA; DL |
| PEMAZYRE TAB 13.5MG | 5 | NM, LA, PA; DL |
| PERJETA INJ 420/14ML | 5 | NM, LA; DL |
| PIQRAY 200MG TAB DOSE | 5 | NM, PA; DL |
| PIQRAY 250MG TAB DOSE | 5 | NM, PA; DL |
| PIQRAY 300MG TAB DOSE | 5 | NM, PA; DL |
| QINLOCK TAB 50MG | 5 | NM, LA, PA; DL |
| RETEVMO CAP 40MG | 5 | NM, LA, PA; DL |
| RETEVMO CAP 80MG | 5 | NM, LA, PA; DL |
| REZLIDHIA CAP 150MG | 5 | NM, LA; DL |
| REZUROCK TAB 200MG | 5 | NM, LA, PA; DL |
| RITUXAN INJ 100MG | 5 | NM, LA; DL |
| RITUXAN INJ 500MG | 5 | NM, LA; DL |
| ROZLYTREK CAP 100MG | 5 | NM, LA, PA; DL |
| ROZLYTREK CAP 200MG | 5 | NM, LA, PA; DL |
| RUBRACA TAB 200MG | 5 | NM, LA, PA; DL |
| RUBRACA TAB 250MG | 5 | NM, LA, PA; DL |
| RUBRACA TAB 300MG | 5 | NM, LA, PA; DL |
| RYDAPT CAP 25MG | 5 | NM, PA; DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| SCEMBLIX TAB 20MG | 5 | NM, PA; DL |
| SCEMBLIX TAB 40MG | 5 | NM, PA; DL |
| <i>sorafenib tosylate tab 200 mg (base equivalent)</i> | 5 | NM, PA; DL |
| SPRYCEL TAB 20MG | 5 | NM, PA; DL |
| SPRYCEL TAB 50MG | 5 | NM, PA; DL |
| SPRYCEL TAB 70MG | 5 | NM, PA; DL |
| SPRYCEL TAB 80MG | 5 | NM, PA; DL |
| SPRYCEL TAB 100MG | 5 | NM, PA; DL |
| SPRYCEL TAB 140MG | 5 | NM, PA; DL |
| STIVARGA TAB 40MG | 5 | NM, LA, PA; DL |
| <i>sunitinib malate cap 12.5 mg (base equivalent)</i> | 5 | NM, PA; DL |
| <i>sunitinib malate cap 25 mg (base equivalent)</i> | 5 | NM, PA; DL |
| <i>sunitinib malate cap 37.5 mg (base equivalent)</i> | 5 | NM, PA; DL |
| <i>sunitinib malate cap 50 mg (base equivalent)</i> | 5 | NM, PA; DL |
| TABRECTA TAB 150MG | 5 | NM, PA; DL |
| TABRECTA TAB 200MG | 5 | NM, PA; DL |
| TAFINLAR CAP 50MG | 5 | NM, LA; DL |
| TAFINLAR CAP 75MG | 5 | NM, LA; DL |
| TAGRISSE TAB 40MG | 5 | NM, LA, PA; DL |
| TAGRISSE TAB 80MG | 5 | NM, LA, PA; DL |
| TALZENNA CAP 0.5MG | 5 | NM, LA, PA; DL |
| TALZENNA CAP 0.25MG | 5 | NM, LA, PA; DL |
| TALZENNA CAP 0.75MG | 5 | NM, LA, PA; DL |
| TALZENNA CAP 1MG | 5 | NM, LA, PA; DL |
| TASIGNA CAP 50MG | 5 | NM; DL |
| TASIGNA CAP 150MG | 5 | NM; DL |
| TASIGNA CAP 200MG | 5 | NM; DL |
| TAZVERIK TAB 200MG | 5 | NM, LA, PA; DL |
| TECENTRIQ INJ 1200/20 | 5 | NM, LA; DL |
| TEPMETKO TAB 225MG | 5 | NM, LA, PA; DL |
| TIBSOVO TAB 250MG | 5 | NM, LA; DL |
| TORISEL INJ 25MG/ML | 5 | NM; DL |
| TRUSELTIQ CAP 50MG | 5 | NM, LA, PA; DL |
| TRUSELTIQ CAP 75MG | 5 | NM, LA, PA; DL |
| TRUSELTIQ CAP 100MG | 5 | NM, LA, PA; DL |
| TRUSELTIQ CAP 125MG | 5 | NM, LA, PA; DL |
| TUKYSA TAB 50MG | 5 | NM, LA, PA; DL |
| TUKYSA TAB 150MG | 5 | NM, LA, PA; DL |
| TURALIO CAP 125MG | 5 | NM, LA, PA; DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| TURALIO CAP 200MG | 5 | NM, LA, PA; DL |
| UKONIQ TAB 200MG | 5 | NM, LA, PA; DL |
| VECTIBIX INJ 100MG | 5 | NM; DL |
| VECTIBIX INJ 400MG | 5 | NM; DL |
| VENCLEXTA TAB 10MG | 4 | NM, LA, PA; DL |
| VENCLEXTA TAB 50MG | 4 | NM, LA, PA; DL |
| VENCLEXTA TAB 100MG | 5 | NM, LA, PA; DL |
| VENCLEXTA TAB START PK | 5 | NM, LA, PA; DL |
| VERZENIO TAB 50MG | 5 | NM, LA, PA; DL |
| VERZENIO TAB 100MG | 5 | NM, LA, PA; DL |
| VERZENIO TAB 150MG | 5 | NM, LA, PA; DL |
| VERZENIO TAB 200MG | 5 | NM, LA, PA; DL |
| VIJOICE TAB 50MG | 5 | NM, LA, PA; DL |
| VIJOICE TAB 125MG | 5 | NM, LA, PA; DL |
| VIJOICE TAB 250MG | 5 | NM, LA, PA; DL |
| VITRAKVI CAP 25MG | 5 | NM, LA, PA; DL |
| VITRAKVI CAP 100MG | 5 | NM, LA, PA; DL |
| VITRAKVI SOL 20MG/ML | 5 | NM, LA, PA; DL |
| VIZIMPRO TAB 15MG | 5 | NM, LA, PA; DL |
| VIZIMPRO TAB 30MG | 5 | NM, LA, PA; DL |
| VIZIMPRO TAB 45MG | 5 | NM, LA, PA; DL |
| VONJO CAP 100MG | 5 | QL (120 caps / 30 days), NM, LA, PA; DL |
| VOTRIENT TAB 200MG | 5 | NM, LA; DL |
| XALKORI CAP 200MG | 5 | NM, LA, PA; DL |
| XALKORI CAP 250MG | 5 | NM, LA, PA; DL |
| XOSPATA TAB 40MG | 5 | NM, LA, PA; DL |
| XPOVIO 40 MG TWICE WEEKLY | 5 | NM, LA, PA; DL |
| XPOVIO PAK 40MG | 5 | NM, LA, PA; DL |
| XPOVIO PAK 50MG | 5 | NM, LA, PA; DL |
| XPOVIO PAK 60MG | 5 | NM, LA, PA; DL |
| XPOVIO PAK 80MG | 5 | NM, LA, PA; DL |
| ZEJULA CAP 100MG | 5 | NM, LA, PA; DL |
| ZELBORAF TAB 240MG | 5 | NM, LA, PA; DL |
| ZOLINZA CAP 100MG | 5 | NM; DL |
| ZYDELIG TAB 100MG | 5 | NM, LA, PA; DL |
| ZYDELIG TAB 150MG | 5 | NM, LA, PA; DL |
| ZYKADIA TAB 150MG | 5 | NM, LA, PA; DL |
| PROTECTIVE AGENTS | | |
| <i>dexrazoxane hcl for inj 250 mg (base equivalent)</i> | 4 | |
| ELITEK INJ 1.5MG | 5 | DL |
| ELITEK INJ 7.5MG | 5 | DL |
| <i>leucovorin calcium for inj 50 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>leucovorin calcium for inj 100 mg</i> | 2 | |
| <i>leucovorin calcium for inj 200 mg</i> | 2 | |
| <i>leucovorin calcium for inj 350 mg</i> | 2 | |
| <i>leucovorin calcium tab 5 mg</i> | 2 | |
| <i>leucovorin calcium tab 10 mg</i> | 2 | |
| <i>leucovorin calcium tab 15 mg</i> | 3 | |
| <i>leucovorin calcium tab 25 mg</i> | 4 | |
| <i>levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)</i> | 5 | NM; DL |
| <i>mesna inj 100 mg/ml</i> | 2 | |
| MESNEX TAB 400MG | 3 | |

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

| | | |
|---|---|--|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> | 2 | |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> | 2 | |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> | 2 | |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> | 2 | |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> | 2 | |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> | 2 | |
| <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 | |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> | 1 | |
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> | 1 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> | 1 | |
| <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>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 | |

ACE INHIBITORS

| | | |
|--------------------------------------|---|--|
| <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> | 2 | |
| <i>captopril tab 25 mg</i> | 2 | |
| <i>captopril tab 50 mg</i> | 2 | |
| <i>captopril tab 100 mg</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 | |
| <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 | |
| <i>moexipril hcl tab 7.5 mg</i> | 1 | |
| <i>moexipril hcl tab 15 mg</i> | 1 | |
| <i>perindopril erbumine tab 2 mg</i> | 2 | |
| <i>perindopril erbumine tab 4 mg</i> | 2 | |
| <i>perindopril erbumine tab 8 mg</i> | 2 | |
| <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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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 | |
| ALDOSTERONE RECEPTOR ANTAGONISTS | | |
| <i>eplerenone tab 25 mg</i> | 2 | |
| <i>eplerenone tab 50 mg</i> | 2 | |
| <i>spironolactone tab 25 mg</i> | 1 | |
| <i>spironolactone tab 50 mg</i> | 1 | |
| <i>spironolactone tab 100 mg</i> | 1 | |
| ALPHA BLOCKERS | | |
| <i>doxazosin mesylate tab 1 mg</i> | 2 | |
| <i>doxazosin mesylate tab 2 mg</i> | 2 | |
| <i>doxazosin mesylate tab 4 mg</i> | 2 | |
| <i>doxazosin mesylate tab 8 mg</i> | 2 | |
| <i>prazosin hcl cap 1 mg</i> | 2 | |
| <i>prazosin hcl cap 2 mg</i> | 2 | |
| <i>prazosin hcl cap 5 mg</i> | 2 | |
| <i>terazosin hcl cap 1 mg (base equivalent)</i> | 2 | |
| <i>terazosin hcl cap 2 mg (base equivalent)</i> | 2 | |
| <i>terazosin hcl cap 5 mg (base equivalent)</i> | 2 | |
| <i>terazosin hcl cap 10 mg (base equivalent)</i> | 2 | |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | |
| <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>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> | 2 | |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> | 2 | |
| ENTRESTO TAB 24-26MG | 3 | |
| ENTRESTO TAB 49-51MG | 3 | |
| ENTRESTO TAB 97-103MG | 3 | |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> | 1 | |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 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 | |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> | 2 | |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> | 2 | |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> | 2 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> | 2 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> | 2 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> | 2 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> | 2 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> | 2 | |
| <i>telmisartan-amlodipine tab 40-5 mg</i> | 2 | |
| <i>telmisartan-amlodipine tab 40-10 mg</i> | 2 | |
| <i>telmisartan-amlodipine tab 80-5 mg</i> | 2 | |
| <i>telmisartan-amlodipine tab 80-10 mg</i> | 2 | |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> | 2 | |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> | 2 | |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> | 2 | |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <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 | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| <i>candesartan cilexetil tab 4 mg</i> | 2 | |
| <i>candesartan cilexetil tab 8 mg</i> | 2 | |
| <i>candesartan cilexetil tab 16 mg</i> | 2 | |
| <i>candesartan cilexetil tab 32 mg</i> | 2 | |
| <i>irbesartan tab 75 mg</i> | 1 | |
| <i>irbesartan tab 150 mg</i> | 1 | |
| <i>irbesartan tab 300 mg</i> | 1 | |
| <i>losartan potassium tab 25 mg</i> | 1 | |
| <i>losartan potassium tab 50 mg</i> | 1 | |
| <i>losartan potassium tab 100 mg</i> | 1 | |
| <i>olmesartan medoxomil tab 5 mg</i> | 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 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 | |
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i> | 2 | |
| <i>amiodarone hcl tab 100 mg</i> | 2 | |
| <i>amiodarone hcl tab 200 mg</i> | 2 | |
| <i>amiodarone hcl tab 400 mg</i> | 2 | |
| <i>disopyramide phosphate cap 100 mg</i> | 2 | |
| <i>disopyramide phosphate cap 150 mg</i> | 2 | |
| <i>dofetilide cap 125 mcg (0.125 mg)</i> | 3 | NM |
| <i>dofetilide cap 250 mcg (0.25 mg)</i> | 3 | NM |
| <i>dofetilide cap 500 mcg (0.5 mg)</i> | 3 | NM |
| <i>flecainide acetate tab 50 mg</i> | 2 | |
| <i>flecainide acetate tab 100 mg</i> | 2 | |
| <i>flecainide acetate tab 150 mg</i> | 2 | |
| <i>mexiletine hcl cap 150 mg</i> | 3 | |
| <i>mexiletine hcl cap 200 mg</i> | 3 | |
| <i>mexiletine hcl cap 250 mg</i> | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| MULTAQ TAB 400MG | 4 | |
| NORPACE CAP 100MG CR | 4 | |
| NORPACE CAP 150MG CR | 4 | |
| <i>pacerone</i> | 2 | |
| <i>procainamide hcl inj 100 mg/ml</i> | 2 | |
| <i>propafenone hcl cap er 12hr 225 mg</i> | 3 | |
| <i>propafenone hcl cap er 12hr 325 mg</i> | 3 | |
| <i>propafenone hcl cap er 12hr 425 mg</i> | 3 | |
| <i>propafenone hcl tab 150 mg</i> | 2 | |
| <i>propafenone hcl tab 225 mg</i> | 2 | |
| <i>propafenone hcl tab 300 mg</i> | 2 | |
| <i>quinidine gluconate tab er 324 mg</i> | 3 | |
| <i>quinidine sulfate tab 200 mg</i> | 3 | |
| <i>quinidine sulfate tab 300 mg</i> | 3 | |
| <i>sorine</i> | 2 | |
| <i>sotalol hcl (afib/afl) tab 80 mg</i> | 2 | |
| <i>sotalol hcl (afib/afl) tab 120 mg</i> | 2 | |
| <i>sotalol hcl (afib/afl) tab 160 mg</i> | 2 | |
| <i>sotalol hcl tab 80 mg</i> | 2 | |
| <i>sotalol hcl tab 120 mg</i> | 2 | |
| <i>sotalol hcl tab 160 mg</i> | 2 | |
| <i>sotalol hcl tab 240 mg</i> | 2 | |
| ANTILIPEMICS, FIBRATES | | |
| <i>fenofibrate micronized cap 43 mg</i> | 2 | |
| <i>fenofibrate micronized cap 67 mg</i> | 2 | |
| <i>fenofibrate micronized cap 134 mg</i> | 2 | |
| <i>fenofibrate micronized cap 200 mg</i> | 2 | |
| <i>fenofibrate tab 48 mg</i> | 2 | |
| <i>fenofibrate tab 54 mg</i> | 2 | |
| <i>fenofibrate tab 145 mg</i> | 2 | |
| <i>fenofibrate tab 160 mg</i> | 2 | |
| <i>gemfibrozil tab 600 mg</i> | 2 | |
| ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium tab 10 mg (base equivalent)</i> | 1 | |
| <i>atorvastatin calcium tab 20 mg (base equivalent)</i> | 1 | |
| <i>atorvastatin calcium tab 40 mg (base equivalent)</i> | 1 | |
| <i>atorvastatin calcium tab 80 mg (base equivalent)</i> | 1 | |
| <i>fluvastatin sodium cap 20 mg (base equivalent)</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>fluvastatin sodium cap 40 mg (base equivalent)</i> | 2 | |
| LIVALO TAB 1MG | 4 | |
| LIVALO TAB 2MG | 4 | |
| LIVALO TAB 4MG | 4 | |
| <i>lovastatin tab 10 mg</i> | 1 | |
| <i>lovastatin tab 20 mg</i> | 1 | |
| <i>lovastatin tab 40 mg</i> | 1 | |
| <i>pravastatin sodium tab 10 mg</i> | 1 | |
| <i>pravastatin sodium tab 20 mg</i> | 1 | |
| <i>pravastatin sodium tab 40 mg</i> | 1 | |
| <i>pravastatin sodium tab 80 mg</i> | 1 | |
| <i>rosuvastatin calcium tab 5 mg</i> | 1 | |
| <i>rosuvastatin calcium tab 10 mg</i> | 1 | |
| <i>rosuvastatin calcium tab 20 mg</i> | 1 | |
| <i>rosuvastatin calcium tab 40 mg</i> | 1 | |
| <i>simvastatin tab 5 mg</i> | 1 | |
| <i>simvastatin tab 10 mg</i> | 1 | |
| <i>simvastatin tab 20 mg</i> | 1 | |
| <i>simvastatin tab 40 mg</i> | 1 | |
| <i>simvastatin tab 80 mg</i> | 1 | |
| ANTILIPEMICS, MISCELLANEOUS | | |
| <i>cholestyramine light powder 4 gm/dose</i> | 2 | |
| <i>cholestyramine powder packets 4 gm</i> | 2 | |
| <i>colesevelam hcl tab 625 mg</i> | 4 | |
| <i>colestipol hcl granule packets 5 gm</i> | 2 | |
| <i>colestipol hcl tab 1 gm</i> | 2 | |
| <i>ezetimibe tab 10 mg</i> | 1 | |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> | 1 | |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> | 1 | |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> | 1 | |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> | 1 | |
| <i>icosapent ethyl cap 0.5 gm</i> | 3 | |
| <i>icosapent ethyl cap 1 gm</i> | 3 | |
| <i>niacin tab er 500 mg (antihyperlipidemic)</i> | 3 | |
| <i>niacin tab er 750 mg (antihyperlipidemic)</i> | 3 | |
| <i>niacin tab er 1000 mg (antihyperlipidemic)</i> | 3 | |
| <i>niacor</i> | 3 | |
| <i>omega-3-acid ethyl esters cap 1 gm</i> | 3 | |
| PRALUENT INJ 75MG/ML | 3 | QL (2 injections / 28 days), NM, PA; DL; (coverage restricted to Regeneron and Sanofi US brands only) |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------|------------------|---|
| PRALUENT INJ 150MG/ML | 3 | QL (2 injections / 28 days), NM, PA; DL; (coverage restricted to Regeneron and Sanofi US brands only) |
| <i>prevalite</i> | 2 | |
| VASCEPA CAP 0.5GM | 4 | |
| VASCEPA CAP 1GM | 4 | |

BETA-BLOCKER/DIURETIC COMBINATIONS

| | | |
|---|---|--|
| <i>atenolol & chlorthalidone tab 50-25 mg</i> | 1 | |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> | 1 | |
| <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>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 | |

BETA-BLOCKERS

| | | |
|---|---|--|
| <i>acebutolol hcl cap 200 mg</i> | 2 | |
| <i>acebutolol hcl cap 400 mg</i> | 2 | |
| <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> | 2 | |
| <i>betaxolol hcl tab 20 mg</i> | 2 | |
| <i>bisoprolol fumarate tab 5 mg</i> | 1 | |
| <i>bisoprolol fumarate tab 10 mg</i> | 1 | |
| <i>carvedilol phosphate cap er 24hr 10 mg</i> | 3 | |
| <i>carvedilol phosphate cap er 24hr 20 mg</i> | 3 | |
| <i>carvedilol phosphate cap er 24hr 40 mg</i> | 3 | |
| <i>carvedilol phosphate cap er 24hr 80 mg</i> | 3 | |
| <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 | |
| <i>labetalol hcl iv soln 5 mg/ml</i> | 2 | |
| <i>labetalol hcl tab 100 mg</i> | 2 | |
| <i>labetalol hcl tab 200 mg</i> | 2 | |
| <i>labetalol hcl tab 300 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> | 1 | |
| <i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> | 1 | |
| <i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> | 1 | |
| <i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> | 1 | |
| <i>metoprolol tartrate tab 25 mg</i> | 1 | |
| <i>metoprolol tartrate tab 37.5 mg</i> | 1 | |
| <i>metoprolol tartrate tab 50 mg</i> | 1 | |
| <i>metoprolol tartrate tab 75 mg</i> | 1 | |
| <i>metoprolol tartrate tab 100 mg</i> | 1 | |
| <i>nadolol tab 20 mg</i> | 2 | |
| <i>nadolol tab 40 mg</i> | 2 | |
| <i>nadolol tab 80 mg</i> | 2 | |
| <i>nebivolol hcl tab 2.5 mg (base equivalent)</i> | 3 | |
| <i>nebivolol hcl tab 5 mg (base equivalent)</i> | 3 | |
| <i>nebivolol hcl tab 10 mg (base equivalent)</i> | 3 | |
| <i>nebivolol hcl tab 20 mg (base equivalent)</i> | 3 | |
| <i>pindolol tab 5 mg</i> | 2 | |
| <i>pindolol tab 10 mg</i> | 2 | |
| <i>propranolol hcl cap er 24hr 60 mg</i> | 2 | |
| <i>propranolol hcl cap er 24hr 80 mg</i> | 2 | |
| <i>propranolol hcl cap er 24hr 120 mg</i> | 2 | |
| <i>propranolol hcl cap er 24hr 160 mg</i> | 2 | |
| <i>propranolol hcl tab 10 mg</i> | 1 | |
| <i>propranolol hcl tab 20 mg</i> | 1 | |
| <i>propranolol hcl tab 40 mg</i> | 1 | |
| <i>propranolol hcl tab 60 mg</i> | 1 | |
| <i>propranolol hcl tab 80 mg</i> | 1 | |
| <i>timolol maleate tab 5 mg</i> | 2 | |
| <i>timolol maleate tab 10 mg</i> | 2 | |
| <i>timolol maleate tab 20 mg</i> | 2 | |
| 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 | |
| <i>cartia xt</i> | 2 | |
| <i>dilt-xr</i> | 2 | |
| <i>diltiazem hcl cap er 12hr 60 mg</i> | 2 | |
| <i>diltiazem hcl cap er 12hr 90 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>diltiazem hcl cap er 12hr 120 mg</i> | 2 | |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg</i> | 2 | |
| <i>diltiazem hcl coated beads cap er 24hr 180 mg</i> | 2 | |
| <i>diltiazem hcl coated beads cap er 24hr 240 mg</i> | 2 | |
| <i>diltiazem hcl coated beads cap er 24hr 300 mg</i> | 2 | |
| <i>diltiazem hcl coated beads cap er 24hr 360 mg</i> | 2 | |
| <i>diltiazem hcl coated beads tab er 24hr 180 mg</i> | 2 | |
| <i>diltiazem hcl coated beads tab er 24hr 240 mg</i> | 2 | |
| <i>diltiazem hcl coated beads tab er 24hr 300 mg</i> | 2 | |
| <i>diltiazem hcl coated beads tab er 24hr 360 mg</i> | 2 | |
| <i>diltiazem hcl coated beads tab er 24hr 420 mg</i> | 2 | |
| <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> | 2 | |
| <i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> | 2 | |
| <i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i> | 2 | |
| <i>diltiazem hcl tab 30 mg</i> | 2 | |
| <i>diltiazem hcl tab 60 mg</i> | 2 | |
| <i>diltiazem hcl tab 90 mg</i> | 2 | |
| <i>diltiazem hcl tab 120 mg</i> | 2 | |
| <i>felodipine tab er 24hr 2.5 mg</i> | 2 | |
| <i>felodipine tab er 24hr 5 mg</i> | 2 | |
| <i>felodipine tab er 24hr 10 mg</i> | 2 | |
| <i>isradipine cap 2.5 mg</i> | 2 | |
| <i>isradipine cap 5 mg</i> | 2 | |
| <i>nicardipine hcl cap 20 mg</i> | 2 | |
| <i>nicardipine hcl cap 30 mg</i> | 2 | |
| <i>nifedipine tab er 24hr 30 mg</i> | 2 | |
| <i>nifedipine tab er 24hr 60 mg</i> | 2 | |
| <i>nifedipine tab er 24hr 90 mg</i> | 2 | |
| <i>nifedipine tab er 24hr osmotic release 30 mg</i> | 2 | |
| <i>nifedipine tab er 24hr osmotic release 60 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>nifedipine tab er 24hr osmotic release 90 mg</i> | 2 | |
| <i>nimodipine cap 30 mg</i> | 4 | |
| <i>nisoldipine tab er 24hr 8.5 mg</i> | 4 | |
| <i>nisoldipine tab er 24hr 17 mg</i> | 4 | |
| <i>nisoldipine tab er 24hr 20 mg</i> | 4 | |
| <i>nisoldipine tab er 24hr 25.5 mg</i> | 4 | |
| <i>nisoldipine tab er 24hr 30 mg</i> | 4 | |
| <i>nisoldipine tab er 24hr 34 mg</i> | 4 | |
| <i>nisoldipine tab er 24hr 40 mg</i> | 4 | |
| <i>taztia xt</i> | 2 | |
| <i>tiadylt er</i> | 2 | |
| <i>verapamil hcl cap er 24hr 100 mg</i> | 2 | |
| <i>verapamil hcl cap er 24hr 120 mg</i> | 2 | |
| <i>verapamil hcl cap er 24hr 180 mg</i> | 2 | |
| <i>verapamil hcl cap er 24hr 200 mg</i> | 2 | |
| <i>verapamil hcl cap er 24hr 240 mg</i> | 2 | |
| <i>verapamil hcl cap er 24hr 300 mg</i> | 2 | |
| <i>verapamil hcl cap er 24hr 360 mg</i> | 2 | |
| <i>verapamil hcl tab 40 mg</i> | 2 | |
| <i>verapamil hcl tab 80 mg</i> | 2 | |
| <i>verapamil hcl tab 120 mg</i> | 2 | |
| <i>verapamil hcl tab er 120 mg</i> | 2 | |
| <i>verapamil hcl tab er 180 mg</i> | 2 | |
| <i>verapamil hcl tab er 240 mg</i> | 2 | |
| DIURETICS | | |
| <i>acetazolamide cap er 12hr 500 mg</i> | 2 | |
| <i>acetazolamide tab 125 mg</i> | 2 | |
| <i>acetazolamide tab 250 mg</i> | 2 | |
| <i>amiloride & hydrochlorothiazide tab 5-50 mg</i> | 2 | |
| <i>amiloride hcl tab 5 mg</i> | 2 | |
| <i>bumetanide tab 0.5 mg</i> | 2 | |
| <i>bumetanide tab 1 mg</i> | 2 | |
| <i>bumetanide tab 2 mg</i> | 2 | |
| <i>chlorthalidone tab 25 mg</i> | 2 | |
| <i>chlorthalidone tab 50 mg</i> | 2 | |
| <i>furosemide inj 10 mg/ml</i> | 2 | |
| <i>furosemide oral soln 10 mg/ml</i> | 2 | |
| <i>furosemide tab 20 mg</i> | 1 | |
| <i>furosemide tab 40 mg</i> | 1 | |
| <i>furosemide tab 80 mg</i> | 1 | |
| <i>hydrochlorothiazide cap 12.5 mg</i> | 1 | |
| <i>hydrochlorothiazide tab 12.5 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---------------------------------|
| <i>hydrochlorothiazide tab 25 mg</i> | 1 | |
| <i>hydrochlorothiazide tab 50 mg</i> | 1 | |
| <i>indapamide tab 1.25 mg</i> | 1 | |
| <i>indapamide tab 2.5 mg</i> | 1 | |
| KERENDIA TAB 10MG | 4 | |
| KERENDIA TAB 20MG | 4 | |
| <i>methazolamide tab 25 mg</i> | 2 | |
| <i>methazolamide tab 50 mg</i> | 2 | |
| <i>metolazone tab 2.5 mg</i> | 2 | |
| <i>metolazone tab 5 mg</i> | 2 | |
| <i>metolazone tab 10 mg</i> | 2 | |
| <i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> | 1 | |
| <i>toremide tab 5 mg</i> | 2 | |
| <i>toremide tab 10 mg</i> | 2 | |
| <i>toremide tab 20 mg</i> | 2 | |
| <i>toremide tab 100 mg</i> | 2 | |
| <i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> | 1 | |
| <i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> | 1 | |
| <i>triamterene & hydrochlorothiazide tab 75-50 mg</i> | 1 | |
| <i>triamterene cap 50 mg</i> | 2 | |
| <i>triamterene cap 100 mg</i> | 2 | |
| MISCELLANEOUS | | |
| ADRENALIN INJ 1MG/ML | 3 | |
| <i>aliskiren fumarate tab 150 mg (base equivalent)</i> | 3 | |
| <i>aliskiren fumarate tab 300 mg (base equivalent)</i> | 3 | |
| <i>clonidine hcl tab 0.1 mg</i> | 2 | |
| <i>clonidine hcl tab 0.2 mg</i> | 2 | |
| <i>clonidine hcl tab 0.3 mg</i> | 2 | |
| CORLANOR TAB 5MG | 4 | |
| CORLANOR TAB 7.5MG | 4 | |
| <i>digoxin inj 0.25 mg/ml</i> | 2 | |
| <i>digoxin oral soln 0.05 mg/ml</i> | 3 | |
| <i>digoxin tab 125 mcg (0.125 mg)</i> | 2 | QL (30 tabs / 30 days) |
| <i>digoxin tab 250 mcg (0.25 mg)</i> | 2 | |
| <i>droxidopa cap 100 mg</i> | 5 | QL (90 caps / 30 days), NM; DL |
| <i>droxidopa cap 200 mg</i> | 5 | QL (180 caps / 30 days), NM; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|------------------|---------------------------------|
| <i>droxidopa cap 300 mg</i> | 5 | QL (180 caps / 30 days), NM; DL |
| <i>hydralazine hcl tab 10 mg</i> | 2 | |
| <i>hydralazine hcl tab 25 mg</i> | 2 | |
| <i>hydralazine hcl tab 50 mg</i> | 2 | |
| <i>hydralazine hcl tab 100 mg</i> | 2 | |
| <i>metyrosine cap 250 mg</i> | 5 | DL |
| <i>midodrine hcl tab 2.5 mg</i> | 2 | |
| <i>midodrine hcl tab 5 mg</i> | 2 | |
| <i>midodrine hcl tab 10 mg</i> | 2 | |
| <i>minoxidil tab 2.5 mg</i> | 2 | |
| <i>minoxidil tab 10 mg</i> | 2 | |
| <i>ranolazine tab er 12hr 500 mg</i> | 3 | |
| <i>ranolazine tab er 12hr 1000 mg</i> | 3 | |
| VYNDAMAX CAP 61MG | 5 | NM, LA, PA; DL |
| VYNDAQEL CAP 20MG | 5 | NM, LA, PA; DL |

NITRATES

| | | |
|---|---|--|
| <i>isosorbide dinitrate tab 5 mg</i> | 2 | |
| <i>isosorbide dinitrate tab 10 mg</i> | 2 | |
| <i>isosorbide dinitrate tab 20 mg</i> | 2 | |
| <i>isosorbide dinitrate tab 30 mg</i> | 2 | |
| <i>isosorbide mononitrate tab 10 mg</i> | 2 | |
| <i>isosorbide mononitrate tab 20 mg</i> | 2 | |
| <i>isosorbide mononitrate tab er 24hr 30 mg</i> | 2 | |
| <i>isosorbide mononitrate tab er 24hr 60 mg</i> | 2 | |
| <i>isosorbide mononitrate tab er 24hr 120 mg</i> | 2 | |
| NITRO-BID OIN 2% | 3 | |
| NITROGLYCER INJ 5MG/ML | 3 | |
| <i>nitroglycerin sl tab 0.3 mg</i> | 2 | |
| <i>nitroglycerin sl tab 0.4 mg</i> | 2 | |
| <i>nitroglycerin sl tab 0.6 mg</i> | 2 | |
| <i>nitroglycerin td patch 24hr 0.1 mg/hr</i> | 2 | |
| <i>nitroglycerin td patch 24hr 0.2 mg/hr</i> | 2 | |
| <i>nitroglycerin td patch 24hr 0.4 mg/hr</i> | 2 | |
| <i>nitroglycerin td patch 24hr 0.6 mg/hr</i> | 2 | |
| <i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i> | 2 | |
| NITROSTAT SUB 0.3MG | 3 | |
| NITROSTAT SUB 0.4MG | 3 | |
| NITROSTAT SUB 0.6MG | 3 | |

PULMONARY ARTERIAL HYPERTENSION

| | | |
|-------------------|---|--|
| ADEMPAS TAB 0.5MG | 5 | QL (90 tabs / 30 days), NM, LA, PA; DL |
|-------------------|---|--|

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| ADEMPAS TAB 1.5MG | 5 | QL (90 tabs / 30 days), NM, LA, PA; DL |
| ADEMPAS TAB 1MG | 5 | QL (90 tabs / 30 days), NM, LA, PA; DL |
| ADEMPAS TAB 2.5MG | 5 | QL (90 tabs / 30 days), NM, LA, PA; DL |
| ADEMPAS TAB 2MG | 5 | QL (90 tabs / 30 days), NM, LA, PA; DL |
| <i>alyq</i> | 5 | NM, PA; DL |
| <i>ambrisentan tab 5 mg</i> | 5 | NM, LA, PA; DL |
| <i>ambrisentan tab 10 mg</i> | 5 | NM, LA, PA; DL |
| OPSUMIT TAB 10MG | 5 | NM, LA, PA; DL |
| <i>sildenafil citrate for suspension 10 mg/ml</i> | 5 | QL (180 mL / 30 days), NM, PA; DL |
| <i>sildenafil citrate tab 20 mg</i> | 2 | QL (90 tabs / 30 days), NM, PA; DL |
| <i>tadalafil tab 20 mg (pah)</i> | 5 | NM, PA; DL |
| TYVASO DPI POW 16-32-48 | 5 | NM, LA, PA; DL |
| TYVASO DPI POW 16-32MCG | 5 | NM, LA, PA; DL |
| TYVASO DPI POW 16MCG | 5 | NM, LA, PA; DL |
| TYVASO DPI POW 32-48MCG | 5 | NM, LA, PA; DL |
| TYVASO DPI POW 32MCG | 5 | NM, LA, PA; DL |
| TYVASO DPI POW 48MCG | 5 | NM, LA, PA; DL |
| TYVASO DPI POW 64MCG | 5 | NM, LA, PA; DL |
| UPTRAVI TAB 200MCG | 5 | NM, LA, PA; DL |
| UPTRAVI TAB 400MCG | 5 | NM, LA, PA; DL |
| UPTRAVI TAB 600MCG | 5 | NM, LA, PA; DL |
| UPTRAVI TAB 800MCG | 5 | NM, LA, PA; DL |
| UPTRAVI TAB 1000MCG | 5 | NM, LA, PA; DL |
| UPTRAVI TAB 1200MCG | 5 | NM, LA, PA; DL |
| UPTRAVI TAB 1400MCG | 5 | NM, LA, PA; DL |
| UPTRAVI TAB 1600MCG | 5 | NM, LA, PA; DL |
| VENTAVIS SOL 10MCG/ML | 5 | NM, LA, PA; DL |
| VENTAVIS SOL 20MCG/ML | 5 | NM, LA, PA; DL |

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

| | | |
|--------------------------------|---|-------------------------|
| ALPRAZOLAM CON 1 MG/ML | 3 | DL |
| <i>alprazolam tab 0.5 mg</i> | 2 | QL (150 tabs / 30 days) |
| <i>alprazolam tab 0.25 mg</i> | 2 | QL (150 tabs / 30 days) |
| <i>alprazolam tab 1 mg</i> | 2 | QL (150 tabs / 30 days) |
| <i>alprazolam tab 2 mg</i> | 2 | QL (150 tabs / 30 days) |
| <i>bupirone hcl tab 5 mg</i> | 2 | |
| <i>bupirone hcl tab 7.5 mg</i> | 2 | |
| <i>bupirone hcl tab 10 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>buspirone hcl tab 15 mg</i> | 2 | |
| <i>buspirone hcl tab 30 mg</i> | 2 | |
| <i>chlordiazepoxide hcl cap 5 mg</i> | 2 | |
| <i>chlordiazepoxide hcl cap 10 mg</i> | 2 | |
| <i>chlordiazepoxide hcl cap 25 mg</i> | 2 | |
| <i>fluvoxamine maleate tab 25 mg</i> | 2 | |
| <i>fluvoxamine maleate tab 50 mg</i> | 2 | |
| <i>fluvoxamine maleate tab 100 mg</i> | 2 | |
| <i>lorazepam intensol</i> | 2 | DL |
| <i>lorazepam tab 0.5 mg</i> | 2 | |
| <i>lorazepam tab 1 mg</i> | 2 | |
| <i>lorazepam tab 2 mg</i> | 2 | |
| LOREEV XR CAP 1.5MG | 4 | |
| LOREEV XR CAP 1MG | 4 | |
| LOREEV XR CAP 2MG | 4 | |
| LOREEV XR CAP 3MG | 4 | |
| <i>oxazepam cap 10 mg</i> | 2 | |
| <i>oxazepam cap 15 mg</i> | 2 | |
| <i>oxazepam cap 30 mg</i> | 2 | |
| ANTICONVULSANTS | | |
| APTIOM TAB 200MG | 5 | DL |
| APTIOM TAB 400MG | 5 | DL |
| APTIOM TAB 600MG | 5 | DL |
| APTIOM TAB 800MG | 5 | DL |
| BRIVIACT INJ 50MG/5ML | 5 | DL |
| BRIVIACT SOL 10MG/ML | 5 | DL |
| BRIVIACT TAB 10MG | 5 | DL |
| BRIVIACT TAB 25MG | 5 | DL |
| BRIVIACT TAB 50MG | 5 | DL |
| BRIVIACT TAB 75MG | 5 | DL |
| BRIVIACT TAB 100MG | 5 | DL |
| <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> | 2 | |
| <i>carbamazepine susp 100 mg/5ml</i> | 2 | |
| <i>carbamazepine tab 200 mg</i> | 2 | |
| <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 | |
| CELONTIN CAP 300MG | 3 | |
| <i>clobazam suspension 2.5 mg/ml</i> | 4 | |
| <i>clobazam tab 10 mg</i> | 4 | |
| <i>clobazam tab 20 mg</i> | 4 | |

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **DL** - Medication restricted to a 30 day supply

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>clonazepam orally disintegrating tab 0.5 mg</i> | 2 | |
| <i>clonazepam orally disintegrating tab 0.25 mg</i> | 2 | |
| <i>clonazepam orally disintegrating tab 0.125 mg</i> | 2 | |
| <i>clonazepam orally disintegrating tab 1 mg</i> | 2 | |
| <i>clonazepam orally disintegrating tab 2 mg</i> | 2 | |
| <i>clonazepam tab 0.5 mg</i> | 2 | |
| <i>clonazepam tab 1 mg</i> | 2 | |
| <i>clonazepam tab 2 mg</i> | 2 | |
| <i>clorazepate dipotassium tab 3.75 mg</i> | 2 | |
| <i>clorazepate dipotassium tab 7.5 mg</i> | 2 | |
| <i>clorazepate dipotassium tab 15 mg</i> | 2 | |
| DIACOMIT CAP 250MG | 5 | NM, LA, PA; DL |
| DIACOMIT CAP 500MG | 5 | NM, LA, PA; DL |
| DIACOMIT PAK 250MG | 5 | NM, LA, PA; DL |
| DIACOMIT PAK 500MG | 5 | NM, LA, PA; DL |
| DIASTAT ACDL GEL 5-10MG | 4 | |
| DIASTAT ACDL GEL 12.5-20 | 4 | |
| DIASTAT PED GEL 2.5M GEL | 4 | |
| <i>diazepam intensol</i> | 3 | DL |
| <i>diazepam oral soln 1 mg/ml</i> | 2 | DL |
| <i>diazepam rectal gel delivery system 2.5 mg</i> | 2 | |
| <i>diazepam rectal gel delivery system 10 mg</i> | 2 | |
| <i>diazepam rectal gel delivery system 20 mg</i> | 2 | |
| <i>diazepam tab 2 mg</i> | 2 | |
| <i>diazepam tab 5 mg</i> | 2 | |
| <i>diazepam tab 10 mg</i> | 2 | |
| DILANTIN CAP 30MG | 4 | |
| DILANTIN CAP 100MG | 4 | |
| DILANTIN CHW 50MG | 4 | |
| DILANTIN-125 SUS 125/5ML | 4 | |
| <i>divalproex sodium cap delayed release sprinkle 125 mg</i> | 2 | |
| <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> | 3 | |
| <i>divalproex sodium tab er 24 hr 500 mg</i> | 3 | |
| EPIDIOLEX SOL 100MG/ML | 5 | NM, LA, PA; DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>epitol</i> | 2 | |
| EPRONTIA SOL 25MG/ML | 4 | |
| <i>ethosuximide cap 250 mg</i> | 2 | |
| <i>ethosuximide soln 250 mg/5ml</i> | 2 | |
| <i>felbamate susp 600 mg/5ml</i> | 2 | |
| <i>felbamate tab 400 mg</i> | 2 | |
| <i>felbamate tab 600 mg</i> | 2 | |
| FINTEPLA SOL 2.2MG/ML | 5 | NM, LA; DL |
| <i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i> | 2 | |
| FYCOMPA SUS 0.5MG/ML | 5 | DL |
| FYCOMPA TAB 2MG | 4 | QL (30 tabs / 30 days); DL |
| FYCOMPA TAB 4MG | 5 | DL |
| FYCOMPA TAB 6MG | 5 | DL |
| FYCOMPA TAB 8MG | 5 | DL |
| FYCOMPA TAB 10MG | 5 | DL |
| FYCOMPA TAB 12MG | 5 | DL |
| <i>gabapentin cap 100 mg</i> | 2 | |
| <i>gabapentin cap 300 mg</i> | 2 | |
| <i>gabapentin cap 400 mg</i> | 2 | |
| <i>gabapentin oral soln 250 mg/5ml</i> | 2 | |
| <i>gabapentin tab 600 mg</i> | 2 | |
| <i>gabapentin tab 800 mg</i> | 2 | |
| <i>lacosamide oral solution 10 mg/ml</i> | 4 | |
| <i>lacosamide tab 50 mg</i> | 4 | |
| <i>lacosamide tab 100 mg</i> | 4 | |
| <i>lacosamide tab 150 mg</i> | 4 | |
| <i>lacosamide tab 200 mg</i> | 4 | |
| <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> | 2 | |
| <i>lamotrigine tab 100 mg</i> | 2 | |
| <i>lamotrigine tab 150 mg</i> | 2 | |
| <i>lamotrigine tab 200 mg</i> | 2 | |
| <i>lamotrigine tab chewable dispersible 5 mg</i> | 2 | |
| <i>lamotrigine tab chewable dispersible 25 mg</i> | 2 | |
| <i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> | 2 | |
| <i>lamotrigine tab er 24hr 25 mg</i> | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>lamotrigine tab er 24hr 50 mg</i> | 4 | |
| <i>lamotrigine tab er 24hr 100 mg</i> | 4 | |
| <i>lamotrigine tab er 24hr 200 mg</i> | 4 | |
| <i>lamotrigine tab er 24hr 250 mg</i> | 4 | |
| <i>lamotrigine tab er 24hr 300 mg</i> | 4 | |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> | 3 | |
| <i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i> | 3 | |
| <i>levetiracetam oral soln 100 mg/ml</i> | 2 | |
| <i>levetiracetam tab 250 mg</i> | 2 | |
| <i>levetiracetam tab 500 mg</i> | 2 | |
| <i>levetiracetam tab 750 mg</i> | 2 | |
| <i>levetiracetam tab 1000 mg</i> | 2 | |
| <i>levetiracetam tab er 24hr 500 mg</i> | 2 | |
| <i>levetiracetam tab er 24hr 750 mg</i> | 2 | |
| NAYZILAM SPR 5MG | 4 | DL |
| <i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> | 2 | |
| <i>oxcarbazepine tab 150 mg</i> | 2 | |
| <i>oxcarbazepine tab 300 mg</i> | 2 | |
| <i>oxcarbazepine tab 600 mg</i> | 2 | |
| <i>phenobarbital elixir 20 mg/5ml</i> | 2 | |
| <i>phenobarbital tab 15 mg</i> | 2 | |
| <i>phenobarbital tab 16.2 mg</i> | 2 | |
| <i>phenobarbital tab 30 mg</i> | 2 | |
| <i>phenobarbital tab 32.4 mg</i> | 2 | |
| <i>phenobarbital tab 60 mg</i> | 2 | |
| <i>phenobarbital tab 64.8 mg</i> | 2 | |
| <i>phenobarbital tab 97.2 mg</i> | 2 | |
| <i>phenobarbital tab 100 mg</i> | 2 | |
| <i>phenytoin chew tab 50 mg</i> | 2 | |
| <i>phenytoin sodium extended cap 100 mg</i> | 2 | |
| <i>phenytoin sodium extended cap 200 mg</i> | 2 | |
| <i>phenytoin sodium extended cap 300 mg</i> | 2 | |
| <i>phenytoin sodium inj 50 mg/ml</i> | 2 | |
| <i>phenytoin susp 125 mg/5ml</i> | 2 | |
| <i>pregabalin cap 25 mg</i> | 3 | QL (90 caps / 30 days) |
| <i>pregabalin cap 50 mg</i> | 3 | QL (90 caps / 30 days) |
| <i>pregabalin cap 75 mg</i> | 3 | QL (90 caps / 30 days) |
| <i>pregabalin cap 100 mg</i> | 3 | QL (90 caps / 30 days) |
| <i>pregabalin cap 150 mg</i> | 3 | QL (90 caps / 30 days) |
| <i>pregabalin cap 200 mg</i> | 3 | QL (90 caps / 30 days) |
| <i>pregabalin cap 225 mg</i> | 3 | QL (60 caps / 30 days) |
| <i>pregabalin cap 300 mg</i> | 3 | QL (60 caps / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>pregabalin soln 20 mg/ml</i> | 3 | QL (946 mL / 30 days); DL |
| <i>primidone tab 50 mg</i> | 2 | |
| <i>primidone tab 250 mg</i> | 2 | |
| <i>roweepra</i> | 2 | |
| <i>rufinamide susp 40 mg/ml</i> | 5 | DL |
| <i>rufinamide tab 200 mg</i> | 4 | |
| <i>rufinamide tab 400 mg</i> | 5 | DL |
| SPRITAM TAB 250MG | 4 | |
| SPRITAM TAB 500MG | 4 | |
| SPRITAM TAB 750MG | 4 | |
| SPRITAM TAB 1000MG | 4 | |
| SYMPAZAN MIS 5MG | 4 | |
| SYMPAZAN MIS 10MG | 5 | DL |
| SYMPAZAN MIS 20MG | 5 | DL |
| <i>tiagabine hcl tab 2 mg</i> | 3 | |
| <i>tiagabine hcl tab 4 mg</i> | 3 | |
| <i>tiagabine hcl tab 12 mg</i> | 3 | |
| <i>tiagabine hcl tab 16 mg</i> | 3 | |
| <i>topiramate cap er 24hr 25 mg</i> | 4 | |
| <i>topiramate cap er 24hr 50 mg</i> | 4 | |
| <i>topiramate cap er 24hr 100 mg</i> | 4 | |
| <i>topiramate sprinkle cap 15 mg</i> | 2 | |
| <i>topiramate sprinkle cap 25 mg</i> | 2 | |
| <i>topiramate tab 25 mg</i> | 2 | |
| <i>topiramate tab 50 mg</i> | 2 | |
| <i>topiramate tab 100 mg</i> | 2 | |
| <i>topiramate tab 200 mg</i> | 2 | |
| <i>valproate sodium inj 100 mg/ml</i> | 2 | |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> | 2 | |
| <i>valproic acid cap 250 mg</i> | 2 | |
| VALTOCO SPR 5MG | 4 | |
| VALTOCO SPR 10MG | 4 | |
| VALTOCO SPR 15MG | 4 | |
| VALTOCO SPR 20MG | 4 | |
| <i>vigabatrin powd pack 500 mg</i> | 5 | NM, LA; DL |
| <i>vigabatrin tab 500 mg</i> | 5 | NM, LA; DL |
| <i>vigadrone</i> | 5 | NM, LA; DL |
| VIMPAT INJ 200MG/20 | 4 | |
| VIMPAT SOL 10MG/ML | 5 | DL |
| VIMPAT TAB 50MG | 4 | |
| VIMPAT TAB 100MG | 5 | DL |
| VIMPAT TAB 150MG | 5 | DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|------------------|----------------------------|
| VIMPAT TAB 200MG | 5 | DL |
| XCOPRI PAK 12.5-25 | 4 | |
| XCOPRI PAK 50-100MG | 5 | DL |
| XCOPRI PAK 100-150 | 5 | DL |
| XCOPRI PAK 150-200MG (MAINTENANCE) | 5 | DL |
| XCOPRI PAK 150-200MG (TITRATION) | 5 | DL |
| XCOPRI TAB 50MG | 5 | DL |
| XCOPRI TAB 100MG | 5 | DL |
| XCOPRI TAB 150MG | 5 | DL |
| XCOPRI TAB 200MG | 5 | DL |
| ZONISADE SUS 100MG/5 | 3 | |
| <i>zonisamide cap 25 mg</i> | 2 | |
| <i>zonisamide cap 50 mg</i> | 2 | |
| <i>zonisamide cap 100 mg</i> | 2 | |
| ZTALMY SUS 50MG/ML | 5 | NM, LA, PA; DL |

ANTIDEMENTIA

| | | |
|--|---|--|
| <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 | |
| <i>ergoloid mesylates tab 1 mg</i> | 2 | |
| <i>galantamine hydrobromide cap er 24hr 8 mg</i> | 3 | |
| <i>galantamine hydrobromide cap er 24hr 16 mg</i> | 3 | |
| <i>galantamine hydrobromide cap er 24hr 24 mg</i> | 3 | |
| <i>galantamine hydrobromide oral soln 4 mg/ml</i> | 2 | |
| <i>galantamine hydrobromide tab 4 mg</i> | 2 | |
| <i>galantamine hydrobromide tab 8 mg</i> | 2 | |
| <i>galantamine hydrobromide tab 12 mg</i> | 2 | |
| <i>memantine hcl cap er 24hr 7 mg</i> | 3 | |
| <i>memantine hcl cap er 24hr 14 mg</i> | 3 | |
| <i>memantine hcl cap er 24hr 21 mg</i> | 3 | |
| <i>memantine hcl cap er 24hr 28 mg</i> | 3 | |
| <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 | |
| NAMZARIC CAP 7-10MG | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| NAMZARIC CAP 14-10MG | 4 | |
| NAMZARIC CAP 21-10MG | 4 | |
| NAMZARIC CAP 28-10MG | 4 | |
| NAMZARIC CAP PACK | 4 | |
| <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 transdermal</i> | 3 | |
| ANTIDEPRESSANTS | | |
| <i>amitriptyline hcl tab 10 mg</i> | 3 | |
| <i>amitriptyline hcl tab 25 mg</i> | 3 | |
| <i>amitriptyline hcl tab 50 mg</i> | 3 | |
| <i>amitriptyline hcl tab 75 mg</i> | 3 | |
| <i>amitriptyline hcl tab 100 mg</i> | 3 | |
| <i>amitriptyline hcl tab 150 mg</i> | 3 | |
| <i>amoxapine tab 25 mg</i> | 2 | |
| <i>amoxapine tab 50 mg</i> | 2 | |
| <i>amoxapine tab 100 mg</i> | 2 | |
| <i>amoxapine tab 150 mg</i> | 2 | |
| AUVELITY TAB 45-105MG | 4 | |
| <i>bupropion hcl tab 75 mg</i> | 2 | |
| <i>bupropion hcl tab 100 mg</i> | 2 | |
| <i>bupropion hcl tab er 12hr 100 mg</i> | 2 | |
| <i>bupropion hcl tab er 12hr 150 mg</i> | 2 | |
| <i>bupropion hcl tab er 12hr 200 mg</i> | 2 | |
| <i>bupropion hcl tab er 24hr 150 mg</i> | 3 | |
| <i>bupropion hcl tab er 24hr 300 mg</i> | 3 | |
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i> | 2 | |
| <i>citalopram hydrobromide tab 10 mg (base equiv)</i> | 2 | |
| <i>citalopram hydrobromide tab 20 mg (base equiv)</i> | 2 | |
| <i>citalopram hydrobromide tab 40 mg (base equiv)</i> | 2 | |
| <i>clomipramine hcl cap 25 mg</i> | 3 | |
| <i>clomipramine hcl cap 50 mg</i> | 3 | |
| <i>desipramine hcl tab 10 mg</i> | 2 | |
| <i>desipramine hcl tab 25 mg</i> | 2 | |
| <i>desipramine hcl tab 50 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>desipramine hcl tab 75 mg</i> | 2 | |
| <i>desipramine hcl tab 100 mg</i> | 2 | |
| <i>desipramine hcl tab 150 mg</i> | 2 | |
| <i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> | 3 | |
| <i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> | 3 | |
| <i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> | 3 | |
| <i>doxepin hcl cap 10 mg</i> | 3 | |
| <i>doxepin hcl cap 25 mg</i> | 3 | |
| <i>doxepin hcl cap 50 mg</i> | 3 | |
| <i>doxepin hcl cap 75 mg</i> | 3 | |
| <i>doxepin hcl cap 100 mg</i> | 3 | |
| <i>doxepin hcl cap 150 mg</i> | 3 | |
| <i>doxepin hcl conc 10 mg/ml</i> | 3 | |
| DRIZALMA CAP 20MG DR | 4 | PA |
| DRIZALMA CAP 30MG DR | 4 | PA |
| DRIZALMA CAP 40MG DR | 4 | PA |
| DRIZALMA CAP 60MG DR | 4 | PA |
| <i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i> | 3 | |
| <i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i> | 3 | |
| <i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i> | 3 | |
| <i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i> | 3 | |
| EMSAM DIS 6MG/24HR | 5 | DL |
| EMSAM DIS 9MG/24HR | 5 | DL |
| EMSAM DIS 12MG/24H | 5 | DL |
| <i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> | 2 | |
| <i>escitalopram oxalate tab 5 mg (base equiv)</i> | 2 | |
| <i>escitalopram oxalate tab 10 mg (base equiv)</i> | 2 | |
| <i>escitalopram oxalate tab 20 mg (base equiv)</i> | 2 | |
| FETZIMA CAP 20MG | 4 | |
| FETZIMA CAP 40MG | 4 | |
| FETZIMA CAP 80MG | 4 | |
| FETZIMA CAP 120MG | 4 | |
| FETZIMA CAP TITRATIO | 4 | |
| <i>fluoxetine hcl cap 10 mg</i> | 2 | |

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **DL** - Medication restricted to a 30 day supply

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>fluoxetine hcl cap 20 mg</i> | 2 | |
| <i>fluoxetine hcl cap 40 mg</i> | 2 | |
| <i>fluoxetine hcl solution 20 mg/5ml</i> | 2 | |
| <i>imipramine hcl tab 10 mg</i> | 3 | |
| <i>imipramine hcl tab 25 mg</i> | 3 | |
| <i>imipramine hcl tab 50 mg</i> | 3 | |
| MARPLAN TAB 10MG | 4 | |
| <i>mirtazapine orally disintegrating tab 15 mg</i> | 2 | |
| <i>mirtazapine orally disintegrating tab 30 mg</i> | 2 | |
| <i>mirtazapine orally disintegrating tab 45 mg</i> | 2 | |
| <i>mirtazapine tab 7.5 mg</i> | 2 | |
| <i>mirtazapine tab 15 mg</i> | 2 | |
| <i>mirtazapine tab 30 mg</i> | 2 | |
| <i>mirtazapine tab 45 mg</i> | 2 | |
| <i>nefazodone hcl tab 50 mg</i> | 2 | |
| <i>nefazodone hcl tab 100 mg</i> | 2 | |
| <i>nefazodone hcl tab 150 mg</i> | 2 | |
| <i>nefazodone hcl tab 200 mg</i> | 2 | |
| <i>nefazodone hcl tab 250 mg</i> | 2 | |
| <i>nortriptyline hcl cap 10 mg</i> | 2 | |
| <i>nortriptyline hcl cap 25 mg</i> | 2 | |
| <i>nortriptyline hcl cap 50 mg</i> | 2 | |
| <i>nortriptyline hcl cap 75 mg</i> | 2 | |
| <i>nortriptyline hcl soln 10 mg/5ml</i> | 2 | |
| <i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i> | 2 | |
| <i>paroxetine hcl tab 10 mg</i> | 2 | |
| <i>paroxetine hcl tab 20 mg</i> | 2 | |
| <i>paroxetine hcl tab 30 mg</i> | 2 | |
| <i>paroxetine hcl tab 40 mg</i> | 2 | |
| <i>paroxetine hcl tab er 24hr 12.5 mg</i> | 3 | |
| <i>paroxetine hcl tab er 24hr 25 mg</i> | 3 | |
| <i>paroxetine hcl tab er 24hr 37.5 mg</i> | 3 | |
| <i>phenelzine sulfate tab 15 mg</i> | 2 | |
| <i>protriptyline hcl tab 5 mg</i> | 2 | |
| <i>protriptyline hcl tab 10 mg</i> | 2 | |
| <i>sertraline hcl oral concentrate for solution 20 mg/ml</i> | 2 | |
| <i>sertraline hcl tab 25 mg</i> | 2 | |
| <i>sertraline hcl tab 50 mg</i> | 2 | |
| <i>sertraline hcl tab 100 mg</i> | 2 | |
| <i>tranylcypromine sulfate tab 10 mg</i> | 2 | |
| <i>trazodone hcl tab 50 mg</i> | 2 | |
| <i>trazodone hcl tab 100 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>trazodone hcl tab 150 mg</i> | 2 | |
| <i>trazodone hcl tab 300 mg</i> | 2 | |
| <i>trimipramine maleate cap 25 mg</i> | 3 | |
| <i>trimipramine maleate cap 50 mg</i> | 3 | |
| <i>trimipramine maleate cap 100 mg</i> | 3 | |
| TRINTELLIX TAB 5MG | 4 | |
| TRINTELLIX TAB 10MG | 4 | |
| TRINTELLIX TAB 20MG | 4 | |
| <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> | 2 | |
| <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> | 2 | |
| <i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> | 2 | |
| <i>venlafaxine hcl tab 25 mg (base equivalent)</i> | 2 | |
| <i>venlafaxine hcl tab 37.5 mg (base equivalent)</i> | 2 | |
| <i>venlafaxine hcl tab 50 mg (base equivalent)</i> | 2 | |
| <i>venlafaxine hcl tab 75 mg (base equivalent)</i> | 2 | |
| <i>venlafaxine hcl tab 100 mg (base equivalent)</i> | 2 | |
| <i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i> | 3 | |
| <i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i> | 3 | |
| <i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i> | 3 | |
| <i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i> | 3 | |
| VENLAFAXINE TAB 112.5MG | 3 | |
| VIIBRYD KIT STARTER | 4 | |
| VIIBRYD TAB 10MG | 4 | |
| VIIBRYD TAB 20MG | 4 | |
| VIIBRYD TAB 40MG | 4 | |
| <i>vilazodone hcl tab 10 mg</i> | 3 | |
| <i>vilazodone hcl tab 20 mg</i> | 3 | |
| <i>vilazodone hcl tab 40 mg</i> | 3 | |
| ANTIPARKINSONIAN AGENTS | | |
| <i>amantadine hcl cap 100 mg</i> | 2 | |
| <i>amantadine hcl soln 50 mg/5ml</i> | 2 | |
| <i>amantadine hcl tab 100 mg</i> | 2 | |
| <i>benztropine mesylate inj 1 mg/ml</i> | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>benztropine mesylate tab 0.5 mg</i> | 2 | |
| <i>benztropine mesylate tab 1 mg</i> | 2 | |
| <i>benztropine mesylate tab 2 mg</i> | 2 | |
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> | 2 | |
| <i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> | 2 | |
| <i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> | 2 | |
| <i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 10-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 25-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 25-250 mg</i> | 2 | |
| <i>carbidopa & levodopa tab er 25-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab er 50-200 mg</i> | 2 | |
| <i>carbidopa tab 25 mg</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> | 3 | |
| <i>entacapone tab 200 mg</i> | 3 | |
| INBRIJA CAP 42MG | 5 | NM, LA; DL |
| KYNMOBI MIS 10MG | 5 | NM; DL |
| KYNMOBI MIS 15MG | 5 | NM; DL |
| KYNMOBI MIS 20MG | 5 | NM; DL |
| KYNMOBI MIS 25MG | 5 | NM; DL |
| KYNMOBI MIS 30MG | 5 | NM; DL |
| NEUPRO DIS 1MG/24HR | 4 | |
| NEUPRO DIS 2MG/24HR | 4 | |
| NEUPRO DIS 3MG/24HR | 4 | |
| NEUPRO DIS 4MG/24HR | 4 | |
| NEUPRO DIS 6MG/24HR | 4 | |
| NEUPRO DIS 8MG/24HR | 4 | |
| NOURIANZ TAB 20MG | 5 | NM, LA; DL |
| NOURIANZ TAB 40MG | 5 | NM, LA; DL |
| <i>pramipexole dihydrochloride tab 0.5 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>pramipexole dihydrochloride tab 0.25 mg</i> | 2 | |
| <i>pramipexole dihydrochloride tab 0.75 mg</i> | 2 | |
| <i>pramipexole dihydrochloride tab 0.125 mg</i> | 2 | |
| <i>pramipexole dihydrochloride tab 1 mg</i> | 2 | |
| <i>pramipexole dihydrochloride tab 1.5 mg</i> | 2 | |
| <i>rasagiline mesylate tab 0.5 mg (base equiv)</i> | 3 | |
| <i>rasagiline mesylate tab 1 mg (base equiv)</i> | 3 | |
| <i>ropinirole hydrochloride tab 0.5 mg</i> | 2 | |
| <i>ropinirole hydrochloride tab 0.25 mg</i> | 2 | |
| <i>ropinirole hydrochloride tab 1 mg</i> | 2 | |
| <i>ropinirole hydrochloride tab 2 mg</i> | 2 | |
| <i>ropinirole hydrochloride tab 3 mg</i> | 2 | |
| <i>ropinirole hydrochloride tab 4 mg</i> | 2 | |
| <i>ropinirole hydrochloride tab 5 mg</i> | 2 | |
| RYTARY CAP 95MG | 4 | |
| RYTARY CAP 145MG | 4 | |
| RYTARY CAP 195MG | 4 | |
| RYTARY CAP 245MG | 4 | |
| <i>selegiline hcl cap 5 mg</i> | 3 | |
| <i>selegiline hcl tab 5 mg</i> | 3 | |
| <i>tolcapone tab 100 mg</i> | 5 | DL |
| <i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> | 2 | |
| <i>trihexyphenidyl hcl tab 2 mg</i> | 2 | |
| <i>trihexyphenidyl hcl tab 5 mg</i> | 2 | |

ANTIPSYCHOTICS

| | | |
|---|---|--------------------------------|
| ABILIFY MAIN INJ 300MG | 5 | QL (1 injection / 28 days); DL |
| ABILIFY MAIN INJ 400MG | 5 | QL (1 injection / 28 days); DL |
| <i>aripiprazole oral solution 1 mg/ml</i> | 4 | |
| <i>aripiprazole orally disintegrating tab 10 mg</i> | 4 | |
| <i>aripiprazole orally disintegrating tab 15 mg</i> | 4 | |
| <i>aripiprazole tab 2 mg</i> | 4 | |
| <i>aripiprazole tab 5 mg</i> | 4 | |
| <i>aripiprazole tab 10 mg</i> | 4 | |
| <i>aripiprazole tab 15 mg</i> | 4 | |
| <i>aripiprazole tab 20 mg</i> | 4 | |
| <i>aripiprazole tab 30 mg</i> | 4 | |
| ARISTADA INJ 441MG/1. | 5 | DL |
| ARISTADA INJ 662MG/2 | 5 | DL |
| ARISTADA INJ 882MG/3 | 5 | DL |
| ARISTADA INJ 1064MG | 5 | DL |
| ARISTADA INJ INITIO | 5 | DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>asenapine maleate sl tab 2.5 mg (base equiv)</i> | 4 | |
| <i>asenapine maleate sl tab 5 mg (base equiv)</i> | 4 | |
| <i>asenapine maleate sl tab 10 mg (base equiv)</i> | 4 | |
| CAPLYTA CAP 10.5MG | 5 | DL |
| CAPLYTA CAP 21MG | 5 | DL |
| CAPLYTA CAP 42MG | 5 | DL |
| <i>chlorpromazine hcl inj 50 mg/2ml</i> | 3 | |
| <i>chlorpromazine hcl tab 10 mg</i> | 3 | |
| <i>chlorpromazine hcl tab 25 mg</i> | 3 | |
| <i>chlorpromazine hcl tab 50 mg</i> | 3 | |
| <i>chlorpromazine hcl tab 100 mg</i> | 3 | |
| <i>chlorpromazine hcl tab 200 mg</i> | 3 | |
| <i>clozapine orally disintegrating tab 12.5 mg</i> | 3 | |
| <i>clozapine orally disintegrating tab 25 mg</i> | 3 | |
| <i>clozapine orally disintegrating tab 100 mg</i> | 3 | |
| <i>clozapine orally disintegrating tab 150 mg</i> | 3 | |
| <i>clozapine orally disintegrating tab 200 mg</i> | 5 | DL |
| <i>clozapine tab 25 mg</i> | 2 | |
| <i>clozapine tab 50 mg</i> | 2 | |
| <i>clozapine tab 100 mg</i> | 2 | |
| <i>clozapine tab 200 mg</i> | 2 | |
| FANAPT TAB 1MG | 5 | DL |
| FANAPT TAB 2MG | 5 | DL |
| FANAPT TAB 4MG | 5 | DL |
| FANAPT TAB 6MG | 5 | DL |
| FANAPT TAB 8MG | 5 | DL |
| FANAPT TAB 10MG | 5 | DL |
| FANAPT TAB 12MG | 5 | DL |
| <i>fluphenazine decanoate inj 25 mg/ml</i> | 2 | |
| <i>fluphenazine hcl elixir 2.5 mg/5ml</i> | 2 | |
| <i>fluphenazine hcl inj 2.5 mg/ml</i> | 2 | |
| <i>fluphenazine hcl oral conc 5 mg/ml</i> | 2 | |
| <i>fluphenazine hcl tab 1 mg</i> | 2 | |
| <i>fluphenazine hcl tab 2.5 mg</i> | 2 | |
| <i>fluphenazine hcl tab 5 mg</i> | 2 | |
| <i>fluphenazine hcl tab 10 mg</i> | 2 | |
| GEODON INJ 20MG | 4 | DL |
| <i>haloperidol decanoate im soln 50 mg/ml</i> | 2 | |
| <i>haloperidol decanoate im soln 100 mg/ml</i> | 2 | |
| <i>haloperidol lactate inj 5 mg/ml</i> | 2 | |
| <i>haloperidol lactate oral conc 2 mg/ml</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|------------------|---------------------------------|
| <i>haloperidol tab 0.5 mg</i> | 2 | |
| <i>haloperidol tab 1 mg</i> | 2 | |
| <i>haloperidol tab 2 mg</i> | 2 | |
| <i>haloperidol tab 5 mg</i> | 2 | |
| <i>haloperidol tab 10 mg</i> | 2 | |
| <i>haloperidol tab 20 mg</i> | 2 | |
| INVEGA HAFYE INJ 1092MG | 5 | QL (1 injection / 180 days); DL |
| INVEGA HAFYE INJ 1560MG | 5 | QL (1 injection / 180 days); DL |
| INVEGA SUST INJ 39/0.25 | 3 | QL (1 injection / 28 days) |
| INVEGA SUST INJ 78/0.5ML | 5 | QL (1 injection / 28 days); DL |
| INVEGA SUST INJ 117/0.75 | 5 | QL (1 injection / 28 days); DL |
| INVEGA SUST INJ 156MG/ML | 5 | QL (1 injection / 28 days); DL |
| INVEGA SUST INJ 234/1.5 | 5 | QL (1 injection / 28 days); DL |
| INVEGA TRINZ INJ 273MG | 5 | QL (1 syringe / 90 days); DL |
| INVEGA TRINZ INJ 410MG | 5 | QL (1 syringe / 90 days); DL |
| INVEGA TRINZ INJ 546MG | 5 | QL (1 syringe / 90 days); DL |
| INVEGA TRINZ INJ 819MG | 5 | QL (1 syringe / 90 days); DL |
| LATUDA TAB 20MG | 4 | |
| LATUDA TAB 40MG | 4 | |
| LATUDA TAB 60MG | 4 | |
| LATUDA TAB 80MG | 4 | |
| LATUDA TAB 120MG | 4 | |
| <i>loxapine succinate cap 5 mg</i> | 2 | |
| <i>loxapine succinate cap 10 mg</i> | 2 | |
| <i>loxapine succinate cap 25 mg</i> | 2 | |
| <i>loxapine succinate cap 50 mg</i> | 2 | |
| LYBALVI TAB 5-10MG | 5 | DL |
| LYBALVI TAB 10-10MG | 5 | DL |
| LYBALVI TAB 15-10MG | 5 | DL |
| LYBALVI TAB 20-10MG | 5 | DL |
| <i>molindone hcl tab 5 mg</i> | 4 | |
| <i>molindone hcl tab 10 mg</i> | 4 | |
| <i>molindone hcl tab 25 mg</i> | 4 | |
| NUPLAZID CAP 34MG | 5 | NM, LA, PA; DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| NUPLAZID TAB 10MG | 5 | NM, LA, PA; DL |
| <i>olanzapine for im inj 10 mg</i> | 2 | |
| <i>olanzapine orally disintegrating tab 5 mg</i> | 3 | |
| <i>olanzapine orally disintegrating tab 10 mg</i> | 3 | |
| <i>olanzapine orally disintegrating tab 15 mg</i> | 3 | |
| <i>olanzapine orally disintegrating tab 20 mg</i> | 3 | |
| <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>paliperidone tab er 24hr 1.5 mg</i> | 4 | |
| <i>paliperidone tab er 24hr 3 mg</i> | 4 | |
| <i>paliperidone tab er 24hr 6 mg</i> | 4 | |
| <i>paliperidone tab er 24hr 9 mg</i> | 4 | |
| <i>perphenazine tab 2 mg</i> | 2 | |
| <i>perphenazine tab 4 mg</i> | 2 | |
| <i>perphenazine tab 8 mg</i> | 2 | |
| <i>perphenazine tab 16 mg</i> | 2 | |
| PERSERIS INJ 90MG | 5 | DL |
| PERSERIS INJ 120MG | 5 | DL |
| <i>pimozide tab 1 mg</i> | 2 | |
| <i>pimozide tab 2 mg</i> | 2 | |
| <i>quetiapine fumarate tab 25 mg</i> | 2 | |
| <i>quetiapine fumarate tab 50 mg</i> | 2 | |
| <i>quetiapine fumarate tab 100 mg</i> | 2 | |
| <i>quetiapine fumarate tab 150 mg</i> | 2 | |
| <i>quetiapine fumarate tab 200 mg</i> | 2 | |
| <i>quetiapine fumarate tab 300 mg</i> | 2 | |
| <i>quetiapine fumarate tab 400 mg</i> | 2 | |
| <i>quetiapine fumarate tab er 24hr 50 mg</i> | 3 | |
| <i>quetiapine fumarate tab er 24hr 150 mg</i> | 3 | |
| <i>quetiapine fumarate tab er 24hr 200 mg</i> | 3 | |
| <i>quetiapine fumarate tab er 24hr 300 mg</i> | 3 | |
| <i>quetiapine fumarate tab er 24hr 400 mg</i> | 3 | |
| REXULTI TAB 0.5MG | 5 | DL |
| REXULTI TAB 0.25MG | 5 | DL |
| REXULTI TAB 1MG | 5 | DL |
| REXULTI TAB 2MG | 5 | QL (30 tabs / 30 days); DL |
| REXULTI TAB 3MG | 5 | QL (30 tabs / 30 days); DL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| REXULTI TAB 4MG | 5 | QL (30 tabs / 30 days); DL |
| RISPERDAL INJ 12.5MG | 4 | DL |
| RISPERDAL INJ 25MG | 4 | DL |
| RISPERDAL INJ 37.5MG | 4 | DL |
| RISPERDAL INJ 50MG | 4 | DL |
| <i>risperidone orally disintegrating tab 0.5 mg</i> | 3 | |
| <i>risperidone orally disintegrating tab 0.25 mg</i> | 3 | |
| <i>risperidone orally disintegrating tab 1 mg</i> | 3 | |
| <i>risperidone orally disintegrating tab 2 mg</i> | 3 | |
| <i>risperidone orally disintegrating tab 3 mg</i> | 3 | |
| <i>risperidone orally disintegrating tab 4 mg</i> | 3 | |
| <i>risperidone soln 1 mg/ml</i> | 2 | |
| <i>risperidone tab 0.5 mg</i> | 2 | |
| <i>risperidone tab 0.25 mg</i> | 2 | |
| <i>risperidone tab 1 mg</i> | 2 | |
| <i>risperidone tab 2 mg</i> | 2 | |
| <i>risperidone tab 3 mg</i> | 2 | |
| <i>risperidone tab 4 mg</i> | 2 | |
| SECUADO DIS 3.8MG | 5 | DL |
| SECUADO DIS 5.7MG | 5 | DL |
| SECUADO DIS 7.6MG | 5 | DL |
| <i>thioridazine hcl tab 10 mg</i> | 3 | |
| <i>thioridazine hcl tab 25 mg</i> | 3 | |
| <i>thioridazine hcl tab 50 mg</i> | 3 | |
| <i>thioridazine hcl tab 100 mg</i> | 3 | |
| <i>thiothixene cap 1 mg</i> | 2 | |
| <i>thiothixene cap 2 mg</i> | 2 | |
| <i>thiothixene cap 5 mg</i> | 2 | |
| <i>thiothixene cap 10 mg</i> | 2 | |
| <i>trifluoperazine hcl tab 1 mg (base equivalent)</i> | 2 | |
| <i>trifluoperazine hcl tab 2 mg (base equivalent)</i> | 2 | |
| <i>trifluoperazine hcl tab 5 mg (base equivalent)</i> | 2 | |
| <i>trifluoperazine hcl tab 10 mg (base equivalent)</i> | 2 | |
| VERSACLOZ SUS 50MG/ML | 5 | DL |
| VRAYLAR CAP 1.5MG | 5 | DL |
| VRAYLAR CAP 3MG | 5 | DL |
| VRAYLAR CAP 4.5MG | 5 | DL |
| VRAYLAR CAP 6MG | 5 | DL |
| <i>ziprasidone hcl cap 20 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>ziprasidone hcl cap 40 mg</i> | 2 | |
| <i>ziprasidone hcl cap 60 mg</i> | 2 | |
| <i>ziprasidone hcl cap 80 mg</i> | 2 | |
| <i>ziprasidone mesylate for inj 20 mg (base equivalent)</i> | 3 | |
| ZYPREXA RELP INJ 210MG | 4 | NM; DL |
| ZYPREXA RELP INJ 300MG | 5 | NM; DL |
| ZYPREXA RELP INJ 405MG | 5 | NM; DL |

ATTENTION DEFICIT HYPERACTIVITY DISORDER

| | | |
|---|---|--|
| <i>amphetamine-dextroamphetamine tab 5 mg</i> | 2 | |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i> | 2 | |
| <i>amphetamine-dextroamphetamine tab 10 mg</i> | 2 | |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i> | 2 | |
| <i>amphetamine-dextroamphetamine tab 15 mg</i> | 2 | |
| <i>amphetamine-dextroamphetamine tab 20 mg</i> | 2 | |
| <i>amphetamine-dextroamphetamine tab 30 mg</i> | 2 | |
| <i>atomoxetine hcl cap 10 mg (base equiv)</i> | 3 | |
| <i>atomoxetine hcl cap 18 mg (base equiv)</i> | 3 | |
| <i>atomoxetine hcl cap 25 mg (base equiv)</i> | 3 | |
| <i>atomoxetine hcl cap 40 mg (base equiv)</i> | 3 | |
| <i>atomoxetine hcl cap 60 mg (base equiv)</i> | 3 | |
| <i>atomoxetine hcl cap 80 mg (base equiv)</i> | 3 | |
| <i>atomoxetine hcl cap 100 mg (base equiv)</i> | 3 | |
| <i>dexmethylphenidate hcl tab 2.5 mg</i> | 2 | |
| <i>dexmethylphenidate hcl tab 5 mg</i> | 2 | |
| <i>dexmethylphenidate hcl tab 10 mg</i> | 2 | |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> | 2 | |
| <i>dextroamphetamine sulfate tab 5 mg</i> | 2 | |
| <i>dextroamphetamine sulfate tab 10 mg</i> | 2 | |
| <i>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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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> | 2 | |
| <i>methylphenidate hcl tab 10 mg</i> | 2 | |
| <i>methylphenidate hcl tab 20 mg</i> | 2 | |

HYPNOTICS

| | | |
|--|---|-------------------------------|
| <i>doxepin hcl (sleep) tab 3 mg (base equiv)</i> | 3 | QL (30 tabs / 30 days) |
| <i>doxepin hcl (sleep) tab 6 mg (base equiv)</i> | 3 | QL (30 tabs / 30 days) |
| <i>flurazepam hcl cap 15 mg</i> | 2 | QL (30 caps / 30 days); DL |
| <i>flurazepam hcl cap 30 mg</i> | 2 | QL (30 caps / 30 days); DL |
| HETLIOZ CAP 20MG | 5 | NM, LA, PA; DL |
| <i>ramelteon tab 8 mg</i> | 3 | QL (30 tabs / 30 days) |
| <i>temazepam cap 7.5 mg</i> | 2 | QL (30 caps / 30 days); DL |
| <i>temazepam cap 15 mg</i> | 2 | QL (30 caps / 30 days); DL |
| <i>temazepam cap 22.5 mg</i> | 2 | QL (30 caps / 30 days); DL |
| <i>temazepam cap 30 mg</i> | 2 | QL (30 caps / 30 days); DL |
| <i>zaleplon cap 5 mg</i> | 3 | QL (30 caps / 30 days); DL |
| <i>zaleplon cap 10 mg</i> | 3 | QL (30 caps / 30 days); DL |
| <i>zolpidem tartrate tab 5 mg</i> | 2 | QL (30 tabs / 30 days); DL |
| <i>zolpidem tartrate tab 10 mg</i> | 2 | QL (30 tabs / 30 days); DL |
| <i>zolpidem tartrate tab er 6.25 mg</i> | 2 | QL (30 tabs / 30 days) |
| <i>zolpidem tartrate tab er 12.5 mg</i> | 2 | QL (30 tabs / 30 days) |

MIGRAINE

| | | |
|--|---|----------------------------------|
| AIMOVIG INJ 70MG/ML | 3 | NM, PA |
| AIMOVIG INJ 140MG/ML | 3 | NM, PA |
| AJOVY INJ 225/1.5 | 3 | NM, PA |
| <i>almotriptan malate tab 6.25 mg</i> | 3 | QL (12 tabs / 30 days) |
| <i>almotriptan malate tab 12.5 mg</i> | 3 | QL (8 tabs / 30 days) |
| <i>dihydroergotamine mesylate inj 1 mg/ml</i> | 5 | QL (24 ampules / 30 days); DL |
| <i>dihydroergotamine mesylate nasal spray 4 mg/ml</i> | 5 | QL (8 mL / 28 days); DL |
| <i>eletriptan hydrobromide tab 20 mg (base equivalent)</i> | 2 | QL (12 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>eletriptan hydrobromide tab 40 mg (base equivalent)</i> | 2 | QL (8 tabs / 30 days) |
| EMGALITY INJ 100MG/ML | 3 | NM, PA |
| EMGALITY INJ 120MG/ML | 3 | NM, PA |
| <i>ergotamine w/ caffeine tab 1-100 mg</i> | 3 | QL (43 tabs / 30 days) |
| <i>naratriptan hcl tab 1 mg (base equiv)</i> | 2 | QL (18 tabs / 30 days) |
| <i>naratriptan hcl tab 2.5 mg (base equiv)</i> | 2 | QL (9 tabs / 30 days) |
| <i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i> | 2 | QL (12 tabs / 30 days) |
| <i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> | 2 | QL (12 tabs / 30 days) |
| <i>rizatriptan benzoate tab 5 mg (base equivalent)</i> | 2 | QL (12 tabs / 30 days) |
| <i>rizatriptan benzoate tab 10 mg (base equivalent)</i> | 2 | QL (12 tabs / 30 days) |
| <i>sumatriptan nasal spray 5 mg/act</i> | 4 | QL (12 units / 30 days) |
| <i>sumatriptan nasal spray 20 mg/act</i> | 4 | QL (12 units / 30 days) |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i> | 4 | QL (8 vials / 30 days) |
| <i>sumatriptan succinate tab 25 mg</i> | 2 | QL (18 tabs / 30 days) |
| <i>sumatriptan succinate tab 50 mg</i> | 2 | QL (18 tabs / 30 days) |
| <i>sumatriptan succinate tab 100 mg</i> | 2 | QL (9 tabs / 30 days) |
| UBRELVY TAB 50MG | 5 | QL (16 tabs / 30 days); DL |
| UBRELVY TAB 100MG | 5 | QL (16 tabs / 30 days); DL |
| <i>zolmitriptan nasal spray 2.5 mg/spray unit</i> | 4 | QL (12 units / 30 days) |
| <i>zolmitriptan nasal spray 5 mg/spray unit</i> | 4 | QL (12 units / 30 days) |
| <i>zolmitriptan odt tab 2.5 mg</i> | 2 | QL (12 tabs / 30 days) |
| <i>zolmitriptan odt tab 5 mg</i> | 2 | QL (8 tabs / 30 days) |
| <i>zolmitriptan tab 2.5 mg</i> | 2 | QL (12 tabs / 30 days) |
| <i>zolmitriptan tab 5 mg</i> | 2 | QL (8 tabs / 30 days) |
| MISCELLANEOUS | | |
| AUSTEDO TAB 6MG | 5 | NM, LA, PA; DL |
| AUSTEDO TAB 9MG | 5 | NM, LA, PA; DL |
| AUSTEDO TAB 12MG | 5 | NM, LA, PA; DL |
| ENSPRYNG INJ | 5 | NM, LA, PA; DL |
| EVRYSDI SOL | 5 | QL (240 mL / 30 days), NM, LA, PA; DL |
| EXSERVAN MIS 50MG | 5 | NM, LA; DL |
| FIRDAPSE TAB 10MG | 5 | NM, LA, PA; DL |
| INGREZZA CAP 40-80MG | 5 | NM, LA, PA; DL |
| INGREZZA CAP 40MG | 5 | NM, LA, PA; DL |
| INGREZZA CAP 60MG | 5 | NM, LA, PA; DL |
| INGREZZA CAP 80MG | 5 | NM, LA, PA; DL |
| <i>lithium carbonate cap 150 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>lithium carbonate cap 300 mg</i> | 2 | |
| <i>lithium carbonate cap 600 mg</i> | 2 | |
| <i>lithium carbonate tab 300 mg</i> | 2 | |
| <i>lithium carbonate tab er 300 mg</i> | 2 | |
| <i>lithium carbonate tab er 450 mg</i> | 2 | |
| LITHIUM SOL 8MEQ/5ML | 3 | |
| NUEDEXTA CAP 20-10MG | 3 | PA; DL |
| <i>pyridostigmine bromide tab 60 mg</i> | 2 | |
| <i>pyridostigmine bromide tab er 180 mg</i> | 3 | |
| <i>riluzole tab 50 mg</i> | 4 | |
| TEGSEDI INJ 284/1.5 | 5 | NM, LA, PA; DL |
| <i>tetrabenazine tab 12.5 mg</i> | 4 | NM, PA |
| <i>tetrabenazine tab 25 mg</i> | 4 | NM, PA |

MULTIPLE SCLEROSIS AGENTS

| | | |
|--|---|--|
| AUBAGIO TAB 7MG | 5 | QL (30 tabs / 30 days), NM, LA; DL |
| AUBAGIO TAB 14MG | 5 | QL (30 tabs / 30 days), NM, LA; DL |
| AVONEX PEN KIT 30MCG | 5 | NM; DL |
| AVONEX PREFL KIT 30MCG | 5 | NM; DL |
| BAFIERTAM CAP 95MG | 5 | NM, LA; DL |
| BETASERON INJ 0.3MG | 5 | NM; DL |
| <i>dalfampridine tab er 12hr 10 mg</i> | 3 | QL (60 tabs / 30 days), NM; DL |
| <i>dimethyl fumarate capsule delayed release 120 mg</i> | 5 | QL (60 caps / 30 days), NM; DL |
| <i>dimethyl fumarate capsule delayed release 240 mg</i> | 5 | QL (60 caps / 30 days), NM; DL |
| <i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> | 5 | NM; DL |
| <i>fingolimod hcl cap 0.5 mg (base equiv)</i> | 5 | QL (30 caps / 30 days), NM; DL |
| GILENYA CAP 0.5MG | 5 | QL (30 caps / 30 days), NM; DL |
| <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> | 5 | QL (30 syringes / 30 days), NM; DL |
| <i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> | 5 | NM; DL |
| <i>glatopa</i> | 5 | NM; DL; (40MG/ML) |
| <i>glatopa</i> | 5 | QL (30 mL / 30 days), NM; DL; (20MG/ML) |
| KESIMPTA INJ 20/.4ML | 5 | NM, LA; DL |
| MAYZENT STARTER PACK (7) | 4 | NM, LA |
| MAYZENT STARTER PACK (12) | 5 | NM, LA; DL |
| MAYZENT TAB 0.25MG | 5 | NM, LA; DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------|------------------|----------------------------|
| MAYZENT TAB 1MG | 5 | NM, LA; DL |
| MAYZENT TAB 2MG | 5 | NM, LA; DL |
| PLEGRIDY INJ | 5 | NM, LA; DL |
| PLEGRIDY INJ PEN | 5 | NM, LA; DL |
| REBIF INJ 22/0.5 | 5 | NM; DL |
| REBIF INJ 44/0.5 | 5 | NM; DL |
| REBIF REBIDO INJ 22/0.5 | 5 | NM; DL |
| REBIF REBIDO INJ 44/0.5 | 5 | NM; DL |
| REBIF REBIDO INJ TITRATN | 5 | NM; DL |
| REBIF TITRTN INJ PACK | 5 | NM; DL |
| TYSABRI INJ 300/15ML | 5 | NM, LA; DL |
| VUMERITY CAP 231MG | 5 | NM, LA; DL |
| VUMERITY STARTER | 5 | NM, LA; DL |

MUSCULOSKELETAL THERAPY AGENTS

| | | |
|--|---|----|
| <i>baclofen tab 10 mg</i> | 2 | |
| <i>baclofen tab 20 mg</i> | 2 | |
| <i>cyclobenzaprine hcl tab 5 mg</i> | 3 | |
| <i>cyclobenzaprine hcl tab 10 mg</i> | 3 | |
| <i>metaxalone tab 800 mg</i> | 3 | DL |
| <i>methocarbamol tab 500 mg</i> | 3 | DL |
| <i>methocarbamol tab 750 mg</i> | 3 | DL |
| <i>tizanidine hcl tab 2 mg (base equivalent)</i> | 2 | |
| <i>tizanidine hcl tab 4 mg (base equivalent)</i> | 2 | |

NARCOLEPSY/CATAPLEXY

| | | |
|-------------------------------|---|---|
| <i>armodafinil tab 50 mg</i> | 4 | QL (60 tabs / 30 days), PA |
| <i>armodafinil tab 150 mg</i> | 4 | QL (30 tabs / 30 days), PA |
| <i>armodafinil tab 200 mg</i> | 4 | QL (30 tabs / 30 days), PA |
| <i>armodafinil tab 250 mg</i> | 4 | QL (30 tabs / 30 days), PA |
| <i>modafinil tab 100 mg</i> | 3 | QL (30 tabs / 30 days), PA |
| <i>modafinil tab 200 mg</i> | 3 | QL (60 tabs / 30 days), PA |
| SOD OXYBATE SOL 500MG/ML | 5 | QL (540 mL / 30 days), NM, LA, PA; DL |
| WAKIX TAB 4.45MG | 5 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| WAKIX TAB 17.8MG | 5 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| XYREM SOL 500MG/ML | 5 | QL (540 mL / 30 days), NM, LA, PA; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| PSYCHOTHERAPEUTIC-MISC | | |
| <i>acamprosate calcium tab delayed release 333 mg</i> | 3 | |
| <i>buprenorphine hcl sl tab 2 mg (base equiv)</i> | 2 | |
| <i>buprenorphine hcl sl tab 8 mg (base equiv)</i> | 2 | |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | 3 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> | 3 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> | 3 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> | 3 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | 2 | QL (90 tabs / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | 2 | QL (90 tabs / 30 days) |
| <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> | 2 | |
| <i>disulfiram tab 250 mg</i> | 2 | |
| <i>disulfiram tab 500 mg</i> | 2 | |
| KLOXXADO SPR 8MG | 4 | DL |
| <i>naloxone hcl inj 0.4 mg/ml</i> | 2 | |
| <i>naloxone hcl nasal spray 4 mg/0.1ml</i> | 2 | DL |
| <i>naloxone hcl soln cartridge 0.4 mg/ml</i> | 2 | |
| <i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> | 2 | DL |
| <i>naltrexone hcl tab 50 mg</i> | 2 | |
| NARCAN SPR 4MG | 4 | DL |
| NICOTROL INH | 4 | |
| NICOTROL NS SPR 10MG/ML | 4 | |
| <i>varenicline tartrate tab 0.5 mg (base equiv)</i> | 4 | |
| <i>varenicline tartrate tab 1 mg (base equiv)</i> | 4 | |
| <i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> | 4 | |
| VIVITROL INJ 380MG | 5 | NM; DL |
| ZIMHI SOL | 4 | DL |

ENDOCRINE AND METABOLIC

ANDROGENS

| | | |
|-------------------------------------|---|--------------------------------|
| METHITEST TAB 10MG | 4 | |
| <i>methyltestosterone cap 10 mg</i> | 4 | |
| <i>oxandrolone tab 2.5 mg</i> | 2 | QL (120 tabs / 30 days); DL |
| <i>oxandrolone tab 10 mg</i> | 3 | DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>testosterone cypionate im inj in oil 100 mg/ml</i> | 2 | |
| <i>testosterone cypionate im inj in oil 200 mg/ml</i> | 2 | |
| <i>testosterone enanthate im inj in oil 200 mg/ml</i> | 2 | |
| <i>testosterone td gel 10mg/act (2%)</i> | 3 | |
| <i>testosterone td gel 12.5 mg/act (1%)</i> | 3 | |
| <i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i> | 3 | |
| <i>testosterone td gel 20.25 mg/act (1.62%)</i> | 3 | |
| <i>testosterone td gel 25 mg/2.5gm (1%)</i> | 3 | |
| <i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i> | 3 | |
| <i>testosterone td gel 50 mg/5gm (1%)</i> | 3 | |
| <i>testosterone td soln 30 mg/act</i> | 3 | |

ANTIDIABETICS

| | | |
|-------------------------------------|---|-------------------------|
| <i>acarbose tab 25 mg</i> | 2 | |
| <i>acarbose tab 50 mg</i> | 2 | |
| <i>acarbose tab 100 mg</i> | 2 | |
| BYDUREON BC INJ 2/0.85ML | 3 | QL (4 pens / 28 days) |
| BYDUREON INJ 2MG | 3 | QL (4 vials / 28 days) |
| BYETTA INJ 5MCG | 4 | QL (1 pen / 30 days) |
| BYETTA INJ 10MCG | 4 | QL (1 pen / 30 days) |
| FARXIGA TAB 5MG | 3 | QL (30 tabs / 30 days) |
| FARXIGA TAB 10MG | 3 | QL (30 tabs / 30 days) |
| <i>glimepiride tab 1 mg</i> | 1 | QL (240 tabs / 30 days) |
| <i>glimepiride tab 2 mg</i> | 1 | QL (120 tabs / 30 days) |
| <i>glimepiride tab 4 mg</i> | 1 | QL (60 tabs / 30 days) |
| <i>glip/metform tab 2.5-250m</i> | 2 | QL (240 tabs / 30 days) |
| <i>glip/metform tab 2.5-500m</i> | 2 | QL (120 tabs / 30 days) |
| <i>glip/metform tab 5-500mg</i> | 2 | QL (120 tabs / 30 days) |
| <i>glipizide tab 5 mg</i> | 1 | QL (240 tabs / 30 days) |
| <i>glipizide tab 10 mg</i> | 1 | QL (120 tabs / 30 days) |
| <i>glipizide tab er 24hr 2.5 mg</i> | 1 | QL (240 tabs / 30 days) |
| <i>glipizide tab er 24hr 5 mg</i> | 1 | QL (120 tabs / 30 days) |
| <i>glipizide tab er 24hr 10 mg</i> | 1 | QL (60 tabs / 30 days) |
| GLYXAMBI TAB 10-5 MG | 3 | QL (30 tabs / 30 days) |
| GLYXAMBI TAB 25-5 MG | 3 | QL (30 tabs / 30 days) |
| INVOKAMET TAB 50-500MG | 4 | QL (60 tabs / 30 days) |
| INVOKAMET TAB 50-1000 | 4 | QL (60 tabs / 30 days) |
| INVOKAMET TAB 150-500 | 4 | QL (60 tabs / 30 days) |
| INVOKAMET TAB 150-1000 | 4 | QL (60 tabs / 30 days) |
| INVOKAMET XR TAB 50-500MG | 4 | QL (60 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| INVOKAMET XR TAB 50-1000 | 4 | QL (60 tabs / 30 days) |
| INVOKAMET XR TAB 150-500 | 4 | QL (60 tabs / 30 days) |
| INVOKAMET XR TAB 150-1000 | 4 | QL (60 tabs / 30 days) |
| INVOKANA TAB 100MG | 4 | QL (60 tabs / 30 days) |
| INVOKANA TAB 300MG | 4 | QL (30 tabs / 30 days) |
| JANUMET TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| JANUMET TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 100-1000 | 3 | QL (30 tabs / 30 days) |
| JANUVIA TAB 25MG | 3 | QL (30 tabs / 30 days) |
| JANUVIA TAB 50MG | 3 | QL (30 tabs / 30 days) |
| JANUVIA TAB 100MG | 3 | QL (30 tabs / 30 days) |
| JARDIANCE TAB 10MG | 3 | QL (60 tabs / 30 days) |
| JARDIANCE TAB 25MG | 3 | QL (30 tabs / 30 days) |
| JENTADUETO TAB 2.5-500 | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-850 | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-1000 | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR 2.5-1000MG | 3 | QL (30 tabs / 30 days) |
| JENTADUETO TAB XR 5-1000MG | 3 | QL (30 tabs / 30 days) |
| <i>metformin hcl tab 500 mg</i> | 1 | QL (150 tabs / 30 days) |
| <i>metformin hcl tab 850 mg</i> | 1 | QL (90 tabs / 30 days) |
| <i>metformin hcl tab 1000 mg</i> | 1 | QL (75 tabs / 30 days) |
| <i>metformin hcl tab er 24hr 500 mg</i> | 1 | QL (120 tabs / 30 days) |
| <i>metformin hcl tab er 24hr 750 mg</i> | 1 | QL (60 tabs / 30 days) |
| <i>miglitol tab 25 mg</i> | 2 | |
| <i>miglitol tab 50 mg</i> | 2 | |
| <i>miglitol tab 100 mg</i> | 2 | |
| <i>nateglinide tab 60 mg</i> | 2 | |
| <i>nateglinide tab 120 mg</i> | 2 | |
| OZEMPIC INJ 2/1.5ML | 3 | QL (1 pen / 28 days); 0.25 OR 0.5MG/DOSE |
| OZEMPIC INJ 2MG/3ML | 3 | QL (1 pen / 28 days) |
| OZEMPIC INJ 4MG/3ML | 3 | QL (1 pen / 28 days) |
| OZEMPIC INJ 8MG/3ML | 3 | QL (1 pen / 28 days) |
| <i>pioglitazone hcl tab 15 mg (base equiv)</i> | 2 | QL (30 tabs / 30 days) |
| <i>pioglitazone hcl tab 30 mg (base equiv)</i> | 2 | QL (30 tabs / 30 days) |
| <i>pioglitazone hcl tab 45 mg (base equiv)</i> | 2 | QL (30 tabs / 30 days) |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | 2 | QL (90 tabs / 30 days) |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | 2 | QL (90 tabs / 30 days) |
| <i>repaglinide tab 0.5 mg</i> | 2 | |
| <i>repaglinide tab 1 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>repaglinide tab 2 mg</i> | 2 | |
| RYBELSUS TAB 3MG | 3 | QL (30 tabs / 30 days) |
| RYBELSUS TAB 7MG | 3 | QL (30 tabs / 30 days) |
| RYBELSUS TAB 14MG | 3 | QL (30 tabs / 30 days) |
| SYMLINPEN 60 INJ 1000MCG | 4 | |
| SYMLINPEN 120 INJ 1000MCG | 4 | |
| SYNJARDY TAB 5-500MG | 3 | QL (120 tabs / 30 days) |
| SYNJARDY TAB 5-1000MG | 3 | QL (60 tabs / 30 days) |
| SYNJARDY TAB 12.5-500 | 3 | QL (60 tabs / 30 days) |
| SYNJARDY TAB 12.5-1000MG | 3 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 5-1000MG | 3 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 10-1000 | 3 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 12.5-1000MG | 3 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 25-1000 | 3 | QL (30 tabs / 30 days) |
| TRADJENTA TAB 5MG | 3 | QL (30 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG | 3 | QL (60 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG | 3 | QL (30 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG | 3 | QL (60 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG | 3 | QL (30 tabs / 30 days) |
| TRULICITY INJ 0.75/0.5 | 3 | QL (4 pens / 28 days) |
| TRULICITY INJ 1.5/0.5 | 3 | QL (4 pens / 28 days) |
| TRULICITY INJ 3/0.5 | 3 | QL (4 pens / 28 days) |
| TRULICITY INJ 4.5/0.5 | 3 | QL (4 pens / 28 days) |
| VICTOZA INJ 18MG/3ML | 3 | QL (3 pens / 30 days) |
| XIGDUO XR TAB 2.5-1000 | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-500MG | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-1000MG | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 10-500MG | 3 | QL (30 tabs / 30 days) |
| XIGDUO XR TAB 10-1000 | 3 | QL (30 tabs / 30 days) |

ANTIDIABETICS, INSULINS

| | | |
|-------------------------------------|---|--|
| BASAGLAR INJ 100UNIT | 3 | |
| BD SWAB REG PAD SNGL USE | 3 | |
| GAUZE PADS & DRESSINGS - PADS 2 X 2 | 3 | |
| HUMALOG INJ 100/ML | 3 | |
| HUMALOG JR INJ 100/ML | 3 | |
| HUMALOG KWIK INJ 100/ML | 3 | |
| HUMALOG KWIK INJ 200/ML | 3 | |
| HUMALOG MIX INJ 50/50 | 3 | |
| HUMALOG MIX INJ 50/50KWP | 3 | |
| HUMALOG MIX INJ 75/25KWP | 3 | |
| HUMALOG MIX SUS 75/25 | 3 | |
| HUMULIN INJ 70/30 | 3 | |
| HUMULIN INJ 70/30KWP | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| HUMULIN N INJ U-100 | 3 | |
| HUMULIN N INJ U-100KWP | 3 | |
| HUMULIN R INJ U-100 | 3 | |
| HUMULIN R INJ U-500 | 3 | |
| INSULIN LISP INJ 100/ML | 3 | |
| INSULIN LISP INJ JUNIOR | 3 | |
| INSULIN LISP INJ PROTAMIN | 3 | |
| INSULIN PEN NEEDLE | 3 | |
| INSULIN SYRINGE (DISP) U-100 0.3 ML | 3 | |
| INSULIN SYRINGE (DISP) U-100 1 ML | 3 | |
| INSULIN SYRINGE (DISP) U-100 1/2 ML | 3 | |
| ISOPROPYL ALCOHOL 0.7 ML/ML | 3 | |
| LANTUS INJ 100/ML | 3 | |
| LANTUS SOLOS INJ 100/ML | 3 | |
| LEVEMIR INJ | 3 | |
| LEVEMIR INJ FLEXTOUC | 3 | |
| LYUMJEV INJ 100UT/ML | 3 | |
| LYUMJEV KWPN INJ 100UT/ML | 3 | |
| LYUMJEV KWPN INJ 200UT/ML | 3 | |
| NEEDLES, INSULIN DISP., SAFETY | 3 | |
| OMNIPOD 5 G6 KIT INTRO | 4 | QL (1 kit / 365 days) |
| OMNIPOD 5 G6 MIS PODS | 4 | QL (10 pods / 30 days) |
| OMNIPOD DASH MIS PODS | 4 | QL (10 pods / 30 days) |
| OMNIPOD MIS CLASSIC | 4 | QL (10 pods / 30 days) |
| OMNIPOD PDM KIT CLASSIC | 4 | QL (1 kit / 365 days) |
| TOUJEO MAX INJ 300IU/ML | 3 | |
| TOUJEO SOLO INJ 300IU/ML | 3 | |
| TRESIBA FLEX INJ 100UNIT | 3 | |
| TRESIBA FLEX INJ 200UNIT | 3 | |
| TRESIBA INJ 100UNIT | 3 | |
| V-GO 20 KIT | 4 | QL (30 devices (1 box) / 30 days) |
| V-GO 30 KIT | 4 | QL (30 devices (1 box) / 30 days) |
| V-GO 40 KIT | 4 | QL (30 devices (1 box) / 30 days) |
| XULTOPHY INJ 100/3.6 | 3 | |
| CALCIUM REGULATORS | | |
| <i>alendronate sodium oral soln 70 mg/75ml</i> | 2 | |
| <i>alendronate sodium tab 10 mg</i> | 2 | |
| <i>alendronate sodium tab 35 mg</i> | 1 | |
| <i>alendronate sodium tab 70 mg</i> | 1 | |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---------------------------------------|
| FORTEO INJ 600/2.4 | 5 | QL (2.4 mL / 28 days), NM, PA; DL |
| <i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i> | 4 | |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i> | 2 | |
| NATPARA INJ 25MCG | 5 | NM, LA, PA; DL |
| NATPARA INJ 50MCG | 5 | NM, LA, PA; DL |
| NATPARA INJ 75MCG | 5 | NM, LA, PA; DL |
| NATPARA INJ 100MCG | 5 | NM, LA, PA; DL |
| <i>pamidronate disodium iv soln 3 mg/ml</i> | 2 | |
| <i>pamidronate disodium iv soln 9 mg/ml</i> | 2 | |
| PROLIA INJ 60MG/ML | 4 | QL (2 injections / year), NM |
| <i>risedronate sodium tab 5 mg</i> | 2 | |
| <i>risedronate sodium tab 30 mg</i> | 2 | |
| <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 | 5 | QL (2.48 mL / 28 days), NM, PA; DL |
| XGEVA INJ | 5 | NM, PA; DL |
| <i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i> | 4 | NM |
| <i>zoledronic acid iv soln 5 mg/100ml</i> | 4 | NM |
| CHELATING AGENTS | | |
| CHEMET CAP 100MG | 5 | DL |
| <i>deferasirox granules packet 90 mg</i> | 5 | NM; DL |
| <i>deferasirox granules packet 180 mg</i> | 5 | NM; DL |
| <i>deferasirox granules packet 360 mg</i> | 5 | NM; DL |
| <i>deferasirox tab 90 mg</i> | 4 | NM; DL |
| <i>deferasirox tab 180 mg</i> | 5 | NM; DL |
| <i>deferasirox tab 360 mg</i> | 5 | NM; DL |
| <i>deferasirox tab for oral susp 125 mg</i> | 5 | NM; DL |
| <i>deferasirox tab for oral susp 250 mg</i> | 5 | NM; DL |
| <i>deferasirox tab for oral susp 500 mg</i> | 5 | NM; DL |
| <i>deferiprone tab 500 mg</i> | 5 | NM, LA; DL |
| <i>deferiprone tab 1000 mg</i> | 5 | NM, LA; DL |
| DEPEN TITRA TAB 250MG | 5 | NM; DL |
| LOKELMA PAK 5GM | 4 | |
| LOKELMA PAK 10GM | 4 | |
| <i>penicillamine tab 250 mg</i> | 5 | NM; DL |
| <i>sodium polystyrene sulfonate powder sps</i> | 2 | |

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **DL** - Medication restricted to a 30 day supply

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------|------------------|----------------------------|
| <i>trientine hcl cap 250 mg</i> | 5 | NM, PA; DL |
| VELTASSA POW 8.4GM | 5 | DL |
| VELTASSA POW 16.8GM | 5 | DL |
| VELTASSA POW 25.2GM | 5 | DL |

CONTRACEPTIVES

| | | |
|---|---|--|
| <i>altavera</i> | 2 | |
| <i>alyacen 1/35</i> | 2 | |
| <i>amethia</i> | 2 | |
| <i>apri</i> | 2 | |
| <i>aranelle</i> | 2 | |
| <i>ashlyna</i> | 2 | |
| <i>aubra eq</i> | 2 | |
| <i>aviane</i> | 2 | |
| BALCOLTRA TAB 0.1-20 | 3 | |
| <i>balziva</i> | 2 | |
| <i>blisovi 24 fe</i> | 2 | |
| <i>blisovi fe 1.5/30</i> | 2 | |
| <i>briellyn</i> | 2 | |
| <i>camila</i> | 2 | |
| <i>camrese lo</i> | 3 | |
| <i>cryselle-28</i> | 2 | |
| <i>deblitane</i> | 2 | |
| <i>delyla</i> | 2 | |
| DEPO-SQ PROV INJ 104 | 4 | |
| <i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 2 | |
| <i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 2 | |
| <i>dolishale</i> | 2 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | 2 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> | 2 | |
| <i>emoquette</i> | 2 | |
| <i>enpresse-28</i> | 2 | |
| <i>enskyce</i> | 2 | |
| <i>errin</i> | 2 | |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> | 2 | |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | 2 | |
| <i>falmina</i> | 2 | |
| <i>gemmily</i> | 2 | |
| <i>iclevia</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>introvale</i> | 2 | |
| <i>isibloom</i> | 2 | |
| <i>jasmiel</i> | 2 | |
| <i>juleber</i> | 2 | |
| <i>junel 1.5/30</i> | 2 | |
| <i>junel 1/20</i> | 2 | |
| <i>junel fe 1.5/30</i> | 2 | |
| <i>junel fe 1/20</i> | 2 | |
| <i>junel fe 24</i> | 2 | |
| <i>kaitlib fe</i> | 2 | |
| <i>kariva</i> | 2 | |
| <i>kelnor 1/35</i> | 2 | |
| <i>kelnor 1/50</i> | 2 | |
| <i>kurvelo</i> | 2 | |
| <i>larin 1.5/30</i> | 2 | |
| <i>larin 1/20</i> | 2 | |
| <i>larin fe 1.5/30</i> | 2 | |
| <i>larin fe 1/20</i> | 2 | |
| <i>layolis fe</i> | 2 | |
| <i>leena</i> | 3 | |
| <i>lessina</i> | 2 | |
| <i>levonest</i> | 2 | |
| <i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> | 3 | |
| <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> | 2 | |
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | 2 | |
| <i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> | 2 | |
| <i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 2 | |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> | 2 | |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> | 2 | |
| <i>levora 0.15/30-28</i> | 2 | |
| <i>loryna</i> | 2 | |
| <i>low-ogestrel</i> | 2 | |
| <i>lutra</i> | 2 | |
| <i>lyleq</i> | 2 | |
| <i>lyza</i> | 2 | |
| <i>marlissa</i> | 2 | |
| <i>medroxyprogesterone acetate im susp 150 mg/ml</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> | 2 | |
| <i>merzee</i> | 2 | |
| <i>microgestin 1.5/30</i> | 3 | |
| <i>microgestin 1/20</i> | 3 | |
| <i>microgestin 24 fe</i> | 3 | |
| <i>microgestin fe 1.5/30</i> | 3 | |
| <i>microgestin fe 1/20</i> | 3 | |
| <i>necon 0.5/35-28</i> | 3 | |
| NEXTSTELLIS TAB 3-14.2MG | 3 | |
| <i>nikki</i> | 2 | |
| <i>nora-be</i> | 3 | |
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | 2 | |
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | 2 | |
| <i>norethindrone ac-ethinyl estrad-fe tab 1- 20/1-30/1-35 mg-mcg</i> | 2 | |
| <i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> | 2 | |
| <i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> | 2 | |
| <i>norethindrone tab 0.35 mg</i> | 2 | |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | 2 | |
| <i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i> | 2 | |
| <i>norlyroc</i> | 2 | |
| <i>nortrel 0.5/35 (28)</i> | 2 | |
| <i>nortrel 1/35</i> | 2 | |
| <i>nortrel 7/7/7</i> | 2 | |
| <i>nylia 1/35</i> | 2 | |
| <i>nylia 7/7/7</i> | 2 | |
| <i>nymyo</i> | 2 | |
| <i>pimtrea</i> | 2 | |
| <i>pirmella 1/35</i> | 2 | |
| <i>portia-28</i> | 2 | |
| <i>reclipsen</i> | 2 | |
| <i>setlakin</i> | 2 | |
| <i>sharobel</i> | 2 | |
| SLYND TAB 4MG | 3 | |
| <i>sprintec 28</i> | 2 | |
| <i>sronyx</i> | 2 | |
| <i>tarina 24 fe</i> | 2 | |
| <i>tarina fe 1/20 eq</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>tilia fe</i> | 2 | |
| <i>tri-legest fe</i> | 2 | |
| <i>tri-nymyo</i> | 2 | |
| <i>tri-sprintec</i> | 2 | |
| <i>trivora-28</i> | 2 | |
| <i>tydemy</i> | 2 | |
| <i>velivet</i> | 2 | |
| <i>vestura</i> | 2 | |
| <i>vienva</i> | 2 | |
| <i>vyfemla</i> | 2 | |
| <i>wymzya fe</i> | 2 | |
| <i>xulane</i> | 2 | |
| <i>zafemy</i> | 2 | |
| <i>zovia 1/35</i> | 2 | |
| ENDOMETRIOSIS | | |
| <i>danazol cap 50 mg</i> | 2 | |
| <i>danazol cap 100 mg</i> | 2 | |
| <i>danazol cap 200 mg</i> | 2 | |
| SYNAREL SOL 2MG/ML | 3 | |
| ESTROGENS | | |
| <i>amabelz</i> | 2 | |
| BIJUVA CAP 1-100MG | 3 | |
| <i>dotti</i> | 3 | |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | 2 | |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> | 2 | |
| <i>estradiol tab 0.5 mg</i> | 3 | |
| <i>estradiol tab 1 mg</i> | 3 | |
| <i>estradiol tab 2 mg</i> | 3 | |
| <i>estradiol td patch twice weekly 0.1 mg/24hr</i> | 3 | |
| <i>estradiol td patch twice weekly 0.05 mg/24hr</i> | 3 | |
| <i>estradiol td patch twice weekly 0.025 mg/24hr</i> | 3 | |
| <i>estradiol td patch twice weekly 0.075 mg/24hr</i> | 3 | |
| <i>estradiol td patch twice weekly 0.0375 mg/24hr</i> | 3 | |
| <i>estradiol td patch weekly 0.1 mg/24hr</i> | 3 | |
| <i>estradiol td patch weekly 0.05 mg/24hr</i> | 3 | |
| <i>estradiol td patch weekly 0.06 mg/24hr</i> | 3 | |
| <i>estradiol td patch weekly 0.025 mg/24hr</i> | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>estradiol td patch weekly 0.075 mg/24hr</i> | 3 | |
| <i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> | 3 | |
| <i>estradiol vaginal cream 0.1 mg/gm</i> | 2 | |
| <i>estradiol vaginal tab 10 mcg</i> | 2 | |
| <i>estradiol valerate im in oil 10 mg/ml</i> | 3 | |
| <i>estradiol valerate im in oil 20 mg/ml</i> | 3 | |
| <i>estropipate tab 1.5 mg</i> | 2 | |
| <i>estropipate tab 3 mg</i> | 2 | |
| <i>lyllana</i> | 3 | |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | 2 | |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> | 2 | |
| ORIAHNN CAP | 5 | DL |
| PREMARIN INJ 25MG | 4 | |
| 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 | |
| PREMARIN VAG CRE 0.625MG | 3 | |
| PREMPRO TAB 0.3-1.5 | 3 | |
| PREMPRO TAB 0.45-1.5 | 3 | |
| PREMPRO TAB 0.625-2.5 | 3 | |
| PREMPRO TAB 0.625-5 | 3 | |
| <i>yuvaferm</i> | 2 | |
| GLUCOCORTICOIDS | | |
| DEPO-MEDROL INJ 20MG/ML | 3 | |
| DEPO-MEDROL INJ 40MG/ML | 3 | |
| DEPO-MEDROL INJ 80MG/ML | 3 | |
| <i>dexamethasone sodium phosphate inj 10 mg/ml</i> | 2 | |
| <i>dexamethasone sodium phosphate inj 120 mg/30ml</i> | 2 | |
| <i>dexamethasone soln 0.5 mg/5ml</i> | 2 | |
| <i>dexamethasone tab 0.5 mg</i> | 2 | |
| <i>dexamethasone tab 0.75 mg</i> | 2 | |
| <i>dexamethasone tab 1 mg</i> | 2 | |
| <i>dexamethasone tab 1.5 mg</i> | 2 | |
| <i>dexamethasone tab 2 mg</i> | 2 | |
| <i>dexamethasone tab 4 mg</i> | 2 | |
| <i>dexamethasone tab 6 mg</i> | 2 | |
| <i>fludrocortisone acetate tab 0.1 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>hydrocortisone tab 5 mg</i> | 2 | |
| <i>hydrocortisone tab 10 mg</i> | 2 | |
| <i>hydrocortisone tab 20 mg</i> | 2 | |
| <i>methylprednisolone acetate inj susp 40 mg/ml</i> | 2 | |
| <i>methylprednisolone acetate inj susp 80 mg/ml</i> | 2 | |
| <i>methylprednisolone sod succ for inj 40 mg (base equiv)</i> | 2 | |
| <i>methylprednisolone sod succ for inj 125 mg (base equiv)</i> | 2 | |
| <i>methylprednisolone tab 4 mg</i> | 2 | |
| <i>methylprednisolone tab 8 mg</i> | 2 | |
| <i>methylprednisolone tab 16 mg</i> | 2 | |
| <i>methylprednisolone tab 32 mg</i> | 2 | |
| <i>methylprednisolone tab therapy pack 4 mg (21)</i> | 2 | |
| <i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> | 2 | |
| <i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> | 2 | |
| <i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i> | 2 | |
| <i>prednisolone soln 15 mg/5ml</i> | 2 | |
| PREDNISON CON 5MG/ML | 3 | |
| <i>prednisone oral soln 5 mg/5ml</i> | 2 | |
| <i>prednisone tab 1 mg</i> | 2 | |
| <i>prednisone tab 2.5 mg</i> | 2 | |
| <i>prednisone tab 5 mg</i> | 2 | |
| <i>prednisone tab 10 mg</i> | 2 | |
| <i>prednisone tab 20 mg</i> | 2 | |
| <i>prednisone tab 50 mg</i> | 2 | |
| SOLU-CORTEF INJ 100MG | 3 | |
| SOLU-CORTEF INJ 250MG | 3 | |
| SOLU-CORTEF INJ 500MG | 3 | |
| SOLU-CORTEF INJ 1000MG | 3 | |
| SOLU-MEDROL INJ 2GM | 3 | |
| SOLU-MEDROL INJ 40MG | 3 | |
| SOLU-MEDROL INJ 125MG | 3 | |
| SOLU-MEDROL INJ 500MG | 3 | |
| SOLU-MEDROL INJ 1000MG | 3 | |
| GLUCOSE ELEVATING AGENTS | | |
| BAQSIMI ONE POW 3MG/DOSE | 3 | |
| <i>diazoxide susp 50 mg/ml</i> | 3 | |
| GLUCAGON KIT 1MG | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| GVOKE HYPO 2 INJ 1MG/.2ML | 3 | |
| GVOKE HYPO 2 INJ .5/.1ML | 3 | |
| GVOKE PFS INJ | 3 | |
| MISCELLANEOUS | | |
| ACTHAR INJ 80UNIT | 5 | NM, LA, PA; DL |
| <i>betaine powder for oral solution</i> | 4 | NM, LA |
| <i>cabergoline tab 0.5 mg</i> | 2 | |
| <i>carglumic acid soluble tab 200 mg</i> | 5 | NM, LA; DL |
| <i>cinacalcet hcl tab 30 mg (base equiv)</i> | 3 | B/D, NM |
| <i>cinacalcet hcl tab 60 mg (base equiv)</i> | 3 | B/D, NM |
| <i>cinacalcet hcl tab 90 mg (base equiv)</i> | 3 | B/D, NM |
| CORTROPHIN GEL 80UNIT | 5 | NM, LA, PA; DL |
| CYSTAGON CAP 50MG | 3 | NM, LA |
| CYSTAGON CAP 150MG | 3 | NM, LA |
| <i>desmopressin acetate nasal spray soln 0.01%</i> | 2 | |
| <i>desmopressin acetate tab 0.1 mg</i> | 2 | |
| <i>desmopressin acetate tab 0.2 mg</i> | 2 | |
| DOJOLVI LIQ 100% | 5 | NM, LA; DL |
| EGRIFTA SV INJ 2MG | 5 | NM, LA, PA; DL |
| GALAFOLD CAP 123MG | 5 | NM, LA, PA; DL |
| HUMATROPE INJ 6MG | 5 | NM, PA; DL |
| HUMATROPE INJ 12MG | 5 | NM, PA; DL |
| HUMATROPE INJ 24MG | 5 | NM, PA; DL |
| INCRELEX INJ 40MG/4ML | 5 | NM, LA; DL |
| ISTURISA TAB 1MG | 5 | NM, LA; DL |
| ISTURISA TAB 5MG | 5 | NM, LA; DL |
| ISTURISA TAB 10MG | 5 | NM, LA; DL |
| JYNARQUE PAK 15MG | 5 | NM, LA, PA; DL |
| JYNARQUE PAK 30-15MG | 5 | NM, LA, PA; DL |
| JYNARQUE PAK 45-15MG | 5 | NM, LA, PA; DL |
| JYNARQUE PAK 60-30MG | 5 | NM, LA, PA; DL |
| JYNARQUE PAK 90-30MG | 5 | NM, LA, PA; DL |
| JYNARQUE TAB 15MG | 5 | NM, LA, PA; DL |
| JYNARQUE TAB 30MG | 5 | NM, LA, PA; DL |
| KORLYM TAB 300MG | 5 | QL (120 tabs / 30 days), NM, LA, PA; DL |
| <i>levocarnitine oral soln 1 gm/10ml (10%)</i> | 3 | |
| <i>levocarnitine tab 330 mg</i> | 3 | |
| LUPR DEP-PED INJ 7.5MG | 5 | NM; DL |
| LUPR DEP-PED INJ 11.25MG | 5 | NM; DL |
| LUPR DEP-PED INJ 15MG | 5 | NM; DL |
| <i>miglustat cap 100 mg</i> | 5 | NM, PA; DL |
| MYALEPT INJ 11.3MG | 5 | NM, LA, PA; DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| MYCAPSSA CAP 20MG | 5 | NM, LA; DL |
| <i>nitisinone cap 2 mg</i> | 5 | NM; DL |
| <i>nitisinone cap 5 mg</i> | 5 | NM; DL |
| <i>nitisinone cap 10 mg</i> | 5 | NM; DL |
| NORDITROPIN INJ 5/1.5ML | 5 | NM, PA; DL |
| NORDITROPIN INJ 10/1.5ML | 5 | NM, PA; DL |
| NORDITROPIN INJ 15/1.5ML | 5 | NM, PA; DL |
| NORDITROPIN INJ 30/3ML | 5 | NM, PA; DL |
| <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> | 4 | NM; DL |
| <i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> | 4 | NM; DL |
| <i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> | 4 | NM; DL |
| <i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i> | 5 | NM; DL |
| <i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i> | 5 | NM; DL |
| ORFADIN CAP 20MG | 5 | NM, LA; DL |
| ORFADIN SUS 4MG/ML | 5 | NM, LA; DL |
| PROCYSBI GRA 75MG | 5 | NM, LA; DL |
| PROCYSBI GRA 300MG | 5 | NM, LA; DL |
| <i>raloxifene hcl tab 60 mg</i> | 3 | |
| RAVICTI LIQ 1.1GM/ML | 5 | NM, LA; DL |
| SANDOSTATIN KIT LAR 10MG | 5 | NM; DL |
| SANDOSTATIN KIT LAR 20MG | 5 | NM; DL |
| SANDOSTATIN KIT LAR 30MG | 5 | NM; DL |
| <i>sapropterin dihydrochloride powder packet 100 mg</i> | 5 | NM, PA; DL |
| <i>sapropterin dihydrochloride powder packet 500 mg</i> | 5 | NM, PA; DL |
| <i>sapropterin dihydrochloride tab 100 mg</i> | 5 | NM, PA; DL |
| SIGNIFOR INJ 0.3MG/ML | 5 | NM, LA; DL |
| SIGNIFOR INJ 0.6MG/ML | 5 | NM, LA; DL |
| SIGNIFOR INJ 0.9MG/ML | 5 | NM, LA; DL |
| SIGNIFOR LAR INJ 20MG | 5 | NM, LA; DL |
| SIGNIFOR LAR INJ 40MG | 5 | NM, LA; DL |
| SIGNIFOR LAR INJ 60MG | 5 | NM, LA; DL |
| SOMAVERT INJ 10MG | 5 | NM, LA; DL |
| SOMAVERT INJ 15MG | 5 | NM, LA; DL |
| SOMAVERT INJ 20MG | 5 | NM, LA; DL |
| SOMAVERT INJ 25MG | 5 | NM, LA; DL |
| SOMAVERT INJ 30MG | 5 | NM, LA; DL |
| <i>tolvaptan tab 15 mg</i> | 5 | NM, PA; DL |
| <i>tolvaptan tab 30 mg</i> | 5 | NM, PA; DL |

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **DL** - Medication restricted to a 30 day supply

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| XERMELO TAB 250MG | 5 | QL (90 tabs / 30 days), NM, LA, PA; DL |
| ZORBTIVE INJ 8.8MG | 5 | NM, PA; DL |
| PHOSPHATE BINDER AGENTS | | |
| AURYXIA TAB 210MG | 5 | PA; DL |
| <i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> | 2 | |
| <i>calcium acetate (phosphate binder) tab 667 mg</i> | 2 | |
| <i>lanthanum carbonate chew tab 500 mg (elemental)</i> | 3 | |
| <i>lanthanum carbonate chew tab 750 mg (elemental)</i> | 3 | |
| <i>lanthanum carbonate chew tab 1000 mg (elemental)</i> | 3 | |
| <i>sevelamer carbonate packet 0.8 gm</i> | 3 | |
| <i>sevelamer carbonate packet 2.4 gm</i> | 3 | |
| <i>sevelamer carbonate tab 800 mg</i> | 3 | |
| <i>sevelamer hcl tab 400 mg</i> | 3 | |
| <i>sevelamer hcl tab 800 mg</i> | 3 | |
| PROGESTINS | | |
| <i>medroxyprogesterone acetate tab 2.5 mg</i> | 2 | |
| <i>medroxyprogesterone acetate tab 5 mg</i> | 2 | |
| <i>medroxyprogesterone acetate tab 10 mg</i> | 2 | |
| <i>megestrol acetate susp 40 mg/ml</i> | 2 | PA; DL |
| <i>megestrol acetate susp 625 mg/5ml</i> | 4 | PA; DL |
| <i>norethindrone acetate tab 5 mg</i> | 2 | |
| <i>progesterone cap 100 mg</i> | 2 | |
| <i>progesterone cap 200 mg</i> | 2 | |
| THYROID AGENTS | | |
| ARMOUR THYRO TAB 15MG | 3 | |
| ARMOUR THYRO TAB 30MG | 3 | |
| ARMOUR THYRO TAB 60MG | 3 | |
| ARMOUR THYRO TAB 90MG | 3 | |
| ARMOUR THYRO TAB 120MG | 3 | |
| ARMOUR THYRO TAB 180MG | 3 | |
| ARMOUR THYRO TAB 240MG | 3 | |
| ARMOUR THYRO TAB 300MG | 3 | |
| <i>euthyrox</i> | 1 | |
| <i>levo-t</i> | 1 | |
| <i>levothyroxine sodium cap 13 mcg</i> | 1 | |
| <i>levothyroxine sodium cap 25 mcg</i> | 1 | |
| <i>levothyroxine sodium cap 50 mcg</i> | 1 | |
| <i>levothyroxine sodium cap 75 mcg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>levothyroxine sodium cap 88 mcg</i> | 1 | |
| <i>levothyroxine sodium cap 100 mcg</i> | 1 | |
| <i>levothyroxine sodium cap 112 mcg</i> | 1 | |
| <i>levothyroxine sodium cap 125 mcg</i> | 1 | |
| <i>levothyroxine sodium cap 137 mcg</i> | 1 | |
| <i>levothyroxine sodium cap 150 mcg</i> | 1 | |
| <i>levothyroxine sodium cap 175 mcg</i> | 1 | |
| <i>levothyroxine sodium cap 200 mcg</i> | 1 | |
| <i>levothyroxine sodium tab 25 mcg</i> | 1 | |
| <i>levothyroxine sodium tab 50 mcg</i> | 1 | |
| <i>levothyroxine sodium tab 75 mcg</i> | 1 | |
| <i>levothyroxine sodium tab 88 mcg</i> | 1 | |
| <i>levothyroxine sodium tab 100 mcg</i> | 1 | |
| <i>levothyroxine sodium tab 112 mcg</i> | 1 | |
| <i>levothyroxine sodium tab 125 mcg</i> | 1 | |
| <i>levothyroxine sodium tab 137 mcg</i> | 1 | |
| <i>levothyroxine sodium tab 150 mcg</i> | 1 | |
| <i>levothyroxine sodium tab 175 mcg</i> | 1 | |
| <i>levothyroxine sodium tab 200 mcg</i> | 1 | |
| <i>levothyroxine sodium tab 300 mcg</i> | 1 | |
| <i>levoxyl</i> | 3 | |
| <i>liothyronine sodium iv soln 10 mcg/ml</i> | 2 | |
| <i>liothyronine sodium tab 5 mcg</i> | 2 | |
| <i>liothyronine sodium tab 25 mcg</i> | 2 | |
| <i>liothyronine sodium tab 50 mcg</i> | 2 | |
| <i>methimazole tab 5 mg</i> | 2 | |
| <i>methimazole tab 10 mg</i> | 2 | |
| <i>np thyroid 15</i> | 1 | |
| <i>np thyroid 30</i> | 1 | |
| <i>np thyroid 60</i> | 1 | |
| <i>np thyroid 90</i> | 1 | |
| <i>np thyroid 120</i> | 1 | |
| <i>propylthiouracil tab 50 mg</i> | 2 | |
| SYNTHROID TAB 25MCG | 3 | |
| SYNTHROID TAB 50MCG | 3 | |
| SYNTHROID TAB 75MCG | 3 | |
| SYNTHROID TAB 88MCG | 3 | |
| SYNTHROID TAB 100MCG | 3 | |
| SYNTHROID TAB 112MCG | 3 | |
| SYNTHROID TAB 125MCG | 3 | |
| SYNTHROID TAB 137MCG | 3 | |
| SYNTHROID TAB 150MCG | 3 | |
| SYNTHROID TAB 175MCG | 3 | |
| SYNTHROID TAB 200MCG | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------|------------------|----------------------------|
| SYNTHROID TAB 300MCG | 3 | |
| TIROSINT CAP 13MCG | 3 | |
| TIROSINT CAP 25MCG | 3 | |
| TIROSINT CAP 50MCG | 3 | |
| TIROSINT CAP 75MCG | 3 | |
| TIROSINT CAP 88MCG | 3 | |
| TIROSINT CAP 100MCG | 3 | |
| TIROSINT CAP 112MCG | 3 | |
| TIROSINT CAP 125MCG | 3 | |
| TIROSINT CAP 137MCG | 3 | |
| TIROSINT CAP 150MCG | 3 | |
| TIROSINT CAP 175MCG | 3 | |
| TIROSINT CAP 200 | 3 | |
| TIROSINT-SOL SOL 13MCG/ML | 3 | |
| TIROSINT-SOL SOL 25MCG/ML | 3 | |
| TIROSINT-SOL SOL 37.5/ML | 3 | |
| TIROSINT-SOL SOL 44MCG/ML | 3 | |
| TIROSINT-SOL SOL 50MCG/ML | 3 | |
| TIROSINT-SOL SOL 62.5/ML | 3 | |
| TIROSINT-SOL SOL 75MCG/ML | 3 | |
| TIROSINT-SOL SOL 88MCG/ML | 3 | |
| TIROSINT-SOL SOL 100MCG | 3 | |
| TIROSINT-SOL SOL 112MCG | 3 | |
| TIROSINT-SOL SOL 125MCG | 3 | |
| TIROSINT-SOL SOL 137MCG | 3 | |
| TIROSINT-SOL SOL 150MCG | 3 | |
| TIROSINT-SOL SOL 175MCG | 3 | |
| TIROSINT-SOL SOL 200MCG | 3 | |
| <i>unithroid</i> | 3 | |
| VITAMIN D ANALOGS | | |
| <i>calcitriol cap 0.5 mcg</i> | 2 | |
| <i>calcitriol cap 0.25 mcg</i> | 2 | |
| <i>calcitriol inj 1 mcg/ml</i> | 2 | |
| <i>calcitriol oral soln 1 mcg/ml</i> | 2 | |
| <i>doxercalciferol cap 0.5 mcg</i> | 4 | |
| <i>doxercalciferol cap 1 mcg</i> | 4 | |
| <i>doxercalciferol cap 2.5 mcg</i> | 4 | |
| <i>paricalcitol cap 1 mcg</i> | 4 | |
| <i>paricalcitol cap 2 mcg</i> | 4 | |
| <i>paricalcitol cap 4 mcg</i> | 4 | |
| <i>paricalcitol iv soln 2 mcg/ml</i> | 4 | |
| RAYALDEE CAP 30MCG | 5 | DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| GASTROINTESTINAL | | |
| ANTIEMETICS | | |
| <i>aprepitant capsule 40 mg</i> | 3 | B/D, QL (1 cap / 30 days); DL |
| <i>aprepitant capsule 80 mg</i> | 3 | B/D, QL (8 caps / 30 days); DL |
| <i>aprepitant capsule 125 mg</i> | 3 | B/D, QL (2 caps / 30 days); DL |
| <i>aprepitant pak 80 & 125</i> | 3 | B/D, QL (6 caps / 30 days); DL |
| <i>compro</i> | 2 | |
| <i>dronabinol cap 2.5 mg</i> | 3 | QL (60 caps / 30 days), PA |
| <i>dronabinol cap 5 mg</i> | 3 | QL (60 caps / 30 days), PA |
| <i>dronabinol cap 10 mg</i> | 3 | QL (60 caps / 30 days), PA |
| <i>granisetron hcl tab 1 mg</i> | 2 | B/D, QL (30 tabs / 30 days); DL |
| <i>meclizine hcl tab 12.5 mg</i> | 2 | |
| <i>meclizine hcl tab 25 mg</i> | 2 | |
| <i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i> | 2 | |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> | 2 | |
| <i>metoclopramide hcl tab 5 mg (base equivalent)</i> | 2 | |
| <i>metoclopramide hcl tab 10 mg (base equivalent)</i> | 2 | |
| <i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i> | 2 | |
| <i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i> | 2 | DL |
| <i>ondansetron hcl oral soln 4 mg/5ml</i> | 3 | B/D; DL |
| <i>ondansetron hcl tab 4 mg</i> | 2 | B/D; DL |
| <i>ondansetron hcl tab 8 mg</i> | 2 | B/D; DL |
| <i>ondansetron tab 4mg odt</i> | 2 | B/D; DL |
| <i>ondansetron tab 8mg odt</i> | 2 | B/D; DL |
| <i>prochlorperazine edisylate inj 10 mg/2ml</i> | 2 | |
| <i>prochlorperazine maleate tab 5 mg (base equivalent)</i> | 2 | |
| <i>prochlorperazine maleate tab 10 mg (base equivalent)</i> | 2 | |
| <i>prochlorperazine suppos 25 mg</i> | 2 | |
| <i>promethazine hcl inj 25 mg/ml</i> | 2 | |
| <i>promethazine hcl inj 50 mg/ml</i> | 2 | |
| <i>promethazine hcl suppos 12.5 mg</i> | 2 | DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------------|
| <i>promethazine hcl suppos 25 mg</i> | 2 | DL |
| <i>promethazine hcl syrup 6.25 mg/5ml</i> | 2 | DL |
| <i>promethazine hcl tab 12.5 mg</i> | 2 | DL |
| <i>promethazine hcl tab 25 mg</i> | 2 | DL |
| <i>promethazine hcl tab 50 mg</i> | 2 | DL |
| <i>promethegan</i> | 2 | DL |
| SANCUSO DIS 3.1MG | 4 | DL |
| <i>scopolamine td patch 72hr 1 mg/3days</i> | 3 | QL (10 patches / 30 days) |
| VARUBI TAB 90MG | 4 | B/D, QL (4 tabs / 30 days), NM; DL |

ANTISPASMODICS

| | | |
|--|---|--|
| <i>dicyclomine hcl cap 10 mg</i> | 2 | |
| <i>dicyclomine hcl oral soln 10 mg/5ml</i> | 2 | |
| <i>dicyclomine hcl tab 20 mg</i> | 2 | |
| <i>glycopyrrolate inj 0.2 mg/ml</i> | 2 | |
| <i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i> | 2 | |
| <i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i> | 2 | |
| <i>glycopyrrolate tab 1 mg</i> | 2 | |
| <i>glycopyrrolate tab 2 mg</i> | 2 | |
| <i>methscopolamine bromide tab 2.5 mg</i> | 2 | |
| <i>methscopolamine bromide tab 5 mg</i> | 2 | |

H2-RECEPTOR ANTAGONISTS

| | | |
|---|---|--|
| <i>famotidine for susp 40 mg/5ml</i> | 2 | |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> | 2 | |
| <i>famotidine preservative free inj 20 mg/2ml</i> | 2 | |
| <i>famotidine tab 20 mg</i> | 2 | |
| <i>famotidine tab 40 mg</i> | 2 | |
| <i>nizatidine cap 150 mg</i> | 2 | |
| <i>nizatidine cap 300 mg</i> | 2 | |
| <i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i> | 2 | |
| <i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i> | 2 | |

INFLAMMATORY BOWEL DISEASE

| | | |
|--|---|----------------------------|
| <i>balsalazide disodium cap 750 mg</i> | 2 | |
| <i>budesonide delayed release particles cap 3 mg</i> | 4 | |
| <i>budesonide tab er 24hr 9 mg</i> | 5 | QL (30 tabs / 30 days); DL |
| <i>hydrocortisone enema 100 mg/60ml</i> | 3 | |
| <i>mesalamine cap dr 400 mg</i> | 4 | |
| <i>mesalamine cap er 24hr 0.375 gm</i> | 3 | |
| <i>mesalamine enema 4 gm</i> | 2 | |
| <i>mesalamine suppos 1000 mg</i> | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>mesalamine tab delayed release 1.2 gm</i> | 4 | |
| <i>mesalamine tab delayed release 800 mg</i> | 4 | |
| ORTIKOS CAP 6MG ER | 5 | DL |
| ORTIKOS CAP 9MG ER | 5 | DL |
| <i>sulfasalazin tab 500mg dr</i> | 2 | |
| <i>sulfasalazine tab 500 mg</i> | 2 | |

LAXATIVES

| | | |
|---|---|--|
| <i>constulose</i> | 2 | |
| <i>enulose</i> | 2 | |
| <i>gavilyte-c</i> | 2 | |
| <i>gavilyte-g</i> | 2 | |
| <i>generlac</i> | 2 | |
| <i>lactulose solution 10 gm/15ml</i> | 2 | |
| <i>peg-3350/electrolytes/asc</i> | 2 | |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> | 4 | |
| SUPREP BOWEL PREP | 4 | |

MISCELLANEOUS

| | | |
|--|---|------------------------|
| <i>alose tron hcl tab 0.5 mg (base equiv)</i> | 5 | DL |
| <i>alose tron hcl tab 1 mg (base equiv)</i> | 5 | DL |
| <i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i> | 4 | |
| <i>cromolyn sodium oral conc 100 mg/5ml</i> | 2 | |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> | 2 | |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> | 2 | |
| GATTEX KIT 5MG | 5 | NM, LA, PA; DL |
| HELIDAC MIS THERAPY | 5 | DL |
| LINZESS CAP 72MCG | 4 | QL (30 caps / 30 days) |
| LINZESS CAP 145MCG | 4 | QL (30 caps / 30 days) |
| LINZESS CAP 290MCG | 4 | QL (30 caps / 30 days) |
| <i>loperamide hcl cap 2 mg</i> | 2 | |
| <i>lubiprostone cap 8 mcg</i> | 3 | QL (60 caps / 30 days) |
| <i>lubiprostone cap 24 mcg</i> | 3 | QL (60 caps / 30 days) |
| <i>misoprostol tab 100 mcg</i> | 2 | |
| <i>misoprostol tab 200 mcg</i> | 2 | |
| MOVANTIK TAB 12.5MG | 3 | |
| MOVANTIK TAB 25MG | 3 | |
| RELISTOR INJ 8/0.4ML | 5 | DL |
| RELISTOR INJ 12/0.6ML | 5 | DL |
| SUCRAID SOL 8500/ML | 5 | NM, LA; DL |
| <i>sucralfate susp 1 gm/10ml</i> | 3 | |
| <i>sucralfate tab 1 gm</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------|------------------|----------------------------|
| SYMPROIC TAB 0.2MG | 3 | |
| TALICIA CAP | 4 | |
| <i>ursodiol cap 300 mg</i> | 3 | |
| <i>ursodiol tab 250 mg</i> | 3 | |
| <i>ursodiol tab 500 mg</i> | 3 | |
| XIFAXAN TAB 550MG | 5 | PA; DL |

PANCREATIC ENZYMES

| | | |
|---------------------|---|--|
| CREON CAP 3000UNIT | 3 | |
| CREON CAP 6000UNIT | 3 | |
| CREON CAP 12000UNT | 3 | |
| CREON CAP 24000UNT | 3 | |
| CREON CAP 36000UNT | 3 | |
| ZENPEP CAP 3000UNIT | 4 | |
| ZENPEP CAP 5000UNIT | 4 | |
| ZENPEP CAP 10000UNT | 4 | |
| ZENPEP CAP 15000UNT | 4 | |
| ZENPEP CAP 20000UNT | 4 | |
| ZENPEP CAP 25000UNT | 4 | |
| ZENPEP CAP 40000UNT | 4 | |

PROTON PUMP INHIBITORS

| | | |
|--|---|------------------------|
| <i>dexlansoprazole cap delayed release 30 mg</i> | 3 | QL (30 caps / 30 days) |
| <i>dexlansoprazole cap delayed release 60 mg</i> | 3 | QL (30 caps / 30 days) |
| <i>lansoprazole cap delayed release 15 mg</i> | 2 | QL (60 caps / 30 days) |
| <i>lansoprazole cap delayed release 30 mg</i> | 2 | QL (60 caps / 30 days) |
| <i>omeprazole cap delayed release 10 mg</i> | 1 | QL (60 caps / 30 days) |
| <i>omeprazole cap delayed release 20 mg</i> | 1 | QL (60 caps / 30 days) |
| <i>omeprazole cap delayed release 40 mg</i> | 1 | QL (60 caps / 30 days) |
| <i>pantoprazole sodium ec tab 20 mg (base equiv)</i> | 1 | QL (60 tabs / 30 days) |
| <i>pantoprazole sodium ec tab 40 mg (base equiv)</i> | 1 | QL (60 tabs / 30 days) |
| <i>rabeprazole sodium ec tab 20 mg</i> | 2 | QL (60 tabs / 30 days) |

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

| | | |
|--|---|-----------------------------------|
| <i>alfuzosin hcl tab er 24hr 10 mg</i> | 2 | |
| <i>dutasteride cap 0.5 mg</i> | 2 | |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> | 2 | |
| <i>finasteride tab 5 mg</i> | 2 | |
| <i>silodosin cap 4 mg</i> | 2 | |
| <i>silodosin cap 8 mg</i> | 2 | |
| <i>tadalafil tab 2.5 mg</i> | 3 | QL (30 tabs / 30 days), PA; DL |
| <i>tadalafil tab 5 mg</i> | 3 | QL (30 tabs / 30 days), PA; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>tamsulosin hcl cap 0.4 mg</i> | 2 | |
| MISCELLANEOUS | | |
| <i>bethanechol chloride tab 5 mg</i> | 2 | |
| <i>bethanechol chloride tab 10 mg</i> | 2 | |
| <i>bethanechol chloride tab 25 mg</i> | 2 | |
| <i>bethanechol chloride tab 50 mg</i> | 2 | |
| <i>flavoxate hcl tab 100 mg</i> | 2 | |
| <i>potassium citrate tab er 5 meq (540 mg)</i> | 3 | |
| <i>potassium citrate tab er 10 meq (1080 mg)</i> | 3 | |
| <i>potassium citrate tab er 15 meq (1620 mg)</i> | 3 | |
| <i>tiopronin tab 100 mg</i> | 5 | NM; DL |
| URINARY ANTISPASMODICS | | |
| <i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i> | 3 | |
| <i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i> | 3 | |
| <i>fesoterodine fumarate tab er 24hr 4 mg</i> | 4 | |
| <i>fesoterodine fumarate tab er 24hr 8 mg</i> | 4 | |
| GEMTESA TAB 75MG | 4 | |
| MYRBETRIQ TAB 25MG | 3 | |
| MYRBETRIQ TAB 50MG | 3 | |
| <i>oxybutynin chloride syrup 5 mg/5ml</i> | 2 | |
| <i>oxybutynin chloride tab 5 mg</i> | 2 | |
| <i>oxybutynin chloride tab er 24hr 5 mg</i> | 2 | |
| <i>oxybutynin chloride tab er 24hr 10 mg</i> | 2 | |
| <i>oxybutynin chloride tab er 24hr 15 mg</i> | 2 | |
| <i>solifenacin succinate tab 5 mg</i> | 3 | |
| <i>solifenacin succinate tab 10 mg</i> | 3 | |
| <i>tolterodine tartrate cap er 24hr 2 mg</i> | 3 | |
| <i>tolterodine tartrate cap er 24hr 4 mg</i> | 3 | |
| <i>tolterodine tartrate tab 1 mg</i> | 2 | |
| <i>tolterodine tartrate tab 2 mg</i> | 2 | |
| TOVIAZ TAB 4MG | 4 | |
| TOVIAZ TAB 8MG | 4 | |
| <i>trospium chloride cap er 24hr 60 mg</i> | 3 | |
| <i>trospium chloride tab 20 mg</i> | 2 | |
| VAGINAL ANTI-INFECTIVES | | |
| CLEOCIN SUP 100MG | 4 | |
| <i>clindamycin phosphate vaginal cream 2%</i> | 2 | |
| <i>metronidazole vaginal gel 0.75%</i> | 2 | |
| <i>terconazole vaginal cream 0.4%</i> | 2 | |
| <i>terconazole vaginal cream 0.8%</i> | 2 | |
| <i>terconazole vaginal suppos 80 mg</i> | 2 | |
| VANDAZOLE GEL 0.75% | 3 | |

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

HEMATOLOGIC

ANTICOAGULANTS

| | | |
|---|---|----|
| <i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i> | 5 | DL |
| <i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i> | 4 | |
| <i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i> | 4 | |
| ELIQUIS ST P TAB 5MG | 3 | |
| ELIQUIS TAB 2.5MG | 3 | |
| ELIQUIS TAB 5MG | 3 | |
| <i>enoxaparin sodium inj 300 mg/3ml</i> | 4 | DL |
| <i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i> | 4 | DL |
| <i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i> | 4 | DL |
| <i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i> | 4 | DL |
| <i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i> | 4 | DL |
| <i>enoxaparin sodium inj soln pref syr 100 mg/ml</i> | 4 | DL |
| <i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i> | 4 | DL |
| <i>enoxaparin sodium inj soln pref syr 150 mg/ml</i> | 4 | DL |
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> | 4 | DL |
| <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> | 5 | DL |
| <i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> | 5 | DL |
| <i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> | 5 | DL |
| FRAGMIN INJ 2500/0.2 | 4 | DL |
| FRAGMIN INJ 5000/0.2 | 4 | DL |
| FRAGMIN INJ 7500/0.3 | 5 | DL |
| FRAGMIN INJ 10000/ML | 5 | DL |
| FRAGMIN INJ 12500UNT | 5 | DL |
| FRAGMIN INJ 15000UNT | 5 | DL |
| FRAGMIN INJ 18000UNT | 5 | DL |
| FRAGMIN INJ 95000UNT | 5 | DL |
| HEP SOD/D5W INJ 25000UNT | 3 | |
| <i>heparin sodium (porcine) inj 1000 unit/ml</i> | 3 | |
| <i>heparin sodium (porcine) inj 5000 unit/ml</i> | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>heparin sodium (porcine) inj 10000 unit/ml</i> | 3 | |
| <i>heparin sodium (porcine) inj 20000 unit/ml</i> | 3 | |
| <i>jantoven</i> | 2 | |
| PRADAXA CAP 75MG | 4 | |
| PRADAXA CAP 110MG | 4 | |
| PRADAXA CAP 150MG | 4 | |
| <i>warfarin sodium tab 1 mg</i> | 2 | |
| <i>warfarin sodium tab 2 mg</i> | 2 | |
| <i>warfarin sodium tab 2.5 mg</i> | 2 | |
| <i>warfarin sodium tab 3 mg</i> | 2 | |
| <i>warfarin sodium tab 4 mg</i> | 2 | |
| <i>warfarin sodium tab 5 mg</i> | 2 | |
| <i>warfarin sodium tab 6 mg</i> | 2 | |
| <i>warfarin sodium tab 7.5 mg</i> | 2 | |
| <i>warfarin sodium tab 10 mg</i> | 2 | |

HEMATOPOIETIC GROWTH FACTORS

| | | |
|-----------------------|---|-------------------------------------|
| GRANIX INJ 300/0.5 | 5 | NM; DL |
| GRANIX INJ 300/1ML | 5 | NM; DL |
| GRANIX INJ 480/0.8 | 5 | NM; DL |
| GRANIX INJ 480/1.6 | 5 | NM; DL |
| MOZOBIL INJ | 5 | NM, LA; DL |
| NIVESTYM INJ 300/0.5 | 5 | NM; DL |
| NIVESTYM INJ 300MCG | 5 | NM; DL |
| NIVESTYM INJ 480/0.8 | 5 | NM; DL |
| NIVESTYM INJ 480MCG | 5 | NM; DL |
| PROCRIT INJ 2000/ML | 3 | B/D, NM |
| PROCRIT INJ 3000/ML | 3 | B/D, NM |
| PROCRIT INJ 4000/ML | 3 | B/D, NM |
| PROCRIT INJ 10000/ML | 3 | B/D, NM |
| PROCRIT INJ 20000/ML | 5 | B/D, NM; DL |
| PROCRIT INJ 40000/ML | 5 | B/D, QL (8 vials / 30 days), NM; DL |
| RETACRIT INJ 2000UNIT | 3 | B/D, NM |
| RETACRIT INJ 3000UNIT | 3 | B/D, NM |
| RETACRIT INJ 4000UNIT | 3 | B/D, NM |
| RETACRIT INJ 10000UNT | 3 | B/D, NM |
| RETACRIT INJ 20000UNI | 3 | B/D, NM |
| RETACRIT INJ 40000UNT | 3 | B/D, QL (8 vials / 30 days), NM |
| UDENYCA INJ 6MG/.6ML | 5 | NM; DL |

MISCELLANEOUS

| | | |
|--------------------------------------|---|----|
| <i>aminocaproic acid tab 500 mg</i> | 3 | DL |
| <i>aminocaproic acid tab 1000 mg</i> | 3 | DL |
| <i>anagrelide hcl cap 0.5 mg</i> | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>anagrelide hcl cap 1 mg</i> | 4 | |
| CABLIVI KIT 11MG | 5 | NM, LA; DL |
| <i>cilostazol tab 50 mg</i> | 2 | |
| <i>cilostazol tab 100 mg</i> | 2 | |
| CINRYZE SOL 500 UNIT | 5 | NM, LA, PA; DL |
| DROXIA CAP 200MG | 3 | |
| DROXIA CAP 300MG | 3 | |
| DROXIA CAP 400MG | 3 | |
| <i>icatibant acetate inj 30 mg/3ml (base equivalent)</i> | 5 | NM, PA; DL |
| MULPLETA TAB 3MG | 5 | NM, PA; DL |
| ORLADEYO CAP 110MG | 5 | NM, LA, PA; DL |
| ORLADEYO CAP 150MG | 5 | NM, LA, PA; DL |
| OXBRYTA TAB 300MG | 5 | NM, LA; DL |
| OXBRYTA TAB 500MG | 5 | NM, LA; DL |
| <i>pentoxifylline tab er 400 mg</i> | 2 | |
| PROMACTA PAK 25MG | 5 | NM, LA, PA; DL |
| PROMACTA POW 12.5MG | 5 | NM, LA, PA; DL |
| PROMACTA TAB 12.5MG | 5 | NM, LA, PA; DL |
| PROMACTA TAB 25MG | 5 | NM, LA, PA; DL |
| PROMACTA TAB 50MG | 5 | NM, LA, PA; DL |
| PROMACTA TAB 75MG | 5 | NM, LA, PA; DL |
| RUCONEST INJ 2100UNIT | 5 | NM, LA, PA; DL |
| TAKHZYRO INJ 300/2ML | 5 | NM, LA, PA; DL |
| <i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i> | 2 | |
| <i>tranexamic acid tab 650 mg</i> | 3 | |

PLATELET AGGREGATION INHIBITORS

| | | |
|--|---|--|
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 3 | |
| BRILINTA TAB 60MG | 4 | |
| BRILINTA TAB 90MG | 4 | |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i> | 2 | |
| <i>clopidogrel bisulfate tab 300 mg (base equiv)</i> | 2 | |
| <i>prasugrel hcl tab 5 mg (base equiv)</i> | 3 | |
| <i>prasugrel hcl tab 10 mg (base equiv)</i> | 3 | |

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

| | | |
|-----------------------|---|------------|
| DUPIXENT INJ 100/0.67 | 5 | NM, PA; DL |
| DUPIXENT INJ 200/1.14 | 5 | NM, PA; DL |
| DUPIXENT INJ 200MG | 5 | NM, PA; DL |
| DUPIXENT INJ 300/2ML | 5 | NM, PA; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ENBREL INJ 25/0.5ML | 5 | NM, PA; DL |
| ENBREL INJ 25MG | 5 | NM, PA; DL |
| ENBREL INJ 50MG/ML | 5 | NM, PA; DL |
| ENBREL MINI INJ 50MG/ML | 5 | NM, PA; DL |
| ENBREL SRCLK INJ 50MG/ML | 5 | NM, PA; DL |
| HUMIRA INJ 10/0.1ML | 5 | NM, PA; DL |
| HUMIRA INJ 20/0.2ML | 5 | NM, PA; DL |
| HUMIRA INJ 40/0.4ML | 5 | NM, PA; DL |
| HUMIRA KIT 40MG/0.8 | 5 | NM, PA; DL |
| HUMIRA PEDIA INJ CROHNS | 5 | NM, PA; DL |
| HUMIRA PEN INJ 40/0.4ML | 5 | NM, PA; DL |
| HUMIRA PEN INJ 40MG/0.8 | 5 | NM, PA; DL |
| HUMIRA PEN INJ 80/0.8ML | 5 | NM, PA; DL |
| HUMIRA PEN INJ CD/UC/HS | 5 | NM, PA; DL |
| HUMIRA PEN INJ PS/UV | 5 | NM, PA; DL |
| HUMIRA PEN KIT CD/UC/HS | 5 | NM, PA; DL |
| HUMIRA PEN KIT PED UC | 5 | NM, PA; DL |
| HUMIRA PEN KIT PS/UV | 5 | NM, PA; DL |
| KINERET INJ | 5 | NM, PA; DL |
| OTEZLA TAB 10/20/30 | 5 | NM, PA; DL |
| OTEZLA TAB 30MG | 5 | NM, PA; DL |
| RINVOQ TAB 15MG ER | 5 | NM, PA; DL |
| RINVOQ TAB 30MG ER | 5 | NM, PA; DL |
| RINVOQ TAB 45MG ER | 5 | NM, PA; DL |
| SKYRIZI INJ 150DOSE | 5 | NM, PA; DL |
| SKYRIZI INJ 150MG/ML | 5 | NM, PA; DL |
| SKYRIZI INJ 180/1.2 | 5 | NM, PA; DL |
| SKYRIZI INJ 360/2.4 | 5 | NM, PA; DL |
| SKYRIZI PEN INJ 150MG/ML | 5 | NM, PA; DL |
| STELARA INJ 45MG/0.5 | 5 | NM, LA, PA; DL; (vials) |
| STELARA INJ 45MG/0.5 | 5 | NM, PA; DL; (syringes) |
| STELARA INJ 90MG/ML | 5 | NM, PA; DL |
| TALTZ INJ 80MG/ML | 5 | NM, LA, PA; DL |
| XELJANZ SOL 1MG/ML | 5 | NM, PA; DL |
| XELJANZ TAB 5MG | 5 | NM, PA; DL |
| XELJANZ TAB 10MG | 5 | NM, PA; DL |
| XELJANZ XR TAB 11MG | 5 | NM, PA; DL |
| XELJANZ XR TAB 22MG | 5 | NM, PA; DL |
| <i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i> | | |
| <i>hydroxychloroquine sulfate tab 200 mg</i> | 3 | |
| <i>leflunomide tab 10 mg</i> | 3 | |
| <i>leflunomide tab 20 mg</i> | 3 | |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i> | 2 | |

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **DL** - Medication restricted to a 30 day supply

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------|------------------|----------------------------|
| RIDAURA CAP 3MG | 3 | DL |
| XATMEP SOL 2.5MG/ML | 4 | DL |
| IMMUNOGLOBULINS | | |
| BIVIGAM INJ 10% | 5 | NM, LA, PA; DL |
| FLEBOGAMMA INJ 5GM/50ML | 5 | NM, PA; DL |
| GAMASTAN INJ | 4 | NM, LA, PA |
| GAMMAGARD INJ 2.5GM/25 | 5 | NM, PA; DL |
| GAMMAGARD INJ 5GM/50ML | 5 | NM, PA; DL |
| GAMMAGARD INJ 10GM/100 | 5 | NM, PA; DL |
| GAMMAGARD INJ 20GM/200 | 5 | NM, PA; DL |
| GAMMAGARD INJ 30GM/300 | 5 | NM, PA; DL |
| GAMMAGARD SD INJ 5GM HU | 5 | NM, PA; DL |
| GAMMAGARD SD INJ 10GM HU | 5 | NM, PA; DL |
| GAMMAKED INJ 1GM/10ML | 5 | NM, PA; DL |
| GAMMAKED INJ 5GM/50ML | 5 | NM, PA; DL |
| GAMMAKED INJ 10GM/100 | 5 | NM, PA; DL |
| GAMMAKED INJ 20GM/200 | 5 | NM, PA; DL |
| GAMMAPLEX INJ 5% | 5 | NM, LA, PA; DL |
| GAMMAPLEX INJ 10% | 5 | NM, LA, PA; DL |
| GAMUNEX-C INJ 1GM/10ML | 5 | NM, PA; DL |
| GAMUNEX-C INJ 5GM/50ML | 5 | NM, PA; DL |
| GAMUNEX-C INJ 10GM/100 | 5 | NM, PA; DL |
| GAMUNEX-C INJ 20GM/200 | 5 | NM, PA; DL |
| GAMUNEX-C INJ 40/400ML | 5 | NM, PA; DL |
| OCTAGAM INJ 1GM | 5 | NM, PA; DL |
| OCTAGAM INJ 2GM/20ML | 5 | NM, PA; DL |
| PANZYGA SOL 1GM/10ML | 5 | NM, PA; DL |
| PANZYGA SOL 2.5/25ML | 5 | NM, PA; DL |
| PANZYGA SOL 5GM/50ML | 5 | NM, PA; DL |
| PANZYGA SOL 10/100ML | 5 | NM, PA; DL |
| PANZYGA SOL 20/200ML | 5 | NM, PA; DL |
| PANZYGA SOL 30/300ML | 5 | NM, PA; DL |
| PRIVIGEN INJ 20GRAMS | 5 | NM, PA; DL |
| IMMUNOMODULATORS | | |
| ACTIMMUNE INJ 2MU/0.5 | 5 | NM, LA, PA; DL |
| ARCALYST INJ 220MG | 5 | NM, LA, PA; DL |
| GRASTEK SUB 2800BAU | 4 | PA; DL |
| INTRON A INJ 10MU | 3 | NM, LA; DL |
| INTRON A INJ 18MU | 3 | NM, LA; DL |
| INTRON A INJ 25MU | 5 | NM; DL |
| INTRON A INJ 50MU | 5 | NM, LA; DL |
| ODACTRA SUB | 4 | PA; DL |
| SYNAGIS INJ 50MG | 5 | NM; DL |
| SYNAGIS INJ 100MG/ML | 5 | NM; DL |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| IMMUNOSUPPRESSANTS | | |
| ATGAM INJ 250MG | 5 | DL |
| AZATHIOPRINE INJ 100MG | 3 | B/D |
| <i>azathioprine tab 50 mg</i> | 2 | B/D |
| <i>azathioprine tab 75 mg</i> | 2 | B/D |
| <i>azathioprine tab 100 mg</i> | 2 | B/D |
| BENLYSTA INJ 120MG | 5 | NM, LA, PA; DL |
| BENLYSTA INJ 200MG/ML | 5 | QL (4 auto-injectors / 28 days), NM, LA, PA; DL |
| BENLYSTA INJ 200MG/ML | 5 | QL (4 syringes / 28 days), NM, LA, PA; DL |
| BENLYSTA INJ 400MG | 5 | NM, LA, PA; DL |
| <i>cyclosporine cap 25 mg</i> | 3 | B/D, NM |
| <i>cyclosporine cap 100 mg</i> | 3 | B/D, NM |
| <i>cyclosporine iv soln 50 mg/ml</i> | 2 | B/D, NM |
| <i>cyclosporine modified cap 25 mg</i> | 2 | B/D, NM |
| <i>cyclosporine modified cap 50 mg</i> | 2 | B/D, NM |
| <i>cyclosporine modified cap 100 mg</i> | 2 | B/D, NM |
| <i>cyclosporine modified oral soln 100 mg/ml</i> | 2 | B/D, NM |
| <i>everolimus tab 0.5 mg</i> | 5 | B/D, NM; DL |
| <i>everolimus tab 0.25 mg</i> | 4 | B/D, QL (60 tabs / 30 days), NM; DL |
| <i>everolimus tab 0.75 mg</i> | 5 | B/D, NM; DL |
| <i>everolimus tab 1 mg</i> | 5 | B/D, NM; DL |
| <i>gengraf</i> | 2 | B/D, NM |
| LUPKYNIS CAP 7.9MG | 5 | QL (180 caps / 30 days), NM, LA, PA; DL |
| <i>mycophenolate mofetil cap 250 mg</i> | 2 | B/D, NM |
| <i>mycophenolate mofetil for oral susp 200 mg/ml</i> | 2 | B/D, NM |
| <i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i> | 3 | B/D, NM |
| <i>mycophenolate mofetil tab 500 mg</i> | 2 | B/D, NM |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> | 3 | B/D, NM |
| <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> | 3 | B/D, NM |
| NULOJIX INJ 250MG | 5 | B/D, NM; DL |
| PROGRAF GRA 0.2MG | 4 | B/D, NM |
| PROGRAF GRA 1MG | 4 | B/D, NM |
| PROGRAF INJ 5MG/ML | 4 | B/D, NM |
| SIMULECT INJ 10MG | 4 | B/D |
| SIMULECT INJ 20MG | 4 | B/D |
| <i>sirolimus oral soln 1 mg/ml</i> | 4 | B/D, NM |
| <i>sirolimus tab 0.5 mg</i> | 3 | B/D, NM |

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|------------------------------|------------------|----------------------------|
| <i>sirolimus tab 1 mg</i> | 3 | B/D, NM |
| <i>sirolimus tab 2 mg</i> | 3 | B/D, NM |
| <i>tacrolimus cap 0.5 mg</i> | 2 | B/D, NM |
| <i>tacrolimus cap 1 mg</i> | 2 | B/D, NM |
| <i>tacrolimus cap 5 mg</i> | 2 | B/D, NM |
| THYMOGLOBULN INJ 25MG | 3 | B/D |

VACCINES

| | | |
|---------------------------|---|-----|
| ACTHIB INJ | 3 | |
| ADACEL INJ | 3 | |
| BCG VACCINE INJ 50MG | 4 | |
| BEXSERO INJ | 3 | |
| BOOSTRIX INJ | 3 | |
| DAPTACEL INJ | 3 | |
| DIP/TET PED INJ 25-5LFU | 3 | |
| ENGERIX-B INJ 10/0.5ML | 3 | B/D |
| ENGERIX-B INJ 20MCG/ML | 3 | B/D |
| GARDASIL 9 INJ | 4 | |
| HAVRIX INJ 720UNIT | 3 | |
| HAVRIX INJ 1440UNIT | 3 | |
| HEPLISAV-B INJ 20/0.5ML | 3 | B/D |
| HIBERIX SOL 10MCG | 3 | |
| IMOVAX RABIE INJ 2.5/ML | 3 | |
| INFANRIX INJ | 3 | |
| IPOLE INJ INACTIVE | 4 | |
| IXIARO INJ | 4 | |
| KINRIX INJ | 3 | |
| M-M-R II INJ | 3 | |
| MENACTRA INJ | 3 | |
| MENQUADFI INJ | 3 | |
| MENVEO INJ | 3 | |
| MENVEO SOL | 3 | |
| PEDIARIX INJ 0.5ML | 3 | |
| PEDVAX HIB INJ | 4 | |
| PENTACEL INJ | 3 | |
| PREHEVBRIO SUS 10MCG/ML | 3 | B/D |
| PRIORIX INJ | 3 | |
| PROQUAD INJ | 4 | |
| QUADRACEL INJ | 3 | |
| QUADRACEL INJ 0.5ML | 3 | |
| RABAVERT INJ | 3 | DL |
| RECOMBIVA HB INJ 5MCG/0.5 | 3 | B/D |
| RECOMBIVA HB INJ 10MCG/ML | 3 | B/D |
| RECOMBIVA-HB INJ 40MCG/ML | 3 | B/D |
| ROTARIX SUS | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------|------------------|-------------------------------|
| ROTATEQ SOL | 4 | |
| SHINGRIX INJ 50/0.5ML | 3 | QL (2 injections in lifetime) |
| TDVAX INJ 2-2 LF | 3 | |
| TENIVAC INJ 5-2LF | 3 | |
| TICOVAC INJ | 3 | |
| TRUMENBA INJ | 3 | |
| TWINRIX INJ | 3 | |
| TYPHIM VI INJ | 4 | |
| VAQTA INJ 25/0.5ML | 3 | |
| VAQTA INJ 50UNT/ML | 3 | |
| VARIVAX INJ | 3 | |
| YF-VAX INJ | 4 | |

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

| | | |
|--|---|----|
| D10W/NACL INJ 0.2% | 3 | |
| DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45% | 3 | |
| <i>dextrose 5% in lactated ringers</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.2%</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.9%</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.45%</i> | 3 | |
| <i>dextrose 10% w/ sodium chloride 0.45%</i> | 3 | |
| ISOLYTE-P INJ /D5W | 4 | DL |
| ISOLYTE-S INJ PH 7.4 | 4 | DL |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> | 2 | |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> | 3 | |
| KCL/D5W/LACT INJ 20MEQ/L | 3 | |
| KCL/D5W/NACL INJ 0.3/0.9% | 3 | |
| <i>lactated ringer's solution</i> | 3 | |
| <i>magnesium sulfate inj 50%</i> | 3 | |
| PLASMA-LYTE INJ -148 | 4 | DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| PLASMA-LYTE INJ -A | 4 | DL |
| POT CHLORIDE INJ 10MEQ | 3 | |
| POT CHLORIDE INJ 20MEQ | 3 | |
| POT CHLORIDE INJ 40MEQ | 3 | |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> | 3 | |
| <i>potassium chloride inj 2 meq/ml</i> | 2 | |
| <i>ringer's solution</i> | 3 | |
| <i>sodium chloride iv soln 0.9%</i> | 2 | |
| <i>sodium chloride iv soln 0.45%</i> | 3 | |
| <i>sodium chloride iv soln 3%</i> | 3 | |

ELECTROLYTES/MINERALS/VITAMINS, ORAL

| | | |
|--|---|--|
| <i>effervescent pot chloride</i> | 2 | |
| <i>klor-con</i> | 2 | |
| <i>klor-con 8</i> | 3 | |
| <i>klor-con 10</i> | 3 | |
| <i>klor-con m10</i> | 2 | |
| <i>klor-con m15</i> | 3 | |
| <i>klor-con m20</i> | 2 | |
| <i>klor-con/ef</i> | 2 | |
| <i>potassium chloride cap er 8 meq</i> | 2 | |
| <i>potassium chloride cap er 10 meq</i> | 2 | |
| <i>potassium chloride microencapsulated crys er tab 10 meq</i> | 2 | |
| <i>potassium chloride microencapsulated crys er tab 15 meq</i> | 2 | |
| <i>potassium chloride microencapsulated crys er tab 20 meq</i> | 2 | |
| <i>potassium chloride oral soln 10% (20 meq/15ml)</i> | 3 | |
| <i>potassium chloride oral soln 20% (40 meq/15ml)</i> | 3 | |
| <i>potassium chloride tab er 8 meq (600 mg)</i> | 2 | |
| <i>potassium chloride tab er 10 meq</i> | 2 | |
| <i>potassium chloride tab er 20 meq (1500 mg)</i> | 3 | |
| <i>sodium fluoride 2.2 mg</i> | 2 | |

IV NUTRITION

| | | |
|-------------------------|---|---------|
| <i>dextrose inj 5%</i> | 2 | |
| <i>dextrose inj 10%</i> | 3 | |
| INTRALIPID INJ 20% | 4 | B/D; DL |
| INTRALIPID INJ 30% | 4 | B/D; DL |
| PREMASOL SOL 10% | 3 | B/D; DL |
| PROSOL INJ 20% | 4 | B/D; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------|------------------|----------------------------|
| TRAVASOL INJ 10% | 3 | B/D; DL |
| TROPHAMINE INJ 10% | 4 | B/D; DL |

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

| | | |
|--|---|--|
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | 2 | |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | 2 | |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | 2 | |
| <i>neomycin-polymyxin-hc ophth susp</i> | 2 | |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 2 | |
| TOBRADEX OIN 0.3-0.1% | 3 | |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | 2 | |

ANTI-INFECTIVES

| | | |
|--|---|--|
| AZASITE SOL 1% | 4 | |
| <i>bacitracin ophth oint 500 unit/gm</i> | 2 | |
| <i>bacitracin-polymyxin b ophth oint</i> | 2 | |
| CILOXAN OIN 0.3% OP | 4 | |
| <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i> | 2 | |
| <i>erythromycin ophth oint 5 mg/gm</i> | 2 | |
| <i>gatifloxacin ophth soln 0.5%</i> | 2 | |
| <i>gentak</i> | 2 | |
| <i>gentamicin sulfate ophth soln 0.3%</i> | 2 | |
| <i>levofloxacin ophth soln 0.5%</i> | 2 | |
| <i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i> | 2 | |
| NATACYN SUS 5% OP | 4 | |
| <i>neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 2 | |
| <i>neomycin-polymyxin-b-gramicidin op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 2 | |
| <i>ofloxacin ophth soln 0.3%</i> | 2 | |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | 2 | |
| <i>sulfacetamide sodium ophth oint 10%</i> | 2 | |
| <i>sulfacetamide sodium ophth soln 10%</i> | 2 | |
| <i>tobramycin ophth soln 0.3%</i> | 2 | |
| TOBREX OIN 0.3% OP | 4 | |
| <i>trifluridine ophth soln 1%</i> | 2 | |
| ZIRGAN GEL 0.15% | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| ANTI-INFLAMMATORIES | | |
| <i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> | 2 | |
| <i>dexamethasone sodium phosphate ophth soln 0.1%</i> | 2 | |
| <i>diclofenac sodium ophth soln 0.1%</i> | 2 | |
| <i>difluprednate ophth emulsion 0.05%</i> | 3 | |
| <i>fluorometholone ophth susp 0.1%</i> | 3 | |
| <i>flurbiprofen sodium ophth soln 0.03%</i> | 2 | |
| FML FORTE SUS 0.25% OP | 4 | |
| <i>ketorolac tromethamine ophth soln 0.4%</i> | 2 | |
| <i>ketorolac tromethamine ophth soln 0.5%</i> | 2 | |
| LOTEMAX OIN 0.5% | 3 | |
| LOTEMAX SM GEL 0.38% | 4 | |
| <i>loteprednol etabonate ophth gel 0.5%</i> | 3 | |
| <i>loteprednol etabonate ophth susp 0.5%</i> | 3 | |
| NEVANAC SUS 0.1% OP | 4 | |
| PRED MILD SUS 0.12% OP | 4 | |
| PRED SOD PHO SOL 1% OP | 3 | |
| <i>prednisolone acetate ophth susp 1%</i> | 3 | |
| PROLENSA SOL 0.07% | 4 | |
| ANTIALLERGICS | | |
| <i>azelastine hcl ophth soln 0.05%</i> | 2 | |
| <i>bepotastine besilate ophth soln 1.5%</i> | 2 | |
| <i>cromolyn sodium ophth soln 4%</i> | 2 | |
| <i>epinastine hcl ophth soln 0.05%</i> | 2 | |
| <i>olopatadine hcl ophth soln 0.1% (base equivalent)</i> | 2 | |
| <i>olopatadine hcl ophth soln 0.2% (base equivalent)</i> | 3 | |
| ZERVIAE DRO 0.24% | 3 | |
| ANTIGLAUCOMA | | |
| ALPHAGAN P SOL 0.1% | 3 | |
| <i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i> | 2 | |
| <i>betaxolol hcl ophth soln 0.5%</i> | 2 | |
| BETOPTIC-S SUS 0.25% OP | 4 | |
| <i>bimatoprost ophth soln 0.03%</i> | 2 | |
| <i>brimonidine tartrate ophth soln 0.2%</i> | 2 | |
| <i>brimonidine tartrate ophth soln 0.15%</i> | 3 | |
| <i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> | 2 | |
| <i>brinzolamide ophth susp 1%</i> | 2 | |
| <i>carteolol hcl ophth soln 1%</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>dorzolamide hcl ophth soln 2%</i> | 2 | |
| <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> | 2 | |
| IOPIDINE SOL 1% OP | 4 | |
| <i>latanoprost ophth soln 0.005%</i> | 2 | |
| <i>levobunolol hcl ophth soln 0.5%</i> | 2 | |
| LUMIGAN SOL 0.01% | 3 | |
| <i>pilocarpine hcl ophth soln 1%</i> | 3 | |
| <i>pilocarpine hcl ophth soln 2%</i> | 3 | |
| <i>pilocarpine hcl ophth soln 4%</i> | 3 | |
| RHOPRESSA SOL 0.02% | 3 | |
| ROCKLATAN DRO | 3 | |
| SIMBRINZA SUS 1-0.2% | 3 | |
| <i>timolol maleate ophth gel forming soln 0.5%</i> | 2 | |
| <i>timolol maleate ophth gel forming soln 0.25%</i> | 2 | |
| <i>timolol maleate ophth soln 0.5%</i> | 2 | |
| <i>timolol maleate ophth soln 0.25%</i> | 2 | |
| <i>timolol maleate preservative free ophth soln 0.5%</i> | 2 | |
| <i>timolol maleate preservative free ophth soln 0.25%</i> | 2 | |
| <i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> | 2 | |
| VYZULTA SOL 0.024% | 4 | |
| MISCELLANEOUS | | |
| <i>atropine sulfate ophth soln 1%</i> | 3 | |
| <i>cyclosporine (ophth) emulsion 0.05%</i> | 3 | |
| CYSTADROPS SOL 0.37% | 5 | NM, LA, PA; DL |
| CYSTARAN SOL 0.44% | 5 | NM, LA, PA; DL |
| EYLEA INJ 2/0.05ML | 5 | NM, LA; DL |
| LUCENTIS SOL 0.3MG | 5 | NM, LA; DL |
| LUCENTIS SOL 0.5MG | 5 | NM, LA; DL |
| OXERVATE SOL 20MCG/ML | 5 | NM, LA; DL |
| RESTASIS EMU 0.05% OP | 3 | |
| RESTASIS MUL EMU 0.05% OP | 3 | |
| XIIDRA DRO 5% | 3 | |
| OTIC | | |
| OTIC AGENTS | | |
| <i>acetic acid otic soln 2%</i> | 3 | |
| CIPRO HC SUS OTIC | 4 | |
| <i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> | 2 | |
| <i>fluocinolone acetonide (otic) oil 0.01%</i> | 2 | |
| <i>neomycin-polymyxin-hc otic soln 1%</i> | 2 | |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | 2 | |
| <i>ofloxacin otic soln 0.3%</i> | 2 | |

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

| | | |
|--|---|-----|
| ANORO ELLIPT AER 62.5-25 | 3 | |
| BEVESPI AER 9-4.8MCG | 3 | |
| COMBIVENT AER 20-100 | 3 | |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | 2 | B/D |
| TRELEGY AER 100MCG | 3 | |
| TRELEGY AER 200MCG | 3 | |

ANTICHOLINERGICS

| | | |
|--|---|-----|
| ATROVENT HFA AER 17MCG | 3 | |
| INCRUSE ELPT INH 62.5MCG | 3 | |
| <i>ipratropium bromide inhal soln 0.02%</i> | 2 | B/D |
| <i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i> | 2 | |
| <i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i> | 2 | |
| YUPELRI SOL | 4 | B/D |

ANTI-HISTAMINES

| | | |
|---|---|--|
| <i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> | 2 | |
| <i>azelastine spr 0.1%</i> | 2 | |
| <i>azelastine spr 0.15%</i> | 2 | |
| <i>cyproheptadine hcl tab 4 mg</i> | 3 | |
| <i>desloratadine tab 5 mg</i> | 2 | |
| <i>diphenhydramine hcl inj 50 mg/ml</i> | 2 | |
| <i>hydroxyzine hcl tab 10 mg</i> | 2 | |
| <i>hydroxyzine hcl tab 25 mg</i> | 2 | |
| <i>hydroxyzine hcl tab 50 mg</i> | 2 | |
| <i>hydroxyzine pamoate cap 25 mg</i> | 2 | |
| <i>hydroxyzine pamoate cap 50 mg</i> | 2 | |
| <i>hydroxyzine pamoate cap 100 mg</i> | 2 | |
| <i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i> | 2 | |
| <i>levocetirizine dihydrochloride tab 5 mg</i> | 2 | |
| <i>olopatadine hcl nasal soln 0.6%</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| BETA AGONISTS | | |
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> | 2 | |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i> | 2 | B/D |
| <i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i> | 2 | B/D |
| <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i> | 2 | B/D |
| <i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i> | 2 | B/D |
| <i>albuterol sulfate syrup 2 mg/5ml</i> | 2 | |
| <i>albuterol sulfate tab 2 mg</i> | 2 | |
| <i>albuterol sulfate tab 4 mg</i> | 2 | |
| <i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i> | 4 | B/D; DL |
| <i>formoterol fumarate soln nebu 20 mcg/2ml</i> | 4 | B/D; DL |
| <i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i> | 2 | B/D |
| <i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i> | 2 | B/D |
| <i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i> | 2 | B/D |
| <i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i> | 2 | B/D |
| <i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i> | 3 | |
| SEREVENT DIS AER 50MCG | 3 | |
| <i>terbutaline sulfate inj 1 mg/ml</i> | 2 | |
| <i>terbutaline sulfate tab 2.5 mg</i> | 2 | |
| <i>terbutaline sulfate tab 5 mg</i> | 2 | |
| VENTOLIN HFA AER | 3 | |
| LEUKOTRIENE MODULATORS | | |
| <i>montelukast sodium chew tab 4 mg (base equiv)</i> | 2 | |
| <i>montelukast sodium chew tab 5 mg (base equiv)</i> | 2 | |
| <i>montelukast sodium tab 10 mg (base equiv)</i> | 2 | |
| <i>zafirlukast tab 10 mg</i> | 2 | |
| <i>zafirlukast tab 20 mg</i> | 2 | |
| MISCELLANEOUS | | |
| <i>acetylcysteine inhal soln 10%</i> | 2 | B/D; DL |
| <i>acetylcysteine inhal soln 20%</i> | 2 | B/D; DL |
| ARALAST NP INJ 1000MG | 5 | NM, LA, PA; DL |
| BREZTRI AERO AER SPHERE | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>cromolyn sodium soln nebu 20 mg/2ml</i> | 2 | B/D |
| DALIRESP TAB 250MCG | 4 | DL |
| DALIRESP TAB 500MCG | 4 | DL |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i> | 3 | QL (4 pens / 30 days) |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> | 3 | QL (4 pens / 30 days) |
| <i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i> | 3 | QL (4 pens / 30 days) |
| ESBRIET CAP 267MG | 5 | NM, LA, PA; DL |
| ESBRIET TAB 267MG | 5 | NM, LA, PA; DL |
| ESBRIET TAB 801MG | 5 | NM, LA, PA; DL |
| FASENRA INJ 30MG/ML | 5 | NM, LA, PA; DL |
| FASENRA PEN INJ 30MG/ML | 5 | NM, LA, PA; DL |
| GLASSIA INJ | 5 | NM, LA, PA; DL |
| KALYDECO PAK 25MG | 5 | NM, LA, PA; DL |
| KALYDECO PAK 50MG | 5 | NM, LA, PA; DL |
| KALYDECO PAK 75MG | 5 | NM, LA, PA; DL |
| KALYDECO TAB 150MG | 5 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| OFEV CAP 100MG | 5 | NM, LA, PA; DL |
| OFEV CAP 150MG | 5 | NM, LA, PA; DL |
| ORKAMBI GRA 75-94MG | 5 | NM, LA, PA; DL |
| ORKAMBI GRA 100-125 | 5 | NM, LA, PA; DL |
| ORKAMBI GRA 150-188 | 5 | NM, LA, PA; DL |
| ORKAMBI TAB 100-125 | 5 | NM, LA, PA; DL |
| ORKAMBI TAB 200-125 | 5 | NM, LA, PA; DL |
| <i>pirfenidone cap 267 mg</i> | 5 | NM, PA; DL |
| <i>pirfenidone tab 267 mg</i> | 5 | NM, PA; DL |
| <i>pirfenidone tab 534 mg</i> | 5 | NM, PA; DL |
| <i>pirfenidone tab 801 mg</i> | 5 | NM, PA; DL |
| PROLASTIN-C INJ 1000MG | 5 | NM, LA, PA; DL |
| PULMOZYME SOL 1MG/ML | 5 | B/D, NM; DL |
| <i>roflumilast tab 250 mcg</i> | 4 | DL |
| <i>roflumilast tab 500 mcg</i> | 4 | DL |
| SYMDEKO TAB 50-75MG | 5 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| THEO-24 CAP 100MG CR | 4 | |
| THEO-24 CAP 200MG CR | 4 | |
| <i>theophylline tab er 12hr 300 mg</i> | 3 | |
| <i>theophylline tab er 12hr 450 mg</i> | 3 | |
| <i>theophylline tab er 24hr 400 mg</i> | 2 | |
| <i>theophylline tab er 24hr 600 mg</i> | 2 | |
| TRIKAFTA TAB | 5 | QL (84 tabs / 28 days), NM, LA, PA; DL |

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **DL** - Medication restricted to a 30 day supply

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------|------------------|----------------------------|
| XOLAIR INJ 75/0.5 | 5 | NM, LA, PA; DL |
| XOLAIR INJ 150MG/ML | 5 | NM, LA, PA; DL |
| XOLAIR SOL 150MG | 5 | NM, LA, PA; DL |
| ZEMAIRA INJ 1000MG | 5 | NM, LA, PA; DL |

NASAL STEROIDS

| | | |
|---|---|--|
| <i>flunisolide nasal soln 25 mcg/act (0.025%)</i> | 2 | |
| <i>fluticasone propionate nasal susp 50 mcg/act</i> | 2 | |
| <i>mometasone furoate nasal susp 50 mcg/act</i> | 2 | |
| XHANCE MIS 93MCG | 3 | |

STEROID INHALANTS

| | | |
|---|---|-----|
| ARNUITY ELPT INH 50MCG | 3 | |
| ARNUITY ELPT INH 100MCG | 3 | |
| ARNUITY ELPT INH 200MCG | 3 | |
| <i>budesonide inhalation susp 0.5 mg/2ml</i> | 3 | B/D |
| <i>budesonide inhalation susp 0.25 mg/2ml</i> | 3 | B/D |
| <i>budesonide inhalation susp 1 mg/2ml</i> | 3 | B/D |
| 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 | |
| FLUTICAS HFA AER 44MCG | 3 | |
| FLUTICAS HFA AER 110MCG | 3 | |
| FLUTICAS HFA AER 220MCG | 3 | |
| PULMICORT INH 90MCG | 4 | |
| PULMICORT INH 180MCG | 4 | |

STEROID/BETA-AGONIST COMBINATIONS

| | | |
|--|---|--|
| ADVAIR DISKU AER 100/50 | 3 | |
| ADVAIR DISKU AER 250/50 | 3 | |
| ADVAIR DISKU AER 500/50 | 3 | |
| ADVAIR HFA AER 45/21 | 3 | |
| ADVAIR HFA AER 115/21 | 3 | |
| ADVAIR HFA AER 230/21 | 3 | |
| BREO ELLIPTA INH 100-25 | 3 | |
| BREO ELLIPTA INH 200-25 | 3 | |
| FLUTIC/VILAN INH 100-25 | 3 | |
| FLUTIC/VILAN INH 200-25 | 3 | |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | 2 | |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | 2 | |
| SYMBICORT AER 80-4.5 | 3 | |
| SYMBICORT AER 160-4.5 | 3 | |
| <i>wixela inhub</i> | 2 | |

TOPICAL

DERMATOLOGY, ACNE

| | | |
|--|---|--------|
| <i>accutane</i> | 3 | |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> | 3 | |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> | 3 | |
| <i>clindamycin phosphate gel 1%</i> | 2 | |
| <i>clindamycin phosphate lotion 1%</i> | 2 | |
| <i>clindamycin phosphate soln 1%</i> | 2 | |
| <i>clindamycin phosphate swab 1%</i> | 2 | |
| <i>ery</i> | 2 | |
| <i>erythromycin gel 2%</i> | 2 | |
| <i>erythromycin soln 2%</i> | 2 | |
| <i>myorisan</i> | 3 | |
| <i>sulfacetamide sodium lotion 10% (acne)</i> | 2 | |
| <i>tretinoin cream 0.1%</i> | 3 | PA; DL |
| <i>tretinoin cream 0.05%</i> | 3 | PA; DL |
| <i>tretinoin cream 0.025%</i> | 3 | PA; DL |
| <i>tretinoin gel 0.01%</i> | 3 | PA; DL |
| <i>tretinoin gel 0.05%</i> | 3 | PA; DL |
| <i>tretinoin gel 0.025%</i> | 3 | PA; DL |

DERMATOLOGY, ANTIBIOTICS

| | | |
|--------------------------------------|---|--|
| ALTABAX OIN 1% | 4 | |
| <i>gentamicin sulfate cream 0.1%</i> | 2 | |
| <i>gentamicin sulfate oint 0.1%</i> | 2 | |
| <i>mupirocin calcium cream 2%</i> | 2 | |
| <i>mupirocin oint 2%</i> | 2 | |
| <i>silver sulfadiazine cream 1%</i> | 3 | |
| <i>ssd</i> | 3 | |
| SULFAMYLON CRE 85MG/GM | 3 | |

DERMATOLOGY, ANTIFUNGALS

| | | |
|--|---|----|
| <i>ciclopirox gel 0.77%</i> | 2 | |
| <i>ciclopirox olamine cream 0.77% (base equiv)</i> | 2 | |
| <i>ciclopirox olamine susp 0.77% (base equiv)</i> | 2 | |
| <i>ciclopirox shampoo 1%</i> | 3 | |
| <i>ciclopirox solution 8%</i> | 2 | DL |
| <i>clotrimazole cream 1%</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>clotrimazole soln 1%</i> | 2 | QL (90 mL / 30 days) |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> | 3 | QL (90 gm / 30 days) |
| <i>ketoconazole cream 2%</i> | 2 | |
| <i>luliconazole cream 1%</i> | 2 | |
| <i>nyamyc</i> | 2 | |
| <i>nystatin cream 100000 unit/gm</i> | 2 | |
| <i>nystatin oint 100000 unit/gm</i> | 2 | |
| <i>nystatin topical powder 100000 unit/gm</i> | 2 | |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i> | 3 | |
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i> | 3 | |
| <i>nystop</i> | 2 | |
| DERMATOLOGY, ANTIPSORIATICS | | |
| <i>acitretin cap 10 mg</i> | 3 | |
| <i>acitretin cap 17.5 mg</i> | 3 | |
| <i>acitretin cap 25 mg</i> | 3 | |
| <i>calcipotriene cream 0.005%</i> | 4 | |
| <i>calcipotriene oint 0.005%</i> | 4 | |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i> | 4 | |
| <i>calcitriol oint 3 mcg/gm</i> | 3 | |
| <i>methoxsalen rapid cap 10 mg</i> | 5 | DL |
| <i>tazarotene cream 0.1%</i> | 4 | |
| <i>tazarotene gel 0.1%</i> | 4 | |
| <i>tazarotene gel 0.05%</i> | 4 | |
| DERMATOLOGY, ANTISEBORRHEICS | | |
| <i>ketoconazole shampoo 2%</i> | 2 | |
| <i>selenium sulfide lotion 2.5%</i> | 2 | |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| <i>ala-cort</i> | 2 | |
| <i>alclometasone dipropionate cream 0.05%</i> | 2 | |
| <i>alclometasone dipropionate oint 0.05%</i> | 2 | |
| <i>amcinonide lotion 0.1%</i> | 3 | |
| <i>betamethasone dipropionate augmented cream 0.05%</i> | 2 | |
| <i>betamethasone dipropionate augmented gel 0.05%</i> | 2 | |
| <i>betamethasone dipropionate augmented lotion 0.05%</i> | 3 | |
| <i>betamethasone dipropionate augmented oint 0.05%</i> | 3 | |
| <i>betamethasone dipropionate cream 0.05%</i> | 2 | |
| <i>betamethasone dipropionate lotion 0.05%</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>betamethasone dipropionate oint 0.05%</i> | 2 | |
| <i>betamethasone valerate cream 0.1% (base equivalent)</i> | 2 | |
| <i>betamethasone valerate lotion 0.1% (base equivalent)</i> | 2 | |
| <i>betamethasone valerate oint 0.1% (base equivalent)</i> | 2 | |
| <i>calcipotriene foam 0.005%</i> | 4 | |
| <i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> | 4 | |
| <i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i> | 4 | |
| <i>clobetasol propionate cream 0.05%</i> | 4 | QL (120 gm / 30 days) |
| <i>clobetasol propionate e</i> | 4 | QL (120 gm / 30 days) |
| <i>clobetasol propionate emulsion foam 0.05%</i> | 4 | QL (100 gm / 30 days) |
| <i>clobetasol propionate foam 0.05%</i> | 4 | QL (100 gm / 30 days) |
| <i>clobetasol propionate gel 0.05%</i> | 4 | QL (120 gm / 30 days) |
| <i>clobetasol propionate lotion 0.05%</i> | 4 | QL (120 mL / 30 days) |
| <i>clobetasol propionate oint 0.05%</i> | 4 | QL (120 gm / 30 days) |
| <i>clobetasol propionate shampoo 0.05%</i> | 4 | QL (120 mL / 30 days) |
| <i>clobetasol propionate soln 0.05%</i> | 4 | QL (100 mL / 30 days) |
| <i>clobetasol propionate spray 0.05%</i> | 4 | QL (120 mL / 30 days) |
| <i>clocortolone pivalate cream 0.1%</i> | 2 | |
| <i>desonide cream 0.05%</i> | 4 | QL (90 gm / 30 days) |
| <i>desonide lotion 0.05%</i> | 4 | QL (120 mL / 30 days) |
| <i>desonide oint 0.05%</i> | 4 | QL (90 gm / 30 days) |
| <i>fluocinolone acetonide cream 0.01%</i> | 2 | |
| <i>fluocinolone acetonide cream 0.025%</i> | 2 | |
| <i>fluocinolone acetonide oint 0.025%</i> | 2 | |
| <i>fluocinolone acetonide sc</i> | 3 | QL (120 mL / 30 days) |
| <i>fluocinolone acetonide soln 0.01%</i> | 3 | QL (120 mL / 30 days) |
| <i>fluocinonide cream 0.05%</i> | 2 | |
| <i>fluocinonide emulsified base cream 0.05%</i> | 2 | |
| <i>fluocinonide gel 0.05%</i> | 2 | |
| <i>fluocinonide oint 0.05%</i> | 2 | |
| <i>fluocinonide soln 0.05%</i> | 3 | QL (120 mL / 30 days) |
| <i>fluticasone propionate cream 0.05%</i> | 2 | |
| <i>fluticasone propionate lotion 0.05%</i> | 3 | QL (120 mL / 30 days) |
| <i>fluticasone propionate oint 0.005%</i> | 2 | |
| <i>halobetasol propionate cream 0.05%</i> | 3 | QL (120 gm / 30 days) |
| <i>halobetasol propionate oint 0.05%</i> | 3 | QL (120 gm / 30 days) |
| <i>hydrocortisone butyrate cream 0.1%</i> | 3 | |
| <i>hydrocortisone butyrate oint 0.1%</i> | 3 | |
| <i>hydrocortisone butyrate soln 0.1%</i> | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>hydrocortisone lotion 2.5%</i> | 2 | |
| <i>hydrocortisone oint 2.5%</i> | 2 | |
| <i>hydrocortisone valerate cream 0.2%</i> | 3 | |
| <i>hydrocortisone valerate oint 0.2%</i> | 3 | |
| <i>mometasone furoate cream 0.1%</i> | 2 | |
| <i>mometasone furoate oint 0.1%</i> | 2 | |
| <i>mometasone furoate solution 0.1% (lotion)</i> | 2 | |
| <i>tovet</i> | 4 | QL (100 gm / 30 days) |
| <i>triamcinolone acetonide cream 0.1%</i> | 2 | |
| <i>triamcinolone acetonide cream 0.5%</i> | 2 | |
| <i>triamcinolone acetonide cream 0.025%</i> | 2 | |
| <i>triamcinolone acetonide lotion 0.1%</i> | 2 | |
| <i>triamcinolone acetonide lotion 0.025%</i> | 2 | |
| <i>triamcinolone acetonide oint 0.1%</i> | 2 | |
| <i>triamcinolone acetonide oint 0.5%</i> | 2 | |
| <i>triamcinolone acetonide oint 0.025%</i> | 2 | |
| <i>triderm</i> | 2 | |
| VERDESO AER 0.05% | 5 | QL (100 gm / 30 days); DL |

DERMATOLOGY, LOCAL ANESTHETICS

| | | |
|--|---|----------------------------------|
| <i>lidocaine hcl soln 4%</i> | 3 | QL (50 mL / 30 days), PA |
| <i>lidocaine oint 5%</i> | 3 | PA |
| <i>lidocaine patch 5%</i> | 3 | QL (90 patches / 30 days), PA |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i> | 2 | QL (30 gm / 30 days) |

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

| | | |
|--|---|-----------------------|
| <i>acyclovir oint 5%</i> | 3 | |
| <i>azelaic acid gel 15%</i> | 2 | |
| <i>bexarotene gel 1%</i> | 5 | NM, PA; DL |
| <i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> | 2 | QL (500 gm / 30 days) |
| <i>diclofenac sodium soln 1.5%</i> | 3 | QL (300 mL / 30 days) |
| EUCRISA OIN 2% | 4 | |
| FLUOROPLEX CRE 1% | 5 | DL |
| <i>fluorouracil cream 0.5%</i> | 5 | DL |
| <i>fluorouracil cream 5%</i> | 3 | |
| <i>fluorouracil soln 2%</i> | 2 | |
| <i>fluorouracil soln 5%</i> | 2 | |
| <i>hydrocortisone perianal cream 2.5%</i> | 2 | |
| HYFTOR GEL 0.2% | 5 | NM, LA; DL |
| <i>imiquimod cream 5%</i> | 3 | |
| <i>lactic acid (ammonium lactate) cream 12%</i> | 2 | |
| <i>lactic acid (ammonium lactate) lotion 12%</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>metronidazole cream 0.75%</i> | 2 | |
| <i>metronidazole gel 0.75%</i> | 2 | |
| <i>metronidazole lotion 0.75%</i> | 2 | |
| PANRETIN GEL 0.1% | 5 | DL |
| <i>penciclovir cream 1%</i> | 4 | DL |
| <i>pimecrolimus cream 1%</i> | 3 | |
| <i>podofilox soln 0.5%</i> | 2 | |
| <i>procto-med hc</i> | 2 | |
| <i>procto-pak</i> | 2 | |
| <i>proctosol hc</i> | 2 | |
| <i>proctozone-hc</i> | 2 | |
| QBREXZA PAD 2.4% | 4 | QL (30 pledgets / 30 days) |
| RECTIV OIN 0.4% | 4 | |
| <i>tacrolimus oint 0.1%</i> | 3 | |
| <i>tacrolimus oint 0.03%</i> | 3 | |
| TARGRETIN GEL 1% | 5 | NM, PA; DL |
| VALCHLOR GEL 0.016% | 5 | NM, LA, PA; DL |
| ZYCLARA PUMP CRE 2.5% | 5 | DL |
| DERMATOLOGY, SCABICIDES AND PEDICULIDES | | |
| <i>malathion lotion 0.5%</i> | 2 | |
| <i>permethrin cream 5%</i> | 2 | |
| <i>spinosad susp 0.9%</i> | 2 | |
| DERMATOLOGY, WOUND CARE AGENTS | | |
| <i>lactated ringer's for irrigation</i> | 3 | |
| REGRANEX GEL 0.01% | 5 | QL (30 gm / 30 days); DL |
| <i>ringer's solution for irrigation</i> | 3 | |
| SANTYL OIN 250/GM | 3 | |
| <i>sodium chloride irrigation soln 0.9%</i> | 3 | |
| <i>water for irrigation, sterile irrigation soln</i> | 3 | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ARESTIN MIS 1MG | 4 | NM |
| <i>cevimeline hcl cap 30 mg</i> | 3 | |
| <i>chlorhexidine gluconate soln 0.12%</i> | 2 | |
| <i>clotrimazole troche 10 mg</i> | 2 | |
| <i>lidocaine hcl viscous soln 2%</i> | 2 | |
| <i>nystatin susp 100000 unit/ml</i> | 2 | |
| <i>periogard</i> | 2 | |
| <i>pilocarpine hcl tab 5 mg</i> | 2 | |
| <i>pilocarpine hcl tab 7.5 mg</i> | 2 | |
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| | | | |
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| <i>400-57 mg</i> | 14 | <i>amphetamine-dextroamphetamine tab</i> | |
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| <i>250-62.5 mg/5ml</i> | 14 | <i>1.5 (1-0.5) gm</i> | 15 |
| <i>amoxicillin & k clavulanate for susp</i> | | <i>ampicillin & sulbactam sodium for inj 3</i> | |
| <i>400-57 mg/5ml</i> | 14 | <i>(2-1) gm</i> | 15 |
| <i>amoxicillin & k clavulanate for susp</i> | | <i>ampicillin & sulbactam sodium for iv</i> | |
| <i>600-42.9 mg/5ml</i> | 14 | <i>soln 15 (10-5) gm</i> | 15 |
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|---|----|---|----|
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| <i>armodafinil tab 250 mg</i> | 61 | <i>atorvastatin calcium tab 20 mg (base equivalent)</i> | 32 |
| <i>armodafinil tab 50 mg</i> | 61 | <i>atorvastatin calcium tab 40 mg (base equivalent)</i> | 32 |
| ARMOUR THYRO TAB 120MG | 76 | <i>atorvastatin calcium tab 80 mg (base equivalent)</i> | 32 |
| ARMOUR THYRO TAB 15MG | 76 | <i>atovaquone susp 750 mg/5ml</i> | 4 |
| ARMOUR THYRO TAB 180MG | 76 | <i>atovaquone-proguanil hcl tab 250-100 mg</i> | 7 |
| ARMOUR THYRO TAB 240MG | 76 | <i>atropine sulfate ophth soln 1%</i> | 95 |
| ARMOUR THYRO TAB 300MG | 76 | ATROVENT HFA AER 17MCG | 96 |
| ARMOUR THYRO TAB 30MG | 76 | AUBAGIO TAB 14MG..... | 60 |
| ARMOUR THYRO TAB 60MG | 76 | AUBAGIO TAB 7MG..... | 60 |
| ARMOUR THYRO TAB 90MG | 76 | <i>aubra eq</i> | 68 |
| ARNUITY ELPT INH 100MCG | 99 | AURYXIA TAB 210MG..... | 76 |
| ARNUITY ELPT INH 200MCG | 99 | AUSTEDO TAB 12MG | 59 |
| ARNUITY ELPT INH 50MCG | 99 | AUSTEDO TAB 6MG | 59 |
| ARRANON INJ 5MG/ML..... | 17 | AUSTEDO TAB 9MG | 59 |
| ARZERRA CON 100/5ML..... | 21 | AUVELITY TAB 45-105MG..... | 47 |
| <i>ascomp/codeine</i> | 2 | AVASTIN INJ | 21 |
| <i>asenapine maleate sl tab 10 mg (base equiv)</i> | 53 | AVASTIN INJ 400/16ML..... | 21 |
| <i>asenapine maleate sl tab 2.5 mg (base equiv)</i> | 53 | | |
| <i>asenapine maleate sl tab 5 mg (base equiv)</i> | 53 | | |
| <i>ashlyna</i> | 68 | | |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 86 | | |
| <i>atazanavir sulfate cap 150 mg (base equiv)</i> | 8 | | |
| <i>atazanavir sulfate cap 200 mg (base equiv)</i> | 8 | | |

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|--|-----|--|-----|
| <i>aviane</i> | 68 | <i>benazepril & hydrochlorothiazide tab</i> | |
| AVONEX PEN KIT 30MCG..... | 60 | 10-12.5 mg | 27 |
| AVONEX PREFL KIT 30MCG..... | 60 | <i>benazepril & hydrochlorothiazide tab</i> | |
| AYVAKIT TAB 100MG | 21 | 20-12.5 mg | 27 |
| AYVAKIT TAB 200MG | 21 | <i>benazepril & hydrochlorothiazide tab</i> | |
| AYVAKIT TAB 25MG | 21 | 20-25 mg | 27 |
| AYVAKIT TAB 300MG | 21 | <i>benazepril & hydrochlorothiazide tab 5-</i> | |
| AYVAKIT TAB 50MG..... | 21 | 6.25 mg | 27 |
| <i>azacitidine for inj 100 mg</i> | 17 | <i>benazepril hcl tab 10 mg</i> | 28 |
| AZASITE SOL 1% | 93 | <i>benazepril hcl tab 20 mg</i> | 28 |
| AZATHIOPRINE INJ 100MG | 89 | <i>benazepril hcl tab 40 mg</i> | 28 |
| <i>azathioprine tab 100 mg</i> | 89 | <i>benazepril hcl tab 5 mg</i> | 28 |
| <i>azathioprine tab 50 mg</i> | 89 | <i>bendamustine hcl for iv soln 100 mg</i> | 16 |
| <i>azathioprine tab 75 mg</i> | 89 | <i>bendamustine hcl for iv soln 25 mg</i> .. | 16 |
| <i>azelaic acid gel 15%</i> | 103 | BENLYSTA INJ 120MG..... | 89 |
| <i>azelastine hcl ophth soln 0.05%</i> | 94 | BENLYSTA INJ 200MG/ML..... | 89 |
| <i>azelastine hcl-fluticasone prop nasal</i> | | BENLYSTA INJ 400MG..... | 89 |
| <i>spray 137-50 mcg/act</i> | 96 | <i>benzoyl peroxide-erythromycin gel 5-</i> | |
| <i>azelastine spr 0.1%</i> | 96 | 3% | 100 |
| <i>azelastine spr 0.15%</i> | 96 | <i>benztropine mesylate inj 1 mg/ml</i> | 50 |
| <i>azithromycin for susp 100 mg/5ml</i> ... | 13 | <i>benztropine mesylate tab 0.5 mg</i> | 51 |
| <i>azithromycin for susp 200 mg/5ml</i> ... | 13 | <i>benztropine mesylate tab 1 mg</i> | 51 |
| <i>azithromycin iv for soln 500 mg</i> | 13 | <i>benztropine mesylate tab 2 mg</i> | 51 |
| <i>azithromycin tab 250 mg</i> | 13 | <i>bepotastine besilate ophth soln 1.5%</i> | 94 |
| <i>azithromycin tab 500 mg</i> | 13 | BESREMI SOL 500MCG | 20 |
| <i>azithromycin tab 600 mg</i> | 13 | <i>betaine powder for oral solution</i> | 74 |
| <i>aztreonam for inj 1 gm</i> | 4 | <i>betamethasone dipropionate</i> | |
| B | | <i>augmented cream 0.05%</i> | 101 |
| <i>baciim</i> | 4 | <i>betamethasone dipropionate</i> | |
| <i>bacitracin ophth oint 500 unit/gm</i> | 93 | <i>augmented gel 0.05%</i> | 101 |
| <i>bacitracin-polymyxin b ophth oint</i> | 93 | <i>betamethasone dipropionate</i> | |
| <i>bacitracin-polymyxin-neomycin-hc</i> | | <i>augmented lotion 0.05%</i> | 101 |
| <i>ophth oint 1%</i> | 93 | <i>betamethasone dipropionate</i> | |
| <i>baclofen tab 10 mg</i> | 61 | <i>augmented oint 0.05%</i> | 101 |
| <i>baclofen tab 20 mg</i> | 61 | <i>betamethasone dipropionate cream</i> | |
| BAFIERTAM CAP 95MG | 60 | 0.05% | 101 |
| BALCOLTRA TAB 0.1-20 | 68 | <i>betamethasone dipropionate lotion</i> | |
| <i>balsalazide disodium cap 750 mg</i> | 80 | 0.05% | 101 |
| BALVERSA TAB 3MG | 21 | <i>betamethasone dipropionate oint</i> | |
| BALVERSA TAB 4MG | 21 | 0.05% | 102 |
| BALVERSA TAB 5MG | 21 | <i>betamethasone valerate cream 0.1%</i> | |
| <i>balziva</i> | 68 | <i>(base equivalent)</i> | 102 |
| BAQSIMI ONE POW 3MG/DOSE | 73 | <i>betamethasone valerate lotion 0.1%</i> | |
| BASAGLAR INJ 100UNIT..... | 65 | <i>(base equivalent)</i> | 102 |
| BCG VACCINE INJ 50MG | 90 | <i>betamethasone valerate oint 0.1%</i> | |
| BD SWAB REG PAD SNGL USE | 65 | <i>(base equivalent)</i> | 102 |
| BELEODAQ INJ 500MG | 21 | BETASERON INJ 0.3MG | 60 |

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| <i>betaxolol hcl ophth soln 0.5%</i> | 94 | <i>brimonidine tartrate ophth soln 0.15%</i> | 94 |
| <i>betaxolol hcl tab 10 mg</i> | 34 | <i>brimonidine tartrate ophth soln 0.2%</i> 94 | |
| <i>betaxolol hcl tab 20 mg</i> | 34 | <i>brimonidine tartrate-timolol maleate</i> <i>ophth soln 0.2-0.5%</i> | 94 |
| <i>bethanechol chloride tab 10 mg</i> | 83 | <i>brinzolamide ophth susp 1%</i> | 94 |
| <i>bethanechol chloride tab 25 mg</i> | 83 | BRIVIACT INJ 50MG/5ML | 41 |
| <i>bethanechol chloride tab 5 mg</i> | 83 | BRIVIACT SOL 10MG/ML | 41 |
| <i>bethanechol chloride tab 50 mg</i> | 83 | BRIVIACT TAB 100MG..... | 41 |
| BETOPTIC-S SUS 0.25% OP | 94 | BRIVIACT TAB 10MG | 41 |
| BEVESPI AER 9-4.8MCG | 96 | BRIVIACT TAB 25MG | 41 |
| <i>bexarotene cap 75 mg</i> | 20 | BRIVIACT TAB 50MG | 41 |
| <i>bexarotene gel 1%</i> | 103 | BRIVIACT TAB 75MG | 41 |
| BEXSERO INJ..... | 90 | <i>bromfenac sodium ophth soln 0.09%</i> <i>(base equiv) (once-daily)</i> | 94 |
| <i>bicalutamide tab 50 mg</i> | 18 | <i>bromocriptine mesylate tab 2.5 mg</i> <i>(base equivalent)</i> | 51 |
| BICILLIN C-R INJ 1200000 | 15 | BRUKINSA CAP 80MG | 21 |
| BICILLIN C-R INJ 900/300..... | 15 | <i>budesonide delayed release particles</i> <i>cap 3 mg</i> | 80 |
| BICILLIN L-A INJ 1200000..... | 15 | <i>budesonide inhalation susp 0.25</i> <i>mg/2ml</i> | 99 |
| BICILLIN L-A INJ 2400000..... | 15 | <i>budesonide inhalation susp 0.5 mg/2ml</i> | 99 |
| BICILLIN L-A INJ 600000 | 15 | <i>budesonide inhalation susp 1 mg/2ml</i> | 99 |
| BICNU INJ 100MG | 16 | <i>budesonide tab er 24hr 9 mg</i> | 80 |
| BIJUVA CAP 1-100MG | 71 | <i>bumetanide tab 0.5 mg</i> | 37 |
| BIKTARVY TAB..... | 9 | <i>bumetanide tab 1 mg</i> | 37 |
| <i>bimatoprost ophth soln 0.03%</i> | 94 | <i>bumetanide tab 2 mg</i> | 37 |
| <i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i> | 34 | <i>buprenorphine hcl inj 0.3 mg/ml (base</i> <i>equiv)</i> | 3 |
| <i>bisoprolol & hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i> | 34 | <i>buprenorphine hcl sl tab 2 mg (base</i> <i>equiv)</i> | 62 |
| <i>bisoprolol & hydrochlorothiazide tab 5-</i> <i>6.25 mg</i> | 34 | <i>buprenorphine hcl sl tab 8 mg (base</i> <i>equiv)</i> | 62 |
| <i>bisoprolol fumarate tab 10 mg</i> | 34 | <i>buprenorphine hcl-naloxone hcl sl film</i> <i>12-3 mg (base equiv)</i> | 62 |
| <i>bisoprolol fumarate tab 5 mg</i> | 34 | <i>buprenorphine hcl-naloxone hcl sl film</i> <i>2-0.5 mg (base equiv)</i> | 62 |
| BIVIGAM INJ 10% | 88 | <i>buprenorphine hcl-naloxone hcl sl film</i> <i>4-1 mg (base equiv)</i> | 62 |
| <i>bleomycin sulfate for inj 15 unit</i> | 17 | <i>buprenorphine hcl-naloxone hcl sl film</i> <i>8-2 mg (base equiv)</i> | 62 |
| <i>bleomycin sulfate for inj 30 unit</i> | 17 | <i>buprenorphine hcl-naloxone hcl sl tab</i> <i>2-0.5 mg (base equiv)</i> | 62 |
| <i>blisovi 24 fe</i> | 68 | | |
| <i>blisovi fe 1.5/30</i> | 68 | | |
| BOOSTRIX INJ | 90 | | |
| BOSULIF TAB 100MG | 21 | | |
| BOSULIF TAB 400MG | 21 | | |
| BOSULIF TAB 500MG | 21 | | |
| BRAFTOVI CAP 75MG..... | 21 | | |
| BREO ELLIPTA INH 100-25 | 99 | | |
| BREO ELLIPTA INH 200-25 | 99 | | |
| BREZTRI AERO AER SPHERE | 97 | | |
| <i>briellyn</i> | 68 | | |
| BRILINTA TAB 60MG | 86 | | |
| BRILINTA TAB 90MG..... | 86 | | |

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| <i>buprenorphine hcl-naloxone hcl sl tab</i> | |
| 8-2 mg (base equiv) | 62 |
| <i>buprenorphine td patch weekly 10</i> | |
| mcg/hr | 2 |
| <i>buprenorphine td patch weekly 15</i> | |
| mcg/hr | 2 |
| <i>buprenorphine td patch weekly 20</i> | |
| mcg/hr | 2 |
| <i>buprenorphine td patch weekly 5</i> | |
| mcg/hr | 2 |
| <i>buprenorphine td patch weekly 7.5</i> | |
| mcg/hr | 2 |
| <i>bupropion hcl (smoking deterrent) tab</i> | |
| er 12hr 150 mg | 62 |
| <i>bupropion hcl tab 100 mg</i> | 47 |
| <i>bupropion hcl tab 75 mg</i> | 47 |
| <i>bupropion hcl tab er 12hr 100 mg</i> ... | 47 |
| <i>bupropion hcl tab er 12hr 150 mg</i> ... | 47 |
| <i>bupropion hcl tab er 12hr 200 mg</i> ... | 47 |
| <i>bupropion hcl tab er 24hr 150 mg</i> ... | 47 |
| <i>bupropion hcl tab er 24hr 300 mg</i> ... | 47 |
| <i>bupirone hcl tab 10 mg</i> | 40 |
| <i>bupirone hcl tab 15 mg</i> | 41 |
| <i>bupirone hcl tab 30 mg</i> | 41 |
| <i>bupirone hcl tab 5 mg</i> | 40 |
| <i>bupirone hcl tab 7.5 mg</i> | 40 |
| <i>busulfan inj 6 mg/ml</i> | 16 |
| <i>butalbital-acetaminophen tab 50-325</i> | |
| mg | 1 |
| <i>butalbital-acetaminophen-caff w/ cod</i> | |
| cap 50-325-40-30 mg | 3 |
| <i>butalbital-acetaminophen-caffeine cap</i> | |
| 50-300-40 mg | 1 |
| <i>butalbital-acetaminophen-caffeine cap</i> | |
| 50-325-40 mg | 1 |
| <i>butalbital-acetaminophen-caffeine tab</i> | |
| 50-325-40 mg | 1 |
| <i>butalbital-aspirin-caffeine cap 50-325-</i> | |
| 40 mg | 1 |
| <i>butorphanol tartrate inj 1 mg/ml</i> | 3 |
| <i>butorphanol tartrate inj 2 mg/ml</i> | 3 |
| <i>butorphanol tartrate nasal soln 10</i> | |
| mg/ml | 3 |
| BYDUREON BC INJ 2/0.85ML | 63 |
| BYDUREON INJ 2MG | 63 |
| BYETTA INJ 10MCG | 63 |
| BYETTA INJ 5MCG | 63 |

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| C | |
| <i>cabergoline tab 0.5 mg</i> | 74 |
| CABLIVI KIT 11MG | 86 |
| CABOMETYX TAB 20MG | 21 |
| CABOMETYX TAB 40MG | 21 |
| CABOMETYX TAB 60MG | 21 |
| <i>calcipotriene cream 0.005%</i> | 101 |
| <i>calcipotriene foam 0.005%</i> | 102 |
| <i>calcipotriene oint 0.005%</i> | 101 |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i> | |
| ..... | 101 |
| <i>calcipotriene-betamethasone</i> | |
| <i>dipropionate oint 0.005-0.064%</i> .. | 102 |
| <i>calcipotriene-betamethasone</i> | |
| <i>dipropionate susp 0.005-0.064%</i> .. | 102 |
| <i>calcitonin (salmon) nasal soln 200</i> | |
| <i>unit/act</i> | 66 |
| <i>calcitriol cap 0.25 mcg</i> | 78 |
| <i>calcitriol cap 0.5 mcg</i> | 78 |
| <i>calcitriol inj 1 mcg/ml</i> | 78 |
| <i>calcitriol oint 3 mcg/gm</i> | 101 |
| <i>calcitriol oral soln 1 mcg/ml</i> | 78 |
| <i>calcium acetate (phosphate binder) cap</i> | |
| 667 mg (169 mg ca) | 76 |
| <i>calcium acetate (phosphate binder) tab</i> | |
| 667 mg | 76 |
| CALQUENCE CAP 100MG | 21 |
| CALQUENCE TAB 100MG | 21 |
| <i>camila</i> | 68 |
| <i>camrese lo</i> | 68 |
| <i>candesartan cilexetil tab 16 mg</i> | 31 |
| <i>candesartan cilexetil tab 32 mg</i> | 31 |
| <i>candesartan cilexetil tab 4 mg</i> | 31 |
| <i>candesartan cilexetil tab 8 mg</i> | 31 |
| <i>candesartan cilexetil-</i> | |
| <i>hydrochlorothiazide tab 16-12.5 mg</i> | |
| ..... | 29 |
| <i>candesartan cilexetil-</i> | |
| <i>hydrochlorothiazide tab 32-12.5 mg</i> | |
| ..... | 29 |
| <i>candesartan cilexetil-</i> | |
| <i>hydrochlorothiazide tab 32-25 mg</i> . | 30 |
| CAPASTAT SUL INJ 1GM | 10 |
| CAPLYTA CAP 10.5MG | 53 |
| CAPLYTA CAP 21MG | 53 |
| CAPLYTA CAP 42MG | 53 |
| CAPRELSA TAB 100MG | 21 |

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|---|----|--|----|
| CAPRELSA TAB 300MG..... | 21 | <i>carvedilol phosphate cap er 24hr 10</i> | |
| <i>captopril tab 100 mg</i> | 28 | <i>mg</i> | 34 |
| <i>captopril tab 12.5 mg</i> | 28 | <i>carvedilol phosphate cap er 24hr 20</i> | |
| <i>captopril tab 25 mg</i> | 28 | <i>mg</i> | 34 |
| <i>captopril tab 50 mg</i> | 28 | <i>carvedilol phosphate cap er 24hr 40</i> | |
| <i>carbamazepine cap er 12hr 100 mg</i> .. | 41 | <i>mg</i> | 34 |
| <i>carbamazepine cap er 12hr 200 mg</i> .. | 41 | <i>carvedilol phosphate cap er 24hr 80</i> | |
| <i>carbamazepine cap er 12hr 300 mg</i> .. | 41 | <i>mg</i> | 34 |
| <i>carbamazepine chew tab 100 mg</i> | 41 | <i>carvedilol tab 12.5 mg</i> | 34 |
| <i>carbamazepine susp 100 mg/5ml</i> | 41 | <i>carvedilol tab 25 mg</i> | 34 |
| <i>carbamazepine tab 200 mg</i> | 41 | <i>carvedilol tab 3.125 mg</i> | 34 |
| <i>carbamazepine tab er 12hr 100 mg</i> .. | 41 | <i>carvedilol tab 6.25 mg</i> | 34 |
| <i>carbamazepine tab er 12hr 200 mg</i> .. | 41 | CAYSTON INH 75MG..... | 4 |
| <i>carbamazepine tab er 12hr 400 mg</i> .. | 41 | <i>cefaclor cap 250 mg</i> | 12 |
| <i>carbidopa & levodopa orally</i> | | <i>cefaclor cap 500 mg</i> | 12 |
| <i>disintegrating tab 10-100 mg</i> | 51 | <i>cefadroxil cap 500 mg</i> | 12 |
| <i>carbidopa & levodopa orally</i> | | <i>cefadroxil for susp 250 mg/5ml</i> | 12 |
| <i>disintegrating tab 25-100 mg</i> | 51 | <i>cefadroxil for susp 500 mg/5ml</i> | 12 |
| <i>carbidopa & levodopa orally</i> | | <i>cefadroxil tab 1 gm</i> | 12 |
| <i>disintegrating tab 25-250 mg</i> | 51 | <i>cefazolin sodium for inj 1 gm</i> | 12 |
| <i>carbidopa & levodopa tab 10-100 mg</i> | 51 | <i>cefazolin sodium for inj 10 gm</i> | 12 |
| <i>carbidopa & levodopa tab 25-100 mg</i> | 51 | <i>cefazolin sodium for inj 500 mg</i> | 12 |
| <i>carbidopa & levodopa tab 25-250 mg</i> | 51 | <i>cefdinir cap 300 mg</i> | 12 |
| <i>carbidopa & levodopa tab er 25-100</i> | | <i>cefdinir for susp 125 mg/5ml</i> | 12 |
| <i>mg</i> | 51 | <i>cefdinir for susp 250 mg/5ml</i> | 12 |
| <i>carbidopa & levodopa tab er 50-200</i> | | <i>cefepime hcl for inj 1 gm</i> | 12 |
| <i>mg</i> | 51 | <i>cefepime hcl for inj 2 gm</i> | 12 |
| <i>carbidopa tab 25 mg</i> | 51 | <i>cefixime cap 400 mg</i> | 12 |
| <i>carbidopa-levodopa-entacapone tabs</i> | | <i>cefixime for susp 100 mg/5ml</i> | 12 |
| <i>12.5-50-200 mg</i> | 51 | <i>cefixime for susp 200 mg/5ml</i> | 12 |
| <i>carbidopa-levodopa-entacapone tabs</i> | | <i>cefotetan disodium for inj 1 gm</i> | 12 |
| <i>18.75-75-200 mg</i> | 51 | <i>cefotetan disodium for inj 2 gm</i> | 12 |
| <i>carbidopa-levodopa-entacapone tabs</i> | | <i>cefoxitin sodium for iv soln 1 gm</i> | 12 |
| <i>25-100-200 mg</i> | 51 | <i>cefoxitin sodium for iv soln 10 gm</i> | 12 |
| <i>carbidopa-levodopa-entacapone tabs</i> | | <i>cefoxitin sodium for iv soln 2 gm</i> | 12 |
| <i>31.25-125-200 mg</i> | 51 | <i>cefpodoxime proxetil for susp 100</i> | |
| <i>carbidopa-levodopa-entacapone tabs</i> | | <i>mg/5ml</i> | 12 |
| <i>37.5-150-200 mg</i> | 51 | <i>cefpodoxime proxetil for susp 50</i> | |
| <i>carbidopa-levodopa-entacapone tabs</i> | | <i>mg/5ml</i> | 12 |
| <i>50-200-200 mg</i> | 51 | <i>cefpodoxime proxetil tab 100 mg</i> | 12 |
| <i>carboplatin iv soln 150 mg/15ml</i> | 16 | <i>cefpodoxime proxetil tab 200 mg</i> | 12 |
| <i>carboplatin iv soln 450 mg/45ml</i> | 16 | <i>cefprozil for susp 125 mg/5ml</i> | 12 |
| <i>carboplatin iv soln 50 mg/5ml</i> | 16 | <i>cefprozil for susp 250 mg/5ml</i> | 12 |
| <i>carboplatin iv soln 600 mg/60ml</i> | 16 | <i>cefprozil tab 250 mg</i> | 12 |
| <i>carglumic acid soluble tab 200 mg</i> | 74 | <i>cefprozil tab 500 mg</i> | 12 |
| <i>carteolol hcl ophth soln 1%</i> | 94 | <i>ceftazidime for inj 1 gm</i> | 12 |
| <i>cartia xt</i> | 35 | <i>ceftazidime for inj 6 gm</i> | 12 |

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| <i>ceftriaxone sodium for inj 1 gm</i> | 12 | <i>cidofovir iv inj 75 mg/ml</i> | 11 |
| <i>ceftriaxone sodium for inj 10 gm</i> | 12 | <i>cilostazol tab 100 mg</i> | 86 |
| <i>ceftriaxone sodium for inj 2 gm</i> | 12 | <i>cilostazol tab 50 mg</i> | 86 |
| <i>ceftriaxone sodium for inj 250 mg</i> | 12 | CILOXAN OIN 0.3% OP | 93 |
| <i>ceftriaxone sodium for inj 500 mg</i> | 12 | CIMDUO TAB 300-300 | 9 |
| <i>cefuroxime axetil tab 250 mg</i> | 13 | <i>cinacalcet hcl tab 30 mg (base equiv)</i> | 74 |
| <i>cefuroxime axetil tab 500 mg</i> | 13 | <i>cinacalcet hcl tab 60 mg (base equiv)</i> | 74 |
| <i>cefuroxime sodium for inj 750 mg</i> | 13 | <i>cinacalcet hcl tab 90 mg (base equiv)</i> | 74 |
| <i>cefuroxime sodium for iv soln 1.5 gm</i> | 13 | CINRYZE SOL 500 UNIT | 86 |
| <i>celecoxib cap 100 mg</i> | 1 | CIPRO HC SUS OTIC..... | 95 |
| <i>celecoxib cap 200 mg</i> | 1 | <i>ciprofloxacin 200 mg/100ml in d5w</i> .. | 13 |
| <i>celecoxib cap 400 mg</i> | 1 | <i>ciprofloxacin 400 mg/200ml in d5w</i> .. | 13 |
| <i>celecoxib cap 50 mg</i> | 1 | <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i> | 93 |
| CELONTIN CAP 300MG..... | 41 | <i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i> | 95 |
| <i>cephalexin cap 250 mg</i> | 13 | <i>ciprofloxacin hcl tab 100 mg (base equiv)</i> | 13 |
| <i>cephalexin cap 500 mg</i> | 13 | <i>ciprofloxacin hcl tab 250 mg (base equiv)</i> | 14 |
| <i>cephalexin for susp 125 mg/5ml</i> | 13 | <i>ciprofloxacin hcl tab 500 mg (base equiv)</i> | 14 |
| <i>cephalexin for susp 250 mg/5ml</i> | 13 | <i>ciprofloxacin hcl tab 750 mg (base equiv)</i> | 14 |
| <i>cephalexin tab 250 mg</i> | 13 | <i>ciprofloxacin iv soln 200 mg/20ml (1%)</i> | 14 |
| <i>cephalexin tab 500 mg</i> | 13 | <i>ciprofloxacin iv soln 400 mg/40ml (1%)</i> | 14 |
| <i>cevimeline hcl cap 30 mg</i> | 104 | <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> | 96 |
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| <i>chlordiazepoxide hcl cap 25 mg</i> | 41 | <i>citalopram hydrobromide oral soln 10 mg/5ml</i> | 47 |
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| <i>chlorhexidine gluconate soln 0.12%</i> 104 | | <i>citalopram hydrobromide tab 20 mg (base equiv)</i> | 47 |
| <i>chloroquine phosphate tab 250 mg</i> | 7 | <i>citalopram hydrobromide tab 40 mg (base equiv)</i> | 47 |
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| <i>chlorpromazine hcl tab 10 mg</i> | 53 | <i>clarithromycin tab 250 mg</i> | 13 |
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| <i>ciclopirox olamine susp 0.77% (base equiv)</i> | 100 | | |
| <i>ciclopirox shampoo 1%</i> | 100 | | |
| <i>ciclopirox solution 8%</i> | 100 | | |

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| <i>clindamycin phosphate in d5w iv soln</i> | | <i>clonazepam tab 1 mg</i> | 42 |
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| <i>900 mg/50ml</i> | 5 | <i>clonidine hcl tab 0.2 mg</i> | 38 |
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| <i>2%</i> | 83 | <i>clotrimazole troche 10 mg</i> | 104 |
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| <i>clobazam tab 10 mg</i> | 41 | mg | 53 |
| <i>clobazam tab 20 mg</i> | 41 | <i>clozapine orally disintegrating tab 12.5</i> | |
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| <i>diclofenac sodium tab delayed release 75 mg</i> | 1 | <i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> | 36 |
| <i>diclofenac sodium tab er 24hr 100 mg</i> | 1 | <i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i> | 36 |
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| <i>droxidopa cap 300 mg</i> | 39 |
| <i>duloxetine hcl enteric coated pellets</i> <i>cap 20 mg (base eq)</i> | 48 |
| <i>duloxetine hcl enteric coated pellets</i> <i>cap 30 mg (base eq)</i> | 48 |
| <i>duloxetine hcl enteric coated pellets</i> <i>cap 40 mg (base eq)</i> | 48 |
| <i>duloxetine hcl enteric coated pellets</i> <i>cap 60 mg (base eq)</i> | 48 |
| DUPIXENT INJ 100/0.67..... | 86 |
| DUPIXENT INJ 200/1.14..... | 86 |
| DUPIXENT INJ 200MG..... | 86 |
| DUPIXENT INJ 300/2ML | 86 |
| <i>dutasteride cap 0.5 mg</i> | 82 |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg</i> | 82 |
| E | |
| <i>e.e.s. 400</i> | 13 |
| EDURANT TAB 25MG | 8 |
| <i>efavirenz cap 200 mg</i> | 8 |
| <i>efavirenz cap 50 mg</i> | 8 |
| <i>efavirenz tab 600 mg</i> | 8 |

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| <i>efavirenz-emtricitabine-tenofovir df tab</i> | | <i>enalapril maleate tab 20 mg</i> | 28 |
| 600-200-300 mg | 9 | <i>enalapril maleate tab 5 mg</i> | 28 |
| <i>efavirenz-lamivudine-tenofovir df tab</i> | | ENBREL INJ 25/0.5ML | 87 |
| 400-300-300 mg | 9 | ENBREL INJ 25MG | 87 |
| <i>efavirenz-lamivudine-tenofovir df tab</i> | | ENBREL INJ 50MG/ML | 87 |
| 600-300-300 mg | 9 | ENBREL MINI INJ 50MG/ML | 87 |
| <i>effervescent pot chloride</i> | 92 | ENBREL SRCLK INJ 50MG/ML | 87 |
| EGRIFTA SV INJ 2MG | 74 | <i>endocet tab 10-325mg</i> | 3 |
| <i>eletriptan hydrobromide tab 20 mg</i> | | <i>endocet tab 5-325mg</i> | 3 |
| (base equivalent) | 58 | <i>endocet tab 7.5-325mg</i> | 3 |
| <i>eletriptan hydrobromide tab 40 mg</i> | | ENGERIX-B INJ 10/0.5ML | 90 |
| (base equivalent) | 59 | ENGERIX-B INJ 20MCG/ML | 90 |
| ELIGARD INJ 22.5MG | 18 | <i>enoxaparin sodium inj 300 mg/3ml</i> .. | 84 |
| ELIGARD INJ 30MG | 18 | <i>enoxaparin sodium inj soln pref syr 100</i> | |
| ELIGARD INJ 45MG | 18 | <i>mg/ml</i> | 84 |
| ELIGARD INJ 7.5MG | 18 | <i>enoxaparin sodium inj soln pref syr 120</i> | |
| ELIQUIS ST P TAB 5MG | 84 | <i>mg/0.8ml</i> | 84 |
| ELIQUIS TAB 2.5MG | 84 | <i>enoxaparin sodium inj soln pref syr 150</i> | |
| ELIQUIS TAB 5MG | 84 | <i>mg/ml</i> | 84 |
| ELITEK INJ 1.5MG | 26 | <i>enoxaparin sodium inj soln pref syr 30</i> | |
| ELITEK INJ 7.5MG | 26 | <i>mg/0.3ml</i> | 84 |
| EMCYT CAP 140MG | 18 | <i>enoxaparin sodium inj soln pref syr 40</i> | |
| EMGALITY INJ 100MG/ML | 59 | <i>mg/0.4ml</i> | 84 |
| EMGALITY INJ 120MG/ML | 59 | <i>enoxaparin sodium inj soln pref syr 60</i> | |
| <i>emoquette</i> | 68 | <i>mg/0.6ml</i> | 84 |
| EMPLICITI INJ 300MG | 22 | <i>enoxaparin sodium inj soln pref syr 80</i> | |
| EMPLICITI INJ 400MG | 22 | <i>mg/0.8ml</i> | 84 |
| EMSAM DIS 12MG/24H | 48 | <i>enpresse-28</i> | 68 |
| EMSAM DIS 6MG/24HR | 48 | <i>enskyce</i> | 68 |
| EMSAM DIS 9MG/24HR | 48 | ENSPRYNG INJ | 59 |
| <i>emtricitabine caps 200 mg</i> | 8 | <i>entacapone tab 200 mg</i> | 51 |
| <i>emtricitabine-tenofovir disoproxil</i> | | <i>entecavir tab 0.5 mg</i> | 11 |
| <i>fumarate tab 100-150 mg</i> | 10 | <i>entecavir tab 1 mg</i> | 11 |
| <i>emtricitabine-tenofovir disoproxil</i> | | ENTRESTO TAB 24-26MG | 30 |
| <i>fumarate tab 133-200 mg</i> | 10 | ENTRESTO TAB 49-51MG | 30 |
| <i>emtricitabine-tenofovir disoproxil</i> | | ENTRESTO TAB 97-103MG | 30 |
| <i>fumarate tab 167-250 mg</i> | 10 | <i>enulose</i> | 81 |
| <i>emtricitabine-tenofovir disoproxil</i> | | EPCLUSA PAK 150-37.5 | 11 |
| <i>fumarate tab 200-300 mg</i> | 10 | EPCLUSA PAK 200-50MG | 11 |
| EMTRIVA SOL 10MG/ML | 8 | EPCLUSA TAB 200-50MG | 11 |
| EMVERM CHW 100MG | 5 | EPCLUSA TAB 400-100 | 11 |
| <i>enalapril maleate & hydrochlorothiazide</i> | | EPIDIOLEX SOL 100MG/ML | 42 |
| <i>tab 10-25 mg</i> | 27 | <i>epinastine hcl ophth soln 0.05%</i> | 94 |
| <i>enalapril maleate & hydrochlorothiazide</i> | | <i>epinephrine solution auto-injector 0.15</i> | |
| <i>tab 5-12.5 mg</i> | 27 | <i>mg/0.15ml (1:1000)</i> | 98 |
| <i>enalapril maleate tab 10 mg</i> | 28 | <i>epinephrine solution auto-injector 0.15</i> | |
| <i>enalapril maleate tab 2.5 mg</i> | 28 | <i>mg/0.3ml (1:2000)</i> | 98 |

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| <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i> | 98 | <i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> | 48 |
| <i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i> | 17 | <i>escitalopram oxalate tab 10 mg (base equiv)</i> | 48 |
| <i>epitol</i> | 43 | <i>escitalopram oxalate tab 20 mg (base equiv)</i> | 48 |
| <i>eplerenone tab 25 mg</i> | 29 | <i>escitalopram oxalate tab 5 mg (base equiv)</i> | 48 |
| <i>eplerenone tab 50 mg</i> | 29 | <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | 71 |
| <i>EPRONTIA SOL 25MG/ML</i> | 43 | <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> | 71 |
| <i>ERBITUX INJ 100MG</i> | 22 | <i>estradiol tab 0.5 mg</i> | 71 |
| <i>ERBITUX INJ 200MG</i> | 22 | <i>estradiol tab 1 mg</i> | 71 |
| <i>ergoloid mesylates tab 1 mg</i> | 46 | <i>estradiol tab 2 mg</i> | 71 |
| <i>ergotamine w/ caffeine tab 1-100 mg</i> | 59 | <i>estradiol td patch twice weekly 0.025 mg/24hr</i> | 71 |
| <i>ERIVEDGE CAP 150MG</i> | 22 | <i>estradiol td patch twice weekly 0.0375 mg/24hr</i> | 71 |
| <i>ERLEADA TAB 60MG</i> | 18 | <i>estradiol td patch twice weekly 0.05 mg/24hr</i> | 71 |
| <i>erlotinib hcl tab 100 mg (base equivalent)</i> | 22 | <i>estradiol td patch twice weekly 0.075 mg/24hr</i> | 71 |
| <i>erlotinib hcl tab 150 mg (base equivalent)</i> | 22 | <i>estradiol td patch twice weekly 0.1 mg/24hr</i> | 71 |
| <i>erlotinib hcl tab 25 mg (base equivalent)</i> | 22 | <i>estradiol td patch weekly 0.025 mg/24hr</i> | 71 |
| <i>errin</i> | 68 | <i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> | 72 |
| <i>ertapenem sodium for inj 1 gm (base equivalent)</i> | 5 | <i>estradiol td patch weekly 0.05 mg/24hr</i> | 71 |
| <i>ERWINAZE INJ 10000UNT</i> | 20 | <i>estradiol td patch weekly 0.06 mg/24hr</i> | 71 |
| <i>ery</i> | 100 | <i>estradiol td patch weekly 0.075 mg/24hr</i> | 72 |
| <i>ery-tab</i> | 13 | <i>estradiol vaginal cream 0.1 mg/gm</i> .. | 72 |
| <i>ERYTHROCIN INJ 500MG</i> | 13 | <i>estradiol vaginal tab 10 mcg</i> | 72 |
| <i>erythrocin stearate</i> | 13 | <i>estradiol valerate im in oil 10 mg/ml</i> | 72 |
| <i>erythromycin ethylsuccinate tab 400 mg</i> | 13 | <i>estradiol valerate im in oil 20 mg/ml</i> | 72 |
| <i>erythromycin gel 2%</i> | 100 | <i>estropipate tab 1.5 mg</i> | 72 |
| <i>erythromycin ophth oint 5 mg/gm</i> ... | 93 | <i>estropipate tab 3 mg</i> | 72 |
| <i>erythromycin soln 2%</i> | 100 | <i>ethambutol hcl tab 100 mg</i> | 10 |
| <i>erythromycin tab 250 mg</i> | 13 | <i>ethambutol hcl tab 400 mg</i> | 10 |
| <i>erythromycin tab 500 mg</i> | 13 | <i>ethosuximide cap 250 mg</i> | 43 |
| <i>erythromycin tab delayed release 250 mg</i> | 13 | <i>ethosuximide soln 250 mg/5ml</i> | 43 |
| <i>erythromycin tab delayed release 333 mg</i> | 13 | | |
| <i>erythromycin tab delayed release 500 mg</i> | 13 | | |
| <i>erythromycin w/ delayed release particles cap 250 mg</i> | 13 | | |
| <i>ESBRIET CAP 267MG</i> | 98 | | |
| <i>ESBRIET TAB 267MG</i> | 98 | | |
| <i>ESBRIET TAB 801MG</i> | 98 | | |

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| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> | 68 | FANAPT TAB 12MG | 53 |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | 68 | FANAPT TAB 1MG | 53 |
| ETOPOPHOS INJ 100MG | 20 | FANAPT TAB 2MG | 53 |
| <i>etoposide inj 100 mg/5ml (20 mg/ml)</i> | 20 | FANAPT TAB 4MG | 53 |
| <i>etravirine tab 100 mg</i> | 8 | FANAPT TAB 6MG | 53 |
| <i>etravirine tab 200 mg</i> | 8 | FANAPT TAB 8MG | 53 |
| EUCRISA OIN 2% | 103 | FARXIGA TAB 10MG | 63 |
| EULEXIN CAP 125MG | 18 | FARXIGA TAB 5MG | 63 |
| <i>euthyrox</i> | 76 | FARYDAK CAP 10MG | 22 |
| <i>everolimus tab 0.25 mg</i> | 89 | FARYDAK CAP 15MG | 22 |
| <i>everolimus tab 0.5 mg</i> | 89 | FARYDAK CAP 20MG | 22 |
| <i>everolimus tab 0.75 mg</i> | 89 | FASENRA INJ 30MG/ML | 98 |
| <i>everolimus tab 1 mg</i> | 89 | FASENRA PEN INJ 30MG/ML | 98 |
| <i>everolimus tab 10 mg</i> | 22 | FASLODEX INJ 250/5ML | 18 |
| <i>everolimus tab 2.5 mg</i> | 22 | <i>febuxostat tab 40 mg</i> | 1 |
| <i>everolimus tab 5 mg</i> | 22 | <i>febuxostat tab 80 mg</i> | 1 |
| <i>everolimus tab 7.5 mg</i> | 22 | <i>felbamate susp 600 mg/5ml</i> | 43 |
| <i>everolimus tab for oral susp 2 mg</i> | 22 | <i>felbamate tab 400 mg</i> | 43 |
| <i>everolimus tab for oral susp 3 mg</i> | 22 | <i>felbamate tab 600 mg</i> | 43 |
| <i>everolimus tab for oral susp 5 mg</i> | 22 | <i>felodipine tab er 24hr 10 mg</i> | 36 |
| EVOTAZ TAB 300-150 | 10 | <i>felodipine tab er 24hr 2.5 mg</i> | 36 |
| EVRYSDI SOL..... | 59 | <i>felodipine tab er 24hr 5 mg</i> | 36 |
| <i>exemestane tab 25 mg</i> | 18 | <i>fenofibrate micronized cap 134 mg</i> ...32 | |
| EXKIVITY CAP 40MG | 22 | <i>fenofibrate micronized cap 200 mg</i> ...32 | |
| EXSERVAN MIS 50MG | 59 | <i>fenofibrate micronized cap 43 mg</i>....32 | |
| EYLEA INJ 2/0.05ML | 95 | <i>fenofibrate micronized cap 67 mg</i>....32 | |
| <i>ezetimibe tab 10 mg</i> | 33 | <i>fenofibrate tab 145 mg</i> | 32 |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> .33 | | <i>fenofibrate tab 160 mg</i> | 32 |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> .33 | | <i>fenofibrate tab 48 mg</i> | 32 |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> .33 | | <i>fenofibrate tab 54 mg</i> | 32 |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> .33 | | <i>fantanyl citrate buccal tab 100 mcg</i> (base equiv) | 3 |
| F | | <i>fantanyl citrate buccal tab 200 mcg</i> (base equiv) | 3 |
| <i>falmina</i> | 68 | <i>fantanyl citrate buccal tab 400 mcg</i> (base equiv) | 3 |
| <i>famciclovir tab 125 mg</i> | 11 | <i>fantanyl citrate buccal tab 600 mcg</i> (base equiv) | 3 |
| <i>famciclovir tab 250 mg</i> | 11 | <i>fantanyl citrate buccal tab 800 mcg</i> (base equiv) | 3 |
| <i>famciclovir tab 500 mg</i> | 11 | <i>fantanyl citrate lozenge on a handle</i> 1200 mcg | 3 |
| <i>famotidine for susp 40 mg/5ml</i> | 80 | <i>fantanyl citrate lozenge on a handle</i> 1600 mcg | 3 |
| <i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i> | 80 | <i>fantanyl citrate lozenge on a handle</i> 200 mcg | 3 |
| <i>famotidine preservative free inj 20</i> <i>mg/2ml</i> | 80 | | |
| <i>famotidine tab 20 mg</i> | 80 | | |
| <i>famotidine tab 40 mg</i> | 80 | | |
| FANAPT TAB 10MG | 53 | | |

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| <i>fentanyl citrate lozenge on a handle</i> | | <i>fluconazole tab 200 mg</i> | 7 |
| 400 mcg | 3 | <i>fluconazole tab 50 mg</i> | 7 |
| <i>fentanyl citrate lozenge on a handle</i> | | <i>flucytosine cap 250 mg</i> | 7 |
| 600 mcg | 3 | <i>flucytosine cap 500 mg</i> | 7 |
| <i>fentanyl citrate lozenge on a handle</i> | | <i>fludarabine phosphate for inj 50 mg</i> . | 17 |
| 800 mcg | 3 | <i>fludrocortisone acetate tab 0.1 mg</i> ... | 72 |
| <i>fentanyl td patch 72hr 100 mcg/hr</i> | 2 | <i>flunisolide nasal soln 25 mcg/act</i> | |
| <i>fentanyl td patch 72hr 12 mcg/hr</i> | 2 | (0.025%) | 99 |
| <i>fentanyl td patch 72hr 25 mcg/hr</i> | 2 | <i>fluocinolone acetonide (otic) oil 0.01%</i> | |
| <i>fentanyl td patch 72hr 50 mcg/hr</i> | 2 | ..... | 96 |
| <i>fentanyl td patch 72hr 75 mcg/hr</i> | 2 | <i>fluocinolone acetonide cream 0.01%</i> | |
| <i>fesoterodine fumarate tab er 24hr 4</i> |  | ..... | 102 |
| mg | 83 | <i>fluocinolone acetonide cream 0.025%</i> | |
| <i>fesoterodine fumarate tab er 24hr 8</i> |  | ..... | 102 |
| mg | 83 | <i>fluocinolone acetonide oint 0.025%</i> | 102 |
| FETZIMA CAP 120MG | 48 | <i>fluocinolone acetonide sc</i> | 102 |
| FETZIMA CAP 20MG | 48 | <i>fluocinolone acetonide soln 0.01%</i> . | 102 |
| FETZIMA CAP 40MG | 48 | <i>fluocinonide cream 0.05%</i> | 102 |
| FETZIMA CAP 80MG | 48 | <i>fluocinonide emulsified base cream</i> | |
| FETZIMA CAP TITRATIO | 48 | 0.05% | 102 |
| <i>finasteride tab 5 mg</i> | 82 | <i>fluocinonide gel 0.05%</i> | 102 |
| <i> fingolimod hcl cap 0.5 mg (base equiv)</i> | | <i>fluocinonide oint 0.05%</i> | 102 |
| ..... | 60 | <i>fluocinonide soln 0.05%</i> | 102 |
| FINTEPLA SOL 2.2MG/ML | 43 | <i>fluorometholone ophth susp 0.1%</i> ... | 94 |
| FIRDAPSE TAB 10MG | 59 | FLUOROPLEX CRE 1% | 103 |
| FIRMAGON INJ 120MG | 18 | <i>fluorouracil cream 0.5%</i> | 103 |
| FIRMAGON INJ 80MG | 18 | <i>fluorouracil cream 5%</i> | 103 |
| FIRVANQ SOL 25MG/ML | 5 | <i>fluorouracil iv soln 1 gm/20ml (50</i> | |
| FIRVANQ SOL 50MG/ML | 5 | mg/ml) | 17 |
| <i>flavoxate hcl tab 100 mg</i> | 83 | <i>fluorouracil iv soln 5 gm/100ml (50</i> | |
| FLEBOGAMMA INJ 5GM/50ML | 88 | mg/ml) | 17 |
| <i>flecainide acetate tab 100 mg</i> | 31 | <i>fluorouracil soln 2%</i> | 103 |
| <i>flecainide acetate tab 150 mg</i> | 31 | <i>fluorouracil soln 5%</i> | 103 |
| <i>flecainide acetate tab 50 mg</i> | 31 | <i>fluoxetine hcl cap 10 mg</i> | 48 |
| FLOVENT DISK AER 100MCG | 99 | <i>fluoxetine hcl cap 20 mg</i> | 49 |
| FLOVENT DISK AER 250MCG | 99 | <i>fluoxetine hcl cap 40 mg</i> | 49 |
| FLOVENT DISK AER 50MCG | 99 | <i>fluoxetine hcl solution 20 mg/5ml</i> | 49 |
| FLOVENT HFA AER 110MCG | 99 | <i>fluphenazine decanoate inj 25 mg/ml</i> 53 | |
| FLOVENT HFA AER 220MCG | 99 | <i>fluphenazine hcl elixir 2.5 mg/5ml</i> | 53 |
| FLOVENT HFA AER 44MCG | 99 | <i>fluphenazine hcl inj 2.5 mg/ml</i> | 53 |
| <i>fluconazole for susp 10 mg/ml</i> | 7 | <i>fluphenazine hcl oral conc 5 mg/ml</i> .. | 53 |
| <i>fluconazole for susp 40 mg/ml</i> | 7 | <i>fluphenazine hcl tab 1 mg</i> | 53 |
| <i>fluconazole in dextrose</i> | 7 | <i>fluphenazine hcl tab 10 mg</i> | 53 |
| <i>fluconazole in nacl 0.9% inj 200</i> | | <i>fluphenazine hcl tab 2.5 mg</i> | 53 |
| mg/100ml | 7 | <i>fluphenazine hcl tab 5 mg</i> | 53 |
| <i>fluconazole tab 100 mg</i> | 7 | <i>flurazepam hcl cap 15 mg</i> | 58 |
| <i>fluconazole tab 150 mg</i> | 7 | <i>flurazepam hcl cap 30 mg</i> | 58 |

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| <i>flurbiprofen sodium ophth soln 0.03%</i> | | <i>fosinopril sodium tab 10 mg</i> | 28 |
| | 94 | <i>fosinopril sodium tab 20 mg</i> | 28 |
| <i>flutamide cap 125 mg</i> | 18 | <i>fosinopril sodium tab 40 mg</i> | 28 |
| FLUTIC/VILAN INH 100-25 | 99 | <i>fosphenytoin sodium inj 100 mg/2ml</i> | |
| FLUTIC/VILAN INH 200-25 | 99 | <i>(phenytoin equiv)</i> | 43 |
| FLUTICAS HFA AER 110MCG | 99 | FOTIVDA CAP 0.89MG..... | 22 |
| FLUTICAS HFA AER 220MCG | 99 | FOTIVDA CAP 1.34MG..... | 22 |
| FLUTICAS HFA AER 44MCG..... | 99 | FRAGMIN INJ 10000/ML..... | 84 |
| <i>fluticasone propionate cream 0.05%</i> | | FRAGMIN INJ 12500UNT | 84 |
| ..... | 102 | FRAGMIN INJ 15000UNT | 84 |
| <i>fluticasone propionate lotion 0.05%</i> | 102 | FRAGMIN INJ 18000UNT | 84 |
| <i>fluticasone propionate nasal susp 50</i> | | FRAGMIN INJ 2500/0.2 | 84 |
| <i>mcg/act</i> | 99 | FRAGMIN INJ 5000/0.2 | 84 |
| <i>fluticasone propionate oint 0.005%</i> | 102 | FRAGMIN INJ 7500/0.3 | 84 |
| <i>fluticasone-salmeterol aer powder ba</i> | | FRAGMIN INJ 95000UNT | 84 |
| <i>100-50 mcg/act</i> | 99 | <i>furosemide inj 10 mg/ml</i> | 37 |
| <i>fluticasone-salmeterol aer powder ba</i> | | <i>furosemide oral soln 10 mg/ml</i> | 37 |
| <i>250-50 mcg/act</i> | 99 | <i>furosemide tab 20 mg</i> | 37 |
| <i>fluticasone-salmeterol aer powder ba</i> | | <i>furosemide tab 40 mg</i> | 37 |
| <i>500-50 mcg/act</i> | 100 | <i>furosemide tab 80 mg</i> | 37 |
| <i>fluvastatin sodium cap 20 mg (base</i> | | FUZEON INJ 90MG | 8 |
| <i>equivalent)</i> | 32 | FYCOMPA SUS 0.5MG/ML | 43 |
| <i>fluvastatin sodium cap 40 mg (base</i> | | FYCOMPA TAB 10MG..... | 43 |
| <i>equivalent)</i> | 33 | FYCOMPA TAB 12MG..... | 43 |
| <i>fluvoxamine maleate tab 100 mg</i> | 41 | FYCOMPA TAB 2MG | 43 |
| <i>fluvoxamine maleate tab 25 mg</i> | 41 | FYCOMPA TAB 4MG | 43 |
| <i>fluvoxamine maleate tab 50 mg</i> | 41 | FYCOMPA TAB 6MG | 43 |
| FML FORTE SUS 0.25% OP | 94 | FYCOMPA TAB 8MG | 43 |
| <i>fondaparinux sodium subcutaneous inj</i> | | G | |
| <i>10 mg/0.8ml</i> | 84 | <i>gabapentin cap 100 mg</i> | 43 |
| <i>fondaparinux sodium subcutaneous inj</i> | | <i>gabapentin cap 300 mg</i> | 43 |
| <i>2.5 mg/0.5ml</i> | 84 | <i>gabapentin cap 400 mg</i> | 43 |
| <i>fondaparinux sodium subcutaneous inj</i> | | <i>gabapentin oral soln 250 mg/5ml</i> | 43 |
| <i>5 mg/0.4ml</i> | 84 | <i>gabapentin tab 600 mg</i> | 43 |
| <i>fondaparinux sodium subcutaneous inj</i> | | <i>gabapentin tab 800 mg</i> | 43 |
| <i>7.5 mg/0.6ml</i> | 84 | GALAFOLD CAP 123MG | 74 |
| <i>formoterol fumarate soln nebu 20</i> | | <i>galantamine hydrobromide cap er 24hr</i> | |
| <i>mcg/2ml</i> | 97 | <i>16 mg</i> | 46 |
| FORTEO INJ 600/2.4..... | 67 | <i>galantamine hydrobromide cap er 24hr</i> | |
| <i>fosamprenavir calcium tab 700 mg</i> | | <i>24 mg</i> | 46 |
| <i>(base equiv)</i> | 8 | <i>galantamine hydrobromide cap er 24hr</i> | |
| <i>fosfomycin tromethamine powd pack 3</i> | | <i>8 mg</i> | 46 |
| <i>gm (base equivalent)</i> | 5 | <i>galantamine hydrobromide oral soln 4</i> | |
| <i>fosinopril sodium & hydrochlorothiazide</i> | | <i>mg/ml</i> | 46 |
| <i>tab 10-12.5 mg</i> | 27 | <i>galantamine hydrobromide tab 12 mg</i> | |
| <i>fosinopril sodium & hydrochlorothiazide</i> | | | 46 |
| <i>tab 20-12.5 mg</i> | 27 | <i>galantamine hydrobromide tab 4 mg</i> | 46 |

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| <i>galantamine hydrobromide tab 8 mg</i> | 46 | GILENYA CAP 0.5MG | 60 |
| GAMASTAN INJ | 88 | GILOTRIF TAB 20MG | 22 |
| GAMMAGARD INJ 10GM/100 | 88 | GILOTRIF TAB 30MG | 22 |
| GAMMAGARD INJ 2.5GM/25 | 88 | GILOTRIF TAB 40MG | 22 |
| GAMMAGARD INJ 20GM/200 | 88 | GLASSIA INJ | 98 |
| GAMMAGARD INJ 30GM/300 | 88 | <i>glatiramer acetate soln prefilled syringe</i> | |
| GAMMAGARD INJ 5GM/50ML | 88 | 20 mg/ml | 60 |
| GAMMAGARD SD INJ 10GM HU | 88 | <i>glatiramer acetate soln prefilled syringe</i> | |
| GAMMAGARD SD INJ 5GM HU | 88 | 40 mg/ml | 60 |
| GAMMAKED INJ 10GM/100 | 88 | <i>glatopa</i> | 60 |
| GAMMAKED INJ 1GM/10ML | 88 | GLEOSTINE CAP 100MG | 17 |
| GAMMAKED INJ 20GM/200 | 88 | GLEOSTINE CAP 10MG | 17 |
| GAMMAKED INJ 5GM/50ML | 88 | GLEOSTINE CAP 40MG | 17 |
| GAMMAPLEX INJ 10% | 88 | <i>glimepiride tab 1 mg</i> | 63 |
| GAMMAPLEX INJ 5% | 88 | <i>glimepiride tab 2 mg</i> | 63 |
| GAMUNEX-C INJ 10GM/100 | 88 | <i>glimepiride tab 4 mg</i> | 63 |
| GAMUNEX-C INJ 1GM/10ML | 88 | <i>glip/metform tab 2.5-250m</i> | 63 |
| GAMUNEX-C INJ 20GM/200 | 88 | <i>glip/metform tab 2.5-500m</i> | 63 |
| GAMUNEX-C INJ 40/400ML | 88 | <i>glip/metform tab 5-500mg</i> | 63 |
| GAMUNEX-C INJ 5GM/50ML | 88 | <i>glipizide tab 10 mg</i> | 63 |
| GARDASIL 9 INJ | 90 | <i>glipizide tab 5 mg</i> | 63 |
| <i>gatifloxacin ophth soln 0.5%</i> | 93 | <i>glipizide tab er 24hr 10 mg</i> | 63 |
| GATTEX KIT 5MG | 81 | <i>glipizide tab er 24hr 2.5 mg</i> | 63 |
| GAUZE PADS & DRESSINGS - PADS 2 X | | <i>glipizide tab er 24hr 5 mg</i> | 63 |
| 2 | 65 | GLUCAGON KIT 1MG | 73 |
| <i>gavilyte-c</i> | 81 | <i>glycopyrrolate inj 0.2 mg/ml</i> | 80 |
| <i>gavilyte-g</i> | 81 | <i>glycopyrrolate inj 0.4 mg/2ml (0.2</i> | |
| GAVRETO CAP 100MG | 22 | mg/ml) | 80 |
| <i>gemcitabine hcl for inj 1 gm</i> | 17 | <i>glycopyrrolate inj 1 mg/5ml (0.2</i> | |
| <i>gemcitabine hcl for inj 2 gm</i> | 18 | mg/ml) | 80 |
| <i>gemcitabine hcl for inj 200 mg</i> | 18 | <i>glycopyrrolate tab 1 mg</i> | 80 |
| <i>gemfibrozil tab 600 mg</i> | 32 | <i>glycopyrrolate tab 2 mg</i> | 80 |
| <i>gemmily</i> | 68 | GLYXAMBI TAB 10-5 MG | 63 |
| GEMTESA TAB 75MG | 83 | GLYXAMBI TAB 25-5 MG | 63 |
| <i>generlac</i> | 81 | <i>granisetron hcl tab 1 mg</i> | 79 |
| <i>gengraf</i> | 89 | GRANIX INJ 300/0.5 | 85 |
| <i>gentak</i> | 93 | GRANIX INJ 300/1ML | 85 |
| <i>gentamicin in saline inj 0.8 mg/ml</i> | 5 | GRANIX INJ 480/0.8 | 85 |
| <i>gentamicin in saline inj 1 mg/ml</i> | 5 | GRANIX INJ 480/1.6 | 85 |
| <i>gentamicin in saline inj 1.2 mg/ml</i> | 5 | GRASTEK SUB 2800BAU | 88 |
| <i>gentamicin in saline inj 1.6 mg/ml</i> | 5 | <i>griseofulvin microsize susp 125 mg/5ml</i> | |
| <i>gentamicin sulfate cream 0.1%</i> | 100 | ..... | 7 |
| <i>gentamicin sulfate inj 40 mg/ml</i> | 5 | <i>griseofulvin microsize tab 500 mg</i> | 7 |
| <i>gentamicin sulfate oint 0.1%</i> | 100 | <i>griseofulvin ultramicrosize tab 125 mg</i> | 7 |
| <i>gentamicin sulfate ophth soln 0.3%</i> | 93 | <i>griseofulvin ultramicrosize tab 250 mg</i> | 7 |
| GENVOYA TAB | 10 | <i>guanfacine hcl tab er 24hr 1 mg (base</i> | |
| GEODON INJ 20MG | 53 | equiv) | 57 |

| | | | |
|---|-----|---|----|
| <i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> | 57 | HUMALOG JR INJ 100/ML | 65 |
| <i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> | 57 | HUMALOG KWIK INJ 100/ML..... | 65 |
| <i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> | 57 | HUMALOG KWIK INJ 200/ML..... | 65 |
| GVOKE HYPO 2 INJ .5/.1ML | 74 | HUMALOG MIX INJ 50/50 | 65 |
| GVOKE HYPO 2 INJ 1MG/.2ML..... | 74 | HUMALOG MIX INJ 50/50KWP..... | 65 |
| GVOKE PFS INJ | 74 | HUMALOG MIX INJ 75/25KWP..... | 65 |
| H | | HUMALOG MIX SUS 75/25..... | 65 |
| HALAVEN INJ 1MG/2ML..... | 20 | HUMATROPE INJ 12MG | 74 |
| <i>halobetasol propionate cream 0.05%</i> | 102 | HUMATROPE INJ 24MG | 74 |
| <i>halobetasol propionate oint 0.05%</i> . | 102 | HUMATROPE INJ 6MG | 74 |
| <i>haloperidol decanoate im soln 100 mg/ml</i> | 53 | HUMIRA INJ 10/0.1ML | 87 |
| <i>haloperidol decanoate im soln 50 mg/ml</i> | 53 | HUMIRA INJ 20/0.2ML | 87 |
| <i>haloperidol lactate inj 5 mg/ml</i> | 53 | HUMIRA INJ 40/0.4ML | 87 |
| <i>haloperidol lactate oral conc 2 mg/ml</i> | 53 | HUMIRA KIT 40MG/0.8 | 87 |
| <i>haloperidol tab 0.5 mg</i> | 54 | HUMIRA PEDIA INJ CROHNS | 87 |
| <i>haloperidol tab 1 mg</i> | 54 | HUMIRA PEN INJ 40/0.4ML..... | 87 |
| <i>haloperidol tab 10 mg</i> | 54 | HUMIRA PEN INJ 40MG/0.8 | 87 |
| <i>haloperidol tab 2 mg</i> | 54 | HUMIRA PEN INJ 80/0.8ML..... | 87 |
| <i>haloperidol tab 20 mg</i> | 54 | HUMIRA PEN INJ CD/UC/HS..... | 87 |
| <i>haloperidol tab 5 mg</i> | 54 | HUMIRA PEN INJ PS/UV | 87 |
| HARVONI PAK 33.75-150MG | 11 | HUMIRA PEN KIT CD/UC/HS | 87 |
| HARVONI PAK 45-200MG | 11 | HUMIRA PEN KIT PED UC | 87 |
| HARVONI TAB 90-400MG | 11 | HUMIRA PEN KIT PS/UV | 87 |
| HAVRIX INJ 1440UNIT | 90 | HUMULIN INJ 70/30 | 65 |
| HAVRIX INJ 720UNIT | 90 | HUMULIN INJ 70/30KWP | 65 |
| HELIDAC MIS THERAPY | 81 | HUMULIN N INJ U-100 | 66 |
| HEP SOD/D5W INJ 25000UNT..... | 84 | HUMULIN N INJ U-100KWP..... | 66 |
| <i>heparin sodium (porcine) inj 1000 unit/ml</i> | 84 | HUMULIN R INJ U-100 | 66 |
| <i>heparin sodium (porcine) inj 10000 unit/ml</i> | 85 | HUMULIN R INJ U-500 | 66 |
| <i>heparin sodium (porcine) inj 20000 unit/ml</i> | 85 | <i>hydralazine hcl tab 10 mg</i> | 39 |
| <i>heparin sodium (porcine) inj 5000 unit/ml</i> | 84 | <i>hydralazine hcl tab 100 mg</i> | 39 |
| HEPLISAV-B INJ 20/0.5ML..... | 90 | <i>hydralazine hcl tab 25 mg</i> | 39 |
| HERCEPTIN INJ 150MG | 22 | <i>hydralazine hcl tab 50 mg</i> | 39 |
| HERCEPTIN INJ 440MG | 22 | <i>hydrochlorothiazide cap 12.5 mg</i> | 37 |
| HETLIOZ CAP 20MG..... | 58 | <i>hydrochlorothiazide tab 12.5 mg</i> | 37 |
| HIBERIX SOL 10MCG | 90 | <i>hydrochlorothiazide tab 25 mg</i> | 38 |
| HUMALOG INJ 100/ML | 65 | <i>hydrochlorothiazide tab 50 mg</i> | 38 |
| | | <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | 3 |
| | | <i>hydrocodone-acetaminophen tab 10-325 mg</i> | 3 |
| | | <i>hydrocodone-acetaminophen tab 5-300 mg</i> | 3 |
| | | <i>hydrocodone-acetaminophen tab 5-325 mg</i> | 3 |
| | | <i>hydrocodone-acetaminophen tab 7.5-325 mg</i> | 3 |

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| <i>hydrocortisone butyrate cream 0.1%</i> | ICLUSIG TAB 15MG | 22 |
| | ICLUSIG TAB 30MG | 22 |
| <i>hydrocortisone butyrate oint 0.1%</i> | ICLUSIG TAB 45MG | 23 |
| ..... | <i>icosapent ethyl cap 0.5 gm</i> | 33 |
| <i>hydrocortisone butyrate soln 0.1%</i> | <i>icosapent ethyl cap 1 gm</i> | 33 |
| ..... | <i>idarubicin hcl iv inj 10 mg/10ml (1</i> | |
| <i>hydrocortisone enema 100 mg/60ml</i> | <i>mg/ml)</i> | 17 |
| ..... | <i>idarubicin hcl iv inj 20 mg/20ml (1</i> | |
| <i>hydrocortisone lotion 2.5%</i> | <i>mg/ml)</i> | 17 |
| ..... | <i>idarubicin hcl iv inj 5 mg/5ml (1</i> | |
| <i>hydrocortisone oint 2.5%</i> | <i>mg/ml)</i> | 17 |
| ..... | IDHIFA TAB 100MG | 23 |
| <i>hydrocortisone perianal cream 2.5%</i> | IDHIFA TAB 50MG | 23 |
| ..... | <i>ifosfamide for inj 1 gm</i> | 17 |
| <i>hydrocortisone tab 10 mg</i> | <i>imatinib mesylate tab 100 mg (base</i> | |
| ..... | <i>equivalent)</i> | 23 |
| <i>hydrocortisone tab 20 mg</i> | <i>imatinib mesylate tab 400 mg (base</i> | |
| ..... | <i>equivalent)</i> | 23 |
| <i>hydrocortisone tab 5 mg</i> | IMBRUVICA CAP 140MG | 23 |
| ..... | IMBRUVICA CAP 70MG | 23 |
| <i>hydrocortisone valerate cream 0.2%</i> | IMBRUVICA SUS 70MG/ML | 23 |
| ..... | IMBRUVICA TAB 140MG | 23 |
| <i>hydrocortisone valerate oint 0.2%</i> | IMBRUVICA TAB 280MG | 23 |
| ..... | IMBRUVICA TAB 420MG | 23 |
| <i>hydromorphone hcl liqd 1 mg/ml</i> | IMBRUVICA TAB 560MG | 23 |
| ..... | <i>imipenem-cilastatin intravenous for</i> | |
| <i>hydromorphone hcl tab 2 mg</i> | <i>soln 250 mg</i> | 5 |
| ..... | <i>imipenem-cilastatin intravenous for</i> | |
| <i>hydromorphone hcl tab 4 mg</i> | <i>soln 500 mg</i> | 5 |
| ..... | <i>imipramine hcl tab 10 mg</i> | 49 |
| <i>hydromorphone hcl tab 8 mg</i> | <i>imipramine hcl tab 25 mg</i> | 49 |
| ..... | <i>imipramine hcl tab 50 mg</i> | 49 |
| <i>hydroxychloroquine sulfate tab 200 mg</i> | <i>imiquimod cream 5%</i> | 103 |
| ..... | IMOVAX RABIE INJ 2.5/ML | 90 |
| <i>hydroxyurea cap 500 mg</i> | IMPAVIDO CAP 50MG | 5 |
| ..... | INBRIJA CAP 42MG | 51 |
| <i>hydroxyzine hcl tab 10 mg</i> | INCRELEX INJ 40MG/4ML | 74 |
| ..... | INCRUSE ELPT INH 62.5MCG | 96 |
| <i>hydroxyzine hcl tab 25 mg</i> | <i>indapamide tab 1.25 mg</i> | 38 |
| ..... | <i>indapamide tab 2.5 mg</i> | 38 |
| <i>hydroxyzine hcl tab 50 mg</i> | INFANRIX INJ | 90 |
| ..... | INGREZZA CAP 40-80MG | 59 |
| <i>hydroxyzine pamoate cap 100 mg</i> | INGREZZA CAP 40MG | 59 |
| ..... | INGREZZA CAP 60MG | 59 |
| <i>hydroxyzine pamoate cap 25 mg</i> | INGREZZA CAP 80MG | 59 |
| ..... | INLYTA TAB 1MG | 23 |
| <i>hydroxyzine pamoate cap 50 mg</i> | INLYTA TAB 5MG | 23 |
| | | |
| <i>HYFTOR GEL 0.2%</i> | | |
| | | |
| I | | |
| <i>ibandronate sodium iv soln 3 mg/3ml</i> | | |
| <i>(base equivalent)</i> | | 67 |
| <i>ibandronate sodium tab 150 mg (base</i> | | |
| <i>equivalent)</i> | | 67 |
| IBRANCE CAP 100MG | | 22 |
| IBRANCE CAP 125MG | | 22 |
| IBRANCE CAP 75MG | | 22 |
| IBRANCE TAB 100MG | | 22 |
| IBRANCE TAB 125MG | | 22 |
| IBRANCE TAB 75MG | | 22 |
| <i>ibuprofen tab 400 mg</i> | | 1 |
| <i>ibuprofen tab 600 mg</i> | | 1 |
| <i>ibuprofen tab 800 mg</i> | | 1 |
| <i>icatibant acetate inj 30 mg/3ml (base</i> | | |
| <i>equivalent)</i> | | 86 |
| <i>iclevia</i> | | 68 |
| ICLUSIG TAB 10MG | | 22 |

| | | | |
|--|----|--|----|
| INQOVI TAB 35-100MG | 18 | <i>ipratropium bromide nasal soln 0.03%</i> <i>(21 mcg/spray)</i> | 96 |
| INREBIC CAP 100MG | 23 | <i>ipratropium bromide nasal soln 0.06%</i> <i>(42 mcg/spray)</i> | 96 |
| INSULIN LISP INJ 100/ML | 66 | <i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i> | 96 |
| INSULIN LISP INJ JUNIOR | 66 | <i>irbesartan tab 150 mg</i> | 31 |
| INSULIN LISP INJ PROTAMIN | 66 | <i>irbesartan tab 300 mg</i> | 31 |
| INSULIN PEN NEEDLE | 66 | <i>irbesartan tab 75 mg</i> | 31 |
| INSULIN SYRINGE (DISP) U-100 0.3 ML | 66 | <i>irbesartan-hydrochlorothiazide tab</i> <i>150-12.5 mg</i> | 30 |
| INSULIN SYRINGE (DISP) U-100 1 ML | 66 | <i>irbesartan-hydrochlorothiazide tab</i> <i>300-12.5 mg</i> | 30 |
| INSULIN SYRINGE (DISP) U-100 1/2 ML | 66 | IRESSA TAB 250MG..... | 23 |
| INTELENCE TAB 25MG | 8 | <i>irinotecan hcl inj 100 mg/5ml (20</i> <i>mg/ml)</i> | 20 |
| INTRALIPID INJ 20% | 92 | <i>irinotecan hcl inj 40 mg/2ml (20</i> <i>mg/ml)</i> | 20 |
| INTRALIPID INJ 30% | 92 | <i>irinotecan hcl inj 500 mg/25ml (20</i> <i>mg/ml)</i> | 20 |
| INTRON A INJ 10MU | 88 | ISENTRESS CHW 100MG..... | 8 |
| INTRON A INJ 18MU | 88 | ISENTRESS CHW 25MG..... | 8 |
| INTRON A INJ 25MU | 88 | ISENTRESS HD TAB 600MG..... | 8 |
| INTRON A INJ 50MU | 88 | ISENTRESS POW 100MG..... | 8 |
| <i>introvale</i> | 69 | ISENTRESS TAB 400MG | 8 |
| INVEGA HAFYE INJ 1092MG..... | 54 | <i>isibloom</i> | 69 |
| INVEGA HAFYE INJ 1560MG..... | 54 | ISOLYTE-P INJ /D5W | 91 |
| INVEGA SUST INJ 117/0.75..... | 54 | ISOLYTE-S INJ PH 7.4..... | 91 |
| INVEGA SUST INJ 156MG/ML..... | 54 | <i>isoniazid inj 100 mg/ml.....</i> | 10 |
| INVEGA SUST INJ 234/1.5..... | 54 | <i>isoniazid syrup 50 mg/5ml</i> | 10 |
| INVEGA SUST INJ 39/0.25..... | 54 | <i>isoniazid tab 100 mg</i> | 10 |
| INVEGA SUST INJ 78/0.5ML | 54 | <i>isoniazid tab 300 mg</i> | 10 |
| INVEGA TRINZ INJ 273MG..... | 54 | ISOPROPYL ALCOHOL 0.7 ML/ML..... | 66 |
| INVEGA TRINZ INJ 410MG..... | 54 | <i>isosorbide dinitrate tab 10 mg</i> | 39 |
| INVEGA TRINZ INJ 546MG..... | 54 | <i>isosorbide dinitrate tab 20 mg</i> | 39 |
| INVEGA TRINZ INJ 819MG..... | 54 | <i>isosorbide dinitrate tab 30 mg</i> | 39 |
| INVIRASE TAB 500MG..... | 8 | <i>isosorbide dinitrate tab 5 mg</i> | 39 |
| INVOKAMET TAB 150-1000..... | 63 | <i>isosorbide mononitrate tab 10 mg</i> | 39 |
| INVOKAMET TAB 150-500 | 63 | <i>isosorbide mononitrate tab 20 mg</i> | 39 |
| INVOKAMET TAB 50-1000 | 63 | <i>isosorbide mononitrate tab er 24hr 120</i> <i>mg</i> | 39 |
| INVOKAMET TAB 50-500MG..... | 63 | <i>isosorbide mononitrate tab er 24hr 30</i> <i>mg</i> | 39 |
| INVOKAMET XR TAB 150-1000..... | 64 | <i>isosorbide mononitrate tab er 24hr 60</i> <i>mg</i> | 39 |
| INVOKAMET XR TAB 150-500..... | 64 | <i>isradipine cap 2.5 mg</i> | 36 |
| INVOKAMET XR TAB 50-1000..... | 64 | <i>isradipine cap 5 mg</i> | 36 |
| INVOKAMET XR TAB 50-500MG..... | 63 | | |
| INVOKANA TAB 100MG | 64 | | |
| INVOKANA TAB 300MG | 64 | | |
| IOPIDINE SOL 1% OP | 95 | | |
| IPOL INJ INACTIVE | 90 | | |
| <i>ipratropium bromide inhal soln 0.02%</i> | 96 | | |

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|--------------------------------------|----|--|-----|
| ISTODAX OVR INJ 10MG | 23 | JYNARQUE TAB 30MG | 74 |
| ISTURISA TAB 10MG | 74 | K | |
| ISTURISA TAB 1MG | 74 | KADCYLA INJ 100MG | 23 |
| ISTURISA TAB 5MG | 74 | KADCYLA INJ 160MG | 23 |
| <i>itraconazole cap 100 mg</i> | 7 | <i>kaitlib fe</i> | 69 |
| <i>ivermectin tab 3 mg</i> | 5 | KALYDECO PAK 25MG | 98 |
| IXEMPRA KIT INJ 15MG..... | 20 | KALYDECO PAK 50MG | 98 |
| IXIARO INJ | 90 | KALYDECO PAK 75MG | 98 |
| J | | KALYDECO TAB 150MG | 98 |
| JAKAFI TAB 10MG | 23 | <i>kariva</i> | 69 |
| JAKAFI TAB 15MG | 23 | <i>kcl 10 meq/l (0.075%) in dextrose 5%</i> <i>& nacl 0.45% inj</i> | 91 |
| JAKAFI TAB 20MG | 23 | <i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.2% inj</i> | 91 |
| JAKAFI TAB 25MG | 23 | <i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.45% inj</i> | 91 |
| JAKAFI TAB 5MG | 23 | <i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.9% inj</i> | 91 |
| <i>jantoven</i> | 85 | <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> | 91 |
| JANUMET TAB 50-1000 | 64 | <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> | 91 |
| JANUMET TAB 50-500MG | 64 | <i>kcl 30 meq/l (0.224%) in dextrose 5%</i> <i>& nacl 0.45% inj</i> | 91 |
| JANUMET XR TAB 100-1000..... | 64 | <i>kcl 40 meq/l (0.3%) in dextrose 5% &</i> <i>nacl 0.45% inj</i> | 91 |
| JANUMET XR TAB 50-1000 | 64 | <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> | 91 |
| JANUMET XR TAB 50-500MG..... | 64 | KCL/D5W/LACT INJ 20MEQ/L..... | 91 |
| JANUVIA TAB 100MG | 64 | KCL/D5W/NACL INJ 0.3/0.9%..... | 91 |
| JANUVIA TAB 25MG..... | 64 | <i>kelnor 1/35</i> | 69 |
| JANUVIA TAB 50MG..... | 64 | <i>kelnor 1/50</i> | 69 |
| JARDIANCE TAB 10MG | 64 | KERENDIA TAB 10MG | 38 |
| JARDIANCE TAB 25MG | 64 | KERENDIA TAB 20MG | 38 |
| <i>jasmiel</i> | 69 | KESIMPTA INJ 20/.4ML | 60 |
| JAYPIRCA TAB 100MG | 23 | <i>ketoconazole cream 2%</i> | 101 |
| JAYPIRCA TAB 50MG..... | 23 | <i>ketoconazole shampoo 2%</i> | 101 |
| JENTADUETO TAB 2.5-1000..... | 64 | <i>ketoconazole tab 200 mg</i> | 7 |
| JENTADUETO TAB 2.5-500..... | 64 | <i>ketorolac tromethamine ophth soln</i> <i>0.4%</i> | 94 |
| JENTADUETO TAB 2.5-850..... | 64 | <i>ketorolac tromethamine ophth soln</i> <i>0.5%</i> | 94 |
| JENTADUETO TAB XR 2.5-1000MG ... | 64 | KEYTRUDA INJ 100MG/4M..... | 23 |
| JENTADUETO TAB XR 5-1000MG | 64 | KINERET INJ..... | 87 |
| JEVTANA INJ 60/1.5ML | 20 | KINRIX INJ..... | 90 |
| <i>juleber</i> | 69 | KISQALI 200 DOSE | 23 |
| JULUCA TAB 50-25MG..... | 10 | KISQALI 200 PAK FEMARA..... | 20 |
| <i>junel 1.5/30</i> | 69 | KISQALI 400 DOSE | 23 |
| <i>junel 1/20</i> | 69 | | |
| <i>junel fe 1.5/30</i> | 69 | | |
| <i>junel fe 1/20</i> | 69 | | |
| <i>junel fe 24</i> | 69 | | |
| JYNARQUE PAK 15MG | 74 | | |
| JYNARQUE PAK 30-15MG | 74 | | |
| JYNARQUE PAK 45-15MG | 74 | | |
| JYNARQUE PAK 60-30MG | 74 | | |
| JYNARQUE PAK 90-30MG | 74 | | |
| JYNARQUE TAB 15MG | 74 | | |

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|---|-----|---|----|
| KISQALI 400 PAK FEMARA..... | 20 | <i>lamotrigine orally disintegrating tab</i> | |
| KISQALI 600 DOSE..... | 23 | 100 mg | 43 |
| KISQALI 600 PAK FEMARA..... | 20 | <i>lamotrigine orally disintegrating tab</i> | |
| <i>klor-con</i> | 92 | 200 mg | 43 |
| <i>klor-con 10</i> | 92 | <i>lamotrigine orally disintegrating tab 25</i> | |
| <i>klor-con 8</i> | 92 | mg | 43 |
| <i>klor-con m10</i> | 92 | <i>lamotrigine orally disintegrating tab 50</i> | |
| <i>klor-con m15</i> | 92 | mg | 43 |
| <i>klor-con m20</i> | 92 | <i>lamotrigine tab 100 mg</i> | 43 |
| <i>klor-con/ef</i> | 92 | <i>lamotrigine tab 150 mg</i> | 43 |
| KLOXXADO SPR 8MG | 62 | <i>lamotrigine tab 200 mg</i> | 43 |
| KORLYM TAB 300MG..... | 74 | <i>lamotrigine tab 25 mg</i> | 43 |
| KOSELUGO CAP 10MG | 23 | <i>lamotrigine tab chewable dispersible 25</i> | |
| KOSELUGO CAP 25MG | 23 | mg | 43 |
| KRAZATI TAB 200MG..... | 23 | <i>lamotrigine tab chewable dispersible 5</i> | |
| <i>kurvelo</i> | 69 | mg | 43 |
| KYNMOBI MIS 10MG | 51 | <i>lamotrigine tab disint 25 (14) & 50 mg</i> | |
| KYNMOBI MIS 15MG | 51 | (14) & 100 mg (7) kit | 43 |
| KYNMOBI MIS 20MG | 51 | <i>lamotrigine tab er 24hr 100 mg</i> | 44 |
| KYNMOBI MIS 25MG | 51 | <i>lamotrigine tab er 24hr 200 mg</i> | 44 |
| KYNMOBI MIS 30MG..... | 51 | <i>lamotrigine tab er 24hr 25 mg</i> | 43 |
| KYPROLIS SOL 30MG..... | 23 | <i>lamotrigine tab er 24hr 250 mg</i> | 44 |
| KYPROLIS SOL 60MG..... | 23 | <i>lamotrigine tab er 24hr 300 mg</i> | 44 |
| L | | <i>lamotrigine tab er 24hr 50 mg</i> | 44 |
| <i>labetalol hcl iv soln 5 mg/ml</i> | 34 | <i>lansoprazole cap delayed release 15</i> | |
| <i>labetalol hcl tab 100 mg</i> | 34 | mg | 82 |
| <i>labetalol hcl tab 200 mg</i> | 34 | <i>lansoprazole cap delayed release 30</i> | |
| <i>labetalol hcl tab 300 mg</i> | 34 | mg | 82 |
| <i>lacosamide oral solution 10 mg/ml</i> ... | 43 | <i>lanthanum carbonate chew tab 1000</i> | |
| <i>lacosamide tab 100 mg</i> | 43 | mg (elemental) | 76 |
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| <i>lenalidomide cap 15 mg</i> | 19 | <i>levetiracetam tab 750 mg</i> | 44 |
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| <i>lenalidomide cap 5 mg</i> | 19 | <i>levobunolol hcl ophth soln 0.5%.....</i> | 95 |
| <i>lenalidomide caps 2.5 mg</i> | 19 | <i>levocarnitine oral soln 1 gm/10ml</i> | |
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| <i>leucovorin calcium for inj 100 mg</i> | 27 | <i>levofloxacin in d5w iv soln 750</i> | |
| <i>leucovorin calcium for inj 200 mg</i> | 27 | mg/150ml | 14 |
| <i>leucovorin calcium for inj 350 mg</i> | 27 | <i>levofloxacin iv soln 25 mg/ml</i> | 14 |
| <i>leucovorin calcium for inj 50 mg</i> | 26 | <i>levofloxacin ophth soln 0.5%</i> | 93 |
| <i>leucovorin calcium tab 10 mg</i> | 27 | <i>levofloxacin oral soln 25 mg/ml</i> | 14 |
| <i>leucovorin calcium tab 15 mg</i> | 27 | <i>levofloxacin tab 250 mg</i> | 14 |
| <i>leucovorin calcium tab 25 mg</i> | 27 | <i>levofloxacin tab 500 mg</i> | 14 |
| <i>leucovorin calcium tab 5 mg</i> | 27 | <i>levofloxacin tab 750 mg</i> | 14 |
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| <i>levalbuterol hcl soln nebu 0.63 mg/3ml</i> | | <i>levonorgestrel & ethinyl estradiol tab</i> | |
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| <i>levalbuterol hcl soln nebu 1.25 mg/3ml</i> | | <i>levonorgestrel & ethinyl estradiol tab</i> | |
| (base equiv) | 97 | 0.15 mg-30 mcg | 69 |
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| mg/0.5ml (base equiv)..... | 97 | 30/0.075-40/0.125-30mg-mcg | 69 |
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| <i>metaxalone tab 800 mg</i> | 61 | <i>metolazone tab 2.5 mg</i> | 38 |
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| <i>metformin hcl tab er 24hr 500 mg</i> | 64 | <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> | 34 |
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| <i>metronidazole lotion 0.75%</i> | 104 | <i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i> | 20 |
| <i>metronidazole tab 250 mg</i> | 5 | <i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i> | 20 |
| <i>metronidazole tab 500 mg</i> | 5 | <i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i> | 20 |
| <i>metronidazole vaginal gel 0.75%</i> | 83 | <i>M-M-R II INJ</i> | 90 |
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| <i>minocycline hcl cap 50 mg</i> | 16 | <i>morphine sulfate tab 30 mg</i> | 4 |
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| <i>minoxidil tab 10 mg</i> | 39 | | |
| <i>minoxidil tab 2.5 mg</i> | 39 | | |
| <i>mirtazapine orally disintegrating tab 15 mg</i> | 49 | | |

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|---|-----|---|----|
| <i>morphine sulfate tab er 15 mg</i> | 2 | NAMZARIC CAP 21-10MG | 47 |
| <i>morphine sulfate tab er 200 mg</i> | 2 | NAMZARIC CAP 28-10MG | 47 |
| <i>morphine sulfate tab er 30 mg</i> | 2 | NAMZARIC CAP 7-10MG | 46 |
| <i>morphine sulfate tab er 60 mg</i> | 2 | NAMZARIC CAP PACK | 47 |
| MOVANTIK TAB 12.5MG | 81 | <i>naproxen tab 250 mg</i> | 1 |
| MOVANTIK TAB 25MG | 81 | <i>naproxen tab 375 mg</i> | 1 |
| <i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i> | 93 | <i>naproxen tab 500 mg</i> | 1 |
| <i>moxifloxacin hcl tab 400 mg (base equiv)</i> | 14 | <i>naratriptan hcl tab 1 mg (base equiv)</i> | 59 |
| MOZOBIL INJ | 85 | <i>naratriptan hcl tab 2.5 mg (base equiv)</i> | 59 |
| MULPLETA TAB 3MG | 86 | NARCAN SPR 4MG | 62 |
| MULTAQ TAB 400MG | 32 | NATACYN SUS 5% OP | 93 |
| <i>mupirocin calcium cream 2%</i> | 100 | <i>nateglinide tab 120 mg</i> | 64 |
| <i>mupirocin oint 2%</i> | 100 | <i>nateglinide tab 60 mg</i> | 64 |
| MYALEPT INJ 11.3MG | 74 | NATPARA INJ 100MCG | 67 |
| MYCAPSSA CAP 20MG | 75 | NATPARA INJ 25MCG | 67 |
| <i>mycophenolate mofetil cap 250 mg</i> .. | 89 | NATPARA INJ 50MCG | 67 |
| <i>mycophenolate mofetil for oral susp 200 mg/ml</i> | 89 | NATPARA INJ 75MCG | 67 |
| <i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i> | 89 | NAYZILAM SPR 5MG | 44 |
| <i>mycophenolate mofetil tab 500 mg</i> .. | 89 | <i>nebivolol hcl tab 10 mg (base equivalent)</i> | 35 |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> | 89 | <i>nebivolol hcl tab 2.5 mg (base equivalent)</i> | 35 |
| <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> | 89 | <i>nebivolol hcl tab 20 mg (base equivalent)</i> | 35 |
| <i>myorisan</i> | 100 | <i>nebivolol hcl tab 5 mg (base equivalent)</i> | 35 |
| MYRBETRIQ TAB 25MG | 83 | <i>necon 0.5/35-28</i> | 70 |
| MYRBETRIQ TAB 50MG | 83 | NEEDLES, INSULIN DISP., SAFETY ... | 66 |
| N | | <i>nefazodone hcl tab 100 mg</i> | 49 |
| <i>nabumetone tab 500 mg</i> | 1 | <i>nefazodone hcl tab 150 mg</i> | 49 |
| <i>nabumetone tab 750 mg</i> | 1 | <i>nefazodone hcl tab 200 mg</i> | 49 |
| <i>nadolol tab 20 mg</i> | 35 | <i>nefazodone hcl tab 250 mg</i> | 49 |
| <i>nadolol tab 40 mg</i> | 35 | <i>nefazodone hcl tab 50 mg</i> | 49 |
| <i>nadolol tab 80 mg</i> | 35 | <i>neomycin sulfate tab 500 mg</i> | 6 |
| <i>nafcillin sodium for inj 1 gm</i> | 15 | <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> 93 | |
| <i>nafcillin sodium for inj 2 gm</i> | 15 | <i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> .. | 93 |
| <i>nafcillin sodium for iv soln 10 gm</i> | 15 | <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | 93 |
| <i>naloxone hcl inj 0.4 mg/ml</i> | 62 | <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | 93 |
| <i>naloxone hcl nasal spray 4 mg/0.1ml</i> 62 | | <i>neomycin-polymyxin-hc ophth susp</i> .. | 93 |
| <i>naloxone hcl soln cartridge 0.4 mg/ml</i> | 62 | <i>neomycin-polymyxin-hc otic soln 1%</i> 96 | |
| <i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> | 62 | | |
| <i>naltrexone hcl tab 50 mg</i> | 62 | | |
| NAMZARIC CAP 14-10MG | 47 | | |

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|---|----|--|----|
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | 96 | <i>nisoldipine tab er 24hr 34 mg</i> | 37 |
| NERLYNX TAB 40MG | 24 | <i>nisoldipine tab er 24hr 40 mg</i> | 37 |
| NEUPRO DIS 1MG/24HR..... | 51 | <i>nisoldipine tab er 24hr 8.5 mg</i> | 37 |
| NEUPRO DIS 2MG/24HR..... | 51 | <i>nitazoxanide tab 500 mg</i> | 6 |
| NEUPRO DIS 3MG/24HR..... | 51 | <i>nitisinone cap 10 mg</i> | 75 |
| NEUPRO DIS 4MG/24HR..... | 51 | <i>nitisinone cap 2 mg</i> | 75 |
| NEUPRO DIS 6MG/24HR..... | 51 | <i>nitisinone cap 5 mg</i> | 75 |
| NEUPRO DIS 8MG/24HR..... | 51 | NITRO-BID OIN 2%..... | 39 |
| NEVANAC SUS 0.1% OP | 94 | <i>nitrofur mac cap 50mg</i> | 6 |
| <i>nevirapine susp 50 mg/5ml</i> | 8 | <i>nitrofurantoin macrocrystalline cap 100 mg</i> | 6 |
| <i>nevirapine tab 200 mg</i> | 8 | <i>nitrofurantoin macrocrystalline cap 25 mg</i> | 6 |
| <i>nevirapine tab er 24hr 100 mg</i> | 8 | <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> | 6 |
| <i>nevirapine tab er 24hr 400 mg</i> | 8 | NITROGLYCER INJ 5MG/ML..... | 39 |
| NEXAVAR TAB 200MG | 24 | <i>nitroglycerin sl tab 0.3 mg</i> | 39 |
| NEXTSTELLIS TAB 3-14.2MG | 70 | <i>nitroglycerin sl tab 0.4 mg</i> | 39 |
| <i>niacin tab er 1000 mg (antihyperlipidemic)</i> | 33 | <i>nitroglycerin sl tab 0.6 mg</i> | 39 |
| <i>niacin tab er 500 mg (antihyperlipidemic)</i> | 33 | <i>nitroglycerin td patch 24hr 0.1 mg/hr</i> | 39 |
| <i>niacin tab er 750 mg (antihyperlipidemic)</i> | 33 | <i>nitroglycerin td patch 24hr 0.2 mg/hr</i> | 39 |
| <i>niacor</i> | 33 | <i>nitroglycerin td patch 24hr 0.4 mg/hr</i> | 39 |
| <i>nicardipine hcl cap 20 mg</i> | 36 | <i>nitroglycerin td patch 24hr 0.6 mg/hr</i> | 39 |
| <i>nicardipine hcl cap 30 mg</i> | 36 | <i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i> | 39 |
| NICOTROL INH..... | 62 | NITROSTAT SUB 0.3MG | 39 |
| NICOTROL NS SPR 10MG/ML | 62 | NITROSTAT SUB 0.4MG | 39 |
| <i>nifedipine tab er 24hr 30 mg</i> | 36 | NITROSTAT SUB 0.6MG | 39 |
| <i>nifedipine tab er 24hr 60 mg</i> | 36 | NIVESTYM INJ 300/0.5 | 85 |
| <i>nifedipine tab er 24hr 90 mg</i> | 36 | NIVESTYM INJ 300MCG | 85 |
| <i>nifedipine tab er 24hr osmotic release 30 mg</i> | 36 | NIVESTYM INJ 480/0.8 | 85 |
| <i>nifedipine tab er 24hr osmotic release 60 mg</i> | 36 | NIVESTYM INJ 480MCG | 85 |
| <i>nifedipine tab er 24hr osmotic release 90 mg</i> | 37 | <i>nizatidine cap 150 mg</i> | 80 |
| <i>nikki</i> | 70 | <i>nizatidine cap 300 mg</i> | 80 |
| <i>nilutamide tab 150 mg</i> | 18 | <i>nora-be</i> | 70 |
| <i>nimodipine cap 30 mg</i> | 37 | NORDITROPIN INJ 10/1.5ML..... | 75 |
| NINLARO CAP 2.3MG | 24 | NORDITROPIN INJ 15/1.5ML..... | 75 |
| NINLARO CAP 3MG | 24 | NORDITROPIN INJ 30/3ML | 75 |
| NINLARO CAP 4MG | 24 | NORDITROPIN INJ 5/1.5ML | 75 |
| NIPENT INJ 10MG..... | 20 | <i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | 70 |
| <i>nisoldipine tab er 24hr 17 mg</i> | 37 | <i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | 70 |
| <i>nisoldipine tab er 24hr 20 mg</i> | 37 | | |
| <i>nisoldipine tab er 24hr 25.5 mg</i> | 37 | | |
| <i>nisoldipine tab er 24hr 30 mg</i> | 37 | | |

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| <i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> | 70 | <i>nylia 7/7/7</i> | 70 |
| <i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> | 70 | <i>nymyo</i> | 70 |
| <i>norethindrone acetate tab 5 mg</i> | 76 | <i>nystatin cream 100000 unit/gm</i> | 101 |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | 72 | <i>nystatin oint 100000 unit/gm</i> | 101 |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> | 72 | <i>nystatin susp 100000 unit/ml</i> | 104 |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> | 70 | <i>nystatin tab 500000 unit</i> | 7 |
| <i>norethindrone tab 0.35 mg</i> | 70 | <i>nystatin topical powder 100000 unit/gm</i> | 101 |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | 70 | <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i> | 101 |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | 70 | <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i> | 101 |
| <i>norlyroc</i> | 70 | <i>nystop</i> | 101 |
| NORPACE CAP 100MG CR | 32 | O | |
| NORPACE CAP 150MG CR | 32 | OCTAGAM INJ 1GM | 88 |
| <i>nortrel 0.5/35 (28)</i> | 70 | OCTAGAM INJ 2GM/20ML | 88 |
| <i>nortrel 1/35</i> | 70 | <i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> | 75 |
| <i>nortrel 7/7/7</i> | 70 | <i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i> | 75 |
| <i>nortriptyline hcl cap 10 mg</i> | 49 | <i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> | 75 |
| <i>nortriptyline hcl cap 25 mg</i> | 49 | <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> | 75 |
| <i>nortriptyline hcl cap 50 mg</i> | 49 | <i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i> | 75 |
| <i>nortriptyline hcl cap 75 mg</i> | 49 | ODACTRA SUB | 88 |
| <i>nortriptyline hcl soln 10 mg/5ml</i> | 49 | ODEFSEY TAB | 10 |
| NORVIR POW 100MG | 8 | ODOMZO CAP 200MG | 24 |
| NORVIR SOL 80MG/ML | 8 | OFEV CAP 100MG | 98 |
| NORVIR TAB 100MG | 8 | OFEV CAP 150MG | 98 |
| NOURIANZ TAB 20MG | 51 | <i>ofloxacin ophth soln 0.3%</i> | 93 |
| NOURIANZ TAB 40MG | 51 | <i>ofloxacin otic soln 0.3%</i> | 96 |
| NOXAFIL SUS 40MG/ML | 7 | <i>ofloxacin tab 300 mg</i> | 14 |
| <i>np thyroid 120</i> | 77 | <i>ofloxacin tab 400 mg</i> | 14 |
| <i>np thyroid 15</i> | 77 | <i>olanzapine for im inj 10 mg</i> | 55 |
| <i>np thyroid 30</i> | 77 | <i>olanzapine orally disintegrating tab 10 mg</i> | 55 |
| <i>np thyroid 60</i> | 77 | <i>olanzapine orally disintegrating tab 15 mg</i> | 55 |
| <i>np thyroid 90</i> | 77 | <i>olanzapine orally disintegrating tab 20 mg</i> | 55 |
| NUBEQA TAB 300MG | 19 | <i>olanzapine orally disintegrating tab 5 mg</i> | 55 |
| NUDEXTA CAP 20-10MG | 60 | <i>olanzapine tab 10 mg</i> | 55 |
| NULOJIX INJ 250MG | 89 | <i>olanzapine tab 15 mg</i> | 55 |
| NUPLAZID CAP 34MG | 54 | <i>olanzapine tab 2.5 mg</i> | 55 |
| NUPLAZID TAB 10MG | 55 | | |
| NUZYRA INJ 100MG | 16 | | |
| NUZYRA TAB 150MG | 16 | | |
| <i>nyamyc</i> | 101 | | |
| <i>nylia 1/35</i> | 70 | | |

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| <i>olanzapine tab 20 mg</i> | 55 | <i>ondansetron hcl inj 4 mg/2ml (2</i> | |
| <i>olanzapine tab 5 mg</i> | 55 | <i>mg/ml)</i> | 79 |
| <i>olanzapine tab 7.5 mg</i> | 55 | <i>ondansetron hcl inj 40 mg/20ml (2</i> | |
| <i>olmesartan medoxomil tab 20 mg</i> | 31 | <i>mg/ml)</i> | 79 |
| <i>olmesartan medoxomil tab 40 mg</i> | 31 | <i>ondansetron hcl oral soln 4 mg/5ml..</i> | 79 |
| <i>olmesartan medoxomil tab 5 mg</i> | 31 | <i>ondansetron hcl tab 4 mg</i> | 79 |
| <i>olmesartan medoxomil-</i> | | <i>ondansetron hcl tab 8 mg</i> | 79 |
| <i>hydrochlorothiazide tab 20-12.5 mg</i> | | <i>ondansetron tab 4mg odt</i> | 79 |
| ..... | 30 | <i>ondansetron tab 8mg odt</i> | 79 |
| <i>olmesartan medoxomil-</i> | | ONUREG TAB 200MG | 20 |
| <i>hydrochlorothiazide tab 40-12.5 mg</i> | | ONUREG TAB 300MG | 20 |
| ..... | 30 | OPSUMIT TAB 10MG | 40 |
| <i>olmesartan medoxomil-</i> | | ORFADIN CAP 20MG | 75 |
| <i>hydrochlorothiazide tab 40-25 mg</i> . | 30 | ORFADIN SUS 4MG/ML | 75 |
| <i>olmesartan-amlodipine-</i> | | ORGOVYX TAB 120MG | 19 |
| <i>hydrochlorothiazide tab 20-5-12.5</i> | | ORIAHNN CAP..... | 72 |
| <i>mg</i> | 30 | ORKAMBI GRA 100-125 | 98 |
| <i>olmesartan-amlodipine-</i> | | ORKAMBI GRA 150-188 | 98 |
| <i>hydrochlorothiazide tab 40-10-12.5</i> | | ORKAMBI GRA 75-94MG | 98 |
| <i>mg</i> | 30 | ORKAMBI TAB 100-125 | 98 |
| <i>olmesartan-amlodipine-</i> | | ORKAMBI TAB 200-125..... | 98 |
| <i>hydrochlorothiazide tab 40-10-25 mg</i> | | ORLADEYO CAP 110MG | 86 |
| ..... | 30 | ORLADEYO CAP 150MG | 86 |
| <i>olmesartan-amlodipine-</i> | | ORSERDU TAB 345MG | 19 |
| <i>hydrochlorothiazide tab 40-5-12.5</i> | | ORSERDU TAB 86MG | 19 |
| <i>mg</i> | 30 | ORTIKOS CAP 6MG ER | 81 |
| <i>olmesartan-amlodipine-</i> | | ORTIKOS CAP 9MG ER | 81 |
| <i>hydrochlorothiazide tab 40-5-25 mg</i> | | <i>oseltamivir phosphate cap 30 mg (base</i> | |
| ..... | 30 | <i>equiv)</i> | 11 |
| <i>olopatadine hcl nasal soln 0.6%</i> | 96 | <i>oseltamivir phosphate cap 45 mg (base</i> | |
| <i>olopatadine hcl ophth soln 0.1% (base</i> | | <i>equiv)</i> | 11 |
| <i>equivalent)</i> | 94 | <i>oseltamivir phosphate cap 75 mg (base</i> | |
| <i>olopatadine hcl ophth soln 0.2% (base</i> | | <i>equiv)</i> | 11 |
| <i>equivalent)</i> | 94 | <i>oseltamivir phosphate for susp 6</i> | |
| <i>omega-3-acid ethyl esters cap 1 gm</i> . | 33 | <i>mg/ml (base equiv)</i> | 11 |
| <i>omeprazole cap delayed release 10 mg</i> | | OTEZLA TAB 10/20/30 | 87 |
| ..... | 82 | OTEZLA TAB 30MG | 87 |
| <i>omeprazole cap delayed release 20 mg</i> | | <i>oxacillin sodium for inj 1 gm (base</i> | |
| ..... | 82 | <i>equivalent)</i> | 15 |
| <i>omeprazole cap delayed release 40 mg</i> | | <i>oxacillin sodium for inj 2 gm (base</i> | |
| ..... | 82 | <i>equivalent)</i> | 15 |
| OMNIPOD 5 G6 KIT INTRO | 66 | <i>oxacillin sodium for iv soln 10 gm</i> | |
| OMNIPOD 5 G6 MIS PODS | 66 | <i>(base equivalent)</i> | 15 |
| OMNIPOD DASH MIS PODS..... | 66 | <i>oxaliplatin for iv inj 100 mg</i> | 17 |
| OMNIPOD MIS CLASSIC | 66 | <i>oxaliplatin iv soln 100 mg/20ml</i> | 17 |
| OMNIPOD PDM KIT CLASSIC..... | 66 | <i>oxaliplatin iv soln 50 mg/10ml</i> | 17 |
| | | <i>oxandrolone tab 10 mg</i> | 62 |

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| <i>oxandrolone tab 2.5 mg</i> | 62 | OXYCONTIN TAB 30MG ER | 2 |
| <i>oxazepam cap 10 mg</i> | 41 | OXYCONTIN TAB 40MG ER | 2 |
| <i>oxazepam cap 15 mg</i> | 41 | OXYCONTIN TAB 60MG ER | 2 |
| <i>oxazepam cap 30 mg</i> | 41 | OXYCONTIN TAB 80MG ER | 2 |
| OXBRYTA TAB 300MG | 86 | <i>oxymorphone hcl tab 10 mg</i> | 4 |
| OXBRYTA TAB 500MG | 86 | <i>oxymorphone hcl tab 5 mg</i> | 4 |
| <i>oxcarbazepine susp 300 mg/5ml (60</i> <i>mg/ml)</i> | 44 | OZEMPIC INJ 2/1.5ML..... | 64 |
| <i>oxcarbazepine tab 150 mg</i> | 44 | OZEMPIC INJ 2MG/3ML | 64 |
| <i>oxcarbazepine tab 300 mg</i> | 44 | OZEMPIC INJ 4MG/3ML | 64 |
| <i>oxcarbazepine tab 600 mg</i> | 44 | OZEMPIC INJ 8MG/3ML | 64 |
| OXERVATE SOL 20MCG/ML..... | 95 | P | |
| <i>oxybutynin chloride syrup 5 mg/5ml</i> | 83 | <i>pacerone</i> | 32 |
| <i>oxybutynin chloride tab 5 mg</i> | 83 | <i>paclitaxel iv conc 100 mg/16.7ml (6</i> <i>mg/ml)</i> | 20 |
| <i>oxybutynin chloride tab er 24hr 10 mg</i> <i>.....</i> | 83 | <i>paclitaxel iv conc 150 mg/25ml (6</i> <i>mg/ml)</i> | 20 |
| <i>oxybutynin chloride tab er 24hr 15 mg</i> <i>.....</i> | 83 | <i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i> <i>.....</i> | 20 |
| <i>oxybutynin chloride tab er 24hr 5 mg</i> <i>.....</i> | 83 | <i>paliperidone tab er 24hr 1.5 mg</i> | 55 |
| <i>oxycodone hcl conc 100 mg/5ml (20</i> <i>mg/ml)</i> | 4 | <i>paliperidone tab er 24hr 3 mg</i> | 55 |
| <i>oxycodone hcl soln 5 mg/5ml</i> | 4 | <i>paliperidone tab er 24hr 6 mg</i> | 55 |
| <i>oxycodone hcl tab 10 mg</i> | 4 | <i>paliperidone tab er 24hr 9 mg</i> | 55 |
| <i>oxycodone hcl tab 15 mg</i> | 4 | <i>pamidronate disodium iv soln 3 mg/ml</i> <i>.....</i> | 67 |
| <i>oxycodone hcl tab 20 mg</i> | 4 | <i>pamidronate disodium iv soln 9 mg/ml</i> <i>.....</i> | 67 |
| <i>oxycodone hcl tab 30 mg</i> | 4 | PANRETIN GEL 0.1% | 104 |
| <i>oxycodone hcl tab 5 mg</i> | 4 | <i>pantoprazole sodium ec tab 20 mg</i> <i>(base equiv)</i> | 82 |
| <i>oxycodone hcl tab er 12hr deter 10 mg</i> <i>.....</i> | 2 | <i>pantoprazole sodium ec tab 40 mg</i> <i>(base equiv)</i> | 82 |
| <i>oxycodone hcl tab er 12hr deter 20 mg</i> <i>.....</i> | 2 | PANZYGA SOL 10/100ML..... | 88 |
| <i>oxycodone hcl tab er 12hr deter 40 mg</i> <i>.....</i> | 2 | PANZYGA SOL 1GM/10ML..... | 88 |
| <i>oxycodone hcl tab er 12hr deter 80 mg</i> <i>.....</i> | 2 | PANZYGA SOL 2.5/25ML | 88 |
| <i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i> | 4 | PANZYGA SOL 20/200ML..... | 88 |
| <i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i> | 4 | PANZYGA SOL 30/300ML..... | 88 |
| <i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i> | 4 | PANZYGA SOL 5GM/50ML..... | 88 |
| <i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i> | 4 | <i>paricalcitol cap 1 mcg</i> | 78 |
| OXYCONTIN TAB 10MG ER | 2 | <i>paricalcitol cap 2 mcg</i> | 78 |
| OXYCONTIN TAB 15MG ER | 2 | <i>paricalcitol cap 4 mcg</i> | 78 |
| OXYCONTIN TAB 20MG ER | 2 | <i>paricalcitol iv soln 2 mcg/ml</i> | 78 |
| | | <i>paromomycin sulfate cap 250 mg</i> | 6 |
| | | <i>paroxetine hcl oral susp 10 mg/5ml</i> <i>(base equiv)</i> | 49 |
| | | <i>paroxetine hcl tab 10 mg</i> | 49 |
| | | <i>paroxetine hcl tab 20 mg</i> | 49 |
| | | <i>paroxetine hcl tab 30 mg</i> | 49 |

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| <i>paroxetine hcl tab 40 mg</i> | 49 | <i>phenobarbital tab 100 mg</i> | 44 |
| <i>paroxetine hcl tab er 24hr 12.5 mg</i> .. | 49 | <i>phenobarbital tab 15 mg</i> | 44 |
| <i>paroxetine hcl tab er 24hr 25 mg</i> | 49 | <i>phenobarbital tab 16.2 mg</i> | 44 |
| <i>paroxetine hcl tab er 24hr 37.5 mg</i> .. | 49 | <i>phenobarbital tab 30 mg</i> | 44 |
| PEDIARIX INJ 0.5ML | 90 | <i>phenobarbital tab 32.4 mg</i> | 44 |
| PEDVAX HIB INJ | 90 | <i>phenobarbital tab 60 mg</i> | 44 |
| <i>peg-3350/electrolytes/asc</i> | 81 | <i>phenobarbital tab 64.8 mg</i> | 44 |
| PEGASYS INJ | 11 | <i>phenobarbital tab 97.2 mg</i> | 44 |
| PEGASYS INJ 180MCG/M | 11 | <i>phenytoin chew tab 50 mg</i> | 44 |
| PEMAZYRE TAB 13.5MG | 24 | <i>phenytoin sodium extended cap 100</i> | |
| PEMAZYRE TAB 4.5MG | 24 | <i>mg</i> | 44 |
| PEMAZYRE TAB 9MG | 24 | <i>phenytoin sodium extended cap 200</i> | |
| PEN G PROC INJ 600000 | 15 | <i>mg</i> | 44 |
| PEN GK/DEXTR INJ 20000/ML | 15 | <i>phenytoin sodium extended cap 300</i> | |
| PEN GK/DEXTR INJ 40000/ML | 15 | <i>mg</i> | 44 |
| PEN GK/DEXTR INJ 60000/ML | 15 | <i>phenytoin sodium inj 50 mg/ml</i> | 44 |
| <i>peniclovir cream 1%</i> | 104 | <i>phenytoin susp 125 mg/5ml</i> | 44 |
| <i>penicillamine tab 250 mg</i> | 67 | PIFELTRO TAB 100MG | 8 |
| <i>penicillin g potassium for inj 20000000</i> | | <i>pilocarpine hcl ophth soln 1%</i> | 95 |
| <i>unit</i> | 15 | <i>pilocarpine hcl ophth soln 2%</i> | 95 |
| <i>penicillin g sodium for inj 5000000 unit</i> | | <i>pilocarpine hcl ophth soln 4%</i> | 95 |
| ..... | 15 | <i>pilocarpine hcl tab 5 mg</i> | 104 |
| <i>penicillin v potassium for soln 125</i> | | <i>pilocarpine hcl tab 7.5 mg</i> | 104 |
| <i>mg/5ml</i> | 15 | <i>pimecrolimus cream 1%</i> | 104 |
| <i>penicillin v potassium for soln 250</i> | | <i>pimozide tab 1 mg</i> | 55 |
| <i>mg/5ml</i> | 15 | <i>pimozide tab 2 mg</i> | 55 |
| <i>penicillin v potassium tab 250 mg</i> | 15 | <i>pimtrea</i> | 70 |
| <i>penicillin v potassium tab 500 mg</i> | 15 | <i>pindolol tab 10 mg</i> | 35 |
| PENTACEL INJ | 90 | <i>pindolol tab 5 mg</i> | 35 |
| <i>pentamidine isethionate inh</i> | 6 | <i>pioglitazone hcl tab 15 mg (base equiv)</i> | |
| <i>pentamidine isethionate inj</i> | 6 | ..... | 64 |
| <i>pentoxifylline tab er 400 mg</i> | 86 | <i>pioglitazone hcl tab 30 mg (base equiv)</i> | |
| <i>perindopril erbumine tab 2 mg</i> | 28 | ..... | 64 |
| <i>perindopril erbumine tab 4 mg</i> | 28 | <i>pioglitazone hcl tab 45 mg (base equiv)</i> | |
| <i>perindopril erbumine tab 8 mg</i> | 28 | ..... | 64 |
| <i>periogard</i> | 104 | <i>pioglitazone hcl-metformin hcl tab 15-</i> | |
| PERJETA INJ 420/14ML | 24 | <i>500 mg</i> | 64 |
| <i>permethrin cream 5%</i> | 104 | <i>pioglitazone hcl-metformin hcl tab 15-</i> | |
| <i>perphenazine tab 16 mg</i> | 55 | <i>850 mg</i> | 64 |
| <i>perphenazine tab 2 mg</i> | 55 | <i>piperacillin sod-tazobactam sod for inj</i> | |
| <i>perphenazine tab 4 mg</i> | 55 | <i>2.25 gm (2-0.25 gm)</i> | 15 |
| <i>perphenazine tab 8 mg</i> | 55 | <i>piperacillin sod-tazobactam sod for inj</i> | |
| PERSERIS INJ 120MG | 55 | <i>4.5 gm (4-0.5 gm)</i> | 16 |
| PERSERIS INJ 90MG | 55 | <i>piperacillin sod-tazobactam sod for inj</i> | |
| <i>pfizerpen</i> | 15 | <i>40.5 gm (36-4.5 gm)</i> | 16 |
| <i>phenelzine sulfate tab 15 mg</i> | 49 | PIQRAY 200MG TAB DOSE | 24 |
| <i>phenobarbital elixir 20 mg/5ml</i> | 44 | PIQRAY 250MG TAB DOSE | 24 |

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|---|-----|--|----|
| PIQRAY 300MG TAB DOSE..... | 24 | <i>potassium citrate tab er 5 meq (540</i> | |
| <i>pirfenidone cap 267 mg</i> | 98 | <i>mg)</i> | 83 |
| <i>pirfenidone tab 267 mg</i> | 98 | PRADAXA CAP 110MG | 85 |
| <i>pirfenidone tab 534 mg</i> | 98 | PRADAXA CAP 150MG | 85 |
| <i>pirfenidone tab 801 mg</i> | 98 | PRADAXA CAP 75MG..... | 85 |
| <i>pirmella 1/35</i> | 70 | PRALUENT INJ 150MG/ML | 34 |
| PLASMA-LYTE INJ -148 | 91 | PRALUENT INJ 75MG/ML | 33 |
| PLASMA-LYTE INJ -A..... | 92 | <i>pramipexole dihydrochloride tab 0.125</i> | |
| PLEGRIDY INJ | 61 | <i>mg</i> | 52 |
| PLEGRIDY INJ PEN..... | 61 | <i>pramipexole dihydrochloride tab 0.25</i> | |
| <i>podofilox soln 0.5%</i> | 104 | <i>mg</i> | 52 |
| <i>polymyxin b-trimethoprim ophth soln</i> | | <i>pramipexole dihydrochloride tab 0.5</i> | |
| <i>10000 unit/ml-0.1%</i> | 93 | <i>mg</i> | 51 |
| POMALYST CAP 1MG | 19 | <i>pramipexole dihydrochloride tab 0.75</i> | |
| POMALYST CAP 2MG | 19 | <i>mg</i> | 52 |
| POMALYST CAP 3MG | 19 | <i>pramipexole dihydrochloride tab 1 mg</i> | |
| POMALYST CAP 4MG | 19 | ..... | 52 |
| <i>portia-28</i> | 70 | <i>pramipexole dihydrochloride tab 1.5</i> | |
| <i>posaconazole tab delayed release 100</i> | | <i>mg</i> | 52 |
| <i>mg</i> | 7 | <i>prasugrel hcl tab 10 mg (base equiv)</i> | 86 |
| POT CHLORIDE INJ 10MEQ | 92 | <i>prasugrel hcl tab 5 mg (base equiv)</i> . | 86 |
| POT CHLORIDE INJ 20MEQ | 92 | <i>pravastatin sodium tab 10 mg</i> | 33 |
| POT CHLORIDE INJ 40MEQ | 92 | <i>pravastatin sodium tab 20 mg</i> | 33 |
| <i>potassium chloride 20 meq/l (0.15%)</i> | | <i>pravastatin sodium tab 40 mg</i> | 33 |
| <i>in dextrose 5% inj</i> | 92 | <i>pravastatin sodium tab 80 mg</i> | 33 |
| <i>potassium chloride cap er 10 meq</i> | 92 | <i>praziquantel tab 600 mg</i> | 6 |
| <i>potassium chloride cap er 8 meq</i> | 92 | <i>prazosin hcl cap 1 mg</i> | 29 |
| <i>potassium chloride inj 2 meq/ml</i> | 92 | <i>prazosin hcl cap 2 mg</i> | 29 |
| <i>potassium chloride microencapsulated</i> | | <i>prazosin hcl cap 5 mg</i> | 29 |
| <i>crys er tab 10 meq</i> | 92 | PRED MILD SUS 0.12% OP..... | 94 |
| <i>potassium chloride microencapsulated</i> | | PRED SOD PHO SOL 1% OP..... | 94 |
| <i>crys er tab 15 meq</i> | 92 | <i>prednisolone acetate ophth susp 1%</i> 94 | |
| <i>potassium chloride microencapsulated</i> | | <i>prednisolone sod phosph oral soln 6.7</i> | |
| <i>crys er tab 20 meq</i> | 92 | <i>mg/5ml (5 mg/5ml base)</i> | 73 |
| <i>potassium chloride oral soln 10% (20</i> | | <i>prednisolone sod phosphate oral soln</i> | |
| <i>meq/15ml)</i> | 92 | <i>15 mg/5ml (base equiv)</i> | 73 |
| <i>potassium chloride oral soln 20% (40</i> | | <i>prednisolone sodium phosphate oral</i> | |
| <i>meq/15ml)</i> | 92 | <i>soln 25 mg/5ml (base eq)</i> | 73 |
| <i>potassium chloride tab er 10 meq</i> | 92 | <i>prednisolone soln 15 mg/5ml</i> | 73 |
| <i>potassium chloride tab er 20 meq</i> | | PREDNISONONE CON 5MG/ML | 73 |
| <i>(1500 mg)</i> | 92 | <i>prednisone oral soln 5 mg/5ml</i> | 73 |
| <i>potassium chloride tab er 8 meq (600</i> | | <i>prednisone tab 1 mg</i> | 73 |
| <i>mg)</i> | 92 | <i>prednisone tab 10 mg</i> | 73 |
| <i>potassium citrate tab er 10 meq (1080</i> | | <i>prednisone tab 2.5 mg</i> | 73 |
| <i>mg)</i> | 83 | <i>prednisone tab 20 mg</i> | 73 |
| <i>potassium citrate tab er 15 meq (1620</i> | | <i>prednisone tab 5 mg</i> | 73 |
| <i>mg)</i> | 83 | <i>prednisone tab 50 mg</i> | 73 |

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| <i>pregabalin cap 100 mg</i> | 44 | PROCRIT INJ 10000/ML..... | 85 |
| <i>pregabalin cap 150 mg</i> | 44 | PROCRIT INJ 2000/ML | 85 |
| <i>pregabalin cap 200 mg</i> | 44 | PROCRIT INJ 20000/ML..... | 85 |
| <i>pregabalin cap 225 mg</i> | 44 | PROCRIT INJ 3000/ML | 85 |
| <i>pregabalin cap 25 mg</i> | 44 | PROCRIT INJ 4000/ML | 85 |
| <i>pregabalin cap 300 mg</i> | 44 | PROCRIT INJ 40000/ML..... | 85 |
| <i>pregabalin cap 50 mg</i> | 44 | <i>procto-med hc</i> | 104 |
| <i>pregabalin cap 75 mg</i> | 44 | <i>procto-pak</i> | 104 |
| <i>pregabalin soln 20 mg/ml</i> | 45 | <i>proctosol hc</i> | 104 |
| PREHEVBRIO SUS 10MCG/ML | 90 | <i>proctozone-hc</i> | 104 |
| PREMARIN INJ 25MG | 72 | PROCYSBI GRA 300MG | 75 |
| PREMARIN TAB 0.3MG | 72 | PROCYSBI GRA 75MG | 75 |
| PREMARIN TAB 0.45MG..... | 72 | <i>progesterone cap 100 mg</i> | 76 |
| PREMARIN TAB 0.625MG..... | 72 | <i>progesterone cap 200 mg</i> | 76 |
| PREMARIN TAB 0.9MG | 72 | PROGRAF GRA 0.2MG | 89 |
| PREMARIN TAB 1.25MG..... | 72 | PROGRAF GRA 1MG..... | 89 |
| PREMARIN VAG CRE 0.625MG..... | 72 | PROGRAF INJ 5MG/ML | 89 |
| PREMASOL SOL 10% | 92 | PROLASTIN-C INJ 1000MG | 98 |
| PREMPRO TAB 0.3-1.5 | 72 | PROLENSA SOL 0.07%..... | 94 |
| PREMPRO TAB 0.45-1.5..... | 72 | PROLEUKIN INJ 22MU | 20 |
| PREMPRO TAB 0.625-2.5..... | 72 | PROLIA INJ 60MG/ML | 67 |
| PREMPRO TAB 0.625-5..... | 72 | PROMACTA PAK 25MG | 86 |
| PRETOMANID TAB 200MG | 10 | PROMACTA POW 12.5MG..... | 86 |
| <i>prevalite</i> | 34 | PROMACTA TAB 12.5MG..... | 86 |
| PREVYMIS TAB 240MG | 11 | PROMACTA TAB 25MG | 86 |
| PREVYMIS TAB 480MG | 11 | PROMACTA TAB 50MG | 86 |
| PREZCOBIX TAB 800-150 | 10 | PROMACTA TAB 75MG | 86 |
| PREZISTA SUS 100MG/ML | 8 | <i>promethazine hcl inj 25 mg/ml</i> | 79 |
| PREZISTA TAB 150MG | 8 | <i>promethazine hcl inj 50 mg/ml</i> | 79 |
| PREZISTA TAB 600MG | 8 | <i>promethazine hcl suppos 12.5 mg</i> | 79 |
| PREZISTA TAB 75MG | 8 | <i>promethazine hcl suppos 25 mg</i> | 80 |
| PREZISTA TAB 800MG | 9 | <i>promethazine hcl syrup 6.25 mg/5ml</i> | 80 |
| PRIFTIN TAB 150MG | 10 | <i>promethazine hcl tab 12.5 mg</i> | 80 |
| PRIMAQUINE TAB 26.3MG | 7 | <i>promethazine hcl tab 25 mg</i> | 80 |
| <i>primidone tab 250 mg</i> | 45 | <i>promethazine hcl tab 50 mg</i> | 80 |
| <i>primidone tab 50 mg</i> | 45 | <i>promethegan</i> | 80 |
| PRIORIX INJ | 90 | <i>propafenone hcl cap er 12hr 225 mg</i> | 32 |
| PRIVIGEN INJ 20GRAMS..... | 88 | <i>propafenone hcl cap er 12hr 325 mg</i> | 32 |
| <i>probenecid tab 500 mg</i> | 1 | <i>propafenone hcl cap er 12hr 425 mg</i> | 32 |
| <i>procainamide hcl inj 100 mg/ml</i> | 32 | <i>propafenone hcl tab 150 mg</i> | 32 |
| <i>prochlorperazine edisylate inj 10</i> | | <i>propafenone hcl tab 225 mg</i> | 32 |
| <i>mg/2ml</i> | 79 | <i>propafenone hcl tab 300 mg</i> | 32 |
| <i>prochlorperazine maleate tab 10 mg</i> | | <i>propranolol hcl cap er 24hr 120 mg</i> .. | 35 |
| <i>(base equivalent)</i> | 79 | <i>propranolol hcl cap er 24hr 160 mg</i> .. | 35 |
| <i>prochlorperazine maleate tab 5 mg</i> | | <i>propranolol hcl cap er 24hr 60 mg</i> | 35 |
| <i>(base equivalent)</i> | 79 | <i>propranolol hcl cap er 24hr 80 mg</i> | 35 |
| <i>prochlorperazine suppos 25 mg</i> | 79 | <i>propranolol hcl tab 10 mg</i> | 35 |

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| <i>propranolol hcl tab 20 mg</i> | 35 |
| <i>propranolol hcl tab 40 mg</i> | 35 |
| <i>propranolol hcl tab 60 mg</i> | 35 |
| <i>propranolol hcl tab 80 mg</i> | 35 |
| <i>propylthiouracil tab 50 mg</i> | 77 |
| PROQUAD INJ | 90 |
| PROSOL INJ 20% | 92 |
| <i>protriptyline hcl tab 10 mg</i> | 49 |
| <i>protriptyline hcl tab 5 mg</i> | 49 |
| PULMICORT INH 180MCG | 99 |
| PULMICORT INH 90MCG | 99 |
| PULMOZYME SOL 1MG/ML | 98 |
| PURIXAN SUS 20MG/ML | 18 |
| <i>pyrazinamide tab 500 mg</i> | 10 |
| <i>pyridostigmine bromide tab 60 mg</i> ... | 60 |
| <i>pyridostigmine bromide tab er 180 mg</i> | 60 |
| <i>pyrimethamine tab 25 mg</i> | 6 |
| Q | |
| QBREXZA PAD 2.4% | 104 |
| QINLOCK TAB 50MG | 24 |
| QUADRACEL INJ | 90 |
| QUADRACEL INJ 0.5ML | 90 |
| <i>quetiapine fumarate tab 100 mg</i> | 55 |
| <i>quetiapine fumarate tab 150 mg</i> | 55 |
| <i>quetiapine fumarate tab 200 mg</i> | 55 |
| <i>quetiapine fumarate tab 25 mg</i> | 55 |
| <i>quetiapine fumarate tab 300 mg</i> | 55 |
| <i>quetiapine fumarate tab 400 mg</i> | 55 |
| <i>quetiapine fumarate tab 50 mg</i> | 55 |
| <i>quetiapine fumarate tab er 24hr 150</i> <i>mg</i> | 55 |
| <i>quetiapine fumarate tab er 24hr 200</i> <i>mg</i> | 55 |
| <i>quetiapine fumarate tab er 24hr 300</i> <i>mg</i> | 55 |
| <i>quetiapine fumarate tab er 24hr 400</i> <i>mg</i> | 55 |
| <i>quetiapine fumarate tab er 24hr 50 mg</i> | 55 |
| <i>quinapril hcl tab 10 mg</i> | 28 |
| <i>quinapril hcl tab 20 mg</i> | 28 |
| <i>quinapril hcl tab 40 mg</i> | 28 |
| <i>quinapril hcl tab 5 mg</i> | 28 |
| <i>quinapril-hydrochlorothiazide tab 10-</i> <i>12.5 mg</i> | 28 |

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| <i>quinapril-hydrochlorothiazide tab 20-</i> <i>12.5 mg</i> | 28 |
| <i>quinapril-hydrochlorothiazide tab 20-25</i> <i>mg</i> | 28 |
| <i>quinidine gluconate tab er 324 mg</i> ... | 32 |
| <i>quinidine sulfate tab 200 mg</i> | 32 |
| <i>quinidine sulfate tab 300 mg</i> | 32 |
| <i>quinine sulfate cap 324 mg</i> | 7 |
| R | |
| RABAVERT INJ | 90 |
| <i>rabeprazole sodium ec tab 20 mg</i> | 82 |
| <i>raloxifene hcl tab 60 mg</i> | 75 |
| <i>ramelteon tab 8 mg</i> | 58 |
| <i>ramipril cap 1.25 mg</i> | 28 |
| <i>ramipril cap 10 mg</i> | 29 |
| <i>ramipril cap 2.5 mg</i> | 28 |
| <i>ramipril cap 5 mg</i> | 29 |
| <i>ranitidine hcl inj 150 mg/6ml (25</i> <i>mg/ml)</i> | 80 |
| <i>ranitidine hcl inj 50 mg/2ml (25</i> <i>mg/ml)</i> | 80 |
| <i>ranolazine tab er 12hr 1000 mg</i> | 39 |
| <i>ranolazine tab er 12hr 500 mg</i> | 39 |
| <i>rasagiline mesylate tab 0.5 mg (base</i> <i>equiv)</i> | 52 |
| <i>rasagiline mesylate tab 1 mg (base</i> <i>equiv)</i> | 52 |
| RAVICTI LIQ 1.1GM/ML..... | 75 |
| RAYALDEE CAP 30MCG | 78 |
| REBIF INJ 22/0.5 | 61 |
| REBIF INJ 44/0.5 | 61 |
| REBIF REBIDO INJ 22/0.5 | 61 |
| REBIF REBIDO INJ 44/0.5 | 61 |
| REBIF REBIDO INJ TITRATN | 61 |
| REBIF TITRTN INJ PACK | 61 |
| <i>reclipsen</i> | 70 |
| RECOMBIVA HB INJ 10MCG/ML | 90 |
| RECOMBIVA HB INJ 5MCG/0.5 | 90 |
| RECOMBIVA-HB INJ 40MCG/ML..... | 90 |
| RECTIV OIN 0.4% | 104 |
| REGRANEX GEL 0.01% | 104 |
| RELENZA MIS DISKHALE..... | 11 |
| RELISTOR INJ 12/0.6ML..... | 81 |
| RELISTOR INJ 8/0.4ML | 81 |
| <i>repaglinide tab 0.5 mg</i> | 64 |
| <i>repaglinide tab 1 mg</i> | 64 |
| <i>repaglinide tab 2 mg</i> | 65 |

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|---|-----|--|----|
| RESTASIS EMU 0.05% OP | 95 | <i>risedronate sodium tab delayed release</i> | |
| RESTASIS MUL EMU 0.05% OP | 95 | 35 mg | 67 |
| RETACRIT INJ 10000UNT | 85 | RISPERDAL INJ 12.5MG | 56 |
| RETACRIT INJ 20000UNI | 85 | RISPERDAL INJ 25MG | 56 |
| RETACRIT INJ 2000UNIT | 85 | RISPERDAL INJ 37.5MG | 56 |
| RETACRIT INJ 3000UNIT | 85 | RISPERDAL INJ 50MG | 56 |
| RETACRIT INJ 40000UNT | 85 | <i>risperidone orally disintegrating tab</i> | |
| RETACRIT INJ 4000UNIT | 85 | 0.25 mg | 56 |
| RETEVMO CAP 40MG | 24 | <i>risperidone orally disintegrating tab 0.5</i> | |
| RETEVMO CAP 80MG | 24 | mg | 56 |
| RETROVIR INJ 10MG/ML | 9 | <i>risperidone orally disintegrating tab 1</i> | |
| REVLIMID CAP 10MG | 19 | mg | 56 |
| REVLIMID CAP 15MG | 19 | <i>risperidone orally disintegrating tab 2</i> | |
| REVLIMID CAP 2.5MG | 19 | mg | 56 |
| REVLIMID CAP 20MG | 19 | <i>risperidone orally disintegrating tab 3</i> | |
| REVLIMID CAP 25MG | 19 | mg | 56 |
| REVLIMID CAP 5MG | 19 | <i>risperidone orally disintegrating tab 4</i> | |
| REXULTI TAB 0.25MG | 55 | mg | 56 |
| REXULTI TAB 0.5MG | 55 | <i>risperidone soln 1 mg/ml</i> | 56 |
| REXULTI TAB 1MG | 55 | <i>risperidone tab 0.25 mg</i> | 56 |
| REXULTI TAB 2MG | 55 | <i>risperidone tab 0.5 mg</i> | 56 |
| REXULTI TAB 3MG | 55 | <i>risperidone tab 1 mg</i> | 56 |
| REXULTI TAB 4MG | 56 | <i>risperidone tab 2 mg</i> | 56 |
| REYATAZ POW 50MG | 9 | <i>risperidone tab 3 mg</i> | 56 |
| REZLIDHIA CAP 150MG | 24 | <i>risperidone tab 4 mg</i> | 56 |
| REZUROCK TAB 200MG | 24 | <i>ritonavir tab 100 mg</i> | 9 |
| RHOPRESSA SOL 0.02% | 95 | RITUXAN INJ 100MG | 24 |
| <i>ribavirin cap 200 mg</i> | 11 | RITUXAN INJ 500MG | 24 |
| <i>ribavirin tab 200 mg</i> | 11 | <i>rivastigmine tartrate cap 1.5 mg (base</i> | |
| RIDAURA CAP 3MG | 88 | equivalent) | 47 |
| <i>rifabutin cap 150 mg</i> | 10 | <i>rivastigmine tartrate cap 3 mg (base</i> | |
| <i>rifampin cap 150 mg</i> | 10 | equivalent) | 47 |
| <i>rifampin cap 300 mg</i> | 10 | <i>rivastigmine tartrate cap 4.5 mg (base</i> | |
| <i>rifampin for inj 600 mg</i> | 10 | equivalent) | 47 |
| <i>riluzole tab 50 mg</i> | 60 | <i>rivastigmine tartrate cap 6 mg (base</i> | |
| <i>rimantadine hydrochloride tab 100 mg</i> | | equivalent) | 47 |
| ..... | 11 | <i>rivastigmine transdermal</i> | 47 |
| <i>ringer's solution</i> | 92 | <i>rizatriptan benzoate oral disintegrating</i> | |
| <i>ringer's solution for irrigation</i> | 104 | tab 10 mg (base eq) | 59 |
| RINVOQ TAB 15MG ER | 87 | <i>rizatriptan benzoate oral disintegrating</i> | |
| RINVOQ TAB 30MG ER | 87 | tab 5 mg (base eq) | 59 |
| RINVOQ TAB 45MG ER | 87 | <i>rizatriptan benzoate tab 10 mg (base</i> | |
| <i>risedronate sodium tab 150 mg</i> | 67 | equivalent) | 59 |
| <i>risedronate sodium tab 30 mg</i> | 67 | <i>rizatriptan benzoate tab 5 mg (base</i> | |
| <i>risedronate sodium tab 35 mg</i> | 67 | equivalent) | 59 |
| <i>risedronate sodium tab 5 mg</i> | 67 | ROCKLATAN DRO | 95 |
| | | <i>roflumilast tab 250 mcg</i> | 98 |

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| <i>roflumilast tab 500 mcg</i> | 98 | SCSEMBLIX TAB 20MG..... | 25 |
| <i>ropinirole hydrochloride tab 0.25 mg</i> | 52 | SCSEMBLIX TAB 40MG..... | 25 |
| <i>ropinirole hydrochloride tab 0.5 mg</i> .. | 52 | <i>scopolamine td patch 72hr 1 mg/3days</i> | |
| <i>ropinirole hydrochloride tab 1 mg</i> | 52 | ..... | 80 |
| <i>ropinirole hydrochloride tab 2 mg</i> | 52 | SECUADO DIS 3.8MG | 56 |
| <i>ropinirole hydrochloride tab 3 mg</i> | 52 | SECUADO DIS 5.7MG | 56 |
| <i>ropinirole hydrochloride tab 4 mg</i> | 52 | SECUADO DIS 7.6MG | 56 |
| <i>ropinirole hydrochloride tab 5 mg</i> | 52 | <i>selegiline hcl cap 5 mg</i> | 52 |
| <i>rosuvastatin calcium tab 10 mg</i> | 33 | <i>selegiline hcl tab 5 mg</i> | 52 |
| <i>rosuvastatin calcium tab 20 mg</i> | 33 | <i>selenium sulfide lotion 2.5%</i> | 101 |
| <i>rosuvastatin calcium tab 40 mg</i> | 33 | SELZENTRY SOL 20MG/ML | 9 |
| <i>rosuvastatin calcium tab 5 mg</i> | 33 | SELZENTRY TAB 25MG..... | 9 |
| ROTARIX SUS | 90 | SELZENTRY TAB 75MG..... | 9 |
| ROTATEQ SOL..... | 91 | SEREVENT DIS AER 50MCG | 97 |
| <i>roweepra</i> | 45 | <i>sertraline hcl oral concentrate for</i> | |
| ROZLYTREK CAP 100MG..... | 24 | <i>solution 20 mg/ml</i> | 49 |
| ROZLYTREK CAP 200MG..... | 24 | <i>sertraline hcl tab 100 mg</i> | 49 |
| RUBRACA TAB 200MG..... | 24 | <i>sertraline hcl tab 25 mg</i> | 49 |
| RUBRACA TAB 250MG..... | 24 | <i>sertraline hcl tab 50 mg</i> | 49 |
| RUBRACA TAB 300MG..... | 24 | <i>setlakin</i> | 70 |
| RUCONEST INJ 2100UNIT..... | 86 | <i>sevelamer carbonate packet 0.8 gm</i> . | 76 |
| <i>rufinamide susp 40 mg/ml</i> | 45 | <i>sevelamer carbonate packet 2.4 gm</i> . | 76 |
| <i>rufinamide tab 200 mg</i> | 45 | <i>sevelamer carbonate tab 800 mg</i> | 76 |
| <i>rufinamide tab 400 mg</i> | 45 | <i>sevelamer hcl tab 400 mg</i> | 76 |
| RUKOBIA TAB 600MG ER..... | 9 | <i>sevelamer hcl tab 800 mg</i> | 76 |
| RYBELSUS TAB 14MG | 65 | <i>sf 5000 plus</i> | 104 |
| RYBELSUS TAB 3MG | 65 | <i>sharobel</i> | 70 |
| RYBELSUS TAB 7MG | 65 | SHINGRIX INJ 50/0.5ML | 91 |
| RYDAPT CAP 25MG | 24 | SIGNIFOR INJ 0.3MG/ML..... | 75 |
| RYTARY CAP 145MG | 52 | SIGNIFOR INJ 0.6MG/ML..... | 75 |
| RYTARY CAP 195MG | 52 | SIGNIFOR INJ 0.9MG/ML..... | 75 |
| RYTARY CAP 245MG | 52 | SIGNIFOR LAR INJ 20MG | 75 |
| RYTARY CAP 95MG | 52 | SIGNIFOR LAR INJ 40MG | 75 |
| S | | SIGNIFOR LAR INJ 60MG | 75 |
| <i>salsalate tab 500 mg</i> | 1 | <i>sildenafil citrate for suspension 10</i> | |
| <i>salsalate tab 750 mg</i> | 1 | <i>mg/ml</i> | 40 |
| SANCUSO DIS 3.1MG | 80 | <i>sildenafil citrate tab 20 mg</i> | 40 |
| SANDOSTATIN KIT LAR 10MG..... | 75 | <i>silodosin cap 4 mg</i> | 82 |
| SANDOSTATIN KIT LAR 20MG..... | 75 | <i>silodosin cap 8 mg</i> | 82 |
| SANDOSTATIN KIT LAR 30MG..... | 75 | <i>silver sulfadiazine cream 1%</i> | 100 |
| SANTYL OIN 250/GM | 104 | SIMBRINZA SUS 1-0.2%..... | 95 |
| <i>sapropterin dihydrochloride powder</i> | | SIMULECT INJ 10MG..... | 89 |
| <i>packet 100 mg</i> | 75 | SIMULECT INJ 20MG..... | 89 |
| <i>sapropterin dihydrochloride powder</i> | | <i>simvastatin tab 10 mg</i> | 33 |
| <i>packet 500 mg</i> | 75 | <i>simvastatin tab 20 mg</i> | 33 |
| <i>sapropterin dihydrochloride tab 100 mg</i> | | <i>simvastatin tab 40 mg</i> | 33 |
| | 75 | <i>simvastatin tab 5 mg</i> | 33 |

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| <i>simvastatin tab 80 mg</i> | 33 | <i>sotalol hcl tab 120 mg</i> | 32 |
| <i>sirolimus oral soln 1 mg/ml</i> | 89 | <i>sotalol hcl tab 160 mg</i> | 32 |
| <i>sirolimus tab 0.5 mg</i> | 89 | <i>sotalol hcl tab 240 mg</i> | 32 |
| <i>sirolimus tab 1 mg</i> | 90 | <i>sotalol hcl tab 80 mg</i> | 32 |
| <i>sirolimus tab 2 mg</i> | 90 | SOVALDI PAK 150MG..... | 11 |
| SIRTURO TAB 100MG | 10 | SOVALDI PAK 200MG..... | 11 |
| SIRTURO TAB 20MG | 10 | SOVALDI TAB 400MG | 11 |
| SKYRIZI INJ 150DOSE | 87 | <i>spinosad susp 0.9%</i> | 104 |
| SKYRIZI INJ 150MG/ML..... | 87 | <i>spironolactone & hydrochlorothiazide</i> | |
| SKYRIZI INJ 180/1.2 | 87 | <i>tab 25-25 mg</i> | 38 |
| SKYRIZI INJ 360/2.4 | 87 | <i>spironolactone tab 100 mg</i> | 29 |
| SKYRIZI PEN INJ 150MG/ML | 87 | <i>spironolactone tab 25 mg</i> | 29 |
| SLYND TAB 4MG..... | 70 | <i>spironolactone tab 50 mg</i> | 29 |
| SOD OXYBATE SOL 500MG/ML..... | 61 | <i>sprintec 28</i> | 70 |
| <i>sod sulfate-pot sulf-mg sulf oral sol</i> | | SPRITAM TAB 1000MG..... | 45 |
| <i>17.5-3.13-1.6 gm/177ml</i> | 81 | SPRITAM TAB 250MG..... | 45 |
| <i>sodium chloride irrigation soln 0.9%</i> | | SPRITAM TAB 500MG..... | 45 |
| ..... | 104 | SPRITAM TAB 750MG..... | 45 |
| <i>sodium chloride iv soln 0.45%</i> | 92 | SPRYCEL TAB 100MG..... | 25 |
| <i>sodium chloride iv soln 0.9%</i> | 92 | SPRYCEL TAB 140MG..... | 25 |
| <i>sodium chloride iv soln 3%</i> | 92 | SPRYCEL TAB 20MG..... | 25 |
| <i>sodium fluoride 2.2 mg</i> | 92 | SPRYCEL TAB 50MG..... | 25 |
| <i>sodium polystyrene sulfonate powder</i> | | SPRYCEL TAB 70MG..... | 25 |
| ..... | 67 | SPRYCEL TAB 80MG..... | 25 |
| <i>solifenacin succinate tab 10 mg</i> | 83 | <i>sps</i> | 67 |
| <i>solifenacin succinate tab 5 mg</i> | 83 | <i>sronyx</i> | 70 |
| SOLTAMOX SOL 10MG/5ML | 19 | <i>ssd</i> | 100 |
| SOLU-CORTEF INJ 1000MG..... | 73 | STELARA INJ 45MG/0.5..... | 87 |
| SOLU-CORTEF INJ 100MG | 73 | STELARA INJ 90MG/ML | 87 |
| SOLU-CORTEF INJ 250MG | 73 | STIVARGA TAB 40MG | 25 |
| SOLU-CORTEF INJ 500MG | 73 | <i>streptomycin sulfate for inj 1 gm</i> | 6 |
| SOLU-MEDROL INJ 1000MG..... | 73 | STRIBILD TAB..... | 10 |
| SOLU-MEDROL INJ 125MG..... | 73 | SUCRAID SOL 8500/ML..... | 81 |
| SOLU-MEDROL INJ 2GM | 73 | <i>sucralfate susp 1 gm/10ml</i> | 81 |
| SOLU-MEDROL INJ 40MG | 73 | <i>sucralfate tab 1 gm</i> | 81 |
| SOLU-MEDROL INJ 500MG..... | 73 | <i>sulfacetamide sodium lotion 10%</i> | |
| SOMAVERT INJ 10MG | 75 | <i>(acne)</i> | 100 |
| SOMAVERT INJ 15MG | 75 | <i>sulfacetamide sodium ophth oint 10%</i> | |
| SOMAVERT INJ 20MG | 75 | ..... | 93 |
| SOMAVERT INJ 25MG | 75 | <i>sulfacetamide sodium ophth soln 10%</i> | |
| SOMAVERT INJ 30MG | 75 | ..... | 93 |
| <i>sorafenib tosylate tab 200 mg (base</i> | | <i>sulfacetamide sodium-prednisolone</i> | |
| <i>equivalent)</i> | 25 | <i>ophth soln 10-0.23(0.25)%</i> | 93 |
| <i>sorine</i> | 32 | <i>sulfadiazine tab 500 mg</i> | 6 |
| <i>sotalol hcl (afib/afl) tab 120 mg</i> | 32 | <i>sulfamethoxazole-trimethoprim susp</i> | |
| <i>sotalol hcl (afib/afl) tab 160 mg</i> | 32 | <i>200-40 mg/5ml</i> | 6 |
| <i>sotalol hcl (afib/afl) tab 80 mg</i> | 32 | | |

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| <i>sulfamethoxazole-trimethoprim tab</i> | | SYNJARDY XR TAB 5-1000MG | 65 |
| 400-80 mg | 6 | SYNRIBO INJ 3.5MG | 20 |
| <i>sulfamethoxazole-trimethoprim tab</i> | | SYNTHROID TAB 100MCG | 77 |
| 800-160 mg..... | 6 | SYNTHROID TAB 112MCG | 77 |
| SULFAMYLON CRE 85MG/GM | 100 | SYNTHROID TAB 125MCG | 77 |
| <i>sulfasalazin tab 500mg dr</i> | 81 | SYNTHROID TAB 137MCG | 77 |
| <i>sulfasalazine tab 500 mg</i> | 81 | SYNTHROID TAB 150MCG | 77 |
| <i>sumatriptan nasal spray 20 mg/act</i> .. | 59 | SYNTHROID TAB 175MCG | 77 |
| <i>sumatriptan nasal spray 5 mg/act</i> | 59 | SYNTHROID TAB 200MCG | 77 |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i> | | SYNTHROID TAB 25MCG | 77 |
| ..... | 59 | SYNTHROID TAB 300MCG | 78 |
| <i>sumatriptan succinate tab 100 mg</i> | 59 | SYNTHROID TAB 50MCG | 77 |
| <i>sumatriptan succinate tab 25 mg</i> | 59 | SYNTHROID TAB 75MCG | 77 |
| <i>sumatriptan succinate tab 50 mg</i> | 59 | SYNTHROID TAB 88MCG | 77 |
| <i>sunitinib malate cap 12.5 mg (base</i> | | T | |
| <i>equivalent)</i> | 25 | TABLOID TAB 40MG | 18 |
| <i>sunitinib malate cap 25 mg (base</i> | | TABRECTA TAB 150MG | 25 |
| <i>equivalent)</i> | 25 | TABRECTA TAB 200MG | 25 |
| <i>sunitinib malate cap 37.5 mg (base</i> | | <i>tacrolimus cap 0.5 mg</i> | 90 |
| <i>equivalent)</i> | 25 | <i>tacrolimus cap 1 mg</i> | 90 |
| <i>sunitinib malate cap 50 mg (base</i> | | <i>tacrolimus cap 5 mg</i> | 90 |
| <i>equivalent)</i> | 25 | <i>tacrolimus oint 0.03%</i> | 104 |
| SUNLENCA INJ..... | 9 | <i>tacrolimus oint 0.1%</i> | 104 |
| SUNLENCA TAB 300MG | 9 | <i>tadalafil tab 2.5 mg</i> | 82 |
| SUPRAX SUS 500/5ML | 13 | <i>tadalafil tab 20 mg (pah)</i> | 40 |
| SUPREP BOWEL PREP..... | 81 | <i>tadalafil tab 5 mg</i> | 82 |
| SYMBICORT AER 160-4.5 | 100 | TAFINLAR CAP 50MG | 25 |
| SYMBICORT AER 80-4.5 | 100 | TAFINLAR CAP 75MG | 25 |
| SYMDEKO TAB 50-75MG | 98 | TAGRISSO TAB 40MG | 25 |
| SYMLINPEN 60 INJ 1000MCG | 65 | TAGRISSO TAB 80MG | 25 |
| SYMLNPEN 120 INJ 1000MCG | 65 | TAKHZYRO INJ 300/2ML | 86 |
| SYMPAZAN MIS 10MG..... | 45 | TALICIA CAP..... | 82 |
| SYMPAZAN MIS 20MG..... | 45 | TALTZ INJ 80MG/ML | 87 |
| SYMPAZAN MIS 5MG..... | 45 | TALZENNA CAP 0.25MG | 25 |
| SYMPROIC TAB 0.2MG | 82 | TALZENNA CAP 0.5MG | 25 |
| SYMTUZA TAB..... | 10 | TALZENNA CAP 0.75MG | 25 |
| SYNAGIS INJ 100MG/ML | 88 | TALZENNA CAP 1MG..... | 25 |
| SYNAGIS INJ 50MG | 88 | <i>tamoxifen citrate tab 10 mg (base</i> | |
| SYNAREL SOL 2MG/ML..... | 71 | <i>equivalent)</i> | 19 |
| SYNERCID INJ 500MG..... | 6 | <i>tamoxifen citrate tab 20 mg (base</i> | |
| SYNJARDY TAB 12.5-1000MG | 65 | <i>equivalent)</i> | 19 |
| SYNJARDY TAB 12.5-500..... | 65 | <i>tamsulosin hcl cap 0.4 mg</i> | 83 |
| SYNJARDY TAB 5-1000MG | 65 | TARGRETIN GEL 1% | 104 |
| SYNJARDY TAB 5-500MG..... | 65 | <i>tarina 24 fe</i> | 70 |
| SYNJARDY XR TAB 10-1000..... | 65 | <i>tarina fe 1/20 eq</i> | 70 |
| SYNJARDY XR TAB 12.5-1000MG..... | 65 | TASIGNA CAP 150MG | 25 |
| SYNJARDY XR TAB 25-1000..... | 65 | TASIGNA CAP 200MG | 25 |

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| TASIGNA CAP 50MG | 25 | <i>terazosin hcl cap 5 mg (base</i> | |
| TAVNEOS CAP 10MG..... | 20 | <i>equivalent)</i> | 29 |
| <i>tazarotene cream 0.1%</i> | 101 | <i>terbinafine hcl tab 250 mg</i> | 7 |
| <i>tazarotene gel 0.05%</i> | 101 | <i>terbutaline sulfate inj 1 mg/ml</i> | 97 |
| <i>tazarotene gel 0.1%</i> | 101 | <i>terbutaline sulfate tab 2.5 mg</i> | 97 |
| <i>tazicef</i> | 13 | <i>terbutaline sulfate tab 5 mg</i> | 97 |
| <i>taztia xt</i> | 37 | <i>terconazole vaginal cream 0.4%</i> | 83 |
| TAZVERIK TAB 200MG | 25 | <i>terconazole vaginal cream 0.8%</i> | 83 |
| TDVAX INJ 2-2 LF..... | 91 | <i>terconazole vaginal suppos 80 mg</i> | 83 |
| TECENTRIQ INJ 1200/20 | 25 | TERIPARATIDE INJ | 67 |
| TECVAYLI INJ 153/1.7 | 20 | <i>testosterone cypionate im inj in oil 100</i> | |
| TECVAYLI INJ 30MG/3ML..... | 20 | <i>mg/ml</i> | 63 |
| TEFLARO INJ 400MG | 13 | <i>testosterone cypionate im inj in oil 200</i> | |
| TEFLARO INJ 600MG..... | 13 | <i>mg/ml</i> | 63 |
| TEGSEDI INJ 284/1.5 | 60 | <i>testosterone enanthate im inj in oil 200</i> | |
| <i>telmisartan tab 20 mg</i> | 31 | <i>mg/ml</i> | 63 |
| <i>telmisartan tab 40 mg</i> | 31 | <i>testosterone td gel 10mg/act (2%)</i> .. | 63 |
| <i>telmisartan tab 80 mg</i> | 31 | <i>testosterone td gel 12.5 mg/act (1%)</i> | |
| <i>telmisartan-amlodipine tab 40-10 mg</i> |  | ..... | 63 |
| ..... | 30 | <i>testosterone td gel 20.25 mg/1.25gm</i> | |
| <i>telmisartan-amlodipine tab 40-5 mg</i> . | 30 | <i>(1.62%)</i> | 63 |
| <i>telmisartan-amlodipine tab 80-10 mg</i> | | <i>testosterone td gel 20.25 mg/act</i> | |
| ..... | 30 | <i>(1.62%)</i> | 63 |
| <i>telmisartan-amlodipine tab 80-5 mg</i> . | 30 | <i>testosterone td gel 25 mg/2.5gm (1%)</i> | |
| <i>telmisartan-hydrochlorothiazide tab 40-</i> |  | ..... | 63 |
| <i>12.5 mg</i> | 30 | <i>testosterone td gel 40.5 mg/2.5gm</i> | |
| <i>telmisartan-hydrochlorothiazide tab 80-</i> | | <i>(1.62%)</i> | 63 |
| <i>12.5 mg</i> | 30 | <i>testosterone td gel 50 mg/5gm (1%)</i> | 63 |
| <i>telmisartan-hydrochlorothiazide tab 80-</i> | | <i>testosterone td soln 30 mg/act</i> | 63 |
| <i>25 mg</i> | 30 | <i>tetrabenazine tab 12.5 mg</i> | 60 |
| <i>temazepam cap 15 mg</i> | 58 | <i>tetrabenazine tab 25 mg</i> | 60 |
| <i>temazepam cap 22.5 mg</i> | 58 | <i>tetracycline hcl cap 250 mg</i> | 16 |
| <i>temazepam cap 30 mg</i> | 58 | <i>tetracycline hcl cap 500 mg</i> | 16 |
| <i>temazepam cap 7.5 mg</i> | 58 | THALOMID CAP 100MG | 19 |
| TEMIXYS TAB 300-300..... | 10 | THALOMID CAP 150MG | 19 |
| <i>tencon</i> | 1 | THALOMID CAP 200MG | 19 |
| TENIVAC INJ 5-2LF..... | 91 | THALOMID CAP 50MG..... | 19 |
| <i>tenofovir disoproxil fumarate tab 300</i> | | THEO-24 CAP 100MG CR..... | 98 |
| <i>mg</i> | 9 | THEO-24 CAP 200MG CR..... | 98 |
| TEPMETKO TAB 225MG | 25 | <i>theophylline tab er 12hr 300 mg</i> | 98 |
| <i>terazosin hcl cap 1 mg (base</i> | | <i>theophylline tab er 12hr 450 mg</i> | 98 |
| <i>equivalent)</i> | 29 | <i>theophylline tab er 24hr 400 mg</i> | 98 |
| <i>terazosin hcl cap 10 mg (base</i> | | <i>theophylline tab er 24hr 600 mg</i> | 98 |
| <i>equivalent)</i> | 29 | <i>thioridazine hcl tab 10 mg</i> | 56 |
| <i>terazosin hcl cap 2 mg (base</i> | | <i>thioridazine hcl tab 100 mg</i> | 56 |
| <i>equivalent)</i> | 29 | <i>thioridazine hcl tab 25 mg</i> | 56 |
| | | <i>thioridazine hcl tab 50 mg</i> | 56 |

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| <i>thiotepa for inj 15 mg</i> | 17 | TIROSINT-SOL SOL 13MCG/ML | 78 |
| <i>thiothixene cap 1 mg</i> | 56 | TIROSINT-SOL SOL 150MCG | 78 |
| <i>thiothixene cap 10 mg</i> | 56 | TIROSINT-SOL SOL 175MCG | 78 |
| <i>thiothixene cap 2 mg</i> | 56 | TIROSINT-SOL SOL 200MCG | 78 |
| <i>thiothixene cap 5 mg</i> | 56 | TIROSINT-SOL SOL 25MCG/ML | 78 |
| THYMOGLOBULN INJ 25MG | 90 | TIROSINT-SOL SOL 37.5/ML | 78 |
| <i>tiadylt er</i> | 37 | TIROSINT-SOL SOL 44MCG/ML | 78 |
| <i>tiagabine hcl tab 12 mg</i> | 45 | TIROSINT-SOL SOL 50MCG/ML | 78 |
| <i>tiagabine hcl tab 16 mg</i> | 45 | TIROSINT-SOL SOL 62.5/ML | 78 |
| <i>tiagabine hcl tab 2 mg</i> | 45 | TIROSINT-SOL SOL 75MCG/ML | 78 |
| <i>tiagabine hcl tab 4 mg</i> | 45 | TIROSINT-SOL SOL 88MCG/ML | 78 |
| TIBSOVO TAB 250MG | 25 | TIVICAY PD TAB 5MG | 9 |
| TICOVAC INJ | 91 | TIVICAY TAB 10MG | 9 |
| <i>tigecycline for iv soln 50 mg</i> | 16 | TIVICAY TAB 25MG | 9 |
| <i>tilia fe</i> | 71 | TIVICAY TAB 50MG | 9 |
| <i>timolol maleate ophth gel forming soln</i> <i>0.25%</i> | 95 | <i>tizanidine hcl tab 2 mg (base</i> <i>equivalent)</i> | 61 |
| <i>timolol maleate ophth gel forming soln</i> <i>0.5%</i> | 95 | <i>tizanidine hcl tab 4 mg (base</i> <i>equivalent)</i> | 61 |
| <i>timolol maleate ophth soln 0.25%</i> | 95 | TOBI PODHALR CAP 28MG | 6 |
| <i>timolol maleate ophth soln 0.5%</i> | 95 | TOBRADEX OIN 0.3-0.1% | 93 |
| <i>timolol maleate preservative free ophth</i> <i>soln 0.25%</i> | 95 | <i>tobramycin nebu soln 300 mg/4ml</i> | 6 |
| <i>timolol maleate preservative free ophth</i> <i>soln 0.5%</i> | 95 | <i>tobramycin nebu soln 300 mg/5ml</i> | 6 |
| <i>timolol maleate tab 10 mg</i> | 35 | <i>tobramycin ophth soln 0.3%</i> | 93 |
| <i>timolol maleate tab 20 mg</i> | 35 | <i>tobramycin sulfate inj 10 mg/ml (base</i> <i>equivalent)</i> | 6 |
| <i>timolol maleate tab 5 mg</i> | 35 | <i>tobramycin sulfate inj 80 mg/2ml (40</i> <i>mg/ml) (base equiv)</i> | 6 |
| <i>tinidazole tab 250 mg</i> | 6 | <i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i> | 93 |
| <i>tinidazole tab 500 mg</i> | 6 | TOBREX OIN 0.3% OP | 93 |
| <i>tiopronin tab 100 mg</i> | 83 | <i>tolcapone tab 100 mg</i> | 52 |
| TIROSINT CAP 100MCG | 78 | <i>tolterodine tartrate cap er 24hr 2 mg</i> 83 | |
| TIROSINT CAP 112MCG | 78 | <i>tolterodine tartrate cap er 24hr 4 mg</i> 83 | |
| TIROSINT CAP 125MCG | 78 | <i>tolterodine tartrate tab 1 mg</i> | 83 |
| TIROSINT CAP 137MCG | 78 | <i>tolterodine tartrate tab 2 mg</i> | 83 |
| TIROSINT CAP 13MCG | 78 | <i>tolvaptan tab 15 mg</i> | 75 |
| TIROSINT CAP 150MCG | 78 | <i>tolvaptan tab 30 mg</i> | 75 |
| TIROSINT CAP 175MCG | 78 | <i>topiramate cap er 24hr 100 mg</i> | 45 |
| TIROSINT CAP 200 | 78 | <i>topiramate cap er 24hr 25 mg</i> | 45 |
| TIROSINT CAP 25MCG | 78 | <i>topiramate cap er 24hr 50 mg</i> | 45 |
| TIROSINT CAP 50MCG | 78 | <i>topiramate sprinkle cap 15 mg</i> | 45 |
| TIROSINT CAP 75MCG | 78 | <i>topiramate sprinkle cap 25 mg</i> | 45 |
| TIROSINT CAP 88MCG | 78 | <i>topiramate tab 100 mg</i> | 45 |
| TIROSINT-SOL SOL 100MCG | 78 | <i>topiramate tab 200 mg</i> | 45 |
| TIROSINT-SOL SOL 112MCG | 78 | <i>topiramate tab 25 mg</i> | 45 |
| TIROSINT-SOL SOL 125MCG | 78 | <i>topiramate tab 50 mg</i> | 45 |
| TIROSINT-SOL SOL 137MCG | 78 | | |

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| <i>toposar</i> | 21 | TRELSTAR MIX INJ 11.25MG | 19 |
| <i>topotecan hcl for inj 4 mg (base equiv)</i> | 20 | TRELSTAR MIX INJ 22.5MG | 19 |
| <i>toremifene citrate tab 60 mg (base equivalent)</i> | 19 | TRELSTAR MIX INJ 3.75MG | 19 |
| TORISEL INJ 25MG/ML | 25 | TRESIBA FLEX INJ 100UNIT | 66 |
| <i>toremide tab 10 mg</i> | 38 | TRESIBA FLEX INJ 200UNIT | 66 |
| <i>toremide tab 100 mg</i> | 38 | TRESIBA INJ 100UNIT | 66 |
| <i>toremide tab 20 mg</i> | 38 | <i>tretinoin cap 10 mg</i> | 20 |
| <i>toremide tab 5 mg</i> | 38 | <i>tretinoin cream 0.025%</i> | 100 |
| TOUJEO MAX INJ 300IU/ML | 66 | <i>tretinoin cream 0.05%</i> | 100 |
| TOUJEO SOLO INJ 300IU/ML | 66 | <i>tretinoin cream 0.1%</i> | 100 |
| <i>tovet</i> | 103 | <i>tretinoin gel 0.01%</i> | 100 |
| TOVIAZ TAB 4MG | 83 | <i>tretinoin gel 0.025%</i> | 100 |
| TOVIAZ TAB 8MG | 83 | <i>tretinoin gel 0.05%</i> | 100 |
| TRADJENTA TAB 5MG | 65 | <i>triamcinolone acetonide cream 0.025%</i> | 103 |
| <i>tramadol hcl tab 100 mg</i> | 4 | <i>triamcinolone acetonide cream 0.1%</i> | 103 |
| <i>tramadol hcl tab 50 mg</i> | 4 | <i>triamcinolone acetonide cream 0.5%</i> | 103 |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> | 4 | <i>triamcinolone acetonide dental paste 0.1%</i> | 104 |
| <i>trandolapril tab 1 mg</i> | 29 | <i>triamcinolone acetonide lotion 0.025%</i> | 103 |
| <i>trandolapril tab 2 mg</i> | 29 | <i>triamcinolone acetonide lotion 0.1%</i> | 103 |
| <i>trandolapril tab 4 mg</i> | 29 | <i>triamcinolone acetonide oint 0.025%</i> | 103 |
| <i>trandolapril-verapamil hcl tab er 1-240 mg</i> | 28 | <i>triamcinolone acetonide oint 0.1%</i> . | 103 |
| <i>trandolapril-verapamil hcl tab er 2-180 mg</i> | 28 | <i>triamcinolone acetonide oint 0.5%</i> . | 103 |
| <i>trandolapril-verapamil hcl tab er 2-240 mg</i> | 28 | <i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> | 38 |
| <i>trandolapril-verapamil hcl tab er 4-240 mg</i> | 28 | <i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> | 38 |
| <i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i> | 86 | <i>triamterene & hydrochlorothiazide tab 75-50 mg</i> | 38 |
| <i>tranexamic acid tab 650 mg</i> | 86 | <i>triamterene cap 100 mg</i> | 38 |
| <i>tranylcypromine sulfate tab 10 mg</i> ... | 49 | <i>triamterene cap 50 mg</i> | 38 |
| TRAVASOL INJ 10% | 93 | <i>triderm</i> | 103 |
| <i>travoprost ophth soln 0.004%</i> (benzalkonium free) (bak free) | 95 | <i>trientine hcl cap 250 mg</i> | 68 |
| <i>trazodone hcl tab 100 mg</i> | 49 | <i>trifluoperazine hcl tab 1 mg (base equivalent)</i> | 56 |
| <i>trazodone hcl tab 150 mg</i> | 50 | <i>trifluoperazine hcl tab 10 mg (base equivalent)</i> | 56 |
| <i>trazodone hcl tab 300 mg</i> | 50 | <i>trifluoperazine hcl tab 2 mg (base equivalent)</i> | 56 |
| <i>trazodone hcl tab 50 mg</i> | 49 | <i>trifluoperazine hcl tab 5 mg (base equivalent)</i> | 56 |
| TREANDA INJ 100MG | 17 | | |
| TREANDA INJ 25MG | 17 | | |
| TRECTOR TAB 250MG | 10 | | |
| TRELEGY AER 100MCG | 96 | | |
| TRELEGY AER 200MCG | 96 | | |

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| <i>trifluridine ophth soln 1%</i> | 93 | TYPHIM VI INJ | 91 |
| <i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> | 52 | TYSABRI INJ 300/15ML | 61 |
| <i>trihexyphenidyl hcl tab 2 mg</i> | 52 | TYVASO DPI POW 16-32-48..... | 40 |
| <i>trihexyphenidyl hcl tab 5 mg</i> | 52 | TYVASO DPI POW 16-32MCG | 40 |
| TRIJARDY XR TAB ER 24HR 10-5- 1000MG | 65 | TYVASO DPI POW 16MCG..... | 40 |
| TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG | 65 | TYVASO DPI POW 32-48MCG | 40 |
| TRIJARDY XR TAB ER 24HR 25-5- 1000MG | 65 | TYVASO DPI POW 32MCG..... | 40 |
| TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG | 65 | TYVASO DPI POW 48MCG..... | 40 |
| TRIKAFTA TAB | 98 | TYVASO DPI POW 64MCG..... | 40 |
| <i>tri-legest fe</i> | 71 | U | |
| <i>trimethoprim tab 100 mg</i> | 6 | UBRELVY TAB 100MG | 59 |
| <i>trimipramine maleate cap 100 mg</i> ... | 50 | UBRELVY TAB 50MG | 59 |
| <i>trimipramine maleate cap 25 mg</i> | 50 | UDENYCA INJ 6MG/.6ML | 85 |
| <i>trimipramine maleate cap 50 mg</i> | 50 | UKONIQ TAB 200MG..... | 26 |
| TRINTELLIX TAB 10MG..... | 50 | <i>unithroid</i> | 78 |
| TRINTELLIX TAB 20MG..... | 50 | UPTRAVI TAB 1000MCG | 40 |
| TRINTELLIX TAB 5MG | 50 | UPTRAVI TAB 1200MCG | 40 |
| <i>tri-nymyo</i> | 71 | UPTRAVI TAB 1400MCG | 40 |
| <i>tri-sprintec</i> | 71 | UPTRAVI TAB 1600MCG | 40 |
| TRIUMEQ PD TAB | 10 | UPTRAVI TAB 200MCG | 40 |
| TRIUMEQ TAB | 10 | UPTRAVI TAB 400MCG | 40 |
| <i>trivora-28</i> | 71 | UPTRAVI TAB 600MCG | 40 |
| TRIZIVIR TAB | 10 | UPTRAVI TAB 800MCG | 40 |
| TROPHAMINE INJ 10%..... | 93 | <i>ursodiol cap 300 mg</i> | 82 |
| <i>trospium chloride cap er 24hr 60 mg</i> | 83 | <i>ursodiol tab 250 mg</i> | 82 |
| <i>trospium chloride tab 20 mg</i> | 83 | <i>ursodiol tab 500 mg</i> | 82 |
| TRULICITY INJ 0.75/0.5 | 65 | V | |
| TRULICITY INJ 1.5/0.5..... | 65 | <i>valacyclovir hcl tab 1 gm</i> | 11 |
| TRULICITY INJ 3/0.5..... | 65 | <i>valacyclovir hcl tab 500 mg</i> | 11 |
| TRULICITY INJ 4.5/0.5..... | 65 | VALCHLOR GEL 0.016% | 104 |
| TRUMENBA INJ | 91 | <i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i> | 12 |
| TRUSELTIQ CAP 100MG | 25 | <i>valproate sodium inj 100 mg/ml</i> | 45 |
| TRUSELTIQ CAP 125MG | 25 | <i>valproate sodium oral soln 250 mg/5ml</i> <i>(base equiv)</i> | 45 |
| TRUSELTIQ CAP 50MG | 25 | <i>valproic acid cap 250 mg</i> | 45 |
| TRUSELTIQ CAP 75MG | 25 | <i>valsartan tab 160 mg</i> | 31 |
| TUKYSA TAB 150MG | 25 | <i>valsartan tab 320 mg</i> | 31 |
| TUKYSA TAB 50MG | 25 | <i>valsartan tab 40 mg</i> | 31 |
| TURALIO CAP 125MG | 25 | <i>valsartan tab 80 mg</i> | 31 |
| TURALIO CAP 200MG | 26 | <i>valsartan-hydrochlorothiazide tab 160-</i> <i>12.5 mg</i> | 30 |
| TWINRIX INJ | 91 | <i>valsartan-hydrochlorothiazide tab 160-</i> <i>25 mg</i> | 31 |
| TYBOST TAB 150MG | 9 | <i>valsartan-hydrochlorothiazide tab 320-</i> <i>12.5 mg</i> | 31 |
| <i>tydemy</i> | 71 | | |

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| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> | 31 | <i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> | 50 |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | 30 | <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> | 50 |
| VALTOCO SPR 10MG | 45 | <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> | 50 |
| VALTOCO SPR 15MG | 45 | <i>venlafaxine hcl tab 100 mg (base equivalent)</i> | 50 |
| VALTOCO SPR 20MG | 45 | <i>venlafaxine hcl tab 25 mg (base equivalent)</i> | 50 |
| VALTOCO SPR 5MG..... | 45 | <i>venlafaxine hcl tab 37.5 mg (base equivalent)</i> | 50 |
| <i>vancomycin hcl cap 125 mg (base equivalent)</i> | 6 | <i>venlafaxine hcl tab 50 mg (base equivalent)</i> | 50 |
| <i>vancomycin hcl cap 250 mg (base equivalent)</i> | 6 | <i>venlafaxine hcl tab 75 mg (base equivalent)</i> | 50 |
| <i>vancomycin hcl for iv soln 1 gm (base equivalent)</i> | 6 | <i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i> | 50 |
| <i>vancomycin hcl for iv soln 10 gm (base equivalent)</i> | 6 | <i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i> | 50 |
| <i>vancomycin hcl for iv soln 5 gm (base equivalent)</i> | 6 | <i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i> | 50 |
| <i>vancomycin hcl for iv soln 500 mg (base equivalent)</i> | 6 | <i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i> | 50 |
| <i>vancomycin hcl for iv soln 750 mg (base equivalent)</i> | 6 | VENLAFAXINE TAB 112.5MG | 50 |
| VANCOMYCIN SOL 250/5ML..... | 7 | VENTAVIS SOL 10MCG/ML | 40 |
| VANDAZOLE GEL 0.75%..... | 83 | VENTAVIS SOL 20MCG/ML | 40 |
| VAQTA INJ 25/0.5ML | 91 | VENTOLIN HFA AER..... | 97 |
| VAQTA INJ 50UNT/ML | 91 | <i>verapamil hcl cap er 24hr 100 mg</i> | 37 |
| <i>varenicline tartrate tab 0.5 mg (base equiv)</i> | 62 | <i>verapamil hcl cap er 24hr 120 mg</i> | 37 |
| <i>varenicline tartrate tab 1 mg (base equiv)</i> | 62 | <i>verapamil hcl cap er 24hr 180 mg</i> | 37 |
| <i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> | 62 | <i>verapamil hcl cap er 24hr 200 mg</i> | 37 |
| VARIVAX INJ..... | 91 | <i>verapamil hcl cap er 24hr 240 mg</i> | 37 |
| VARUBI TAB 90MG | 80 | <i>verapamil hcl cap er 24hr 300 mg</i> | 37 |
| VASCEPA CAP 0.5GM | 34 | <i>verapamil hcl cap er 24hr 360 mg</i> | 37 |
| VASCEPA CAP 1GM | 34 | <i>verapamil hcl tab 120 mg</i> | 37 |
| VECTIBIX INJ 100MG | 26 | <i>verapamil hcl tab 40 mg</i> | 37 |
| VECTIBIX INJ 400MG | 26 | <i>verapamil hcl tab 80 mg</i> | 37 |
| <i>velivet</i> | 71 | <i>verapamil hcl tab er 120 mg</i> | 37 |
| VELTASSA POW 16.8GM..... | 68 | <i>verapamil hcl tab er 180 mg</i> | 37 |
| VELTASSA POW 25.2GM..... | 68 | <i>verapamil hcl tab er 240 mg</i> | 37 |
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| VENCLEXTA TAB 50MG..... | 26 | VERZENIO TAB 150MG..... | 26 |
| VENCLEXTA TAB START PK..... | 26 | VERZENIO TAB 200MG..... | 26 |
| | | VERZENIO TAB 50MG | 26 |

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| <i>vestura</i> | 71 | VOSEVI TAB | 12 |
| V-GO 20 KIT | 66 | VOTRIENT TAB 200MG | 26 |
| V-GO 30 KIT | 66 | VRAYLAR CAP 1.5MG | 56 |
| V-GO 40 KIT | 66 | VRAYLAR CAP 3MG | 56 |
| VICTOZA INJ 18MG/3ML..... | 65 | VRAYLAR CAP 4.5MG | 56 |
| <i>vienva</i> | 71 | VRAYLAR CAP 6MG | 56 |
| <i>vigabatin powd pack 500 mg</i> | 45 | VUMERITY CAP 231MG..... | 61 |
| <i>vigabatin tab 500 mg</i> | 45 | VUMERITY STARTER | 61 |
| <i>vigadrone</i> | 45 | <i>vyfemla</i> | 71 |
| VIIBRYD KIT STARTER | 50 | VYNDAMAX CAP 61MG | 39 |
| VIIBRYD TAB 10MG | 50 | VYNDAQEL CAP 20MG..... | 39 |
| VIIBRYD TAB 20MG | 50 | VYZULTA SOL 0.024% | 95 |
| VIIBRYD TAB 40MG | 50 | W | |
| VIJOICE TAB 125MG | 26 | WAKIX TAB 17.8MG..... | 61 |
| VIJOICE TAB 250MG | 26 | WAKIX TAB 4.45MG..... | 61 |
| VIJOICE TAB 50MG..... | 26 | <i>warfarin sodium tab 1 mg</i> | 85 |
| <i>vilazodone hcl tab 10 mg</i> | 50 | <i>warfarin sodium tab 10 mg</i> | 85 |
| <i>vilazodone hcl tab 20 mg</i> | 50 | <i>warfarin sodium tab 2 mg</i> | 85 |
| <i>vilazodone hcl tab 40 mg</i> | 50 | <i>warfarin sodium tab 2.5 mg</i> | 85 |
| VIMPAT INJ 200MG/20 | 45 | <i>warfarin sodium tab 3 mg</i> | 85 |
| VIMPAT SOL 10MG/ML | 45 | <i>warfarin sodium tab 4 mg</i> | 85 |
| VIMPAT TAB 100MG..... | 45 | <i>warfarin sodium tab 5 mg</i> | 85 |
| VIMPAT TAB 150MG..... | 45 | <i>warfarin sodium tab 6 mg</i> | 85 |
| VIMPAT TAB 200MG..... | 46 | <i>warfarin sodium tab 7.5 mg</i> | 85 |
| VIMPAT TAB 50MG | 45 | <i>water for irrigation, sterile irrigation</i> | |
| <i>vinorelbine tartrate inj 10 mg/ml (base</i> | | <i>soln</i> | 104 |
| <i>equiv)</i> | 21 | WELIREG TAB 40MG | 20 |
| <i>vinorelbine tartrate inj 50 mg/5ml (10</i> | | <i>wixela inhub</i> | 100 |
| <i>mg/ml) (base equiv)</i> | 21 | <i>wymzya fe</i> | 71 |
| VIRACEPT TAB 250MG | 9 | X | |
| VIRACEPT TAB 625MG | 9 | XALKORI CAP 200MG..... | 26 |
| VIREAD POW 40MG/GM | 9 | XALKORI CAP 250MG..... | 26 |
| VIREAD TAB 150MG..... | 9 | XATMEP SOL 2.5MG/ML | 88 |
| VIREAD TAB 200MG..... | 9 | XCOPRI PAK 100-150 | 46 |
| VIREAD TAB 250MG..... | 9 | XCOPRI PAK 12.5-25 | 46 |
| VITRAKVI CAP 100MG..... | 26 | XCOPRI PAK 150-200MG | |
| VITRAKVI CAP 25MG..... | 26 | (MAINTENANCE)..... | 46 |
| VITRAKVI SOL 20MG/ML | 26 | XCOPRI PAK 150-200MG (TITRATION) | |
| VIVITROL INJ 380MG | 62 | ..... | 46 |
| VIZIMPRO TAB 15MG | 26 | XCOPRI PAK 50-100MG..... | 46 |
| VIZIMPRO TAB 30MG | 26 | XCOPRI TAB 100MG | 46 |
| VIZIMPRO TAB 45MG | 26 | XCOPRI TAB 150MG | 46 |
| VONJO CAP 100MG..... | 26 | XCOPRI TAB 200MG | 46 |
| <i>voriconazole for inj 200 mg</i> | 7 | XCOPRI TAB 50MG | 46 |
| <i>voriconazole for susp 40 mg/ml</i> | 7 | XELJANZ SOL 1MG/ML | 87 |
| <i>voriconazole tab 200 mg</i> | 7 | XELJANZ TAB 10MG..... | 87 |
| <i>voriconazole tab 50 mg</i> | 7 | XELJANZ TAB 5MG | 87 |

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| XELJANZ XR TAB 11MG | 87 | ZEMDRI INJ 500MG/10 | 7 |
| XELJANZ XR TAB 22MG | 87 | ZENPEP CAP 10000UNT..... | 82 |
| XENLETA TAB 600MG..... | 7 | ZENPEP CAP 15000UNT..... | 82 |
| XERMELO TAB 250MG | 76 | ZENPEP CAP 20000UNT..... | 82 |
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| XHANCE MIS 93MCG..... | 99 | ZENPEP CAP 3000UNIT | 82 |
| XIFAXAN TAB 200MG | 7 | ZENPEP CAP 40000UNT..... | 82 |
| XIFAXAN TAB 550MG | 82 | ZENPEP CAP 5000UNIT | 82 |
| XIGDUO XR TAB 10-1000 | 65 | ZEPATIER TAB 50-100MG..... | 12 |
| XIGDUO XR TAB 10-500MG | 65 | ZERVIATE DRO 0.24% | 94 |
| XIGDUO XR TAB 2.5-1000 | 65 | <i>zidovudine cap 100 mg</i> | 9 |
| XIGDUO XR TAB 5-1000MG | 65 | <i>zidovudine syrup 10 mg/ml</i> | 9 |
| XIGDUO XR TAB 5-500MG | 65 | <i>zidovudine tab 300 mg</i> | 9 |
| XIIDRA DRO 5% | 95 | ZIMHI SOL | 62 |
| XOFLUZA TAB 40MG | 12 | <i>ziprasidone hcl cap 20 mg</i> | 56 |
| XOFLUZA TAB 80MG | 12 | <i>ziprasidone hcl cap 40 mg</i> | 57 |
| XOLAIR INJ 150MG/ML..... | 99 | <i>ziprasidone hcl cap 60 mg</i> | 57 |
| XOLAIR INJ 75/0.5 | 99 | <i>ziprasidone hcl cap 80 mg</i> | 57 |
| XOLAIR SOL 150MG..... | 99 | <i>ziprasidone mesylate for inj 20 mg</i> | |
| XOSPATA TAB 40MG | 26 | <i>(base equivalent)</i> | 57 |
| XPOVIO 40 MG TWICE WEEKLY | 26 | ZIRGAN GEL 0.15%..... | 93 |
| XPOVIO PAK 40MG | 26 | <i>zoledronic acid inj conc for iv infusion 4</i> | |
| XPOVIO PAK 50MG | 26 | <i>mg/5ml.....</i> | 67 |
| XPOVIO PAK 60MG | 26 | <i>zoledronic acid iv soln 5 mg/100ml...67</i> | |
| XPOVIO PAK 80MG | 26 | ZOLINZA CAP 100MG..... | 26 |
| XTANDI CAP 40MG | 19 | <i>zolmitriptan nasal spray 2.5 mg/spray</i> | |
| XTANDI TAB 40MG | 19 | <i>unit</i> | 59 |
| XTANDI TAB 80MG | 19 | <i>zolmitriptan nasal spray 5 mg/spray</i> | |
| <i>xulane</i> | 71 | <i>unit</i> | 59 |
| XULTOPHY INJ 100/3.6 | 66 | <i>zolmitriptan odt tab 2.5 mg</i> | 59 |
| XYREM SOL 500MG/ML | 61 | <i>zolmitriptan odt tab 5 mg.....</i> | 59 |
| Y | | <i>zolmitriptan tab 2.5 mg</i> | 59 |
| YF-VAX INJ..... | 91 | <i>zolmitriptan tab 5 mg</i> | 59 |
| YONDELIS INJ 1MG | 17 | <i>zolpidem tartrate tab 10 mg</i> | 58 |
| YONSA TAB 125MG..... | 19 | <i>zolpidem tartrate tab 5 mg.....</i> | 58 |
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| <i>yuvaferm.....</i> | 72 | <i>zolpidem tartrate tab er 6.25 mg</i> | 58 |
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| <i>zafemy.....</i> | 71 | <i>zonisamide cap 100 mg</i> | 46 |
| <i>zafirlukast tab 10 mg</i> | 97 | <i>zonisamide cap 25 mg</i> | 46 |
| <i>zafirlukast tab 20 mg</i> | 97 | <i>zonisamide cap 50 mg</i> | 46 |
| <i>zaleplon cap 10 mg</i> | 58 | ZORBTIVE INJ 8.8MG..... | 76 |
| <i>zaleplon cap 5 mg</i> | 58 | <i>zovia 1/35.....</i> | 71 |
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| ZEJULA CAP 100MG | 26 | ZYCLARA PUMP CRE 2.5% | 104 |
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| ZEMAIRA INJ 1000MG..... | 99 | ZYDELIG TAB 150MG | 26 |

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