

2025 Health Insurance Marketplace 6 tier Standard

HOW TO SEARCH THIS DOCUMENT:

1. With the PDF open, press and hold **Ctrl+F** on your keyboard
2. In the "Find Box", type the name of the medication
3. Click *Find Next* button until you find the medication you're looking for
4. Or go to the Index that begins on page 89

Drug Tier	Drug Tier Name
0	Zero cost share preventive drugs
1	Preferred generics
2	Non-preferred generics
3	Preferred brands
4	Non-preferred brands
5	Preferred specialty
6	Non-preferred specialty

Requirements/Limits	Description
PA = Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL = Quantity Limits	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
ST = Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
OTC = Over The Counter	Available with or without a prescription, but a prescription is required to fill under your prescription benefits.
PA** = PA Applies if Step is Not Met	If step therapy conditions are not met, you or your provider may request an exception to the requirement.

NOTE: This document should be used as a general reference for what drugs the plan may cover; however, this document does not guarantee coverage. Not all strengths or dosage forms may be covered, and formulary status is subject to change. When an equivalent generic drug becomes available, the brand drug may no longer be covered

This formulary was updated on 8/9/2025 with an effective date of 1/1/2026. For more recent information or other questions, please contact Paramount Insurance Company Member Services at 1-800-462-3589 or, for TTY users, 1-888-740-5670, 8:00 a.m. to 8:00 p.m., Monday through Friday

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-462-3589 (TTY: 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-462-3589 (TTY: 711) o hable con su proveedor.

Arabic:

تقريباً تمول عمل ريفوتل قيسم تلمدو دعلسم لئسو رفوتت امك. قيناجلا قيوغلا دعلسملا تلمدو كل رفوتتسف، قير علا دغلا تحتت تنك اذا: هيئت
تمدخلا منقم ولا تحتت وأ (711) 1-800-462-3589 مقررلا يلع لصتا. ان اجم اهيللا لوصولا نكمي".

Chinese: 注意: 如果您說[中文] 我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務 以無障礙格式提供資訊。請致電 1-800-462-3589 (TTY: 711) 或與您的提供者討論。」

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-462-3589 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin thêm các định dạng để tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-462-3589 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Korean: 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-462-3589 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Pennsylvanian Dutch: Wann du Deitsch schwetzscht un hoscht Druwwel fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtofft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 1-800-462-3589 (TTY: 711) uff odder schwetz mit dei Provider.

Russian ВН¹/₁МАН¹/₁Е: Если вы говори-те на русский, вам дос-гупны беспла-рные услуги языковой поддержки. Соо-рве-рс-гвующие вспомога-тельные средс-тва и услуги по предос-тавлению информации в дос-гупных форма-рах -также предос-тавляю-тся беспла-рно. Позвони-те по -телефону 1-800-462-3589 (TTY: 711) или обра-ги-тесь к своему пос-тавщику услуг.

Japanese 注:日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。
1-800-462-3589(TTY: 711)までお電話ください。または、ご利用の事業者にご相談ください。

Assyrian:

ܬܩܝܝܬܐ ܬܡܠܥܠܐ ܪܝܦܘܬܠ ܩܝܣܡ ܬܠܡܕܘ ܕܥܠܣܡ ܠܢܝܫܘ ܪܦܘܬܬܐ ܐܡܟܐ. ܩܝܢܐܝܬܐ ܩܝܘܒܐ ܕܥܠܣܡܠܐ ܬܠܡܕܘ ܕܠ ܪܦܘܬܬܐܝܬܐ, ܩܝܝܪ ܥܠܐ ܕܒܠܐ ܬܚܬܬ ܬܢܟ ܐܕܐ: ܬܠܡܕܬܐ ܕܡܢܩܡ ܝܠܐ ܬܚܬܬ ܐܘ (711) 1-800-462-3589 ܡܩܪܪܠܐ ܝܠܥ ܠܠܬܐ. ܐܢ ܐܝܡ ܐܬܝܠܐ ܠܠܠܝܠܐ ܠܠܠܝܠܐ ܠܠܠܝܠܐ.

French: ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-462-3589 (TTY : 711) ou parlez à votre fournisseur. »

Italian: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-800-462-3589 (tty: 711) o parla con il tuo fornitore.

Albanian: VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-800-462-3589 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

Bengali: মন োন োগ দি : দি আপদ কেবল তেহনল আপের জযদর েমূল্য ভেষসহেয়ত পদনষবোদি উপলব্ধ রনয়নে। অেন্সন োগযফরম যোনেত্যা প্রির জ যউপুত্সহেয়ক সহন োগতে এবং পদনষবোদিও দব েমূল্য উপলব্ধ রনয়নে। 1-800-462-3589 (TTY: 711) স্বনরকল করু অ্থো আপ ের প্রিকের সেনথক্বেকু ।

Serbo Croatia: PAŽNJA: Ako govorite srpski, na raspolaganju su Vam besplatne usluge jezičke pomoći. Besplatna su i odgovarajuća pomoć i usluge za pružanje informacija u pristupačnim formatima. Pozovite 1-800-462-3589 (TTY: 711) ili razgovarajte sa svojim pružaocem usluga.

Oromo: HUBACHIISA: Yoo Afaan Oromoo dubbattu ta'e, tajaajiloonni gargaarsa afaanii bilisaa isiniif ni argamu. Deeggarsi dabalataa fi tajaajilootni mijaa'oo ta'an odeeffannoo bifa dhaqqabamaa ta'een kennuuf gargaaranis kaffaltii malee ni argamu. Gara 1-800-462-3589 (TTY: 711) tti bilbilaa ykn dhiyeessaa keessan haasofsiisaa.

Dutch: LET OP: als je Nederlands spreekt, zijn er gratis taalhulpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1-800-462-3589 (tty: 711) of spreek met je provider.

Romanian: ATENȚIE: Dacă vorbiți [Română], aveți la dispoziție servicii de asistență lingvistică gratuite. De asemenea, sunt disponibile gratuit materiale și servicii auxiliare adecvate pentru furnizarea de informații în formate accesibile. Sunați la 1-800-462-3589 (TTY: 711) sau contactați-vă furnizorul.

Ukrainian: УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-462-3589 (TTY: 711) або зверніться до свого постачальник

Notice of Non-Discrimination: Discrimination is Against the Law

Paramount complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)), age, or disability.

Paramount Provides (free of charge and in a timely manner):

- Reasonable modifications and appropriate auxiliary aids and services for people with disabilities to communicate effectively with us, such as:
 - Qualified interpreters for individuals with disabilities.
 - Information in alternate formats (large print, audio, accessible electronic formats, other formats).
- Language assistance services for people whose primary language is not English, which may include:
 - Qualified oral interpreters.
 - Electronic and written translated documents.

If you need these services, please contact Member Services at 1-800-462-3589 (TTY 711). We are available Monday-Friday, 8:00 a.m. to 5:00 p.m. EST.

If you believe that Paramount has failed to provide these services or discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator (also called our Section 1557 Coordinator). Our Civil Rights Coordinator can help you with our grievance procedure.

Contact our **Civil Rights Coordinator** at:

- **Mail:** Paramount Civil Rights Coordinator, PO Box 928, Toledo, OH 43697
- **Phone:** 1-800-462-3589 (TTY 711)
- **E-mail:** paramount.memberservices@medmutual.com
- **Fax:** 419-887-2047

You may file a grievance in-person at 650 Beaver Creek Circle, Suite 100, Maumee, OH 43537

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- **Online:** Use the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. For more information on filing a complaint, go to <http://www.hhs.gov/ocr/office/file/index.html>.
- **Mail:** U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, D.C. 20201
- **Phone:** 1-800-368-1019, 800-537-7697 (TDD)

An electronic copy of this notice is available at Paramount's website: www.paramounthealthcare.com

6T STND Effective 01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib caps 50mg, 100mg, 200mg</i>	2	
GOUT		
<i>allopurinol tabs 100mg, 300mg</i>	2	
<i>colchicine tabs .6mg</i>	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat tabs 40mg, 80mg</i>	2	ST; PA**
<i>probenecid tabs 500mg</i>	2	
NSAIDS		
<i>diclofenac potassium tabs 50mg</i>	2	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	2	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	4	
<i>diclofenac sodium (topical) gel 1%</i>	2	QL (300g every 30 days), OTC
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	2	
<i>flurbiprofen tabs 50mg</i>	2	
<i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>	2	
<i>ketorolac tromethamine soln 15mg/ml, 30mg/ml</i>	2	
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 tabs every 30 days)
<i>meclofenamate sodium caps 50mg, 100mg</i>	2	
<i>mefenamic acid caps 250mg</i>	2	
<i>meloxicam tabs 7.5mg, 15mg</i>	2	
<i>nabumetone tabs 500mg, 750mg</i>	2	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	2	
<i>oxaprozin tabs 600mg</i>	2	
<i>piroxicam caps 10mg, 20mg</i>	2	
<i>sulindac tabs 150mg, 200mg</i>	2	
VOLTAREN ARTHRITIS PAIN GEL 1%	2	QL (300g every 30 days), OTC
NSAIDS, COMBINATIONS		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	ST, QL (400 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	2	ST, QL (300 caps every 30 days); Subject to initial 7-day limit
<i>butorphanol tartrate soln 1mg/ml, 2mg/ml</i>	2	
<i>butorphanol tartrate soln 10mg/ml</i>	2	QL (2 bottles every 30 days)
<i>codeine sulfate tabs 30mg</i>	2	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
CODEINE SULFATE TABS 60MG	4	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr</i>	2	ST, QL (10 patches every 30 days)
<i>fentanyl pt72 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	2	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate t24a 100mg, 120mg</i>	2	ST, PA; High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	2	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	ST, QL (50 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl soln 2mg/ml</i>	2	
<i>hydromorphone hcl tabs 2mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tabs 4mg</i>	2	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tabs 8mg</i>	2	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>hydromorphone hcl tb24 8mg, 12mg, 16mg</i>	2	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tb24 32mg</i>	2	ST, PA; High Strength Requires PA
<i>methadone hcl conc 10mg/ml</i>	2	QL (30 mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5mg/5ml</i>	2	ST, QL (450 mL every 30 days)
<i>methadone hcl soln 10mg/5ml</i>	2	ST, QL (225 mL every 30 days)
<i>methadone hcl tabs 5mg</i>	2	ST, QL (90 tabs every 30 days)
<i>methadone hcl tabs 10mg</i>	2	ST, QL (30 tabs every 30 days)
<i>methadone hcl tbso 40mg</i>	2	QL (9 tabs every 30 days)
<i>methadone hydrochloride i conc 10mg/ml</i>	2	ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose tbso 40mg</i>	2	QL (9 tabs every 30 days)
<i>morphine sulfate cp24 10mg, 20mg, 30mg</i>	2	ST, QL (60 caps every 30 days)
<i>morphine sulfate cp24 50mg, 60mg, 80mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate cp24 100mg; tbc 60mg, 100mg, 200mg</i>	2	ST, PA; High Strength Requires PA
<i>morphine sulfate soln 4mg/ml, 10mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate soln 10mg/5ml</i>	2	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate soln 20mg/5ml</i>	2	ST, QL (675 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate soln 100mg/5ml</i>	2	ST, QL (135 mL every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tabs 15mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tabs 30mg</i>	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>morphine sulfate tbcrl 15mg, 30mg</i>	2	ST, QL (90 tabs every 30 days)
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg</i>	2	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cp24 120mg</i>	2	ST, PA; High Strength Requires PA
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	2	
NUCYNTA TABS 50MG	3	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TABS 75MG	3	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TABS 100MG	3	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA ER TB12 50MG, 100MG	4	ST, QL (60 tabs every 30 days)
NUCYNTA ER TB12 150MG, 200MG, 250MG	4	ST, PA; High Strength Requires PA
<i>oxycodone hcl caps 5mg</i>	2	ST, QL (180 caps every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl conc 100mg/5ml</i>	2	ST, QL (90 mL every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl soln 5mg/5ml</i>	2	ST, QL (900 mL every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tabs 5mg, 10mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tabs 15mg</i>	2	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tabs 20mg</i>	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone hcl tabs 30mg</i>	2	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tabs 5mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tabs 10mg</i>	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg</i>	2	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tb12 20mg, 30mg, 40mg</i>	2	ST, PA; High Strength Requires PA
<i>tramadol hcl tabs 50mg</i>	2	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
<i>tramadol hcl tb24 100mg</i>	2	ST, QL (30 tabs every 30 days)
<i>tramadol hcl tb24 200mg, 300mg</i>	2	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	ST, QL (40 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG	3	ST, QL (60 caps every 30 days)
XTAMPZA ER C12A 36MG	3	ST, PA; High Strength Requires Prior Auth

OPIOID PARTIAL AGONISTS

BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG	3	ST, QL (60 films every 30 days)
BELBUCA FILM 600MCG, 750MCG, 900MCG	3	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr</i>	2	ST, QL (4 patches every 30 days)
<i>buprenorphine ptwk 15mcg/hr, 20mcg/hr</i>	2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl soln .3mg/ml</i>	2	
SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML	5	

SALICYLATES

<i>aspirin ec adult low dose tbec 81mg</i>	0	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered
<i>diflunisal tabs 500mg</i>	2	
<i>goodsense aspirin chew 81mg</i>	0	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.) soln .5%, 1%, 2%; sosy 100mg/5ml</i>	2	
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ANTI-INFECTIVES

ANTHELMINTICS

<i>albendazole tabs 200mg</i>	4	QL (336 tabs every 365 days)
EMVERM CHEW 100MG	4	QL (12 tabs every 365 days)
<i>ivermectin tabs 3mg</i>	2	
<i>praziquantel tabs 600mg</i>	2	QL (24 tabs every 365 days)

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate soln 1gm/4ml, 500mg/2ml</i>	2	
<i>fosfomycin tromethamine pack 3gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate soln 40mg/ml</i>	2	
<i>neomycin sulfate tabs 500mg</i>	2	
<i>sulfadiazine tabs 500mg</i>	2	
<i>tinidazole tabs 250mg, 500mg</i>	2	
<i>tobramycin sulfate soln 40mg/ml, 80mg/2ml</i>	2	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days
<i>tobramycin sulfate solr 1.2gm</i>	2	QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days

ANTIFUNGALS

<i>amphotericin b solr 50mg</i>	2	QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>CRESEMBA CAPS 74.5MG, 186MG</i>	4	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	2	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	2	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	2	PA
<i>nystatin tabs 500000unit</i>	2	
<i>posaconazole susp 40mg/ml</i>	2	PA
<i>posaconazole tbec 100mg</i>	4	PA
<i>terbinafine hcl tabs 250mg</i>	2	
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	4	PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	2	
<i>COARTEM TAB 20-120MG</i>	4	
<i>KRINTAFEL TABS 150MG</i>	4	
<i>mefloquine hcl tabs 250mg</i>	2	
<i>primaquine phosphate tabs 26.3mg</i>	2	
<i>quinine sulfate caps 324mg</i>	2	

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20mg/ml</i>	2	QL (900 mL every 30 days)
<i>abacavir sulfate tabs 300mg</i>	2	QL (60 tabs every 30 days)
<i>APRETUDE SUER 600MG/3ML</i>	0	QL (2 vials every 90 days)
<i>APTIVUS CAPS 250MG</i>	3	QL (120 caps every 30 days)
<i>atazanavir sulfate caps 150mg, 300mg</i>	2	QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir sulfate caps 200mg</i>	2	QL (60 caps every 30 days)
<i>darunavir tabs 600mg</i>	2	QL (60 tabs every 30 days)
<i>darunavir tabs 800mg</i>	2	QL (30 tabs every 30 days)
EDURANT TABS 25MG	3	QL (60 tabs every 30 days)
EDURANT PED TBSO 2.5MG	3	QL (180 tabs every 30 days)
<i>efavirenz tabs 600mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine caps 200mg</i>	2	QL (30 caps every 30 days)
EMTRIVA SOLN 10MG/ML	3	QL (680 ml every 28 days)
<i>etravirine tabs 100mg</i>	2	QL (120 tabs every 30 days)
<i>etravirine tabs 200mg</i>	2	QL (60 tabs every 30 days)
<i>fosamprenavir calcium tabs 700mg</i>	2	QL (120 tabs every 30 days)
INTELENCE TABS 25MG	3	QL (120 tabs every 30 days)
ISENTRESS CHEW 25MG, 100MG	3	QL (180 tabs every 30 days)
ISENTRESS PACK 100MG	3	QL (60 packets every 30 days)
ISENTRESS TABS 400MG	3	QL (120 tabs every 30 days)
ISENTRESS HD TABS 600MG	3	QL (60 tabs every 30 days)
<i>lamivudine soln 10mg/ml</i>	2	QL (960 ml every 30 days)
<i>lamivudine tabs 150mg</i>	2	QL (60 tabs every 30 days)
<i>lamivudine tabs 300mg</i>	2	QL (30 tabs every 30 days)
<i>maraviroc tabs 150mg</i>	2	QL (60 tabs every 30 days)
<i>maraviroc tabs 300mg</i>	2	QL (120 tabs every 30 days)
<i>nevirapine susp 50mg/5ml</i>	2	QL (1200 mL every 30 days)
<i>nevirapine tabs 200mg</i>	2	QL (60 tabs every 30 days)
<i>nevirapine tb24 400mg</i>	2	QL (30 tabs every 30 days)
NORVIR PACK 100MG	3	QL (360 packets every 30 days)
PREZISTA SUSP 100MG/ML	3	QL (400 ml every 30 days)
PREZISTA TABS 75MG	3	QL (300 tabs every 30 days)
PREZISTA TABS 150MG	3	QL (180 tabs every 30 days)
RETROVIR IV INFUSION SOLN 10MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
REYATAZ PACK 50MG	3	QL (180 packets every 30 days)
<i>ritonavir tabs 100mg</i>	2	QL (360 tabs every 30 days)
SELZENTRY SOLN 20MG/ML	3	QL (1840 mL every 30 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	2	QL (30 tabs every 30 days)
TIVICAY TABS 50MG	3	QL (60 tabs every 30 days)
TIVICAY PD TBSO 5MG	3	QL (360 tabs every 30 days)
TROGARZO SOLN 200MG/1.33ML	5	
TYBOST TABS 150MG	3	QL (30 tabs every 30 days)
VIREAD POWD 40MG/GM	3	QL (240 gm every 30 days)
VIREAD TABS 150MG, 200MG, 250MG	3	QL (30 tabs every 30 days)
<i>zidovudine caps 100mg</i>	2	QL (180 caps every 30 days)
<i>zidovudine syrp 50mg/5ml</i>	2	QL (1920 ml every 30 days)
<i>zidovudine tabs 300mg</i>	2	QL (60 tabs every 30 days)

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	QL (30 tabs every 30 days)
BIKTARVY TAB	3	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	6	PA, QL (1 kit every 30 days)
CABENUVA SUS 600-900	6	PA, QL (1 kit every 60 days); Loading dose of 1 kit in 30 days allowed for initial fill
CIMDUO TAB 300-300	3	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	3	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	0	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
DOVATO TAB 50-300MG	3	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
GENVOYA TAB	3	QL (30 tabs every 30 days)
KALETRA SOL	3	QL (480 ml every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	QL (120 tabs every 30 days)
ODEFSEY TAB	3	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	4	QL (30 tabs every 30 days)
SYMITUZA TAB	4	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	4	QL (180 tabs every 30 days)
TRIUMEQ TAB	4	QL (30 tabs every 30 days)

ANTITUBERCULAR AGENTS

<i>cycloserine caps 250mg</i>	2	
<i>ethambutol hcl tabs 100mg, 400mg</i>	2	
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i>	2	
PRETOMANID TABS 200MG	4	
PRIFTIN TABS 150MG	3	
<i>pyrazinamide tabs 500mg</i>	2	
<i>rifabutin caps 150mg</i>	2	
<i>rifampin caps 150mg, 300mg; solr 600mg</i>	2	
SIRTURO TABS 20MG, 100MG	4	
TRECATOR TABS 250MG	3	

ANTIVIRALS

<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	2	
<i>cidofovir soln 75mg/ml</i>	2	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	2	
<i>oseltamivir phosphate caps 30mg</i>	2	QL (40 caps every 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	2	QL (20 caps every 90 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate susr 6mg/ml</i>	2	QL (360 mL every 90 days)
PAXLOVID PAK	4	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100	4	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	4	QL (60 tabs every 30 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	3	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tabs 100mg</i>	2	
<i>valacyclovir hcl tabs 500mg, 1000mg</i>	2	
<i>valganciclovir hcl solr 50mg/ml</i>	5	PA, QL (1000 mL every 30 days)
<i>valganciclovir hcl tabs 450mg</i>	5	PA, QL (120 tabs every 30 days)
XERESE CRE 5-1%	4	PA

CEPHALOSPORINS

<i>cefaclor caps 250mg, 500mg; susr 250mg/5ml</i>	2	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	2	
<i>cefazolin sodium solr 1gm</i>	2	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	2	
<i>cefepime hcl solr 1gm, 2gm</i>	2	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	2	
<i>cefopodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	2	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	2	
<i>ceftazidime solr 2gm</i>	2	
<i>ceftriaxone sodium solr 1gm, 2gm, 250mg, 500mg</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium solr 10gm</i>	2	QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>cefuroxime axetil tabs 250mg, 500mg</i>	2	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	2	
<i>tazicef solr 1gm</i>	2	

ERYTHROMYCINS/MACROLIDES

<i>azithromycin susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	2	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	2	
DIFICID SUSR 40MG/ML; TABS 200MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>e.e.s. 400 tabs 400mg</i>	2	
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	2	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml</i>	2	
ZITHROMAX PACK 1GM	3	
FLUOROQUINOLONES		
BAXDELA TABS 450MG	4	
CIPRO SUSR 500MG/5ML	4	
<i>ciprofloxacin hcl tabs 250mg, 500mg, 750mg</i>	2	
<i>levofloxacin soln 25mg/ml</i>	2	QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hcl tabs 400mg</i>	2	
<i>ofloxacin tabs 300mg, 400mg</i>	2	
HEPATITIS B		
<i>adefovir dipivoxil tabs 10mg</i>	5	
BARACLUDE SOLN .05MG/ML	5	PA, QL (630 mL every 30 days)
<i>entecavir tabs .5mg, 1mg</i>	5	PA, QL (30 tabs every 30 days)
<i>lamivudine (hbv) tabs 100mg</i>	2	
HEPATITIS C		
EPCLUSA PAK 150-37.5	5	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	5	PA, QL (56 pellets every 28 days)
EPCLUSA TAB 200-50MG	5	PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	5	PA, QL (28 tabs every 28 days)
HARVONI PAK	5	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	5	PA, QL (56 pellets every 28 days)
HARVONI TAB 45-200MG	5	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	5	PA, QL (28 tabs every 28 days)
PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML	5	PA
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SOVALDI PACK 150MG	6	ST, PA, QL (28 pellets every 28 days)
SOVALDI PACK 200MG	6	ST, PA, QL (56 pellets every 28 days)
SOVALDI TABS 200MG, 400MG	6	ST, PA, QL (28 tabs every 28 days)
VOSEVI TAB	5	PA, QL (28 tabs every 28 days)

MISCELLANEOUS

<i>atovaquone susp 750mg/5ml</i>	2	
<i>aztreonam solr 1gm, 2gm</i>	2	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	2	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	2	
<i>dapsone tabs 25mg, 100mg</i>	2	
<i>ertapenem sodium solr 1gm</i>	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg</i>	2	
<i>meropenem solr 1gm</i>	2	QL (6 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>meropenem solr 500mg</i>	2	QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>methenamine hippurate tabs 1gm</i>	2	
<i>metronidazole caps 375mg; soln 500mg/100ml; tabs 250mg, 500mg</i>	2	
<i>nitazoxanide tabs 500mg</i>	2	QL (20 tabs every 30 days)
<i>nitrofurantoin susp 25mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohyd macro caps 100mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate solr 300mg</i>	2	
<i>polymyxin b sulfate solr 500000unit</i>	2	
<i>pyrimethamine tabs 25mg</i>	4	PA
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim tab 400-80 mg	2	
sulfamethoxazole-trimethoprim tab 800-160 mg	2	
trimethoprim tabs 100mg	2	
vancomycin hcl caps 125mg, 250mg	2	QL (80 caps every 10 days)
vancomycin hcl solr 1gm	2	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
vancomycin hcl solr 5gm, 10gm	2	QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days
vancomycin hcl solr 500mg, 750mg	2	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days

PENICILLINS

amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	2	
ampicillin caps 500mg	2	
ampicillin sodium solr 1gm, 2gm	2	
dicloxacillin sodium caps 250mg, 500mg	2	
penicillin g potassium solr 5000000unit, 20000000unit	2	
penicillin g sodium solr 5000000unit	2	
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	2	
pfizerpen solr 20000000unit	2	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	2	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
TETRACYCLINES		
<i>avidoxy tabs 100mg</i>	2	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	2	
<i>doxy 100 solr 100mg</i>	2	
<i>doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg</i>	2	
<i>doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 100mg</i>	2	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	2	
<i>tetracycline hcl caps 250mg, 500mg</i>	2	QL (120 caps every 30 days)
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>busulfan soln 6mg/ml</i>	2	
<i>carmustine solr 100mg</i>	2	
<i>cyclophosphamide caps 25mg, 50mg</i>	2	
<i>cyclophosphamide solr 1gm, 2gm, 500mg</i>	5	
<i>dacarbazine solr 100mg, 200mg</i>	2	
GLEOSTINE CAPS 10MG, 40MG, 100MG	5	
GLIADEL WAF 7.7MG	3	
<i>ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm</i>	2	
LEUKERAN TABS 2MG	3	
MATULANE CAPS 50MG	3	
<i>melphalan hcl solr 50mg</i>	2	
TEMODAR SOLR 100MG	5	PA
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	5	PA
ANTIBIOTICS		
<i>adriamycin solr 50mg</i>	2	
<i>bleomycin sulfate solr 15unit, 30unit</i>	2	
<i>daunorubicin hcl soln 20mg/4ml</i>	2	
<i>doxorubicin hcl soln 2mg/ml; solr 10mg</i>	2	
<i>doxorubicin hcl liposomal susp 2mg/ml</i>	2	
<i>idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml</i>	2	
<i>mitomycin solr 5mg, 20mg, 40mg</i>	2	
<i>mitoxantrone hcl conc 2mg/ml</i>	5	
ANTIMETABOLITES		
<i>azacitidine susr 100mg</i>	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>capecitabine tabs 150mg, 500mg</i>	5	PA
<i>cladribine soln 10mg/10ml</i>	2	
<i>clofarabine soln 1mg/ml</i>	2	
<i>cytarabine soln 20mg/ml, 100mg/ml</i>	2	
<i>decitabine solr 50mg</i>	5	PA
<i>fludarabine phosphate soln 50mg/2ml; solr 50mg</i>	2	
<i>fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml</i>	2	
<i>gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg</i>	5	
<i>mercaptopurine tabs 50mg</i>	2	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i>	2	
NIPENT SOLR 10MG	3	
<i>pemetrexed disodium solr 100mg, 500mg</i>	5	
TABLOID TABS 40MG	3	

ANTINEOPLASTIC, BCL-2 INHIBITORS

VENCLEXTA TABS 10MG, 50MG	5	PA, QL (120 tabs every 30 days)
VENCLEXTA TABS 100MG	5	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	5	PA, QL (1 pack every 28 days)

BIOLOGIC RESPONSE MODIFIERS

ERBITUX SOLN 100MG/50ML, 200MG/100ML	5	PA
ERIVEDGE CAPS 150MG	5	PA, QL (30 caps every 30 days)
KADCYLA SOLR 100MG, 160MG	5	PA
KEYTRUDA SOLN 100MG/4ML	5	PA
PADCEV SOLR 20MG	6	PA, QL (21 vials every 28 days)
PADCEV SOLR 30MG	6	PA, QL (15 vials every 28 days)
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	6	PA, QL (21 caps every 28 days)
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG	6	PA, QL (28 caps every 28 days)
REVLIMID CAPS 20MG, 25MG	6	PA, QL (21 caps every 28 days)
THALOMID CAPS 50MG	6	PA, QL (28 caps every 28 days)
THALOMID CAPS 100MG	6	PA, QL (112 caps every 28 days)

Drug Name	Drug Tier	Requirements/Limits
TICE BCG SUSR 50MG	3	
BIOSIMILARS		
GAZYVA SOLN 1000MG/40ML	5	PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tabs 250mg</i>	5	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tabs 500mg</i>	5	PA, QL (60 tabs every 30 days)
<i>anastrozole tabs 1mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tabs 50mg</i>	2	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	5	PA
ERLEADA TABS 60MG	5	PA, QL (120 tabs every 30 days)
ERLEADA TABS 240MG	5	PA, QL (30 tabs every 30 days)
<i>exemestane tabs 25mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>fulvestrant sosy 250mg/5ml</i>	5	PA
<i>letrozole tabs 2.5mg</i>	2	
<i>leuprolide acetate kit 1mg/0.2ml</i>	5	PA
LYSODREN TABS 500MG	3	
<i>megestrol acetate tabs 20mg, 40mg</i>	2	
<i>nilutamide tabs 150mg</i>	2	
NUBEQA TABS 300MG	5	PA, QL (120 tabs every 30 days)
<i>tamoxifen citrate tabs 10mg, 20mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tabs 60mg</i>	2	
XTANDI CAPS 40MG	5	PA, QL (120 caps every 30 days)
XTANDI TABS 40MG	5	PA, QL (120 tabs every 30 days)
XTANDI TABS 80MG	5	PA, QL (60 tabs every 30 days)
YONSA TABS 125MG	5	PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
KINASE INHIBITORS		
ALECENSA CAPS 150MG	5	PA, QL (240 caps every 30 days)
CABOMETYX TABS 20MG, 40MG, 60MG	5	PA, QL (30 tabs every 30 days)
CALQUENCE TABS 100MG	6	PA, QL (60 tabs every 30 days)
CAPRELSA TABS 100MG	5	PA, QL (60 tabs every 30 days)
CAPRELSA TABS 300MG	5	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 20MG	5	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	5	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	5	PA, QL (1 kit every 28 days)
<i>dasatinib tabs 20mg</i>	5	PA, QL (90 tabs every 30 days)
<i>dasatinib tabs 50mg, 70mg, 80mg, 100mg, 140mg</i>	5	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tabs 25mg</i>	5	PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	5	PA, QL (30 tabs every 30 days)
<i>everolimus tbso 2mg, 5mg</i>	5	PA, QL (60 tabs every 30 days)
<i>everolimus tbso 3mg</i>	5	PA, QL (90 tabs every 30 days)
<i>imatinib mesylate tabs 100mg</i>	5	PA, QL (120 tabs every 30 days)
<i>imatinib mesylate tabs 400mg</i>	5	PA, QL (60 tabs every 30 days)
INLYTA TABS 1MG	5	PA, QL (240 tabs every 30 days)
INLYTA TABS 5MG	5	PA, QL (120 tabs every 30 days)
ITOVEBI TABS 3MG	6	PA, QL (60 tabs every 30 days)
ITOVEBI TABS 9MG	6	PA, QL (30 tabs every 30 days)
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	5	PA, QL (60 tabs every 30 days)
KISQALI TBPK 200MG	5	PA, QL (21 tabs every 28 days); 200 mg dose

Drug Name	Drug Tier	Requirements/Limits
KISQALI TBPk 200MG	5	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TBPk 200MG	5	PA, QL (63 tabs every 28 days); 600 mg dose
<i>lapatinib ditosylate tabs 250mg</i>	5	PA, QL (180 tabs every 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4MG	6	PA, QL (30 caps every 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4MG	6	PA, QL (60 caps every 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10MG	6	PA, QL (30 caps every 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4MG	6	PA, QL (90 caps every 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10MG	6	PA, QL (60 caps every 30 days)
LENVIMA CAP 14 MG	6	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	6	PA, QL (90 caps every 30 days)
LENVIMA CAP 24 MG	6	PA, QL (90 caps every 30 days)
LORBRENA TABS 25MG	6	PA, QL (90 tabs every 30 days)
LORBRENA TABS 100MG	6	PA, QL (30 tabs every 30 days)
MEKINIST SOLR .05MG/ML	5	PA, QL (12 bottles every 28 days)
MEKINIST TABS 2MG	5	PA, QL (30 tabs every 30 days)
MEKINIST TABS .5MG	5	PA, QL (90 tabs every 30 days)
<i>nilotinib hcl caps 50mg, 150mg, 200mg</i>	5	PA, QL (120 caps every 30 days)
<i>pazopanib hcl tabs 200mg</i>	5	PA, QL (120 tabs every 30 days)
RYDAPT CAPS 25MG	6	PA, QL (224 caps every 28 days)
<i>sorafenib tosylate tabs 200mg</i>	5	PA, QL (120 tabs every 30 days)
STIVARGA TABS 40MG	5	PA, QL (84 tabs every 28 days)
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	5	PA, QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR CAPS 50MG, 75MG	5	PA, QL (120 caps every 30 days)
TAFINLAR TBSO 10MG	5	PA, QL (4 bottles every 28 days)
TUKYSA TABS 50MG, 150MG	6	PA, QL (120 tabs every 30 days)
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	5	PA, QL (56 tabs every 28 days)
VITRAKVI CAPS 25MG	6	PA, QL (180 caps every 30 days)
VITRAKVI CAPS 100MG	6	PA, QL (60 caps every 30 days)
VITRAKVI SOLN 20MG/ML	6	PA, QL (300 mL every 30 days)
XALKORI CAPS 200MG, 250MG	5	PA, QL (120 caps every 30 days)
XALKORI CPSP 20MG, 50MG	5	PA, QL (120 pellets every 30 days)
XALKORI CPSP 150MG	5	PA, QL (180 pellets every 30 days)
ZYDELIG TABS 100MG, 150MG	5	PA, QL (60 tabs every 30 days)
ZYKADIA TABS 150MG	5	PA, QL (90 tabs every 30 days)

MISCELLANEOUS

<i>arsenic trioxide soln 10mg/10ml, 12mg/6ml</i>	2	
<i>bexarotene caps 75mg</i>	5	PA
<i>hydroxyurea caps 500mg</i>	2	
IDHIFA TABS 50MG, 100MG	5	PA, QL (30 tabs every 30 days)
LYNPARZA TABS 100MG, 150MG	5	PA, QL (120 tabs every 30 days)
ODOMZO CAPS 200MG	5	PA, QL (30 caps every 30 days)
ONCASPAR SOLN 750UNIT/ML	5	PA
PHOTOFRIN SOLR 75MG	3	
<i>tretinoin (chemotherapy) caps 10mg</i>	2	
VISTOGARD PACK 10GM	5	QL (20 packets every 5 days)
ZEJULA TABS 100MG, 200MG, 300MG	5	PA, QL (30 tabs every 30 days)
ZOLINZA CAPS 100MG	5	PA, QL (120 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
MITOTIC INHIBITORS		
docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml; soln 20mg/2ml, 80mg/8ml, 160mg/16ml	2	
paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	2	
vinblastine sulfate soln 1mg/ml	2	
vincristine sulfate soln 1mg/ml	2	
vinorelbine tartrate soln 10mg/ml, 50mg/5ml	2	
PLATINUM-BASED AGENTS		
carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	
cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml	2	
oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg	5	
paraplatin soln 1000mg/100ml	2	
PROTECTIVE AGENTS		
dexrazoxane hcl solr 250mg, 500mg	2	
leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg	2	
mesna soln 100mg/ml; tabs 400mg	2	
TOPOISOMERASE INHIBITORS		
etoposide caps 50mg; soln 1gm/50ml, 100mg/5ml, 500mg/25ml	2	
irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml	5	
irinotecan hcl soln 300mg/15ml	2	
topotecan hcl solr 4mg	2	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	

ACE INHIBITORS

<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone tabs 25mg, 50mg</i>	2	
KERENDIA TABS 10MG, 20MG	4	PA
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	2	

ALPHA BLOCKERS

<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	2	
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ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<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>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	1	
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl tabs 200mg, 400mg</i>	2	
<i>disopyramide phosphate caps 100mg, 150mg</i>	2	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	2	PA
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	2	
<i>lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml</i>	2	
MULTAQ TABS 400MG	4	PA
NORPACE CR CP12 100MG, 150MG	3	
<i>pacerone tabs 100mg, 200mg</i>	2	
<i>procainamide hcl soln 100mg/ml</i>	2	
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	2	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	2	
<i>sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg</i>	2	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS		
NEXLETOL TABS 180MG	4	PA
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	2	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	2	
<i>colesevelam hcl pack 3.75gm; tabs 625mg</i>	2	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	2	
<i>prevalite powd 4gm/dose</i>	2	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tabs 10mg</i>	2	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate cpdr 45mg, 135mg</i>	2	
<i>fenofibrate caps 150mg; tabs 48mg, 54mg, 145mg, 160mg</i>	2	
<i>fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg</i>	2	
<i>gemfibrozil tabs 600mg</i>	2	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tabs 10mg, 20mg</i>	1	\$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin calcium tabs 40mg, 80mg</i>	1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	1	\$0 copay for members age 40 through 75
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tabs 1mg, 2mg, 4mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 20mg, 40mg</i>	1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tabs 80mg</i>	1	ST; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease

ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS

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

ANTILIPEMICS, MISCELLANEOUS

<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	2
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ANTILIPEMICS, OMEGA-3 FATTY ACIDS

<i>omega-3-acid ethyl esters cap 1 gm</i>	2
<i>VASCEPA CAPS .5GM, 1GM</i>	2

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA SOSY 140MG/ML	3	QL (3 syringes every 28 days)
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	3	QL (1 injection every 28 days)
REPATHA SURECLICK SOAJ 140MG/ML	3	QL (3 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl caps 200mg, 400mg</i>	2	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	2	
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	2	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	2	
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	2	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	2	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	2	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	2	
<i>pindolol tabs 5mg, 10mg</i>	2	
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	2	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	

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

CALCIUM CHANNEL BLOCKERS

amlodipine besylate tabs 2.5mg, 5mg, 10mg	2	
cartia xt cp24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr cp24 120mg, 180mg, 240mg	2	
diltiazem hcl cp12 60mg, 90mg, 120mg; soln 25mg/5ml, 125mg/25ml; tabs 30mg, 60mg, 90mg, 120mg; tb24 120mg	2	
diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
felodipine tb24 2.5mg, 5mg, 10mg	2	
isradipine caps 2.5mg, 5mg	2	
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	2	
nicardipine hcl caps 20mg, 30mg	2	
nifedipine tb24 30mg, 60mg, 90mg	2	
nimodipine caps 30mg	2	
nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	2	
verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg, 180mg, 240mg	2	

DIGITALIS GLYCOSIDES

digoxin soln .05mg/ml; tabs 62.5mcg, 125mcg, 250mcg	2	
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Drug Name	Drug Tier	Requirements/Limits
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren fumarate tabs 150mg, 300mg</i>	2	
DIURETICS		
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tabs 5mg</i>	2	
<i>bumetanide tabs .5mg, 1mg, 2mg</i>	2	
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>DIURIL SUSP 250MG/5ML</i>	4	
<i>ethacrynic acid tabs 25mg</i>	4	
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	2	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	2	
<i>indapamide tabs 1.25mg, 2.5mg</i>	2	
<i>mannitol soln 20%, 25%</i>	2	
<i>methazolamide tabs 25mg, 50mg</i>	2	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	2	
<i>osmitrol viaflex soln 10%</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>torsemide tabs 5mg, 10mg, 20mg, 100mg</i>	2	
<i>triamterene caps 50mg, 100mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	2	
HEART FAILURE		
<i>CORLANOR SOLN 5MG/5ML</i>	3	
<i>ENTRESTO CAP 6-6MG</i>	4	
<i>ENTRESTO CAP 15-16MG</i>	4	
<i>ENTRESTO TAB 24-26MG</i>	4	
<i>ENTRESTO TAB 49-51MG</i>	4	
<i>ENTRESTO TAB 97-103MG</i>	4	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	
<i>ivabradine hcl tabs 5mg, 7.5mg</i>	2	
<i>sacubitril-valsartan tab 24-26 mg</i>	2	
<i>sacubitril-valsartan tab 49-51 mg</i>	2	
<i>sacubitril-valsartan tab 97-103 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr	2	
clonidine hcl tabs .1mg, .2mg, .3mg	2	
guanfacine hcl tabs 1mg, 2mg	2	
hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg	2	
methyldopa tabs 250mg, 500mg	2	
midodrine hcl tabs 2.5mg, 5mg, 10mg	2	
minoxidil tabs 2.5mg, 10mg	2	
phenoxybenzamine hcl caps 10mg	5	PA, QL (360 caps every 30 days)
ranolazine tb12 500mg, 1000mg	2	ST; PA**
NITRATES		
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg	2	
isosorbide mononitrate tb24 30mg, 60mg, 120mg	2	
NITRO-BID OINT 2%	4	
NITRO-DUR PT24 .3MG/HR, .8MG/HR	3	
nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg	2	
PULMONARY ARTERIAL HYPERTENSION		
ambrisentan tabs 5mg, 10mg	5	PA, QL (30 tabs every 30 days)
bosentan tabs 62.5mg, 125mg	5	PA, QL (60 tabs every 30 days)
OPSUMIT TABS 10MG	5	PA, QL (30 tabs every 30 days)
sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml	5	PA
sildenafil citrate (pulmonary hypertension) tabs 20mg	5	PA, QL (360 tabs every 30 days)
tadalafil (pulmonary hypertension) tabs 20mg	5	PA, QL (60 tabs every 30 days)
treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	PA
TYVASO SOLN .6MG/ML	5	PA, QL (28 ampules every 28 days)
TYVASO REFILL KIT SOLN .6MG/ML	5	PA, QL (28 ampules every 28 days)
TYVASO STARTER KIT SOLN .6MG/ML	5	PA, QL (28 ampules every 28 days)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI SOLR 1800MCG	5	PA
UPTRAVI TABS 200MCG	5	PA, QL (140 tabs every 28 days)
UPTRAVI TABS 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	5	PA, QL (60 tabs every 30 days)
UPTRAVI PACK TAB 200/800	5	PA, QL (1 pack every 28 days)
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	5	PA, QL (270 ampules every 30 days)

CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

<i>acamprosate calcium tbec 333mg</i>	2	PA
<i>disulfiram tabs 250mg, 500mg</i>	2	

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

<i>riluzole tabs 50mg</i>	2	
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ANTIANXIETY

<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	2	QL (150 tabs every 30 days)
ALPRAZOLAM INTENSOL CONC 1MG/ML	3	QL (300 mL every 30 days)
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	2	
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	2	QL (360 caps every 30 days)
<i>clomipramine hcl caps 25mg, 50mg</i>	2	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl caps 75mg</i>	2	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>	2	
<i>lorazepam conc 2mg/ml</i>	2	QL (150 mL every 30 days)
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	2	QL (150 tabs every 30 days)
<i>meprobamate tabs 200mg, 400mg</i>	2	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	2	QL (120 caps every 30 days)

ANTIDEMENTIA

<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	2	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	2	
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	2	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	2	
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 10mg</i>	2	QL (150 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 25mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 50mg</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 75mg, 100mg, 150mg</i>	2	PA; High strength requires PA for members age 65 and older
<i>amoxapine tabs 25mg, 50mg, 100mg</i>	2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tabs 150mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg</i>	2	
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	2	
<i>desipramine hcl tabs 10mg, 25mg, 50mg</i>	2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 75mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 100mg, 150mg</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	2	(generic of Pristiq)
<i>doxepin hcl caps 10mg, 25mg, 50mg</i>	2	QL (90 caps every 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl caps 75mg</i>	2	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 100mg, 150mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10mg/ml</i>	2	QL (450 mL every 30 days); QL applies to members age 65 and older
<i>duloxetine hcl cpep 20mg, 30mg, 60mg</i>	2	
EMSAM PT24 6MG/24HR, 9MG/24HR, 12MG/24HR	4	PA
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	2	
FETZIMA CP24 20MG, 40MG, 80MG, 120MG	4	
FETZIMA CAP TITRATIO	4	
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml</i>	2	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	2	(generic Sarafem not covered)
<i>imipramine hcl tabs 10mg, 25mg</i>	2	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tabs 50mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 75mg, 100mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 125mg, 150mg</i>	2	PA; High strength requires PA for members age 65 and older
MARPLAN TABS 10MG	4	
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	2	
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	2	
<i>nortriptyline hcl caps 10mg</i>	2	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 25mg</i>	2	QL (60 caps every 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl caps 50mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 75mg</i>	2	PA; High strength requires PA for members age 65 and older
<i>nortriptyline hcl soln 10mg/5ml</i>	2	QL (750 mL every 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i>	2	
<i>phenelzine sulfate tabs 15mg</i>	2	
<i>protriptyline hcl tabs 5mg</i>	2	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tabs 10mg</i>	2	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	2	
<i>tranylcypromine sulfate tabs 10mg</i>	2	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	2	
<i>trimipramine maleate caps 25mg, 50mg</i>	2	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate caps 100mg</i>	2	QL (30 caps every 30 days); QL applies to members age 65 and older
TRINTELLIX TABS 5MG, 10MG, 20MG	4	ST; PA**
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg</i>	2	
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	2	
APOKYN SOCT 30MG/3ML	6	ST, PA, QL (20 cartridges every 30 days)
<i>benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	2	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	2	
<i>carbidopa tabs 25mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone tabs 200mg</i>	2	
INBRIJA CAPS 42MG	5	PA, QL (300 caps every 30 days)
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	3	
ONGENTYS CAPS 25MG, 50MG	4	PA
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	2	
<i>rasagiline mesylate tabs .5mg, 1mg</i>	2	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	2	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	2	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	2	
ANTIPSYCHOTICS		
<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i>	2	
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML	3	
ARISTADA INITIO PRSY 675MG/2.4ML	3	
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
chlorpromazine hcl soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg	2	
clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg	2	
fluphenazine decanoate soln 25mg/ml	2	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg	2	
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
haloperidol decanoate soln 50mg/ml, 100mg/ml	2	
haloperidol lactate conc 2mg/ml; soln 5mg/ml	2	
loxapine succinate caps 5mg, 10mg, 25mg, 50mg	2	
lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg	2	
olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg	2	
paliperidone tb24 1.5mg, 3mg, 6mg, 9mg	2	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	2	
quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg	2	
risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	2	
thiothixene caps 1mg, 2mg, 5mg, 10mg	2	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	2	
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	3	ST; PA**
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	2	

ANTISEIZURE AGENTS

carbamazepine chew 100mg, 200mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg	2	
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	2	
clonazepam tabs .5mg, 1mg, 2mg	2	
clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg	2	QL (180 tabs every 30 days)
diazepam soln 5mg/5ml	2	QL (1200 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
diazepam soln 5mg/ml	2	
diazepam tabs 2mg, 5mg, 10mg	2	QL (120 tabs every 30 days)
diazepam intensol conc 5mg/ml	2	QL (240 mL every 30 days)
DILANTIN CAPS 30MG	4	
divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg	2	
epitol tabs 200mg	2	
ethosuximide caps 250mg; soln 250mg/5ml	2	
felbamate susp 600mg/5ml; tabs 400mg, 600mg	2	
fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml	2	
FYCOMPA SUSP .5MG/ML	4	
gabapentin caps 100mg, 300mg, 400mg	2	QL (6 caps every day)
gabapentin soln 250mg/5ml	2	QL (72 mL every day)
gabapentin tabs 600mg	2	QL (6 tabs every day)
gabapentin tabs 800mg	2	QL (4 tabs every day)
lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg	2	
lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg	2	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	2	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	2	
levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg	2	
levetiracetam in sodium chloride iv soln 500 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	2	
methsuximide caps 300mg	2	
NAYZILAM SOLN 5MG/0.1ML	3	QL (10 units every 30 days)
oxcarbazepine susp 300mg/5ml; tabs 150mg, 300mg, 600mg	2	
perampanel tabs 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	2	
<i>phenytoin susp 125mg/5ml</i>	2	
<i>phenytoin infatabs chew 50mg</i>	2	
<i>phenytoin sodium soln 50mg/ml</i>	2	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	2	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	2	ST; PA**
<i>primidone tabs 50mg, 250mg</i>	2	
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	2	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	2	
<i>topiramate cpsp 15mg, 25mg, 50mg; tabs 25mg, 50mg, 100mg, 200mg</i>	2	
<i>valproate sodium soln 100mg/ml, 250mg/5ml</i>	2	
<i>valproic acid caps 250mg</i>	2	
<i>vigabatrin pack 500mg</i>	5	PA, QL (180 packets every 30 days)
<i>vigabatrin tabs 500mg</i>	5	PA, QL (180 tabs every 30 days)
<i>XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG</i>	3	
<i>XCOPRI PAK 12.5-25</i>	3	
<i>XCOPRI PAK 50-100MG</i>	3	
<i>XCOPRI PAK 100-150</i>	3	
<i>XCOPRI PAK 150-200</i>	3	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	2	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>ADZENYS XR-ODT TBED 3.1MG, 6.3MG, 9.4MG</i>	4	QL (60 tabs every 30 days)
<i>ADZENYS XR-ODT TBED 12.5MG, 15.7MG, 18.8MG</i>	4	QL (30 tabs every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (30 tabs every 30 days)
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	2	
AZSTARYS CAP 26.1-5.2	3	QL (30 caps every 30 days)
AZSTARYS CAP 39.2-7.8	3	QL (30 caps every 30 days)
AZSTARYS CAP 52.3-10.	3	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	2	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg</i>	2	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cp24 15mg</i>	2	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	2	QL (1,200 mL every 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	2	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 15mg, 20mg</i>	2	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 30mg</i>	2	QL (30 tabs every 30 days)
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	2	
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg</i>	2	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate caps 40mg, 50mg, 60mg, 70mg</i>	2	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate chew 10mg, 20mg, 30mg</i>	2	QL (60 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew 40mg, 50mg, 60mg</i>	2	QL (30 chew tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methamphetamine hcl tabs 5mg</i>	2	QL (150 tabs every 30 days)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg</i>	2	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl cp24 20mg, 30mg; cpcr 10mg, 20mg, 30mg</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	2	QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	2	QL (900 mL every 30 days)
<i>methylphenidate hcl tabs 5mg, 10mg</i>	2	QL (180 tabs every 30 days)
<i>methylphenidate hcl tabs 20mg; tbc 10mg, 20mg</i>	2	QL (90 tabs every 30 days)
<i>methylphenidate hcl tbc 18mg, 27mg, 36mg</i>	2	QL (60 tabs every 30 days)
<i>methylphenidate hcl tbc 54mg</i>	2	QL (30 tabs every 30 days)
<i>zenzedi tabs 2.5mg, 7.5mg</i>	2	QL (120 tabs every 30 days)

FIBROMYALGIA

SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	4	ST; PA**
SAVELLA MIS TITR PAK	4	ST; PA**

HYPNOTICS

BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	3	ST; PA**
<i>cvs sleep-aid nighttime tabs 25mg</i>	2	OTC
DAYVIGO TABS 5MG, 10MG	3	PA, QL (30 tabs every 30 days)
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>estazolam tabs 1mg, 2mg</i>	4	QL (15 tabs every 30 days)
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	2	QL (15 tabs every 30 days)
<i>ramelteon tabs 8mg</i>	2	QL (15 tabs every 30 days)
<i>tasimelteon caps 20mg</i>	5	PA, QL (30 caps every 30 days)
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	2	QL (15 caps every 30 days)
<i>triazolam tabs .125mg, .25mg</i>	4	QL (10 tabs every 30 days)
<i>zaleplon caps 5mg, 10mg</i>	2	QL (15 caps every 30 days)
<i>zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i>	2	QL (15 tabs every 30 days)

MIGRAINE - ERGOTAMINE DERIVATIVES

<i>dihydroergotamine mesylate soln 1mg/ml</i>	2	
ERGOMAR SUBL 2MG	4	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE - MISCELLANEOUS		
QULIPTA TABS 10MG, 30MG, 60MG	3	ST, QL (30 tabs every 30 days); PA**
UBRELVY TABS 50MG, 100MG	3	ST, QL (16 tabs every 30 days); PA**
MIGRAINE - MONOCLONAL ANTIBODIES		
AIMOVIG SOAJ 70MG/ML, 140MG/ML	3	ST, QL (1 injection every 30 days); PA**
EMGALITY SOAJ 120MG/ML; SOSY 120MG/ML	3	ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill
EMGALITY SOSY 100MG/ML	3	ST, QL (3 injections every 30 days); PA**
MIGRAINE - TRIPTANS AND COMBINATIONS		
<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	2	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	2	QL (12 tabs every 30 days)
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	2	QL (12 tabs every 30 days)
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	2	QL (18 tabs every 30 days)
<i>sumatriptan soln 5mg/act</i>	2	QL (24 sprays every 30 days)
<i>sumatriptan soln 20mg/act</i>	2	QL (12 sprays every 30 days)
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i>	2	QL (18 syringes every 30 days)
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml</i>	2	QL (12 units every 30 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	2	QL (12 vials every 30 days)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	2	QL (12 tabs every 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	4	ST, QL (9 tabs every 30 days); PA**
<i>zolmitriptan soln 5mg</i>	2	QL (12 sprays every 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	2	QL (12 tabs every 30 days)
MOOD STABILIZERS		
<i>lithium soln 8meq/5ml</i>	2	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	2	
MOVEMENT DISORDERS		
<i>tetrabenazine tabs 12.5mg</i>	5	PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine tabs 25mg</i>	5	PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3MG	5	PA, QL (14 injections every 28 days)
<i>dalfampridine tb12 10mg</i>	5	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate cpdr 120mg</i>	5	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate cpdr 240mg</i>	5	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	PA, QL (1 kit every 30 days)
<i>fingolimod hcl caps .5mg</i>	5	PA, QL (30 caps every 30 days)
<i>glatiramer acetate sosy 40mg/ml</i>	3	PA, QL (12 syringes every 28 days)
<i>glatopa sosy 20mg/ml</i>	3	PA, QL (30 injections every 30 days)
<i>teriflunomide tabs 7mg, 14mg</i>	5	PA, QL (30 tabs every 30 days)
TYSABRI CONC 300MG/15ML	5	PA, QL (1 vial every 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tabs 5mg, 10mg, 20mg</i>	2	
<i>carisoprodol tabs 350mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone tabs 500mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	2	
<i>metaxalone tabs 800mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tabs 500mg, 750mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>norgesic tab</i>	4	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate soln 30mg/ml</i>	2	
<i>orphenadrine citrate tb12 100mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tabs 2mg, 4mg</i>	2	
MYASTHENIA GRAVIS		
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tabs 50mg</i>	2	PA, QL (60 tabs every 30 days)
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	2	PA, QL (30 tabs every 30 days)
<i>modafinil tabs 100mg, 200mg</i>	2	PA, QL (60 tabs every 30 days)
SODIUM OXYBATE SOLN 500MG/ML	5	PA, QL (540mL every 30 days)
SUNOSI TABS 75MG, 150MG	3	PA, QL (30 tabs every 30 days)
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (2 units every day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	QL (3 tabs every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	QL (3 tabs every day); \$0 copay
ZUBSOLV SUB 0.7-0.18	3	QL (3 units every day)
ZUBSOLV SUB 1.4-0.36	3	QL (3 units every day)
ZUBSOLV SUB 2.9-0.71	3	QL (3 units every day)
ZUBSOLV SUB 5.7-1.4	3	QL (3 units every day)
ZUBSOLV SUB 8.6-2.1	3	QL (2 units every day)
ZUBSOLV SUB 11.4-2.9	3	QL (1 unit every day)
OPIOID ANTAGONIST		
<i>naloxone hcl liqd 4mg/0.1ml</i>	2	OTC
<i>naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	2	
<i>naltrexone hcl tabs 50mg</i>	0	\$0 copay
NARCAN LIQD 4MG/0.1ML	2	OTC

Drug Name	Drug Tier	Requirements/Limits
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sublingual 2mg, 8mg</i>	0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
PSYCHOTHERAPEUTIC-MISC		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	4	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	4	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>lofexidine hcl tabs .18mg</i>	2	
NUDEXTA CAP 20-10MG	3	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	4	QL (150 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 2-25 mg</i>	4	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-10 mg</i>	4	QL (120 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-25 mg</i>	4	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-50 mg</i>	4	QL (30 units every 30 days); QL applies to members age 65 and older
<i>pimozide tabs 1mg, 2mg</i>	2	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tablet 150mg</i>	0	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacrone gum 4mg; lozenges 4mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine patch 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2mg, 4mg; lozenges 2mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3 patch 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine transdermal system patch 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
NICOTROL INHALER INHA 10MG	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10MG/ML	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tabs .5mg, 1mg</i>	0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	0	\$0 limited to 2 treatment cycles/year

ENDOCRINE AND METABOLIC

ACROMEGALY

<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	5	PA, QL (90 ml every 30 days)
<i>octreotide acetate soln 200mcg/ml</i>	5	PA, QL (225 ml every 30 days)
<i>octreotide acetate soln 1000mcg/ml</i>	5	PA, QL (45 ml every 30 days)
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	5	PA, QL (1 injection every 28 days)
SOMAVERT SOLR 10MG, 15MG, 20MG, 25MG, 30MG	5	PA, QL (30 vials every 30 days)

ANDROGENS

<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	2	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate soln 200mg/ml</i>	2	PA

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tabs 25mg, 50mg, 100mg</i>	2	
<i>miglitol tabs 25mg, 50mg, 100mg</i>	2	

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN 60 SOPN 1500MCG/1.5ML	4	ST; PA**
SYMLINPEN 120 SOPN 2700MCG/2.7ML	4	ST; PA**

ANTIDIABETICS, BIGUANIDE

<i>metformin hcl tabs 500mg, 1000mg; tb24 500mg, 750mg</i>	1	
<i>metformin hcl tabs 850mg</i>	1	\$0 copay for members age 35-70 for prevention of diabetes

ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS

<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	1	ST; PA**
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	1	ST; PA**
JANUMET TAB 50-500MG	3	ST; PA**
JANUMET TAB 50-1000	3	ST; PA**
JANUMET XR TAB 50-500MG	3	ST; PA**
JANUMET XR TAB 50-1000	3	ST; PA**
JANUMET XR TAB 100-1000	3	ST; PA**

ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
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<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	1	ST; PA**
JANUVIA TABS 25MG, 50MG, 100MG	3	ST; PA**

ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
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<i>liraglutide sopn 18mg/3ml</i>	2	ST, QL (3 pens every 30 days); PA**
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	3	ST, QL (4 pens every 28 days); PA**
OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML	3	ST, QL (3 mL every 28 days); PA**
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	ST, QL (4 pens every 28 days); PA**

ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
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SOLIQUA INJ 100/33	3	ST; PA**
XULTOPHY INJ 100/3.6	3	ST; PA**

ANTIDIABETICS, INSULIN		
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FIASP SOLN 100UNIT/ML	3	
FIASP FLEXTOUCH SOPN 100UNIT/ML	3	
FIASP PENFILL SOCT 100UNIT/ML	3	
FIASP PUMPCART SOCT 100UNIT/ML	3	
HUMULIN INJ 70/30	4	OTC
HUMULIN INJ 70/30KWP	4	OTC
HUMULIN N SUSP 100UNIT/ML	4	OTC
HUMULIN N KWIKPEN SUPN 100UNIT/ML	4	OTC
HUMULIN R SOLN 100UNIT/ML	4	OTC
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	3	
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	3	
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML	3	
NOVOLIN INJ 70/30	3	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	3	OTC; RELION not covered

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N SUSP 100UNIT/ML	3	OTC; RELION not covered
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	3	OTC; RELION not covered
NOVOLIN R SOLN 100UNIT/ML	3	OTC; RELION not covered
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	3	OTC; RELION not covered
NOVOLOG SOLN 100UNIT/ML	3	
NOVOLOG FLEXPEN SOPN 100UNIT/ML	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
NOVOLOG PENFILL SOCT 100UNIT/ML	3	
TRESIBA SOLN 100UNIT/ML	3	
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	3	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide tabs 60mg, 120mg</i>	1	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
SYNJARDY TAB	3	ST; PA**
SYNJARDY TAB 5-500MG	3	ST; PA**
SYNJARDY TAB 5-1000MG	3	ST; PA**
SYNJARDY TAB 12.5-500	3	ST; PA**
SYNJARDY XR TAB	3	ST; PA**
SYNJARDY XR TAB 5-1000MG	3	ST; PA**
SYNJARDY XR TAB 10-1000	3	ST; PA**
SYNJARDY XR TAB 25-1000	3	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	3	ST; PA**
GLYXAMBI TAB 25-5 MG	3	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
JARDIANCE TABS 10MG, 25MG	3	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl tabs 30mg, 60mg</i>	5	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tabs 90mg</i>	5	PA, QL (120 tabs every 30 days)
CALCIUM REGULATORS, BIPHOSPHONATES		
<i>alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg, 70mg</i>	2	
FOSAMAX + D TAB 70-2800	4	
FOSAMAX + D TAB 70-5600	4	
<i>ibandronate sodium soln 3mg/3ml; tabs 150mg</i>	2	
<i>pamidronate disodium soln 30mg/10ml</i>	2	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	2	
<i>zoledronic acid conc 4mg/5ml; soln 5mg/100ml</i>	5	PA
CALCIUM REGULATORS, MISCELLANEOUS		
<i>calcitonin (salmon) soln 200unit/act</i>	2	
PROLIA SOSY 60MG/ML	5	PA, QL (60mg every 24 weeks)
CALCIUM REGULATORS, PARATHYROID HORMONES		
TYMLOS SOPN 3120MCG/1.56ML	5	PA, QL (1 pen every 30 days)
CENTRAL PRECOCIOUS PUBERTY		
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG)	5	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG)	5	PA
LUPRON DEPOT-PED (6-MONTH KIT 45MG)	5	PA
SUPPRELIN LA KIT 50MG	5	PA
TRIPTODUR SRER 22.5MG	5	PA
CHELATING AGENTS		
CHEMET CAPS 100MG	4	
<i>deferiprone tabs 500mg, 1000mg</i>	5	PA
FERRIPROX SOLN 100MG/ML	5	PA
FERRIPROX TWICE-A-DAY TABS 1000MG	5	PA
<i>penicillamine tabs 250mg</i>	5	
CONTRACEPTIVES		
<i>altavera tab</i>	0	
<i>alyacen tab 1/35</i>	0	
<i>alyacen tab 7/7/7</i>	0	
<i>amethyst tab 90-20mcg</i>	0	
ANNOVERA MIS	0	QL (1 every 300 days)

Drug Name	Drug Tier	Requirements/Limits
<i>apri tab</i>	0	
<i>aranelle tab</i>	0	
<i>ashlyna tab</i>	0	
<i>aviane tab</i>	0	
<i>azurette tab</i>	0	
<i>camila tabs .35mg</i>	0	
<i>camrese tab</i>	0	
CAYA DPR	0	QL (1 every 300 days)
<i>chateal eq tab 0.15/30</i>	0	
CONDOMS MIS	0	QL (12 condoms every 30 days), OTC
<i>cryselle-28 tab 28 tabs</i>	0	
<i>dasetta tab 1/35</i>	0	
<i>dasetta tab 7/7/7</i>	0	
<i>delyla tab 0.1-0.02</i>	0	
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	0	QL (4 inj every 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
DUREX MIS REALFEEL	0	QL (12 condoms every 30 days), OTC
<i>elinest tab</i>	0	
ELLA TABS 30MG	0	
<i>enpresse-28 tab</i>	0	
<i>enskyce tab</i>	0	
<i>errin tabs .35mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	0	QL (13 every 300 days)
<i>falmina tab</i>	0	
FC2 FEMALE MIS CONDOM	0	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	0	QL (1 every 300 days)
FEMCAP MIS 26MM	0	QL (1 every 300 days)
FEMCAP MIS 30MM	0	QL (1 every 300 days)
FEMLYV TAB 1/0.02MG	0	
<i>gemmily cap 1/20</i>	0	
<i>heather tabs .35mg</i>	0	
<i>introvale tab</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>jolessa tab</i>	0	
<i>junel 1.5/30 tab</i>	0	
<i>junel 1/20 tab</i>	0	
<i>junel fe 24 tab 1/20</i>	0	
<i>junel fe tab 1.5/30</i>	0	
<i>junel fe tab 1/20</i>	0	
<i>kariva tab 28 day</i>	0	
<i>kelnor tab 1/35</i>	0	
<i>kurvelo tab 0.15/30</i>	0	
KYLEENA IUD 19.5MG	0	QL (1 every 300 days)
<i>larin tab 1.5/30</i>	0	
<i>layolis fe chw</i>	0	
<i>leena tab</i>	0	
<i>lessina tab</i>	0	
<i>levonest tab</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	0	
<i>levora-28 tab 0.15/30</i>	0	
LILETTA IUD 20.1MCG/DAY	0	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10	0	
<i>loryna tab 3-0.02mg</i>	0	
<i>low-ogestrel tab</i>	0	
<i>lutra tab</i>	0	
<i>marlissa tab 0.15/30</i>	0	
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	0	QL (4 inj every 300 days)
<i>microgestin tab 1.5/30</i>	0	
MIRENA IUD 20MCG/DAY	0	QL (1 every 300 days)
MIUDELLA IUD COPPER	0	QL (1 unit every 300 days)
<i>mono-lynyah tab 0.25-35</i>	0	
NATAZIA TAB	0	
<i>necon tab 0.5/35</i>	0	
NEXPLANON IMPL 68MG	0	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG	0	
<i>nikki tab 3-0.02mg</i>	0	
<i>nora-be tabs .35mg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone (contraceptive) tabs .35mg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>nortrel tab 0.5/35</i>	0	
<i>nortrel tab 1/35</i>	0	
<i>nortrel tab 7/7/7</i>	0	
<i>nylia tab 1/35</i>	0	
<i>ocella tab 3-0.03mg</i>	0	
OMNIFLEX DPR	0	QL (1 every 300 days)
OPILL TABS .075MG	0	OTC
PARAGARD IUD T380A	0	QL (1 unit every 300 days)
<i>portia-28 tab</i>	0	
<i>reclipsen tab</i>	0	
<i>rivelsa tab</i>	0	
SKYLA IUD 13.5MG	0	QL (1 every 300 days)
SLYND TABS 4MG	0	
<i>sprintec 28 tab 28 day</i>	0	
<i>sronyx tab</i>	0	
<i>syeda tab 3-0.03mg</i>	0	
<i>take action tabs 1.5mg</i>	0	OTC
<i>tilia fe tab</i>	0	
<i>tri-linyah tab</i>	0	
<i>tri-sprintec tab</i>	0	
TRUSTEX/RIA MIS NON-LUB	0	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	0	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	0	
TYBLUME CHW 0.1-0.02	0	
<i>velivet pak</i>	0	
<i>viorele tab</i>	0	
<i>vyfemla tab 0.4-35</i>	0	
<i>wera tab 0.5/35</i>	0	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	0	QL (1 every 300 days)

Drug Name	Drug Tier	Requirements/Limits
<i>xelria fe chw 0.4mg-35</i>	0	
<i>xulane dis 150-35</i>	0	
<i>zovia 1/35 tab</i>	0	

DIABETIC SUPPLIES

ACCU-CHEK BLOOD GLUCOSE TEST KITS	3	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	3	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK LIQ COMPACT	3	OTC
ACCU-CHEK LIQ GUIDE	3	OTC
ACCU-CHEK LIQ SMART	3	OTC
ACCU-CHEK SOL	3	OTC
ACCU-CHEK SOL COMPACT	3	OTC
ALCOHOL PREP PAD	3	OTC
CHEMSTRIP 2 TES GP	4	OTC
CHEMSTRIP 5 TES OB	4	OTC
CHEMSTRIP 7 TES	4	OTC
CHEMSTRIP 9 TES STRIPS	4	OTC
CHEMSTRIP 10 TES MD	4	OTC
CHEMSTRIP K TES	4	OTC
CHEMSTRIP TES -10 SG	4	OTC
CHEMSTRIP TES UGK	4	OTC
CVS KETONE TES CARE	4	OTC
DEXCOM G5 MIS RECEIVER	3	
DEXCOM G5 MIS TRANSMIT	3	
DEXCOM G6 MIS RECEIVER	3	
DEXCOM G6 MIS SENSOR	3	QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	3	
DEXCOM G7 MIS RECEIVER	3	
DEXCOM G7 MIS SENSOR	3	QL (3 sensors every 30 days)
DIASCREEN 3 MIS	4	OTC
DIASCREEN 5 MIS	4	OTC
DIASCREEN 6 MIS	4	OTC
DIASCREEN 7 MIS	4	OTC
DIASCREEN 8 MIS	4	OTC
DIASCREEN 9 MIS	4	OTC
DIASCREEN 10 MIS	4	OTC
DIASCREEN MIS 1B	4	OTC
DIASCREEN MIS 1G	4	OTC
DIASCREEN MIS 1K	4	OTC
DIASCREEN MIS 2GK	4	OTC
DIASCREEN MIS 2GP	4	OTC
DIASCREEN MIS 4NL	4	OTC

Drug Name	Drug Tier	Requirements/Limits
DIASCREEN MIS 4OBL	4	OTC
DIASCREEN MIS 4PH	4	OTC
DIASCREEN MIS CONTROL	4	OTC
DIASTIX TES STRIPS	4	OTC
FASTCLIX MIS LANCETS	3	OTC
INSULIN PEN NEEDLES	3	OTC
INSULIN PEN NEEDLES/SYRINGES	3	OTC
KETONE TES	4	OTC
KETONE TEST TES	4	OTC
NOVOFINE PEN NEEDLES	3	OTC
OMNIPOD 5 DX KIT INT G7G6	3	
OMNIPOD 5 DX MIS POD G7G6	3	
OMNIPOD 5 G7 KIT INTRO	3	
OMNIPOD 5 G7 MIS PODS	3	
OMNIPOD DASH KIT INTRO	3	
OMNIPOD DASH KIT PDM	3	
OMNIPOD DASH MIS PODS	3	
OMNIPOD MIS CLASSIC	3	
OMNIPOD PDM KIT CLASSIC	3	
SHARPS CONTAINER	3	OTC
SOFTCLIX MIS LANCETS	3	OTC
TWIIIST KIT REFILL	3	
TWIIIST KIT STARTER	3	
TWIIIST REFIL KIT INFUSION	3	

ENDOMETRIOSIS

<i>danazol caps 50mg, 100mg, 200mg</i>	2	
ORILISSA TABS 150MG, 200MG	3	
SYNAREL SOLN 2MG/ML	6	PA

GLUCOCORTICOIDS

<i>deflazacort susp 22.75mg/ml</i>	5	PA, QL (52 mL every 30 days)
<i>deflazacort tabs 6mg</i>	5	PA, QL (60 tabs every 30 days)
<i>deflazacort tabs 18mg, 30mg, 36mg</i>	5	PA, QL (30 tabs every 30 days)
DEPO-MEDROL SUSP 20MG/ML	4	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	2	
DEXAMETHASONE INTENSOL CONC 1MG/ML	3	
<i>dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; sosy 4mg/ml</i>	2	
<i>fludrocortisone acetate tabs .1mg</i>	2	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone sod succinate solr 100mg</i>	2	
MEDROL TABS 2MG	3	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	2	
<i>methylprednisolone acetate susp 40mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone sod succ solr 125mg, 1000mg</i>	2	
<i>prednisolone soln 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	2	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	2	
PREDNISONE INTENSOL CONC 5MG/ML	3	
SOLU-CORTEF SOLR 250MG, 500MG, 1000MG	4	
SOLU-MEDROL SOLR 2GM	4	
GLUCOSE ELEVATING AGENTS		
<i>glucagon (rdna) kit 1mg</i>	2	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT SOLN 1MG/0.2ML	3	
GVOKE PFS SOSY 1MG/0.2ML	3	
INSTA-GLUCOSE GEL 77.4%	3	OTC
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	5	PA
ORFADIN SUSP 4MG/ML	5	PA
HUMAN GROWTH HORMONES		
NORDIPEN 5 MIS DEVICE	3	
NORDIPEN DEL MIS SYSTEM	3	OTC
NORDITROPIN FLEXPPO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	5	PA
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE		
CERDELGA CAPS 84MG	5	PA, QL (56 caps every 28 days)
MENOPAUSAL SYMPTOM AGENTS		
BIJUVA CAP 0.5-100	4	PA; High Risk Medications require PA for members age 70 and older
BIJUVA CAP 1-100MG	4	PA; High Risk Medications require PA for members age 70 and older
CLIMARA PRO DIS WEEKLY	3	
DEPO-ESTRADIOL OIL 5MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
DUAVEE TAB 0.45-20	3	
ELESTRIN GEL .06%	4	PA; High Risk Medications require PA for members age 70 and older
estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg	2	PA; High Risk Medications require PA for members age 70 and older
estradiol & norethindrone acetate tab 0.5-0.1 mg	2	
estradiol & norethindrone acetate tab 1-0.5 mg	2	
estradiol vaginal crea .1mg/gm	2	
estradiol valerate oil 20mg/ml, 40mg/ml	2	
EVAMIST SOLN 1.53MG/SPRAY	4	PA; High Risk Medications require PA for members age 70 and older
IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG	3	
IMVEXXY STARTER PACK INST 4MCG, 10MCG	3	
jinteli tab 1mg-5mcg	2	
MENEST TABS .3MG, .625MG, 1.25MG, 2.5MG	4	PA; High Risk Medications require PA for members age 70 and older
mimvey tab 1-0.5mg	2	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	2	
PREMARIN CREA .625MG/GM	4	
PREMARIN TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	4	PA; High Risk Medications require PA for members age 70 and older
yuvaferm tabs 10mcg	2	
MISCELLANEOUS		
betaine anhy pow	5	PA
cabergoline tabs .5mg	2	
CHORIONIC GONADOTROPIN SOLR 10000UNIT	5	PA
CYSTAGON CAPS 50MG, 150MG	5	PA
INCRELEX SOLN 40MG/4ML	5	PA
INTRAROSA INST 6.5MG	4	
MYALEPT SOLR 11.3MG	5	PA, QL (30 vials every 30 days)

Drug Name	Drug Tier	Requirements/Limits
OSPHEA TABS 60MG	4	PA
raloxifene hcl tabs 60mg	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	5	PA
SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML	6	PA, QL (60 ampules every 30 days)
tolvaptan tabs 15mg, 30mg	5	PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	2	
lanthanum carbonate chew 500mg, 750mg, 1000mg	2	
sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg	2	
VELPHORO CHEW 500MG	4	ST; PA**
POTASSIUM-REMOVING AGENTS		
sps susp 15gm/60ml	2	
PROGESTINS		
CRINONE GEL 4%, 8%	3	
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	2	
megestrol acetate susp 40mg/ml	2	
megestrol acetate (appetite) susp 625mg/5ml	2	
norethindrone acetate tabs 5mg	2	
progesterone caps 100mg, 200mg	2	
THYROID AGENTS		
levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
liothyronine sodium tabs 5mcg, 25mcg, 50mcg	2	
methimazole tabs 5mg, 10mg	2	
propylthiouracil tabs 50mg	2	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	3	
unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg	2	

Drug Name	Drug Tier	Requirements/Limits
UREA CYCLE DISORDER		
<i>carglumic acid tbso 200mg</i>	5	PA
PHEBURANE PLLT 483MG/GM	5	PA, QL (672g every 30 days)
<i>sodium phenylbutyrate powd 3gm/tsp</i>	5	PA, QL (798g every 30 days)
<i>sodium phenylbutyrate tabs 500mg</i>	5	PA, QL (1200 tabs every 30 days)
VASOPRESSINS		
<i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i>	2	
<i>desmopressin acetate spray soln .01%</i>	2	
<i>desmopressin acetate spray refrigerated soln .01%</i>	2	
VITAMIN D ANALOGS		
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	2	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	2	
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	2	
GASTROINTESTINAL		
ANTICHOLINERGICS		
<i>atropine sulfate sosy 1mg/10ml</i>	2	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg</i>	2	
<i>glycopyrrolate soln 1mg/5ml, 4mg/20ml; tabs 1mg, 2mg</i>	2	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
ANTIDIARRHEALS		
<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	
<i>loperamide hcl caps 2mg</i>	2	
MOTOFEN TAB 1-0.025	4	
ANTIEMETICS		
AKYNZEO CAP 300-0.5	4	QL (2 caps every 28 days)
<i>aprepitant caps 40mg</i>	2	QL (3 caps every 180 days)
<i>aprepitant caps 80mg</i>	2	QL (4 caps every 28 days)
<i>aprepitant caps 125mg</i>	2	QL (2 caps every 28 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	QL (2 packs every 28 days)
<i>compro supp 25mg</i>	2	
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	2	QL (60 caps every 30 days)
<i>granisetron hcl soln 1mg/ml</i>	2	QL (2 mL every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl tabs 1mg</i>	2	QL (12 tabs every 28 days)
<i>meclizine hcl tabs 12.5mg, 25mg</i>	2	
<i>metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	2	
<i>ondansetron tbdp 4mg, 8mg</i>	2	QL (18 tabs every 28 days)
<i>ondansetron hcl soln 4mg/2ml, 40mg/20ml; sosy 4mg/2ml</i>	2	QL (20 mL every 28 days)
<i>ondansetron hcl soln 4mg/5ml</i>	2	QL (200 mL every 28 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	QL (18 tabs every 28 days)
<i>ondansetron hcl tabs 24mg</i>	2	QL (2 tabs every 28 days)
<i>prochlorperazine supp 25mg</i>	2	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	2	
<i>promethazine hcl soln 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl soln 25mg/ml, 50mg/ml; supp 12.5mg, 25mg</i>	2	
<i>promethegan supp 12.5mg, 25mg, 50mg</i>	2	
SANCUSO PTCH 3.1MG/24HR	3	QL (2 patches every 28 days)
<i>scopolamine pt72 1mg/3days</i>	2	
<i>trimethobenzamide hcl caps 300mg</i>	2	
VARUBI TBPK 90MG	3	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	2	
<i>famotidine soln 20mg/2ml; susr 40mg/5ml; tabs 20mg, 40mg</i>	2	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>nizatidine caps 150mg, 300mg</i>	2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium caps 750mg</i>	2	
<i>budesonide cpep 3mg; tb24 9mg</i>	2	
CORTIFOAM FOAM 10%	3	
DIPENTUM CAPS 250MG	4	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	2	
<i>mesalamine cp24 .375gm; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg</i>	2	
<i>mesalamine w/ cleanser kit 4gm</i>	2	
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	2	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAPS 72MCG, 145MCG, 290MCG	3	
<i>lubiprostone caps 8mcg, 24mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl tabs .5mg, 1mg</i>	2	PA
VIBERZI TABS 75MG, 100MG	3	PA
LAXATIVES		
CLENPIQ SOL	0	\$0 copay for members age 45 through 75, Tier 3 for all others
<i>enulose soln 10gm/15ml</i>	2	
<i>gavilyte-c sol</i>	2	
<i>gavilyte-g sol</i>	2	
<i>generlac soln 10gm/15ml</i>	2	
<i>lactulose soln 10gm/15ml</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	0	\$0 copay for members age 45 through 75, otherwise not covered
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PEG-PREP KIT	0	\$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL	0	\$0 copay for members age 45 through 75, otherwise not covered
<i>polyethylene glycol 3350 powd 17gm/scoop</i>	2	OTC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	0	\$0 copay for members age 45 through 75, otherwise not covered
SUFLAVE SOL	0	\$0 copay for members age 45 through 75, otherwise not covered
SUTAB TAB	0	\$0 copay for members age 45 through 75, otherwise not covered
MISCELLANEOUS		
<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	2	
IQIRVO TABS 80MG	5	PA, QL (30 tabs every 30 days)
<i>misoprostol tabs 100mcg, 200mcg</i>	2	
MOVANTIK TABS 12.5MG, 25MG	3	
SUCRAID SOLN 8500UNIT/ML	4	PA, QL (354 mL every 30 days)
<i>sucralfate tabs 1gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	2	
VOWST CAP	6	PA, QL (12 caps every 30 days)
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	PA
CREON CAP 6000UNIT	3	PA
CREON CAP 12000UNIT	3	PA
CREON CAP 24000UNIT	3	PA
CREON CAP 36000UNIT	3	PA
VIOKACE TAB 10440	3	PA
VIOKACE TAB 20880	3	PA
ZENPEP CAP 3000UNIT	3	PA
ZENPEP CAP 5000UNIT	3	PA
ZENPEP CAP 10000UNIT	3	PA
ZENPEP CAP 15000UNIT	3	PA
ZENPEP CAP 20000UNIT	3	PA
ZENPEP CAP 25000UNIT	3	PA
ZENPEP CAP 40000UNIT	3	PA
ZENPEP CAP 60000UNIT	3	PA
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	2	QL (90 caps every 365 days)
<i>esomeprazole magnesium pack 2.5mg, 5mg, 10mg</i>	2	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>lansoprazole cpdr 15mg, 30mg</i>	2	QL (90 caps every 365 days)
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	2	QL (90 caps every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	4	QL (90 packets every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	4	QL (90 packets every 365 days)
<i>pantoprazole sodium tbec 20mg, 40mg</i>	2	QL (90 tabs every 365 days)
<i>rabeprazole sodium tbec 20mg</i>	2	QL (90 tabs every 365 days)
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone (rectal) crea 1%, 2.5%</i>	2	
<i>proctozone-hc crea 2.5%</i>	2	
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	2	
HELIDAC MIS THERAPY	4	

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl tb24 10mg	2	
CARDURA XL TB24 4MG, 8MG	4	
doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg	2	
dutasteride caps .5mg	2	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	2	
finasteride tabs 5mg	2	
silodosin caps 4mg, 8mg	2	
tadalafil tabs 2.5mg, 5mg	2	PA, QL (30 tabs every 30 days)
tamsulosin hcl caps .4mg	2	
terazosin hcl caps 1mg, 2mg, 5mg, 10mg	2	
CONTRACEPTIVES		
ENCARE SUPP 100MG	0	OTC
OPTIONS GYNOL II VAGINAL GEL 3%	0	OTC
PHEXXI GEL	0	
TODAY SPONGE MISC 1000MG	0	OTC
VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4%	0	OTC
ERECTILE DYSFUNCTION		
avanafil tabs 50mg, 100mg, 200mg	2	PA, QL (6 tabs every 30 days)
MISCELLANEOUS		
bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg	2	
ELMIRON CAPS 100MG	4	
eq urinary pain relief tabs 95mg	2	OTC
potassium citrate (alkalinizer) tbc 10meq, 15meq, 540mg	2	
URINARY ANTISPASMODICS		
darifenacin hydrobromide tb24 7.5mg, 15mg	2	
fesoterodine fumarate tb24 4mg, 8mg	2	
mirabegron tb24 25mg, 50mg	2	
MYRBETRIQ SRER 8MG/ML	3	
oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg	2	
solifenacin succinate tabs 5mg, 10mg	2	
tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg	2	
trospium chloride cp24 60mg; tabs 20mg	2	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate vaginal crea 2%</i>	2	
GYNAZOLE-1 CREA 2%	4	
<i>metronidazole vaginal gel .75%</i>	2	
<i>miconazole 3 supp 200mg</i>	2	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	2	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate caps 75mg, 110mg, 150mg</i>	2	
ELIQUIS TABS 2.5MG, 5MG	3	
ELIQUIS STARTER PACK TBPK 5MG	3	
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	2	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	2	
FRAGMIN SOLN 10000UNIT/4ML, 95000UNIT/3.8ML; SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML	4	
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	2	
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	2	
<i>rivaroxaban tabs 2.5mg</i>	2	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	2	
XARELTO SUSR 1MG/ML; TABS 10MG, 15MG, 20MG	3	
XARELTO STAR TAB 15/20MG	3	

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	5	PA
FYLNETRA SOSY 6MG/0.6ML	5	PA, QL (2 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
MIRCERA SOSY 30MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML, 100MCG/0.3ML, 120MCG/0.3ML, 150MCG/0.3ML, 200MCG/0.3ML	5	PA
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	5	PA
NYVEPRIA SOSY 6MG/0.6ML	5	PA, QL (2 syringes every 28 days)
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	5	PA
MISCELLANEOUS		
<i>aminocaproic acid tabs 500mg, 1000mg</i>	2	
<i>anagrelide hcl caps .5mg, 1mg</i>	2	
<i>cilostazol tabs 50mg, 100mg</i>	2	
<i>pentoxifylline tbc 400mg</i>	2	
<i>tranexamic acid soln 1000mg/10ml; tabs 650mg</i>	2	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	2	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tabs 5mg, 10mg</i>	2	
YOSPRALA TAB 81-40MG	4	
YOSPRALA TAB 325-40MG	4	
SICKLE CELL DISEASE		
DROXIA CAPS 200MG, 300MG, 400MG	3	
THROMBOCYTOPENIA AGENTS		
ALVAIZ TABS 9MG, 54MG	5	PA, QL (60 tabs every 30 days)
ALVAIZ TABS 18MG, 36MG	5	PA, QL (90 tabs every 30 days)
DOPTELET TABS 20MG	5	PA, QL (1 carton every 5 days)
DOPTELET TABS 20MG	5	PA, QL (2 cartons every 30 days)
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
ACTEMRA SOLN 80MG/4ML	6	ST, PA, QL (20 vials every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA SOLN 200MG/10ML	6	ST, PA, QL (8 vials every 28 days)
ACTEMRA SOLN 400MG/20ML	6	ST, PA, QL (4 vials every 28 days)
INFLIXIMAB SOLR 100MG	5	PA, QL (5 vials every 42 days)
SIMPONI ARIA SOLN 50MG/4ML	6	PA, QL (200 mg every 8 weeks)
SKYRIZI SOLN 600MG/10ML	5	PA, QL (6 vials every 56 days)
TREMFYA SOLN 200MG/20ML	5	PA, QL (One time induction dose only)

AUTOIMMUNE AGENTS (SELF-ADMINISTERED)

ACTEMRA SOSY 162MG/0.9ML	6	ST, PA, QL (4 syringes every 28 days)
ACTEMRA ACTPEN SOAJ 162MG/0.9ML	6	ST, PA, QL (4 injections every 28 days)
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML	5	PA, QL (2 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOSY 10MG/0.1ML	5	PA, QL (2 syringes every 28 days)
ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML	5	PA, QL (4 syringes every 28 days)
ADALIMUMAB-FKJP AJKT 40MG/0.8ML	5	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-FKJP PSKT 20MG/0.4ML, 40MG/0.8ML	5	PA, QL (4 syringes every 28 days)
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	5	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SOSY 150MG/ML	5	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	5	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	5	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
COSENTYX UNOREADY SOAJ 300MG/2ML	5	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
ENBREL SOLN 25MG/0.5ML	5	PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SOSY 25MG/0.5ML	5	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SOSY 50MG/ML	5	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50MG/ML	5	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK SOAJ 50MG/ML	5	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HYRIMOZ SOAJ 40MG/0.4ML	5	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SOSY 20MG/0.2ML, 40MG/0.4ML	5	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	5	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	5	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML	5	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis

Drug Name	Drug Tier	Requirements/Limits
KEVZARA SOSY 150MG/1.14ML, 200MG/1.14ML	5	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
OTEZLA TABS 20MG, 30MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20	5	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30	5	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
PYZCHIVA SOSY 45MG/0.5ML	5	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA SOSY 90MG/ML	5	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
RINVOQ TB24 15MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis.
RINVOQ TB24 30MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis.
RINVOQ TB24 45MG	5	PA, QL (One time induction dose for CD/UC diagnosis only); Preferred agent for Crohn's Disease and Ulcerative Colitis.
RINVOQ LQ SOLN 1MG/ML	5	PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis
SIMPONI SOAJ 50MG/0.5ML, 100MG/ML; SOSY 50MG/0.5ML, 100MG/ML	6	ST, PA, QL (1 injection every 28 days)

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	5	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI SOSY 150MG/ML	5	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI PEN SOAJ 150MG/ML	5	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
TALTZ SOAJ 80MG/ML; SOSY 80MG/ML	5	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TALTZ SOSY 20MG/0.25ML, 40MG/0.5ML	5	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML	5	PA, QL (1 injection every 56 days); Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
TREMFYA SOAJ 200MG/2ML; SOSY 200MG/2ML	5	PA, QL (1 injection every 28 days); Preferred agent for Crohn's Disease and Ulcerative Colitis
VELSIPITY TABS 2MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis
XELJANZ SOLN 1MG/ML	5	PA, QL (240 mL every 24 days)
XELJANZ TABS 5MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ TABS 10MG	5	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
XELJANZ XR TB24 11MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TB24 22MG	5	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.
YESINTEK SOLN 45MG/0.5ML	5	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
YESINTEK SOSY 45MG/0.5ML	5	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
YESINTEK SOSY 90MG/ML	5	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
<i>leflunomide tabs 10mg, 20mg</i>	2	
<i>methotrexate sodium tabs 2.5mg</i>	2	

HEREDITARY ANGIOEDEMA

<i>icatibant acetate sosy 30mg/3ml</i>	5	PA, QL (45 syringes every 90 days)
TAKHZYRO SOLN 300MG/2ML	6	PA, QL (2 vials every 28 days)
TAKHZYRO SOSY 150MG/ML, 300MG/2ML	6	PA, QL (2 syringes every 28 days)

IMMUNOGLOBULIN

CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	5	PA
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IMMUNOMODULATORS

ACTIMMUNE SOLN 100MCG/0.5ML	6	PA
ARCALYST SOLR 220MG	5	PA, QL (8 vials every 28 days)

IMMUNOSUPPRESSANTS

ASTAGRAF XL CP24 .5MG, 1MG, 5MG	4	
<i>azathioprine tabs 50mg, 75mg, 100mg</i>	2	
CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS 500MG	4	
CELLCEPT INTRAVENOUS SOLR 500MG	4	
<i>cyclosporine caps 25mg, 100mg</i>	2	
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	2	
ENVARUSUS XR TB24 .75MG, 1MG, 4MG	4	

Drug Name	Drug Tier	Requirements/Limits
everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg	2	
gengraf caps 25mg, 100mg; soln 100mg/ml	2	
mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg	2	
mycophenolate mofetil hcl solr 500mg	2	
mycophenolate sodium tbec 180mg, 360mg	2	
MYFORTIC TBEC 180MG, 360MG	4	
NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML	4	
NULOJIX SOLR 250MG	4	
PROGRAF CAPS .5MG, 1MG, 5MG; PACK .2MG, 1MG; SOLN 5MG/ML	4	
SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML	4	
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	2	
tacrolimus caps .5mg, 1mg, 5mg	2	
ZORTRESS TABS .25MG, .5MG, .75MG, 1MG	4	

MISCELLANEOUS

BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	0	\$0 copay for members age 18 and younger, otherwise not covered
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VACCINES

ABRYSVO SOLR 120MCG/0.5ML	0	
ACTHIB INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	0	
AREXVY SUSR 120MCG/0.5ML	0	\$0 copay for members age 19 and older, otherwise not covered
BEXSERO SUSY .5ML	0	
BOOSTRIX INJ	0	
CAPVAXIVE SOSY .5ML	0	
COMIRNATY 2024-25 SUSY 30MCG/0.3ML	0	
DAPTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
DENGVAIXA SUS	0	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML, 20MCG/ML	0	
FLUMIST	0	

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 SUSP .5ML; SUSY .5ML	0	
HAVRIX SUSP 1440ELU/ML; SUSY 720ELU/0.5ML	0	
HEPLISAV-B SOSY 20MCG/0.5ML	0	
HIBERIX SOLR 10MCG	0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
INFLUENZA VACCINE	0	
IPOL INJ INACTIVE	0	
JYNNEOS SUSP .5ML	0	
KINRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	0	
MENQUADFI SOLN .5ML	0	
MENVEO INJ	0	
MENVEO SOL	0	
MODERNA COVID-19 VACCINE SUSY 25MCG/0.25ML	0	
MRESVIA SUSY 50MCG/0.5ML	0	\$0 copay for members age 19 and older, otherwise not covered
NOVAVAX COVID-19 VACCINE/ SUSY 5MCG/0.5ML	0	
PEDIARIX INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB SUSP 7.5MCG/0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA INJ	0	
PENTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
PFIZER-BIONTECH COVID-19 SUSP 3MCG/0.3ML, 10MCG/0.3ML	0	
PNEUMOVAX 23 SOSY 25MCG/0.5ML	0	
PREVNAR 20 INJ	0	
PRIORIX INJ	0	
PROQUAD INJ	0	\$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
QUADRACEL INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML	0	
ROTARIX SUS	0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50MCG/0.5ML	0	\$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX COVID-19 VACCINE SUSY 50MCG/0.5ML	0	
TENIVAC INJ 5-2LF	0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA SUSY .5ML	0	
TWINRIX INJ	0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML	0	
VARIVAX SUSR 1350PFU/0.5ML	0	
VAXELIS INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE INJ	0	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>effer-k tbef 25meq</i>	2	
<i>klor-con 8 tbc 8meq</i>	2	
<i>klor-con 10 tbc 10meq</i>	2	
<i>klor-con m15 tbc 15meq</i>	2	
<i>magnesium sulfate soln 2gm/50ml, 50%</i>	2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	2	
<i>monject sodium chloride soln .9%</i>	2	
<i>potassium chloride cpcr 8meq, 10meq; soln 2meq/ml, 10%, 20%; tbc 8meq, 10meq, 15meq, 20meq</i>	2	

Drug Name	Drug Tier	Requirements/Limits
potassium chloride microencapsulated crystals er tbc 10meq, 20meq	2	
sodium chloride soln .45%, .9%, 2.5meq/ml, 3%, 5%	2	
sodium fluoride chew 1mg; tabs 1mg	2	
sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg	0	\$0 applies for ages 5 and under, otherwise not covered

PRENATAL VITAMINS

elite-ob tab	2	
inatal gt tab	2	
pnv-dha cap	2	
pnv-select tab	2	
prenatal 19 chw tab	2	
trinate tab	2	

VITAMINS

cholecalciferol caps 50000unit	2	OTC
cyanocobalamin soln 1000mcg/ml	2	
ergocalciferol caps 50000unit	2	
folic acid caps 800mcg	0	QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
folic acid tabs 1mg	2	
folic acid tabs 400mcg, 800mcg	0	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
multi-vit/fl dro 0.5mg/ml	2	
multi-vit/fl dro /fe 0.25	2	
multivit/fl dro 0.25mg	2	
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	2	
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	2	
pediatric multiple vitamins w/ fluoride chew tab 1 mg	2	
phytonadione tabs 5mg	2	
pyridoxine hcl tabs 25mg, 50mg	2	OTC
tri-vit/fluor dro 0.5mg	2	
tri-vit/fluor dro 0.25mg	2	

Drug Name	Drug Tier	Requirements/Limits
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	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	4	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUSP .6%	4	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	2	
<i>erythromycin (ophth) oint 5mg/gm</i>	2	
<i>gatifloxacin (ophth) soln .5%</i>	2	
<i>gentamicin sulfate (ophth) soln .3%</i>	2	
<i>moxifloxacin hcl (ophth) soln .5%</i>	2	
NATACYN SUSP 5%	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth) soln .3%</i>	2	
<i>polycin oin op</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	2	
<i>tobramycin (ophth) soln .3%</i>	2	
<i>trifluridine soln 1%</i>	2	
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ACUVAIL SOLN .45%	3	
<i>bromfenac sodium (ophth) soln .09%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate (ophth) soln .1%	2	
diclofenac sodium (ophth) soln .1%	2	
difluprednate emul .05%	2	
flurbiprofen sodium soln .03%	2	
ILEVRO SUSP .3%	3	
ketorolac tromethamine (ophth) soln .4%, .5%	2	
loteprednol etabonate susp .5%	2	
NEVANAC SUSP .1%	3	
prednisolone acetate (ophth) susp 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
ALOCRIIL SOLN 2%	4	
azelastine hcl (ophth) soln .05%	2	
bepotastine besilate soln 1.5%	2	
cromolyn sodium (ophth) soln 4%	2	
epinastine hcl (ophth) soln .05%	2	
olopatadine hcl soln .2%	2	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA BETA-BLOCKERS		
betaxolol hcl (ophth) soln .5%	2	
BETOPTIC-S SUSP .25%	3	
carteolol hcl (ophth) soln 1%	2	
levobunolol hcl soln .5%	2	
timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%	2	
ANTIGLAUCOMA COMBINATION AGENTS		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	2	
SIMBRINZA SUS 1-0.2%	3	
CARBONIC ANHYDRASE INHIBITORS		
brinzolamide susp 1%	2	
dorzolamide hcl soln 2%	2	
DRY EYE DISEASE		
cyclosporine (ophth) emul .05%	2	
RESTASIS MULTIDOSE EMUL .05%	3	
MISCELLANEOUS		
atropine sulfate (ophthalmic) soln 1%	2	
CYSTARAN SOLN .44%	6	PA, QL (4 bottles every 28 days)
phenylephrine hcl (mydriatic) soln 2.5%, 10%	2	

Drug Name	Drug Tier	Requirements/Limits
PHOSPHOLINE IODIDE SOLR .125%	4	
<i>pilocarpine hcl soln 1%</i>	2	
<i>proparacaine hcl soln .5%</i>	2	
<i>tropicamide soln .5%, 1%</i>	2	
PROSTAGLANDINS		
<i>latanoprost soln .005%</i>	2	
LUMIGAN SOLN .01%	3	ST; PA**
<i>tafluprost soln .015mg/ml</i>	2	
<i>travoprost soln .004%</i>	2	
SYMPATHOMIMETICS		
<i>apraclonidine hcl soln .5%</i>	2	
<i>brimonidine tartrate soln .1%, .15%, .2%</i>	2	
IOPIDINE SOLN 1%	4	
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte sol</i>	2	
<i>physiosol sol irrigat</i>	2	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C SOLN 1000MG/20ML	5	PA
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i>	2	QL (4 auto-injectors every 30 days)
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>	2	QL (4 auto-injectors every 30 days); (generic of Adrenaclick)
EPIPEN 2-PAK SOAJ .3MG/0.3ML	3	QL (4 auto-injectors every 30 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
BEVESPI AER 9-4.8MCG	3	QL (1 package every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	QL (6 boxes every 30 days)
STIOLTO AER 2.5-2.5	3	QL (1 package every 30 days)
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS		
BREZTRI AERO AER SPHERE	3	QL (1 package every 30 days)
TRELEGY AER 100MCG	3	QL (1 package every 30 days)
TRELEGY AER 200MCG	3	QL (1 package every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGICS		
<i>ipratropium bromide soln .02%</i>	2	QL (5 boxes every 30 days)
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	2	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	3	QL (1 package every 30 days)
<i>tiotropium bromide monohydrate caps 18mcg</i>	2	QL (1 package every 30 days)
ANTI HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	QL (1 package every 30 days)
ANTI HISTAMINES		
<i>azelastine hcl soln .1%</i>	2	QL (2 bottles every 30 days)
<i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i>	2	
<i>clemastine fumarate tabs 2.68mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>cypheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	2	
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	2	
<i>diphenhydramine hcl elix 12.5mg/5ml</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>diphenhydramine hcl soln 50mg/ml</i>	2	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	2	
<i>olopatadine hcl (nasal) soln .6%</i>	2	QL (1 container every 30 days)
<i>ryclora soln 2mg/5ml</i>	4	PA; High Risk Medications require PA for members age 70 and older
BETA AGONISTS		
<i>albuterol sulfate aers 108mcg/act</i>	2	QL (2 inhalers every 30 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	2	QL (120 vials every 30 days)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	2	QL (5 boxes every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg</i>	2	
<i>arformoterol tartrate nebu 15mcg/2ml</i>	2	QL (60 vials every 30 days)
<i>formoterol fumarate nebu 20mcg/2ml</i>	2	QL (60 vials every 30 days)
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	2	QL (45 mL every 30 days)
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	2	QL (300 mL every 30 days)
<i>levalbuterol tartrate aero 45mcg/act</i>	2	QL (2 inhalers every 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL (1 package every 30 days)
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	3	QL (1 package every 30 days)
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	2	

COLD/COUGH

<i>benzonatate caps 100mg, 200mg</i>	2	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	QL (60 mL every day), OTC; Subject to initial 7-day limit
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	2	QL (10 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	2	QL (30 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	2	QL (6 tabs every day); Subject to initial 7-day limit
<i>hydromet syp 5-1.5/5</i>	2	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	2	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	2	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	2	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	2	
TUXARIN ER TAB 54.3-8MG	4	QL (2 tabs every day); Subject to initial 7-day limit

CYSTIC FIBROSIS

CAYSTON SOLR 75MG	5	PA, QL (84 vials every 28 days)
KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG	5	PA, QL (56 packets every 28 days)
KALYDECO TABS 150MG	5	PA, QL (56 tabs every 28 days); carton consists of 56 tablets

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI GRA 75-94MG	5	PA, QL (56 packets every 28 days)
ORKAMBI GRA 100-125	5	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	5	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	5	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	5	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	5	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	5	PA, QL (56 tabs every 28 days)
<i>tobramycin nebu 300mg/4ml</i>	5	PA, QL (224 mL every 28 days)
<i>tobramycin nebu 300mg/5ml</i>	5	PA, QL (280 mL every 28 days)
TRIKAFTA PAK 59.5MG	5	PA, QL (56 packets every 28 days)
TRIKAFTA PAK 75MG	5	PA, QL (56 packets every 28 days)
TRIKAFTA TAB	5	PA, QL (84 tabs every 28 days)
LEUKOTRIENE MODIFIERS		
<i>zileuton tb12 600mg</i>	4	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	2	
<i>zafirlukast tabs 10mg, 20mg</i>	2	
MAST CELL STABILIZERS		
<i>cromolyn sodium nebu 20mg/2ml</i>	2	QL (2 boxes every 30 days)
MISCELLANEOUS		
<i>acetylcysteine soln 10%, 20%</i>	2	
<i>roflumilast tabs 250mcg, 500mcg</i>	2	PA
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	2	
NASAL STEROIDS		
<i>flunisolide (nasal) soln .025%</i>	2	QL (3 containers every 30 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	2	QL (1 container every 30 days)
<i>mometasone furoate (nasal) susp 50mcg/act</i>	2	QL (2 packages every 30 days)

Drug Name	Drug Tier	Requirements/Limits
OMNARIS SUSP 50MCG/ACT	4	QL (1 package every 30 days)
<i>triamcinolone acetonide (nasal) aero 55mcg/act</i>	2	QL (1 package every 30 days), OTC
PULMONARY FIBROSIS AGENTS		
OFEV CAPS 100MG, 150MG	5	PA, QL (60 caps every 30 days)
<i>pirfenidone caps 267mg</i>	5	PA, QL (270 caps every 30 days)
<i>pirfenidone tabs 267mg</i>	5	PA, QL (270 tabs every 30 days)
<i>pirfenidone tabs 801mg</i>	5	PA, QL (90 tabs every 30 days)
RESPIRATORY THERAPY SUPPLIES		
ADULT RESPIRATORY MASK	3	
HOLD CHAMBER MIS MEDIUM	3	OTC
PEDIATRIC RESPIRATORY MASK	3	
PEDIATRIC RESPIRATORY MASK	3	OTC
SEVERE ASTHMA AGENTS		
DUPIXENT SOAJ 200MG/1.14ML	5	PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT SOAJ 300MG/2ML	5	PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
XOLAIR SOAJ 75MG/0.5ML	5	PA, QL (2 pens every 28 days)
XOLAIR SOAJ 150MG/ML	5	PA, QL (8 pens every 28 days)
XOLAIR SOAJ 300MG/2ML	5	PA, QL (4 pens every 28 days)
XOLAIR SOLR 150MG	5	PA, QL (8 vials every 28 days)
XOLAIR SOSY 75MG/0.5ML	5	PA, QL (2 syringes every 28 days)
XOLAIR SOSY 150MG/ML	5	PA, QL (8 syringes every 28 days)
XOLAIR SOSY 300MG/2ML	5	PA, QL (4 syringes every 28 days)
STEROID INHALANTS		
ALVESCO AERS 80MCG/ACT	4	QL (3 packages every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ALVESCO AERS 160MCG/ACT	4	QL (2 packages every 30 days)
ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	3	QL (1 package every 30 days)
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	3	QL (1 package every 30 days)
<i>budesonide (inhalation) susp 1mg/2ml</i>	2	QL (1 box every 30 days)
<i>budesonide (inhalation) susp .5mg/2ml</i>	2	QL (2 boxes every 30 days)
<i>budesonide (inhalation) susp .25mg/2ml</i>	2	QL (3 boxes every 30 days)

STEROID/BETA-AGONIST COMBINATIONS

AIRSUPRA AER 90-80MCG	3	QL (3 packages every 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (1 package every 30 days)
BREO ELLIPTA INH 100-25	3	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	3	QL (1 package every 30 days)
<i>breyana aer 80/4.5</i>	2	QL (3 packages every 30 days)
<i>breyana aer 160/4.5</i>	2	QL (3 packages every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	2	QL (3 packages every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	2	QL (3 packages every 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (1 package every 30 days)

XANTHINES

<i>aminophylline soln 25mg/ml</i>	2	
<i>theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg</i>	2	

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene crea .1%; gel .1%, .3%</i>	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	2	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	QL (47g every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	QL (45g every 30 days)
<i>clindamycin phosphate (topical) foam 1%; swab 1%</i>	2	
<i>clindamycin phosphate (topical) gel 1%</i>	2	QL (75g every 30 days)
<i>clindamycin phosphate (topical) lotn 1%; soln 1%</i>	2	QL (60 mL every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	2	QL (50g every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	2	QL (50g every 30 days)
<i>ery pads 2%</i>	2	
<i>erythromycin (acne aid) gel 2%</i>	2	QL (60g every 30 days)
<i>erythromycin (acne aid) soln 2%</i>	2	QL (60 mL every 30 days)
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	2	PA
<i>sulfacetamide sodium (acne) lotn 10%</i>	2	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel .04%, .1%</i>	2	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	2	
<i>imiquimod crea 5%</i>	2	

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	2	
IV PREP WIPE PAD	3	OTC
<i>mupirocin oint 2%</i>	2	QL (30g every 30 days)
<i>silver sulfadiazine crea 1%</i>	2	
<i>ssd crea 1%</i>	2	
SULFAMYLON CREA 85MG/GM	4	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox gel .77%</i>	2	QL (120g every 30 days)
<i>ciclopirox sham 1%</i>	2	QL (120 mL every 30 days)
<i>ciclopirox soln 8%</i>	2	
<i>ciclopirox olamine crea .77%</i>	2	QL (120g every 30 days)
<i>ciclopirox olamine susp .77%</i>	2	QL (120 mL every 30 days)
<i>clotrimazole (topical) crea 1%</i>	2	QL (120g every 30 days)
<i>clotrimazole (topical) soln 1%</i>	2	QL (120 mL every 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (60g every 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	2	QL (60 mL every 30 days)
<i>econazole nitrate crea 1%</i>	2	QL (60g every 30 days)
ERTACZO CREA 2%	4	QL (60g every 30 days)
JUBLIA SOLN 10%	4	PA, QL (4 mL every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole (topical) crea 2%</i>	2	QL (120g every 30 days)
<i>luliconazole crea 1%</i>	4	QL (60g every 30 days)
<i>naftifine hcl crea 1%, 2%</i>	2	QL (60g every 30 days)
<i>nyamyc powd 100000unit/gm</i>	2	QL (120g every 30 days)
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	2	QL (120g every 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2	QL (60g every 30 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	QL (60g every 30 days)
<i>nystop powd 100000unit/gm</i>	2	QL (120g every 30 days)
<i>oxiconazole nitrate crea 1%</i>	2	QL (60g every 30 days)
<i>sulconazole nitrate crea 1%</i>	2	QL (60g every 30 days)
<i>sulconazole nitrate soln 1%</i>	2	QL (60 mL every 30 days)
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl (antipruritic) crea 5%</i>	4	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	2	
<i>calcipotriene soln .005%</i>	2	ST, QL (60 mL every 30 days); PA**
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	4	ST, QL (60g every 30 days); PA**
<i>calcitriol (topical) oint 3mcg/gm</i>	4	ST, QL (100g every 30 days); PA**
<i>methoxsalen rapid caps 10mg</i>	2	
<i>tazarotene crea .05%, .1%; gel .05%, .1%</i>	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) sham 2%</i>	2	QL (120 mL every 30 days)
<i>selenium sulfide lotn 2.5%</i>	2	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT SOSY 200MG/1.14ML	5	PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT SOSY 300MG/2ML	5	PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
EBGLYSS SOAJ 250MG/2ML	5	PA, QL (2 pens every 28 days)
EBGLYSS SOSY 250MG/2ML	5	PA, QL (2 syringes every 28 days)
EUCRISA OINT 2%	3	ST, QL (60g every 30 days); PA**

Drug Name	Drug Tier	Requirements/Limits
<i>pimecrolimus crea 1%</i>	4	ST; PA**
<i>tacrolimus (topical) oint .03%, .1%</i>	4	ST; PA**
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort crea 1%</i>	2	QL (120g every 30 days)
<i>alclometasone dipropionate crea .05%; oint .05%</i>	2	QL (120g every 30 days)
<i>amcinonide oint .1%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate (topical) crea .05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate (topical) lotn .05%</i>	2	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented crea .05%; gel .05%; oint .05%</i>	2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented lotn .05%</i>	2	QL (120 mL every 30 days)
<i>betamethasone valerate crea .1%; foam .12%; oint .1%</i>	2	QL (120g every 30 days)
<i>betamethasone valerate lotn .1%</i>	2	QL (120 mL every 30 days)
BRYHALI LOTN .01%	3	QL (120 mL every 30 days)
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%</i>	2	QL (120g every 30 days)
<i>clobetasol propionate liqd .05%; lotn .05%; sham .05%; soln .05%</i>	2	QL (120 mL every 30 days)
<i>clobetasol propionate emo crea .05%</i>	2	QL (120g every 30 days)
<i>clocortolone pivalate crea .1%</i>	4	QL (120g every 30 days)
<i>desonide crea .05%; oint .05%</i>	2	QL (120g every 30 days)
<i>desonide lotn .05%</i>	2	QL (120 mL every 30 days)
<i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i>	2	QL (120g every 30 days)
<i>desoximetasone liqd .25%</i>	4	QL (120 mL every 30 days)
<i>diflorasone diacetate crea .05%; oint .05%</i>	4	QL (120g every 30 days)
<i>fluocinolone acetonide crea .01%, .025%; oint .025%</i>	2	QL (120g every 30 days)
<i>fluocinolone acetonide oil .01%; soln .01%</i>	2	QL (120 mL every 30 days)
<i>fluocinonide crea .05%; gel .05%; oint .05%</i>	2	QL (120g every 30 days)
<i>fluocinonide soln .05%</i>	2	QL (120 mL every 30 days)
<i>fluticasone propionate crea .05%; oint .005%</i>	2	QL (120g every 30 days)
<i>fluticasone propionate lotn .05%</i>	2	QL (120 mL every 30 days)
<i>halobetasol propionate crea .05%; oint .05%</i>	2	QL (120g every 30 days)
<i>hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%</i>	2	QL (120g every 30 days)
<i>hydrocortisone (topical) lotn 2.5%</i>	2	QL (120 mL every 30 days)
<i>hydrocortisone butyrate crea .1%; oint .1%</i>	2	QL (120g every 30 days)
<i>hydrocortisone butyrate soln .1%</i>	2	QL (120 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone valerate crea .2%; oint .2%</i>	2	QL (120g every 30 days)
<i>mometasone furoate crea .1%; oint .1%</i>	2	QL (120g every 30 days)
<i>mometasone furoate soln .1%</i>	2	QL (120 mL every 30 days)
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%</i>	2	QL (120g every 30 days)
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	2	QL (120 mL every 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine oint 5%</i>	2	QL (50g every 30 days)
<i>lidocaine ptch 5%</i>	2	PA, QL (90 patches every 30 days)
<i>lidocaine hcl prsy 2%</i>	2	QL (60 mL every 30 days)
<i>lidocaine hcl soln 4%</i>	2	QL (50 mL every 30 days)
<i>lidocaine pain relief pat ptch 4%</i>	2	QL (30 patches every 30 days), OTC
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30g every 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical crea 5%</i>	4	
<i>bexarotene (topical) gel 1%</i>	5	PA
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	2	
<i>nitroglycerin (intra-anal) oint .4%</i>	2	
<i>penciclovir crea 1%</i>	2	
<i>podofilox gel .5%; soln .5%</i>	2	
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	2	
<i>brimonidine tartrate (topical) gel .33%</i>	2	PA
<i>FINACEA FOAM 15%</i>	3	
<i>ivermectin (rosacea) crea 1%</i>	2	PA
<i>metronidazole (topical) crea .75%; gel .75%, 1%</i>	2	QL (60g every 30 days)
<i>metronidazole (topical) lotn .75%</i>	2	QL (60 mL every 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
<i>crotan lotn 10%</i>	2	
<i>cvs ivermectin lice treat lotn .5%</i>	2	OTC
<i>cvs lice treatment liqd 1%</i>	2	OTC
<i>malathion lotn .5%</i>	2	
<i>permethrin crea 5%</i>	2	
<i>spinosad susp .9%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
<i>REGRANEX GEL .01%</i>	4	PA, QL (30g every 30 days)
<i>sodium chloride (gu irrigant) soln .9%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl caps 30mg</i>	2	
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	2	
<i>clotrimazole troc 10mg</i>	2	QL (90 lozenges every 30 days)
<i>lidocaine hcl (mouth-throat) soln 2%, 4%</i>	2	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	2	
<i>oralone dental paste pste .1%</i>	2	
ORAVIG TABS 50MG	4	QL (14 tabs every 30 days)
<i>periogard soln .12%</i>	2	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	2	
<i>triamcinolone acetonide (mouth) pste .1%</i>	2	
OTIC		
<i>acetic acid (otic) soln 2%</i>	2	
<i>ciprofloxacin hcl (otic) soln .2%</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	4	
CORTISPORIN SUS -TC OTIC	4	
<i>fluocinolone acetonide (otic) oil .01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</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 .3%</i>	2	

Index

A	
<i>abacavir sulfate</i>	7
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	9
<i>abiraterone acetate</i>	17
ABRYSVO	68
<i>acamprosate calcium</i>	30
<i>acarbose</i>	44
ACCU-CHEK BLOOD GLUCOSE TEST KITS	51
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	51
ACCU-CHEK LIQ COMPACT	51
ACCU-CHEK LIQ GUIDE.....	51
ACCU-CHEK LIQ SMART	51
ACCU-CHEK SOL.....	51
ACCU-CHEK SOL COMPACT	51
<i>acebutolol hcl</i>	26
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	2
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2
<i>acetazolamide</i>	28
<i>acetic acid (otic)</i>	84
<i>acetylcysteine</i>	77
<i>acitretin</i>	81
ACTEMRA	62, 63
ACTEMRA ACTPEN	63
ACTHIB INJ	68
ACTIMMUNE.....	67
ACUVAIL.....	72
<i>acyclovir</i>	10
<i>acyclovir topical</i>	83
ADACEL INJ.....	68
ADALIMUMAB-ADAZ	63
ADALIMUMAB-FKJP	63
<i>adapalene</i>	79
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	79
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	79
<i>adefovir dipivoxil</i>	12
<i>adriamycin</i>	15
ADULT RESPIRATORY MASK.....	78
ADZENYS XR-ODT	37
AIMOVIG	40
AIRSUPRA AER 90-80MCG	79
AKYNZEO CAP 300-0.5	56
<i>ala-cort</i>	82
<i>albendazole</i>	6
<i>albuterol sulfate</i>	75, 76
<i>alclometasone dipropionate</i>	82
ALCOHOL PREP PAD	51
ALECENSA	18
<i>alendronate sodium</i>	47
<i>alfuzosin hcl</i>	60
<i>aliskiren fumarate</i>	28
<i>allopurinol</i>	1
<i>almotriptan malate</i>	40
ALOCRIIL	73
<i>alogliptin benzoate</i>	45
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	45
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	45
<i>alosetron hcl</i>	58
<i>alprazolam</i>	30
ALPRAZOLAM INTENSOL	30
<i>altavera tab</i>	47
ALVAIZ.....	62
ALVESCO	78, 79
<i>alyacen tab 1/35</i>	47
<i>alyacen tab 7/7/7</i>	47
<i>amantadine hcl</i>	33
<i>ambrisentan</i>	29
<i>amcinonide</i>	82
<i>amethyst tab 90-20mcg</i>	47
<i>amikacin sulfate</i>	6
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	28
<i>amiloride hcl</i>	28

<i>aminocaproic acid</i>	62	<i>amlodipine besylate-valsartan tab 5-160</i> <i>mg</i>	22
<i>aminophylline</i>	79	<i>amlodipine besylate-valsartan tab 5-320</i> <i>mg</i>	22
<i>amiodarone hcl</i>	24	<i>amoxapine</i>	31
<i>amitriptyline hcl</i>	31	<i>amoxicil cap & clarithro tab & lansopraz cap</i> <i>dr 500 & 500 & 30mg</i>	59
<i>amlodipine besylate</i>	27	<i>amoxicillin</i>	14
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-10 mg</i>	27	<i>amoxicillin & k clavulanate for susp 200-</i> <i>28.5 mg/5ml</i>	14
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-20 mg</i>	27	<i>amoxicillin & k clavulanate for susp 250-</i> <i>62.5 mg/5ml</i>	14
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-40 mg</i>	27	<i>amoxicillin & k clavulanate for susp 400-57</i> <i>mg/5ml</i>	14
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-80 mg</i>	27	<i>amoxicillin & k clavulanate for susp 600-</i> <i>42.9 mg/5ml</i>	14
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-10 mg</i>	26	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	14
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-20 mg</i>	26	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	14
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-40 mg</i>	27	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	14
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-10 mg</i>	27	<i>amoxicillin & k clavulanate tab er 12hr 1000-</i> <i>62.5 mg</i>	14
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-20 mg</i>	27	<i>amphetamine-dextroamphetamine cap er</i> <i>24hr 10 mg</i>	37
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-40 mg</i>	27	<i>amphetamine-dextroamphetamine cap er</i> <i>24hr 15 mg</i>	37
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-80 mg</i>	27	<i>amphetamine-dextroamphetamine cap er</i> <i>24hr 20 mg</i>	37
<i>amlodipine besylate-benazepril hcl cap 10-</i> <i>20 mg</i>	21	<i>amphetamine-dextroamphetamine cap er</i> <i>24hr 25 mg</i>	37
<i>amlodipine besylate-benazepril hcl cap 10-</i> <i>40 mg</i>	21	<i>amphetamine-dextroamphetamine cap er</i> <i>24hr 30 mg</i>	38
<i>amlodipine besylate-benazepril hcl cap 2.5-</i> <i>10 mg</i>	21	<i>amphetamine-dextroamphetamine cap er</i> <i>24hr 5 mg</i>	37
<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>10 mg</i>	21	<i>amphetamine-dextroamphetamine tab 10</i> <i>mg</i>	38
<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>20 mg</i>	21	<i>amphetamine-dextroamphetamine tab 12.5</i> <i>mg</i>	38
<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>40 mg</i>	21	<i>amphetamine-dextroamphetamine tab 15</i> <i>mg</i>	38
<i>amlodipine besylate-valsartan tab 10-160</i> <i>mg</i>	23	<i>amphetamine-dextroamphetamine tab 20</i> <i>mg</i>	38
<i>amlodipine besylate-valsartan tab 10-320</i> <i>mg</i>	23		

<i>amphetamine-dextroamphetamine tab 30 mg</i>	38	<i>atovaquone</i>	13
<i>amphetamine-dextroamphetamine tab 5 mg</i>	38	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	7
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	38	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	7
<i>amphotericin b</i>	7	<i>atropine sulfate</i>	56
<i>ampicillin</i>	14	<i>atropine sulfate (ophthalmic)</i>	73
<i>ampicillin sodium</i>	14	<i>avanafil</i>	60
<i>anagrelide hcl</i>	62	<i>aviane tab</i>	48
<i>anastrozole</i>	17	<i>avidoxy</i>	15
<i>ANNOVERA MIS</i>	47	<i>azacitidine</i>	15
<i>APOKYN</i>	33	<i>AZASITE</i>	72
<i>apraclonidine hcl</i>	74	<i>azathioprine</i>	67
<i>aprepitant</i>	56	<i>azelaic acid</i>	83
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	56	<i>azelastine hcl</i>	75
<i>APRETUDE</i>	7	<i>azelastine hcl (ophth)</i>	73
<i>apri tab</i>	48	<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	75
<i>APTIVUS</i>	7	<i>azithromycin</i>	11
<i>aranelle tab</i>	48	<i>AZSTARYS CAP 26.1-5.2</i>	38
<i>ARANESP ALBUMIN FREE</i>	61	<i>AZSTARYS CAP 39.2-7.8</i>	38
<i>ARCALYST</i>	67	<i>AZSTARYS CAP 52.3-10</i>	38
<i>AREXVY</i>	68	<i>aztreonam</i>	13
<i>arformoterol tartrate</i>	76	<i>azurette tab</i>	48
<i>aripiprazole</i>	34	B	
<i>ARISTADA</i>	34	<i>bacitracin (ophthalmic)</i>	72
<i>ARISTADA INITIO</i>	34	<i>bacitracin-polymyxin b ophth oint</i>	72
<i>armodafinil</i>	42	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	72
<i>ARNUITY ELLIPTA</i>	79	<i>baclofen</i>	41
<i>arsenic trioxide</i>	20	<i>balsalazide disodium</i>	57
<i>asenapine maleate</i>	34	<i>BARACLUDE</i>	12
<i>ashlyna tab</i>	48	<i>BAXDELA</i>	12
<i>ASMANEX HFA</i>	79	<i>BELBUCA</i>	6
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	62	<i>BELSOMRA</i>	39
<i>aspirin ec adult low dose</i>	6	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	22
<i>ASTAGRAF XL</i>	67	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	22
<i>atazanavir sulfate</i>	7, 8	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	22
<i>atenolol</i>	26	<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	21
<i>atenolol & chlorthalidone tab 100-25 mg</i>	26	<i>benazepril hcl</i>	22
<i>atenolol & chlorthalidone tab 50-25 mg</i>	26	<i>benzonatate</i>	76
<i>atomoxetine hcl</i>	38	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	79
<i>atorvastatin calcium</i>	24, 25		

<i>benztropine mesylate</i>	33	BRYHALI	82
<i>bepotastine besilate</i>	73	<i>budesonide</i>	57
BESIVANCE	72	<i>budesonide (inhalation)</i>	79
<i>betaine anhy pow</i>	54	<i>budesonide-formoterol fumarate dihyd</i>	
<i>betamethasone dipropionate (topical)</i>	82	<i>aerosol 160-4.5 mcg/act</i>	79
<i>betamethasone dipropionate augmented</i>	82	<i>budesonide-formoterol fumarate dihyd</i>	
<i>betamethasone valerate</i>	82	<i>aerosol 80-4.5 mcg/act</i>	79
BETASERON	41	<i>bumetanide</i>	28
<i>betaxolol hcl</i>	26	<i>buprenorphine</i>	6
<i>betaxolol hcl (ophth)</i>	73	<i>buprenorphine hcl</i>	6, 43
<i>bethanechol chloride</i>	60	<i>buprenorphine hcl-naloxone hcl sl film 12-3</i>	
BETOPTIC-S.....	73	<i>mg (base equiv)</i>	42
BEVESPI AER 9-4.8MCG	74	<i>buprenorphine hcl-naloxone hcl sl film 2-</i>	
<i>bexarotene</i>	20	<i>0.5 mg (base equiv)</i>	42
<i>bexarotene (topical)</i>	83	<i>buprenorphine hcl-naloxone hcl sl film 4-1</i>	
BEXSERO	68	<i>mg (base equiv)</i>	42
BEYFORTUS	68	<i>buprenorphine hcl-naloxone hcl sl film 8-2</i>	
<i>bicalutamide</i>	17	<i>mg (base equiv)</i>	42
BIJUVA CAP 0.5-100	53	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>	
BIJUVA CAP 1-100MG	53	<i>mg (base equiv)</i>	42
BIKTARVY TAB	9	<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-</i>		<i>mg (base equiv)</i>	42
<i>6.25 mg</i>	26	<i>bupropion hcl</i>	31
<i>bisoprolol & hydrochlorothiazide tab 2.5-</i>		<i>bupropion hcl (smoking deterrent)</i>	43
<i>6.25 mg</i>	26	<i>buspirone hcl</i>	30
<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>		<i>busulfan</i>	15
<i>mg</i>	26	<i>butorphanol tartrate</i>	2
<i>bisoprolol fumarate</i>	26	C	
<i>bleomycin sulfate</i>	15	CABENUVA SUS 400-600	9
BOOSTRIX INJ	68	CABENUVA SUS 600-900	9
<i>bosentan</i>	29	<i>cabergoline</i>	54
BREO ELLIPTA INH 100-25	79	CABOMETYX.....	18
BREO ELLIPTA INH 200-25	79	<i>calcipotriene</i>	81
BREO ELLIPTA INH 50-25MCG	79	<i>calcipotriene-betamethasone dipropionate</i>	
<i>breyna aer 160/4.5</i>	79	<i>oint 0.005-0.064%</i>	81
<i>breyna aer 80/4.5</i>	79	<i>calcitonin (salmon)</i>	47
BREZTRI AERO AER SPHERE	74	<i>calcitriol</i>	56
<i>brimonidine tartrate</i>	74	<i>calcitriol (topical)</i>	81
<i>brimonidine tartrate (topical)</i>	83	<i>calcium acetate (phosphate binder)</i>	55
<i>brimonidine tartrate-timolol maleate ophth</i>		CALQUENCE.....	18
<i>soln 0.2-0.5%</i>	73	<i>camila</i>	48
<i>brinzolamide</i>	73	<i>camrese tab</i>	48
<i>bromfenac sodium (ophth)</i>	72	<i>candesartan cilexetil</i>	23
<i>bromocriptine mesylate</i>	33		

<i>candesartan cilexetil-hydrochlorothiazide</i>		<i>carvedilol phosphate</i>	26
<i>tab 16-12.5 mg</i>	23	CAYA DPR.....	48
<i>candesartan cilexetil-hydrochlorothiazide</i>		CAYSTON.....	76
<i>tab 32-12.5 mg</i>	23	cefaclor	11
<i>candesartan cilexetil-hydrochlorothiazide</i>		cefadroxil	11
<i>tab 32-25 mg</i>	23	cefazolin sodium	11
<i>capecitabine</i>	16	cefdinir	11
CAPRELSA	18	cefepime hcl	11
<i>captopril</i>	22	cefixime.....	11
CAPVAXIVE.....	68	cefpodoxime proxetil	11
<i>carbamazepine</i>	35	cefprozil	11
<i>carbidopa</i>	33	ceftazidime	11
<i>carbidopa & levodopa orally disintegrating</i>		ceftriaxone sodium.....	11
<i>tab 10-100 mg</i>	33	cefuroxime axetil	11
<i>carbidopa & levodopa orally disintegrating</i>		celecoxib	1
<i>tab 25-100 mg</i>	34	CELLCEPT	67
<i>carbidopa & levodopa orally disintegrating</i>		CELLCEPT INTRAVENOUS	67
<i>tab 25-250 mg</i>	34	cephalexin	11
<i>carbidopa & levodopa tab 10-100 mg</i>	34	CERDELGA	53
<i>carbidopa & levodopa tab 25-100 mg</i>	34	cevimeline hcl.....	84
<i>carbidopa & levodopa tab 25-250 mg</i>	34	<i>chateal eq tab 0.15/30</i>	48
<i>carbidopa & levodopa tab er 25-100 mg</i> ..	34	CHEMET	47
<i>carbidopa & levodopa tab er 50-200 mg</i> ..	34	CHEMSTRIP 10 TES MD	51
<i>carbidopa-levodopa-entacapone tabs 12.5-</i>		CHEMSTRIP 2 TES GP	51
<i>50-200 mg</i>	34	CHEMSTRIP 5 TES OB	51
<i>carbidopa-levodopa-entacapone tabs</i>		CHEMSTRIP 7 TES.....	51
<i>18.75-75-200 mg</i>	34	CHEMSTRIP 9 TES STRIPS.....	51
<i>carbidopa-levodopa-entacapone tabs 25-</i>		CHEMSTRIP K TES	51
<i>100-200 mg</i>	34	CHEMSTRIP TES -10 SG	51
<i>carbidopa-levodopa-entacapone tabs</i>		CHEMSTRIP TES UGK	51
<i>31.25-125-200 mg</i>	34	<i>chlordiazepoxide-amitriptyline tab 10-25</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-</i>		<i>mg</i>	43
<i>150-200 mg</i>	34	<i>chlordiazepoxide-amitriptyline tab 5-12.5</i>	
<i>carbidopa-levodopa-entacapone tabs 50-</i>		<i>mg</i>	43
<i>200-200 mg</i>	34	<i>chlordiazepoxide hcl</i>	30
<i>carbinoxamine maleate</i>	75	<i>chlorhexidine gluconate (mouth-throat)</i> ..	84
<i>carboplatin</i>	21	<i>chloroquine phosphate</i>	7
CARDURA XL.....	60	<i>chlorpromazine hcl</i>	35
<i>carglumic acid</i>	56	<i>chlorthalidone</i>	28
<i>carisoprodol</i>	41	<i>chlorzoxazone</i>	41
<i>carmustine</i>	15	<i>cholecalciferol</i>	71
<i>carteolol hcl (ophth)</i>	73	<i>cholestyramine</i>	24
<i>cartia xt</i>	27	<i>cholestyramine light</i>	24
<i>carvedilol</i>	26	<i>choline fenofibrate</i>	24

CHORIONIC GONADOTROPIN	54	clorazepate dipotassium	35
ciclopirox	80	clotrimazole	84
ciclopirox olamine	80	clotrimazole (topical)	80
cidofovir	10	clotrimazole w/ betamethasone cream 1- 0.05%	80
cilostazol	62	clotrimazole w/ betamethasone lotion 1- 0.05%	80
CIMDUO TAB 300-300	9	clozapine	35
cimetidine	57	COARTEM TAB 20-120MG	7
cinacalcet hcl	47	codeine sulfate	2
CIPRO	12	CODEINE SULFATE	2
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	84	colchicine	1
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	84	colchicine w/ probenecid tab 0.5-500 mg ..	1
ciprofloxacin hcl	12	colesevelam hcl	24
ciprofloxacin hcl (ophth)	72	colestipol hcl	24
ciprofloxacin hcl (otic)	84	COMETRIQ	18
cisplatin	21	COMETRIQ KIT 100MG	18
citalopram hydrobromide	31	COMETRIQ KIT 140MG	18
cladribine	16	COMIRNATY 2024-25	68
clarithromycin	11	compro	56
clemastine fumarate	75	CONDOMS MIS	48
CLENPIQ SOL	58	CORLANOR	28
CLEOCIN	60	CORTIFOAM	57
CLIMARA PRO DIS WEEKLY	53	CORTISPORIN SUS -TC OTIC	84
clindamycin hcl	13	COSENTYX	63
clindamycin palmitate hydrochloride	13	COSENTYX SENSOREADY PEN	63
clindamycin phosphate (topical)	80	COSENTYX UNOREADY	64
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	80	CREON CAP 12000UNT	59
clindamycin phosphate-benzoyl peroxide gel 1-5%	80	CREON CAP 24000UNT	59
clindamycin phosphate vaginal	61	CREON CAP 3000UNIT	59
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	80	CREON CAP 36000UNT	59
clobazam	35	CREON CAP 6000UNIT	59
clobetasol propionate	82	CRESEMBA	7
clobetasol propionate emo	82	CRINONE	55
clocortolone pivalate	82	cromolyn sodium	77
clofarabine	16	cromolyn sodium (mastocytosis)	58
clomipramine hcl	30	cromolyn sodium (ophth)	73
clonazepam	35	crotan	83
clonidine	29	cryselle-28 tab 28 tabs	48
clonidine hcl	29	CUTAQUIG	67
clopidogrel bisulfate	62	cvs ivermectin lice treat	83
		CVS KETONE TES CARE	51
		cvs lice treatment	83
		cvs sleep-aid nighttime	39

<i>cyanocobalamin</i>	71	<i>desoximetasone</i>	82
<i>cyclobenzaprine hcl</i>	41	<i>desvenlafaxine succinate</i>	31
<i>cyclophosphamide</i>	15	<i>dexamethasone</i>	52
<i>cycloserine</i>	10	DEXAMETHASONE INTENSOL	52
<i>cyclosporine</i>	67	<i>dexamethasone sodium phosphate</i>	52
<i>cyclosporine (ophth)</i>	73	<i>dexamethasone sodium phosphate (ophth)</i>	73
<i>cyclosporine modified (for microemulsion)</i>	67	DEXCOM G5 MIS RECEIVER	51
<i>cypheptadine hcl</i>	75	DEXCOM G5 MIS TRANSMIT	51
CYSTAGON	54	DEXCOM G6 MIS RECEIVER	51
CYSTARAN.....	73	DEXCOM G6 MIS SENSOR	51
<i>cytarabine</i>	16	DEXCOM G6 MIS TRANSMIT	51
D		DEXCOM G7 MIS RECEIVER	51
<i>dabigatran etexilate mesylate</i>	61	DEXCOM G7 MIS SENSOR	51
<i>dacarbazine</i>	15	<i>dexmethylphenidate hcl</i>	38
<i>dalfampridine</i>	41	<i>dexrazoxane hcl</i>	21
<i>danazol</i>	52	<i>dextroamphetamine sulfate</i>	38
<i>dantrolene sodium</i>	41	DIASCREEN 10 MIS.....	51
<i>dapsone</i>	13	DIASCREEN 3 MIS	51
DAPTACEL INJ	68	DIASCREEN 5 MIS	51
<i>darifenacin hydrobromide</i>	60	DIASCREEN 6 MIS	51
<i>darunavir</i>	8	DIASCREEN 7 MIS	51
<i>dasatinib</i>	18	DIASCREEN 8 MIS	51
<i>dasetta tab 1/35</i>	48	DIASCREEN 9 MIS	51
<i>dasetta tab 7/7/7</i>	48	DIASCREEN MIS 1B.....	51
<i>daunorubicin hcl</i>	15	DIASCREEN MIS 1G	51
DAYVIGO	39	DIASCREEN MIS 1K.....	51
<i>decitabine</i>	16	DIASCREEN MIS 2GK	51
<i>deferiprone</i>	47	DIASCREEN MIS 2GP	51
<i>deflazacort</i>	52	DIASCREEN MIS 4NL	51
<i>delyla tab 0.1-0.02</i>	48	DIASCREEN MIS 4OBL	52
<i>demeclocycline hcl</i>	15	DIASCREEN MIS 4PH	52
DENG VAXIA SUS.....	68	DIASCREEN MIS CONTROL	52
DEPO-ESTRADIOL	53	DIASCREEN MIS STRIPS.....	52
DEPO-MEDROL	52	<i>diazepam</i>	35, 36
DEPO-SUBQ PROVERA 104.....	48	<i>diazepam intensol</i>	36
DESCOVY TAB 120-15MG	9	<i>diclofenac potassium</i>	1
DESCOVY TAB 200/25MG	9	<i>diclofenac sodium</i>	1
<i>desipramine hcl</i>	31	<i>diclofenac sodium (actinic keratoses)</i>	1
<i>desloratadine</i>	75	<i>diclofenac sodium (ophth)</i>	73
<i>desmopressin acetate</i>	56	<i>diclofenac sodium (topical)</i>	1
<i>desmopressin acetate spray</i>	56	<i>diclofenac w/ misoprostol tab delayed</i> <i>release 50-0.2 mg</i>	1
<i>desonide</i>	82		

<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1
<i>dicloxacillin sodium</i>	14
<i>dicyclomine hcl</i>	56
DIFICID	11
<i>diflorasone diacetate</i>	82
<i>diflunisal</i>	6
<i>difluprednate</i>	73
<i>digoxin</i>	27
<i>dihydroergotamine mesylate</i>	39
DILANTIN	36
<i>diltiazem hcl</i>	27
<i>diltiazem hcl coated beads</i>	27
<i>diltiazem hcl extended release beads</i>	27
<i>dilt-xr</i>	27
<i>dimethyl fumarate</i>	41
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	41
DIPENTUM	57
<i>diphenhydramine hcl</i>	75
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	56
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	56
<i>dipyridamole</i>	62
<i>disopyramide phosphate</i>	24
<i>disulfiram</i>	30
DIURIL.....	28
<i>divalproex sodium</i>	36
<i>docetaxel</i>	21
<i>dofetilide</i>	24
<i>donepezil hydrochloride</i>	30
DOPTELET.....	62
<i>dorzolamide hcl</i>	73
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	73
DOVATO TAB 50-300MG	9
<i>doxazosin mesylate</i>	60
<i>doxepin hcl</i>	31, 32
<i>doxepin hcl (antipruritic)</i>	81
<i>doxepin hcl (sleep)</i>	39
<i>doxercalciferol</i>	56
<i>doxorubicin hcl</i>	15
<i>doxorubicin hcl liposomal</i>	15

<i>doxy 100</i>	15
<i>doxycycline (monohydrate)</i>	15
<i>doxycycline hyclate</i>	15
<i>dronabinol</i>	56
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	48
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	48
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	48
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	48
DROXIA.....	62
DUAVEE TAB 0.45-20	54
<i>duloxetine hcl</i>	32
DUPIXENT.....	78, 81
DUREX MIS REALFEEL	48
<i>dutasteride</i>	60
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	60
E	
<i>e.e.s. 400</i>	12
EBGLYSS.....	81
<i>econazole nitrate</i>	80
EDURANT	8
EDURANT PED.....	8
<i>efavirenz</i>	8
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	9
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	9
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	9
<i>effer-k</i>	70
ELESTRIN	54
<i>eletriptan hydrobromide</i>	40
ELIGARD.....	17
<i>elinest tab</i>	48
ELIQUIS	61
ELIQUIS STARTER PACK	61
<i>elite-ob tab</i>	71
ELLA.....	48
ELMIRON.....	60
EMGALITY.....	40

EMSAM	32	ERBITUX	16
<i>emtricitabine</i>	8	<i>ergocalciferol</i>	71
<i>emtricitabine-tenofovir disoproxil fumarate</i>		ERGOMAR	39
<i>tab 100-150 mg</i>	9	<i>ergotamine w/ caffeine tab 1-100 mg</i>	39
<i>emtricitabine-tenofovir disoproxil fumarate</i>		ERIVEDGE	16
<i>tab 133-200 mg</i>	10	ERLEADA	17
<i>emtricitabine-tenofovir disoproxil fumarate</i>		<i>erlotinib hcl</i>	18
<i>tab 167-250 mg</i>	10	<i>errin</i>	48
<i>emtricitabine-tenofovir disoproxil fumarate</i>		ERTACZO	80
<i>tab 200-300 mg</i>	10	<i>ertapenem sodium</i>	13
EMTRIVA	8	<i>ery</i>	80
EMVERM	6	<i>erythromycin (acne aid)</i>	80
<i>enalapril maleate</i>	22	<i>erythromycin (ophth)</i>	72
<i>enalapril maleate & hydrochlorothiazide tab</i>		<i>erythromycin base</i>	12
<i>10-25 mg</i>	22	<i>erythromycin ethylsuccinate</i>	12
<i>enalapril maleate & hydrochlorothiazide tab</i>		<i>escitalopram oxalate</i>	32
<i>5-12.5 mg</i>	22	<i>esomeprazole magnesium</i>	59
ENBREL	64	<i>estazolam</i>	39
ENBREL MINI	64	<i>estradiol</i>	54
ENBREL SURECLICK	64	<i>estradiol & norethindrone acetate tab 0.5-</i>	
ENCARE	60	<i>0.1 mg</i>	54
ENGERIX-B	68	<i>estradiol & norethindrone acetate tab 1-0.5</i>	
<i>enoxaparin sodium</i>	61	<i>mg</i>	54
<i>enpresse-28 tab</i>	48	<i>estradiol vaginal</i>	54
<i>enskyce tab</i>	48	<i>estradiol valerate</i>	54
<i>entacapone</i>	34	<i>eszopiclone</i>	39
<i>entecavir</i>	12	<i>ethacrynic acid</i>	28
ENTRESTO CAP 15-16MG	28	<i>ethambutol hcl</i>	10
ENTRESTO CAP 6-6MG	28	<i>ethosuximide</i>	36
ENTRESTO TAB 24-26MG	28	<i>ethynodiol diacetate & ethinyl estradiol tab</i>	
ENTRESTO TAB 49-51MG	28	<i>1 mg-50 mcg</i>	48
ENTRESTO TAB 97-103MG	28	<i>etodolac</i>	1
<i>enulose</i>	58	<i>etonogestrel-ethinyl estradiol va ring 0.12-</i>	
ENVARUS XR	67	<i>0.015 mg/24hr</i>	48
EPCLUSA PAK 150-37.5	12	<i>etoposide</i>	21
EPCLUSA PAK 200-50MG	12	<i>etravirine</i>	8
EPCLUSA TAB 200-50MG	12	EUCRISA	81
EPCLUSA TAB 400-100	12	EVAMIST	54
<i>epinastine hcl (ophth)</i>	73	<i>everolimus</i>	18
<i>epinephrine (anaphylaxis)</i>	74	<i>everolimus (immunosuppressant)</i>	68
EPIPEN 2-PAK	74	<i>exemestane</i>	17
<i>epitol</i>	36	<i>ezetimibe</i>	24
<i>eplerenone</i>	22	<i>ezetimibe-simvastatin tab 10-10 mg</i>	25
<i>eq urinary pain relief</i>	60	<i>ezetimibe-simvastatin tab 10-20 mg</i>	25

ezetimibe-simvastatin tab 10-40 mg	25
ezetimibe-simvastatin tab 10-80 mg	25
F	
falmina tab	48
famciclovir	10
famotidine	57
famotidine in nacl 0.9% iv soln 20 mg/50ml	57
FASTCLIX MIS LANCETS	52
FC2 FEMALE MIS CONDOM.....	48
febuxostat	1
felbamate	36
felodipine	27
FEMCAP MIS 22MM	48
FEMCAP MIS 26MM	48
FEMCAP MIS 30MM	48
FEMLYV TAB 1/0.02MG	48
fenofibrate	24
fenofibrate micronized	24
fentanyl	2
FERRIPROX	47
FERRIPROX TWICE-A-DAY	47
fesoterodine fumarate.....	60
FETZIMA	32
FETZIMA CAP TITRATIO	32
FIASP	45
FIASP FLEXTOUCH	45
FIASP PENFILL	45
FIASP PUMPCART	45
FINACEA.....	83
finasteride	60
fingolimod hcl.....	41
flecainide acetate	24
fluconazole	7
fludarabine phosphate	16
fludrocortisone acetate	52
FLUMIST	68
flunisolide (nasal)	77
fluocinolone acetonide	82
fluocinolone acetonide (otic).....	84
fluocinonide	82
fluorouracil.....	16
fluorouracil (topical)	80
fluoxetine hcl.....	32

fluphenazine decanoate	35
fluphenazine hcl	35
flurbiprofen	1
flurbiprofen sodium.....	73
fluticasone propionate.....	82
fluticasone propionate (nasal)	77
fluticasone-salmeterol aer powder ba 100-50 mcg/act.....	79
fluticasone-salmeterol aer powder ba 250-50 mcg/act.....	79
fluticasone-salmeterol aer powder ba 500-50 mcg/act.....	79
fluvastatin sodium	25
fluvoxamine maleate	30
folic acid	71
fondaparinux sodium	61
formoterol fumarate	76
FOSAMAX + D TAB 70-2800.....	47
FOSAMAX + D TAB 70-5600	47
fosamprenavir calcium	8
fosfomycin tromethamine.....	6
fosinopril sodium	22
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	22
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg.....	22
fosphenytoin sodium	36
FRAGMIN	61
fulvestrant	17
furosemide	28
FYCOMPA	36
FYLNETRA	61
G	
gabapentin	36
galantamine hydrobromide	30
GARDASIL 9.....	69
gatifloxacin (ophth)	72
gavilyte-c sol.....	58
gavilyte-g sol.....	58
GAZYVA.....	17
gemcitabine hcl.....	16
gemfibrozil	24
gemmily cap 1/20.....	48
generlac.....	58

<i>gengraf</i>	68	HIBERIX	69
<i>gentamicin sulfate</i>	7	HOLD CHAMBER MIS MEDIUM	78
<i>gentamicin sulfate (ophth)</i>	72	HUMULIN INJ 70/30	45
<i>gentamicin sulfate (topical)</i>	80	HUMULIN INJ 70/30KWP	45
GENVOYA TAB	10	HUMULIN N	45
<i>glatiramer acetate</i>	41	HUMULIN N KWIKPEN	45
<i>glatopa</i>	41	HUMULIN R	45
GLEOSTINE	15	HUMULIN R U-500 (CONCENTR	45
GLIADEL WAF 7.7MG	15	HUMULIN R U-500 KWIKPEN	45
<i>glimepiride</i>	46	<i>hydralazine hcl</i>	29
<i>glipizide</i>	46	<i>hydrochlorothiazide</i>	28
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ..	44	<i>hydrocodone-acetaminophen soln 7.5-325</i>	
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ..	44	<i>mg/15ml</i>	2
<i>glipizide-metformin hcl tab 5-500 mg</i>	44	<i>hydrocodone-acetaminophen tab 10-325</i>	
<i>glucagon (rdna)</i>	53	<i>mg</i>	3
<i>glycopyrrolate</i>	56	<i>hydrocodone-acetaminophen tab 2.5-325</i>	
GLYXAMBI TAB 10-5 MG	46	<i>mg</i>	2
GLYXAMBI TAB 25-5 MG	46	<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>goodsense aspirin</i>	6	<i>mg</i>	2
<i>goodsense nicotine polacr</i>	43	<i>hydrocodone-acetaminophen tab 7.5-325</i>	
<i>granisetron hcl</i>	56, 57	<i>mg</i>	2
<i>griseofulvin microsize</i>	7	<i>hydrocodone bitart-homatropine</i>	
<i>griseofulvin ultramicrosize</i>	7	<i>methylbromide tab 5-1.5 mg</i>	76
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> 76		<i>hydrocodone bitart-homatropine</i>	
<i>guanfacine hcl</i>	29	<i>methylbrom soln 5-1.5 mg/5ml</i>	76
<i>guanfacine hcl (adhd)</i>	38	<i>hydrocodone bitartrate</i>	2
GVOKE HYPOPEN 1-PACK	53	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	3
GVOKE KIT	53	<i>hydrocod polst-chlorphen polst er susp 10-</i>	
GVOKE PFS	53	<i>8 mg/5ml</i>	76
GYNAZOLE-1	61	<i>hydrocortisone</i>	52
H		<i>hydrocortisone (intrarectal)</i>	57
<i>halobetasol propionate</i>	82	<i>hydrocortisone (rectal)</i>	59
<i>haloperidol</i>	35	<i>hydrocortisone (topical)</i>	82
<i>haloperidol decanoate</i>	35	<i>hydrocortisone butyrate</i>	82
<i>haloperidol lactate</i>	35	<i>hydrocortisone sod succinate</i>	53
HARVONI PAK	12	<i>hydrocortisone valerate</i>	83
HARVONI PAK 45-200MG	12	<i>hydrocortisone w/ acetic acid otic soln 1-</i>	
HARVONI TAB 45-200MG	12	<i>2%</i>	84
HARVONI TAB 90-400MG	12	<i>hydromet syp 5-1.5/5</i>	76
HAVRIX	69	<i>hydromorphone hcl</i>	3
<i>heather</i>	48	<i>hydroxychloroquine sulfate</i>	67
HELIDAC MIS THERAPY	59	<i>hydroxyurea</i>	20
<i>heparin sodium (porcine)</i>	61	<i>hydroxyzine hcl</i>	75
HEPLISAV-B	69	<i>hydroxyzine pamoate</i>	75

HYRIMOZ	64
HYRIMOZ-PLAQ INJ PSORIASI	64
HYRIMOZ SENSOREADY PENS	64
I	
<i>ibandronate sodium</i>	47
<i>ibuprofen</i>	1
<i>icatibant acetate</i>	67
<i>idarubicin hcl</i>	15
IDHIFA	20
<i>ifosfamide</i>	15
ILEVRO	73
<i>imatinib mesylate</i>	18
<i>imipramine hcl</i>	32
<i>imipramine pamoate</i>	32
<i>imiquimod</i>	80
IMVEXXY MAINTENANCE PACK	54
IMVEXXY STARTER PACK	54
<i>inatal gt tab</i>	71
INBRIJA	34
INCRELEX	54
<i>indapamide</i>	28
INFANRIX INJ	69
INFLIXIMAB	63
INFLUENZA VACCINE	69
INLYTA	18
INSTA-GLUCOSE	53
INSULIN GLARGINE-YFGN	45
INSULIN PEN NEEDLES	52
INSULIN PEN NEEDLES/SYRINGES	52
INTELENCE	8
INTRAROSA	54
<i>introvale tab</i>	48
IOPIDINE	74
IPOL INJ INACTIVE	69
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	74
<i>ipratropium bromide</i>	75
<i>ipratropium bromide (nasal)</i>	75
IQIRVO	58
<i>irbesartan</i>	23
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	23
<i>irbesartan-hydrochlorothiazide tab 300- 12.5 mg</i>	23

<i>irinotecan hcl</i>	21
ISENTRESS	8
ISENTRESS HD	8
<i>isoniazid</i>	10
<i>isosorbide dinitrate</i>	29
<i>isosorbide dinitrate-hydralazine hcl tab 20- 37.5 mg</i>	28
<i>isosorbide mononitrate</i>	29
<i>isotretinoin</i>	80
<i>isradipine</i>	27
ITOVEBI	18
<i>itraconazole</i>	7
<i>ivabradine hcl</i>	28
<i>ivermectin</i>	6
<i>ivermectin (rosacea)</i>	83
IV PREP WIPE PAD	80
J	
JAKAFI	18
<i>jantoven</i>	61
JANUMET TAB 50-1000	45
JANUMET TAB 50-500MG	45
JANUMET XR TAB 100-1000	45
JANUMET XR TAB 50-1000	45
JANUMET XR TAB 50-500MG	45
JANUVIA	45
JARDIANCE	46
<i>jinteli tab 1mg-5mcg</i>	54
<i>jolessa tab</i>	49
JUBLIA	80
<i>junel 1/20 tab</i>	49
<i>junel 1.5/30 tab</i>	49
<i>junel fe 24 tab 1/20</i>	49
<i>junel fe tab 1/20</i>	49
<i>junel fe tab 1.5/30</i>	49
JYNNEOS	69
K	
KADCYLA	16
KALETRA SOL	10
KALYDECO	76
<i>kariva tab 28 day</i>	49
<i>kelnor tab 1/35</i>	49
KERENDIA	22
<i>ketoconazole (topical)</i>	81
KETONE TES	52

KETONE TEST TES	52
<i>ketorolac tromethamine</i>	1
<i>ketorolac tromethamine (ophth)</i>	73
KEVZARA	64, 65
KEYTRUDA	16
KINRIX INJ	69
KISQALI	18, 19
<i>klor-con 10</i>	70
<i>klor-con 8</i>	70
<i>klor-con m15</i>	70
KRINTAFEL	7
<i>kurvelo tab 0.15/30</i>	49
KYLEENA	49
L	
<i>labetalol hcl</i>	26
<i>lacosamide</i>	36
<i>lactic acid (ammonium lactate)</i>	83
<i>lactulose</i>	58
<i>lamivudine</i>	8
<i>lamivudine (hbv)</i>	12
<i>lamivudine-zidovudine tab 150-300 mg</i>	10
<i>lamotrigine</i>	36
<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i> <i>starter kit</i>	36
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i> <i>starter kit</i>	36
<i>lansoprazole</i>	59
<i>lanthanum carbonate</i>	55
<i>lapatinib ditosylate</i>	19
<i>larin tab 1.5/30</i>	49
<i>latanoprost</i>	74
<i>layolis fe chw</i>	49
<i>leena tab</i>	49
<i>leflunomide</i>	67
LENVIMA 10 MG DAILY DOSE	19
LENVIMA 12MG DAILY DOSE	19
LENVIMA 20 MG DAILY DOSE	19
LENVIMA 4 MG DAILY DOSE	19
LENVIMA 8 MG DAILY DOSE	19
LENVIMA CAP 14 MG	19
LENVIMA CAP 18 MG	19
LENVIMA CAP 24 MG	19
<i>lessina tab</i>	49
<i>letrozole</i>	17

<i>leucovorin calcium</i>	21
LEUKERAN	15
<i>leuprolide acetate</i>	17
<i>levalbuterol hcl</i>	76
<i>levalbuterol tartrate</i>	76
<i>levetiracetam</i>	36
<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	36
<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	36
<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	36
<i>levobunolol hcl</i>	73
<i>levocetirizine dihydrochloride</i>	75
<i>levofloxacin</i>	12
<i>levonest tab</i>	49
<i>levonorgestrel & ethinyl estradiol (91-day)</i> <i>tab 0.15-0.03 mg</i>	49
<i>levonorgestrel & ethinyl estradiol tab 0.15</i> <i>mg-30 mcg</i>	49
<i>levonorgestrel & ethinyl estradiol tab 0.1</i> <i>mg-20 mcg</i>	49
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1</i> <i>mg-20 mcg (21)</i>	49
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth</i> <i>est tab 0.01mg(7)</i>	49
<i>levora-28 tab 0.15/30</i>	49
<i>levothyroxine sodium</i>	55
<i>levoxyl</i>	55
<i>lidocaine</i>	83
<i>lidocaine hcl</i>	83
<i>lidocaine hcl (cardiac)</i>	24
<i>lidocaine hcl (local anesth.)</i>	6
<i>lidocaine hcl (mouth-throat)</i>	84
<i>lidocaine pain relief pat</i>	83
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	83
LILETTA	49
<i>linezolid</i>	13
LINZESS	57
<i>liothyronine sodium</i>	55
<i>liraglutide</i>	45
<i>lisdexamphetamine dimesylate</i>	38
<i>lisinopril</i>	22

<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	22
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	22
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	22
<i>lithium</i>	40
<i>lithium carbonate</i>	40
<i>lofexidine hcl</i>	43
<i>LO LOESTRIN TAB 1-10-10</i>	49
<i>loperamide hcl</i>	56
<i>lopinavir-ritonavir tab 100-25 mg</i>	10
<i>lopinavir-ritonavir tab 200-50 mg</i>	10
<i>lorazepam</i>	30
<i>LORBRENA</i>	19
<i>loryna tab 3-0.02mg</i>	49
<i>losartan potassium</i>	24
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	23
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	23
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	23
<i>loteprednol etabonate</i>	73
<i>lovastatin</i>	25
<i>low-ogestrel tab</i>	49
<i>loxapine succinate</i>	35
<i>lubiprostone</i>	57
<i>luliconazole</i>	81
<i>LUMIGAN</i>	74
<i>LUPRON DEPOT-PED (1-MONTH</i>	47
<i>LUPRON DEPOT-PED (3-MONTH</i>	47
<i>LUPRON DEPOT-PED (6-MONTH</i>	47
<i>lurasidone hcl</i>	35
<i>lutera tab</i>	49
<i>LYNPARZA</i>	20
<i>LYSODREN</i>	17
M	
<i>magnesium sulfate</i>	70
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	70
<i>malathion</i>	83
<i>mannitol</i>	28
<i>maraviroc</i>	8

<i>marlissa tab 0.15/30</i>	49
<i>MARPLAN</i>	32
<i>MATULANE</i>	15
<i>matzim la</i>	27
<i>meclizine hcl</i>	57
<i>meclofenamate sodium</i>	1
<i>MEDROL</i>	53
<i>medroxyprogesterone acetate</i>	55
<i>medroxyprogesterone acetate (contraceptive)</i>	49
<i>mefenamic acid</i>	1
<i>mefloquine hcl</i>	7
<i>megestrol acetate</i>	17, 55
<i>megestrol acetate (appetite)</i>	55
<i>MEKINIST</i>	19
<i>meloxicam</i>	1
<i>melphalan hcl</i>	15
<i>memantine hcl</i>	30
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	31
<i>MENEST</i>	54
<i>MENQUADFI</i>	69
<i>MENVEO INJ</i>	69
<i>MENVEO SOL</i>	69
<i>meprobamate</i>	30
<i>mercaptapurine</i>	16
<i>meropenem</i>	13
<i>mesalamine</i>	57
<i>mesalamine w/ cleanser</i>	57
<i>mesna</i>	21
<i>metaxalone</i>	41
<i>metformin hcl</i>	44
<i>methadone hcl</i>	3
<i>methadone hydrochloride i</i>	3
<i>methadose</i>	3
<i>methamphetamine hcl</i>	39
<i>methazolamide</i>	28
<i>methenamine hippurate</i>	13
<i>methimazole</i>	55
<i>methocarbamol</i>	41
<i>methotrexate sodium</i>	16, 67
<i>methoxsalen rapid</i>	81
<i>methscopolamine bromide</i>	56
<i>methsuximide</i>	36

<i>methyldopa</i>	29	MOTOFEN TAB 1-0.025	56
<i>methylphenidate hcl</i>	39	MOUNJARO	45
<i>methylprednisolone</i>	53	MOVANTIK.....	58
<i>methylprednisolone acetate</i>	53	<i>moxifloxacin hcl</i>	12
<i>methylprednisolone sod succ</i>	53	<i>moxifloxacin hcl (ophth)</i>	72
<i>metoclopramide hcl</i>	57	MRESVIA	69
<i>metolazone</i>	28	MULTAQ	24
<i>metoprolol & hydrochlorothiazide tab 100-</i> <i>25 mg</i>	26	<i>multi-vit/fl dro /fe 0.25</i>	71
<i>metoprolol & hydrochlorothiazide tab 100-</i> <i>50 mg</i>	26	<i>multivit/fl dro 0.25mg</i>	71
<i>metoprolol & hydrochlorothiazide tab 50-25</i> <i>mg</i>	26	<i>multi-vit/fl dro 0.5mg/ml</i>	71
<i>metoprolol succinate</i>	26	<i>mupirocin</i>	80
<i>metoprolol tartrate</i>	26	MYALEPT	54
<i>metronidazole</i>	13	<i>mycophenolate mofetil</i>	68
<i>metronidazole (topical)</i>	83	<i>mycophenolate mofetil hcl</i>	68
<i>metronidazole vaginal</i>	61	<i>mycophenolate sodium</i>	68
<i>miconazole 3</i>	61	MYFORTIC	68
<i>microgestin tab 1.5/30</i>	49	MYRBETRIQ.....	60
<i>midodrine hcl</i>	29	N	
<i>miglitol</i>	44	<i>nabumetone</i>	1
<i>mimvey tab 1-0.5mg</i>	54	<i>nadolol</i>	26
<i>minocycline hcl</i>	15	<i>naftifine hcl</i>	81
<i>minoxidil</i>	29	<i>nalbuphine hcl</i>	4
<i>mirabegron</i>	60	<i>naloxone hcl</i>	42
MIRCERA.....	62	<i>naltrexone hcl</i>	42
MIRENA	49	<i>naproxen</i>	1
<i>mirtazapine</i>	32	<i>naratriptan hcl</i>	40
<i>misoprostol</i>	58	NARCAN.....	42
<i>mitomycin</i>	15	NATACYN.....	72
<i>mitoxantrone hcl</i>	15	NATAZIA TAB	49
MIUDELLA IUD COPPER	49	<i>nateglinide</i>	46
M-M-R II INJ	69	NAYZILAM	36
<i>modafinil</i>	42	<i>nebivolol hcl</i>	26
MODERNA COVID-19 VACCINE	69	<i>necon tab 0.5/35</i>	49
<i>moexipril hcl</i>	22	<i>nefazodone hcl</i>	32
<i>mometasone furoate</i>	83	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-</i> <i>400unt-10000unt op oin</i>	72
<i>mometasone furoate (nasal)</i>	77	<i>neomycin-polymy-gramicid op sol 1.75-</i> <i>10000-0.025mg-unt-mg/ml</i>	72
<i>monoject sodium chloride</i>	70	<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	72
<i>mono-lynyah tab 0.25-35</i>	49	<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	72
<i>montelukast sodium</i>	77	<i>neomycin-polymyxin-hc ophth susp</i>	72
<i>morphine sulfate</i>	3, 4	<i>neomycin-polymyxin-hc otic soln 1%</i>	84
<i>morphine sulfate beads</i>	4		

<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	<i>84</i>	<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	<i>50</i>
<i>neomycin sulfate</i>	<i>7</i>	<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	<i>50</i>
<i>NEORAL.....</i>	<i>68</i>	<i>norethindrone acetate.....</i>	<i>55</i>
<i>NEUPRO</i>	<i>34</i>	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	<i>54</i>
<i>NEVANAC.....</i>	<i>73</i>	<i>norgesic tab</i>	<i>41</i>
<i>nevirapine</i>	<i>8</i>	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	<i>50</i>
<i>NEXLETOL.....</i>	<i>24</i>	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	<i>50</i>
<i>NEXPLANON</i>	<i>49</i>	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	<i>50</i>
<i>NEXTSTELLIS TAB 3-14.2MG</i>	<i>49</i>	<i>NORPACE CR</i>	<i>24</i>
<i>niacin (antihyperlipidemic)</i>	<i>25</i>	<i>nortrel tab 0.5/35.....</i>	<i>50</i>
<i>nicardipine hcl</i>	<i>27</i>	<i>nortrel tab 1/35</i>	<i>50</i>
<i>nicotine</i>	<i>43</i>	<i>nortrel tab 7/7/7</i>	<i>50</i>
<i>nicotine polacrilex</i>	<i>43</i>	<i>nortriptyline hcl</i>	<i>32, 33</i>
<i>nicotine step 3</i>	<i>43</i>	<i>NORVIR.....</i>	<i>8</i>
<i>nicotine transdermal syst.....</i>	<i>43</i>	<i>NOVAVAX COVID-19 VACCINE/</i>	<i>69</i>
<i>NICOTROL INHALER</i>	<i>44</i>	<i>NOVOFINE PEN NEEDLES</i>	<i>52</i>
<i>NICOTROL NS</i>	<i>44</i>	<i>NOVOLIN INJ 70/30.....</i>	<i>45</i>
<i>nifedipine</i>	<i>27</i>	<i>NOVOLIN INJ 70/30 FP</i>	<i>45</i>
<i>nikki tab 3-0.02mg</i>	<i>49</i>	<i>NOVOLIN N.....</i>	<i>46</i>
<i>nilotinib hcl.....</i>	<i>19</i>	<i>NOVOLIN N FLEXPEN</i>	<i>46</i>
<i>nilutamide</i>	<i>17</i>	<i>NOVOLIN R</i>	<i>46</i>
<i>nimodipine.....</i>	<i>27</i>	<i>NOVOLIN R FLEXPEN.....</i>	<i>46</i>
<i>NIPENT</i>	<i>16</i>	<i>NOVOLOG.....</i>	<i>46</i>
<i>nisoldipine</i>	<i>27</i>	<i>NOVOLOG FLEXPEN</i>	<i>46</i>
<i>nitazoxanide</i>	<i>13</i>	<i>NOVOLOG MIX INJ 70/30.....</i>	<i>46</i>
<i>nitisinone</i>	<i>53</i>	<i>NOVOLOG MIX INJ FLEXPEN</i>	<i>46</i>
<i>NITRO-BID</i>	<i>29</i>	<i>NOVOLOG PENFILL.....</i>	<i>46</i>
<i>NITRO-DUR.....</i>	<i>29</i>	<i>NUBEQA</i>	<i>17</i>
<i>nitrofurantoin</i>	<i>13</i>	<i>NUCYNTA.....</i>	<i>4</i>
<i>nitrofurantoin macrocrystal</i>	<i>13</i>	<i>NUCYNTA ER</i>	<i>4</i>
<i>nitrofurantoin monohyd macro</i>	<i>13</i>	<i>NUEDEXTA CAP 20-10MG.....</i>	<i>43</i>
<i>nitroglycerin</i>	<i>29</i>	<i>NULOJIX.....</i>	<i>68</i>
<i>nitroglycerin (intra-anal).....</i>	<i>83</i>	<i>nyamyc.....</i>	<i>81</i>
<i>NIVESTYM.....</i>	<i>62</i>	<i>nylia tab 1/35</i>	<i>50</i>
<i>nizatidine</i>	<i>57</i>	<i>nystatin</i>	<i>7</i>
<i>nora-be</i>	<i>49</i>	<i>nystatin (mouth-throat)</i>	<i>84</i>
<i>NORDIPEN 5 MIS DEVICE.....</i>	<i>53</i>	<i>nystatin (topical)</i>	<i>81</i>
<i>NORDIPEN DEL MIS SYSTEM</i>	<i>53</i>		
<i>NORDITROPIN FLEXPEN.....</i>	<i>53</i>		
<i>norethindrone (contraceptive).....</i>	<i>50</i>		
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	<i>50</i>		

<i>nystatin-triamcinolone cream 100000-0.1</i> <i>unit/gm-%</i>	81
<i>nystatin-triamcinolone oint 100000-0.1</i> <i>unit/gm-%</i>	81
<i>nystop</i>	81
NYVEPRIA	62
●	
<i>ocella tab 3-0.03mg</i>	50
<i>octreotide acetate</i>	44
ODEFSEY TAB	10
ODOMZO	20
OFEV	78
<i>ofloxacin</i>	12
<i>ofloxacin (ophth)</i>	72
<i>ofloxacin (otic)</i>	84
<i>olanzapine</i>	35
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5 mg</i> ..	23
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5 mg</i> 23	
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i> ...	23
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5 mg</i> ..	23
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i>	23
<i>olmesartan medoxomil</i>	24
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i>	23
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i>	23
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i>	23
<i>olopatadine hcl</i>	73
<i>olopatadine hcl (nasal)</i>	75
<i>omega-3-acid ethyl esters cap 1 gm</i>	25
<i>omeprazole</i>	59
<i>omeprazole-sodium bicarbonate powd</i> <i>pack for susp 20-1680 mg</i>	59
<i>omeprazole-sodium bicarbonate powd</i> <i>pack for susp 40-1680 mg</i>	59
OMNARIS	78
OMNIFLEX DPR.....	50
OMNIPOD 5 DX KIT INT G7G6	52

OMNIPOD 5 DX MIS POD G7G6	52
OMNIPOD 5 G7 KIT INTRO	52
OMNIPOD 5 G7 MIS PODS	52
OMNIPOD DASH KIT INTRO.....	52
OMNIPOD DASH KIT PDM.....	52
OMNIPOD DASH MIS PODS.....	52
OMNIPOD MIS CLASSIC.....	52
OMNIPOD PDM KIT CLASSIC	52
ONCASPAR.....	20
<i>ondansetron</i>	57
<i>ondansetron hcl</i>	57
ONGENTYS	34
OPILL	50
OPSUMIT	29
OPTIONS GYNOL II VAGINAL	60
<i>oralone dental paste</i>	84
ORAVIG	84
ORFADIN	53
ORILISSA	52
ORKAMBI GRA 100-125.....	77
ORKAMBI GRA 150-188.....	77
ORKAMBI GRA 75-94MG.....	77
ORKAMBI TAB 100-125	77
ORKAMBI TAB 200-125.....	77
<i>orphenadrine citrate</i>	42
<i>oseltamivir phosphate</i>	10, 11
<i>osmitrol viaflex</i>	28
OSPHERA.....	55
OTEZLA	65
OTEZLA TAB 10/20	65
OTEZLA TAB 10/20/30	65
<i>oxaliplatin</i>	21
<i>oxaprozin</i>	1
<i>oxazepam</i>	30
<i>oxcarbazepine</i>	36
<i>oxiconazole nitrate</i>	81
<i>oxybutynin chloride</i>	60
<i>oxycodone hcl</i>	4, 5
<i>oxycodone w/ acetaminophen tab 10-325</i> <i>mg</i>	5
<i>oxycodone w/ acetaminophen tab 2.5-325</i> <i>mg</i>	5
<i>oxycodone w/ acetaminophen tab 5-325</i> <i>mg</i>	5

oxycodone w/ acetaminophen tab 7.5-325 mg.....	5
oxymorphone hcl.....	5
OZEMPIC.....	45
P	
pacerone	24
paclitaxel	21
PADCEV	16
paliperidone	35
pamidronate disodium	47
pantoprazole sodium	59
PARAGARD IUD T380A.....	50
paraplatin	21
paricalcitol.....	56
paroxetine hcl	33
PAXLOVID PAK.....	11
PAXLOVID TAB 150-100	11
PAXLOVID TAB 300-100	11
pazopanib hcl	19
PEDIARIX INJ 0.5ML	69
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	71
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	71
pediatric multiple vitamins w/ fluoride chew tab 1 mg	71
PEDIATRIC RESPIRATORY MASK	78
PEDVAX HIB	69
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....	58
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	58
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	58
PEGASYS.....	12
PEG-PREP KIT	58
pemetrexed disodium	16
PENBRAYA INJ.....	69
penciclovir	83
penicillamine.....	47
penicillin g potassium.....	14
penicillin g sodium	14
penicillin v potassium	14
PENTACEL INJ	69

pentamidine isethionate	13
pentoxifylline.....	62
perampanel.....	36
perindopril erbumine	22
periogard.....	84
permethrin	83
perphenazine	35
perphenazine-amitriptyline tab 2-10 mg...43	
perphenazine-amitriptyline tab 2-25 mg ..43	
perphenazine-amitriptyline tab 4-10 mg...43	
perphenazine-amitriptyline tab 4-25 mg ..43	
perphenazine-amitriptyline tab 4-50 mg..43	
PFIZER-BIONTECH COVID-19	69
pfizerpen	14
PHEBURANE	56
phenelzine sulfate	33
phenobarbital.....	37
phenoxybenzamine hcl	29
phenylephrine hcl (mydriatic).....	73
phenytoin.....	37
phenytoin infatabs.....	37
phenytoin sodium.....	37
phenytoin sodium extended	37
PHEXXI GEL	60
PHOSPHOLINE IODIDE	74
PHOTOFRIN.....	20
physiolyte sol	74
physiosol sol irrigat	74
phytonadione.....	71
pilocarpine hcl	74
pilocarpine hcl (oral)	84
pimecrolimus	82
pimozide.....	43
pindolol	26
pioglitazone hcl	46
pioglitazone hcl-glimepiride tab 30-2 mg 46	
pioglitazone hcl-glimepiride tab 30-4 mg 46	
pioglitazone hcl-metformin hcl tab 15-500 mg	46
pioglitazone hcl-metformin hcl tab 15-850 mg	46
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	14

<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	14
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	15
<i>pirfenidone</i>	78
<i>piroxicam</i>	1
<i>pitavastatin calcium</i>	25
PLENVU SOL	58
PNEUMOVAX 23	69
<i>pnv-dha cap</i>	71
<i>pnv-select tab</i>	71
<i>podofilox</i>	83
<i>polycin oin op</i>	72
<i>polyethylene glycol 3350</i>	58
<i>polymyxin b sulfate</i>	13
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	72
POMALYST	16
<i>portia-28 tab</i>	50
<i>posaconazole</i>	7
<i>potassium chloride</i>	70
<i>potassium chloride microencapsulated crystals er</i>	71
<i>potassium citrate (alkalinizer)</i>	60
<i>pramipexole dihydrochloride</i>	34
<i>prasugrel hcl</i>	62
<i>pravastatin sodium</i>	25
<i>praziquantel</i>	6
<i>prazosin hcl</i>	22
<i>prednisolone</i>	53
<i>prednisolone acetate (ophth)</i>	73
PREDNISOLONE SODIUM PHOSP	73
<i>prednisolone sodium phosphate</i>	53
<i>prednisone</i>	53
PREDNISON INTENSOL	53
<i>pregabalin</i>	37
PREMARIN	54
<i>prenatal 19 chw tab</i>	71
PRETOMANID	10
<i>prevalite</i>	24
PREVNAR 20 INJ	69
PREZCOBIX TAB 800-150	10
PREZISTA	8
PRIFTIN	10

<i>primaquine phosphate</i>	7
<i>primidone</i>	37
PRIORIX INJ	69
<i>probenecid</i>	1
<i>procainamide hcl</i>	24
<i>prochlorperazine</i>	57
<i>prochlorperazine maleate</i>	57
<i>proctozone-hc</i>	59
<i>progesterone</i>	55
PROGRAF	68
PROLASTIN-C	74
PROLIA	47
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	76
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	76
<i>promethazine hcl</i>	57
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	76
<i>promethegan</i>	57
<i>propafenone hcl</i>	24
<i>proparacaine hcl</i>	74
<i>propranolol hcl</i>	26
<i>propylthiouracil</i>	55
PROQUAD INJ	69
<i>protriptyline hcl</i>	33
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	76
<i>pyrazinamide</i>	10
<i>pyridostigmine bromide</i>	42
<i>pyridoxine hcl</i>	71
<i>pyrimethamine</i>	13
PYZCHIVA	65
Q	
QUADRACEL INJ 0.5ML	70
<i>quetiapine fumarate</i>	35
<i>quinapril hcl</i>	22
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	22
<i>quinine sulfate</i>	7
QULIPTA	40
R	
<i>rabeprazole sodium</i>	59
<i>raloxifene hcl</i>	55
<i>ramelteon</i>	39

<i>ramipril</i>	22	SANDIMMUNE.....	68
<i>ranolazine</i>	29	<i>sapropterin dihydrochloride</i>	55
<i>rasagiline mesylate</i>	34	SAVELLA.....	39
<i>reclipsen tab</i>	50	SAVELLA MIS TITR PAK.....	39
RECOMBIVAX HB.....	70	<i>scopolamine</i>	57
REGRANEX.....	83	<i>selegiline hcl</i>	34
RELENZA DISKHALER.....	11	<i>selenium sulfide</i>	81
<i>repaglinide</i>	46	SELZENTRY.....	9
REPATHA.....	26	SEREVENT DISKUS.....	76
REPATHA PUSHTRONEX SYSTEM.....	26	<i>sertraline hcl</i>	33
REPATHA SURECLICK.....	26	<i>sevelamer carbonate</i>	55
RESTASIS MULTIDOSE.....	73	SHARPS CONTAINER.....	52
RETACRIT.....	62	SHINGRIX.....	70
RETROVIR IV INFUSION.....	8	SIGNIFOR.....	55
REVLIMID.....	16	<i>sildenafil citrate (pulmonary hypertension)</i>	29
REYATAZ.....	9	<i>silodosin</i>	60
<i>ribavirin (hepatitis c)</i>	12	<i>silver sulfadiazine</i>	80
<i>rifabutin</i>	10	SIMBRINZA SUS 1-0.2%.....	73
<i>rifampin</i>	10	SIMPONI.....	65
<i>riluzole</i>	30	SIMPONI ARIA.....	63
<i>rimantadine hydrochloride</i>	11	<i>simvastatin</i>	25
RINVOQ.....	65	<i>sirolimus</i>	68
RINVOQ LQ.....	65	SIRTURO.....	10
<i>risedronate sodium</i>	47	SKYLA.....	50
<i>risperidone</i>	35	SKYRIZI.....	63, 66
<i>ritonavir</i>	9	SKYRIZI PEN.....	66
<i>rivaroxaban</i>	61	SLYND.....	50
<i>rivastigmine</i>	31	<i>sodium chloride</i>	71
<i>rivastigmine tartrate</i>	31	<i>sodium chloride (gu irrigant)</i>	83
<i>rivelsa tab</i>	50	<i>sodium chloride (inhalant)</i>	77
<i>rizatriptan benzoate</i>	40	<i>sodium fluoride</i>	71
<i>roflumilast</i>	77	SODIUM OXYBATE.....	42
<i>ropinirole hydrochloride</i>	34	<i>sodium phenylbutyrate</i>	56
<i>rosuvastatin calcium</i>	25	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5- 3.13-1.6 gm/177ml</i>	58
ROTARIX SUS.....	70	SOFTCLIX MIS LANCETS.....	52
ROTATEQ SOL.....	70	<i>solifenacin succinate</i>	60
<i>rufinamide</i>	37	SOLQUA INJ 100/33.....	45
<i>ryclora</i>	75	SOLU-CORTEF.....	53
RYDAPT.....	19	SOLU-MEDROL.....	53
S		SOMATULINE DEPOT.....	44
<i>sacubitril-valsartan tab 24-26 mg</i>	28	SOMAVERT.....	44
<i>sacubitril-valsartan tab 49-51 mg</i>	28	<i>sorafenib tosylate</i>	19
<i>sacubitril-valsartan tab 97-103 mg</i>	28		
SANCUSO.....	57		

<i>sotalol hcl</i>	24	SYMDEKO TAB 100-150	77
<i>sotalol hcl (afib/afl)</i>	24	SYMDEKO TAB 50-75MG	77
SOVALDI	13	SYMLINPEN 120	44
SPIKEVAX COVID-19 VACCINE	70	SYMLINPEN 60	44
<i>spinosad</i>	83	SYMTUZA TAB	10
SPIRIVA RESPIMAT	75	SYNAREL	52
<i>spironolactone</i>	22	SYNJARDY TAB	46
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	28	SYNJARDY TAB 12.5-500.....	46
<i>sprintec 28 tab 28 day</i>	50	SYNJARDY TAB 5-1000MG	46
<i>sps</i>	55	SYNJARDY TAB 5-500MG	46
<i>sronyx tab</i>	50	SYNJARDY XR TAB	46
<i>ssd</i>	80	SYNJARDY XR TAB 10-1000	46
STIOLTO AER 2.5-2.5	74	SYNJARDY XR TAB 25-1000.....	46
STIVARGA	19	SYNJARDY XR TAB 5-1000MG	46
STRIVERDI RESPIMAT	76	SYNTHROID	55
SUBLOCADE	6	T	
SUCRAID	58	TABLOID	16
<i>sucrafate</i>	58	<i>tacrolimus</i>	68
SUFLAVE SOL	58	<i>tacrolimus (topical)</i>	82
<i>sulconazole nitrate</i>	81	<i>tadalafil</i>	60
<i>sulfacetamide sodium (acne)</i>	80	<i>tadalafil (pulmonary hypertension)</i>	29
<i>sulfacetamide sodium (ophth)</i>	72	TAFINLAR.....	20
<i>sulfacetamide sodium-prednisolone ophth</i> soln 10-0.23(0.25)%.....	72	<i>tafluprost</i>	74
<i>sulfadiazine</i>	7	<i>take action</i>	50
<i>sulfamethoxazole-trimethoprim susp 200-</i> 40 mg/5ml	13	TAKHZYRO.....	67
<i>sulfamethoxazole-trimethoprim tab 400-80</i> mg	14	TALTZ	66
<i>sulfamethoxazole-trimethoprim tab 800-</i> 160 mg	14	<i>tamoxifen citrate</i>	17
SULFAMYLON	80	<i>tamsulosin hcl</i>	60
<i>sulfasalazine</i>	57	<i>tasimelteon</i>	39
<i>sulindac</i>	1	<i>tazarotene</i>	81
<i>sumatriptan</i>	40	<i>tazicef</i>	11
<i>sumatriptan-naproxen sodium tab 85-500</i> mg	40	<i>telmisartan</i>	24
<i>sumatriptan succinate</i>	40	<i>telmisartan-hydrochlorothiazide tab 40-</i> 12.5 mg	23
<i>sunitinib malate</i>	19	<i>telmisartan-hydrochlorothiazide tab 80-12.5</i> mg.....	23
SUNOSI	42	<i>telmisartan-hydrochlorothiazide tab 80-25</i> mg.....	23
SUPPRELIN LA.....	47	<i>temazepam</i>	39
SUTAB TAB	58	TEMODAR.....	15
<i>syeda tab 3-0.03mg</i>	50	<i>temozolomide</i>	15
		TENIVAC INJ 5-2LF	70
		<i>tenofovir disoproxil fumarate</i>	9
		<i>terazosin hcl</i>	60

<i>terbinafine hcl</i>	7	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	22
<i>terbutaline sulfate</i>	76	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	22
<i>terconazole vaginal</i>	61	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	22
<i>teriflunomide</i>	41	<i>tranexamic acid</i>	62
<i>testosterone</i>	44	<i>tranylcypromine sulfate</i>	33
<i>testosterone cypionate</i>	44	<i>travoprost</i>	74
<i>testosterone enanthate</i>	44	<i>trazodone hcl</i>	33
<i>tetrabenazine</i>	40, 41	TRECATOR	10
<i>tetracycline hcl</i>	15	TRELEGY AER 100MCG.....	74
THALOMID.....	16	TRELEGY AER 200MCG.....	74
<i>theophylline</i>	79	TREMFYA.....	63, 66
<i>thioridazine hcl</i>	35	<i>treprostinil</i>	29
<i>thiothixene</i>	35	TRESIBA	46
<i>tiagabine hcl</i>	37	TRESIBA FLEXTOUCH	46
TICE BCG.....	17	<i>tretinoin</i>	80
<i>tilia fe tab</i>	50	<i>tretinoin (chemotherapy)</i>	20
<i>timolol maleate</i>	26	<i>tretinoin microsphere</i>	80
<i>timolol maleate (ophth)</i>	73	<i>triamcinolone acetonide (mouth)</i>	84
<i>tinidazole</i>	7	<i>triamcinolone acetonide (nasal)</i>	78
<i>tiotropium bromide monohydrate</i>	75	<i>triamcinolone acetonide (topical)</i>	83
TIVICAY	9	<i>triamterene</i>	28
TIVICAY PD	9	<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	28
<i>tizanidine hcl</i>	42	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	28
TOBRADEX OIN 0.3-0.1%	72	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	28
TOBRADEX ST SUS 0.3-0.05.....	72	<i>triazolam</i>	39
<i>tobramycin</i>	77	<i>trifluoperazine hcl</i>	35
<i>tobramycin (ophth)</i>	72	<i>trifluridine</i>	72
<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%	72	<i>trihexyphenidyl hcl</i>	34
<i>tobramycin sulfate</i>	7	TRIKAFTA PAK 59.5MG	77
TODAY SPONGE	60	TRIKAFTA PAK 75MG.....	77
<i>tolterodine tartrate</i>	60	TRIKAFTA TAB.....	77
<i>tolvaptan</i>	55	<i>tri-linyah tab</i>	50
<i>topiramate</i>	37	<i>trimethobenzamide hcl</i>	57
<i>topotecan hcl</i>	21	<i>trimethoprim</i>	14
<i>toremifene citrate</i>	17	<i>trimipramine maleate</i>	33
<i>torseamide</i>	28	<i>trinate tab</i>	71
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	5	TRINTELLIX.....	33
<i>tramadol hcl</i>	5	TRIPTODUR.....	47
<i>trandolapril</i>	22		
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	22		

<i>tri-sprintec tab</i>	50
TRIUMEQ PD TAB.....	10
TRIUMEQ TAB.....	10
<i>tri-vit/fluo dro 0.25mg</i>	71
<i>tri-vit/fluo dro 0.5mg</i>	71
TROGARZO.....	9
<i>tropicamide</i>	74
<i>tropium chloride</i>	60
TRULICITY.....	45
TRUMENBA.....	70
TRUSTEX/RIA MIS NON-LUB.....	50
TRUSTX NON-9 MIS RIB/STUD.....	50
TUKYSA.....	20
TUXARIN ER TAB 54.3-8MG.....	76
TWIIST KIT REFILL.....	52
TWIIST KIT STARTER.....	52
TWIIST REFIL KIT INFUSION.....	52
TWINRIX INJ.....	70
TWIRLA DIS 120-30.....	50
TYBLUME CHW 0.1-0.02.....	50
TYBOST.....	9
TYMLOS.....	47
TYSABRI.....	41
TYVASO.....	29
TYVASO REFILL KIT.....	29
TYVASO STARTER KIT.....	29
U	
UBRELVI.....	40
<i>unithroid</i>	55
UPTRAVI.....	30
UPTRAVI PACK TAB 200/800.....	30
<i>ursodiol</i>	59
V	
<i>valacyclovir hcl</i>	11
<i>valganciclovir hcl</i>	11
<i>valproate sodium</i>	37
<i>valproic acid</i>	37
<i>valsartan</i>	24
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	23
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	23
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	23

<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	23
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	23
<i>vancomycin hcl</i>	14
VAQTA.....	70
<i>varenicline tartrate</i>	44
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	44
VARIVAX.....	70
VARUBI.....	57
VASCEPA.....	25
VAXELIS INJ.....	70
VAXNEUVANCE INJ.....	70
VCF VAGINAL CONTRACEPTIVE.....	60
<i>velivet pak</i>	50
VELPHORO.....	55
VELSIPITY.....	66
VENCLEXTA.....	16
VENCLEXTA TAB START PK.....	16
<i>venlafaxine hcl</i>	33
VENTAVIS.....	30
<i>verapamil hcl</i>	27
VERZENIO.....	20
VIBERZI.....	58
<i>vigabatrin</i>	37
<i>vilazodone hcl</i>	33
<i>vinblastine sulfate</i>	21
<i>vincristine sulfate</i>	21
<i>vinorelbine tartrate</i>	21
VIOKACE TAB 10440.....	59
VIOKACE TAB 20880.....	59
<i>violele tab</i>	50
VIREAD.....	9
VISTOGARD.....	20
VITRAKVI.....	20
VOLTAREN ARTHRITIS PAIN.....	1
<i>voriconazole</i>	7
VOSEVI TAB.....	13
VOWST CAP.....	59
VRAYLAR.....	35
<i>vyfemla tab 0.4-35</i>	50
W	
<i>warfarin sodium</i>	61

<i>wera tab 0.5/35</i>	50
WIDE-SEAL SILICONE DIAPHR	50
X	
XALKORI.....	20
XARELTO	61
XARELTO STAR TAB 15/20MG.....	61
XCOPRI.....	37
XCOPRI PAK 100-150	37
XCOPRI PAK 12.5-25	37
XCOPRI PAK 150-200.....	37
XCOPRI PAK 50-100MG	37
XELJANZ	66
XELJANZ XR.....	66, 67
<i>xelria fe chw 0.4mg-35</i>	51
XERESE CRE 5-1%	11
XOLAIR	78
XTAMPZA ER	6
XTANDI.....	17
<i>xulane dis 150-35</i>	51
XULTOPHY INJ 100/3.6	45
Y	
YESINTEK	67
YONSA.....	17
YOSPRALA TAB 325-40MG	62
YOSPRALA TAB 81-40MG	62
<i>yuvaferm</i>	54
Z	
<i>zafirlukast</i>	77
<i>zaleplon</i>	39
ZEJULA.....	20
ZENPEP CAP 10000UNT.....	59

ZENPEP CAP 15000UNT	59
ZENPEP CAP 20000UNT	59
ZENPEP CAP 25000UNT	59
ZENPEP CAP 3000UNIT	59
ZENPEP CAP 40000UNT	59
ZENPEP CAP 5000UNIT	59
ZENPEP CAP 60000UNT	59
<i>zenzedi</i>	39
ZERViate	73
<i>zidovudine</i>	9
<i>zileuton</i>	77
<i>ziprasidone hcl</i>	35
ZIRGAN	72
ZITHROMAX	12
<i>zoledronic acid</i>	47
ZOLINZA.....	20
<i>zolmitriptan</i>	40
<i>zolpidem tartrate</i>	39
<i>zonisamide</i>	37
ZORTRESS.....	68
<i>zovia 1/35 tab</i>	51
ZUBSOLV SUB 0.7-0.18	42
ZUBSOLV SUB 1.4-0.36	42
ZUBSOLV SUB 11.4-2.9	42
ZUBSOLV SUB 2.9-0.71	42
ZUBSOLV SUB 5.7-1.4.....	42
ZUBSOLV SUB 8.6-2.1.....	42
ZYDELIG	20
ZYKADIA.....	20
ZYLET SUS 0.5-0.3%	72