

MVP Health Care[®]

2024 Medicare Part D Formulary

(List of Covered Drugs)

Please Read: This document contains information about the drugs we cover in this plan. This Formulary was updated on September 7, 2023. For more recent information or questions, please contact the MVP Medicare Customer Care Center.

Getting Help from Medicare: If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2024 at even lower costs because of changes to the Medicare Part D program. Contact Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week for help comparing your options. TTY users should call 1-877-486-2048.

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

TTY users should call 711. Hours are seven days a week, 8 am-8 pm Eastern Time. April 1-September 30, call Monday-Friday, 8 am-8 pm.

Visit uvmhealthadvantage.com/rx-information for the most up-to-date Formulary listing.

Formulary ID 24146, Version 1
Updated 09/2023
Y0051_9001_C



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

When this drug list (Formulary) refers to “we,” “us,” or “our,” it means MVP Health Care (MVP). When it refers to “plan” or “our plan,” it means UVM Health Advantage Select (PPO), UVM Health Advantage Secure (PPO), and UVM Health Advantage Preferred (PPO).

This document includes a list of the drugs (Formulary) for our plan which is current as of September 7, 2023. For an updated Formulary, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, Formulary, pharmacy network, and/or co-payments/co-insurance may change on January 1, 2025, and from time to time during the year.

What is the MVP Health Care Medicare Part D Formulary?

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

Can the Formulary (Drug List) Change?

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

Changes That Can Affect You This Year

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

New Generic Drugs

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

drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

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

Drugs Removed from the Market

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

Other Changes

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

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

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

Generally, if you are taking a drug on our 2024 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such

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

The enclosed Formulary is current as of September 7, 2023. To get updated information about the drugs covered by MVP Health Care, please contact us. Our contact information appears on the front and back cover pages.

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

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

Or you may request an errata sheet (a copy of the 2024 Formulary changes) by calling the MVP Medicare Customer Care Center at the phone numbers on the back of your Member ID card.

How Do I Use the Formulary?

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

Medical Condition

The Formulary begins on page 1. The drugs in this Formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 107. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index.

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

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

What are Generic Drugs?

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

Are There Any Restrictions on My Coverage?

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

Prior Authorization

MVP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from MVP before you fill your prescriptions. If you don't get approval, MVP may not cover the drug.

Quantity Limits

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

Step Therapy

In some cases, MVP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP will then cover Drug B. You can find out if your drug has any additional requirements or limits by looking in the Formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

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

What If My Drug is Not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For More Information

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

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

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

The MVP Health Care Medicare Part D Formulary

The Formulary that begins on page 1 provides coverage information about most of the drugs covered by MVP Health Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 107.

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

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

Abbreviations and Definitions of Formulary Terms

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

Not Available at Mail Order (NM)

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

Prior Authorization (PA)

For safety reasons and/or cost savings, MVP Health Care requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from MVP before you fill your prescriptions. If you don't get approval first, MVP may not cover the drug.

Quantity Limits (QL)

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

Step Therapy (ST)

For safety reasons and/or cost savings, in some cases MVP Health Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP will then cover Drug B.

Dispensing Limits (DL)

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

Limited Access (LA)

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

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

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

Your Costs in the Initial Coverage Period

If you qualify for New York State EPIC (Elderly Pharmaceutical Insurance Coverage), Vermont VPharm, or Low Income Subsidy, the amounts below may be reduced.

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

MVP Medicare Advantage Plan Type	Deductible	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
		Preferred Generic Drugs	Generic Drugs	Preferred Brand Name Drugs	Non-Preferred Drugs	Specialty Drugs
UVM Health Advantage Preferred						
	\$0	\$0	\$10	\$40	\$100	27%
UVM Health Advantage Secure <i>What you pay after deductible is met</i>						
	\$150	\$0	\$10	\$42	\$100	27%
UVM Health Advantage Select <i>What you pay after deductible is met</i>						
	\$250	\$0	\$10	\$47	\$100	28%

UVM Health Advantage Preferred, UVM Health Advantage Secure, and UVM Health Advantage Select are offered in all counties in Vermont and the following counties in New York: Clinton, Essex, Franklin, Hamilton, and St. Lawrence.

Tier Descriptions

Tier 1–Preferred Generic Drugs–\$0 cost

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

Tier 2–Generic Drugs

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

Tier 3–Preferred Brand Name Drugs

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

Tier 4–Non-Preferred Brand Drugs

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

Tier 5–Specialty Drugs

Tier 5 includes high cost specialty generic and brand name drugs that cost \$950 or more for a one-month supply. Most drugs in Tier 5 are restricted to a one-month supply at retail, and are excluded from the mail order program and tier exception process.

ANALGESICS	1
ANESTHETICS	4
ANTI-INFECTIVES	4
ANTINEOPLASTIC AGENTS	16
CARDIOVASCULAR.....	27
CENTRAL NERVOUS SYSTEM.....	40
ENDOCRINE AND METABOLIC.....	63
GASTROINTESTINAL.....	80
GENITOURINARY	84
HEMATOLOGIC	85
IMMUNOLOGIC AGENTS	88
NUTRITIONAL/SUPPLEMENTS	92
OPHTHALMIC.....	94
OTIC	97
RESPIRATORY	97
TOPICAL.....	101
Index.....	107

MVP UVM 2024 eff 01/01/2024

Drug Name **Drug Tier** **Requirements/Limits**
ANALGESICS

GOUT

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

MISCELLANEOUS

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

NSAIDS

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	2	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	2	QL (60 caps / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	2	
<i>butorphanol tartrate inj 2 mg/ml</i>	2	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	2	QL (4 bottles / 30 days)
<i>endocet tab 2.5-325</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	5	QL (120 tabs / 30 days), PA; DL
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	5	QL (120 tabs / 30 days), PA; DL
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	5	QL (120 tabs / 30 days), PA; DL
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	5	QL (120 tabs / 30 days), PA; DL
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	5	QL (120 tabs / 30 days), PA; DL
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	4	QL (120 lozenges / 30 days), PA; DL
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	QL (120 lozenges / 30 days), PA; DL
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	QL (120 lozenges / 30 days), PA; DL
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	QL (120 lozenges / 30 days), PA; DL
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	QL (120 lozenges / 30 days), PA; DL
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	QL (120 lozenges / 30 days), PA; DL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	3	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	
<i>hydromorphone hcl tab 2 mg</i>	2	QL (250 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	2	QL (250 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	2	QL (250 tabs / 30 days)
<i>morphine sulfate oral soln 10 mg/5ml</i>	3	

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

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

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl for iv soln 750 mg (base equivalent)	2	DL
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	3	
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	3	
XENLETA TAB 600MG	5	NM; DL
XIFAXAN TAB 200MG	4	QL (9 tabs / 30 days), PA; DL
ZEMDRI INJ 500MG/10	5	DL

ANTIFUNGALS

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

ANTIMALARIALS

atovaquone-proguanil hcl tab 250-100 mg	4	DL
chloroquine phosphate tab 250 mg	2	DL
chloroquine phosphate tab 500 mg	2	DL

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

Drug Name	Drug Tier	Requirements/Limits
COARTEM TAB 20-120MG	4	DL
<i>mefloquine hcl tab 250 mg</i>	2	DL
PRIMAQUINE TAB 26.3MG	4	DL
<i>quinine sulfate cap 324 mg</i>	2	QL (84 caps / 365 days); DL

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2	NM
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	NM
APTIVUS CAP 250MG	5	NM; DL
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	4	NM
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	4	NM
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	4	NM
<i>darunavir tab 600 mg</i>	5	NM; DL
<i>darunavir tab 800 mg</i>	5	NM; DL
EDURANT TAB 25MG	5	NM; DL
<i>efavirenz cap 50 mg</i>	2	NM
<i>efavirenz cap 200 mg</i>	2	NM
<i>efavirenz tab 600 mg</i>	2	NM
<i>emtricitabine caps 200 mg</i>	3	NM
EMTRIVA SOL 10MG/ML	3	NM
<i>etravirine tab 100 mg</i>	5	NM; DL
<i>etravirine tab 200 mg</i>	5	NM; DL
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	5	NM; DL
FUZEON INJ 90MG	3	NM, LA
INTELENCE TAB 25MG	4	NM
INVIRASE TAB 500MG	3	NM
ISENTRESS CHW 25MG	3	NM
ISENTRESS CHW 100MG	5	NM; DL
ISENTRESS HD TAB 600MG	5	NM; DL
ISENTRESS POW 100MG	4	NM
ISENTRESS TAB 400MG	5	NM; DL
<i>lamivudine oral soln 10 mg/ml</i>	2	NM
<i>lamivudine tab 150 mg</i>	2	NM
<i>lamivudine tab 300 mg</i>	2	NM
LEXIVA SUS 50MG/ML	4	NM
<i>maraviroc tab 150 mg</i>	5	NM; DL
<i>maraviroc tab 300 mg</i>	5	NM; DL
<i>nevirapine susp 50 mg/5ml</i>	3	NM
<i>nevirapine tab 200 mg</i>	2	NM
<i>nevirapine tab er 24hr 100 mg</i>	2	NM
<i>nevirapine tab er 24hr 400 mg</i>	4	NM
NORVIR POW 100MG	4	NM

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

Drug Name	Drug Tier	Requirements/Limits
NORVIR SOL 80MG/ML	3	NM
NORVIR TAB 100MG	3	NM
PIFELTRO TAB 100MG	5	NM; DL
PREZISTA SUS 100MG/ML	4	NM
PREZISTA TAB 75MG	4	NM
PREZISTA TAB 150MG	4	NM
PREZISTA TAB 600MG	5	NM; DL
PREZISTA TAB 800MG	5	NM; DL
RETROVIR INJ 10MG/ML	4	NM
REYATAZ POW 50MG	5	NM; DL
<i>ritonavir tab 100 mg</i>	3	NM
RUKOBIA TAB 600MG ER	5	NM; DL
SELZENTRY SOL 20MG/ML	4	NM
SELZENTRY TAB 25MG	4	QL (120 tabs / 30 days), NM; DL
SELZENTRY TAB 75MG	5	NM; DL
SUNLENCA INJ	5	NM, LA; DL
SUNLENCA TAB 300MG	5	NM, LA; DL
<i>tenofovir disoproxil fumarate tab 300 mg</i>	3	NM
TIVICAY PD TAB 5MG	4	NM
TIVICAY TAB 10MG	4	QL (30 tabs / 30 days), NM
TIVICAY TAB 25MG	5	NM; DL
TIVICAY TAB 50MG	5	NM; DL
TYBOST TAB 150MG	4	NM
VIRACEPT TAB 250MG	3	NM
VIRACEPT TAB 625MG	3	NM
VIREAD POW 40MG/GM	3	NM
VIREAD TAB 150MG	3	NM
VIREAD TAB 200MG	3	NM
VIREAD TAB 250MG	3	NM
<i>zidovudine cap 100 mg</i>	2	NM
<i>zidovudine syrup 10 mg/ml</i>	2	NM
<i>zidovudine tab 300 mg</i>	2	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	NM
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	4	NM
BIKTARVY TAB	5	NM; DL
CIMDUO TAB 300-300	5	NM; DL
COMPLERA TAB	5	NM; DL
DELSTRIGO TAB	5	NM; DL
DESCOVY TAB 120-15MG	5	NM; DL

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

Drug Name	Drug Tier	Requirements/Limits
DESCOVY TAB 200/25MG	5	NM; DL
DOVATO TAB 50-300MG	5	NM; DL
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NM; DL
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NM; DL
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NM; DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	NM; DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NM; DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	NM; DL
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	NM
EVOTAZ TAB 300-150	5	NM; DL
GENVOYA TAB	5	NM; DL
JULUCA TAB 50-25MG	5	NM; DL
<i>lamivudine-zidovudine tab 150-300 mg</i>	3	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	3	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	3	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	3	NM
ODEFSEY TAB	5	NM; DL
PREZCOBIX TAB 800-150	5	NM; DL
STRIBILD TAB	5	NM; DL
SYMTUZA TAB	5	NM; DL
TEMIXYS TAB 300-300	4	NM
TRIUMEQ PD TAB	5	NM; DL
TRIUMEQ TAB	5	NM; DL
TRIZIVIR TAB	4	NM

ANTITUBERCULAR AGENTS

CAPASTAT SUL INJ 1GM	4	
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
<i>isoniazid inj 100 mg/ml</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 100 mg</i>	2	
<i>isoniazid tab 300 mg</i>	2	
PRETOMANID TAB 200MG	4	
PRIFTIN TAB 150MG	4	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	3	
<i>rifampin cap 150 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin cap 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	2	
SIRTURO TAB 20MG	5	NM, LA; DL
SIRTURO TAB 100MG	5	NM, LA; DL
TRECTOR TAB 250MG	4	

ANTIVIRALS

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

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin tab 200 mg</i>	2	NM, PA; DL
<i>rimantadine hydrochloride tab 100 mg</i>	2	
SOVALDI PAK 150MG	5	NM, PA; DL
SOVALDI PAK 200MG	5	NM, PA; DL
SOVALDI TAB 200MG	5	NM, PA; DL
SOVALDI TAB 400MG	5	NM, PA; DL
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	2	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	3	
VOSEVI TAB	5	NM, PA; DL
XOFLUZA TAB 40MG	4	QL (4 tabs / 180 days)
XOFLUZA TAB 80MG	4	QL (2 tabs / 180 days)
ZEPATIER TAB 50-100MG	5	NM, PA; DL

CEPHALOSPORINS

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil tab 500 mg</i>	2	
<i>ceftazidime for inj 1 gm</i>	2	
<i>ceftazidime for inj 6 gm</i>	2	
<i>ceftriaxone sodium for inj 1 gm</i>	2	
<i>ceftriaxone sodium for inj 2 gm</i>	2	
<i>ceftriaxone sodium for inj 10 gm</i>	2	
<i>ceftriaxone sodium for inj 250 mg</i>	2	
<i>ceftriaxone sodium for inj 500 mg</i>	2	
<i>cefuroxime axetil tab 250 mg</i>	2	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cefuroxime sodium for inj 750 mg</i>	2	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	2	
<i>cephalexin cap 250 mg</i>	2	
<i>cephalexin cap 500 mg</i>	2	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	2	
SUPRAX SUS 500/5ML	4	
<i>tazicef</i>	2	
TEFLARO INJ 400MG	4	
TEFLARO INJ 600MG	4	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin for susp 100 mg/5ml</i>	2	
<i>azithromycin for susp 200 mg/5ml</i>	2	
<i>azithromycin iv for soln 500 mg</i>	2	
<i>azithromycin tab 250 mg</i>	2	
<i>azithromycin tab 500 mg</i>	2	
<i>azithromycin tab 600 mg</i>	2	
<i>clarithromycin for susp 125 mg/5ml</i>	2	
<i>clarithromycin for susp 250 mg/5ml</i>	2	
<i>clarithromycin tab 250 mg</i>	2	
<i>clarithromycin tab 500 mg</i>	2	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
DIFICID SUS	5	PA; DL
DIFICID TAB 200MG	5	PA; DL
<i>e.e.s. 400</i>	3	
<i>ery-tab</i>	3	
ERYTHROCIN INJ 500MG	4	
<i>erythrocin stearate</i>	2	
<i>erythromycin ethylsuccinate tab 400 mg</i>	3	
<i>erythromycin tab 250 mg</i>	2	
<i>erythromycin tab 500 mg</i>	2	
<i>erythromycin tab delayed release 250 mg</i>	2	
<i>erythromycin tab delayed release 333 mg</i>	2	
<i>erythromycin tab delayed release 500 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin w/ delayed release particles cap 250 mg</i>	2	
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	2	
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	2	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	DL
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	DL
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	2	
<i>levofloxacin tab 500 mg</i>	2	
<i>levofloxacin tab 750 mg</i>	2	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	
<i>ofloxacin tab 300 mg</i>	2	
<i>ofloxacin tab 400 mg</i>	2	
PENICILLINS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>amoxicillin (trihydrate) cap 250 mg</i>	2	
<i>amoxicillin (trihydrate) cap 500 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) tab 500 mg</i>	2	
<i>amoxicillin (trihydrate) tab 875 mg</i>	2	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin cap 250 mg</i>	2	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin for susp 250 mg/5ml</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	2	
<i>ampicillin sodium for inj 2 gm</i>	2	
<i>ampicillin sodium for inj 125 mg</i>	2	
<i>ampicillin sodium for iv soln 10 gm</i>	2	
BICILLIN C-R INJ 900/300	4	
BICILLIN C-R INJ 1200000	4	
BICILLIN L-A INJ 600000	4	
BICILLIN L-A INJ 1200000	4	
BICILLIN L-A INJ 2400000	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
<i>nafcillin sodium for inj 1 gm</i>	2	
<i>nafcillin sodium for inj 2 gm</i>	2	
<i>nafcillin sodium for iv soln 10 gm</i>	2	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	2	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	2	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	2	
PEN GK/DEXTR INJ 20000/ML	4	
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
<i>penicillin g potassium for inj 20000000 unit</i>	2	
<i>penicillin g sodium for inj 5000000 unit</i>	2	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	2	
<i>penicillin v potassium tab 500 mg</i>	2	
<i>pfizerpen</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	

TETRACYCLINES

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

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>bendamustine hcl for iv soln 25 mg</i>	5	NM; DL
<i>bendamustine hcl for iv soln 100 mg</i>	5	NM; DL
BICNU INJ 100MG	4	
<i>busulfan inj 6 mg/ml</i>	5	DL
<i>carboplatin iv soln 50 mg/5ml</i>	2	DL
<i>carboplatin iv soln 150 mg/15ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>carboplatin iv soln 450 mg/45ml</i>	2	DL
<i>carboplatin iv soln 600 mg/60ml</i>	2	DL
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	2	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	DL
CYCLOPHOSPH TAB 25MG	3	B/D
CYCLOPHOSPH TAB 50MG	3	B/D
<i>cyclophosphamide cap 25 mg</i>	3	B/D
<i>cyclophosphamide cap 50 mg</i>	3	B/D
GLEOSTINE CAP 10MG	4	NM
GLEOSTINE CAP 40MG	4	NM
GLEOSTINE CAP 100MG	4	NM
<i>ifosfamide for inj 1 gm</i>	2	
LEUKERAN TAB 2MG	3	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	2	
<i>oxaliplatin for iv inj 100 mg</i>	4	
<i>oxaliplatin iv soln 50 mg/10ml</i>	4	
<i>oxaliplatin iv soln 100 mg/20ml</i>	4	
<i>thiotepa for inj 15 mg</i>	5	NM; DL
TREANDA INJ 25MG	5	NM, LA; DL
TREANDA INJ 100MG	5	NM, LA; DL
YONDELIS INJ 1MG	5	NM, LA; DL
ZANOSAR INJ 1GM	4	

ANTIBIOTICS

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

ANTIMETABOLITES

ARRANON INJ 5MG/ML	5	DL
<i>azacitidine for inj 100 mg</i>	5	NM; DL
<i>clofarabine iv soln 1 mg/ml</i>	5	DL
<i>cytarabine inj 20 mg/ml</i>	2	B/D
<i>cytarabine inj pf 20 mg/ml</i>	2	DL

Drug Name	Drug Tier	Requirements/Limits
<i>cytarabine inj pf 100 mg/ml</i>	2	B/D
<i>decitabine for inj 50 mg</i>	5	NM; DL
<i>fludarabine phosphate for inj 50 mg</i>	2	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	2	B/D; DL
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	2	B/D
<i>gemcitabine hcl for inj 1 gm</i>	2	
<i>gemcitabine hcl for inj 2 gm</i>	2	
<i>gemcitabine hcl for inj 200 mg</i>	2	
INQOVI TAB 35-100MG	5	NM, LA, PA; DL
LONSURF TAB 15-6.14	5	NM, LA, PA; DL
LONSURF TAB 20-8.19	5	NM, LA, PA; DL
<i>mercaptapurine tab 50 mg</i>	2	
<i>methotrexate sodium for inj 1 gm</i>	2	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	3	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	3	
ONUREG TAB 200MG	5	NM, LA, PA; DL
ONUREG TAB 300MG	5	NM, LA, PA; DL
PURIXAN SUS 20MG/ML	4	NM, LA
TABLOID TAB 40MG	4	

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tab 250 mg</i>	5	NM; DL
<i>abiraterone acetate tab 500 mg</i>	5	NM; DL
<i>anastrozole tab 1 mg</i>	2	
<i>bicalutamide tab 50 mg</i>	2	
ELIGARD INJ 7.5MG	4	NM; DL
ELIGARD INJ 22.5MG	4	NM
ELIGARD INJ 30MG	4	NM
ELIGARD INJ 45MG	4	NM; DL
EMCYT CAP 140MG	3	
ERLEADA TAB 60MG	5	NM, LA; DL
ERLEADA TAB 240MG	5	NM, LA; DL
EULEXIN CAP 125MG	4	
<i>exemestane tab 25 mg</i>	3	
FASLODEX INJ 250/5ML	5	DL
FIRMAGON INJ 80MG	4	QL (4 vials / 28 days), NM; DL
FIRMAGON INJ 120MG	5	NM; DL
<i>flutamide cap 125 mg</i>	2	
<i>letrozole tab 2.5 mg</i>	2	
<i>leuprolide inj 1mg/0.2</i>	2	NM
LEUPROLIDE INJ 22.5MG	4	NM
LUPRON DEPOT INJ 3.75MG	4	NM; DL

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT INJ 7.5MG	5	NM; DL
LUPRON DEPOT INJ 11.25MG	5	NM; DL
LUPRON DEPOT INJ 22.5MG	5	NM; DL
LUPRON DEPOT INJ 30MG	5	NM; DL
LUPRON DEPOT INJ 45MG	5	NM; DL
LYSODREN TAB 500MG	3	NM, LA
<i>megestrol acetate tab 20 mg</i>	2	PA; DL
<i>megestrol acetate tab 40 mg</i>	2	PA; DL
<i>nilutamide tab 150 mg</i>	3	
NUBEQA TAB 300MG	5	NM, LA; DL
ORGOVYX TAB 120MG	5	NM, LA; DL
ORSERDU TAB 86MG	5	NM, LA; DL
ORSERDU TAB 345MG	5	NM, LA; DL
SOLTAMOX SOL 10MG/5ML	4	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	2	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	2	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	5	DL
TRELSTAR MIX INJ 3.75MG	4	NM
TRELSTAR MIX INJ 11.25MG	4	NM
TRELSTAR MIX INJ 22.5MG	4	NM
XTANDI CAP 40MG	5	NM, LA; DL
XTANDI TAB 40MG	5	NM, LA; DL
XTANDI TAB 80MG	5	NM, LA; DL
YONSA TAB 125MG	5	NM, LA; DL

IMMUNOMODULATORS

<i>lenalidomide cap 5 mg</i>	5	NM, LA; DL
<i>lenalidomide cap 10 mg</i>	5	NM, LA; DL
<i>lenalidomide cap 15 mg</i>	5	NM, LA; DL
<i>lenalidomide cap 20 mg</i>	5	NM, LA; DL
<i>lenalidomide cap 25 mg</i>	5	NM, LA; DL
<i>lenalidomide caps 2.5 mg</i>	5	NM, LA; DL
POMALYST CAP 1MG	5	QL (30 caps / 30 days), NM, LA; DL
POMALYST CAP 2MG	5	QL (30 caps / 30 days), NM, LA; DL
POMALYST CAP 3MG	5	QL (30 caps / 30 days), NM, LA; DL
POMALYST CAP 4MG	5	QL (30 caps / 30 days), NM, LA; DL
REVLIMID CAP 2.5MG	5	NM, LA; DL
REVLIMID CAP 5MG	5	NM, LA; DL
REVLIMID CAP 10MG	5	NM, LA; DL

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

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 15MG	5	NM, LA; DL
REVLIMID CAP 20MG	5	NM, LA; DL
REVLIMID CAP 25MG	5	NM, LA; DL
THALOMID CAP 50MG	5	NM, LA; DL
THALOMID CAP 100MG	5	NM, LA; DL
THALOMID CAP 150MG	5	NM, LA; DL
THALOMID CAP 200MG	5	NM, LA; DL

MISCELLANEOUS

BESREMI SOL 500MCG	5	NM, LA; DL
<i>bexarotene cap 75 mg</i>	5	NM; DL
<i>dacarbazine for inj 100 mg</i>	2	
<i>dacarbazine for inj 200 mg</i>	2	
ERWINAZE INJ 10000UNT	5	LA; DL
<i>hydroxyurea cap 500 mg</i>	2	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	4	
KISQALI 200 PAK FEMARA	5	NM, PA; DL
KISQALI 400 PAK FEMARA	5	NM, PA; DL
KISQALI 600 PAK FEMARA	5	NM, PA; DL
MATULANE CAP 50MG	5	NM, LA; DL
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	2	NM; DL
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	2	NM
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	2	NM; DL
NIPENT INJ 10MG	5	DL
PROLEUKIN INJ 22MU	5	NM; DL
SYNRIBO INJ 3.5MG	5	NM; DL
<i>topotecan hcl for inj 4 mg (base equiv)</i>	5	DL
<i>tretinoin cap 10 mg</i>	5	DL
WELIREG TAB 40MG	5	NM, LA; DL

MITOTIC INHIBITORS

ABRAXANE INJ 100MG	5	NM, LA; DL
DOCETAXEL INJ 80MG/4ML	3	
DOCETAXEL INJ 160/16ML	3	
ETOPOPHOS INJ 100MG	4	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	2	
HALAVEN INJ 1MG/2ML	5	NM; DL
IXEMPRA KIT INJ 15MG	5	NM; DL
JEVTANA INJ 60/1.5ML	5	NM, LA; DL
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	2	DL

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	2	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	2	DL
<i>toposar</i>	2	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	3	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	3	

MOLECULAR TARGET AGENTS

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

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ KIT 100MG	5	NM, LA, PA; DL
COMETRIQ KIT 140MG	5	NM, LA, PA; DL
COPIKTRA CAP 15MG	5	NM, LA, PA; DL
COPIKTRA CAP 25MG	5	NM, LA, PA; DL
COTELLIC TAB 20MG	5	NM, LA, PA; DL
CYRAMZA INJ 100/10ML	5	NM, LA; DL
CYRAMZA INJ 500/50ML	5	NM, LA; DL
DARZALEX SOL 100MG/5M	5	NM, LA; DL
DARZALEX SOL 400MG/20	5	NM, LA; DL
DAURISMO TAB 25MG	5	NM, LA, PA; DL
DAURISMO TAB 100MG	5	NM, LA, PA; DL
EMPLICITI INJ 300MG	5	NM, LA; DL
EMPLICITI INJ 400MG	5	NM, LA; DL
ERBITUX INJ 100MG	5	NM; DL
ERBITUX INJ 200MG	5	NM; DL
ERIVEDGE CAP 150MG	5	NM, LA; DL
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	NM; DL
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	NM; DL
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	NM; DL
<i>everolimus tab 2.5 mg</i>	5	NM, PA; DL
<i>everolimus tab 5 mg</i>	5	NM, PA; DL
<i>everolimus tab 7.5 mg</i>	5	NM, PA; DL
<i>everolimus tab 10 mg</i>	5	NM, PA; DL
<i>everolimus tab for oral susp 2 mg</i>	5	NM, PA; DL
<i>everolimus tab for oral susp 3 mg</i>	5	NM, PA; DL
<i>everolimus tab for oral susp 5 mg</i>	5	NM, PA; DL
EXKIVITY CAP 40MG	5	NM, LA, PA; DL
FARYDAK CAP 10MG	5	NM, LA, PA; DL
FARYDAK CAP 15MG	5	NM, LA, PA; DL
FARYDAK CAP 20MG	5	NM, LA, PA; DL
FOTIVDA CAP 0.89MG	5	NM, LA, PA; DL
FOTIVDA CAP 1.34MG	5	NM, LA, PA; DL
GAVRETO CAP 100MG	5	NM, LA, PA; DL
<i>gefitinib tab 250 mg</i>	5	NM, PA; DL
GILOTRIF TAB 20MG	5	NM, LA; DL
GILOTRIF TAB 30MG	5	NM, LA; DL
GILOTRIF TAB 40MG	5	NM, LA; DL
HERCEPTIN INJ 150MG	5	NM, LA; DL
HERCEPTIN INJ 440MG	5	DL
IBRANCE CAP 75MG	5	NM, LA, PA; DL
IBRANCE CAP 100MG	5	NM, LA, PA; DL
IBRANCE CAP 125MG	5	NM, LA, PA; DL
IBRANCE TAB 75MG	5	NM, LA, PA; DL
IBRANCE TAB 100MG	5	NM, LA, PA; DL

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

Drug Name	Drug Tier	Requirements/Limits
IBRANCE TAB 125MG	5	NM, LA, PA; DL
ICLUSIG TAB 10MG	5	NM, LA, PA; DL
ICLUSIG TAB 15MG	5	NM, LA, PA; DL
ICLUSIG TAB 30MG	5	NM, LA, PA; DL
ICLUSIG TAB 45MG	5	NM, LA, PA; DL
IDHIFA TAB 50MG	5	NM, LA, PA; DL
IDHIFA TAB 100MG	5	NM, LA, PA; DL
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	QL (90 tabs / 30 days), NM, PA; DL
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	QL (60 tabs / 30 days), NM, PA; DL
IMBRUVICA CAP 70MG	5	NM, LA, PA; DL
IMBRUVICA CAP 140MG	5	NM, LA, PA; DL
IMBRUVICA SUS 70MG/ML	5	NM, LA, PA; DL
IMBRUVICA TAB 140MG	5	NM, LA, PA; DL
IMBRUVICA TAB 280MG	5	NM, LA, PA; DL
IMBRUVICA TAB 420MG	5	NM, LA, PA; DL
IMBRUVICA TAB 560MG	5	NM, LA, PA; DL
INLYTA TAB 1MG	5	NM, LA, PA; DL
INLYTA TAB 5MG	5	NM, LA, PA; DL
INREBIC CAP 100MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
IRESSA TAB 250MG	5	NM, LA, PA; DL
ISTODAX OVR INJ 10MG	5	NM; DL
JAKAFI TAB 5MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
JAKAFI TAB 10MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
JAKAFI TAB 15MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
JAKAFI TAB 20MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
JAKAFI TAB 25MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
JAYPIRCA TAB 50MG	5	NM, LA, PA; DL
JAYPIRCA TAB 100MG	5	NM, LA, PA; DL
KADCYLA INJ 100MG	5	NM, LA; DL
KADCYLA INJ 160MG	5	NM, LA; DL
KEYTRUDA INJ 100MG/4M	5	NM, LA; DL
KISQALI 200 DOSE	5	NM, PA; DL
KISQALI 400 DOSE	5	NM, PA; DL
KISQALI 600 DOSE	5	NM, PA; DL
KOSELUGO CAP 10MG	5	NM, LA, PA; DL
KOSELUGO CAP 25MG	5	NM, LA, PA; DL
KRAZATI TAB 200MG	5	NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
KYPROLIS SOL 30MG	5	NM, LA; DL
KYPROLIS SOL 60MG	5	NM, LA; DL
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	NM; DL
LARTRUVO INJ 10MG/ML	5	LA; DL
LARTRUVO INJ 190/19ML	5	LA; DL
LENVIMA CAP 4MG	5	NM, LA, PA; DL
LENVIMA CAP 8 MG	5	NM, LA, PA; DL
LENVIMA CAP 10 MG	5	NM, LA, PA; DL
LENVIMA CAP 12MG	5	NM, LA, PA; DL
LENVIMA CAP 14 MG	5	NM, LA, PA; DL
LENVIMA CAP 18 MG	5	NM, LA, PA; DL
LENVIMA CAP 20 MG	5	NM, LA, PA; DL
LENVIMA CAP 24 MG	5	NM, LA, PA; DL
LORBRENA TAB 25MG	5	NM, LA, PA; DL
LORBRENA TAB 100MG	5	NM, LA, PA; DL
LUMAKRAS TAB 120MG	5	NM, LA, PA; DL
LUMAKRAS TAB 320MG	5	NM, LA, PA; DL
LYNPARZA TAB 100MG	5	NM, LA, PA; DL
LYNPARZA TAB 150MG	5	NM, LA, PA; DL
LYTGOBI TAB 4MG	5	NM, LA, PA; DL
MEKINIST SOL 0.05/ML	5	NM, LA, PA; DL
MEKINIST TAB 0.5MG	5	NM, LA, PA; DL
MEKINIST TAB 2MG	5	NM, LA, PA; DL
MEKTOVI TAB 15MG	5	NM, LA, PA; DL
NERLYNX TAB 40MG	5	NM, LA, PA; DL
NEXAVAR TAB 200MG	5	NM, LA, PA; DL
NINLARO CAP 2.3MG	5	NM, PA; DL
NINLARO CAP 3MG	5	NM, PA; DL
NINLARO CAP 4MG	5	NM, PA; DL
ODOMZO CAP 200MG	5	NM, LA, PA; DL
PEMAZYRE TAB 4.5MG	5	NM, LA, PA; DL
PEMAZYRE TAB 9MG	5	NM, LA, PA; DL
PEMAZYRE TAB 13.5MG	5	NM, LA, PA; DL
PERJETA INJ 420/14ML	5	NM, LA; DL
PIQRAY 200MG TAB DOSE	5	NM, PA; DL
PIQRAY 250MG TAB DOSE	5	NM, PA; DL
PIQRAY 300MG TAB DOSE	5	NM, PA; DL
QINLOCK TAB 50MG	5	NM, LA, PA; DL
RETEVMO CAP 40MG	5	NM, LA, PA; DL
RETEVMO CAP 80MG	5	NM, LA, PA; DL
REZLIDHIA CAP 150MG	5	NM, LA; DL
RITUXAN INJ 100MG	5	NM, LA; DL
RITUXAN INJ 500MG	5	NM, LA; DL

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

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAP 100MG	5	NM, LA, PA; DL
ROZLYTREK CAP 200MG	5	NM, LA, PA; DL
RUBRACA TAB 200MG	5	NM, LA, PA; DL
RUBRACA TAB 250MG	5	NM, LA, PA; DL
RUBRACA TAB 300MG	5	NM, LA, PA; DL
RYDAPT CAP 25MG	5	NM, PA; DL
SCEMBLIX TAB 20MG	5	NM, PA; DL
SCEMBLIX TAB 40MG	5	NM, PA; DL
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	5	NM, PA; DL
SPRYCEL TAB 20MG	5	NM, PA; DL
SPRYCEL TAB 50MG	5	NM, PA; DL
SPRYCEL TAB 70MG	5	NM, PA; DL
SPRYCEL TAB 80MG	5	NM, PA; DL
SPRYCEL TAB 100MG	5	NM, PA; DL
SPRYCEL TAB 140MG	5	NM, PA; DL
STIVARGA TAB 40MG	5	NM, LA, PA; DL
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	5	NM, PA; DL
<i>sunitinib malate cap 25 mg (base equivalent)</i>	5	NM, PA; DL
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	5	NM, PA; DL
<i>sunitinib malate cap 50 mg (base equivalent)</i>	5	NM, PA; DL
TABRECTA TAB 150MG	5	NM, PA; DL
TABRECTA TAB 200MG	5	NM, PA; DL
TAFINLAR CAP 50MG	5	NM, LA; DL
TAFINLAR CAP 75MG	5	NM, LA; DL
TAFINLAR TAB 10MG	5	NM, LA; DL
TAGRISSE TAB 40MG	5	NM, LA, PA; DL
TAGRISSE TAB 80MG	5	NM, LA, PA; DL
TALZENNA CAP 0.1MG	5	NM, LA, PA; DL
TALZENNA CAP 0.5MG	5	NM, LA, PA; DL
TALZENNA CAP 0.25MG	5	NM, LA, PA; DL
TALZENNA CAP 0.35MG	5	NM, LA, PA; DL
TALZENNA CAP 0.75MG	5	NM, LA, PA; DL
TALZENNA CAP 1MG	5	NM, LA, PA; DL
TASIGNA CAP 50MG	5	NM; DL
TASIGNA CAP 150MG	5	NM; DL
TASIGNA CAP 200MG	5	NM; DL
TAZVERIK TAB 200MG	5	NM, LA, PA; DL
TECENTRIQ INJ 1200/20	5	NM, LA; DL
TECVAYLI INJ 30MG/3ML	5	NM, LA, PA; DL

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

Drug Name	Drug Tier	Requirements/Limits
TECVAYLI INJ 153/1.7	5	NM, LA, PA; DL
TEPMETKO TAB 225MG	5	NM, LA, PA; DL
TIBSOVO TAB 250MG	5	NM, LA; DL
TORISEL INJ 25MG/ML	5	NM; DL
TRUSELTIQ CAP 50MG	5	LA, PA; DL
TRUSELTIQ CAP 75MG	5	LA, PA; DL
TRUSELTIQ CAP 100MG	5	LA, PA; DL
TRUSELTIQ CAP 125MG	5	LA, PA; DL
TUKYSA TAB 50MG	5	NM, LA, PA; DL
TUKYSA TAB 150MG	5	NM, LA, PA; DL
TURALIO CAP 125MG	5	NM, LA, PA; DL
TURALIO CAP 200MG	5	NM, LA, PA; DL
UKONIQ TAB 200MG	5	NM, LA, PA; DL
VANFLYTA TAB 17.7MG	5	NM, LA, PA; DL
VANFLYTA TAB 26.5MG	5	NM, LA, PA; DL
VECTIBIX INJ 100MG	5	NM, LA; DL
VECTIBIX INJ 400MG	5	NM, LA; DL
VENCLEXTA TAB 10MG	4	NM, LA, PA; DL
VENCLEXTA TAB 50MG	4	NM, LA, PA; DL
VENCLEXTA TAB 100MG	5	NM, LA, PA; DL
VENCLEXTA TAB START PK	5	NM, LA, PA; DL
VERZENIO TAB 50MG	5	NM, LA, PA; DL
VERZENIO TAB 100MG	5	NM, LA, PA; DL
VERZENIO TAB 150MG	5	NM, LA, PA; DL
VERZENIO TAB 200MG	5	NM, LA, PA; DL
VITRAKVI CAP 25MG	5	NM, LA, PA; DL
VITRAKVI CAP 100MG	5	NM, LA, PA; DL
VITRAKVI SOL 20MG/ML	5	NM, LA, PA; DL
VIZIMPRO TAB 15MG	5	NM, LA, PA; DL
VIZIMPRO TAB 30MG	5	NM, LA, PA; DL
VIZIMPRO TAB 45MG	5	NM, LA, PA; DL
VONJO CAP 100MG	5	QL (120 caps / 30 days), NM, LA, PA; DL
VOTRIENT TAB 200MG	5	NM, LA; DL
XALKORI CAP 200MG	5	NM, LA, PA; DL
XALKORI CAP 250MG	5	NM, LA, PA; DL
XOSPATA TAB 40MG	5	NM, LA, PA; DL
XPOVIO 40 MG TWICE WEEKLY	5	NM, LA, PA; DL
XPOVIO PAK 40MG	5	NM, LA, PA; DL
XPOVIO PAK 50MG	5	NM, LA, PA; DL
XPOVIO PAK 60MG	5	NM, LA, PA; DL
XPOVIO PAK 80MG	5	NM, LA, PA; DL
ZEJULA CAP 100MG	5	NM, LA, PA; DL
ZEJULA TAB 100MG	5	NM, LA, PA; DL

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

Drug Name	Drug Tier	Requirements/Limits
ZEJULA TAB 200MG	5	NM, LA, PA; DL
ZEJULA TAB 300MG	5	NM, LA, PA; DL
ZELBORAF TAB 240MG	5	NM, LA, PA; DL
ZOLINZA CAP 100MG	5	NM; DL
ZYDELIG TAB 100MG	5	NM, LA, PA; DL
ZYDELIG TAB 150MG	5	NM, LA; DL
ZYKADIA TAB 150MG	5	NM, LA, PA; DL

PROTECTIVE AGENTS

<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	4	
ELITEK INJ 1.5MG	5	DL
ELITEK INJ 7.5MG	5	DL
<i>leucovorin calcium for inj 50 mg</i>	2	
<i>leucovorin calcium for inj 100 mg</i>	2	
<i>leucovorin calcium for inj 200 mg</i>	2	
<i>leucovorin calcium for inj 350 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg</i>	2	
<i>leucovorin calcium tab 15 mg</i>	3	
<i>leucovorin calcium tab 25 mg</i>	4	
<i>levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)</i>	5	NM; DL
<i>mesna inj 100 mg/ml</i>	2	
MESNEX TAB 400MG	3	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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>trandolapril-verapamil hcl tab er 1-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	2	

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	2	
<i>captopril tab 25 mg</i>	2	
<i>captopril tab 50 mg</i>	2	
<i>captopril tab 100 mg</i>	2	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine tab 4 mg</i>	2	
<i>perindopril erbumine tab 8 mg</i>	2	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
KERENDIA TAB 10MG	4	
KERENDIA TAB 20MG	4	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate tab 1 mg</i>	2	
<i>doxazosin mesylate tab 2 mg</i>	2	
<i>doxazosin mesylate tab 4 mg</i>	2	
<i>doxazosin mesylate tab 8 mg</i>	2	
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	2	
<i>telmisartan-amlodipine tab 40-5 mg</i>	2	
<i>telmisartan-amlodipine tab 40-10 mg</i>	2	
<i>telmisartan-amlodipine tab 80-5 mg</i>	2	
<i>telmisartan-amlodipine tab 80-10 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tab 4 mg</i>	2	
<i>candesartan cilexetil tab 8 mg</i>	2	
<i>candesartan cilexetil tab 16 mg</i>	2	
<i>candesartan cilexetil tab 32 mg</i>	2	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	2	
<i>olmesartan medoxomil tab 20 mg</i>	2	
<i>olmesartan medoxomil tab 40 mg</i>	2	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	

ANTIARRHYTHMICS

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	2	
<i>amiodarone hcl tab 100 mg</i>	2	
<i>amiodarone hcl tab 200 mg</i>	2	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>disopyramide phosphate cap 100 mg</i>	2	
<i>disopyramide phosphate cap 150 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide cap 125 mcg (0.125 mg)</i>	3	NM
<i>dofetilide cap 250 mcg (0.25 mg)</i>	3	NM
<i>dofetilide cap 500 mcg (0.5 mg)</i>	3	NM
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<i>mexiletine hcl cap 150 mg</i>	3	
<i>mexiletine hcl cap 200 mg</i>	3	
<i>mexiletine hcl cap 250 mg</i>	3	
MULTAQ TAB 400MG	4	
NORPACE CAP 100MG CR	4	
NORPACE CAP 150MG CR	4	
<i>pacerone</i>	2	
<i>procainamide hcl inj 100 mg/ml</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	3	
<i>propafenone hcl cap er 12hr 325 mg</i>	3	
<i>propafenone hcl cap er 12hr 425 mg</i>	3	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>quinidine gluconate tab er 324 mg</i>	3	
<i>quinidine sulfate tab 200 mg</i>	3	
<i>quinidine sulfate tab 300 mg</i>	3	
<i>sorine</i>	2	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized cap 43 mg</i>	2	
<i>fenofibrate micronized cap 67 mg</i>	2	
<i>fenofibrate micronized cap 134 mg</i>	2	
<i>fenofibrate micronized cap 200 mg</i>	2	
<i>fenofibrate tab 48 mg</i>	2	
<i>fenofibrate tab 54 mg</i>	2	
<i>fenofibrate tab 145 mg</i>	2	
<i>fenofibrate tab 160 mg</i>	2	
<i>gemfibrozil tab 600 mg</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	2	
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	2	
LIVALO TAB 1MG	4	
LIVALO TAB 2MG	4	
LIVALO TAB 4MG	4	
<i>lovastatin tab 10 mg</i>	1	
<i>lovastatin tab 20 mg</i>	1	
<i>lovastatin tab 40 mg</i>	1	
<i>pravastatin sodium tab 10 mg</i>	1	
<i>pravastatin sodium tab 20 mg</i>	1	
<i>pravastatin sodium tab 40 mg</i>	1	
<i>pravastatin sodium tab 80 mg</i>	1	
<i>rosuvastatin calcium tab 5 mg</i>	1	
<i>rosuvastatin calcium tab 10 mg</i>	1	
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	1	
<i>simvastatin tab 10 mg</i>	1	
<i>simvastatin tab 20 mg</i>	1	
<i>simvastatin tab 40 mg</i>	1	
<i>simvastatin tab 80 mg</i>	1	
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine light powder 4 gm/dose</i>	2	
<i>cholestyramine powder packets 4 gm</i>	2	
<i>colesevelam hcl tab 625 mg</i>	4	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	2	
<i>ezetimibe tab 10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
<i>icosapent ethyl cap 0.5 gm</i>	3	
<i>icosapent ethyl cap 1 gm</i>	3	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	3	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	3	
<i>niacor</i>	3	
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	
PRALUENT INJ 75MG/ML	3	QL (2 injections / 28 days), NM, PA; DL; (coverage restricted to Regeneron and Sanofi US brands only)
PRALUENT INJ 150MG/ML	3	QL (2 injections / 28 days), NM, PA; DL; (coverage restricted to Regeneron and Sanofi US brands only)
<i>prevalite</i>	2	
VASCEPA CAP 0.5GM	4	
VASCEPA CAP 1GM	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	2	
<i>betaxolol hcl tab 20 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	3	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	3	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	3	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl iv soln 5 mg/ml</i>	2	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	2	
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	3	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	3	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	3	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	3	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	
<i>diltiazem hcl tab er 24hr 120 mg</i>	2	
<i>diltiazem hcl tab er 24hr 180 mg</i>	2	
<i>diltiazem hcl tab er 24hr 240 mg</i>	2	
<i>diltiazem hcl tab er 24hr 300 mg</i>	2	
<i>diltiazem hcl tab er 24hr 360 mg</i>	2	
<i>diltiazem hcl tab er 24hr 420 mg</i>	2	
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>isradipine cap 2.5 mg</i>	2	
<i>isradipine cap 5 mg</i>	2	
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	4	
<i>nisoldipine tab er 24hr 8.5 mg</i>	4	
<i>nisoldipine tab er 24hr 17 mg</i>	4	
<i>nisoldipine tab er 24hr 20 mg</i>	4	
<i>nisoldipine tab er 24hr 25.5 mg</i>	4	
<i>nisoldipine tab er 24hr 30 mg</i>	4	
<i>nisoldipine tab er 24hr 34 mg</i>	4	
<i>nisoldipine tab er 24hr 40 mg</i>	4	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl cap er 24hr 100 mg</i>	2	
<i>verapamil hcl cap er 24hr 120 mg</i>	2	
<i>verapamil hcl cap er 24hr 180 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	2	
<i>verapamil hcl cap er 24hr 240 mg</i>	2	
<i>verapamil hcl cap er 24hr 300 mg</i>	2	
<i>verapamil hcl cap er 24hr 360 mg</i>	2	
<i>verapamil hcl tab 40 mg</i>	2	
<i>verapamil hcl tab 80 mg</i>	2	
<i>verapamil hcl tab 120 mg</i>	2	
<i>verapamil hcl tab er 120 mg</i>	2	
<i>verapamil hcl tab er 180 mg</i>	2	
<i>verapamil hcl tab er 240 mg</i>	2	
DIURETICS		
<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg</i>	2	
<i>acetazolamide tab 250 mg</i>	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide inj 10 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>methazolamide tab 25 mg</i>	2	
<i>methazolamide tab 50 mg</i>	2	
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	
<i>metolazone tab 10 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide tab 5 mg</i>	2	
<i>toremide tab 10 mg</i>	2	
<i>toremide tab 20 mg</i>	2	
<i>toremide tab 100 mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
<i>triamterene cap 50 mg</i>	2	
<i>triamterene cap 100 mg</i>	2	
MISCELLANEOUS		
ADRENALIN INJ 1MG/ML	3	
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	3	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	3	
<i>clonidine hcl tab 0.1 mg</i>	2	
<i>clonidine hcl tab 0.2 mg</i>	2	
<i>clonidine hcl tab 0.3 mg</i>	2	
CORLANOR TAB 5MG	4	
CORLANOR TAB 7.5MG	4	
<i>digoxin inj 0.25 mg/ml</i>	2	
<i>digoxin oral soln 0.05 mg/ml</i>	3	
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	
<i>droxidopa cap 100 mg</i>	5	QL (90 caps / 30 days), NM; DL
<i>droxidopa cap 200 mg</i>	5	QL (180 caps / 30 days), NM; DL
<i>droxidopa cap 300 mg</i>	5	QL (180 caps / 30 days), NM; DL
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>metyrosine cap 250 mg</i>	5	DL
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>ranolazine tab er 12hr 500 mg</i>	3	
<i>ranolazine tab er 12hr 1000 mg</i>	3	
VERQUVO TAB 2.5MG	4	
VERQUVO TAB 5MG	4	
VERQUVO TAB 10MG	4	
VYNDAMAX CAP 61MG	5	NM, LA, PA; DL
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
NITRO-BID OIN 2%	3	
NITROGLYCER INJ 5MG/ML	3	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TAB 0.5MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ADEMPAS TAB 1.5MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ADEMPAS TAB 1MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ADEMPAS TAB 2.5MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
ADEMPAS TAB 2MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
<i>alyq</i>	5	NM, PA; DL
<i>ambrisentan tab 5 mg</i>	5	NM, LA, PA; DL
<i>ambrisentan tab 10 mg</i>	5	NM, LA, PA; DL
OPSUMIT TAB 10MG	5	NM, LA, PA; DL
<i>sildenafil citrate for suspension 10 mg/ml</i>	5	QL (180 mL / 30 days), NM, PA; DL
<i>sildenafil citrate tab 20 mg</i>	2	QL (90 tabs / 30 days), NM, PA; DL
<i>tadalafil tab 20 mg (pah)</i>	5	NM, PA; DL
TYVASO DPI POW 16-32-48	5	NM, LA, PA; DL
TYVASO DPI POW 16-32MCG	5	NM, LA, PA; DL
TYVASO DPI POW 16MCG	5	NM, LA, PA; DL
TYVASO DPI POW 32-48MCG	5	NM, LA, PA; DL
TYVASO DPI POW 32MCG	5	NM, LA, PA; DL
TYVASO DPI POW 48MCG	5	NM, LA, PA; DL
TYVASO DPI POW 64MCG	5	NM, LA, PA; DL
UPTRAVI TAB 200MCG	5	NM, LA, PA; DL
UPTRAVI TAB 400MCG	5	NM, LA, PA; DL
UPTRAVI TAB 600MCG	5	NM, LA, PA; DL
UPTRAVI TAB 800MCG	5	NM, LA, PA; DL
UPTRAVI TAB 1000MCG	5	NM, LA, PA; DL
UPTRAVI TAB 1200MCG	5	NM, LA, PA; DL
UPTRAVI TAB 1400MCG	5	NM, LA, PA; DL
UPTRAVI TAB 1600MCG	5	NM, LA, PA; DL
VENTAVIS SOL 10MCG/ML	5	NM, LA, PA; DL
VENTAVIS SOL 20MCG/ML	5	NM, LA, PA; DL

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

ALPRAZOLAM CON 1 MG/ML	3	DL
<i>alprazolam tab 0.5 mg</i>	2	QL (150 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tab 0.25 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs / 30 days)
<i>buspirone hcl tab 5 mg</i>	2	
<i>buspirone hcl tab 7.5 mg</i>	2	
<i>buspirone hcl tab 10 mg</i>	2	
<i>buspirone hcl tab 15 mg</i>	2	
<i>buspirone hcl tab 30 mg</i>	2	
<i>chlordiazepoxide hcl cap 5 mg</i>	2	
<i>chlordiazepoxide hcl cap 10 mg</i>	2	
<i>chlordiazepoxide hcl cap 25 mg</i>	2	
<i>fluvoxamine maleate tab 25 mg</i>	2	
<i>fluvoxamine maleate tab 50 mg</i>	2	
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>lorazepam intensol</i>	2	DL
<i>lorazepam tab 0.5 mg</i>	2	
<i>lorazepam tab 1 mg</i>	2	
<i>lorazepam tab 2 mg</i>	2	
LOREEV XR CAP 1.5MG	4	
LOREEV XR CAP 1MG	4	
LOREEV XR CAP 2MG	4	
LOREEV XR CAP 3MG	4	
<i>oxazepam cap 10 mg</i>	2	
<i>oxazepam cap 15 mg</i>	2	
<i>oxazepam cap 30 mg</i>	2	
ANTIDEMENTIA		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 23 mg</i>	2	
<i>ergoloid mesylates tab 1 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	3	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	3	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	3	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	
<i>galantamine hydrobromide tab 8 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide tab 12 mg</i>	2	
<i>memantine hcl cap er 24hr 7 mg</i>	3	
<i>memantine hcl cap er 24hr 14 mg</i>	3	
<i>memantine hcl cap er 24hr 21 mg</i>	3	
<i>memantine hcl cap er 24hr 28 mg</i>	3	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl tab 5 mg</i>	2	
<i>memantine hcl tab 10 mg</i>	2	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	
<i>rivastigmine transdermal</i>	3	
ANTIDEPRESSANTS		
<i>amitriptyline hcl tab 10 mg</i>	3	
<i>amitriptyline hcl tab 25 mg</i>	3	
<i>amitriptyline hcl tab 50 mg</i>	3	
<i>amitriptyline hcl tab 75 mg</i>	3	
<i>amitriptyline hcl tab 100 mg</i>	3	
<i>amitriptyline hcl tab 150 mg</i>	3	
<i>amoxapine tab 25 mg</i>	2	
<i>amoxapine tab 50 mg</i>	2	
<i>amoxapine tab 100 mg</i>	2	
<i>amoxapine tab 150 mg</i>	2	
AUVELITY TAB 45-105MG	4	
<i>bupropion hcl tab 75 mg</i>	2	
<i>bupropion hcl tab 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 150 mg</i>	2	
<i>bupropion hcl tab er 12hr 200 mg</i>	2	
<i>bupropion hcl tab er 24hr 150 mg</i>	3	
<i>bupropion hcl tab er 24hr 300 mg</i>	3	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	2	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	2	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	2	
FETZIMA CAP 20MG	4	
FETZIMA CAP 40MG	4	
FETZIMA CAP 80MG	4	
FETZIMA CAP 120MG	4	
FETZIMA CAP TITRATIO	4	
<i>fluoxetine hcl cap 10 mg</i>	2	
<i>fluoxetine hcl cap 20 mg</i>	2	
<i>fluoxetine hcl cap 40 mg</i>	2	
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	
<i>imipramine hcl tab 10 mg</i>	3	
<i>imipramine hcl tab 25 mg</i>	3	
<i>imipramine hcl tab 50 mg</i>	3	
MARPLAN TAB 10MG	4	
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	
<i>mirtazapine tab 7.5 mg</i>	2	
<i>mirtazapine tab 15 mg</i>	2	
<i>mirtazapine tab 30 mg</i>	2	
<i>mirtazapine tab 45 mg</i>	2	
<i>nefazodone hcl tab 50 mg</i>	2	
<i>nefazodone hcl tab 100 mg</i>	2	
<i>nefazodone hcl tab 150 mg</i>	2	
<i>nefazodone hcl tab 200 mg</i>	2	
<i>nefazodone hcl tab 250 mg</i>	2	
<i>nortriptyline hcl cap 10 mg</i>	2	
<i>nortriptyline hcl cap 25 mg</i>	2	
<i>nortriptyline hcl cap 50 mg</i>	2	
<i>nortriptyline hcl cap 75 mg</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	2	
<i>paroxetine hcl tab 10 mg</i>	2	
<i>paroxetine hcl tab 20 mg</i>	2	
<i>paroxetine hcl tab 30 mg</i>	2	
<i>paroxetine hcl tab 40 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	3	
<i>paroxetine hcl tab er 24hr 25 mg</i>	3	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	3	
<i>phenelzine sulfate tab 15 mg</i>	2	
<i>protriptyline hcl tab 5 mg</i>	2	
<i>protriptyline hcl tab 10 mg</i>	2	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	
<i>sertraline hcl tab 25 mg</i>	2	
<i>sertraline hcl tab 50 mg</i>	2	
<i>sertraline hcl tab 100 mg</i>	2	
<i>tranylcypromine sulfate tab 10 mg</i>	2	
<i>trazodone hcl tab 50 mg</i>	2	
<i>trazodone hcl tab 100 mg</i>	2	
<i>trazodone hcl tab 150 mg</i>	2	
<i>trazodone hcl tab 300 mg</i>	2	
<i>trimipramine maleate cap 25 mg</i>	3	
<i>trimipramine maleate cap 50 mg</i>	3	
<i>trimipramine maleate cap 100 mg</i>	3	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	3	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	3	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	3	
VENLAFAXINE TAB 112.5MG	3	
<i>vilazodone hcl tab 10 mg</i>	3	
<i>vilazodone hcl tab 20 mg</i>	3	
<i>vilazodone hcl tab 40 mg</i>	3	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	
<i>benztropine mesylate inj 1 mg/ml</i>	3	
<i>benztropine mesylate tab 0.5 mg</i>	2	
<i>benztropine mesylate tab 1 mg</i>	2	
<i>benztropine mesylate tab 2 mg</i>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa tab 25 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	3	
<i>entacapone tab 200 mg</i>	3	
INBRIJA CAP 42MG	5	NM, LA; DL
NEUPRO DIS 1MG/24HR	4	
NEUPRO DIS 2MG/24HR	4	
NEUPRO DIS 3MG/24HR	4	

Drug Name	Drug Tier	Requirements/Limits
NEUPRO DIS 4MG/24HR	4	
NEUPRO DIS 6MG/24HR	4	
NEUPRO DIS 8MG/24HR	4	
NOURIANZ TAB 20MG	5	NM, LA; DL
NOURIANZ TAB 40MG	5	NM, LA; DL
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	
<i>pramipexole dihydrochloride tab 1 mg</i>	2	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	3	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	3	
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
RYTARY CAP 95MG	4	
RYTARY CAP 145MG	4	
RYTARY CAP 195MG	4	
RYTARY CAP 245MG	4	
<i>selegiline hcl cap 5 mg</i>	3	
<i>selegiline hcl tab 5 mg</i>	3	
<i>tolcapone tab 100 mg</i>	5	DL
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl tab 2 mg</i>	2	
<i>trihexyphenidyl hcl tab 5 mg</i>	2	
ANTIPSYCHOTICS		
ABILIFY ASIM INJ 720MG	5	DL
ABILIFY ASIM INJ 960MG	5	DL
ABILIFY MAIN INJ 300MG	5	QL (1 injection / 28 days); DL
ABILIFY MAIN INJ 400MG	5	QL (1 injection / 28 days); DL
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole orally disintegrating tab 10 mg</i>	2	
<i>aripiprazole orally disintegrating tab 15 mg</i>	2	
<i>aripiprazole tab 2 mg</i>	2	
<i>aripiprazole tab 5 mg</i>	2	
<i>aripiprazole tab 10 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole tab 15 mg</i>	2	
<i>aripiprazole tab 20 mg</i>	2	
<i>aripiprazole tab 30 mg</i>	2	
ARISTADA INJ 441MG/1.	5	DL
ARISTADA INJ 662MG/2	5	DL
ARISTADA INJ 882MG/3	5	DL
ARISTADA INJ 1064MG	5	DL
ARISTADA INJ INITIO	5	DL
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	4	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	4	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	4	
CAPLYTA CAP 10.5MG	5	DL
CAPLYTA CAP 21MG	5	DL
CAPLYTA CAP 42MG	5	DL
<i>chlorpromazine hcl inj 50 mg/2ml</i>	3	
<i>chlorpromazine hcl tab 10 mg</i>	3	
<i>chlorpromazine hcl tab 25 mg</i>	3	
<i>chlorpromazine hcl tab 50 mg</i>	3	
<i>chlorpromazine hcl tab 100 mg</i>	3	
<i>chlorpromazine hcl tab 200 mg</i>	3	
<i>clozapine orally disintegrating tab 12.5 mg</i>	3	
<i>clozapine orally disintegrating tab 25 mg</i>	3	
<i>clozapine orally disintegrating tab 100 mg</i>	3	
<i>clozapine orally disintegrating tab 150 mg</i>	3	
<i>clozapine orally disintegrating tab 200 mg</i>	5	DL
<i>clozapine tab 25 mg</i>	2	
<i>clozapine tab 50 mg</i>	2	
<i>clozapine tab 100 mg</i>	2	
<i>clozapine tab 200 mg</i>	2	
FANAPT TAB 1MG	5	DL
FANAPT TAB 2MG	5	DL
FANAPT TAB 4MG	5	DL
FANAPT TAB 6MG	5	DL
FANAPT TAB 8MG	5	DL
FANAPT TAB 10MG	5	DL
FANAPT TAB 12MG	5	DL
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	2	
<i>fluphenazine hcl tab 1 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl tab 2.5 mg</i>	2	
<i>fluphenazine hcl tab 5 mg</i>	2	
<i>fluphenazine hcl tab 10 mg</i>	2	
GEODON INJ 20MG	4	DL
<i>haloperidol decanoate im soln 50 mg/ml</i>	2	
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	2	
<i>haloperidol tab 1 mg</i>	2	
<i>haloperidol tab 2 mg</i>	2	
<i>haloperidol tab 5 mg</i>	2	
<i>haloperidol tab 10 mg</i>	2	
<i>haloperidol tab 20 mg</i>	2	
INVEGA HAFYE INJ 1092MG	5	QL (1 injection / 180 days); DL
INVEGA HAFYE INJ 1560MG	5	QL (1 injection / 180 days); DL
INVEGA SUST INJ 39/0.25	3	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	5	QL (1 injection / 28 days); DL
INVEGA SUST INJ 117/0.75	5	QL (1 injection / 28 days); DL
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days); DL
INVEGA SUST INJ 234/1.5	5	QL (1 injection / 28 days); DL
INVEGA TRINZ INJ 273MG	5	QL (1 syringe / 90 days); DL
INVEGA TRINZ INJ 410MG	5	QL (1 syringe / 90 days); DL
INVEGA TRINZ INJ 546MG	5	QL (1 syringe / 90 days); DL
INVEGA TRINZ INJ 819MG	5	QL (1 syringe / 90 days); DL
<i>loxapine succinate cap 5 mg</i>	2	
<i>loxapine succinate cap 10 mg</i>	2	
<i>loxapine succinate cap 25 mg</i>	2	
<i>loxapine succinate cap 50 mg</i>	2	
<i>lurasidone hcl tab 20 mg</i>	4	
<i>lurasidone hcl tab 40 mg</i>	4	
<i>lurasidone hcl tab 60 mg</i>	4	
<i>lurasidone hcl tab 80 mg</i>	4	
<i>lurasidone hcl tab 120 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
LYBALVI TAB 5-10MG	5	DL
LYBALVI TAB 10-10MG	5	DL
LYBALVI TAB 15-10MG	5	DL
LYBALVI TAB 20-10MG	5	DL
<i>molindone hcl tab 5 mg</i>	4	
<i>molindone hcl tab 10 mg</i>	4	
<i>molindone hcl tab 25 mg</i>	4	
NUPLAZID CAP 34MG	5	NM, LA, PA; DL
NUPLAZID TAB 10MG	5	NM, LA, PA; DL
<i>olanzapine for im inj 10 mg</i>	2	
<i>olanzapine orally disintegrating tab 5 mg</i>	2	
<i>olanzapine orally disintegrating tab 10 mg</i>	2	
<i>olanzapine orally disintegrating tab 15 mg</i>	2	
<i>olanzapine orally disintegrating tab 20 mg</i>	2	
<i>olanzapine tab 2.5 mg</i>	2	
<i>olanzapine tab 5 mg</i>	2	
<i>olanzapine tab 7.5 mg</i>	2	
<i>olanzapine tab 10 mg</i>	2	
<i>olanzapine tab 15 mg</i>	2	
<i>olanzapine tab 20 mg</i>	2	
<i>paliperidone tab er 24hr 1.5 mg</i>	4	
<i>paliperidone tab er 24hr 3 mg</i>	4	
<i>paliperidone tab er 24hr 6 mg</i>	4	
<i>paliperidone tab er 24hr 9 mg</i>	4	
<i>perphenazine tab 2 mg</i>	2	
<i>perphenazine tab 4 mg</i>	2	
<i>perphenazine tab 8 mg</i>	2	
<i>perphenazine tab 16 mg</i>	2	
PERSERIS INJ 90MG	5	DL
PERSERIS INJ 120MG	5	DL
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	
<i>quetiapine fumarate tab 25 mg</i>	2	
<i>quetiapine fumarate tab 50 mg</i>	2	
<i>quetiapine fumarate tab 100 mg</i>	2	
<i>quetiapine fumarate tab 150 mg</i>	2	
<i>quetiapine fumarate tab 200 mg</i>	2	
<i>quetiapine fumarate tab 300 mg</i>	2	
<i>quetiapine fumarate tab 400 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	3	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	3	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	3	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	3	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	3	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	2	
UZEDY INJ 50MG	5	DL
UZEDY INJ 75MG	5	DL
UZEDY INJ 100MG	5	DL
UZEDY INJ 125MG	5	DL
UZEDY INJ 150MG	5	DL
UZEDY INJ 200MG	5	DL
UZEDY INJ 250MG	5	DL
VERSACLOZ SUS 50MG/ML	5	DL
VRAYLAR CAP 1.5MG	5	DL
VRAYLAR CAP 3MG	5	DL
VRAYLAR CAP 4.5MG	5	DL
VRAYLAR CAP 6MG	5	DL
<i>ziprasidone hcl cap 20 mg</i>	2	
<i>ziprasidone hcl cap 40 mg</i>	2	
<i>ziprasidone hcl cap 60 mg</i>	2	
<i>ziprasidone hcl cap 80 mg</i>	2	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	3	
ZYPREXA RELP INJ 210MG	4	NM; DL
ZYPREXA RELP INJ 300MG	5	NM; DL
ZYPREXA RELP INJ 405MG	5	NM; DL
ANTISEIZURE AGENTS		
APTIOM TAB 200MG	5	DL
APTIOM TAB 400MG	5	DL
APTIOM TAB 600MG	5	DL
APTIOM TAB 800MG	5	DL
BRIVIACT INJ 50MG/5ML	5	DL
BRIVIACT SOL 10MG/ML	5	DL
BRIVIACT TAB 10MG	5	DL
BRIVIACT TAB 25MG	5	DL
BRIVIACT TAB 50MG	5	DL
BRIVIACT TAB 75MG	5	DL
BRIVIACT TAB 100MG	5	DL
<i>carbamazepine cap er 12hr 100 mg</i>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
CELONTIN CAP 300MG	3	
<i>clobazam suspension 2.5 mg/ml</i>	4	
<i>clobazam tab 10 mg</i>	4	
<i>clobazam tab 20 mg</i>	4	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	2	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	2	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	2	
<i>clonazepam orally disintegrating tab 1 mg</i>	2	
<i>clonazepam orally disintegrating tab 2 mg</i>	2	
<i>clonazepam tab 0.5 mg</i>	2	
<i>clonazepam tab 1 mg</i>	2	
<i>clonazepam tab 2 mg</i>	2	
<i>clorazepate dipotassium tab 3.75 mg</i>	2	
<i>clorazepate dipotassium tab 7.5 mg</i>	2	
<i>clorazepate dipotassium tab 15 mg</i>	2	
DIACOMIT CAP 250MG	5	NM, LA, PA; DL
DIACOMIT CAP 500MG	5	NM, LA, PA; DL
DIACOMIT PAK 250MG	5	NM, LA, PA; DL
DIACOMIT PAK 500MG	5	NM, LA, PA; DL
DIASTAT ACDL GEL 5-10MG	4	
DIASTAT ACDL GEL 12.5-20	4	
DIASTAT PED GEL 2.5M GEL	4	
<i>diazepam intensol</i>	3	DL
<i>diazepam oral soln 1 mg/ml</i>	2	DL
<i>diazepam rectal gel delivery system 2.5 mg</i>	2	
<i>diazepam rectal gel delivery system 10 mg</i>	2	
<i>diazepam rectal gel delivery system 20 mg</i>	2	
<i>diazepam tab 2 mg</i>	2	
<i>diazepam tab 5 mg</i>	2	
<i>diazepam tab 10 mg</i>	2	
DILANTIN CAP 30MG	4	
DILANTIN CAP 100MG	4	
DILANTIN CHW 50MG	4	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	3	
<i>divalproex sodium tab er 24 hr 500 mg</i>	3	
EPIDIOLEX SOL 100MG/ML	5	NM, LA, PA; DL
<i>epitol</i>	2	
EPRONTIA SOL 25MG/ML	4	
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	2	
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	
FINTEPLA SOL 2.2MG/ML	5	NM, LA; DL
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	2	
FYCOMPA SUS 0.5MG/ML	5	DL
FYCOMPA TAB 2MG	4	QL (30 tabs / 30 days); DL
FYCOMPA TAB 4MG	5	DL
FYCOMPA TAB 6MG	5	DL
FYCOMPA TAB 8MG	5	DL
FYCOMPA TAB 10MG	5	DL
FYCOMPA TAB 12MG	5	DL
<i>gabapentin cap 100 mg</i>	2	
<i>gabapentin cap 300 mg</i>	2	
<i>gabapentin cap 400 mg</i>	2	
<i>gabapentin oral soln 250 mg/5ml</i>	2	
<i>gabapentin tab 600 mg</i>	2	
<i>gabapentin tab 800 mg</i>	2	
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide tab 50 mg</i>	4	
<i>lacosamide tab 100 mg</i>	4	
<i>lacosamide tab 150 mg</i>	4	
<i>lacosamide tab 200 mg</i>	4	
<i>lamotrigine orally disintegrating tab 25 mg</i>	2	
<i>lamotrigine orally disintegrating tab 50 mg</i>	2	
<i>lamotrigine orally disintegrating tab 100 mg</i>	2	
<i>lamotrigine orally disintegrating tab 200 mg</i>	2	
<i>lamotrigine tab 25 mg</i>	2	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	
<i>lamotrigine tab 100 mg</i>	2	
<i>lamotrigine tab 150 mg</i>	2	
<i>lamotrigine tab 200 mg</i>	2	
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	2	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	2	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	2	
<i>lamotrigine tab er 24hr 25 mg</i>	4	
<i>lamotrigine tab er 24hr 50 mg</i>	4	
<i>lamotrigine tab er 24hr 100 mg</i>	4	
<i>lamotrigine tab er 24hr 200 mg</i>	4	
<i>lamotrigine tab er 24hr 250 mg</i>	4	
<i>lamotrigine tab er 24hr 300 mg</i>	4	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	3	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	3	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
<i>levetiracetam tab er 24hr 500 mg</i>	2	
<i>levetiracetam tab er 24hr 750 mg</i>	2	
<i>methsuximide cap 300 mg</i>	3	
NAYZILAM SPR 5MG	4	DL
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab 150 mg</i>	2	
<i>oxcarbazepine tab 300 mg</i>	2	
<i>oxcarbazepine tab 600 mg</i>	2	
<i>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital tab 15 mg</i>	2	
<i>phenobarbital tab 16.2 mg</i>	2	
<i>phenobarbital tab 30 mg</i>	2	
<i>phenobarbital tab 32.4 mg</i>	2	
<i>phenobarbital tab 60 mg</i>	2	
<i>phenobarbital tab 64.8 mg</i>	2	
<i>phenobarbital tab 97.2 mg</i>	2	
<i>phenobarbital tab 100 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin sodium inj 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>pregabalin cap 25 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 50 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 75 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 100 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 150 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 200 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 225 mg</i>	3	QL (60 caps / 30 days)
<i>pregabalin cap 300 mg</i>	3	QL (60 caps / 30 days)
<i>pregabalin soln 20 mg/ml</i>	3	QL (946 mL / 30 days); DL
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 125 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>roweepra</i>	2	
<i>rufinamide susp 40 mg/ml</i>	5	DL
<i>rufinamide tab 200 mg</i>	4	
<i>rufinamide tab 400 mg</i>	5	DL
SPRITAM TAB 250MG	4	
SPRITAM TAB 500MG	4	
SPRITAM TAB 750MG	4	
SPRITAM TAB 1000MG	4	
<i>subvenite</i>	2	
<i>subvenite starter kit/blu</i>	2	
<i>subvenite starter kit/gre</i>	2	
<i>subvenite starter kit/ora</i>	2	
SYMPAZAN MIS 5MG	4	
SYMPAZAN MIS 10MG	5	DL
SYMPAZAN MIS 20MG	5	DL
<i>tiagabine hcl tab 2 mg</i>	3	
<i>tiagabine hcl tab 4 mg</i>	3	
<i>tiagabine hcl tab 12 mg</i>	3	
<i>tiagabine hcl tab 16 mg</i>	3	
<i>topiramate cap er 24hr 25 mg</i>	4	
<i>topiramate cap er 24hr 50 mg</i>	4	
<i>topiramate cap er 24hr 100 mg</i>	4	
<i>topiramate cap er 24hr 200 mg</i>	4	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>valproate sodium inj 100 mg/ml</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
VALTOCO SPR 5MG	4	
VALTOCO SPR 10MG	4	
VALTOCO SPR 15MG	4	
VALTOCO SPR 20MG	4	
<i>vigabatrin powd pack 500 mg</i>	5	NM, LA; DL
<i>vigabatrin tab 500 mg</i>	5	NM, LA; DL
<i>vigadrone</i>	5	NM, LA; DL
<i>vigadrone tab 500mg</i>	5	NM, LA; DL
VIMPAT INJ 200MG/20	4	
VIMPAT SOL 10MG/ML	4	
VIMPAT TAB 50MG	4	
VIMPAT TAB 100MG	4	
VIMPAT TAB 150MG	4	
VIMPAT TAB 200MG	4	
XCOPRI PAK 12.5-25	4	
XCOPRI PAK 50-100MG	5	DL
XCOPRI PAK 100-150	5	DL
XCOPRI PAK 150-200MG (MAINTENANCE)	5	DL
XCOPRI PAK 150-200MG (TITRATION)	5	DL
XCOPRI TAB 50MG	5	DL
XCOPRI TAB 100MG	5	DL
XCOPRI TAB 150MG	5	DL
XCOPRI TAB 200MG	5	DL
ZONISADE SUS 100MG/5	3	
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
ZTALMY SUS 50MG/ML	5	NM, LA, PA; DL
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	3	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	3	
<i>dexmethylphenidate hcl tab 2.5 mg</i>	2	
<i>dexmethylphenidate hcl tab 5 mg</i>	2	
<i>dexmethylphenidate hcl tab 10 mg</i>	2	
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	
<i>dextroamphetamine sulfate tab 5 mg</i>	2	
<i>dextroamphetamine sulfate tab 10 mg</i>	2	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	2	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	2	
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	
<i>methylphenidate hcl tab 5 mg</i>	2	
<i>methylphenidate hcl tab 10 mg</i>	2	
<i>methylphenidate hcl tab 20 mg</i>	2	
HYPNOTICS		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
<i>flurazepam hcl cap 15 mg</i>	2	QL (30 caps / 30 days); DL
<i>flurazepam hcl cap 30 mg</i>	2	QL (30 caps / 30 days); DL
HETLIOZ CAP 20MG	5	NM, LA, PA; DL
<i>ramelteon tab 8 mg</i>	3	QL (30 tabs / 30 days)
<i>tasimelteon capsule 20 mg</i>	5	NM, PA; DL

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

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam cap 7.5 mg</i>	2	QL (30 caps / 30 days); DL
<i>temazepam cap 15 mg</i>	2	QL (30 caps / 30 days); DL
<i>temazepam cap 22.5 mg</i>	2	QL (30 caps / 30 days); DL
<i>temazepam cap 30 mg</i>	2	QL (30 caps / 30 days); DL
<i>zaleplon cap 5 mg</i>	3	QL (30 caps / 30 days); DL
<i>zaleplon cap 10 mg</i>	3	QL (30 caps / 30 days); DL
<i>zolpidem tartrate tab 5 mg</i>	2	QL (30 tabs / 30 days); DL
<i>zolpidem tartrate tab 10 mg</i>	2	QL (30 tabs / 30 days); DL
<i>zolpidem tartrate tab er 6.25 mg</i>	2	QL (30 tabs / 30 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	2	QL (30 tabs / 30 days)

MIGRAINE

AIMOVIG INJ 70MG/ML	3	NM, PA
AIMOVIG INJ 140MG/ML	3	NM, PA
AJOVY INJ 225/1.5	3	NM, PA
<i>almotriptan malate tab 6.25 mg</i>	3	QL (12 tabs / 30 days)
<i>almotriptan malate tab 12.5 mg</i>	3	QL (8 tabs / 30 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	QL (24 ampules / 30 days); DL
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	QL (8 mL / 28 days); DL
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (8 tabs / 30 days)
EMGALITY INJ 100MG/ML	3	NM, PA
EMGALITY INJ 120MG/ML	3	NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (43 tabs / 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QL (18 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QL (9 tabs / 30 days)
NURTEC TAB 75MG ODT	3	QL (16 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan nasal spray 5 mg/act</i>	4	QL (12 units / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	4	QL (12 units / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (8 vials / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (18 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (18 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (9 tabs / 30 days)
UBRELVY TAB 50MG	3	QL (16 tabs / 30 days)
UBRELVY TAB 100MG	3	QL (16 tabs / 30 days)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	4	QL (12 units / 30 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	4	QL (12 units / 30 days)
<i>zolmitriptan odt tab 2.5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan odt tab 5 mg</i>	2	QL (8 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	2	QL (8 tabs / 30 days)

MISCELLANEOUS

AUSTEDO TAB 6MG	5	NM, LA, PA; DL
AUSTEDO TAB 9MG	5	NM, LA, PA; DL
AUSTEDO TAB 12MG	5	NM, LA, PA; DL
AUSTEDO XR TAB 6MG	5	NM, PA; DL
AUSTEDO XR TAB 12MG	5	NM, PA; DL
AUSTEDO XR TAB 24MG	5	NM, PA; DL
AUSTEDO XR TAB TITR KIT	5	NM, PA; DL
ENSPRYNG INJ	5	NM, LA, PA; DL
EVRYSDI SOL	5	QL (240 mL / 30 days), NM, LA, PA; DL
EXSERVAN MIS 50MG	5	NM, LA; DL
FIRDAPSE TAB 10MG	5	NM, LA, PA; DL
INGREZZA CAP 40-80MG	5	NM, LA, PA; DL
INGREZZA CAP 40MG	5	NM, LA, PA; DL
INGREZZA CAP 60MG	5	NM, LA, PA; DL
INGREZZA CAP 80MG	5	NM, LA, PA; DL
<i>lithium carbonate cap 150 mg</i>	2	
<i>lithium carbonate cap 300 mg</i>	2	
<i>lithium carbonate cap 600 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
LITHIUM SOL 8MEQ/5ML	3	
NUEDEXTA CAP 20-10MG	3	PA; DL
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>pyridostigmine bromide tab er 180 mg</i>	3	
<i>riluzole tab 50 mg</i>	4	
TEGSEDI INJ 284/1.5	5	NM, LA, PA; DL
<i>tetrabenazine tab 12.5 mg</i>	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine tab 25 mg</i>	4	NM, PA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG	5	QL (30 tabs / 30 days), NM, LA; DL
AUBAGIO TAB 14MG	5	QL (30 tabs / 30 days), NM, LA; DL
AVONEX PEN KIT 30MCG	5	NM; DL
AVONEX PREFL KIT 30MCG	5	NM; DL
BAFIERTAM CAP 95MG	5	NM, LA; DL
BETASERON INJ 0.3MG	5	NM; DL
<i>dalfampridine tab er 12hr 10 mg</i>	3	QL (60 tabs / 30 days), NM; DL
<i>dimethyl fumarate capsule delayed release 120 mg</i>	5	QL (60 caps / 30 days), NM; DL
<i>dimethyl fumarate capsule delayed release 240 mg</i>	5	QL (60 caps / 30 days), NM; DL
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	NM; DL
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	5	QL (30 caps / 30 days), NM; DL
GILENYA CAP 0.5MG	5	QL (30 caps / 30 days), NM; DL
GILENYA CAP 0.25MG	5	QL (30 caps / 30 days), NM; DL
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	QL (30 syringes / 30 days), NM; DL
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	NM; DL
<i>glatopa</i>	5	NM; DL; (40MG/ML)
<i>glatopa</i>	5	QL (30 mL / 30 days), NM; DL; (20MG/ML)
KESIMPTA INJ 20/.4ML	5	NM, LA; DL
MAYZENT STARTER PACK (7)	4	NM, LA
MAYZENT STARTER PACK (12)	5	NM, LA; DL
MAYZENT TAB 0.25MG	5	NM, LA; DL
MAYZENT TAB 1MG	5	NM, LA; DL
MAYZENT TAB 2MG	5	NM, LA; DL
PLEGRIDY INJ	5	NM, LA; DL
PLEGRIDY INJ PEN	5	NM, LA; DL
REBIF INJ 22/0.5	5	NM; DL
REBIF INJ 44/0.5	5	NM; DL
REBIF REBIDO INJ 22/0.5	5	NM; DL
REBIF REBIDO INJ 44/0.5	5	NM; DL
REBIF REBIDO INJ TITRATN	5	NM; DL
REBIF TITRTN INJ PACK	5	NM; DL

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

Drug Name	Drug Tier	Requirements/Limits
<i>teriflunomide tab 7 mg</i>	5	QL (30 tabs / 30 days), NM; DL
<i>teriflunomide tab 14 mg</i>	5	QL (30 tabs / 30 days), NM; DL
TYSABRI INJ 300/15ML	5	NM, LA; DL
VUMERITY CAP 231MG	5	NM, LA; DL
VUMERITY STARTER	5	LA; DL

MUSCULOSKELETAL THERAPY AGENTS

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

NARCOLEPSY/CATAPLEXY

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

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	3	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2	
<i>buprenorphine hcl-naloxone hcl sl film 2- 0.5 mg (base equiv)</i>	3	QL (90 films / 30 days)

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

ENDOCRINE AND METABOLIC

ANDROGENS

METHITEST TAB 10MG	4	
<i>methyltestosterone cap 10 mg</i>	4	
<i>oxandrolone tab 2.5 mg</i>	2	QL (120 tabs / 30 days)
<i>oxandrolone tab 10 mg</i>	3	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	2	
<i>testosterone td gel 10mg/act (2%)</i>	3	
<i>testosterone td gel 12.5 mg/act (1%)</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	3	
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	3	
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	3	
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	3	
<i>testosterone td gel 50 mg/5gm (1%)</i>	3	
<i>testosterone td soln 30 mg/act</i>	3	

ANTIDIABETICS

<i>acarbose tab 25 mg</i>	2	
<i>acarbose tab 50 mg</i>	2	
<i>acarbose tab 100 mg</i>	2	
BYDUREON BC INJ 2/0.85ML	2	QL (4 pens / 28 days), PA
BYETTA INJ 5MCG	2	QL (1 pen / 30 days), PA
BYETTA INJ 10MCG	2	QL (1 pen / 30 days), PA
FARXIGA TAB 5MG	2	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	2	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	1	QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	1	QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	1	QL (60 tabs / 30 days)
<i>glip/metform tab 2.5-250m</i>	2	QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500m</i>	2	QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	2	QL (120 tabs / 30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
INVOKAMET TAB 50-500MG	4	QL (60 tabs / 30 days)
INVOKAMET TAB 50-1000	4	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	4	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-1000	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	4	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	4	QL (60 tabs / 30 days)
INVOKANA TAB 300MG	4	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	3	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	2	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	2	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (30 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tabs / 30 days)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tabs / 30 days)
<i>miglitol tab 25 mg</i>	2	
<i>miglitol tab 50 mg</i>	2	
<i>miglitol tab 100 mg</i>	2	
MOUNJARO INJ 2.5/0.5	2	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	2	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	2	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	2	QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	2	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	2	QL (4 pens / 28 days), PA
<i>nateglinide tab 60 mg</i>	2	
<i>nateglinide tab 120 mg</i>	2	
OZEMPIC INJ 2MG/3ML	2	QL (1 pen / 28 days), PA
OZEMPIC INJ 4MG/3ML	2	QL (1 pen / 28 days), PA
OZEMPIC INJ 8MG/3ML	2	QL (1 pen / 28 days), PA
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	2	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	2	QL (90 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
repaglinide tab 1 mg	2	
repaglinide tab 2 mg	2	
RYBELSUS TAB 3MG	2	QL (30 tabs / 30 days), PA
RYBELSUS TAB 7MG	2	QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	2	QL (30 tabs / 30 days), PA
SYMLINPEN 60 INJ 1000MCG	4	
SYMLINPEN 120 INJ 1000MCG	4	
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	2	QL (4 pens / 28 days), PA
TRULICITY INJ 1.5/0.5	2	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	2	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	2	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
BASAGLAR INJ 100UNIT	3	
BD SWAB REG PAD SNGL USE	3	
GAUZE PADS & DRESSINGS - PADS 2 X 2	3	
HUMALOG INJ 100/ML	3	
HUMALOG JR INJ 100/ML	3	
HUMALOG KWIK INJ 100/ML	3	
HUMALOG KWIK INJ 200/ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX INJ 50/50	3	
HUMALOG MIX INJ 50/50KWP	3	
HUMALOG MIX INJ 75/25KWP	3	
HUMALOG MIX SUS 75/25	3	
HUMULIN INJ 70/30	3	
HUMULIN INJ 70/30KWP	3	
HUMULIN N INJ U-100	3	
HUMULIN N INJ U-100KWP	3	
HUMULIN R INJ U-100	3	
HUMULIN R INJ U-500	3	
INSULIN LISP INJ 100/ML	3	
INSULIN LISP INJ JUNIOR	3	
INSULIN LISP INJ PROTAMIN	3	
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
ISOPROPYL ALCOHOL 0.7 ML/ML	3	
LANTUS INJ 100/ML	3	
LANTUS SOLOS INJ 100/ML	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXPEN	3	
LYUMJEV INJ 100UT/ML	3	
LYUMJEV KWPN INJ 100UT/ML	3	
LYUMJEV KWPN INJ 200UT/ML	3	
NEEDLES, INSULIN DISP., SAFETY	3	
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / 365 days)
OMNIPOD 5 G6 MIS PODS	4	QL (10 pods / 30 days)
OMNIPOD DASH MIS PODS	4	QL (10 pods / 30 days)
OMNIPOD MIS CLASSIC	4	QL (10 pods / 30 days)
OMNIPOD PDM KIT CLASSIC	4	QL (1 kit / 365 days)
TOUJEO MAX INJ 300IU/ML	3	
TOUJEO SOLO INJ 300IU/ML	3	
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	
V-GO 20 KIT	4	QL (30 devices (1 box) / 30 days)
V-GO 30 KIT	4	QL (30 devices (1 box) / 30 days)
V-GO 40 KIT	4	QL (30 devices (1 box) / 30 days)
XULTOPHY INJ 100/3.6	3	

Drug Name	Drug Tier	Requirements/Limits
CALCIUM REGULATORS		
<i>alendronate sodium oral soln 70 mg/75ml</i>	2	
<i>alendronate sodium tab 10 mg</i>	2	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	
FORTEO INJ 600/2.4	5	QL (2.4 mL / 28 days), NM, PA; DL
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	4	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	
NATPARA INJ 25MCG	5	LA, PA; DL
NATPARA INJ 50MCG	5	LA, PA; DL
NATPARA INJ 75MCG	5	LA, PA; DL
NATPARA INJ 100MCG	5	LA, PA; DL
<i>pamidronate disodium iv soln 3 mg/ml</i>	2	
<i>pamidronate disodium iv soln 9 mg/ml</i>	2	
PROLIA INJ 60MG/ML	4	QL (2 injections / year), NM
<i>risedronate sodium tab 5 mg</i>	2	
<i>risedronate sodium tab 30 mg</i>	2	
<i>risedronate sodium tab 35 mg</i>	2	
<i>risedronate sodium tab 150 mg</i>	2	
<i>risedronate sodium tab delayed release 35 mg</i>	2	
TERIPARATIDE INJ	5	QL (2.48 mL / 28 days), NM, PA; DL
XGEVA INJ	5	NM, PA; DL
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	NM
CHELATING AGENTS		
CHEMET CAP 100MG	5	DL
<i>deferasirox granules packet 90 mg</i>	5	NM; DL
<i>deferasirox granules packet 180 mg</i>	5	NM; DL
<i>deferasirox granules packet 360 mg</i>	5	NM; DL
<i>deferasirox tab 90 mg</i>	4	NM; DL
<i>deferasirox tab 180 mg</i>	5	NM; DL
<i>deferasirox tab 360 mg</i>	5	NM; DL
<i>deferasirox tab for oral susp 125 mg</i>	4	NM
<i>deferasirox tab for oral susp 250 mg</i>	5	NM; DL
<i>deferasirox tab for oral susp 500 mg</i>	5	NM; DL
<i>deferiprone tab 500 mg</i>	5	NM, LA; DL

Drug Name	Drug Tier	Requirements/Limits
<i>deferiprone tab 1000 mg</i>	5	NM, LA; DL
DEPEN TITRA TAB 250MG	5	NM; DL
<i>penicillamine tab 250 mg</i>	5	NM; DL
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps</i>	2	
<i>trientine hcl cap 250 mg</i>	5	NM, PA; DL
VELTASSA POW 8.4GM	3	
VELTASSA POW 16.8GM	3	
VELTASSA POW 25.2GM	3	

CONTRACEPTIVES

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

Drug Name	Drug Tier	Requirements/Limits
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>gemmily</i>	2	
<i>iclevia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>layolis fe</i>	2	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>loryna</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sharobel</i>	2	
SLYND TAB 4MG	3	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>trivora-28</i>	2	
TYBLUME CHW 0.1-0.02	3	
<i>tydemy</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>vyfemla</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
SYNAREL SOL 2MG/ML	3	
ESTROGENS		
<i>amabelz</i>	2	
BIJUVA CAP 1-100MG	3	
<i>dotti</i>	3	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol tab 0.5 mg</i>	3	
<i>estradiol tab 1 mg</i>	3	
<i>estradiol tab 2 mg</i>	3	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	3	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	3	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	3	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	2	
<i>estradiol valerate im in oil 10 mg/ml</i>	3	
<i>estradiol valerate im in oil 20 mg/ml</i>	3	
<i>estropipate tab 1.5 mg</i>	2	
<i>estropipate tab 3 mg</i>	2	
<i>lyllana</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
PREMARIN INJ 25MG	4	
PREMARIN TAB 0.3MG	3	
PREMARIN TAB 0.9MG	3	
PREMARIN TAB 0.45MG	3	
PREMARIN TAB 0.625MG	3	
PREMARIN TAB 1.25MG	3	
PREMARIN VAG CRE 0.625MG	3	
PREMPRO TAB 0.3-1.5	3	
PREMPRO TAB 0.45-1.5	3	
PREMPRO TAB 0.625-2.5	3	
PREMPRO TAB 0.625-5	3	
<i>yuvaferm</i>	2	
GLUCOCORTICOIDS		
DEPO-MEDROL INJ 20MG/ML	3	
DEPO-MEDROL INJ 40MG/ML	3	
DEPO-MEDROL INJ 80MG/ML	3	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	2	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	2	
<i>methylprednisolone tab 4 mg</i>	2	
<i>methylprednisolone tab 8 mg</i>	2	
<i>methylprednisolone tab 16 mg</i>	2	
<i>methylprednisolone tab 32 mg</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	
<i>prednisolone tab 5 mg</i>	4	
PREDNISON CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	2	
<i>prednisone tab 1 mg</i>	2	
<i>prednisone tab 2.5 mg</i>	2	
<i>prednisone tab 5 mg</i>	2	
<i>prednisone tab 10 mg</i>	2	
<i>prednisone tab 20 mg</i>	2	
<i>prednisone tab 50 mg</i>	2	
SOLU-CORTEF INJ 100MG	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-CORTEF INJ 500MG	3	
SOLU-CORTEF INJ 1000MG	3	
SOLU-MEDROL INJ 2GM	3	
SOLU-MEDROL INJ 40MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
SOLU-MEDROL INJ 125MG	3	
SOLU-MEDROL INJ 500MG	3	
SOLU-MEDROL INJ 1000MG	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE POW 3MG/DOSE	3	
<i>diazoxide susp 50 mg/ml</i>	3	
GLUCAGON KIT 1MG	3	
GVOKE HYPO 2 INJ 1MG/.2ML	3	
GVOKE HYPO 2 INJ .5/.1ML	3	
GVOKE PFS INJ	3	
MISCELLANEOUS		
ACTHAR INJ 80UNIT	5	NM, LA, PA; DL
<i>betaine powder for oral solution</i>	4	NM, LA
<i>cabergoline tab 0.5 mg</i>	2	
<i>carglumic acid soluble tab 200 mg</i>	5	NM, LA; DL
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	3	B/D, NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	3	B/D, NM
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	3	B/D, NM
CORTROPHIN GEL 80UNIT	5	NM, LA, PA; DL
CYSTAGON CAP 50MG	3	NM, LA
CYSTAGON CAP 150MG	3	NM, LA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
DOJOLVI LIQ 100%	5	NM, LA; DL
EGRIFTA SV INJ 2MG	5	NM, LA, PA; DL
ENDARI POW 5GM	5	NM, LA; DL
GALAFOLD CAP 123MG	5	NM, LA, PA; DL
HUMATROPE INJ 6MG	5	NM, PA; DL
HUMATROPE INJ 12MG	5	NM, PA; DL
HUMATROPE INJ 24MG	5	NM, PA; DL
INCRELEX INJ 40MG/4ML	5	NM, LA; DL
ISTURISA TAB 1MG	5	NM, LA; DL
ISTURISA TAB 5MG	5	NM, LA; DL
ISTURISA TAB 10MG	5	NM, LA; DL
JYNARQUE PAK 15MG	5	NM, LA, PA; DL
JYNARQUE PAK 30-15MG	5	NM, LA, PA; DL
JYNARQUE PAK 45-15MG	5	NM, LA, PA; DL
JYNARQUE PAK 60-30MG	5	NM, LA, PA; DL
JYNARQUE PAK 90-30MG	5	NM, LA, PA; DL
JYNARQUE TAB 15MG	5	NM, LA, PA; DL
JYNARQUE TAB 30MG	5	NM, LA, PA; DL

Drug Name	Drug Tier	Requirements/Limits
KORLYM TAB 300MG	5	QL (120 tabs / 30 days), NM, LA, PA; DL
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	3	
<i>levocarnitine tab 330 mg</i>	3	
LUPR DEP-PED INJ 7.5MG	5	NM; DL
LUPR DEP-PED INJ 11.25MG	5	NM; DL
LUPR DEP-PED INJ 15MG	5	NM; DL
LUPRON DEPOT INJ PED 6MON	5	NM; DL
<i>miglustat cap 100 mg</i>	5	NM, PA; DL
MYALEPT INJ 11.3MG	5	NM, LA, PA; DL
MYCAPSSA CAP 20MG	5	NM, LA; DL
<i>nitisinone cap 2 mg</i>	5	NM; DL
<i>nitisinone cap 5 mg</i>	5	NM; DL
<i>nitisinone cap 10 mg</i>	5	NM; DL
<i>nitisinone cap 20 mg</i>	5	NM; DL
NORDITROPIN INJ 5/1.5ML	5	NM, PA; DL
NORDITROPIN INJ 10/1.5ML	5	NM, PA; DL
NORDITROPIN INJ 15/1.5ML	5	NM, PA; DL
NORDITROPIN INJ 30/3ML	5	NM, PA; DL
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	NM; DL
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	NM; DL
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	NM; DL
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	NM; DL
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	NM; DL
ORFADIN CAP 20MG	5	NM, LA; DL
ORFADIN SUS 4MG/ML	5	NM, LA; DL
ORIAHNN CAP	5	DL
PROCYSBI GRA 75MG	5	NM, LA; DL
PROCYSBI GRA 300MG	5	NM, LA; DL
<i>raloxifene hcl tab 60 mg</i>	3	
RAVICTI LIQ 1.1GM/ML	5	NM, LA; DL
SANDOSTATIN KIT LAR 10MG	5	NM; DL
SANDOSTATIN KIT LAR 20MG	5	NM; DL
SANDOSTATIN KIT LAR 30MG	5	NM; DL
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	NM, PA; DL
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	NM, PA; DL
<i>sapropterin dihydrochloride tab 100 mg</i>	5	NM, PA; DL
SIGNIFOR INJ 0.3MG/ML	5	NM, LA; DL

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR INJ 0.6MG/ML	5	NM, LA; DL
SIGNIFOR INJ 0.9MG/ML	5	NM, LA; DL
SIGNIFOR LAR INJ 20MG	5	NM, LA; DL
SIGNIFOR LAR INJ 40MG	5	NM, LA; DL
SIGNIFOR LAR INJ 60MG	5	NM, LA; DL
SOMAVERT INJ 10MG	5	NM, LA; DL
SOMAVERT INJ 15MG	5	NM, LA; DL
SOMAVERT INJ 20MG	5	NM, LA; DL
SOMAVERT INJ 25MG	5	NM, LA; DL
SOMAVERT INJ 30MG	5	NM, LA; DL
<i>tolvaptan tab 15 mg</i>	5	NM, PA; DL
<i>tolvaptan tab 30 mg</i>	5	NM, PA; DL
VIJOICE TAB 50MG	5	NM, LA, PA; DL
VIJOICE TAB 125MG	5	NM, LA, PA; DL
VIJOICE TAB 250MG	5	NM, LA, PA; DL
ZORBTIVE INJ 8.8MG	5	NM, PA; DL

PHOSPHATE BINDER AGENTS

AURYXIA TAB 210MG	5	PA; DL
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	3	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	3	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	3	
<i>sevelamer carbonate packet 0.8 gm</i>	3	
<i>sevelamer carbonate packet 2.4 gm</i>	3	
<i>sevelamer carbonate tab 800 mg</i>	3	
<i>sevelamer hcl tab 400 mg</i>	3	
<i>sevelamer hcl tab 800 mg</i>	3	

PROGESTINS

<i>medroxyprogesterone acetate tab 2.5 mg</i>	2	
<i>medroxyprogesterone acetate tab 5 mg</i>	2	
<i>medroxyprogesterone acetate tab 10 mg</i>	2	
<i>megestrol acetate susp 40 mg/ml</i>	2	PA; DL
<i>megestrol acetate susp 625 mg/5ml</i>	4	PA; DL
<i>norethindrone acetate tab 5 mg</i>	2	
<i>progesterone cap 100 mg</i>	2	
<i>progesterone cap 200 mg</i>	2	

THYROID AGENTS

ARMOUR THYRO TAB 15MG	3	
-----------------------	---	--

Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
<i>euthyrox</i>	1	
<i>levothyroxine sodium cap 13 mcg</i>	1	
<i>levothyroxine sodium cap 25 mcg</i>	1	
<i>levothyroxine sodium cap 50 mcg</i>	1	
<i>levothyroxine sodium cap 75 mcg</i>	1	
<i>levothyroxine sodium cap 88 mcg</i>	1	
<i>levothyroxine sodium cap 100 mcg</i>	1	
<i>levothyroxine sodium cap 112 mcg</i>	1	
<i>levothyroxine sodium cap 125 mcg</i>	1	
<i>levothyroxine sodium cap 137 mcg</i>	1	
<i>levothyroxine sodium cap 150 mcg</i>	1	
<i>levothyroxine sodium cap 175 mcg</i>	1	
<i>levothyroxine sodium cap 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl</i>	3	
<i>liothyronine sodium iv soln 10 mcg/ml</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
<i>methimazole tab 5 mg</i>	2	
<i>methimazole tab 10 mg</i>	2	
<i>np thyroid 15</i>	1	
<i>np thyroid 30</i>	1	
<i>np thyroid 60</i>	1	
<i>np thyroid 90</i>	1	
<i>np thyroid 120</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil tab 50 mg</i>	2	
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	
TIROSINT CAP 13MCG	3	
TIROSINT CAP 25MCG	3	
TIROSINT CAP 37.5MCG	3	
TIROSINT CAP 44MCG	3	
TIROSINT CAP 50MCG	3	
TIROSINT CAP 62.5MCG	3	
TIROSINT CAP 75MCG	3	
TIROSINT CAP 88MCG	3	
TIROSINT CAP 100MCG	3	
TIROSINT CAP 112MCG	3	
TIROSINT CAP 125MCG	3	
TIROSINT CAP 137MCG	3	
TIROSINT CAP 150MCG	3	
TIROSINT CAP 175MCG	3	
TIROSINT CAP 200	3	
TIROSINT-SOL SOL 13MCG/ML	3	
TIROSINT-SOL SOL 25MCG/ML	3	
TIROSINT-SOL SOL 37.5/ML	3	
TIROSINT-SOL SOL 44MCG/ML	3	
TIROSINT-SOL SOL 50MCG/ML	3	
TIROSINT-SOL SOL 62.5/ML	3	
TIROSINT-SOL SOL 75MCG/ML	3	
TIROSINT-SOL SOL 88MCG/ML	3	
TIROSINT-SOL SOL 100MCG	3	
TIROSINT-SOL SOL 112MCG	3	
TIROSINT-SOL SOL 125MCG	3	
TIROSINT-SOL SOL 137MCG	3	
TIROSINT-SOL SOL 150MCG	3	
TIROSINT-SOL SOL 175MCG	3	
TIROSINT-SOL SOL 200MCG	3	
<i>unithroid</i>	3	

Drug Name	Drug Tier	Requirements/Limits
VITAMIN D ANALOGS		
<i>calcitriol cap 0.5 mcg</i>	2	
<i>calcitriol cap 0.25 mcg</i>	2	
<i>calcitriol inj 1 mcg/ml</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	2	
<i>doxercalciferol cap 0.5 mcg</i>	4	
<i>doxercalciferol cap 1 mcg</i>	4	
<i>doxercalciferol cap 2.5 mcg</i>	4	
<i>paricalcitol cap 1 mcg</i>	4	
<i>paricalcitol cap 2 mcg</i>	4	
<i>paricalcitol cap 4 mcg</i>	4	
<i>paricalcitol iv soln 2 mcg/ml</i>	4	
RAYALDEE CAP 30MCG	5	DL

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant capsule 40 mg</i>	3	B/D, QL (1 cap / 30 days); DL
<i>aprepitant capsule 80 mg</i>	3	B/D, QL (8 caps / 30 days); DL
<i>aprepitant capsule 125 mg</i>	3	B/D, QL (2 caps / 30 days); DL
<i>aprepitant pak 80 & 125</i>	3	B/D, QL (6 caps / 30 days); DL
<i>compro</i>	2	
<i>dronabinol cap 2.5 mg</i>	3	QL (60 caps / 30 days), PA
<i>dronabinol cap 5 mg</i>	3	QL (60 caps / 30 days), PA
<i>dronabinol cap 10 mg</i>	3	QL (60 caps / 30 days), PA
<i>granisetron hcl tab 1 mg</i>	2	B/D, QL (30 tabs / 30 days); DL
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	2	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	2	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	2	DL
<i>ondansetron hcl oral soln 4 mg/5ml</i>	3	B/D; DL

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl tab 4 mg</i>	2	B/D; DL
<i>ondansetron hcl tab 8 mg</i>	2	B/D; DL
<i>ondansetron tab 4mg odt</i>	2	B/D; DL
<i>ondansetron tab 8mg odt</i>	2	B/D; DL
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	2	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>promethazine hcl inj 25 mg/ml</i>	2	
<i>promethazine hcl inj 50 mg/ml</i>	2	
<i>promethazine hcl suppos 12.5 mg</i>	2	DL
<i>promethazine hcl suppos 25 mg</i>	2	DL
<i>promethazine hcl syrup 6.25 mg/5ml</i>	2	DL
<i>promethazine hcl tab 12.5 mg</i>	2	DL
<i>promethazine hcl tab 25 mg</i>	2	DL
<i>promethazine hcl tab 50 mg</i>	2	DL
<i>promethegan</i>	2	DL
SANCUSO DIS 3.1MG	4	DL
<i>scopolamine td patch 72hr 1 mg/3days</i>	3	QL (10 patches / 30 days)
VARUBI TAB 90MG	4	B/D, QL (4 tabs / 30 days), NM; DL

ANTISPASMODICS

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

H2-RECEPTOR ANTAGONISTS

<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine preservative free inj 20 mg/2ml</i>	2	
<i>famotidine tab 20 mg</i>	2	
<i>famotidine tab 40 mg</i>	2	
<i>nizatidine cap 150 mg</i>	2	
<i>nizatidine cap 300 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	4	
<i>budesonide tab er 24hr 9 mg</i>	5	QL (30 tabs / 30 days); DL
<i>hydrocortisone enema 100 mg/60ml</i>	3	
<i>mesalamine cap dr 400 mg</i>	4	
<i>mesalamine cap er 24hr 0.375 gm</i>	3	
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine suppos 1000 mg</i>	4	
<i>mesalamine tab delayed release 1.2 gm</i>	4	
<i>mesalamine tab delayed release 800 mg</i>	4	
<i>sulfasalazin tab 500mg dr</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
LAXATIVES		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>peg-3350/electrolytes/asc</i>	2	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
MISCELLANEOUS		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	5	DL
<i>alose tron hcl tab 1 mg (base equiv)</i>	5	DL
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	4	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
GATTEX KIT 5MG	5	NM, LA, PA; DL
HELIDAC MIS THERAPY	4	
LINZESS CAP 72MCG	4	QL (30 caps / 30 days)
LINZESS CAP 145MCG	4	QL (30 caps / 30 days)
LINZESS CAP 290MCG	4	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>lubiprostone cap 8 mcg</i>	3	QL (60 caps / 30 days)
<i>lubiprostone cap 24 mcg</i>	3	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOVANTIK TAB 12.5MG	3	
MOVANTIK TAB 25MG	3	
RELISTOR INJ 8/0.4ML	5	DL
RELISTOR INJ 12/0.6ML	5	DL
SUCRAID SOL 8500/ML	5	NM, LA; DL
<i>sucralfate susp 1 gm/10ml</i>	3	
<i>sucralfate tab 1 gm</i>	2	
SYMPROIC TAB 0.2MG	3	
TALICIA CAP	4	
<i>ursodiol cap 300 mg</i>	3	
<i>ursodiol tab 250 mg</i>	3	
<i>ursodiol tab 500 mg</i>	3	
VOWST CAP	5	QL (12 caps / 30 days), NM, LA, PA; DL
XERMELO TAB 250MG	5	QL (90 tabs / 30 days), NM, LA, PA; DL
XIFAXAN TAB 550MG	5	PA; DL
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole cap delayed release 30 mg</i>	3	QL (30 caps / 30 days)
<i>dexlansoprazole cap delayed release 60 mg</i>	3	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	2	QL (60 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	2	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (60 caps / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (60 tabs / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole sodium ec tab 20 mg</i>	2	QL (60 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

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

MISCELLANEOUS

<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
<i>flavoxate hcl tab 100 mg</i>	2	
<i>potassium citrate tab er 5 meq (540 mg)</i>	3	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	3	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	3	
<i>tiopronin tab 100 mg</i>	5	NM; DL

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	3	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	4	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	4	
GEMTESA TAB 75MG	4	
MYRBETRIQ TAB 25MG	3	
MYRBETRIQ TAB 50MG	3	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	2	
<i>oxybutynin chloride tab 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	
<i>solifenacin succinate tab 5 mg</i>	3	
<i>solifenacin succinate tab 10 mg</i>	3	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	3	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	3	
<i>tolterodine tartrate tab 1 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate tab 2 mg</i>	2	
<i>trosipium chloride cap er 24hr 60 mg</i>	3	
<i>trosipium chloride tab 20 mg</i>	2	

VAGINAL ANTI-INFECTIVES

CLEOCIN SUP 100MG	4	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	
VANDAZOLE GEL 0.75%	3	

HEMATOLOGIC

ANTICOAGULANTS

<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	5	DL
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	4	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	4	
ELIQUIS ST P TAB 5MG	3	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	4	DL
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	4	DL
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	DL
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	DL
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	DL
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	DL

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 2500/0.2	4	DL
FRAGMIN INJ 5000/0.2	4	DL
FRAGMIN INJ 7500/0.3	5	DL
FRAGMIN INJ 10000/ML	5	DL
FRAGMIN INJ 12500UNT	5	DL
FRAGMIN INJ 15000UNT	5	DL
FRAGMIN INJ 18000UNT	5	DL
FRAGMIN INJ 95000UNT	5	DL
HEP SOD/D5W INJ 25000UNT	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	3	
<i>jantoven</i>	2	
PRADAXA CAP 75MG	4	
PRADAXA CAP 110MG	4	
PRADAXA CAP 150MG	4	
<i>warfarin sodium tab 1 mg</i>	2	
<i>warfarin sodium tab 2 mg</i>	2	
<i>warfarin sodium tab 2.5 mg</i>	2	
<i>warfarin sodium tab 3 mg</i>	2	
<i>warfarin sodium tab 4 mg</i>	2	
<i>warfarin sodium tab 5 mg</i>	2	
<i>warfarin sodium tab 6 mg</i>	2	
<i>warfarin sodium tab 7.5 mg</i>	2	
<i>warfarin sodium tab 10 mg</i>	2	
XARELTO STAR TAB 15/20MG	3	
XARELTO SUS 1MG/ML	3	
XARELTO TAB 2.5MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX INJ 300/0.5	5	NM; DL
GRANIX INJ 300/1ML	5	NM; DL
GRANIX INJ 480/0.8	5	NM; DL
GRANIX INJ 480/1.6	5	NM; DL
MOZOBIL INJ	5	NM, LA; DL
NIVESTYM INJ 300/0.5	5	NM; DL
NIVESTYM INJ 300MCG	5	NM; DL
NIVESTYM INJ 480/0.8	5	NM; DL
NIVESTYM INJ 480MCG	5	NM; DL
PROCRIT INJ 2000/ML	3	B/D, NM
PROCRIT INJ 3000/ML	3	B/D, NM

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

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 4000/ML	3	B/D, NM
PROCRIT INJ 10000/ML	3	B/D, NM
PROCRIT INJ 20000/ML	5	B/D, NM; DL
PROCRIT INJ 40000/ML	5	B/D, QL (8 vials / 30 days), NM; DL
UDENYCA INJ 6MG/0.6	5	NM; DL
UDENYCA INJ 6MG/.6ML	5	NM; DL

MISCELLANEOUS

<i>aminocaproic acid tab 500 mg</i>	3	DL
<i>aminocaproic acid tab 1000 mg</i>	3	DL
<i>anagrelide hcl cap 0.5 mg</i>	4	
<i>anagrelide hcl cap 1 mg</i>	4	
CABLIVI KIT 11MG	5	NM, LA; DL
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
CINRYZE SOL 500 UNIT	5	NM, LA, PA; DL
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	NM, PA; DL
MULPLETA TAB 3MG	5	NM, PA; DL
ORLADEYO CAP 110MG	5	NM, LA, PA; DL
ORLADEYO CAP 150MG	5	NM, LA, PA; DL
OXBRYTA TAB 300MG	5	NM, LA; DL
OXBRYTA TAB 500MG	5	NM, LA; DL
<i>pentoxifylline tab er 400 mg</i>	2	
PROMACTA PAK 25MG	5	NM, LA, PA; DL
PROMACTA POW 12.5MG	5	NM, LA, PA; DL
PROMACTA TAB 12.5MG	5	NM, LA, PA; DL
PROMACTA TAB 25MG	5	NM, LA, PA; DL
PROMACTA TAB 50MG	5	NM, LA, PA; DL
PROMACTA TAB 75MG	5	NM, LA, PA; DL
RUCONEST INJ 2100UNIT	5	NM, LA, PA; DL
TAKHZYRO INJ 150MG/ML	5	NM, LA, PA; DL
TAKHZYRO INJ 300/2ML	5	NM, LA, PA; DL
TAVNEOS CAP 10MG	5	NM, LA; DL
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	2	
<i>tranexamic acid tab 650 mg</i>	3	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	3	
BRILINTA TAB 60MG	3	

Drug Name	Drug Tier	Requirements/Limits
BRILINTA TAB 90MG	3	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	2	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	3	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	3	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

DUPIXENT INJ 100/0.67	5	NM, PA; DL
DUPIXENT INJ 200/1.14	5	NM, PA; DL
DUPIXENT INJ 200MG	5	NM, PA; DL
DUPIXENT INJ 300/2ML	5	NM, PA; DL
ENBREL INJ 25/0.5ML	5	NM, PA; DL
ENBREL INJ 25MG	5	NM, PA; DL
ENBREL INJ 50MG/ML	5	NM, PA; DL
ENBREL MINI INJ 50MG/ML	5	NM, PA; DL
ENBREL SRCLK INJ 50MG/ML	5	NM, PA; DL
HUMIRA INJ 10/0.1ML	5	NM, PA; DL
HUMIRA INJ 20/0.2ML	5	NM, PA; DL
HUMIRA INJ 40/0.4ML	5	NM, PA; DL
HUMIRA KIT 40MG/0.8	5	NM, PA; DL
HUMIRA PEDIA INJ CROHNS	5	NM, PA; DL
HUMIRA PEN INJ 40/0.4ML	5	NM, PA; DL
HUMIRA PEN INJ 40MG/0.8	5	NM, PA; DL
HUMIRA PEN INJ 80/0.8ML	5	NM, PA; DL
HUMIRA PEN INJ CD/UC/HS	5	NM, PA; DL
HUMIRA PEN INJ PS/UV	5	NM, PA; DL
HUMIRA PEN KIT CD/UC/HS	5	NM, PA; DL
HUMIRA PEN KIT PED UC	5	NM, PA; DL
HUMIRA PEN KIT PS/UV	5	NM, PA; DL
KINERET INJ	5	NM, PA; DL
OTEZLA TAB 10/20/30	5	NM, PA; DL
OTEZLA TAB 30MG	5	NM, PA; DL
RINVOQ TAB 15MG ER	5	NM, PA; DL
RINVOQ TAB 30MG ER	5	NM, PA; DL
RINVOQ TAB 45MG ER	5	NM, PA; DL
SKYRIZI INJ 150DOSE	5	NM, PA; DL
SKYRIZI INJ 150MG/ML	5	NM, PA; DL
SKYRIZI INJ 180/1.2	5	NM, PA; DL
SKYRIZI INJ 360/2.4	5	NM, PA; DL
SKYRIZI PEN INJ 150MG/ML	5	NM, PA; DL
STELARA INJ 45MG/0.5	5	NM, LA, PA; DL; (vials)
STELARA INJ 45MG/0.5	5	NM, PA; DL; (syringes)

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

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 90MG/ML	5	NM, PA; DL
TALTZ INJ 80MG/ML	5	NM, LA, PA; DL
XELJANZ SOL 1MG/ML	5	NM, PA; DL
XELJANZ TAB 5MG	5	NM, PA; DL
XELJANZ TAB 10MG	5	NM, PA; DL
XELJANZ XR TAB 11MG	5	NM, PA; DL
XELJANZ XR TAB 22MG	5	NM, PA; DL

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tab 200 mg</i>	3	
<i>leflunomide tab 10 mg</i>	3	
<i>leflunomide tab 20 mg</i>	3	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
RIDAURA CAP 3MG	3	DL
XATMEP SOL 2.5MG/ML	4	DL

IMMUNOGLOBULINS

BIVIGAM INJ 10%	5	NM, LA, PA; DL
FLEBOGAMMA INJ 5GM/50ML	5	NM, PA; DL
GAMASTAN INJ	4	NM, LA, PA
GAMMAGARD INJ 2.5GM/25	5	NM, PA; DL
GAMMAGARD INJ 5GM/50ML	5	NM, PA; DL
GAMMAGARD INJ 10GM/100	5	NM, PA; DL
GAMMAGARD INJ 20GM/200	5	NM, PA; DL
GAMMAGARD INJ 30GM/300	5	NM, PA; DL
GAMMAGARD SD INJ 5GM HU	5	NM, PA; DL
GAMMAGARD SD INJ 10GM HU	5	NM, PA; DL
GAMMAKED INJ 1GM/10ML	5	NM, PA; DL
GAMMAKED INJ 5GM/50ML	5	NM, PA; DL
GAMMAKED INJ 10GM/100	5	NM, PA; DL
GAMMAKED INJ 20GM/200	5	NM, PA; DL
GAMMAPLEX INJ 5%	5	NM, LA, PA; DL
GAMMAPLEX INJ 10%	5	NM, LA, PA; DL
GAMUNEX-C INJ 1GM/10ML	5	NM, PA; DL
GAMUNEX-C INJ 5GM/50ML	5	NM, PA; DL
GAMUNEX-C INJ 10GM/100	5	NM, PA; DL
GAMUNEX-C INJ 20GM/200	5	NM, PA; DL
GAMUNEX-C INJ 40/400ML	5	NM, PA; DL
OCTAGAM INJ 1GM	5	NM, PA; DL
OCTAGAM INJ 2GM/20ML	5	NM, PA; DL
PANZYGA SOL 1GM/10ML	5	NM, PA; DL
PANZYGA SOL 2.5/25ML	5	NM, PA; DL
PANZYGA SOL 5GM/50ML	5	NM, PA; DL
PANZYGA SOL 10/100ML	5	NM, PA; DL
PANZYGA SOL 20/200ML	5	NM, PA; DL

Drug Name	Drug Tier	Requirements/Limits
PANZYGA SOL 30/300ML	5	NM, PA; DL
PRIVIGEN INJ 20GRAMS	5	NM, PA; DL
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	5	NM, LA, PA; DL
ARCALYST INJ 220MG	5	NM, LA, PA; DL
BEYFORTUS INJ 50/0.5ML	5	DL
BEYFORTUS INJ 100MG/ML	5	DL
GRASTEK SUB 2800BAU	4	PA; DL
INTRON A INJ 10MU	3	NM, LA; DL
INTRON A INJ 18MU	3	NM, LA; DL
INTRON A INJ 25MU	5	NM; DL
INTRON A INJ 50MU	5	NM, LA; DL
ODACTRA SUB	4	PA; DL
SYNAGIS INJ 100MG/ML	5	NM; DL
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	4	B/D, NM
ASTAGRAF XL CAP 1MG	4	B/D, NM
ASTAGRAF XL CAP 5MG	4	B/D, NM
ATGAM INJ 250MG	5	DL
AZATHIOPRINE INJ 100MG	3	B/D
<i>azathioprine tab 50 mg</i>	2	B/D
<i>azathioprine tab 75 mg</i>	2	B/D
<i>azathioprine tab 100 mg</i>	2	B/D
BENLYSTA INJ 120MG	5	NM, LA, PA; DL
BENLYSTA INJ 200MG/ML	5	QL (4 auto-injectors / 28 days), NM, LA, PA; DL
BENLYSTA INJ 200MG/ML	5	QL (4 syringes / 28 days), NM, LA, PA; DL
BENLYSTA INJ 400MG	5	NM, LA, PA; DL
<i>cyclosporine cap 25 mg</i>	3	B/D, NM
<i>cyclosporine cap 100 mg</i>	3	B/D, NM
<i>cyclosporine iv soln 50 mg/ml</i>	2	B/D, NM
<i>cyclosporine modified cap 25 mg</i>	2	B/D, NM
<i>cyclosporine modified cap 50 mg</i>	2	B/D, NM
<i>cyclosporine modified cap 100 mg</i>	2	B/D, NM
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	B/D, NM
ENVARUSUS XR TAB 0.75MG	4	B/D, NM
ENVARUSUS XR TAB 1MG	4	B/D, NM
ENVARUSUS XR TAB 4MG	4	B/D, NM
<i>everolimus tab 0.5 mg</i>	5	B/D, NM; DL
<i>everolimus tab 0.25 mg</i>	4	B/D, QL (60 tabs / 30 days), NM; DL
<i>everolimus tab 0.75 mg</i>	5	B/D, NM; DL
<i>everolimus tab 1 mg</i>	5	B/D, NM; DL

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

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf</i>	2	B/D, NM
LUPKYNIS CAP 7.9MG	5	QL (180 caps / 30 days), NM, LA, PA; DL
<i>mycophenolate mofetil cap 250 mg</i>	2	B/D, NM
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	B/D, NM
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	3	B/D, NM
<i>mycophenolate mofetil tab 500 mg</i>	2	B/D, NM
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	3	B/D, NM
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	3	B/D, NM
NULOJIX INJ 250MG	5	B/D, NM; DL
PROGRAF GRA 0.2MG	4	B/D, NM
PROGRAF GRA 1MG	4	B/D, NM
PROGRAF INJ 5MG/ML	4	B/D, NM
REZUROCK TAB 200MG	5	NM, LA, PA; DL
SIMULECT INJ 10MG	4	B/D
SIMULECT INJ 20MG	4	B/D
<i>sirolimus oral soln 1 mg/ml</i>	4	B/D, NM
<i>sirolimus tab 0.5 mg</i>	3	B/D, NM
<i>sirolimus tab 1 mg</i>	3	B/D, NM
<i>sirolimus tab 2 mg</i>	3	B/D, NM
<i>tacrolimus cap 0.5 mg</i>	2	B/D, NM
<i>tacrolimus cap 1 mg</i>	2	B/D, NM
<i>tacrolimus cap 5 mg</i>	2	B/D, NM
THYMOGLOBULN INJ 25MG	3	B/D

VACCINES

ABRYSVO INJ	3	
ACTHIB INJ	3	
ADACEL INJ	3	
AREXVY INJ 120MCG	3	
BCG VACCINE INJ 50MG	4	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	
ENGERIX-B INJ 10/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ	4	
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
HEPLISAV-B INJ 20/0.5ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
HIBERIX SOL 10MCG	3	
IMOVAX RABIE INJ 2.5/ML	3	
INFANRIX INJ	3	
IPOL INJ INACTIVE	4	
IXIARO INJ	4	
JYNNEOS INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
MENVEO SOL	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB INJ	4	
PENTACEL INJ	3	
PREHEVBRIO SUS 10MCG/ML	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	4	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	DL
RECOMBIVA HB INJ 5MCG/0.5	3	B/D
RECOMBIVA HB INJ 10MCG/ML	3	B/D
RECOMBIVA-HB INJ 40MCG/ML	3	B/D
ROTARIX SUS	4	
ROTATEQ SOL	4	
SHINGRIX INJ 50/0.5ML	3	QL (2 injections in lifetime)
TDVAX INJ 2-2 LF	3	
TENIVAC INJ 5-2LF	3	
TICOVAC INJ	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI INJ	4	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	3	
YF-VAX INJ	4	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D10W/NACL INJ 0.2%	3	
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	3	
<i>dextrose 5% in lactated ringers</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3	
ISOLYTE-P INJ /D5W	4	DL
ISOLYTE-S INJ PH 7.4	4	DL
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	3	
KCL/D5W/LACT INJ 20MEQ/L	3	
<i>lactated ringer's solution</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>mult electro inj ph 5.5</i>	4	DL
PLASMA-LYTE INJ -148	4	DL
PLASMA-LYTE INJ -A	4	DL
POT CHLORIDE INJ 10MEQ	3	
POT CHLORIDE INJ 20MEQ	3	
POT CHLORIDE INJ 40MEQ	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>potassium chloride inj 2 meq/ml</i>	2	
<i>ringer's solution</i>	3	
<i>sodium chloride iv soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%</i>	3	
<i>sodium chloride iv soln 3%</i>	3	
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>effervescent pot chloride</i>	2	
<i>klor-con</i>	2	
<i>klor-con 8</i>	3	
<i>klor-con 10</i>	3	
<i>klor-con m10</i>	2	

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

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

IV NUTRITION

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

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

ANTI-INFECTIVES

AZASITE SOL 1%	4	
----------------	---	--

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin ophth oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	2	
CILOXAN OIN 0.3% OP	4	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
<i>levofloxacin ophth soln 0.5%</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	2	
NATACYN SUS 5% OP	4	
<i>neomycin-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 0.3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
<i>sulfacetamide sodium ophth oint 10%</i>	2	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>tobramycin ophth soln 0.3%</i>	2	
TOBEX OIN 0.3% OP	4	
<i>trifluridine ophth soln 1%</i>	2	
ZIRGAN GEL 0.15%	4	
ANTI-INFLAMMATORIES		
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	3	
EYSUVIS DRO 0.25%	4	
<i>fluorometholone ophth susp 0.1%</i>	3	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
FML FORTE SUS 0.25% OP	4	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
LOTEMAX OIN 0.5%	3	
LOTEMAX SM GEL 0.38%	4	
<i>loteprednol etabonate ophth gel 0.5%</i>	3	
<i>loteprednol etabonate ophth susp 0.5%</i>	3	
NEVANAC SUS 0.1% OP	4	
PRED MILD SUS 0.12% OP	4	
PRED SOD PHO SOL 1% OP	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate ophth susp 1%</i>	3	
PROLENSA SOL 0.07%	4	
ANTIALLERGICS		
<i>azelastine hcl ophth soln 0.05%</i>	2	
<i>bepotastine besilate ophth soln 1.5%</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	
<i>epinastine hcl ophth soln 0.05%</i>	2	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	2	
ZERVIAE DRO 0.24%	3	
ANTIGLAUCOMA		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETOPTIC-S SUS 0.25% OP	4	
<i>bimatoprost ophth soln 0.03%</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
<i>brimonidine tartrate ophth soln 0.15%</i>	3	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>brinzolamide ophth susp 1%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	2	
IOPIDINE SOL 1% OP	4	
<i>latanoprost ophth soln 0.005%</i>	2	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01%	3	
<i>pilocarpine hcl ophth soln 1%</i>	3	
<i>pilocarpine hcl ophth soln 2%</i>	3	
<i>pilocarpine hcl ophth soln 4%</i>	3	
RHOPRESSA SOL 0.02%	3	
ROCKLATAN DRO	3	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5%</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	2	
<i>timolol maleate preservative free ophth soln 0.5%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate preservative free ophth soln 0.25%</i>	2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	
VYZULTA SOL 0.024%	4	

MISCELLANEOUS

<i>atropine sulfate ophth soln 1%</i>	3	
<i>cyclosporine (ophth) emulsion 0.05%</i>	3	
CYSTADROPS SOL 0.37%	5	NM, LA, PA; DL
CYSTARAN SOL 0.44%	5	NM, LA, PA; DL
EYLEA INJ 2/0.05ML	5	NM, LA; DL
LUCENTIS SOL 0.3MG	5	NM, LA; DL
LUCENTIS SOL 0.5MG	5	NM, LA; DL
OXERVATE SOL 20MCG/ML	5	NM, LA; DL
RESTASIS EMU 0.05% OP	3	
RESTASIS MUL EMU 0.05% OP	3	
XIIDRA DRO 5%	3	

OTIC

OTIC AGENTS

<i>acetic acid otic soln 2%</i>	3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

ANTICHOLINERGICS

ATROVENT HFA AER 17MCG	3	
INCRUSE ELPT INH 62.5MCG	3	
<i>ipratropium bromide inhal soln 0.02%</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	
YUPELRI SOL	4	B/D

ANTI-HISTAMINES

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

BETA AGONISTS

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg</i>	2	
<i>albuterol sulfate tab 4 mg</i>	2	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	4	B/D; DL
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	4	B/D; DL
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	2	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	2	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	3	
SEREVENT DIS AER 50MCG	3	
<i>terbutaline sulfate inj 1 mg/ml</i>	2	
<i>terbutaline sulfate tab 2.5 mg</i>	2	
<i>terbutaline sulfate tab 5 mg</i>	2	
VENTOLIN HFA AER	3	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	
<i>montelukast sodium tab 10 mg (base equiv)</i>	2	
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	2	B/D; DL
<i>acetylcysteine inhal soln 20%</i>	2	B/D; DL
ARALAST NP INJ 1000MG	5	NM, LA, PA; DL
BRONCHITOL CAP 40MG	4	NM, LA, PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	B/D
DALIRESP TAB 250MCG	4	DL
DALIRESP TAB 500MCG	4	DL
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	3	QL (4 pens / 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	3	QL (4 pens / 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	3	QL (4 pens / 30 days)
ESBRIET CAP 267MG	5	NM, LA, PA; DL
ESBRIET TAB 267MG	5	NM, LA, PA; DL
ESBRIET TAB 801MG	5	NM, LA, PA; DL
FASENRA INJ 30MG/ML	5	NM, LA, PA; DL
FASENRA PEN INJ 30MG/ML	5	NM, LA, PA; DL
GLASSIA INJ	5	NM, LA, PA; DL
KALYDECO GRA 13.4MG	5	NM, LA, PA; DL
KALYDECO PAK 25MG	5	NM, LA, PA; DL
KALYDECO PAK 50MG	5	NM, LA, PA; DL
KALYDECO PAK 75MG	5	NM, LA, PA; DL
KALYDECO TAB 150MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
OFEV CAP 100MG	5	NM, LA, PA; DL

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

Drug Name	Drug Tier	Requirements/Limits
OFEV CAP 150MG	5	NM, LA, PA; DL
ORKAMBI GRA 75-94MG	5	NM, LA, PA; DL
ORKAMBI GRA 100-125	5	NM, LA, PA; DL
ORKAMBI GRA 150-188	5	NM, LA, PA; DL
ORKAMBI TAB 100-125	5	NM, LA, PA; DL
ORKAMBI TAB 200-125	5	NM, LA, PA; DL
<i>pirfenidone cap 267 mg</i>	5	NM, PA; DL
<i>pirfenidone tab 267 mg</i>	5	NM, PA; DL
<i>pirfenidone tab 534 mg</i>	5	NM, PA; DL
<i>pirfenidone tab 801 mg</i>	5	NM, PA; DL
PROLASTIN-C INJ 1000MG	5	NM, LA, PA; DL
PULMOZYME SOL 1MG/ML	5	B/D, NM; DL
<i>roflumilast tab 250 mcg</i>	4	DL
<i>roflumilast tab 500 mcg</i>	4	DL
SYMDEKO TAB 50-75MG	5	QL (60 tabs / 30 days), NM, LA, PA; DL
THEO-24 CAP 100MG CR	4	
THEO-24 CAP 200MG CR	4	
<i>theophylline tab er 12hr 300 mg</i>	3	
<i>theophylline tab er 12hr 450 mg</i>	3	
<i>theophylline tab er 24hr 400 mg</i>	2	
<i>theophylline tab er 24hr 600 mg</i>	2	
TRIKAFTA TAB	5	QL (84 tabs / 28 days), NM, LA, PA; DL
XOLAIR INJ 75/0.5	5	NM, LA, PA; DL
XOLAIR INJ 150MG/ML	5	NM, LA, PA; DL
XOLAIR SOL 150MG	5	NM, LA, PA; DL
ZEMAIRA INJ 1000MG	5	NM, LA, PA; DL
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	
<i>mometasone furoate nasal susp 50 mcg/act</i>	2	
XHANCE MIS 93MCG	3	
STEROID INHALANTS		
ARNUITY ELPT INH 50MCG	3	
ARNUITY ELPT INH 100MCG	3	
ARNUITY ELPT INH 200MCG	3	
<i>budesonide inhalation susp 0.5 mg/2ml</i>	3	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	3	B/D
<i>budesonide inhalation susp 1 mg/2ml</i>	3	B/D
<i>fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)</i>	3	
<i>fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)</i>	3	
PULMICORT INH 90MCG	4	
PULMICORT INH 180MCG	4	

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	4	
ADVAIR HFA AER 115/21	4	
ADVAIR HFA AER 230/21	4	
BREO ELLIPTA INH 100-25	3	
BREO ELLIPTA INH 200-25	3	
DULERA AER 50-5MCG	4	
DULERA AER 100-5MCG	4	
DULERA AER 200-5MCG	4	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	
<i>wixela inhub</i>	2	

TOPICAL

DERMATOLOGY, ACNE

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

DERMATOLOGY, ANTIBIOTICS

ALTABAX OIN 1%	4	
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>mupirocin calcium cream 2%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin oint 2%</i>	2	
<i>silver sulfadiazine cream 1%</i>	3	
<i>ssd</i>	3	
SULFAMYLON CRE 85MG/GM	3	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2	
<i>ciclopirox shampoo 1%</i>	3	
<i>ciclopirox solution 8%</i>	2	DL
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole soln 1%</i>	2	QL (90 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (90 gm / 30 days)
<i>ketoconazole cream 2%</i>	2	
<i>luliconazole cream 1%</i>	2	
<i>nyamyc</i>	2	
<i>nystatin cream 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	3	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	3	
<i>nystop</i>	2	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	3	
<i>acitretin cap 17.5 mg</i>	3	
<i>acitretin cap 25 mg</i>	3	
<i>calcipotriene cream 0.005%</i>	4	
<i>calcipotriene foam 0.005%</i>	4	
<i>calcipotriene oint 0.005%</i>	4	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	4	
<i>calcitriol oint 3 mcg/gm</i>	3	
<i>methoxsalen rapid cap 10 mg</i>	5	DL
<i>tazarotene cream 0.1%</i>	4	
<i>tazarotene gel 0.1%</i>	4	
<i>tazarotene gel 0.05%</i>	4	

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole shampoo 2%</i>	2	
<i>selenium sulfide lotion 2.5%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	2	
<i>alclometasone dipropionate oint 0.05%</i>	2	
<i>amcinonide lotion 0.1%</i>	3	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	3	
<i>betamethasone dipropionate augmented oint 0.05%</i>	3	
<i>betamethasone dipropionate cream 0.05%</i>	2	
<i>betamethasone dipropionate lotion 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	4	
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	4	
<i>clobetasol propionate cream 0.05%</i>	4	QL (120 gm / 30 days)
<i>clobetasol propionate e</i>	4	QL (120 gm / 30 days)
<i>clobetasol propionate emulsion foam 0.05%</i>	4	QL (100 gm / 30 days)
<i>clobetasol propionate foam 0.05%</i>	4	QL (100 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	4	QL (120 gm / 30 days)
<i>clobetasol propionate lotion 0.05%</i>	4	QL (120 mL / 30 days)
<i>clobetasol propionate oint 0.05%</i>	4	QL (120 gm / 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	4	QL (120 mL / 30 days)
<i>clobetasol propionate soln 0.05%</i>	4	QL (100 mL / 30 days)
<i>clobetasol propionate spray 0.05%</i>	4	QL (120 mL / 30 days)
<i>clocortolone pivalate cream 0.1%</i>	2	
<i>desonide cream 0.05%</i>	4	QL (90 gm / 30 days)
<i>desonide lotion 0.05%</i>	4	QL (120 mL / 30 days)
<i>desonide oint 0.05%</i>	4	QL (90 gm / 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	2	
<i>fluocinolone acetonide cream 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide sc</i>	3	QL (120 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide soln 0.01%</i>	3	QL (120 mL / 30 days)
<i>fluocinonide cream 0.05%</i>	2	
<i>fluocinonide emulsified base cream 0.05%</i>	2	
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide oint 0.05%</i>	2	
<i>fluocinonide soln 0.05%</i>	3	QL (120 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	3	QL (120 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	3	QL (120 gm / 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	3	
<i>hydrocortisone butyrate oint 0.1%</i>	3	
<i>hydrocortisone butyrate soln 0.1%</i>	3	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	
<i>hydrocortisone valerate cream 0.2%</i>	3	
<i>hydrocortisone valerate oint 0.2%</i>	3	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate solution 0.1% (lotion)</i>	2	
<i>tovet</i>	4	QL (100 gm / 30 days)
<i>triamcinolone acetonide cream 0.1%</i>	2	
<i>triamcinolone acetonide cream 0.5%</i>	2	
<i>triamcinolone acetonide cream 0.025%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	2	
<i>triamcinolone acetonide oint 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.025%</i>	2	
<i>triderm</i>	2	
VERDESO AER 0.05%	5	QL (100 gm / 30 days); DL

DERMATOLOGY, LOCAL ANESTHETICS

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

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir oint 5%</i>	3	
<i>azelaic acid gel 15%</i>	2	
<i>bexarotene gel 1%</i>	5	NM, PA; DL
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	2	QL (500 gm / 30 days)
<i>diclofenac sodium soln 1.5%</i>	3	QL (300 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EUCRISA OIN 2%	4	
FLUOROPLEX CRE 1%	5	DL
<i>fluorouracil cream 0.5%</i>	5	DL
<i>fluorouracil cream 5%</i>	3	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	
HYFTOR GEL 0.2%	5	NM, LA; DL
<i>imiquimod cream 5%</i>	3	
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
PANRETIN GEL 0.1%	5	DL
<i>penciclovir cream 1%</i>	4	DL
<i>pimecrolimus cream 1%</i>	3	
<i>podofilox soln 0.5%</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
QBREXZA PAD 2.4%	4	QL (30 pledgets / 30 days)
RECTIV OIN 0.4%	4	
<i>tacrolimus oint 0.1%</i>	3	
<i>tacrolimus oint 0.03%</i>	3	
TARGRETIN GEL 1%	5	NM, PA; DL
VALCHLOR GEL 0.016%	5	NM, LA, PA; DL
ZYCLARA PUMP CRE 2.5%	5	DL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotion 0.5%</i>	2	
<i>permethrin cream 5%</i>	2	
<i>spinosad susp 0.9%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
<i>lactated ringer's for irrigation</i>	3	
REGANEX GEL 0.01%	5	QL (30 gm / 30 days); DL
<i>ringer's solution for irrigation</i>	3	
SANTYL OIN 250/GM	3	
<i>sodium chloride irrigation soln 0.9%</i>	3	
<i>water for irrigation, sterile irrigation soln</i>	3	
MOUTH/THROAT/DENTAL AGENTS		
ARESTIN MIS 1MG	4	NM
<i>cevimeline hcl cap 30 mg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate soln 0.12%</i>	2	
<i>clotrimazole troche 10 mg</i>	2	
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<i>sf 5000 plus</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	

Index

A	
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	8
<i>abacavir sulfate tab 300 mg (base equiv)</i>	8
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	9
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	9
ABELCET INJ 5MG/ML	7
ABILIFY ASIM INJ 720MG	47
ABILIFY ASIM INJ 960MG	47
ABILIFY MAIN INJ 300MG	47
ABILIFY MAIN INJ 400MG	47
<i>abiraterone acetate tab 250 mg</i>	18
<i>abiraterone acetate tab 500 mg</i>	18
ABRAXANE INJ 100MG	20
ABRYSVO INJ.....	91
<i>acamprosate calcium tab delayed release 333 mg</i>	62
<i>acarbose tab 100 mg</i>	64
<i>acarbose tab 25 mg</i>	64
<i>acarbose tab 50 mg</i>	64
<i>accutane</i>	101
<i>acebutolol hcl cap 200 mg</i>	34
<i>acebutolol hcl cap 400 mg</i>	34
<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 cap er 12hr 500 mg</i> ...	37
<i>acetazolamide tab 125 mg</i>	37
<i>acetazolamide tab 250 mg</i>	37
<i>acetic acid otic soln 2%</i>	97
<i>acetylcysteine inhal soln 10%</i>	99
<i>acetylcysteine inhal soln 20%</i>	99
<i>acitretin cap 10 mg</i>	102
<i>acitretin cap 17.5 mg</i>	102
<i>acitretin cap 25 mg</i>	102
ACTHAR INJ 80UNIT	75
ACTHIB INJ	91
ACTIMMUNE INJ 2MU/0.5	90
<i>acyclovir cap 200 mg</i>	11
<i>acyclovir oint 5%</i>	104
<i>acyclovir sodium iv soln 50 mg/ml</i>	11
<i>acyclovir susp 200 mg/5ml</i>	11
<i>acyclovir tab 400 mg</i>	11
<i>acyclovir tab 800 mg</i>	11
ADACEL INJ.....	91
<i>adefovir dipivoxil tab 10 mg</i>	11
ADEMPAS TAB 0.5MG	40
ADEMPAS TAB 1.5MG	40
ADEMPAS TAB 1MG	40
ADEMPAS TAB 2.5MG	40
ADEMPAS TAB 2MG	40
ADRENALIN INJ 1MG/ML	38
ADVAIR HFA AER 115/21	101
ADVAIR HFA AER 230/21	101
ADVAIR HFA AER 45/21	101
AFINITOR DIS TAB 2MG.....	21
AFINITOR DIS TAB 3MG.....	21
AFINITOR DIS TAB 5MG.....	21
AIMOVIG INJ 140MG/ML	59
AIMOVIG INJ 70MG/ML	59
AJOVY INJ 225/1.5	59
<i>ala-cort</i>	103
<i>albendazole tab 200 mg</i>	4
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	98
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	98
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	98
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	98
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	98
<i>albuterol sulfate syrup 2 mg/5ml</i>	98
<i>albuterol sulfate tab 2 mg</i>	98
<i>albuterol sulfate tab 4 mg</i>	98
<i>alclometasone dipropionate cream 0.05%</i>	103
<i>alclometasone dipropionate oint 0.05%</i>	103
ALECENSA CAP 150MG	21

<i>alendronate sodium oral soln 70 mg/75ml</i>	68	<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	31
<i>alendronate sodium tab 10 mg</i>	68	<i>amiodarone hcl tab 100 mg</i>	31
<i>alendronate sodium tab 35 mg</i>	68	<i>amiodarone hcl tab 200 mg</i>	31
<i>alendronate sodium tab 70 mg</i>	68	<i>amiodarone hcl tab 400 mg</i>	31
<i>alfuzosin hcl tab er 24hr 10 mg</i>	84	<i>amitriptyline hcl tab 10 mg</i>	42
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	38	<i>amitriptyline hcl tab 100 mg</i>	42
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	38	<i>amitriptyline hcl tab 150 mg</i>	42
<i>allopurinol tab 100 mg</i>	1	<i>amitriptyline hcl tab 25 mg</i>	42
<i>allopurinol tab 300 mg</i>	1	<i>amitriptyline hcl tab 50 mg</i>	42
<i>almotriptan malate tab 12.5 mg</i>	59	<i>amitriptyline hcl tab 75 mg</i>	42
<i>almotriptan malate tab 6.25 mg</i>	59	<i>amlodipine besylate tab 10 mg (base equivalent)</i>	36
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	82	<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	36
<i>alose tron hcl tab 1 mg (base equiv)</i> ..	82	<i>amlodipine besylate tab 5 mg (base equivalent)</i>	36
ALPRAZOLAM CON 1 MG/ML	40	<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	27
<i>alprazolam tab 0.25 mg</i>	41	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	27
<i>alprazolam tab 0.5 mg</i>	40	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	27
<i>alprazolam tab 1 mg</i>	41	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	27
<i>alprazolam tab 2 mg</i>	41	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	27
ALTABAX OIN 1%	101	<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	27
<i>altavera</i>	69	<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	29
ALUNBRIG PAK	21	<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	29
ALUNBRIG TAB 180MG	21	<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	29
ALUNBRIG TAB 30MG	21	<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	29
ALUNBRIG TAB 90MG	21	<i>amlodipine besylate-valsartan tab 10-160 mg</i>	30
<i>alyacen 1/35</i>	69	<i>amlodipine besylate-valsartan tab 10-320 mg</i>	30
<i>alyq</i>	40	<i>amlodipine besylate-valsartan tab 5-160 mg</i>	29
<i>amabelz</i>	72	<i>amlodipine besylate-valsartan tab 5-320 mg</i>	30
<i>amantadine hcl cap 100 mg</i>	46	<i>amoxapine tab 100 mg</i>	42
<i>amantadine hcl soln 50 mg/5ml</i>	46	<i>amoxapine tab 150 mg</i>	42
<i>amantadine hcl tab 100 mg</i>	46		
<i>ambrisentan tab 10 mg</i>	40		
<i>ambrisentan tab 5 mg</i>	40		
<i>amcinonide lotion 0.1%</i>	103		
<i>amethia</i>	69		
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	4		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	4		
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	37		
<i>amiloride hcl tab 5 mg</i>	37		
<i>aminocaproic acid tab 1000 mg</i>	87		
<i>aminocaproic acid tab 500 mg</i>	87		

<i>amoxapine tab 25 mg</i>	42	<i>amphetamine-dextroamphetamine tab</i>	
<i>amoxapine tab 50 mg</i>	42	<i>20 mg</i>	58
<i>amoxicil cap & clarithro tab & lansopraz</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>cap dr 500 & 500 & 30mg</i>	82	<i>30 mg</i>	58
<i>amoxicillin & k clavulanate chew tab</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>200-28.5 mg</i>	14	<i>5 mg</i>	57
<i>amoxicillin & k clavulanate chew tab</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>400-57 mg</i>	14	<i>7.5 mg</i>	57
<i>amoxicillin & k clavulanate for susp</i>		<i>amphotericin b for iv soln 50 mg</i>	7
<i>200-28.5 mg/5ml</i>	14	<i>ampicillin & sulbactam sodium for inj</i>	
<i>amoxicillin & k clavulanate for susp</i>		<i>1.5 (1-0.5) gm</i>	15
<i>250-62.5 mg/5ml</i>	14	<i>ampicillin & sulbactam sodium for inj 3</i>	
<i>amoxicillin & k clavulanate for susp</i>		<i>(2-1) gm</i>	15
<i>400-57 mg/5ml</i>	14	<i>ampicillin & sulbactam sodium for iv</i>	
<i>amoxicillin & k clavulanate for susp</i>		<i>soln 15 (10-5) gm</i>	15
<i>600-42.9 mg/5ml</i>	14	<i>ampicillin cap 250 mg</i>	15
<i>amoxicillin & k clavulanate tab 250-125</i>		<i>ampicillin cap 500 mg</i>	15
<i>mg</i>	14	<i>ampicillin for susp 250 mg/5ml</i>	15
<i>amoxicillin & k clavulanate tab 500-125</i>		<i>ampicillin sodium for inj 1 gm</i>	15
<i>mg</i>	14	<i>ampicillin sodium for inj 125 mg</i>	15
<i>amoxicillin & k clavulanate tab 875-125</i>		<i>ampicillin sodium for inj 2 gm</i>	15
<i>mg</i>	14	<i>ampicillin sodium for iv soln 10 gm</i>	15
<i>amoxicillin & k clavulanate tab er 12hr</i>		<i>anagrelide hcl cap 0.5 mg</i>	87
<i>1000-62.5 mg</i>	14	<i>anagrelide hcl cap 1 mg</i>	87
<i>amoxicillin (trihydrate) cap 250 mg</i> ..	14	<i>anastrozole tab 1 mg</i>	18
<i>amoxicillin (trihydrate) cap 500 mg</i> ..	14	<i>ANORO ELLIPT AER 62.5-25</i>	97
<i>amoxicillin (trihydrate) chew tab 125</i>		<i>apraclonidine hcl ophth soln 0.5%</i>	
<i>mg</i>	14	<i>(base equivalent)</i>	96
<i>amoxicillin (trihydrate) chew tab 250</i>		<i>aprepitant capsule 125 mg</i>	80
<i>mg</i>	14	<i>aprepitant capsule 40 mg</i>	80
<i>amoxicillin (trihydrate) for susp 125</i>		<i>aprepitant capsule 80 mg</i>	80
<i>mg/5ml</i>	15	<i>aprepitant pak 80 & 125</i>	80
<i>amoxicillin (trihydrate) for susp 200</i>		<i>apri</i>	69
<i>mg/5ml</i>	15	<i>APTIOM TAB 200MG</i>	52
<i>amoxicillin (trihydrate) for susp 250</i>		<i>APTIOM TAB 400MG</i>	52
<i>mg/5ml</i>	15	<i>APTIOM TAB 600MG</i>	52
<i>amoxicillin (trihydrate) for susp 400</i>		<i>APTIOM TAB 800MG</i>	52
<i>mg/5ml</i>	15	<i>APTIVUS CAP 250MG</i>	8
<i>amoxicillin (trihydrate) tab 500 mg</i> ..	15	<i>ARALAST NP INJ 1000MG</i>	99
<i>amoxicillin (trihydrate) tab 875 mg</i> ..	15	<i>aranelle</i>	69
<i>amphetamine-dextroamphetamine tab</i>		<i>ARCALYST INJ 220MG</i>	90
<i>10 mg</i>	57	<i>ARESTIN MIS 1MG</i>	105
<i>amphetamine-dextroamphetamine tab</i>		<i>AREXVY INJ 120MCG</i>	91
<i>12.5 mg</i>	58	<i>arformoterol tartrate soln nebu 15</i>	
<i>amphetamine-dextroamphetamine tab</i>		<i>mcg/2ml (base equiv)</i>	98
<i>15 mg</i>	58	<i>argatroban inj 250 mg/2.5ml</i>	
		<i>(concentrate for iv infusion)</i>	85

<i>aripiprazole oral solution 1 mg/ml</i>	47	<i>atazanavir sulfate cap 150 mg (base equiv)</i>	8
<i>aripiprazole orally disintegrating tab 10 mg</i>	47	<i>atazanavir sulfate cap 200 mg (base equiv)</i>	8
<i>aripiprazole orally disintegrating tab 15 mg</i>	47	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	8
<i>aripiprazole tab 10 mg</i>	47	<i>atenolol & chlorthalidone tab 100-25 mg</i>	34
<i>aripiprazole tab 15 mg</i>	48	<i>atenolol & chlorthalidone tab 50-25 mg</i>	34
<i>aripiprazole tab 2 mg</i>	47	<i>atenolol tab 100 mg</i>	34
<i>aripiprazole tab 20 mg</i>	48	<i>atenolol tab 25 mg</i>	34
<i>aripiprazole tab 30 mg</i>	48	<i>atenolol tab 50 mg</i>	34
<i>aripiprazole tab 5 mg</i>	47	ATGAM INJ 250MG	90
ARISTADA INJ 1064MG	48	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	58
ARISTADA INJ 441MG/1.....	48	<i>atomoxetine hcl cap 100 mg (base equiv)</i>	58
ARISTADA INJ 662MG/2.....	48	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	58
ARISTADA INJ 882MG/3.....	48	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	58
ARISTADA INJ INITIO	48	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	58
<i>armodafinil tab 150 mg</i>	62	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	58
<i>armodafinil tab 200 mg</i>	62	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	58
<i>armodafinil tab 250 mg</i>	62	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	32
<i>armodafinil tab 50 mg</i>	62	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	33
ARMOUR THYRO TAB 120MG	78	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	33
ARMOUR THYRO TAB 15MG	77	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	33
ARMOUR THYRO TAB 180MG	78	<i>atovaquone susp 750 mg/5ml</i>	4
ARMOUR THYRO TAB 240MG	78	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	7
ARMOUR THYRO TAB 300MG	78	<i>atropine sulfate ophth soln 1%</i>	97
ARMOUR THYRO TAB 30MG	78	ATROVENT HFA AER 17MCG	97
ARMOUR THYRO TAB 60MG	78	AUBAGIO TAB 14MG.....	61
ARMOUR THYRO TAB 90MG	78	AUBAGIO TAB 7MG.....	61
ARNUITY ELPT INH 100MCG	100	<i>abra eq</i>	69
ARNUITY ELPT INH 200MCG	100	AURYXIA TAB 210MG.....	77
ARNUITY ELPT INH 50MCG	100	AUSTEDO TAB 12MG	60
ARRANON INJ 5MG/ML.....	17	AUSTEDO TAB 6MG	60
ARZERRA CON 100/5ML	21		
<i>ascomp/codeine</i>	2		
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	48		
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	48		
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	48		
<i>ashlyna</i>	69		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	87		
ASTAGRAF XL CAP 0.5MG.....	90		
ASTAGRAF XL CAP 1MG	90		
ASTAGRAF XL CAP 5MG	90		

AUSTEDO TAB 9MG	60	BALVERSA TAB 5MG	21
AUSTEDO XR TAB 12MG.....	60	<i>balziva</i>	69
AUSTEDO XR TAB 24MG.....	60	BAQSIMI ONE POW 3MG/DOSE	75
AUSTEDO XR TAB 6MG	60	BASAGLAR INJ 100UNIT.....	66
AUSTEDO XR TAB TITR KIT	60	BCG VACCINE INJ 50MG	91
AUVELITY TAB 45-105MG	42	BD SWAB REG PAD SNGL USE	66
AVASTIN INJ.....	21	BELEODAQ INJ 500MG.....	21
AVASTIN INJ 400/16ML.....	21	<i>benazepril & hydrochlorothiazide tab</i>	
<i>aviane</i>	69	10-12.5 mg	27
AVONEX PEN KIT 30MCG.....	61	<i>benazepril & hydrochlorothiazide tab</i>	
AVONEX PREFL KIT 30MCG.....	61	20-12.5 mg	27
AYVAKIT TAB 100MG	21	<i>benazepril & hydrochlorothiazide tab</i>	
AYVAKIT TAB 200MG	21	20-25 mg	28
AYVAKIT TAB 25MG.....	21	<i>benazepril & hydrochlorothiazide tab 5-</i>	
AYVAKIT TAB 300MG	21	6.25 mg	27
AYVAKIT TAB 50MG.....	21	<i>benazepril hcl tab 10 mg</i>	28
<i>azacitidine for inj 100 mg</i>	17	<i>benazepril hcl tab 20 mg</i>	28
AZASITE SOL 1%	94	<i>benazepril hcl tab 40 mg</i>	28
AZATHIOPRINE INJ 100MG.....	90	<i>benazepril hcl tab 5 mg</i>	28
<i>azathioprine tab 100 mg</i>	90	<i>bendamustine hcl for iv soln 100 mg</i> 16	
<i>azathioprine tab 50 mg</i>	90	<i>bendamustine hcl for iv soln 25 mg</i> ..16	
<i>azathioprine tab 75 mg</i>	90	BENLYSTA INJ 120MG.....	90
<i>azelaic acid gel 15%</i>	104	BENLYSTA INJ 200MG/ML.....	90
<i>azelastine hcl ophth soln 0.05%</i>	96	BENLYSTA INJ 400MG.....	90
<i>azelastine hcl-fluticasone prop nasal</i>		<i>benzoyl peroxide-erythromycin gel 5-</i>	
<i>spray 137-50 mcg/act</i>	98	3%	101
<i>azelastine spr 0.1%</i>	98	<i>benztropine mesylate inj 1 mg/ml</i>	46
<i>azithromycin for susp 100 mg/5ml</i> ...13		<i>benztropine mesylate tab 0.5 mg</i>	46
<i>azithromycin for susp 200 mg/5ml</i> ...13		<i>benztropine mesylate tab 1 mg</i>	46
<i>azithromycin iv for soln 500 mg</i>	13	<i>benztropine mesylate tab 2 mg</i>	46
<i>azithromycin tab 250 mg</i>	13	<i>bepotastine besilate ophth soln 1.5%</i> 96	
<i>azithromycin tab 500 mg</i>	13	BESREMI SOL 500MCG	20
<i>azithromycin tab 600 mg</i>	13	<i>betaine powder for oral solution</i>	75
<i>aztreonam for inj 1 gm</i>	4	<i>betamethasone dipropionate</i>	
B		<i>augmented cream 0.05%</i>	103
<i>baciim</i>	4	<i>betamethasone dipropionate</i>	
<i>bacitracin ophth oint 500 unit/gm</i>	95	<i>augmented gel 0.05%</i>	103
<i>bacitracin-polymyxin b ophth oint</i>	95	<i>betamethasone dipropionate</i>	
<i>bacitracin-polymyxin-neomycin-hc</i>		<i>augmented lotion 0.05%</i>	103
<i>ophth oint 1%</i>	94	<i>betamethasone dipropionate</i>	
<i>baclofen tab 10 mg</i>	62	<i>augmented oint 0.05%</i>	103
<i>baclofen tab 20 mg</i>	62	<i>betamethasone dipropionate cream</i>	
BAFIERTAM CAP 95MG	61	0.05%	103
BALCOLTRA TAB 0.1-20	69	<i>betamethasone dipropionate lotion</i>	
<i>balsalazide disodium cap 750 mg</i>	82	0.05%	103
BALVERSA TAB 3MG	21	<i>betamethasone dipropionate oint</i>	
BALVERSA TAB 4MG	21	0.05%	103

<i>betamethasone valerate cream 0.1%</i> (base equivalent)	103	BOSULIF TAB 500MG	21
<i>betamethasone valerate lotion 0.1%</i> (base equivalent)	103	BRAFTOVI CAP 75MG	21
<i>betamethasone valerate oint 0.1%</i> (base equivalent)	103	BREO ELLIPTA INH 100-25	101
BETASERON INJ 0.3MG	61	BREO ELLIPTA INH 200-25	101
<i>betaxolol hcl ophth soln 0.5%</i>	96	BREZTRI AERO AER SPHERE	97
<i>betaxolol hcl tab 10 mg</i>	34	<i>briellyn</i>	69
<i>betaxolol hcl tab 20 mg</i>	34	BRILINTA TAB 60MG	87
<i>bethanechol chloride tab 10 mg</i>	84	BRILINTA TAB 90MG	88
<i>bethanechol chloride tab 25 mg</i>	84	<i>brimonidine tartrate ophth soln 0.15%</i>	96
<i>bethanechol chloride tab 5 mg</i>	84	<i>brimonidine tartrate ophth soln 0.2%</i>	96
<i>bethanechol chloride tab 50 mg</i>	84	<i>brimonidine tartrate-timolol maleate</i> <i>ophth soln 0.2-0.5%</i>	96
BETOPTIC-S SUS 0.25% OP	96	<i>brinzolamide ophth susp 1%</i>	96
BEVESPI AER 9-4.8MCG	97	BRIVIACT INJ 50MG/5ML	52
<i>bexarotene cap 75 mg</i>	20	BRIVIACT SOL 10MG/ML	52
<i>bexarotene gel 1%</i>	104	BRIVIACT TAB 100MG	52
BXSERO INJ	91	BRIVIACT TAB 10MG	52
BEYFORTUS INJ 100MG/ML	90	BRIVIACT TAB 25MG	52
BEYFORTUS INJ 50/0.5ML	90	BRIVIACT TAB 50MG	52
<i>bicalutamide tab 50 mg</i>	18	BRIVIACT TAB 75MG	52
BICILLIN C-R INJ 1200000	15	<i>bromfenac sodium ophth soln 0.09%</i> (base equiv) (once-daily)	95
BICILLIN C-R INJ 900/300	15	<i>bromocriptine mesylate tab 2.5 mg</i> (base equivalent)	46
BICILLIN L-A INJ 1200000	15	BRONCHITOL CAP 40MG	99
BICILLIN L-A INJ 2400000	15	BRUKINSA CAP 80MG	21
BICILLIN L-A INJ 600000	15	<i>budesonide delayed release particles</i> <i>cap 3 mg</i>	82
BICNU INJ 100MG	16	<i>budesonide inhalation susp 0.25</i> <i>mg/2ml</i>	100
BIJUVA CAP 1-100MG	72	<i>budesonide inhalation susp 0.5 mg/2ml</i>	100
BIKTARVY TAB	9	<i>budesonide inhalation susp 1 mg/2ml</i>	100
<i>bimatoprost ophth soln 0.03%</i>	96	<i>budesonide tab er 24hr 9 mg</i>	82
<i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i>	34	<i>bumetanide tab 0.5 mg</i>	37
<i>bisoprolol & hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i>	34	<i>bumetanide tab 1 mg</i>	37
<i>bisoprolol & hydrochlorothiazide tab 5-</i> <i>6.25 mg</i>	34	<i>bumetanide tab 2 mg</i>	37
<i>bisoprolol fumarate tab 10 mg</i>	34	<i>buprenorphine hcl inj 0.3 mg/ml (base</i> <i>equiv)</i>	3
<i>bisoprolol fumarate tab 5 mg</i>	34	<i>buprenorphine hcl sl tab 2 mg (base</i> <i>equiv)</i>	62
BIVIGAM INJ 10%	89	<i>buprenorphine hcl sl tab 8 mg (base</i> <i>equiv)</i>	62
<i>bleomycin sulfate for inj 15 unit</i>	17	<i>buprenorphine hcl-naloxone hcl sl film</i> <i>12-3 mg (base equiv)</i>	63
<i>bleomycin sulfate for inj 30 unit</i>	17		
<i>blisovi 24 fe</i>	69		
<i>blisovi fe 1.5/30</i>	69		
BOOSTRIX INJ	91		
BOSULIF TAB 100MG	21		
BOSULIF TAB 400MG	21		

<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	62	<i>butorphanol tartrate inj 1 mg/ml</i>	3
<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)	63	<i>butorphanol tartrate inj 2 mg/ml</i>	3
<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)	63	<i>butorphanol tartrate nasal soln 10</i> mg/ml	3
<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv)	63	BYDUREON BC INJ 2/0.85ML	64
<i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv)	63	BYETTA INJ 10MCG	64
<i>buprenorphine td patch weekly 10</i> mcg/hr	2	BYETTA INJ 5MCG	64
<i>buprenorphine td patch weekly 15</i> mcg/hr	2	C	
<i>buprenorphine td patch weekly 20</i> mcg/hr	2	<i>cabergoline tab 0.5 mg</i>	75
<i>buprenorphine td patch weekly 5</i> mcg/hr	2	CABLIVI KIT 11MG	87
<i>buprenorphine td patch weekly 7.5</i> mcg/hr	2	CABOMETYX TAB 20MG	21
<i>bupropion hcl (smoking deterrent) tab</i> er 12hr 150 mg	63	CABOMETYX TAB 40MG	21
<i>bupropion hcl tab 100 mg</i>	42	CABOMETYX TAB 60MG	21
<i>bupropion hcl tab 75 mg</i>	42	<i>calcipotriene cream 0.005%</i>	102
<i>bupropion hcl tab er 12hr 100 mg</i> ...	42	<i>calcipotriene foam 0.005%</i>	102
<i>bupropion hcl tab er 12hr 150 mg</i> ...	42	<i>calcipotriene oint 0.005%</i>	102
<i>bupropion hcl tab er 12hr 200 mg</i> ...	42	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	102
<i>bupropion hcl tab er 24hr 150 mg</i> ...	42	<i>calcipotriene-betamethasone</i> <i>dipropionate oint 0.005-0.064%</i> ..	103
<i>bupropion hcl tab er 24hr 300 mg</i> ...	42	<i>calcipotriene-betamethasone</i> <i>dipropionate susp 0.005-0.064%</i> ..	103
<i>bupirone hcl tab 10 mg</i>	41	<i>calcitonin (salmon) nasal soln 200</i> unit/act	68
<i>bupirone hcl tab 15 mg</i>	41	<i>calcitriol cap 0.25 mcg</i>	80
<i>bupirone hcl tab 30 mg</i>	41	<i>calcitriol cap 0.5 mcg</i>	80
<i>bupirone hcl tab 5 mg</i>	41	<i>calcitriol inj 1 mcg/ml</i>	80
<i>bupirone hcl tab 7.5 mg</i>	41	<i>calcitriol oint 3 mcg/gm</i>	102
<i>busulfan inj 6 mg/ml</i>	16	<i>calcitriol oral soln 1 mcg/ml</i>	80
<i>butalbital-acetaminophen tab 50-325</i> mg	1	<i>calcium acetate (phosphate binder) cap</i> 667 mg (169 mg ca)	77
<i>butalbital-acetaminophen-caff w/ cod</i> cap 50-325-40-30 mg	3	<i>calcium acetate (phosphate binder) tab</i> 667 mg	77
<i>butalbital-acetaminophen-caffeine cap</i> 50-300-40 mg	1	CALQUENCE CAP 100MG	21
<i>butalbital-acetaminophen-caffeine cap</i> 50-325-40 mg	1	CALQUENCE TAB 100MG	21
<i>butalbital-acetaminophen-caffeine tab</i> 50-325-40 mg	1	<i>camila</i>	69
<i>butalbital-aspirin-caffeine cap 50-325-</i> 40 mg	1	<i>camrese lo</i>	69
		<i>candesartan cilexetil tab 16 mg</i>	31
		<i>candesartan cilexetil tab 32 mg</i>	31
		<i>candesartan cilexetil tab 4 mg</i>	31
		<i>candesartan cilexetil tab 8 mg</i>	31
		<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	30
		<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	30

<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 32-25 mg</i>	.30
CAPASTAT SUL INJ 1GM	.....10
CAPLYTA CAP 10.5MG	.....48
CAPLYTA CAP 21MG	.....48
CAPLYTA CAP 42MG	.....48
CAPRELSA TAB 100MG	.....21
CAPRELSA TAB 300MG	.....21
<i>captopril tab 100 mg</i>	.....28
<i>captopril tab 12.5 mg</i>	.....28
<i>captopril tab 25 mg</i>	.....28
<i>captopril tab 50 mg</i>	.....28
<i>carbamazepine cap er 12hr 100 mg</i>	..52
<i>carbamazepine cap er 12hr 200 mg</i>	..52
<i>carbamazepine cap er 12hr 300 mg</i>	..52
<i>carbamazepine chew tab 100 mg</i>	....52
<i>carbamazepine susp 100 mg/5ml</i>	....52
<i>carbamazepine tab 200 mg</i>	.....52
<i>carbamazepine tab er 12hr 100 mg</i>	..52
<i>carbamazepine tab er 12hr 200 mg</i>	..52
<i>carbamazepine tab er 12hr 400 mg</i>	..52
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 10-100 mg</i>	.....46
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 25-100 mg</i>	.....46
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 25-250 mg</i>	.....46
<i>carbidopa & levodopa tab 10-100 mg</i>	46
<i>carbidopa & levodopa tab 25-100 mg</i>	46
<i>carbidopa & levodopa tab 25-250 mg</i>	46
<i>carbidopa & levodopa tab er 25-100</i>	
<i>mg</i>	.....46
<i>carbidopa & levodopa tab er 50-200</i>	
<i>mg</i>	.....46
<i>carbidopa tab 25 mg</i>	.....46
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>12.5-50-200 mg</i>	.....46
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>18.75-75-200 mg</i>	.....46
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>25-100-200 mg</i>	.....46
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>31.25-125-200 mg</i>	.....46
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>37.5-150-200 mg</i>	.....46
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>50-200-200 mg</i>	.....46
<i>carboplatin iv soln 150 mg/15ml</i>	.....16
<i>carboplatin iv soln 450 mg/45ml</i>	.....17
<i>carboplatin iv soln 50 mg/5ml</i>	.....16
<i>carboplatin iv soln 600 mg/60ml</i>	.....17
<i>carglumic acid soluble tab 200 mg</i>	....75
<i>carteolol hcl ophth soln 1%</i>	.....96
<i>cartia xt</i>	.....36
<i>carvedilol phosphate cap er 24hr 10</i>	
<i>mg</i>	.....34
<i>carvedilol phosphate cap er 24hr 20</i>	
<i>mg</i>	.....34
<i>carvedilol phosphate cap er 24hr 40</i>	
<i>mg</i>	.....34
<i>carvedilol phosphate cap er 24hr 80</i>	
<i>mg</i>	.....34
<i>carvedilol tab 12.5 mg</i>	.....35
<i>carvedilol tab 25 mg</i>	.....35
<i>carvedilol tab 3.125 mg</i>	.....35
<i>carvedilol tab 6.25 mg</i>	.....35
CAYSTON INH 75MG	..... 4
<i>cefaclor cap 250 mg</i>	.....12
<i>cefaclor cap 500 mg</i>	.....12
<i>cefadroxil cap 500 mg</i>	.....12
<i>cefadroxil for susp 250 mg/5ml</i>	.....12
<i>cefadroxil for susp 500 mg/5ml</i>	.....12
<i>cefadroxil tab 1 gm</i>	.....12
<i>cefazolin sodium for inj 1 gm</i>	.....12
<i>cefazolin sodium for inj 10 gm</i>	.....12
<i>cefazolin sodium for inj 500 mg</i>	.....12
<i>cefdinir cap 300 mg</i>	.....12
<i>cefdinir for susp 125 mg/5ml</i>	.....12
<i>cefdinir for susp 250 mg/5ml</i>	.....12
<i>cefepime hcl for inj 1 gm</i>	.....12
<i>cefepime hcl for iv soln 2 gm</i>	.....12
<i>cefixime cap 400 mg</i>	.....12
<i>cefixime for susp 100 mg/5ml</i>	.....12
<i>cefixime for susp 200 mg/5ml</i>	.....12
<i>cefotetan disodium for inj 1 gm</i>	.....12
<i>cefotetan disodium for inj 2 gm</i>	.....12
<i>cefoxitin sodium for iv soln 1 gm</i>	.....12
<i>cefoxitin sodium for iv soln 10 gm</i>	....12
<i>cefoxitin sodium for iv soln 2 gm</i>	.....12
<i>cefpodoxime proxetil for susp 100</i>	
<i>mg/5ml</i>	.....12
<i>cefpodoxime proxetil for susp 50</i>	
<i>mg/5ml</i>	.....12
<i>cefpodoxime proxetil tab 100 mg</i>	....12

<i>cefepodoxime proxetil tab 200 mg</i>	12	<i>ciclopirox olamine cream 0.77% (base equiv)</i>	102
<i>cefprozil for susp 125 mg/5ml</i>	12	<i>ciclopirox olamine susp 0.77% (base equiv)</i>	102
<i>cefprozil for susp 250 mg/5ml</i>	12	<i>ciclopirox shampoo 1%</i>	102
<i>cefprozil tab 250 mg</i>	12	<i>ciclopirox solution 8%</i>	102
<i>cefprozil tab 500 mg</i>	13	<i>cidofovir iv inj 75 mg/ml</i>	11
<i>ceftazidime for inj 1 gm</i>	13	<i>cilostazol tab 100 mg</i>	87
<i>ceftazidime for inj 6 gm</i>	13	<i>cilostazol tab 50 mg</i>	87
<i>ceftriaxone sodium for inj 1 gm</i>	13	CILOXAN OIN 0.3% OP	95
<i>ceftriaxone sodium for inj 10 gm</i>	13	CIMDUO TAB 300-300	9
<i>ceftriaxone sodium for inj 2 gm</i>	13	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	75
<i>ceftriaxone sodium for inj 250 mg</i>	13	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	75
<i>ceftriaxone sodium for inj 500 mg</i>	13	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	75
<i>cefuroxime axetil tab 250 mg</i>	13	CINRYZE SOL 500 UNIT	87
<i>cefuroxime axetil tab 500 mg</i>	13	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	14
<i>cefuroxime sodium for inj 750 mg</i>	13	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	14
<i>cefuroxime sodium for iv soln 1.5 gm</i>	13	<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	95
<i>celecoxib cap 100 mg</i>	1	<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	97
<i>celecoxib cap 200 mg</i>	1	<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	14
<i>celecoxib cap 400 mg</i>	1	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	14
<i>celecoxib cap 50 mg</i>	1	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	14
CELONTIN CAP 300MG	53	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	14
<i>cephalexin cap 250 mg</i>	13	<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	14
<i>cephalexin cap 500 mg</i>	13	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	97
<i>cephalexin for susp 125 mg/5ml</i>	13	<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	17
<i>cephalexin for susp 250 mg/5ml</i>	13	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ..	17
<i>cevimeline hcl cap 30 mg</i>	105	<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	43
CHEMET CAP 100MG.....	68	<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	43
<i>chlordiazepoxide hcl cap 10 mg</i>	41	<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	43
<i>chlordiazepoxide hcl cap 25 mg</i>	41	<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	43
<i>chlordiazepoxide hcl cap 5 mg</i>	41		
<i>chlorhexidine gluconate soln 0.12%</i> ..	106		
<i>chloroquine phosphate tab 250 mg</i>	7		
<i>chloroquine phosphate tab 500 mg</i>	7		
<i>chlorpromazine hcl inj 50 mg/2ml</i>	48		
<i>chlorpromazine hcl tab 10 mg</i>	48		
<i>chlorpromazine hcl tab 100 mg</i>	48		
<i>chlorpromazine hcl tab 200 mg</i>	48		
<i>chlorpromazine hcl tab 25 mg</i>	48		
<i>chlorpromazine hcl tab 50 mg</i>	48		
<i>chlorthalidone tab 25 mg</i>	37		
<i>chlorthalidone tab 50 mg</i>	37		
<i>cholestyramine light powder 4 gm/dose</i>	33		
<i>cholestyramine powder packets 4 gm</i>	33		
<i>ciclopirox gel 0.77%</i>	102		

<i>clarithromycin for susp 125 mg/5ml</i>	.13	<i>clofarabine iv soln 1 mg/ml</i>	17
<i>clarithromycin for susp 250 mg/5ml</i>	.13	<i>clomipramine hcl cap 25 mg</i>	43
<i>clarithromycin tab 250 mg</i>	13	<i>clomipramine hcl cap 50 mg</i>	43
<i>clarithromycin tab 500 mg</i>	13	<i>clonazepam orally disintegrating tab</i>	
<i>clarithromycin tab er 24hr 500 mg</i>	13	<i>0.125 mg</i>	53
<i>CLEOCIN SUP 100MG</i>	85	<i>clonazepam orally disintegrating tab</i>	
<i>clindamycin hcl cap 150 mg</i>	5	<i>0.25 mg</i>	53
<i>clindamycin hcl cap 300 mg</i>	5	<i>clonazepam orally disintegrating tab</i>	
<i>clindamycin hcl cap 75 mg</i>	4	<i>0.5 mg</i>	53
<i>clindamycin palmitate hcl for soln 75</i>		<i>clonazepam orally disintegrating tab 1</i>	
<i>mg/5ml (base equiv)</i>	5	<i>mg</i>	53
<i>clindamycin phosphate gel 1%</i>	101	<i>clonazepam orally disintegrating tab 2</i>	
<i>clindamycin phosphate in d5w iv soln</i>		<i>mg</i>	53
<i>300 mg/50ml</i>	5	<i>clonazepam tab 0.5 mg</i>	53
<i>clindamycin phosphate in d5w iv soln</i>		<i>clonazepam tab 1 mg</i>	53
<i>600 mg/50ml</i>	5	<i>clonazepam tab 2 mg</i>	53
<i>clindamycin phosphate in d5w iv soln</i>		<i>clonidine hcl tab 0.1 mg</i>	38
<i>900 mg/50ml</i>	5	<i>clonidine hcl tab 0.2 mg</i>	38
<i>clindamycin phosphate inj 300 mg/2ml</i>		<i>clonidine hcl tab 0.3 mg</i>	38
.....	5	<i>clopidogrel bisulfate tab 300 mg (base</i>	
<i>clindamycin phosphate inj 600 mg/4ml</i>		<i>equiv)</i>	88
.....	5	<i>clopidogrel bisulfate tab 75 mg (base</i>	
<i>clindamycin phosphate inj 900 mg/6ml</i>		<i>equiv)</i>	88
.....	5	<i>clorazepate dipotassium tab 15 mg</i>	53
<i>clindamycin phosphate lotion 1%</i>	101	<i>clorazepate dipotassium tab 3.75 mg</i>	53
<i>clindamycin phosphate soln 1%</i>	101	<i>clorazepate dipotassium tab 7.5 mg</i>	53
<i>clindamycin phosphate swab 1%</i>	101	<i>clotrimazole cream 1%</i>	102
<i>clindamycin phosphate vaginal cream</i>		<i>clotrimazole soln 1%</i>	102
<i>2%</i>	85	<i>clotrimazole troche 10 mg</i>	106
<i>clindamycin phosph-benzoyl peroxide</i>		<i>clotrimazole w/ betamethasone cream</i>	
<i>(refrig) gel 1.2 (1)-5%</i>	101	<i>1-0.05%</i>	102
<i>clobazam suspension 2.5 mg/ml</i>	53	<i>clozapine orally disintegrating tab 100</i>	
<i>clobazam tab 10 mg</i>	53	<i>mg</i>	48
<i>clobazam tab 20 mg</i>	53	<i>clozapine orally disintegrating tab 12.5</i>	
<i>clobetasol propionate cream 0.05%</i>	103	<i>mg</i>	48
<i>clobetasol propionate e</i>	103	<i>clozapine orally disintegrating tab 150</i>	
<i>clobetasol propionate emulsion foam</i>		<i>mg</i>	48
<i>0.05%</i>	103	<i>clozapine orally disintegrating tab 200</i>	
<i>clobetasol propionate foam 0.05%</i>	103	<i>mg</i>	48
<i>clobetasol propionate gel 0.05%</i>	103	<i>clozapine orally disintegrating tab 25</i>	
<i>clobetasol propionate lotion 0.05%</i>	103	<i>mg</i>	48
<i>clobetasol propionate oint 0.05%</i>	103	<i>clozapine tab 100 mg</i>	48
<i>clobetasol propionate shampoo 0.05%</i>		<i>clozapine tab 200 mg</i>	48
.....	103	<i>clozapine tab 25 mg</i>	48
<i>clobetasol propionate soln 0.05%</i>	103	<i>clozapine tab 50 mg</i>	48
<i>clobetasol propionate spray 0.05%</i>	103	<i>COARTEM TAB 20-120MG</i>	8
<i>clocortolone pivalate cream 0.1%</i>	103	<i>colchicine tab 0.6 mg</i>	1

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	<i>cyproheptadine hcl tab 4 mg</i>	98
<i>colesevelam hcl tab 625 mg</i>	33	CYRAMZA INJ 100/10ML	22
<i>colestipol hcl granule packets 5 gm</i> ..	33	CYRAMZA INJ 500/50ML	22
<i>colestipol hcl tab 1 gm</i>	33	CYSTADROPS SOL 0.37%.....	97
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	5	CYSTAGON CAP 150MG.....	75
COMBIVENT AER 20-100	97	CYSTAGON CAP 50MG	75
COMETRIQ (60MG DOSE)	21	CYSTARAN SOL 0.44%.....	97
COMETRIQ KIT 100MG	22	<i>cytarabine inj 20 mg/ml</i>	17
COMETRIQ KIT 140MG	22	<i>cytarabine inj pf 100 mg/ml</i>	18
COMPLERA TAB	9	<i>cytarabine inj pf 20 mg/ml</i>	17
<i>compro</i>	80	D	
<i>constulose</i>	82	D10W/NAACL INJ 0.2%	92
COPIKTRA CAP 15MG.....	22	<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	85
COPIKTRA CAP 25MG.....	22	<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	85
CORLANOR TAB 5MG	38	<i>dacarbazine for inj 100 mg</i>	20
CORLANOR TAB 7.5MG	38	<i>dacarbazine for inj 200 mg</i>	20
CORTROPHIN GEL 80UNIT	75	<i>dalfampridine tab er 12hr 10 mg</i>	61
COTELLIC TAB 20MG	22	DALIRESP TAB 250MCG	99
CREON CAP 12000UNT.....	83	DALIRESP TAB 500MCG	99
CREON CAP 24000UNT.....	83	<i>danazol cap 100 mg</i>	72
CREON CAP 3000UNIT	83	<i>danazol cap 200 mg</i>	72
CREON CAP 36000UNT.....	83	<i>danazol cap 50 mg</i>	72
CREON CAP 6000UNIT	83	<i>dapsone tab 100 mg</i>	5
<i>cromolyn sodium ophth soln 4%</i>	96	<i>dapsone tab 25 mg</i>	5
<i>cromolyn sodium oral conc 100 mg/5ml</i>	82	DAPTACEL INJ	91
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	99	<i>daptomycin for iv soln 500 mg</i>	5
<i>cryselle-28</i>	69	<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	84
<i>cyclobenzaprine hcl tab 10 mg</i>	62	<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	84
<i>cyclobenzaprine hcl tab 5 mg</i>	62	<i>darunavir tab 600 mg</i>	8
CYCLOPHOSPH TAB 25MG	17	<i>darunavir tab 800 mg</i>	8
CYCLOPHOSPH TAB 50MG	17	DARZALEX SOL 100MG/5M.....	22
<i>cyclophosphamide cap 25 mg</i>	17	DARZALEX SOL 400MG/20	22
<i>cyclophosphamide cap 50 mg</i>	17	<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	17
<i>cyclosporine (ophth) emulsion 0.05%</i>	97	DAURISMO TAB 100MG.....	22
<i>cyclosporine cap 100 mg</i>	90	DAURISMO TAB 25MG	22
<i>cyclosporine cap 25 mg</i>	90	<i>deblitane</i>	69
<i>cyclosporine iv soln 50 mg/ml</i>	90	<i>decitabine for inj 50 mg</i>	18
<i>cyclosporine modified cap 100 mg</i>	90	<i>deferasirox granules packet 180 mg</i> .	68
<i>cyclosporine modified cap 25 mg</i>	90	<i>deferasirox granules packet 360 mg</i> .	68
<i>cyclosporine modified cap 50 mg</i>	90	<i>deferasirox granules packet 90 mg</i> ...	68
<i>cyclosporine modified oral soln 100 mg/ml</i>	90	<i>deferasirox tab 180 mg</i>	68
		<i>deferasirox tab 360 mg</i>	68

<i>deferasirox tab 90 mg</i>	68	<i>dexamethasone tab 0.75 mg</i>	73
<i>deferasirox tab for oral susp 125 mg</i>	68	<i>dexamethasone tab 1 mg</i>	74
<i>deferasirox tab for oral susp 250 mg</i>	68	<i>dexamethasone tab 1.5 mg</i>	74
<i>deferasirox tab for oral susp 500 mg</i>	68	<i>dexamethasone tab 2 mg</i>	74
<i>deferiprone tab 1000 mg</i>	69	<i>dexamethasone tab 4 mg</i>	74
<i>deferiprone tab 500 mg</i>	68	<i>dexamethasone tab 6 mg</i>	74
DELSTRIGO TAB.....	9	<i>dexlansoprazole cap delayed release</i>	30
<i>delyla</i>	69	<i>mg</i>	83
DEPEN TITRA TAB 250MG.....	69	<i>dexlansoprazole cap delayed release</i>	60
DEPO-MEDROL INJ 20MG/ML	73	<i>mg</i>	83
DEPO-MEDROL INJ 40MG/ML	73	<i>dexmethylphenidate hcl tab 10 mg</i> ...	58
DEPO-MEDROL INJ 80MG/ML	73	<i>dexmethylphenidate hcl tab 2.5 mg</i> ..	58
DEPO-SQ PROV INJ 104	69	<i>dexmethylphenidate hcl tab 5 mg</i>	58
DESCOVY TAB 120-15MG	9	<i>dextrazoxane hcl for inj 250 mg (base</i>	
DESCOVY TAB 200/25MG	10	<i>equivalent)</i>	27
<i>desipramine hcl tab 10 mg</i>	43	<i>dextroamphetamine sulfate oral</i>	
<i>desipramine hcl tab 100 mg</i>	43	<i>solution 5 mg/5ml</i>	58
<i>desipramine hcl tab 150 mg</i>	43	<i>dextroamphetamine sulfate tab 10 mg</i>	
<i>desipramine hcl tab 25 mg</i>	43	.....	58
<i>desipramine hcl tab 50 mg</i>	43	<i>dextroamphetamine sulfate tab 5 mg</i>	58
<i>desipramine hcl tab 75 mg</i>	43	<i>dextrose 10% w/ sodium chloride</i>	
<i>desloratadine tab 5 mg</i>	98	<i>0.45%</i>	93
<i>desmopressin acetate nasal spray soln</i>		DEXTROSE 2.5% W/ SODIUM	
<i>0.01% (refrigerated)</i>	75	CHLORIDE 0.45%.....	92
<i>desmopressin acetate tab 0.1 mg</i>	75	<i>dextrose 5% in lactated ringers</i>	92
<i>desmopressin acetate tab 0.2 mg</i>	75	<i>dextrose 5% w/ sodium chloride 0.2%</i>	
<i>desogest-eth estrad & eth estrad tab</i>		.....	93
<i>0.15-0.02/0.01 mg(21/5)</i>	69	<i>dextrose 5% w/ sodium chloride 0.45%</i>	
<i>desogestrel & ethinyl estradiol tab 0.15</i>		.....	93
<i>mg-30 mcg</i>	69	<i>dextrose 5% w/ sodium chloride 0.9%</i>	
<i>desonide cream 0.05%</i>	103	.....	93
<i>desonide lotion 0.05%</i>	103	<i>dextrose inj 10%</i>	94
<i>desonide oint 0.05%</i>	103	<i>dextrose inj 5%</i>	94
<i>desvenlafaxine succinate tab er 24hr</i>		DIACOMIT CAP 250MG.....	53
<i>100 mg (base equiv)</i>	43	DIACOMIT CAP 500MG.....	53
<i>desvenlafaxine succinate tab er 24hr</i>		DIACOMIT PAK 250MG.....	53
<i>25 mg (base equiv)</i>	43	DIACOMIT PAK 500MG.....	53
<i>desvenlafaxine succinate tab er 24hr</i>		DIASTAT ACDL GEL 12.5-20	53
<i>50 mg (base equiv)</i>	43	DIASTAT ACDL GEL 5-10MG	53
<i>dexamethasone sodium phosphate inj</i>		DIASTAT PED GEL 2.5M GEL.....	53
<i>10 mg/ml</i>	73	<i>diazepam intensol</i>	53
<i>dexamethasone sodium phosphate inj</i>		<i>diazepam oral soln 1 mg/ml</i>	53
<i>120 mg/30ml</i>	73	<i>diazepam rectal gel delivery system 10</i>	
<i>dexamethasone sodium phosphate</i>		<i>mg</i>	53
<i>ophth soln 0.1%</i>	95	<i>diazepam rectal gel delivery system 2.5</i>	
<i>dexamethasone soln 0.5 mg/5ml</i>	73	<i>mg</i>	53
<i>dexamethasone tab 0.5 mg</i>	73		

<i>diazepam rectal gel delivery system 20 mg</i>	53	<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	36
<i>diazepam tab 10 mg</i>	53	<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	36
<i>diazepam tab 2 mg</i>	53	<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	36
<i>diazepam tab 5 mg</i>	53	<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	36
<i>diazoxide susp 50 mg/ml</i>	75	<i>diltiazem hcl tab 120 mg</i>	36
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	104	<i>diltiazem hcl tab 30 mg</i>	36
<i>diclofenac sodium ophth soln 0.1%</i>	95	<i>diltiazem hcl tab 60 mg</i>	36
<i>diclofenac sodium soln 1.5%</i>	104	<i>diltiazem hcl tab 90 mg</i>	36
<i>diclofenac sodium tab delayed release 50 mg</i>	1	<i>diltiazem hcl tab er 24hr 120 mg</i>	36
<i>diclofenac sodium tab delayed release 75 mg</i>	1	<i>diltiazem hcl tab er 24hr 180 mg</i>	36
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	<i>diltiazem hcl tab er 24hr 240 mg</i>	36
<i>dicloxacillin sodium cap 250 mg</i>	15	<i>diltiazem hcl tab er 24hr 300 mg</i>	36
<i>dicloxacillin sodium cap 500 mg</i>	15	<i>diltiazem hcl tab er 24hr 360 mg</i>	36
<i>dicyclomine hcl cap 10 mg</i>	81	<i>diltiazem hcl tab er 24hr 420 mg</i>	36
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	81	<i>dilt-xr</i>	36
<i>dicyclomine hcl tab 20 mg</i>	81	<i>dimethyl fumarate capsule delayed release 120 mg</i>	61
<i>DIFICID SUS</i>	13	<i>dimethyl fumarate capsule delayed release 240 mg</i>	61
<i>DIFICID TAB 200MG</i>	13	<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	61
<i>difluprednate ophth emulsion 0.05%</i>	95	<i>DIP/TET PED INJ 25-5LFU</i>	91
<i>digoxin inj 0.25 mg/ml</i>	38	<i>diphenhydramine hcl inj 50 mg/ml</i>	98
<i>digoxin oral soln 0.05 mg/ml</i>	38	<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	82
<i>digoxin tab 125 mcg (0.125 mg)</i>	38	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	82
<i>digoxin tab 250 mcg (0.25 mg)</i>	39	<i>disopyramide phosphate cap 100 mg</i>	31
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	59	<i>disopyramide phosphate cap 150 mg</i>	31
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	59	<i>disulfiram tab 250 mg</i>	63
<i>DILANTIN CAP 100MG</i>	53	<i>disulfiram tab 500 mg</i>	63
<i>DILANTIN CAP 30MG</i>	53	<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	53
<i>DILANTIN CHW 50MG</i>	53	<i>divalproex sodium tab delayed release 125 mg</i>	53
<i>DILANTIN-125 SUS 125/5ML</i>	53	<i>divalproex sodium tab delayed release 250 mg</i>	53
<i>diltiazem hcl cap er 12hr 120 mg</i>	36	<i>divalproex sodium tab delayed release 500 mg</i>	54
<i>diltiazem hcl cap er 12hr 60 mg</i>	36	<i>divalproex sodium tab er 24 hr 250 mg</i>	54
<i>diltiazem hcl cap er 12hr 90 mg</i>	36	<i>divalproex sodium tab er 24 hr 500 mg</i>	54
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	36		
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	36		
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	36		
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	36		

DOCETAXEL INJ 160/16ML	20	<i>doxycycline monohydrate cap 100 mg</i>	16
DOCETAXEL INJ 80MG/4ML	20	.....	16
<i>dofetilide cap 125 mcg (0.125 mg) ...</i>	32	<i>doxycycline monohydrate cap 50 mg</i>	16
<i>dofetilide cap 250 mcg (0.25 mg)</i>	32	<i>doxycycline monohydrate cap 75 mg</i>	16
<i>dofetilide cap 500 mcg (0.5 mg)</i>	32	<i>doxycycline monohydrate for susp 25</i>	16
DOJOLVI LIQ 100%	75	<i>mg/5ml.....</i>	16
<i>dolishale</i>	69	<i>doxycycline monohydrate tab 100 mg</i>	16
<i>donepezil hydrochloride orally</i>		.....	16
<i>disintegrating tab 10 mg</i>	41	<i>doxycycline monohydrate tab 150 mg</i>	16
<i>donepezil hydrochloride orally</i>		.....	16
<i>disintegrating tab 5 mg</i>	41	<i>doxycycline monohydrate tab 50 mg</i>	16
<i>donepezil hydrochloride tab 10 mg ...</i>	41	<i>doxycycline monohydrate tab 75 mg</i>	16
<i>donepezil hydrochloride tab 23 mg ...</i>	41	DRIZALMA CAP 20MG DR	43
<i>donepezil hydrochloride tab 5 mg</i>	41	DRIZALMA CAP 30MG DR	43
DORIBAX INJ 250MG	5	DRIZALMA CAP 40MG DR	43
<i>dorzolamide hcl ophth soln 2%</i>	96	DRIZALMA CAP 60MG DR	43
<i>dorzolamide hcl-timolol maleate ophth</i>		<i>dronabinol cap 10 mg</i>	80
<i>soln 22.3-6.8 mg/ml</i>	96	<i>dronabinol cap 2.5 mg</i>	80
<i>dotti</i>	72	<i>dronabinol cap 5 mg</i>	80
DOVATO TAB 50-300MG.....	10	<i>drospirenone-ethinyl estradiol tab 3-</i>	69
<i>doxazosin mesylate tab 1 mg.....</i>	29	<i>0.02 mg</i>	69
<i>doxazosin mesylate tab 2 mg.....</i>	29	<i>drospirenone-ethinyl estradiol tab 3-</i>	69
<i>doxazosin mesylate tab 4 mg.....</i>	29	<i>0.03 mg</i>	69
<i>doxazosin mesylate tab 8 mg.....</i>	29	DROXIA CAP 200MG	87
<i>doxepin hcl (sleep) tab 3 mg (base</i>		DROXIA CAP 300MG	87
<i>equiv)</i>	58	DROXIA CAP 400MG	87
<i>doxepin hcl (sleep) tab 6 mg (base</i>		<i>droxidopa cap 100 mg</i>	39
<i>equiv)</i>	58	<i>droxidopa cap 200 mg</i>	39
<i>doxepin hcl cap 10 mg</i>	43	<i>droxidopa cap 300 mg</i>	39
<i>doxepin hcl cap 100 mg</i>	43	DULERA AER 100-5MCG.....	101
<i>doxepin hcl cap 150 mg</i>	43	DULERA AER 200-5MCG.....	101
<i>doxepin hcl cap 25 mg</i>	43	DULERA AER 50-5MCG.....	101
<i>doxepin hcl cap 50 mg</i>	43	<i>duloxetine hcl enteric coated pellets</i>	
<i>doxepin hcl cap 75 mg</i>	43	<i>cap 20 mg (base eq).....</i>	43
<i>doxepin hcl conc 10 mg/ml.....</i>	43	<i>duloxetine hcl enteric coated pellets</i>	
<i>doxercalciferol cap 0.5 mcg</i>	80	<i>cap 30 mg (base eq).....</i>	43
<i>doxercalciferol cap 1 mcg</i>	80	<i>duloxetine hcl enteric coated pellets</i>	
<i>doxercalciferol cap 2.5 mcg</i>	80	<i>cap 40 mg (base eq).....</i>	43
<i>doxorubicin hcl inj 2 mg/ml</i>	17	<i>duloxetine hcl enteric coated pellets</i>	
<i>doxorubicin hcl liposomal inj (for iv</i>		<i>cap 60 mg (base eq).....</i>	43
<i>infusion) 2 mg/ml.....</i>	17	DUPIXENT INJ 100/0.67.....	88
<i>doxy 100.....</i>	16	DUPIXENT INJ 200/1.14.....	88
<i>doxycycline hyclate cap 100 mg</i>	16	DUPIXENT INJ 200MG.....	88
<i>doxycycline hyclate cap 50 mg.....</i>	16	DUPIXENT INJ 300/2ML	88
<i>doxycycline hyclate tab 100 mg</i>	16	<i>dutasteride cap 0.5 mg</i>	84
<i>doxycycline hyclate tab 20 mg</i>	16	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	84
		<i>mg</i>	84

E	
e.e.s. 400.....	13
EDURANT TAB 25MG.....	8
efavirenz cap 200 mg	8
efavirenz cap 50 mg	8
efavirenz tab 600 mg.....	8
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	10
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	10
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	10
effervescent pot chloride	93
EGRIFTA SV INJ 2MG	75
eletriptan hydrobromide tab 20 mg (base equivalent)	59
eletriptan hydrobromide tab 40 mg (base equivalent)	59
ELIGARD INJ 22.5MG.....	18
ELIGARD INJ 30MG.....	18
ELIGARD INJ 45MG.....	18
ELIGARD INJ 7.5MG.....	18
ELIQUIS ST P TAB 5MG	85
ELIQUIS TAB 2.5MG	85
ELIQUIS TAB 5MG	85
ELITEK INJ 1.5MG	27
ELITEK INJ 7.5MG	27
eluryng mis	69
EMCYT CAP 140MG	18
EMGALITY INJ 100MG/ML	59
EMGALITY INJ 120MG/ML	59
EMPLICITI INJ 300MG	22
EMPLICITI INJ 400MG	22
EMSAM DIS 12MG/24H	43
EMSAM DIS 6MG/24HR	43
EMSAM DIS 9MG/24HR	43
emtricitabine caps 200 mg	8
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	10
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	10
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	10
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	10
EMTRIVA SOL 10MG/ML	8
EMVERM CHW 100MG	5
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....	28
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....	28
enalapril maleate tab 10 mg	28
enalapril maleate tab 2.5 mg	28
enalapril maleate tab 20 mg	28
enalapril maleate tab 5 mg	28
ENBREL INJ 25/0.5ML.....	88
ENBREL INJ 25MG	88
ENBREL INJ 50MG/ML.....	88
ENBREL MINI INJ 50MG/ML	88
ENBREL SRCLK INJ 50MG/ML.....	88
ENDARI POW 5GM.....	75
endocet tab 10-325mg.....	3
endocet tab 2.5-325	3
endocet tab 5-325mg	3
endocet tab 7.5-325mg.....	3
ENGERIX-B INJ 10/0.5ML.....	91
ENGERIX-B INJ 20MCG/ML	91
enoxaparin sodium inj 300 mg/3ml ..	85
enoxaparin sodium inj soln pref syr 100 mg/ml.....	85
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	85
enoxaparin sodium inj soln pref syr 150 mg/ml.....	85
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	85
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	85
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	85
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	85
enpresse-28	69
enskyce	69
ENSPRYNG INJ.....	60
entacapone tab 200 mg	46
entecavir tab 0.5 mg	11
entecavir tab 1 mg	11
ENTRESTO TAB 24-26MG	30
ENTRESTO TAB 49-51MG	30
ENTRESTO TAB 97-103MG	30
enulose.....	82
ENVARUSUS XR TAB 0.75MG	90
ENVARUSUS XR TAB 1MG.....	90

ENVARUS XR TAB 4MG.....	90	<i>erythromycin tab 500 mg</i>	13
EPCLUSA PAK 150-37.5.....	11	<i>erythromycin tab delayed release 250 mg</i>	13
EPCLUSA PAK 200-50MG.....	11	<i>erythromycin tab delayed release 333 mg</i>	13
EPCLUSA TAB 200-50MG.....	11	<i>erythromycin tab delayed release 500 mg</i>	13
EPCLUSA TAB 400-100.....	11	<i>erythromycin w/ delayed release particles cap 250 mg</i>	14
EPIDIOLEX SOL 100MG/ML.....	54	ESBRIET CAP 267MG.....	99
<i>epinastine hcl ophth soln 0.05%</i>	96	ESBRIET TAB 267MG.....	99
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	99	ESBRIET TAB 801MG.....	99
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	99	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	44
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	99	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	44
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	17	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	44
<i>epitol</i>	54	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	44
<i>eplerenone tab 25 mg</i>	29	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	72
<i>eplerenone tab 50 mg</i>	29	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	72
EPRONTIA SOL 25MG/ML.....	54	<i>estradiol tab 0.5 mg</i>	72
ERBITUX INJ 100MG.....	22	<i>estradiol tab 1 mg</i>	72
ERBITUX INJ 200MG.....	22	<i>estradiol tab 2 mg</i>	72
<i>ergoloid mesylates tab 1 mg</i>	41	<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	72
<i>ergotamine w/ caffeine tab 1-100 mg</i>	59	<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	73
ERIVEDGE CAP 150MG.....	22	<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	72
ERLEADA TAB 240MG.....	18	<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	73
ERLEADA TAB 60MG.....	18	<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	72
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	22	<i>estradiol td patch weekly 0.025 mg/24hr</i>	73
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	22	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	73
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	22	<i>estradiol td patch weekly 0.05 mg/24hr</i>	73
<i>errin</i>	69	<i>estradiol td patch weekly 0.06 mg/24hr</i>	73
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	5	<i>estradiol td patch weekly 0.075 mg/24hr</i>	73
ERWINAZE INJ 10000UNT.....	20		
<i>ery</i>	101		
<i>ery-tab</i>	13		
ERYTHROCIN INJ 500MG.....	13		
<i>erythrocin stearate</i>	13		
<i>erythromycin ethylsuccinate tab 400 mg</i>	13		
<i>erythromycin gel 2%</i>	101		
<i>erythromycin ophth oint 5 mg/gm</i>	95		
<i>erythromycin soln 2%</i>	101		
<i>erythromycin tab 250 mg</i>	13		

<i>estradiol td patch weekly 0.1 mg/24hr</i>	
.....	73
<i>estradiol vaginal cream 0.1 mg/gm</i>	..73
<i>estradiol vaginal tab 10 mcg</i>	.....73
<i>estradiol valerate im in oil 10 mg/ml</i>	.73
<i>estradiol valerate im in oil 20 mg/ml</i>	.73
<i>estropipate tab 1.5 mg</i>	.....73
<i>estropipate tab 3 mg</i>	.....73
<i>ethambutol hcl tab 100 mg</i>	.....10
<i>ethambutol hcl tab 400 mg</i>	.....10
<i>ethosuximide cap 250 mg</i>	.....54
<i>ethosuximide soln 250 mg/5ml</i>	.....54
<i>ethynodiol diacetate & ethinyl estradiol</i>	
<i>tab 1 mg-35 mcg</i>	.....69
<i>ethynodiol diacetate & ethinyl estradiol</i>	
<i>tab 1 mg-50 mcg</i>	.....70
<i>etonogestrel-ethinyl estradiol va ring</i>	
<i>0.120-0.015 mg/24hr</i>	.....70
<i>ETOPOPHOS INJ 100MG</i>	.....20
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	
.....	20
<i>etravirine tab 100 mg</i>	..... 8
<i>etravirine tab 200 mg</i>	..... 8
<i>EUCRISA OIN 2%</i>	..... 105
<i>EULEXIN CAP 125MG</i>	.....18
<i>euthyrox</i>	.....78
<i>everolimus tab 0.25 mg</i>	.....90
<i>everolimus tab 0.5 mg</i>	.....90
<i>everolimus tab 0.75 mg</i>	.....90
<i>everolimus tab 1 mg</i>	.....90
<i>everolimus tab 10 mg</i>	.....22
<i>everolimus tab 2.5 mg</i>	.....22
<i>everolimus tab 5 mg</i>	.....22
<i>everolimus tab 7.5 mg</i>	.....22
<i>everolimus tab for oral susp 2 mg</i>	....22
<i>everolimus tab for oral susp 3 mg</i>	....22
<i>everolimus tab for oral susp 5 mg</i>	....22
<i>EVOTAZ TAB 300-150</i>	.....10
<i>EVRYSDI SOL</i>	.....60
<i>exemestane tab 25 mg</i>	.....18
<i>EXKIVITY CAP 40MG</i>	.....22
<i>EXSERVAN MIS 50MG</i>	.....60
<i>EYLEA INJ 2/0.05ML</i>	.....97
<i>EYSUVIS DRO 0.25%</i>	.....95
<i>ezetimibe tab 10 mg</i>	.....33
<i>ezetimibe-simvastatin tab 10-10 mg</i>	.33
<i>ezetimibe-simvastatin tab 10-20 mg</i>	.33
<i>ezetimibe-simvastatin tab 10-40 mg</i>	.33
<i>ezetimibe-simvastatin tab 10-80 mg</i>	.33
F	
<i>falmina</i>	.....70
<i>famciclovir tab 125 mg</i>	.....11
<i>famciclovir tab 250 mg</i>	.....11
<i>famciclovir tab 500 mg</i>	.....11
<i>famotidine for susp 40 mg/5ml</i>	.....81
<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>mg/50ml</i>	.....81
<i>famotidine preservative free inj 20</i>	
<i>mg/2ml</i>	.....81
<i>famotidine tab 20 mg</i>	.....81
<i>famotidine tab 40 mg</i>	.....81
<i>FANAPT TAB 10MG</i>	.....48
<i>FANAPT TAB 12MG</i>	.....48
<i>FANAPT TAB 1MG</i>	.....48
<i>FANAPT TAB 2MG</i>	.....48
<i>FANAPT TAB 4MG</i>	.....48
<i>FANAPT TAB 6MG</i>	.....48
<i>FANAPT TAB 8MG</i>	.....48
<i>FARXIGA TAB 10MG</i>	.....64
<i>FARXIGA TAB 5MG</i>	.....64
<i>FARYDAK CAP 10MG</i>	.....22
<i>FARYDAK CAP 15MG</i>	.....22
<i>FARYDAK CAP 20MG</i>	.....22
<i>FASENRA INJ 30MG/ML</i>	.....99
<i>FASENRA PEN INJ 30MG/ML</i>	.....99
<i>FASLODEX INJ 250/5ML</i>	.....18
<i>febuxostat tab 40 mg</i>	..... 1
<i>febuxostat tab 80 mg</i>	..... 1
<i>felbamate susp 600 mg/5ml</i>	.....54
<i>felbamate tab 400 mg</i>	.....54
<i>felbamate tab 600 mg</i>	.....54
<i>felodipine tab er 24hr 10 mg</i>	.....36
<i>felodipine tab er 24hr 2.5 mg</i>	.....36
<i>felodipine tab er 24hr 5 mg</i>	.....36
<i>fenofibrate micronized cap 134 mg</i>	...32
<i>fenofibrate micronized cap 200 mg</i>	...32
<i>fenofibrate micronized cap 43 mg</i>	....32
<i>fenofibrate micronized cap 67 mg</i>	....32
<i>fenofibrate tab 145 mg</i>	.....32
<i>fenofibrate tab 160 mg</i>	.....32
<i>fenofibrate tab 48 mg</i>	.....32
<i>fenofibrate tab 54 mg</i>	.....32
<i>fantanyl citrate buccal tab 100 mcg</i>	
<i>(base equiv)</i>	..... 3

<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	3	<i>flecainide acetate tab 50 mg</i>	32
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	3	<i>fluconazole for susp 10 mg/ml</i>	7
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	3	<i>fluconazole for susp 40 mg/ml</i>	7
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	3	<i>fluconazole in dextrose</i>	7
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	3	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	7
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	3	<i>fluconazole tab 100 mg</i>	7
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	3	<i>fluconazole tab 150 mg</i>	7
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	3	<i>fluconazole tab 200 mg</i>	7
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	3	<i>fluconazole tab 50 mg</i>	7
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	3	<i>flucytosine cap 250 mg</i>	7
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	<i>flucytosine cap 500 mg</i>	7
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	<i>fludarabine phosphate for inj 50 mg</i> .	18
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	<i>fludrocortisone acetate tab 0.1 mg</i> ...	74
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	100
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	<i>fluocinolone acetonide (otic) oil 0.01%</i>	97
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	84	<i>fluocinolone acetonide cream 0.01%</i>	103
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	84	<i>fluocinolone acetonide cream 0.025%</i>	103
FETZIMA CAP 120MG	44	<i>fluocinolone acetonide oint 0.025%</i>	103
FETZIMA CAP 20MG	44	<i>fluocinolone acetonide sc</i>	103
FETZIMA CAP 40MG	44	<i>fluocinolone acetonide soln 0.01%</i> .	104
FETZIMA CAP 80MG	44	<i>fluocinonide cream 0.05%</i>	104
FETZIMA CAP TITRATIO	44	<i>fluocinonide emulsified base cream 0.05%</i>	104
<i>finasteride tab 5 mg</i>	84	<i>fluocinonide gel 0.05%</i>	104
<i>ingolimod hcl cap 0.5 mg (base equiv)</i>	61	<i>fluocinonide oint 0.05%</i>	104
FINTEPLA SOL 2.2MG/ML	54	<i>fluocinonide soln 0.05%</i>	104
FIRDAPSE TAB 10MG	60	<i>fluorometholone ophth susp 0.1%</i>	95
FIRMAGON INJ 120MG	18	FLUOROPLEX CRE 1%	105
FIRMAGON INJ 80MG	18	<i>fluorouracil cream 0.5%</i>	105
FIRVANQ SOL 25MG/ML	5	<i>fluorouracil cream 5%</i>	105
FIRVANQ SOL 50MG/ML	5	<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	18
<i>flavoxate hcl tab 100 mg</i>	84	<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	18
FLEBOGAMMA INJ 5GM/50ML	89	<i>fluorouracil soln 2%</i>	105
<i>flecainide acetate tab 100 mg</i>	32	<i>fluorouracil soln 5%</i>	105
<i>flecainide acetate tab 150 mg</i>	32	<i>fluoxetine hcl cap 10 mg</i>	44
		<i>fluoxetine hcl cap 20 mg</i>	44
		<i>fluoxetine hcl cap 40 mg</i>	44
		<i>fluoxetine hcl solution 20 mg/5ml</i>	44
		<i>fluphenazine decanoate inj 25 mg/ml</i>	48
		<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	48

<i>fluphenazine hcl inj 2.5 mg/ml</i>	48	<i>fosamprenavir calcium tab 700 mg</i>	
<i>fluphenazine hcl oral conc 5 mg/ml</i> ...	48	<i>(base equiv)</i>	8
<i>fluphenazine hcl tab 1 mg</i>	48	<i>fosfomycin tromethamine powd pack 3</i>	
<i>fluphenazine hcl tab 10 mg</i>	49	<i>gm (base equivalent)</i>	5
<i>fluphenazine hcl tab 2.5 mg</i>	49	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fluphenazine hcl tab 5 mg</i>	49	<i>tab 10-12.5 mg</i>	28
<i>flurazepam hcl cap 15 mg</i>	58	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>flurazepam hcl cap 30 mg</i>	58	<i>tab 20-12.5 mg</i>	28
<i>flurbiprofen sodium ophth soln 0.03%</i>		<i>fosinopril sodium tab 10 mg</i>	28
.....	95	<i>fosinopril sodium tab 20 mg</i>	28
<i>flutamide cap 125 mg</i>	18	<i>fosinopril sodium tab 40 mg</i>	28
<i>fluticasone propionate cream 0.05%</i>		<i>fosphenytoin sodium inj 100 mg/2ml</i>	
.....	104	<i>(phenytoin equiv)</i>	54
<i>fluticasone propionate hfa inhal aer 110</i>		FOTIVDA CAP 0.89MG.....	22
<i>mcg/act (125/valve)</i>	100	FOTIVDA CAP 1.34MG.....	22
<i>fluticasone propionate hfa inhal aer 220</i>		FRAGMIN INJ 10000/ML.....	86
<i>mcg/act (250/valve)</i>	101	FRAGMIN INJ 12500UNT	86
<i>fluticasone propionate hfa inhal aero 44</i>		FRAGMIN INJ 15000UNT	86
<i>mcg/act (50/valve)</i>	101	FRAGMIN INJ 18000UNT	86
<i>fluticasone propionate nasal susp 50</i>		FRAGMIN INJ 2500/0.2	86
<i>mcg/act</i>	100	FRAGMIN INJ 5000/0.2	86
<i>fluticasone propionate oint 0.005%</i>	104	FRAGMIN INJ 7500/0.3	86
<i>fluticasone-salmeterol aer powder ba</i>		FRAGMIN INJ 95000UNT	86
<i>100-50 mcg/act</i>	101	<i>furosemide inj 10 mg/ml</i>	38
<i>fluticasone-salmeterol aer powder ba</i>		<i>furosemide oral soln 10 mg/ml</i>	38
<i>250-50 mcg/act</i>	101	<i>furosemide tab 20 mg</i>	38
<i>fluticasone-salmeterol aer powder ba</i>		<i>furosemide tab 40 mg</i>	38
<i>500-50 mcg/act</i>	101	<i>furosemide tab 80 mg</i>	38
<i>fluvastatin sodium cap 20 mg (base</i>		FUZEON INJ 90MG	8
<i>equivalent)</i>	33	FYCOMPA SUS 0.5MG/ML	54
<i>fluvastatin sodium cap 40 mg (base</i>		FYCOMPA TAB 10MG.....	54
<i>equivalent)</i>	33	FYCOMPA TAB 12MG.....	54
<i>fluvoxamine maleate tab 100 mg</i>	41	FYCOMPA TAB 2MG	54
<i>fluvoxamine maleate tab 25 mg</i>	41	FYCOMPA TAB 4MG	54
<i>fluvoxamine maleate tab 50 mg</i>	41	FYCOMPA TAB 6MG	54
FML FORTE SUS 0.25% OP	95	FYCOMPA TAB 8MG	54
<i>fondaparinux sodium subcutaneous inj</i>		G	
<i>10 mg/0.8ml</i>	85	<i>gabapentin cap 100 mg</i>	54
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin cap 300 mg</i>	54
<i>2.5 mg/0.5ml</i>	85	<i>gabapentin cap 400 mg</i>	54
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin oral soln 250 mg/5ml</i>	54
<i>5 mg/0.4ml</i>	85	<i>gabapentin tab 600 mg</i>	54
<i>fondaparinux sodium subcutaneous inj</i>		<i>gabapentin tab 800 mg</i>	54
<i>7.5 mg/0.6ml</i>	85	GALAFOLD CAP 123MG	75
<i>formoterol fumarate soln nebu 20</i>		<i>galantamine hydrobromide cap er 24hr</i>	
<i>mcg/2ml</i>	98	<i>16 mg</i>	41
FORTEO INJ 600/2.4.....	68		

<i>galantamine hydrobromide cap er 24hr</i>		<i>gentamicin in saline inj 1 mg/ml</i>	5
24 mg	41	<i>gentamicin in saline inj 1.2 mg/ml</i>	5
<i>galantamine hydrobromide cap er 24hr</i>		<i>gentamicin in saline inj 1.6 mg/ml</i>	5
8 mg	41	<i>gentamicin sulfate cream 0.1%</i>	101
<i>galantamine hydrobromide oral soln 4</i>		<i>gentamicin sulfate inj 40 mg/ml</i>	5
mg/ml	41	<i>gentamicin sulfate oint 0.1%</i>	101
<i>galantamine hydrobromide tab 12 mg</i>		<i>gentamicin sulfate ophth soln 0.3%</i> ..	95
.....	42	GENVOYA TAB	10
<i>galantamine hydrobromide tab 4 mg</i>	41	GEODON INJ 20MG.....	49
<i>galantamine hydrobromide tab 8 mg</i>	41	GILENYA CAP 0.25MG	61
GAMASTAN INJ	89	GILENYA CAP 0.5MG	61
GAMMAGARD INJ 10GM/100	89	GILOTRIF TAB 20MG.....	22
GAMMAGARD INJ 2.5GM/25.....	89	GILOTRIF TAB 30MG.....	22
GAMMAGARD INJ 20GM/200	89	GILOTRIF TAB 40MG.....	22
GAMMAGARD INJ 30GM/300	89	GLASSIA INJ.....	99
GAMMAGARD INJ 5GM/50ML	89	<i>glatiramer acetate soln prefilled syringe</i>	
GAMMAGARD SD INJ 10GM HU	89	20 mg/ml	61
GAMMAGARD SD INJ 5GM HU	89	<i>glatiramer acetate soln prefilled syringe</i>	
GAMMAKED INJ 10GM/100	89	40 mg/ml	61
GAMMAKED INJ 1GM/10ML.....	89	<i>glatopa</i>	61
GAMMAKED INJ 20GM/200	89	GLEOSTINE CAP 100MG	17
GAMMAKED INJ 5GM/50ML.....	89	GLEOSTINE CAP 10MG.....	17
GAMMAPLEX INJ 10%	89	GLEOSTINE CAP 40MG.....	17
GAMMAPLEX INJ 5%	89	<i>glimepiride tab 1 mg</i>	64
GAMUNEX-C INJ 10GM/100	89	<i>glimepiride tab 2 mg</i>	64
GAMUNEX-C INJ 1GM/10ML.....	89	<i>glimepiride tab 4 mg</i>	64
GAMUNEX-C INJ 20GM/200	89	<i>glip/metform tab 2.5-250m</i>	64
GAMUNEX-C INJ 40/400ML.....	89	<i>glip/metform tab 2.5-500m</i>	64
GAMUNEX-C INJ 5GM/50ML.....	89	<i>glip/metform tab 5-500mg</i>	64
GARDASIL 9 INJ.....	91	<i>glipizide tab 10 mg</i>	64
<i>gatifloxacin ophth soln 0.5%</i>	95	<i>glipizide tab 5 mg</i>	64
GATTEX KIT 5MG	82	<i>glipizide tab er 24hr 10 mg</i>	64
GAUZE PADS & DRESSINGS - PADS 2 X		<i>glipizide tab er 24hr 2.5 mg</i>	64
2	66	<i>glipizide tab er 24hr 5 mg</i>	64
<i>gavilyte-c</i>	82	GLUCAGON KIT 1MG	75
<i>gavilyte-g</i>	82	<i>glycopyrrolate inj 0.2 mg/ml</i>	81
GAVRETO CAP 100MG.....	22	<i>glycopyrrolate inj 0.4 mg/2ml (0.2</i>	
<i>gefitinib tab 250 mg</i>	22	mg/ml)	81
<i>gemcitabine hcl for inj 1 gm</i>	18	<i>glycopyrrolate inj 1 mg/5ml (0.2</i>	
<i>gemcitabine hcl for inj 2 gm</i>	18	mg/ml)	81
<i>gemcitabine hcl for inj 200 mg</i>	18	<i>glycopyrrolate tab 1 mg</i>	81
<i>gemfibrozil tab 600 mg</i>	32	<i>glycopyrrolate tab 2 mg</i>	81
<i>gemmily</i>	70	GLYXAMBI TAB 10-5 MG	64
GEMTESA TAB 75MG.....	84	GLYXAMBI TAB 25-5 MG	64
<i>generlac</i>	82	<i>granisetron hcl tab 1 mg</i>	80
<i>gengraf</i>	91	GRANIX INJ 300/0.5	86
<i>gentamicin in saline inj 0.8 mg/ml</i>	5	GRANIX INJ 300/1ML.....	86

GRANIX INJ 480/0.8	86	<i>heparin sodium (porcine) inj 20000</i>	
GRANIX INJ 480/1.6	86	<i>unit/ml.....</i>	86
GRASTEK SUB 2800BAU.....	90	<i>heparin sodium (porcine) inj 5000</i>	
<i>griseofulvin microsize susp 125 mg/5ml</i>		<i>unit/ml.....</i>	86
.....	7	HEPLISAV-B INJ 20/0.5ML.....	91
<i>griseofulvin microsize tab 500 mg</i>	7	HERCEPTIN INJ 150MG	22
<i>griseofulvin ultramicrosize tab 125 mg</i>	7	HERCEPTIN INJ 440MG	22
<i>griseofulvin ultramicrosize tab 250 mg</i>	7	HETLIOZ CAP 20MG.....	58
<i>guanfacine hcl tab er 24hr 1 mg (base</i>		HIBERIX SOL 10MCG	92
<i>equiv)</i>	58	HUMALOG INJ 100/ML	66
<i>guanfacine hcl tab er 24hr 2 mg (base</i>		HUMALOG JR INJ 100/ML	66
<i>equiv)</i>	58	HUMALOG KWIK INJ 100/ML.....	66
<i>guanfacine hcl tab er 24hr 3 mg (base</i>		HUMALOG KWIK INJ 200/ML.....	66
<i>equiv)</i>	58	HUMALOG MIX INJ 50/50	67
<i>guanfacine hcl tab er 24hr 4 mg (base</i>		HUMALOG MIX INJ 50/50KWP.....	67
<i>equiv)</i>	58	HUMALOG MIX INJ 75/25KWP.....	67
GVOKE HYPO 2 INJ .5/.1ML	75	HUMALOG MIX SUS 75/25.....	67
GVOKE HYPO 2 INJ 1MG/.2ML.....	75	HUMATROPE INJ 12MG	75
GVOKE PFS INJ	75	HUMATROPE INJ 24MG	75
H		HUMATROPE INJ 6MG	75
HALAVEN INJ 1MG/2ML.....	20	HUMIRA INJ 10/0.1ML	88
<i>halobetasol propionate cream 0.05%</i>		HUMIRA INJ 20/0.2ML	88
.....	104	HUMIRA INJ 40/0.4ML	88
<i>halobetasol propionate oint 0.05%</i> .	104	HUMIRA KIT 40MG/0.8	88
<i>haloperidol decanoate im soln 100</i>		HUMIRA PEDIA INJ CROHNS.....	88
<i>mg/ml.....</i>	49	HUMIRA PEN INJ 40/0.4ML.....	88
<i>haloperidol decanoate im soln 50</i>		HUMIRA PEN INJ 40MG/0.8	88
<i>mg/ml.....</i>	49	HUMIRA PEN INJ 80/0.8ML.....	88
<i>haloperidol lactate inj 5 mg/ml.....</i>	49	HUMIRA PEN INJ CD/UC/HS.....	88
<i>haloperidol lactate oral conc 2 mg/ml</i>	49	HUMIRA PEN INJ PS/UV	88
<i>haloperidol tab 0.5 mg</i>	49	HUMIRA PEN KIT CD/UC/HS	88
<i>haloperidol tab 1 mg</i>	49	HUMIRA PEN KIT PED UC	88
<i>haloperidol tab 10 mg</i>	49	HUMIRA PEN KIT PS/UV	88
<i>haloperidol tab 2 mg</i>	49	HUMULIN INJ 70/30	67
<i>haloperidol tab 20 mg</i>	49	HUMULIN INJ 70/30KWP	67
<i>haloperidol tab 5 mg</i>	49	HUMULIN N INJ U-100	67
HARVONI PAK 33.75-150MG	11	HUMULIN N INJ U-100KWP.....	67
HARVONI PAK 45-200MG	11	HUMULIN R INJ U-100	67
HARVONI TAB 90-400MG	11	HUMULIN R INJ U-500	67
HAVRIX INJ 1440UNIT	91	<i>hydralazine hcl tab 10 mg</i>	39
HAVRIX INJ 720UNIT	91	<i>hydralazine hcl tab 100 mg</i>	39
HELIDAC MIS THERAPY	82	<i>hydralazine hcl tab 25 mg</i>	39
HEP SOD/D5W INJ 25000UNT.....	86	<i>hydralazine hcl tab 50 mg</i>	39
<i>heparin sodium (porcine) inj 1000</i>		<i>hydrochlorothiazide cap 12.5 mg</i>	38
<i>unit/ml.....</i>	86	<i>hydrochlorothiazide tab 12.5 mg</i>	38
<i>heparin sodium (porcine) inj 10000</i>		<i>hydrochlorothiazide tab 25 mg</i>	38
<i>unit/ml.....</i>	86	<i>hydrochlorothiazide tab 50 mg</i>	38

<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	3	IBRANCE TAB 100MG.....	22
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	3	IBRANCE TAB 125MG.....	23
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	3	IBRANCE TAB 75MG	22
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3	<i>ibuprofen tab 400 mg</i>	1
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3	<i>ibuprofen tab 600 mg</i>	1
<i>hydrocortisone butyrate cream 0.1%</i>	104	<i>ibuprofen tab 800 mg</i>	1
<i>hydrocortisone butyrate oint 0.1%</i>	104	<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	87
<i>hydrocortisone butyrate soln 0.1%</i>	104	<i>iclevia</i>	70
<i>hydrocortisone enema 100 mg/60ml</i>	82	ICLUSIG TAB 10MG	23
<i>hydrocortisone lotion 2.5%</i>	104	ICLUSIG TAB 15MG	23
<i>hydrocortisone oint 2.5%</i>	104	ICLUSIG TAB 30MG	23
<i>hydrocortisone perianal cream 2.5%</i>	105	ICLUSIG TAB 45MG	23
<i>hydrocortisone tab 10 mg</i>	74	<i>icosapent ethyl cap 0.5 gm</i>	33
<i>hydrocortisone tab 20 mg</i>	74	<i>icosapent ethyl cap 1 gm</i>	33
<i>hydrocortisone tab 5 mg</i>	74	<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	17
<i>hydrocortisone valerate cream 0.2%</i>	104	<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	17
<i>hydrocortisone valerate oint 0.2%</i> ..	104	<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	17
<i>hydromorphone hcl liqd 1 mg/ml</i>	3	IDHIFA TAB 100MG	23
<i>hydromorphone hcl tab 2 mg</i>	3	IDHIFA TAB 50MG	23
<i>hydromorphone hcl tab 4 mg</i>	3	<i>ifosfamide for inj 1 gm</i>	17
<i>hydromorphone hcl tab 8 mg</i>	3	<i>imatinib mesylate tab 100 mg (base equivalent)</i>	23
<i>hydroxychloroquine sulfate tab 200 mg</i>	89	<i>imatinib mesylate tab 400 mg (base equivalent)</i>	23
<i>hydroxyurea cap 500 mg</i>	20	IMBRUVICA CAP 140MG	23
<i>hydroxyzine hcl tab 10 mg</i>	98	IMBRUVICA CAP 70MG.....	23
<i>hydroxyzine hcl tab 25 mg</i>	98	IMBRUVICA SUS 70MG/ML	23
<i>hydroxyzine hcl tab 50 mg</i>	98	IMBRUVICA TAB 140MG	23
<i>hydroxyzine pamoate cap 100 mg</i>	98	IMBRUVICA TAB 280MG	23
<i>hydroxyzine pamoate cap 25 mg</i>	98	IMBRUVICA TAB 420MG	23
<i>hydroxyzine pamoate cap 50 mg</i>	98	IMBRUVICA TAB 560MG	23
HYFTOR GEL 0.2%	105	<i>imipenem-cilastatin intravenous for soln 250 mg</i>	5
I		<i>imipenem-cilastatin intravenous for soln 500 mg</i>	5
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	68	<i>imipramine hcl tab 10 mg</i>	44
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	68	<i>imipramine hcl tab 25 mg</i>	44
IBRANCE CAP 100MG.....	22	<i>imipramine hcl tab 50 mg</i>	44
IBRANCE CAP 125MG.....	22	<i>imiquimod cream 5%</i>	105
IBRANCE CAP 75MG	22	IMOVAX RABIE INJ 2.5/ML	92
		IMPAVIDO CAP 50MG.....	5
		INBRIJA CAP 42MG.....	46
		INCRELEX INJ 40MG/4ML	75

INCRUSE ELPT INH 62.5MCG	97	INVOKAMET XR TAB 150-500	64
<i>indapamide tab 1.25 mg</i>	38	INVOKAMET XR TAB 50-1000	64
<i>indapamide tab 2.5 mg</i>	38	INVOKAMET XR TAB 50-500MG	64
INFANRIX INJ	92	INVOKANA TAB 100MG	64
INGREZZA CAP 40-80MG.....	60	INVOKANA TAB 300MG	64
INGREZZA CAP 40MG	60	IOPIDINE SOL 1% OP	96
INGREZZA CAP 60MG	60	IPOL INJ INACTIVE	92
INGREZZA CAP 80MG	60	<i>ipratropium bromide inhal soln 0.02%</i>	
INLYTA TAB 1MG.....	23	.....	97
INLYTA TAB 5MG.....	23	<i>ipratropium bromide nasal soln 0.03%</i>	
INQOVI TAB 35-100MG	18	<i>(21 mcg/spray)</i>	98
INREBIC CAP 100MG	23	<i>ipratropium bromide nasal soln 0.06%</i>	
INSULIN LISP INJ 100/ML	67	<i>(42 mcg/spray)</i>	98
INSULIN LISP INJ JUNIOR	67	<i>ipratropium-albuterol nebu soln 0.5-</i>	
INSULIN LISP INJ PROTAMIN	67	<i>2.5(3) mg/3ml</i>	97
INSULIN PEN NEEDLE	67	<i>irbesartan tab 150 mg</i>	31
INSULIN SYRINGE (DISP) U-100 0.3		<i>irbesartan tab 300 mg</i>	31
ML.....	67	<i>irbesartan tab 75 mg</i>	31
INSULIN SYRINGE (DISP) U-100 1 ML		<i>irbesartan-hydrochlorothiazide tab</i>	
.....	67	<i>150-12.5 mg</i>	30
INSULIN SYRINGE (DISP) U-100 1/2		<i>irbesartan-hydrochlorothiazide tab</i>	
ML.....	67	<i>300-12.5 mg</i>	30
INTELENCE TAB 25MG	8	IRESSA TAB 250MG.....	23
INTRALIPID INJ 20%	94	<i>irinotecan hcl inj 100 mg/5ml (20</i>	
INTRALIPID INJ 30%	94	<i>mg/ml)</i>	20
INTRON A INJ 10MU	90	<i>irinotecan hcl inj 40 mg/2ml (20</i>	
INTRON A INJ 18MU	90	<i>mg/ml)</i>	20
INTRON A INJ 25MU	90	<i>irinotecan hcl inj 500 mg/25ml (20</i>	
INTRON A INJ 50MU	90	<i>mg/ml)</i>	20
<i>introvale</i>	70	ISENTRESS CHW 100MG.....	8
INVEGA HAFYE INJ 1092MG.....	49	ISENTRESS CHW 25MG.....	8
INVEGA HAFYE INJ 1560MG.....	49	ISENTRESS HD TAB 600MG.....	8
INVEGA SUST INJ 117/0.75.....	49	ISENTRESS POW 100MG	8
INVEGA SUST INJ 156MG/ML.....	49	ISENTRESS TAB 400MG	8
INVEGA SUST INJ 234/1.5.....	49	<i>isibloom</i>	70
INVEGA SUST INJ 39/0.25.....	49	ISOLYTE-P INJ /D5W	93
INVEGA SUST INJ 78/0.5ML	49	ISOLYTE-S INJ PH 7.4.....	93
INVEGA TRINZ INJ 273MG.....	49	<i>isoniazid inj 100 mg/ml</i>	10
INVEGA TRINZ INJ 410MG.....	49	<i>isoniazid syrup 50 mg/5ml</i>	10
INVEGA TRINZ INJ 546MG.....	49	<i>isoniazid tab 100 mg</i>	10
INVEGA TRINZ INJ 819MG.....	49	<i>isoniazid tab 300 mg</i>	10
INVIRASE TAB 500MG.....	8	ISOPROPYL ALCOHOL 0.7 ML/ML.....	67
INVOKAMET TAB 150-1000.....	64	<i>isosorbide dinitrate tab 10 mg</i>	39
INVOKAMET TAB 150-500	64	<i>isosorbide dinitrate tab 20 mg</i>	39
INVOKAMET TAB 50-1000	64	<i>isosorbide dinitrate tab 30 mg</i>	39
INVOKAMET TAB 50-500MG.....	64	<i>isosorbide dinitrate tab 5 mg</i>	39
INVOKAMET XR TAB 150-1000.....	64	<i>isosorbide mononitrate tab 10 mg</i>	39

<i>isosorbide mononitrate tab 20 mg</i>	39
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	39
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	39
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	39
<i>isradipine cap 2.5 mg</i>	36
<i>isradipine cap 5 mg</i>	36
ISTODAX OVR INJ 10MG	23
ISTURISA TAB 10MG	75
ISTURISA TAB 1MG	75
ISTURISA TAB 5MG	75
<i>itraconazole cap 100 mg</i>	7
<i>ivermectin tab 3 mg</i>	5
IXEMPRA KIT INJ 15MG.....	20
IXIARO INJ.....	92
J	
JAKAFI TAB 10MG	23
JAKAFI TAB 15MG	23
JAKAFI TAB 20MG	23
JAKAFI TAB 25MG	23
JAKAFI TAB 5MG	23
<i>jantoven</i>	86
JANUMET TAB 50-1000	64
JANUMET TAB 50-500MG	64
JANUMET XR TAB 100-1000.....	65
JANUMET XR TAB 50-1000	65
JANUMET XR TAB 50-500MG.....	64
JANUVIA TAB 100MG	65
JANUVIA TAB 25MG.....	65
JANUVIA TAB 50MG.....	65
JARDIANCE TAB 10MG	65
JARDIANCE TAB 25MG	65
<i>jasmiel</i>	70
JAYPIRCA TAB 100MG.....	23
JAYPIRCA TAB 50MG.....	23
JENTADUETO TAB 2.5-1000.....	65
JENTADUETO TAB 2.5-500.....	65
JENTADUETO TAB 2.5-850.....	65
JENTADUETO TAB XR 2.5-1000MG ...	65
JENTADUETO TAB XR 5-1000MG	65
JEVTANA INJ 60/1.5ML	20
<i>juleber</i>	70
JULUCA TAB 50-25MG.....	10
<i>junel 1.5/30</i>	70
<i>junel 1/20</i>	70

<i>junel fe 1.5/30</i>	70
<i>junel fe 1/20</i>	70
<i>junel fe 24</i>	70
JYNARQUE PAK 15MG	75
JYNARQUE PAK 30-15MG	75
JYNARQUE PAK 45-15MG	75
JYNARQUE PAK 60-30MG	75
JYNARQUE PAK 90-30MG	75
JYNARQUE TAB 15MG	75
JYNARQUE TAB 30MG	75
JYNNEOS INJ	92
K	
KADCYLA INJ 100MG	23
KADCYLA INJ 160MG	23
<i>kaitlib fe</i>	70
KALYDECO GRA 13.4MG.....	99
KALYDECO PAK 25MG	99
KALYDECO PAK 50MG	99
KALYDECO PAK 75MG	99
KALYDECO TAB 150MG	99
<i>kariva</i>	70
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	93
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	93
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	93
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	93
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	93
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	93
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	93
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	93
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	93
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	93
KCL/D5W/LACT INJ 20MEQ/L.....	93
<i>kelnor 1/35</i>	70
<i>kelnor 1/50</i>	70
KERENDIA TAB 10MG	29
KERENDIA TAB 20MG	29
KESIMPTA INJ 20/.4ML	61
<i>ketoconazole cream 2%</i>	102

<i>ketoconazole shampoo 2%</i>	102	<i>lamivudine oral soln 10 mg/ml</i>	8
<i>ketoconazole tab 200 mg</i>	7	<i>lamivudine tab 100 mg (hbv)</i>	11
<i>ketorolac tromethamine ophth soln</i>		<i>lamivudine tab 150 mg</i>	8
<i>0.4%</i>	95	<i>lamivudine tab 300 mg</i>	8
<i>ketorolac tromethamine ophth soln</i>		<i>lamivudine-zidovudine tab 150-300 mg</i>	
<i>0.5%</i>	95	.....	10
KEYTRUDA INJ 100MG/4M	23	<i>lamotrigine orally disintegrating tab</i>	
KINERET INJ	88	<i>100 mg</i>	54
KINRIX INJ	92	<i>lamotrigine orally disintegrating tab</i>	
KISQALI 200 DOSE.....	23	<i>200 mg</i>	54
KISQALI 200 PAK FEMARA.....	20	<i>lamotrigine orally disintegrating tab 25</i>	
KISQALI 400 DOSE.....	23	<i>mg</i>	54
KISQALI 400 PAK FEMARA.....	20	<i>lamotrigine orally disintegrating tab 50</i>	
KISQALI 600 DOSE.....	23	<i>mg</i>	54
KISQALI 600 PAK FEMARA.....	20	<i>lamotrigine tab 100 mg</i>	55
<i>klor-con</i>	93	<i>lamotrigine tab 150 mg</i>	55
<i>klor-con 10</i>	93	<i>lamotrigine tab 200 mg</i>	55
<i>klor-con 8</i>	93	<i>lamotrigine tab 25 mg</i>	54
<i>klor-con m10</i>	93	<i>lamotrigine tab 25 mg (42) & 100 mg</i>	
<i>klor-con m15</i>	94	<i>(7) starter kit</i>	54
<i>klor-con m20</i>	94	<i>lamotrigine tab 35 x 25 mg starter kit</i>	
<i>klor-con/ef</i>	94	.....	54
KLOXXADO SPR 8MG	63	<i>lamotrigine tab 84 x 25 mg & 14 x 100</i>	
KORLYM TAB 300MG	76	<i>mg starter kit</i>	55
KOSELUGO CAP 10MG	23	<i>lamotrigine tab chewable dispersible 25</i>	
KOSELUGO CAP 25MG	23	<i>mg</i>	55
KRAZATI TAB 200MG	23	<i>lamotrigine tab chewable dispersible 5</i>	
<i>kurvelo</i>	70	<i>mg</i>	55
KYPROLIS SOL 30MG	24	<i>lamotrigine tab disint 21 x 25 mg & 7 x</i>	
KYPROLIS SOL 60MG	24	<i>50 mg titration kit</i>	55
L		<i>lamotrigine tab disint 25 (14) & 50 mg</i>	
<i>labetalol hcl iv soln 5 mg/ml</i>	35	<i>(14) & 100 mg (7) kit</i>	55
<i>labetalol hcl tab 100 mg</i>	35	<i>lamotrigine tab disint 42 x 50mg & 14</i>	
<i>labetalol hcl tab 200 mg</i>	35	<i>x 100mg titration kit</i>	55
<i>labetalol hcl tab 300 mg</i>	35	<i>lamotrigine tab er 24hr 100 mg</i>	55
<i>lacosamide oral solution 10 mg/ml</i> ...	54	<i>lamotrigine tab er 24hr 200 mg</i>	55
<i>lacosamide tab 100 mg</i>	54	<i>lamotrigine tab er 24hr 25 mg</i>	55
<i>lacosamide tab 150 mg</i>	54	<i>lamotrigine tab er 24hr 250 mg</i>	55
<i>lacosamide tab 200 mg</i>	54	<i>lamotrigine tab er 24hr 300 mg</i>	55
<i>lacosamide tab 50 mg</i>	54	<i>lamotrigine tab er 24hr 50 mg</i>	55
<i>lactated ringer's for irrigation</i>	105	<i>lansoprazole cap delayed release 15</i>	
<i>lactated ringer's solution</i>	93	<i>mg</i>	83
<i>lactic acid (ammonium lactate) cream</i>		<i>lansoprazole cap delayed release 30</i>	
<i>12%</i>	105	<i>mg</i>	83
<i>lactic acid (ammonium lactate) lotion</i>		<i>lanthanum carbonate chew tab 1000</i>	
<i>12%</i>	105	<i>mg (elemental)</i>	77
<i>lactulose solution 10 gm/15ml</i>	82		

<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	77	<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	98
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	77	<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	98
LANTUS INJ 100/ML.....	67	<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	98
LANTUS SOLOS INJ 100/ML.....	67	<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	99
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	24	<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	99
<i>larin 1.5/30</i>	70	LEVEMIR INJ.....	67
<i>larin 1/20</i>	70	LEVEMIR INJ FLEXPEN	67
<i>larin fe 1.5/30</i>	70	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	55
<i>larin fe 1/20</i>	70	<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	55
LARTRUVO INJ 10MG/ML.....	24	<i>levetiracetam oral soln 100 mg/ml</i> ...	55
LARTRUVO INJ 190/19ML	24	<i>levetiracetam tab 1000 mg</i>	55
<i>latanoprost ophth soln 0.005%</i>	96	<i>levetiracetam tab 250 mg</i>	55
<i>layolis fe</i>	70	<i>levetiracetam tab 500 mg</i>	55
<i>leena</i>	70	<i>levetiracetam tab 750 mg</i>	55
<i>leflunomide tab 10 mg</i>	89	<i>levetiracetam tab er 24hr 500 mg</i>	55
<i>leflunomide tab 20 mg</i>	89	<i>levetiracetam tab er 24hr 750 mg</i>	55
<i>lenalidomide cap 10 mg</i>	19	<i>levobunolol hcl ophth soln 0.5%</i>	96
<i>lenalidomide cap 15 mg</i>	19	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	76
<i>lenalidomide cap 20 mg</i>	19	<i>levocarnitine tab 330 mg</i>	76
<i>lenalidomide cap 25 mg</i>	19	<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	98
<i>lenalidomide cap 5 mg</i>	19	<i>levocetirizine dihydrochloride tab 5 mg</i>	98
<i>lenalidomide caps 2.5 mg</i>	19	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	14
LENVIMA CAP 10 MG	24	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	14
LENVIMA CAP 12MG	24	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	14
LENVIMA CAP 14 MG	24	<i>levofloxacin ophth soln 0.5%</i>	95
LENVIMA CAP 18 MG	24	<i>levofloxacin oral soln 25 mg/ml</i>	14
LENVIMA CAP 20 MG	24	<i>levofloxacin tab 250 mg</i>	14
LENVIMA CAP 24 MG	24	<i>levofloxacin tab 500 mg</i>	14
LENVIMA CAP 4MG	24	<i>levofloxacin tab 750 mg</i>	14
LENVIMA CAP 8 MG	24	<i>levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)</i>	27
<i>lessina</i>	70	levonest.....	70
<i>letrozole tab 2.5 mg</i>	18	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	70
<i>leucovorin calcium for inj 100 mg</i>	27		
<i>leucovorin calcium for inj 200 mg</i>	27		
<i>leucovorin calcium for inj 350 mg</i>	27		
<i>leucovorin calcium for inj 50 mg</i>	27		
<i>leucovorin calcium tab 10 mg</i>	27		
<i>leucovorin calcium tab 15 mg</i>	27		
<i>leucovorin calcium tab 25 mg</i>	27		
<i>leucovorin calcium tab 5 mg</i>	27		
LEUKERAN TAB 2MG	17		
<i>leuprolide inj 1mg/0.2</i>	18		
LEUPROLIDE INJ 22.5MG.....	18		

<i>levonorgestrel & ethinyl estradiol tab</i>	
0.1 mg-20 mcg	70
<i>levonorgestrel & ethinyl estradiol tab</i>	
0.15 mg-30 mcg	70
<i>levonorgestrel-eth estra tab 0.05-</i>	
30/0.075-40/0.125-30mg-mcg	70
<i>levonorgestrel-ethinyl estradiol</i>	
(continuous) tab 90-20 mcg.....	70
<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>	
<i>eth est tab 0.01mg(7).....</i>	70
<i>levonorg-eth est tab 0.15-0.03mg(84)</i>	
& <i>eth est tab 0.01mg(7).....</i>	70
<i>levora 0.15/30-28</i>	70
<i>levothyroxine sodium cap 100 mcg...78</i>	
<i>levothyroxine sodium cap 112 mcg...78</i>	
<i>levothyroxine sodium cap 125 mcg...78</i>	
<i>levothyroxine sodium cap 13 mcg ...78</i>	
<i>levothyroxine sodium cap 137 mcg...78</i>	
<i>levothyroxine sodium cap 150 mcg...78</i>	
<i>levothyroxine sodium cap 175 mcg...78</i>	
<i>levothyroxine sodium cap 200 mcg...78</i>	
<i>levothyroxine sodium cap 25 mcg ....78</i>	
<i>levothyroxine sodium cap 50 mcg ....78</i>	
<i>levothyroxine sodium cap 75 mcg ....78</i>	
<i>levothyroxine sodium cap 88 mcg ....78</i>	
<i>levothyroxine sodium tab 100 mcg ...78</i>	
<i>levothyroxine sodium tab 112 mcg ...78</i>	
<i>levothyroxine sodium tab 125 mcg ...78</i>	
<i>levothyroxine sodium tab 137 mcg ...78</i>	
<i>levothyroxine sodium tab 150 mcg ...78</i>	
<i>levothyroxine sodium tab 175 mcg ...78</i>	
<i>levothyroxine sodium tab 200 mcg ...78</i>	
<i>levothyroxine sodium tab 25 mcg .....78</i>	
<i>levothyroxine sodium tab 300 mcg ...78</i>	
<i>levothyroxine sodium tab 50 mcg .....78</i>	
<i>levothyroxine sodium tab 75 mcg .....78</i>	
<i>levothyroxine sodium tab 88 mcg .....78</i>	
<i>levoxyl.....</i>	78
<i>LEXIVA SUS 50MG/ML</i>	8
<i>lidocaine hcl local inj 2%</i>	4
<i>lidocaine hcl local preservative free (pf)</i>	
<i>inj 0.5%</i>	4
<i>lidocaine hcl viscous soln 2%</i>	106
<i>lidocaine oint 5%</i>	104
<i>lidocaine patch 5%</i>	104
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
.....	104
<i>linezolid for susp 100 mg/5ml.....</i>	5
<i>linezolid iv soln 600 mg/300ml (2</i>	
<i>mg/ml)</i>	5
<i>linezolid tab 600 mg</i>	5
<i>LINZESS CAP 145MCG</i>	82
<i>LINZESS CAP 290MCG</i>	82
<i>LINZESS CAP 72MCG.....</i>	82
<i>liothyronine sodium iv soln 10 mcg/ml</i>	
.....	78
<i>liothyronine sodium tab 25 mcg</i>	78
<i>liothyronine sodium tab 5 mcg</i>	78
<i>liothyronine sodium tab 50 mcg</i>	78
<i>lisinopril & hydrochlorothiazide tab 10-</i>	
12.5 mg	28
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
12.5 mg	28
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
25 mg.....	28
<i>lisinopril tab 10 mg.....</i>	28
<i>lisinopril tab 2.5 mg</i>	28
<i>lisinopril tab 20 mg.....</i>	28
<i>lisinopril tab 30 mg.....</i>	28
<i>lisinopril tab 40 mg.....</i>	28
<i>lisinopril tab 5 mg</i>	28
<i>lithium carbonate cap 150 mg.....</i>	60
<i>lithium carbonate cap 300 mg.....</i>	60
<i>lithium carbonate cap 600 mg.....</i>	60
<i>lithium carbonate tab 300 mg</i>	60
<i>lithium carbonate tab er 300 mg</i>	60
<i>lithium carbonate tab er 450 mg</i>	60
<i>LITHIUM SOL 8MEQ/5ML.....</i>	60
<i>LIVALO TAB 1MG.....</i>	33
<i>LIVALO TAB 2MG.....</i>	33
<i>LIVALO TAB 4MG.....</i>	33
<i>LIVTENCITY TAB 200MG.....</i>	11
<i>LONSURF TAB 15-6.14.....</i>	18
<i>LONSURF TAB 20-8.19.....</i>	18
<i>loperamide hcl cap 2 mg</i>	82
<i>lopinavir-ritonavir soln 400-100</i>	
<i>mg/5ml (80-20 mg/ml).....</i>	10
<i>lopinavir-ritonavir tab 100-25 mg.....</i>	10
<i>lopinavir-ritonavir tab 200-50 mg.....</i>	10
<i>lorazepam intensol</i>	41
<i>lorazepam tab 0.5 mg.....</i>	41
<i>lorazepam tab 1 mg</i>	41
<i>lorazepam tab 2 mg</i>	41
<i>LORBRENA TAB 100MG</i>	24

LORBRENA TAB 25MG	24	LUPRON DEPOT INJ 45MG	19
LOREEV XR CAP 1.5MG	41	LUPRON DEPOT INJ 7.5MG	19
LOREEV XR CAP 1MG	41	LUPRON DEPOT INJ PED 6MON	76
LOREEV XR CAP 2MG	41	<i>lurasidone hcl tab 120 mg</i>	49
LOREEV XR CAP 3MG	41	<i>lurasidone hcl tab 20 mg</i>	49
<i>loryna</i>	70	<i>lurasidone hcl tab 40 mg</i>	49
<i>losartan potassium &</i>		<i>lurasidone hcl tab 60 mg</i>	49
<i>hydrochlorothiazide tab 100-12.5 mg</i>		<i>lurasidone hcl tab 80 mg</i>	49
.....	30	<i>lutera</i>	71
<i>losartan potassium &</i>		LYBALVI TAB 10-10MG.....	50
<i>hydrochlorothiazide tab 100-25 mg</i>	30	LYBALVI TAB 15-10MG.....	50
<i>losartan potassium &</i>		LYBALVI TAB 20-10MG.....	50
<i>hydrochlorothiazide tab 50-12.5 mg</i>		LYBALVI TAB 5-10MG	50
.....	30	<i>lyleq</i>	71
<i>losartan potassium tab 100 mg</i>	31	<i>lyllana</i>	73
<i>losartan potassium tab 25 mg</i>	31	LYNPARZA TAB 100MG.....	24
<i>losartan potassium tab 50 mg</i>	31	LYNPARZA TAB 150MG.....	24
LOTEMAX OIN 0.5%	95	LYSODREN TAB 500MG	19
LOTEMAX SM GEL 0.38%	95	LYTGOBI TAB 4MG	24
<i>loteprednol etabonate ophth gel 0.5%</i>		LYUMJEV INJ 100UT/ML	67
.....	95	LYUMJEV KWPN INJ 100UT/ML.....	67
<i>loteprednol etabonate ophth susp 0.5%</i>		LYUMJEV KWPN INJ 200UT/ML.....	67
.....	95	<i>lyza</i>	71
<i>lovastatin tab 10 mg</i>	33	M	
<i>lovastatin tab 20 mg</i>	33	<i>magnesium sulfat inj 50%</i>	93
<i>lovastatin tab 40 mg</i>	33	<i>malathion lotion 0.5%</i>	105
<i>low-ogestrel</i>	71	<i>maraviroc tab 150 mg</i>	8
<i>loxapine succinate cap 10 mg</i>	49	<i>maraviroc tab 300 mg</i>	8
<i>loxapine succinate cap 25 mg</i>	49	<i>marlissa</i>	71
<i>loxapine succinate cap 5 mg</i>	49	MARPLAN TAB 10MG.....	44
<i>loxapine succinate cap 50 mg</i>	49	MATULANE CAP 50MG.....	20
<i>lubiprostone cap 24 mcg</i>	82	MAVYRET PAK 50-20MG	11
<i>lubiprostone cap 8 mcg</i>	82	MAVYRET TAB 100-40MG	11
LUCENTIS SOL 0.3MG	97	MAYZENT STARTER PACK (12).....	61
LUCENTIS SOL 0.5MG	97	MAYZENT STARTER PACK (7).....	61
<i>luliconazole cream 1%</i>	102	MAYZENT TAB 0.25MG.....	61
LUMAKRAS TAB 120MG	24	MAYZENT TAB 1MG	61
LUMAKRAS TAB 320MG	24	MAYZENT TAB 2MG	61
LUMIGAN SOL 0.01%.....	96	<i>meclizine hcl tab 12.5 mg</i>	80
LUPKYNIS CAP 7.9MG	91	<i>meclizine hcl tab 25 mg</i>	80
LUPR DEP-PED INJ 11.25MG	76	<i>medroxyprogesterone acetate im susp</i>	
LUPR DEP-PED INJ 15MG.....	76	<i>150 mg/ml</i>	71
LUPR DEP-PED INJ 7.5MG.....	76	<i>medroxyprogesterone acetate im susp</i>	
LUPRON DEPOT INJ 11.25MG.....	19	<i>prefilled syr 150 mg/ml</i>	71
LUPRON DEPOT INJ 22.5MG	19	<i>medroxyprogesterone acetate tab 10</i>	
LUPRON DEPOT INJ 3.75MG	18	<i>mg</i>	77
LUPRON DEPOT INJ 30MG	19		

<i>medroxyprogesterone acetate tab 2.5 mg</i>	77	<i>metformin hcl tab 850 mg</i>	65
<i>medroxyprogesterone acetate tab 5 mg</i>	77	<i>metformin hcl tab er 24hr 500 mg</i>	65
<i>mefloquine hcl tab 250 mg</i>	8	<i>metformin hcl tab er 24hr 750 mg</i>	65
<i>megestrol acetate susp 40 mg/ml</i>	77	<i>methazolamide tab 25 mg</i>	38
<i>megestrol acetate susp 625 mg/5ml</i> .77		<i>methazolamide tab 50 mg</i>	38
<i>megestrol acetate tab 20 mg</i>	19	<i>methenamine hippurate tab 1 gm</i>	5
<i>megestrol acetate tab 40 mg</i>	19	<i>methimazole tab 10 mg</i>	78
MEKINIST SOL 0.05/ML.....	24	<i>methimazole tab 5 mg</i>	78
MEKINIST TAB 0.5MG	24	METHITEST TAB 10MG.....	63
MEKINIST TAB 2MG.....	24	<i>methocarbamol tab 500 mg</i>	62
MEKTOVI TAB 15MG	24	<i>methocarbamol tab 750 mg</i>	62
<i>meloxicam tab 15 mg</i>	1	<i>methotrexate sodium for inj 1 gm</i>	18
<i>meloxicam tab 7.5 mg</i>	1	<i>methotrexate sodium inj 50 mg/2ml</i>	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	17	(25 mg/ml).....	18
<i>memantine hcl cap er 24hr 14 mg</i>	42	<i>methotrexate sodium inj pf 50 mg/2ml</i>	
<i>memantine hcl cap er 24hr 21 mg</i>	42	(25 mg/ml).....	18
<i>memantine hcl cap er 24hr 28 mg</i>	42	<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	89
<i>memantine hcl cap er 24hr 7 mg</i>	42	<i>methoxsalen rapid cap 10 mg</i>	102
<i>memantine hcl oral solution 2 mg/ml</i> 42		<i>methscopolamine bromide tab 2.5 mg</i>	
<i>memantine hcl tab 10 mg</i>	42	.....	81
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	42	<i>methscopolamine bromide tab 5 mg</i> .81	
<i>memantine hcl tab 5 mg</i>	42	<i>methsuximide cap 300 mg</i>	55
MENACTRA INJ.....	92	<i>methylphenidate hcl soln 10 mg/5ml</i> 58	
MENQUADFI INJ.....	92	<i>methylphenidate hcl soln 5 mg/5ml</i> ..	58
MENVEO INJ	92	<i>methylphenidate hcl tab 10 mg</i>	58
MENVEO SOL	92	<i>methylphenidate hcl tab 20 mg</i>	58
<i>mercaptapurine tab 50 mg</i>	18	<i>methylphenidate hcl tab 5 mg</i>	58
<i>meropenem iv for soln 1 gm</i>	5	<i>methylprednisolone acetate inj susp 40 mg/ml</i>	74
<i>meropenem iv for soln 500 mg</i>	5	<i>methylprednisolone acetate inj susp 80 mg/ml</i>	74
<i>merzee</i>	71	<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	74
<i>mesalamine cap dr 400 mg</i>	82	<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	74
<i>mesalamine cap er 24hr 0.375 gm</i> ...	82	<i>methylprednisolone tab 16 mg</i>	74
<i>mesalamine enema 4 gm</i>	82	<i>methylprednisolone tab 32 mg</i>	74
<i>mesalamine suppos 1000 mg</i>	82	<i>methylprednisolone tab 4 mg</i>	74
<i>mesalamine tab delayed release 1.2 gm</i>	82	<i>methylprednisolone tab 8 mg</i>	74
<i>mesalamine tab delayed release 800 mg</i>	82	<i>methylprednisolone tab therapy pack 4 mg (21)</i>	74
<i>mesna inj 100 mg/ml</i>	27	<i>methyltestosterone cap 10 mg</i>	63
MESNEX TAB 400MG.....	27	<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	80
<i>metaxalone tab 800 mg</i>	62	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	80
<i>metformin hcl tab 1000 mg</i>	65		
<i>metformin hcl tab 500 mg</i>	65		

<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	80	<i>miglitol tab 100 mg</i>	65
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	80	<i>miglitol tab 25 mg</i>	65
<i>metolazone tab 10 mg</i>	38	<i>miglitol tab 50 mg</i>	65
<i>metolazone tab 2.5 mg</i>	38	<i>miglustat cap 100 mg</i>	76
<i>metolazone tab 5 mg</i>	38	<i>minocycline hcl cap 100 mg</i>	16
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	34	<i>minocycline hcl cap 50 mg</i>	16
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	34	<i>minocycline hcl cap 75 mg</i>	16
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	34	<i>minocycline hcl tab 100 mg</i>	16
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	35	<i>minocycline hcl tab 50 mg</i>	16
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	35	<i>minocycline hcl tab 75 mg</i>	16
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	35	<i>minoxidil tab 10 mg</i>	39
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	35	<i>minoxidil tab 2.5 mg</i>	39
<i>metoprolol tartrate tab 100 mg</i>	35	<i>mirtazapine orally disintegrating tab 15 mg</i>	44
<i>metoprolol tartrate tab 25 mg</i>	35	<i>mirtazapine orally disintegrating tab 30 mg</i>	44
<i>metoprolol tartrate tab 37.5 mg</i>	35	<i>mirtazapine orally disintegrating tab 45 mg</i>	44
<i>metoprolol tartrate tab 50 mg</i>	35	<i>mirtazapine tab 15 mg</i>	44
<i>metoprolol tartrate tab 75 mg</i>	35	<i>mirtazapine tab 30 mg</i>	44
<i>metronidazole cream 0.75%</i>	105	<i>mirtazapine tab 45 mg</i>	44
<i>metronidazole gel 0.75%</i>	105	<i>mirtazapine tab 7.5 mg</i>	44
<i>metronidazole in nacl</i>	5	<i>misoprostol tab 100 mcg</i>	83
<i>metronidazole lotion 0.75%</i>	105	<i>misoprostol tab 200 mcg</i>	83
<i>metronidazole tab 250 mg</i>	5	<i>mitomycin for iv soln 20 mg</i>	17
<i>metronidazole tab 500 mg</i>	6	<i>mitomycin for iv soln 40 mg</i>	17
<i>metronidazole vaginal gel 0.75%</i>	85	<i>mitomycin for iv soln 5 mg</i>	17
<i>metyrosine cap 250 mg</i>	39	<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	20
<i>mexiletine hcl cap 150 mg</i>	32	<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	20
<i>mexiletine hcl cap 200 mg</i>	32	<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	20
<i>mexiletine hcl cap 250 mg</i>	32	<i>M-M-R II INJ</i>	92
<i>micafungin sodium for iv soln 100 mg</i>	7	<i>modafinil tab 100 mg</i>	62
<i>micafungin sodium for iv soln 50 mg</i>	7	<i>modafinil tab 200 mg</i>	62
<i>microgestin 1.5/30</i>	71	<i>moexipril hcl tab 15 mg</i>	28
<i>microgestin 1/20</i>	71	<i>moexipril hcl tab 7.5 mg</i>	28
<i>microgestin 24 fe</i>	71	<i>molindone hcl tab 10 mg</i>	50
<i>microgestin fe 1.5/30</i>	71	<i>molindone hcl tab 25 mg</i>	50
<i>microgestin fe 1/20</i>	71	<i>molindone hcl tab 5 mg</i>	50
<i>midodrine hcl tab 10 mg</i>	39	<i>mometasone furoate cream 0.1%</i> ..	104
<i>midodrine hcl tab 2.5 mg</i>	39	<i>mometasone furoate nasal susp 50 mcg/act</i>	100
<i>midodrine hcl tab 5 mg</i>	39	<i>mometasone furoate oint 0.1%</i>	104
		<i>mometasone furoate solution 0.1% (lotion)</i>	104

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	99	<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	91
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	99	<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	91
<i>montelukast sodium tab 10 mg (base equiv)</i>	99	MYRBETRIQ TAB 25MG	84
<i>morphine sulfate oral soln 10 mg/5ml</i>	3	MYRBETRIQ TAB 50MG	84
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	4	N	
<i>morphine sulfate oral soln 20 mg/5ml</i>	4	<i>nabumetone tab 500 mg</i>	1
<i>morphine sulfate suppos 10 mg</i>	4	<i>nabumetone tab 750 mg</i>	1
<i>morphine sulfate tab 15 mg</i>	4	<i>nadolol tab 20 mg</i>	35
<i>morphine sulfate tab 30 mg</i>	4	<i>nadolol tab 40 mg</i>	35
<i>morphine sulfate tab er 100 mg</i>	2	<i>nadolol tab 80 mg</i>	35
<i>morphine sulfate tab er 15 mg</i>	2	<i>nafcillin sodium for inj 1 gm</i>	15
<i>morphine sulfate tab er 200 mg</i>	2	<i>nafcillin sodium for inj 2 gm</i>	15
<i>morphine sulfate tab er 30 mg</i>	2	<i>nafcillin sodium for iv soln 10 gm</i>	15
<i>morphine sulfate tab er 60 mg</i>	2	<i>naloxone hcl inj 0.4 mg/ml</i>	63
MOUNJARO INJ 10MG/0.5	65	<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	63
MOUNJARO INJ 12.5/0.5	65	.....	63
MOUNJARO INJ 15MG/0.5	65	<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	63
MOUNJARO INJ 2.5/0.5	65	.....	63
MOUNJARO INJ 5MG/0.5	65	<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	63
MOUNJARO INJ 7.5/0.5	65	<i>naltrexone hcl tab 50 mg</i>	63
MOVANTIK TAB 12.5MG	83	NAMZARIC CAP 14-10MG	42
MOVANTIK TAB 25MG	83	NAMZARIC CAP 21-10MG	42
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	14	NAMZARIC CAP 28-10MG	42
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	95	NAMZARIC CAP 7-10MG	42
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	14	NAMZARIC CAP PACK	42
MOZOBIL INJ	86	<i>naproxen tab 250 mg</i>	1
MULPLETA TAB 3MG	87	<i>naproxen tab 375 mg</i>	1
<i>mult electro inj ph 5.5</i>	93	<i>naproxen tab 500 mg</i>	1
MULTAQ TAB 400MG	32	<i>naratriptan hcl tab 1 mg (base equiv)</i>	59
<i>mupirocin calcium cream 2%</i>	101	.....	59
<i>mupirocin oint 2%</i>	102	<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	59
MYALEPT INJ 11.3MG	76	.....	59
MYCAPSSA CAP 20MG	76	NARCAN SPR 4MG	63
<i>mycophenolate mofetil cap 250 mg</i> ..	91	NATACYN SUS 5% OP	95
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	91	<i>nateglinide tab 120 mg</i>	65
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	91	<i>nateglinide tab 60 mg</i>	65
<i>mycophenolate mofetil tab 500 mg</i> ...91		NATPARA INJ 100MCG	68
		NATPARA INJ 25MCG	68
		NATPARA INJ 50MCG	68
		NATPARA INJ 75MCG	68
		NAYZILAM SPR 5MG	55
		<i>nebivolol hcl tab 10 mg (base equivalent)</i>	35
		<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	35

<i>nebivolol hcl tab 20 mg (base equivalent)</i>	35	NICOTROL INH	63
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	35	NICOTROL NS SPR 10MG/ML	63
<i>necon 0.5/35-28</i>	71	<i>nifedipine tab er 24hr 30 mg</i>	37
NEEDLES, INSULIN DISP., SAFETY ...	67	<i>nifedipine tab er 24hr 60 mg</i>	37
<i>nefazodone hcl tab 100 mg</i>	44	<i>nifedipine tab er 24hr 90 mg</i>	37
<i>nefazodone hcl tab 150 mg</i>	44	<i>nifedipine tab er 24hr osmotic release 30 mg</i>	37
<i>nefazodone hcl tab 200 mg</i>	44	<i>nifedipine tab er 24hr osmotic release 60 mg</i>	37
<i>nefazodone hcl tab 250 mg</i>	44	<i>nifedipine tab er 24hr osmotic release 90 mg</i>	37
<i>nefazodone hcl tab 50 mg</i>	44	<i>nikki</i>	71
<i>neomycin sulfate tab 500 mg</i>	6	<i>nilutamide tab 150 mg</i>	19
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> 95		<i>nimodipine cap 30 mg</i>	37
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> ..95		NINLARO CAP 2.3MG	24
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	94	NINLARO CAP 3MG	24
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	94	NINLARO CAP 4MG	24
<i>neomycin-polymyxin-hc ophth susp</i> ..94		NIPENT INJ 10MG.....	20
<i>neomycin-polymyxin-hc otic soln 1%</i> 97		<i>nisoldipine tab er 24hr 17 mg</i>	37
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	97	<i>nisoldipine tab er 24hr 20 mg</i>	37
NERLYNX TAB 40MG	24	<i>nisoldipine tab er 24hr 25.5 mg</i>	37
NEUPRO DIS 1MG/24HR.....	46	<i>nisoldipine tab er 24hr 30 mg</i>	37
NEUPRO DIS 2MG/24HR.....	46	<i>nisoldipine tab er 24hr 34 mg</i>	37
NEUPRO DIS 3MG/24HR.....	46	<i>nisoldipine tab er 24hr 40 mg</i>	37
NEUPRO DIS 4MG/24HR.....	47	<i>nisoldipine tab er 24hr 8.5 mg</i>	37
NEUPRO DIS 6MG/24HR.....	47	<i>nitazoxanide tab 500 mg</i>	6
NEUPRO DIS 8MG/24HR.....	47	<i>nitisinone cap 10 mg</i>	76
NEVANAC SUS 0.1% OP	95	<i>nitisinone cap 2 mg</i>	76
<i>nevirapine susp 50 mg/5ml</i>	8	<i>nitisinone cap 20 mg</i>	76
<i>nevirapine tab 200 mg</i>	8	<i>nitisinone cap 5 mg</i>	76
<i>nevirapine tab er 24hr 100 mg</i>	8	NITRO-BID OIN 2%.....	39
<i>nevirapine tab er 24hr 400 mg</i>	8	<i>nitrofur mac cap 50mg</i>	6
NEXAVAR TAB 200MG	24	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	6
NEXTSTELLIS TAB 3-14.2MG	71	<i>nitrofurantoin macrocrystalline cap 25 mg</i>	6
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	34	<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	6
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	33	NITROGLYCER INJ 5MG/ML.....	39
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	33	<i>nitroglycerin sl tab 0.3 mg</i>	39
<i>niacor</i>	34	<i>nitroglycerin sl tab 0.4 mg</i>	39
<i>nicardipine hcl cap 20 mg</i>	36	<i>nitroglycerin sl tab 0.6 mg</i>	39
<i>nicardipine hcl cap 30 mg</i>	36	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	39
		<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	39

<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	44
.....39	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	44
.....39	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	44
.....39	
NITROSTAT SUB 0.3MG.....	40
NITROSTAT SUB 0.4MG.....	40
NITROSTAT SUB 0.6MG.....	40
NIVESTYM INJ 300/0.5	86
NIVESTYM INJ 300MCG	86
NIVESTYM INJ 480/0.8	86
NIVESTYM INJ 480MCG	86
<i>nizatidine cap 150 mg</i>	81
<i>nizatidine cap 300 mg</i>	81
<i>nora-be</i>	71
NORDITROPIN INJ 10/1.5ML.....	76
NORDITROPIN INJ 15/1.5ML.....	76
NORDITROPIN INJ 30/3ML	76
NORDITROPIN INJ 5/1.5ML	76
<i>norethindrone & ethinyl estradiol-fe</i>	
<i>chew tab 0.4 mg-35 mcg</i>	71
<i>norethindrone & ethinyl estradiol-fe</i>	
<i>chew tab 0.8 mg-25 mcg</i>	71
<i>norethindrone ace & ethinyl estradiol</i>	
<i>tab 1 mg-20 mcg</i>	71
<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>tab 1 mg-20 mcg</i>	71
<i>norethindrone acetate tab 5 mg</i>	77
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>tab 0.5 mg-2.5 mcg</i>	73
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>tab 1 mg-5 mcg</i>	73
<i>norethindrone ac-ethinyl estrad-fe tab</i>	
<i>1-20/1-30/1-35 mg-mcg</i>	71
<i>norethindrone tab 0.35 mg</i>	71
<i>norgestimate & ethinyl estradiol tab</i>	
<i>0.25 mg-35 mcg</i>	71
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>35/0.215-35/0.25-35 mg-mcg</i>	71
<i>norlyroc</i>	71
NORPACE CAP 100MG CR	32
NORPACE CAP 150MG CR	32
<i>nortrel 0.5/35 (28)</i>	71
<i>nortrel 1/35</i>	71
<i>nortrel 7/7/7</i>	71
<i>nortriptyline hcl cap 10 mg</i>	44
<i>nortriptyline hcl cap 25 mg</i>	44
<i>nortriptyline hcl cap 50 mg</i>	44
<i>nortriptyline hcl cap 75 mg</i>	44
<i>nortriptyline hcl soln 10 mg/5ml</i>	44
NORVIR POW 100MG.....	8
NORVIR SOL 80MG/ML.....	9
NORVIR TAB 100MG	9
NOURIANZ TAB 20MG.....	47
NOURIANZ TAB 40MG.....	47
NOXAFIL SUS 40MG/ML	7
<i>np thyroid 120</i>	78
<i>np thyroid 15</i>	78
<i>np thyroid 30</i>	78
<i>np thyroid 60</i>	78
<i>np thyroid 90</i>	78
NUBEQA TAB 300MG	19
NUDEXTA CAP 20-10MG	60
NULOJIX INJ 250MG	91
NUPLAZID CAP 34MG.....	50
NUPLAZID TAB 10MG.....	50
NURTEC TAB 75MG ODT.....	59
NUZYRA INJ 100MG.....	16
NUZYRA TAB 150MG.....	16
<i>nyamyc</i>	102
<i>nylia 1/35</i>	71
<i>nylia 7/7/7</i>	71
<i>nymyo</i>	71
<i>nystatin cream 100000 unit/gm</i>	102
<i>nystatin oint 100000 unit/gm</i>	102
<i>nystatin susp 100000 unit/ml</i>	106
<i>nystatin tab 500000 unit</i>	7
<i>nystatin topical powder 100000</i>	
<i>unit/gm</i>	102
<i>nystatin-triamcinolone cream 100000-</i>	
<i>0.1 unit/gm-%</i>	102
<i>nystatin-triamcinolone oint 100000-0.1</i>	
<i>unit/gm-%</i>	102
<i>nystop</i>	102
o	
OCTAGAM INJ 1GM.....	89
OCTAGAM INJ 2GM/20ML.....	89
<i>octreotide acetate inj 100 mcg/ml (0.1</i>	
<i>mg/ml)</i>	76
<i>octreotide acetate inj 1000 mcg/ml (1</i>	
<i>mg/ml)</i>	76
<i>octreotide acetate inj 200 mcg/ml (0.2</i>	
<i>mg/ml)</i>	76

<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	76	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	30
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	76	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	30
ODACTRA SUB	90	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	30
ODEFSEY TAB	10	<i>olopatadine hcl nasal soln 0.6%</i>	98
ODOMZO CAP 200MG	24	<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	96
OFEV CAP 100MG	99	<i>omega-3-acid ethyl esters cap 1 gm</i> .34	
OFEV CAP 150MG	100	<i>omeprazole cap delayed release 10 mg</i>	83
<i>ofloxacin ophth soln 0.3%</i>	95	<i>omeprazole cap delayed release 20 mg</i>	83
<i>ofloxacin otic soln 0.3%</i>	97	<i>omeprazole cap delayed release 40 mg</i>	83
<i>ofloxacin tab 300 mg</i>	14	OMNIPOD 5 G6 KIT INTRO	67
<i>ofloxacin tab 400 mg</i>	14	OMNIPOD 5 G6 MIS PODS	67
<i>olanzapine for im inj 10 mg</i>	50	OMNIPOD DASH MIS PODS	67
<i>olanzapine orally disintegrating tab 10 mg</i>	50	OMNIPOD MIS CLASSIC	67
<i>olanzapine orally disintegrating tab 15 mg</i>	50	OMNIPOD PDM KIT CLASSIC.....	67
<i>olanzapine orally disintegrating tab 20 mg</i>	50	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	80
<i>olanzapine orally disintegrating tab 5 mg</i>	50	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	80
<i>olanzapine tab 10 mg</i>	50	<i>ondansetron hcl oral soln 4 mg/5ml</i> ..	80
<i>olanzapine tab 15 mg</i>	50	<i>ondansetron hcl tab 4 mg</i>	81
<i>olanzapine tab 2.5 mg</i>	50	<i>ondansetron hcl tab 8 mg</i>	81
<i>olanzapine tab 20 mg</i>	50	<i>ondansetron tab 4mg odt</i>	81
<i>olanzapine tab 5 mg</i>	50	<i>ondansetron tab 8mg odt</i>	81
<i>olanzapine tab 7.5 mg</i>	50	ONUREG TAB 200MG	18
<i>olmesartan medoxomil tab 20 mg</i>	31	ONUREG TAB 300MG	18
<i>olmesartan medoxomil tab 40 mg</i>	31	OPSUMIT TAB 10MG	40
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>	30	ORFADIN CAP 20MG	76
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>	30	ORFADIN SUS 4MG/ML	76
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i> .30		ORGOVYX TAB 120MG	19
<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i>	30	ORIAHNN CAP.....	76
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	30	ORKAMBI GRA 100-125	100
		ORKAMBI GRA 150-188	100
		ORKAMBI GRA 75-94MG	100
		ORKAMBI TAB 100-125.....	100
		ORKAMBI TAB 200-125.....	100
		ORLADEYO CAP 110MG	87
		ORLADEYO CAP 150MG	87

ORSERDU TAB 345MG	19	oxycodone hcl tab 20 mg	4
ORSERDU TAB 86MG	19	oxycodone hcl tab 30 mg	4
oseltamivir phosphate cap 30 mg (base equiv)	11	oxycodone hcl tab 5 mg	4
oseltamivir phosphate cap 45 mg (base equiv)	11	oxycodone hcl tab er 12hr deter 10 mg	2
oseltamivir phosphate cap 75 mg (base equiv)	11	oxycodone hcl tab er 12hr deter 20 mg	2
oseltamivir phosphate for susp 6 mg/ml (base equiv)	11	oxycodone hcl tab er 12hr deter 40 mg	2
OTEZLA TAB 10/20/30	88	oxycodone hcl tab er 12hr deter 80 mg	2
OTEZLA TAB 30MG	88	oxycodone w/ acetaminophen tab 10-325 mg	4
oxacillin sodium for inj 1 gm (base equivalent)	15	oxycodone w/ acetaminophen tab 2.5-325 mg	4
oxacillin sodium for inj 2 gm (base equivalent)	15	oxycodone w/ acetaminophen tab 5-325 mg	4
oxacillin sodium for iv soln 10 gm (base equivalent)	15	oxycodone w/ acetaminophen tab 7.5-325 mg	4
oxaliplatin for iv inj 100 mg	17	OXYCONTIN TAB 10MG ER	2
oxaliplatin iv soln 100 mg/20ml	17	OXYCONTIN TAB 15MG ER	2
oxaliplatin iv soln 50 mg/10ml	17	OXYCONTIN TAB 20MG ER	2
oxandrolone tab 10 mg	63	OXYCONTIN TAB 30MG ER	2
oxandrolone tab 2.5 mg	63	OXYCONTIN TAB 40MG ER	2
oxazepam cap 10 mg	41	OXYCONTIN TAB 60MG ER	2
oxazepam cap 15 mg	41	OXYCONTIN TAB 80MG ER	2
oxazepam cap 30 mg	41	oxymorphone hcl tab 10 mg	4
OXBRYTA TAB 300MG	87	oxymorphone hcl tab 5 mg	4
OXBRYTA TAB 500MG	87	OZEMPIC INJ 2MG/3ML	65
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	55	OZEMPIC INJ 4MG/3ML	65
oxcarbazepine tab 150 mg	55	OZEMPIC INJ 8MG/3ML	65
oxcarbazepine tab 300 mg	55	P	
oxcarbazepine tab 600 mg	55	pacerone	32
OXERVATE SOL 20MCG/ML	97	paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	21
oxybutynin chloride syrup 5 mg/5ml	84	paclitaxel iv conc 150 mg/25ml (6 mg/ml)	21
oxybutynin chloride tab 5 mg	84	paclitaxel iv conc 30 mg/5ml (6 mg/ml)	20
oxybutynin chloride tab er 24hr 10 mg	84	paliperidone tab er 24hr 1.5 mg	50
oxybutynin chloride tab er 24hr 15 mg	84	paliperidone tab er 24hr 3 mg	50
oxybutynin chloride tab er 24hr 5 mg	84	paliperidone tab er 24hr 6 mg	50
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	4	paliperidone tab er 24hr 9 mg	50
oxycodone hcl soln 5 mg/5ml	4	pamidronate disodium iv soln 3 mg/ml	68
oxycodone hcl tab 10 mg	4	pamidronate disodium iv soln 9 mg/ml	68
oxycodone hcl tab 15 mg	4		

PANRETIN GEL 0.1%	105	<i>penicillin v potassium tab 500 mg</i>	16
<i>pantoprazole sodium ec tab 20 mg</i>		PENTACEL INJ.....	92
<i>(base equiv)</i>	83	<i>pentamidine isethionate inh</i>	6
<i>pantoprazole sodium ec tab 40 mg</i>		<i>pentamidine isethionate inj</i>	6
<i>(base equiv)</i>	83	<i>pentoxifylline tab er 400 mg</i>	87
PANZYGA SOL 10/100ML.....	89	<i>perindopril erbumine tab 2 mg</i>	28
PANZYGA SOL 1GM/10ML.....	89	<i>perindopril erbumine tab 4 mg</i>	29
PANZYGA SOL 2.5/25ML.....	89	<i>perindopril erbumine tab 8 mg</i>	29
PANZYGA SOL 20/200ML.....	89	<i>periogard</i>	106
PANZYGA SOL 30/300ML.....	90	PERJETA INJ 420/14ML	24
PANZYGA SOL 5GM/50ML.....	89	<i>permethrin cream 5%</i>	105
<i>paricalcitol cap 1 mcg</i>	80	<i>perphenazine tab 16 mg</i>	50
<i>paricalcitol cap 2 mcg</i>	80	<i>perphenazine tab 2 mg</i>	50
<i>paricalcitol cap 4 mcg</i>	80	<i>perphenazine tab 4 mg</i>	50
<i>paricalcitol iv soln 2 mcg/ml</i>	80	<i>perphenazine tab 8 mg</i>	50
<i>paramomycin sulfate cap 250 mg</i>	6	PERSERIS INJ 120MG	50
<i>paroxetine hcl oral susp 10 mg/5ml</i>		PERSERIS INJ 90MG	50
<i>(base equiv)</i>	44	<i>pfizerpen</i>	16
<i>paroxetine hcl tab 10 mg</i>	44	<i>phenelzine sulfate tab 15 mg</i>	45
<i>paroxetine hcl tab 20 mg</i>	44	<i>phenobarbital elixir 20 mg/5ml</i>	55
<i>paroxetine hcl tab 30 mg</i>	44	<i>phenobarbital tab 100 mg</i>	55
<i>paroxetine hcl tab 40 mg</i>	44	<i>phenobarbital tab 15 mg</i>	55
<i>paroxetine hcl tab er 24hr 12.5 mg</i> ..	45	<i>phenobarbital tab 16.2 mg</i>	55
<i>paroxetine hcl tab er 24hr 25 mg</i>	45	<i>phenobarbital tab 30 mg</i>	55
<i>paroxetine hcl tab er 24hr 37.5 mg</i> ..	45	<i>phenobarbital tab 32.4 mg</i>	55
PEDIARIX INJ 0.5ML	92	<i>phenobarbital tab 60 mg</i>	55
PEDVAX HIB INJ.....	92	<i>phenobarbital tab 64.8 mg</i>	55
<i>peg-3350/electrolytes/asc</i>	82	<i>phenobarbital tab 97.2 mg</i>	55
PEGASYS INJ	11	<i>phenytoin chew tab 50 mg</i>	56
PEGASYS INJ 180MCG/M.....	11	<i>phenytoin sodium extended cap 100</i>	
PEMAZYRE TAB 13.5MG	24	<i>mg</i>	56
PEMAZYRE TAB 4.5MG	24	<i>phenytoin sodium extended cap 200</i>	
PEMAZYRE TAB 9MG	24	<i>mg</i>	56
PEN GK/DEXTR INJ 20000/ML.....	15	<i>phenytoin sodium extended cap 300</i>	
PEN GK/DEXTR INJ 40000/ML.....	15	<i>mg</i>	56
PEN GK/DEXTR INJ 60000/ML.....	15	<i>phenytoin sodium inj 50 mg/ml</i>	56
<i>peniclovir cream 1%</i>	105	<i>phenytoin susp 125 mg/5ml</i>	56
<i>penicillamine tab 250 mg</i>	69	PIFELTRO TAB 100MG.....	9
<i>penicillin g potassium for inj 20000000</i>		<i>pilocarpine hcl ophth soln 1%</i>	96
<i>unit</i>	15	<i>pilocarpine hcl ophth soln 2%</i>	96
<i>penicillin g sodium for inj 5000000 unit</i>		<i>pilocarpine hcl ophth soln 4%</i>	96
.....	15	<i>pilocarpine hcl tab 5 mg</i>	106
<i>penicillin v potassium for soln 125</i>		<i>pilocarpine hcl tab 7.5 mg</i>	106
<i>mg/5ml</i>	15	<i>pimecrolimus cream 1%</i>	105
<i>penicillin v potassium for soln 250</i>		<i>pimozide tab 1 mg</i>	50
<i>mg/5ml</i>	16	<i>pimozide tab 2 mg</i>	50
<i>penicillin v potassium tab 250 mg</i>	16	<i>pimtreea</i>	71

<i>pindolol tab 10 mg</i>	35	<i>potassium chloride inj 2 meq/ml</i>	93
<i>pindolol tab 5 mg</i>	35	<i>potassium chloride microencapsulated</i>	
<i>pioglitazone hcl tab 15 mg (base equiv)</i>		<i>crys er tab 10 meq</i>	94
.....	65	<i>potassium chloride microencapsulated</i>	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>		<i>crys er tab 15 meq</i>	94
.....	65	<i>potassium chloride microencapsulated</i>	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>		<i>crys er tab 20 meq</i>	94
.....	65	<i>potassium chloride oral soln 10% (20</i>	
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>meq/15ml)</i>	94
<i>500 mg</i>	65	<i>potassium chloride oral soln 20% (40</i>	
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>meq/15ml)</i>	94
<i>850 mg</i>	65	<i>potassium chloride tab er 10 meq</i>	94
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium chloride tab er 20 meq</i>	
<i>2.25 gm (2-0.25 gm)</i>	16	(<i>1500 mg</i>).....	94
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium chloride tab er 8 meq (600</i>	
<i>4.5 gm (4-0.5 gm)</i>	16	<i>mg)</i>	94
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium citrate tab er 10 meq (1080</i>	
<i>40.5 gm (36-4.5 gm)</i>	16	<i>mg)</i>	84
PIQRAY 200MG TAB DOSE.....	24	<i>potassium citrate tab er 15 meq (1620</i>	
PIQRAY 250MG TAB DOSE.....	24	<i>mg)</i>	84
PIQRAY 300MG TAB DOSE.....	24	<i>potassium citrate tab er 5 meq (540</i>	
<i>pirfenidone cap 267 mg</i>	100	<i>mg)</i>	84
<i>pirfenidone tab 267 mg</i>	100	PRADAXA CAP 110MG.....	86
<i>pirfenidone tab 534 mg</i>	100	PRADAXA CAP 150MG.....	86
<i>pirfenidone tab 801 mg</i>	100	PRADAXA CAP 75MG.....	86
PLASMA-LYTE INJ -148	93	PRALUENT INJ 150MG/ML	34
PLASMA-LYTE INJ -A.....	93	PRALUENT INJ 75MG/ML	34
PLEGRIDY INJ	61	<i>pramipexole dihydrochloride tab 0.125</i>	
PLEGRIDY INJ PEN.....	61	<i>mg</i>	47
<i>podofilox soln 0.5%</i>	105	<i>pramipexole dihydrochloride tab 0.25</i>	
<i>polymyxin b-trimethoprim ophth soln</i>		<i>mg</i>	47
<i>10000 unit/ml-0.1%</i>	95	<i>pramipexole dihydrochloride tab 0.5</i>	
POMALYST CAP 1MG	19	<i>mg</i>	47
POMALYST CAP 2MG	19	<i>pramipexole dihydrochloride tab 0.75</i>	
POMALYST CAP 3MG	19	<i>mg</i>	47
POMALYST CAP 4MG	19	<i>pramipexole dihydrochloride tab 1 mg</i>	
<i>portia-28</i>	71	.....	47
<i>posaconazole susp 40 mg/ml</i>	7	<i>pramipexole dihydrochloride tab 1.5</i>	
<i>posaconazole tab delayed release 100</i>		<i>mg</i>	47
<i>mg</i>	7	<i>prasugrel hcl tab 10 mg (base equiv)</i> 88	
POT CHLORIDE INJ 10MEQ	93	<i>prasugrel hcl tab 5 mg (base equiv)</i> .88	
POT CHLORIDE INJ 20MEQ	93	<i>pravastatin sodium tab 10 mg</i>	33
POT CHLORIDE INJ 40MEQ	93	<i>pravastatin sodium tab 20 mg</i>	33
<i>potassium chloride 20 meq/l (0.15%)</i>		<i>pravastatin sodium tab 40 mg</i>	33
<i>in dextrose 5% inj</i>	93	<i>pravastatin sodium tab 80 mg</i>	33
<i>potassium chloride cap er 10 meq</i>	94	<i>praziquantel tab 600 mg</i>	6
<i>potassium chloride cap er 8 meq</i>	94	<i>prazosin hcl cap 1 mg</i>	29

<i>prazosin hcl cap 2 mg</i>	29	PREZCOBIX TAB 800-150	10
<i>prazosin hcl cap 5 mg</i>	29	PREZISTA SUS 100MG/ML	9
PRED MILD SUS 0.12% OP	95	PREZISTA TAB 150MG	9
PRED SOD PHO SOL 1% OP	95	PREZISTA TAB 600MG	9
<i>prednisolone acetate ophth susp 1%</i>	96	PREZISTA TAB 75MG	9
<i>prednisolone sod phosph oral soln 6.7</i> <i>mg/5ml (5 mg/5ml base)</i>	74	PREZISTA TAB 800MG	9
<i>prednisolone sod phosphate oral soln</i> <i>15 mg/5ml (base equiv)</i>	74	PRIFTIN TAB 150MG	10
<i>prednisolone sodium phosphate oral</i> <i>soln 25 mg/5ml (base eq)</i>	74	PRIMAQUINE TAB 26.3MG	8
<i>prednisolone soln 15 mg/5ml</i>	74	<i>primidone tab 125 mg</i>	56
<i>prednisolone tab 5 mg</i>	74	<i>primidone tab 250 mg</i>	56
PREDNISON CON 5MG/ML	74	<i>primidone tab 50 mg</i>	56
<i>prednisone oral soln 5 mg/5ml</i>	74	PRIORIX INJ	92
<i>prednisone tab 1 mg</i>	74	PRIVIGEN INJ 20GRAMS	90
<i>prednisone tab 10 mg</i>	74	<i>probenecid tab 500 mg</i>	1
<i>prednisone tab 2.5 mg</i>	74	<i>procainamide hcl inj 100 mg/ml</i>	32
<i>prednisone tab 20 mg</i>	74	<i>prochlorperazine edisylate inj 10</i> <i>mg/2ml</i>	81
<i>prednisone tab 5 mg</i>	74	<i>prochlorperazine maleate tab 10 mg</i> <i>(base equivalent)</i>	81
<i>prednisone tab 50 mg</i>	74	<i>prochlorperazine maleate tab 5 mg</i> <i>(base equivalent)</i>	81
<i>pregabalin cap 100 mg</i>	56	<i>prochlorperazine suppos 25 mg</i>	81
<i>pregabalin cap 150 mg</i>	56	PROCRIT INJ 10000/ML	87
<i>pregabalin cap 200 mg</i>	56	PROCRIT INJ 2000/ML	86
<i>pregabalin cap 225 mg</i>	56	PROCRIT INJ 20000/ML	87
<i>pregabalin cap 25 mg</i>	56	PROCRIT INJ 3000/ML	86
<i>pregabalin cap 300 mg</i>	56	PROCRIT INJ 4000/ML	87
<i>pregabalin cap 50 mg</i>	56	PROCRIT INJ 40000/ML	87
<i>pregabalin cap 75 mg</i>	56	<i>procto-med hc</i>	105
<i>pregabalin soln 20 mg/ml</i>	56	<i>proctosol hc</i>	105
PREHEVBRIO SUS 10MCG/ML	92	<i>proctozone-hc</i>	105
PREMARIN INJ 25MG	73	PROCYSBI GRA 300MG	76
PREMARIN TAB 0.3MG	73	PROCYSBI GRA 75MG	76
PREMARIN TAB 0.45MG	73	<i>progesterone cap 100 mg</i>	77
PREMARIN TAB 0.625MG	73	<i>progesterone cap 200 mg</i>	77
PREMARIN TAB 0.9MG	73	PROGRAF GRA 0.2MG	91
PREMARIN TAB 1.25MG	73	PROGRAF GRA 1MG	91
PREMARIN VAG CRE 0.625MG	73	PROGRAF INJ 5MG/ML	91
PREMASOL SOL 10%	94	PROLASTIN-C INJ 1000MG	100
PREMPRO TAB 0.3-1.5	73	PROLENSA SOL 0.07%	96
PREMPRO TAB 0.45-1.5	73	PROLEUKIN INJ 22MU	20
PREMPRO TAB 0.625-2.5	73	PROLIA INJ 60MG/ML	68
PREMPRO TAB 0.625-5	73	PROMACTA PAK 25MG	87
PRETOMANID TAB 200MG	10	PROMACTA POW 12.5MG	87
<i>prevalite</i>	34	PROMACTA TAB 12.5MG	87
PREVYMIS TAB 240MG	11	PROMACTA TAB 25MG	87
PREVYMIS TAB 480MG	11	PROMACTA TAB 50MG	87

PROMACTA TAB 75MG.....	87
<i>promethazine hcl inj 25 mg/ml</i>	81
<i>promethazine hcl inj 50 mg/ml</i>	81
<i>promethazine hcl suppos 12.5 mg</i>	81
<i>promethazine hcl suppos 25 mg</i>	81
<i>promethazine hcl syrup 6.25 mg/5ml</i>	81
<i>promethazine hcl tab 12.5 mg</i>	81
<i>promethazine hcl tab 25 mg</i>	81
<i>promethazine hcl tab 50 mg</i>	81
<i>promethegan</i>	81
<i>propafenone hcl cap er 12hr 225 mg</i>	32
<i>propafenone hcl cap er 12hr 325 mg</i>	32
<i>propafenone hcl cap er 12hr 425 mg</i>	32
<i>propafenone hcl tab 150 mg</i>	32
<i>propafenone hcl tab 225 mg</i>	32
<i>propafenone hcl tab 300 mg</i>	32
<i>propranolol hcl cap er 24hr 120 mg</i> ..	35
<i>propranolol hcl cap er 24hr 160 mg</i> ..	35
<i>propranolol hcl cap er 24hr 60 mg</i>	35
<i>propranolol hcl cap er 24hr 80 mg</i>	35
<i>propranolol hcl tab 10 mg</i>	35
<i>propranolol hcl tab 20 mg</i>	35
<i>propranolol hcl tab 40 mg</i>	35
<i>propranolol hcl tab 60 mg</i>	35
<i>propranolol hcl tab 80 mg</i>	35
<i>propylthiouracil tab 50 mg</i>	79
PROQUAD INJ	92
PROSOL INJ 20%	94
<i>protriptyline hcl tab 10 mg</i>	45
<i>protriptyline hcl tab 5 mg</i>	45
PULMICORT INH 180MCG	101
PULMICORT INH 90MCG	101
PULMOZYME SOL 1MG/ML	100
PURIXAN SUS 20MG/ML	18
<i>pyrazinamide tab 500 mg</i>	10
<i>pyridostigmine bromide tab 60 mg</i> ...	60
<i>pyridostigmine bromide tab er 180 mg</i>	60
<i>pyrimethamine tab 25 mg</i>	6

Q

QBREXZA PAD 2.4%	105
QINLOCK TAB 50MG	24
QUADRACEL INJ	92
QUADRACEL INJ 0.5ML	92
<i>quetiapine fumarate tab 100 mg</i>	50
<i>quetiapine fumarate tab 150 mg</i>	50
<i>quetiapine fumarate tab 200 mg</i>	50

<i>quetiapine fumarate tab 25 mg</i>	50
<i>quetiapine fumarate tab 300 mg</i>	50
<i>quetiapine fumarate tab 400 mg</i>	50
<i>quetiapine fumarate tab 50 mg</i>	50
<i>quetiapine fumarate tab er 24hr 150</i> <i>mg</i>	50
<i>quetiapine fumarate tab er 24hr 200</i> <i>mg</i>	50
<i>quetiapine fumarate tab er 24hr 300</i> <i>mg</i>	50
<i>quetiapine fumarate tab er 24hr 400</i> <i>mg</i>	50
<i>quetiapine fumarate tab er 24hr 50 mg</i>	50
<i>quinapril hcl tab 10 mg</i>	29
<i>quinapril hcl tab 20 mg</i>	29
<i>quinapril hcl tab 40 mg</i>	29
<i>quinapril hcl tab 5 mg</i>	29
<i>quinidine gluconate tab er 324 mg</i> ...	32
<i>quinidine sulfate tab 200 mg</i>	32
<i>quinidine sulfate tab 300 mg</i>	32
<i>quinine sulfate cap 324 mg</i>	8

R

RABAVERT INJ	92
<i>rabeprazole sodium ec tab 20 mg</i>	84
<i>raloxifene hcl tab 60 mg</i>	76
<i>ramelteon tab 8 mg</i>	58
<i>ramipril cap 1.25 mg</i>	29
<i>ramipril cap 10 mg</i>	29
<i>ramipril cap 2.5 mg</i>	29
<i>ramipril cap 5 mg</i>	29
<i>ranitidine hcl inj 50 mg/2ml (25</i> <i>mg/ml)</i>	82
<i>ranolazine tab er 12hr 1000 mg</i>	39
<i>ranolazine tab er 12hr 500 mg</i>	39
<i>rasagiline mesylate tab 0.5 mg (base</i> <i>equiv)</i>	47
<i>rasagiline mesylate tab 1 mg (base</i> <i>equiv)</i>	47
RAVICTI LIQ 1.1GM/ML.....	76
RAYALDEE CAP 30MCG	80
REBIF INJ 22/0.5	61
REBIF INJ 44/0.5	61
REBIF REBIDO INJ 22/0.5	61
REBIF REBIDO INJ 44/0.5	61
REBIF REBIDO INJ TITRATN	61
REBIF TITRTN INJ PACK	61

<i>reclipsen</i>	71	RINVOQ TAB 45MG ER	88
RECOMBIVA HB INJ 10MCG/ML	92	<i>risedronate sodium tab 150 mg</i>	68
RECOMBIVA HB INJ 5MCG/0.5	92	<i>risedronate sodium tab 30 mg</i>	68
RECOMBIVA-HB INJ 40MCG/ML	92	<i>risedronate sodium tab 35 mg</i>	68
RECTIV OIN 0.4%	105	<i>risedronate sodium tab 5 mg</i>	68
REGRANEX GEL 0.01%	105	<i>risedronate sodium tab delayed release</i>	
RELENZA MIS DISKHALE	11	<i>35 mg</i>	68
RELISTOR INJ 12/0.6ML	83	RISPERDAL INJ 12.5MG	51
RELISTOR INJ 8/0.4ML	83	RISPERDAL INJ 25MG	51
<i>repaglinide tab 0.5 mg</i>	65	RISPERDAL INJ 37.5MG	51
<i>repaglinide tab 1 mg</i>	66	RISPERDAL INJ 50MG	51
<i>repaglinide tab 2 mg</i>	66	<i>risperidone orally disintegrating tab</i>	
RESTASIS EMU 0.05% OP	97	<i>0.25 mg</i>	51
RESTASIS MUL EMU 0.05% OP	97	<i>risperidone orally disintegrating tab 0.5</i>	
RETEVMO CAP 40MG	24	<i>mg</i>	51
RETEVMO CAP 80MG	24	<i>risperidone orally disintegrating tab 1</i>	
RETROVIR INJ 10MG/ML	9	<i>mg</i>	51
REVLIMID CAP 10MG	19	<i>risperidone orally disintegrating tab 2</i>	
REVLIMID CAP 15MG	20	<i>mg</i>	51
REVLIMID CAP 2.5MG	19	<i>risperidone orally disintegrating tab 3</i>	
REVLIMID CAP 20MG	20	<i>mg</i>	51
REVLIMID CAP 25MG	20	<i>risperidone orally disintegrating tab 4</i>	
REVLIMID CAP 5MG	19	<i>mg</i>	51
REXULTI TAB 0.25MG	51	<i>risperidone soln 1 mg/ml</i>	51
REXULTI TAB 0.5MG	51	<i>risperidone tab 0.25 mg</i>	51
REXULTI TAB 1MG	51	<i>risperidone tab 0.5 mg</i>	51
REXULTI TAB 2MG	51	<i>risperidone tab 1 mg</i>	51
REXULTI TAB 3MG	51	<i>risperidone tab 2 mg</i>	51
REXULTI TAB 4MG	51	<i>risperidone tab 3 mg</i>	51
REYATAZ POW 50MG	9	<i>risperidone tab 4 mg</i>	51
REZLIDHIA CAP 150MG	24	<i>ritonavir tab 100 mg</i>	9
REZUROCK TAB 200MG	91	RITUXAN INJ 100MG	24
RHOPRESSA SOL 0.02%	96	RITUXAN INJ 500MG	24
<i>ribavirin cap 200 mg</i>	11	<i>rivastigmine tartrate cap 1.5 mg (base</i>	
<i>ribavirin tab 200 mg</i>	12	<i>equivalent)</i>	42
RIDAURA CAP 3MG	89	<i>rivastigmine tartrate cap 3 mg (base</i>	
<i>rifabutin cap 150 mg</i>	10	<i>equivalent)</i>	42
<i>rifampin cap 150 mg</i>	10	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
<i>rifampin cap 300 mg</i>	11	<i>equivalent)</i>	42
<i>rifampin for inj 600 mg</i>	11	<i>rivastigmine tartrate cap 6 mg (base</i>	
<i>riluzole tab 50 mg</i>	60	<i>equivalent)</i>	42
<i>rimantadine hydrochloride tab 100 mg</i>		<i>rivastigmine transdermal</i>	42
.....	12	<i>rizatriptan benzoate oral disintegrating</i>	
<i>ringer's solution</i>	93	<i>tab 10 mg (base eq)</i>	59
<i>ringer's solution for irrigation</i>	105	<i>rizatriptan benzoate oral disintegrating</i>	
RINVOQ TAB 15MG ER	88	<i>tab 5 mg (base eq)</i>	59
RINVOQ TAB 30MG ER	88		

<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	59	<i>sapropterin dihydrochloride powder packet 100 mg</i>	76
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	59	<i>sapropterin dihydrochloride powder packet 500 mg</i>	76
ROCKLATAN DRO	96	<i>sapropterin dihydrochloride tab 100 mg</i>	76
<i>roflumilast tab 250 mcg</i>	100	SCSEMBLIX TAB 20MG.....	25
<i>roflumilast tab 500 mcg</i>	100	SCSEMBLIX TAB 40MG.....	25
<i>ropinirole hydrochloride tab 0.25 mg</i>	47	<i>scopolamine td patch 72hr 1 mg/3days</i>	81
<i>ropinirole hydrochloride tab 0.5 mg</i>	47	SECUADO DIS 3.8MG	51
<i>ropinirole hydrochloride tab 1 mg</i>	47	SECUADO DIS 5.7MG	51
<i>ropinirole hydrochloride tab 2 mg</i>	47	SECUADO DIS 7.6MG	51
<i>ropinirole hydrochloride tab 3 mg</i>	47	<i>selegiline hcl cap 5 mg</i>	47
<i>ropinirole hydrochloride tab 4 mg</i>	47	<i>selegiline hcl tab 5 mg</i>	47
<i>ropinirole hydrochloride tab 5 mg</i>	47	<i>selenium sulfide lotion 2.5%</i>	102
<i>rosuvastatin calcium tab 10 mg</i>	33	SELZENTRY SOL 20MG/ML	9
<i>rosuvastatin calcium tab 20 mg</i>	33	SELZENTRY TAB 25MG.....	9
<i>rosuvastatin calcium tab 40 mg</i>	33	SELZENTRY TAB 75MG.....	9
<i>rosuvastatin calcium tab 5 mg</i>	33	SEREVENT DIS AER 50MCG	99
ROTARIX SUS	92	<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	45
ROTATEQ SOL.....	92	<i>sertraline hcl tab 100 mg</i>	45
<i>roweepra</i>	56	<i>sertraline hcl tab 25 mg</i>	45
ROZLYTREK CAP 100MG.....	25	<i>sertraline hcl tab 50 mg</i>	45
ROZLYTREK CAP 200MG.....	25	<i>setlakin</i>	71
RUBRACA TAB 200MG.....	25	<i>sevelamer carbonate packet 0.8 gm</i>	77
RUBRACA TAB 250MG.....	25	<i>sevelamer carbonate packet 2.4 gm</i>	77
RUBRACA TAB 300MG.....	25	<i>sevelamer carbonate tab 800 mg</i>	77
RUCONEST INJ 2100UNIT.....	87	<i>sevelamer hcl tab 400 mg</i>	77
<i>rufinamide susp 40 mg/ml</i>	56	<i>sevelamer hcl tab 800 mg</i>	77
<i>rufinamide tab 200 mg</i>	56	<i>sf 5000 plus</i>	106
<i>rufinamide tab 400 mg</i>	56	<i>sharobel</i>	72
RUKOBIA TAB 600MG ER.....	9	SHINGRIX INJ 50/0.5ML	92
RYBELSUS TAB 14MG	66	SIGNIFOR INJ 0.3MG/ML.....	76
RYBELSUS TAB 3MG	66	SIGNIFOR INJ 0.6MG/ML.....	77
RYBELSUS TAB 7MG	66	SIGNIFOR INJ 0.9MG/ML.....	77
RYDAPT CAP 25MG	25	SIGNIFOR LAR INJ 20MG	77
RYTARY CAP 145MG	47	SIGNIFOR LAR INJ 40MG	77
RYTARY CAP 195MG	47	SIGNIFOR LAR INJ 60MG	77
RYTARY CAP 245MG	47	<i>sildenafil citrate for suspension 10 mg/ml</i>	40
RYTARY CAP 95MG	47	<i>sildenafil citrate tab 20 mg</i>	40
S		<i>silodosin cap 4 mg</i>	84
<i>salsalate tab 500 mg</i>	1	<i>silodosin cap 8 mg</i>	84
<i>salsalate tab 750 mg</i>	1	<i>silver sulfadiazine cream 1%</i>	102
SANCUSO DIS 3.1MG	81	SIMBRINZA SUS 1-0.2%	96
SANDOSTATIN KIT LAR 10MG.....	76		
SANDOSTATIN KIT LAR 20MG.....	76		
SANDOSTATIN KIT LAR 30MG.....	76		
SANTYL OIN 250/GM	105		

SIMULECT INJ 10MG	91	<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	25
SIMULECT INJ 20MG	91	<i>sorine</i>	32
<i>simvastatin tab 10 mg</i>	33	<i>sotalol hcl (afib/afl) tab 120 mg</i>	32
<i>simvastatin tab 20 mg</i>	33	<i>sotalol hcl (afib/afl) tab 160 mg</i>	32
<i>simvastatin tab 40 mg</i>	33	<i>sotalol hcl (afib/afl) tab 80 mg</i>	32
<i>simvastatin tab 5 mg</i>	33	<i>sotalol hcl tab 120 mg</i>	32
<i>simvastatin tab 80 mg</i>	33	<i>sotalol hcl tab 160 mg</i>	32
<i>sirolimus oral soln 1 mg/ml</i>	91	<i>sotalol hcl tab 240 mg</i>	32
<i>sirolimus tab 0.5 mg</i>	91	<i>sotalol hcl tab 80 mg</i>	32
<i>sirolimus tab 1 mg</i>	91	SOVALDI PAK 150MG	12
<i>sirolimus tab 2 mg</i>	91	SOVALDI PAK 200MG	12
SIRTURO TAB 100MG	11	SOVALDI TAB 200MG	12
SIRTURO TAB 20MG	11	SOVALDI TAB 400MG	12
SKYRIZI INJ 150DOSE	88	<i>spinosad susp 0.9%</i>	105
SKYRIZI INJ 150MG/ML	88	<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	38
SKYRIZI INJ 180/1.2	88	<i>spironolactone tab 100 mg</i>	29
SKYRIZI INJ 360/2.4	88	<i>spironolactone tab 25 mg</i>	29
SKYRIZI PEN INJ 150MG/ML	88	<i>spironolactone tab 50 mg</i>	29
SLYND TAB 4MG	72	<i>sprintec 28</i>	72
SOD OXYBATE SOL 500MG/ML	62	SPRITAM TAB 1000MG	56
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	82	SPRITAM TAB 250MG	56
<i>sodium chloride irrigation soln 0.9%</i>	105	SPRITAM TAB 500MG	56
<i>sodium chloride iv soln 0.45%</i>	93	SPRITAM TAB 750MG	56
<i>sodium chloride iv soln 0.9%</i>	93	SPRYCEL TAB 100MG	25
<i>sodium chloride iv soln 3%</i>	93	SPRYCEL TAB 140MG	25
<i>sodium fluoride 2.2 mg</i>	94	SPRYCEL TAB 20MG	25
<i>sodium polystyrene sulfonate powder</i>	69	SPRYCEL TAB 50MG	25
<i>solifenacin succinate tab 10 mg</i>	84	SPRYCEL TAB 70MG	25
<i>solifenacin succinate tab 5 mg</i>	84	SPRYCEL TAB 80MG	25
SOLTAMOX SOL 10MG/5ML	19	<i>sps</i>	69
SOLU-CORTEF INJ 1000MG	74	<i>sronyx</i>	72
SOLU-CORTEF INJ 100MG	74	<i>ssd</i>	102
SOLU-CORTEF INJ 250MG	74	STELARA INJ 45MG/0.5	88
SOLU-CORTEF INJ 500MG	74	STELARA INJ 90MG/ML	89
SOLU-MEDROL INJ 1000MG	75	STIVARGA TAB 40MG	25
SOLU-MEDROL INJ 125MG	75	<i>streptomycin sulfate for inj 1 gm</i>	6
SOLU-MEDROL INJ 2GM	74	STRIBILD TAB	10
SOLU-MEDROL INJ 40MG	74	<i>subvenite</i>	56
SOLU-MEDROL INJ 500MG	75	<i>subvenite starter kit/blu</i>	56
SOMAVERT INJ 10MG	77	<i>subvenite starter kit/gre</i>	56
SOMAVERT INJ 15MG	77	<i>subvenite starter kit/ora</i>	56
SOMAVERT INJ 20MG	77	SUCRAID SOL 8500/ML	83
SOMAVERT INJ 25MG	77	<i>sucralfate susp 1 gm/10ml</i>	83
SOMAVERT INJ 30MG	77	<i>sucralfate tab 1 gm</i>	83

<i>sulfacetamide sodium lotion 10% (acne)</i>	101	SYNJARDY TAB 12.5-1000MG	66
<i>sulfacetamide sodium ophth oint 10%</i>	95	SYNJARDY TAB 12.5-500.....	66
<i>sulfacetamide sodium ophth soln 10%</i>	95	SYNJARDY TAB 5-1000MG.....	66
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	94	SYNJARDY TAB 5-500MG.....	66
<i>sulfadiazine tab 500 mg</i>	6	SYNJARDY XR TAB 10-1000.....	66
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	6	SYNJARDY XR TAB 12.5-1000MG	66
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	6	SYNJARDY XR TAB 25-1000.....	66
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	6	SYNJARDY XR TAB 5-1000MG	66
SULFAMYLON CRE 85MG/GM	102	SYNRIBO INJ 3.5MG	20
<i>sulfasalazin tab 500mg dr</i>	82	SYNTHROID TAB 100MCG	79
<i>sulfasalazine tab 500 mg</i>	82	SYNTHROID TAB 112MCG	79
<i>sumatriptan nasal spray 20 mg/act</i> ..	60	SYNTHROID TAB 125MCG	79
<i>sumatriptan nasal spray 5 mg/act</i>	60	SYNTHROID TAB 137MCG	79
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	60	SYNTHROID TAB 150MCG	79
<i>sumatriptan succinate tab 100 mg</i>	60	SYNTHROID TAB 175MCG	79
<i>sumatriptan succinate tab 25 mg</i>	60	SYNTHROID TAB 200MCG	79
<i>sumatriptan succinate tab 50 mg</i>	60	SYNTHROID TAB 25MCG	79
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	25	SYNTHROID TAB 300MCG	79
<i>sunitinib malate cap 25 mg (base equivalent)</i>	25	SYNTHROID TAB 50MCG	79
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	25	SYNTHROID TAB 75MCG	79
<i>sunitinib malate cap 50 mg (base equivalent)</i>	25	SYNTHROID TAB 88MCG	79
SUNLENCA INJ.....	9	T	
SUNLENCA TAB 300MG	9	TABLOID TAB 40MG	18
SUPRAX SUS 500/5ML	13	TABRECTA TAB 150MG	25
SYMDEKO TAB 50-75MG	100	TABRECTA TAB 200MG	25
SYMLINPEN 60 INJ 1000MCG.....	66	<i>tacrolimus cap 0.5 mg</i>	91
SYMLNPEN 120 INJ 1000MCG	66	<i>tacrolimus cap 1 mg</i>	91
SYMPAZAN MIS 10MG.....	56	<i>tacrolimus cap 5 mg</i>	91
SYMPAZAN MIS 20MG.....	56	<i>tacrolimus oint 0.03%</i>	105
SYMPAZAN MIS 5MG.....	56	<i>tacrolimus oint 0.1%</i>	105
SYMPROIC TAB 0.2MG	83	<i>tadalafil tab 2.5 mg</i>	84
SYMTUZA TAB.....	10	<i>tadalafil tab 20 mg (pah)</i>	40
SYNAGIS INJ 100MG/ML	90	<i>tadalafil tab 5 mg</i>	84
SYNAREL SOL 2MG/ML.....	72	TAFINLAR CAP 50MG	25
SYNERCID INJ 500MG.....	6	TAFINLAR CAP 75MG	25
		TAFINLAR TAB 10MG	25
		TAGRISSE TAB 40MG	25
		TAGRISSE TAB 80MG	25
		TAKHZYRO INJ 150MG/ML.....	87
		TAKHZYRO INJ 300/2ML	87
		TALICIA CAP.....	83
		TALTZ INJ 80MG/ML	89
		TALZENNA CAP 0.1MG	25
		TALZENNA CAP 0.25MG	25
		TALZENNA CAP 0.35MG	25
		TALZENNA CAP 0.5MG	25
		TALZENNA CAP 0.75MG	25

TALZENNA CAP 1MG	25	<i>tencon</i>	1
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	19	TENIVAC INJ 5-2LF.....	92
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	19	<i>tenofovir disoproxil fumarate tab 300 mg</i>	9
<i>tamsulosin hcl cap 0.4 mg</i>	84	TEPMETKO TAB 225MG	26
TARGRETIN GEL 1%	105	<i>terazosin hcl cap 1 mg (base equivalent)</i>	29
<i>tarina 24 fe</i>	72	<i>terazosin hcl cap 10 mg (base equivalent)</i>	29
<i>tarina fe 1/20 eq</i>	72	<i>terazosin hcl cap 2 mg (base equivalent)</i>	29
TASIGNA CAP 150MG.....	25	<i>terazosin hcl cap 5 mg (base equivalent)</i>	29
TASIGNA CAP 200MG.....	25	<i>terbinafine hcl tab 250 mg</i>	7
TASIGNA CAP 50MG	25	<i>terbutaline sulfate inj 1 mg/ml</i>	99
<i>tasimelteon capsule 20 mg</i>	58	<i>terbutaline sulfate tab 2.5 mg</i>	99
TAVNEOS CAP 10MG.....	87	<i>terbutaline sulfate tab 5 mg</i>	99
<i>tazarotene cream 0.1%</i>	102	<i>terconazole vaginal cream 0.4%</i>	85
<i>tazarotene gel 0.05%</i>	102	<i>terconazole vaginal cream 0.8%</i>	85
<i>tazarotene gel 0.1%</i>	102	<i>terconazole vaginal suppos 80 mg</i> ...	85
<i>tazicef</i>	13	<i>teriflunomide tab 14 mg</i>	62
<i>taztia xt</i>	37	<i>teriflunomide tab 7 mg</i>	62
TAZVERIK TAB 200MG	25	TERIPARATIDE INJ	68
TDVAX INJ 2-2 LF.....	92	<i>testosterone cypionate im inj in oil 100 mg/ml</i>	63
TECENTRIQ INJ 1200/20	25	<i>testosterone cypionate im inj in oil 200 mg/ml</i>	63
TECVAYLI INJ 153/1.7	26	<i>testosterone enanthate im inj in oil 200 mg/ml</i>	63
TECVAYLI INJ 30MG/3ML.....	25	<i>testosterone td gel 10mg/act (2%)</i> ..	63
TEFLARO INJ 400MG	13	<i>testosterone td gel 12.5 mg/act (1%)</i>	63
TEFLARO INJ 600MG.....	13	<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	64
TEGSEDI INJ 284/1.5	60	<i>testosterone td gel 20.25 mg/act (1.62%)</i>	64
<i>telmisartan tab 20 mg</i>	31	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	64
<i>telmisartan tab 40 mg</i>	31	<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	64
<i>telmisartan tab 80 mg</i>	31	<i>testosterone td gel 50 mg/5gm (1%)</i> 64	
<i>telmisartan-amlodipine tab 40-10 mg</i>	30	<i>testosterone td soln 30 mg/act</i>	64
<i>telmisartan-amlodipine tab 40-5 mg</i> .30		<i>tetrabenazine tab 12.5 mg</i>	60
<i>telmisartan-amlodipine tab 80-10 mg</i>	30	<i>tetrabenazine tab 25 mg</i>	61
<i>telmisartan-amlodipine tab 80-5 mg</i> .30		<i>tetracycline hcl cap 250 mg</i>	16
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	31	<i>tetracycline hcl cap 500 mg</i>	16
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	31	THALOMID CAP 100MG	20
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	31		
<i>temazepam cap 15 mg</i>	59		
<i>temazepam cap 22.5 mg</i>	59		
<i>temazepam cap 30 mg</i>	59		
<i>temazepam cap 7.5 mg</i>	59		
TEMIXYS TAB 300-300	10		

THALOMID CAP 150MG	20	TIROSINT CAP 137MCG	79
THALOMID CAP 200MG	20	TIROSINT CAP 13MCG	79
THALOMID CAP 50MG	20	TIROSINT CAP 150MCG	79
THEO-24 CAP 100MG CR	100	TIROSINT CAP 175MCG	79
THEO-24 CAP 200MG CR	100	TIROSINT CAP 200	79
<i>theophylline tab er 12hr 300 mg</i>	100	TIROSINT CAP 25MCG	79
<i>theophylline tab er 12hr 450 mg</i>	100	TIROSINT CAP 37.5MCG	79
<i>theophylline tab er 24hr 400 mg</i>	100	TIROSINT CAP 44MCG	79
<i>theophylline tab er 24hr 600 mg</i>	100	TIROSINT CAP 50MCG	79
<i>thioridazine hcl tab 10 mg</i>	51	TIROSINT CAP 62.5MCG	79
<i>thioridazine hcl tab 100 mg</i>	51	TIROSINT CAP 75MCG	79
<i>thioridazine hcl tab 25 mg</i>	51	TIROSINT CAP 88MCG	79
<i>thioridazine hcl tab 50 mg</i>	51	TIROSINT-SOL SOL 100MCG	79
<i>thiotepa for inj 15 mg</i>	17	TIROSINT-SOL SOL 112MCG	79
<i>thiothixene cap 1 mg</i>	51	TIROSINT-SOL SOL 125MCG	79
<i>thiothixene cap 10 mg</i>	51	TIROSINT-SOL SOL 137MCG	79
<i>thiothixene cap 2 mg</i>	51	TIROSINT-SOL SOL 13MCG/ML	79
<i>thiothixene cap 5 mg</i>	51	TIROSINT-SOL SOL 150MCG	79
THYMOGLOBULN INJ 25MG.....	91	TIROSINT-SOL SOL 175MCG	79
<i>tiadylt er</i>	37	TIROSINT-SOL SOL 200MCG	79
<i>tiagabine hcl tab 12 mg</i>	56	TIROSINT-SOL SOL 25MCG/ML	79
<i>tiagabine hcl tab 16 mg</i>	56	TIROSINT-SOL SOL 37.5/ML.....	79
<i>tiagabine hcl tab 2 mg</i>	56	TIROSINT-SOL SOL 44MCG/ML	79
<i>tiagabine hcl tab 4 mg</i>	56	TIROSINT-SOL SOL 50MCG/ML	79
TIBSOVO TAB 250MG	26	TIROSINT-SOL SOL 62.5/ML.....	79
TICOVAC INJ	92	TIROSINT-SOL SOL 75MCG/ML	79
<i>tigecycline for iv soln 50 mg</i>	16	TIROSINT-SOL SOL 88MCG/ML	79
<i>tilia fe</i>	72	TIVICAY PD TAB 5MG	9
<i>timolol maleate ophth gel forming soln</i> <i>0.25%</i>	96	TIVICAY TAB 10MG.....	9
<i>timolol maleate ophth gel forming soln</i> <i>0.5%</i>	96	TIVICAY TAB 25MG.....	9
<i>timolol maleate ophth soln 0.25%</i>	96	TIVICAY TAB 50MG.....	9
<i>timolol maleate ophth soln 0.5%</i>	96	<i>tizanidine hcl tab 2 mg (base</i> <i>equivalent)</i>	62
<i>timolol maleate preservative free ophth</i> <i>soln 0.25%</i>	97	<i>tizanidine hcl tab 4 mg (base</i> <i>equivalent)</i>	62
<i>timolol maleate preservative free ophth</i> <i>soln 0.5%</i>	96	TOBI PODHALR CAP 28MG.....	6
<i>timolol maleate tab 10 mg</i>	35	TOBRADEX OIN 0.3-0.1%	94
<i>timolol maleate tab 20 mg</i>	35	<i>tobramycin nebu soln 300 mg/4ml</i>	6
<i>timolol maleate tab 5 mg</i>	35	<i>tobramycin nebu soln 300 mg/5ml</i>	6
<i>tinidazole tab 250 mg</i>	6	<i>tobramycin ophth soln 0.3%</i>	95
<i>tinidazole tab 500 mg</i>	6	<i>tobramycin sulfate inj 10 mg/ml (base</i> <i>equivalent)</i>	6
<i>tiopronin tab 100 mg</i>	84	<i>tobramycin sulfate inj 80 mg/2ml (40</i> <i>mg/ml) (base equiv)</i>	6
TIROSINT CAP 100MCG.....	79	<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	94
TIROSINT CAP 112MCG.....	79	TOBEX OIN 0.3% OP	95
TIROSINT CAP 125MCG.....	79		

<i>tolcapone tab 100 mg</i>	47	<i>tranexamic acid iv soln 1000 mg/10ml</i> (100 mg/ml)	87
<i>tolterodine tartrate cap er 24hr 2 mg</i>	84	<i>tranexamic acid tab 650 mg</i>	87
<i>tolterodine tartrate cap er 24hr 4 mg</i>	84	<i>tranylcypramine sulfate tab 10 mg</i> ...	45
<i>tolterodine tartrate tab 1 mg</i>	84	TRAVASOL INJ 10%	94
<i>tolterodine tartrate tab 2 mg</i>	85	<i>travoprost ophth soln 0.004%</i> (benzalkonium free) (bak free)	97
<i>tolvaptan tab 15 mg</i>	77	<i>trazodone hcl tab 100 mg</i>	45
<i>tolvaptan tab 30 mg</i>	77	<i>trazodone hcl tab 150 mg</i>	45
<i>topiramate cap er 24hr 100 mg</i>	56	<i>trazodone hcl tab 300 mg</i>	45
<i>topiramate cap er 24hr 200 mg</i>	56	<i>trazodone hcl tab 50 mg</i>	45
<i>topiramate cap er 24hr 25 mg</i>	56	TREANDA INJ 100MG	17
<i>topiramate cap er 24hr 50 mg</i>	56	TREANDA INJ 25MG	17
<i>topiramate sprinkle cap 15 mg</i>	56	TRECATOR TAB 250MG	11
<i>topiramate sprinkle cap 25 mg</i>	56	TRELEGY AER 100MCG	97
<i>topiramate tab 100 mg</i>	57	TRELEGY AER 200MCG	97
<i>topiramate tab 200 mg</i>	57	TRELSTAR MIX INJ 11.25MG	19
<i>topiramate tab 25 mg</i>	57	TRELSTAR MIX INJ 22.5MG	19
<i>topiramate tab 50 mg</i>	57	TRELSTAR MIX INJ 3.75MG	19
<i>toposar</i>	21	TRESIBA FLEX INJ 100UNIT	67
<i>topotecan hcl for inj 4 mg (base equiv)</i>	20	TRESIBA FLEX INJ 200UNIT	67
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	19	TRESIBA INJ 100UNIT	67
TORISEL INJ 25MG/ML	26	<i>tretinoin cap 10 mg</i>	20
<i>toremide tab 10 mg</i>	38	<i>tretinoin cream 0.025%</i>	101
<i>toremide tab 100 mg</i>	38	<i>tretinoin cream 0.05%</i>	101
<i>toremide tab 20 mg</i>	38	<i>tretinoin cream 0.1%</i>	101
<i>toremide tab 5 mg</i>	38	<i>triamcinolone acetonide cream 0.025%</i>	104
TOUJEO MAX INJ 300IU/ML	67	<i>triamcinolone acetonide cream 0.1%</i>	104
TOUJEO SOLO INJ 300IU/ML	67	<i>triamcinolone acetonide cream 0.5%</i>	104
<i>tovet</i>	104	<i>triamcinolone acetonide dental paste</i> 0.1%	106
TRADJENTA TAB 5MG	66	<i>triamcinolone acetonide lotion 0.025%</i>	104
<i>tramadol hcl tab 100 mg</i>	4	<i>triamcinolone acetonide lotion 0.1%</i>	104
<i>tramadol hcl tab 50 mg</i>	4	<i>triamcinolone acetonide oint 0.025%</i>	104
<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i>	4	<i>triamcinolone acetonide oint 0.1%</i> .	104
<i>trandolapril tab 1 mg</i>	29	<i>triamcinolone acetonide oint 0.5%</i> .	104
<i>trandolapril tab 2 mg</i>	29	<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	38
<i>trandolapril tab 4 mg</i>	29	<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	38
<i>trandolapril-verapamil hcl tab er 1-240</i> <i>mg</i>	28		
<i>trandolapril-verapamil hcl tab er 2-180</i> <i>mg</i>	28		
<i>trandolapril-verapamil hcl tab er 2-240</i> <i>mg</i>	28		
<i>trandolapril-verapamil hcl tab er 4-240</i> <i>mg</i>	28		

<i>triamterene & hydrochlorothiazide tab</i>		TRULICITY INJ 3/0.5.....	66
75-50 mg	38	TRULICITY INJ 4.5/0.5.....	66
<i>triamterene cap 100 mg</i>	38	TRUMENBA INJ	92
<i>triamterene cap 50 mg</i>	38	TRUSELTIQ CAP 100MG	26
<i>triderm</i>	104	TRUSELTIQ CAP 125MG	26
<i>trientine hcl cap 250 mg</i>	69	TRUSELTIQ CAP 50MG	26
<i>trifluoperazine hcl tab 1 mg (base</i>		TRUSELTIQ CAP 75MG	26
<i>equivalent)</i>	51	TUKYSA TAB 150MG	26
<i>trifluoperazine hcl tab 10 mg (base</i>		TUKYSA TAB 50MG.....	26
<i>equivalent)</i>	52	TURALIO CAP 125MG.....	26
<i>trifluoperazine hcl tab 2 mg (base</i>		TURALIO CAP 200MG.....	26
<i>equivalent)</i>	51	TWINRIX INJ	92
<i>trifluoperazine hcl tab 5 mg (base</i>		TYBLUME CHW 0.1-0.02.....	72
<i>equivalent)</i>	51	TYBOST TAB 150MG	9
<i>trifluridine ophth soln 1%</i>	95	<i>tydemy</i>	72
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>		TYPHIM VI INJ	92
.....	47	TYSABRI INJ 300/15ML.....	62
<i>trihexyphenidyl hcl tab 2 mg</i>	47	TYVASO DPI POW 16-32-48.....	40
<i>trihexyphenidyl hcl tab 5 mg</i>	47	TYVASODPI POW 16-32MCG.....	40
TRIJARDY XR TAB ER 24HR 10-5-		TYVASO DPI POW 16MCG.....	40
1000MG	66	TYVASO DPI POW 32-48MCG.....	40
TRIJARDY XR TAB ER 24HR 12.5-2.5-		TYVASO DPI POW 32MCG.....	40
1000MG	66	TYVASO DPI POW 48MCG.....	40
TRIJARDY XR TAB ER 24HR 25-5-		TYVASO DPI POW 64MCG.....	40
1000MG	66	U	
TRIJARDY XR TAB ER 24HR 5-2.5-		UBRELVY TAB 100MG	60
1000MG	66	UBRELVY TAB 50MG	60
TRIKAFTA TAB	100	UDENYCA INJ 6MG/.6ML	87
<i>tri-legest fe</i>	72	UDENYCA INJ 6MG/0.6	87
<i>trimethoprim tab 100 mg</i>	6	UKONIQ TAB 200MG.....	26
<i>trimipramine maleate cap 100 mg</i> ...	45	<i>unithroid</i>	79
<i>trimipramine maleate cap 25 mg</i>	45	UPTRAVI TAB 1000MCG	40
<i>trimipramine maleate cap 50 mg</i>	45	UPTRAVI TAB 1200MCG	40
TRINTELLIX TAB 10MG.....	45	UPTRAVI TAB 1400MCG	40
TRINTELLIX TAB 20MG.....	45	UPTRAVI TAB 1600MCG	40
TRINTELLIX TAB 5MG	45	UPTRAVI TAB 200MCG	40
<i>tri-nymyo</i>	72	UPTRAVI TAB 200MCG	40
<i>tri-sprintec</i>	72	UPTRAVI TAB 400MCG	40
TRIUMEQ PD TAB	10	UPTRAVI TAB 600MCG	40
TRIUMEQ TAB	10	UPTRAVI TAB 800MCG	40
<i>trivora-28</i>	72	<i>ursodiol cap 300 mg</i>	83
TRIZIVIR TAB	10	<i>ursodiol tab 250 mg</i>	83
TROPHAMINE INJ 10%.....	94	<i>ursodiol tab 500 mg</i>	83
<i>tropium chloride cap er 24hr 60 mg</i>	85	UZEDY INJ 100MG	52
<i>tropium chloride tab 20 mg</i>	85	UZEDY INJ 125MG.....	52
TRULICITY INJ 0.75/0.5	66	UZEDY INJ 150MG.....	52
TRULICITY INJ 1.5/0.5.....	66	UZEDY INJ 200MG.....	52
		UZEDY INJ 250MG.....	52

UZEDY INJ 50MG.....	52
UZEDY INJ 75MG.....	52
V	
<i>valacyclovir hcl tab 1 gm</i>	12
<i>valacyclovir hcl tab 500 mg</i>	12
VALCHLOR GEL 0.016%	105
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	12
<i>valproate sodium inj 100 mg/ml</i>	57
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	57
<i>valproic acid cap 250 mg</i>	57
<i>valsartan tab 160 mg</i>	31
<i>valsartan tab 320 mg</i>	31
<i>valsartan tab 40 mg</i>	31
<i>valsartan tab 80 mg</i>	31
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	31
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	31
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	31
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	31
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	31
VALTOCO SPR 10MG	57
VALTOCO SPR 15MG	57
VALTOCO SPR 20MG	57
VALTOCO SPR 5MG.....	57
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	6
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	6
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	6
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	6
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	6
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	6
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	7
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	7

<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	7
VANDAZOLE GEL 0.75%	85
VANFLYTA TAB 17.7MG	26
VANFLYTA TAB 26.5MG	26
VAQTA INJ 25/0.5ML	92
VAQTA INJ 50UNT/ML	92
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	63
<i>varenicline tartrate tab 1 mg (base equiv)</i>	63
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	63
VARIVAX INJ	92
VARUBI TAB 90MG	81
VASCEPA CAP 0.5GM	34
VASCEPA CAP 1GM.....	34
VECTIBIX INJ 100MG	26
VECTIBIX INJ 400MG	26
<i>velivet</i>	72
VELTASSA POW 16.8GM.....	69
VELTASSA POW 25.2GM.....	69
VELTASSA POW 8.4GM	69
VENCLEXTA TAB 100MG.....	26
VENCLEXTA TAB 10MG.....	26
VENCLEXTA TAB 50MG.....	26
VENCLEXTA TAB START PK.....	26
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	45
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	45
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	45
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	45
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	45
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	45
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	45
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	45
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	45
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	46

<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	45	VIMPAT TAB 100MG.....	57
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	45	VIMPAT TAB 150MG.....	57
VENLAFAXINE TAB 112.5MG	46	VIMPAT TAB 200MG.....	57
VENTAVIS SOL 10MCG/ML.....	40	VIMPAT TAB 50MG	57
VENTAVIS SOL 20MCG/ML.....	40	<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	21
VENTOLIN HFA AER	99	<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	21
<i>verapamil hcl cap er 24hr 100 mg</i>	37	VIRACEPT TAB 250MG	9
<i>verapamil hcl cap er 24hr 120 mg</i>	37	VIRACEPT TAB 625MG	9
<i>verapamil hcl cap er 24hr 180 mg</i>	37	VIREAD POW 40MG/GM	9
<i>verapamil hcl cap er 24hr 200 mg</i>	37	VIREAD TAB 150MG	9
<i>verapamil hcl cap er 24hr 240 mg</i>	37	VIREAD TAB 200MG	9
<i>verapamil hcl cap er 24hr 300 mg</i>	37	VIREAD TAB 250MG	9
<i>verapamil hcl cap er 24hr 360 mg</i>	37	VITRAKVI CAP 100MG.....	26
<i>verapamil hcl tab 120 mg</i>	37	VITRAKVI CAP 25MG	26
<i>verapamil hcl tab 40 mg</i>	37	VITRAKVI SOL 20MG/ML	26
<i>verapamil hcl tab 80 mg</i>	37	VIVITROL INJ 380MG.....	63
<i>verapamil hcl tab er 120 mg</i>	37	VIZIMPRO TAB 15MG.....	26
<i>verapamil hcl tab er 180 mg</i>	37	VIZIMPRO TAB 30MG.....	26
<i>verapamil hcl tab er 240 mg</i>	37	VIZIMPRO TAB 45MG.....	26
VERDESO AER 0.05%	104	VONJO CAP 100MG.....	26
VERQUVO TAB 10MG	39	<i>voriconazole for inj 200 mg</i>	7
VERQUVO TAB 2.5MG	39	<i>voriconazole for susp 40 mg/ml</i>	7
VERQUVO TAB 5MG.....	39	<i>voriconazole tab 200 mg</i>	7
VERSACLOZ SUS 50MG/ML.....	52	<i>voriconazole tab 50 mg</i>	7
VERZENIO TAB 100MG.....	26	VOSEVI TAB	12
VERZENIO TAB 150MG.....	26	VOTRIENT TAB 200MG.....	26
VERZENIO TAB 200MG.....	26	VOWST CAP.....	83
VERZENIO TAB 50MG	26	VRAYLAR CAP 1.5MG	52
<i>vestura</i>	72	VRAYLAR CAP 3MG	52
V-GO 20 KIT	67	VRAYLAR CAP 4.5MG	52
V-GO 30 KIT	67	VRAYLAR CAP 6MG	52
V-GO 40 KIT	67	VUMERITY CAP 231MG.....	62
<i>vienna</i>	72	VUMERITY STARTER	62
<i>vigabatrin powd pack 500 mg</i>	57	<i>vyfemla</i>	72
<i>vigabatrin tab 500 mg</i>	57	VYNDAMAX CAP 61MG	39
<i>vigadrone</i>	57	VYZULTA SOL 0.024%	97
<i>vigadrone tab 500mg</i>	57	W	
VIJOICE TAB 125MG	77	WAKIX TAB 17.8MG.....	62
VIJOICE TAB 250MG	77	WAKIX TAB 4.45MG.....	62
VIJOICE TAB 50MG.....	77	<i>warfarin sodium tab 1 mg</i>	86
<i>vilazodone hcl tab 10 mg</i>	46	<i>warfarin sodium tab 10 mg</i>	86
<i>vilazodone hcl tab 20 mg</i>	46	<i>warfarin sodium tab 2 mg</i>	86
<i>vilazodone hcl tab 40 mg</i>	46	<i>warfarin sodium tab 2.5 mg</i>	86
VIMPAT INJ 200MG/20.....	57	<i>warfarin sodium tab 3 mg</i>	86
VIMPAT SOL 10MG/ML	57	<i>warfarin sodium tab 4 mg</i>	86

<i>warfarin sodium tab 5 mg</i>	86	XOFLUZA TAB 80MG	12
<i>warfarin sodium tab 6 mg</i>	86	XOLAIR INJ 150MG/ML	100
<i>warfarin sodium tab 7.5 mg</i>	86	XOLAIR INJ 75/0.5	100
<i>water for irrigation, sterile irrigation</i>		XOLAIR SOL 150MG	100
<i>soln</i>	105	XOSPATA TAB 40MG	26
WELIREG TAB 40MG	20	XPOVIO 40 MG TWICE WEEKLY	26
<i>wixela inhub</i>	101	XPOVIO PAK 40MG	26
<i>wymzya fe</i>	72	XPOVIO PAK 50MG	26
X		XPOVIO PAK 60MG	26
XALKORI CAP 200MG.....	26	XPOVIO PAK 80MG	26
XALKORI CAP 250MG.....	26	XTANDI CAP 40MG	19
XARELTO STAR TAB 15/20MG	86	XTANDI TAB 40MG	19
XARELTO SUS 1MG/ML	86	XTANDI TAB 80MG	19
XARELTO TAB 10MG	86	<i>xulane</i>	72
XARELTO TAB 15MG	86	XULTOPHY INJ 100/3.6	67
XARELTO TAB 2.5MG	86	XYREM SOL 500MG/ML	62
XARELTO TAB 20MG	86	Y	
XATMEP SOL 2.5MG/ML.....	89	YF-VAX INJ.....	92
XCOPRI PAK 100-150	57	YONDELIS INJ 1MG	17
XCOPRI PAK 12.5-25	57	YONSA TAB 125MG	19
XCOPRI PAK 150-200MG		YUPELRI SOL	98
(MAINTENANCE).....	57	<i>yuvafem</i>	73
XCOPRI PAK 150-200MG (TITRATION)		Z	
.....	57	<i>zafemy</i>	72
XCOPRI PAK 50-100MG	57	<i>zafirlukast tab 10 mg</i>	99
XCOPRI TAB 100MG.....	57	<i>zafirlukast tab 20 mg</i>	99
XCOPRI TAB 150MG.....	57	<i>zaleplon cap 10 mg</i>	59
XCOPRI TAB 200MG.....	57	<i>zaleplon cap 5 mg</i>	59
XCOPRI TAB 50MG	57	ZANOSAR INJ 1GM	17
XELJANZ SOL 1MG/ML	89	ZEJULA CAP 100MG.....	26
XELJANZ TAB 10MG.....	89	ZEJULA TAB 100MG.....	26
XELJANZ TAB 5MG.....	89	ZEJULA TAB 200MG.....	27
XELJANZ XR TAB 11MG	89	ZEJULA TAB 300MG.....	27
XELJANZ XR TAB 22MG	89	ZELBORAF TAB 240MG.....	27
XENLETA TAB 600MG.....	7	ZEMAIRA INJ 1000MG.....	100
XERMELO TAB 250MG	83	ZEMDRI INJ 500MG/10	7
XGEVA INJ.....	68	ZENPEP CAP 10000UNT.....	83
XHANCE MIS 93MCG.....	100	ZENPEP CAP 15000UNT.....	83
XIFAXAN TAB 200MG	7	ZENPEP CAP 20000UNT.....	83
XIFAXAN TAB 550MG	83	ZENPEP CAP 25000UNT.....	83
XIGDUO XR TAB 10-1000	66	ZENPEP CAP 3000UNIT	83
XIGDUO XR TAB 10-500MG	66	ZENPEP CAP 40000UNT.....	83
XIGDUO XR TAB 2.5-1000	66	ZENPEP CAP 5000UNIT	83
XIGDUO XR TAB 5-1000MG	66	ZEPATIER TAB 50-100MG.....	12
XIGDUO XR TAB 5-500MG	66	ZERVIATE DRO 0.24%	96
XIIDRA DRO 5%	97	<i>zidovudine cap 100 mg</i>	9
XOFLUZA TAB 40MG	12	<i>zidovudine syrup 10 mg/ml</i>	9

<i>zidovudine tab 300 mg</i>	9	<i>zolmitriptan tab 5 mg</i>	60
ZIMHI SOL	63	<i>zolpidem tartrate tab 10 mg</i>	59
<i>ziprasidone hcl cap 20 mg</i>	52	<i>zolpidem tartrate tab 5 mg</i>	59
<i>ziprasidone hcl cap 40 mg</i>	52	<i>zolpidem tartrate tab er 12.5 mg</i>	59
<i>ziprasidone hcl cap 60 mg</i>	52	<i>zolpidem tartrate tab er 6.25 mg</i>	59
<i>ziprasidone hcl cap 80 mg</i>	52	ZONISADE SUS 100MG/5	57
<i>ziprasidone mesylate for inj 20 mg</i> <i>(base equivalent)</i>	52	<i>zonisamide cap 100 mg</i>	57
ZIRGAN GEL 0.15%.....	95	<i>zonisamide cap 25 mg</i>	57
<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i>	68	<i>zonisamide cap 50 mg</i>	57
<i>zoledronic acid iv soln 5 mg/100ml</i> ...	68	ZORBTIVE INJ 8.8MG.....	77
ZOLINZA CAP 100MG.....	27	<i>zovia 1/35</i>	72
<i>zolmitriptan nasal spray 2.5 mg/spray</i> <i>unit</i>	60	ZTALMY SUS 50MG/ML	57
<i>zolmitriptan nasal spray 5 mg/spray</i> <i>unit</i>	60	ZYCLARA PUMP CRE 2.5%	105
<i>zolmitriptan odt tab 2.5 mg</i>	60	ZYDELIG TAB 100MG.....	27
<i>zolmitriptan odt tab 5 mg</i>	60	ZYDELIG TAB 150MG.....	27
<i>zolmitriptan tab 2.5 mg</i>	60	ZYKADIA TAB 150MG.....	27
		ZYPREXA RELP INJ 210MG.....	52
		ZYPREXA RELP INJ 300MG.....	52
		ZYPREXA RELP INJ 405MG.....	52

This Formulary was updated on September 7, 2023. For more recent information or other questions, please contact the MVP Medicare Customer Care Center.

1-800-665-7924

Seven days a week, 8 am–8 pm Eastern Time

April 1–September 30, Monday–Friday, 8 am–8 pm

TTY: 711

Visit mvphealthcare.com/partdformulary for the most up-to-date Formulary listing and more information on Medicare Part D drug coverage.

Este documento está disponible gratis en español. Por favor llame al Centro de Servicios a los Afiliados de MVP Medicare al número arriba.