

Piedmont Community Health Plan

2019 List of Covered Drugs

PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Members should use network pharmacies to fill their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change.

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What is the Piedmont Drug List?

A drug list is a list of covered drugs. Piedmont works with a team of health care providers to choose drugs that provide quality treatment. Piedmont covers drugs on our drug list, as long as:

- The drug is medically necessary
- The prescription is filled at a PCHP network pharmacy
- Other plan rules are followed

For more information on how to fill your prescriptions, please review your plan document or other plan materials.

Can the Drug List change?

The drug list may change from time to time as described in the plan document or other plan materials. The enclosed drug list is the most current drug list covered by Piedmont. To get updated information about the drugs covered by Piedmont, please visit ***www.pchp.net***, or call Member Services at 1-800-400-7247, from 8:30 a.m. to 5:00 p.m.

How do I use the Drug List?

There are two ways to find your drug on the drug list:

1. Medical Condition

The drug list starts on page six. The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under “Cardiovascular”.

- Then look under the category name for your drug

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index that starts on page 129. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug
- Next to your drug, see the page number where you can find coverage information
- Turn to the page listed in the Index and find the name of your drug in the first column of the list.

For more information about your Piedmont prescription drug coverage, please look at your plan document and other plan materials.

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Piedmont's Drug List

The drug list set forth below gives information about the drugs covered by Piedmont. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs but provide the same quality of treatment. Upon release of a generic drug to the market, the generic drug will **generally** be added to the formulary and the associated brand drug will be removed. However, some generic drugs do not cost less than brand-name drugs and may not be added to your formulary.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if Piedmont has any special requirements for coverage of your drug. These requirements and limits may include:

- **Prior Authorization:** Piedmont needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from Piedmont before you fill your prescriptions. If you don't get approval, Piedmont may not cover the drug

- **Quantity Limits:** For certain drugs, Piedmont limits the amount of the drug that it will cover. For example, Piedmont provides 30 per prescription for Letaris. Piedmont also limits the amount of drugs you may receive within a class of drugs. These classes have an "§" next to them on the drug list. For these classes, only one drug should be taken at a time for safety reasons. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** Piedmont needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Piedmont may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Piedmont will then cover Drug B. Additional step therapy content and criteria can be found throughout this document

What if my drug is not on the Drug List?

If your drug is not on this drug list, call Member Services and make sure that your drug is not covered. If you learn that Piedmont does not cover your drug, you have two choices:

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- Ask Member Services for a list of similar drugs that are covered by Piedmont. When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Piedmont. Similar drugs that are preferred and covered by your plan's formulary may be easier to obtain and lower cost to you than non-preferred drugs.

- Ask Piedmont to make a formulary exception and cover your drug. You can ask us to cover your drug even if it is not on our drug list.

How likely is it that I will get an exception?

Generally, Piedmont will only approve your request for an exception if the preferred drugs included on the plan's drug list, would:

- Not be as effective in treating your condition
- Cause you to have adverse medical effects

How do I find out if my exception is granted?

When you ask for a drug list Formulary Exception Request, please send a statement from your prescriber that supports your request. Then:

- We will make our decision within 72 hours of receipt of the information necessary to make a decision.
- You can ask for an expedited (fast) exception if you or your prescriber believe that your health could be seriously harmed by waiting up to three business days for a decision.
- If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your prescriber's supporting statement.

Piedmont's formulary includes the following tiering of medications:

0: Zero Cost Share Preventive Drugs

1: Generics

2: Preferred Brand

3: Non-Preferred Brand

4: Preferred Specialty Drugs

5: Non-Preferred Specialty Drugs

Please refer to your Policy Book and/or Schedule of Benefits for additional information on Prior Authorizations, Quantity Limits, Step Therapy, Exceptions Requests, and Drug Tier Cost Share that is associated with your plan.

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EXCH_CVSC 5T STND eff 10/01/2019

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
GOUT		
allopurinol sodium for inj 500 mg	1	
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	1	
colchicine w/ probenecid tab 0.5-500 mg	1	
febuxostat tab 40 mg	1	ST; PA**
febuxostat tab 80 mg	1	ST; PA**
probenecid tab 500 mg	1	
ULORIC TAB 40MG	3	ST; PA**
ULORIC TAB 80MG	3	ST; PA**
NON-OPIOID ANALGESICS§		
butalbital-acetaminophen-caffeine cap 50-300-40 mg	1	QL (48 caps / 25 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1	QL (48 caps / 25 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	QL (48 tabs / 25 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	1	QL (48 caps / 25 days)
tencon tab 50-325mg	1	QL (48 tabs / 25 days)
NSAIDS, COMBINATIONS§		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
NSAIDS§		
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
fenoprofen calcium cap 400 mg	1	
fenoprofen calcium tab 600 mg	1	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibuprofen susp 100 mg/5ml	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
ketoprofen cap er 24hr 200 mg	1	
ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)	1	
ketorolac tromethamine inj 15 mg/ml	1	
ketorolac tromethamine inj 30 mg/ml	1	
ketorolac tromethamine tab 10 mg	1	QL (20 tabs / 25 days)
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	1	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
naproxen dr tab 375mg	1	
naproxen dr tab 500mg	1	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 200 mg	1	
tolmetin sodium tab 600 mg	1	
OPIOID AGONIST/ANTAGONIST§		
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (90 units / 25 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (90 units / 25 days)

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (90 units / 25 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (60 units / 25 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	0	QL (90 tabs / 25 days); $0 copay
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	0	QL (90 tabs / 25 days); $0 copay
ZUBSOLV SUB 0.7-0.18	2	QL (90 units / 25 days)
ZUBSOLV SUB 1.4-0.36	2	QL (90 units / 25 days)
ZUBSOLV SUB 2.9-0.71	2	QL (90 units / 25 days)
ZUBSOLV SUB 5.7-1.4	2	QL (90 units / 25 days)
ZUBSOLV SUB 8.6-2.1	2	QL (60 units / 25 days)
ZUBSOLV SUB 11.4-2.9	2	QL (30 units / 25 days)
OPIOID ANALGESICS§		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (2700 ml / 25 days), ST; Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-15 mg	1	QL (400 tabs / 25 days), ST; Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-30 mg	1	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-60 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	QL (48 caps / 25 days)
butorphanol tartrate inj 1 mg/ml	1	
butorphanol tartrate inj 2 mg/ml	1	
butorphanol tartrate nasal soln 10 mg/ml	1	QL (2 bottles / 25 days)
CAPITAL/COD SUS 120-12/5	3	QL (2700 ml / 25 days), ST; Subject to initial 7-day limit
codeine sulf tab 15mg	1	QL (42 tabs / 25 days), ST; Subject to initial 7-day limit
CODEINE SULF TAB 60MG	1	QL (42 tabs / 25 days), ST; Subject to initial 7-day limit
codeine sulfate tab 30 mg	1	QL (42 tabs / 25 days), ST; Subject to initial 7-day limit
EMBEDA CAP 20-0.8MG	2	QL (60 caps / 25 days), ST
EMBEDA CAP 30-1.2MG	2	QL (60 caps / 25 days), ST

Drug Name	Drug Tier	Requirements/Limits
EMBEDA CAP 50-2MG	2	QL (30 caps / 25 days), ST
EMBEDA CAP 60-2.4MG	2	QL (30 caps / 25 days), ST
EMBEDA CAP 80-3.2MG	2	QL (30 caps / 25 days), ST
EMBEDA CAP 100-4MG	2	PA, ST; High Strength Requires PA
endocet tab 2.5-325	1	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
endocet tab 5-325mg	1	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
endocet tab 7.5-325	1	QL (240 tabs / 25 days), ST; Subject to initial 7-day limit
endocet tab 10-325mg	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
fentanyl citrate lozenge on a handle 200 mcg	1	QL (120 lozenges / 25 days), PA
fentanyl citrate lozenge on a handle 400 mcg	1	QL (120 lozenges / 25 days), PA
fentanyl citrate lozenge on a handle 600 mcg	1	QL (120 lozenges / 25 days), PA
fentanyl citrate lozenge on a handle 800 mcg	1	QL (120 lozenges / 25 days), PA
fentanyl citrate lozenge on a handle 1200 mcg	1	QL (120 lozenges / 25 days), PA
fentanyl citrate lozenge on a handle 1600 mcg	1	QL (120 lozenges / 25 days), PA
fentanyl td patch 72hr 12 mcg/hr	1	QL (10 patches / 25 days), ST
fentanyl td patch 72hr 25 mcg/hr	1	QL (10 patches / 25 days), ST
fentanyl td patch 72hr 50 mcg/hr	1	PA, ST; High Strength Requires PA
fentanyl td patch 72hr 75 mcg/hr	1	PA, ST; High Strength Requires PA
fentanyl td patch 72hr 100 mcg/hr	1	PA, ST; High Strength Requires PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL (2700 ml / 25 days), ST; Subject to initial 7-day limit
hydrocodone-acetaminophen tab 5-325 mg	1	QL (240 tabs / 25 days), ST; Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
hydrocodone-acetaminophen tab 10-325 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
hydrocodone-ibuprofen tab 10-200 mg	1	QL (50 tabs / 25 days), ST; Subject to initial 7-day limit
HYDROMORPHON SUP 3MG	3	QL (120 suppositories / 25 days), ST; Subject to initial 7-day limit
hydromorphone hcl inj 1 mg/ml	1	
hydromorphone hcl inj 2 mg/ml	1	
hydromorphone hcl inj 4 mg/ml	1	
hydromorphone hcl liqd 1 mg/ml	1	QL (600 ml / 25 days), ST; Subject to initial 7-day limit
hydromorphone hcl preservative free (pf) inj 10 mg/ml	1	
hydromorphone hcl tab 2 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
hydromorphone hcl tab 4 mg	1	QL (150 tabs / 25 days), ST; Subject to initial 7-day limit
hydromorphone hcl tab 8 mg	1	QL (60 tabs / 25 days), ST; Subject to initial 7-day limit
hydromorphone hcl tab er 24hr deter 8 mg	1	QL (30 tabs / 25 days), ST
hydromorphone hcl tab er 24hr deter 12 mg	1	QL (30 tabs / 25 days), ST
hydromorphone hcl tab er 24hr deter 16 mg	1	QL (30 tabs / 25 days), ST
hydromorphone hcl tab er 24hr deter 32 mg	1	PA, ST; High Strength Requires PA
HYSINGLA ER TAB 20 MG	2	QL (30 tabs / 25 days), ST
HYSINGLA ER TAB 30 MG	2	QL (30 tabs / 25 days), ST
HYSINGLA ER TAB 40 MG	2	QL (30 tabs / 25 days), ST
HYSINGLA ER TAB 60 MG	2	QL (30 tabs / 25 days), ST
HYSINGLA ER TAB 80 MG	2	QL (30 tabs / 25 days), ST

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 100 MG	2	PA, ST; High Strength Requires PA
HYSINGLA ER TAB 120 MG	2	PA, ST; High Strength Requires PA
lortab tab 10-325mg	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
methadone con 10mg/ml	1	QL (60 mL / 25 days), ST; (generic of Methadone Intensol, indicated for pain)
methadone hcl conc 10 mg/ml	1	QL (30 ml / 25 days); (indicated for opioid addiction)
methadone hcl inj 10 mg/ml	1	QL (20 ml / 25 days), ST
methadone hcl soln 5 mg/5ml	1	QL (450 ml / 25 days), ST
methadone hcl soln 10 mg/5ml	1	QL (300 mL / 25 days), ST
methadone hcl tab 5 mg	1	QL (90 tabs / 25 days), ST
methadone hcl tab 10 mg	1	QL (60 tabs / 25 days), ST
methadone hcl tab for oral susp 40 mg	1	QL (9 tabs / 25 days)
methadose tab 40mg	1	QL (9 tabs / 25 days)
MORPHINE SUL INJ 2MG/ML	3	
MORPHINE SUL INJ 4MG/ML	3	
MORPHINE SUL INJ 5MG/ML	3	
MORPHINE SUL INJ 150/30ML	3	
morphine sulfate beads cap er 24hr 30 mg	1	QL (30 caps / 25 days), ST
morphine sulfate beads cap er 24hr 45 mg	1	QL (30 caps / 25 days), ST
morphine sulfate beads cap er 24hr 60 mg	1	QL (30 caps / 25 days), ST
morphine sulfate beads cap er 24hr 75 mg	1	QL (30 caps / 25 days), ST
morphine sulfate beads cap er 24hr 90 mg	1	QL (30 caps / 25 days), ST
morphine sulfate beads cap er 24hr 120 mg	1	PA, ST; High Strength Requires PA
morphine sulfate cap er 24hr 10 mg	1	QL (60 caps / 25 days), ST
morphine sulfate cap er 24hr 20 mg	1	QL (60 caps / 25 days), ST
morphine sulfate cap er 24hr 30 mg	1	QL (60 caps / 25 days), ST

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate cap er 24hr 50 mg	1	QL (30 caps / 25 days), ST
morphine sulfate cap er 24hr 60 mg	1	QL (30 caps / 25 days), ST
morphine sulfate cap er 24hr 80 mg	1	QL (30 caps / 25 days), ST
morphine sulfate cap er 24hr 100 mg	1	PA, ST; High Strength Requires PA
morphine sulfate inj 8 mg/ml	1	
morphine sulfate inj 10 mg/ml	1	
morphine sulfate inj pf 0.5 mg/ml	1	
morphine sulfate inj pf 1 mg/ml	1	
morphine sulfate iv soln 1 mg/ml	1	
morphine sulfate iv soln pf 4 mg/ml	1	
morphine sulfate iv soln pf 8 mg/ml	1	
morphine sulfate iv soln pf 10 mg/ml	1	
morphine sulfate iv soln pf 15 mg/ml	1	
morphine sulfate oral soln 10 mg/5ml	1	QL (900 ml / 25 days), ST; Subject to initial 7-day limit
morphine sulfate oral soln 20 mg/5ml	1	QL (675 mL / 25 days), ST; Subject to initial 7-day limit
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	QL (135 mL / 25 days), ST; Subject to initial 7-day limit
morphine sulfate suppos 5 mg	1	QL (180 suppositories / 25 days), ST; Subject to initial 7-day limit
morphine sulfate suppos 10 mg	1	QL (180 suppositories / 25 days), ST; Subject to initial 7-day limit
morphine sulfate suppos 20 mg	1	QL (120 supp / 25 days), ST; Subject to initial 7-day limit
morphine sulfate suppos 30 mg	1	QL (90 supp / 25 days), ST; Subject to initial 7-day limit
morphine sulfate tab 15 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
morphine sulfate tab 30 mg	1	QL (90 tabs / 25 days), ST; Subject to initial 7-day limit
morphine sulfate tab er 15 mg	1	QL (90 tabs / 25 days), ST
morphine sulfate tab er 30 mg	1	QL (90 tabs / 25 days), ST

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate tab er 60 mg	1	PA, ST; High Strength Requires PA
morphine sulfate tab er 100 mg	1	PA, ST; High Strength Requires PA
morphine sulfate tab er 200 mg	1	PA, ST; High Strength Requires PA
nalbuphine hcl inj 10 mg/ml	1	
nalbuphine hcl inj 20 mg/ml	1	
NUCYNTA ER TAB 50MG	2	QL (60 tabs / 25 days), ST
NUCYNTA ER TAB 100MG	2	QL (60 tabs / 25 days), ST
NUCYNTA ER TAB 150MG	2	PA, ST; High Strength Requires PA
NUCYNTA ER TAB 200MG	2	PA, ST; High Strength Requires PA
NUCYNTA ER TAB 250MG	2	PA, ST; High Strength Requires PA
NUCYNTA TAB 50MG	2	QL (120 tabs / 25 days), ST; Subject to initial 7-day limit
NUCYNTA TAB 75MG	2	QL (90 tabs / 25 days), ST; Subject to initial 7-day limit
NUCYNTA TAB 100MG	2	QL (60 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone hcl cap 5 mg	1	QL (180 caps / 25 days), ST; Subject to initial 7-day limit
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	QL (90 mL / 25 days), ST; Subject to initial 7-day limit
oxycodone hcl soln 5 mg/5ml	1	QL (900 ml / 25 days), ST; Subject to initial 7-day limit
oxycodone hcl tab 5 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone hcl tab 10 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone hcl tab 15 mg	1	QL (120 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone hcl tab 20 mg	1	QL (90 tabs / 25 days), ST; Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl tab 30 mg	1	QL (60 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone hcl tab er 12hr deter 10 mg	1	QL (60 tabs / 25 days), ST
oxycodone hcl tab er 12hr deter 15 mg	1	QL (60 tabs / 25 days), ST
oxycodone hcl tab er 12hr deter 20 mg	1	QL (60 tabs / 25 days), ST
oxycodone hcl tab er 12hr deter 30 mg	1	QL (60 tabs / 25 days), ST
oxycodone hcl tab er 12hr deter 40 mg	1	PA, ST; High Strength Requires PA
oxycodone hcl tab er 12hr deter 60 mg	1	PA, ST; High Strength Requires PA
oxycodone hcl tab er 12hr deter 80 mg	1	PA, ST; High Strength Requires PA
oxycodone w/ acetaminophen soln 5-325 mg/5ml	1	QL (1800 ml / 25 days), ST; Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 2.5-325 mg	1	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 5-325 mg	1	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL (240 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 10-325 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone-aspirin tab 4.8355-325 mg	1	QL (360 tabs / 25 days), ST; Subject to initial 7-day limit
oxycodone-ibuprofen tab 5-400 mg	1	QL (28 tabs / 25 days), ST; Subject to initial 7-day limit
OXYCONTIN TAB 10MG CR	2	QL (60 tabs / 25 days), ST
OXYCONTIN TAB 15MG CR	2	QL (60 tabs / 25 days), ST
OXYCONTIN TAB 20MG CR	2	QL (60 tabs / 25 days), ST
OXYCONTIN TAB 30MG CR	2	QL (60 tabs / 25 days), ST
OXYCONTIN TAB 40MG CR	2	PA, ST; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN TAB 60MG CR	2	PA, ST; High Strength Requires PA
OXYCONTIN TAB 80MG CR	2	PA, ST; High Strength Requires PA
oxymorphone hcl tab 5 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
oxymorphone hcl tab 10 mg	1	QL (90 tabs / 25 days), ST; Subject to initial 7-day limit
oxymorphone hcl tab er 12hr 5 mg	1	QL (60 tabs / 25 days), ST
oxymorphone hcl tab er 12hr 7.5 mg	1	QL (60 tabs / 25 days), ST
oxymorphone hcl tab er 12hr 10 mg	1	QL (60 tabs / 25 days), ST
oxymorphone hcl tab er 12hr 15 mg	1	QL (60 tabs / 25 days), ST
oxymorphone hcl tab er 12hr 20 mg	1	PA, ST; High Strength Requires PA
oxymorphone hcl tab er 12hr 30 mg	1	PA, ST; High Strength Requires PA
oxymorphone hcl tab er 12hr 40 mg	1	PA, ST; High Strength Requires PA
tramadol hcl tab 50 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 7-day limit
tramadol hcl tab er 24hr 100 mg	1	QL (30 tabs / 25 days), ST
tramadol hcl tab er 24hr 200 mg	1	PA, ST; High Strength Requires PA
tramadol hcl tab er 24hr 300 mg	1	PA, ST; High Strength Requires PA
XARTEMIS XR TAB 7.5-325	3	QL (120 tabs / 25 days)
xylon tab 10-200mg	1	QL (50 tabs / 25 days), ST; Subject to initial 7-day limit
OPIOID PARTIAL AGONISTS§		
BELBUCA MIS 75MCG	2	QL (60 films / 25 days), ST
BELBUCA MIS 150MCG	2	QL (60 films / 25 days), ST
BELBUCA MIS 300MCG	2	QL (60 films / 25 days), ST
BELBUCA MIS 450MCG	2	QL (60 films / 25 days), ST
BELBUCA MIS 600MCG	2	PA, ST; High Strength Requires Prior Auth

Drug Name	Drug Tier	Requirements/Limits
BELBUCA MIS 750MCG	2	PA, ST; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	2	PA, ST; High Strength Requires Prior Auth
buprenorphine hcl inj 0.3 mg/ml (base equiv)	1	
buprenorphine hcl sl tab 2 mg (base equiv)	0	QL (90 tabs / 25 days); $0 copay; Must obtain approval after the first 30 day supply
buprenorphine hcl sl tab 8 mg (base equiv)	0	QL (90 tabs / 25 days); $0 copay; Must obtain approval after the first 30 day supply
SALICYLATES		
aspirin chw 81mg	0	OTC, QL (100 tabs / 30 days); $0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
aspirin low tab 81mg ec	0	OTC, QL (100 tabs / 30 days); $0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
diflunisal tab 500 mg	1	
ANESTHETICS		
LOCAL ANESTHETICS		
LIDO/DEXTROS INJ 5-7.5%	3	
lidocaine hcl local inj 0.5%	1	
lidocaine hcl local inj 1%	1	
lidocaine hcl local inj 2%	1	
lidocaine hcl local preservative free (pf) inj 0.5%	1	
lidocaine hcl local preservative free (pf) inj 1%	1	
lidocaine hcl local preservative free (pf) inj 1.5%	1	
lidocaine hcl local preservative free (pf) inj 2%	1	
lidocaine hcl local preservative free (pf) inj 4%	1	
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	1	

Drug Name	Drug Tier	Requirements/Limits
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	1	
chloramphenicol sodium succinate for iv inj 1 gm	1	
GENTAM/NACL INJ 0.9MG/ML	3	
GENTAM/NACL INJ 1.4MG/ML	3	
gentamicin in saline inj 0.8 mg/ml	1	
gentamicin in saline inj 1 mg/ml	1	
gentamicin in saline inj 1.2 mg/ml	1	
gentamicin in saline inj 1.6 mg/ml	1	
gentamicin in saline inj 2 mg/ml	1	
gentamicin sulfate inj 10 mg/ml	1	
gentamicin sulfate inj 40 mg/ml	1	
MONUROL PAK GRANULES	3	
neomycin sulfate tab 500 mg	1	
paromomycin sulfate cap 250 mg	1	
streptomycin sulfate for inj 1 gm	1	
SULFADIAZINE TAB 500MG	3	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
tobramycin nebu soln 300 mg/5ml	4	QL (280 mL / 28 days), PA
tobramycin sulfate for inj 1.2 gm	1	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	1	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	1	
tobramycin sulfate inj 10 mg/ml (base equivalent)	1	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	1	
ANTI-INFECTIVES - MISCELLANEOUS		
ALINIA SUS 100/5ML	2	
ALINIA TAB 500MG	2	
atovaquone susp 750 mg/5ml	1	
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	3	
aztreonam for inj 1 gm	1	
aztreonam for inj 2 gm	1	
CAYSTON INH 75MG	4	QL (84 vials / 28 days), PA
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate inj 9 gm/60ml	1	
clindamycin phosphate inj 300 mg/2ml	1	
clindamycin phosphate inj 600 mg/4ml	1	
clindamycin phosphate inj 900 mg/6ml	1	
clindamycin phosphate iv soln 300 mg/2ml	1	
clindamycin phosphate iv soln 900 mg/6ml	1	
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
daptomycin for iv soln 500 mg	1	
DARAPRIM TAB 25MG	3	
doripenem for iv infusion 250 mg	1	
doripenem for iv infusion 500 mg	1	
EMVERM CHW 100MG	3	QL (12 tabs / 365 days)
ertapenem sodium for inj 1 gm (base equivalent)	1	
imipenem-cilastatin intravenous for soln 250 mg	1	
imipenem-cilastatin intravenous for soln 500 mg	1	
INVANZ INJ 1GM	3	
ivermectin tab 3 mg	1	
linezolid for susp 100 mg/5ml	1	
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	1	
linezolid iv soln 600 mg/300ml (2 mg/ml)	1	
linezolid tab 600 mg	1	
meropenem iv for soln 1 gm	1	
meropenem iv for soln 500 mg	1	
methenamine hippurate tab 1 gm	1	
metronidazole cap 375 mg	1	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
NEBUPENT INH 300MG	3	
nitrofurantoin macrocrystalline cap 25 mg	1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin macrocrystalline cap 50 mg	1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin macrocrystalline cap 100 mg	1	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin susp 25 mg/5ml	1	PA; High Risk Medications require PA for members age 70 and older
pentamidine isethionate for soln 300 mg	1	
polymyxin b sulfate for inj 500000 unit	1	
praziquantel tab 600 mg	1	QL (24 tabs / 365 days)
PRIMSOL SOL 50MG/5ML	2	
SIVEXTRO INJ 200MG	3	
SIVEXTRO TAB 200MG	3	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
trimethoprim tab 100 mg	1	
vancomycin hcl cap 125 mg (base equivalent)	1	QL (80 caps / 10 days)
vancomycin hcl cap 250 mg (base equivalent)	1	QL (80 caps / 10 days)
vancomycin hcl for iv soln 1 gm (base equivalent)	1	
vancomycin hcl for iv soln 5 gm (base equivalent)	1	
vancomycin hcl for iv soln 10 gm (base equivalent)	1	
vancomycin hcl for iv soln 500 mg (base equivalent)	1	
vancomycin hcl for iv soln 750 mg (base equivalent)	1	
XIFAXAN TAB 200MG	2	
XIFAXAN TAB 550MG	2	PA
ANTIFUNGALS		
amphotericin b for iv soln 50 mg	1	
BIO-STATIN CAP 500000	2	
BIO-STATIN CAP 1000000	2	
bio-statin pow	1	
CRESEMBA CAP 186 MG	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
fluconazole in dextrose inj 200 mg/100ml	1	
fluconazole in dextrose inj 400 mg/200ml	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	
fluconazole in nacl 0.9% inj 400 mg/200ml	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
FLUCONAZOLE/ INJ NACL 100	3	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
itraconazole cap 100 mg	1	PA
itraconazole oral soln 10 mg/ml	1	PA
NOXAFIL SUS 40MG/ML	2	
NOXAFIL TAB 100MG	2	
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	PA
voriconazole for susp 40 mg/ml	3	PA
voriconazole tab 50 mg	3	PA
voriconazole tab 200 mg	3	PA
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
COARTEM TAB 20-120MG	3	
mefloquine hcl tab 250 mg	1	
primaquine phosphate tab 26.3 mg (15 mg base)	1	
quinine sulfate cap 324 mg	1	
ANTIRETROVIRAL AGENTS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	QL (900 mL / 30 days)
abacavir sulfate tab 300 mg (base equiv)	1	QL (60 tabs / 30 days)
APTIVUS CAP 250MG	2	QL (120 caps / 30 days)
APTIVUS SOL	2	QL (285 mL / 28 days)
atazanavir sulfate cap 150 mg (base equiv)	1	QL (30 caps / 30 days)
atazanavir sulfate cap 200 mg (base equiv)	1	QL (60 caps / 30 days)
atazanavir sulfate cap 300 mg (base equiv)	1	QL (30 caps / 30 days)
CRIXIVAN CAP 200MG	2	QL (450 caps / 30 days)
CRIXIVAN CAP 400MG	2	QL (180 caps / 30 days)
didanosine delayed release capsule 200 mg	1	QL (30 caps / 30 days)
didanosine delayed release capsule 250 mg	1	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
didanosine delayed release capsule 400 mg	1	QL (30 caps / 30 days)
EDURANT TAB 25MG	2	QL (60 tabs / 30 days)
efavirenz cap 50 mg	1	QL (90 caps / 30 days)
efavirenz cap 200 mg	1	QL (90 caps / 30 days)
efavirenz tab 600 mg	1	QL (30 tabs / 30 days)
EMTRIVA CAP 200MG	2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML	2	QL (680 ml / 28 days)
fosamprenavir calcium tab 700 mg (base equiv)	1	QL (120 tabs / 30 days)
FUZEON INJ 90MG	4	QL (60 vials / 30 days)
INTELENCE TAB 25MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 100MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG	2	QL (60 tabs / 30 days)
INVIRASE CAP 200MG	2	QL (300 caps / 30 days)
INVIRASE TAB 500MG	2	QL (120 tabs / 30 days)
ISENTRESS CHW 25MG	2	QL (180 tabs / 30 days)
ISENTRESS CHW 100MG	2	QL (180 tabs / 30 days)
ISENTRESS HD TAB 600MG	2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG	2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG	2	QL (120 tabs / 30 days)
lamivudine oral soln 10 mg/ml	1	QL (900 ml / 30 days)
lamivudine tab 150 mg	1	QL (60 tabs / 30 days)
lamivudine tab 300 mg	1	QL (30 tabs / 30 days)
LEXIVA SUS 50MG/ML	2	QL (1575 mL / 28 days)
nevirapine susp 50 mg/5ml	1	QL (1200 mL / 30 days)
nevirapine tab 200 mg	1	QL (60 tabs / 30 days)
nevirapine tab er 24hr 100 mg	1	QL (90 tabs / 30 days)
nevirapine tab er 24hr 400 mg	1	QL (30 tabs / 30 days)
NORVIR CAP 100MG	2	QL (360 caps / 30 days)
NORVIR POW 100MG	2	QL (360 packets / 30 days)
NORVIR SOL 80MG/ML	2	QL (480 mL / 30 days)
PREZISTA SUS 100MG/ML	2	QL (400 ml / 30 days)
PREZISTA TAB 75MG	2	QL (300 tabs / 30 days)
PREZISTA TAB 150MG	2	QL (180 tabs / 30 days)
PREZISTA TAB 600MG	2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG	2	QL (30 tabs / 30 days)
RESCRIPTOR TAB 100 MG	3	QL (900 tabs / 30 days)
RESCRIPTOR TAB 200MG	3	QL (450 tabs / 30 days)
RETROVIR INJ 10MG/ML	2	
REYATAZ POW 50MG	2	QL (180 packets / 30 days)
ritonavir tab 100 mg	1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML	2	QL (1840 mL / 30 days)
SELZENTRY TAB 25MG	2	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TAB 75MG	2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG	2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG	2	QL (120 tabs / 30 days)
stavudine cap 15 mg	1	QL (60 caps / 30 days)
stavudine cap 20 mg	1	QL (60 caps / 30 days)
stavudine cap 30 mg	1	QL (60 caps / 30 days)
stavudine cap 40 mg	1	QL (60 caps / 30 days)
tenofovir disoproxil fumarate tab 300 mg	1	QL (30 tabs / 30 days)
TIVICAY TAB 10MG	2	QL (60 tabs / 30 days)
TIVICAY TAB 25MG	2	QL (60 tabs / 30 days)
TIVICAY TAB 50MG	2	QL (60 tabs / 30 days)
TROGARZO INJ 150MG/ML	4	
TYBOST TAB 150MG	2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG	2	QL (30 caps / 30 days)
VIDEX SOL 2GM	2	QL (1200 ml / 30 days)
VIDEX SOL 4GM	2	QL (1200 ml / 30 days)
VIRACEPT TAB 250MG	2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG	2	QL (120 tabs / 30 days)
VIREAD POW 40MG/GM	2	QL (240 gm / 30 days)
VIREAD TAB 150MG	2	QL (30 tabs / 30 days)
VIREAD TAB 200MG	2	QL (30 tabs / 30 days)
VIREAD TAB 250MG	2	QL (30 tabs / 30 days)
ZERIT SOL 1MG/ML	2	QL (2400 ml / 30 days)
zidovudine cap 100 mg	1	QL (180 caps / 30 days)
zidovudine syrup 10 mg/ml	1	QL (1800 ml / 30 days)
zidovudine tab 300 mg	1	QL (60 tabs / 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (30 tabs / 30 days)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	1	QL (60 tabs / 30 days)
BIKTARVY TAB	2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300	2	QL (30 tabs / 30 days)
COMPLERA TAB	2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25	2	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	2	QL (30 tabs / 30 days)
GENVOYA TAB	2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG	2	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG	2	QL (120 tabs / 30 days)
lamivudine-zidovudine tab 150-300 mg	1	QL (60 tabs / 30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	QL (390 mL / 30 days)
ODEFSEY TAB	2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs / 30 days)
STRIBILD TAB	2	QL (30 tabs / 30 days)
SYMFI LO TAB	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYMFI TAB	2	QL (30 tabs / 30 days)
TRIUMEQ TAB	2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150	2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	2	QL (30 tabs / 30 days), ST; PA**; (coverage for pre and post-exposure prophylaxis only)
ANTITUBERCULAR AGENTS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
isoniazid inj 100 mg/ml	1	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
PASER GRA 4GM	3	
PRIFTIN TAB 150MG	2	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	1	
RIFAMATE CAP	2	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
rifampin for inj 600 mg	1	
RIFATER TAB	2	
SIRTURO TAB 100MG	3	
TRECATOR TAB 250MG	2	
ANTIVIRALS§		
acyclovir cap 200 mg	1	
acyclovir sodium for inj 500 mg	1	
acyclovir sodium iv soln 50 mg/ml	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
adefovir dipivoxil tab 10 mg	4	
BARACLUDE SOL .05MG/ML	3	
cidofovir iv inj 75 mg/ml	1	
entecavir tab 0.5 mg	4	
entecavir tab 1 mg	4	
EPIVIR HBV SOL 5MG/ML	2	
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
lamivudine tab 100 mg (hbv)	1	

Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate cap 30 mg (base equiv)	1	QL (40 caps / 90 days)
oseltamivir phosphate cap 45 mg (base equiv)	1	QL (20 caps / 90 days)
oseltamivir phosphate cap 75 mg (base equiv)	1	QL (20 caps / 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL (360 mL / 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers / 90 days)
ribavirin for inhal soln 6 gm	1	
rimantadine hydrochloride tab 100 mg	1	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	
valganciclovir hcl for soln 50 mg/ml (base equiv)	1	
valganciclovir hcl tab 450 mg (base equivalent)	1	
VEMLIDY TAB 25MG	3	
CEPHALOSPORINS		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
CEFACLOR ER TAB 500MG	2	
cefaclor for susp 125 mg/5ml	1	
cefaclor for susp 250 mg/5ml	1	
cefaclor for susp 375 mg/5ml	1	
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	1	
cefazolin sodium for inj 1 gm	1	
cefazolin sodium for inj 10 gm	1	
cefazolin sodium for inj 20 gm	1	
cefazolin sodium for inj 500 mg	1	
cefazolin sodium for iv soln 1 gm	1	
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefditoren pivoxil tab 200 mg (base equivalent)	1	
cefditoren pivoxil tab 400 mg (base equivalent)	1	
cefepime hcl for inj 1 gm	1	
cefepime hcl for inj 2 gm	1	
cefixime cap 400 mg	1	
cefixime for susp 100 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
cefixime for susp 200 mg/5ml	1	
cefotaxime sodium for inj 1 gm	1	
cefotaxime sodium for inj 2 gm	1	
cefotaxime sodium for inj 10 gm	1	
cefotaxime sodium for inj 500 mg	1	
cefotetan disodium for inj 1 gm	1	
cefotetan disodium for inj 2 gm	1	
cefotetan disodium for inj 10 gm	1	
cefoxitin sodium for inj 10 gm	1	
cefoxitin sodium for iv soln 1 gm	1	
cefoxitin sodium for iv soln 2 gm	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	1	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
ceftazidime for inj 2 gm	1	
ceftibuten cap 400 mg	1	
ceftibuten for susp 180 mg/5ml	1	
CEFTIN SUS 125/5ML	2	
CEFTIN SUS 250/5ML	2	
ceftriaxone sodium for inj 1 gm	1	
ceftriaxone sodium for inj 2 gm	1	
ceftriaxone sodium for inj 10 gm	1	
ceftriaxone sodium for inj 250 mg	1	
ceftriaxone sodium for inj 500 mg	1	
ceftriaxone sodium for iv soln 1 gm	1	
ceftriaxone sodium for iv soln 2 gm	1	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
cefuroxime sodium for inj 7.5 gm	1	
cefuroxime sodium for inj 750 mg	1	
cefuroxime sodium for iv soln 1.5 gm	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	1	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 500/5ML	2	

Drug Name	Drug Tier	Requirements/Limits
tazicef inj 1gm	1	
tazicef inj 2gm	1	
tazicef inj 6gm	1	
ZINACEF INJ 750MG	3	
ZINACEF/H20 INJ 1.5GM PB	3	
ERYTHROMYCINS/MACROLIDES		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin iv for soln 500 mg	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
DIFICID TAB 200MG	2	PA
e.e.s. 400 tab 400mg	1	
ery-tab tab 250mg ec	1	
ery-tab tab 333mg ec	1	
ery-tab tab 500mg ec	1	
ERYTHROCIN INJ 500MG	3	
erythrocin tab 250mg	1	
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin w/ delayed release particles cap 250 mg	1	
PCE TAB 333MG EC	3	
PCE TAB 500MG EC	3	
ZMAX SUS 2GM	3	
FLUOROQUINOLONES		
ciprofloxacin 200 mg/100ml in d5w	1	
ciprofloxacin 400 mg/200ml in d5w	1	
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	1	
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	1	
ciprofloxacin hcl tab 100 mg (base equiv)	1	
ciprofloxacin hcl tab 250 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
ciprofloxacin iv soln 200 mg/20ml (1%)	1	
ciprofloxacin iv soln 400 mg/40ml (1%)	1	
ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)	1	
ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)	1	
FACTIVE TAB 320MG	3	
levofloxacin in d5w iv soln 250 mg/50ml	1	
levofloxacin in d5w iv soln 500 mg/100ml	1	
levofloxacin in d5w iv soln 750 mg/150ml	1	
levofloxacin iv soln 25 mg/ml	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
ofloxacin tab 300 mg	1	
ofloxacin tab 400 mg	1	
HEPATITIS C		
EPCLUSA TAB 400-100	4	QL (28 tabs / 28 days), PA
HARVONI TAB 90-400MG	4	QL (28 tabs / 28 days), PA
PEGASYS INJ	4	PA
PEGASYS INJ 180MCG/M	4	PA
PEGASYS INJ PROCLICK	4	PA
REBETOL SOL 40MG/ML	4	PA
ribasphere cap 200mg	1	PA
ribasphere tab 200mg	1	PA
RIBASPHERE TAB 400MG	1	PA
ribasphere tab 600mg	1	PA
ribavirin cap 200 mg	1	PA
ribavirin tab 200 mg	1	PA
SOVALDI TAB 400MG	5	QL (28 tabs / 28 days), PA, ST
TECHNIVIE TAB	5	QL (56 tabs / 28 days), PA, ST
VOSEVI TAB	4	QL (28 tabs / 28 days), PA
ZEPATIER TAB 50-100MG	5	QL (28 tabs / 28 days), PA, ST

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	1	
ampicillin & sulbactam sodium for inj 15 (10-5) gm	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	1	
ampicillin cap 250 mg	1	
ampicillin cap 500 mg	1	
ampicillin for susp 125 mg/5ml	1	
ampicillin for susp 250 mg/5ml	1	
ampicillin sodium for inj 1 gm	1	
ampicillin sodium for inj 2 gm	1	
ampicillin sodium for inj 10 gm	1	

Drug Name	Drug Tier	Requirements/Limits
ampicillin sodium for inj 125 mg	1	
ampicillin sodium for inj 250 mg	1	
ampicillin sodium for inj 500 mg	1	
ampicillin sodium for iv soln 1 gm	1	
ampicillin sodium for iv soln 2 gm	1	
ampicillin sodium for iv soln 10 gm	1	
AUGMENTIN SUS 125/5ML	2	
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
nafcillin sodium for inj 1 gm	1	
nafcillin sodium for inj 2 gm	1	
nafcillin sodium for iv soln 1 gm	1	
nafcillin sodium for iv soln 2 gm	1	
nafcillin sodium for iv soln 10 gm	1	
oxacillin sodium for inj 1 gm (base equivalent)	1	
oxacillin sodium for inj 2 gm (base equivalent)	1	
oxacillin sodium for inj 10 gm (base equivalent)	1	
penicillin g potassium for inj 5000000 unit	1	
penicillin g potassium for inj 20000000 unit	1	
penicillin g sodium for inj 5000000 unit	1	
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
pfizerpen inj 20mu	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	
TETRACYCLINES		
avidoxy tab 100mg	1	
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
doxy 100 inj 100mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate for inj 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
doxycycline hyclate tab delayed release 75 mg	1	
doxycycline hyclate tab delayed release 100 mg	1	
doxycycline hyclate tab delayed release 150 mg	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 75 mg	1	
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate cap 150 mg	1	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 150 mg	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
morgidox cap 1x100mg	1	
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	
VIBRAMYCIN SYP 50MG/5ML	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
busulfan inj 6 mg/ml	1	
carmustine for inj 100 mg	1	
cyclophosphamide cap 25 mg	1	
cyclophosphamide cap 50 mg	1	
cyclophosphamide for inj 1 gm	4	
cyclophosphamide for inj 2 gm	4	
cyclophosphamide for inj 500 mg	4	
dacarbazine for inj 100 mg	1	
dacarbazine for inj 200 mg	1	
EMCYT CAP 140MG	4	
GLEOSTINE CAP 5MG	4	
GLEOSTINE CAP 10MG	4	
GLEOSTINE CAP 40MG	4	
GLEOSTINE CAP 100MG	4	
GLIADEL WAF 7.7MG	2	
HEXALEN CAP 50MG	2	
ifosfamide for inj 1 gm	1	
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	1	
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	1	

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN TAB 2MG	2	
melphalan hcl for inj 50 mg (base equiv)	1	
melphalan tab 2 mg	1	
TEMODAR INJ 100MG	4	PA
temozolomide cap 5 mg	4	PA
temozolomide cap 20 mg	4	PA
temozolomide cap 100 mg	4	PA
temozolomide cap 140 mg	4	PA
temozolomide cap 180 mg	4	PA
temozolomide cap 250 mg	4	PA
ANTHRACYCLINES		
daunorubicin hcl iv soln 20 mg/4ml (base equiv)	1	
doxorubicin hcl for inj 10 mg	1	
doxorubicin hcl for inj 50 mg	1	
doxorubicin hcl inj 2 mg/ml	1	
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	1	
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)	1	
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)	1	
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	1	
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	1	
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	1	
ANTIBIOTICS		
bleomycin sulfate for inj 15 unit	1	
bleomycin sulfate for inj 30 unit	1	
mitomycin for iv soln 5 mg	1	
mitomycin for iv soln 20 mg	1	
mitomycin for iv soln 40 mg	1	
ANTIMETABOLITES		
adrucil inj 500/10ml	1	
ALIMTA INJ 100MG	4	
ALIMTA INJ 500MG	4	
ARRANON INJ 5MG/ML	2	
azacitidine for inj 100 mg	4	PA
capecitabine tab 150 mg	4	QL (120 tabs / 30 days), PA
capecitabine tab 500 mg	4	QL (300 tabs / 30 days), PA
cladribine iv soln 10 mg/10ml (1 mg/ml)	1	
clofarabine iv soln 1 mg/ml	1	
cytarabine inj 20 mg/ml	1	
cytarabine inj pf 20 mg/ml	1	
cytarabine inj pf 100 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
decitabine for inj 50 mg	4	PA
floxuridine for inj 0.5 gm	1	
fludarabine phosphate for inj 50 mg	1	
fludarabine phosphate inj 25 mg/ml	1	
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	1	
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	1	
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	1	
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	1	
gemcitabine hcl for inj 1 gm	4	
gemcitabine hcl for inj 2 gm	4	
gemcitabine hcl for inj 200 mg	4	
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	4	
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	4	
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	4	
mercaptopurine tab 50 mg	1	
methotrexate sodium for inj 1 gm	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	
NIPENT INJ 10MG	2	
TABLOID TAB 40MG	2	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	2	
DOCEFREZ INJ 20MG	2	
docetaxel for inj conc 20 mg/ml	1	
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	1	
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	1	
DOCETAXEL INJ 20/0.5ML	2	
DOCETAXEL INJ 80MG/2ML	2	
DOCETAXEL INJ 140/7ML	2	
DOCETAXEL INJ 160/8ML	2	
DOCETAXEL INJ NON-ALCO	2	
docetaxel soln for iv infusion 20 mg/2ml	1	

Drug Name	Drug Tier	Requirements/Limits
docetaxel soln for iv infusion 80 mg/8ml	1	
docetaxel soln for iv infusion 160 mg/16ml	1	
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	1	
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	1	
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	1	
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	1	
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate inj 1 mg/ml	1	
vincasar pfs inj 1mg/ml	1	
vincristine sulfate iv soln 1 mg/ml	1	
vinorelbine tartrate inj 10 mg/ml (base equiv)	1	
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	1	
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX INJ 100MG	4	PA
ERBITUX INJ 200MG	4	PA
ERIVEDGE CAP 150MG	4	QL (30 caps / 30 days), PA
FARYDAK CAP 10MG	4	PA
FARYDAK CAP 15MG	4	PA
FARYDAK CAP 20MG	4	PA
GAZYVA INJ 25MG/ML	4	PA
IBRANCE CAP 75MG	4	QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	4	QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	4	QL (21 caps / 28 days), PA
KADCYLA INJ 100MG	4	PA
KADCYLA INJ 160MG	4	PA
KEYTRUDA INJ 100MG/4M	4	PA
KISQALI TAB 200DOSE	4	QL (63 tabs / 28 days), PA
KISQALI TAB 400DOSE	4	QL (63 tabs / 28 days), PA
KISQALI TAB 600DOSE	4	QL (63 tabs / 28 days), PA
LYNPARZA CAP 50MG	4	QL (480 caps / 30 days), PA
LYNPARZA TAB 100MG	4	QL (180 tabs / 30 days), PA
LYNPARZA TAB 150MG	4	QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	5	QL (224 caps / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
ZEJULA CAP 100MG	4	QL (90 caps / 30 days), PA
ZOLINZA CAP 100MG	4	QL (120 caps / 30 days), PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tab 250 mg	4	QL (120 tabs / 30 days), PA
anastrozole tab 1 mg	1	
bicalutamide tab 50 mg	1	
DEPO-PROVERA INJ 400/ML	3	
ELIGARD INJ 7.5MG	4	PA
ELIGARD INJ 22.5MG	4	PA
ELIGARD INJ 30MG	4	PA
ELIGARD INJ 45MG	4	PA
exemestane tab 25 mg	1	
flutamide cap 125 mg	1	
fulvestrant inj 250 mg/5ml	1	
letrozole tab 2.5 mg	1	
leuprolide acetate inj kit 5 mg/ml	4	PA
LUPR DEP-PED INJ 3M 30MG	4	PA
LUPR DEP-PED INJ 7.5MG	4	PA
LUPR DEP-PED INJ 11.25MG	4	PA
LUPR DEP-PED INJ 15MG	4	PA
LYSODREN TAB 500MG	2	
megestrol acetate susp 40 mg/ml	1	
megestrol acetate susp 625 mg/5ml	1	
megestrol acetate tab 20 mg	1	
megestrol acetate tab 40 mg	1	
nilutamide tab 150 mg	1	
tamoxifen citrate tab 10 mg (base equivalent)	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
tamoxifen citrate tab 20 mg (base equivalent)	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
toremifene citrate tab 60 mg (base equivalent)	1	
XTANDI CAP 40MG	4	QL (120 caps / 30 days), PA
ZYTIGA TAB 500MG	4	QL (60 tabs / 30 days), PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DIS TAB 3MG	4	QL (90 tabs / 30 days), PA
AFINITOR DIS TAB 5MG	4	QL (60 tabs / 30 days), PA
AFINITOR TAB 2.5MG	4	QL (30 tabs / 30 days), PA
AFINITOR TAB 5MG	4	QL (30 tabs / 30 days), PA
AFINITOR TAB 7.5MG	4	QL (30 tabs / 30 days), PA
AFINITOR TAB 10MG	4	QL (30 tabs / 30 days), PA
ALECENSA CAP 150MG	4	QL (240 caps / 30 days), PA
BOSULIF TAB 100MG	4	QL (90 tabs / 30 days), PA
BOSULIF TAB 400MG	4	QL (30 tabs / 30 days), PA
BOSULIF TAB 500MG	4	QL (30 tabs / 30 days), PA
CALQUENCE CAP 100MG	5	QL (60 caps / 30 days), PA
CAPRELSA TAB 100MG	4	QL (60 tabs / 30 days), PA
CAPRELSA TAB 300MG	4	QL (30 tabs / 30 days), PA
COMETRIQ KIT 60MG	4	QL (1 kit / 28 days), PA
COMETRIQ KIT 100MG	4	QL (1 kit / 28 days), PA
COMETRIQ KIT 140MG	4	QL (1 kit / 28 days), PA
erlotinib hcl tab 25 mg (base equivalent)	4	QL (60 tabs / 30 days), PA
erlotinib hcl tab 100 mg (base equivalent)	4	QL (30 tabs / 30 days), PA
erlotinib hcl tab 150 mg (base equivalent)	4	QL (30 tabs / 30 days), PA
ICLUSIG TAB 15MG	4	QL (60 tabs / 30 days), PA
ICLUSIG TAB 45MG	4	QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	4	QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	4	QL (30 tabs / 30 days), PA
imatinib mesylate tab 100 mg (base equivalent)	4	QL (90 tabs / 30 days), PA
imatinib mesylate tab 400 mg (base equivalent)	4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAP 70MG	4	QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	4	QL (90 caps / 30 days), PA
IMBRUVICA TAB 140MG	4	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 280MG	4	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	4	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 560MG	4	QL (30 tabs / 30 days), PA
INLYTA TAB 1MG	4	QL (180 tabs / 30 days), PA
INLYTA TAB 5MG	4	QL (120 tabs / 30 days), PA
JAKAFI TAB 5MG	4	QL (60 tabs / 30 days), PA
JAKAFI TAB 10MG	4	QL (60 tabs / 30 days), PA
JAKAFI TAB 15MG	4	QL (60 tabs / 30 days), PA
JAKAFI TAB 20MG	4	QL (60 tabs / 30 days), PA
JAKAFI TAB 25MG	4	QL (60 tabs / 30 days), PA
LENVIMA CAP 4MG	4	QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	4	QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	4	QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	4	QL (90 caps / 30 days), PA
LENVIMA CAP 14 MG	4	QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	4	QL (90 caps / 30 days), PA
LENVIMA CAP 20 MG	4	QL (60 caps / 30 days), PA
LENVIMA CAP 24 MG	4	QL (90 caps / 30 days), PA
LORBRENA TAB 25MG	5	QL (90 tabs / 30 days), PA
LORBRENA TAB 100MG	5	QL (30 tabs / 30 days), PA
MEKINIST TAB 0.5MG	4	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
MEKINIST TAB 2MG	4	QL (30 tabs / 30 days), PA
NEXAVAR TAB 200MG	4	QL (120 tabs / 30 days), PA
SPRYCEL TAB 20MG	4	QL (90 tabs / 30 days), PA
SPRYCEL TAB 50MG	4	QL (30 tabs / 30 days), PA
SPRYCEL TAB 70MG	4	QL (30 tabs / 30 days), PA
SPRYCEL TAB 80MG	4	QL (30 tabs / 30 days), PA
SPRYCEL TAB 100MG	4	QL (30 tabs / 30 days), PA
SPRYCEL TAB 140MG	4	QL (30 tabs / 30 days), PA
STIVARGA TAB 40MG	4	QL (84 tabs / 28 days), PA
SUTENT CAP 12.5MG	4	QL (30 caps / 30 days), PA
SUTENT CAP 25MG	4	QL (30 caps / 30 days), PA
SUTENT CAP 37.5MG	4	QL (30 caps / 30 days), PA
SUTENT CAP 50MG	4	QL (30 caps / 30 days), PA
TAFINLAR CAP 50MG	4	QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	4	QL (120 caps / 30 days), PA
TYKERB TAB 250MG	4	QL (180 tabs / 30 days), PA
VITRAKVI CAP 25MG	5	QL (180 caps / 30 days), PA
VITRAKVI CAP 100MG	5	QL (60 caps / 30 days), PA
VITRAKVI SOL 20MG/ML	5	QL (300 mL / 30 days), PA
VOTRIENT TAB 200MG	4	QL (120 tabs / 30 days), PA
XALKORI CAP 200MG	4	QL (60 caps / 30 days), PA
XALKORI CAP 250MG	4	QL (60 caps / 30 days), PA
ZELBORAF TAB 240MG	4	QL (240 tabs / 30 days), PA
ZYDELIG TAB 100MG	4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ZYDELIG TAB 150MG	4	QL (60 tabs / 30 days), PA
ZYKADIA CAP 150MG	4	QL (90 caps / 30 days), PA
ZYKADIA TAB 150MG	4	QL (90 tabs / 30 days), PA
MISCELLANEOUS		
arsenic trioxide inj 10 mg/10ml (1 mg/ml)	1	
bexarotene cap 75 mg	4	PA
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
hydroxyurea cap 500 mg	1	
MATULANE CAP 50MG	2	
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	4	PA
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	4	PA
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	4	PA
ODOMZO CAP 200MG	4	QL (30 caps / 30 days), PA
ONCASPAR INJ 750/ML	4	PA
PHOTOFRIN INJ 75MG	2	
QUADRAMET INJ	2	
THERACYS INJ	2	
TICE BCG INJ	2	
tretinoin cap 10 mg	1	
TRISENOX INJ 12MG/6ML	2	
UVADEX INJ 20MCG/ML	2	
VISTOGARD PAK 10GM	2	
PLATINUM-BASED AGENTS		
carboplatin iv soln 50 mg/5ml	1	
carboplatin iv soln 150 mg/15ml	1	
carboplatin iv soln 450 mg/45ml	1	
carboplatin iv soln 600 mg/60ml	1	
cisplatin inj 50 mg/50ml (1 mg/ml)	1	
cisplatin inj 100 mg/100ml (1 mg/ml)	1	
cisplatin inj 200 mg/200ml (1 mg/ml)	1	
oxaliplatin for iv inj 50 mg	4	
oxaliplatin for iv inj 100 mg	4	
oxaliplatin iv soln 50 mg/10ml	4	
oxaliplatin iv soln 100 mg/20ml	4	
PROTECTIVE AGENTS		
amifostine for inj 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
dexrazoxane hcl for inj 250 mg (base equivalent)	1	
dexrazoxane hcl for inj 500 mg (base equivalent)	1	
leucovorin calcium for inj 50 mg	1	
leucovorin calcium for inj 100 mg	1	
leucovorin calcium for inj 200 mg	1	
leucovorin calcium for inj 350 mg	1	
leucovorin calcium for inj 500 mg	1	
leucovorin calcium tab 5 mg	1	
leucovorin calcium tab 10 mg	1	
leucovorin calcium tab 15 mg	1	
leucovorin calcium tab 25 mg	1	
mesna inj 100 mg/ml	1	
MESNEX TAB 400MG	4	
TOPOISOMERASE INHIBITORS		
CAMPTOSAR INJ 300/15ML	2	
etoposide cap 50 mg	1	
etoposide inj 100 mg/5ml (20 mg/ml)	1	
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	4	
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	4	
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	4	
TENIPOSIDE INJ 50MG/5ML	2	
toposar inj 20mg/ml	1	
toposar inj 100/5ml	1	
topotecan hcl for inj 4 mg (base equiv)	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	4	PA
VENCLEXTA TAB 50MG	4	PA
VENCLEXTA TAB 100MG	4	PA
VENCLEXTA TAB START PK	4	PA
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
moexipril-hydrochlorothiazide tab 7.5-12.5 mg	1	
moexipril-hydrochlorothiazide tab 15-12.5 mg	1	
moexipril-hydrochlorothiazide tab 15-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
ACE INHIBITORS		
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate tab 2.5 mg	1	
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	
quinapril hcl tab 20 mg	1	
quinapril hcl tab 40 mg	1	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
ALPHA BLOCKERS		
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
prazosin hcl cap 1 mg	1	
prazosin hcl cap 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
prazosin hcl cap 5 mg	1	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
BYVALSON TAB 5-80MG	3	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
EDARBI TAB 40MG	3	ST; PA**
EDARBI TAB 80MG	3	ST; PA**
eprosartan mesylate tab 600 mg	1	
irbesartan tab 75 mg	1	

Drug Name	Drug Tier	Requirements/Limits
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	
ANTIARRHYTHMICS		
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	1	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	1	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	PA
dofetilide cap 250 mcg (0.25 mg)	1	PA
dofetilide cap 500 mcg (0.5 mg)	1	PA
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)	1	
lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)	1	
lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)	1	
lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)	1	
lidocaine inj 20mg/ml	1	
lidocaine iv infusion in d5w inj 4 mg/ml	1	
lidocaine iv infusion in d5w inj 8 mg/ml	1	
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
MULTAQ TAB 400MG	3	PA
NEXTERONE INJ	3	
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG CR	2	
pacerone tab 100mg	1	
pacerone tab 200mg	1	
procainamide hcl inj 100 mg/ml	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
quinidine sulfate tab 200 mg	1	
quinidine sulfate tab 300 mg	1	
sorine tab 80mg	1	
sorine tab 120mg	1	
sorine tab 160mg	1	
sorine tab 240mg	1	
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	
sotalol hcl (afib/afl) tab 160 mg	1	
SOTALOL HCL INJ 150/10ML	3	
sotalol hcl tab 80 mg	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg	1	
ANTILIPEMICS, BILE ACID RESINS		
cholestyramine light powder 4 gm/dose	1	
cholestyramine light powder packets 4 gm	1	
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	
colesevelam hcl packet for susp 3.75 gm	1	
colesevelam hcl tab 625 mg	1	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
prevalite pow 4gm	1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe tab 10 mg	1	
ANTILIPEMICS, FIBRATES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
fenofibrate cap 50 mg	1	
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 130 mg	1	
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 145 mg	1	
fenofibrate tab 160 mg	1	
fenofibric acid tab 35 mg	1	
fenofibric acid tab 105 mg	1	
gemfibrozil tab 600 mg	1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	1	$0 copay for members age 40 through 75
atorvastatin calcium tab 20 mg (base equivalent)	1	$0 copay for members age 40 through 75
atorvastatin calcium tab 40 mg (base equivalent)	1	
atorvastatin calcium tab 80 mg (base equivalent)	1	
fluvastatin sodium cap 20 mg (base equivalent)	1	$0 copay for members age 40 through 75
fluvastatin sodium cap 40 mg (base equivalent)	1	$0 copay for members age 40 through 75
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	1	$0 copay for members age 40 through 75
LIVALO TAB 1MG	3	ST; PA**
LIVALO TAB 2MG	3	ST; PA**
LIVALO TAB 4MG	3	ST; PA**
lovastatin tab 10 mg	1	$0 copay for members age 40 through 75
lovastatin tab 20 mg	1	$0 copay for members age 40 through 75
lovastatin tab 40 mg	1	$0 copay for members age 40 through 75
pravastatin sodium tab 10 mg	1	$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
pravastatin sodium tab 20 mg	1	$0 copay for members age 40 through 75
pravastatin sodium tab 40 mg	1	$0 copay for members age 40 through 75
pravastatin sodium tab 80 mg	1	$0 copay for members age 40 through 75
rosuvastatin calcium tab 5 mg	1	ST; $0 copay for members age 40 through 75; PA**
rosuvastatin calcium tab 10 mg	1	ST; $0 copay for members age 40 through 75; PA**
rosuvastatin calcium tab 20 mg	1	
rosuvastatin calcium tab 40 mg	1	
simvastatin tab 5 mg	1	$0 copay for members age 40 through 75
simvastatin tab 10 mg	1	$0 copay for members age 40 through 75
simvastatin tab 20 mg	1	$0 copay for members age 40 through 75
simvastatin tab 40 mg	1	$0 copay for members age 40 through 75
simvastatin tab 80 mg	1	ST; PA**
ANTILIPEMICS, MISCELLANEOUS		
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
omega-3-acid ethyl esters cap 1 gm	1	PA
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA INJ 140MG/ML	4	QL (2 syringes / 28 days), PA
REPATHA PUSH INJ 420/3.5	4	QL (1 cartridge / 28 days), PA
REPATHA SURE INJ 140MG/ML	4	QL (2 pens / 28 days), PA
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
nadolol & bendroflumethiazide tab 40-5 mg	1	
propranolol & hydrochlorothiazide tab 40-25 mg	1	
propranolol & hydrochlorothiazide tab 80-25 mg	1	
BETA-BLOCKERS		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	1	
betaxolol hcl tab 20 mg	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	1	
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	
BYSTOLIC TAB 10MG	3	
BYSTOLIC TAB 20MG	3	
carvedilol phosphate cap er 24hr 10 mg	1	
carvedilol phosphate cap er 24hr 20 mg	1	
carvedilol phosphate cap er 24hr 40 mg	1	
carvedilol phosphate cap er 24hr 80 mg	1	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
labetalol hcl iv soln 5 mg/ml	1	
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate iv soln 5 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 100 mg	1	
nadolol tab 20 mg	1	
nadolol tab 40 mg	1	
nadolol tab 80 mg	1	
pindolol tab 5 mg	1	
pindolol tab 10 mg	1	
propranolol hcl cap er 24hr 60 mg	1	
propranolol hcl cap er 24hr 80 mg	1	
propranolol hcl cap er 24hr 120 mg	1	
propranolol hcl cap er 24hr 160 mg	1	
propranolol hcl inj 1 mg/ml	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
CALCIUM CHANNEL BLOCKERS		
afeditab tab 30mg cr	1	
afeditab tab 60mg cr	1	
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
CARDENE IV INJ 40/200ML	3	
CARDENE IV SOL 20/200ML	3	
CARDIZEM LA TAB 120MG	2	
cartia xt cap 120/24hr	1	
cartia xt cap 180/24hr	1	
cartia xt cap 240/24hr	1	
cartia xt cap 300/24hr	1	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	
diltiazem hcl extended release beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	1	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	1	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
DILTIAZEM INJ 100MG	3	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
matzim la tab 180mg/24	1	
matzim la tab 240mg/24	1	
matzim la tab 300mg/24	1	
matzim la tab 360mg/24	1	
matzim la tab 420mg/24	1	
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nicardipine hcl iv soln 2.5 mg/ml	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	
taztia xt cap 120mg/24	1	
taztia xt cap 180mg/24	1	
taztia xt cap 240mg/24	1	
taztia xt cap 300mg er	1	
taztia xt cap 360mg/24	1	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl iv soln 2.5 mg/ml	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	
DIGITALIS GLYCOSIDES		
digox tab 0.25mg	1	
digox tab 0.125mg	1	
digoxin inj 0.25 mg/ml	1	
digoxin oral soln 0.05 mg/ml	1	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	
LANOXIN PED INJ 0.1MG/ML	3	
LANOXIN TAB 0.0625MG	2	
LANOXIN TAB 0.1875MG	2	
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
DIURETICS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide sodium for inj 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
ALDACTAZIDE TAB 50/50	2	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl tab 5 mg	1	
bumetanide inj 0.25 mg/ml	1	
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
chlorothiazide sodium for inj 500 mg	1	
chlorothiazide tab 250 mg	1	
chlorothiazide tab 500 mg	1	
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
DIURIL SUS 250/5ML	3	
DYRENIUM CAP 50MG	3	
DYRENIUM CAP 100MG	3	
ethacrynate sodium for inj 50 mg	1	
ethacrynic acid tab 25 mg	1	
furosemide inj 10 mg/ml	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
methyclothiazide tab 5 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide cap 50-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	

Drug Name	Drug Tier	Requirements/Limits
clonidine td patch weekly 0.3 mg/24hr	1	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
hydralazine hcl inj 20 mg/ml	1	
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
methyldopate hcl inj 250 mg/5ml	1	
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
phenoxybenzamine hcl cap 10 mg	1	
ranolazine tab er 12hr 500 mg	1	ST; PA**
ranolazine tab er 12hr 1000 mg	1	ST; PA**
NITRATES		
DILATRATE SR CAP 40MG	3	
ISORDIL TAB 40MG	2	
isosorbide dinitrate tab 5 mg	1	
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	
isosorbide dinitrate tab er 40 mg	1	
isosorbide mononitrate tab 10 mg	1	
isosorbide mononitrate tab 20 mg	1	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	1	
minitran dis 0.1mg/hr	1	
minitran dis 0.2mg/hr	1	
minitran dis 0.4mg/hr	1	
minitran dis 0.6mg/hr	1	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
NITROGLYCER INJ 5MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin iv soln 100 mcg/ml in d5w	1	
nitroglycerin iv soln 200 mcg/ml in d5w	1	
nitroglycerin iv soln 400 mcg/ml in d5w	1	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TAB 0.5MG	5	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG	5	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG	5	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2.5MG	5	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG	5	QL (90 tabs / 30 days), PA
ambrisentan tab 5 mg	4	QL (30 tabs / 30 days), PA
ambrisentan tab 10 mg	4	QL (30 tabs / 30 days), PA
bosentan tab 62.5 mg	4	QL (60 tabs / 30 days), PA
bosentan tab 125 mg	4	QL (60 tabs / 30 days), PA
epoprostenol sodium for inj 0.5 mg	4	PA
epoprostenol sodium for inj 1.5 mg	4	PA
LETAIRIS TAB 5MG	4	QL (30 tabs / 30 days), PA
LETAIRIS TAB 10MG	4	QL (30 tabs / 30 days), PA
OPSUMIT TAB 10MG	4	QL (30 tabs / 30 days), PA
ORENITRAM TAB 0.25MG	4	PA
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 2.5MG	4	PA
ORENITRAM TAB 5MG	4	PA
REMODULIN INJ 1MG/ML	5	PA
REMODULIN INJ 2.5MG/ML	5	PA
REMODULIN INJ 5MG/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
REMODULIN INJ 10MG/ML	5	PA
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)	4	PA
sildenafil citrate tab 20 mg	4	QL (90 tabs / 30 days), PA
tadalafil tab 20 mg (pah)	5	QL (60 tabs / 30 days), PA
TRACLEER TAB 32MG	4	QL (112 tabs / 28 days), PA
TRACLEER TAB 62.5MG	4	QL (60 tabs / 30 days), PA
TRACLEER TAB 125MG	4	QL (60 tabs / 30 days), PA
TYVASO START SOL 0.6MG/ML	4	QL (28 ampules / 28 days), PA
UPTRAVI TAB 200/800	4	PA
UPTRAVI TAB 200MCG	4	PA
UPTRAVI TAB 400MCG	4	PA
UPTRAVI TAB 600MCG	4	PA
UPTRAVI TAB 800MCG	4	PA
UPTRAVI TAB 1000MCG	4	PA
UPTRAVI TAB 1200MCG	4	PA
UPTRAVI TAB 1400MCG	4	PA
UPTRAVI TAB 1600MCG	4	PA
VENTAVIS SOL 10MCG/ML	4	QL (270 ampules / 30 days), PA
VENTAVIS SOL 20MCG/ML	4	QL (270 ampules / 30 days), PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY§		
ALPRAZOLAM CON 1 MG/ML	2	QL (300 mL / 25 days)
alprazolam orally disintegrating tab 0.5 mg	1	QL (150 tabs / 25 days)
alprazolam orally disintegrating tab 0.25 mg	1	QL (150 tabs / 25 days)
alprazolam orally disintegrating tab 1 mg	1	QL (150 tabs / 25 days)
alprazolam orally disintegrating tab 2 mg	1	QL (150 tabs / 25 days)
alprazolam tab 0.5 mg	1	QL (150 tabs / 25 days)
alprazolam tab 0.25 mg	1	QL (150 tabs / 25 days)
alprazolam tab 1 mg	1	QL (150 tabs / 25 days)
alprazolam tab 2 mg	1	QL (150 tabs / 25 days)
lorazepam conc 2 mg/ml	1	QL (150 mL / 25 days)
lorazepam tab 0.5 mg	1	QL (150 tabs / 25 days)
lorazepam tab 1 mg	1	QL (150 tabs / 25 days)
lorazepam tab 2 mg	1	QL (150 tabs / 25 days)
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	

Drug Name	Drug Tier	Requirements/Limits
oxazepam cap 10 mg	1	QL (120 caps / 25 days)
oxazepam cap 15 mg	1	QL (120 caps / 25 days)
oxazepam cap 30 mg	1	QL (120 caps / 25 days)
ANTICONVULSANTS§		
APTIOM TAB 200MG	3	PA
APTIOM TAB 400MG	3	PA
APTIOM TAB 600MG	3	PA
APTIOM TAB 800MG	3	PA
BANZEL SUS 40MG/ML	3	PA
BANZEL TAB 200MG	3	PA
BANZEL TAB 400MG	3	PA
BRIVIACT INJ 50MG/5ML	3	PA
BRIVIACT SOL 10MG/ML	3	PA
BRIVIACT TAB 10MG	3	PA
BRIVIACT TAB 25MG	3	PA
BRIVIACT TAB 50MG	3	PA
BRIVIACT TAB 75MG	3	PA
BRIVIACT TAB 100MG	3	PA
carbamazepine cap er 12hr 100 mg	1	
carbamazepine cap er 12hr 200 mg	1	
carbamazepine cap er 12hr 300 mg	1	
carbamazepine chew tab 100 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tab 200 mg	1	
carbamazepine tab er 12hr 100 mg	1	
carbamazepine tab er 12hr 200 mg	1	
carbamazepine tab er 12hr 400 mg	1	
CELONTIN CAP 300MG	3	
clobazam suspension 2.5 mg/ml	1	PA
clobazam tab 10 mg	1	PA
clobazam tab 20 mg	1	PA
clonazepam tab 0.5 mg	1	
clonazepam tab 1 mg	1	
clonazepam tab 2 mg	1	
clorazepate dipotassium tab 3.75 mg	1	QL (180 tabs / 25 days)
clorazepate dipotassium tab 7.5 mg	1	QL (180 tabs / 25 days)
clorazepate dipotassium tab 15 mg	1	QL (180 tabs / 25 days)
diazepam con 5mg/ml	1	QL (240 mL / 25 days)
diazepam inj 5 mg/ml	1	
diazepam oral soln 1 mg/ml	1	QL (1200 mL / 25 days)
diazepam tab 2 mg	1	QL (120 tabs / 25 days)
diazepam tab 5 mg	1	QL (120 tabs / 25 days)
diazepam tab 10 mg	1	QL (120 tabs / 25 days)
DILANTIN CAP 30MG	3	

Drug Name	Drug Tier	Requirements/Limits
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
epitol tab 200mg	1	
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
felbamate susp 600 mg/5ml	1	
felbamate tab 400 mg	1	
felbamate tab 600 mg	1	
fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)	1	
fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)	1	
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
gabapentin cap 100 mg	1	
gabapentin cap 300 mg	1	
gabapentin cap 400 mg	1	
gabapentin oral soln 250 mg/5ml	1	
gabapentin tab 600 mg	1	
gabapentin tab 800 mg	1	
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
lamotrigine tab 25 mg (35) starter kit	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 25 mg (84) & 100 mg (14) starter kit	1	
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab 200 mg	1	
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam in sodium chloride iv soln 500 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	1	
levetiracetam inj 500 mg/5ml (100 mg/ml)	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
LYRICA CAP 25MG	3	ST; PA**
LYRICA CAP 50MG	3	ST; PA**
LYRICA CAP 75MG	3	ST; PA**
LYRICA CAP 100MG	3	ST; PA**
LYRICA CAP 150MG	3	ST; PA**
LYRICA CAP 200MG	3	ST; PA**
LYRICA CAP 225MG	3	ST; PA**
LYRICA CAP 300MG	3	ST; PA**
LYRICA SOL 20MG/ML	3	ST; PA**
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	
oxcarbazepine tab 150 mg	1	
oxcarbazepine tab 300 mg	1	
oxcarbazepine tab 600 mg	1	
PEGANONE TAB 250MG	3	
phenobarbital elixir 20 mg/5ml	1	
phenobarbital tab 15 mg	1	
phenobarbital tab 16.2 mg	1	
phenobarbital tab 30 mg	1	
phenobarbital tab 32.4 mg	1	
phenobarbital tab 60 mg	1	
phenobarbital tab 64.8 mg	1	
phenobarbital tab 97.2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
phenobarbital tab 100 mg	1	
phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	1	
phenytoin sodium extended cap 300 mg	1	
phenytoin sodium inj 50 mg/ml	1	
phenytoin susp 125 mg/5ml	1	
pregabalin cap 25 mg	1	ST; PA**
pregabalin cap 50 mg	1	ST; PA**
pregabalin cap 75 mg	1	ST; PA**
pregabalin cap 100 mg	1	ST; PA**
pregabalin cap 150 mg	1	ST; PA**
pregabalin cap 200 mg	1	ST; PA**
pregabalin cap 225 mg	1	ST; PA**
pregabalin cap 300 mg	1	ST; PA**
pregabalin soln 20 mg/ml	1	ST; PA**
primidone tab 50 mg	1	
primidone tab 250 mg	1	
tiagabine hcl tab 2 mg	1	
tiagabine hcl tab 4 mg	1	
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
topiramate sprinkle cap 15 mg	1	
topiramate sprinkle cap 25 mg	1	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
valproate sodium inj 100 mg/ml	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
vigabatrin powd pack 500 mg	4	QL (180 packets / 30 days), PA
vigabatrin tab 500 mg	4	QL (180 tabs / 30 days), PA
VIMPAT INJ 200MG/20	3	
VIMPAT SOL 10MG/ML	3	
VIMPAT TAB 50MG	3	
VIMPAT TAB 100MG	3	
VIMPAT TAB 150MG	3	
VIMPAT TAB 200MG	3	
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDEMENTIA		
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
ergoloid mesylates tab 1 mg	1	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
memantine hcl cap er 24hr 7 mg	1	PA; PA applies for members less than 30 years of age
memantine hcl cap er 24hr 14 mg	1	PA; PA applies for members less than 30 years of age
memantine hcl cap er 24hr 21 mg	1	PA; PA applies for members less than 30 years of age
memantine hcl cap er 24hr 28 mg	1	PA; PA applies for members less than 30 years of age
memantine hcl oral solution 2 mg/ml	1	PA; PA applies for members less than 30 years of age
memantine hcl tab 5 mg	1	PA; PA applies for members less than 30 years of age
memantine hcl tab 5 mg (28) & 10 mg (21) titration pak	1	PA; PA applies for members less than 30 years of age
memantine hcl tab 10 mg	1	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO	2	PA; PA applies for members less than 30 years of age

Drug Name	Drug Tier	Requirements/Limits
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	PA
rivastigmine tartrate cap 3 mg (base equivalent)	1	PA
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	PA
rivastigmine tartrate cap 6 mg (base equivalent)	1	PA
rivastigmine td patch 24hr 4.6 mg/24hr	1	PA
rivastigmine td patch 24hr 9.5 mg/24hr	1	PA
rivastigmine td patch 24hr 13.3 mg/24hr	1	PA
ANTIDEPRESSANTS§		
amitriptyline hcl tab 10 mg	1	QL (150 tabs / 25 days); QL applies to members age 65 and older
amitriptyline hcl tab 25 mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
amitriptyline hcl tab 50 mg	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
amitriptyline hcl tab 75 mg	1	PA; Members 70 and older subject to PA
amitriptyline hcl tab 100 mg	1	PA; Members 70 and older subject to PA
amitriptyline hcl tab 150 mg	1	PA; Members 70 and older subject to PA
amoxapine tab 25 mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
amoxapine tab 50 mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
amoxapine tab 100 mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
amoxapine tab 150 mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
bupropion hcl tab 75 mg	1	
bupropion hcl tab 100 mg	1	
bupropion hcl tab er 12hr 100 mg	1	
bupropion hcl tab er 12hr 150 mg	1	
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
citalopram hydrobromide oral soln 10 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
desipramine hcl tab 10 mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
desipramine hcl tab 25 mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
desipramine hcl tab 50 mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
desipramine hcl tab 75 mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
desipramine hcl tab 100 mg	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
desipramine hcl tab 150 mg	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	ST; (generic of Pristiq) PA**
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	ST; (generic of Pristiq) PA**
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	ST; (generic of Pristiq) PA**
doxepin hcl cap 10 mg	1	QL (90 caps / 25 days); QL applies to members age 65 and older
doxepin hcl cap 25 mg	1	QL (90 caps / 25 days); QL applies to members age 65 and older
doxepin hcl cap 50 mg	1	QL (90 caps / 25 days); QL applies to members age 65 and older
doxepin hcl cap 75 mg	1	QL (60 caps / 25 days); QL applies to members age 65 and older
doxepin hcl cap 100 mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older
doxepin hcl cap 150 mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
doxepin hcl conc 10 mg/ml	1	QL (450 mL / 25 days); QL applies to members age 65 and older
duloxetine hcl cap 20 mg	1	
duloxetine hcl cap 30 mg	1	
duloxetine hcl cap 60 mg	1	
EMSAM DIS 6MG/24HR	3	PA
EMSAM DIS 9MG/24HR	3	PA
EMSAM DIS 12MG/24H	3	PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv)	1	
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
FETZIMA CAP 20MG	3	ST; PA**
FETZIMA CAP 40MG	3	ST; PA**
FETZIMA CAP 80MG	3	ST; PA**
FETZIMA CAP 120MG	3	ST; PA**
FETZIMA CAP TITRATIO	3	ST; PA**
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl cap delayed release 90 mg	1	
fluoxetine hcl solution 20 mg/5ml	1	
fluoxetine hcl tab 10 mg	1	(generic Sarafem not covered)
fluoxetine hcl tab 20 mg	1	(generic Sarafem not covered)
fluoxetine hcl tab 60 mg	1	
imipramine hcl tab 10 mg	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
imipramine hcl tab 25 mg	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
imipramine hcl tab 50 mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
imipramine pamoate cap 75 mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older
imipramine pamoate cap 100 mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
imipramine pamoate cap 125 mg	1	PA; Members 70 and older subject to PA
imipramine pamoate cap 150 mg	1	PA; Members 70 and older subject to PA
maprotiline hcl tab 25 mg	1	
maprotiline hcl tab 50 mg	1	
maprotiline hcl tab 75 mg	1	
MARPLAN TAB 10MG	3	
mirtazapine orally disintegrating tab 15 mg	1	
mirtazapine orally disintegrating tab 30 mg	1	
mirtazapine orally disintegrating tab 45 mg	1	
mirtazapine tab 7.5 mg	1	
mirtazapine tab 15 mg	1	
mirtazapine tab 30 mg	1	
mirtazapine tab 45 mg	1	
nefazodone hcl tab 50 mg	1	
nefazodone hcl tab 100 mg	1	
nefazodone hcl tab 150 mg	1	
nefazodone hcl tab 200 mg	1	
nefazodone hcl tab 250 mg	1	
nortriptyline hcl cap 10 mg	1	QL (150 caps / 25 days); QL applies to members age 65 and older
nortriptyline hcl cap 25 mg	1	QL (60 caps / 25 days); QL applies to members age 65 and older
nortriptyline hcl cap 50 mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older
nortriptyline hcl cap 75 mg	1	PA; Members 70 and older subject to PA
nortriptyline hcl soln 10 mg/5ml	1	QL (750 mL / 25 days); QL applies to members age 65 and older
paroxetine hcl tab 10 mg	1	
paroxetine hcl tab 20 mg	1	
paroxetine hcl tab 30 mg	1	
paroxetine hcl tab 40 mg	1	
paroxetine hcl tab er 24hr 12.5 mg	1	
paroxetine hcl tab er 24hr 25 mg	1	
paroxetine hcl tab er 24hr 37.5 mg	1	
phenelzine sulfate tab 15 mg	1	
protriptyline hcl tab 5 mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
protriptyline hcl tab 10 mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
sertraline hcl oral concentrate for solution 20 mg/ml	1	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
tranylcypromine sulfate tab 10 mg	1	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	1	
trimipramine maleate cap 25 mg	1	QL (60 caps / 25 days); QL applies to members age 65 and older
trimipramine maleate cap 50 mg	1	QL (60 caps / 25 days); QL applies to members age 65 and older
trimipramine maleate cap 100 mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older
TRINTELLIX TAB 5MG	3	ST; PA**
TRINTELLIX TAB 10MG	3	ST; PA**
TRINTELLIX TAB 20MG	3	ST; PA**
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	1	
VIIBRYD KIT STARTER	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD TAB 10MG	3	ST; PA**
VIIBRYD TAB 20MG	3	ST; PA**
VIIBRYD TAB 40MG	3	ST; PA**
ANTIPARKINSONIAN AGENTS		
amantadine hcl cap 100 mg	1	
amantadine hcl syrup 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
APOKYN INJ 10MG/ML	4	PA
benztropine mesylate inj 1 mg/ml	1	
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
bromocriptine mesylate cap 5 mg (base equivalent)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa tab 25 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
entacapone tab 200 mg	1	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	

Drug Name	Drug Tier	Requirements/Limits
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	1	
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 2.25 mg	1	
pramipexole dihydrochloride tab er 24hr 3 mg	1	
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	
pramipexole dihydrochloride tab er 24hr 4.5 mg	1	
rasagiline mesylate tab 0.5 mg (base equiv)	1	
rasagiline mesylate tab 1 mg (base equiv)	1	
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
tolcapone tab 100 mg	1	
trihexyphenidyl hcl elixir 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPSYCHOTICS		
aripiprazole oral solution 1 mg/ml	1	
aripiprazole orally disintegrating tab 10 mg	1	
aripiprazole orally disintegrating tab 15 mg	1	
aripiprazole tab 2 mg	1	
aripiprazole tab 5 mg	1	
aripiprazole tab 10 mg	1	
aripiprazole tab 15 mg	1	
aripiprazole tab 20 mg	1	
aripiprazole tab 30 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJ 441MG/1.	2	
ARISTADA INJ 662MG/2	2	
ARISTADA INJ 882MG/3	2	
ARISTADA INJ 1064MG	2	
ARISTADA INJ INITIO	2	
CHLORPROMAZ INJ 25MG/ML	3	
CHLORPROMAZ INJ 50MG/2ML	3	
chlorpromazine hcl tab 10 mg	1	
chlorpromazine hcl tab 25 mg	1	
chlorpromazine hcl tab 50 mg	1	
chlorpromazine hcl tab 100 mg	1	
chlorpromazine hcl tab 200 mg	1	
clozapine orally disintegrating tab 12.5 mg	1	
clozapine orally disintegrating tab 25 mg	1	
clozapine orally disintegrating tab 100 mg	1	
clozapine orally disintegrating tab 150 mg	1	
clozapine orally disintegrating tab 200 mg	1	
clozapine tab 25 mg	1	
clozapine tab 50 mg	1	
clozapine tab 100 mg	1	
clozapine tab 200 mg	1	
fluphenazine decanoate inj 25 mg/ml	1	
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl inj 2.5 mg/ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
haloperidol decanoate im soln 50 mg/ml	1	
haloperidol decanoate im soln 100 mg/ml	1	
haloperidol lactate inj 5 mg/ml	1	
haloperidol lactate oral conc 2 mg/ml	1	
haloperidol tab 0.5 mg	1	
haloperidol tab 1 mg	1	
haloperidol tab 2 mg	1	
haloperidol tab 5 mg	1	
haloperidol tab 10 mg	1	
haloperidol tab 20 mg	1	
LATUDA TAB 20MG	2	ST; PA**
LATUDA TAB 40MG	2	ST; PA**
LATUDA TAB 60MG	2	ST; PA**
LATUDA TAB 80MG	2	ST; PA**
LATUDA TAB 120MG	2	ST; PA**
loxapine succinate cap 5 mg	1	
loxapine succinate cap 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
loxapine succinate cap 25 mg	1	
loxapine succinate cap 50 mg	1	
NUPLAZID TAB 17MG	4	PA
olanzapine for im inj 10 mg	1	
olanzapine orally disintegrating tab 5 mg	1	
olanzapine orally disintegrating tab 10 mg	1	
olanzapine orally disintegrating tab 15 mg	1	
olanzapine orally disintegrating tab 20 mg	1	
olanzapine tab 2.5 mg	1	
olanzapine tab 5 mg	1	
olanzapine tab 7.5 mg	1	
olanzapine tab 10 mg	1	
olanzapine tab 15 mg	1	
olanzapine tab 20 mg	1	
paliperidone tab er 24hr 1.5 mg	1	
paliperidone tab er 24hr 3 mg	1	
paliperidone tab er 24hr 6 mg	1	
paliperidone tab er 24hr 9 mg	1	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
quetiapine fumarate tab 25 mg	1	
quetiapine fumarate tab 50 mg	1	
quetiapine fumarate tab 100 mg	1	
quetiapine fumarate tab 200 mg	1	
quetiapine fumarate tab 300 mg	1	
quetiapine fumarate tab 400 mg	1	
quetiapine fumarate tab er 24hr 50 mg	1	
quetiapine fumarate tab er 24hr 150 mg	1	
quetiapine fumarate tab er 24hr 200 mg	1	
quetiapine fumarate tab er 24hr 300 mg	1	
quetiapine fumarate tab er 24hr 400 mg	1	
REXULTI TAB 0.5MG	3	ST; PA**
REXULTI TAB 0.25MG	3	ST; PA**
REXULTI TAB 1MG	3	ST; PA**
REXULTI TAB 2MG	3	ST; PA**
REXULTI TAB 3MG	3	ST; PA**
REXULTI TAB 4MG	3	ST; PA**
risperidone orally disintegrating tab 0.5 mg	1	
risperidone orally disintegrating tab 0.25 mg	1	
risperidone orally disintegrating tab 1 mg	1	
risperidone orally disintegrating tab 2 mg	1	
risperidone orally disintegrating tab 3 mg	1	
risperidone orally disintegrating tab 4 mg	1	

Drug Name	Drug Tier	Requirements/Limits
risperidone soln 1 mg/ml	1	
risperidone tab 0.5 mg	1	
risperidone tab 0.25 mg	1	
risperidone tab 1 mg	1	
risperidone tab 2 mg	1	
risperidone tab 3 mg	1	
risperidone tab 4 mg	1	
SAPHRIS SUB 2.5MG	3	ST; PA**
SAPHRIS SUB 5MG	3	ST; PA**
SAPHRIS SUB 10MG	3	ST; PA**
thioridazine hcl tab 10 mg	1	
thioridazine hcl tab 25 mg	1	
thioridazine hcl tab 50 mg	1	
thioridazine hcl tab 100 mg	1	
thiothixene cap 1 mg	1	
thiothixene cap 2 mg	1	
thiothixene cap 5 mg	1	
thiothixene cap 10 mg	1	
trifluoperazine hcl tab 1 mg (base equivalent)	1	
trifluoperazine hcl tab 2 mg (base equivalent)	1	
trifluoperazine hcl tab 5 mg (base equivalent)	1	
trifluoperazine hcl tab 10 mg (base equivalent)	1	
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
ATTENTION DEFICIT HYPERACTIVITY DISORDER§		
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (90 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (90 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine tab 5 mg	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (90 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 10 mg	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 25 days)
amphetamine-dextroamphetamine tab 20 mg	1	QL (60 tabs / 25 days)
amphetamine-dextroamphetamine tab 30 mg	1	QL (30 tabs / 25 days)
atomoxetine hcl cap 10 mg (base equiv)	1	
atomoxetine hcl cap 18 mg (base equiv)	1	
atomoxetine hcl cap 25 mg (base equiv)	1	
atomoxetine hcl cap 40 mg (base equiv)	1	
atomoxetine hcl cap 60 mg (base equiv)	1	
atomoxetine hcl cap 80 mg (base equiv)	1	
atomoxetine hcl cap 100 mg (base equiv)	1	
dexmethylphenidate hcl cap er 24 hr 5 mg	1	QL (60 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 10 mg	1	QL (60 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 15 mg	1	QL (60 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 20 mg	1	QL (60 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 25 mg	1	QL (30 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 30 mg	1	QL (30 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 35 mg	1	QL (30 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 40 mg	1	QL (30 caps / 25 days)
dexmethylphenidate hcl tab 2.5 mg	1	QL (120 tabs / 25 days)
dexmethylphenidate hcl tab 5 mg	1	QL (120 tabs / 25 days)
dexmethylphenidate hcl tab 10 mg	1	QL (60 tabs / 25 days)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (120 caps / 25 days)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (120 caps / 25 days)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (60 caps / 25 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (1,200 mL / 25 days)
dextroamphetamine sulfate tab 5 mg	1	QL (120 tabs / 25 days)
dextroamphetamine sulfate tab 10 mg	1	QL (120 tabs / 25 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	ST; PA**
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	ST; PA**
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	ST; PA**
methamphetamine hcl tab 5 mg	1	QL (150 tabs / 25 days)
methylphenidate hcl cap er 10 mg (cd)	1	QL (60 caps / 25 days)
methylphenidate hcl cap er 20 mg (cd)	1	QL (60 caps / 25 days)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (60 caps / 25 days)
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL (60 caps / 25 days)
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL (30 caps / 25 days)
methylphenidate hcl cap er 24hr 60 mg (la)	1	QL (30 caps / 25 days)
methylphenidate hcl cap er 30 mg (cd)	1	QL (60 caps / 25 days)
methylphenidate hcl cap er 40 mg (cd)	1	QL (30 caps / 25 days)
methylphenidate hcl cap er 50 mg (cd)	1	QL (30 caps / 25 days)
methylphenidate hcl cap er 60 mg (cd)	1	QL (30 caps / 25 days)
methylphenidate hcl chew tab 2.5 mg	1	QL (180 chew tabs / 25 days)
methylphenidate hcl chew tab 5 mg	1	QL (180 chew tabs / 25 days)
methylphenidate hcl chew tab 10 mg	1	QL (180 chew tabs / 25 days)
methylphenidate hcl soln 5 mg/5ml	1	QL (1800 mL / 25 days)
methylphenidate hcl soln 10 mg/5ml	1	QL (900 mL / 25 days)
methylphenidate hcl tab 5 mg	1	QL (180 tabs / 25 days)
methylphenidate hcl tab 10 mg	1	QL (180 tabs / 25 days)
methylphenidate hcl tab 20 mg	1	QL (90 tabs / 25 days)
methylphenidate hcl tab er 10 mg	1	QL (90 tabs / 25 days)
methylphenidate hcl tab er 20 mg	1	QL (90 tabs / 25 days)
methylphenidate hcl tab er 24hr 18 mg	1	QL (60 tabs / 25 days)
methylphenidate hcl tab er 24hr 27 mg	1	QL (60 tabs / 25 days)
methylphenidate hcl tab er 24hr 36 mg	1	QL (60 tabs / 25 days)
methylphenidate hcl tab er 24hr 54 mg	1	QL (30 tabs / 25 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	QL (60 tabs / 25 days)
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	QL (60 tabs / 25 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL (60 tabs / 25 days)
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	QL (30 tabs / 25 days)
VYVANSE CAP 10MG	2	

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAP 20MG	2	
VYVANSE CAP 30MG	2	
VYVANSE CAP 40MG	2	
VYVANSE CAP 50MG	2	
VYVANSE CAP 60MG	2	
VYVANSE CAP 70MG	2	
VYVANSE CHW 10MG	2	
VYVANSE CHW 20MG	2	
VYVANSE CHW 30MG	2	
VYVANSE CHW 40MG	2	
VYVANSE CHW 50MG	2	
VYVANSE CHW 60MG	2	
zenzedi tab 2.5mg	1	QL (120 tabs / 25 days)
zenzedi tab 7.5mg	1	QL (120 tabs / 25 days)
zenzedi tab 15mg	1	QL (60 tabs / 25 days)
zenzedi tab 20mg	1	QL (60 tabs / 25 days)
zenzedi tab 30mg	1	QL (30 tabs / 25 days)
HYPNOTICS§		
BELSOMRA TAB 5MG	2	ST; PA**
BELSOMRA TAB 10MG	2	ST; PA**
BELSOMRA TAB 15MG	2	ST; PA**
BELSOMRA TAB 20MG	2	ST; PA**
doxylamine succinate tab 25mg	1	OTC
eszopiclone tab 1 mg	1	QL (15 tabs / 25 days)
eszopiclone tab 2 mg	1	QL (15 tabs / 25 days)
eszopiclone tab 3 mg	1	QL (15 tabs / 25 days)
HETLIOZ CAP 20MG	5	QL (30 caps / 30 days), PA
ramelteon tab 8 mg	1	QL (15 tabs / 25 days)
ROZEREM TAB 8MG	3	QL (15 tabs / 25 days), ST; PA**
SILENOR TAB 3MG	2	QL (30 tabs / 25 days), ST; QL applies to members age 65 and older; PA**
SILENOR TAB 6MG	2	QL (30 tabs / 25 days), ST; QL applies to members age 65 and older; PA**
temazepam cap 7.5 mg	1	QL (15 caps / 25 days)
temazepam cap 15 mg	1	QL (15 caps / 25 days)
temazepam cap 22.5 mg	1	QL (15 caps / 25 days)
temazepam cap 30 mg	1	QL (15 caps / 25 days)
zaleplon cap 5 mg	1	QL (15 caps / 25 days)
zaleplon cap 10 mg	1	QL (15 caps / 25 days)
zolpidem tartrate tab 5 mg	1	QL (15 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
zolpidem tartrate tab 10 mg	1	QL (15 tabs / 25 days)
zolpidem tartrate tab er 6.25 mg	1	QL (15 tabs / 25 days)
zolpidem tartrate tab er 12.5 mg	1	QL (15 tabs / 25 days)
MIGRAINE§		
almotriptan malate tab 6.25 mg	1	QL (12 tabs / 25 days)
almotriptan malate tab 12.5 mg	1	QL (12 tabs / 25 days)
dihydroergotamine mesylate inj 1 mg/ml	1	
dihydroergotamine mesylate nasal spray 4 mg/ml	1	QL (8 units / 25 days)
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL (12 tabs / 25 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL (12 tabs / 25 days)
ergotamine w/ caffeine tab 1-100 mg	1	
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL (18 tabs / 25 days)
naratriptan hcl tab 1 mg (base equiv)	1	QL (12 tabs / 25 days)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (12 tabs / 25 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (18 tabs / 25 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (18 tabs / 25 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (18 tabs / 25 days)
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL (18 tabs / 25 days)
sumatriptan nasal spray 5 mg/act	1	QL (24 sprays / 25 days)
sumatriptan nasal spray 20 mg/act	1	QL (12 sprays / 25 days)
sumatriptan succinate inj 6 mg/0.5ml	1	QL (12 vials / 25 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL (18 syringes / 25 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL (12 units / 25 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	QL (18 syringes / 25 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	1	QL (12 units / 25 days)
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	1	QL (12 units / 25 days)
sumatriptan succinate tab 25 mg	1	QL (12 tabs / 25 days)
sumatriptan succinate tab 50 mg	1	QL (12 tabs / 25 days)
sumatriptan succinate tab 100 mg	1	QL (12 tabs / 25 days)
zolmitriptan orally disintegrating tab 2.5 mg	1	QL (12 tabs / 25 days)
zolmitriptan orally disintegrating tab 5 mg	1	QL (12 tabs / 25 days)

Drug Name	Drug Tier	Requirements/Limits
zolmitriptan tab 2.5 mg	1	QL (12 tabs / 25 days)
zolmitriptan tab 5 mg	1	QL (12 tabs / 25 days)
ZOMIG SPR 2.5MG	3	QL (12 sprays / 25 days)
ZOMIG SPR 5MG	3	QL (12 sprays / 25 days)
MISCELLANEOUS		
buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
clomipramine hcl cap 25 mg	1	QL (150 caps / 25 days); QL applies to members age 65 and older
clomipramine hcl cap 50 mg	1	QL (150 caps / 25 days); QL applies to members age 65 and older
clomipramine hcl cap 75 mg	1	QL (90 caps / 25 days); QL applies to members age 65 and older
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	
fluvoxamine maleate tab 25 mg	1	
fluvoxamine maleate tab 50 mg	1	
fluvoxamine maleate tab 100 mg	1	
GUANIDINE TAB 125MG	3	
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
LITHIUM SOL 8MEQ/5ML	3	
NUEDEXTA CAP 20-10MG	2	PA
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
pyridostigmine bromide syrup 60 mg/5ml	1	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	
REGONOL INJ 5MG/ML	3	
riluzole tab 50 mg	1	
SAVELLA MIS TITR PAK	3	ST; PA**
SAVELLA TAB 12.5MG	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TAB 25MG	3	ST; PA**
SAVELLA TAB 50MG	3	ST; PA**
SAVELLA TAB 100MG	3	ST; PA**
tetrabenazine tab 12.5 mg	4	QL (240 tabs / 30 days), PA
tetrabenazine tab 25 mg	4	QL (120 tabs / 30 days), PA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG	4	QL (30 tabs / 30 days), PA
AUBAGIO TAB 14MG	4	QL (30 tabs / 30 days), PA
AVONEX KIT 30MCG	5	QL (4 injections / 28 days), PA, ST
AVONEX PEN KIT 30MCG	5	QL (4 injections / 28 days), PA, ST
AVONEX PREFL KIT 30MCG	5	QL (4 injections / 28 days), PA, ST
BETASERON INJ 0.3MG	4	QL (14 injections / 28 days), PA
COPAXONE INJ 20MG/ML	4	QL (30 injections / 30 days), PA
COPAXONE INJ 40MG/ML	4	QL (12 syringes / 28 days), PA
dalfampridine tab er 12hr 10 mg	5	QL (60 tabs / 30 days), PA
GILENYA CAP 0.5MG	4	QL (30 caps / 30 days), PA
glatiramer acetate soln prefilled syringe 20 mg/ml	2	QL (30 injections / 30 days), PA
glatiramer acetate soln prefilled syringe 40 mg/ml	2	QL (12 syringes / 28 days), PA
PLEGRIDY INJ	5	QL (1 carton / 28 days), PA, ST
PLEGRIDY INJ PEN	5	QL (1 carton / 28 days), PA, ST
PLEGRIDY INJ STARTER	5	QL (1 kit / 28 days), PA, ST
PLEGRIDY PEN INJ STARTER	5	QL (1 pack / 28 days), PA, ST
REBIF INJ 22/0.5	4	QL (12 syringes / 28 days), PA
REBIF INJ 44/0.5	4	QL (12 syringes / 28 days), PA
REBIF REBIDO INJ 22/0.5	4	QL (12 syringes / 28 days), PA
REBIF REBIDO INJ 44/0.5	4	QL (12 syringes / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDO INJ TITRATN	4	QL (1 box / 28 days), PA
REBIF TITRTN INJ PACK	4	QL (1 box / 28 days), PA
TECFIDERA CAP 120MG	4	QL (14 caps / 28 days), PA
TECFIDERA CAP 240MG	4	QL (60 caps / 30 days), PA
TECFIDERA MIS STARTER	4	QL (1 kit / 30 days), PA
TYSABRI INJ 300/15ML	4	QL (1 vial / 28 days), PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 250 mg	1	PA; High Risk Medications require PA for members age 70 and older
carisoprodol tab 350 mg	1	PA; High Risk Medications require PA for members age 70 and older
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl tab 5 mg	1	PA; High Risk Medications require PA for members age 70 and older
cyclobenzaprine hcl tab 7.5 mg	1	PA; High Risk Medications require PA for members age 70 and older
cyclobenzaprine hcl tab 10 mg	1	PA; High Risk Medications require PA for members age 70 and older
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
metaxalone tab 400 mg	1	PA; High Risk Medications require PA for members age 70 and older
metaxalone tab 800 mg	1	PA; High Risk Medications require PA for members age 70 and older
methocarbamol tab 500 mg	1	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
methocarbamol tab 750 mg	1	PA; High Risk Medications require PA for members age 70 and older
orphenadrine citrate inj 30 mg/ml	1	
orphenadrine citrate tab er 12hr 100 mg	1	PA; High Risk Medications require PA for members age 70 and older
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
NARCOLEPSY/CATAPLEXY		
armodafinil tab 50 mg	1	PA
armodafinil tab 150 mg	1	PA
armodafinil tab 200 mg	1	PA
armodafinil tab 250 mg	1	PA
modafinil tab 100 mg	1	PA
modafinil tab 200 mg	1	PA
XYREM SOL 500MG/ML	4	PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium tab delayed release 333 mg	1	PA
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	0	$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG	0	$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	0	$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG	0	$0 limited to 2 treatment cycles/year
CHANTIX TAB 1MG	0	$0 limited to 2 treatment cycles/year
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	0	$0 copay
NARCAN SPR	2	
nicorelief gum 4mg mint	0	OTC; $0 limited to 2 treatment cycles/year
nicotine dis 7mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine pol loz 4mg mint	0	OTC; $0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
nicotine polacrilex gum 2 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex gum 4 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 2 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 7 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 21 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
NICOTROL INH	0	QL (max 168 days / year); $0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	0	QL (max 168 days / year); $0 limited to 2 treatment cycles/year
sm nicotine dis 7mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
sm nicotine dis 14mg/24h	0	OTC; $0 limited to 2 treatment cycles/year
sm nicotine dis 21mg	0	OTC; $0 limited to 2 treatment cycles/year
VIVITROL INJ 380MG	4	QL (1 vial / 30 days), PA
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50 TAB 50MG	3	PA
INTRAROSA SUP 6.5MG	3	
methyltestosterone cap 10 mg	1	PA
oxandrolone tab 2.5 mg	1	PA
oxandrolone tab 10 mg	1	PA
testosterone cypionate im inj in oil 100 mg/ml	1	PA
testosterone cypionate im inj in oil 200 mg/ml	1	PA
testosterone enanthate im inj in oil 200 mg/ml	1	PA
testosterone td gel 10mg/act (2%)	1	PA
testosterone td gel 25 mg/2.5gm (1%)	1	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	1	
acarbose tab 50 mg	1	
acarbose tab 100 mg	1	
miglitol tab 25 mg	1	
miglitol tab 50 mg	1	
miglitol tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	3	ST; PA**
SYMLNPEN 120 INJ 1000MCG	3	ST; PA**
ANTIDIABETICS, BIGUANIDE		
metformin hcl tab 500 mg	1	
metformin hcl tab 850 mg	1	
metformin hcl tab 1000 mg	1	
metformin hcl tab er 24hr 500 mg	1	
metformin hcl tab er 24hr 750 mg	1	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
glyburide-metformin tab 1.25-250 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide-metformin tab 2.5-500 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide-metformin tab 5-500 mg	1	PA; High Risk Medications require PA for members age 70 and older
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
alogliptin benzoate tab 6.25 mg (base equiv)	1	
alogliptin benzoate tab 12.5 mg (base equiv)	1	
alogliptin benzoate tab 25 mg (base equiv)	1	
JANUVIA TAB 25MG	2	ST; PA**
JANUVIA TAB 50MG	2	ST; PA**
JANUVIA TAB 100MG	2	ST; PA**
TRADJENTA TAB 5MG	2	ST; PA**
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET TAB 0.8MG	3	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
JANUMET TAB 50-500MG	2	ST; PA**
JANUMET TAB 50-1000	2	ST; PA**
JANUMET XR TAB 50-500MG	2	ST; PA**
JANUMET XR TAB 50-1000	2	ST; PA**
JANUMET XR TAB 100-1000	2	ST; PA**
JENTADUETO TAB XR	3	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC INJ 2/1.5ML	2	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
TRULICITY INJ 0.75/0.5	2	ST; PA**
TRULICITY INJ 1.5/0.5	2	ST; PA**
VICTOZA INJ 18MG/3ML	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	2	ST; PA**
XULTOPHY INJ 100/3.6	3	ST; PA**
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
HUMULIN INJ 70/30	3	OTC
HUMULIN INJ 70/30KWP	3	OTC
HUMULIN N INJ U-100	3	OTC
HUMULIN N INJ U-100KWP	3	OTC
HUMULIN R INJ U-100	3	OTC
HUMULIN R INJ U-500	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTOUC	2	
NOVOLIN INJ 70/30	2	OTC; RELION not covered
NOVOLIN INJ FLEXPEN	2	OTC; RELION not covered
NOVOLIN N INJ U-100	2	OTC; RELION not covered
NOVOLIN R INJ U-100	2	OTC; RELION not covered
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl tab 15 mg (base equiv)	1	
pioglitazone hcl tab 30 mg (base equiv)	1	
pioglitazone hcl tab 45 mg (base equiv)	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
ANTIDIABETICS, MEGLITINIDE		
nateglinide tab 60 mg	1	
nateglinide tab 120 mg	1	
repaglinide tab 0.5 mg	1	
repaglinide tab 1 mg	1	
repaglinide tab 2 mg	1	
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION		
repaglinide-metformin hcl tab 1-500 mg	1	
repaglinide-metformin hcl tab 2-500 mg	1	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
SYNJARDY TAB	2	ST; PA**
SYNJARDY TAB 5-500MG	2	ST; PA**
SYNJARDY TAB 5-1000MG	2	ST; PA**
SYNJARDY TAB 12.5-500	2	ST; PA**
SYNJARDY XR TAB	2	ST; PA**
SYNJARDY XR TAB 5-1000MG	2	ST; PA**
SYNJARDY XR TAB 10-1000	2	ST; PA**
SYNJARDY XR TAB 25-1000	2	ST; PA**
XIGDUO XR TAB 2.5-1000	2	ST; PA**
XIGDUO XR TAB 5-500MG	2	ST; PA**
XIGDUO XR TAB 5-1000MG	2	ST; PA**
XIGDUO XR TAB 10-500MG	2	ST; PA**
XIGDUO XR TAB 10-1000	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	2	ST; PA**
GLYXAMBI TAB 25-5 MG	2	ST; PA**
QTERN TAB 5-5MG	2	ST; PA**
QTERN TAB 10MG/5MG	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB		
FARXIGA TAB 5MG	2	ST; PA**
FARXIGA TAB 10MG	2	ST; PA**
JARDIANCE TAB 10MG	2	ST; PA**
JARDIANCE TAB 25MG	2	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	

Drug Name	Drug Tier	Requirements/Limits
glipizide tab 5 mg	1	
glipizide tab 10 mg	1	
glipizide tab er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	
glyburide micronized tab 1.5 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide micronized tab 3 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide micronized tab 6 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide tab 1.25 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide tab 2.5 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide tab 5 mg	1	PA; High Risk Medications require PA for members age 70 and older
BISPHOSPHONATES		
alendronate sodium oral soln 70 mg/75ml	1	
alendronate sodium tab 5 mg	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 40 mg	1	
alendronate sodium tab 70 mg	1	
FOSAMAX + D TAB 70-2800	3	ST; PA**
FOSAMAX + D TAB 70-5600	3	ST; PA**
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	1	
ibandronate sodium tab 150 mg (base equivalent)	1	
pamidronate disodium for inj 30 mg	1	
pamidronate disodium for inj 90 mg	1	
pamidronate disodium iv soln 3 mg/ml	1	
pamidronate disodium iv soln 9 mg/ml	1	
risedronate sodium tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg	1	
risedronate sodium tab 150 mg	1	
risedronate sodium tab delayed release 35 mg	1	
zoledronic acid inj conc for iv infusion 4 mg/5ml	4	PA
zoledronic acid iv soln 5 mg/100ml	4	PA
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	4	QL (60 tabs / 30 days), PA
SENSIPAR TAB 60MG	4	QL (60 tabs / 30 days), PA
SENSIPAR TAB 90MG	4	QL (120 tabs / 30 days), PA
CHELATING AGENTS		
CHEMET CAP 100MG	3	
DEPEN TITRA TAB 250MG	3	
FERRIPROX SOL 100MG/ML	4	PA
FERRIPROX TAB 500MG	4	PA
kionex sus 15gm/60	1	
sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
sodium polystyrene sulfonate rectal susp 30 gm/120ml	1	
THYROSAFE TAB 65MG	2	OTC
trientine hcl cap 250 mg	1	
CONTRACEPTIVES		
altavera tab	0	
alyacen tab 1/35	0	
alyacen tab 7/7/7	0	
amethia tab	0	
amethyst tab 90-20mcg	0	
ANNOVERA MIS	0	QL (1 / 300 days)
apri tab	0	
aranelle tab	0	
ashlyna tab	0	
aviane tab	0	
azurette tab 28 day	0	
BALCOLTRA TAB 0.1-20	0	
camila tab 0.35mg	0	
caziant pak	0	
chateal tab 0.15/30	0	
cryselle-28 tab 28 tabs	0	
cyclafem tab 1/35	0	
cyclafem tab 7/7/7	0	

Drug Name	Drug Tier	Requirements/Limits
dasetta tab 1/35	0	
dasetta tab 7/7/7	0	
delyla tab 0.1-0.02	0	
DEPO-SQ PROV INJ 104	0	QL (4 inj / 300 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
elinest tab	0	
ELLA TAB 30MG	0	
emoquette tab	0	
enpresse-28 tab	0	
enskyce tab	0	
errin tab 0.35mg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
falmina tab	0	
fayosim tab	0	
gianvi tab 3-0.02mg	0	
gildess fe tab 1.5/30	0	
gildess fe tab 1/20	0	
heather tab 0.35mg	0	
introvale tab	0	
jolessa tab	0	
jolivette tab 0.35mg	0	
junel 1.5/30 tab	0	
junel 1/20 tab	0	
junel fe tab 1.5/30	0	
junel fe tab 1/20	0	
kariva tab 28 day	0	
kelnor tab 1/35	0	
kurvelo tab 0.15/30	0	
KYLEENA IUD 19.5MG	0	QL (1 / 300 days)
larin tab 1.5/30	0	
leena tab	0	
lessina tab	0	
levonest tab	0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
levora-28 tab 0.15/30	0	

Drug Name	Drug Tier	Requirements/Limits
LILETTA IUD 52MG	0	QL (1 / 300 days)
LO LOESTRIN TAB 1-10-10	0	
loryna tab 3-0.02mg	0	
low-ogestrel tab	0	
lutera tab	0	
marlissa tab 0.15/30	0	
medroxyprogesterone acetate im susp 150 mg/ml	0	QL (4 inj / 300 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	0	QL (4 inj / 300 days)
mibelas 24 chw fe	0	
microgestin tab 1.5/30	0	
MIRENA IUD SYSTEM	0	QL (1 / 300 days)
mono-linyah tab 0.25-35	0	
mononessa tab	0	
myzilra tab	0	
NATAZIA TAB	0	
necon tab 0.5/35	0	
necon tab 1/35	0	
necon tab 1/50-28	0	
NECON TAB 10/11-28	0	
NEXPLANON IMP 68MG	0	QL (1 / 300 days)
nikki tab 3-0.02mg	0	
nora-be tab 0.35mg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	0	
norethindrone tab 0.35 mg	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	
nortrel tab 0.5/35	0	
nortrel tab 1/35	0	
nortrel tab 7/7/7	0	
NUVARING MIS	0	QL (13 / 300 days)
ocella tab 3-0.03mg	0	
ogestrel tab	0	
orsythia tab	0	
PARAGARD IUD T380A	0	QL (1 unit / 300 days)
pirmella tab 1/35	0	

Drug Name	Drug Tier	Requirements/Limits
pirmella tab 7/7/7	0	
portia-28 tab	0	
previfem tab	0	
quasense tab	0	
reclipsen tab	0	
rivelsa tab	0	
SKYLA IUD 13.5MG	0	QL (1 / 300 days)
SLYND TAB 4MG	0	
sprintec 28 tab 28 day	0	
sronyx tab	0	
syeda tab 3-0.03mg	0	
take action tab 1.5mg	0	OTC
TAYTULLA CAP 1MG/20MC	0	
tilia fe tab	0	
tri-linyah tab	0	
tri-sprintec tab	0	
trinessa tab	0	
trivora-28 tab	0	
velivet pak	0	
vestura tab 3-0.02mg	0	
viorele tab	0	
wera tab 0.5/35	0	
xulane dis 150-35	0	
zarah tab 3-0.03mg	0	
zenchent fe chw 0.4mg-35	0	
zenchent tab	0	
zovia 1/35e tab	0	
ENDOMETRIOSIS		
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
SYNAREL SOL 2MG/ML	2	
ENZYME REPLACEMENTS		
CARBAGLU TAB 200MG	4	PA
CERDELGA CAP 84MG	4	QL (60 caps / 30 days), PA
CYSTADANE POW	4	
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA
KUVAN POW 100MG	4	PA
KUVAN POW 500MG	4	PA
KUVAN TAB 100MG	4	PA
MYALEPT INJ 11.3MG	4	PA
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	PA
sodium phenylbutyrate tab 500 mg	4	PA
ESTROGENS		
CLIMARA PRO DIS WEEKLY	2	
DEPO-ESTRADI INJ 5MG/ML	3	
DIVIGEL GEL 0.5MG	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 0.25MG	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 0.75MG	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 1MG/GM	3	PA; High Risk Medications require PA for members age 70 and older
DUAVEE TAB 0.45-20	2	
ELESTRIN GEL 0.06%	3	PA; High Risk Medications require PA for members age 70 and older
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
estradiol tab 0.5 mg	1	PA; High Risk Medications require PA for members age 70 and older
estradiol tab 1 mg	1	PA; High Risk Medications require PA for members age 70 and older
estradiol tab 2 mg	1	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
estradiol td patch twice weekly 0.1 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch twice weekly 0.05 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch twice weekly 0.025 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch twice weekly 0.075 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch twice weekly 0.0375 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.1 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.05 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.06 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.025 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.075 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	PA; High Risk Medications require PA for members age 70 and older
estradiol vaginal cream 0.1 mg/gm	1	
estradiol valerate im in oil 20 mg/ml	1	
estradiol valerate im in oil 40 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
ESTROGEL GEL	3	PA; High Risk Medications require PA for members age 70 and older
estropipate tab 0.75 mg	1	PA; High Risk Medications require PA for members age 70 and older
estropipate tab 1.5 mg	1	PA; High Risk Medications require PA for members age 70 and older
estropipate tab 3 mg	1	PA; High Risk Medications require PA for members age 70 and older
EVAMIST SPR 1.53MG	3	PA; High Risk Medications require PA for members age 70 and older
jinteli tab 1mg-5mcg	1	
MENEST TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	3	PA; High Risk Medications require PA for members age 70 and older
mimvey lo tab 0.5-0.1	1	
mimvey tab 1-0.5mg	1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
PREMARIN INJ 25MG	3	
PREMARIN TAB 0.3MG	3	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TAB 0.9MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	3	
yuvafem tab 10mcg	1	
GLUCOCORTICOIDS		
cortisone acetate tab 25 mg	1	
DEPO-MEDROL INJ 20MG/ML	3	
DEXAMETHASON CON 1MG/ML	2	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone sod phosphate preservative free inj 10 mg/ml	1	
dexamethasone sodium phosphate inj 4 mg/ml	1	
dexamethasone sodium phosphate inj 10 mg/ml	1	
dexamethasone sodium phosphate inj 20 mg/5ml	1	
dexamethasone sodium phosphate inj 100 mg/10ml	1	
dexamethasone sodium phosphate inj 120 mg/30ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
fludrocortisone acetate tab 0.1 mg	1	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
MEDROL TAB 2MG	2	
methylprednisolone acetate inj susp 40 mg/ml	1	
methylprednisolone acetate inj susp 80 mg/ml	1	
methylprednisolone sod succ for inj 40 mg (base equiv)	1	
methylprednisolone sod succ for inj 125 mg (base equiv)	1	
methylprednisolone sod succ for inj 1000 mg (base equiv)	1	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	1	
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
prednisolone syrup 15 mg/5ml (usp solution equivalent)	1	
PREDNISONE CON 5MG/ML	2	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	

Drug Name	Drug Tier	Requirements/Limits
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	
GLUCOSE ELEVATING AGENTS		
GLUCAGON KIT 1MG	2	
ORAL GLUCOSE REPLACEMENT	2	OTC
HUMAN GROWTH HORMONES		
HUMATROPE INJ 5MG	4	PA
HUMATROPE INJ 6MG	4	PA
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
MISCELLANEOUS		
cabergoline tab 0.5 mg	1	
calcitonin (salmon) nasal soln 200 unit/act	1	
CHOR GONADOT INJ 10000UNT	4	PA
INCRELEX INJ 40MG/4ML	4	PA
MIACALCIN INJ 200/ML	3	
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	4	QL (90 ml / 30 days), PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	QL (90 ml / 30 days), PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	QL (225 ml / 30 days), PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	4	QL (90 ml / 30 days), PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	QL (45 ml / 30 days), PA
OSPHENA TAB 60MG	2	
PROLIA SOL 60MG/ML	4	QL (60mg / 24 weeks), PA
raloxifene hcl tab 60 mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
SAMSCA TAB 15MG	4	PA
SAMSCA TAB 30MG	4	PA
SIGNIFOR INJ 0.3MG/ML	5	QL (60 ampules / 30 days), PA
SIGNIFOR INJ 0.6MG/ML	5	QL (60 ampules / 30 days), PA
SIGNIFOR INJ 0.9MG/ML	5	QL (60 ampules / 30 days), PA
SOMATULINE INJ 60/0.2ML	4	QL (1 injection / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE INJ 90/0.3ML	4	QL (1 injection / 28 days), PA
SOMATULINE INJ 120/.5ML	4	QL (1 injection / 28 days), PA
SOMAVERT INJ 10MG	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 15MG	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 20MG	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 25MG	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 30MG	4	QL (30 vials / 30 days), PA
TYMLOS INJ	4	QL (1 pen / 30 days), PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
calcium acetate (phosphate binder) tab 667 mg	1	
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
lanthanum carbonate chew tab 500 mg (elemental)	1	
lanthanum carbonate chew tab 750 mg (elemental)	1	
lanthanum carbonate chew tab 1000 mg (elemental)	1	
PHOSLYRA SOL	2	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
VELPHORO CHW 500MG	3	
PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
LUPANETA KIT 3.75-5	5	PA
LUPANETA KIT 11.25-5	5	PA
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
norethindrone acetate tab 5 mg	1	
progesterone micronized cap 100 mg	1	
progesterone micronized cap 200 mg	1	
THYROID AGENTS		
levothyroxine sodium tab 25 mcg	1	

Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
levoxyl tab 25mcg	1	
levoxyl tab 50mcg	1	
levoxyl tab 75mcg	1	
levoxyl tab 88mcg	1	
levoxyl tab 100mcg	1	
levoxyl tab 112mcg	1	
levoxyl tab 125mcg	1	
levoxyl tab 137mcg	1	
levoxyl tab 150mcg	1	
levoxyl tab 175mcg	1	
levoxyl tab 200mcg	1	
liothyronine sodium iv soln 10 mcg/ml	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYROLAR-1 TAB 60MG	3	
THYROLAR-1/2 TAB 30MG	3	
THYROLAR-1/4 TAB 15MG	3	
THYROLAR-2 TAB 120MG	3	
THYROLAR-3 TAB 180MG	3	

Drug Name	Drug Tier	Requirements/Limits
unithroid tab 25mcg	1	
unithroid tab 50mcg	1	
unithroid tab 75mcg	1	
unithroid tab 88mcg	1	
unithroid tab 100mcg	1	
unithroid tab 112mcg	1	
unithroid tab 125mcg	1	
unithroid tab 200mcg	1	
unithroid tab 300mcg	1	
VASOPRESSINS		
desmopressin acetate inj 4 mcg/ml	1	
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
GASTROINTESTINAL		
ANTICHOLINERGICS		
atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)	1	
atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)	1	
CUVPOSA SOL 1MG/5ML	2	
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl inj 10 mg/ml	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
ed-spaz tab 0.125mg	1	
glycopyrrolate inj 0.2 mg/ml	1	
glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)	1	
glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)	1	
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)	1	
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	1	
hyoscyamine sulfate sl tab 0.125 mg	1	
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
hyoscyamine sulfate tab er 12hr 0.375 mg	1	
methscopolamine bromide tab 2.5 mg	1	
methscopolamine bromide tab 5 mg	1	
nulev tab 0.125mg	1	
oscimin sr tab 0.375mg	1	
oscimin sub 0.125mg	1	
oscimin tab 0.125mg	1	
symax-sl sub 0.125mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS§		
AKYNZEO CAP 300-0.5	3	QL (2 caps / 21 days)
aprepitant capsule 40 mg	1	QL (3 caps / 180 days)
aprepitant capsule 80 mg	1	QL (4 caps / 21 days)
aprepitant capsule 125 mg	1	QL (2 caps / 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (2 packs / 21 days)
CESAMET CAP 1MG	3	QL (18 caps / 21 days)
compro sup 25mg	1	
dronabinol cap 2.5 mg	1	QL (60 caps / 25 days)
dronabinol cap 5 mg	1	QL (60 caps / 25 days)
dronabinol cap 10 mg	1	QL (60 caps / 25 days)
granisetron hcl inj 0.1 mg/ml	1	QL (2 mL / 21 days)
granisetron hcl inj 1 mg/ml	1	QL (2 mL / 21 days)
granisetron hcl inj 4 mg/4ml (1 mg/ml)	1	QL (2 mL / 21 days)
granisetron hcl tab 1 mg	1	QL (12 tabs / 21 days)
meclizine hcl tab 12.5 mg	1	
meclizine hcl tab 25 mg	1	
metoclopramide hcl inj 5 mg/ml (base equivalent)	1	
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	1	QL (20 mL / 21 days)
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	1	QL (20 mL / 21 days)
ondansetron hcl oral soln 4 mg/5ml	1	QL (200 mL / 21 days)
ondansetron hcl tab 4 mg	1	QL (18 tabs / 21 days)
ondansetron hcl tab 8 mg	1	QL (18 tabs / 21 days)
ondansetron hcl tab 24 mg	1	QL (2 tabs / 21 days)
ondansetron orally disintegrating tab 4 mg	1	QL (18 tabs / 21 days)
ondansetron orally disintegrating tab 8 mg	1	QL (18 tabs / 21 days)
phenadoz sup 25mg	1	
prochlorperazine edisylate inj 10 mg/2ml	1	
prochlorperazine edisylate inj 50 mg/10ml	1	
prochlorperazine maleate tab 5 mg (base equivalent)	1	
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	1	
promethazine hcl inj 25 mg/ml	1	
promethazine hcl inj 50 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
promethazine hcl suppos 12.5 mg	1	
promethazine hcl suppos 25 mg	1	
promethazine hcl syrup 6.25 mg/5ml	1	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl tab 12.5 mg	1	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl tab 25 mg	1	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl tab 50 mg	1	PA; High Risk Medications require PA for members age 70 and older
promethegan sup 12.5mg	1	
promethegan sup 25mg	1	
promethegan sup 50mg	1	
SANCUSO DIS 3.1MG	2	QL (2 patches / 21 days)
scopolamine td patch 72hr 1 mg/3days	1	
TRANSDERM-SC DIS 1.5MG	3	
trimethobenzamide hcl cap 300 mg	1	
VARUBI INJ	2	
VARUBI TAB 90MG	2	
H2-RECEPTOR ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	1	
cimetidine tab 200 mg	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
famotidine inj 20 mg/2ml	1	
famotidine inj 40 mg/4ml	1	
famotidine inj 200 mg/20ml	1	
famotidine tab 20 mg	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
nizatidine oral soln 15 mg/ml	1	
ranitidine hcl cap 150 mg	1	
ranitidine hcl cap 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ranitidine hcl inj 50 mg/2ml (25 mg/ml)	1	
ranitidine hcl inj 150 mg/6ml (25 mg/ml)	1	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	1	
ranitidine hcl tab 150 mg	1	
ranitidine hcl tab 300 mg	1	
INFLAMMATORY BOWEL DISEASE		
APRISO CAP 0.375GM	2	
balsalazide disodium cap 750 mg	1	
budesonide delayed release particles cap 3 mg	1	
colocort ene 100mg	1	
DIPENTUM CAP 250MG	3	
mesalamine enema 4 gm	1	
mesalamine rectal enema 4 gm & cleanser wipe kit	1	
mesalamine suppos 1000 mg	1	
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA CAP 8MCG	2	
AMITIZA CAP 24MCG	2	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl tab 0.5 mg (base equiv)	1	PA
alosetron hcl tab 1 mg (base equiv)	1	PA
LAXATIVES		
CLENPIQ SOL	0	$0 copay for members age 50 through 74, otherwise not covered
enulose sol 10gm/15	1	
gavilyte-c sol	1	
gavilyte-g sol	1	
gavilyte-h kit	0	$0 copay for members age 50 through 74, otherwise not covered
gavilyte-n sol flav pk	1	
generlac sol 10gm/15	1	
GOLYTELY SOL	2	
lactulose solution 10 gm/15ml	1	
MOVIPREP SOL	0	$0 copay for members age 50 through 74; Tier 2 for all others
OSMOPREP TAB 1.5GM	3	

Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PLENVU SOL	0	$0 copay for members age 50 through 74, otherwise not covered
polyethylene glycol 3350 oral powder	1	OTC
PREPOPIK PAK	0	$0 copay for members age 50 through 74, otherwise not covered
SUPREP BOWEL SOL PREP KIT	0	$0 copay for members age 50 through 74; Tier 2 for all others
MISCELLANEOUS		
CARAFATE SUS 1GM/10ML	3	
cromolyn sodium oral conc 100 mg/5ml	1	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
loperamide hcl cap 2 mg	1	
misoprostol tab 100 mcg	1	
misoprostol tab 200 mcg	1	
MOTOFEN TAB 1-0.025	3	
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
SUCRAID SOL 8500/ML	3	
sucralfate tab 1 gm	1	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000	2	
ZENPEP CAP 40000	2	
PROTON PUMP INHIBITORS§		
DEXILANT CAP 30MG DR	3	QL (90 caps / 365 days), ST; PA**
DEXILANT CAP 60MG DR	3	QL (90 caps / 365 days), ST; PA**
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (90 caps / 365 days)
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL (90 caps / 365 days)
esomeprazole sodium for intravenous soln 20 mg (base equiv)	1	
esomeprazole sodium for intravenous soln 40 mg (base equiv)	1	
lansoprazole cap delayed release 15 mg	1	QL (90 caps / 365 days)
lansoprazole cap delayed release 30 mg	1	QL (90 caps / 365 days)
omeprazole cap delayed release 10 mg	1	QL (90 caps / 365 days)
omeprazole cap delayed release 20 mg	1	QL (90 caps / 365 days)
omeprazole cap delayed release 40 mg	1	QL (90 caps / 365 days)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (90 tabs / 365 days)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (90 tabs / 365 days)
rabeprazole sodium ec tab 20 mg	1	QL (90 tabs / 365 days)
RECTAL,CORTICOSTEROIDS		
procto-pak cre 1%	1	
proctosol hc cre 2.5%	1	
proctozone cre -hc 2.5%	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl tab er 24hr 10 mg	1	
CARDURA XL TAB 4MG	3	ST; PA**
CARDURA XL TAB 8MG	3	ST; PA**
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tadalafil tab 2.5 mg	1	QL (30 tabs / 25 days), PA
tadalafil tab 5 mg	1	QL (30 tabs / 25 days), PA
tamsulosin hcl cap 0.4 mg	1	

Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES		
CONCEPTROL GEL 4%	0	OTC
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL AER CONTRACP	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
MISCELLANEOUS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
ELMIRON CAP 100MG	3	
flavoxate hcl tab 100 mg	1	
phenazopyridine tab 95mg	1	OTC
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
URINARY ANTISPASMODICS		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
MYRBETRIQ TAB 25MG	3	ST; PA**
MYRBETRIQ TAB 50MG	3	ST; PA**
oxybutynin chloride syrup 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	2	
clindamycin phosphate vaginal cream 2%	1	
GYNAZOLE-1 CRE 2%	3	

Drug Name	Drug Tier	Requirements/Limits
metronidazole vaginal gel 0.75%	1	
miconazole 3 sup 200mg	1	
terconazole vaginal cream 0.4%	1	
terconazole vaginal suppos 80 mg	1	
vandazole gel 0.75%	1	
zazole cre 0.8%	1	
zazole sup 80mg	1	
HEMATOLOGIC		
ANTICOAGULANTS		
ARGATRB/NACL INJ 50MG/50	3	
ARGATROBAN INJ 125/125	3	
argatroban inj 250 mg/2.5ml (concentrate for iv infusion)	1	
ARGATROBAN INJ 250/250	3	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
enoxaparin sodium inj 30 mg/0.3ml	1	
enoxaparin sodium inj 40 mg/0.4ml	1	
enoxaparin sodium inj 60 mg/0.6ml	1	
enoxaparin sodium inj 80 mg/0.8ml	1	
enoxaparin sodium inj 100 mg/ml	1	
enoxaparin sodium inj 120 mg/0.8ml	1	
enoxaparin sodium inj 150 mg/ml	1	
enoxaparin sodium inj 300 mg/3ml	1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	1	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	1	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
heparin sodium (porcine) inj 1000 unit/ml	1	
heparin sodium (porcine) inj 5000 unit/ml	1	
heparin sodium (porcine) inj 10000 unit/ml	1	
heparin sodium (porcine) inj 20000 unit/ml	1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	

Drug Name	Drug Tier	Requirements/Limits
jantoven tab 1mg	1	
jantoven tab 2.5mg	1	
jantoven tab 2mg	1	
jantoven tab 3mg	1	
jantoven tab 4mg	1	
jantoven tab 5mg	1	
jantoven tab 6mg	1	
jantoven tab 7.5mg	1	
jantoven tab 10mg	1	
PRADAXA CAP 75MG	3	
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
FULPHILA INJ 6/0.6ML	4	QL (2 injections / 28 days), PA
MIRCERA INJ 50MCG	5	PA
MIRCERA INJ 75MCG	5	PA
MIRCERA INJ 100MCG	5	PA
MIRCERA INJ 200MCG	5	PA
MIRCERA SOL 30/0.3ML	5	PA
MIRCERA SOL 150/0.3	5	PA
PROMACTA TAB 12.5MG	5	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TAB 25MG	5	QL (30 tabs / 30 days), PA
PROMACTA TAB 50MG	5	QL (60 tabs / 30 days), PA
PROMACTA TAB 75MG	5	QL (60 tabs / 30 days), PA
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 40000UNT	4	PA
ZARXIO INJ 300/0.5	4	PA
ZARXIO INJ 480/0.8	4	PA
MISCELLANEOUS		
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
FIRAZYR INJ 30MG/3ML	4	PA
HEMLIBRA INJ 30MG/ML	5	PA
HEMLIBRA INJ 60/0.4	5	PA
HEMLIBRA INJ 105/0.7	5	PA
HEMLIBRA INJ 150/ML	5	PA
icatibant acetate inj 30 mg/3ml (base equivalent)	4	PA
pentoxifylline tab er 400 mg	1	
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	1	
tranexamic acid tab 650 mg	1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
clopidogrel bisulfate tab 300 mg (base equiv)	1	
dipyridamole tab 25 mg	1	PA; High Risk Medications require PA for members age 70 and older
dipyridamole tab 50 mg	1	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
dipyridamole tab 75 mg	1	PA; High Risk Medications require PA for members age 70 and older
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
YOSPRALA TAB 81-40MG	3	
YOSPRALA TAB 325-40MG	3	
ZONTIVITY TAB 2.08MG	2	
IMMUNOLOGIC AGENTS		
BIOLOGIC DISEASE-MODIFYING AGENTS		
ACTEMRA INJ 80MG/4ML	5	QL (5 vials / 28 days), PA, ST
ACTEMRA INJ 162/0.9	5	QL (4 syringes / 28 days), PA, ST
ACTEMRA INJ 200/10ML	5	QL (4 vials / 14 days), PA, ST
ACTEMRA INJ 400/20ML	5	QL (2 vials / 14 days), PA, ST
ENBREL INJ 25/0.5ML	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	4	QL (8 cartridges / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

Drug Name	Drug Tier	Requirements/Limits
ENBREL SRCLK INJ 50MG/ML	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA INJ 10/0.1ML	4	QL (2 injections / 28 days), PA
HUMIRA INJ 10MG/0.2	4	QL (2 injections / 28 days), PA
HUMIRA INJ 20/0.2ML	4	QL (2 injections / 28 days), PA
HUMIRA INJ 40/0.4ML	4	QL (4 injections / 28 days), PA
HUMIRA KIT 20MG/0.4	4	QL (2 injections / 28 days), PA
HUMIRA KIT 40MG/0.8	4	QL (4 injections / 28 days), PA
HUMIRA PEDIA INJ CROHNS	4	QL (2 injections / 28 days), PA; (80mg and 40mg dual strength kit)
HUMIRA PEDIA INJ CROHNS	4	QL (3 injections / 28 days), PA; (80mg single strength kit)
HUMIRA PEN INJ 40/0.4ML	4	QL (4 injections / 28 days), PA
HUMIRA PEN INJ CD/UC/HS	4	QL (6 pens / 28 days), PA
HUMIRA PEN INJ PS/UV	4	QL (4 pens / 28 days), PA
HUMIRA PEN KIT CD/UC/HS	4	QL (1 kit / 28 days), PA
HUMIRA PEN KIT PS/UV	4	QL (1 kit / 28 days), PA
KEVZARA INJ 150/1.14	4	QL (2 pens / 28 days), PA; Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 150/1.14	4	QL (2 syringes / 4 weeks), PA; Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	4	QL (2 pens / 28 days), PA; Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	4	QL (2 syringes / 4 weeks), PA; Preferred agent for Rheumatoid Arthritis
SIMPONI ARIA SOL 50MG/4ML	4	QL (200 mg / 8 weeks), PA

Drug Name	Drug Tier	Requirements/Limits
SIMPONI INJ 50/0.5ML	4	QL (1 injection / 28 days), PA; Preferred agent for Ulcerative Colitis
SIMPONI INJ 100MG/ML	4	QL (1 injection / 28 days), PA; Preferred agent for Ulcerative Colitis
SKYRIZI INJ 150DOSE	4	QL (2 syringes / 12 weeks), PA; Preferred agent for Psoriasis
STELARA INJ 45MG/0.5	4	QL (1 syringe / 84 days), PA; Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
STELARA INJ 90MG/ML	4	QL (1 syringe / 56 days), PA; Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
TALTZ INJ 80MG/ML	4	QL (1 injection / 28 days), PA; Preferred agent for Psoriasis
XELJANZ TAB 5MG	4	QL (60 tabs / 30 days), PA; Preferred agent for Rheumatoid Arthritis
XELJANZ XR TAB 11MG	4	QL (30 tabs / 30 days), PA; Preferred agent for Rheumatoid Arthritis
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate tab 200 mg	1	
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
methotrexate sodium tab 2.5 mg (base equiv)	1	
OTEZLA TAB 10/20/30	4	QL (55 tabs / 28 days), PA; Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG	4	QL (60 tabs / 30 days), PA; Preferred agent for Psoriasis and Psoriatic Arthritis
IMMUNOGLOBULIN		
HYQVIA INJ 2.5-200	4	PA
HYQVIA INJ 5-400	4	PA
HYQVIA INJ 10-800	4	PA

Drug Name	Drug Tier	Requirements/Limits
HYQVIA INJ 20-1600	4	PA
HYQVIA INJ 30-2400	4	PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	4	PA
ALFERON N INJ 5MU/ML	4	
ARCALYST INJ 220MG	4	QL (4 vials / 28 days), PA
INTRON A INJ 10MU	4	PA
INTRON A INJ 18MU	4	PA
INTRON A INJ 25MU	4	PA
INTRON A INJ 50MU	4	PA
POMALYST CAP 1MG	4	QL (21 caps / 21 days), PA
POMALYST CAP 2MG	4	QL (21 caps / 21 days), PA
POMALYST CAP 3MG	4	QL (21 caps / 21 days), PA
POMALYST CAP 4MG	4	QL (21 caps / 21 days), PA
REVLIMID CAP 2.5MG	4	QL (28 caps / 28 days), PA
REVLIMID CAP 5MG	4	QL (28 caps / 28 days), PA
REVLIMID CAP 10MG	4	QL (28 caps / 28 days), PA
REVLIMID CAP 15MG	4	QL (28 caps / 28 days), PA
REVLIMID CAP 20MG	4	QL (21 caps / 28 days), PA
REVLIMID CAP 25MG	4	QL (21 caps / 28 days), PA
THALOMID CAP 50MG	4	QL (28 caps / 28 days), PA
THALOMID CAP 100MG	4	QL (28 caps / 28 days), PA
THALOMID CAP 150MG	4	QL (56 caps / 28 days), PA
THALOMID CAP 200MG	4	QL (56 caps / 28 days), PA
IMMUNOSUPPRESSANTS		
AZASAN TAB 75 MG	3	
AZASAN TAB 100MG	3	
azathioprine tab 50 mg	1	
cyclosporine cap 25 mg	1	
cyclosporine cap 100 mg	1	
cyclosporine iv soln 50 mg/ml	1	
cyclosporine modified cap 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
cyclosporine modified cap 50 mg	1	
cyclosporine modified cap 100 mg	1	
cyclosporine modified oral soln 100 mg/ml	1	
gengraf cap 25mg	1	
gengraf cap 100mg	1	
gengraf sol 100mg/ml	1	
mycophenolate mofetil cap 250 mg	1	
mycophenolate mofetil for oral susp 200 mg/ml	1	
mycophenolate mofetil hcl for iv soln 500 mg (base equiv)	1	
mycophenolate mofetil tab 500 mg	1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1	
PROGRAF INJ 5MG/ML	3	
SANDIMMUNE SOL 100MG/ML	3	
sirolimus oral soln 1 mg/ml	1	
sirolimus tab 0.5 mg	1	
sirolimus tab 1 mg	1	
sirolimus tab 2 mg	1	
tacrolimus cap 0.5 mg	1	
tacrolimus cap 1 mg	1	
tacrolimus cap 5 mg	1	
ZORTRESS TAB 0.5MG	2	
ZORTRESS TAB 0.25MG	2	
ZORTRESS TAB 0.75MG	2	
ZORTRESS TAB 1MG	2	
VACCINES		
ACTHIB INJ	0	$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	0	
AFLURIA QUAD INJ 2019-20	0	
BEXSERO INJ	0	
BOOSTRIX INJ	0	
DAPTACEL INJ	0	$0 copay for members age 18 and younger, otherwise not covered
DIP/TET PED INJ 25-5LFU	0	$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10/0.5ML	0	
ENGERIX-B INJ 20MCG/ML	0	
FLUAD INJ 2019-20	0	

Drug Name	Drug Tier	Requirements/Limits
FLUARIX QUAD INJ 2019-20	0	
FLUBLOK QUAD INJ 2019-20	0	
FLUCLVX QUAD INJ 2019-20	0	
FLULAVAL QUA INJ 2019-20	0	
FLUMIST QUAD SUS 2019-20	0	
FLUZONE HD INJ PF 19-20	0	
FLUZONE QUAD INJ 2019-20	0	
GARDASIL 9 INJ	0	
GARDASIL INJ	0	
HAVRIX INJ 720UNIT	0	
HAVRIX INJ 1440UNIT	0	
HEPLISAV-B INJ 20/0.5ML	0	
HEPLISAV-B INJ 20MCG	0	
HIBERIX SOL 10MCG	0	$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	0	$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE	0	$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	0	$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	0	
MENACTRA INJ	0	
MENHIBRIX INJ	0	$0 copay for members age 18 and younger, otherwise not covered
MENOMUNE INJ A/C/Y/W	0	
MENVEO INJ	0	
PEDIARIX INJ 0.5ML	0	$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB INJ	0	$0 copay for members age 18 and younger, otherwise not covered
PENTACEL INJ	0	$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23 INJ 25/0.5	0	
PREVNAR 13 INJ	0	
PROQUAD INJ	0	$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVA HB INJ 5MCG/0.5	0	

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVA HB INJ 10MCG/ML	0	
RECOMBIVA-HB INJ 40MCG/ML	0	
ROTARIX SUS	0	$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	0	$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX INJ 50MCG	0	$0 copay for members age 19 and older, otherwise not covered
TDVAX INJ 2-2 LF	0	$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	0	$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	0	
TWINRIX INJ	0	$0 copay for members age 19 and older, otherwise not covered
VAQTA INJ 25/0.5ML	0	
VAQTA INJ 50UNT/ML	0	
VARIVAX INJ	0	
ZOSTAVAX INJ	0	$0 copay for members age 19 and older, otherwise not covered

MEDICAL DEVICES

CONTRACEPTIVES

CAYA DPR	0	QL (1 / 300 days)
FC2 FEMALE MIS CONDOM	0	OTC
FEMCAP MIS 22MM	0	QL (1 / 300 days)
FEMCAP MIS 26MM	0	QL (1 / 300 days)
FEMCAP MIS 30MM	0	QL (1 / 300 days)
OMNIFLEX DPR	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 / 300 days)

DIABETIC SUPPLIES

ACCU-CHEK BLOOD GLUCOSE TEST KITS	2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	2	OTC, QL (204 Test Strips / 25 days)

Drug Name	Drug Tier	Requirements/Limits
ALCOH-WIPE MIS 12"X12"	2	
ALCOHOL PREP WIPES AND SWABS	2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION	2	OTC
GLUCOSE URINE TEST STRIPS	2	OTC
INSULIN PEN NEEDLES	2	OTC
INSULIN PEN NEEDLES/SYRINGES	2	OTC
KETONE URINE TEST STRIPS	2	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MISC LANCETS	2	OTC
SHARPS CONTAINER	2	OTC
URINE GLUCOSE MONITORING SUPPLIES	2	OTC
URINE TEST STRIPS	2	OTC
MISCELLANEOUS		
ADULT RESPIRATORY MASK	2	
ADULT RESPIRATORY MASK	2	OTC
HUMATROPEN MIS FOR 6MG	2	OTC
HUMATROPEN MIS FOR 12MG	2	OTC
HUMATROPEN MIS FOR 24MG	2	OTC
PEDIATRIC RESPIRATORY MASK	2	
PEDIATRIC RESPIRATORY MASK	2	OTC
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
fluor-a-day dro 0.125mg	0	$0 applies for ages 5 and under, otherwise not covered
FLUORABON DRO	0	$0 applies for ages 5 and under, otherwise not covered
fluoritab chw 0.5mg f	0	$0 applies for ages 5 and under, otherwise not covered
fluoritab chw 0.25mg f	0	$0 applies for ages 5 and under, otherwise not covered
fluoritab chw 2.2mg	1	
flura-drops dro 0.25mg f	0	$0 applies for ages 5 and under, otherwise not covered
k-effervesce tab 25meq ef	1	
klor-con 8 tab 8meq er	1	
klor-con 10 tab 10meq er	1	
klor-con m15 tab 15meq er	1	
klor-con m20 tab 20meq er	1	

Drug Name	Drug Tier	Requirements/Limits
ludent chw 0.5mg f	0	$0 applies for ages 5 and under, otherwise not covered
ludent chw 0.25mg f	0	$0 applies for ages 5 and under, otherwise not covered
ludent chw 1mg f	1	
LURIDE DRO 0.5MG/ML	0	$0 applies for ages 5 and under, otherwise not covered
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1	
magnesium sulfate inj 50%	1	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	1	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	1	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	1	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	1	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	1	
nafrinse chw 1mg f	1	
nafrinse dro 0.125mg	0	$0 applies for ages 5 and under, otherwise not covered
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	
sodium chloride flush iv soln 0.9%	1	
sodium chloride inj 2.5 meq/ml (14.6%)	1	
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	0	$0 applies for ages 5 and under, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 1 mg f (from 2.2 mg naf)	1	
IV REPLACEMENT SOLUTIONS		
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	1	
potassium chloride inj 2 meq/ml	1	
potassium chloride inj 10 meq/50ml	1	
potassium chloride inj 10 meq/100ml	1	
potassium chloride inj 20 meq/50ml	1	
potassium chloride inj 20 meq/100ml	1	
potassium chloride inj 40 meq/100ml	1	
sodium chloride inj 0.9%	1	
sodium chloride iv soln 0.9%	1	
sodium chloride iv soln 0.45%	1	
sodium chloride iv soln 3%	1	
sodium chloride iv soln 5%	1	
VITAMINS		
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol inj 1 mcg/ml	1	
calcitriol oral soln 1 mcg/ml	1	
cholecalciferol cap 50000 unit	1	OTC
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
cyanocobalamin inj 1000 mcg/ml	1	
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	

Drug Name	Drug Tier	Requirements/Limits
doxercalciferol cap 2.5 mcg	1	
doxercalciferol inj 4 mcg/2ml (2 mcg/ml)	1	
elite-ob tab	1	
ergocalciferol cap 50000 unit	1	
folic acid cap 0.8 mg	0	OTC, QL (100 caps / 30 days); $0 copay for women ages 55 and under, otherwise not covered
folic acid tab 1 mg	1	
folic acid tab 400 mcg	0	OTC, QL (100 tabs / 30 days); $0 copay for women ages 55 and under, otherwise not covered
folic acid tab 800 mcg	0	OTC, QL (100 tabs / 30 days); $0 copay for women ages 55 and under, otherwise not covered
multi-vit/fe dro /fl 0.25	1	
multi-vit/fl dro 0.5mg/ml	1	
multi-vit/fl dro 0.25mg	1	
multi-vit/fl dro /fe 0.25	1	
multivit/fl chw 0.5mg	1	
multivit/fl chw 0.25mg	1	
multivit/fl chw 1mg	1	
mvc-fluoride chw 1mg	1	
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	
paricalcitol cap 4 mcg	1	
paricalcitol iv soln 2 mcg/ml	1	
paricalcitol iv soln 5 mcg/ml	1	
phytonadione tab 5 mg	1	
prenatabs rx tab	1	
pyridoxine hcl tab 25 mg	1	OTC
pyridoxine hcl tab 50 mg	1	OTC
tri-vit/fe dro /fl 0.25	1	
tri-vit/fl dro 0.5mg	1	
tri-vit/fl dro 0.25mg	1	
virt-vite tab forte	1	
vit a/c/d/fl dro 0.25mg	1	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	

Drug Name	Drug Tier	Requirements/Limits
BLEPHAMIDE OIN S.O.P.	2	
BLEPHAMIDE SUS OP	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ANTI-INFECTIVES		
AZASITE SOL 1%	2	
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUS 0.6%	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentak oin 0.3% op	1	
gentamicin sulfate ophth oint 0.3%	1	
gentamicin sulfate ophth soln 0.3%	1	
levofloxacin ophth soln 0.5%	1	
MOXEZA SOL 0.5%	2	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
NATACYN SUS 5% OP	2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin ophth soln 0.3%	1	
polycin oin op	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
trifluridine ophth soln 1%	1	
ZIRGAN GEL 0.15%	3	
ANTI-INFLAMMATORIES		
ACUVAIL SOL 0.45%	2	
ALREX SUS 0.2%	3	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	

Drug Name	Drug Tier	Requirements/Limits
bromfenac sodium ophth soln 0.09% (base equivalent)	1	
dexamethasone sodium phosphate ophth soln 0.1%	1	
diclofenac sodium ophth soln 0.1%	1	
DUREZOL EMU 0.05%	2	
FLAREX SUS 0.1% OP	2	
fluorometholone ophth susp 0.1%	1	
flurbiprofen sodium ophth soln 0.03%	1	
FML FORTE SUS 0.25% OP	2	
FML OIN 0.1% OP	2	
ILEVRO DRO 0.3% OP	2	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SUS 0.5%	3	
loteprednol etabonate ophth susp 0.5%	1	
MAXIDEX SUS 0.1% OP	2	
NEVANAC SUS 0.1%	2	
PRED MILD SUS 0.12% OP	2	
PRED SOD PHO SOL 1% OP	2	
prednisolone acetate ophth susp 1%	1	
ANTIALLERGICS		
ALOCRIL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
azelastine hcl ophth soln 0.05%	1	
BEPREVE DRO 1.5%	3	
cromolyn sodium ophth soln 4%	1	
EMADINE SOL 0.05% OP	3	
epinastine hcl ophth soln 0.05%	1	
LASTACAFT SOL 0.25%	2	
olopatadine hcl ophth soln 0.1% (base equivalent)	1	
olopatadine hcl ophth soln 0.2% (base equivalent)	1	
PAZEO DRO 0.7%	2	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
AZOPT SUS 1% OP	2	
betaxolol hcl ophth soln 0.5%	1	
BETIMOL SOL 0.5%	3	
BETIMOL SOL 0.25%	3	
BETOPTIC-S SUS 0.25% OP	2	

Drug Name	Drug Tier	Requirements/Limits
bimatoprost ophth soln 0.03%	1	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	1	
carteolol hcl ophth soln 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
dorzolamide hcl ophth soln 2%	1	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	1	
IOPIDINE SOL 1% OP	3	
latanoprost ophth soln 0.005%	1	
levobunolol hcl ophth soln 0.5%	1	
LUMIGAN SOL 0.01%	2	ST; PA**
metipranolol ophth soln 0.3%	1	
PHOSPHOLINE SOL 0.125%OP	3	
pilocarpine hcl ophth soln 1%	1	
SIMBRINZA SUS 1-0.2%	2	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	
timolol maleate ophth soln 0.25%	1	
TIMOPTIC OCU SOL 0.5% OP	2	
TIMOPTIC OCU SOL 0.25% OP	2	
TRAVATAN Z DRO 0.004%	2	
ZIOPTAN DRO 0.0015%	3	ST; PA**
MISCELLANEOUS		
ATROPINE SUL SOL 1% OP	1	
CYSTARAN SOL 0.44%	5	PA
LACRISERT MIS 5MG OP	3	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	
proparacaine hcl ophth soln 0.5%	1	
RESTASIS EMU 0.05%	2	
tropicamide ophth soln 0.5%	1	
tropicamide ophth soln 1%	1	
OTHER		
IRRIGATION SOLUTIONS		
physiolyte sol	1	
physiosol sol irrigat	1	
tis-u-sol sol	1	

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY		
ANAPHYLAXIS TREATMENT AGENTS		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	(generic of Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	(generics manufactured by Teva/Mylan)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	(generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 0.15MG	2	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§		
BEVESPI AER 9-4.8MCG	2	QL (1 package / 25 days)
COMBIVENT AER 20-100	2	QL (2 inhalers / 25 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (6 boxes / 25 days)
ANTICHOLINERGICS§		
INCRUSE ELPT INH 62.5MCG	2	QL (1 package / 25 days)
ipratropium bromide inhal soln 0.02%	1	QL (5 boxes / 25 days)
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
SPIRIVA AER 1.25MCG	2	QL (1 package / 25 days)
SPIRIVA CAP HANDIHLR	2	QL (1 package / 25 days)
SPIRIVA SPR 2.5MCG	2	QL (1 package / 25 days)
ANTIHISTAMINE COMBINATIONS		
DYMISTA SPR 137-50	2	QL (1 package / 25 days)
ANTIHISTAMINES§		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (2 bottles / 25 days)
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	1	QL (2 bottles / 25 days)
brompheniramine tannate chew tab 12 mg	1	
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tab 4 mg	1	
CLARINEX SYP 0.5MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
clemastine fumarate tab 2.68 mg	1	PA; High Risk Medications require PA for members age 70 and older
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	
desloratadine tab orally disintegrating 5 mg	1	
diphenhydramine hcl elixir 12.5 mg/5ml	1	
diphenhydramine hcl inj 50 mg/ml	1	
hydroxyzine hcl im soln 25 mg/ml	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine hcl im soln 50 mg/ml	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine hcl syrup 10 mg/5ml	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine hcl tab 10 mg	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine hcl tab 25 mg	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine hcl tab 50 mg	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine pamoate cap 25 mg	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine pamoate cap 50 mg	1	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine pamoate cap 100 mg	1	PA; High Risk Medications require PA for members age 70 and older
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
levocetirizine dihydrochloride tab 5 mg	1	
olopatadine hcl nasal soln 0.6%	1	QL (1 container / 25 days)
BETA AGONISTS§		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 inhalers / 25 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (60 mL / 25 days)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (5 boxes / 25 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (5 boxes / 25 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL (5 boxes / 25 days)
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
albuterol sulfate tab er 12hr 4 mg	1	
albuterol sulfate tab er 12hr 8 mg	1	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL (300 mL / 25 days)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL (300 mL / 25 days)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL (300 mL / 25 days)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL (45 mL / 25 days)
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL (2 inhalers / 25 days)
metaproterenol sulfate syrup 10 mg/5ml	1	
metaproterenol sulfate tab 10 mg	1	
metaproterenol sulfate tab 20 mg	1	
PERFOROMIST NEB 20MCG	2	QL (2 boxes / 25 days)
PROAIR HFA AER	2	QL (2 inhalers / 25 days)
PROAIR RESPI AER	2	QL (2 packages / 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package / 25 days)
terbutaline sulfate inj 1 mg/ml	1	
terbutaline sulfate tab 2.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
terbutaline sulfate tab 5 mg	1	
BIOLOGIC RESPONSE MODIFIERS		
NUCALA INJ 100MG	4	QL (3 injections / 28 days), PA
NUCALA INJ 100MG/ML	4	QL (3 injections / 28 days), PA
XOLAIR INJ 75/0.5	4	QL (2 syringes / 28 days), PA
XOLAIR INJ 150MG/ML	4	QL (4 syringes / 28 days), PA
XOLAIR SOL 150MG	4	QL (6 vials / 28 days), PA
COLD/COUGH		
benzonatate cap 100 mg	1	
benzonatate cap 200 mg	1	
cheratussin syp ac	1	OTC
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	1	
hydrocodone w/ homatropine tab 5-1.5 mg	1	
hydromet syp 5-1.5/5	1	
NORTUSS-EX LIQ 200-20/5	2	
prometh vc sol plain	1	
prometh vc/ syp codeine	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	
promethazine-dm syrup 6.25-15 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
tussigon tab 5-1.5mg	1	
TUZISTRA XR SUS	3	
VITUZ SOL 5-4MG	3	
LEUKOTRIENE MODIFIERS		
zileuton tab er 12hr 600 mg	3	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	
montelukast sodium oral granules packet 4 mg (base equiv)	1	
montelukast sodium tab 10 mg (base equiv)	1	
zafirlukast tab 10 mg	1	
zafirlukast tab 20 mg	1	
MAST CELL STABILIZERS§		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (2 boxes / 25 days)

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	
DALIRESP TAB 250MCG	3	PA
DALIRESP TAB 500MCG	3	PA
ESBRIET CAP 267MG	4	QL (270 caps / 30 days), PA
ESBRIET TAB 267MG	4	QL (270 tabs / 30 days), PA
ESBRIET TAB 801MG	4	QL (90 tabs / 30 days), PA
GLASSIA INJ	4	PA
KALYDECO PAK 25MG	4	QL (56 packets / 28 days), PA
KALYDECO PAK 50MG	4	QL (56 packets / 28 days), PA
KALYDECO PAK 75MG	4	QL (56 packets / 28 days), PA
KALYDECO TAB 150MG	4	QL (56 tabs / 28 days), PA
ORKAMBI GRA 100-125	4	QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	4	QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	4	QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	4	QL (112 tabs / 28 days), PA
PROLASTIN-C INJ 1000MG	4	PA
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
SYMDEKO TAB 50-75MG	4	QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	4	QL (56 tabs / 28 days), PA
NASAL STEROIDS§		
flunisolide nasal soln 25 mcg/act (0.025%)	1	QL (3 containers / 25 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 container / 25 days)
OMNARIS SPR	3	QL (1 package / 25 days), ST; PA**
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	1	OTC, QL (1 bottle / 25 days)

Drug Name	Drug Tier	Requirements/Limits
STEROID INHALANTS§		
ASMANEX 30 AER 110MCG	2	QL (2 inhalers / 25 days)
ASMANEX 30 AER 220MCG	2	QL (4 inhalers / 25 days)
ASMANEX 60 AER 220MCG	2	QL (2 inhalers / 25 days)
ASMANEX 120 AER 220MCG	2	QL (1 inhaler / 25 days)
ASMANEX HFA AER 100 MCG	2	QL (1 inhaler / 25 days)
ASMANEX HFA AER 200 MCG	2	QL (1 inhaler / 25 days)
budesonide inhalation susp 0.5 mg/2ml	1	QL (2 boxes / 25 days)
budesonide inhalation susp 0.25 mg/2ml	1	QL (3 boxes / 25 days)
budesonide inhalation susp 1 mg/2ml	1	QL (1 box / 25 days)
QVAR REDIHA AER 80MCG	2	QL (2 packages / 25 days)
QVAR REDIHAL AER 40MCG	2	QL (2 packages / 25 days)
STEROID/BETA-AGONIST COMBINATIONS§		
ADVAIR DISKU AER 100/50	1	QL (1 package / 25 days)
ADVAIR DISKU AER 250/50	1	QL (1 package / 25 days)
ADVAIR DISKU AER 500/50	1	QL (1 package / 25 days)
ADVAIR HFA AER 45/21	2	QL (1 package / 25 days)
ADVAIR HFA AER 115/21	2	QL (1 package / 25 days)
ADVAIR HFA AER 230/21	2	QL (1 package / 25 days)
BREO ELLIPTA INH 100-25	2	QL (1 package / 25 days)
BREO ELLIPTA INH 200-25	2	QL (1 package / 25 days)
SYMBICORT AER 80-4.5	2	QL (1 package / 25 days)
SYMBICORT AER 160-4.5	2	QL (1 package / 25 days)
XANTHINES		
aminophylline inj 25 mg/ml	1	
ELIXOPHYLLIN ELX 80/15ML	3	
THEO-24 CAP 100MG CR	3	
THEO-24 CAP 200MG CR	3	
THEO-24 CAP 300MG CR	3	
THEO-24 CAP 400MG ER	3	
theochron tab 100mg cr	1	
theochron tab 200mg cr	1	

Drug Name	Drug Tier	Requirements/Limits
theochron tab 300mg cr	1	
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	
TOPICAL		
DERMATOLOGY, ACNE		
adapalene cream 0.1%	1	PA; PA applies for members age 35 and older
adapalene gel 0.1%	1	PA; PA applies for members age 35 and older
adapalene gel 0.3%	1	PA; PA applies for members age 35 and older
adapalene lotion 0.1%	1	PA; PA applies for members age 35 and older
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
amnesteem cap 10mg	1	PA
amnesteem cap 20mg	1	PA
amnesteem cap 40mg	1	PA
avita cre 0.025%	1	PA; PA applies for members age 35 and older
avita gel 0.025%	1	PA; PA applies for members age 35 and older
AZELEX CRE 20%	3	ST; PA**
BENZIQ GEL 5.25%	2	
BENZIQ LS GEL 2.75%	2	
benziq wash liq 5.25%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	
bp wash liq 2.5%	1	
claravis cap 10mg	1	PA
claravis cap 20mg	1	PA
claravis cap 30mg	1	PA
claravis cap 40mg	1	PA
clearplex x gel 10%	1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1%	1	
clindamycin phosphate lotion 1%	1	
clindamycin phosphate soln 1%	1	
clindamycin phosphate swab 1%	1	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	
EPIDUO FORTE GEL 0.3-2.5%	3	
ery pad 2%	1	
erythromycin gel 2%	1	
erythromycin pads 2%	1	
erythromycin soln 2%	1	
isotretinoin cap 10 mg	1	PA
myorisan cap 20mg	1	PA
myorisan cap 40mg	1	PA
sulfacetamide sodium lotion 10% (acne)	1	
tretinoin cream 0.1%	1	PA; PA applies for members age 35 and older
tretinoin cream 0.05%	1	PA; PA applies for members age 35 and older
tretinoin cream 0.025%	1	PA; PA applies for members age 35 and older
tretinoin gel 0.01%	1	PA; PA applies for members age 35 and older
tretinoin gel 0.05%	1	PA; PA applies for members age 35 and older
tretinoin gel 0.025%	1	PA; PA applies for members age 35 and older
tretinoin microsphere gel 0.1%	1	PA; PA applies for members age 35 and older
tretinoin microsphere gel 0.04%	1	PA; PA applies for members age 35 and older
zenatane cap 30mg	1	PA
DERMATOLOGY, ACTINIC KERATOSIS		
FLUOROPLEX CRE 1%	3	
fluorouracil cream 0.5%	1	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
imiquimod cream 5%	1	
PICATO GEL 0.05%	3	
PICATO GEL 0.015%	3	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OIN 1%	3	
BACTROBAN OIN NASAL 2%	3	
CORTISPORIN CRE 0.5%	3	
CORTISPORIN OIN 1%	3	
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
IV PREP WIPE PAD	2	OTC
mupirocin oint 2%	1	
silver sulfadiazine cream 1%	1	
ssd cre 1%	1	
SULFAMYLON CRE 85MG/GM	3	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox gel 0.77%	1	
ciclopirox olamine cream 0.77% (base equiv)	1	
ciclopirox olamine susp 0.77% (base equiv)	1	
ciclopirox shampoo 1%	1	
ciclopirox solution 8%	1	
clotrimazole cream 1%	1	
clotrimazole soln 1%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	
clotrimazole w/ betamethasone lotion 1-0.05%	1	
econazole nitrate cream 1%	1	
ERTACZO CRE 2%	3	
EXELDERM CRE 1%	3	ST; PA**
EXELDERM SOL 1%	3	ST; PA**
JUBLIA SOL 10%	3	PA
ketoconazole cream 2%	1	
ketoconazole foam 2%	1	
MENTAX CRE 1%	3	
naftifine hcl cream 1%	1	
naftifine hcl cream 2%	1	
nyamyc pow 100000	1	
nystatin cream 100000 unit/gm	1	
nystatin oint 100000 unit/gm	1	
nystatin topical powder 100000 unit/gm	1	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
nystop pow 100000	1	
oxiconazole nitrate cream 1%	1	

Drug Name	Drug Tier	Requirements/Limits
OXISTAT LOT 1%	3	
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl cream 5%	1	QL (90 grams / 25 days), ST; PA**
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	
calcipotriene cream 0.005%	3	
calcipotriene oint 0.005%	1	
calcipotriene soln 0.005% (50 mcg/ml)	1	
calcitrene oin 0.005%	1	
calcitriol oint 3 mcg/gm	1	
COSENTYX INJ 150MG/ML	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 300DOSE	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
methoxsalen rapid cap 10 mg	1	
tazarotene cream 0.1%	1	PA
TAZORAC CRE 0.05%	2	PA
TAZORAC GEL 0.1%	2	PA
TAZORAC GEL 0.05%	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo 2%	1	
selenium sulfide lotion 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort cre 1%	1	
alclometasone dipropionate cream 0.05%	1	QL (120g / 25 days)
alclometasone dipropionate oint 0.05%	1	QL (120g / 25 days)
alphatrex gel 0.05%	1	QL (120g / 25 days)
amcinonide cream 0.1%	1	QL (120g / 25 days)
amcinonide lotion 0.1%	1	QL (120mL / 25 days)
AMCINONIDE OIN 0.1%	2	QL (120g / 25 days)

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate augmented cream 0.05%	1	QL (120g / 25 days)
betamethasone dipropionate augmented gel 0.05%	1	QL (120g / 25 days)
betamethasone dipropionate augmented lotion 0.05%	1	QL (120mL / 25 days)
betamethasone dipropionate augmented oint 0.05%	1	QL (120g / 25 days)
betamethasone dipropionate cream 0.05%	1	QL (120g / 25 days)
betamethasone dipropionate lotion 0.05%	1	QL (120mL / 25 days)
betamethasone dipropionate oint 0.05%	1	QL (120g / 25 days)
betamethasone valerate aerosol foam 0.12%	1	
betamethasone valerate cream 0.1% (base equivalent)	1	QL (120g / 25 days)
betamethasone valerate lotion 0.1% (base equivalent)	1	QL (120mL / 25 days)
betamethasone valerate oint 0.1% (base equivalent)	1	QL (120g / 25 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	3	
clobetasol propionate cream 0.05%	1	QL (120g / 25 days)
clobetasol propionate foam 0.05%	1	
clobetasol propionate gel 0.05%	1	QL (120g / 25 days)
clobetasol propionate lotion 0.05%	1	QL (120mL / 25 days)
clobetasol propionate oint 0.05%	1	QL (120g / 25 days)
clobetasol propionate shampoo 0.05%	1	
clobetasol propionate soln 0.05%	1	
clobetasol propionate spray 0.05%	1	
clocortolone pivalate cream 0.1%	1	QL (120g / 25 days)
desonide cream 0.05%	1	QL (120g / 25 days)
desonide lotion 0.05%	1	QL (120mL / 25 days)
desonide oint 0.05%	1	QL (120g / 25 days)
desoximetasone cream 0.05%	1	QL (120g / 25 days)
desoximetasone cream 0.25%	1	QL (120g / 25 days)
desoximetasone gel 0.05%	1	QL (120g / 25 days)
desoximetasone oint 0.05%	1	QL (120g / 25 days)
desoximetasone oint 0.25%	1	QL (120g / 25 days)
diflorasone diacetate cream 0.05%	1	QL (120g / 25 days)
diflorasone diacetate oint 0.05%	1	QL (120g / 25 days)
fluocinolone acetonide cream 0.01%	1	
fluocinolone acetonide cream 0.025%	1	QL (120g / 25 days)
fluocinolone acetonide oil 0.01% (body oil)	1	
fluocinolone acetonide oil 0.01% (scalp oil)	1	
fluocinolone acetonide oint 0.025%	1	QL (120g / 25 days)
fluocinolone acetonide soln 0.01%	1	
fluocinonide cream 0.05%	1	QL (120g / 25 days)

Drug Name	Drug Tier	Requirements/Limits
fluocinonide gel 0.05%	1	QL (120g / 25 days)
fluocinonide oint 0.05%	1	QL (120g / 25 days)
fluocinonide soln 0.05%	1	
flurandrenolide cream 0.05%	1	QL (120g / 25 days)
flurandrenolide lotion 0.05%	1	QL (120mL / 25 days)
flurandrenolide oint 0.05%	1	QL (120g / 25 days)
fluticasone propionate cream 0.05%	1	QL (120g / 25 days)
fluticasone propionate lotion 0.05%	1	QL (120mL / 25 days)
fluticasone propionate oint 0.005%	1	QL (120g / 25 days)
halobetasol propionate cream 0.05%	1	QL (120g / 25 days)
halobetasol propionate oint 0.05%	1	QL (120g / 25 days)
HALOG CRE 0.1%	3	QL (120g / 25 days)
HALOG OIN 0.1%	3	QL (120g / 25 days)
hydrocortisone butyrate cream 0.1%	1	QL (120g / 25 days)
hydrocortisone butyrate hydrophilic lipo base cream 0.1%	1	QL (120g / 25 days)
hydrocortisone butyrate oint 0.1%	1	QL (120g / 25 days)
hydrocortisone butyrate soln 0.1%	1	
hydrocortisone cream 1%	1	
hydrocortisone cream 2.5%	1	
hydrocortisone lotion 2.5%	1	
hydrocortisone oint 1%	1	
hydrocortisone oint 2.5%	1	
hydrocortisone valerate cream 0.2%	1	QL (120g / 25 days)
hydrocortisone valerate oint 0.2%	1	QL (120g / 25 days)
lokara lot 0.05%	1	QL (120mL / 25 days)
mometasone furoate cream 0.1%	1	QL (120g / 25 days)
mometasone furoate oint 0.1%	1	QL (120g / 25 days)
mometasone furoate solution 0.1% (lotion)	1	QL (120mL / 25 days)
prednicarbate cream 0.1%	1	QL (120g / 25 days)
prednicarbate oint 0.1%	1	QL (120g / 25 days)
triamcinolone acetonide aerosol soln 0.147 mg/gm	1	
triamcinolone acetonide cream 0.1%	1	
triamcinolone acetonide cream 0.5%	1	
triamcinolone acetonide cream 0.025%	1	
triamcinolone acetonide lotion 0.1%	1	
triamcinolone acetonide lotion 0.025%	1	
triamcinolone acetonide oint 0.1%	1	
triamcinolone acetonide oint 0.5%	1	
triamcinolone acetonide oint 0.025%	1	
triderm cre 0.1%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine hcl soln 4%	1	QL (50mL / 25 days)
lidocaine hcl urethral/mucosal gel 2%	1	QL (30gm / 25 days)
lidocaine oint 5%	1	QL (50gm / 25 days)

Drug Name	Drug Tier	Requirements/Limits
lidocaine patch 5%	1	QL (90 patches / 25 days), PA
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30gm / 25 days)
lidocaine-prilocaine cream kit 2.5-2.5%	1	
pramox gel 1%	1	
SYNERA DIS 70-70MG	3	QL (2 patches / 25 days)
7t lido gel 2%	1	QL (30gm / 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir oint 5%	1	
CONDYLOX GEL 0.5%	3	
DENAVIR CRE 1%	3	
diclofenac sodium gel 1%	1	QL (500g / 25 days)
EUCRISA OIN 2%	2	
lactic acid (ammonium lactate) cream 12%	1	
lactic acid (ammonium lactate) lotion 10%	1	
lactic acid (ammonium lactate) lotion 12%	1	
pimecrolimus cream 1%	1	
podofilox soln 0.5%	1	
RECTIV OIN 0.4%	3	
tacrolimus oint 0.1%	1	
tacrolimus oint 0.03%	1	
TARGRETIN GEL 1%	4	PA
VEREGEN OIN 15%	3	
DERMATOLOGY, ROSACEA		
azelaic acid gel 15%	1	
FINACEA AER 15%	2	
metronidazole cream 0.75%	1	
metronidazole gel 0.75%	1	
metronidazole gel 1%	1	
metronidazole lotion 0.75%	1	
MIRVASO GEL 0.33%	3	
rosadan cre 0.75%	1	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
crotan lot 10%	1	
EURAX CRE 10%	3	
lindane shampoo 1%	1	
malathion lotion 0.5%	1	
permethrin cream 5%	1	
SKLICE LOT 0.5%	3	
spinosad susp 0.9%	1	
ULESFIA LOT 5%	3	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL 0.01%	3	PA
SANTYL OIN 250/GM	3	PA

Drug Name	Drug Tier	Requirements/Limits
sodium chloride irrigation soln 0.9%	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	1	
chlorhexidine gluconate soln 0.12%	1	
clotrimazole troche 10 mg	1	
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
nystatin susp 100000 unit/ml	1	
oralone dent pst 0.1%	1	
ORAVIG TAB 50MG	3	
periogard sol 0.12%	1	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
triamcinolone acetonide dental paste 0.1%	1	
OTIC		
acetic acid 2% in aluminum acetate otic soln	1	
acetic acid otic soln 2%	1	
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	2	
COLY-MYCIN S SUS OTIC	3	
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
ofloxacin otic soln 0.3%	1	

Index

7

7t lido gel 2% 128

A

abacavir sulfate-lamivudine tab 600-300 mg 17

abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg.....17

abacavir sulfate soln 20 mg/ml (base equiv) 15

abacavir sulfate tab 300 mg (base equiv) 15

abiraterone acetate tab 250 mg.....29

ABRAXANE INJ 100MG 27

acamprosate calcium tab delayed release 333 mg 74

acarbose tab 100 mg 75

acarbose tab 25 mg 75

acarbose tab 50 mg 75

ACCU-CHEK BLOOD GLUCOSE TEST KITS 108

ACCU-CHEK BLOOD GLUCOSE TEST STRIPS.....108

acebutolol hcl cap 200 mg 43

acebutolol hcl cap 400 mg 43

acetaminophen w/ codeine soln 120-12 mg/5ml.....3

acetaminophen w/ codeine tab 300-15 mg 3

acetaminophen w/ codeine tab 300-30 mg 3

acetaminophen w/ codeine tab 300-60 mg 3

acetazolamide cap er 12hr 500 mg 47

acetazolamide sodium for inj 500 mg ..47

acetazolamide tab 125 mg.....47

acetazolamide tab 250 mg.....47

acetic acid 2% in aluminum acetate otic soln 129

acetic acid otic soln 2% 129

acetylcysteine inhal soln 10%.....120

acetylcysteine inhal soln 20%.....120

acitretin cap 10 mg 125

acitretin cap 17.5 mg 125

acitretin cap 25 mg 125

ACTEMRA INJ 162/0.9 102

ACTEMRA INJ 200/10ML 102

ACTEMRA INJ 400/20ML 102

ACTEMRA INJ 80MG/4ML 102

ACTHIB INJ.....106

ACTIMMUNE INJ 2MU/0.5.....105

ACUVAIL SOL 0.45% 113

acyclovir cap 200 mg 18

acyclovir oint 5% 128

acyclovir sodium for inj 500 mg.....18

acyclovir sodium iv soln 50 mg/ml 18

acyclovir susp 200 mg/5ml 18

acyclovir tab 400 mg.....18

acyclovir tab 800 mg.....18

ADACEL INJ 106

adapalene-benzoyl peroxide gel 0.1-2.5%.....122

adapalene cream 0.1% 122

adapalene gel 0.1% 122

adapalene gel 0.3% 122

adapalene lotion 0.1%.....122

adefovir dipivoxil tab 10 mg.....18

ADEMPAS TAB 0.5MG.....50

ADEMPAS TAB 1.5MG.....50

ADEMPAS TAB 1MG.....50

ADEMPAS TAB 2.5MG.....50

ADEMPAS TAB 2MG.....50

adrucil inj 500/10ml.....26

ADULT RESPIRATORY MASK 109

ADVAIR DISKU AER 100/50.....121

ADVAIR DISKU AER 250/50.....121

ADVAIR DISKU AER 500/50.....121

ADVAIR HFA AER 115/21 121

ADVAIR HFA AER 230/21 121

ADVAIR HFA AER 45/21 121

afeditab tab 30mg cr.....45

afeditab tab 60mg cr.....45

AFINITOR DIS TAB 2MG 29

AFINITOR DIS TAB 3MG 30

AFINITOR DIS TAB 5MG 30

AFINITOR TAB 10MG.....30

AFINITOR TAB 2.5MG.....30

AFINITOR TAB 5MG 30

AFINITOR TAB 7.5MG.....30

AFLURIA QUAD INJ 2019-20.....106

AKYNZEO CAP 300-0.5 93

ala-cort cre 1% 125

albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) 118

albuterol sulfate soln nebu 0.083% (2.5

mg/3ml) 118
albuterol sulfate soln nebu 0.5% (5 mg/ml) 118
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) 118
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) 118
albuterol sulfate syrup 2 mg/5ml 118
albuterol sulfate tab 2 mg 118
albuterol sulfate tab 4 mg 118
albuterol sulfate tab er 12hr 4 mg 118
albuterol sulfate tab er 12hr 8 mg 118
alclometasone dipropionate cream 0.05% 125
alclometasone dipropionate oint 0.05% 125
ALCOHOL PREP WIPES AND SWABS ..109
ALCOH-WIPE MIS 12 109
ALDACTAZIDE TAB 50/50 47
ALECENSA CAP 150MG 30
alendronate sodium oral soln 70 mg/75ml 79
alendronate sodium tab 10 mg 79
alendronate sodium tab 35 mg 79
alendronate sodium tab 40 mg 79
alendronate sodium tab 5 mg 79
alendronate sodium tab 70 mg 79
ALFERON N INJ 5MU/ML 105
alfuzosin hcl tab er 24hr 10 mg 97
ALIMTA INJ 100MG 26
ALIMTA INJ 500MG 26
ALINIA SUS 100/5ML 12
ALINIA TAB 500MG 12
aliskiren fumarate tab 150 mg (base equivalent) 47
aliskiren fumarate tab 300 mg (base equivalent) 47
allopurinol sodium for inj 500 mg 1
allopurinol tab 100 mg 1
allopurinol tab 300 mg 1
almotriptan malate tab 12.5 mg 70
almotriptan malate tab 6.25 mg 70
ALOCRIL SOL 2% 114
alogliptin benzoate tab 12.5 mg (base equiv) 76
alogliptin benzoate tab 25 mg (base equiv) 76
alogliptin benzoate tab 6.25 mg (base equiv) 76
ALOMIDE SOL 0.1% OP 114
alosetron hcl tab 0.5 mg (base equiv) .95
alosetron hcl tab 1 mg (base equiv) 95
ALPHAGAN P SOL 0.1% 114
alphatrex gel 0.05% 125
ALPRAZOLAM CON 1 MG/ML 51
alprazolam orally disintegrating tab 0.25 mg 51
alprazolam orally disintegrating tab 0.5 mg 51
alprazolam orally disintegrating tab 1 mg 51
alprazolam orally disintegrating tab 2 mg 51
alprazolam tab 0.25 mg 51
alprazolam tab 0.5 mg 51
alprazolam tab 1 mg 51
alprazolam tab 2 mg 51
ALREX SUS 0.2% 113
ALTABAX OIN 1% 124
altavera tab 80
alyacen tab 1/35 80
alyacen tab 7/7/7 80
amantadine hcl cap 100 mg 62
amantadine hcl syrup 50 mg/5ml 62
amantadine hcl tab 100 mg 62
ambrisentan tab 10 mg 50
ambrisentan tab 5 mg 50
amcinonide cream 0.1% 125
amcinonide lotion 0.1% 125
AMCINONIDE OIN 0.1% 125
amethia tab 80
amethyst tab 90-20mcg 80
amifostine for inj 500 mg 33
amikacin sulfate inj 1 gm/4ml (250 mg/ml) 11
amikacin sulfate inj 500 mg/2ml (250 mg/ml) 12
amiloride & hydrochlorothiazide tab 5-50 mg 47
amiloride hcl tab 5 mg 47
aminophylline inj 25 mg/ml 121
amiodarone hcl inj 150 mg/3ml (50 mg/ml) 39
amiodarone hcl inj 450 mg/9ml (50 mg/ml) 39
amiodarone hcl inj 900 mg/18ml (50

mg/ml) 39
amiodarone hcl tab 200 mg 39
amiodarone hcl tab 400 mg 39
AMITIZA CAP 24MCG 95
AMITIZA CAP 8MCG 95
amitriptyline hcl tab 100 mg 57
amitriptyline hcl tab 10 mg 57
amitriptyline hcl tab 150 mg 57
amitriptyline hcl tab 25 mg 57
amitriptyline hcl tab 50 mg 57
amitriptyline hcl tab 75 mg 57
amlodipine besylate-atorvastatin calcium tab 10-10 mg.....44
amlodipine besylate-atorvastatin calcium tab 10-20 mg.....44
amlodipine besylate-atorvastatin calcium tab 10-40 mg.....44
amlodipine besylate-atorvastatin calcium tab 10-80 mg.....45
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg.....44
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg.....44
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg.....44
amlodipine besylate-atorvastatin calcium tab 5-10 mg 44
amlodipine besylate-atorvastatin calcium tab 5-20 mg 44
amlodipine besylate-atorvastatin calcium tab 5-40 mg 44
amlodipine besylate-atorvastatin calcium tab 5-80 mg 44
amlodipine besylate-benazepril hcl cap 10-20 mg 34
amlodipine besylate-benazepril hcl cap 10-40 mg 34
amlodipine besylate-benazepril hcl cap 2.5-10 mg 34
amlodipine besylate-benazepril hcl cap 5-10 mg.....34
amlodipine besylate-benazepril hcl cap 5-20 mg.....34
amlodipine besylate-benazepril hcl cap 5-40 mg.....34
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 37
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 37
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 37
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 37
amlodipine besylate tab 10 mg (base equivalent) 45
amlodipine besylate tab 2.5 mg (base equivalent) 45
amlodipine besylate tab 5 mg (base equivalent) 45
amlodipine besylate-valsartan tab 10-160 mg 37
amlodipine besylate-valsartan tab 10-320 mg 37
amlodipine besylate-valsartan tab 5-160 mg 37
amlodipine besylate-valsartan tab 5-320 mg 37
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg 37
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg 37
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg 37
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg 37
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg.....37
amnesteem cap 10mg 122
amnesteem cap 20mg 122
amnesteem cap 40mg 122
amoxapine tab 100 mg.....57
amoxapine tab 150 mg.....57
amoxapine tab 25 mg 57
amoxapine tab 50 mg 57
amoxicillin (trihydrate) cap 250 mg.....23
amoxicillin (trihydrate) cap 500 mg.....23
amoxicillin (trihydrate) chew tab 125 mg 23
amoxicillin (trihydrate) chew tab 250 mg 23
amoxicillin (trihydrate) for susp 125 mg/5ml.....23
amoxicillin (trihydrate) for susp 200 mg/5ml.....23
amoxicillin (trihydrate) for susp 250 mg/5ml.....23

amoxicillin (trihydrate) for susp 400 mg/5ml.....23
amoxicillin (trihydrate) tab 500 mg.....23
amoxicillin (trihydrate) tab 875 mg.....23
amoxicillin & k clavulanate chew tab 200-28.5 mg.....23
amoxicillin & k clavulanate chew tab 400-57 mg.....23
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml.....23
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....23
amoxicillin & k clavulanate for susp 400-57 mg/5ml.....23
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.....23
amoxicillin & k clavulanate tab 250-125 mg.....23
amoxicillin & k clavulanate tab 500-125 mg.....23
amoxicillin & k clavulanate tab 875-125 mg.....23
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg.....23
amphetamine-dextroamphetamine cap er 24hr 10 mg.....66
amphetamine-dextroamphetamine cap er 24hr 15 mg.....66
amphetamine-dextroamphetamine cap er 24hr 20 mg.....66
amphetamine-dextroamphetamine cap er 24hr 25 mg.....66
amphetamine-dextroamphetamine cap er 24hr 30 mg.....66
amphetamine-dextroamphetamine cap er 24hr 5 mg.....66
amphetamine-dextroamphetamine tab 10 mg.....67
amphetamine-dextroamphetamine tab 12.5 mg.....67
amphetamine-dextroamphetamine tab 15 mg.....67
amphetamine-dextroamphetamine tab 20 mg.....67
amphetamine-dextroamphetamine tab 30 mg.....67
amphetamine-dextroamphetamine tab 5 mg.....66
amphetamine-dextroamphetamine tab 7.5 mg.....66
amphotericin b for iv soln 50 mg.....14
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm.....23
ampicillin & sulbactam sodium for inj 15 (10-5) gm.....23
ampicillin & sulbactam sodium for inj 3 (2-1) gm.....23
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm.....23
ampicillin cap 250 mg.....23
ampicillin cap 500 mg.....23
ampicillin for susp 125 mg/5ml.....23
ampicillin for susp 250 mg/5ml.....23
ampicillin sodium for inj 10 gm.....23
ampicillin sodium for inj 125 mg.....24
ampicillin sodium for inj 1 gm.....23
ampicillin sodium for inj 250 mg.....24
ampicillin sodium for inj 2 gm.....23
ampicillin sodium for inj 500 mg.....24
ampicillin sodium for iv soln 10 gm.....24
ampicillin sodium for iv soln 1 gm.....24
ampicillin sodium for iv soln 2 gm.....24
ANADROL-50 TAB 50MG.....75
anagrelide hcl cap 0.5 mg.....101
anagrelide hcl cap 1 mg.....101
anastrozole tab 1 mg.....29
ANNOVERA MIS.....80
APOKYN INJ 10MG/ML.....62
apraclonidine hcl ophth soln 0.5% (base equivalent).....114
aprepitant capsule 125 mg.....93
aprepitant capsule 40 mg.....93
aprepitant capsule 80 mg.....93
aprepitant capsule therapy pack 80 & 125 mg.....93
APRISO CAP 0.375GM.....95
apri tab.....80
APTIOM TAB 200MG.....52
APTIOM TAB 400MG.....52
APTIOM TAB 600MG.....52
APTIOM TAB 800MG.....52
APTIVUS CAP 250MG.....15
APTIVUS SOL.....15
aranelle tab.....80
ARANESP INJ 100MCG.....100
ARANESP INJ 10MCG.....100

ARANESP INJ 150MCG.....100
ARANESP INJ 200MCG.....100
ARANESP INJ 25MCG.....100
ARANESP INJ 300MCG.....100
ARANESP INJ 40MCG.....100
ARANESP INJ 500MCG.....100
ARANESP INJ 60MCG.....100
ARCALYST INJ 220MG 105
ARGATRB/NACL INJ 50MG/50.....99
ARGATROBAN INJ 125/125 99
ARGATROBAN INJ 250/250 99
argatroban inj 250 mg/2.5ml (concentrate for iv infusion) 99
aripiprazole orally disintegrating tab 10 mg 63
aripiprazole orally disintegrating tab 15 mg 63
aripiprazole oral solution 1 mg/ml.....63
aripiprazole tab 10 mg 63
aripiprazole tab 15 mg 63
aripiprazole tab 20 mg 63
aripiprazole tab 2 mg 63
aripiprazole tab 30 mg 63
aripiprazole tab 5 mg 63
ARISTADA INJ 1064MG 64
ARISTADA INJ 441MG/1. 64
ARISTADA INJ 662MG/2 64
ARISTADA INJ 882MG/3 64
ARISTADA INJ INITIO 64
armodafinil tab 150 mg 74
armodafinil tab 200 mg 74
armodafinil tab 250 mg 74
armodafinil tab 50 mg 74
ARRANON INJ 5MG/ML 26
arsenic trioxide inj 10 mg/10ml (1 mg/ml) 33
ashlyna tab.....80
ASMANEX 120 AER 220MCG 121
ASMANEX 30 AER 110MCG.....121
ASMANEX 30 AER 220MCG.....121
ASMANEX 60 AER 220MCG.....121
ASMANEX HFA AER 100 MCG.....121
ASMANEX HFA AER 200 MCG.....121
aspirin chw 81mg 11
aspirin-dipyridamole cap er 12hr 25-200 mg.....101
aspirin low tab 81mg ec 11
atazanavir sulfate cap 150 mg (base equiv) 15
atazanavir sulfate cap 200 mg (base equiv) 15
atazanavir sulfate cap 300 mg (base equiv) 15
atenolol & chlorthalidone tab 100-25 mg 42
atenolol & chlorthalidone tab 50-25 mg 42
atenolol tab 100 mg.....43
atenolol tab 25 mg 43
atenolol tab 50 mg 43
atomoxetine hcl cap 100 mg (base equiv) 67
atomoxetine hcl cap 10 mg (base equiv) 67
atomoxetine hcl cap 18 mg (base equiv) 67
atomoxetine hcl cap 25 mg (base equiv) 67
atomoxetine hcl cap 40 mg (base equiv) 67
atomoxetine hcl cap 60 mg (base equiv) 67
atomoxetine hcl cap 80 mg (base equiv) 67
atorvastatin calcium tab 10 mg (base equivalent) 41
atorvastatin calcium tab 20 mg (base equivalent) 41
atorvastatin calcium tab 40 mg (base equivalent) 41
atorvastatin calcium tab 80 mg (base equivalent) 41
atovaquone-proguanil hcl tab 250-100 mg 15
atovaquone-proguanil hcl tab 62.5-25 mg 15
atovaquone susp 750 mg/5ml 12
atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml) 92
atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml) 92
ATROPINE SUL SOL 1% OP 115
AUBAGIO TAB 14MG 72
AUBAGIO TAB 7MG 72
AUGMENTIN SUS 125/5ML.....24
aviane tab 80

avidoxy tab 100mg 24
avita cre 0.025% 122
avita gel 0.025% 122
AVONEX KIT 30MCG 72
AVONEX PEN KIT 30MCG 72
AVONEX PREFL KIT 30MCG 72
azacitidine for inj 100 mg 26
AZACTAM/DEX INJ 1GM.....12
AZACTAM/DEX INJ 2GM.....12
AZASAN TAB 100MG 105
AZASAN TAB 75 MG 105
AZASITE SOL 1%.....113
azathioprine tab 50 mg.....105
azelaic acid gel 15%.....128
azelastine hcl nasal spray 0.1% (137 mcg/spray) 116
azelastine hcl nasal spray 0.15% (205.5 mcg/spray) 116
azelastine hcl ophth soln 0.05%.....114
AZELEX CRE 20% 122
azithromycin for susp 100 mg/5ml.....21
azithromycin for susp 200 mg/5ml.....21
azithromycin iv for soln 500 mg.....21
azithromycin powd pack for susp 1 gm 21
azithromycin tab 250 mg.....21
azithromycin tab 500 mg.....21
azithromycin tab 600 mg.....21
AZOPT SUS 1% OP 114
aztreonam for inj 1 gm.....12
aztreonam for inj 2 gm.....12
azurette tab 28 day 80
B
bacitracin ophth oint 500 unit/gm 113
bacitracin-polymyxin b ophth oint 113
bacitracin-polymyxin-neomycin-hc ophth oint 1% 112
baclofen tab 10 mg.....73
baclofen tab 20 mg.....73
baclofen tab 5 mg.....73
BACTROBAN OIN NASAL 2% 124
BALCOLTRA TAB 0.1-20.....80
balsalazide disodium cap 750 mg.....95
BANZEL SUS 40MG/ML.....52
BANZEL TAB 200MG.....52
BANZEL TAB 400MG.....52
BARACLUDE SOL .05MG/ML 18
BASAGLAR KWIKPEN.....77
BELBUCA MIS 150MCG.....10
BELBUCA MIS 300MCG.....10
BELBUCA MIS 450MCG.....10
BELBUCA MIS 600MCG.....10
BELBUCA MIS 750MCG.....11
BELBUCA MIS 75MCG.....10
BELBUCA MIS 900MCG.....11
BELSOMRA TAB 10MG 69
BELSOMRA TAB 15MG 69
BELSOMRA TAB 20MG 69
BELSOMRA TAB 5MG.....69
benazepril & hydrochlorothiazide tab 10-12.5 mg 35
benazepril & hydrochlorothiazide tab 20-12.5 mg 35
benazepril & hydrochlorothiazide tab 20-25 mg 35
benazepril & hydrochlorothiazide tab 5-6.25 mg 35
benazepril hcl tab 10 mg 35
benazepril hcl tab 20 mg 36
benazepril hcl tab 40 mg 36
benazepril hcl tab 5 mg 35
BENZIQ GEL 5.25% 122
BENZIQ LS GEL 2.75% 122
benziq wash liq 5.25% 122
benzonatate cap 100 mg.....119
benzonatate cap 200 mg.....119
benzoyl peroxide-erythromycin gel 5-3% 122
benztropine mesylate inj 1 mg/ml.....62
benztropine mesylate tab 0.5 mg.....62
benztropine mesylate tab 1 mg 62
benztropine mesylate tab 2 mg 62
BEPREVE DRO 1.5% 114
BESIVANCE SUS 0.6%.....113
betamethasone dipropionate augmented cream 0.05% 126
betamethasone dipropionate augmented gel 0.05%.....126
betamethasone dipropionate augmented lotion 0.05% 126
betamethasone dipropionate augmented oint 0.05% 126
betamethasone dipropionate cream 0.05%.....126
betamethasone dipropionate lotion 0.05%.....126
betamethasone dipropionate oint 0.05%

.....126
betamethasone valerate aerosol foam 0.12%.....126
betamethasone valerate cream 0.1% (base equivalent).....126
betamethasone valerate lotion 0.1% (base equivalent).....126
betamethasone valerate oint 0.1% (base equivalent) 126
BETASERON INJ 0.3MG 72
betaxolol hcl ophth soln 0.5%.....114
betaxolol hcl tab 10 mg.....43
betaxolol hcl tab 20 mg.....43
bethanechol chloride tab 10 mg.....98
bethanechol chloride tab 25 mg.....98
bethanechol chloride tab 50 mg.....98
bethanechol chloride tab 5 mg.....98
BETIMOL SOL 0.25%.....114
BETIMOL SOL 0.5% 114
BETOPTIC-S SUS 0.25% OP 114
BEVESPI AER 9-4.8MCG.....116
bexarotene cap 75 mg 33
BEXSERO INJ 106
bicalutamide tab 50 mg.....29
BIKTARVY TAB 17
bimatoprost ophth soln 0.03%.....115
BIO-STATIN CAP 1000000 14
BIO-STATIN CAP 500000.....14
bio-statin pow.....14
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 42
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 42
bisoprolol & hydrochlorothiazide tab 5-6.25 mg.....42
bisoprolol fumarate tab 10 mg.....43
bisoprolol fumarate tab 5 mg 43
bleomycin sulfate for inj 15 unit 26
bleomycin sulfate for inj 30 unit 26
BLEPHAMIDE OIN S.O.P.....113
BLEPHAMIDE SUS OP 113
BLOOD GLUCOSE CALIBRATION SOLUTION 109
BOOSTRIX INJ.....106
bosentan tab 125 mg.....50
bosentan tab 62.5 mg.....50
BOSULIF TAB 100MG 30
BOSULIF TAB 400MG 30
BOSULIF TAB 500MG 30
bp wash liq 2.5%.....122
BREO ELLIPTA INH 100-25.....121
BREO ELLIPTA INH 200-25.....121
BRILINTA TAB 60MG 101
BRILINTA TAB 90MG 101
brimonidine tartrate ophth soln 0.15% 115
brimonidine tartrate ophth soln 0.2% 115
BRIVIACT INJ 50MG/5ML.....52
BRIVIACT SOL 10MG/ML.....52
BRIVIACT TAB 100MG 52
BRIVIACT TAB 10MG.....52
BRIVIACT TAB 25MG.....52
BRIVIACT TAB 50MG.....52
BRIVIACT TAB 75MG.....52
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily).....113
bromfenac sodium ophth soln 0.09% (base equivalent).....114
bromocriptine mesylate cap 5 mg (base equivalent) 62
bromocriptine mesylate tab 2.5 mg (base equivalent) 62
brompheniramine tannate chew tab 12 mg.....116
budesonide delayed release particles cap 3 mg.....95
budesonide inhalation susp 0.25 mg/2ml 121
budesonide inhalation susp 0.5 mg/2ml 121
*budesonide inhalation susp 1 mg/2ml*121
bumetanide inj 0.25 mg/ml.....47
bumetanide tab 0.5 mg 47
bumetanide tab 1 mg.....47
bumetanide tab 2 mg.....47
buprenorphine hcl inj 0.3 mg/ml (base equiv) 11
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 3
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 2
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 2
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 3
buprenorphine hcl-naloxone hcl sl tab

2-0.5 mg (base equiv) 3
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 3
buprenorphine hcl sl tab 2 mg (base equiv) 11
buprenorphine hcl sl tab 8 mg (base equiv) 11
bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....74
bupropion hcl tab 100 mg.....57
bupropion hcl tab 75 mg.....57
bupropion hcl tab er 12hr 100 mg.....57
bupropion hcl tab er 12hr 150 mg.....57
bupropion hcl tab er 12hr 200 mg.....57
bupropion hcl tab er 24hr 150 mg.....57
bupropion hcl tab er 24hr 300 mg.....57
buspirone hcl tab 10 mg.....71
buspirone hcl tab 15 mg.....71
buspirone hcl tab 30 mg.....71
buspirone hcl tab 5 mg.....71
buspirone hcl tab 7.5 mg.....71
busulfan inj 6 mg/ml.....25
butalbital-acetaminophen-caffeine cap 50-300-40 mg 1
butalbital-acetaminophen-caffeine cap 50-325-40 mg 1
butalbital-acetaminophen-caffeine tab 50-325-40 mg 1
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg.....3
butalbital-aspirin-caffeine cap 50-325-40 mg 1
butorphanol tartrate inj 1 mg/ml 3
butorphanol tartrate inj 2 mg/ml 3
butorphanol tartrate nasal soln 10 mg/ml 3
BYSTOLIC TAB 10MG 43
BYSTOLIC TAB 2.5MG 43
BYSTOLIC TAB 20MG 43
BYSTOLIC TAB 5MG 43
BYVALSON TAB 5-80MG 37
C
cabergoline tab 0.5 mg.....89
calcipotriene-betamethasone dipropionate oint 0.005-0.064% 126
calcipotriene cream 0.005% 125
calcipotriene oint 0.005% 125
calcipotriene soln 0.005% (50 mcg/ml) 125
calcitonin (salmon) nasal soln 200 unit/act 89
calcitrene oin 0.005%.....125
calcitriol cap 0.25 mcg.....111
calcitriol cap 0.5 mcg 111
calcitriol inj 1 mcg/ml.....111
calcitriol oint 3 mcg/gm 125
calcitriol oral soln 1 mcg/ml 111
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) 90
calcium acetate (phosphate binder) tab 667 mg 90
CALQUENCE CAP 100MG.....30
camila tab 0.35mg.....80
CAMPTOSAR INJ 300/15ML 34
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg.....37
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg.....37
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg.....37
candesartan cilexetil tab 16 mg 38
candesartan cilexetil tab 32 mg 38
candesartan cilexetil tab 4 mg.....38
candesartan cilexetil tab 8 mg.....38
capecitabine tab 150 mg 26
capecitabine tab 500 mg 26
CAPITAL/COD SUS 120-12/5.....3
CAPRELSA TAB 100MG 30
CAPRELSA TAB 300MG 30
captopril & hydrochlorothiazide tab 25-15 mg 35
captopril & hydrochlorothiazide tab 25-25 mg 35
captopril & hydrochlorothiazide tab 50-15 mg 35
captopril & hydrochlorothiazide tab 50-25 mg 35
captopril tab 100 mg.....36
captopril tab 12.5 mg.....36
captopril tab 25 mg 36
captopril tab 50 mg 36
CARAFATE SUS 1GM/10ML.....96
CARBAGLU TAB 200MG 83
carbamazepine cap er 12hr 100 mg 52
carbamazepine cap er 12hr 200 mg 52
carbamazepine cap er 12hr 300 mg 52

carbamazepine chew tab 100 mg.....52
carbamazepine susp 100 mg/5ml 52
carbamazepine tab 200 mg.....52
carbamazepine tab er 12hr 100 mg.....52
carbamazepine tab er 12hr 200 mg.....52
carbamazepine tab er 12hr 400 mg.....52
carbidopa & levodopa orally disintegrating tab 10-100 mg.....62
carbidopa & levodopa orally disintegrating tab 25-100 mg.....62
carbidopa & levodopa orally disintegrating tab 25-250 mg.....62
carbidopa & levodopa tab 10-100 mg..62
carbidopa & levodopa tab 25-100 mg..62
carbidopa & levodopa tab 25-250 mg..62
carbidopa & levodopa tab er 25-100 mg 62
carbidopa & levodopa tab er 50-200 mg 62
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....62
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 62
carbidopa-levodopa-entacapone tabs 25-100-200 mg.....62
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 62
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 62
carbidopa-levodopa-entacapone tabs 50-200-200 mg.....62
carbidopa tab 25 mg.....62
carbinoxamine maleate soln 4 mg/5ml 116
carbinoxamine maleate tab 4 mg 116
carboplatin iv soln 150 mg/15ml.....33
carboplatin iv soln 450 mg/45ml.....33
carboplatin iv soln 50 mg/5ml 33
carboplatin iv soln 600 mg/60ml.....33
CARDENE IV INJ 40/200ML 45
CARDENE IV SOL 20/200ML 45
CARDIZEM LA TAB 120MG 45
CARDURA XL TAB 4MG 97
CARDURA XL TAB 8MG 97
carisoprodol tab 250 mg.....73
carisoprodol tab 350 mg.....73
carmustine for inj 100 mg.....25
carteolol hcl ophth soln 1% 115
cartia xt cap 120/24hr.....45
cartia xt cap 180/24hr.....45
cartia xt cap 240/24hr.....45
cartia xt cap 300/24hr.....45
carvedilol phosphate cap er 24hr 10 mg 43
carvedilol phosphate cap er 24hr 20 mg 43
carvedilol phosphate cap er 24hr 40 mg 43
carvedilol phosphate cap er 24hr 80 mg 43
carvedilol tab 12.5 mg 43
carvedilol tab 25 mg 43
carvedilol tab 3.125 mg.....43
carvedilol tab 6.25 mg 43
CAYA DPR.....108
CAYSTON INH 75MG 12
caziant pak.....80
cefaclor cap 250 mg.....19
cefaclor cap 500 mg.....19
CEFACLOR ER TAB 500MG 19
cefaclor for susp 125 mg/5ml.....19
cefaclor for susp 250 mg/5ml.....19
cefaclor for susp 375 mg/5ml.....19
cefadroxil cap 500 mg 19
cefadroxil for susp 250 mg/5ml 19
cefadroxil for susp 500 mg/5ml 19
cefadroxil tab 1 gm.....19
cefazolin sodium for inj 10 gm.....19
cefazolin sodium for inj 1 gm 19
cefazolin sodium for inj 20 gm.....19
cefazolin sodium for inj 500 mg.....19
cefazolin sodium for iv soln 1 gm.....19
cefdinir cap 300 mg 19
cefdinir for susp 125 mg/5ml 19
cefdinir for susp 250 mg/5ml 19
cefditoren pivoxil tab 200 mg (base equivalent) 19
cefditoren pivoxil tab 400 mg (base equivalent) 19
cefepime hcl for inj 1 gm 19
cefepime hcl for inj 2 gm 19
cefixime cap 400 mg.....19
cefixime for susp 100 mg/5ml 19
cefixime for susp 200 mg/5ml 20
cefotaxime sodium for inj 10 gm.....20
cefotaxime sodium for inj 1 gm 20

cefotaxime sodium for inj 2 gm 20
cefotaxime sodium for inj 500 mg.....20
cefotetan disodium for inj 10 gm 20
cefotetan disodium for inj 1 gm 20
cefotetan disodium for inj 2 gm 20
cefoxitin sodium for inj 10 gm 20
cefoxitin sodium for iv soln 1 gm 20
cefoxitin sodium for iv soln 2 gm 20
cefpodoxime proxetil for susp 100 mg/5ml.....20
cefpodoxime proxetil for susp 50 mg/5ml 20
cefpodoxime proxetil tab 100 mg.....20
cefpodoxime proxetil tab 200 mg.....20
cefprozil for susp 125 mg/5ml.....20
cefprozil for susp 250 mg/5ml.....20
cefprozil tab 250 mg 20
cefprozil tab 500 mg 20
ceftazidime for inj 2 gm.....20
ceftibuten cap 400 mg.....20
ceftibuten for susp 180 mg/5ml.....20
CEFTIN SUS 125/5ML.....20
CEFTIN SUS 250/5ML.....20
ceftriaxone sodium for inj 10 gm 20
ceftriaxone sodium for inj 1 gm 20
ceftriaxone sodium for inj 250 mg.....20
ceftriaxone sodium for inj 2 gm 20
ceftriaxone sodium for inj 500 mg.....20
ceftriaxone sodium for iv soln 1 gm.....20
ceftriaxone sodium for iv soln 2 gm.....20
cefuroxime axetil tab 250 mg.....20
cefuroxime axetil tab 500 mg.....20
cefuroxime sodium for inj 7.5 gm 20
cefuroxime sodium for inj 750 mg.....20
cefuroxime sodium for iv soln 1.5 gm..20
celecoxib cap 100 mg 1
celecoxib cap 200 mg 1
celecoxib cap 400 mg 1
celecoxib cap 50 mg 1
CELONTIN CAP 300MG 52
cephalexin cap 250 mg.....20
cephalexin cap 500 mg.....20
cephalexin cap 750 mg.....20
cephalexin for susp 125 mg/5ml.....20
cephalexin for susp 250 mg/5ml.....20
cephalexin tab 250 mg 20
cephalexin tab 500 mg 20
CERDELGA CAP 84MG 83
CESAMET CAP 1MG.....93
cevimeline hcl cap 30 mg.....129
CHANTIX PAK 0.5& 1MG.....74
CHANTIX PAK 1MG 74
CHANTIX TAB 0.5MG.....74
CHANTIX TAB 1MG 74
chateal tab 0.15/30 80
CHEMET CAP 100MG 80
cheratussin syp ac 119
chloramphenicol sodium succinate for iv inj 1 gm 12
chlorhexidine gluconate soln 0.12% ..129
chloroquine phosphate tab 250 mg 15
chloroquine phosphate tab 500 mg 15
chlorothiazide sodium for inj 500 mg...47
chlorothiazide tab 250 mg 47
chlorothiazide tab 500 mg 47
chlorpromazine hcl tab 100 mg.....64
chlorpromazine hcl tab 10 mg 64
chlorpromazine hcl tab 200 mg.....64
chlorpromazine hcl tab 25 mg 64
chlorpromazine hcl tab 50 mg 64
CHLORPROMAZ INJ 25MG/ML.....64
CHLORPROMAZ INJ 50MG/2ML 64
chlorthalidone tab 25 mg.....47
chlorthalidone tab 50 mg.....47
chlorzoxazone tab 500 mg 73
cholecalciferol cap 50000 unit.....111
cholestyramine light powder 4 gm/dose 40
cholestyramine light powder packets 4 gm 40
cholestyramine powder 4 gm/dose.....40
cholestyramine powder packets 4 gm ..40
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) 40
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) 40
CHOR GONADOT INJ 10000UNT.....89
ciclopirox gel 0.77%.....124
ciclopirox olamine cream 0.77% (base equiv) 124
ciclopirox olamine susp 0.77% (base equiv) 124
ciclopirox shampoo 1%.....124
ciclopirox solution 8% 124
cidofovir iv inj 75 mg/ml.....18
cilostazol tab 100 mg 101

cilostazol tab 50 mg 101
CIMDUO TAB 300-300 17
cimetidine hcl soln 300 mg/5ml 94
cimetidine tab 200 mg 94
cimetidine tab 300 mg 94
cimetidine tab 400 mg 94
cimetidine tab 800 mg 94
CIPRODEX SUS 0.3-0.1% 129
ciprofloxacin 200 mg/100ml in d5w 21
ciprofloxacin 400 mg/200ml in d5w 21
ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq) 22
ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq) 22
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml) 21
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml) 21
ciprofloxacin hcl ophth soln 0.3% (base equivalent) 113
ciprofloxacin hcl tab 100 mg (base equiv) 21
ciprofloxacin hcl tab 250 mg (base equiv) 21
ciprofloxacin hcl tab 500 mg (base equiv) 22
ciprofloxacin hcl tab 750 mg (base equiv) 22
ciprofloxacin iv soln 200 mg/20ml (1%) 22
ciprofloxacin iv soln 400 mg/40ml (1%) 22
CIPRO HC SUS OTIC 129
cisplatin inj 100 mg/100ml (1 mg/ml) .33
cisplatin inj 200 mg/200ml (1 mg/ml) .33
cisplatin inj 50 mg/50ml (1 mg/ml) 33
citalopram hydrobromide oral soln 10 mg/5ml 57
citalopram hydrobromide tab 10 mg (base equiv) 58
citalopram hydrobromide tab 20 mg (base equiv) 58
citalopram hydrobromide tab 40 mg (base equiv) 58
CITRANATAL CAP HARMONY 111
CITRANATAL CAP MEDLEY 111
CITRANATAL MIS 111
CITRANATAL MIS 90 DHA 111
CITRANATAL MIS B-CALM 111
CITRANATAL PAK ASSURE 111
CITRANATAL PAK DHA 111
CITRANATAL TAB BLOOM 111
CITRANATAL TAB RX 111
cladribine iv soln 10 mg/10ml (1 mg/ml) 26
claravis cap 10mg 122
claravis cap 20mg 122
claravis cap 30mg 122
claravis cap 40mg 122
CLARINEX SYP 0.5MG/ML 116
clarithromycin for susp 125 mg/5ml 21
clarithromycin for susp 250 mg/5ml 21
clarithromycin tab 250 mg 21
clarithromycin tab 500 mg 21
clarithromycin tab er 24hr 500 mg 21
clearplex x gel 10% 122
clemastine fumarate tab 2.68 mg 117
CLENPIQ SOL 95
CLEOCIN SUP 100MG 98
CLIMARA PRO DIS WEEKLY 84
clindamycin hcl cap 150 mg 12
clindamycin hcl cap 300 mg 12
clindamycin hcl cap 75 mg 12
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) 12
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% 123
clindamycin phosphate-benzoyl peroxide gel 1-5% 123
clindamycin phosphate foam 1% 122
clindamycin phosphate gel 1% 122
clindamycin phosphate inj 300 mg/2ml 13
clindamycin phosphate inj 600 mg/4ml 13
clindamycin phosphate inj 900 mg/6ml 13
clindamycin phosphate inj 9 gm/60ml .13
clindamycin phosphate iv soln 300 mg/2ml 13
clindamycin phosphate iv soln 900 mg/6ml 13
clindamycin phosphate lotion 1% 122
clindamycin phosphate soln 1% 122
clindamycin phosphate swab 1% 122
clindamycin phosphate vaginal cream 2% 98
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 122

clobazam suspension 2.5 mg/ml.....52
clobazam tab 10 mg 52
clobazam tab 20 mg 52
clobetasol propionate cream 0.05%...126
clobetasol propionate foam 0.05% 126
clobetasol propionate gel 0.05% 126
clobetasol propionate lotion 0.05%....126
clobetasol propionate oint 0.05% 126
clobetasol propionate shampoo 0.05% 126
clobetasol propionate soln 0.05%.....126
clobetasol propionate spray 0.05%....126
clocortolone pivalate cream 0.1% 126
clofarabine iv soln 1 mg/ml.....26
clomipramine hcl cap 25 mg.....71
clomipramine hcl cap 50 mg.....71
clomipramine hcl cap 75 mg.....71
clonazepam tab 0.5 mg 52
clonazepam tab 1 mg.....52
clonazepam tab 2 mg.....52
clonidine hcl tab 0.1 mg 48
clonidine hcl tab 0.2 mg 48
clonidine hcl tab 0.3 mg 48
clonidine td patch weekly 0.1 mg/24hr 48
clonidine td patch weekly 0.2 mg/24hr 48
clonidine td patch weekly 0.3 mg/24hr 49
clopidogrel bisulfate tab 300 mg (base equiv) 101
clopidogrel bisulfate tab 75 mg (base equiv) 101
clorazepate dipotassium tab 15 mg.....52
clorazepate dipotassium tab 3.75 mg ..52
clorazepate dipotassium tab 7.5 mg....52
clotrimazole cream 1% 124
clotrimazole soln 1% 124
clotrimazole troche 10 mg.....129
clotrimazole w/ betamethasone cream 1-0.05%.....124
clotrimazole w/ betamethasone lotion 1-0.05%.....124
clozapine orally disintegrating tab 100 mg 64
clozapine orally disintegrating tab 12.5 mg 64
clozapine orally disintegrating tab 150 mg 64
clozapine orally disintegrating tab 200 mg 64
clozapine orally disintegrating tab 25 mg 64
clozapine tab 100 mg.....64
clozapine tab 200 mg.....64
clozapine tab 25 mg.....64
clozapine tab 50 mg.....64
COARTEM TAB 20-120MG 15
codeine sulfate tab 30 mg 3
codeine sulf tab 15mg.....3
CODEINE SULF TAB 60MG 3
colchicine tab 0.6 mg.....1
colchicine w/ probenecid tab 0.5-500 mg 1
colesevelam hcl packet for susp 3.75 gm 40
colesevelam hcl tab 625 mg.....40
colestipol hcl granule packets 5 gm 40
colestipol hcl granules 5 gm 40
colestipol hcl tab 1 gm 40
colocort ene 100mg 95
COLY-MYCIN S SUS OTIC.....129
COMBIGAN SOL 0.2/0.5%.....115
COMBIVENT AER 20-100.....116
COMETRIQ KIT 100MG 30
COMETRIQ KIT 140MG 30
COMETRIQ KIT 60MG 30
COMPLERA TAB 17
compro sup 25mg.....93
CONCEPTROL GEL 4% 98
CONDYLOX GEL 0.5%.....128
COPAXONE INJ 20MG/ML.....72
COPAXONE INJ 40MG/ML.....72
CORLANOR TAB 5MG.....49
CORLANOR TAB 7.5MG.....49
cortisone acetate tab 25 mg.....87
CORTISPORIN CRE 0.5% 124
CORTISPORIN OIN 1% 124
COSENTYX INJ 150MG/ML.....125
COSENTYX INJ 300DOSE 125
COSENTYX PEN INJ 150MG/ML 125
COSENTYX PEN INJ 300DOSE.....125
CREON CAP 12000UNT.....96
CREON CAP 24000UNT.....96
CREON CAP 3000UNIT.....96
CREON CAP 36000UNT.....96
CREON CAP 6000UNIT.....96
CRESEMBA CAP 186 MG 14
CRINONE GEL 4% VAG.....90

CRINONE GEL 8% VAG.....90
CRIXIVAN CAP 200MG.....15
CRIXIVAN CAP 400MG.....15
cromolyn sodium ophth soln 4% 114
cromolyn sodium oral conc 100 mg/5ml 96
cromolyn sodium soln nebu 20 mg/2ml 119
crotan lot 10% 128
cryselle-28 tab 28 tabs.....80
CUVPOSA SOL 1MG/5ML.....92
cyanocobalamin inj 1000 mcg/ml.....111
cyclafem tab 1/35.....80
cyclafem tab 7/7/7 80
cyclobenzaprine hcl tab 10 mg 73
cyclobenzaprine hcl tab 5 mg 73
cyclobenzaprine hcl tab 7.5 mg 73
cyclophosphamide cap 25 mg.....25
cyclophosphamide cap 50 mg.....25
cyclophosphamide for inj 1 gm 25
cyclophosphamide for inj 2 gm 25
cyclophosphamide for inj 500 mg.....25
cycloserine cap 250 mg 18
CYCLOSET TAB 0.8MG.....76
cyclosporine cap 100 mg.....105
cyclosporine cap 25 mg 105
cyclosporine iv soln 50 mg/ml 105
cyclosporine modified cap 100 mg.....106
cyclosporine modified cap 25 mg 105
cyclosporine modified cap 50 mg 106
cyclosporine modified oral soln 100 mg/ml.....106
cyproheptadine hcl syrup 2 mg/5ml...117
cyproheptadine hcl tab 4 mg 117
CYSTADANE POW 83
CYSTAGON CAP 150MG 83
CYSTAGON CAP 50MG.....83
CYSTARAN SOL 0.44% 115
cytarabine inj 20 mg/ml 26
cytarabine inj pf 100 mg/ml.....26
cytarabine inj pf 20 mg/ml.....26
D
dacarbazine for inj 100 mg 25
dacarbazine for inj 200 mg 25
dalfampridine tab er 12hr 10 mg 72
DALIRESP TAB 250MCG 120
DALIRESP TAB 500MCG 120
danazol cap 100 mg.....83
danazol cap 200 mg.....83
danazol cap 50 mg 83
dantrolene sodium cap 100 mg.....73
dantrolene sodium cap 25 mg 73
dantrolene sodium cap 50 mg 73
dapsone tab 100 mg 13
dapsone tab 25 mg.....13
DAPTACEL INJ 106
daptomycin for iv soln 500 mg 13
DARAPRIM TAB 25MG 13
darifenacin hydrobromide tab er 24hr 15 mg (base equiv) 98
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) 98
dasetta tab 1/35.....81
dasetta tab 7/7/7 81
daunorubicin hcl iv soln 20 mg/4ml (base equiv) 26
decitabine for inj 50 mg.....27
delyla tab 0.1-0.02 81
demeclocycline hcl tab 150 mg.....24
demeclocycline hcl tab 300 mg.....24
DENAVIR CRE 1% 128
DEPEN TITRA TAB 250MG.....80
DEPO-ESTRADI INJ 5MG/ML.....84
DEPO-MEDROL INJ 20MG/ML 87
DEPO-PROVERA INJ 400/ML.....29
DEPO-SQ PROV INJ 104 81
DESCOVY TAB 200/25.....17
desipramine hcl tab 100 mg.....58
desipramine hcl tab 10 mg.....58
desipramine hcl tab 150 mg.....58
desipramine hcl tab 25 mg.....58
desipramine hcl tab 50 mg.....58
desipramine hcl tab 75 mg.....58
desloratadine tab 5 mg.....117
desloratadine tab orally disintegrating 2.5 mg 117
desloratadine tab orally disintegrating 5 mg.....117
desmopressin acetate inj 4 mcg/ml.....92
desmopressin acetate nasal spray soln 0.01% 92
desmopressin acetate nasal spray soln 0.01% (refrigerated).....92
desmopressin acetate tab 0.1 mg 92
desmopressin acetate tab 0.2 mg 92
desonide cream 0.05% 126

desonide lotion 0.05% 126
desonide oint 0.05% 126
desoximetasone cream 0.05% 126
desoximetasone cream 0.25% 126
desoximetasone gel 0.05% 126
desoximetasone oint 0.05% 126
desoximetasone oint 0.25% 126
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) 58
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) 58
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) 58
DEXAMETHASON CON 1MG/ML 87
dexamethasone elixir 0.5 mg/5ml 87
dexamethasone sodium phosphate inj 100 mg/10ml 87
dexamethasone sodium phosphate inj 10 mg/ml 87
dexamethasone sodium phosphate inj 120 mg/30ml 87
dexamethasone sodium phosphate inj 20 mg/5ml 87
dexamethasone sodium phosphate inj 4 mg/ml 87
dexamethasone sodium phosphate ophth soln 0.1% 114
dexamethasone sod phosphate preservative free inj 10 mg/ml 87
dexamethasone soln 0.5 mg/5ml 87
dexamethasone tab 0.5 mg 87
dexamethasone tab 0.75 mg 87
dexamethasone tab 1.5 mg 87
dexamethasone tab 1 mg 87
dexamethasone tab 2 mg 87
dexamethasone tab 4 mg 87
dexamethasone tab 6 mg 87
DEXILANT CAP 30MG DR 97
DEXILANT CAP 60MG DR 97
dexmethylphenidate hcl cap er 24 hr 10 mg 67
dexmethylphenidate hcl cap er 24 hr 15 mg 67
dexmethylphenidate hcl cap er 24 hr 20 mg 67
dexmethylphenidate hcl cap er 24 hr 25 mg 67
dexmethylphenidate hcl cap er 24 hr 30 mg 67
dexmethylphenidate hcl cap er 24 hr 35 mg 67
dexmethylphenidate hcl cap er 24 hr 40 mg 67
dexmethylphenidate hcl cap er 24 hr 5 mg 67
dexmethylphenidate hcl tab 10 mg 67
dexmethylphenidate hcl tab 2.5 mg 67
dexmethylphenidate hcl tab 5 mg 67
dexrazoxane hcl for inj 250 mg (base equivalent) 34
dexrazoxane hcl for inj 500 mg (base equivalent) 34
dextroamphetamine sulfate cap er 24hr 10 mg 67
dextroamphetamine sulfate cap er 24hr 15 mg 67
dextroamphetamine sulfate cap er 24hr 5 mg 67
dextroamphetamine sulfate oral solution 5 mg/5ml 67
dextroamphetamine sulfate tab 10 mg 67
dextroamphetamine sulfate tab 5 mg ..67
diazepam con 5mg/ml 52
diazepam inj 5 mg/ml 52
diazepam oral soln 1 mg/ml 52
diazepam tab 10 mg 52
diazepam tab 2 mg 52
diazepam tab 5 mg 52
diclofenac potassium tab 50 mg 1
diclofenac sodium gel 1% 128
diclofenac sodium ophth soln 0.1% ...114
diclofenac sodium tab delayed release 25 mg 1
diclofenac sodium tab delayed release 50 mg 1
diclofenac sodium tab delayed release 75 mg 1
diclofenac sodium tab er 24hr 100 mg ...1
diclofenac w/ misoprostol tab delayed release 50-0.2 mg 1
diclofenac w/ misoprostol tab delayed release 75-0.2 mg 1
dicloxacillin sodium cap 250 mg 24
dicloxacillin sodium cap 500 mg 24
dicyclomine hcl cap 10 mg 92
dicyclomine hcl inj 10 mg/ml 92

dicyclomine hcl oral soln 10 mg/5ml....92
dicyclomine hcl tab 20 mg 92
didanosine delayed release capsule 200 mg 15
didanosine delayed release capsule 250 mg 15
didanosine delayed release capsule 400 mg 16
DIFICID TAB 200MG 21
diflorasone diacetate cream 0.05% ...126
diflorasone diacetate oint 0.05% 126
diflunisal tab 500 mg 11
digoxin inj 0.25 mg/ml 47
digoxin oral soln 0.05 mg/ml.....47
digoxin tab 125 mcg (0.125 mg) 47
digoxin tab 250 mcg (0.25 mg) 47
digox tab 0.125mg 47
digox tab 0.25mg 47
dihydroergotamine mesylate inj 1 mg/ml 70
dihydroergotamine mesylate nasal spray 4 mg/ml.....70
DILANTIN CAP 30MG.....52
DILATRATE SR CAP 40MG.....49
diltiazem hcl cap er 12hr 120 mg.....45
diltiazem hcl cap er 12hr 60 mg.....45
diltiazem hcl cap er 12hr 90 mg.....45
diltiazem hcl cap er 24hr 120 mg.....45
diltiazem hcl cap er 24hr 180 mg.....45
diltiazem hcl cap er 24hr 240 mg.....45
diltiazem hcl coated beads cap er 24hr 120 mg 45
diltiazem hcl coated beads cap er 24hr 180 mg 45
diltiazem hcl coated beads cap er 24hr 240 mg 45
diltiazem hcl coated beads cap er 24hr 300 mg 45
diltiazem hcl coated beads cap er 24hr 360 mg 45
diltiazem hcl extended release beads cap er 24hr 120 mg.....45
diltiazem hcl extended release beads cap er 24hr 180 mg.....45
diltiazem hcl extended release beads cap er 24hr 240 mg.....45
diltiazem hcl extended release beads cap er 24hr 300 mg.....45
diltiazem hcl extended release beads cap er 24hr 360 mg.....45
diltiazem hcl extended release beads cap er 24hr 420 mg.....45
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml) 46
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml) 45
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml) 46
diltiazem hcl tab 120 mg 46
diltiazem hcl tab 30 mg 46
diltiazem hcl tab 60 mg 46
diltiazem hcl tab 90 mg 46
DILTIAZEM INJ 100MG 46
DIP/TET PED INJ 25-5LFU 106
DIPENTUM CAP 250MG.....95
diphenhydramine hcl elixir 12.5 mg/5ml 117
diphenhydramine hcl inj 50 mg/ml 117
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml.....96
diphenoxylate w/ atropine tab 2.5-0.025 mg 96
dipyridamole tab 25 mg.....101
dipyridamole tab 50 mg.....101
dipyridamole tab 75 mg.....102
disopyramide phosphate cap 100 mg ..39
disopyramide phosphate cap 150 mg ..39
disulfiram tab 250 mg 74
disulfiram tab 500 mg 74
DIURIL SUS 250/5ML.....48
divalproex sodium cap delayed release sprinkle 125 mg 53
divalproex sodium tab delayed release 125 mg 53
divalproex sodium tab delayed release 250 mg 53
divalproex sodium tab delayed release 500 mg 53
divalproex sodium tab er 24 hr 250 mg 53
divalproex sodium tab er 24 hr 500 mg 53
DIVIGEL GEL 0.25MG.....84
DIVIGEL GEL 0.5MG.....84
DIVIGEL GEL 0.75MG.....84
DIVIGEL GEL 1MG/GM.....84

DOCEFREZ INJ 20MG 27
docetaxel for inj conc 160 mg/8ml (20 mg/ml) 27
docetaxel for inj conc 20 mg/ml.....27
docetaxel for inj conc 80 mg/4ml (20 mg/ml) 27
DOCETAXEL INJ 140/7ML 27
DOCETAXEL INJ 160/8ML 27
DOCETAXEL INJ 20/0.5ML 27
DOCETAXEL INJ 80MG/2ML.....27
DOCETAXEL INJ NON-ALCO.....27
docetaxel soln for iv infusion 160 mg/16ml 28
docetaxel soln for iv infusion 20 mg/2ml 27
docetaxel soln for iv infusion 80 mg/8ml 28
dofetilide cap 125 mcg (0.125 mg) 39
dofetilide cap 250 mcg (0.25 mg) 39
dofetilide cap 500 mcg (0.5 mg).....39
donepezil hydrochloride orally disintegrating tab 10 mg 56
donepezil hydrochloride orally disintegrating tab 5 mg 56
donepezil hydrochloride tab 10 mg.....56
donepezil hydrochloride tab 23 mg.....56
donepezil hydrochloride tab 5 mg 56
doripenem for iv infusion 250 mg 13
doripenem for iv infusion 500 mg 13
dorzolamide hcl ophth soln 2% 115
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml 115
doxazosin mesylate tab 1 mg.....36
doxazosin mesylate tab 2 mg.....36
doxazosin mesylate tab 4 mg.....36
doxazosin mesylate tab 8 mg.....36
doxepin hcl cap 100 mg.....58
doxepin hcl cap 10 mg 58
doxepin hcl cap 150 mg.....58
doxepin hcl cap 25 mg 58
doxepin hcl cap 50 mg 58
doxepin hcl cap 75 mg 58
doxepin hcl conc 10 mg/ml 59
doxepin hcl cream 5% 125
doxercalciferol cap 0.5 mcg.....111
doxercalciferol cap 1 mcg.....111
doxercalciferol cap 2.5 mcg.....112
doxercalciferol inj 4 mcg/2ml (2 mcg/ml) 112
doxorubicin hcl for inj 10 mg.....26
doxorubicin hcl for inj 50 mg.....26
doxorubicin hcl inj 2 mg/ml.....26
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml.....26
doxy 100 inj 100mg.....24
doxycycline hyclate cap 100 mg 24
doxycycline hyclate cap 50 mg 24
doxycycline hyclate for inj 100 mg 24
doxycycline hyclate tab 100 mg.....24
doxycycline hyclate tab 20 mg.....24
doxycycline hyclate tab delayed release 100 mg 25
doxycycline hyclate tab delayed release 150 mg 25
doxycycline hyclate tab delayed release 75 mg.....25
doxycycline monohydrate cap 100 mg .25
doxycycline monohydrate cap 150 mg .25
doxycycline monohydrate cap 50 mg...25
doxycycline monohydrate cap 75 mg...25
doxycycline monohydrate for susp 25 mg/5ml.....25
doxycycline monohydrate tab 150 mg .25
doxycycline monohydrate tab 50 mg ...25
doxycycline monohydrate tab 75 mg ...25
doxylamine succinate tab 25mg.....69
dronabinol cap 10 mg 93
dronabinol cap 2.5 mg 93
dronabinol cap 5 mg 93
drospirenone-ethinyl estradiol tab 3-0.03 mg 81
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg 81
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 81
DROXIA CAP 200MG 33
DROXIA CAP 300MG 33
DROXIA CAP 400MG 33
DUAVEE TAB 0.45-20.....84
duloxetine hcl cap 20 mg.....59
duloxetine hcl cap 30 mg.....59
duloxetine hcl cap 60 mg.....59
DUREZOL EMU 0.05% 114
dutasteride cap 0.5 mg 97
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 97

DYMISTA SPR 137-50.....116
DYRENIUM CAP 100MG.....48
DYRENIUM CAP 50MG 48
E
e.e.s. 400 tab 400mg.....21
econazole nitrate cream 1% 124
EDARBI TAB 40MG.....38
EDARBI TAB 80MG.....38
ed-spaz tab 0.125mg 92
EDURANT TAB 25MG.....16
efavirenz cap 200 mg.....16
efavirenz cap 50 mg 16
efavirenz tab 600 mg 16
ELESTRIN GEL 0.06% 84
eletriptan hydrobromide tab 20 mg (base equivalent) 70
eletriptan hydrobromide tab 40 mg (base equivalent) 70
ELIGARD INJ 22.5MG 29
ELIGARD INJ 30MG.....29
ELIGARD INJ 45MG.....29
ELIGARD INJ 7.5MG.....29
elinest tab 81
ELIQUIS TAB 2.5MG.....99
ELIQUIS TAB 5MG 99
elite-ob tab 112
ELIXOPHYLLIN ELX 80/15ML.....121
ELLA TAB 30MG.....81
ELMIRON CAP 100MG.....98
EMADINE SOL 0.05% OP 114
EMBEDA CAP 100-4MG.....4
EMBEDA CAP 20-0.8MG.....3
EMBEDA CAP 30-1.2MG.....3
EMBEDA CAP 50-2MG 4
EMBEDA CAP 60-2.4MG.....4
EMBEDA CAP 80-3.2MG.....4
EMCYT CAP 140MG 25
emoquette tab 81
EMSAM DIS 12MG/24H.....59
EMSAM DIS 6MG/24HR 59
EMSAM DIS 9MG/24HR 59
EMTRIVA CAP 200MG 16
EMTRIVA SOL 10MG/ML.....16
EMVERM CHW 100MG 13
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....35
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....35
enalapril maleate tab 10 mg.....36
enalapril maleate tab 2.5 mg.....36
enalapril maleate tab 20 mg.....36
enalapril maleate tab 5 mg 36
ENBREL INJ 25/0.5ML.....102
ENBREL INJ 25MG.....102
ENBREL INJ 50MG/ML.....102
ENBREL MINI INJ 50MG/ML 102
ENBREL SRCLK INJ 50MG/ML 103
ENCARE SUP 100MG 98
endocet tab 10-325mg.....4
endocet tab 2.5-325 4
endocet tab 5-325mg 4
endocet tab 7.5-325 4
ENGERIX-B INJ 10/0.5ML.....106
ENGERIX-B INJ 20MCG/ML.....106
enoxaparin sodium inj 100 mg/ml.....99
enoxaparin sodium inj 120 mg/0.8ml ..99
enoxaparin sodium inj 150 mg/ml.....99
enoxaparin sodium inj 300 mg/3ml.....99
enoxaparin sodium inj 30 mg/0.3ml....99
enoxaparin sodium inj 40 mg/0.4ml....99
enoxaparin sodium inj 60 mg/0.6ml....99
enoxaparin sodium inj 80 mg/0.8ml....99
enpresse-28 tab 81
enskyce tab 81
entacapone tab 200 mg.....62
entecavir tab 0.5 mg.....18
entecavir tab 1 mg 18
ENTRESTO TAB 24-26MG.....49
ENTRESTO TAB 49-51MG.....49
ENTRESTO TAB 97-103MG 49
enulose sol 10gm/15.....95
EPCLUSA TAB 400-100 22
EPIDUO FORTE GEL 0.3-2.5% 123
epinastine hcl ophth soln 0.05% 114
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 116
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) 116
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) 116
EPIPEN 2-PAK INJ 0.3MG 116
EPIPEN-JR INJ 0.15MG 116
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml) 26
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml) 26

epitol tab 200mg 53
EPIVIR HBV SOL 5MG/ML.....18
eplerenone tab 25 mg 36
eplerenone tab 50 mg 36
epoprostenol sodium for inj 0.5 mg.....50
epoprostenol sodium for inj 1.5 mg.....50
eprosartan mesylate tab 600 mg 38
ERBITUX INJ 100MG 28
ERBITUX INJ 200MG 28
ergocalciferol cap 50000 unit.....112
ergoloid mesylates tab 1 mg 56
ergotamine w/ caffeine tab 1-100 mg..70
ERIVEDGE CAP 150MG 28
erlotinib hcl tab 100 mg (base equivalent) 30
erlotinib hcl tab 150 mg (base equivalent) 30
erlotinib hcl tab 25 mg (base equivalent) 30
errin tab 0.35mg 81
ERTACZO CRE 2% 124
ertapenem sodium for inj 1 gm (base equivalent) 13
ery pad 2%.....123
ery-tab tab 250mg ec 21
ery-tab tab 333mg ec 21
ery-tab tab 500mg ec 21
ERYTHROCIN INJ 500MG 21
erythrocin tab 250mg.....21
erythromycin ethylsuccinate for susp 200 mg/5ml.....21
erythromycin ethylsuccinate for susp 400 mg/5ml.....21
erythromycin ethylsuccinate tab 400 mg 21
erythromycin gel 2%.....123
erythromycin ophth oint 5 mg/gm.....113
erythromycin pads 2% 123
erythromycin soln 2% 123
erythromycin tab 250 mg 21
erythromycin tab 500 mg 21
erythromycin w/ delayed release particles cap 250 mg.....21
ESBRIET CAP 267MG.....120
ESBRIET TAB 267MG.....120
ESBRIET TAB 801MG.....120
escitalopram oxalate soln 5 mg/5ml (base equiv) 59
escitalopram oxalate tab 10 mg (base equiv) 59
escitalopram oxalate tab 20 mg (base equiv) 59
escitalopram oxalate tab 5 mg (base equiv) 59
esomeprazole magnesium cap delayed release 20 mg (base eq).....97
esomeprazole magnesium cap delayed release 40 mg (base eq).....97
esomeprazole sodium for intravenous soln 20 mg (base equiv) 97
esomeprazole sodium for intravenous soln 40 mg (base equiv) 97
estradiol & norethindrone acetate tab 0.5-0.1 mg 84
estradiol & norethindrone acetate tab 1-0.5 mg.....84
estradiol tab 0.5 mg.....84
estradiol tab 1 mg 84
estradiol tab 2 mg 84
estradiol td patch twice weekly 0.025 mg/24hr.....85
estradiol td patch twice weekly 0.0375 mg/24hr.....85
estradiol td patch twice weekly 0.05 mg/24hr.....85
estradiol td patch twice weekly 0.075 mg/24hr.....85
estradiol td patch twice weekly 0.1 mg/24hr.....85
estradiol td patch weekly 0.025 mg/24hr 85
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) 85
estradiol td patch weekly 0.05 mg/24hr 85
estradiol td patch weekly 0.06 mg/24hr 85
estradiol td patch weekly 0.075 mg/24hr 85
estradiol td patch weekly 0.1 mg/24hr 85
estradiol vaginal cream 0.1 mg/gm 85
estradiol valerate im in oil 20 mg/ml ...85
estradiol valerate im in oil 40 mg/ml ...85
ESTROGEL GEL 86
estropipate tab 0.75 mg 86
estropipate tab 1.5 mg.....86

estropipate tab 3 mg.....86
eszopiclone tab 1 mg 69
eszopiclone tab 2 mg 69
eszopiclone tab 3 mg 69
ethacrynate sodium for inj 50 mg 48
ethacrynic acid tab 25 mg.....48
ethambutol hcl tab 100 mg 18
ethambutol hcl tab 400 mg 18
ethosuximide cap 250 mg.....53
ethosuximide soln 250 mg/5ml.....53
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....81
etodolac cap 200 mg 1
etodolac cap 300 mg 1
etodolac tab 400 mg.....2
etodolac tab 500 mg.....2
etodolac tab er 24hr 400 mg.....2
etodolac tab er 24hr 500 mg.....2
etodolac tab er 24hr 600 mg.....2
etoposide cap 50 mg.....34
etoposide inj 100 mg/5ml (20 mg/ml) .34
EUCRISA OIN 2% 128
EURAX CRE 10%.....128
EVAMIST SPR 1.53MG 86
EVOTAZ TAB 300-150 17
EXELDERM CRE 1% 124
EXELDERM SOL 1% 124
exemestane tab 25 mg.....29
ezetimibe-simvastatin tab 10-10 mg ...41
ezetimibe-simvastatin tab 10-20 mg ...41
ezetimibe-simvastatin tab 10-40 mg ...41
ezetimibe-simvastatin tab 10-80 mg ...41
ezetimibe tab 10 mg 40
F
FACTIVE TAB 320MG.....22
falmina tab 81
famciclovir tab 125 mg.....18
famciclovir tab 250 mg.....18
famciclovir tab 500 mg.....18
famotidine for susp 40 mg/5ml.....94
famotidine inj 200 mg/20ml.....94
famotidine inj 20 mg/2ml 94
famotidine inj 40 mg/4ml 94
famotidine in nacl 0.9% iv soln 20 mg/50ml 94
famotidine tab 20 mg.....94
famotidine tab 40 mg.....94
FARXIGA TAB 10MG.....78
FARXIGA TAB 5MG.....78
FARYDAK CAP 10MG 28
FARYDAK CAP 15MG 28
FARYDAK CAP 20MG 28
fayosim tab 81
FC2 FEMALE MIS CONDOM.....108
febuxostat tab 40 mg.....1
febuxostat tab 80 mg.....1
felbamate susp 600 mg/5ml.....53
felbamate tab 400 mg 53
felbamate tab 600 mg 53
felodipine tab er 24hr 10 mg 46
felodipine tab er 24hr 2.5 mg 46
felodipine tab er 24hr 5 mg.....46
FEMCAP MIS 22MM 108
FEMCAP MIS 26MM 108
FEMCAP MIS 30MM 108
fenofibrate cap 150 mg 41
fenofibrate cap 50 mg 41
fenofibrate micronized cap 130 mg 41
fenofibrate micronized cap 134 mg 41
fenofibrate micronized cap 200 mg 41
fenofibrate micronized cap 43 mg 41
fenofibrate micronized cap 67 mg 41
fenofibrate tab 145 mg.....41
fenofibrate tab 160 mg.....41
fenofibrate tab 48 mg 41
fenofibrate tab 54 mg 41
fenofibric acid tab 105 mg 41
fenofibric acid tab 35 mg 41
fenoprofen calcium cap 400 mg.....2
fenoprofen calcium tab 600 mg 2
fentanyl citrate lozenge on a handle 1200 mcg.....4
fentanyl citrate lozenge on a handle 1600 mcg.....4
fentanyl citrate lozenge on a handle 200 mcg.....4
fentanyl citrate lozenge on a handle 400 mcg.....4
fentanyl citrate lozenge on a handle 600 mcg.....4
fentanyl citrate lozenge on a handle 800 mcg.....4
fentanyl td patch 72hr 100 mcg/hr 4
fentanyl td patch 72hr 12 mcg/hr 4
fentanyl td patch 72hr 25 mcg/hr 4
fentanyl td patch 72hr 50 mcg/hr 4

fentanyl td patch 72hr 75 mcg/hr 4
FERRIPROX SOL 100MG/ML 80
FERRIPROX TAB 500MG.....80
FETZIMA CAP 120MG 59
FETZIMA CAP 20MG 59
FETZIMA CAP 40MG 59
FETZIMA CAP 80MG 59
FETZIMA CAP TITRATIO.....59
FIASP FLEX INJ TOUCH.....77
FIASP INJ 100/ML.....77
FINACEA AER 15% 128
finasteride tab 5 mg.....97
FIRAZYR INJ 30MG/3ML.....101
FLAREX SUS 0.1% OP 114
flavoxate hcl tab 100 mg 98
flecainide acetate tab 100 mg 39
flecainide acetate tab 150 mg 39
flecainide acetate tab 50 mg 39
floxuridine for inj 0.5 gm 27
FLUAD INJ 2019-20.....106
FLUARIX QUAD INJ 2019-20.....107
FLUBLOK QUAD INJ 2019-20 107
FLUCLVX QUAD INJ 2019-20 107
FLUCONAZOLE/ INJ NACL 100 15
fluconazole for susp 10 mg/ml.....14
fluconazole for susp 40 mg/ml.....14
fluconazole in dextrose inj 200 mg/100ml 15
fluconazole in dextrose inj 400 mg/200ml 15
fluconazole in nacl 0.9% inj 200 mg/100ml 15
fluconazole in nacl 0.9% inj 400 mg/200ml 15
fluconazole tab 100 mg 15
fluconazole tab 150 mg 15
fluconazole tab 200 mg 15
fluconazole tab 50 mg 15
fludarabine phosphate for inj 50 mg....27
fludarabine phosphate inj 25 mg/ml....27
fludrocortisone acetate tab 0.1 mg.....87
FLULAVAL QUA INJ 2019-20 107
FLUMIST QUAD SUS 2019-20 107
flunisolide nasal soln 25 mcg/act (0.025%) 120
fluocinolone acetonide (otic) oil 0.01% 129
fluocinolone acetonide cream 0.01% .126
*fluocinolone acetonide cream 0.025%*126
fluocinolone acetonide oil 0.01% (body oil) 126
fluocinolone acetonide oil 0.01% (scalp oil) 126
fluocinolone acetonide oint 0.025% ...126
fluocinolone acetonide soln 0.01% 126
fluocinonide cream 0.05%.....126
fluocinonide gel 0.05% 127
fluocinonide oint 0.05% 127
fluocinonide soln 0.05%.....127
FLUORABON DRO.....109
fluor-a-day dro 0.125mg.....109
fluoritab chw 0.25mg f 109
fluoritab chw 0.5mg f 109
fluoritab chw 2.2mg 109
fluorometholone ophth susp 0.1%.....114
FLUOROPLEX CRE 1%.....123
fluorouracil cream 0.5% 123
fluorouracil cream 5% 123
fluorouracil iv soln 1 gm/20ml (50 mg/ml) 27
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml) 27
fluorouracil iv soln 500 mg/10ml (50 mg/ml) 27
fluorouracil iv soln 5 gm/100ml (50 mg/ml) 27
fluorouracil soln 2% 123
fluorouracil soln 5% 123
fluoxetine hcl cap 10 mg.....59
fluoxetine hcl cap 20 mg.....59
fluoxetine hcl cap 40 mg.....59
fluoxetine hcl cap delayed release 90 mg 59
fluoxetine hcl solution 20 mg/5ml 59
fluoxetine hcl tab 10 mg.....59
fluoxetine hcl tab 20 mg.....59
fluoxetine hcl tab 60 mg.....59
fluphenazine decanoate inj 25 mg/ml ..64
fluphenazine hcl elixir 2.5 mg/5ml 64
fluphenazine hcl inj 2.5 mg/ml 64
fluphenazine hcl oral conc 5 mg/ml 64
fluphenazine hcl tab 10 mg 64
fluphenazine hcl tab 1 mg.....64
fluphenazine hcl tab 2.5 mg 64
fluphenazine hcl tab 5 mg.....64
flura-drops dro 0.25mg f.....109

flurandrenolide cream 0.05% 127
flurandrenolide lotion 0.05% 127
flurandrenolide oint 0.05%.....127
flurbiprofen sodium ophth soln 0.03% 114
flurbiprofen tab 100 mg 2
flurbiprofen tab 50 mg 2
flutamide cap 125 mg 29
fluticasone propionate cream 0.05%..127
fluticasone propionate lotion 0.05% ..127
fluticasone propionate nasal susp 50 mcg/act.....120
fluticasone propionate oint 0.005% ...127
fluvastatin sodium cap 20 mg (base equivalent) 41
fluvastatin sodium cap 40 mg (base equivalent) 41
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) 41
fluvoxamine maleate cap er 24hr 100 mg 71
fluvoxamine maleate cap er 24hr 150 mg 71
fluvoxamine maleate tab 100 mg.....71
fluvoxamine maleate tab 25 mg.....71
fluvoxamine maleate tab 50 mg.....71
FLUZONE HD INJ PF 19-20.....107
FLUZONE QUAD INJ 2019-20.....107
FML FORTE SUS 0.25% OP.....114
FML OIN 0.1% OP.....114
folic acid cap 0.8 mg 112
folic acid tab 1 mg 112
folic acid tab 400 mcg 112
folic acid tab 800 mcg 112
fondaparinux sodium subcutaneous inj 10 mg/0.8ml.....99
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml.....99
fondaparinux sodium subcutaneous inj 5 mg/0.4ml 99
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml.....99
FOSAMAX + D TAB 70-2800.....79
FOSAMAX + D TAB 70-5600.....79
fosamprenavir calcium tab 700 mg (base equiv) 16
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg.....35
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg.....35
fosinopril sodium tab 10 mg.....36
fosinopril sodium tab 20 mg.....36
fosinopril sodium tab 40 mg.....36
fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv) 53
fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv) 53
FOSRENOL POW 1000MG.....90
FOSRENOL POW 750MG 90
FRAGMIN INJ 10000/ML 99
FRAGMIN INJ 12500UNT.....99
FRAGMIN INJ 15000UNT.....99
FRAGMIN INJ 18000UNT.....99
FRAGMIN INJ 2500/0.2 99
FRAGMIN INJ 5000/0.2 99
FRAGMIN INJ 7500/0.3 99
FRAGMIN INJ 95000UNT.....99
frovatriptan succinate tab 2.5 mg (base equivalent) 70
FULPHILA INJ 6/0.6ML.....100
fulvestrant inj 250 mg/5ml 29
furosemide inj 10 mg/ml 48
furosemide oral soln 10 mg/ml.....48
furosemide oral soln 8 mg/ml.....48
furosemide tab 20 mg 48
furosemide tab 40 mg 48
furosemide tab 80 mg 48
FUZEON INJ 90MG.....16
FYCOMPA SUS 0.5MG/ML.....53
FYCOMPA TAB 10MG 53
FYCOMPA TAB 12MG 53
FYCOMPA TAB 2MG.....53
FYCOMPA TAB 4MG.....53
FYCOMPA TAB 6MG.....53
FYCOMPA TAB 8MG.....53

G

gabapentin cap 100 mg.....53
gabapentin cap 300 mg.....53
gabapentin cap 400 mg.....53
gabapentin oral soln 250 mg/5ml 53
gabapentin tab 600 mg 53
gabapentin tab 800 mg 53
galantamine hydrobromide cap er 24hr 16 mg.....56
galantamine hydrobromide cap er 24hr 24 mg.....56

galantamine hydrobromide cap er 24hr 8 mg 56
galantamine hydrobromide oral soln 4 mg/ml.....56
galantamine hydrobromide tab 12 mg .56
galantamine hydrobromide tab 4 mg...56
galantamine hydrobromide tab 8 mg...56
GARDASIL 9 INJ 107
GARDASIL INJ 107
gatifloxacin ophth soln 0.5% 113
gavilyte-c sol 95
gavilyte-g sol 95
gavilyte-h kit 95
gavilyte-n sol flav pk.....95
GAZYVA INJ 25MG/ML.....28
gemcitabine hcl for inj 1 gm.....27
gemcitabine hcl for inj 200 mg 27
gemcitabine hcl for inj 2 gm.....27
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv) 27
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv) 27
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv) 27
gemfibrozil tab 600 mg 41
generlac sol 10gm/15 95
gengraf cap 100mg 106
gengraf cap 25mg.....106
gengraf sol 100mg/ml 106
gentak oin 0.3% op.....113
GENTAM/NACL INJ 0.9MG/ML.....12
GENTAM/NACL INJ 1.4MG/ML.....12
gentamicin in saline inj 0.8 mg/ml 12
gentamicin in saline inj 1.2 mg/ml 12
gentamicin in saline inj 1.6 mg/ml 12
gentamicin in saline inj 1 mg/ml.....12
gentamicin in saline inj 2 mg/ml.....12
gentamicin sulfate cream 0.1%.....124
gentamicin sulfate inj 10 mg/ml 12
gentamicin sulfate inj 40 mg/ml 12
gentamicin sulfate oint 0.1% 124
gentamicin sulfate ophth oint 0.3% ...113
gentamicin sulfate ophth soln 0.3%...113
GENVOYA TAB.....17
gianvi tab 3-0.02mg 81
gildess fe tab 1/20.....81
gildess fe tab 1.5/30 81
GILENYA CAP 0.5MG 72
GLASSIA INJ 120
glatiramer acetate soln prefilled syringe 20 mg/ml 72
glatiramer acetate soln prefilled syringe 40 mg/ml 72
GLEOSTINE CAP 100MG 25
GLEOSTINE CAP 10MG 25
GLEOSTINE CAP 40MG 25
GLEOSTINE CAP 5MG 25
GLIADEL WAF 7.7MG 25
glimepiride tab 1 mg.....78
glimepiride tab 2 mg.....78
glimepiride tab 4 mg.....78
glipizide-metformin hcl tab 2.5-250 mg 76
glipizide-metformin hcl tab 2.5-500 mg 76
glipizide-metformin hcl tab 5-500 mg..76
glipizide tab 10 mg 79
glipizide tab 5 mg.....79
glipizide tab er 24hr 10 mg 79
glipizide tab er 24hr 2.5 mg 79
glipizide tab er 24hr 5 mg.....79
GLUCAGON KIT 1MG.....89
GLUCOSE URINE TEST STRIPS.....109
glyburide-metformin tab 1.25-250 mg.76
glyburide-metformin tab 2.5-500 mg ..76
glyburide-metformin tab 5-500 mg 76
glyburide micronized tab 1.5 mg.....79
glyburide micronized tab 3 mg 79
glyburide micronized tab 6 mg 79
glyburide tab 1.25 mg.....79
glyburide tab 2.5 mg.....79
glyburide tab 5 mg 79
glycopyrrolate inj 0.2 mg/ml 92
glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml) 92
glycopyrrolate inj 1 mg/5ml (0.2 mg/ml) 92
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml) 92
glycopyrrolate tab 1 mg 92
glycopyrrolate tab 2 mg 92
GLYXAMBI TAB 10-5 MG.....78
GLYXAMBI TAB 25-5 MG.....78
GOLYTELY SOL 95
granisetron hcl inj 0.1 mg/ml 93
granisetron hcl inj 1 mg/ml.....93

granisetron hcl inj 4 mg/4ml (1 mg/ml) 93
granisetron hcl tab 1 mg 93
griseofulvin microsize susp 125 mg/5ml 15
griseofulvin microsize tab 500 mg.....15
griseofulvin ultramicrosize tab 125 mg 15
griseofulvin ultramicrosize tab 250 mg 15
guanfacine hcl tab 1 mg 49
guanfacine hcl tab 2 mg 49
guanfacine hcl tab er 24hr 1 mg (base equiv) 67
guanfacine hcl tab er 24hr 2 mg (base equiv) 68
guanfacine hcl tab er 24hr 3 mg (base equiv) 68
guanfacine hcl tab er 24hr 4 mg (base equiv) 68
GUANIDINE TAB 125MG 71
GYNAZOLE-1 CRE 2% 98
GYNOL II GEL 3% 98
H
halobetasol propionate cream 0.05%.127
halobetasol propionate oint 0.05% 127
HALOG CRE 0.1% 127
HALOG OIN 0.1% 127
haloperidol decanoate im soln 100 mg/ml 64
haloperidol decanoate im soln 50 mg/ml 64
haloperidol lactate inj 5 mg/ml 64
haloperidol lactate oral conc 2 mg/ml..64
haloperidol tab 0.5 mg 64
haloperidol tab 10 mg 64
haloperidol tab 1 mg 64
haloperidol tab 20 mg 64
haloperidol tab 2 mg 64
haloperidol tab 5 mg 64
HARVONI TAB 90-400MG.....22
HAVRIX INJ 1440UNIT.....107
HAVRIX INJ 720UNIT.....107
heather tab 0.35mg 81
HEMLIBRA INJ 105/0.7 101
HEMLIBRA INJ 150/ML.....101
HEMLIBRA INJ 30MG/ML 101
HEMLIBRA INJ 60/0.4.....101
heparin sodium (porcine) inj 10000 unit/ml.....99
heparin sodium (porcine) inj 1000 unit/ml.....99
heparin sodium (porcine) inj 20000 unit/ml.....99
heparin sodium (porcine) inj 5000 unit/ml.....99
heparin sodium (porcine) pf inj 5000 unit/0.5ml 99
HEPLISAV-B INJ 20/0.5ML 107
HEPLISAV-B INJ 20MCG.....107
HETLIOZ CAP 20MG 69
HEXALEN CAP 50MG 25
HIBERIX SOL 10MCG.....107
HUMATROPE INJ 12MG 89
HUMATROPE INJ 24MG 89
HUMATROPE INJ 5MG.....89
HUMATROPE INJ 6MG.....89
HUMATROPEN MIS FOR 12MG.....109
HUMATROPEN MIS FOR 24MG.....109
HUMATROPEN MIS FOR 6MG 109
HUMIRA INJ 10/0.1ML 103
HUMIRA INJ 10MG/0.2 103
HUMIRA INJ 20/0.2ML 103
HUMIRA INJ 40/0.4ML 103
HUMIRA KIT 20MG/0.4 103
HUMIRA KIT 40MG/0.8 103
HUMIRA PEDIA INJ CROHNS.....103
HUMIRA PEN INJ 40/0.4ML.....103
HUMIRA PEN INJ CD/UC/HS 103
HUMIRA PEN INJ PS/UV 103
HUMIRA PEN KIT CD/UC/HS 103
HUMIRA PEN KIT PS/UV.....103
HUMULIN INJ 70/30.....77
HUMULIN INJ 70/30KWP.....77
HUMULIN N INJ U-100.....77
HUMULIN N INJ U-100KWP 77
HUMULIN R INJ U-100.....77
HUMULIN R INJ U-500.....77
hydralazine hcl inj 20 mg/ml.....49
hydralazine hcl tab 100 mg.....49
hydralazine hcl tab 10 mg.....49
hydralazine hcl tab 25 mg.....49
hydralazine hcl tab 50 mg.....49
hydrochlorothiazide cap 12.5 mg 48
hydrochlorothiazide tab 12.5 mg.....48
hydrochlorothiazide tab 25 mg 48
hydrochlorothiazide tab 50 mg 48
hydrocodone-acetaminophen soln

7.5-325 mg/15ml 4
hydrocodone-acetaminophen tab 10-325 mg 5
hydrocodone-acetaminophen tab 5-325 mg 4
hydrocodone-acetaminophen tab 7.5-325 mg 5
hydrocodone-ibuprofen tab 10-200 mg .. 5
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml 119
hydrocodone w/ homatropine tab 5-1.5 mg 119
hydrocortisone butyrate cream 0.1% .127
hydrocortisone butyrate hydrophilic lipo base cream 0.1% 127
hydrocortisone butyrate oint 0.1% 127
hydrocortisone butyrate soln 0.1% 127
hydrocortisone cream 1% 127
hydrocortisone cream 2.5% 127
hydrocortisone lotion 2.5% 127
hydrocortisone oint 1% 127
hydrocortisone oint 2.5% 127
hydrocortisone tab 10 mg 87
hydrocortisone tab 20 mg 87
hydrocortisone tab 5 mg 87
hydrocortisone valerate cream 0.2% .127
hydrocortisone valerate oint 0.2% 127
hydrocortisone w/ acetic acid otic soln 1-2% 129
hydromet syp 5-1.5/5 119
hydromorphone hcl inj 1 mg/ml 5
hydromorphone hcl inj 2 mg/ml 5
hydromorphone hcl inj 4 mg/ml 5
hydromorphone hcl liqd 1 mg/ml 5
hydromorphone hcl preservative free (pf) inj 10 mg/ml 5
hydromorphone hcl tab 2 mg 5
hydromorphone hcl tab 4 mg 5
hydromorphone hcl tab 8 mg 5
hydromorphone hcl tab er 24hr deter 12 mg 5
hydromorphone hcl tab er 24hr deter 16 mg 5
hydromorphone hcl tab er 24hr deter 32 mg 5
hydromorphone hcl tab er 24hr deter 8 mg 5
HYDROMORPHON SUP 3MG 5
hydroxychloroquine sulfate tab 200 mg 104
hydroxyurea cap 500 mg 33
hydroxyzine hcl im soln 25 mg/ml 117
hydroxyzine hcl im soln 50 mg/ml 117
hydroxyzine hcl syrup 10 mg/5ml 117
hydroxyzine hcl tab 10 mg 117
hydroxyzine hcl tab 25 mg 117
hydroxyzine hcl tab 50 mg 117
hydroxyzine pamoate cap 100 mg 118
hydroxyzine pamoate cap 25 mg 117
hydroxyzine pamoate cap 50 mg 117
hyoscyamine sulfate sl tab 0.125 mg ... 92
hyoscyamine sulfate tab 0.125 mg 92
hyoscyamine sulfate tab disint 0.125 mg 92
hyoscyamine sulfate tab er 12hr 0.375 mg 92
HYQVIA INJ 10-800 104
HYQVIA INJ 2.5-200 104
HYQVIA INJ 20-1600 105
HYQVIA INJ 30-2400 105
HYQVIA INJ 5-400 104
HYSINGLA ER TAB 100 MG 6
HYSINGLA ER TAB 120 MG 6
HYSINGLA ER TAB 20 MG 5
HYSINGLA ER TAB 30 MG 5
HYSINGLA ER TAB 40 MG 5
HYSINGLA ER TAB 60 MG 5
HYSINGLA ER TAB 80 MG 5

I

ibandronate sodium iv soln 3 mg/3ml (base equivalent) 79
ibandronate sodium tab 150 mg (base equivalent) 79
IBRANCE CAP 100MG 28
IBRANCE CAP 125MG 28
IBRANCE CAP 75MG 28
ibuprofen susp 100 mg/5ml 2
ibuprofen tab 400 mg 2
ibuprofen tab 600 mg 2
ibuprofen tab 800 mg 2
icatibant acetate inj 30 mg/3ml (base equivalent) 101
ICLUSIG TAB 15MG 30
ICLUSIG TAB 45MG 30
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml) 26

idarubicin hcl iv inj 20 mg/20ml (1 mg/ml) 26
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml) 26
IDHIFA TAB 100MG.....30
IDHIFA TAB 50MG 30
ifosfamide for inj 1 gm 25
ifosfamide iv inj 1 gm/20ml (50 mg/ml) 25
ifosfamide iv inj 3 gm/60ml (50 mg/ml) 25
ILEVRO DRO 0.3% OP 114
imatinib mesylate tab 100 mg (base equivalent) 30
imatinib mesylate tab 400 mg (base equivalent) 30
IMBRUVICA CAP 140MG 31
IMBRUVICA CAP 70MG 31
IMBRUVICA TAB 140MG 31
IMBRUVICA TAB 280MG 31
IMBRUVICA TAB 420MG 31
IMBRUVICA TAB 560MG 31
imipenem-cilastatin intravenous for soln 250 mg 13
imipenem-cilastatin intravenous for soln 500 mg 13
imipramine hcl tab 10 mg 59
imipramine hcl tab 25 mg 59
imipramine hcl tab 50 mg 59
imipramine pamoate cap 100 mg.....59
imipramine pamoate cap 125 mg.....60
imipramine pamoate cap 150 mg.....60
imipramine pamoate cap 75 mg 59
imiquimod cream 5% 123
INCRELEX INJ 40MG/4ML.....89
INCRUSE ELPT INH 62.5MCG.....116
indapamide tab 1.25 mg.....48
indapamide tab 2.5 mg 48
indomethacin cap 25 mg 2
indomethacin cap 50 mg 2
INFANRIX INJ.....107
INLYTA TAB 1MG 31
INLYTA TAB 5MG 31
INSULIN PEN NEEDLES.....109
INSULIN PEN NEEDLES/SYRINGES 109
INTELENCE TAB 100MG 16
INTELENCE TAB 200MG 16
INTELENCE TAB 25MG.....16
INTRAROSA SUP 6.5MG.....75
INTRON A INJ 10MU.....105
INTRON A INJ 18MU.....105
INTRON A INJ 25MU.....105
INTRON A INJ 50MU.....105
introvale tab 81
INVANZ INJ 1GM 13
INVIRASE CAP 200MG 16
INVIRASE TAB 500MG 16
IOPIDINE SOL 1% OP.....115
IPOL INJ INACTIVE 107
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....116
ipratropium bromide inhal soln 0.02% 116
ipratropium bromide nasal soln 0.03% (21 mcg/spray) 116
ipratropium bromide nasal soln 0.06% (42 mcg/spray) 116
irbesartan-hydrochlorothiazide tab 150-12.5 mg.....37
irbesartan-hydrochlorothiazide tab 300-12.5 mg.....37
irbesartan tab 150 mg.....39
irbesartan tab 300 mg.....39
irbesartan tab 75 mg 38
irinotecan hcl inj 100 mg/5ml (20 mg/ml) 34
irinotecan hcl inj 40 mg/2ml (20 mg/ml) 34
irinotecan hcl inj 500 mg/25ml (20 mg/ml) 34
ISENTRESS CHW 100MG 16
ISENTRESS CHW 25MG 16
ISENTRESS HD TAB 600MG 16
ISENTRESS POW 100MG.....16
ISENTRESS TAB 400MG.....16
isoniazid inj 100 mg/ml 18
isoniazid syrup 50 mg/5ml.....18
isoniazid tab 100 mg.....18
isoniazid tab 300 mg.....18
ISORDIL TAB 40MG 49
isosorbide dinitrate tab 10 mg 49
isosorbide dinitrate tab 20 mg 49
isosorbide dinitrate tab 30 mg 49
isosorbide dinitrate tab 5 mg.....49
isosorbide dinitrate tab er 40 mg 49
isosorbide mononitrate tab 10 mg.....49

isosorbide mononitrate tab 20 mg.....49
isosorbide mononitrate tab er 24hr 120 mg 49
isosorbide mononitrate tab er 24hr 30 mg 49
isosorbide mononitrate tab er 24hr 60 mg 49
isotretinoin cap 10 mg.....123
isradipine cap 2.5 mg.....46
isradipine cap 5 mg 46
itraconazole cap 100 mg.....15
itraconazole oral soln 10 mg/ml.....15
ivermectin tab 3 mg.....13
IV PREP WIPE PAD 124
J
JAKAFI TAB 10MG.....31
JAKAFI TAB 15MG.....31
JAKAFI TAB 20MG.....31
JAKAFI TAB 25MG.....31
JAKAFI TAB 5MG 31
jantoven tab 10mg.....100
jantoven tab 1mg 100
jantoven tab 2.5mg.....100
jantoven tab 2mg 100
jantoven tab 3mg 100
jantoven tab 4mg 100
jantoven tab 5mg 100
jantoven tab 6mg 100
jantoven tab 7.5mg.....100
JANUMET TAB 50-1000.....76
JANUMET TAB 50-500MG.....76
JANUMET XR TAB 100-1000 76
JANUMET XR TAB 50-1000.....76
JANUMET XR TAB 50-500MG 76
JANUVIA TAB 100MG 76
JANUVIA TAB 25MG 76
JANUVIA TAB 50MG 76
JARDIANCE TAB 10MG 78
JARDIANCE TAB 25MG 78
JENTADUETO TAB XR 76
jinteli tab 1mg-5mcg.....86
jolessa tab.....81
jolivette tab 0.35mg 81
JUBLIA SOL 10% 124
junel 1/20 tab 81
junel 1.5/30 tab 81
junel fe tab 1/20 81
junel fe tab 1.5/30.....81
K
KADCYLA INJ 100MG.....28
KADCYLA INJ 160MG.....28
KALETRA TAB 100-25MG 17
KALETRA TAB 200-50MG 17
KALYDECO PAK 25MG.....120
KALYDECO PAK 50MG.....120
KALYDECO PAK 75MG.....120
KALYDECO TAB 150MG.....120
kariva tab 28 day 81
kcl 20 meq/l (0.15%) in nacl 0.45% inj 111
kcl 20 meq/l (0.15%) in nacl 0.9% inj 111
kcl 40 meq/l (0.3%) in nacl 0.9% inj .111
k-effervesce tab 25meq ef 109
kelnor tab 1/35 81
ketoconazole cream 2%.....124
ketoconazole foam 2% 124
ketoconazole shampoo 2%.....125
KETONE URINE TEST STRIPS.....109
ketoprofen cap er 24hr 200 mg 2
ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml).....2
ketorolac tromethamine inj 15 mg/ml ...2
ketorolac tromethamine inj 30 mg/ml ...2
ketorolac tromethamine ophth soln 0.4% 114
ketorolac tromethamine ophth soln 0.5% 114
ketorolac tromethamine tab 10 mg 2
KEVZARA INJ 150/1.14.....103
KEVZARA INJ 200/1.14.....103
KEYTRUDA INJ 100MG/4M 28
KINRIX INJ 107
kionex sus 15gm/60 80
KISQALI TAB 200DOSE 28
KISQALI TAB 400DOSE 28
KISQALI TAB 600DOSE 28
klor-con 10 tab 10meq er 109
klor-con 8 tab 8meq er.....109
klor-con m15 tab 15meq er.....109
klor-con m20 tab 20meq er.....109
kurvelo tab 0.15/30 81
KUVAN POW 100MG.....83
KUVAN POW 500MG.....83
KUVAN TAB 100MG.....83
KYLEENA IUD 19.5MG 81

L
labetalol hcl iv soln 5 mg/ml 43
labetalol hcl tab 100 mg 43
labetalol hcl tab 200 mg 43
labetalol hcl tab 300 mg 43
LACRISERT MIS 5MG OP 115
lactic acid (ammonium lactate) cream 12% 128
lactic acid (ammonium lactate) lotion 10% 128
lactic acid (ammonium lactate) lotion 12% 128
lactulose solution 10 gm/15ml.....95
lamivudine oral soln 10 mg/ml 16
lamivudine tab 100 mg (hbv) 18
lamivudine tab 150 mg.....16
lamivudine tab 300 mg.....16
lamivudine-zidovudine tab 150-300 mg 17
lamotrigine orally disintegrating tab 100 mg 53
lamotrigine orally disintegrating tab 200 mg 53
lamotrigine orally disintegrating tab 25 mg 53
lamotrigine orally disintegrating tab 50 mg 53
lamotrigine tab 100 mg 53
lamotrigine tab 150 mg 53
lamotrigine tab 200 mg 54
lamotrigine tab 25 mg.....53
lamotrigine tab 25 mg (35) starter kit .53
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit 53
lamotrigine tab 25 mg (84) & 100 mg (14) starter kit 53
lamotrigine tab chewable dispersible 25 mg 54
lamotrigine tab chewable dispersible 5 mg 54
lamotrigine tab er 24hr 100 mg.....54
lamotrigine tab er 24hr 200 mg.....54
lamotrigine tab er 24hr 250 mg.....54
lamotrigine tab er 24hr 25 mg.....54
lamotrigine tab er 24hr 300 mg.....54
lamotrigine tab er 24hr 50 mg.....54
LANCETS 109
LANCING DEVICE.....109
LANOXIN PED INJ 0.1MG/ML.....47
LANOXIN TAB 0.0625MG 47
LANOXIN TAB 0.1875MG 47
lansoprazole cap delayed release 15 mg 97
lansoprazole cap delayed release 30 mg 97
lanthanum carbonate chew tab 1000 mg (elemental).....90
lanthanum carbonate chew tab 500 mg (elemental).....90
lanthanum carbonate chew tab 750 mg (elemental).....90
larin tab 1.5/30.....81
LASTACAFT SOL 0.25% 114
latanoprost ophth soln 0.005% 115
LATUDA TAB 120MG 64
LATUDA TAB 20MG 64
LATUDA TAB 40MG 64
LATUDA TAB 60MG 64
LATUDA TAB 80MG 64
leena tab.....81
leflunomide tab 10 mg.....104
leflunomide tab 20 mg.....104
LENVIMA CAP 10 MG.....31
LENVIMA CAP 12MG.....31
LENVIMA CAP 14 MG.....31
LENVIMA CAP 18 MG.....31
LENVIMA CAP 20 MG.....31
LENVIMA CAP 24 MG.....31
LENVIMA CAP 4MG 31
LENVIMA CAP 8 MG.....31
lessina tab.....81
LETAIRIS TAB 10MG 50
LETAIRIS TAB 5MG 50
letrozole tab 2.5 mg.....29
leucovorin calcium for inj 100 mg 34
leucovorin calcium for inj 200 mg 34
leucovorin calcium for inj 350 mg 34
leucovorin calcium for inj 500 mg 34
leucovorin calcium for inj 50 mg 34
leucovorin calcium tab 10 mg.....34
leucovorin calcium tab 15 mg.....34
leucovorin calcium tab 25 mg.....34
leucovorin calcium tab 5 mg.....34
LEUKERAN TAB 2MG 26
leuprolide acetate inj kit 5 mg/ml 29
levalbuterol hcl soln nebu 0.31 mg/3ml

(base equiv).....118
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv).....118
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv).....118
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) 118
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) 118
LEVEMIR INJ.....77
LEVEMIR INJ FLEXTOUC 77
levetiracetam inj 500 mg/5ml (100 mg/ml) 54
levetiracetam in sodium chloride iv soln 1000 mg/100ml 54
levetiracetam in sodium chloride iv soln 1500 mg/100ml 54
levetiracetam in sodium chloride iv soln 500 mg/100ml 54
levetiracetam oral soln 100 mg/ml.....54
levetiracetam tab 1000 mg 54
levetiracetam tab 250 mg.....54
levetiracetam tab 500 mg.....54
levetiracetam tab 750 mg.....54
levetiracetam tab er 24hr 500 mg.....54
levetiracetam tab er 24hr 750 mg.....54
levobunolol hcl ophth soln 0.5% 115
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) 118
levocetirizine dihydrochloride tab 5 mg 118
levofloxacin in d5w iv soln 250 mg/50ml 22
levofloxacin in d5w iv soln 500 mg/100ml 22
levofloxacin in d5w iv soln 750 mg/150ml 22
levofloxacin iv soln 25 mg/ml.....22
levofloxacin ophth soln 0.5%.....113
levofloxacin oral soln 25 mg/ml.....22
levofloxacin tab 250 mg 22
levofloxacin tab 500 mg 22
levofloxacin tab 750 mg 22
levonest tab.....81
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....81
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....81
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....81
levora-28 tab 0.15/30.....81
levothyroxine sodium tab 100 mcg.....91
levothyroxine sodium tab 112 mcg.....91
levothyroxine sodium tab 125 mcg.....91
levothyroxine sodium tab 137 mcg.....91
levothyroxine sodium tab 150 mcg.....91
levothyroxine sodium tab 175 mcg.....91
levothyroxine sodium tab 200 mcg.....91
levothyroxine sodium tab 25 mcg 90
levothyroxine sodium tab 300 mcg.....91
levothyroxine sodium tab 50 mcg 91
levothyroxine sodium tab 75 mcg 91
levothyroxine sodium tab 88 mcg 91
levoxyl tab 100mcg.....91
levoxyl tab 112mcg.....91
levoxyl tab 125mcg.....91
levoxyl tab 137mcg.....91
levoxyl tab 150mcg.....91
levoxyl tab 175mcg.....91
levoxyl tab 200mcg.....91
levoxyl tab 25mcg 91
levoxyl tab 50mcg 91
levoxyl tab 75mcg 91
levoxyl tab 88mcg 91
LEXIVA SUS 50MG/ML.....16
LIDO/DEXTROS INJ 5-7.5% 11
lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%) 39
lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%) 39
lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%) 39
lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%).....39
lidocaine hcl laryngotracheal soln 4% 129
lidocaine hcl local inj 0.5%.....11
lidocaine hcl local inj 1% 11
lidocaine hcl local inj 2% 11
lidocaine hcl local preservative free (pf) inj 0.5%.....11
lidocaine hcl local preservative free (pf) inj 1.5%.....11
lidocaine hcl local preservative free (pf) inj 1%.....11
lidocaine hcl local preservative free (pf) inj 2%.....11

lidocaine hcl local preservative free (pf) inj 4%.....11
lidocaine hcl soln 4%.....127
*lidocaine hcl urethral/mucosal gel 2%*127
lidocaine hcl viscous soln 2%.....129
lidocaine inj 20mg/ml.....39
lidocaine iv infusion in d5w inj 4 mg/ml 39
lidocaine iv infusion in d5w inj 8 mg/ml 39
lidocaine oint 5%.....127
lidocaine patch 5%.....128
lidocaine-prilocaine cream 2.5-2.5%..128
lidocaine-prilocaine cream kit 2.5-2.5% 128
LILETTA IUD 52MG 82
lindane shampoo 1%.....128
linezolid for susp 100 mg/5ml 13
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%.....13
linezolid iv soln 600 mg/300ml (2 mg/ml) 13
linezolid tab 600 mg 13
LINZESS CAP 145MCG.....95
LINZESS CAP 290MCG.....95
LINZESS CAP 72MCG 95
liothyronine sodium iv soln 10 mcg/ml.91
liothyronine sodium tab 25 mcg.....91
liothyronine sodium tab 50 mcg.....91
liothyronine sodium tab 5 mcg 91
lisinopril & hydrochlorothiazide tab 10-12.5 mg 35
lisinopril & hydrochlorothiazide tab 20-12.5 mg 35
lisinopril & hydrochlorothiazide tab 20-25 mg 35
lisinopril tab 10 mg.....36
lisinopril tab 2.5 mg.....36
lisinopril tab 20 mg.....36
lisinopril tab 30 mg.....36
lisinopril tab 40 mg.....36
lisinopril tab 5 mg.....36
lithium carbonate cap 150 mg 71
lithium carbonate cap 300 mg 71
lithium carbonate cap 600 mg 71
lithium carbonate tab 300 mg 71
lithium carbonate tab er 300 mg.....71
lithium carbonate tab er 450 mg.....71
LITHIUM SOL 8MEQ/5ML 71
LIVALO TAB 1MG.....41
LIVALO TAB 2MG.....41
LIVALO TAB 4MG.....41
lokara lot 0.05%.....127
LO LOESTRIN TAB 1-10-10 82
loperamide hcl cap 2 mg.....96
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) 17
lorazepam conc 2 mg/ml 51
lorazepam tab 0.5 mg 51
lorazepam tab 1 mg.....51
lorazepam tab 2 mg.....51
LORBRENA TAB 100MG 31
LORBRENA TAB 25MG 31
lortab tab 10-325mg.....6
loryna tab 3-0.02mg 82
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 37
losartan potassium & hydrochlorothiazide tab 100-25 mg.....38
losartan potassium & hydrochlorothiazide tab 50-12.5 mg.....37
losartan potassium tab 100 mg 39
losartan potassium tab 25 mg 39
losartan potassium tab 50 mg 39
LOTEMAX GEL 0.5% 114
LOTEMAX OIN 0.5% 114
LOTEMAX SUS 0.5%.....114
loteprednol etabonate ophth susp 0.5% 114
lovastatin tab 10 mg.....41
lovastatin tab 20 mg.....41
lovastatin tab 40 mg.....41
low-ogestrel tab 82
loxapine succinate cap 10 mg.....64
loxapine succinate cap 25 mg.....65
loxapine succinate cap 50 mg.....65
loxapine succinate cap 5 mg 64
ludent chw 0.25mg f 110
ludent chw 0.5mg f 110
ludent chw 1mg f.....110
LUMIGAN SOL 0.01% 115
LUPANETA KIT 11.25-5.....90
LUPANETA KIT 3.75-5 90
LUPR DEP-PED INJ 11.25MG 29
LUPR DEP-PED INJ 15MG.....29
LUPR DEP-PED INJ 3M 30MG.....29

LUPR DEP-PED INJ 7.5MG 29
LURIDE DRO 0.5MG/ML 110
lutera tab 82
LYNPARZA CAP 50MG 28
LYNPARZA TAB 100MG 28
LYNPARZA TAB 150MG 28
LYRICA CAP 100MG 54
LYRICA CAP 150MG 54
LYRICA CAP 200MG 54
LYRICA CAP 225MG 54
LYRICA CAP 25MG 54
LYRICA CAP 300MG 54
LYRICA CAP 50MG 54
LYRICA CAP 75MG 54
LYRICA SOL 20MG/ML 54
LYSODREN TAB 500MG 29
M
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 110
magnesium sulfate inj 50% 110
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml) 110
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml) 110
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml) 110
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml) 110
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml) 110
malathion lotion 0.5% 128
maprotiline hcl tab 25 mg 60
maprotiline hcl tab 50 mg 60
maprotiline hcl tab 75 mg 60
marlissa tab 0.15/30 82
MARPLAN TAB 10MG 60
MATULANE CAP 50MG 33
matzim la tab 180mg/24 46
matzim la tab 240mg/24 46
matzim la tab 300mg/24 46
matzim la tab 360mg/24 46
matzim la tab 420mg/24 46
MAXIDEX SUS 0.1% OP 114
meclizine hcl tab 12.5 mg 93
meclizine hcl tab 25 mg 93
meclofenamate sodium cap 100 mg 2
meclofenamate sodium cap 50 mg 2
MEDROL TAB 2MG 88
medroxyprogesterone acetate im susp 150 mg/ml 82
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml 82
medroxyprogesterone acetate tab 10 mg 90
medroxyprogesterone acetate tab 2.5 mg 90
medroxyprogesterone acetate tab 5 mg 90
mefenamic acid cap 250 mg 2
mefloquine hcl tab 250 mg 15
megestrol acetate susp 40 mg/ml 29
megestrol acetate susp 625 mg/5ml ...29
megestrol acetate tab 20 mg 29
megestrol acetate tab 40 mg 29
MEKINIST TAB 0.5MG 31
MEKINIST TAB 2MG 32
meloxicam tab 15 mg 2
meloxicam tab 7.5 mg 2
melphalan hcl for inj 50 mg (base equiv) 26
melphalan tab 2 mg 26
memantine hcl cap er 24hr 14 mg 56
memantine hcl cap er 24hr 21 mg 56
memantine hcl cap er 24hr 28 mg 56
memantine hcl cap er 24hr 7 mg 56
memantine hcl oral solution 2 mg/ml ..56
memantine hcl tab 10 mg 56
memantine hcl tab 5 mg 56
memantine hcl tab 5 mg (28) & 10 mg (21) titration pak 56
MENACTRA INJ 107
MENEST TAB 0.3MG 86
MENEST TAB 0.625MG 86
MENEST TAB 1.25MG 86
MENEST TAB 2.5MG 86
MENHIBRIX INJ 107
MENOMUNE INJ A/C/Y/W 107
MENTAX CRE 1% 124
MENVEO INJ 107
meprobamate tab 200 mg 51
meprobamate tab 400 mg 51
mercaptopurine tab 50 mg 27
meropenem iv for soln 1 gm 13
meropenem iv for soln 500 mg 13
mesalamine enema 4 gm 95
mesalamine rectal enema 4 gm &

cleanser wipe kit 95
mesalamine suppos 1000 mg 95
mesna inj 100 mg/ml.....34
MESNEX TAB 400MG.....34
metaproterenol sulfate syrup 10 mg/5ml 118
metaproterenol sulfate tab 10 mg 118
metaproterenol sulfate tab 20 mg 118
metaxalone tab 400 mg.....73
metaxalone tab 800 mg.....73
metformin hcl tab 1000 mg.....76
metformin hcl tab 500 mg 76
metformin hcl tab 850 mg 76
metformin hcl tab er 24hr 500 mg 76
metformin hcl tab er 24hr 750 mg 76
methadone con 10mg/ml.....6
methadone hcl conc 10 mg/ml 6
methadone hcl inj 10 mg/ml 6
methadone hcl soln 10 mg/5ml 6
methadone hcl soln 5 mg/5ml.....6
methadone hcl tab 10 mg.....6
methadone hcl tab 5 mg 6
methadone hcl tab for oral susp 40 mg .6
methadose tab 40mg.....6
methamphetamine hcl tab 5 mg 68
methazolamide tab 25 mg 48
methazolamide tab 50 mg 48
methenamine hippurate tab 1 gm 13
methimazole tab 10 mg.....91
methimazole tab 5 mg 91
methocarbamol tab 500 mg 73
methocarbamol tab 750 mg 74
methotrexate sodium for inj 1 gm.....27
methotrexate sodium inj 250 mg/10ml (25 mg/ml).....27
methotrexate sodium inj 50 mg/2ml (25 mg/ml) 27
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) 27
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....27
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....27
methotrexate sodium tab 2.5 mg (base equiv) 104
methoxsalen rapid cap 10 mg.....125
methscopolamine bromide tab 2.5 mg.92
methscopolamine bromide tab 5 mg....92
methyclothiazide tab 5 mg.....48
methyldopa tab 250 mg 49
methyldopa tab 500 mg 49
methyldopate hcl inj 250 mg/5ml 49
*methylphenidate hcl cap er 10 mg (cd)*68
*methylphenidate hcl cap er 20 mg (cd)*68
methylphenidate hcl cap er 24hr 20 mg (la).....68
methylphenidate hcl cap er 24hr 30 mg (la).....68
methylphenidate hcl cap er 24hr 40 mg (la).....68
methylphenidate hcl cap er 24hr 60 mg (la).....68
*methylphenidate hcl cap er 30 mg (cd)*68
*methylphenidate hcl cap er 40 mg (cd)*68
*methylphenidate hcl cap er 50 mg (cd)*68
*methylphenidate hcl cap er 60 mg (cd)*68
methylphenidate hcl chew tab 10 mg ..68
methylphenidate hcl chew tab 2.5 mg .68
methylphenidate hcl chew tab 5 mg 68
methylphenidate hcl soln 10 mg/5ml...68
methylphenidate hcl soln 5 mg/5ml.....68
methylphenidate hcl tab 10 mg 68
methylphenidate hcl tab 20 mg 68
methylphenidate hcl tab 5 mg 68
methylphenidate hcl tab er 10 mg.....68
methylphenidate hcl tab er 20 mg.....68
methylphenidate hcl tab er 24hr 18 mg 68
methylphenidate hcl tab er 24hr 27 mg 68
methylphenidate hcl tab er 24hr 36 mg 68
methylphenidate hcl tab er 24hr 54 mg 68
methylphenidate hcl tab er osmotic release (osm) 18 mg.....68
methylphenidate hcl tab er osmotic release (osm) 27 mg.....68
methylphenidate hcl tab er osmotic release (osm) 36 mg.....68
methylphenidate hcl tab er osmotic release (osm) 54 mg.....68
methylprednisolone acetate inj susp 40 mg/ml.....88
methylprednisolone acetate inj susp 80 mg/ml.....88

methylprednisolone sod succ for inj 1000 mg (base equiv) 88
methylprednisolone sod succ for inj 125 mg (base equiv) 88
methylprednisolone sod succ for inj 40 mg (base equiv) 88
methylprednisolone tab 16 mg 88
methylprednisolone tab 32 mg 88
methylprednisolone tab 4 mg 88
methylprednisolone tab 8 mg 88
methylprednisolone tab therapy pack 4 mg (21) 88
methyltestosterone cap 10 mg 75
metipranolol ophth soln 0.3% 115
metoclopramide hcl inj 5 mg/ml (base equivalent) 93
metoclopramide hcl orally disintegrating tab 5 mg (base eq) 93
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) 93
metoclopramide hcl tab 10 mg (base equivalent) 93
metoclopramide hcl tab 5 mg (base equivalent) 93
metolazone tab 10 mg 48
metolazone tab 2.5 mg 48
metolazone tab 5 mg 48
metoprolol & hydrochlorothiazide tab 100-25 mg 43
metoprolol & hydrochlorothiazide tab 100-50 mg 43
metoprolol & hydrochlorothiazide tab 50-25 mg 43
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) 43
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) 43
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) 43
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) 43
metoprolol tartrate iv soln 5 mg/5ml ... 43
metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml) 44
metoprolol tartrate tab 100 mg 44
metoprolol tartrate tab 25 mg 44
metoprolol tartrate tab 50 mg 44
metronidazole cap 375 mg 13
metronidazole cream 0.75% 128
metronidazole gel 0.75% 128
metronidazole gel 1% 128
metronidazole in nacl 0.79% iv soln 500 mg/100ml 13
metronidazole lotion 0.75% 128
metronidazole tab 250 mg 13
metronidazole tab 500 mg 13
metronidazole vaginal gel 0.75% 99
mexiletine hcl cap 150 mg 39
mexiletine hcl cap 200 mg 39
mexiletine hcl cap 250 mg 39
MIACALCIN INJ 200/ML 89
mibelas 24 chw fe 82
miconazole 3 sup 200mg 99
microgestin tab 1.5/30 82
midodrine hcl tab 10 mg 49
midodrine hcl tab 2.5 mg 49
midodrine hcl tab 5 mg 49
miglitol tab 100 mg 75
miglitol tab 25 mg 75
miglitol tab 50 mg 75
mimvey lo tab 0.5-0.1 86
mimvey tab 1-0.5mg 86
minitran dis 0.1mg/hr 49
minitran dis 0.2mg/hr 49
minitran dis 0.4mg/hr 49
minitran dis 0.6mg/hr 49
minocycline hcl cap 100 mg 25
minocycline hcl cap 50 mg 25
minocycline hcl cap 75 mg 25
minocycline hcl tab 100 mg 25
minocycline hcl tab 50 mg 25
minocycline hcl tab 75 mg 25
minoxidil tab 10 mg 49
minoxidil tab 2.5 mg 49
MIRCERA INJ 100MCG 100
MIRCERA INJ 200MCG 100
MIRCERA INJ 50MCG 100
MIRCERA INJ 75MCG 100
MIRCERA SOL 150/0.3 100
MIRCERA SOL 30/0.3ML 100
MIRENA IUD SYSTEM 82
mirtazapine orally disintegrating tab 15 mg 60
mirtazapine orally disintegrating tab 30 mg 60
mirtazapine orally disintegrating tab 45

mg 60
mirtazapine tab 15 mg 60
mirtazapine tab 30 mg 60
mirtazapine tab 45 mg 60
mirtazapine tab 7.5 mg 60
MIRVASO GEL 0.33% 128
MISC LANCETS 109
misoprostol tab 100 mcg 96
misoprostol tab 200 mcg 96
mitomycin for iv soln 20 mg 26
mitomycin for iv soln 40 mg 26
mitomycin for iv soln 5 mg 26
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml) 33
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml) 33
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml) 33
M-M-R II INJ 107
modafinil tab 100 mg 74
modafinil tab 200 mg 74
moexipril hcl tab 15 mg 36
moexipril hcl tab 7.5 mg 36
moexipril-hydrochlorothiazide tab 15-12.5 mg 35
moexipril-hydrochlorothiazide tab 15-25 mg 35
moexipril-hydrochlorothiazide tab 7.5-12.5 mg 35
mometasone furoate cream 0.1% 127
mometasone furoate oint 0.1% 127
mometasone furoate solution 0.1% (lotion) 127
mono-linyah tab 0.25-35 82
mononessa tab 82
montelukast sodium chew tab 4 mg (base equiv) 119
montelukast sodium chew tab 5 mg (base equiv) 119
montelukast sodium oral granules packet 4 mg (base equiv) 119
montelukast sodium tab 10 mg (base equiv) 119
MONUROL PAK GRANULES 12
morgidox cap 1x100mg 25
morphine sulfate beads cap er 24hr 120 mg 6
morphine sulfate beads cap er 24hr 30 mg 6
morphine sulfate beads cap er 24hr 45 mg 6
morphine sulfate beads cap er 24hr 60 mg 6
morphine sulfate beads cap er 24hr 75 mg 6
morphine sulfate beads cap er 24hr 90 mg 6
morphine sulfate cap er 24hr 100 mg 7
morphine sulfate cap er 24hr 10 mg 6
morphine sulfate cap er 24hr 20 mg 6
morphine sulfate cap er 24hr 30 mg 6
morphine sulfate cap er 24hr 50 mg 7
morphine sulfate cap er 24hr 60 mg 7
morphine sulfate cap er 24hr 80 mg 7
morphine sulfate inj 10 mg/ml 7
morphine sulfate inj 8 mg/ml 7
morphine sulfate inj pf 0.5 mg/ml 7
morphine sulfate inj pf 1 mg/ml 7
morphine sulfate iv soln 1 mg/ml 7
morphine sulfate iv soln pf 10 mg/ml 7
morphine sulfate iv soln pf 15 mg/ml 7
morphine sulfate iv soln pf 4 mg/ml 7
morphine sulfate iv soln pf 8 mg/ml 7
morphine sulfate oral soln 100 mg/5ml (20 mg/ml) 7
morphine sulfate oral soln 10 mg/5ml 7
morphine sulfate oral soln 20 mg/5ml 7
morphine sulfate suppos 10 mg 7
morphine sulfate suppos 20 mg 7
morphine sulfate suppos 30 mg 7
morphine sulfate suppos 5 mg 7
morphine sulfate tab 15 mg 7
morphine sulfate tab 30 mg 7
morphine sulfate tab er 100 mg 8
morphine sulfate tab er 15 mg 7
morphine sulfate tab er 200 mg 8
morphine sulfate tab er 30 mg 7
morphine sulfate tab er 60 mg 8
MORPHINE SUL INJ 150/30ML 6
MORPHINE SUL INJ 2MG/ML 6
MORPHINE SUL INJ 4MG/ML 6
MORPHINE SUL INJ 5MG/ML 6
MOTOFEN TAB 1-0.025 96
MOVANTIK TAB 12.5MG 96
MOVANTIK TAB 25MG 96
MOVIPREP SOL 95

MOXEZA SOL 0.5% 113
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj 22
moxifloxacin hcl ophth soln 0.5% (base equiv) 113
moxifloxacin hcl tab 400 mg (base equiv) 22
MULTAQ TAB 400MG 40
multi-vit/fe dro /fl 0.25 112
multivit/fl chw 0.25mg 112
multivit/fl chw 0.5mg 112
multivit/fl chw 1mg 112
multi-vit/fl dro /fe 0.25 112
multi-vit/fl dro 0.25mg 112
multi-vit/fl dro 0.5mg/ml 112
mupirocin oint 2% 124
mvc-fluoride chw 1mg 112
MYALEPT INJ 11.3MG 83
mycophenolate mofetil cap 250 mg ...106
mycophenolate mofetil for oral susp 200 mg/ml 106
mycophenolate mofetil hcl for iv soln 500 mg (base equiv) 106
mycophenolate mofetil tab 500 mg ...106
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 106
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 106
myorisan cap 20mg 123
myorisan cap 40mg 123
MYRBETRIQ TAB 25MG 98
MYRBETRIQ TAB 50MG 98
myzilra tab 82
N
nabumetone tab 500 mg 2
nabumetone tab 750 mg 2
nadolol & bendroflumethiazide tab 40-5 mg 43
nadolol tab 20 mg 44
nadolol tab 40 mg 44
nadolol tab 80 mg 44
nafcillin sodium for inj 1 gm 24
nafcillin sodium for inj 2 gm 24
nafcillin sodium for iv soln 10 gm 24
nafcillin sodium for iv soln 1 gm 24
nafcillin sodium for iv soln 2 gm 24
nafrinse chw 1mg f 110
nafrinse dro 0.125mg 110
naftifine hcl cream 1% 124
naftifine hcl cream 2% 124
nalbuphine hcl inj 10 mg/ml 8
nalbuphine hcl inj 20 mg/ml 8
naloxone hcl inj 0.4 mg/ml 74
naloxone hcl inj 4 mg/10ml 74
naloxone hcl soln cartridge 0.4 mg/ml .74
naloxone hcl soln prefilled syringe 2 mg/2ml 74
naltrexone hcl tab 50 mg 74
NAMENDA XR CAP TITRATIO 56
naproxen dr tab 375mg 2
naproxen dr tab 500mg 2
naproxen tab 250 mg 2
naproxen tab 375 mg 2
naproxen tab 500 mg 2
naratriptan hcl tab 1 mg (base equiv) ..70
naratriptan hcl tab 2.5 mg (base equiv) 70
NARCAN SPR 74
NATACYN SUS 5% OP 113
NATAZIA TAB 82
nateglinide tab 120 mg 78
nateglinide tab 60 mg 78
NEBUPENT INH 300MG 13
necon tab 0.5/35 82
necon tab 1/35 82
necon tab 1/50-28 82
NECON TAB 10/11-28 82
nefazodone hcl tab 100 mg 60
nefazodone hcl tab 150 mg 60
nefazodone hcl tab 200 mg 60
nefazodone hcl tab 250 mg 60
nefazodone hcl tab 50 mg 60
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 113
neomycin-polymyxin-dexamethasone ophth oint 0.1% 113
neomycin-polymyxin-dexamethasone ophth susp 0.1% 113
neomycin-polymyxin-hc ophth susp ...113
neomycin-polymyxin-hc otic soln 1% .129
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 129
neomycin sulfate tab 500 mg 12
NEUPRO DIS 1MG/24HR 62
NEUPRO DIS 2MG/24HR 62
NEUPRO DIS 3MG/24HR 62

NEUPRO DIS 4MG/24HR 62
NEUPRO DIS 6MG/24HR 62
NEUPRO DIS 8MG/24HR 62
NEVANAC SUS 0.1% 114
nevirapine susp 50 mg/5ml.....16
nevirapine tab 200 mg 16
nevirapine tab er 24hr 100 mg 16
nevirapine tab er 24hr 400 mg 16
NEXAVAR TAB 200MG 32
NEXPLANON IMP 68MG.....82
NEXTERONE INJ 40
niacin tab er 1000 mg (antihyperlipidemic) 42
niacin tab er 500 mg (antihyperlipidemic) 42
niacin tab er 750 mg (antihyperlipidemic) 42
nicardipine hcl cap 20 mg 46
nicardipine hcl cap 30 mg 46
nicardipine hcl iv soln 2.5 mg/ml 46
nicorelief gum 4mg mint.....74
nicotine dis 7mg/24hr 74
nicotine polacrilex gum 2 mg.....75
nicotine polacrilex gum 4 mg.....75
nicotine polacrilex lozenge 2 mg 75
nicotine pol loz 4mg mint.....74
nicotine td patch 24hr 14 mg/24hr.....75
nicotine td patch 24hr 21 mg/24hr.....75
nicotine td patch 24hr 7 mg/24hr 75
NICOTROL INH.....75
NICOTROL NS SPR 10MG/ML.....75
nifedipine tab er 24hr 30 mg.....46
nifedipine tab er 24hr 60 mg.....46
nifedipine tab er 24hr 90 mg.....46
nifedipine tab er 24hr osmotic release 30 mg 46
nifedipine tab er 24hr osmotic release 60 mg 46
nifedipine tab er 24hr osmotic release 90 mg 46
nikki tab 3-0.02mg 82
nilutamide tab 150 mg 29
nimodipine cap 30 mg 46
NIPENT INJ 10MG 27
nisoldipine tab er 24hr 17 mg.....46
nisoldipine tab er 24hr 20 mg.....46
nisoldipine tab er 24hr 25.5 mg.....46
nisoldipine tab er 24hr 30 mg.....46
nisoldipine tab er 24hr 34 mg.....46
nisoldipine tab er 24hr 40 mg.....46
nisoldipine tab er 24hr 8.5 mg.....46
NITRO-BID OIN 2% 49
NITRO-DUR DIS 0.3MG/HR 49
NITRO-DUR DIS 0.8MG/HR 49
nitrofurantoin macrocrystalline cap 100 mg 13
nitrofurantoin macrocrystalline cap 25 mg 13
nitrofurantoin macrocrystalline cap 50 mg 13
nitrofurantoin monohydrate macrocrystalline cap 100 mg.....14
nitrofurantoin susp 25 mg/5ml 14
nitroglycerin iv soln 100 mcg/ml in d5w 50
nitroglycerin iv soln 200 mcg/ml in d5w 50
nitroglycerin iv soln 400 mcg/ml in d5w 50
NITROGLYCER INJ 5MG/ML 49
nitroglycerin sl tab 0.3 mg 50
nitroglycerin sl tab 0.4 mg 50
nitroglycerin sl tab 0.6 mg 50
nitroglycerin td patch 24hr 0.1 mg/hr..50
nitroglycerin td patch 24hr 0.2 mg/hr..50
nitroglycerin td patch 24hr 0.4 mg/hr..50
nitroglycerin td patch 24hr 0.6 mg/hr..50
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) 50
nizatidine cap 150 mg 94
nizatidine cap 300 mg 94
nizatidine oral soln 15 mg/ml 94
nora-be tab 0.35mg.....82
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....82
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 82
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....82
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....86
norethindrone acetate tab 5 mg.....90
norethindrone tab 0.35 mg 82
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....82
norgestimate-eth estrad tab

0.18-25/0.215-25/0.25-25 mg-mcg 82
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 82
NORPACE CAP 100MG CR 40
NORPACE CAP 150MG CR 40
nortrel tab 0.5/35.....82
nortrel tab 1/35.....82
nortrel tab 7/7/7 82
nortriptyline hcl cap 10 mg 60
nortriptyline hcl cap 25 mg 60
nortriptyline hcl cap 50 mg 60
nortriptyline hcl cap 75 mg 60
nortriptyline hcl soln 10 mg/5ml 60
NORTUSS-EX LIQ 200-20/5.....119
NORVIR CAP 100MG 16
NORVIR POW 100MG 16
NORVIR SOL 80MG/ML 16
NOVOLIN INJ 70/30 77
NOVOLIN INJ FLEXPEN 77
NOVOLIN N INJ U-100.....77
NOVOLIN R INJ U-100 77
NOVOLOG INJ 100/ML.....77
NOVOLOG INJ FLEXPEN 77
NOVOLOG INJ PENFILL 77
NOVOLOG MIX INJ 70/30.....77
NOVOLOG MIX INJ FLEXPEN.....77
NOXAFIL SUS 40MG/ML.....15
NOXAFIL TAB 100MG 15
NUCALA INJ 100MG.....119
NUCALA INJ 100MG/ML 119
NUCYNTA ER TAB 100MG 8
NUCYNTA ER TAB 150MG 8
NUCYNTA ER TAB 200MG 8
NUCYNTA ER TAB 250MG 8
NUCYNTA ER TAB 50MG 8
NUCYNTA TAB 100MG 8
NUCYNTA TAB 50MG.....8
NUCYNTA TAB 75MG.....8
NUEDEXTA CAP 20-10MG 71
nulev tab 0.125mg 92
NUPLAZID TAB 17MG 65
NUVARING MIS 82
nyamyc pow 100000 124
nystatin cream 100000 unit/gm 124
nystatin oint 100000 unit/gm 124
nystatin susp 100000 unit/ml 129
nystatin tab 500000 unit 15
nystatin topical powder 100000 unit/gm 124
nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....124
nystatin-triamcinolone oint 100000-0.1 unit/gm-% 124
nystop pow 100000.....124

O

ocella tab 3-0.03mg.....82
octreotide acetate inj 1000 mcg/ml (1 mg/ml) 89
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) 89
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) 89
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) 89
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) 89
ODEFSEY TAB 17
ODOMZO CAP 200MG.....33
ofloxacin ophth soln 0.3%.....113
ofloxacin otic soln 0.3% 129
ofloxacin tab 300 mg 22
ofloxacin tab 400 mg 22
ogestrel tab 82
olanzapine for im inj 10 mg 65
olanzapine orally disintegrating tab 10 mg 65
olanzapine orally disintegrating tab 15 mg 65
olanzapine orally disintegrating tab 20 mg 65
olanzapine orally disintegrating tab 5 mg 65
olanzapine tab 10 mg.....65
olanzapine tab 15 mg.....65
olanzapine tab 2.5 mg.....65
olanzapine tab 20 mg.....65
olanzapine tab 5 mg 65
olanzapine tab 7.5 mg.....65
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg.....38
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg.....38
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg.....38
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg.....38

olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 38
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 38
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 38
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg 38
olmesartan medoxomil tab 20 mg.....39
olmesartan medoxomil tab 40 mg.....39
olmesartan medoxomil tab 5 mg.....39
olopatadine hcl nasal soln 0.6%.....118
olopatadine hcl ophth soln 0.1% (base equivalent) 114
olopatadine hcl ophth soln 0.2% (base equivalent) 114
omega-3-acid ethyl esters cap 1 gm....42
*omeprazole cap delayed release 10 mg*97
*omeprazole cap delayed release 20 mg*97
*omeprazole cap delayed release 40 mg*97
OMNARIS SPR 120
OMNIFLEX DPR.....108
ONCASPAR INJ 750/ML.....33
ondansetron hcl inj 40 mg/20ml (2 mg/ml) 93
ondansetron hcl inj 4 mg/2ml (2 mg/ml) 93
ondansetron hcl oral soln 4 mg/5ml 93
ondansetron hcl tab 24 mg 93
ondansetron hcl tab 4 mg 93
ondansetron hcl tab 8 mg 93
ondansetron orally disintegrating tab 4 mg 93
ondansetron orally disintegrating tab 8 mg 93
OPSUMIT TAB 10MG 50
ORAL GLUCOSE REPLACEMENT.....89
oralone dent pst 0.1% 129
ORAVIG TAB 50MG 129
ORENITRAM TAB 0.125MG 50
ORENITRAM TAB 0.25MG.....50
ORENITRAM TAB 1MG 50
ORENITRAM TAB 2.5MG 50
ORENITRAM TAB 5MG 50
ORFADIN CAP 10MG 84
ORFADIN CAP 20MG 84
ORFADIN CAP 2MG 83
ORFADIN CAP 5MG 83
ORFADIN SUS 4MG/ML.....84
ORKAMBI GRA 100-125 120
ORKAMBI GRA 150-188 120
ORKAMBI TAB 100-125.....120
ORKAMBI TAB 200-125.....120
orphenadrine citrate inj 30 mg/ml.....74
orphenadrine citrate tab er 12hr 100 mg 74
orsythia tab 82
oscimin sr tab 0.375mg.....92
oscimin sub 0.125mg 92
oscimin tab 0.125mg 92
oseltamivir phosphate cap 30 mg (base equiv) 19
oseltamivir phosphate cap 45 mg (base equiv) 19
oseltamivir phosphate cap 75 mg (base equiv) 19
oseltamivir phosphate for susp 6 mg/ml (base equiv) 19
OSMOPREP TAB 1.5GM.....95
OSPHENA TAB 60MG.....89
OTEZLA TAB 10/20/30.....104
OTEZLA TAB 30MG.....104
oxacillin sodium for inj 10 gm (base equivalent) 24
oxacillin sodium for inj 1 gm (base equivalent) 24
oxacillin sodium for inj 2 gm (base equivalent) 24
oxaliplatin for iv inj 100 mg 33
oxaliplatin for iv inj 50 mg 33
oxaliplatin iv soln 100 mg/20ml.....33
oxaliplatin iv soln 50 mg/10ml.....33
oxandrolone tab 10 mg 75
oxandrolone tab 2.5 mg 75
oxaprozin tab 600 mg 2
oxazepam cap 10 mg 52
oxazepam cap 15 mg 52
oxazepam cap 30 mg 52
oxcarbazepine susp 300 mg/5ml (60 mg/ml) 54
oxcarbazepine tab 150 mg.....54
oxcarbazepine tab 300 mg.....54
oxcarbazepine tab 600 mg.....54

oxiconazole nitrate cream 1%.....124
OXISTAT LOT 1%.....125
oxybutynin chloride syrup 5 mg/5ml ...98
oxybutynin chloride tab 5 mg 98
oxybutynin chloride tab er 24hr 10 mg 98
oxybutynin chloride tab er 24hr 15 mg 98
oxybutynin chloride tab er 24hr 5 mg ..98
oxycodone-aspirin tab 4.8355-325 mg ..9
oxycodone hcl cap 5 mg 8
oxycodone hcl conc 100 mg/5ml (20 mg/ml) 8
oxycodone hcl soln 5 mg/5ml.....8
oxycodone hcl tab 10 mg 8
oxycodone hcl tab 15 mg 8
oxycodone hcl tab 20 mg 8
oxycodone hcl tab 30 mg 9
oxycodone hcl tab 5 mg 8
oxycodone hcl tab er 12hr deter 10 mg .9
oxycodone hcl tab er 12hr deter 15 mg .9
oxycodone hcl tab er 12hr deter 20 mg .9
oxycodone hcl tab er 12hr deter 30 mg .9
oxycodone hcl tab er 12hr deter 40 mg .9
oxycodone hcl tab er 12hr deter 60 mg .9
oxycodone hcl tab er 12hr deter 80 mg .9
oxycodone-ibuprofen tab 5-400 mg 9
oxycodone w/ acetaminophen soln 5-325 mg/5ml.....9
oxycodone w/ acetaminophen tab 10-325 mg 9
oxycodone w/ acetaminophen tab 2.5-325 mg 9
oxycodone w/ acetaminophen tab 5-325 mg 9
oxycodone w/ acetaminophen tab 7.5-325 mg 9
OXYCONTIN TAB 10MG CR 9
OXYCONTIN TAB 15MG CR 9
OXYCONTIN TAB 20MG CR 9
OXYCONTIN TAB 30MG CR 9
OXYCONTIN TAB 40MG CR 9
OXYCONTIN TAB 60MG CR.....10
OXYCONTIN TAB 80MG CR.....10
oxymorphone hcl tab 10 mg.....10
oxymorphone hcl tab 5 mg 10
oxymorphone hcl tab er 12hr 10 mg ...10
oxymorphone hcl tab er 12hr 15 mg ...10
oxymorphone hcl tab er 12hr 20 mg ...10
oxymorphone hcl tab er 12hr 30 mg ...10
oxymorphone hcl tab er 12hr 40 mg ...10
oxymorphone hcl tab er 12hr 5 mg 10
oxymorphone hcl tab er 12hr 7.5 mg ..10
OZEMPIC INJ 2/1.5ML 76
P
pacerone tab 100mg 40
pacerone tab 200mg 40
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml) 28
paclitaxel iv conc 150 mg/25ml (6 mg/ml) 28
paclitaxel iv conc 300 mg/50ml (6 mg/ml) 28
paclitaxel iv conc 30 mg/5ml (6 mg/ml) 28
paliperidone tab er 24hr 1.5 mg 65
paliperidone tab er 24hr 3 mg 65
paliperidone tab er 24hr 6 mg 65
paliperidone tab er 24hr 9 mg 65
pamidronate disodium for inj 30 mg....79
pamidronate disodium for inj 90 mg....79
pamidronate disodium iv soln 3 mg/ml 79
pamidronate disodium iv soln 9 mg/ml 79
pantoprazole sodium ec tab 20 mg (base equiv) 97
pantoprazole sodium ec tab 40 mg (base equiv) 97
PARAGARD IUD T380A 82
paricalcitol cap 1 mcg.....112
paricalcitol cap 2 mcg.....112
paricalcitol cap 4 mcg.....112
paricalcitol iv soln 2 mcg/ml.....112
paricalcitol iv soln 5 mcg/ml.....112
paromomycin sulfate cap 250 mg 12
paroxetine hcl tab 10 mg.....60
paroxetine hcl tab 20 mg.....60
paroxetine hcl tab 30 mg.....60
paroxetine hcl tab 40 mg.....60
paroxetine hcl tab er 24hr 12.5 mg.....60
paroxetine hcl tab er 24hr 25 mg.....60
paroxetine hcl tab er 24hr 37.5 mg.....60
PASER GRA 4GM.....18
PAZEO DRO 0.7% 114
PCE TAB 333MG EC.....21
PCE TAB 500MG EC.....21
PEDIARIX INJ 0.5ML.....107
PEDIATRIC RESPIRATORY MASK 109
PEDVAX HIB INJ 107

peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....96
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm.....96
peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....96
PEGANONE TAB 250MG.....54
PEGASYS INJ.....22
PEGASYS INJ 180MCG/M.....22
PEGASYS INJ PROCLICK.....22
penicillin g potassium for inj 20000000 unit.....24
penicillin g potassium for inj 5000000 unit.....24
penicillin g sodium for inj 5000000 unit.....24
penicillin v potassium for soln 125 mg/5ml.....24
penicillin v potassium for soln 250 mg/5ml.....24
penicillin v potassium tab 250 mg.....24
penicillin v potassium tab 500 mg.....24
PENTACEL INJ.....107
pentamidine isethionate for soln 300 mg.....14
pentoxifylline tab er 400 mg.....101
PERFOROMIST NEB 20MCG.....118
perindopril erbumine tab 2 mg.....36
perindopril erbumine tab 4 mg.....36
perindopril erbumine tab 8 mg.....36
periogard sol 0.12%.....129
permethrin cream 5%.....128
perphenazine tab 16 mg.....65
perphenazine tab 2 mg.....65
perphenazine tab 4 mg.....65
perphenazine tab 8 mg.....65
pfizerpen inj 20mu.....24
phenadoz sup 25mg.....93
phenazopyridine tab 95mg.....98
phenelzine sulfate tab 15 mg.....60
phenobarbital elixir 20 mg/5ml.....54
phenobarbital tab 100 mg.....55
phenobarbital tab 15 mg.....54
phenobarbital tab 16.2 mg.....54
phenobarbital tab 30 mg.....54
phenobarbital tab 32.4 mg.....54
phenobarbital tab 60 mg.....54
phenobarbital tab 64.8 mg.....54
phenobarbital tab 97.2 mg.....54
phenoxybenzamine hcl cap 10 mg.....49
phenylephrine hcl ophth soln 10%.....115
phenylephrine hcl ophth soln 2.5%.....115
phenytoin chew tab 50 mg.....55
phenytoin sodium extended cap 100 mg.....55
phenytoin sodium extended cap 200 mg.....55
phenytoin sodium extended cap 300 mg.....55
phenytoin sodium inj 50 mg/ml.....55
phenytoin susp 125 mg/5ml.....55
PHOSLYRA SOL.....90
PHOSPHOLINE SOL 0.125%OP.....115
PHOTOFRIN INJ 75MG.....33
physiolyte sol.....115
physiosol sol irrigat.....115
phytonadione tab 5 mg.....112
PICATO GEL 0.015%.....123
PICATO GEL 0.05%.....123
pilocarpine hcl ophth soln 1%.....115
pilocarpine hcl tab 5 mg.....129
pilocarpine hcl tab 7.5 mg.....129
pimecrolimus cream 1%.....128
pimozide tab 1 mg.....71
pimozide tab 2 mg.....71
pindolol tab 10 mg.....44
pindolol tab 5 mg.....44
pioglitazone hcl-glimepiride tab 30-2 mg.....78
pioglitazone hcl-glimepiride tab 30-4 mg.....78
pioglitazone hcl-metformin hcl tab 15-500 mg.....77
pioglitazone hcl-metformin hcl tab 15-850 mg.....77
pioglitazone hcl tab 15 mg (base equiv).....77
pioglitazone hcl tab 30 mg (base equiv).....77
pioglitazone hcl tab 45 mg (base equiv).....77
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm).....24
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm).....24
piperacillin sod-tazobactam sod for inj

4.5 gm (4-0.5 gm) 24
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm) 24
pirmella tab 1/35.....82
pirmella tab 7/7/7 83
piroxicam cap 10 mg 2
piroxicam cap 20 mg 2
PLEGRIDY INJ 72
PLEGRIDY INJ PEN.....72
PLEGRIDY INJ STARTER.....72
PLEGRIDY PEN INJ STARTER 72
PLENVU SOL 96
PNEUMOVAX 23 INJ 25/0.5 107
podofilox soln 0.5% 128
polycin oin op.....113
polyethylene glycol 3350 oral powder..96
*polymyxin b sulfate for inj 500000 unit*14
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 113
POMALYST CAP 1MG 105
POMALYST CAP 2MG 105
POMALYST CAP 3MG 105
POMALYST CAP 4MG 105
portia-28 tab 83
potassium chloride cap er 10 meq.....110
potassium chloride cap er 8 meq.....110
potassium chloride inj 10 meq/100ml 111
potassium chloride inj 10 meq/50ml..111
potassium chloride inj 20 meq/100ml 111
potassium chloride inj 20 meq/50ml..111
potassium chloride inj 2 meq/ml 111
potassium chloride inj 40 meq/100ml 111
potassium chloride microencapsulated crys er tab 10 meq.....110
potassium chloride microencapsulated crys er tab 20 meq.....110
potassium chloride oral soln 10% (20 meq/15ml) 110
potassium chloride oral soln 20% (40 meq/15ml) 110
potassium chloride tab er 10 meq 110
potassium chloride tab er 20 meq (1500 mg) 110
potassium chloride tab er 8 meq (600 mg) 110
potassium citrate tab er 10 meq (1080 mg) 98
potassium citrate tab er 15 meq (1620 mg) 98
potassium citrate tab er 5 meq (540 mg) 98
PRADAXA CAP 110MG.....100
PRADAXA CAP 150MG.....100
PRADAXA CAP 75MG 100
pramipexole dihydrochloride tab 0.125 mg 63
pramipexole dihydrochloride tab 0.25 mg 63
pramipexole dihydrochloride tab 0.5 mg 63
pramipexole dihydrochloride tab 0.75 mg 63
pramipexole dihydrochloride tab 1.5 mg 63
pramipexole dihydrochloride tab 1 mg.63
pramipexole dihydrochloride tab er 24hr 0.375 mg 63
pramipexole dihydrochloride tab er 24hr 0.75 mg 63
pramipexole dihydrochloride tab er 24hr 1.5 mg.....63
pramipexole dihydrochloride tab er 24hr 2.25 mg 63
pramipexole dihydrochloride tab er 24hr 3.75 mg 63
pramipexole dihydrochloride tab er 24hr 3 mg.....63
pramipexole dihydrochloride tab er 24hr 4.5 mg.....63
pramox gel 1%.....128
prasugrel hcl tab 10 mg (base equiv) 102
prasugrel hcl tab 5 mg (base equiv) ..102
pravastatin sodium tab 10 mg.....41
pravastatin sodium tab 20 mg.....42
pravastatin sodium tab 40 mg.....42
pravastatin sodium tab 80 mg.....42
praziquantel tab 600 mg.....14
prazosin hcl cap 1 mg 36
prazosin hcl cap 2 mg 36
prazosin hcl cap 5 mg 37
PRED MILD SUS 0.12% OP.....114
prednicarbate cream 0.1% 127
prednicarbate oint 0.1% 127
prednisolone acetate ophth susp 1% .114
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq) 88

prednisolone sod phos orally disintegr tab 10 mg (base eq) 88
prednisolone sod phos orally disintegr tab 15 mg (base eq) 88
prednisolone sod phos orally disintegr tab 30 mg (base eq) 88
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) 88
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) 88
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) 88
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) 88
prednisolone syrup 15 mg/5ml (usp solution equivalent) 88
PREDNISONE CON 5MG/ML.....88
prednisone oral soln 5 mg/5ml 88
prednisone tab 10 mg 88
prednisone tab 1 mg.....88
prednisone tab 2.5 mg 88
prednisone tab 20 mg 88
prednisone tab 50 mg 88
prednisone tab 5 mg.....88
prednisone tab therapy pack 10 mg (21) 88
prednisone tab therapy pack 10 mg (48) 88
prednisone tab therapy pack 5 mg (21) 88
prednisone tab therapy pack 5 mg (48) 88
PRED SOD PHO SOL 1% OP 114
pregabalin cap 100 mg.....55
pregabalin cap 150 mg.....55
pregabalin cap 200 mg.....55
pregabalin cap 225 mg.....55
pregabalin cap 25 mg.....55
pregabalin cap 300 mg.....55
pregabalin cap 50 mg.....55
pregabalin cap 75 mg.....55
pregabalin soln 20 mg/ml 55
PREMARIN INJ 25MG.....86
PREMARIN TAB 0.3MG.....86
PREMARIN TAB 0.45MG 87
PREMARIN TAB 0.625MG 87
PREMARIN TAB 0.9MG.....87
PREMARIN TAB 1.25MG 87
PREMARIN VAG CRE 0.625MG 87
prenatabs rx tab 112
PREPOPIK PAK 96
prevalite pow 4gm 40
previfem tab 83
PREVNAR 13 INJ.....107
PREZCOBIX TAB 800-150 17
PREZISTA SUS 100MG/ML 16
PREZISTA TAB 150MG.....16
PREZISTA TAB 600MG.....16
PREZISTA TAB 75MG 16
PREZISTA TAB 800MG.....16
PRIFTIN TAB 150MG 18
primaquine phosphate tab 26.3 mg (15 mg base).....15
primidone tab 250 mg.....55
primidone tab 50 mg.....55
PRIMSOL SOL 50MG/5ML.....14
PROAIR HFA AER 118
PROAIR RESPI AER 118
probenecid tab 500 mg 1
procainamide hcl inj 100 mg/ml.....40
prochlorperazine edisylate inj 10 mg/2ml 93
prochlorperazine edisylate inj 50 mg/10ml 93
prochlorperazine maleate tab 10 mg (base equivalent) 93
prochlorperazine maleate tab 5 mg (base equivalent) 93
prochlorperazine suppos 25 mg 93
procto-pak cre 1% 97
proctosol hc cre 2.5% 97
proctozone cre -hc 2.5% 97
progesterone micronized cap 100 mg ..90
progesterone micronized cap 200 mg ..90
PROGRAF INJ 5MG/ML.....106
PROLASTIN-C INJ 1000MG.....120
PROLIA SOL 60MG/ML.....89
PROMACTA TAB 12.5MG 100
PROMACTA TAB 25MG 101
PROMACTA TAB 50MG 101
PROMACTA TAB 75MG 101
promethazine-dm syrup 6.25-15 mg/5ml 119
promethazine hcl inj 25 mg/ml.....93
promethazine hcl inj 50 mg/ml.....93
promethazine hcl suppos 12.5 mg.....94

promethazine hcl suppos 25 mg 94
promethazine hcl syrup 6.25 mg/5ml ..94
promethazine hcl tab 12.5 mg.....94
promethazine hcl tab 25 mg.....94
promethazine hcl tab 50 mg.....94
promethazine w/ codeine syrup 6.25-10 mg/5ml 119
promethegan sup 12.5mg.....94
promethegan sup 25mg.....94
promethegan sup 50mg.....94
prometh vc/ syp codeine.....119
prometh vc sol plain.....119
propafenone hcl cap er 12hr 225 mg ...40
propafenone hcl cap er 12hr 325 mg ...40
propafenone hcl cap er 12hr 425 mg ...40
propafenone hcl tab 150 mg 40
propafenone hcl tab 225 mg 40
propafenone hcl tab 300 mg 40
proparacaine hcl ophth soln 0.5% 115
propranolol & hydrochlorothiazide tab 40-25 mg 43
propranolol & hydrochlorothiazide tab 80-25 mg 43
propranolol hcl cap er 24hr 120 mg.....44
propranolol hcl cap er 24hr 160 mg.....44
propranolol hcl cap er 24hr 60 mg 44
propranolol hcl cap er 24hr 80 mg 44
propranolol hcl inj 1 mg/ml.....44
propranolol hcl oral soln 20 mg/5ml....44
propranolol hcl oral soln 40 mg/5ml....44
propranolol hcl tab 10 mg.....44
propranolol hcl tab 20 mg.....44
propranolol hcl tab 40 mg.....44
propranolol hcl tab 60 mg.....44
propranolol hcl tab 80 mg.....44
propylthiouracil tab 50 mg.....91
PROQUAD INJ.....107
protriptyline hcl tab 10 mg.....61
protriptyline hcl tab 5 mg 60
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....119
pyrazinamide tab 500 mg 18
pyridostigmine bromide syrup 60 mg/5ml 71
pyridostigmine bromide tab 60 mg.....71
pyridostigmine bromide tab er 180 mg 71
pyridoxine hcl tab 25 mg 112
pyridoxine hcl tab 50 mg 112

Q

QTERN TAB 10MG/5MG 78
QTERN TAB 5-5MG 78
QUADRAMET INJ 33
quasense tab 83
quetiapine fumarate tab 100 mg.....65
quetiapine fumarate tab 200 mg.....65
quetiapine fumarate tab 25 mg 65
quetiapine fumarate tab 300 mg.....65
quetiapine fumarate tab 400 mg.....65
quetiapine fumarate tab 50 mg 65
quetiapine fumarate tab er 24hr 150 mg 65
quetiapine fumarate tab er 24hr 200 mg 65
quetiapine fumarate tab er 24hr 300 mg 65
quetiapine fumarate tab er 24hr 400 mg 65
quetiapine fumarate tab er 24hr 50 mg 65
quinapril hcl tab 10 mg.....36
quinapril hcl tab 20 mg.....36
quinapril hcl tab 40 mg.....36
quinapril hcl tab 5 mg 36
quinapril-hydrochlorothiazide tab 10-12.5 mg 35
quinapril-hydrochlorothiazide tab 20-12.5 mg 35
quinapril-hydrochlorothiazide tab 20-25 mg 35
quinidine sulfate tab 200 mg.....40
quinidine sulfate tab 300 mg.....40
quinine sulfate cap 324 mg 15
QVAR REDIHA AER 80MCG.....121
QVAR REDIHAL AER 40MCG 121

R

rabeprazole sodium ec tab 20 mg 97
raloxifene hcl tab 60 mg.....89
ramelteon tab 8 mg 69
ramipril cap 1.25 mg.....36
ramipril cap 10 mg 36
ramipril cap 2.5 mg 36
ramipril cap 5 mg 36
ranitidine hcl cap 150 mg 94
ranitidine hcl cap 300 mg 94
ranitidine hcl inj 150 mg/6ml (25 mg/ml) 95

ranitidine hcl inj 50 mg/2ml (25 mg/ml) 95
ranitidine hcl syrup 15 mg/ml (75 mg/5ml).....95
ranitidine hcl tab 150 mg.....95
ranitidine hcl tab 300 mg.....95
ranolazine tab er 12hr 1000 mg.....49
ranolazine tab er 12hr 500 mg 49
rasagiline mesylate tab 0.5 mg (base equiv) 63
rasagiline mesylate tab 1 mg (base equiv) 63
REBETOL SOL 40MG/ML 22
REBIF INJ 22/0.5.....72
REBIF INJ 44/0.5.....72
REBIF REBIDO INJ 22/0.5.....72
REBIF REBIDO INJ 44/0.5.....72
REBIF REBIDO INJ TITRATN.....73
REBIF TITRTN INJ PACK 73
reclipsen tab 83
RECOMBIVA HB INJ 10MCG/ML.....108
RECOMBIVA-HB INJ 40MCG/ML 108
RECOMBIVA HB INJ 5MCG/0.5.....107
RECTIV OIN 0.4% 128
REGONOL INJ 5MG/ML 71
REGRANEX GEL 0.01% 128
RELENZA MIS DISKHALE 19
REMODULIN INJ 10MG/ML 51
REMODULIN INJ 1MG/ML.....50
REMODULIN INJ 2.5MG/ML 50
REMODULIN INJ 5MG/ML.....50
repaglinide-metformin hcl tab 1-500 mg 78
repaglinide-metformin hcl tab 2-500 mg 78
repaglinide tab 0.5 mg 78
repaglinide tab 1 mg.....78
repaglinide tab 2 mg.....78
REPATHA INJ 140MG/ML.....42
REPATHA PUSH INJ 420/3.5.....42
REPATHA SURE INJ 140MG/ML 42
RESCRIPTOR TAB 100 MG.....16
RESCRIPTOR TAB 200MG.....16
RESTASIS EMU 0.05%.....115
RETACRIT INJ 10000UNT 101
RETACRIT INJ 2000UNIT.....101
RETACRIT INJ 3000UNIT.....101
RETACRIT INJ 40000UNT 101
RETACRIT INJ 4000UNIT.....101
RETROVIR INJ 10MG/ML.....16
REVLIMID CAP 10MG.....105
REVLIMID CAP 15MG.....105
REVLIMID CAP 2.5MG.....105
REVLIMID CAP 20MG.....105
REVLIMID CAP 25MG.....105
REVLIMID CAP 5MG 105
REXULTI TAB 0.25MG.....65
REXULTI TAB 0.5MG 65
REXULTI TAB 1MG 65
REXULTI TAB 2MG 65
REXULTI TAB 3MG 65
REXULTI TAB 4MG 65
REYATAZ POW 50MG.....16
ribasphere cap 200mg.....22
ribasphere tab 200mg 22
RIBASPHERE TAB 400MG.....22
ribasphere tab 600mg 22
ribavirin cap 200 mg 22
ribavirin for inhal soln 6 gm 19
ribavirin tab 200 mg 22
rifabutin cap 150 mg.....18
RIFAMATE CAP 18
rifampin cap 150 mg.....18
rifampin cap 300 mg.....18
rifampin for inj 600 mg 18
RIFATER TAB 18
riluzole tab 50 mg 71
rimantadine hydrochloride tab 100 mg 19
risedronate sodium tab 150 mg 80
risedronate sodium tab 30 mg.....80
risedronate sodium tab 35 mg.....80
risedronate sodium tab 5 mg.....79
risedronate sodium tab delayed release 35 mg.....80
risperidone orally disintegrating tab 0.25 mg 65
risperidone orally disintegrating tab 0.5 mg 65
risperidone orally disintegrating tab 1 mg 65
risperidone orally disintegrating tab 2 mg 65
risperidone orally disintegrating tab 3 mg 65
risperidone orally disintegrating tab 4 mg 65

risperidone soln 1 mg/ml 66
risperidone tab 0.25 mg 66
risperidone tab 0.5 mg 66
risperidone tab 1 mg 66
risperidone tab 2 mg 66
risperidone tab 3 mg 66
risperidone tab 4 mg 66
ritonavir tab 100 mg 16
rivastigmine tartrate cap 1.5 mg (base equivalent) 57
rivastigmine tartrate cap 3 mg (base equivalent) 57
rivastigmine tartrate cap 4.5 mg (base equivalent) 57
rivastigmine tartrate cap 6 mg (base equivalent) 57
rivastigmine td patch 24hr 13.3 mg/24hr 57
rivastigmine td patch 24hr 4.6 mg/24hr 57
rivastigmine td patch 24hr 9.5 mg/24hr 57
rivelsa tab 83
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) 70
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) 70
rizatriptan benzoate tab 10 mg (base equivalent) 70
rizatriptan benzoate tab 5 mg (base equivalent) 70
ropinirole hydrochloride tab 0.25 mg ...63
ropinirole hydrochloride tab 0.5 mg 63
ropinirole hydrochloride tab 1 mg 63
ropinirole hydrochloride tab 2 mg 63
ropinirole hydrochloride tab 3 mg 63
ropinirole hydrochloride tab 4 mg 63
ropinirole hydrochloride tab 5 mg 63
rosadan cre 0.75% 128
rosuvastatin calcium tab 10 mg 42
rosuvastatin calcium tab 20 mg 42
rosuvastatin calcium tab 40 mg 42
rosuvastatin calcium tab 5 mg 42
ROTARIX SUS.....108
ROTATEQ SOL 108
ROZEREM TAB 8MG 69
RYDAPT CAP 25MG 28

S
SAMSCA TAB 15MG.....89
SAMSCA TAB 30MG.....89
SANCUSO DIS 3.1MG.....94
SANDIMMUNE SOL 100MG/ML 106
SANTYL OIN 250/GM 128
SAPHRIS SUB 10MG.....66
SAPHRIS SUB 2.5MG.....66
SAPHRIS SUB 5MG 66
SAVELLA MIS TITR PAK 71
SAVELLA TAB 100MG 72
SAVELLA TAB 12.5MG 71
SAVELLA TAB 25MG 72
SAVELLA TAB 50MG 72
scopolamine td patch 72hr 1 mg/3days 94
selegiline hcl cap 5 mg 63
selegiline hcl tab 5 mg 63
selenium sulfide lotion 2.5% 125
SELZENTRY SOL 20MG/ML 16
SELZENTRY TAB 150MG 17
SELZENTRY TAB 25MG 16
SELZENTRY TAB 300MG 17
SELZENTRY TAB 75MG 17
SENSIPAR TAB 30MG 80
SENSIPAR TAB 60MG 80
SENSIPAR TAB 90MG 80
sertraline hcl oral concentrate for solution 20 mg/ml 61
sertraline hcl tab 100 mg 61
sertraline hcl tab 25 mg 61
sertraline hcl tab 50 mg 61
sevelamer carbonate packet 0.8 gm 90
sevelamer carbonate packet 2.4 gm 90
sevelamer carbonate tab 800 mg 90
SHARPS CONTAINER 109
SHINGRIX INJ 50MCG 108
SHUR-SEAL GEL 2% 98
SIGNIFOR INJ 0.3MG/ML 89
SIGNIFOR INJ 0.6MG/ML 89
SIGNIFOR INJ 0.9MG/ML 89
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent) 51
sildenafil citrate tab 20 mg 51
SILENOR TAB 3MG.....69
SILENOR TAB 6MG.....69
silodosin cap 4 mg 97
silodosin cap 8 mg 97

silver sulfadiazine cream 1% 124
SIMBRINZA SUS 1-0.2%.....115
SIMPONI ARIA SOL 50MG/4ML 103
SIMPONI INJ 100MG/ML 104
SIMPONI INJ 50/0.5ML.....104
simvastatin tab 10 mg.....42
simvastatin tab 20 mg.....42
simvastatin tab 40 mg.....42
simvastatin tab 5 mg 42
simvastatin tab 80 mg.....42
sirolimus oral soln 1 mg/ml 106
sirolimus tab 0.5 mg 106
sirolimus tab 1 mg 106
sirolimus tab 2 mg 106
SIRTURO TAB 100MG.....18
SIVEXTRO INJ 200MG 14
SIVEXTRO TAB 200MG 14
SKLICE LOT 0.5% 128
SKYLA IUD 13.5MG.....83
SKYRIZI INJ 150DOSE.....104
SLYND TAB 4MG.....83
sm nicotine dis 14mg/24h.....75
sm nicotine dis 21mg 75
sm nicotine dis 7mg/24hr 75
sodium chloride flush iv soln 0.9% 110
sodium chloride inj 0.9% 111
sodium chloride inj 2.5 meq/ml (14.6%) 110
sodium chloride irrigation soln 0.9%..129
sodium chloride iv soln 0.45% 111
sodium chloride iv soln 0.9%.....111
sodium chloride iv soln 3% 111
sodium chloride iv soln 5% 111
sodium chloride soln nebu 0.9% 120
sodium chloride soln nebu 10% 120
sodium chloride soln nebu 3% 120
sodium chloride soln nebu 7% 120
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) 111
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) 110
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) 111
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf).....111
sodium fluoride tab 0.5 mg f (from 1.1 mg naf).....111
sodium fluoride tab 1 mg f (from 2.2 mg naf) 111
sodium phenylbutyrate oral powder 3 gm/teaspoonful.....84
sodium phenylbutyrate tab 500 mg.....84
sodium polystyrene sulfonate oral susp 15 gm/60ml.....80
sodium polystyrene sulfonate rectal susp 30 gm/120ml.....80
solifenacin succinate tab 10 mg 98
solifenacin succinate tab 5 mg.....98
SOLIQUA INJ 100/33 77
SOLU-CORTEF INJ 1000MG.....89
SOLU-CORTEF INJ 100MG.....89
SOLU-CORTEF INJ 250MG.....89
SOLU-CORTEF INJ 500MG.....89
SOLU-MEDROL INJ 2GM 89
SOMATULINE INJ 120/.5ML.....90
SOMATULINE INJ 60/0.2ML.....89
SOMATULINE INJ 90/0.3ML.....90
SOMAVERT INJ 10MG.....90
SOMAVERT INJ 15MG.....90
SOMAVERT INJ 20MG.....90
SOMAVERT INJ 25MG.....90
SOMAVERT INJ 30MG.....90
sorine tab 120mg 40
sorine tab 160mg 40
sorine tab 240mg 40
sorine tab 80mg.....40
sotalol hcl (afib/afl) tab 120 mg.....40
sotalol hcl (afib/afl) tab 160 mg.....40
sotalol hcl (afib/afl) tab 80 mg 40
SOTALOL HCL INJ 150/10ML 40
sotalol hcl tab 120 mg.....40
sotalol hcl tab 160 mg.....40
sotalol hcl tab 240 mg.....40
sotalol hcl tab 80 mg.....40
SOVALDI TAB 400MG 22
spinosad susp 0.9% 128
SPIRIVA AER 1.25MCG 116
SPIRIVA CAP HANDIHLR 116
SPIRIVA SPR 2.5MCG 116
spironolactone & hydrochlorothiazide tab 25-25 mg 48
spironolactone tab 100 mg.....48
spironolactone tab 25 mg 48
spironolactone tab 50 mg 48
sprintec 28 tab 28 day 83
SPRYCEL TAB 100MG 32

SPRYCEL TAB 140MG 32
SPRYCEL TAB 20MG 32
SPRYCEL TAB 50MG 32
SPRYCEL TAB 70MG 32
SPRYCEL TAB 80MG 32
sronyx tab 83
ssd cre 1% 124
stavudine cap 15 mg.....17
stavudine cap 20 mg.....17
stavudine cap 30 mg.....17
stavudine cap 40 mg.....17
STELARA INJ 45MG/0.5 104
STELARA INJ 90MG/ML.....104
STIVARGA TAB 40MG.....32
streptomycin sulfate for inj 1 gm 12
STRIBILD TAB.....17
STRIVERDI AER 2.5MCG 118
SUCRAID SOL 8500/ML 96
sucralfate tab 1 gm.....96
sulfacetamide sodium lotion 10% (acne) 123
sulfacetamide sodium ophth oint 10% 113
sulfacetamide sodium ophth soln 10% 113
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%.....113
SULFADIAZINE TAB 500MG.....12
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml.....14
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....14
sulfamethoxazole-trimethoprim tab 400-80 mg 14
sulfamethoxazole-trimethoprim tab 800-160 mg.....14
SULFAMYLON CRE 85MG/GM 124
sulfasalazine tab 500 mg 95
sulfasalazine tab delayed release 500 mg 95
sulindac tab 150 mg 2
sulindac tab 200 mg 2
sumatriptan nasal spray 20 mg/act 70
sumatriptan nasal spray 5 mg/act.....70
sumatriptan succinate inj 6 mg/0.5ml .70
sumatriptan succinate solution auto-injector 4 mg/0.5ml.....70
sumatriptan succinate solution auto-injector 6 mg/0.5ml.....70
sumatriptan succinate solution cartridge 4 mg/0.5ml 70
sumatriptan succinate solution cartridge 6 mg/0.5ml 70
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml 70
sumatriptan succinate tab 100 mg 70
sumatriptan succinate tab 25 mg.....70
sumatriptan succinate tab 50 mg.....70
SUPRAX CHW 100MG 20
SUPRAX CHW 200MG 20
SUPRAX SUS 500/5ML.....20
SUPREP BOWEL SOL PREP KIT.....96
SUTENT CAP 12.5MG 32
SUTENT CAP 25MG 32
SUTENT CAP 37.5MG 32
SUTENT CAP 50MG 32
syeda tab 3-0.03mg.....83
symax-sl sub 0.125mg 92
SYMBICORT AER 160-4.5.....121
SYMBICORT AER 80-4.5.....121
SYMDEKO TAB 100-150 120
SYMDEKO TAB 50-75MG 120
SYMFI LO TAB 17
SYMFI TAB.....18
SYMLINPEN 60 INJ 1000MCG 76
SYMLNPEN 120 INJ 1000MCG.....76
SYNAREL SOL 2MG/ML 83
SYNERA DIS 70-70MG 128
SYNJARDY TAB.....78
SYNJARDY TAB 12.5-500 78
SYNJARDY TAB 5-1000MG 78
SYNJARDY TAB 5-500MG 78
SYNJARDY XR TAB 78
SYNJARDY XR TAB 10-1000 78
SYNJARDY XR TAB 25-1000 78
SYNJARDY XR TAB 5-1000MG.....78
SYNTHROID TAB 100MCG 91
SYNTHROID TAB 112MCG 91
SYNTHROID TAB 125MCG 91
SYNTHROID TAB 137MCG 91
SYNTHROID TAB 150MCG 91
SYNTHROID TAB 175MCG 91
SYNTHROID TAB 200MCG 91
SYNTHROID TAB 25MCG.....91
SYNTHROID TAB 300MCG 91
SYNTHROID TAB 50MCG.....91

SYNTHROID TAB 75MCG.....91
SYNTHROID TAB 88MCG.....91
T
TABLOID TAB 40MG.....27
tacrolimus cap 0.5 mg.....106
tacrolimus cap 1 mg.....106
tacrolimus cap 5 mg.....106
tacrolimus oint 0.03%.....128
tacrolimus oint 0.1%.....128
tadalafil tab 2.5 mg.....97
tadalafil tab 20 mg (pah).....51
tadalafil tab 5 mg.....97
TAFINLAR CAP 50MG.....32
TAFINLAR CAP 75MG.....32
take action tab 1.5mg.....83
TALTZ INJ 80MG/ML.....104
tamoxifen citrate tab 10 mg (base equivalent).....29
tamoxifen citrate tab 20 mg (base equivalent).....29
tamsulosin hcl cap 0.4 mg.....97
TARGRETIN GEL 1%.....128
TAYTULLA CAP 1MG/20MC.....83
tazarotene cream 0.1%.....125
tazicef inj 1gm.....21
tazicef inj 2gm.....21
tazicef inj 6gm.....21
TAZORAC CRE 0.05%.....125
TAZORAC GEL 0.05%.....125
TAZORAC GEL 0.1%.....125
taztia xt cap 120mg/24.....46
taztia xt cap 180mg/24.....46
taztia xt cap 240mg/24.....46
taztia xt cap 300mg er.....46
taztia xt cap 360mg/24.....46
TDVAX INJ 2-2 LF.....108
TECFIDERA CAP 120MG.....73
TECFIDERA CAP 240MG.....73
TECFIDERA MIS STARTER.....73
TECHNIVIE TAB.....22
telmisartan-amlodipine tab 40-10 mg..38
telmisartan-amlodipine tab 40-5 mg...38
telmisartan-amlodipine tab 80-10 mg..38
telmisartan-amlodipine tab 80-5 mg...38
telmisartan-hydrochlorothiazide tab 40-12.5 mg.....38
telmisartan-hydrochlorothiazide tab 80-12.5 mg.....38
telmisartan-hydrochlorothiazide tab 80-25 mg.....38
telmisartan tab 20 mg.....39
telmisartan tab 40 mg.....39
telmisartan tab 80 mg.....39
temazepam cap 15 mg.....69
temazepam cap 22.5 mg.....69
temazepam cap 30 mg.....69
temazepam cap 7.5 mg.....69
TEMODAR INJ 100MG.....26
temozolomide cap 100 mg.....26
temozolomide cap 140 mg.....26
temozolomide cap 180 mg.....26
temozolomide cap 20 mg.....26
temozolomide cap 250 mg.....26
temozolomide cap 5 mg.....26
tencon tab 50-325mg.....1
TENIPOSIDE INJ 50MG/5ML.....34
TENIVAC INJ 5-2LF.....108
tenofovir disoproxil fumarate tab 300 mg.....17
terazosin hcl cap 10 mg (base equivalent).....37
terazosin hcl cap 1 mg (base equivalent).....37
terazosin hcl cap 2 mg (base equivalent).....37
terazosin hcl cap 5 mg (base equivalent).....37
terbinafine hcl tab 250 mg.....15
terbutaline sulfate inj 1 mg/ml.....118
terbutaline sulfate tab 2.5 mg.....118
terbutaline sulfate tab 5 mg.....119
terconazole vaginal cream 0.4%.....99
terconazole vaginal suppos 80 mg.....99
testosterone cypionate im inj in oil 100 mg/ml.....75
testosterone cypionate im inj in oil 200 mg/ml.....75
testosterone enanthate im inj in oil 200 mg/ml.....75
testosterone td gel 10mg/act (2%).....75
*testosterone td gel 25 mg/2.5gm (1%)*75
tetrabenazine tab 12.5 mg.....72
tetrabenazine tab 25 mg.....72
tetracycline hcl cap 250 mg.....25
tetracycline hcl cap 500 mg.....25
THALOMID CAP 100MG.....105

THALOMID CAP 150MG.....105
THALOMID CAP 200MG.....105
THALOMID CAP 50MG.....105
THEO-24 CAP 100MG CR.....121
THEO-24 CAP 200MG CR.....121
THEO-24 CAP 300MG CR.....121
THEO-24 CAP 400MG ER.....121
theochron tab 100mg cr 121
theochron tab 200mg cr 121
theochron tab 300mg cr 122
theophylline soln 80 mg/15ml 122
theophylline tab er 12hr 450 mg.....122
theophylline tab er 24hr 400 mg.....122
theophylline tab er 24hr 600 mg.....122
THERACYS INJ 33
thioridazine hcl tab 100 mg.....66
thioridazine hcl tab 10 mg 66
thioridazine hcl tab 25 mg 66
thioridazine hcl tab 50 mg 66
thiothixene cap 10 mg.....66
thiothixene cap 1 mg 66
thiothixene cap 2 mg 66
thiothixene cap 5 mg 66
THYROLAR-1/2 TAB 30MG 91
THYROLAR-1/4 TAB 15MG 91
THYROLAR-1 TAB 60MG 91
THYROLAR-2 TAB 120MG.....91
THYROLAR-3 TAB 180MG.....91
THYROSAFE TAB 65MG.....80
tiagabine hcl tab 12 mg.....55
tiagabine hcl tab 16 mg.....55
tiagabine hcl tab 2 mg.....55
tiagabine hcl tab 4 mg.....55
TICE BCG INJ.....33
tilia fe tab.....83
timolol maleate ophth gel forming soln 0.25%.....115
timolol maleate ophth gel forming soln 0.5% 115
timolol maleate ophth soln 0.25%.....115
timolol maleate ophth soln 0.5%.....115
timolol maleate ophth soln 0.5% (once-daily) 115
timolol maleate tab 10 mg.....44
timolol maleate tab 20 mg.....44
timolol maleate tab 5 mg.....44
TIMOPTIC OCU SOL 0.25% OP.....115
TIMOPTIC OCU SOL 0.5% OP 115
tinidazole tab 250 mg 12
tinidazole tab 500 mg 12
tis-u-sol sol.....115
TIVICAY TAB 10MG.....17
TIVICAY TAB 25MG.....17
TIVICAY TAB 50MG.....17
tizanidine hcl tab 2 mg (base equivalent) 74
tizanidine hcl tab 4 mg (base equivalent) 74
TOBRADEX OIN 0.3-0.1% 113
TOBRADEX ST SUS 0.3-0.05 113
tobramycin-dexamethasone ophth susp 0.3-0.1%.....113
tobramycin nebu soln 300 mg/5ml.....12
tobramycin ophth soln 0.3% 113
tobramycin sulfate for inj 1.2 gm.....12
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv) 12
tobramycin sulfate inj 10 mg/ml (base equivalent) 12
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv) 12
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv) 12
TODAY SPONGE MIS 98
tolcapone tab 100 mg 63
tolmetin sodium cap 400 mg.....2
tolmetin sodium tab 200 mg 2
tolmetin sodium tab 600 mg 2
tolterodine tartrate cap er 24hr 2 mg ..98
tolterodine tartrate cap er 24hr 4 mg ..98
tolterodine tartrate tab 1 mg.....98
tolterodine tartrate tab 2 mg.....98
topiramate sprinkle cap 15 mg 55
topiramate sprinkle cap 25 mg 55
topiramate tab 100 mg.....55
topiramate tab 200 mg.....55
topiramate tab 25 mg 55
topiramate tab 50 mg 55
toposar inj 100/5ml 34
toposar inj 20mg/ml 34
*topotecan hcl for inj 4 mg (base equiv)*34
toremifene citrate tab 60 mg (base equivalent) 29
torsemide tab 100 mg 48
torsemide tab 10 mg.....48
torsemide tab 20 mg.....48

torsemide tab 5 mg 48
TOVIAZ TAB 4MG 98
TOVIAZ TAB 8MG 98
TRACLEER TAB 125MG 51
TRACLEER TAB 32MG 51
TRACLEER TAB 62.5MG 51
TRADJENTA TAB 5MG 76
tramadol hcl tab 50 mg 10
tramadol hcl tab er 24hr 100 mg 10
tramadol hcl tab er 24hr 200 mg 10
tramadol hcl tab er 24hr 300 mg 10
trandolapril tab 1 mg 36
trandolapril tab 2 mg 36
trandolapril tab 4 mg 36
trandolapril-verapamil hcl tab er 1-240 mg 35
trandolapril-verapamil hcl tab er 2-180 mg 35
trandolapril-verapamil hcl tab er 2-240 mg 35
trandolapril-verapamil hcl tab er 4-240 mg 35
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml) 101
tranexamic acid tab 650 mg 101
TRANSDERM-SC DIS 1.5MG 94
tranylcypromine sulfate tab 10 mg 61
TRAVATAN Z DRO 0.004% 115
trazodone hcl tab 100 mg 61
trazodone hcl tab 150 mg 61
trazodone hcl tab 300 mg 61
trazodone hcl tab 50 mg 61
TRECATOR TAB 250MG 18
TRESIBA FLEX INJ 100UNIT 77
TRESIBA FLEX INJ 200UNIT 77
TRESIBA INJ 100UNIT 77
tretinoin cap 10 mg 33
tretinoin cream 0.025% 123
tretinoin cream 0.05% 123
tretinoin cream 0.1% 123
tretinoin gel 0.01% 123
tretinoin gel 0.025% 123
tretinoin gel 0.05% 123
tretinoin microsphere gel 0.04% 123
tretinoin microsphere gel 0.1% 123
triamcinolone acetonide aerosol soln 0.147 mg/gm 127
triamcinolone acetonide cream 0.025% 127
triamcinolone acetonide cream 0.1% .127
triamcinolone acetonide cream 0.5% .127
triamcinolone acetonide dental paste 0.1% 129
triamcinolone acetonide lotion 0.025% 127
triamcinolone acetonide lotion 0.1% ..127
triamcinolone acetonide nasal aerosol suspension 55 mcg/act 120
triamcinolone acetonide oint 0.025% .127
triamcinolone acetonide oint 0.1% 127
triamcinolone acetonide oint 0.5% 127
triamterene & hydrochlorothiazide cap 37.5-25 mg 48
triamterene & hydrochlorothiazide cap 50-25 mg 48
triamterene & hydrochlorothiazide tab 37.5-25 mg 48
triamterene & hydrochlorothiazide tab 75-50 mg 48
triderm cre 0.1% 127
trientine hcl cap 250 mg 80
trifluoperazine hcl tab 10 mg (base equivalent) 66
trifluoperazine hcl tab 1 mg (base equivalent) 66
trifluoperazine hcl tab 2 mg (base equivalent) 66
trifluoperazine hcl tab 5 mg (base equivalent) 66
trifluridine ophth soln 1% 113
trihexyphenidyl hcl elixir 0.4 mg/ml 63
trihexyphenidyl hcl tab 2 mg 63
trihexyphenidyl hcl tab 5 mg 63
tri-linyah tab 83
trimethobenzamide hcl cap 300 mg 94
trimethoprim tab 100 mg 14
trimipramine maleate cap 100 mg 61
trimipramine maleate cap 25 mg 61
trimipramine maleate cap 50 mg 61
trinessa tab 83
TRINTELLIX TAB 10MG 61
TRINTELLIX TAB 20MG 61
TRINTELLIX TAB 5MG 61
TRISENOX INJ 12MG/6ML 33
tri-sprintec tab 83
TRIUMEQ TAB 18

tri-vit/fe dro /fl 0.25.....112
tri-vit/fl dro 0.25mg.....112
tri-vit/fl dro 0.5mg.....112
trivora-28 tab.....83
TROGARZO INJ 150MG/ML.....17
tropicamide ophth soln 0.5%.....115
tropicamide ophth soln 1%.....115
trospium chloride cap er 24hr 60 mg...98
trospium chloride tab 20 mg.....98
TRULICITY INJ 0.75/0.5.....77
TRULICITY INJ 1.5/0.5.....77
TRUMENBA INJ.....108
TRUVADA TAB 100-150.....18
TRUVADA TAB 133-200.....18
TRUVADA TAB 167-250.....18
TRUVADA TAB 200-300.....18
tussigon tab 5-1.5mg.....119
TUZISTRA XR SUS.....119
TWINRIX INJ.....108
TYBOST TAB 150MG.....17
TYKERB TAB 250MG.....32
TYMLOS INJ.....90
TYSABRI INJ 300/15ML.....73
TYVASO START SOL 0.6MG/ML.....51
U
ULESFIA LOT 5%.....128
ULORIC TAB 40MG.....1
ULORIC TAB 80MG.....1
unithroid tab 100mcg.....92
unithroid tab 112mcg.....92
unithroid tab 125mcg.....92
unithroid tab 200mcg.....92
unithroid tab 25mcg.....92
unithroid tab 300mcg.....92
unithroid tab 50mcg.....92
unithroid tab 75mcg.....92
unithroid tab 88mcg.....92
UPTRAVI TAB 1000MCG.....51
UPTRAVI TAB 1200MCG.....51
UPTRAVI TAB 1400MCG.....51
UPTRAVI TAB 1600MCG.....51
UPTRAVI TAB 200/800.....51
UPTRAVI TAB 200MCG.....51
UPTRAVI TAB 400MCG.....51
UPTRAVI TAB 600MCG.....51
UPTRAVI TAB 800MCG.....51
URINE GLUCOSE MONITORING SUPPLIES
.....109
URINE TEST STRIPS.....109
ursodiol cap 300 mg.....96
ursodiol tab 250 mg.....96
ursodiol tab 500 mg.....96
UVADEX INJ 20MCG/ML.....33
V
valacyclovir hcl tab 1 gm.....19
valacyclovir hcl tab 500 mg.....19
valganciclovir hcl for soln 50 mg/ml (base equiv).....19
valganciclovir hcl tab 450 mg (base equivalent).....19
valproate sodium inj 100 mg/ml.....55
valproate sodium oral soln 250 mg/5ml (base equiv).....55
valproic acid cap 250 mg.....55
valsartan-hydrochlorothiazide tab 160-12.5 mg.....38
valsartan-hydrochlorothiazide tab 160-25 mg.....38
valsartan-hydrochlorothiazide tab 320-12.5 mg.....38
valsartan-hydrochlorothiazide tab 320-25 mg.....38
valsartan-hydrochlorothiazide tab 80-12.5 mg.....38
valsartan tab 160 mg.....39
valsartan tab 320 mg.....39
valsartan tab 40 mg.....39
valsartan tab 80 mg.....39
vancomycin hcl cap 125 mg (base equivalent).....14
vancomycin hcl cap 250 mg (base equivalent).....14
vancomycin hcl for iv soln 10 gm (base equivalent).....14
vancomycin hcl for iv soln 1 gm (base equivalent).....14
vancomycin hcl for iv soln 500 mg (base equivalent).....14
vancomycin hcl for iv soln 5 gm (base equivalent).....14
vancomycin hcl for iv soln 750 mg (base equivalent).....14
vandazole gel 0.75%.....99
VAQTA INJ 25/0.5ML.....108
VAQTA INJ 50UNT/ML.....108
VARIVAX INJ.....108

VARUBI INJ 94
VARUBI TAB 90MG.....94
VASCEPA CAP 0.5GM 42
VASCEPA CAP 1GM 42
VCF VAGINAL AER CONTRACP 98
VCF VAGINAL MIS CONTRACP 98
velivet pak.....83
VELPHORO CHW 500MG 90
VEMLIDY TAB 25MG.....19
VENCLEXTA TAB 100MG 34
VENCLEXTA TAB 10MG 34
VENCLEXTA TAB 50MG 34
VENCLEXTA TAB START PK 34
venlafaxine hcl cap er 24hr 150 mg (base equivalent) 61
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) 61
venlafaxine hcl cap er 24hr 75 mg (base equivalent) 61
venlafaxine hcl tab 100 mg (base equivalent) 61
venlafaxine hcl tab 25 mg (base equivalent) 61
venlafaxine hcl tab 37.5 mg (base equivalent) 61
venlafaxine hcl tab 50 mg (base equivalent) 61
venlafaxine hcl tab 75 mg (base equivalent) 61
venlafaxine hcl tab er 24hr 150 mg (base equivalent) 61
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) 61
venlafaxine hcl tab er 24hr 75 mg (base equivalent) 61
VENTAVIS SOL 10MCG/ML 51
VENTAVIS SOL 20MCG/ML 51
verapamil hcl cap er 24hr 100 mg.....46
verapamil hcl cap er 24hr 120 mg.....46
verapamil hcl cap er 24hr 180 mg.....47
verapamil hcl cap er 24hr 200 mg.....47
verapamil hcl cap er 24hr 240 mg.....47
verapamil hcl cap er 24hr 300 mg.....47
verapamil hcl cap er 24hr 360 mg.....47
verapamil hcl iv soln 2.5 mg/ml.....47
verapamil hcl tab 120 mg 47
verapamil hcl tab 40 mg.....47
verapamil hcl tab 80 mg.....47
verapamil hcl tab er 120 mg 47
verapamil hcl tab er 180 mg 47
verapamil hcl tab er 240 mg 47
VEREGEN OIN 15% 128
vestura tab 3-0.02mg 83
VIBRAMYCIN SYP 50MG/5ML.....25
VICTOZA INJ 18MG/3ML.....77
VIDEX EC CAP 125MG 17
VIDEX SOL 2GM 17
VIDEX SOL 4GM 17
vigabatrin powd pack 500 mg.....55
vigabatrin tab 500 mg.....55
VIIBRYD KIT STARTER 61
VIIBRYD TAB 10MG 62
VIIBRYD TAB 20MG 62
VIIBRYD TAB 40MG 62
VIMPAT INJ 200MG/20 55
VIMPAT SOL 10MG/ML.....55
VIMPAT TAB 100MG.....55
VIMPAT TAB 150MG.....55
VIMPAT TAB 200MG.....55
VIMPAT TAB 50MG.....55
vinblastine sulfate inj 1 mg/ml 28
vincasar pfs inj 1mg/ml.....28
vincristine sulfate iv soln 1 mg/ml.....28
vinorelbine tartrate inj 10 mg/ml (base equiv) 28
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv) 28
VIOKACE TAB 10440.....96
VIOKACE TAB 20880.....96
viorele tab 83
VIRACEPT TAB 250MG.....17
VIRACEPT TAB 625MG.....17
VIREAD POW 40MG/GM.....17
VIREAD TAB 150MG.....17
VIREAD TAB 200MG.....17
VIREAD TAB 250MG.....17
virt-vite tab forte 112
VISTOGARD PAK 10GM 33
vit a/c/d/fl dro 0.25mg 112
VITRAKVI CAP 100MG 32
VITRAKVI CAP 25MG.....32
VITRAKVI SOL 20MG/ML.....32
VITUZ SOL 5-4MG.....119
VIVITROL INJ 380MG 75
voriconazole for susp 40 mg/ml.....15
voriconazole tab 200 mg 15

voriconazole tab 50 mg 15
VOSEVI TAB.....22
VOTRIENT TAB 200MG 32
VYVANSE CAP 10MG 68
VYVANSE CAP 20MG 69
VYVANSE CAP 30MG 69
VYVANSE CAP 40MG 69
VYVANSE CAP 50MG 69
VYVANSE CAP 60MG 69
VYVANSE CAP 70MG 69
VYVANSE CHW 10MG 69
VYVANSE CHW 20MG 69
VYVANSE CHW 30MG 69
VYVANSE CHW 40MG 69
VYVANSE CHW 50MG 69
VYVANSE CHW 60MG 69
W
warfarin sodium tab 10 mg 100
warfarin sodium tab 1 mg 100
warfarin sodium tab 2.5 mg 100
warfarin sodium tab 2 mg 100
warfarin sodium tab 3 mg 100
warfarin sodium tab 4 mg 100
warfarin sodium tab 5 mg 100
warfarin sodium tab 6 mg 100
warfarin sodium tab 7.5 mg 100
wera tab 0.5/35 83
WIDE-SEAL DPR KIT 60 108
WIDE-SEAL DPR KIT 65 108
WIDE-SEAL DPR KIT 70 108
WIDE-SEAL DPR KIT 75 108
WIDE-SEAL DPR KIT 80 108
WIDE-SEAL DPR KIT 85 108
WIDE-SEAL DPR KIT 90 108
WIDE-SEAL DPR KIT 95 108
X
XALKORI CAP 200MG 32
XALKORI CAP 250MG 32
XARELTO STAR TAB 15/20MG.....100
XARELTO TAB 10MG.....100
XARELTO TAB 15MG.....100
XARELTO TAB 2.5MG.....100
XARELTO TAB 20MG.....100
XARTEMIS XR TAB 7.5-325 10
XELJANZ TAB 5MG 104
XELJANZ XR TAB 11MG.....104
XIFAXAN TAB 200MG 14
XIFAXAN TAB 550MG 14
XIGDUO XR TAB 10-1000 78
XIGDUO XR TAB 10-500MG.....78
XIGDUO XR TAB 2.5-1000 78
XIGDUO XR TAB 5-1000MG.....78
XIGDUO XR TAB 5-500MG 78
XOLAIR INJ 150MG/ML 119
XOLAIR INJ 75/0.5.....119
XOLAIR SOL 150MG 119
XTANDI CAP 40MG.....29
xulane dis 150-35.....83
XULTOPHY INJ 100/3.6.....77
xylon tab 10-200mg 10
XYREM SOL 500MG/ML.....74
Y
YOSPRALA TAB 325-40MG 102
YOSPRALA TAB 81-40MG 102
yuvafem tab 10mcg 87
Z
zafirlukast tab 10 mg 119
zafirlukast tab 20 mg 119
zaleplon cap 10 mg.....69
zaleplon cap 5 mg 69
zarah tab 3-0.03mg.....83
ZARXIO INJ 300/0.5.....101
ZARXIO INJ 480/0.8.....101
zazole cre 0.8% 99
zazole sup 80mg 99
ZEJULA CAP 100MG 29
ZELBORAF TAB 240MG 32
zenatane cap 30mg.....123
zenchent fe chw 0.4mg-35.....83
zenchent tab.....83
ZENPEP CAP 10000UNT 96
ZENPEP CAP 15000UNT 96
ZENPEP CAP 20000UNT 97
ZENPEP CAP 25000.....97
ZENPEP CAP 3000UNIT.....96
ZENPEP CAP 40000.....97
ZENPEP CAP 5000UNIT.....96
zenzedi tab 15mg 69
zenzedi tab 2.5mg 69
zenzedi tab 20mg 69
zenzedi tab 30mg 69
zenzedi tab 7.5mg 69
ZEPATIER TAB 50-100MG 22
ZERIT SOL 1MG/ML 17
zidovudine cap 100 mg.....17
zidovudine syrup 10 mg/ml.....17

zidovudine tab 300 mg 17
zileuton tab er 12hr 600 mg 119
ZINACEF/H20 INJ 1.5GM PB.....21
ZINACEF INJ 750MG 21
ZIOPTAN DRO 0.0015%.....115
ziprasidone hcl cap 20 mg 66
ziprasidone hcl cap 40 mg 66
ziprasidone hcl cap 60 mg 66
ziprasidone hcl cap 80 mg 66
ZIRGAN GEL 0.15% 113
ZMAX SUS 2GM.....21
zoledronic acid inj conc for iv infusion 4 mg/5ml.....80
zoledronic acid iv soln 5 mg/100ml 80
ZOLINZA CAP 100MG.....29
zolmitriptan orally disintegrating tab 2.5 mg 70
zolmitriptan orally disintegrating tab 5 mg 70
zolmitriptan tab 2.5 mg.....71
zolmitriptan tab 5 mg.....71
zolpidem tartrate tab 10 mg.....70
zolpidem tartrate tab 5 mg 69
zolpidem tartrate tab er 12.5 mg.....70
zolpidem tartrate tab er 6.25 mg.....70
ZOMIG SPR 2.5MG.....71
ZOMIG SPR 5MG 71
zonisamide cap 100 mg.....55
zonisamide cap 25 mg.....55
zonisamide cap 50 mg.....55
ZONTIVITY TAB 2.08MG 102
ZORTRESS TAB 0.25MG.....106
ZORTRESS TAB 0.5MG 106
ZORTRESS TAB 0.75MG.....106
ZORTRESS TAB 1MG 106
ZOSTAVAX INJ 108
zovia 1/35e tab 83
ZUBSOLV SUB 0.7-0.18 3
ZUBSOLV SUB 1.4-0.36 3
ZUBSOLV SUB 11.4-2.9 3
ZUBSOLV SUB 2.9-0.71 3
ZUBSOLV SUB 5.7-1.4 3
ZUBSOLV SUB 8.6-2.1 3
ZYDELIG TAB 100MG 32
ZYDELIG TAB 150MG 33
ZYKADIA CAP 150MG 33
ZYKADIA TAB 150MG 33
ZYTIGA TAB 500MG 29

Step Therapy Criteria

Step Therapy Group	AMYLIN ANALOG 676-D
Drug Names	SYMLINPEN 120, SYMLINPEN 60
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of rapid-acting insulin or short-acting insulin, or pre-mixed insulin within the past 120 days
Step Therapy Group	ANTIPSYCHOTICS 657-D
Drug Names	LATUDA, REXULTI, SAPHRIS
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of aripiprazole, olanzapine, risperidone, quetiapine regular release, or ziprasidone within the past 180 days
Step Therapy Group	DESVENLAFAXINE/FETZIMA 1888-D
Drug Names	DESVENLAFAXINE ER, FETZIMA, FETZIMA TITRATION PACK
Step Therapy Criteria	Coverage will be provided if the patient has filled a prescription for a 30 day supply of a generic serotonin-norepinephrine reuptake inhibitor (SNRI) OR generic mirtazapine, generic bupropion, or a generic selective serotonin reuptake inhibitor (SSRI) within the past 120 days.
Step Therapy Group	DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS 1009-D
Drug Names	JANUMET, JANUMET XR, JANUVIA, JENTADUETO XR, TRADJENTA
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days
Step Therapy Group	DOXEPIN 1496-E
Drug Names	DOXEPIN HYDROCHLORIDE
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 7 day supply of a generic topical corticosteroid AND at least a 7 day supply of topical tacrolimus (Protopic) or Elidel (pimecrolimus) within the past 120 days.
Step Therapy Group	EXELDERM 1380-D
Drug Names	EXELDERM
Step Therapy Criteria	Coverage will be provided if the patient has filled a prescription for a 7 day supply of a generic topical antifungal agent within the past 120 days
Step Therapy Group	GLP- 1 AGONIST 676-D
Drug Names	OZEMPIC, TRULICITY, VICTOZA
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days

Step Therapy Group	GLP-1 AGONIST/LONG ACTING INSULIN COMBO 676-D
Drug Names	SOLIQUA 100/33, XULTOPHY 100/3.6
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin and long acting insulin or a GLP-1 receptor agonist within the past 180 days
Step Therapy Group	INTUNIV 781-D
Drug Names	GUANFACINE ER
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for an amphetamine-dextroamphetamine, dextroamphetamine, methamphetamine, lisdexamfetamine, methylphenidate or dexmethylphenidate product (at least a 30 day supply within the past 180 days)
Step Therapy Group	LIVALO/ROSUVASTATIN 2530-F
Drug Names	LIVALO, ROSUVASTATIN CALCIUM
Step Therapy Criteria	Coverage will be provided if the member is less than 10 years of age (rosuvastatin only) or has filled a prescription for at least a 30 day supply of atorvastatin or simvastatin within the past 180 days. Step does not apply to members age 40-75 filling rosuvastatin 5mg and 10mg.
Step Therapy Group	LYRICA 656-D
Drug Names	LYRICA, PREGABALIN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for regular release generic gabapentin (at least a 30 day supply within the past 120 days)
Step Therapy Group	NASAL STEROID 380-D
Drug Names	OMNARIS
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 30 day supply of a generic nasal steroid within the past 180 days.
Step Therapy Group	OPIOID ER 2219-M
Drug Names	BELBUCA, EMBEDA, FENTANYL, HYDROMORPHONE HCL ER, HYSINGLA ER, METHADONE HCL, METHADONE HCL INTENSOL, MORPHINE SULFATE ER, NUCYNTA ER, OXYCODONE HCL ER, OXYCONTIN, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL ER
Step Therapy Criteria	Coverage will be provided if the member has filled a cumulative 7-day or greater supply of an immediate-release opioid agent within the past 90 days OR has been receiving an extended-release opioid agent for a cumulative 30 days or greater within the past 90 days.

Step Therapy Group	OPIOID IR 2221-M
Drug Names	CODEINE SULFATE, HYDROMORPHONE HCL, MORPHINE SULFATE, NUCYNTA, OXYCODONE HCL, OXYCODONE HYDROCHLORIDE, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL
Step Therapy Criteria	Coverage will be provided to the member for up to a 7-day supply of immediate-release opioids if the member does not have at least a cumulative 7-day supply of an opioid agent (immediate- or extended-release) within the past 90 days.

Step Therapy Group	OPIOID IR COMBO PRODUCTS 1358-E
Drug Names	ACETAMINOPHEN/CODEINE, CAPITAL/CODEINE, ENDOCET, HYDROCODONE BITARTRATE/AC, HYDROCODONE/ACETAMINOPHEN, HYDROCODONE/IBUPROFEN, LORTAB, OXYCODONE/ACETAMINOPHEN, OXYCODONE/ASPIRIN, OXYCODONE/IBUPROFEN, XYLON
Step Therapy Criteria	Coverage will be provided to the member for up to a 7-day supply of immediate-release opioids if the member does not have at least a cumulative 7-day supply of an opioid agent (immediate- or extended-release) within the past 90 days.

Step Therapy Group	PDPD AUTOIMMUNE
Drug Names	ACTEMRA
Step Therapy Criteria	For Rheumatoid Arthritis, must try Enbrel, Humira, Kevzara, Xeljanz 5mg, or Xeljanz XR.

Step Therapy Group	PDPD HEP C
Drug Names	SOVALDI, TECHNIVIE, ZEPATIER
Step Therapy Criteria	Must try Epclusa or Harvoni

Step Therapy Group	PDPD MS
Drug Names	AVONEX, AVONEX PEN, PLEGRIDY, PLEGRIDY STARTER PACK
Step Therapy Criteria	Must try Betaseron, Rebif, Glatiramer 40mg, Glatopa 20mg, Copaxone 20mg, Copaxone 40mg, Gilenya, Tecfidera or Aubagio

Step Therapy Group	RANEXA 658-D
Drug Names	RANOLAZINE ER
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a nitrate plus a beta blocker or a calcium channel blocker (at least a 30 day supply within the past 365 days)

Step Therapy Group	SAVELLA 2557-D
Drug Names	SAVELLA, SAVELLA TITRATION PACK
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 30 day supply of immediate-release gabapentin, immediate-release pregabalin, duloxetine, or amitriptyline within the past 120 days.

Step Therapy Group	SIMVA 80MG 981-D
Drug Names	SIMVASTATIN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for 80mg strength of simvastatin (Zocor) (at least a 290 day supply within the past 365 days)
Step Therapy Group	SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR (SGLT2) AND SGLT2 COMBINATIONS 676-D
Drug Names	FARXIGA, GLYXAMBI, JARDIANCE, QTERN, SYNJARDY, SYNJARDY XR, XIGDUO XR
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days
Step Therapy Group	TGST ACNE 771-D
Drug Names	AZELEX
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic acne product (at least a 30 day supply within the past 180 days)
Step Therapy Group	TGST ARB/RI 376-D
Drug Names	EDARBI
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic ACE, ACE/HCTZ combination, ARB, or ARB/HCTZ combination (at least a 30 day supply within the past 365 days)
Step Therapy Group	TGST BISPHOSPHONATES 377-D
Drug Names	FOSAMAX PLUS D
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic bisphosphonate product (at least a 28 day supply within the past 365 days)
Step Therapy Group	TGST BPH-ALPHA1 BLCK 606-D
Drug Names	CARDURA XL
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic Benign Prostatic Hyperplasia (BPH) agent (e.g., alfuzosin ext-rel, doxazosin, tamsulosin, terazosin) (at least a 30 day supply within the past 365 days)
Step Therapy Group	TGST PPI 383-D
Drug Names	DEXILANT
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic proton pump inhibitor (at least a 30 day supply within the past 180 days)
Step Therapy Group	TGST PROSTAGL ANALOG 613-D
Drug Names	LUMIGAN, ZIOPTAN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic prostaglandin analogue (at least a 30 day supply within the past 365 days)

Step Therapy Group	TGST SLEEP AGENTS 382-D
Drug Names	BELSOMRA, ROZEREM, SILENOR
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic nonbenzodiazepine hypnotic (at least a 30 day supply within the past 180 days)

Step Therapy Group	TGST SSRI 384-D
Drug Names	TRINTELLIX, VIIBRYD, VIIBRYD STARTER PACK
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic SSRI product (at least a 30 day supply within the past 365 days)

Step Therapy Group	TGST URINARY ANTISPASMODICS 385-D
Drug Names	MYRBETRIQ
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic urinary antispasmodic (at least a 30 day supply within the past 180 days)

Step Therapy Group	TRUVADA 2664-D
Drug Names	TRUVADA
Step Therapy Criteria	Truvada will be covered for pre-exposure (PrEP) and post-exposure (PEP) prophylaxis only. The formulary alternative for treatment is Cimduo. Coverage will be provided if the request is less than a 30 day supply OR the member has not filled Truvada in the previous 120 days OR the member has filled Truvada previously but has not filled any other antiretroviral medication in the past 120 days.

Step Therapy Group	ULORIC 540-D
Drug Names	FEBUXOSTAT, ULORIC
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for allopurinol (at least a 30 day supply within the past 180 days)