



2023 List of Covered Drugs for HMSA Essential Prescription Formulary

Effective 07/01/2023

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

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Table of Contents

- INTRODUCTION** 12
- PREFACE** 12
- ABBREVIATIONS USED IN THIS FORMULARY**..... 13
- EXCEPTION REQUEST**..... 14
- DRUG COVERAGE INFORMATION** 14
- HMSA CENTERS** 15
- HMSA OFFICES**..... 16
- ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS** **17**
- AMPHETAMINES 17
- ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS 18
- DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) 18
- HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS 18
- STIMULANTS - MISC. 18
- ALLERGENIC EXTRACTS/BIOLOGICALS MISC** **20**
- ALLERGENIC EXTRACTS..... 20
- AMINOGLYCOSIDES**..... **20**
- AMINOGLYCOSIDES 20
- ANALGESICS - ANTI-INFLAMMATORY**..... **21**
- ANTIRHEUMATIC - ENZYME INHIBITORS 21
- NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) 21
- PHOSPHODIESTERASE 4 (PDE4) INHIBITORS..... 22
- PYRIMIDINE SYNTHESIS INHIBITORS 22
- ANALGESICS - NONNARCOTIC**..... **22**
- ANALGESIC COMBINATIONS 22
- SALICYLATES 23
- ANALGESICS - OPIOID** **23**
- OPIOID AGONISTS..... 23
- OPIOID COMBINATIONS 25
- OPIOID PARTIAL AGONISTS 26
- ANDROGENS-ANABOLIC** **27**
- ANABOLIC STEROIDS..... 27
- ANDROGENS 27
- ANORECTAL AND RELATED PRODUCTS** **27**
- INTRARECTAL STEROIDS 27
- RECTAL COMBINATIONS 27
- RECTAL STEROIDS..... 28
- VASODILATING AGENTS 28
- ANTHELMINTICS**..... **28**
- ANTHELMINTICS..... 28
- ANTI-INFECTIVE AGENTS - MISC**..... **28**
- ANTI-INFECTIVE AGENTS - MISC. 28
- ANTI-INFECTIVE MISC. - COMBINATIONS 28
- ANTIPROTOZOAL AGENTS 28
- GLYCOPEPTIDES..... 29
- LEPROSTATICS..... 29
- LINCOSAMIDES 29

MONOBACTAMS.....29

OXAZOLIDINONES.....29

URINARY ANTI-INFECTIVES29

ANTIANGINAL AGENTS..... 29

 ANTIANGINALS-OTHER.....29

 NITRATES29

ANTIANSXIETY AGENTS 30

 ANTIANSXIETY AGENTS - MISC.30

 BENZODIAZEPINES.....30

ANTIARRHYTHMICS..... 31

 ANTIARRHYTHMICS TYPE I-A31

 ANTIARRHYTHMICS TYPE I-B31

 ANTIARRHYTHMICS TYPE I-C31

 ANTIARRHYTHMICS TYPE III32

ANTIASTHMATIC AND BRONCHODILATOR AGENTS 32

 ANTI-INFLAMMATORY AGENTS32

 BRONCHODILATORS - ANTICHOLINERGICS32

 LEUKOTRIENE MODULATORS32

 SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS32

 STEROID INHALANTS32

 SYMPATHOMIMETICS33

 XANTHINES34

ANTICOAGULANTS..... 35

 COUMARIN ANTICOAGULANTS35

 DIRECT FACTOR XA INHIBITORS35

 THROMBIN INHIBITORS35

ANTICONVULSANTS..... 35

 ANTICONVULSANTS - BENZODIAZEPINES.....35

 ANTICONVULSANTS - MISC.36

 CARBAMATES.....40

 GABA MODULATORS40

 HYDANTOINS40

 SUCCINIMIDES.....40

 VALPROIC ACID.....41

ANTIDEPRESSANTS 41

 ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)41

 ANTIDEPRESSANT COMBINATIONS41

 ANTIDEPRESSANTS - MISC.41

 MONOAMINE OXIDASE INHIBITORS (MAOIS)42

 SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)42

 SEROTONIN MODULATORS43

 SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)43

 TRICYCLIC AGENTS.....44

ANTIDIABETICS..... 45

 ALPHA-GLUCOSIDASE INHIBITORS45

 ANTIDIABETIC - AMYLIN ANALOGS45

 ANTIDIABETIC COMBINATIONS45

BIGUANIDES 46

DIABETIC OTHER 46

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS 46

DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC 47

INCRETIN MIMETIC AGENTS 47

INSULIN 47

INSULIN SENSITIZING AGENTS..... 47

MEGLITINIDE ANALOGUES..... 48

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS 48

SULFONYLUREAS 48

ANTIDIARRHEAL/PROBIOTIC AGENTS 48

 ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS 48

 ANTIPERISTALTIC AGENTS 48

ANTIDOTES AND SPECIFIC ANTAGONISTS 48

 ANTIDOTES - CHELATING AGENTS 48

 ANTIDOTES AND SPECIFIC ANTAGONISTS..... 49

 OPIOID ANTAGONISTS 49

ANTIEMETICS 49

 5-HT3 RECEPTOR ANTAGONISTS 49

 ANTIEMETICS - ANTICHOLINERGIC..... 49

 ANTIEMETICS - MISCELLANEOUS 49

 SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS 49

ANTIFUNGALS 50

 ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS..... 50

 ANTIFUNGALS 50

 IMIDAZOLE-RELATED ANTIFUNGALS 50

ANTIHIISTAMINES..... 50

 ANTIHIISTAMINES - ETHANOLAMINES..... 50

 ANTIHIISTAMINES - PHENOTHIAZINES..... 50

 ANTIHIISTAMINES - PIPERIDINES..... 51

ANTIHYPERLIPIDEMICS 51

 ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS 51

 ANTIHYPERLIPIDEMICS - COMBINATIONS 51

 ANTIHYPERLIPIDEMICS - MISC..... 51

 BILE ACID SEQUESTRANTS 51

 FIBRIC ACID DERIVATIVES 51

 HMG COA REDUCTASE INHIBITORS 52

 INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS..... 54

 NICOTINIC ACID DERIVATIVES 54

ANTIHYPERTENSIVES 54

 ACE INHIBITORS 54

 AGENTS FOR PHEOCHROMOCYTOMA..... 55

 ANGIOTENSIN II RECEPTOR ANTAGONISTS 55

 ANTIADRENERGIC ANTIHYPERTENSIVES 55

 ANTIHYPERTENSIVE COMBINATIONS 56

 DIRECT RENIN INHIBITORS 59

 SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) 59

VASODILATORS..... 59

ANTIMALARIALS..... 59

 ANTIMALARIAL COMBINATIONS 59

 ANTIMALARIALS 59

ANTIMYASTHENIC/CHOLINERGIC AGENTS..... 60

 ANTIMYASTHENIC/CHOLINERGIC AGENTS 60

ANTIMYCOBACTERIAL AGENTS..... 60

 ANTIMYCOBACTERIAL AGENTS 60

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES 60

 ALKYLATING AGENTS 60

 ANTIMETABOLITES 60

 ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS..... 61

 ANTINEOPLASTIC - ANTI-HER2 AGENTS 61

 ANTINEOPLASTIC - BCL-2 INHIBITORS 61

 ANTINEOPLASTIC - EGFR INHIBITORS 61

 ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS..... 62

 ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS..... 62

 ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS 63

 ANTINEOPLASTIC - IMMUNOMODULATORS 63

 ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS 63

 ANTINEOPLASTIC - XPO1 INHIBITORS 63

 ANTINEOPLASTIC COMBINATIONS..... 63

 ANTINEOPLASTIC ENZYME INHIBITORS..... 63

 ANTINEOPLASTICS MISC. 67

 CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS 67

 MITOTIC INHIBITORS..... 68

 TOPOISOMERASE I INHIBITORS 68

ANTIPARKINSON AND RELATED THERAPY AGENTS 68

 ANTIPARKINSON ADJUNCTIVE THERAPY 68

 ANTIPARKINSON ANTICHOLINERGICS..... 68

 ANTIPARKINSON COMT INHIBITORS 68

 ANTIPARKINSON DOPAMINERGICS 68

 ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS 70

ANTIPSYCHOTICS/ANTIMANIC AGENTS..... 70

 ANTIMANIC AGENTS 70

 ANTIPSYCHOTICS - MISC. 70

 BENZISOXAZOLES 71

 BUTYROPHENONES 71

 DIBENZAPINES..... 71

 PHENOTHIAZINES..... 72

 QUINOLINONE DERIVATIVES 73

 THIOXANTHENES..... 73

ANTIVIRALS 73

 ANTIRETROVIRALS 73

 CMV AGENTS 75

 HEPATITIS AGENTS..... 76

 HERPES AGENTS 76

INFLUENZA AGENTS.....77

BETA BLOCKERS 77

ALPHA-BETA BLOCKERS77

BETA BLOCKERS CARDIO-SELECTIVE.....77

BETA BLOCKERS NON-SELECTIVE.....78

CALCIUM CHANNEL BLOCKERS 78

CALCIUM CHANNEL BLOCKERS.....78

CARDIOTONICS 80

CARDIAC GLYCOSIDES80

CARDIOVASCULAR AGENTS - MISC..... 80

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS80

IMPOTENCE AGENTS81

PROSTAGLANDIN VASODILATORS81

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS ...82

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS82

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST83

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR ...83

TRANSTHYRETIN STABILIZERS.....83

VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC).....83

CEPHALOSPORINS 83

CEPHALOSPORINS - 1ST GENERATION83

CEPHALOSPORINS - 2ND GENERATION84

CEPHALOSPORINS - 3RD GENERATION84

CONTRACEPTIVES..... 84

COMBINATION CONTRACEPTIVES - ORAL84

COMBINATION CONTRACEPTIVES - TRANSDERMAL.....86

COMBINATION CONTRACEPTIVES - VAGINAL86

EMERGENCY CONTRACEPTIVES86

PROGESTIN CONTRACEPTIVES - ORAL86

CORTICOSTEROIDS 86

GLUCOCORTICOSTEROIDS86

MINERALOCORTICIDS88

COUGH/COLD/ALLERGY 88

ANTITUSSIVES88

COUGH/COLD/ALLERGY COMBINATIONS88

EXPECTORANTS.....88

MISC. RESPIRATORY INHALANTS.....88

MUCOLYTICS.....89

DERMATOLOGICALS..... 89

ACNE PRODUCTS89

AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS90

ANTI-INFLAMMATORY AGENTS - TOPICAL.....90

ANTIBIOTICS - TOPICAL.....90

ANTIFUNGALS - TOPICAL.....90

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL.....91

ANTI-PRURITICS - TOPICAL91

ANTIPSORIATICS.....91

ANTISEBORRHEIC PRODUCTS 92

ANTIVIRALS - TOPICAL..... 92

BURN PRODUCTS..... 92

CAUTERIZING AGENTS 92

CORTICOSTEROIDS - TOPICAL 92

ECZEMA AGENTS 94

EMOLLIENT/KERATOLYTIC AGENTS 94

EMOLLIENTS 94

ENZYMES - TOPICAL 94

IMMUNOMODULATING AGENTS - TOPICAL 94

IMMUNOSUPPRESSIVE AGENTS - TOPICAL..... 95

KERATOLYTIC/ANTIMITOTIC AGENTS..... 95

LOCAL ANESTHETICS - TOPICAL..... 95

MISC. DERMATOLOGICAL PRODUCTS 95

MISC. TOPICAL..... 95

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL 95

ROSACEA AGENTS 95

SCABICIDES & PEDICULICIDES 95

WOUND CARE PRODUCTS 96

DIAGNOSTIC PRODUCTS..... 96

 DIAGNOSTIC TESTS..... 96

 RADIOGRAPHIC CONTRAST MEDIA 96

DIGESTIVE AIDS..... 96

 DIGESTIVE ENZYMES 96

DIURETICS 97

 CARBONIC ANHYDRASE INHIBITORS 97

 DIURETIC COMBINATIONS..... 97

 LOOP DIURETICS..... 97

 POTASSIUM SPARING DIURETICS..... 98

 THIAZIDES AND THIAZIDE-LIKE DIURETICS 98

ENDOCRINE AND METABOLIC AGENTS - MISC. 98

 ADRENAL STEROID INHIBITORS 98

 BONE DENSITY REGULATORS..... 98

 FERTILITY REGULATORS..... 98

 GNRH/LHRH ANTAGONISTS 99

 HORMONE RECEPTOR MODULATORS..... 99

 LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS..... 99

 METABOLIC MODIFIERS 99

 MINERALOCORTICOID RECEPTOR ANTAGONISTS 100

 POSTERIOR PITUITARY HORMONES 100

 PROLACTIN INHIBITORS..... 100

 SOMATOSTATIC AGENTS 100

 VASOPRESSIN RECEPTOR ANTAGONISTS 100

ESTROGENS 100

 ESTROGEN COMBINATIONS 100

 ESTROGENS..... 101

FLUOROQUINOLONES 102

FLUOROQUINOLONES 102

GASTROINTESTINAL AGENTS - MISC..... 102

FARNESOID X RECEPTOR (FXR) AGONISTS 102

GALLSTONE SOLUBILIZING AGENTS 102

GASTROINTESTINAL ANTIALLERGY AGENTS 102

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS 102

GASTROINTESTINAL STIMULANTS 102

ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS..... 102

INFLAMMATORY BOWEL AGENTS 103

INTESTINAL ACIDIFIERS 103

IRRITABLE BOWEL SYNDROME (IBS) AGENTS 103

PERIPHERAL OPIOID RECEPTOR ANTAGONISTS..... 103

PHOSPHATE BINDER AGENTS..... 103

GENITOURINARY AGENTS - MISCELLANEOUS..... 104

ACIDIFIERS 104

ALKALINIZERS 104

CYSTINOSIS AGENTS 104

INTERSTITIAL CYSTITIS AGENTS..... 104

PROSTATIC HYPERTROPHY AGENTS 104

URINARY STONE AGENTS 104

GOUT AGENTS..... 105

GOUT AGENT COMBINATIONS 105

GOUT AGENTS..... 105

URICOSURICS 105

HEMATOLOGICAL AGENTS - MISC. 105

COMPLEMENT INHIBITORS 105

HEMATAOLOGIC - TYROSINE KINASE INHIBITORS..... 105

HEMATORHEOLOGIC AGENTS..... 105

PLASMA KALLIKREIN INHIBITORS..... 105

PLATELET AGGREGATION INHIBITORS 105

PYRUVATE KINASE ACTIVATORS..... 106

HEMATOPOIETIC AGENTS 106

AGENTS FOR SICKLE CELL DISEASE 106

COBALAMINS 106

FOLIC ACID/FOLATES..... 106

HEMATOPOIETIC GROWTH FACTORS..... 106

HEMOSTATICS 106

HEMOSTATICS - SYSTEMIC 106

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS 107

BARBITURATE HYPNOTICS..... 107

HYPNOTICS - TRICYCLIC AGENTS 107

NON-BARBITURATE HYPNOTICS 107

OREXIN RECEPTOR ANTAGONISTS..... 108

SELECTIVE MELATONIN RECEPTOR AGONISTS 108

LAXATIVES 108

LAXATIVE COMBINATIONS..... 108

LAXATIVES - MISCELLANEOUS 108

SALINE LAXATIVES 108

MACROLIDES 108

AZITHROMYCIN 108

CLARITHROMYCIN 109

ERYTHROMYCINS..... 109

FIDAXOMICIN 109

MEDICAL DEVICES AND SUPPLIES..... 109

CONTRACEPTIVES..... 109

DIABETIC SUPPLIES..... 109

MISC. DEVICES 110

PARENTERAL THERAPY SUPPLIES..... 110

RESPIRATORY THERAPY SUPPLIES 110

MIGRAINE PRODUCTS 110

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG 110

MIGRAINE COMBINATIONS 111

MIGRAINE PRODUCTS 111

MIGRAINE PRODUCTS - NSAIDS 111

SEROTONIN AGONISTS 111

MINERALS & ELECTROLYTES..... 112

FLUORIDE..... 112

PHOSPHATE 112

POTASSIUM 112

MISCELLANEOUS THERAPEUTIC CLASSES..... 113

CHELATING AGENTS 113

IMMUNOMODULATORS 113

IMMUNOSUPPRESSIVE AGENTS..... 113

POTASSIUM REMOVING AGENTS 114

PROGERIA TREATMENT AGENTS 114

MOUTH/THROAT/DENTAL AGENTS..... 114

ANESTHETICS TOPICAL ORAL..... 114

ANTI-INFECTIVES - THROAT 114

ANTISEPTICS - MOUTH/THROAT 115

DENTAL PRODUCTS 115

PERIODONTAL PRODUCTS 115

STEROIDS - MOUTH/THROAT/DENTAL..... 115

THROAT PRODUCTS - MISC. 115

MUSCULOSKELETAL THERAPY AGENTS 115

CENTRAL MUSCLE RELAXANTS 115

DIRECT MUSCLE RELAXANTS 115

NASAL AGENTS - SYSTEMIC AND TOPICAL 116

NASAL AGENT COMBINATIONS..... 116

NASAL ANTIALLERGY 116

NASAL ANTICHOLINERGICS 116

NASAL STEROIDS 116

NEUROMUSCULAR AGENTS 116

ALS AGENTS 116

SPINAL MUSCULAR ATROPHY AGENTS (SMA) 116

OPHTHALMIC AGENTS 116
 ARTIFICIAL TEARS AND LUBRICANTS..... 116
 BETA-BLOCKERS - OPTHALMIC..... 116
 CYCLOPLEGIC MYDRIATICS..... 117
 MIOTICS..... 117
 OPTHALMIC ADRENERGIC AGENTS 117
 OPTHALMIC ANTI-INFECTIVES 118
 OPTHALMIC IMMUNOMODULATORS 118
 OPTHALMIC INTEGRIN ANTAGONISTS..... 118
 OPTHALMIC KINASE INHIBITORS 118
 OPTHALMIC LOCAL ANESTHETICS 118
 OPTHALMIC NERVE GROWTH FACTORS 119
 OPTHALMIC STEROIDS..... 119
 OPTHALMICS - MISC. 119
 PROSTAGLANDINS - OPTHALMIC..... 120

OTIC AGENTS..... 120
 OTIC AGENTS - MISCELLANEOUS 120
 OTIC ANTI-INFECTIVES 120
 OTIC COMBINATIONS..... 120
 OTIC STEROIDS 121

OXYTOCICS..... 121
 OXYTOCICS 121

PENICILLINS 121
 AMINOPENICILLINS 121
 NATURAL PENICILLINS 121
 PENICILLIN COMBINATIONS 121
 PENICILLINASE-RESISTANT PENICILLINS 122

PROGESTINS 122
 PROGESTINS..... 122

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC..... 122
 AGENTS FOR CHEMICAL DEPENDENCY 122
 ANTI-CATAPLECTIC AGENTS 122
 ANTIDEMENTIA AGENTS..... 122
 COMBINATION PSYCHOTHERAPEUTICS 123
 FIBROMYALGIA AGENTS 123
 MOVEMENT DISORDER DRUG THERAPY 123
 MULTIPLE SCLEROSIS AGENTS..... 124
 PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS 124
 PSEUDOBULBAR AFFECT (PBA) AGENTS 124
 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. 124
 SMOKING DETERRENTS..... 125
 VASOMOTOR SYMPTOM AGENTS..... 126

RESPIRATORY AGENTS - MISC..... 126
 CYSTIC FIBROSIS AGENTS 126
 PULMONARY FIBROSIS AGENTS 126

SULFONAMIDES..... 126
 SULFONAMIDES..... 126

TETRACYCLINES 126
TETRACYCLINES 126

THYROID AGENTS..... 127
ANTITHYROID AGENTS 127
THYROID HORMONES..... 127

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS 129
ANTISPASMODICS 129
H-2 ANTAGONISTS 129
MISC. ANTI-ULCER 129
PROTON PUMP INHIBITORS 129
ULCER DRUGS - PROSTAGLANDINS 130
ULCER THERAPY COMBINATIONS..... 130

URINARY ANTISPASMODICS 130
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)... 130
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS 131
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS 131
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS 131

VAGINAL AND RELATED PRODUCTS..... 131
MISCELLANEOUS VAGINAL PRODUCTS 131
SPERMICIDES 131
VAGINAL ANTI-INFECTIVES 131
VAGINAL CONTRACEPTIVE - PH MODULATORS 131
VAGINAL ESTROGENS 131
VAGINAL PROGESTINS 131

VASOPRESSORS..... 132
ANAPHYLAXIS THERAPY AGENTS 132
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS..... 132
VASOPRESSORS 132

VITAMINS..... 132
OIL SOLUBLE VITAMINS 132

Index..... 133

INTRODUCTION

HMSA’s Essential Prescription Formulary for commercial plan members is designed to help keep health care affordable, while maintaining focus on the safety, health, and well-being of our members.

HMSA Essential Prescription Formulary is a managed formulary. Drugs listed on this formulary are considered covered benefits.

Consistent with the principles of this formulary, the HMSA Pharmacy & Therapeutics (P&T) Committee reviews new drugs to assess their safety and effectiveness before they’re added to the formulary. The HMSA P&T Committee is comprised of practicing physicians and pharmacists from the community.

In addition to new drugs, the HMSA P&T Committee and HMSA staff continually review the formulary. The formulary approval process helps to ensure that clinical evidence and medical value are considered before cost. If drugs in a treatment class are clinically comparable, the committee will assess cost-effectiveness and choose agents with the best value.

PREFACE

The document is organized in sections that are divided into therapeutic drug classes primarily defined by mechanism of action.

Therapeutic drug class description does not indicate coverage. Please refer to your plan benefit.

Tier level and coverage criteria (if applicable) are noted next to each drug.

Tier	Definition
Tier 0	Zero (\$0) Copay
Tier 1	mostly Generic Drugs
Tier 2	mostly Preferred Drugs
Tier 3	mostly Other Brand Name Drugs
Tier 4	mostly Preferred Specialty Drugs
Tier 5*	mostly Other Brand Name Specialty Drugs

Tier	Definition
DS	Diabetic Supplies
OC	Oral Chemotherapy – refer to plan benefits

*If applicable to your plan benefits

Please refer to your Plan's Prescription Drug Rider for the specific copayment or coinsurance amount associated with each tier or category.

ABBREVIATIONS USED IN THIS FORMULARY

TERM	DEFINITION
ACA	USPSTF recommended drugs covered at \$0.
AGE	Age Limit: age requirements for coverage of drug.
Lowercase	Indicates generic drug.
PA	Prior Authorization: Requires that you or your physician receive approval from HMSA before we will cover your prescription.
QL	Quantity Limit: A limit on the amount of the drug that HMSA will cover
SP	Specialty drug with network requirements: Must fill prescription at a specialty pharmacy; 30-day supply limit.
ST	Step Therapy: Requires you to first try certain drugs to treat your medical condition before we'll cover another drug for that condition.
UPPERCASE	Indicates brand name drug.
\$0	Zero (\$0) Copay: When obtained from a participating provider, HMSA pays 100% of the eligible charge. You owe no copayment.

EXCEPTION REQUEST

Drugs listed on this formulary are considered covered benefits. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

To request a prior authorization or an exception, Providers please call or fax CVS Caremark®, HMSA's Pharmacy Benefit Manager.

CALL:

Commercial 1 (855) 240-0543 toll-free

FAX:

Commercial 1 (855) 762-5207 toll-free

This drug list is subject to change and drugs may be added or removed without notice. Please contact HMSA to confirm your drug plan coverage. This list is effective July 1, 2023.

DRUG COVERAGE INFORMATION

The status of a drug on this list is current as of the date of this publication. The list serves as a guide to product selection for our providers and members. The list is subject to change. Participating pharmacies have the most up-to-date formulary information at the time prescriptions are filled. New drugs, strengths, forms, and/or therapeutic categories will be reflected in the formulary, as applicable, following the completion of HMSA's review process.

Not all generic drugs may be listed.

Coverage of a drug will depend on your drug plan.

HMSA's mission is to provide the people of Hawaii access to a sustainable, quality health care system that improves the overall health and well-being of our state.

HMSA CENTERS

Convenient evening and Saturday hours:

HMSA Center @ Honolulu

818 Keeaumoku St.
Monday through Friday, 8am – 6pm
Saturday, 9am – 2pm

HMSA Center @ Pearl City

Pearl City Gateway
1132 Kuala St., Suite 400
Monday through Friday, 9am – 7pm
Saturday, 9am – 2pm

HMSA Center @ Hilo

Waiakea Center
303A E. Makaala St.
Monday through Friday, 9am – 7pm
Saturday, 9am – 2pm

HMSA Center @ Kahului

Puunene Shopping Center
70 Ho'okele St., Suite 1200
Monday through Friday, 9am – 7pm
Saturday, 9am – 2pm

HMSA OFFICES

Visit your local HMSA office Monday through Friday, 8am – 4pm:

Lihue, Kauai

4366 Kukui Grove St., Suite 103

Phone: 808-245-3393

PHONE

808-948-6079 on Oahu Toll-free 1 (800) 776-4672

Check hmsa.com/contact for our holiday schedule and COVID-19 safety guidelines.

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

AMPHETAMINES

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (360 caps/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (180 caps/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (120 caps/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (90 caps/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (60 caps/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (60 caps/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (360 tabs/30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (240 tabs/30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (180 tabs/30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (135 tabs/30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (120 tabs/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs/30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs/30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (360 caps/30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (180 caps/30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (120 caps/30 days)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	QL (480 tabs/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (360 tabs/30 days)
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	QL (150 tabs/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (180 tabs/30 days)
<i>dextroamphetamine sulfate tab 15 mg</i>	1	QL (60 tabs/30 days)
<i>dextroamphetamine sulfate tab 20 mg</i>	1	QL (60 tabs/30 days)
<i>dextroamphetamine sulfate tab 30 mg</i>	1	QL (30 tabs/30 days)
<i>methamphetamine hcl tab 5 mg</i>	1	QL (150 tabs/30 days)
VYVANSE CAP 10MG	3	QL (60 caps/30 days)
VYVANSE CAP 20MG	3	QL (60 caps/30 days)
VYVANSE CAP 30MG	3	QL (60 caps/30 days)
VYVANSE CAP 40MG	3	QL (30 caps/30 days)

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAP 50MG	3	QL (30 caps/30 days)
VYVANSE CAP 60MG	3	QL (30 caps/30 days)
VYVANSE CAP 70MG	3	QL (30 caps/30 days)

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (120 caps/30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (120 caps/30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (120 caps/30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (60 caps/30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (30 caps/30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (30 caps/30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (30 caps/30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	

DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)

SUNOSI TAB 75MG	4	SP, PA
SUNOSI TAB 150MG	4	SP, PA

HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS

WAKIX TAB 4.45MG	4	SP, PA
WAKIX TAB 17.8MG	4	SP, PA

STIMULANTS - MISC.

<i>armodafinil tab 50 mg</i>	1	PA
<i>armodafinil tab 150 mg</i>	1	PA
<i>armodafinil tab 200 mg</i>	1	PA
<i>armodafinil tab 250 mg</i>	1	PA
DAYTRANA DIS 10MG/9HR	3	QL (30 patches/30 days)
DAYTRANA DIS 15MG/9HR	3	QL (30 patches/30 days)
DAYTRANA DIS 20MG/9HR	3	QL (30 patches/30 days)
DAYTRANA DIS 30MG/9HR	3	QL (30 patches/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (300 caps/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (150 caps/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (90 caps/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (60 caps/30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps/30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (600 tabs/30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (300 tabs/30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (150 tabs/30 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (300 caps/30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (150 caps/30 days)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	QL (300 caps/30 days)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	QL (180 caps/30 days)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	QL (120 caps/30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (150 caps/30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	QL (90 caps/30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (90 caps/30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	QL (60 caps/30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (60 caps/30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	QL (30 caps/30 days)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	QL (30 caps/30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	1	QL (30 caps/30 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (90 caps/30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (60 caps/30 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (60 caps/30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps/30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (3000 mL/30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (1500 mL/30 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (600 tabs/30 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (300 tabs/30 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (150 tabs/30 days)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (300 tabs/30 days)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (150 tabs/30 days)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	QL (180 tabs/30 days)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	QL (120 tabs/30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	QL (90 tabs/30 days)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	QL (60 tabs/30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (180 tabs/30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (120 tabs/30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (90 tabs/30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (60 tabs/30 days)
<i>methylphenidate td patch 10 mg/9hr</i>	1	QL (30 patches/30 days)
<i>methylphenidate td patch 15 mg/9hr</i>	1	QL (30 patches/30 days)
<i>methylphenidate td patch 20 mg/9hr</i>	1	QL (30 patches/30 days)
<i>methylphenidate td patch 30 mg/9hr</i>	1	QL (30 patches/30 days)
<i>modafinil tab 100 mg</i>	1	PA
<i>modafinil tab 200 mg</i>	1	PA
QUILLIVANT SUS 25MG/5ML	3	QL (360 mL/30 days)
RITALIN LA CAP 10MG	3	QL (300 caps/30 days)
RITALIN LA CAP 20MG	3	QL (150 caps/30 days)
RITALIN LA CAP 30MG	3	QL (90 caps/30 days)
RITALIN LA CAP 40MG	3	QL (60 caps/30 days)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

ORALAIR SUB 300 IR	3	
PALFORZIA CAP ESCALAT	5	SP, PA
PALFORZIA CAP LEVEL 1	5	SP, PA
PALFORZIA CAP LEVEL 2	5	SP, PA
PALFORZIA CAP LEVEL 3	5	SP, PA
PALFORZIA CAP LEVEL 4	5	SP, PA
PALFORZIA CAP LEVEL 5	5	SP, PA
PALFORZIA CAP LEVEL 6	5	SP, PA
PALFORZIA CAP LEVEL 7	5	SP, PA
PALFORZIA CAP LEVEL 8	5	SP, PA
PALFORZIA CAP LEVEL 9	5	SP, PA
PALFORZIA CAP LEVEL 10	5	SP, PA
PALFORZIA POW LEVEL 11	5	SP, PA

AMINOGLYCOSIDES

AMINOGLYCOSIDES

BETHKIS NEB 300/4ML	4	SP, PA
KITABIS PAK NEB 300/5ML	5	SP, PA
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
TOBI NEB 300/5ML	5	SP, PA
TOBI PODHALR CAP 28MG	5	SP, PA
<i>tobramycin nebu soln 300 mg/4ml</i>	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin nebu soln 300 mg/5ml</i>	4	SP, PA

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS

OLUMIANT TAB 1MG	5	SP, PA
OLUMIANT TAB 2MG	5	SP, PA
RINVOQ TAB 15MG ER	4	SP, PA
RINVOQ TAB 30MG ER	4	SP, PA
RINVOQ TAB 45MG ER	4	SP, PA
XELJANZ SOL 1MG/ML	4	SP, PA
XELJANZ TAB 5MG	4	SP, PA
XELJANZ TAB 10MG	4	SP, PA
XELJANZ XR TAB 11MG	4	SP, PA
XELJANZ XR TAB 22MG	4	SP, PA

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
<i>diclofenac potassium cap 25 mg</i>	1	
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
<i>fenoprofen calcium tab 600 mg</i>	1	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
INDOCIN SUP 50MG	3	
<i>indomethacin cap 20 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketoprofen cap er 24hr 200 mg</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
NAPRELAN TAB 375MG CR	3	
NAPRELAN TAB 750MG CR	3	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i>	1	
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i>	1	
<i>naproxen sodium tab er 24hr 750 mg (base equiv)</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TAB 10/20/30	4	SP, PA
OTEZLA TAB 30MG	4	SP, PA

PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>butalbital-acetaminophen tab 50-300 mg</i>	1	QL (360 tabs/30 days)
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AGE - Age Limit PA - Prior Authorization QL - Quantity Limits SP - Specialty ST - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL (360 tabs/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL (390 caps/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (360 caps/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (360 tabs/30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (360 caps/30 days)

SALICYLATES

<i>aspirin chewable 81mg</i>	0	AGE; QL (100 tabs per fill); (Females 12-59 years)
<i>aspirin enteric coated 81mg</i>	0	AGE; QL (100 tabs per fill); (Females 12-59 years)
<i>diflunisal tab 500 mg</i>	1	

ANALGESICS - OPIOID

OPIOID AGONISTS

<i>codeine sulfate tab 30 mg</i>	1	QL (360 tabs/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA, QL (120 ea/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA, QL (120 ea/30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA, QL (120 ea/30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA, QL (120 ea/30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA, QL (120 ea/30 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA, QL (120 ea/30 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	QL (15 patches/30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL (15 patches/30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	QL (15 patches/30 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	QL (15 patches/30 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	QL (15 patches/30 days)
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	QL (120 caps/30 days)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	QL (120 caps/30 days)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	1	QL (120 caps/30 days)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	QL (60 caps/30 days)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	QL (60 caps/30 days)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	QL (60 caps/30 days)
<i>hydromorphone hcl tab 2 mg</i>	1	QL (360 tabs/30 days)
<i>hydromorphone hcl tab 4 mg</i>	1	QL (180 tabs/30 days)
<i>hydromorphone hcl tab 8 mg</i>	1	QL (180 tabs/30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	QL (30 tabs/30 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	QL (30 tabs/30 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	QL (30 tabs/30 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	QL (30 tabs/30 days)
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	QL (120 mL/30 days)
<i>meperidine hcl tab 50 mg</i>	1	QL (24 tabs/30 days)
<i>methadone hcl conc 10 mg/ml</i>	1	
<i>methadone hcl soln 5 mg/5ml</i>	1	
<i>methadone hcl soln 10 mg/5ml</i>	1	
<i>methadone hcl tab 5 mg</i>	1	
<i>methadone hcl tab 10 mg</i>	1	
METHADOSE CON 10MG/ML	3	
METHADOSE SF CON 10MG/ML	3	
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	QL (30 caps/30 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	QL (30 caps/30 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	QL (30 caps/30 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	QL (30 caps/30 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	QL (30 caps/30 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	QL (30 caps/30 days)
<i>morphine sulfate cap er 24hr 10 mg</i>	1	QL (60 caps/30 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	QL (60 caps/30 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	QL (60 caps/30 days)
<i>morphine sulfate cap er 24hr 40 mg</i>	1	QL (60 caps/30 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	QL (60 caps/30 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	QL (60 caps/30 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	QL (60 caps/30 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	QL (60 caps/30 days)
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	QL (1800 mL/30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	QL (900 mL/30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	QL (180 mL/30 days)
<i>morphine sulfate tab 15 mg</i>	1	QL (180 tabs/30 days)
<i>morphine sulfate tab 30 mg</i>	1	QL (180 tabs/30 days)
<i>morphine sulfate tab er 15 mg</i>	1	QL (90 tabs/30 days)
<i>morphine sulfate tab er 30 mg</i>	1	QL (90 tabs/30 days)
<i>morphine sulfate tab er 60 mg</i>	1	QL (90 tabs/30 days)
<i>morphine sulfate tab er 100 mg</i>	1	QL (90 tabs/30 days)
<i>morphine sulfate tab er 200 mg</i>	1	QL (90 tabs/30 days)
<i>oxycodone hcl cap 5 mg</i>	1	QL (360 caps/30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	QL (135 mL/30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL (2700 mL/30 days)
<i>oxycodone hcl tab 5 mg</i>	1	QL (360 caps/30 days)
<i>oxycodone hcl tab 10 mg</i>	1	QL (180 tabs/30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab 15 mg</i>	1	QL (180 tabs/30 days)
<i>oxycodone hcl tab 20 mg</i>	1	QL (180 tabs/30 days)
<i>oxycodone hcl tab 30 mg</i>	1	QL (180 tabs/30 days)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	QL (90 tabs/30 days)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	QL (90 tabs/30 days)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	QL (90 tabs/30 days)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	QL (90 tabs/30 days)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	QL (90 tabs/30 days)
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	QL (90 tabs/30 days)
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	QL (90 tabs/30 days)
OXYCONTIN TAB 10MG ER	3	QL (90 tabs/30 days)
OXYCONTIN TAB 15MG ER	3	QL (90 tabs/30 days)
OXYCONTIN TAB 20MG ER	3	QL (90 tabs/30 days)
OXYCONTIN TAB 30MG ER	3	QL (90 tabs/30 days)
OXYCONTIN TAB 40MG ER	3	QL (90 tabs/30 days)
OXYCONTIN TAB 60MG ER	3	QL (90 tabs/30 days)
OXYCONTIN TAB 80MG ER	3	QL (90 tabs/30 days)
<i>oxymorphone hcl tab 5 mg</i>	1	QL (360 caps/30 days)
<i>oxymorphone hcl tab 10 mg</i>	1	QL (360 caps/30 days)
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	QL (60 tabs/30 days)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	QL (60 tabs/30 days)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	QL (60 tabs/30 days)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	QL (60 tabs/30 days)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	QL (60 tabs/30 days)
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	QL (60 tabs/30 days)
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	QL (60 tabs/30 days)
<i>tramadol hcl tab 50 mg</i>	1	QL (240 tabs/30 days)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	QL (90 tabs/30 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	QL (60 tabs/30 days)
<i>tramadol hcl tab er 24hr 300 mg</i>	1	QL (30 tabs/30 days)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	QL (90 tabs/30 days)
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	QL (60 tabs/30 days)
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	QL (30 tabs/30 days)
ZOHYDRO ER CAP 10MG	3	QL (120 caps/30 days)
ZOHYDRO ER CAP 15MG	3	QL (120 caps/30 days)
ZOHYDRO ER CAP 20MG	3	QL (120 caps/30 days)
ZOHYDRO ER CAP 30MG	3	QL (60 caps/30 days)
ZOHYDRO ER CAP 40MG	3	QL (60 caps/30 days)
ZOHYDRO ER CAP 50MG	3	QL (60 caps/30 days)

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (5000 mL/30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs/30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (400 tabs/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (400 tabs/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (390 caps/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL (360 caps/30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL (360 caps/30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (5520 mL/30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	QL (360 tabs/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (369 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	QL (180 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (369 tabs/30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	QL (180 tabs/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (369 tabs/30 days)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	QL (180 tabs/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (180 tabs/30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	QL (180 tabs/30 days)
LORTAB ELX 10-300MG	3	QL (2025 mL/30 days)
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	QL (1846 mL/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (369 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (369 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (369 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (369 tabs/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (40 tabs/30 days)

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	QL (1 patch/7 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	QL (1 patch/7 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	QL (1 patch/7 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	QL (1 patch/7 days)
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	QL (1 patch/7 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2 bottles/30 days)
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	QL (360 tabs/30 days)
ZUBSOLV SUB 1.4-0.36	3	
ZUBSOLV SUB 5.7-1.4	3	
ZUBSOLV SUB 8.6-2.1	3	

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

<i>oxandrolone tab 2.5 mg</i>	1	
<i>oxandrolone tab 10 mg</i>	1	

ANDROGENS

<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
JATENZO CAP 158MG	3	PA
JATENZO CAP 198MG	3	PA
JATENZO CAP 237MG	3	PA
<i>methyltestosterone cap 10 mg</i>	1	QL (600 caps/30 days)
<i>testosterone td gel 10mg/act (2%)</i>	1	QL (120 grams/30 days)
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	QL (300 grams/30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	QL (150 grams/30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	QL (150 grams/30 days)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	QL (300 grams/30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	QL (150 grams/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	QL (300 grams/30 days)
<i>testosterone td soln 30 mg/act</i>	1	QL (180 mL/30 days)

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

CORTIFOAM AER 90MG	3	
<i>hydrocortisone enema 100 mg/60ml</i>	1	

RECTAL COMBINATIONS

<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
<i>lidocaine-hydrocortisone acetate rectal cream kit 2-2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-0.5%</i>	1	
<i>lidocaine-hydrocortisone acetate rectal gel kit 3-2.5%</i>	1	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	3	
RECTAL STEROIDS		
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
VASODILATING AGENTS		
RECTIV OIN 0.4%	3	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	1	
ALBENZA TAB 200MG	3	
<i>ivermectin tab 3 mg</i>	1	PA
<i>praziquantel tab 600 mg</i>	1	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
TRIMETHOPRIM TAB 100MG	3	
XIFAXAN TAB 200MG	3	
XIFAXAN TAB 550MG	3	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>*methenamine-hyosc-meth blue-sod phosph sal cap 120 mg***</i>	1	
<i>*methenamine-hyosc-meth blue-sod phosph sal tab 81 mg***</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
<i>atovaquone susp 750 mg/5ml</i>	1	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nitazoxanide tab 500 mg</i>	1	
GLYCOPEPTIDES		
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
MONOBACTAMS		
CAYSTON INH 75MG	4	SP, PA
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	
<i>linezolid tab 600 mg</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
<i>methenamine hippurate tab 1 gm</i>	1	
MONUROL PAK GRANULES	3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab 40 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.1MG/HR	2	
NITRO-DUR DIS 0.2MG/HR	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.4MG/HR	2	
NITRO-DUR DIS 0.6MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin cap er 2.5 mg</i>	1	
<i>nitroglycerin cap er 6.5 mg</i>	1	
<i>nitroglycerin cap er 9 mg</i>	1	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	

ANTIANSXIETY AGENTS

ANTIANSXIETY AGENTS - MISC.

<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	

BENZODIAZEPINES

<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	
<i>alprazolam orally disintegrating tab 1 mg</i>	1	
<i>alprazolam orally disintegrating tab 2 mg</i>	1	
<i>alprazolam tab 0.5 mg</i>	1	
<i>alprazolam tab 0.25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tab 1 mg</i>	1	
<i>alprazolam tab 2 mg</i>	1	
<i>alprazolam tab er 24hr 0.5 mg</i>	1	
<i>alprazolam tab er 24hr 1 mg</i>	1	
<i>alprazolam tab er 24hr 2 mg</i>	1	
<i>alprazolam tab er 24hr 3 mg</i>	1	
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	
<i>clorazepate dipotassium tab 7.5 mg</i>	1	
<i>clorazepate dipotassium tab 15 mg</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg</i>	1	
<i>diazepam tab 5 mg</i>	1	
<i>diazepam tab 10 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	
<i>lorazepam tab 1 mg</i>	1	
<i>lorazepam tab 2 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	
VALIUM TAB 2MG	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG CR	2	
<i>quinidine gluconate tab er 324 mg</i>	1	

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	PA
MULTAQ TAB 400MG	3	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	2	
<i>ipratropium bromide inhal soln 0.02%</i>	1	
SPIRIVA AER 1.25MCG	2	
SPIRIVA CAP HANDIHLR	2	
SPIRIVA SPR 2.5MCG	2	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
<i>zileuton tab er 12hr 600 mg</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast tab 250 mcg</i>	1	
<i>roflumilast tab 500 mcg</i>	1	
STEROID INHALANTS		
ALVESCO AER 80MCG	3	
ALVESCO AER 160MCG	3	
ARNUITY ELPT INH 50MCG	3	
ARNUITY ELPT INH 100MCG	2	
ARNUITY ELPT INH 200MCG	2	
ASMANEX 7 AER 110MCG	2	
ASMANEX 14 AER 220MCG	2	
ASMANEX 30 AER 110MCG	2	

Drug Name	Drug Tier	Requirements/Limits
ASMANEX 30 AER 220MCG	2	
ASMANEX 60 AER 220MCG	2	
ASMANEX 120 AER 220MCG	2	
ASMANEX HFA AER 100 MCG	2	
ASMANEX HFA AER 200 MCG	2	
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	
<i>budesonide inhalation susp 1 mg/2ml</i>	1	
FLOVENT DISK AER 50MCG	2	
FLOVENT DISK AER 100MCG	2	
FLOVENT DISK AER 250MCG	2	
FLOVENT HFA AER 44MCG	2	
FLOVENT HFA AER 110MCG	2	
FLOVENT HFA AER 220MCG	2	
PULMICORT INH 90MCG	2	
PULMICORT INH 180MCG	2	
QVAR REDIIHA AER 80MCG	2	
QVAR REDIIHAL AER 40MCG	2	

SYMPATHOMIMETICS

ADVAIR HFA AER 45/21	2	QL (1 inhaler/30 days)
ADVAIR HFA AER 115/21	2	QL (1 inhaler/30 days)
ADVAIR HFA AER 230/21	2	QL (1 inhaler/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
ANORO ELLIPT AER 62.5-25	2	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 200-25	2	
BREZTRI AERO AER SPHERE	2	
BROVANA NEB 15MCG	3	
COMBIVENT AER 20-100	2	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	1	QL (1 inhaler/30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (1 inhaler/30 days); WIXELA Only
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	1	QL (1 inhaler/30 days)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	1	QL (1 inhaler/30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (1 inhaler/30 days); WIXELA Only
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (1 inhaler/30 days); WIXELA Only
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	1	QL (1 inhaler/30 days)
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	1	QL (1 inhaler/30 days)
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	1	QL (1 inhaler/30 days)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	
PERFOROMIST NEB 20MCG	3	
PROAIR HFA AER	2	
PROAIR RESPI AER	2	
STIOLTO AER 2.5-2.5	2	
STRIVERDI AER 2.5MCG	2	
SYMBICORT AER 80-4.5	2	
SYMBICORT AER 160-4.5	2	
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER 100MCG	2	
TRELEGY AER 200MCG	2	
VENTOLIN HFA AER	2	
XOPENEX HFA AER	3	
XANTHINES		
THEO-24 CAP 100MG CR	2	
THEO-24 CAP 200MG CR	2	
THEO-24 CAP 300MG CR	2	

Drug Name	Drug Tier	Requirements/Limits
THEO-24 CAP 400MG ER	2	
<i>theophylline elixir 80 mg/15ml</i>	1	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
XARELTO STAR TAB 15/20MG	2	
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	

THROMBIN INHIBITORS

<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1	
PRADAXA CAP 75MG	3	
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	

ANTICONSULSANTS

ANTICONSULSANTS - BENZODIAZEPINES

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

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
DIASTAT ACDL GEL 5-10MG	2	
DIASTAT ACDL GEL 12.5-20	2	
DIASTAT PED GEL 2.5M GEL	2	
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	3	QL (5 boxes/30 days), AGE; (Min age 12 years)
VALTOCO SPR 5MG	3	QL (10 doses/30 days), AGE; (Min age 6 years)
VALTOCO SPR 10MG	3	QL (10 doses/30 days), AGE; (Min age 6 years)
VALTOCO SPR 15MG	3	QL (10 doses/30 days), AGE; (Min age 6 years)
VALTOCO SPR 20MG	3	QL (10 doses/30 days), AGE; (Min age 6 years)
ANTICONVULSANTS - MISC.		
BANZEL SUS 40MG/ML	3	
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CARBATROL CAP 100MG	2	
CARBATROL CAP 200MG	2	
CARBATROL CAP 300MG	2	
DIACOMIT CAP 250MG	3	

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT CAP 500MG	3	
DIACOMIT PAK 250MG	3	
DIACOMIT PAK 500MG	3	
EPIDIOLEX SOL 100MG/ML	5	SP, PA
FINTEPLA SOL 2.2MG/ML	5	SP, PA
<i>gabapentin cap 100 mg</i>	1	QL (180 caps/30 days)
<i>gabapentin cap 300 mg</i>	1	QL (180 caps/30 days)
<i>gabapentin cap 400 mg</i>	1	QL (180 caps/30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL (2160 mL/30 days)
<i>gabapentin tab 600 mg</i>	1	QL (180 tabs/30 days)
<i>gabapentin tab 800 mg</i>	1	QL (120 tabs/30 days)
KEPPRA SOL 100MG/ML	2	
KEPPRA TAB 250MG	3	
KEPPRA TAB 500MG	3	
KEPPRA TAB 750MG	3	
KEPPRA TAB 1000MG	3	
KEPPRA XR TAB 500MG	2	
KEPPRA XR TAB 750MG	2	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide tab 50 mg</i>	1	
<i>lacosamide tab 100 mg</i>	1	
<i>lacosamide tab 150 mg</i>	1	
<i>lacosamide tab 200 mg</i>	1	
LAMICTAL CHW 5MG	3	
LAMICTAL CHW 25MG	3	
LAMICTAL KIT START 35	2	
LAMICTAL KIT START 49	2	
LAMICTAL KIT START 98	2	
LAMICTAL ODT KIT	3	
LAMICTAL ODT TAB 25MG	3	
LAMICTAL ODT TAB 50MG	3	
LAMICTAL ODT TAB 100MG	3	
LAMICTAL ODT TAB 200MG	3	
LAMICTAL TAB 25MG	3	
LAMICTAL TAB 100MG	3	
LAMICTAL TAB 150MG	3	
LAMICTAL TAB 200MG	3	
LAMICTAL XR KIT	2	
LAMICTAL XR TAB 25MG	3	
LAMICTAL XR TAB 50MG	3	
LAMICTAL XR TAB 100MG	3	
LAMICTAL XR TAB 200MG	3	
LAMICTAL XR TAB 250MG	3	
LAMICTAL XR TAB 300MG	3	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
OXTELLAR XR TAB 150MG	3	
OXTELLAR XR TAB 300MG	3	
OXTELLAR XR TAB 600MG	3	
<i>pregabalin cap 25 mg</i>	1	QL (120 caps/30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin cap 50 mg</i>	1	QL (120 caps/30 days)
<i>pregabalin cap 75 mg</i>	1	QL (120 caps/30 days)
<i>pregabalin cap 100 mg</i>	1	QL (120 caps/30 days)
<i>pregabalin cap 150 mg</i>	1	QL (120 caps/30 days)
<i>pregabalin cap 200 mg</i>	1	QL (90 caps/30 days)
<i>pregabalin cap 225 mg</i>	1	QL (60 caps/30 days)
<i>pregabalin cap 300 mg</i>	1	QL (60 caps/30 days)
<i>pregabalin soln 20 mg/ml</i>	1	QL (900 mL/30 days)
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
<i>rufinamide susp 40 mg/ml</i>	1	
<i>rufinamide tab 200 mg</i>	1	
<i>rufinamide tab 400 mg</i>	1	
TEGRETOL SUS 100/5ML	2	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	2	
TEGRETOL-XR TAB 200MG	2	
TEGRETOL-XR TAB 400MG	2	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
<i>topiramate cap er 24hr 25 mg</i>	1	
<i>topiramate cap er 24hr 50 mg</i>	1	
<i>topiramate cap er 24hr 100 mg</i>	1	
<i>topiramate cap er 24hr 200 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 25 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 50 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 100 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 150 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 200 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
TRILEPTAL SUS 300MG/5M	2	

Drug Name	Drug Tier	Requirements/Limits
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 300MG	3	
TRILEPTAL TAB 600MG	3	
TROKENDI XR CAP 25MG	3	
TROKENDI XR CAP 50MG	3	
TROKENDI XR CAP 100MG	3	
TROKENDI XR CAP 200MG	3	
ZONEGRAN CAP 25MG	3	
ZONEGRAN CAP 100MG	3	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
ZTALMY SUS 50MG/ML	5	SP, PA

CARBAMATES

<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	

GABA MODULATORS

GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	

HYDANTOINS

DILANTIN CAP 30MG	2	
DILANTIN CAP 100MG	2	
DILANTIN CHW 50MG	2	
DILANTIN-125 SUS 125/5ML	2	
PHENYTEK CAP 200MG	2	
PHENYTEK CAP 300MG	2	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	

SUCCINIMIDES

CELONTIN CAP 300MG	3	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	

VALPROIC ACID

DEPAKOTE ER TAB 250MG	3	
DEPAKOTE ER TAB 500MG	3	
DEPAKOTE SPR CAP 125MG	3	
DEPAKOTE TAB 125MG DR	3	
DEPAKOTE TAB 250MG DR	3	
DEPAKOTE TAB 500MG DR	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	

ANTIDEPRESSANT COMBINATIONS

AUVELITY TAB 45-105MG	3	ST, QL (60 tabs/30 days); (Try SNRI, SSRI, or bupropion)
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ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>bupropion hcl tab er 24hr 450 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>fluoxetine hcl tab 60 mg</i>	1	
FLUOXETINE TAB 60MG	3	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
PAXIL SUS 10MG/5ML	3	
PEXEVA TAB 10MG	3	
PEXEVA TAB 20MG	3	
PEXEVA TAB 30MG	3	
PEXEVA TAB 40MG	3	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
TRINTELLIX TAB 5MG	3	QL (120 tabs/30 days)
TRINTELLIX TAB 10MG	3	QL (60 tabs/30 days)
TRINTELLIX TAB 20MG	3	QL (30 tabs/30 days)
<i>vilazodone hcl tab 10 mg</i>	1	
<i>vilazodone hcl tab 20 mg</i>	1	
<i>vilazodone hcl tab 40 mg</i>	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	generic for PRISTIQ
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	generic for PRISTIQ
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	generic for PRISTIQ
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
FETZIMA CAP 20MG	3	QL (180 caps/30 days)
FETZIMA CAP 40MG	3	QL (90 caps/30 days)
FETZIMA CAP 80MG	3	QL (30 caps/30 days)
FETZIMA CAP 120MG	3	QL (30 caps/30 days)
FETZIMA CAP TITRATIO	3	QL (90 caps/30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	
<i>doxepin hcl cap 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

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

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	3	
SYMLINPEN 120 INJ 1000MCG	3	

ANTIDIABETIC COMBINATIONS

<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
SOLIQUA INJ 100/33	2	
SYNJARDY TAB	2	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 25-1000	2	
TRIJARDY XR TAB	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
XULTOPHY INJ 100/3.6	2	
<i>BIGUANIDES</i>		
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	AGE; (35-70 years old covered at \$0)
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	(generic for GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	1	(generic for GLUCOPHAGE XR)
<i>DIABETIC OTHER</i>		
BAQSIMI ONE POW 3MG/DOSE	3	
BAQSIMI TWO POW 3MG/DOSE	3	
GLUCAGEN INJ HYPOKIT	2	
<i>glucagon (rdna) for inj kit 1 mg</i>	1	
GLUCAGON KIT 1MG	2	
GVOKE HYPO 1 INJ 1MG/.2ML	3	
GVOKE HYPO 1 INJ .5/.1ML	3	
GVOKE HYPO 2 INJ 1MG/.2ML	3	
GVOKE HYPO 2 INJ .5/.1ML	3	
GVOKE PFS INJ	3	
<i>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</i>		
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	

Drug Name	Drug Tier	Requirements/Limits
JANUVIA TAB 100MG	2	
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS		
MOUNJARO INJ 2.5/0.5	3	PA; or T2 Diabetes Dx
MOUNJARO INJ 5MG/0.5	3	PA; or T2 Diabetes Dx
MOUNJARO INJ 7.5/0.5	3	PA; or T2 Diabetes Dx
MOUNJARO INJ 10MG/0.5	3	PA; or T2 Diabetes Dx
MOUNJARO INJ 12.5/0.5	3	PA; or T2 Diabetes Dx
MOUNJARO INJ 15MG/0.5	3	PA; or T2 Diabetes Dx
OZEMPIC INJ 2/1.5ML	2	
OZEMPIC INJ 2MG/3ML	2	
OZEMPIC INJ 4MG/3ML	2	
OZEMPIC INJ 8MG/3ML	2	
RYBELSUS TAB 3MG	2	
RYBELSUS TAB 7MG	2	
RYBELSUS TAB 14MG	2	
TRULICITY INJ 0.75/0.5	2	
TRULICITY INJ 1.5/0.5	2	
TRULICITY INJ 3/0.5	2	
TRULICITY INJ 4.5/0.5	2	
VICTOZA INJ 18MG/3ML	2	
INSULIN		
HUMULIN R INJ U-500	1	
LANTUS INJ 100/ML	1	
LANTUS SOLOS INJ 100/ML	1	
NOVOLIN INJ 70/30	1	
NOVOLIN INJ 70/30 FP	1	
NOVOLIN N INJ 100 UNIT	1	
NOVOLIN N INJ U-100	1	
NOVOLIN R INJ 100 UNIT	1	
NOVOLIN R INJ U-100	1	
NOVOLOG INJ 100/ML	1	
NOVOLOG INJ FLEXPEN	1	
NOVOLOG INJ PENFILL	1	
NOVOLOG MIX INJ 70/30	1	
NOVOLOG MIX INJ FLEXPEN	1	
TOUJEO MAX INJ 300IU/ML	2	
TOUJEO SOLO INJ 300IU/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
JARDIANCE TAB 10MG	2	
JARDIANCE TAB 25MG	2	
SULFONYLUREAS		
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
<i>tolbutamide tab 500 mg</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB 125MG	3	ST, QL (60 tabs/30 days); Try loperamide
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl cap 2 mg</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	2	
<i>deferasirox granules packet 90 mg</i>	4	SP, PA
<i>deferasirox granules packet 180 mg</i>	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox granules packet 360 mg</i>	4	SP, PA
<i>deferasirox tab 90 mg</i>	4	SP, PA
<i>deferasirox tab 180 mg</i>	4	SP, PA
<i>deferasirox tab 360 mg</i>	4	SP, PA
<i>deferasirox tab for oral susp 125 mg</i>	4	SP, PA
<i>deferasirox tab for oral susp 250 mg</i>	4	SP, PA
<i>deferasirox tab for oral susp 500 mg</i>	4	SP, PA

ANTIDOTES AND SPECIFIC ANTAGONISTS

VISTOGARD PAK 10GM	5	SP, PA
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OPIOID ANTAGONISTS

KLOXXADO SPR 8MG	3	QL (2 cartons (4 nasal sprays)/180 days)
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	QL (2 cartons (4 nasal sprays)/180 days)
<i>naltrexone hcl tab 50 mg</i>	1	
NARCAN SPR 4MG	2	QL (2 cartons (4 nasal sprays)/180 days)

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

<i>granisetron hcl tab 1 mg</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	
<i>ondansetron hcl tab 4 mg</i>	1	
<i>ondansetron hcl tab 8 mg</i>	1	
<i>ondansetron hcl tab 24 mg</i>	1	
<i>ondansetron orally disintegrating tab 4 mg</i>	1	
<i>ondansetron orally disintegrating tab 8 mg</i>	1	
SANCUSO DIS 3.1MG	3	
ZUPLENZ MIS 4MG	3	
ZUPLENZ MIS 8MG	3	

ANTIEMETICS - ANTICHOLINERGIC

<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
TRANSDERM SC DIS 1MG/3DAY	3	
TRANSDERM-SC DIS 1MG/3DAY	3	
<i>trimethobenzamide hcl cap 300 mg</i>	1	

ANTIEMETICS - MISCELLANEOUS

<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	
<i>dronabinol cap 5 mg</i>	1	
<i>dronabinol cap 10 mg</i>	1	

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant capsule 40 mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule 80 mg</i>	1	
<i>aprepitant capsule 125 mg</i>	1	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (3 tabs/15 days)

ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS

BREXAFEMME TAB 150MG	3	ST; Try fluconazole
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ANTIFUNGALS

<i>flucytosine cap 250 mg</i>	1	
<i>flucytosine cap 500 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	

IMIDAZOLE-RELATED ANTIFUNGALS

<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	
<i>posaconazole tab delayed release 100 mg</i>	1	
SPORANOX SOL 10MG/ML	3	
<i>voriconazole for susp 40 mg/ml</i>	1	
<i>voriconazole tab 50 mg</i>	1	
<i>voriconazole tab 200 mg</i>	1	

ANTIHIISTAMINES

ANTIHIISTAMINES - ETHANOLAMINES

<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	

ANTIHIISTAMINES - PHENOTHIAZINES

<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl suppos 50 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTI-HISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	3	ST, QL (30 tabs/30 days); Concurrent use of statin - 30 day fill of statin in last 120 days on every fill
ANTIHYPERLIPIDEMICS - COMBINATIONS		
EZETIM/ATORV TAB 10-10MG	3	QL (30 tabs/30 days)
EZETIM/ATORV TAB 10-20MG	3	QL (30 tabs/30 days)
EZETIM/ATORV TAB 10-40MG	3	QL (30 tabs/30 days)
EZETIM/ATORV TAB 10-80MG	3	QL (30 tabs/30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs/30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs/30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs/30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs/30 days)
NEXLIZET TAB 180/10MG	3	ST, QL (30 tabs/30 days); Concurrent use of statin - 30 day fill of statin in last 120 days on every fill
ANTIHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl cap 0.5 gm</i>	1	
<i>icosapent ethyl cap 1 gm</i>	1	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
FIBRIC ACID DERIVATIVES		
ANTARA CAP 30MG	3	
ANTARA CAP 90MG	3	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 50 mg</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 30 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 90 mg</i>	1	
<i>fenofibrate micronized cap 130 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 40 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 120 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	

HMG COA REDUCTASE INHIBITORS

ALTOPREV TAB 20MG ER	3	ST, QL (30 tabs/30 days); Try generic statin
ALTOPREV TAB 40MG ER	3	ST, QL (30 tabs/30 days); Try generic statin
ALTOPREV TAB 60MG ER	3	ST, QL (30 tabs/30 days); Try generic statin
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	QL (30 tabs/30 days), AGE; (40-75 years old covered at \$0)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	QL (30 tabs/30 days), AGE; (40-75 years old covered at \$0)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	QL (30 tabs/30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	QL (30 tabs/30 days)
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	1	QL (30 caps/30 days), AGE; (40-75 years old covered at \$0)
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1	QL (30 caps/30 days), AGE; (40-75 years old covered at \$0)
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	1	QL (30 tabs/30 days), AGE; (40-75 years old covered at \$0)
LIVALO TAB 1MG	3	ST, QL (30 tabs/30 days); Try generic statin

Drug Name	Drug Tier	Requirements/Limits
LIVALO TAB 2MG	3	ST, QL (30 tabs/30 days); Try generic statin
LIVALO TAB 4MG	3	ST, QL (30 tabs/30 days); Try generic statin
<i>lovastatin tab 10 mg</i>	1	QL (30 tabs/30 days), AGE; (40-75 years old covered at \$0)
<i>lovastatin tab 20 mg</i>	1	QL (30 tabs/30 days), AGE; (40-75 years old covered at \$0)
<i>lovastatin tab 40 mg</i>	1	QL (60 tabs/30 days), AGE; (40-75 years old covered at \$0)
<i>pravastatin sodium tab 10 mg</i>	1	QL (30 tabs/30 days), AGE; (40-75 years old covered at \$0)
<i>pravastatin sodium tab 20 mg</i>	1	QL (30 tabs/30 days), AGE; (40-75 years old covered at \$0)
<i>pravastatin sodium tab 40 mg</i>	1	QL (30 tabs/30 days), AGE; (40-75 years old covered at \$0)
<i>pravastatin sodium tab 80 mg</i>	1	QL (30 tabs/30 days), AGE; (40-75 years old covered at \$0)
<i>rosuvastatin calcium tab 5 mg</i>	1	QL (30 tabs/30 days), AGE; (40-75 years old covered at \$0)
<i>rosuvastatin calcium tab 10 mg</i>	1	QL (30 tabs/30 days), AGE; (40-75 years old covered at \$0)
<i>rosuvastatin calcium tab 20 mg</i>	1	QL (30 tabs/30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tabs/30 days)
<i>simvastatin tab 5 mg</i>	1	QL (30 tabs/30 days), AGE; (40-75 years old covered at \$0)
<i>simvastatin tab 10 mg</i>	1	QL (30 tabs/30 days), AGE; (40-75 years old covered at \$0)
<i>simvastatin tab 20 mg</i>	1	QL (30 tabs/30 days), AGE; (40-75 years old covered at \$0)
<i>simvastatin tab 40 mg</i>	1	QL (30 tabs/30 days), AGE; (40-75 years old covered at \$0)
<i>simvastatin tab 80 mg</i>	1	QL (30 tabs/30 days)

Drug Name Drug Tier Requirements/Limits
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg</i>	1	QL (30 tabs/30 days)
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NICOTINIC ACID DERIVATIVES

<i>niacin (antihyperlipidemic) tab 500 mg</i>	1	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	

ANTIHYPERTENSIVES

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate oral soln 1 mg/ml</i>	1	AGE; (Covered for ages 12 and under)
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
EPANED SOL 1MG/ML	3	AGE; (Covered for ages 12 and under)
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
QBRELIS SOL 1MG/ML	3	AGE; (Covered for ages 6 to 12 years of age)
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
EDARBI TAB 40MG	3	
EDARBI TAB 80MG	3	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl tab 2 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
DUTOPROL TAB 25-12.5	3	
DUTOPROL TAB 50-12.5	3	
DUTOPROL TAB 100-12.5	3	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
TEKTURNA HCT TAB 150-12.5	3	
TEKTURNA HCT TAB 150-25MG	3	
TEKTURNA HCT TAB 300-12.5	3	
TEKTURNA HCT TAB 300-25MG	3	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	

DIRECT RENIN INHIBITORS

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	

SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)

<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	

VASODILATORS

<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
COARTEM TAB 20-120MG	3	

ANTIMALARIALS

<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
DARAPRIM TAB 25MG	3	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
PRIMAQUINE TAB 26.3MG	3	
<i>pyrimethamine tab 25 mg</i>	1	
<i>quinine sulfate cap 324 mg</i>	1	

Drug Name Drug Tier Requirements/Limits
ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

FIRDAPSE TAB 10MG	5	SP, PA
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
RUZURGI TAB 10MG	5	SP, PA

ANTIMYCOBACTERIAL AGENTS

ANTIMYCOBACTERIAL AGENTS

<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

ALKERAN TAB 2MG	OC	
<i>cyclophosphamide cap 25 mg</i>	OC	
<i>cyclophosphamide cap 50 mg</i>	OC	
GLEOSTINE CAP 10MG	OC	
GLEOSTINE CAP 40MG	OC	
GLEOSTINE CAP 100MG	OC	
LEUKERAN TAB 2MG	OC	
<i>melphalan tab 2 mg</i>	OC	
MYLERAN TAB 2MG	OC	
TEMODAR CAP 100MG	OC	SP, PA
TEMODAR CAP 140MG	OC	SP, PA
TEMODAR CAP 180MG	OC	SP, PA
TEMODAR CAP 250MG	OC	SP, PA
<i>temozolomide cap 5 mg</i>	OC	SP, PA
<i>temozolomide cap 20 mg</i>	OC	SP, PA
<i>temozolomide cap 100 mg</i>	OC	SP, PA
<i>temozolomide cap 140 mg</i>	OC	SP, PA
<i>temozolomide cap 180 mg</i>	OC	SP, PA
<i>temozolomide cap 250 mg</i>	OC	SP, PA

ANTIMETABOLITES

<i>capecitabine tab 150 mg</i>	OC	SP
<i>capecitabine tab 500 mg</i>	OC	SP
<i>mercaptopurine tab 50 mg</i>	OC	

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	OC	
ONUREG TAB 200MG	OC	SP, PA
ONUREG TAB 300MG	OC	SP, PA
PURIXAN SUS 20MG/ML	OC	SP, PA
TABLOID TAB 40MG	OC	
TREXALL TAB 5MG	OC	
TREXALL TAB 7.5MG	OC	
TREXALL TAB 10MG	OC	
TREXALL TAB 15MG	OC	
XATMEP SOL 2.5MG/ML	OC	SP, PA
XELODA TAB 150MG	OC	SP
XELODA TAB 500MG	OC	SP

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

INLYTA TAB 1MG	OC	SP, PA
INLYTA TAB 5MG	OC	SP, PA
LENVIMA CAP 4MG	OC	SP, PA
LENVIMA CAP 8 MG	OC	SP, PA
LENVIMA CAP 10 MG	OC	SP, PA
LENVIMA CAP 12MG	OC	SP, PA
LENVIMA CAP 14 MG	OC	SP, PA
LENVIMA CAP 18 MG	OC	SP, PA
LENVIMA CAP 20 MG	OC	SP, PA
LENVIMA CAP 24 MG	OC	SP, PA

ANTINEOPLASTIC - ANTI-HER2 AGENTS

TUKYSA TAB 50MG	OC	SP, PA
TUKYSA TAB 150MG	OC	SP, PA

ANTINEOPLASTIC - BCL-2 INHIBITORS

VENCLEXTA TAB 10MG	OC	SP, PA
VENCLEXTA TAB 50MG	OC	SP, PA
VENCLEXTA TAB 100MG	OC	SP, PA
VENCLEXTA TAB START PK	OC	SP, PA

ANTINEOPLASTIC - EGFR INHIBITORS

<i>erlotinib hcl tab 25 mg (base equivalent)</i>	OC	SP, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	OC	SP, PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	OC	SP, PA
EXKIVITY CAP 40MG	OC	SP, PA
GILOTRIF TAB 20MG	OC	SP, PA
GILOTRIF TAB 30MG	OC	SP, PA
GILOTRIF TAB 40MG	OC	SP, PA
IRESSA TAB 250MG	OC	SP, PA
TAGRISSE TAB 40MG	OC	SP, PA
TAGRISSE TAB 80MG	OC	SP, PA
TARCEVA TAB 25MG	OC	SP, PA

Drug Name	Drug Tier	Requirements/Limits
TARCEVA TAB 100MG	OC	SP, PA
TARCEVA TAB 150MG	OC	SP, PA
VIZIMPRO TAB 15MG	OC	SP, PA
VIZIMPRO TAB 30MG	OC	SP, PA
VIZIMPRO TAB 45MG	OC	SP, PA

ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS

DAURISMO TAB 25MG	OC	SP, PA
DAURISMO TAB 100MG	OC	SP, PA
ERIVEDGE CAP 150MG	OC	SP, PA
ODOMZO CAP 200MG	OC	SP, PA

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate tab 250 mg</i>	OC	SP, PA
<i>abiraterone acetate tab 500 mg</i>	OC	SP, PA
<i>anastrozole tab 1 mg</i>	OC	PA; (PA for males only)
ARIMIDEX TAB 1MG	OC	PA; (PA for males only)
AROMASIN TAB 25MG	OC	PA; (PA for males only)
<i>bicalutamide tab 50 mg</i>	OC	
CASODEX TAB 50MG	OC	
EMCYT CAP 140MG	OC	
ERLEADA TAB 60MG	OC	SP, PA
EULEXIN CAP 125MG	OC	
<i>exemestane tab 25 mg</i>	OC	PA; (PA for males only)
FARESTON TAB 60MG	OC	
FEMARA TAB 2.5MG	OC	PA; (PA for males only)
<i>flutamide cap 125 mg</i>	OC	
<i>letrozole tab 2.5 mg</i>	OC	PA; (PA for males only)
LYSODREN TAB 500MG	OC	
<i>megestrol acetate susp 40 mg/ml</i>	OC	
<i>megestrol acetate tab 20 mg</i>	OC	
<i>megestrol acetate tab 40 mg</i>	OC	
NILANDRON TAB 150MG	OC	
<i>nilutamide tab 150 mg</i>	OC	
NUBEQA TAB 300MG	OC	SP, PA
ORGOVYX TAB 120MG	OC	SP, PA
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	OC	
XTANDI CAP 40MG	OC	SP, PA
XTANDI TAB 40MG	OC	SP, PA
XTANDI TAB 80MG	OC	SP, PA
YONSA TAB 125MG	OC	SP, PA
ZYTIGA TAB 250MG	OC	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ZYTIGA TAB 500MG	OC	SP, PA
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB 40MG	OC	SP, PA
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	OC	SP, PA
POMALYST CAP 2MG	OC	SP, PA
POMALYST CAP 3MG	OC	SP, PA
POMALYST CAP 4MG	OC	SP, PA
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB 25MG	OC	SP, PA
AYVAKIT TAB 50MG	OC	SP, PA
AYVAKIT TAB 100MG	OC	SP, PA
AYVAKIT TAB 200MG	OC	SP, PA
AYVAKIT TAB 300MG	OC	SP, PA
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	OC	SP, PA
XPOVIO PAK 50MG	OC	SP, PA
XPOVIO PAK 60MG	OC	SP, PA
XPOVIO PAK 80MG	OC	SP, PA
XPOVIO PAK 100MG	OC	SP, PA
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	OC	SP, PA
KISQALI 200 PAK FEMARA	OC	SP, PA
KISQALI 400 PAK FEMARA	OC	SP, PA
KISQALI 600 PAK FEMARA	OC	SP, PA
LONSURF TAB 15-6.14	OC	SP, PA
LONSURF TAB 20-8.19	OC	SP, PA
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG	OC	SP, PA
AFINITOR DIS TAB 3MG	OC	SP, PA
AFINITOR DIS TAB 5MG	OC	SP, PA
AFINITOR TAB 2.5MG	OC	SP, PA
AFINITOR TAB 5MG	OC	SP, PA
AFINITOR TAB 7.5MG	OC	SP, PA
AFINITOR TAB 10MG	OC	SP, PA
ALECENSA CAP 150MG	OC	SP, PA
ALUNBRIG PAK	OC	SP, PA
ALUNBRIG TAB 30MG	OC	SP, PA
ALUNBRIG TAB 90MG	OC	SP, PA
ALUNBRIG TAB 180MG	OC	SP, PA
BALVERSA TAB 3MG	OC	SP, PA
BALVERSA TAB 4MG	OC	SP, PA
BALVERSA TAB 5MG	OC	SP, PA
BOSULIF TAB 100MG	OC	SP, PA

Drug Name	Drug Tier	Requirements/Limits
BOSULIF TAB 400MG	OC	SP, PA
BOSULIF TAB 500MG	OC	SP, PA
BRAFTOVI CAP 75MG	OC	SP, PA, QL (180 caps/30 days)
BRUKINSA CAP 80MG	OC	SP, PA
CABOMETYX TAB 20MG	OC	SP, PA
CABOMETYX TAB 40MG	OC	SP, PA
CABOMETYX TAB 60MG	OC	SP, PA
CALQUENCE CAP 100MG	OC	SP, PA
CALQUENCE TAB 100MG	OC	SP, PA
CAPRELSA TAB 100MG	OC	SP, PA
CAPRELSA TAB 300MG	OC	SP, PA
COMETRIQ KIT 60MG	OC	SP, PA
COMETRIQ KIT 100MG	OC	SP, PA
COMETRIQ KIT 140MG	OC	SP, PA
COPIKTRA CAP 15MG	OC	SP, PA
COPIKTRA CAP 25MG	OC	SP, PA
COTELLIC TAB 20MG	OC	SP, PA
<i>everolimus tab 2.5 mg</i>	OC	SP, PA
<i>everolimus tab 5 mg</i>	OC	SP, PA
<i>everolimus tab 7.5 mg</i>	OC	SP, PA
<i>everolimus tab 10 mg</i>	OC	SP, PA
<i>everolimus tab for oral susp 2 mg</i>	OC	SP, PA
<i>everolimus tab for oral susp 3 mg</i>	OC	SP, PA
<i>everolimus tab for oral susp 5 mg</i>	OC	SP, PA
FARYDAK CAP 10MG	OC	SP, PA
FARYDAK CAP 15MG	OC	SP, PA
FARYDAK CAP 20MG	OC	SP, PA
FOTIVDA CAP 0.89MG	OC	SP, PA
FOTIVDA CAP 1.34MG	OC	SP, PA
GAVRETO CAP 100MG	OC	SP, PA
GLEEVEC TAB 100MG	OC	SP, PA
GLEEVEC TAB 400MG	OC	SP, PA
IBRANCE CAP 75MG	OC	SP, PA
IBRANCE CAP 100MG	OC	SP, PA
IBRANCE CAP 125MG	OC	SP, PA
IBRANCE TAB 75MG	OC	SP, PA
IBRANCE TAB 100MG	OC	SP, PA
IBRANCE TAB 125MG	OC	SP, PA
ICLUSIG TAB 10MG	OC	SP, PA
ICLUSIG TAB 15MG	OC	SP, PA
ICLUSIG TAB 30MG	OC	SP, PA
ICLUSIG TAB 45MG	OC	SP, PA
IDHIFA TAB 50MG	OC	SP, PA
IDHIFA TAB 100MG	OC	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	OC	SP, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	OC	SP, PA
IMBRUVICA CAP 70MG	OC	SP, PA
IMBRUVICA CAP 140MG	OC	SP, PA
IMBRUVICA SUS 70MG/ML	OC	SP, PA
IMBRUVICA TAB 140MG	OC	SP, PA
IMBRUVICA TAB 280MG	OC	SP, PA
IMBRUVICA TAB 420MG	OC	SP, PA
IMBRUVICA TAB 560MG	OC	SP, PA
INREBIC CAP 100MG	OC	SP, PA
JAKAFI TAB 5MG	OC	SP, PA
JAKAFI TAB 10MG	OC	SP, PA
JAKAFI TAB 15MG	OC	SP, PA
JAKAFI TAB 20MG	OC	SP, PA
JAKAFI TAB 25MG	OC	SP, PA
JAYPIRCA TAB 50MG	OC	SP, PA
JAYPIRCA TAB 100MG	OC	SP, PA
KISQALI TAB 200DOSE	OC	SP, PA
KISQALI TAB 400DOSE	OC	SP, PA
KISQALI TAB 600DOSE	OC	SP, PA
KOSELUGO CAP 10MG	5	SP, PA
KOSELUGO CAP 25MG	5	SP, PA
KRAZATI TAB 200MG	OC	SP, PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	OC	SP, PA
LORBRENA TAB 25MG	OC	SP, PA
LORBRENA TAB 100MG	OC	SP, PA
LUMAKRAS TAB 120MG	OC	SP, PA
LYNPARZA TAB 100MG	OC	SP, PA
LYNPARZA TAB 150MG	OC	SP, PA
LYTGOBI TAB 4MG	OC	SP, PA
MEKINIST TAB 0.5MG	OC	SP, PA
MEKINIST TAB 2MG	OC	SP, PA
MEKTOVI TAB 15MG	OC	SP, PA, QL (180 tabs/30 days)
NERLYNX TAB 40MG	OC	SP, PA
NEXAVAR TAB 200MG	OC	SP, PA
NINLARO CAP 2.3MG	OC	SP, PA
NINLARO CAP 3MG	OC	SP, PA
NINLARO CAP 4MG	OC	SP, PA
PEMAZYRE TAB 4.5MG	OC	SP, PA
PEMAZYRE TAB 9MG	OC	SP, PA
PEMAZYRE TAB 13.5MG	OC	SP, PA

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 200MG TAB DOSE	OC	SP, PA
PIQRAY 250MG TAB DOSE	OC	SP, PA
PIQRAY 300MG TAB DOSE	OC	SP, PA
QINLOCK TAB 50MG	OC	SP, PA
RETEVMO CAP 40MG	OC	SP, PA
RETEVMO CAP 80MG	OC	SP, PA
REZLIDHIA CAP 150MG	OC	SP, PA
ROZLYTREK CAP 100MG	OC	SP, PA
ROZLYTREK CAP 200MG	OC	SP, PA
RUBRACA TAB 200MG	OC	SP, PA
RUBRACA TAB 250MG	OC	SP, PA
RUBRACA TAB 300MG	OC	SP, PA
RYDAPT CAP 25MG	OC	SP, PA
SCEMBLIX TAB 20MG	OC	SP, PA
SCEMBLIX TAB 40MG	OC	SP, PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	OC	SP, PA
SPRYCEL TAB 20MG	OC	SP, PA
SPRYCEL TAB 50MG	OC	SP, PA
SPRYCEL TAB 70MG	OC	SP, PA
SPRYCEL TAB 80MG	OC	SP, PA
SPRYCEL TAB 100MG	OC	SP, PA
SPRYCEL TAB 140MG	OC	SP, PA
STIVARGA TAB 40MG	OC	SP, PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	OC	SP, PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	OC	SP, PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	OC	SP, PA
<i>sunitinib malate cap 50 mg (base equivalent)</i>	OC	SP, PA
SUTENT CAP 12.5MG	OC	SP, PA
SUTENT CAP 25MG	OC	SP, PA
SUTENT CAP 37.5MG	OC	SP, PA
SUTENT CAP 50MG	OC	SP, PA
TABRECTA TAB 150MG	OC	SP, PA
TABRECTA TAB 200MG	OC	SP, PA
TAFINLAR CAP 50MG	OC	SP, PA
TAFINLAR CAP 75MG	OC	SP, PA
TALZENNA CAP 0.5MG	OC	SP, PA
TALZENNA CAP 0.25MG	OC	SP, PA
TALZENNA CAP 0.75MG	OC	SP, PA
TALZENNA CAP 1MG	OC	SP, PA
TASIGNA CAP 50MG	OC	SP, PA

Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAP 150MG	OC	SP, PA
TASIGNA CAP 200MG	OC	SP, PA
TAZVERIK TAB 200MG	OC	SP, PA
TEPMETKO TAB 225MG	OC	SP, PA
TIBSOVO TAB 250MG	OC	SP, PA
TRUSELTIQ CAP 50MG	OC	SP, PA
TRUSELTIQ CAP 75MG	OC	SP, PA
TRUSELTIQ CAP 100MG	OC	SP, PA
TRUSELTIQ CAP 125MG	OC	SP, PA
TURALIO CAP 200MG	OC	SP, PA
TYKERB TAB 250MG	OC	SP, PA
UKONIQ TAB 200MG	OC	SP, PA
VERZENIO TAB 50MG	OC	SP, PA
VERZENIO TAB 100MG	OC	SP, PA
VERZENIO TAB 150MG	OC	SP, PA
VERZENIO TAB 200MG	OC	SP, PA
VITRAKVI CAP 25MG	OC	SP, PA
VITRAKVI CAP 100MG	OC	SP, PA
VITRAKVI SOL 20MG/ML	OC	SP, PA
VONJO CAP 100MG	OC	SP, PA
VOTRIENT TAB 200MG	OC	SP, PA
XALKORI CAP 200MG	OC	SP, PA
XALKORI CAP 250MG	OC	SP, PA
XOSPATA TAB 40MG	OC	SP, PA
ZEJULA CAP 100MG	OC	SP, PA
ZELBORAF TAB 240MG	OC	SP, PA
ZOLINZA CAP 100MG	OC	SP, PA
ZYDELIG TAB 100MG	OC	SP, PA
ZYDELIG TAB 150MG	OC	SP, PA
ZYKADIA TAB 150MG	OC	SP, PA

ANTINEOPLASTICS MISC.

<i>bexarotene cap 75 mg</i>	OC	SP, PA
HYDREA CAP 500MG	OC	
<i>hydroxyurea cap 500 mg</i>	OC	
MATULANE CAP 50MG	OC	
TARGRETIN CAP 75MG	OC	SP, PA
<i>tretinoin cap 10 mg</i>	OC	

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

<i>leucovorin calcium tab 5 mg</i>	1	
<i>leucovorin calcium tab 10 mg</i>	1	
<i>leucovorin calcium tab 15 mg</i>	1	
<i>leucovorin calcium tab 25 mg</i>	1	
MESNEX TAB 400MG	3	

Drug Name	Drug Tier	Requirements/Limits
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	OC	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	OC	SP, PA
HYCAMTIN CAP 1MG	OC	SP, PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tab 200 mg</i>	1	
TASMAR TAB 100MG	3	
<i>tolcapone tab 100 mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
NEUPRO DIS 1MG/24HR	3	
NEUPRO DIS 2MG/24HR	3	
NEUPRO DIS 3MG/24HR	3	
NEUPRO DIS 4MG/24HR	3	
NEUPRO DIS 6MG/24HR	3	
NEUPRO DIS 8MG/24HR	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
ZELAPAR TAB 1.25MG	3	

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
LITHOBID TAB 300MG CR	2	

ANTIPSYCHOTICS - MISC.

EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
LATUDA TAB 20MG	3	
LATUDA TAB 40MG	3	
LATUDA TAB 60MG	3	
LATUDA TAB 80MG	3	
LATUDA TAB 120MG	3	
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
NUPLAZID CAP 34MG	5	SP, PA
NUPLAZID TAB 10MG	5	SP, PA
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
BENZISOXAZOLES		
FANAPT PAK	3	
FANAPT TAB 1MG	3	
FANAPT TAB 2MG	3	
FANAPT TAB 4MG	3	
FANAPT TAB 6MG	3	
FANAPT TAB 8MG	3	
FANAPT TAB 10MG	3	
FANAPT TAB 12MG	3	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
BUTYROPHENONES		
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
DIBENZAPINES		
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tab 200 mg</i>	1	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	

PHENOTHIAZINES

<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	

QUINOLINONE DERIVATIVES

<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	

THIOXANTHENES

<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	

ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	
APTIVUS CAP 250MG	2	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
BIKTARVY TAB	2	
COMPLERA TAB	3	
DELSTRIGO TAB	3	
DESCOVY TAB 120-15MG	2	
DESCOVY TAB 200/25MG	2	coverage for pre-exposure prophylaxis under ACA
DOVATO TAB 50-300MG	3	
<i>efavirenz cap 50 mg</i>	1	
<i>efavirenz cap 200 mg</i>	1	
<i>efavirenz tab 600 mg</i>	1	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	
<i>emtricitabine caps 200 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	coverage for pre-exposure prophylaxis under ACA
EMTRIVA CAP 200MG	2	
EPIVIR SOL 10MG/ML	3	
<i>etravirine tab 100 mg</i>	1	
<i>etravirine tab 200 mg</i>	1	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	
GENVOYA TAB	2	
INTELENCE TAB 25MG	2	
INVIRASE TAB 500MG	2	
ISENTRESS HD TAB 600MG	2	
ISENTRESS TAB 400MG	2	
JULUCA TAB 50-25MG	3	
<i>lamivudine oral soln 10 mg/ml</i>	1	
<i>lamivudine tab 150 mg</i>	1	
<i>lamivudine tab 300 mg</i>	1	
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	
LEXIVA TAB 700MG	2	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	
<i>maraviroc tab 150 mg</i>	1	
<i>maraviroc tab 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine susp 50 mg/5ml</i>	1	
<i>nevirapine tab 200 mg</i>	1	
<i>nevirapine tab er 24hr 100 mg</i>	1	
<i>nevirapine tab er 24hr 400 mg</i>	1	
ODEFSEY TAB	2	
PIFELTRO TAB 100MG	3	
PREZISTA TAB 75MG	2	
PREZISTA TAB 150MG	2	
PREZISTA TAB 600MG	2	
PREZISTA TAB 800MG	2	
<i>ritonavir tab 100 mg</i>	1	
SELZENTRY SOL 20MG/ML	3	
SELZENTRY TAB 25MG	2	
SELZENTRY TAB 75MG	2	
SELZENTRY TAB 150MG	2	
SELZENTRY TAB 300MG	2	
<i>stavudine cap 15 mg</i>	1	
<i>stavudine cap 20 mg</i>	1	
<i>stavudine cap 30 mg</i>	1	
<i>stavudine cap 40 mg</i>	1	
STRIBILD TAB	3	
SUSTIVA CAP 50MG	2	
SUSTIVA CAP 200MG	2	
SUSTIVA TAB 600MG	2	
SYMTUZA TAB	3	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	
TIVICAY PD TAB 5MG	2	
TIVICAY TAB 10MG	2	
TIVICAY TAB 25MG	2	
TIVICAY TAB 50MG	2	
TRIUMEQ PD TAB	3	
TRIUMEQ TAB	3	
VIRACEPT TAB 250MG	2	
VIRACEPT TAB 625MG	2	
VIREAD TAB 150MG	2	
VIREAD TAB 200MG	2	
VIREAD TAB 250MG	2	
ZIAGEN SOL 20MG/ML	3	
<i>zidovudine cap 100 mg</i>	1	
<i>zidovudine syrup 10 mg/ml</i>	1	
<i>zidovudine tab 300 mg</i>	1	
CMV AGENTS		
LIVTENCITY TAB 200MG	5	SP, PA
VALCYTE SOL 50MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	

HEPATITIS AGENTS

<i>adefovir dipivoxil tab 10 mg</i>	1	
<i>entecavir tab 0.5 mg</i>	1	
<i>entecavir tab 1 mg</i>	1	
EPCLUSA PAK 150-37.5	4	SP, PA; for genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	4	SP, PA; for genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	4	SP, PA; for genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	4	SP, PA; for genotypes 1, 2, 3, 4, 5, 6
EPIVIR HBV SOL 5MG/ML	3	
HARVONI PAK	4	SP, PA; for genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG	4	SP, PA; for genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG	4	SP, PA; for genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG	4	SP, PA; for genotypes 1, 4, 5, 6
<i>lamivudine tab 100 mg (hbv)</i>	1	
MAVYRET PAK 50-20MG	4	SP, PA; for genotypes 1, 2, 3, 4, 5, 6
MAVYRET TAB 100-40MG	4	SP, PA; for genotypes 1, 2, 3, 4, 5, 6
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
VEMLIDY TAB 25MG	2	
VOSEVI TAB	4	SP, PA; for use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (56 caps/180 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (28 caps/180 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (28 caps/180 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (360 mL/180 days)
RELENZA MIS DISKHALE	2	QL (4 inhalers/180 days)
<i>rimantadine hydrochloride tab 100 mg</i>	1	
XOFLUZA TAB 40MG	3	QL (2 tabs/180 days)
XOFLUZA TAB 80MG	3	QL (2 tabs/180 days)

BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	

BETA BLOCKERS NON-SELECTIVE

<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
CARDIZEM LA TAB 120MG	3	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>diltiazem hcl tab er 24hr 120 mg</i>	1	
<i>diltiazem hcl tab er 24hr 180 mg</i>	1	
<i>diltiazem hcl tab er 24hr 240 mg</i>	1	
<i>diltiazem hcl tab er 24hr 300 mg</i>	1	
<i>diltiazem hcl tab er 24hr 360 mg</i>	1	
<i>diltiazem hcl tab er 24hr 420 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	QL (30 tabs/30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	QL (30 tabs/30 days)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	QL (30 tabs/30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	QL (30 tabs/30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	QL (30 tabs/30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	QL (30 tabs/30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	QL (30 tabs/30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	QL (30 tabs/30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	QL (30 tabs/30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	QL (30 tabs/30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	QL (30 tabs/30 days)
BIDIL TAB	3	
ENTRESTO TAB 24-26MG	2	QL (60 tabs/30 days)
ENTRESTO TAB 49-51MG	2	QL (60 tabs/30 days)
ENTRESTO TAB 97-103MG	2	QL (60 tabs/30 days)
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	

IMPOTENCE AGENTS

MUSE SUP 250MCG	3	
MUSE SUP 500MCG	3	
MUSE SUP 1000MCG	3	
<i>tadalafil tab 2.5 mg</i>	1	ST, AGE; BPH only, refer to plan benefits for ED coverage; (Try other BPH drugs); males only; (Min age 18 years)
<i>tadalafil tab 5 mg</i>	1	ST, AGE; BPH only, refer to plan benefits for ED coverage; (Try other BPH drugs); males only; (Min age 18 years)

PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG	4	SP, PA, QL (90 tabs/30 days)
ORENITRAM TAB 0.125MG	4	SP, PA, QL (90 tabs/30 days)
ORENITRAM TAB 1MG	4	SP, PA, QL (90 tabs/30 days)

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TAB 2.5MG	4	SP, PA, QL (90 tabs/30 days)
ORENITRAM TAB 5MG	4	SP, PA, QL (90 tabs/30 days)
TYVASO DPI POW 16-32-48	5	SP, PA, QL (Max 9 cartridges per day)
TYVASO DPI POW 16-32MCG	5	SP, PA, QL (Max 7 cartridges per day)
TYVASO DPI POW 16MCG	5	SP, PA, QL (Max 4 cartridges per day)
TYVASO DPI POW 32-48MCG	5	SP, PA, QL (Max 8 cartridges per day)
TYVASO DPI POW 32MCG	5	SP, PA, QL (Max 4 cartridges per day)
TYVASO DPI POW 48MCG	5	SP, PA, QL (Max 4 cartridges per day)
TYVASO DPI POW 64MCG	5	SP, PA, QL (Max 4 cartridges per day)
TYVASO REFIL SOL 0.6MG/ML	4	SP, PA, QL (Max 1 ampule per day)
TYVASO SOL 0.6MG/ML	4	SP, PA, QL (Max 1 ampule per day)
TYVASO START SOL 0.6MG/ML	4	SP, PA, QL (Max 1 ampule per day)
VENTAVIS SOL 10MCG/ML	4	SP, PA, QL (Max 9 ampules per day)
VENTAVIS SOL 20MCG/ML	4	SP, PA, QL (Max 9 ampules per day)

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg</i>	4	SP, PA, QL (30 tabs/30 days)
<i>ambrisentan tab 10 mg</i>	4	SP, PA, QL (30 tabs/30 days)
<i>bosentan tab 62.5 mg</i>	4	SP, PA, QL (60 tabs/30 days)
<i>bosentan tab 125 mg</i>	4	SP, PA, QL (60 tabs/30 days)
OPSUMIT TAB 10MG	4	SP, PA, QL (30 tabs/30 days)
TRACLEER TAB 32MG	4	SP, PA, QL (60 tabs/30 days)

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate for suspension 10 mg/ml</i>	4	SP, PA, QL (180 mL/30 days)
<i>sildenafil citrate tab 20 mg</i>	4	SP, PA, QL (90 tabs/30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil tab 20 mg (pah)</i>	4	SP, PA, QL (60 tabs/30 days)
TADLIQ SUS 20MG/5ML	5	SP, PA

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI PACK TAB 200/800	4	SP, PA, QL (60 tabs/30 days)
UPTRAVI TAB 200MCG	4	SP, PA, QL (60 tabs/30 days)
UPTRAVI TAB 400MCG	4	SP, PA, QL (60 tabs/30 days)
UPTRAVI TAB 600MCG	4	SP, PA, QL (60 tabs/30 days)
UPTRAVI TAB 800MCG	4	SP, PA, QL (60 tabs/30 days)
UPTRAVI TAB 1000MCG	4	SP, PA, QL (60 tabs/30 days)
UPTRAVI TAB 1200MCG	4	SP, PA, QL (60 tabs/30 days)
UPTRAVI TAB 1400MCG	4	SP, PA, QL (60 tabs/30 days)
UPTRAVI TAB 1600MCG	4	SP, PA, QL (60 tabs/30 days)

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS TAB 0.5MG	4	SP, PA, QL (90 tabs/30 days)
ADEMPAS TAB 1.5MG	4	SP, PA, QL (90 tabs/30 days)
ADEMPAS TAB 1MG	4	SP, PA, QL (90 tabs/30 days)
ADEMPAS TAB 2.5MG	4	SP, PA, QL (90 tabs/30 days)
ADEMPAS TAB 2MG	4	SP, PA, QL (90 tabs/30 days)

TRANSTHYRETIN STABILIZERS

VYNDAMAX CAP 61MG	5	SP, PA
VYNDAQEL CAP 20MG	5	SP, PA

VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)

VERQUVO TAB 2.5MG	3	PA
VERQUVO TAB 5MG	3	PA
VERQUVO TAB 10MG	3	PA

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	

CEPHALOSPORINS - 2ND GENERATION

<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	

CEPHALOSPORINS - 3RD GENERATION

<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
SUPRAX CAP 400MG	3	
SUPRAX CHW 100MG	3	
SUPRAX CHW 200MG	3	
SUPRAX SUS 100/5ML	3	
SUPRAX SUS 200/5ML	3	
SUPRAX SUS 500/5ML	3	

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

BALCOLTRA TAB 0.1-20	0	
BEYAZ TAB	3	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	0	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
FALESSA KIT	0	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	0	
LO LOESTRIN TAB 1-10-10	0	
MINASTRIN 24 CHW FE	3	
NATAZIA TAB	0	
NEXTSTELLIS TAB 3-14.2MG	0	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	0	
QUARTETTE TAB	3	
SAFYRAL TAB	3	
TYBLUME CHW 0.1-0.02	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	0	
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	0	
SLYND TAB 4MG	0	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>budesonide tab er 24hr 9 mg</i>	1	
DEXAMETHASON CON 1MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	3	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisolone tab 5 mg</i>	1	
PREDNISON CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL (900 mL/30 days), AGE; (Covered for ages greater than 18 years old)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL (180 tabs/30 days), AGE; (Covered for ages greater than 18 years old)
COUGH/COLD/ALLERGY COMBINATIONS		
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	QL (1800 mL/30 days), AGE; (Covered for ages greater than 18 years old)
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL (300 mL/30 days), AGE; (Covered for ages greater than 18 years old)
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL (900 mL/30 days), AGE; (Covered for ages greater than 18 years old)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	QL (900 mL/30 days), AGE; (Covered for ages greater than 18 years old)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
EXPECTORANTS		
<i>SSKI SOL 1GM/ML</i>	3	
MISC. RESPIRATORY INHALANTS		
<i>HYPERSAL NEB 3.5%</i>	3	
<i>NEBUSAL NEB 6%</i>	3	
<i>sodium chloride soln nebu 0.9%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	

MUCOLYTICS

<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	

DERMATOLOGICALS

ACNE PRODUCTS

ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
ACANYA GEL 1.2-2.5%	3	
ACZONE GEL 5%	3	
ACZONE GEL 7.5%	3	
<i>adapalene cream 0.1%</i>	1	
<i>adapalene gel 0.1%</i>	1	
<i>adapalene gel 0.3%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	
AZELEX CRE 20%	3	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	QL (75 mL/30 days)
<i>clindamycin phosphate lotion 1%</i>	1	QL (60 mL/30 days)
<i>clindamycin phosphate soln 1%</i>	1	QL (60 mL/30 days)
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
<i>erythromycin gel 2%</i>	1	QL (60 grams/30 days)
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	QL (60 mL/30 days)
FABIOR AER 0.1%	3	
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin cap 25 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 35 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
ONEXTON GEL 1.2-3.75	3	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
TAZAROTENE AER 0.1%	3	
<i>tretinoin cream 0.1%</i>	1	
<i>tretinoin cream 0.05%</i>	1	
<i>tretinoin cream 0.025%</i>	1	
<i>tretinoin gel 0.01%</i>	1	
<i>tretinoin gel 0.05%</i>	1	
<i>tretinoin gel 0.025%</i>	1	
<i>tretinoin microsphere gel 0.1%</i>	1	
<i>tretinoin microsphere gel 0.04%</i>	1	

AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS

VEREGEN OIN 15%	3	
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ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>diclofenac epolamine patch 1.3%</i>	1	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	
<i>diclofenac sodium soln 2%</i>	1	

ANTIBIOTICS - TOPICAL

ALTABAX OIN 1%	3	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin calcium cream 2%</i>	1	
<i>mupirocin oint 2%</i>	1	

ANTIFUNGALS - TOPICAL

<i>ciclopirox gel 0.77%</i>	1	QL (120 grams/30 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	QL (120 grams/30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	QL (120 mL/30 days)
<i>ciclopirox shampoo 1%</i>	1	QL (120 mL/30 days)
<i>ciclopirox solution 8%</i>	1	
<i>ciclopirox solution kit 8%</i>	1	
<i>clotrimazole cream 1%</i>	1	QL (120 grams/30 days)
<i>clotrimazole soln 1%</i>	1	QL (120 mL/30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>econazole nitrate cream 1%</i>	1	QL (60 grams/30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole cream 2%</i>	1	QL (120 grams/30 days)
<i>ketoconazole shampoo 2%</i>	1	QL (120 mL/30 days)
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	
<i>naftifine hcl cream 1%</i>	1	QL (60 grams/30 days)
<i>naftifine hcl cream 2%</i>	1	QL (60 grams/30 days)
<i>naftifine hcl gel 1%</i>	1	
<i>nystatin cream 100000 unit/gm</i>	1	QL (120 grams/30 days)
<i>nystatin oint 100000 unit/gm</i>	1	QL (120 grams/30 days)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120 grams/30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>sulconazole nitrate solution 1%</i>	1	QL (60 mL/30 days)

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>bexarotene gel 1%</i>	4	SP, PA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	
FLUOROPLEX CRE 1%	3	
<i>fluorouracil cream 0.5%</i>	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
VALCHLOR GEL 0.016%	4	SP, PA

ANTIPRURITICS - TOPICAL

<i>doxepin hcl cream 5%</i>	1	QL (90 grams/30 days)
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ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>calcipotriene cream 0.005%</i>	1	
<i>calcipotriene foam 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcitriol oint 3 mcg/gm</i>	1	
<i>methoxsalen rapid cap 10 mg</i>	1	
SORILUX AER 0.005%	3	
<i>tazarotene cream 0.1%</i>	1	
<i>tazarotene gel 0.1%</i>	1	
<i>tazarotene gel 0.05%</i>	1	
TAZORAC CRE 0.1%	2	
TAZORAC CRE 0.05%	2	

Drug Name	Drug Tier	Requirements/Limits
TAZORAC GEL 0.1%	2	
TAZORAC GEL 0.05%	2	
ZORYVE CRE 0.3%	3	ST; (Try topical corticosteroids)
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotion 2.5%</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir cream 5%</i>	1	
<i>acyclovir oint 5%</i>	1	
DENAVIR CRE 1%	3	
<i>penciclovir cream 1%</i>	1	
ZOVIRAX CRE 5%	3	
BURN PRODUCTS		
<i>silver sulfadiazine cream 1%</i>	1	
SULFAMYLON CRE 85MG/GM	3	
CAUTERIZING AGENTS		
TRI-CHLOR LIQ 80%	3	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>amcinonide cream 0.1%</i>	1	
<i>amcinonide lotion 0.1%</i>	1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone valerate aerosol foam 0.12%</i>	1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	1	
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate emulsion foam 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	QL (100 gm/30 days)
<i>clobetasol propionate gel 0.05%</i>	1	QL (100 gm/30 days)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (200 mL/30 days)
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (240 mL/30 days)
<i>clobetasol propionate soln 0.05%</i>	1	QL (100 mL/30 days)
<i>clobetasol propionate spray 0.05%</i>	1	QL (240 mL/30 days)
<i>clocortolone pivalate cream 0.1%</i>	1	
CORDRAN 80X3 TAP 4MCG/CM	3	
<i>desonide cream 0.05%</i>	1	
<i>desonide gel 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>desoximetasone spray 0.25%</i>	1	
<i>diflorasone diacetate cream 0.05%</i>	1	QL (120 grams/30 days)
<i>diflorasone diacetate oint 0.05%</i>	1	QL (120 grams/30 days)
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>flurandrenolide cream 0.05%</i>	1	
<i>flurandrenolide lotion 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate lotion 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halcinonide cream 0.1%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	QL (100 gm/30 days)
<i>halobetasol propionate oint 0.05%</i>	1	QL (100 gm/30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate lotion 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
PRAMOSONE CRE 1-1%	3	
<i>prednicarbate oint 0.1%</i>	1	
TACLONEX SUS	3	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.05%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
ECZEMA AGENTS		
CIBINQO TAB 50MG	4	SP, PA
CIBINQO TAB 100MG	4	SP, PA
CIBINQO TAB 200MG	4	SP, PA
OPZELURA CRE 1.5%	5	SP, PA, QL (240 gm/28 days)
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea gel 45%</i>	1	
EMOLLIENTS		
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	
ZYCLARA CRE 3.75%	3	

Drug Name	Drug Tier	Requirements/Limits
ZYCLARA PUMP CRE 2.5%	3	
ZYCLARA PUMP CRE 3.75%	3	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR GEL 0.2%	3	
<i>pimecrolimus cream 1%</i>	1	
<i>tacrolimus oint 0.1%</i>	1	
<i>tacrolimus oint 0.03%</i>	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
ACNESIC GEL 0.5%	3	
CONDYLOX GEL 0.5%	3	
<i>podofilox soln 0.5%</i>	1	
<i>*salicylic acid cream 6% & cleanser liqd kit**</i>	1	QL (1 kit/30 days)
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine hcl gel 2%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	QL (100 mL/30 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	
<i>lidocaine oint 5%</i>	1	QL (100 gm/30 days)
<i>lidocaine patch 5%</i>	1	QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (60 grams/30 days)
MISC. DERMATOLOGICAL PRODUCTS		
ALEVICYN GEL	3	
ALEVICYN SG GEL ANTIPRUR	3	
HALUCORT GEL	3	
LEVICYN GEL	3	
SEBUDERM GEL	3	
STRATA CTX GEL	3	
STRATA MARK GEL	3	
STRATA XRT GEL	3	
MISC. TOPICAL		
DRYSOL SOL 20%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	QL (100 gm/30 days)
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
NORITATE CRE 1%	3	
SCABICIDES & PEDICULICIDES		
<i>crotamiton lotion 10%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin lotion 0.5%</i>	1	
<i>lindane shampoo 1%</i>	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	

WOUND CARE PRODUCTS

REGRANEX GEL 0.01%	3	
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DIAGNOSTIC PRODUCTS

DIAGNOSTIC TESTS

CHEMSTRIP K TES	DS	Preferred Diabetic Supply
CHEMSTRIP TES UGK	DS	Preferred Diabetic Supply
CVS KETONE TES CARE	DS	Preferred Diabetic Supply
DIABETIC TEST STRIPS OTC	DS	Freestyle and OneTouch Test Strips Preferred
DIABETIC TEST STRIPS RX	DS	Freestyle and OneTouch Test Strips Preferred
DIASTIX TES STRIPS	DS	Preferred Diabetic Supply
KETO-DIASTIX TES	DS	Preferred Diabetic Supply
KETONE TES	DS	Preferred Diabetic Supply
KETONE TEST TES	DS	Preferred Diabetic Supply
KETOSTIX TES STRIP	DS	Preferred Diabetic Supply
RELION TES KETONE	DS	Preferred Diabetic Supply

RADIOGRAPHIC CONTRAST MEDIA

ENTERO VU SUS 24%	3	
VANILLA SILQ SUS	3	

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	

Drug Name	Drug Tier	Requirements/Limits
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	

DIURETIC COMBINATIONS

ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	

LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
EDECIN TAB 25MG	3	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	3	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 1MG	5	SP, PA
ISTURISA TAB 5MG	5	SP, PA
ISTURISA TAB 10MG	5	SP, PA
RECORLEV TAB 150MG	5	SP, PA
BONE DENSITY REGULATORS		
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
FERTILITY REGULATORS		
<i>clomiphene citrate tab 50 mg</i>	1	refer to plan benefits

Drug Name	Drug Tier	Requirements/Limits
GNRH/LHRH ANTAGONISTS		
ORLISSA TAB 150MG	5	SP, PA, QL (30 tabs/30 days)
ORLISSA TAB 200MG	5	SP, PA, QL (60 tabs/30 days)
HORMONE RECEPTOR MODULATORS		
OSPHENA TAB 60MG	3	QL (30 tabs/30 days)
<i>raloxifene hcl tab 60 mg</i>	1	AGE; (females min age 35 years covered at \$0)
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	2	
METABOLIC MODIFIERS		
<i>*betaine powder for oral solution***</i>	5	SP, PA
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
CARBAGLU TAB 200MG	5	SP, PA
<i>carglumic acid soluble tab 200 mg</i>	5	SP, PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	
CYSTADANE POW	5	SP, PA
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
GALAFOLD CAP 123MG	5	SP, PA, QL (14 caps/28 days)
KUVAN POW 100MG	4	SP, PA
KUVAN POW 500MG	4	SP, PA
KUVAN TAB 100MG	4	SP, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
RAVICTI LIQ 1.1GM/ML	4	SP, PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	4	SP, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	4	SP, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	4	SP, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	4	SP, PA
<i>sodium phenylbutyrate tab 500 mg</i>	4	SP, PA

Drug Name Drug Tier Requirements/Limits
MINERALOCORTICOID RECEPTOR ANTAGONISTS

KERENDIA TAB 10MG	3	ST; (Concurrent use of ACE or ARB)
KERENDIA TAB 20MG	3	ST; (Concurrent use of ACE or ARB)

POSTERIOR PITUITARY HORMONES

<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
DESMOPRESSIN SOL 1.5MG/ML	5	SP, PA
STIMATE SOL 1.5MG/ML	5	SP, PA

PROLACTIN INHIBITORS

<i>cabergoline tab 0.5 mg</i>	1	
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SOMATOSTATIC AGENTS

MYCAPSSA CAP 20MG	5	SP, PA
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VASOPRESSIN RECEPTOR ANTAGONISTS

JYNARQUE PAK 45-15MG	5	SP, PA
JYNARQUE PAK 60-30MG	5	SP, PA
JYNARQUE PAK 90-30MG	5	SP, PA
JYNARQUE TAB 15MG	4	SP, PA
JYNARQUE TAB 30MG	4	SP, PA
SAMSCA TAB 15MG	4	SP, PA
SAMSCA TAB 30MG	4	SP, PA
<i>tolvaptan tab 15 mg</i>	4	SP, PA
<i>tolvaptan tab 30 mg</i>	4	SP, PA

ESTROGENS

ESTROGEN COMBINATIONS

ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
CLIMARA PRO DIS WEEKLY	3	
COMBIPATCH DIS	3	
DUAVEE TAB 0.45-20	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
PREFEST TAB	3	
PREMPHASE TAB	2	

Drug Name	Drug Tier	Requirements/Limits
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
DIVIGEL GEL 0.5MG	3	
DIVIGEL GEL 0.25MG	3	
DIVIGEL GEL 0.75MG	3	
DIVIGEL GEL 1.25MG	3	
DIVIGEL GEL 1MG/GM	3	
ELESTRIN GEL 0.06%	3	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
ESTROGEL GEL	3	
EVAMIST SPR 1.53MG	2	
MENEST TAB 0.3MG	3	
MENEST TAB 0.625MG	3	
MENEST TAB 1.25MG	3	
MENEST TAB 2.5MG	3	
MENOSTAR DIS 14MCG	3	
PREMARIN TAB 0.3MG	2	
PREMARIN TAB 0.9MG	2	

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TAB 0.45MG	2	
PREMARIN TAB 0.625MG	2	
PREMARIN TAB 1.25MG	2	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	1	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
GASTROINTESTINAL AGENTS - MISC.		
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB 5MG	5	SP, PA
OCALIVA TAB 10MG	5	SP, PA
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 200MCG	5	SP, PA
BYLVAY CAP 400MCG	5	SP, PA
BYLVAY CAP 600MCG	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
BYLVAY CAP 1200MCG	5	SP, PA
LIVMARLI SOL 9.5MG/ML	5	SP, PA
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium cap 750 mg</i>	1	
DIPENTUM CAP 250MG	3	
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine cap er 500 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>*mesalamine rectal enema 4 gm & cleanser wipe kit**</i>	1	QL (4 kits/28 days)
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	1	
PENTASA CAP 250MG CR	3	
PENTASA CAP 500MG CR	3	
SFROWASA ENE 4GM	3	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alose tron hcl tab 1 mg (base equiv)</i>	1	
LINZESS CAP 72MCG	3	
LINZESS CAP 145MCG	3	
LINZESS CAP 290MCG	3	
VIBERZI TAB 75MG	3	
VIBERZI TAB 100MG	3	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG	3	
MOVANTIK TAB 25MG	3	
SYMPROIC TAB 0.2MG	3	
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	3	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	1	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	1	
VELPHORO CHW 500MG	3	ST; Try generic phosphate binder

GENITOURINARY AGENTS - MISCELLANEOUS

ACIDIFIERS

K-PHOS TAB NO 2	3	
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ALKALINIZERS

<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	

CYSTINOSIS AGENTS

CYSTAGON CAP 50MG	4	SP, PA
CYSTAGON CAP 150MG	4	SP, PA

INTERSTITIAL CYSTITIS AGENTS

ELMIRON CAP 100MG	2	
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PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	

URINARY STONE AGENTS

THIOLA EC TAB 100MG	5	SP, PA
THIOLA EC TAB 300MG	5	SP, PA
THIOLA TAB 100MG	5	SP, PA
<i>tiopronin tab 100 mg</i>	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine cap 0.6 mg</i>	1	ST, QL (60 caps/30 days); Try allopurinol, probenecid or colchicine w/ probenecid
<i>colchicine tab 0.6 mg</i>	1	QL (30 tabs/30 days)
<i>febuxostat tab 40 mg</i>	1	ST, QL (30 tabs/30 days); Try allopurinol
<i>febuxostat tab 80 mg</i>	1	ST, QL (30 tabs/30 days); Try allopurinol
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
COMPLEMENT INHIBITORS		
TAVNEOS CAP 10MG	5	SP, PA
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	5	SP, PA
TAVALISSE TAB 150MG	5	SP, PA
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP 110MG	5	SP, PA
ORLADEYO CAP 150MG	5	SP, PA
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	

PYRUVATE KINASE ACTIVATORS

PYRUKYND TAB 5MG	5	SP, PA
PYRUKYND TAB 5MG TP	5	SP, PA
PYRUKYND TAB 20MG	5	SP, PA
PYRUKYND TAB 20MGX5MG	5	SP, PA
PYRUKYND TAB 50MG	5	SP, PA
PYRUKYND TAB 50MGX20M	5	SP, PA

HEMATOPOIETIC AGENTS

AGENTS FOR SICKLE CELL DISEASE

DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
OXBRYTA TAB 300MG	5	SP, PA
OXBRYTA TAB 500MG	5	SP, PA
SIKLOS TAB 100MG	3	

COBALAMINS

NASCOBAL SPR 500MCG	2	
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FOLIC ACID/FOLATES

<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	AGE; (Covered for ages 55 years and under); females only
<i>folic acid tab 800 mcg</i>	0	AGE; (Covered for ages 55 years and under); females only

HEMATOPOIETIC GROWTH FACTORS

DOPTELET TAB 20MG	5	SP, PA, QL (30 tabs/30 days)
MULPLETA TAB 3MG	5	SP, PA, QL (7 tabs/14 days)
PROMACTA PAK 25MG	4	SP, PA
PROMACTA POW 12.5MG	4	SP, PA
PROMACTA TAB 12.5MG	4	SP, PA
PROMACTA TAB 25MG	4	SP, PA
PROMACTA TAB 50MG	4	SP, PA
PROMACTA TAB 75MG	4	SP, PA

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

AMICAR SOL 0.25/ML	3	
AMICAR TAB 500MG	3	
AMICAR TAB 1000MG	3	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>aminocaproic acid tab 500 mg</i>	1	
<i>aminocaproic acid tab 1000 mg</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	

HYPNOTICS - TRICYCLIC AGENTS

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	
SILENOR TAB 3MG	3	
SILENOR TAB 6MG	3	

NON-BARBITURATE HYPNOTICS

EDLUAR SUB 5MG	3	QL (30 tabs/30 days)
EDLUAR SUB 10MG	3	QL (30 tabs/30 days)
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
<i>eszopiclone tab 1 mg</i>	1	QL (30 tabs/30 days)
<i>eszopiclone tab 2 mg</i>	1	QL (30 tabs/30 days)
<i>eszopiclone tab 3 mg</i>	1	QL (30 tabs/30 days)
<i>flurazepam hcl cap 15 mg</i>	1	
<i>flurazepam hcl cap 30 mg</i>	1	
IGALMI MIS 120MCG	3	
IGALMI MIS 180MCG	3	
<i>temazepam cap 7.5 mg</i>	1	
<i>temazepam cap 15 mg</i>	1	
<i>temazepam cap 22.5 mg</i>	1	
<i>temazepam cap 30 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
<i>zaleplon cap 5 mg</i>	1	QL (90 caps/30 days)
<i>zaleplon cap 10 mg</i>	1	QL (60 caps/30 days)
<i>zolpidem tartrate sl tab 1.75 mg</i>	1	QL (30 tabs/30 days)
<i>zolpidem tartrate sl tab 3.5 mg</i>	1	QL (30 tabs/30 days)
<i>zolpidem tartrate sl tab 3.5 mg</i>	1	QL (30 tabs/30 days)
<i>zolpidem tartrate tab 5 mg</i>	1	QL (30 tabs/30 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (30 tabs/30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL (30 tabs/30 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL (30 tabs/30 days)

OREXIN RECEPTOR ANTAGONISTS

BELSOMRA TAB 5MG	3	
BELSOMRA TAB 10MG	3	
BELSOMRA TAB 15MG	3	
BELSOMRA TAB 20MG	3	

SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ CAP 20MG	5	SP, PA, QL (30 caps/30 days)
HETLIOZ LQ SUS 4MG/ML	5	SP, PA, QL (150 mL/30 days)
<i>ramelteon tab 8 mg</i>	1	
<i>tasimelteon capsule 20 mg</i>	5	SP, PA, QL (30 caps/30 days)

LAXATIVES

LAXATIVE COMBINATIONS

MOVIPREP SOL	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	AGE; (45 yrs older covered at \$0)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	AGE; (45 yrs older covered at \$0)
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	AGE; (45 yrs older covered at \$0)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	AGE; (45 yrs older covered at \$0)
PEG-PREP KIT	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	AGE; (45 yrs older covered at \$0)
SUPREP BOWEL SOL PREP KIT	3	

LAXATIVES - MISCELLANEOUS

KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
LACTULOSE PAK 10GM	3	
<i>lactulose solution 10 gm/15ml</i>	1	

SALINE LAXATIVES

OSMOPREP TAB 1.5GM	3	
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MACROLIDES

AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
ERYTHROMYCINS		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin stearate tab 250 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
FIDAXOMICIN		
DIFICID SUS	2	QL (150 mL/30 days)
DIFICID TAB 200MG	2	QL (20 tabs/30 days)
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	0	
FC2 FEMALE MIS CONDOM	0	
FEMCAP MIS 22MM	0	
FEMCAP MIS 26MM	0	
FEMCAP MIS 30MM	0	
MALE CONDOMS	0	
OMNIFLEX DPR	0	
WIDE-SEAL DPR KIT 60	0	
WIDE-SEAL DPR KIT 65	0	
WIDE-SEAL DPR KIT 70	0	
WIDE-SEAL DPR KIT 75	0	
WIDE-SEAL DPR KIT 80	0	
WIDE-SEAL DPR KIT 85	0	
WIDE-SEAL DPR KIT 90	0	
WIDE-SEAL DPR KIT 95	0	
DIABETIC SUPPLIES		
BLOOD GLUCOSE CONTROL SOLUTION	DS	Preferred Diabetic Supply
LANCET DEVICES	DS	Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Limits
LANCET MISC	DS	Preferred Diabetic Supply
LANCETS	DS	Preferred Diabetic Supply
LANCETS KIT	DS	Preferred Diabetic Supply

MISC. DEVICES

ALCOH-GLOVE PAD CONTOURE	DS	Preferred Diabetic Supply
ALCOHOL SWABS	DS	Preferred Diabetic Supply

PARENTERAL THERAPY SUPPLIES

INSULIN PEN NEEDLES OTC	DS	True Plus Products are Preferred
INSULIN PEN NEEDLES RX	DS	True Plus Products are Preferred
INSULIN SYRINGES OTC	DS	True Plus Products are Preferred
INSULIN SYRINGES RX	DS	True Plus Products are Preferred

RESPIRATORY THERAPY SUPPLIES

AIRZONE PEAK MIS FLOW MTR	0	
MASK VORTEX/ MIS FROG	0	
MASK VORTEX/ MIS LADY BUG	0	
PEAK AIR FLO MIS ADLT/PED	0	
VORTEX VALVE MIS CHAMBER	0	
VORTEX/MASK MIS CHILDS	0	
VORTEX/MASK MIS TODDLER	0	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

NURTEC TAB 75MG ODT	5	SP, ST, QL (16 tabs/30 days); Try 2 triptans or, for prevention: a beta-blocker, an anti-epileptic agent, or antidepressant
QULIPTA TAB 10MG	5	SP, ST, QL (30 tabs/30 days); Try a beta-blocker, an anti-epileptic agent, or antidepressant
QULIPTA TAB 30MG	5	SP, ST, QL (30 tabs/30 days); Try a beta-blocker, an anti-epileptic agent, or antidepressant

Drug Name	Drug Tier	Requirements/Limits
QULIPTA TAB 60MG	5	SP, ST, QL (30 tabs/30 days); Try a beta-blocker, an anti-epileptic agent, or antidepressant

MIGRAINE COMBINATIONS

<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
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MIGRAINE PRODUCTS

<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	1	
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MIGRAINE PRODUCTS - NSAIDS

<i>diclofenac potassium (migraine) packet 50 mg</i>	1	
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SEROTONIN AGONISTS

<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs/30 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs/30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs/30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs/30 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (9 tabs/30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (9 tabs/30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (9 tabs/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (12 tabs/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (12 tabs/30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (12 tabs/30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (12 tabs/30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (12 units/30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 units/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (5 inj/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (4 inj/30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (5 inj/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (4 inj/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (5 inj/30 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (9 tabs/30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (9 tabs/30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (9 tabs/30 days)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	1	QL (12 units/30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 units/30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs/30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs/30 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs/30 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs/30 days)

MINERALS & ELECTROLYTES

FLUORIDE

<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	AGE; (Covered for ages 16 years and under)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	0	AGE; (Covered for ages 16 years and under)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	0	AGE; (Covered for ages 16 years and under)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	0	AGE; (Covered for ages 16 years and under)
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i>	0	AGE; (Covered for ages 16 years and under)
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	AGE; (Covered for ages 16 years and under)
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	0	AGE; (Covered for ages 16 years and under)

PHOSPHATE

<i>K-PHOS TAB</i>	3	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	1	
<i>potassium phosphate monobasic tab 500 mg</i>	1	

POTASSIUM

<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	

Drug Name Drug Tier Requirements/Limits
MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

<i>penicillamine cap 250 mg</i>	1	
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IMMUNOMODULATORS

<i>lenalidomide cap 5 mg</i>	OC	SP, PA
<i>lenalidomide cap 10 mg</i>	OC	SP, PA
<i>lenalidomide cap 15 mg</i>	OC	SP, PA
<i>lenalidomide cap 20 mg</i>	OC	SP, PA
<i>lenalidomide cap 25 mg</i>	OC	SP, PA
<i>lenalidomide caps 2.5 mg</i>	OC	SP, PA
REVLIMID CAP 2.5MG	OC	SP, PA
REVLIMID CAP 5MG	OC	SP, PA
REVLIMID CAP 10MG	OC	SP, PA
REVLIMID CAP 15MG	OC	SP, PA
REVLIMID CAP 20MG	OC	SP, PA
REVLIMID CAP 25MG	OC	SP, PA
REZUROCK TAB 200MG	5	SP, PA
THALOMID CAP 50MG	OC	SP, PA
THALOMID CAP 100MG	OC	SP, PA
THALOMID CAP 150MG	OC	SP, PA
THALOMID CAP 200MG	OC	SP, PA

IMMUNOSUPPRESSIVE AGENTS

ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	1	
<i>azathioprine tab 100 mg</i>	1	
CELLCEPT CAP 250MG	2	
CELLCEPT SUS 200MG/ML	2	
CELLCEPT TAB 500MG	2	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
<i>everolimus tab 0.5 mg</i>	1	
<i>everolimus tab 0.25 mg</i>	1	
<i>everolimus tab 0.75 mg</i>	1	
<i>everolimus tab 1 mg</i>	1	
IMURAN TAB 50MG	3	
<i>mycophenolate mofetil cap 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
MYFORTIC TAB 180MG	2	
MYFORTIC TAB 360MG	2	
NEORAL CAP 25MG	2	
NEORAL CAP 100MG	2	
NEORAL SOL 100MG/ML	2	
PROGRAF CAP 0.5MG	2	
PROGRAF CAP 1MG	2	
PROGRAF CAP 5MG	2	
RAPAMUNE SOL 1MG/ML	3	
RAPAMUNE TAB 0.5MG	3	
RAPAMUNE TAB 1MG	3	
RAPAMUNE TAB 2MG	3	
SANDIMMUNE CAP 25MG	2	
SANDIMMUNE CAP 100MG	2	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
ZORTRESS TAB 1MG	1	
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>*sodium polystyrene sulfonate powder**</i>	1	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	5	SP, PA
ZOKINVY CAP 75MG	5	SP, PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
DENTAL PRODUCTS		
<i>stannous fluoride conc 0.63%</i>	1	
PERIODONTAL PRODUCTS		
ARESTIN MIS 1MG	3	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
THROAT PRODUCTS - MISC.		
AQUORAL SPR	3	
<i>cevimeline hcl cap 30 mg</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
AMRIX CAP 15MG	3	
AMRIX CAP 30MG	3	
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 250 mg</i>	1	QL (150 tabs/30 days)
<i>carisoprodol tab 350 mg</i>	1	QL (120 tabs/30 days)
<i>chlorzoxazone tab 375 mg</i>	1	
<i>chlorzoxazone tab 500 mg</i>	1	
<i>chlorzoxazone tab 750 mg</i>	1	
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i>	1	
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 7.5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>metaxalone tab 400 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	
QNASL AER 80MCG	3	ST; Try fluticasone and flunisolide
QNASL CHILD SPR 40MCG	3	ST; Try fluticasone and flunisolide
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML	5	SP, PA
RADICAVA ORS SUS STARTER	5	SP, PA
RELYVRIO PAK 3-1GM	5	SP, PA
<i>riluzole tab 50 mg</i>	1	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	5	SP, PA
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT MIS 5MG OP	3	
BETA-BLOCKERS - OPTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETIMOL SOL 0.5%	3	
BETIMOL SOL 0.25%	3	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	3	

Drug Name	Drug Tier	Requirements/Limits
COSOPT PF SOL 2%-0.5%	3	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
ISTALOL SOL 0.5% OP	3	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
<i>timolol maleate preservative free ophth soln 0.25%</i>	1	
TIMOPTIC OCU SOL 0.5% OP	3	
TIMOPTIC OCU SOL 0.25% OP	3	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	2	
<i>atropine sulfate ophth soln 1%</i>	1	
CYCLOMYDRIL SOL OP	3	
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 2%</i>	1	
ISOPTO ATROP SOL 1% OP	2	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	
MIOTICS		
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	3	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
SIMBRINZA SUS 1-0.2%	3	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1%	3	
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	3	
CILOXAN OIN 0.3% OP	2	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
MOXEZA SOL 0.5%	2	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBEX OIN 0.3% OP	2	
<i>trifluridine ophth soln 1%</i>	1	
ZIRGAN GEL 0.15%	2	
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine (ophth) emulsion 0.05%</i>	1	QL (60 single use vials/180 days)
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	3	ST, QL (60 single use vials/30 days); Must try generic cyclosporine ophth
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	3	
ROCKLATAN DRO	3	
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tetracaine hcl ophth soln 0.5%</i>	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	5	SP, PA, QL (one 8-week treatment per eye per year)
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	2	
BLEPHAMIDE SUS OP	2	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
<i>fluorometholone ophth susp 0.1%</i>	1	
FML FORTE SUS 0.25% OP	3	
FML OIN 0.1% OP	3	
LOTEMAX OIN 0.5%	2	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXIDEX SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED MILD SUS 0.12% OP	2	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
OPHTHALMICS - MISC.		
ACUVAIL SOL 0.45%	3	
ALOCRI SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium ophth soln 4%</i>	1	
CYSTADROPS SOL 0.37%	5	SP, PA
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
LASTACFT SOL 0.25%	3	
NEVANAC SUS 0.1%	3	
NEVANAC SUS 0.1% OP	3	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
PROLENSA SOL 0.07%	3	
UPNEEQ SOL 0.1%	3	PA, QL (30 vials/30 days)

PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
LUMIGAN SOL 0.01%	2	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
VYZULTA SOL 0.024%	3	

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid otic soln 2%</i>	1	
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OTIC ANTI-INFECTIVES

<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	

OTIC COMBINATIONS

CIPRO HC SUS OTIC	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>pramoxine-hc-chloroxylonol otic soln 10-10-1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
OTIC STEROIDS		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	1	
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
NATURAL PENICILLINS		
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
AUGMENTIN SUS 125/5ML	3	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	

PROGESTINS

PROGESTINS

<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
LUCEMYRA TAB 0.18MG	3	QL (224 tabs/90 days)

ANTI-CATAPLECTIC AGENTS

SOD OXYBATE SOL 500MG/ML	5	SP, PA
XYREM SOL 500MG/ML	5	SP, PA
XYWAV SOL 0.5GM/ML	5	SP, PA

ANTIDEMENTIA AGENTS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
NAMENDA XR CAP TITRATIO	2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	2	
SAVELLA TAB 12.5MG	2	
SAVELLA TAB 25MG	2	
SAVELLA TAB 50MG	2	
SAVELLA TAB 100MG	2	
MOVEMENT DISORDER DRUG THERAPY		
INGREZZA CAP 40-80MG	5	SP, PA
INGREZZA CAP 40MG	5	SP, PA
INGREZZA CAP 60MG	5	SP, PA
INGREZZA CAP 80MG	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine tab 12.5 mg</i>	4	SP, PA
<i>tetrabenazine tab 25 mg</i>	4	SP, PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	4	SP, PA
AUBAGIO TAB 7MG	4	SP, PA
AUBAGIO TAB 14MG	4	SP, PA
<i>dalfampridine tab er 12hr 10 mg</i>	4	SP, PA
<i>dimethyl fumarate capsule delayed release 120 mg</i>	4	SP, PA
<i>dimethyl fumarate capsule delayed release 240 mg</i>	4	SP, PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	SP, PA
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	4	SP, PA
GILENYA CAP 0.5MG	4	SP, PA
MAVENCLAD PAK 10MG(4)	5	SP, PA
MAVENCLAD PAK 10MG(5)	5	SP, PA
MAVENCLAD PAK 10MG(6)	5	SP, PA
MAVENCLAD PAK 10MG(7)	5	SP, PA
MAVENCLAD PAK 10MG(8)	5	SP, PA
MAVENCLAD PAK 10MG(9)	5	SP, PA
MAVENCLAD PAK 10MG(10)	5	SP, PA
MAYZENT PAK STARTER	5	SP, PA
MAYZENT TAB 0.25MG	5	SP, PA
MAYZENT TAB 1MG	5	SP, PA
MAYZENT TAB 2MG	5	SP, PA
PONVORY TAB 20MG	5	SP, PA
PONVORY TAB STARTER	5	SP, PA
<i>teriflunomide tab 7 mg</i>	4	SP, PA
<i>teriflunomide tab 14 mg</i>	4	SP, PA
ZEPOSIA 7DAY CAP STR PACK	5	SP, PA
ZEPOSIA CAP .92MG	5	SP, PA
ZEPOSIA CAP STR KIT	5	SP, PA
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	1	
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	1	
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUDEXTA CAP 20-10MG	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SMOKING DETERRENTS		
APO-VARENICL TAB 0.5MG	0	QL (Max 180 days per year), AGE; (Min age 18 years)
APO-VARENICL TAB 1MG	0	QL (Max 180 days per year), AGE; (Min age 18 years)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	QL (Max 180 days per year), AGE; (Min age 18 years)
CHANTIX PAK 1MG	0	QL (Max 180 days per year), AGE; (Min age 18 years)
CHANTIX TAB 0.5& 1MG	0	QL (Max 180 days per year), AGE; (Min age 18 years)
CHANTIX TAB 0.5MG	0	QL (Max 180 days per year), AGE; (Min age 18 years)
CHANTIX TAB 1MG	0	QL (Max 180 days per year), AGE; (Min age 18 years)
<i>nicotine polacrilex gum</i>	0	QL (Max 180 days per year), AGE; (Min age 18 years)
<i>nicotine polacrilex lozenge</i>	0	QL (Max 180 days per year), AGE; (Min age 18 years)
<i>nicotine transdermal patch</i>	0	QL (Max 180 days per year), AGE; (Min age 18 years)
NICOTROL INH	0	QL (Max 180 days per year), AGE; (Min age 18 years)
NICOTROL NS SPR 10MG/ML	0	QL (Max 180 days per year), AGE; (Min age 18 years)
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	0	QL (Max 180 days per year), AGE; (Min age 18 years)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	0	QL (Max 180 days per year), AGE; (Min age 18 years)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	0	QL (Max 180 days per year), AGE; (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP 7.5MG	3	QL (30 caps/30 days)
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	1	QL (30 caps/30 days)
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK 25MG	4	SP, PA
KALYDECO PAK 50MG	4	SP, PA
KALYDECO PAK 75MG	4	SP, PA
KALYDECO TAB 150MG	4	SP, PA
ORKAMBI GRA 75-94MG	5	SP, PA
ORKAMBI GRA 100-125	5	SP, PA
ORKAMBI GRA 150-188	5	SP, PA
ORKAMBI TAB 100-125	5	SP, PA
ORKAMBI TAB 200-125	5	SP, PA
PULMOZYME SOL 1MG/ML	4	SP, PA
SYMDEKO TAB 50-75MG	5	SP, PA
SYMDEKO TAB 100-150	5	SP, PA
TRIKAFTA TAB	5	SP, PA
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	4	SP, PA
ESBRIET TAB 267MG	4	SP, PA
ESBRIET TAB 801MG	4	SP, PA
OFEV CAP 100MG	4	SP, PA
OFEV CAP 150MG	4	SP, PA
<i>pirfenidone cap 267 mg</i>	4	SP, PA
<i>pirfenidone tab 267 mg</i>	4	SP, PA
<i>pirfenidone tab 534 mg</i>	4	SP, PA
<i>pirfenidone tab 801 mg</i>	4	SP, PA
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine tab 500 mg</i>	1	
TETRACYCLINES		
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>minocycline hcl tab er 24hr 45 mg</i>	1	AGE; (Min age 12 years)
<i>minocycline hcl tab er 24hr 55 mg</i>	1	AGE; (Min age 12 years)
<i>minocycline hcl tab er 24hr 65 mg</i>	1	AGE; (Min age 12 years)
<i>minocycline hcl tab er 24hr 80 mg</i>	1	AGE; (Min age 12 years)
<i>minocycline hcl tab er 24hr 90 mg</i>	1	AGE; (Min age 12 years)
<i>minocycline hcl tab er 24hr 105 mg</i>	1	AGE; (Min age 12 years)
<i>minocycline hcl tab er 24hr 115 mg</i>	1	AGE; (Min age 12 years)
<i>minocycline hcl tab er 24hr 135 mg</i>	1	AGE; (Min age 12 years)
SOLODYN TAB 55MG	3	ST; (Min age 12 years); (Try 2 generics, including minocycline)
SOLODYN TAB 65MG	3	ST; (Min age 12 years); (Try 2 generics, including minocycline)
SOLODYN TAB 80MG	3	ST; (Min age 12 years); (Try 2 generics, including minocycline)
SOLODYN TAB 105MG	3	ST; (Min age 12 years); (Try 2 generics, including minocycline)
SOLODYN TAB 115MG	3	ST; (Min age 12 years); (Try 2 generics, including minocycline)
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	

THYROID AGENTS

ANTITHYROID AGENTS

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

THYROID HORMONES

CYTOMEL TAB 5MCG	3	
CYTOMEL TAB 25MCG	3	
CYTOMEL TAB 50MCG	3	
<i>levothyroxine sodium cap 13 mcg</i>	1	
<i>levothyroxine sodium cap 25 mcg</i>	1	
<i>levothyroxine sodium cap 50 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium cap 75 mcg</i>	1	
<i>levothyroxine sodium cap 88 mcg</i>	1	
<i>levothyroxine sodium cap 100 mcg</i>	1	
<i>levothyroxine sodium cap 112 mcg</i>	1	
<i>levothyroxine sodium cap 125 mcg</i>	1	
<i>levothyroxine sodium cap 137 mcg</i>	1	
<i>levothyroxine sodium cap 150 mcg</i>	1	
<i>levothyroxine sodium cap 175 mcg</i>	1	
<i>levothyroxine sodium cap 200 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	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	
TIROSINT CAP 13MCG	3	
TIROSINT CAP 25MCG	3	
TIROSINT CAP 50MCG	3	
TIROSINT CAP 75MCG	3	
TIROSINT CAP 88MCG	3	
TIROSINT CAP 100MCG	3	
TIROSINT CAP 112MCG	3	
TIROSINT CAP 125MCG	3	
TIROSINT CAP 137MCG	3	

Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAP 150MCG	3	
TIROSINT CAP 175MCG	3	
TIROSINT CAP 200	3	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
<i>nizatidine oral soln 15 mg/ml</i>	1	

MISC. ANTI-ULCER

CARAFATE SUS 1GM/10ML	3	
<i>sucralfate susp 1 gm/10ml</i>	1	
<i>sucralfate tab 1 gm</i>	1	

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	
<i>lansoprazole cap delayed release 15 mg</i>	1	
<i>lansoprazole cap delayed release 30 mg</i>	1	
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	1	
<i>omeprazole cap delayed release 10 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	1	
<i>rabeprazole sodium ec tab 20 mg</i>	1	

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	

ULCER THERAPY COMBINATIONS

<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
HELIDAC MIS THERAPY	3	
OMECLAMOX- MIS PAK	3	
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	1	
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	1	
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	1	
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	1	
PYLERA CAP	3	

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trospium chloride cap er 24hr 60 mg</i>	1	
<i>trospium chloride tab 20 mg</i>	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB 25MG	3	ST; Try generic urinary antispasmodic
MYRBETRIQ TAB 50MG	3	ST; Try generic urinary antispasmodic
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	1	
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	3	
INTRAROSA SUP 6.5MG	2	
SPERMICIDES		
GYNOL II GEL 3%	0	
SHUR-SEAL GEL 2%	0	
VCF VAGINAL GEL CONTRACE	0	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	0	
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tab 10 mcg</i>	1	
ESTRING MIS 2MG	3	
FEMRING MIS 0.1MG/24	3	
FEMRING MIS 0.05/24H	3	
PREMARIN VAG CRE 0.625MG	2	
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	3	
CRINONE GEL 8% VAG	3	
ENDOMETRIN SUP 100MG	3	refer to plan benefits

AGE - Age Limit PA - Prior Authorization QL - Quantity Limits SP - Specialty ST - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
PROGESTERONE SUP VGS 100	3	
PROGESTERONE SUP VGS 200	3	

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

<i>droxidopa cap 100 mg</i>	4	SP, PA
<i>droxidopa cap 200 mg</i>	4	SP, PA
<i>droxidopa cap 300 mg</i>	4	SP, PA
NORTHERA CAP 100MG	4	SP, PA
NORTHERA CAP 200MG	4	SP, PA
NORTHERA CAP 300MG	4	SP, PA

VASOPRESSORS

<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	

VITAMINS

OIL SOLUBLE VITAMINS

<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>phytonadione tab 5 mg</i>	1	

Index

*	
*betaine powder for oral solution***	99
*mesalamine rectal enema 4 gm & cleanser wipe kit**	103
*methenamine-hyosc-meth blue-sod phos-phen sal cap 120 mg***	28
*methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg***	28
*salicylic acid cream 6% & cleanser liqd kit**	95
*sodium polystyrene sulfonate powder**	114
A	
abacavir sulfate soln 20 mg/ml (base equiv)	73
abacavir sulfate tab 300 mg (base equiv)	73
abacavir sulfate-lamivudine tab 600-300 mg	73
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	73
abiraterone acetate tab 250 mg	62
abiraterone acetate tab 500 mg	62
ABSORICA CAP 10MG	89
ABSORICA CAP 20MG	89
ABSORICA CAP 25MG	89
ABSORICA CAP 30MG	89
ABSORICA CAP 35MG	89
ABSORICA CAP 40MG	89
acamprosate calcium tab delayed release 333 mg	122
ACANYA GEL 1.2-2.5%	89
acarbose tab 100 mg	45
acarbose tab 25 mg	45
acarbose tab 50 mg	45
acebutolol hcl cap 200 mg	77
acebutolol hcl cap 400 mg	77
acetaminophen w/ codeine soln 120-12 mg/5ml	25
acetaminophen w/ codeine tab 300-15 mg	26
acetaminophen w/ codeine tab 300-30 mg	26
acetaminophen w/ codeine tab 300-60 mg	26
acetazolamide cap er 12hr 500 mg	97
acetazolamide tab 125 mg	97
acetazolamide tab 250 mg	97
acetic acid otic soln 2%	120
acetylcysteine inhal soln 10%	89
acetylcysteine inhal soln 20%	89
acitretin cap 10 mg	91
acitretin cap 17.5 mg	91
acitretin cap 25 mg	91
ACNESIC GEL 0.5%	95
ACUVAIL SOL 0.45%	119
acyclovir cap 200 mg	76
acyclovir cream 5%	92
acyclovir oint 5%	92
acyclovir susp 200 mg/5ml	76
acyclovir tab 400 mg	76
acyclovir tab 800 mg	76
ACZONE GEL 5%	89
ACZONE GEL 7.5%	89
adapalene cream 0.1%	89
adapalene gel 0.1%	89
adapalene gel 0.3%	89
adapalene-benzoyl peroxide gel 0.1-2.5%	89
adapalene-benzoyl peroxide gel 0.3-2.5%	89
adefovir dipivoxil tab 10 mg	76
ADEMPAS TAB 0.5MG	83
ADEMPAS TAB 1.5MG	83
ADEMPAS TAB 1MG	83
ADEMPAS TAB 2.5MG	83
ADEMPAS TAB 2MG	83
ADVAIR HFA AER 115/21	33
ADVAIR HFA AER 230/21	33
ADVAIR HFA AER 45/21	33
AFINITOR DIS TAB 2MG	63
AFINITOR DIS TAB 3MG	63
AFINITOR DIS TAB 5MG	63
AFINITOR TAB 10MG	63
AFINITOR TAB 2.5MG	63
AFINITOR TAB 5MG	63
AFINITOR TAB 7.5MG	63
AIRZONE PEAK MIS FLOW MTR	110
albendazole tab 200 mg	28
ALBENZA TAB 200MG	28
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	33

<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	33	<i>alprazolam orally disintegrating tab 0.5 mg</i>	30
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	33	<i>alprazolam orally disintegrating tab 1 mg</i>	30
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	33	<i>alprazolam orally disintegrating tab 2 mg</i>	30
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	33	<i>alprazolam tab 0.25 mg</i>	30
<i>albuterol sulfate syrup 2 mg/5ml</i>	33	<i>alprazolam tab 0.5 mg</i>	30
<i>albuterol sulfate tab 2 mg</i>	33	<i>alprazolam tab 1 mg</i>	31
<i>albuterol sulfate tab 4 mg</i>	33	<i>alprazolam tab 2 mg</i>	31
<i>alclometasone dipropionate cream 0.05%</i>	92	<i>alprazolam tab er 24hr 0.5 mg</i>	31
<i>alclometasone dipropionate oint 0.05%</i>	92	<i>alprazolam tab er 24hr 1 mg</i>	31
ALCOH-GLOVE PAD CONTOURE.....	110	<i>alprazolam tab er 24hr 2 mg</i>	31
ALCOHOL SWABS	110	<i>alprazolam tab er 24hr 3 mg</i>	31
ALDACTAZIDE TAB 25/25	97	ALREX SUS 0.2%	119
ALDACTAZIDE TAB 50/50	97	ALTABAX OIN 1%.....	90
ALECENSA CAP 150MG.....	63	ALTOPREV TAB 20MG ER.....	52
<i>alendronate sodium tab 10 mg</i>	98	ALTOPREV TAB 40MG ER.....	52
<i>alendronate sodium tab 35 mg</i>	98	ALTOPREV TAB 60MG ER.....	52
<i>alendronate sodium tab 5 mg</i>	98	ALUNBRIG PAK	63
<i>alendronate sodium tab 70 mg</i>	98	ALUNBRIG TAB 180MG.....	63
ALEVICYN GEL	95	ALUNBRIG TAB 30MG	63
ALEVICYN SG GEL ANTIPRUR.....	95	ALUNBRIG TAB 90MG	63
<i>alfuzosin hcl tab er 24hr 10 mg</i>	104	ALVESCO AER 160MCG	32
ALINIA SUS 100/5ML.....	28	ALVESCO AER 80MCG	32
ALINIA TAB 500MG.....	28	<i>amantadine hcl cap 100 mg</i>	68
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	59	<i>amantadine hcl soln 50 mg/5ml</i>	68
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	59	<i>amantadine hcl tab 100 mg</i>	68
ALKERAN TAB 2MG	60	<i>ambrisentan tab 10 mg</i>	82
<i>allopurinol tab 100 mg</i>	105	<i>ambrisentan tab 5 mg</i>	82
<i>allopurinol tab 300 mg</i>	105	<i>amcinonide cream 0.1%</i>	92
<i>almotriptan malate tab 12.5 mg</i>	111	<i>amcinonide lotion 0.1%</i>	92
<i>almotriptan malate tab 6.25 mg</i>	111	AMICAR SOL 0.25/ML	106
ALOCRIIL SOL 2%	119	AMICAR TAB 1000MG	106
ALOMIDE SOL 0.1% OP.....	119	AMICAR TAB 500MG	106
<i>alosepron hcl tab 0.5 mg (base equiv)</i>	103	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	97
<i>alosepron hcl tab 1 mg (base equiv)</i>	103	<i>amiloride hcl tab 5 mg</i>	98
ALPHAGAN P SOL 0.1%.....	117	<i>aminocaproic acid oral soln 0.25 gm/ml</i>	106
ALPHAGAN P SOL 0.15%.....	117	<i>aminocaproic acid tab 1000 mg</i>	107
<i>alprazolam orally disintegrating tab 0.25 mg</i>	30	<i>aminocaproic acid tab 500 mg</i>	107
		<i>amiodarone hcl tab 100 mg</i>	32
		<i>amiodarone hcl tab 200 mg</i>	32
		<i>amiodarone hcl tab 400 mg</i>	32
		<i>amitriptyline hcl tab 10 mg</i>	44
		<i>amitriptyline hcl tab 100 mg</i>	44

amitriptyline hcl tab 150 mg44
amitriptyline hcl tab 25 mg44
amitriptyline hcl tab 50 mg44
amitriptyline hcl tab 75 mg44
amlodipine besylate tab 10 mg (base equivalent)79
amlodipine besylate tab 2.5 mg (base equivalent)78
amlodipine besylate tab 5 mg (base equivalent)79
amlodipine besylate-atorvastatin calcium tab 10-10 mg81
amlodipine besylate-atorvastatin calcium tab 10-20 mg81
amlodipine besylate-atorvastatin calcium tab 10-40 mg81
amlodipine besylate-atorvastatin calcium tab 10-80 mg81
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg80
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg81
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg81
amlodipine besylate-atorvastatin calcium tab 5-10 mg81
amlodipine besylate-atorvastatin calcium tab 5-20 mg81
amlodipine besylate-atorvastatin calcium tab 5-40 mg81
amlodipine besylate-atorvastatin calcium tab 5-80 mg81
amlodipine besylate-benazepril hcl cap 10-20 mg56
amlodipine besylate-benazepril hcl cap 10-40 mg56
amlodipine besylate-benazepril hcl cap 2.5-10 mg56
amlodipine besylate-benazepril hcl cap 5-10 mg56
amlodipine besylate-benazepril hcl cap 5-20 mg56
amlodipine besylate-benazepril hcl cap 5-40 mg56
amlodipine besylate-olmesartan medoxomil tab 10-20 mg56

amlodipine besylate-olmesartan medoxomil tab 10-40 mg56
amlodipine besylate-olmesartan medoxomil tab 5-20 mg56
amlodipine besylate-olmesartan medoxomil tab 5-40 mg56
amlodipine besylate-valsartan tab 10-160 mg56
amlodipine besylate-valsartan tab 10-320 mg56
amlodipine besylate-valsartan tab 5-160 mg56
amlodipine besylate-valsartan tab 5-320 mg56
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg56
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg56
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg57
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg56
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg56
amoxapine tab 100 mg44
amoxapine tab 150 mg44
amoxapine tab 25 mg44
amoxapine tab 50 mg44
amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg 130
amoxicillin & k clavulanate chew tab 200-28.5 mg 121
amoxicillin & k clavulanate chew tab 400-57 mg 121
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 121
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 121
amoxicillin & k clavulanate for susp 400-57 mg/5ml 121
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 121

<i>amoxicillin & k clavulanate tab 250-125 mg</i>	121	<i>amphetamine-dextroamphetamine tab 5 mg</i>	17
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	121	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	17
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	121	<i>ampicillin cap 500 mg</i>	121
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	122	AMPYRA TAB 10MG.....	124
<i>amoxicillin (trihydrate) cap 250 mg</i>	121	AMRIX CAP 15MG.....	115
<i>amoxicillin (trihydrate) cap 500 mg</i>	121	AMRIX CAP 30MG.....	115
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	121	<i>anagrelide hcl cap 0.5 mg</i>	105
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	121	<i>anagrelide hcl cap 1 mg</i>	105
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	121	<i>anastrozole tab 1 mg</i>	62
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	121	ANGELIQ TAB 0.25-0.5	100
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	121	ANGELIQ TAB 0.5-1MG	100
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	121	ANORO ELLIPT AER 62.5-25	33
<i>amoxicillin (trihydrate) tab 500 mg</i>	121	ANTARA CAP 30MG.....	51
<i>amoxicillin (trihydrate) tab 875 mg</i>	121	ANTARA CAP 90MG.....	51
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	17	APO-VARENICL TAB 0.5MG.....	125
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	17	APO-VARENICL TAB 1MG.....	125
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	17	<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	117
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	17	<i>aprepitant capsule 125 mg</i>	50
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	17	<i>aprepitant capsule 40 mg</i>	49
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	17	<i>aprepitant capsule 80 mg</i>	50
<i>amphetamine-dextroamphetamine tab 10 mg</i>	17	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	50
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	17	APTIVUS CAP 250MG	73
<i>amphetamine-dextroamphetamine tab 15 mg</i>	17	AQUORAL SPR	115
<i>amphetamine-dextroamphetamine tab 20 mg</i>	17	ARESTIN MIS 1MG	115
<i>amphetamine-dextroamphetamine tab 30 mg</i>	17	<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	33
		ARIMIDEX TAB 1MG	62
		<i>aripiprazole oral solution 1 mg/ml</i>	73
		<i>aripiprazole orally disintegrating tab 10 mg</i>	73
		<i>aripiprazole orally disintegrating tab 15 mg</i>	73
		<i>aripiprazole tab 10 mg</i>	73
		<i>aripiprazole tab 15 mg</i>	73
		<i>aripiprazole tab 2 mg</i>	73
		<i>aripiprazole tab 20 mg</i>	73
		<i>aripiprazole tab 30 mg</i>	73
		<i>aripiprazole tab 5 mg</i>	73
		<i>armodafinil tab 150 mg</i>	18
		<i>armodafinil tab 200 mg</i>	18
		<i>armodafinil tab 250 mg</i>	18
		<i>armodafinil tab 50 mg</i>	18
		ARNUITY ELPT INH 100MCG	32

ARNUITY ELPT INH 200MCG	32	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	18
ARNUITY ELPT INH 50MCG	32	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	18
AROMASIN TAB 25MG.....	62	<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	52
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	71	<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	52
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	71	<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	52
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	71	<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	52
ASMANEX 120 AER 220MCG	33	<i>atovaquone susp 750 mg/5ml</i>	28
ASMANEX 14 AER 220MCG	32	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	59
ASMANEX 30 AER 110MCG	32	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	59
ASMANEX 30 AER 220MCG	33	ATROPINE SUL SOL 1% OP	117
ASMANEX 60 AER 220MCG	33	<i>atropine sulfate ophth soln 1%</i>	117
ASMANEX 7 AER 110MCG.....	32	ATROVENT HFA AER 17MCG	32
ASMANEX HFA AER 100 MCG	33	AUBAGIO TAB 14MG.....	124
ASMANEX HFA AER 200 MCG	33	AUBAGIO TAB 7MG.....	124
<i>aspirin chewable 81mg</i>	23	AUGMENTIN SUS 125/5ML	122
<i>aspirin enteric coated 81mg</i>	23	AURYXIA TAB 210MG.....	103
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	105	AUVELITY TAB 45-105MG.....	41
ASTAGRAF XL CAP 0.5MG.....	113	AYVAKIT TAB 100MG	63
ASTAGRAF XL CAP 1MG	113	AYVAKIT TAB 200MG	63
ASTAGRAF XL CAP 5MG	113	AYVAKIT TAB 25MG.....	63
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	73	AYVAKIT TAB 300MG	63
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	73	AYVAKIT TAB 50MG.....	63
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	73	AZASITE SOL 1%.....	118
<i>atenolol & chlorthalidone tab 100-25 mg</i>	57	<i>azathioprine tab 100 mg</i>	113
<i>atenolol & chlorthalidone tab 50-25 mg</i>	57	<i>azathioprine tab 50 mg</i>	113
<i>atenolol tab 100 mg</i>	77	<i>azathioprine tab 75 mg</i>	113
<i>atenolol tab 25 mg</i>	77	<i>azelaic acid gel 15%</i>	95
<i>atenolol tab 50 mg</i>	77	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	116
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	18	<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	116
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	18	<i>azelastine hcl ophth soln 0.05%</i>	119
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	18	<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	116
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	18	AZELEX CRE 20%.....	89
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	18	<i>azithromycin for susp 100 mg/5ml</i> .	108
		<i>azithromycin for susp 200 mg/5ml</i> .	108
		<i>azithromycin powd pack for susp 1 gm</i>	108

azithromycin tab 250 mg..... 108
 azithromycin tab 500 mg..... 108
 azithromycin tab 600 mg..... 108
B
 bacitracin ophth oint 500 unit/gm .. 118
 bacitracin-polymyxin b ophth oint... 118
 bacitracin-polymyxin-neomycin-hc
 ophth oint 1%..... 119
 baclofen tab 10 mg..... 115
 baclofen tab 20 mg..... 115
 baclofen tab 5 mg 115
 BALCOLTRA TAB 0.1-20 84
 balsalazide disodium cap 750 mg ... 103
 BALVERSA TAB 3MG 63
 BALVERSA TAB 4MG 63
 BALVERSA TAB 5MG 63
 BANZEL SUS 40MG/ML..... 36
 BANZEL TAB 200MG 36
 BANZEL TAB 400MG 36
 BAQSIMI ONE POW 3MG/DOSE 46
 BAQSIMI TWO POW 3MG/DOSE 46
 BELLA/OPIUM SUP 16.2-30..... 129
 BELLA/OPIUM SUP 16.2-60..... 129
 BELSOMRA TAB 10MG..... 108
 BELSOMRA TAB 15MG..... 108
 BELSOMRA TAB 20MG..... 108
 BELSOMRA TAB 5MG 108
 benazepril & hydrochlorothiazide tab
 10-12.5 mg 57
 benazepril & hydrochlorothiazide tab
 20-12.5 mg 57
 benazepril & hydrochlorothiazide tab
 20-25 mg 57
 benazepril & hydrochlorothiazide tab 5-
 6.25 mg 57
 benazepril hcl tab 10 mg 54
 benazepril hcl tab 20 mg 54
 benazepril hcl tab 40 mg 54
 benazepril hcl tab 5 mg 54
 benzonatate cap 100 mg 88
 benzonatate cap 150 mg 88
 benzonatate cap 200 mg 88
 benzoyl peroxide-erythromycin gel 5-
 3% 89
 benztropine mesylate tab 0.5 mg 68
 benztropine mesylate tab 1 mg 68
 benztropine mesylate tab 2 mg 68

bepotastine besilate ophth soln 1.5%
 119
 BESIVANCE SUS 0.6%..... 118
 betamethasone dipropionate
 augmented cream 0.05% 92
 betamethasone dipropionate
 augmented gel 0.05%..... 92
 betamethasone dipropionate
 augmented lotion 0.05% 92
 betamethasone dipropionate
 augmented oint 0.05% 92
 betamethasone dipropionate cream
 0.05% 92
 betamethasone dipropionate lotion
 0.05% 92
 betamethasone dipropionate oint
 0.05% 92
 betamethasone valerate aerosol foam
 0.12% 92
 betamethasone valerate cream 0.1%
 (base equivalent) 92
 betamethasone valerate lotion 0.1%
 (base equivalent) 92
 betamethasone valerate oint 0.1%
 (base equivalent) 92
 betaxolol hcl ophth soln 0.5%..... 116
 betaxolol hcl tab 10 mg 77
 betaxolol hcl tab 20 mg 77
 bethanechol chloride tab 10 mg 131
 bethanechol chloride tab 25 mg 131
 bethanechol chloride tab 5 mg 131
 bethanechol chloride tab 50 mg 131
 BETHKIS NEB 300/4ML 20
 BETIMOL SOL 0.25% 116
 BETIMOL SOL 0.5%..... 116
 BETOPTIC-S SUS 0.25% OP 116
 bexarotene cap 75 mg 67
 bexarotene gel 1% 91
 BEYAZ TAB..... 84
 bicalutamide tab 50 mg 62
 BIDIL TAB 81
 BIKTARVY TAB..... 74
 bimatoprost ophth soln 0.03%..... 120
 bismuth subcit-metronidazole-
 tetracycline cap 140-125-125 mg 130
 bisoprolol & hydrochlorothiazide tab
 10-6.25 mg 57

<i>bisoprolol & hydrochlorothiazide tab</i>	
2.5-6.25 mg	57
<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
6.25 mg	57
<i>bisoprolol fumarate tab 10 mg</i>	77
<i>bisoprolol fumarate tab 5 mg</i>	77
BLEPHAMIDE OIN S.O.P.	119
BLEPHAMIDE SUS OP.....	119
BLOOD GLUCOSE CONTROL SOLUTION	
.....	109
<i>bosentan tab 125 mg.....</i>	82
<i>bosentan tab 62.5 mg.....</i>	82
BOSULIF TAB 100MG	63
BOSULIF TAB 400MG	64
BOSULIF TAB 500MG	64
BRAFTOVI CAP 75MG.....	64
BREO ELLIPTA INH 100-25	33
BREO ELLIPTA INH 200-25	33
BREXAFEMME TAB 150MG	50
BREZTRI AERO AER SPHERE	33
BRILINTA TAB 60MG.....	105
BRILINTA TAB 90MG.....	105
<i>brimonidine tartrate ophth soln 0.15%</i>	
.....	117
<i>brimonidine tartrate ophth soln 0.2%</i>	
.....	117
<i>brimonidine tartrate-timolol maleate</i>	
<i>ophth soln 0.2-0.5%.....</i>	116
<i>brinzolamide ophth susp 1%.....</i>	119
BRISDELLE CAP 7.5MG	126
<i>bromfenac sodium ophth soln 0.09%</i>	
<i>(base equiv) (once-daily)</i>	119
<i>bromocriptine mesylate cap 5 mg (base</i>	
<i>equivalent)</i>	68
<i>bromocriptine mesylate tab 2.5 mg</i>	
<i>(base equivalent)</i>	68
BROVANA NEB 15MCG	33
BRUKINSA CAP 80MG	64
<i>budesonide delayed release particles</i>	
<i>cap 3 mg.....</i>	86
<i>budesonide inhalation susp 0.25</i>	
<i>mg/2ml.....</i>	33
<i>budesonide inhalation susp 0.5 mg/2ml</i>	
.....	33
<i>budesonide inhalation susp 1 mg/2ml</i>	
.....	33
<i>budesonide tab er 24hr 9 mg.....</i>	86
<i>bumetanide tab 0.5 mg.....</i>	97
<i>bumetanide tab 1 mg</i>	97
<i>bumetanide tab 2 mg</i>	97
<i>buprenorphine hcl sl tab 2 mg (base</i>	
<i>equiv).....</i>	26
<i>buprenorphine hcl sl tab 8 mg (base</i>	
<i>equiv).....</i>	26
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>12-3 mg (base equiv)</i>	26
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>2-0.5 mg (base equiv)</i>	26
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>4-1 mg (base equiv)</i>	26
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>8-2 mg (base equiv)</i>	26
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>2-0.5 mg (base equiv)</i>	27
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>8-2 mg (base equiv).....</i>	27
<i>buprenorphine td patch weekly 10</i>	
<i>mcg/hr.....</i>	27
<i>buprenorphine td patch weekly 15</i>	
<i>mcg/hr.....</i>	27
<i>buprenorphine td patch weekly 20</i>	
<i>mcg/hr.....</i>	27
<i>buprenorphine td patch weekly 5</i>	
<i>mcg/hr.....</i>	27
<i>buprenorphine td patch weekly 7.5</i>	
<i>mcg/hr.....</i>	27
<i>bupropion hcl (smoking deterrent) tab</i>	
<i>er 12hr 150 mg.....</i>	125
<i>bupropion hcl tab 100 mg</i>	41
<i>bupropion hcl tab 75 mg</i>	41
<i>bupropion hcl tab er 12hr 100 mg ...</i>	41
<i>bupropion hcl tab er 12hr 150 mg ...</i>	41
<i>bupropion hcl tab er 12hr 200 mg ...</i>	41
<i>bupropion hcl tab er 24hr 150 mg ...</i>	41
<i>bupropion hcl tab er 24hr 300 mg ...</i>	41
<i>bupropion hcl tab er 24hr 450 mg ...</i>	41
<i>bupirone hcl tab 10 mg</i>	30
<i>bupirone hcl tab 15 mg</i>	30
<i>bupirone hcl tab 30 mg</i>	30
<i>bupirone hcl tab 5 mg</i>	30
<i>bupirone hcl tab 7.5 mg</i>	30
<i>butalbital-acetaminophen tab 50-300</i>	
<i>mg</i>	22

butalbital-acetaminophen tab 50-325 mg23
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg26
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg26
butalbital-acetaminophen-caffeine cap 50-300-40 mg.....23
butalbital-acetaminophen-caffeine cap 50-325-40 mg.....23
butalbital-acetaminophen-caffeine tab 50-325-40 mg.....23
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg.....26
butalbital-aspirin-caffeine cap 50-325-40 mg23
butorphanol tartrate nasal soln 10 mg/ml.....27
 BYLVAY CAP 1200MCG103
 BYLVAY CAP 200MCG102
 BYLVAY CAP 400MCG102
 BYLVAY CAP 600MCG102

C

cabergoline tab 0.5 mg100
 CABOMETYX TAB 20MG64
 CABOMETYX TAB 40MG64
 CABOMETYX TAB 60MG64
calcipotriene cream 0.005%91
calcipotriene foam 0.005%91
calcipotriene oint 0.005%.....91
calcipotriene soln 0.005% (50 mcg/ml)91
calcipotriene-betamethasone dipropionate oint 0.005-0.064%....92
calcipotriene-betamethasone dipropionate susp 0.005-0.064%...92
calcitonin (salmon) nasal soln 200 unit/act98
calcitriol cap 0.25 mcg99
calcitriol cap 0.5 mcg.....99
calcitriol oint 3 mcg/gm91
calcitriol oral soln 1 mcg/ml.....99
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....103
calcium acetate (phosphate binder) tab 667 mg103
 CALQUENCE CAP 100MG64

CALQUENCE TAB 100MG64
candesartan cilexetil tab 16 mg.....55
candesartan cilexetil tab 32 mg.....55
candesartan cilexetil tab 4 mg55
candesartan cilexetil tab 8 mg55
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg57
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg57
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg .57
capecitabine tab 150 mg60
capecitabine tab 500 mg60
 CAPRELSA TAB 100MG.....64
 CAPRELSA TAB 300MG.....64
captopril & hydrochlorothiazide tab 25-15 mg57
captopril tab 100 mg54
captopril tab 12.5 mg54
captopril tab 25 mg54
captopril tab 50 mg54
 CARAFATE SUS 1GM/10ML129
 CARBAGLU TAB 200MG99
carbamazepine cap er 12hr 100 mg..36
carbamazepine cap er 12hr 200 mg..36
carbamazepine cap er 12hr 300 mg..36
carbamazepine chew tab 100 mg36
carbamazepine susp 100 mg/5ml36
carbamazepine tab 200 mg36
carbamazepine tab er 12hr 100 mg ..36
carbamazepine tab er 12hr 200 mg ..36
carbamazepine tab er 12hr 400 mg ..36
 CARBATROL CAP 100MG36
 CARBATROL CAP 200MG36
 CARBATROL CAP 300MG36
carbidopa & levodopa orally disintegrating tab 10-100 mg.....68
carbidopa & levodopa orally disintegrating tab 25-100 mg.....68
carbidopa & levodopa orally disintegrating tab 25-250 mg.....68
*carbidopa & levodopa tab 10-100 mg*68
*carbidopa & levodopa tab 25-100 mg*68
*carbidopa & levodopa tab 25-250 mg*68

carbidopa & levodopa tab er 25-100 mg68
carbidopa & levodopa tab er 50-200 mg68
carbidopa tab 25 mg.....68
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....68
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg68
carbidopa-levodopa-entacapone tabs 25-100-200 mg.....68
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg69
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg69
carbidopa-levodopa-entacapone tabs 50-200-200 mg.....69
carbinoxamine maleate tab 4 mg50
 CARDIZEM LA TAB 120MG79
 CARDURA XL TAB 4MG.....104
 CARDURA XL TAB 8MG.....104
carglumic acid soluble tab 200 mg...99
carisoprodol tab 250 mg.....115
carisoprodol tab 350 mg.....115
carteolol hcl ophth soln 1%116
carvedilol phosphate cap er 24hr 10 mg77
carvedilol phosphate cap er 24hr 20 mg77
carvedilol phosphate cap er 24hr 40 mg77
carvedilol phosphate cap er 24hr 80 mg77
carvedilol tab 12.5 mg77
carvedilol tab 25 mg77
carvedilol tab 3.125 mg77
carvedilol tab 6.25 mg77
 CASODEX TAB 50MG62
 CAYA DPR109
 CAYSTON INH 75MG29
cefaclor cap 250 mg84
cefaclor cap 500 mg84
cefaclor for susp 125 mg/5ml84
cefaclor for susp 250 mg/5ml84
cefaclor for susp 375 mg/5ml84
cefadroxil cap 500 mg.....83
cefadroxil for susp 250 mg/5ml.....83

cefadroxil for susp 500 mg/5ml.....83
cefadroxil tab 1 gm84
cefdinir cap 300 mg.....84
cefdinir for susp 125 mg/5ml84
cefdinir for susp 250 mg/5ml84
cefixime cap 400 mg84
cefixime for susp 100 mg/5ml.....84
cefixime for susp 200 mg/5ml.....84
cefpodoxime proxetil for susp 100 mg/5ml.....84
cefpodoxime proxetil for susp 50 mg/5ml.....84
cefpodoxime proxetil tab 100 mg84
cefpodoxime proxetil tab 200 mg84
cefprozil for susp 125 mg/5ml84
cefprozil for susp 250 mg/5ml84
cefprozil tab 250 mg.....84
cefprozil tab 500 mg.....84
cefuroxime axetil tab 250 mg84
cefuroxime axetil tab 500 mg84
celecoxib cap 100 mg21
celecoxib cap 200 mg21
celecoxib cap 400 mg21
celecoxib cap 50 mg21
 CELLCEPT CAP 250MG113
 CELLCEPT SUS 200MG/ML113
 CELLCEPT TAB 500MG113
 CELONTIN CAP 300MG.....40
cephalexin cap 250 mg84
cephalexin cap 500 mg84
cephalexin cap 750 mg84
cephalexin for susp 125 mg/5ml84
cephalexin for susp 250 mg/5ml84
cephalexin tab 250 mg.....84
cephalexin tab 500 mg.....84
cevimeline hcl cap 30 mg115
 CHANTIX PAK 1MG125
 CHANTIX TAB 0.5& 1MG125
 CHANTIX TAB 0.5MG125
 CHANTIX TAB 1MG125
 CHEMET CAP 100MG.....48
 CHEMSTRIP K TES.....96
 CHEMSTRIP TES UGK.....96
chlordiazepoxide hcl cap 10 mg31
chlordiazepoxide hcl cap 25 mg31
chlordiazepoxide hcl cap 5 mg31

chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg 129
chlordiazepoxide-amitriptyline tab 10-25 mg 123
chlordiazepoxide-amitriptyline tab 5-12.5 mg 123
chlorhexidine gluconate soln 0.12% 115
chloroquine phosphate tab 250 mg...59
chloroquine phosphate tab 500 mg...59
chlorpromazine hcl tab 10 mg72
chlorpromazine hcl tab 100 mg72
chlorpromazine hcl tab 200 mg72
chlorpromazine hcl tab 25 mg72
chlorpromazine hcl tab 50 mg72
chlorthalidone tab 25 mg.....98
chlorthalidone tab 50 mg.....98
chlorzoxazone tab 375 mg.....115
chlorzoxazone tab 500 mg.....115
chlorzoxazone tab 750 mg.....115
cholestyramine light powder 4 gm/dose51
cholestyramine light powder packets 4 gm51
cholestyramine powder 4 gm/dose ...51
*cholestyramine powder packets 4 gm*51
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)52
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)51
 CIBINQO TAB 100MG.....94
 CIBINQO TAB 200MG.....94
 CIBINQO TAB 50MG94
ciclopirox gel 0.77%90
ciclopirox olamine cream 0.77% (base equiv)90
ciclopirox olamine susp 0.77% (base equiv)90
ciclopirox shampoo 1%90
ciclopirox solution 8%90
ciclopirox solution kit 8%90
cilostazol tab 100 mg..... 105
cilostazol tab 50 mg 105
 CILOXAN OIN 0.3% OP 118
cimetidine hcl soln 300 mg/5ml..... 129
cimetidine tab 200 mg 129
cimetidine tab 300 mg 129
cimetidine tab 400 mg 129

cimetidine tab 800 mg 129
cinacalcet hcl tab 30 mg (base equiv)99
cinacalcet hcl tab 60 mg (base equiv)99
cinacalcet hcl tab 90 mg (base equiv)99
 CIPRO (10%) SUS 500MG/5 102
 CIPRO (5%) SUS 250MG/5..... 102
 CIPRO HC SUS OTIC..... 120
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml) 102
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml) 102
ciprofloxacin hcl ophth soln 0.3% (base equivalent) 118
ciprofloxacin hcl otic soln 0.2% (base equivalent) 120
ciprofloxacin hcl tab 100 mg (base equiv) 102
ciprofloxacin hcl tab 250 mg (base equiv) 102
ciprofloxacin hcl tab 500 mg (base equiv) 102
ciprofloxacin hcl tab 750 mg (base equiv) 102
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 120
citalopram hydrobromide oral soln 10 mg/5ml.....42
citalopram hydrobromide tab 10 mg (base equiv)42
citalopram hydrobromide tab 20 mg (base equiv)42
citalopram hydrobromide tab 40 mg (base equiv)42
*clarithromycin for susp 125 mg/5ml*109
*clarithromycin for susp 250 mg/5ml*109
clarithromycin tab 250 mg 109
clarithromycin tab 500 mg 109
clarithromycin tab er 24hr 500 mg . 109
clemastine fumarate tab 2.68 mg50
 CLEOCIN SUP 100MG..... 131
 CLIMARA PRO DIS WEEKLY 100
clindamycin hcl cap 150 mg.....29
clindamycin hcl cap 300 mg.....29
clindamycin hcl cap 75 mg29

clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)29

clindamycin phosphate foam 1%89

clindamycin phosphate gel 1%89

clindamycin phosphate lotion 1%89

clindamycin phosphate soln 1%89

clindamycin phosphate swab 1%89

clindamycin phosphate vaginal cream 2% 131

clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%89

clindamycin phosphate-benzoyl peroxide gel 1-5%89

clindamycin phosphate-tretinoin gel 1.2-0.025%89

clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%89

CLINDESSE CRE 2% 131

clobazam suspension 2.5 mg/ml35

clobazam tab 10 mg35

clobazam tab 20 mg35

clobetasol propionate emulsion foam 0.05%.....93

clobetasol propionate foam 0.05% ...93

clobetasol propionate gel 0.05%93

clobetasol propionate lotion 0.05%...93

clobetasol propionate shampoo 0.05%93

clobetasol propionate soln 0.05%93

clobetasol propionate spray 0.05%...93

clocortolone pivalate cream 0.1%.....93

clomiphene citrate tab 50 mg98

clomipramine hcl cap 25 mg44

clomipramine hcl cap 50 mg44

clomipramine hcl cap 75 mg44

clonazepam orally disintegrating tab 0.125 mg36

clonazepam orally disintegrating tab 0.25 mg36

clonazepam orally disintegrating tab 0.5 mg35

clonazepam orally disintegrating tab 1 mg36

clonazepam orally disintegrating tab 2 mg36

clonazepam tab 0.5 mg36

clonazepam tab 1 mg36

clonazepam tab 2 mg36

clonidine hcl tab 0.1 mg55

clonidine hcl tab 0.2 mg55

clonidine hcl tab 0.3 mg55

clonidine hcl tab er 12hr 0.1 mg.....18

clonidine td patch weekly 0.1 mg/24hr55

clonidine td patch weekly 0.2 mg/24hr55

clonidine td patch weekly 0.3 mg/24hr55

clopidogrel bisulfate tab 300 mg (base equiv) 105

clopidogrel bisulfate tab 75 mg (base equiv) 105

clorazepate dipotassium tab 15 mg ..31

clorazepate dipotassium tab 3.75 mg31

clorazepate dipotassium tab 7.5 mg .31

clotrimazole cream 1%90

clotrimazole soln 1%90

clotrimazole troche 10 mg 114

clotrimazole w/ betamethasone cream 1-0.05%90

clotrimazole w/ betamethasone lotion 1-0.05%90

clozapine tab 100 mg71

clozapine tab 200 mg72

clozapine tab 25 mg71

clozapine tab 50 mg71

COARTEM TAB 20-120MG.....59

codeine sulfate tab 30 mg23

colchicine cap 0.6 mg 105

colchicine tab 0.6 mg..... 105

colchicine w/ probenecid tab 0.5-500 mg 105

colesevelam hcl packet for susp 3.75 gm51

colesevelam hcl tab 625 mg51

colestipol hcl granule packets 5 gm ..51

colestipol hcl granules 5 gm51

colestipol hcl tab 1 gm51

COMBIGAN SOL 0.2/0.5% 116

COMBIPATCH DIS 100

COMBIVENT AER 20-10033

COMETRIQ KIT 100MG.....64

COMETRIQ KIT 140MG.....64

COMETRIQ KIT 60MG64

COMPLERA TAB74
 CONDYLOX GEL 0.5%95
 COPIKTRA CAP 15MG.....64
 COPIKTRA CAP 25MG.....64
 CORDRAN 80X3 TAP 4MCG/CM93
 CORTIFOAM AER 90MG27
 CORTISPORIN SUS -TC OTIC 120
 COSOPT PF SOL 2%-0.5%..... 117
 COTELLIC TAB 20MG64
 CREON CAP 12000UNT.....96
 CREON CAP 24000UNT.....96
 CREON CAP 3000UNIT96
 CREON CAP 36000UNT.....96
 CREON CAP 6000UNIT96
 CRINONE GEL 4% VAG 131
 CRINONE GEL 8% VAG 131
cromolyn sodium ophth soln 4% ... 120
cromolyn sodium oral conc 100 mg/5ml
..... 102
cromolyn sodium soln nebu 20 mg/2ml
.....32
crotamiton lotion 10%95
 CVS KETONE TES CARE.....96
cyclobenzaprine hcl cap er 24hr 15 mg
..... 115
cyclobenzaprine hcl cap er 24hr 30 mg
..... 115
cyclobenzaprine hcl tab 10 mg 115
cyclobenzaprine hcl tab 5 mg..... 115
cyclobenzaprine hcl tab 7.5 mg 115
 CYCLOMYDRIL SOL OP 117
cyclopentolate hcl ophth soln 0.5% 117
cyclopentolate hcl ophth soln 1% ... 117
cyclopentolate hcl ophth soln 2% ... 117
cyclophosphamide cap 25 mg60
cyclophosphamide cap 50 mg60
 CYCLOSET TAB 0.8MG47
cyclosporine (ophth) emulsion 0.05%
..... 118
cyclosporine cap 100 mg 113
cyclosporine cap 25 mg 113
cyclosporine modified cap 100 mg .. 113
cyclosporine modified cap 25 mg.... 113
cyclosporine modified cap 50 mg.... 113
cyclosporine modified oral soln 100
mg/ml..... 113
cyproheptadine hcl syrup 2 mg/5ml ..51

cyproheptadine hcl tab 4 mg51
 CYSTADANE POW99
 CYSTADROPS SOL 0.37%..... 120
 CYSTAGON CAP 150MG 104
 CYSTAGON CAP 50MG 104
 CYTOMEL TAB 25MCG 127
 CYTOMEL TAB 50MCG 127
 CYTOMEL TAB 5MCG..... 127
D
dabigatran etexilate mesylate cap 150
mg (etexilate base eq) 35
dabigatran etexilate mesylate cap 75
mg (etexilate base eq) 35
dalfampridine tab er 12hr 10 mg.... 124
danazol cap 100 mg27
danazol cap 200 mg27
danazol cap 50 mg27
dantrolene sodium cap 100 mg 115
dantrolene sodium cap 25 mg 115
dantrolene sodium cap 50 mg 115
dapsone gel 5%89
dapsone gel 7.5%89
dapsone tab 100 mg29
dapsone tab 25 mg29
 DARAPRIM TAB 25MG59
 DAURISMO TAB 100MG.....62
 DAURISMO TAB 25MG62
 DAYTRANA DIS 10MG/9HR18
 DAYTRANA DIS 15MG/9HR18
 DAYTRANA DIS 20MG/9HR18
 DAYTRANA DIS 30MG/9HR18
deferasirox granules packet 180 mg .48
deferasirox granules packet 360 mg .49
deferasirox granules packet 90 mg ...48
deferasirox tab 180 mg49
deferasirox tab 360 mg49
deferasirox tab 90 mg.....49
deferasirox tab for oral susp 125 mg 49
deferasirox tab for oral susp 250 mg 49
deferasirox tab for oral susp 500 mg 49
 DELSTRIGO TAB.....74
demeclocycline hcl tab 150 mg 126
demeclocycline hcl tab 300 mg 126
 DENAVIR CRE 1%92
 DEPAKOTE ER TAB 250MG.....41
 DEPAKOTE ER TAB 500MG.....41
 DEPAKOTE SPR CAP 125MG.....41

DEPAKOTE TAB 125MG DR	41	<i>dexamethasone tab 0.75 mg</i>	87
DEPAKOTE TAB 250MG DR	41	<i>dexamethasone tab 1 mg</i>	87
DEPAKOTE TAB 500MG DR	41	<i>dexamethasone tab 1.5 mg</i>	87
DESCOVY TAB 120-15MG	74	<i>dexamethasone tab 2 mg</i>	87
DESCOVY TAB 200/25MG	74	<i>dexamethasone tab 4 mg</i>	87
<i>desipramine hcl tab 10 mg</i>	44	<i>dexamethasone tab 6 mg</i>	87
<i>desipramine hcl tab 100 mg</i>	44	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desipramine hcl tab 150 mg</i>	44	10 mg	18
<i>desipramine hcl tab 25 mg</i>	44	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desipramine hcl tab 50 mg</i>	44	15 mg	18
<i>desipramine hcl tab 75 mg</i>	44	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desmopressin acetate nasal spray soln</i>		20 mg	18
0.01%	100	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desmopressin acetate nasal spray soln</i>		25 mg	18
0.01% (refrigerated)	100	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desmopressin acetate tab 0.1 mg ...</i>	100	30 mg	19
<i>desmopressin acetate tab 0.2 mg ...</i>	100	<i>dexmethylphenidate hcl cap er 24 hr</i>	
DESMOPRESSIN SOL 1.5MG/ML	100	35 mg	19
<i>desogest-eth estrad & eth estrad tab</i>		<i>dexmethylphenidate hcl cap er 24 hr</i>	
0.15-0.02/0.01 mg(21/5)	84	40 mg	19
<i>desogest-ethin est tab 0.1-</i>		<i>dexmethylphenidate hcl cap er 24 hr 5</i>	
0.025/0.125-0.025/0.15-0.025mg-		mg	18
mg	84	<i>dexmethylphenidate hcl tab 10 mg ...</i>	19
<i>desogestrel & ethinyl estradiol tab 0.15</i>		<i>dexmethylphenidate hcl tab 2.5 mg ..</i>	19
mg-30 mcg	85	<i>dexmethylphenidate hcl tab 5 mg</i>	19
<i>desonide cream 0.05%</i>	93	<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>desonide gel 0.05%</i>	93	10 mg	17
<i>desonide lotion 0.05%</i>	93	<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>desonide oint 0.05%</i>	93	15 mg	17
<i>desoximetasone cream 0.05%</i>	93	<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>desoximetasone cream 0.25%</i>	93	5 mg	17
<i>desoximetasone gel 0.05%</i>	93	<i>dextroamphetamine sulfate tab 10 mg</i>	
<i>desoximetasone oint 0.05%</i>	93	.....	17
<i>desoximetasone oint 0.25%</i>	93	<i>dextroamphetamine sulfate tab 15 mg</i>	
<i>desoximetasone spray 0.25%</i>	93	.....	17
<i>desvenlafaxine succinate tab er 24hr</i>		<i>dextroamphetamine sulfate tab 2.5 mg</i>	
100 mg (base equiv)	43	.....	17
<i>desvenlafaxine succinate tab er 24hr</i>		<i>dextroamphetamine sulfate tab 20 mg</i>	
25 mg (base equiv)	43	.....	17
<i>desvenlafaxine succinate tab er 24hr</i>		<i>dextroamphetamine sulfate tab 30 mg</i>	
50 mg (base equiv)	43	.....	17
DEXAMETHASON CON 1MG/ML	86	<i>dextroamphetamine sulfate tab 5 mg</i>	17
<i>dexamethasone elixir 0.5 mg/5ml</i>	87	<i>dextroamphetamine sulfate tab 7.5 mg</i>	
<i>dexamethasone sodium phosphate</i>		.....	17
<i>ophth soln 0.1%</i>	119	DIABETIC TEST STRIPS OTC	96
<i>dexamethasone soln 0.5 mg/5ml</i>	87	DIABETIC TEST STRIPS RX	96
<i>dexamethasone tab 0.5 mg</i>	87	DIACOMIT CAP 250MG	36

DIACOMIT CAP 500MG37
 DIACOMIT PAK 250MG37
 DIACOMIT PAK 500MG37
 DIASTAT ACDL GEL 12.5-2036
 DIASTAT ACDL GEL 5-10MG36
 DIASTAT PED GEL 2.5M GEL36
 DIASTIX TES STRIPS96
diazepam oral soln 1 mg/ml31
diazepam rectal gel delivery system 10 mg36
diazepam rectal gel delivery system 2.5 mg36
diazepam rectal gel delivery system 20 mg36
diazepam tab 10 mg31
diazepam tab 2 mg31
diazepam tab 5 mg31
diclofenac epolamine patch 1.3%90
diclofenac potassium (migraine) packet 50 mg111
diclofenac potassium cap 25 mg21
diclofenac potassium tab 50 mg21
diclofenac sodium (actinic keratoses) gel 3%91
diclofenac sodium gel 1% (1.16% diethylamine equiv)90
diclofenac sodium ophth soln 0.1%120
diclofenac sodium soln 1.5%90
diclofenac sodium soln 2%90
diclofenac sodium tab delayed release 25 mg21
diclofenac sodium tab delayed release 50 mg21
diclofenac sodium tab delayed release 75 mg21
diclofenac sodium tab er 24hr 100 mg21
diclofenac w/ misoprostol tab delayed release 50-0.2 mg21
diclofenac w/ misoprostol tab delayed release 75-0.2 mg21
dicloxacillin sodium cap 250 mg122
dicloxacillin sodium cap 500 mg122
dicyclomine hcl cap 10 mg129
dicyclomine hcl oral soln 10 mg/5ml129
dicyclomine hcl tab 20 mg129

DIFICID SUS109
 DIFICID TAB 200MG109
diflorasone diacetate cream 0.05%...93
diflorasone diacetate oint 0.05%93
diflunisal tab 500 mg23
difluprednate ophth emulsion 0.05%119
digoxin oral soln 0.05 mg/ml80
digoxin tab 125 mcg (0.125 mg)80
digoxin tab 250 mcg (0.25 mg)80
dihydroergotamine mesylate nasal spray 4 mg/ml111
 DILANTIN CAP 100MG40
 DILANTIN CAP 30MG40
 DILANTIN CHW 50MG40
 DILANTIN-125 SUS 125/5ML40
diltiazem hcl cap er 12hr 120 mg79
diltiazem hcl cap er 12hr 60 mg79
diltiazem hcl cap er 12hr 90 mg79
diltiazem hcl cap er 24hr 120 mg79
diltiazem hcl cap er 24hr 180 mg79
diltiazem hcl cap er 24hr 240 mg79
diltiazem hcl coated beads cap er 24hr 120 mg79
diltiazem hcl coated beads cap er 24hr 180 mg79
diltiazem hcl coated beads cap er 24hr 240 mg79
diltiazem hcl coated beads cap er 24hr 300 mg79
diltiazem hcl coated beads cap er 24hr 360 mg79
diltiazem hcl extended release beads cap er 24hr 120 mg79
diltiazem hcl extended release beads cap er 24hr 180 mg79
diltiazem hcl extended release beads cap er 24hr 240 mg79
diltiazem hcl extended release beads cap er 24hr 300 mg79
diltiazem hcl extended release beads cap er 24hr 360 mg79
diltiazem hcl extended release beads cap er 24hr 420 mg79
diltiazem hcl tab 120 mg79
diltiazem hcl tab 30 mg79
diltiazem hcl tab 60 mg79

diltiazem hcl tab 90 mg79
diltiazem hcl tab er 24hr 120 mg79
diltiazem hcl tab er 24hr 180 mg79
diltiazem hcl tab er 24hr 240 mg79
diltiazem hcl tab er 24hr 300 mg79
diltiazem hcl tab er 24hr 360 mg79
diltiazem hcl tab er 24hr 420 mg79
dimethyl fumarate capsule delayed release 120 mg 124
dimethyl fumarate capsule delayed release 240 mg 124
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg 124
DIPENTUM CAP 250MG 103
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml48
diphenoxylate w/ atropine tab 2.5-0.025 mg48
dipyridamole tab 25 mg 105
dipyridamole tab 50 mg 105
dipyridamole tab 75 mg 105
disopyramide phosphate cap 100 mg 31
disopyramide phosphate cap 150 mg 31
disulfiram tab 250 mg 122
disulfiram tab 500 mg 122
DIURIL SUS 250/5ML.....98
divalproex sodium cap delayed release sprinkle 125 mg41
divalproex sodium tab delayed release 125 mg41
divalproex sodium tab delayed release 250 mg41
divalproex sodium tab delayed release 500 mg41
divalproex sodium tab er 24 hr 250 mg41
divalproex sodium tab er 24 hr 500 mg41
DIVIGEL GEL 0.25MG..... 101
DIVIGEL GEL 0.5MG 101
DIVIGEL GEL 0.75MG..... 101
DIVIGEL GEL 1.25MG..... 101
DIVIGEL GEL 1MG/GM 101
dofetilide cap 125 mcg (0.125 mg) ...32
dofetilide cap 250 mcg (0.25 mg)32
dofetilide cap 500 mcg (0.5 mg)32

donepezil hydrochloride orally disintegrating tab 10 mg 122
donepezil hydrochloride orally disintegrating tab 5 mg 122
donepezil hydrochloride tab 10 mg .122
donepezil hydrochloride tab 23 mg .122
donepezil hydrochloride tab 5 mg ... 122
DOPTELET TAB 20MG..... 106
dorzolamide hcl ophth soln 2% 120
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf 117
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml..... 117
DOVATO TAB 50-300MG74
doxazosin mesylate tab 1 mg55
doxazosin mesylate tab 2 mg55
doxazosin mesylate tab 4 mg55
doxazosin mesylate tab 8 mg55
doxepin hcl (sleep) tab 3 mg (base equiv) 107
doxepin hcl (sleep) tab 6 mg (base equiv) 107
doxepin hcl cap 10 mg44
doxepin hcl cap 100 mg45
doxepin hcl cap 150 mg45
doxepin hcl cap 25 mg44
doxepin hcl cap 50 mg45
doxepin hcl cap 75 mg45
doxepin hcl conc 10 mg/ml.....45
doxepin hcl cream 5%91
doxercalciferol cap 0.5 mcg99
doxercalciferol cap 1 mcg99
doxercalciferol cap 2.5 mcg99
doxycycline hyclate cap 100 mg 126
doxycycline hyclate cap 50 mg 126
doxycycline hyclate tab 100 mg 126
doxycycline hyclate tab 20 mg 126
doxycycline monohydrate cap 100 mg 126
doxycycline monohydrate cap 50 mg 126
doxycycline monohydrate for susp 25 mg/5ml..... 126
doxycycline monohydrate tab 100 mg 127
doxycycline monohydrate tab 50 mg 127

doxylamine-pyridoxine tab delayed release 10-10 mg49
dronabinol cap 10 mg49
dronabinol cap 2.5 mg49
dronabinol cap 5 mg49
drospirenone-ethinyl estradiol tab 3-0.02 mg85
drospirenone-ethinyl estradiol tab 3-0.03 mg85
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg 85
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 85
DROXIA CAP 200MG 106
DROXIA CAP 300MG 106
DROXIA CAP 400MG 106
droxidopa cap 100 mg 132
droxidopa cap 200 mg 132
droxidopa cap 300 mg 132
DRYSOL SOL 20%95
DUAVEE TAB 0.45-20..... 100
duloxetine hcl enteric coated pellets cap 20 mg (base eq).....43
duloxetine hcl enteric coated pellets cap 30 mg (base eq).....43
duloxetine hcl enteric coated pellets cap 60 mg (base eq).....43
dutasteride cap 0.5 mg 104
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 104
DUTOPROL TAB 100-12.5.....57
DUTOPROL TAB 25-12.5.....57
DUTOPROL TAB 50-12.5.....57

E

econazole nitrate cream 1%90
EDARBI TAB 40MG 55
EDARBI TAB 80MG 55
EDECIN TAB 25MG97
EDLUAR SUB 10MG..... 107
EDLUAR SUB 5MG 107
efavirenz cap 200 mg74
efavirenz cap 50 mg74
efavirenz tab 600 mg.....74
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg74
ELESTRIN GEL 0.06% 101

eletriptan hydrobromide tab 20 mg (base equivalent) 111
eletriptan hydrobromide tab 40 mg (base equivalent) 111
ELIQUIS ST P TAB 5MG 35
ELIQUIS TAB 2.5MG 35
ELIQUIS TAB 5MG 35
ELLA TAB 30MG 86
ELMIRON CAP 100MG 104
EMCYT CAP 140MG.....62
EMSAM DIS 12MG/24H42
EMSAM DIS 6MG/24HR42
EMSAM DIS 9MG/24HR42
emtricitabine caps 200 mg74
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg74
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg74
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg74
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg74
EMTRIVA CAP 200MG.....74
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....57
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....57
enalapril maleate oral soln 1 mg/ml..54
enalapril maleate tab 10 mg54
enalapril maleate tab 2.5 mg54
enalapril maleate tab 20 mg54
enalapril maleate tab 5 mg54
ENDOMETRIN SUP 100MG 131
entacapone tab 200 mg 68
entecavir tab 0.5 mg76
entecavir tab 1 mg76
ENTERO VU SUS 24%96
ENTRESTO TAB 24-26MG81
ENTRESTO TAB 49-51MG81
ENTRESTO TAB 97-103MG81
EPANED SOL 1MG/ML 54
EPCLUSA PAK 150-37.5 76
EPCLUSA PAK 200-50MG.....76
EPCLUSA TAB 200-50MG.....76
EPCLUSA TAB 400-10076
EPIDIOLEX SOL 100MG/ML.....37
EPIFOAM AER 1%.....93

epinastine hcl ophth soln 0.05%120
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000).....132
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....132
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....132
 EPIVIR HBV SOL 5MG/ML76
 EPIVIR SOL 10MG/ML74
eplerenone tab 25 mg59
eplerenone tab 50 mg59
 EQUETRO CAP 100MG70
 EQUETRO CAP 200MG70
 EQUETRO CAP 300MG70
ergocalciferol cap 1.25 mg (50000 unit)132
ergoloid mesylates tab 1 mg124
ergotamine w/ caffeine tab 1-100 mg111
 ERIVEDGE CAP 150MG62
 ERLEADA TAB 60MG62
erlotinib hcl tab 100 mg (base equivalent)61
erlotinib hcl tab 150 mg (base equivalent)61
erlotinib hcl tab 25 mg (base equivalent)61
erythromycin ethylsuccinate for susp 200 mg/5ml.....109
erythromycin ethylsuccinate for susp 400 mg/5ml.....109
erythromycin ethylsuccinate tab 400 mg109
erythromycin gel 2%89
erythromycin ophth oint 5 mg/gm ..118
erythromycin pads 2%89
erythromycin soln 2%89
erythromycin stearate tab 250 mg..109
erythromycin tab 250 mg109
erythromycin tab 500 mg109
erythromycin tab delayed release 250 mg109
erythromycin tab delayed release 333 mg109
erythromycin tab delayed release 500 mg109

erythromycin w/ delayed release particles cap 250 mg109
 ESBRIET CAP 267MG126
 ESBRIET TAB 267MG126
 ESBRIET TAB 801MG126
escitalopram oxalate soln 5 mg/5ml (base equiv)42
escitalopram oxalate tab 10 mg (base equiv)42
escitalopram oxalate tab 20 mg (base equiv)42
escitalopram oxalate tab 5 mg (base equiv)42
esomeprazole magnesium cap delayed release 20 mg (base eq)129
esomeprazole magnesium cap delayed release 40 mg (base eq)129
esomeprazole magnesium for delayed release susp packet 10 mg129
esomeprazole magnesium for delayed release susp packet 20 mg129
esomeprazole magnesium for delayed release susp packet 40 mg129
estazolam tab 1 mg107
estazolam tab 2 mg107
estradiol & norethindrone acetate tab 0.5-0.1 mg100
estradiol & norethindrone acetate tab 1-0.5 mg100
estradiol tab 0.5 mg101
estradiol tab 1 mg101
estradiol tab 2 mg101
estradiol td gel 0.25 mg/0.25gm (0.1%)101
estradiol td gel 0.5 mg/0.5gm (0.1%)101
estradiol td gel 0.75 mg/0.75gm (0.1%)101
estradiol td gel 1 mg/gm (0.1%)....101
estradiol td gel 1.25 mg/1.25gm (0.1%)101
estradiol td patch twice weekly 0.025 mg/24hr101
estradiol td patch twice weekly 0.0375 mg/24hr101
estradiol td patch twice weekly 0.05 mg/24hr101

estradiol td patch twice weekly 0.075 mg/24hr..... 101
estradiol td patch twice weekly 0.1 mg/24hr..... 101
estradiol td patch weekly 0.025 mg/24hr..... 101
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) 101
estradiol td patch weekly 0.05 mg/24hr 101
estradiol td patch weekly 0.06 mg/24hr 101
estradiol td patch weekly 0.075 mg/24hr..... 101
estradiol td patch weekly 0.1 mg/24hr 101
estradiol vaginal cream 0.1 mg/gm 131
estradiol vaginal tab 10 mcg 131
 ESTRING MIS 2MG 131
 ESTROGEL GEL 101
eszopiclone tab 1 mg 107
eszopiclone tab 2 mg 107
eszopiclone tab 3 mg 107
ethacrynic acid tab 25 mg97
ethambutol hcl tab 100 mg.....60
ethambutol hcl tab 400 mg.....60
ethosuximide cap 250 mg40
ethosuximide soln 250 mg/5ml40
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....85
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....85
etodolac cap 200 mg21
etodolac cap 300 mg21
etodolac tab 400 mg21
etodolac tab 500 mg21
etodolac tab er 24hr 400 mg21
etodolac tab er 24hr 500 mg21
etodolac tab er 24hr 600 mg21
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr86
etoposide cap 50 mg68
etravirine tab 100 mg74
etravirine tab 200 mg74
 EUCRISA OIN 2%.....95
 EULEXIN CAP 125MG62
 EVAMIST SPR 1.53MG..... 101

everolimus tab 0.25 mg 113
everolimus tab 0.5 mg 113
everolimus tab 0.75 mg 113
everolimus tab 1 mg..... 113
everolimus tab 10 mg64
everolimus tab 2.5 mg 64
everolimus tab 5 mg..... 64
everolimus tab 7.5 mg64
everolimus tab for oral susp 2 mg64
everolimus tab for oral susp 3 mg64
everolimus tab for oral susp 5 mg64
 EVRYSOL 116
exemestane tab 25 mg 62
 EXKIVITY CAP 40MG.....61
 EZETIM/ATORV TAB 10-10MG.....51
 EZETIM/ATORV TAB 10-20MG.....51
 EZETIM/ATORV TAB 10-40MG.....51
 EZETIM/ATORV TAB 10-80MG.....51
ezetimibe tab 10 mg.....54
ezetimibe-simvastatin tab 10-10 mg.51
ezetimibe-simvastatin tab 10-20 mg.51
ezetimibe-simvastatin tab 10-40 mg.51
ezetimibe-simvastatin tab 10-80 mg.51
F
 FABIOR AER 0.1%89
 FALESSA KIT85
famciclovir tab 125 mg77
famciclovir tab 250 mg77
famciclovir tab 500 mg77
famotidine for susp 40 mg/5ml 129
famotidine tab 20 mg 129
famotidine tab 40 mg 129
 FANAPT PAK71
 FANAPT TAB 10MG71
 FANAPT TAB 12MG71
 FANAPT TAB 1MG.....71
 FANAPT TAB 2MG.....71
 FANAPT TAB 4MG.....71
 FANAPT TAB 6MG.....71
 FANAPT TAB 8MG.....71
 FARESTON TAB 60MG 62
 FARXIGA TAB 10MG 48
 FARXIGA TAB 5MG 48
 FARYDAK CAP 10MG 64
 FARYDAK CAP 15MG 64
 FARYDAK CAP 20MG 64
 FC2 FEMALE MIS CONDOM 109

<i>febuxostat tab 40 mg</i>	105	<i>fenofibrate cap 150 mg</i>	52	<i>fluconazole for susp 10 mg/ml</i>	50
<i>febuxostat tab 80 mg</i>	105	<i>fenofibrate cap 50 mg</i>	52	<i>fluconazole for susp 40 mg/ml</i>	50
<i>felbamate susp 600 mg/5ml</i>	40	<i>fenofibrate micronized cap 130 mg</i> ...	52	<i>fluconazole tab 100 mg</i>	50
<i>felbamate tab 400 mg</i>	40	<i>fenofibrate micronized cap 134 mg</i> ...	52	<i>fluconazole tab 150 mg</i>	50
<i>felbamate tab 600 mg</i>	40	<i>fenofibrate micronized cap 200 mg</i> ...	52	<i>fluconazole tab 200 mg</i>	50
FELBATOL TAB 400MG	40	<i>fenofibrate micronized cap 30 mg</i>	52	<i>fluconazole tab 50 mg</i>	50
FELBATOL TAB 600MG	40	<i>fenofibrate micronized cap 43 mg</i>	52	<i>flucytosine cap 250 mg</i>	50
<i>felodipine tab er 24hr 10 mg</i>	79	<i>fenofibrate micronized cap 67 mg</i>	52	<i>flucytosine cap 500 mg</i>	50
<i>felodipine tab er 24hr 2.5 mg</i>	79	<i>fenofibrate micronized cap 90 mg</i>	52	<i>fludrocortisone acetate tab 0.1 mg</i> ...	88
<i>felodipine tab er 24hr 5 mg</i>	79	<i>fenofibrate tab 120 mg</i>	52	<i>flunisolide nasal soln 25 mcg/act</i>	
FEM PH GEL.....	131	<i>fenofibrate tab 145 mg</i>	52	(0.025%)	116
FEMARA TAB 2.5MG.....	62	<i>fenofibrate tab 160 mg</i>	52	<i>fluocinolone acetonide (otic) oil 0.01%</i>	
FEMCAP MIS 22MM.....	109	<i>fenofibrate tab 40 mg</i>	52	.....	121
FEMCAP MIS 26MM.....	109	<i>fenofibrate tab 48 mg</i>	52	<i>fluocinolone acetonide cream 0.01%</i>	93
FEMCAP MIS 30MM.....	109	<i>fenofibrate tab 54 mg</i>	52	<i>fluocinolone acetonide cream 0.025%</i>	
FEMRING MIS 0.05/24H	131	<i>fenopropfen calcium tab 600 mg</i>	21	.....	93
FEMRING MIS 0.1MG/24	131	<i>fantanyl citrate lozenge on a handle</i>		<i>fluocinolone acetonide oil 0.01% (body</i>	
<i>fenofibrate cap 150 mg</i>	52	1200 mcg	23	oil)	93
<i>fenofibrate cap 50 mg</i>	52	1600 mcg	23	<i>fluocinolone acetonide oil 0.01% (scalp</i>	
<i>fenofibrate micronized cap 130 mg</i> ...	52	<i>fantanyl citrate lozenge on a handle</i>		oil)	93
<i>fenofibrate micronized cap 134 mg</i> ...	52	200 mcg	23	<i>fluocinolone acetonide oint 0.025%</i> ..	93
<i>fenofibrate micronized cap 200 mg</i> ...	52	<i>fantanyl citrate lozenge on a handle</i>		<i>fluocinolone acetonide soln 0.01%</i> ...	93
<i>fenofibrate micronized cap 30 mg</i>	52	400 mcg	23	<i>fluocinolide cream 0.05%</i>	93
<i>fenofibrate micronized cap 43 mg</i>	52	<i>fantanyl citrate lozenge on a handle</i>			
<i>fenofibrate micronized cap 67 mg</i>	52	600 mcg	23		
<i>fenofibrate micronized cap 90 mg</i>	52	<i>fantanyl citrate lozenge on a handle</i>			
<i>fenofibrate tab 120 mg</i>	52	800 mcg	23		
<i>fenofibrate tab 145 mg</i>	52	<i>fantanyl td patch 72hr 100 mcg/hr</i> ...	23		
<i>fenofibrate tab 160 mg</i>	52	<i>fantanyl td patch 72hr 12 mcg/hr</i>	23		
<i>fenofibrate tab 40 mg</i>	52				
<i>fenofibrate tab 48 mg</i>	52				
<i>fenofibrate tab 54 mg</i>	52				
<i>fenopropfen calcium tab 600 mg</i>	21				
<i>fantanyl citrate lozenge on a handle</i>					
1200 mcg	23				
<i>fantanyl citrate lozenge on a handle</i>					
1600 mcg	23				
<i>fantanyl citrate lozenge on a handle</i>					
200 mcg	23				
<i>fantanyl citrate lozenge on a handle</i>					
400 mcg	23				
<i>fantanyl citrate lozenge on a handle</i>					
600 mcg	23				
<i>fantanyl citrate lozenge on a handle</i>					
800 mcg	23				
<i>fantanyl td patch 72hr 100 mcg/hr</i> ...	23				
<i>fantanyl td patch 72hr 12 mcg/hr</i>	23				
<i>fantanyl td patch 72hr 25 mcg/hr</i>	23				
<i>fantanyl td patch 72hr 50 mcg/hr</i>	23				
<i>fantanyl td patch 72hr 75 mcg/hr</i>	23				
FETZIMA CAP 120MG	43				
FETZIMA CAP 20MG.....	43				
FETZIMA CAP 40MG.....	43				
FETZIMA CAP 80MG.....	43				
FETZIMA CAP TITRATIO	43				
<i>finasteride tab 5 mg</i>	104				
<i>ingolimod hcl cap 0.5 mg (base equiv)</i>					
.....	124				
FINTEPLA SOL 2.2MG/ML	37				
FIRDAPSE TAB 10MG	60				
<i>flavoxate hcl tab 100 mg</i>	131				
<i>flecainide acetate tab 100 mg</i>	31				
<i>flecainide acetate tab 150 mg</i>	31				
<i>flecainide acetate tab 50 mg</i>	31				
FLOVENT DISK AER 100MCG	33				
FLOVENT DISK AER 250MCG	33				
FLOVENT DISK AER 50MCG	33				
FLOVENT HFA AER 110MCG.....	33				
FLOVENT HFA AER 220MCG.....	33				
FLOVENT HFA AER 44MCG.....	33				
<i>fluconazole for susp 10 mg/ml</i>	50				
<i>fluconazole for susp 40 mg/ml</i>	50				
<i>fluconazole tab 100 mg</i>	50				
<i>fluconazole tab 150 mg</i>	50				
<i>fluconazole tab 200 mg</i>	50				
<i>fluconazole tab 50 mg</i>	50				
<i>flucytosine cap 250 mg</i>	50				
<i>flucytosine cap 500 mg</i>	50				
<i>fludrocortisone acetate tab 0.1 mg</i> ...	88				
<i>flunisolide nasal soln 25 mcg/act</i>					
(0.025%)	116				
<i>fluocinolone acetonide (otic) oil 0.01%</i>					
.....	121				
<i>fluocinolone acetonide cream 0.01%</i>	93				
<i>fluocinolone acetonide cream 0.025%</i>					
.....	93				
<i>fluocinolone acetonide oil 0.01% (body</i>					
oil)	93				
<i>fluocinolone acetonide oil 0.01% (scalp</i>					
oil)	93				
<i>fluocinolone acetonide oint 0.025%</i> ..	93				
<i>fluocinolone acetonide soln 0.01%</i> ...	93				
<i>fluocinolide cream 0.05%</i>	93				

<i>fluocinonide emulsified base cream</i>	
0.05%.....	93
<i>fluocinonide gel 0.05%</i>	93
<i>fluocinonide oint 0.05%</i>	93
<i>fluocinonide soln 0.05%</i>	93
<i>fluorometholone ophth susp 0.1%</i> ..	119
<i>FLUOROPLEX CRE 1%</i>	91
<i>fluorouracil cream 0.5%</i>	91
<i>fluorouracil cream 5%</i>	91
<i>fluorouracil soln 2%</i>	91
<i>fluorouracil soln 5%</i>	91
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	124
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	124
<i>fluoxetine hcl cap 10 mg</i>	42
<i>fluoxetine hcl cap 20 mg</i>	42
<i>fluoxetine hcl cap 40 mg</i>	42
<i>fluoxetine hcl cap delayed release 90</i> <i>mg</i>	42
<i>fluoxetine hcl solution 20 mg/5ml</i>	42
<i>fluoxetine hcl tab 10 mg</i>	42
<i>fluoxetine hcl tab 20 mg</i>	42
<i>fluoxetine hcl tab 60 mg</i>	42
<i>FLUOXETINE TAB 60MG</i>	42
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	72
<i>fluphenazine hcl tab 1 mg</i>	72
<i>fluphenazine hcl tab 10 mg</i>	72
<i>fluphenazine hcl tab 2.5 mg</i>	72
<i>fluphenazine hcl tab 5 mg</i>	72
<i>flurandrenolide cream 0.05%</i>	93
<i>flurandrenolide lotion 0.05%</i>	93
<i>flurazepam hcl cap 15 mg</i>	107
<i>flurazepam hcl cap 30 mg</i>	107
<i>flurbiprofen sodium ophth soln 0.03%</i>	120
<i>flurbiprofen tab 100 mg</i>	21
<i>flurbiprofen tab 50 mg</i>	21
<i>flutamide cap 125 mg</i>	62
<i>fluticasone propionate cream 0.05%</i> ..	93
<i>fluticasone propionate lotion 0.05%</i> ..	93
<i>fluticasone propionate nasal susp 50</i> <i>mcg/act</i>	116
<i>fluticasone propionate oint 0.005%</i> ..	93
<i>fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i>	34
<i>fluticasone-salmeterol aer powder ba</i> <i>113-14 mcg/act</i>	34
<i>fluticasone-salmeterol aer powder ba</i> <i>232-14 mcg/act</i>	34
<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	34
<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	34
<i>fluticasone-salmeterol aer powder ba</i> <i>55-14 mcg/act</i>	33
<i>fluticasone-salmeterol inhal aerosol</i> <i>115-21 mcg/act</i>	34
<i>fluticasone-salmeterol inhal aerosol</i> <i>230-21 mcg/act</i>	34
<i>fluticasone-salmeterol inhal aerosol 45-</i> <i>21 mcg/act</i>	34
<i>fluvastatin sodium cap 20 mg (base</i> <i>equivalent)</i>	52
<i>fluvastatin sodium cap 40 mg (base</i> <i>equivalent)</i>	52
<i>fluvastatin sodium tab er 24 hr 80 mg</i> <i>(base equivalent)</i>	52
<i>flvoxamine maleate cap er 24hr 100</i> <i>mg</i>	42
<i>flvoxamine maleate cap er 24hr 150</i> <i>mg</i>	42
<i>flvoxamine maleate tab 100 mg</i>	42
<i>flvoxamine maleate tab 25 mg</i>	42
<i>flvoxamine maleate tab 50 mg</i>	42
<i>FML FORTE SUS 0.25% OP</i>	119
<i>FML OIN 0.1% OP</i>	119
<i>folic acid tab 1 mg</i>	106
<i>folic acid tab 400 mcg</i>	106
<i>folic acid tab 800 mcg</i>	106
<i>formoterol fumarate soln nebu 20</i> <i>mcg/2ml</i>	34
<i>FOSAMAX + D TAB 70-2800</i>	98
<i>FOSAMAX + D TAB 70-5600</i>	98
<i>fosamprenavir calcium tab 700 mg</i> <i>(base equiv)</i>	74
<i>fosfomycin tromethamine powd pack 3</i> <i>gm (base equivalent)</i>	29
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	57
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	57
<i>fosinopril sodium tab 10 mg</i>	54
<i>fosinopril sodium tab 20 mg</i>	54
<i>fosinopril sodium tab 40 mg</i>	54

FOTIVDA CAP 0.89MG.....64
 FOTIVDA CAP 1.34MG.....64
frovatriptan succinate tab 2.5 mg (base equivalent) 111
furosemide oral soln 10 mg/ml.....97
furosemide oral soln 8 mg/ml97
furosemide tab 20 mg.....97
furosemide tab 40 mg.....97
furosemide tab 80 mg.....97

G

gabapentin cap 100 mg.....37
gabapentin cap 300 mg.....37
gabapentin cap 400 mg.....37
gabapentin oral soln 250 mg/5ml37
gabapentin tab 600 mg37
gabapentin tab 800 mg37
 GABITRIL TAB 12MG.....40
 GABITRIL TAB 16MG.....40
 GABITRIL TAB 2MG40
 GABITRIL TAB 4MG40
 GALAFOLD CAP 123MG99
galantamine hydrobromide cap er 24hr 16 mg 122
galantamine hydrobromide cap er 24hr 24 mg 122
galantamine hydrobromide cap er 24hr 8 mg..... 122
galantamine hydrobromide tab 12 mg 122
galantamine hydrobromide tab 4 mg 122
galantamine hydrobromide tab 8 mg 122
gatifloxacin ophth soln 0.5%..... 118
 GAVRETO CAP 100MG.....64
gemfibrozil tab 600 mg52
gentamicin sulfate cream 0.1%.....90
gentamicin sulfate oint 0.1%90
gentamicin sulfate ophth oint 0.3% 118
gentamicin sulfate ophth soln 0.3% 118
 GENVOYA TAB74
 GILENYA CAP 0.5MG.....124
 GILOTRIF TAB 20MG.....61
 GILOTRIF TAB 30MG.....61
 GILOTRIF TAB 40MG.....61
 GLEEVEC TAB 100MG.....64
 GLEEVEC TAB 400MG.....64

GLEOSTINE CAP 100MG60
 GLEOSTINE CAP 10MG.....60
 GLEOSTINE CAP 40MG.....60
glimepiride tab 1 mg48
glimepiride tab 2 mg48
glimepiride tab 4 mg48
glipizide tab 10 mg.....48
glipizide tab 5 mg.....48
glipizide tab er 24hr 10 mg.....48
glipizide tab er 24hr 2.5 mg.....48
glipizide tab er 24hr 5 mg48
glipizide-metformin hcl tab 2.5-250 mg45
glipizide-metformin hcl tab 2.5-500 mg45
*glipizide-metformin hcl tab 5-500 mg*45
 GLUCAGEN INJ HYPOKIT46
glucagon (rdna) for inj kit 1 mg46
 GLUCAGON KIT 1MG46
glyburide micronized tab 1.5 mg48
glyburide micronized tab 3 mg.....48
glyburide micronized tab 6 mg.....48
glyburide tab 1.25 mg48
glyburide tab 2.5 mg48
glyburide tab 5 mg48
glyburide-metformin tab 1.25-250 mg45
glyburide-metformin tab 2.5-500 mg 45
glyburide-metformin tab 5-500 mg...45
glycopyrrolate tab 1 mg 129
glycopyrrolate tab 2 mg 129
 GLYXAMBI TAB 10-5 MG45
 GLYXAMBI TAB 25-5 MG45
granisetron hcl tab 1 mg49
griseofulvin microsize susp 125 mg/5ml50
griseofulvin microsize tab 500 mg50
griseofulvin ultramicrosize tab 125 mg50
griseofulvin ultramicrosize tab 250 mg50
guaifenesin-codeine soln 100-10 mg/5ml.....88
guanfacine hcl tab 1 mg.....55
guanfacine hcl tab 2 mg.....56
guanfacine hcl tab er 24hr 1 mg (base equiv)18

guanfacine hcl tab er 24hr 2 mg (base equiv)18
guanfacine hcl tab er 24hr 3 mg (base equiv)18
guanfacine hcl tab er 24hr 4 mg (base equiv)18
 GVOKE HYPO 1 INJ .5/.1ML46
 GVOKE HYPO 1 INJ 1MG/.2ML.....46
 GVOKE HYPO 2 INJ .5/.1ML46
 GVOKE HYPO 2 INJ 1MG/.2ML.....46
 GVOKE PFS INJ46
 GYNOL II GEL 3%131

H

halcinonide cream 0.1%.....93
halobetasol propionate cream 0.05% 93
halobetasol propionate oint 0.05% ...93
*haloperidol lactate oral conc 2 mg/ml*71
haloperidol tab 0.5 mg71
haloperidol tab 1 mg.....71
haloperidol tab 10 mg71
haloperidol tab 2 mg.....71
haloperidol tab 20 mg71
haloperidol tab 5 mg.....71
 HALUCORT GEL95
 HARVONI PAK76
 HARVONI PAK 45-200MG76
 HARVONI TAB 45-200MG76
 HARVONI TAB 90-400MG76
 HELIDAC MIS THERAPY130
 HETLIOZ CAP 20MG.....108
 HETLIOZ LQ SUS 4MG/ML108
 HUMULIN R INJ U-50047
 Hycamtin CAP 0.25MG68
 Hycamtin CAP 1MG68
hydralazine hcl tab 10 mg59
hydralazine hcl tab 100 mg59
hydralazine hcl tab 25 mg59
hydralazine hcl tab 50 mg59
 HYDREA CAP 500MG67
hydrochlorothiazide cap 12.5 mg.....98
hydrochlorothiazide tab 12.5 mg98
hydrochlorothiazide tab 25 mg98
hydrochlorothiazide tab 50 mg98
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml88
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml88

hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg88
hydrocodone bitartrate cap er 12hr 10 mg23
hydrocodone bitartrate cap er 12hr 15 mg23
hydrocodone bitartrate cap er 12hr 20 mg23
hydrocodone bitartrate cap er 12hr 30 mg23
hydrocodone bitartrate cap er 12hr 40 mg23
hydrocodone bitartrate cap er 12hr 50 mg23
hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....26
hydrocodone-acetaminophen tab 10-300 mg26
hydrocodone-acetaminophen tab 10-325 mg26
hydrocodone-acetaminophen tab 5-300 mg26
hydrocodone-acetaminophen tab 5-325 mg26
hydrocodone-acetaminophen tab 7.5-300 mg26
hydrocodone-acetaminophen tab 7.5-325 mg26
hydrocodone-ibuprofen tab 10-200 mg26
hydrocodone-ibuprofen tab 5-200 mg26
hydrocodone-ibuprofen tab 7.5-200 mg26
hydrocortisone acetate w/ pramoxine perianal cream 1-1%27
hydrocortisone butyrate cream 0.1% 93
hydrocortisone butyrate hydrophilic lipo base cream 0.1%93
hydrocortisone butyrate lotion 0.1% .94
hydrocortisone butyrate oint 0.1% ...94
hydrocortisone butyrate soln 0.1%...94
hydrocortisone cream 1%94
hydrocortisone cream 2.5%.....94
hydrocortisone enema 100 mg/60ml 27
hydrocortisone lotion 2.5%.....94
hydrocortisone oint 1%.....94

<i>hydrocortisone oint 2.5%</i>	94	ICLUSIG TAB 30MG	64
<i>hydrocortisone perianal cream 1%</i> ...	28	ICLUSIG TAB 45MG	64
<i>hydrocortisone perianal cream 2.5%</i> ..	28	<i>icosapent ethyl cap 0.5 gm</i>	51
<i>hydrocortisone tab 10 mg</i>	87	<i>icosapent ethyl cap 1 gm</i>	51
<i>hydrocortisone tab 20 mg</i>	87	IDHIFA TAB 100MG	64
<i>hydrocortisone tab 5 mg</i>	87	IDHIFA TAB 50MG	64
<i>hydrocortisone valerate cream 0.2%</i>	94	IGALMI MIS 120MCG	107
<i>hydrocortisone valerate oint 0.2%</i> ...	94	IGALMI MIS 180MCG	107
<i>hydrocortisone w/ acetic acid otic soln</i>		ILEVRO DRO 0.3% OP	120
<i>1-2%</i>	121	<i>imatinib mesylate tab 100 mg (base</i>	
<i>hydromorphone hcl tab 2 mg</i>	23	<i>equivalent)</i>	65
<i>hydromorphone hcl tab 4 mg</i>	23	<i>imatinib mesylate tab 400 mg (base</i>	
<i>hydromorphone hcl tab 8 mg</i>	23	<i>equivalent)</i>	65
<i>hydromorphone hcl tab er 24hr 12 mg</i>		IMBRUVICA CAP 140MG	65
.....	24	IMBRUVICA CAP 70MG.....	65
<i>hydromorphone hcl tab er 24hr 16 mg</i>		IMBRUVICA SUS 70MG/ML	65
.....	24	IMBRUVICA TAB 140MG	65
<i>hydromorphone hcl tab er 24hr 32 mg</i>		IMBRUVICA TAB 280MG	65
.....	24	IMBRUVICA TAB 420MG	65
<i>hydromorphone hcl tab er 24hr 8 mg</i>	24	IMBRUVICA TAB 560MG	65
<i>hydroxychloroquine sulfate tab 200 mg</i>		<i>imipramine hcl tab 10 mg</i>	45
.....	59	<i>imipramine hcl tab 25 mg</i>	45
<i>hydroxyurea cap 500 mg</i>	67	<i>imipramine hcl tab 50 mg</i>	45
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	30	<i>imipramine pamoate cap 100 mg</i>	45
<i>hydroxyzine hcl tab 10 mg</i>	30	<i>imipramine pamoate cap 125 mg</i>	45
<i>hydroxyzine hcl tab 25 mg</i>	30	<i>imipramine pamoate cap 150 mg</i>	45
<i>hydroxyzine hcl tab 50 mg</i>	30	<i>imipramine pamoate cap 75 mg</i>	45
<i>hydroxyzine pamoate cap 100 mg</i>	30	<i>imiquimod cream 3.75%</i>	94
<i>hydroxyzine pamoate cap 25 mg</i>	30	<i>imiquimod cream 5%</i>	94
<i>hydroxyzine pamoate cap 50 mg</i>	30	IMURAN TAB 50MG.....	113
HYFTOR GEL 0.2%	95	<i>indapamide tab 1.25 mg</i>	98
HYPERSAL NEB 3.5%	88	<i>indapamide tab 2.5 mg</i>	98
I		INDOCIN SUP 50MG	22
<i>ibandronate sodium tab 150 mg (base</i>		<i>indomethacin cap 20 mg</i>	22
<i>equivalent)</i>	98	<i>indomethacin cap 25 mg</i>	22
IBRANCE CAP 100MG.....	64	<i>indomethacin cap 50 mg</i>	22
IBRANCE CAP 125MG.....	64	<i>indomethacin cap er 75 mg</i>	22
IBRANCE CAP 75MG	64	INGREZZA CAP 40-80MG	123
IBRANCE TAB 100MG.....	64	INGREZZA CAP 40MG	123
IBRANCE TAB 125MG.....	64	INGREZZA CAP 60MG	123
IBRANCE TAB 75MG	64	INGREZZA CAP 80MG	123
<i>ibuprofen susp 100 mg/5ml</i>	21	INLYTA TAB 1MG.....	61
<i>ibuprofen tab 400 mg</i>	21	INLYTA TAB 5MG.....	61
<i>ibuprofen tab 600 mg</i>	21	INQOVI TAB 35-100MG	63
<i>ibuprofen tab 800 mg</i>	21	INREBIC CAP 100MG	65
ICLUSIG TAB 10MG	64	INSULIN PEN NEEDLES OTC	110
ICLUSIG TAB 15MG	64	INSULIN PEN NEEDLES RX	110

INSULIN SYRINGES OTC 110
 INSULIN SYRINGES RX 110
 INTELENCE TAB 25MG 74
 INTRAROSA SUP 6.5MG 131
 INVIRASE TAB 500MG..... 74
ipratropium bromide inhal soln 0.02%
 32
ipratropium bromide nasal soln 0.03%
(21 mcg/spray) 116
ipratropium bromide nasal soln 0.06%
(42 mcg/spray) 116
ipratropium-albuterol nebu soln 0.5-
2.5(3) mg/3ml 34
irbesartan tab 150 mg 55
irbesartan tab 300 mg 55
irbesartan tab 75 mg 55
irbesartan-hydrochlorothiazide tab
150-12.5 mg..... 57
irbesartan-hydrochlorothiazide tab
300-12.5 mg..... 57
 IRESSA TAB 250MG..... 61
 ISENTRESS HD TAB 600MG 74
 ISENTRESS TAB 400MG 74
isoniazid syrup 50 mg/5ml 60
isoniazid tab 100 mg 60
isoniazid tab 300 mg 60
 ISOPTO ATROP SOL 1% OP 117
isosorbide dinitrate tab 10 mg 29
isosorbide dinitrate tab 20 mg 29
isosorbide dinitrate tab 30 mg 29
isosorbide dinitrate tab 40 mg 29
isosorbide dinitrate tab 5 mg 29
isosorbide dinitrate-hydralazine hcl tab
20-37.5 mg 81
isosorbide mononitrate tab 10 mg 29
isosorbide mononitrate tab 20 mg 29
isosorbide mononitrate tab er 24hr 120
mg 30
isosorbide mononitrate tab er 24hr 30
mg 29
isosorbide mononitrate tab er 24hr 60
mg 30
isotretinoin cap 10 mg 89
isotretinoin cap 20 mg 89
isotretinoin cap 25 mg 90
isotretinoin cap 30 mg 90
isotretinoin cap 35 mg 90

isotretinoin cap 40 mg 90
isradipine cap 2.5 mg 80
isradipine cap 5 mg 80
 ISTALOL SOL 0.5% OP..... 117
 ISTURISA TAB 10MG 98
 ISTURISA TAB 1MG 98
 ISTURISA TAB 5MG 98
itraconazole cap 100 mg 50
itraconazole oral soln 10 mg/ml 50
ivermectin lotion 0.5%..... 96
ivermectin tab 3 mg 28

J

JAKAFI TAB 10MG 65
 JAKAFI TAB 15MG 65
 JAKAFI TAB 20MG 65
 JAKAFI TAB 25MG 65
 JAKAFI TAB 5MG 65
 JANUMET TAB 50-1000 45
 JANUMET TAB 50-500MG 45
 JANUMET XR TAB 100-1000..... 45
 JANUMET XR TAB 50-1000 45
 JANUMET XR TAB 50-500MG..... 45
 JANUVIA TAB 100MG 47
 JANUVIA TAB 25MG 46
 JANUVIA TAB 50MG 46
 JARDIANCE TAB 10MG 48
 JARDIANCE TAB 25MG 48
 JATENZO CAP 158MG 27
 JATENZO CAP 198MG 27
 JATENZO CAP 237MG 27
 JAYPIRCA TAB 100MG..... 65
 JAYPIRCA TAB 50MG..... 65
 JULUCA TAB 50-25MG..... 74
 JYNARQUE PAK 45-15MG 100
 JYNARQUE PAK 60-30MG 100
 JYNARQUE PAK 90-30MG 100
 JYNARQUE TAB 15MG 100
 JYNARQUE TAB 30MG 100

K

KALYDECO PAK 25MG 126
 KALYDECO PAK 50MG 126
 KALYDECO PAK 75MG 126
 KALYDECO TAB 150MG 126
 KEPPRA SOL 100MG/ML 37
 KEPPRA TAB 1000MG..... 37
 KEPPRA TAB 250MG 37
 KEPPRA TAB 500MG 37

KEPPRA TAB 750MG.....	37	<i>lacosamide tab 150 mg</i>	37
KEPPRA XR TAB 500MG	37	<i>lacosamide tab 200 mg</i>	37
KEPPRA XR TAB 750MG.....	37	<i>lacosamide tab 50 mg</i>	37
KERENDIA TAB 10MG	100	LACRISERT MIS 5MG OP	116
KERENDIA TAB 20MG	100	<i>lactic acid (ammonium lactate) cream</i>	
<i>ketoconazole cream 2%</i>	91	12%	94
<i>ketoconazole shampoo 2%</i>	91	<i>lactic acid (ammonium lactate) lotion</i>	
<i>ketoconazole tab 200 mg</i>	50	12%	94
KETO-DIASTIX TES.....	96	<i>lactulose (encephalopathy) solution 10</i>	
KETONE TES.....	96	gm/15ml	103
<i>ketoprofen cap 50 mg</i>	22	LACTULOSE PAK 10GM.....	108
<i>ketoprofen cap 75 mg</i>	22	<i>lactulose solution 10 gm/15ml</i>	108
<i>ketoprofen cap er 24hr 200 mg</i>	22	LAMICTAL CHW 25MG.....	37
<i>ketorolac tromethamine ophth soln</i>		LAMICTAL CHW 5MG	37
0.4%	120	LAMICTAL KIT START 35	37
<i>ketorolac tromethamine ophth soln</i>		LAMICTAL KIT START 49	37
0.5%	120	LAMICTAL KIT START 98	37
<i>ketorolac tromethamine tab 10 mg</i> ...	22	LAMICTAL ODT KIT.....	37
KETOSTIX TES STRIP.....	96	LAMICTAL ODT TAB 100MG	37
KISQALI 200 PAK FEMARA.....	63	LAMICTAL ODT TAB 200MG	37
KISQALI 400 PAK FEMARA.....	63	LAMICTAL ODT TAB 25MG	37
KISQALI 600 PAK FEMARA.....	63	LAMICTAL ODT TAB 50MG	37
KISQALI TAB 200DOSE	65	LAMICTAL TAB 100MG	37
KISQALI TAB 400DOSE	65	LAMICTAL TAB 150MG	37
KISQALI TAB 600DOSE	65	LAMICTAL TAB 200MG	37
KITABIS PAK NEB 300/5ML.....	20	LAMICTAL TAB 25MG	37
KLONOPIN TAB 0.5MG	36	LAMICTAL XR KIT	37
KLONOPIN TAB 1MG	36	LAMICTAL XR TAB 100MG	37
KLONOPIN TAB 2MG	36	LAMICTAL XR TAB 200MG	37
KLOXXADO SPR 8MG	49	LAMICTAL XR TAB 250MG	37
KOSELUGO CAP 10MG	65	LAMICTAL XR TAB 25MG	37
KOSELUGO CAP 25MG	65	LAMICTAL XR TAB 300MG	37
K-PHOS TAB	112	LAMICTAL XR TAB 50MG	37
K-PHOS TAB NO 2	104	<i>lamivudine oral soln 10 mg/ml</i>	74
KRAZATI TAB 200MG.....	65	<i>lamivudine tab 100 mg (hbv)</i>	76
KRISTALOSE PAK 10GM	108	<i>lamivudine tab 150 mg</i>	74
KRISTALOSE PAK 20GM	108	<i>lamivudine tab 300 mg</i>	74
KUVAN POW 100MG	99	<i>lamivudine-zidovudine tab 150-300 mg</i>	
KUVAN POW 500MG	99	.....	74
KUVAN TAB 100MG.....	99	<i>lamotrigine orally disintegrating tab</i>	
L		100 mg	38
<i>labetalol hcl tab 100 mg</i>	77	<i>lamotrigine orally disintegrating tab</i>	
<i>labetalol hcl tab 200 mg</i>	77	200 mg	38
<i>labetalol hcl tab 300 mg</i>	77	<i>lamotrigine orally disintegrating tab 25</i>	
<i>lacosamide oral solution 10 mg/ml</i> ...	37	mg	37
<i>lacosamide tab 100 mg</i>	37	<i>lamotrigine orally disintegrating tab 50</i>	
		mg	38

<i>lamotrigine tab 100 mg</i>	38	LANTUS SOLOS INJ 100/ML.....	47
<i>lamotrigine tab 150 mg</i>	38	<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	65
<i>lamotrigine tab 200 mg</i>	38	LASTACRAFT SOL 0.25%.....	120
<i>lamotrigine tab 25 mg</i>	38	<i>latanoprost ophth soln 0.005%</i>	120
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	38	LATUDA TAB 120MG.....	70
<i>lamotrigine tab 35 x 25 mg starter kit</i>	38	LATUDA TAB 20MG.....	70
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	38	LATUDA TAB 40MG.....	70
<i>lamotrigine tab chewable dispersible 25 mg</i>	38	LATUDA TAB 60MG.....	70
<i>lamotrigine tab chewable dispersible 5 mg</i>	38	LATUDA TAB 80MG.....	70
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	38	<i>leflunomide tab 10 mg</i>	22
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	38	<i>leflunomide tab 20 mg</i>	22
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	38	<i>lenalidomide cap 10 mg</i>	113
<i>lamotrigine tab er 24hr 100 mg</i>	38	<i>lenalidomide cap 15 mg</i>	113
<i>lamotrigine tab er 24hr 200 mg</i>	38	<i>lenalidomide cap 20 mg</i>	113
<i>lamotrigine tab er 24hr 25 mg</i>	38	<i>lenalidomide cap 25 mg</i>	113
<i>lamotrigine tab er 24hr 250 mg</i>	38	<i>lenalidomide cap 5 mg</i>	113
<i>lamotrigine tab er 24hr 300 mg</i>	38	<i>lenalidomide caps 2.5 mg</i>	113
<i>lamotrigine tab er 24hr 50 mg</i>	38	LENVIMA CAP 10 MG.....	61
LAMPIT TAB 120MG.....	28	LENVIMA CAP 12MG.....	61
LAMPIT TAB 30MG.....	28	LENVIMA CAP 14 MG.....	61
LANCET DEVICES.....	109	LENVIMA CAP 18 MG.....	61
LANCET MISC.....	110	LENVIMA CAP 20 MG.....	61
LANCETS.....	110	LENVIMA CAP 24 MG.....	61
LANCETS KIT.....	110	LENVIMA CAP 4MG.....	61
<i>lansoprazole cap delayed release 15 mg</i>	129	LENVIMA CAP 8 MG.....	61
<i>lansoprazole cap delayed release 30 mg</i>	129	<i>letrozole tab 2.5 mg</i>	62
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	129	<i>leucovorin calcium tab 10 mg</i>	67
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	130	<i>leucovorin calcium tab 15 mg</i>	67
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	104	<i>leucovorin calcium tab 25 mg</i>	67
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	103	<i>leucovorin calcium tab 5 mg</i>	67
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	103	LEUKERAN TAB 2MG.....	60
LANTUS INJ 100/ML.....	47	<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	34
		<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	34
		<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	34
		<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	34
		<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	34
		<i>levetiracetam oral soln 100 mg/ml</i> ...38	
		<i>levetiracetam tab 1000 mg</i>	38
		<i>levetiracetam tab 250 mg</i>	38
		<i>levetiracetam tab 500 mg</i>	38
		<i>levetiracetam tab 750 mg</i>	38

<i>levetiracetam tab er 24hr 500 mg</i>	38	<i>levothyroxine sodium tab 200 mcg</i> .	128
<i>levetiracetam tab er 24hr 750 mg</i>	38	<i>levothyroxine sodium tab 25 mcg</i> ...	128
<i>LEVICYN GEL</i>	95	<i>levothyroxine sodium tab 300 mcg</i> .	128
<i>levobunolol hcl ophth soln 0.5%</i>	117	<i>levothyroxine sodium tab 50 mcg</i> ...	128
<i>levocarnitine oral soln 1 gm/10ml</i> <i>(10%)</i>	99	<i>levothyroxine sodium tab 75 mcg</i> ...	128
<i>levocarnitine tab 330 mg</i>	99	<i>levothyroxine sodium tab 88 mcg</i> ...	128
<i>levofloxacin ophth soln 0.5%</i>	118	<i>LEVULAN KERA SOL 20%</i>	91
<i>levofloxacin oral soln 25 mg/ml</i>	102	<i>LEXIVA TAB 700MG</i>	74
<i>levofloxacin tab 250 mg</i>	102	<i>lidocaine hcl gel 2%</i>	95
<i>levofloxacin tab 500 mg</i>	102	<i>lidocaine hcl laryngotracheal soln 4%</i>	114
<i>levofloxacin tab 750 mg</i>	102	<i>lidocaine hcl soln 4%</i>	95
<i>levonor-eth est tab 0.15-</i> <i>0.02/0.025/0.03 mg &eth est 0.01</i> <i>mg</i>	85	<i>lidocaine hcl urethral/mucosal gel 2%</i>	95
<i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i>	85	<i>lidocaine hcl urethral/mucosal gel</i> <i>prefilled syringe 2%</i>	95
<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.1 mg-20 mcg</i>	85	<i>lidocaine hcl viscous soln 2%</i>	114
<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.15 mg-30 mcg</i>	85	<i>lidocaine oint 5%</i>	95
<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i>	85	<i>lidocaine patch 5%</i>	95
<i>levonorgestrel-ethinyl estradiol</i> <i>(continuous) tab 90-20 mcg</i>	85	<i>lidocaine-hydrocortisone acetate rectal</i> <i>cream kit 2-2%</i>	27
<i>levonorg-eth est tab 0.1-0.02mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	85	<i>lidocaine-hydrocortisone acetate rectal</i> <i>cream kit 3-0.5%</i>	28
<i>levonorg-eth est tab 0.15-0.03mg(84)</i> <i>& eth est tab 0.01mg(7)</i>	85	<i>lidocaine-hydrocortisone acetate rectal</i> <i>gel kit 3-2.5%</i>	28
<i>levothyroxine sodium cap 100 mcg</i> .	128	<i>lidocaine-prilocaine cream 2.5-2.5%</i> .	95
<i>levothyroxine sodium cap 112 mcg</i> .	128	<i>lindane shampoo 1%</i>	96
<i>levothyroxine sodium cap 125 mcg</i> .	128	<i>linezolid for susp 100 mg/5ml</i>	29
<i>levothyroxine sodium cap 13 mcg</i> ..	127	<i>linezolid tab 600 mg</i>	29
<i>levothyroxine sodium cap 137 mcg</i> .	128	<i>LINZESS CAP 145MCG</i>	103
<i>levothyroxine sodium cap 150 mcg</i> .	128	<i>LINZESS CAP 290MCG</i>	103
<i>levothyroxine sodium cap 175 mcg</i> .	128	<i>LINZESS CAP 72MCG</i>	103
<i>levothyroxine sodium cap 200 mcg</i> .	128	<i>liothyronine sodium tab 25 mcg</i>	128
<i>levothyroxine sodium cap 25 mcg</i> ..	127	<i>liothyronine sodium tab 5 mcg</i>	128
<i>levothyroxine sodium cap 50 mcg</i> ..	127	<i>liothyronine sodium tab 50 mcg</i>	128
<i>levothyroxine sodium cap 75 mcg</i> ..	128	<i>lisinopril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	57
<i>levothyroxine sodium cap 88 mcg</i> ..	128	<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	57
<i>levothyroxine sodium tab 100 mcg</i> .	128	<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>25 mg</i>	57
<i>levothyroxine sodium tab 112 mcg</i> .	128	<i>lisinopril tab 10 mg</i>	54
<i>levothyroxine sodium tab 125 mcg</i> .	128	<i>lisinopril tab 2.5 mg</i>	54
<i>levothyroxine sodium tab 137 mcg</i> .	128	<i>lisinopril tab 20 mg</i>	54
<i>levothyroxine sodium tab 150 mcg</i> .	128	<i>lisinopril tab 30 mg</i>	54
<i>levothyroxine sodium tab 175 mcg</i> .	128	<i>lisinopril tab 40 mg</i>	54
		<i>lisinopril tab 5 mg</i>	54

<i>lithium carbonate cap 150 mg</i>	70	<i>loxapine succinate cap 25 mg</i>	72
<i>lithium carbonate cap 300 mg</i>	70	<i>loxapine succinate cap 5 mg</i>	72
<i>lithium carbonate cap 600 mg</i>	70	<i>loxapine succinate cap 50 mg</i>	72
<i>lithium carbonate tab 300 mg</i>	70	<i>lubiprostone cap 24 mcg</i>	102
<i>lithium carbonate tab er 300 mg</i>	70	<i>lubiprostone cap 8 mcg</i>	102
<i>lithium carbonate tab er 450 mg</i>	70	LUCEMYRA TAB 0.18MG	122
LITHOBID TAB 300MG CR.....	70	LUMAKRAS TAB 120MG	65
LIVALO TAB 1MG.....	52	LUMIGAN SOL 0.01%	120
LIVALO TAB 2MG.....	53	<i>lurasidone hcl tab 120 mg</i>	70
LIVALO TAB 4MG.....	53	<i>lurasidone hcl tab 20 mg</i>	70
LIVMARLI SOL 9.5MG/ML	103	<i>lurasidone hcl tab 40 mg</i>	70
LIVTENCITY TAB 200MG.....	75	<i>lurasidone hcl tab 60 mg</i>	70
LO LOESTRIN TAB 1-10-10	85	<i>lurasidone hcl tab 80 mg</i>	70
LONSURF TAB 15-6.14.....	63	LYNPARZA TAB 100MG.....	65
LONSURF TAB 20-8.19.....	63	LYNPARZA TAB 150MG.....	65
<i>loperamide hcl cap 2 mg</i>	48	LYSODREN TAB 500MG	62
<i>lopinavir-ritonavir soln 400-100</i> <i>mg/5ml (80-20 mg/ml)</i>	74	LYTGOBI TAB 4MG	65
<i>lopinavir-ritonavir tab 100-25 mg</i>	74	M	
<i>lopinavir-ritonavir tab 200-50 mg</i>	74	<i>malathion lotion 0.5%</i>	96
<i>lorazepam conc 2 mg/ml</i>	31	MALE CONDOMS	109
<i>lorazepam tab 0.5 mg</i>	31	<i>maraviroc tab 150 mg</i>	74
<i>lorazepam tab 1 mg</i>	31	<i>maraviroc tab 300 mg</i>	74
<i>lorazepam tab 2 mg</i>	31	MARPLAN TAB 10MG.....	42
LORBRENA TAB 100MG	65	MASK VORTEX/ MIS FROG.....	110
LORBRENA TAB 25MG	65	MASK VORTEX/ MIS LADY BUG	110
LORTAB ELX 10-300MG.....	26	MATULANE CAP 50MG.....	67
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-12.5 mg</i>	58	MAVENCLAD PAK 10MG(10)	124
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25 mg</i> 58		MAVENCLAD PAK 10MG(4)	124
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-12.5 mg</i>	58	MAVENCLAD PAK 10MG(5)	124
<i>losartan potassium tab 100 mg</i>	55	MAVENCLAD PAK 10MG(6)	124
<i>losartan potassium tab 25 mg</i>	55	MAVENCLAD PAK 10MG(7)	124
<i>losartan potassium tab 50 mg</i>	55	MAVENCLAD PAK 10MG(8)	124
LOTEMAX OIN 0.5%	119	MAVENCLAD PAK 10MG(9)	124
<i>loteprednol etabonate ophth gel 0.5%</i>	119	MAVYRET PAK 50-20MG	76
<i>loteprednol etabonate ophth susp 0.5%</i>	119	MAVYRET TAB 100-40MG	76
<i>lovastatin tab 10 mg</i>	53	MAXIDEX SUS 0.1% OP	119
<i>lovastatin tab 20 mg</i>	53	MAYZENT PAK STARTER.....	124
<i>lovastatin tab 40 mg</i>	53	MAYZENT TAB 0.25MG.....	124
<i>loxapine succinate cap 10 mg</i>	72	MAYZENT TAB 1MG	124
		MAYZENT TAB 2MG	124
		<i>meclizine hcl tab 12.5 mg</i>	49
		<i>meclizine hcl tab 25 mg</i>	49
		<i>meclofenamate sodium cap 100 mg</i> ..	22
		<i>meclofenamate sodium cap 50 mg</i> ...	22
		MEDROL TAB 2MG	87
		<i>medroxyprogesterone acetate tab 10</i> <i>mg</i>	122

medroxyprogesterone acetate tab 2.5 mg122
medroxyprogesterone acetate tab 5 mg122
mefloquine hcl tab 250 mg59
megestrol acetate susp 40 mg/ml62
megestrol acetate susp 625 mg/5ml122
megestrol acetate tab 20 mg62
megestrol acetate tab 40 mg62
 MEKINIST TAB 0.5MG65
 MEKINIST TAB 2MG.....65
 MEKTOVI TAB 15MG65
meloxicam tab 15 mg22
meloxicam tab 7.5 mg22
melphalan tab 2 mg.....60
memantine hcl cap er 24hr 14 mg ..122
memantine hcl cap er 24hr 21 mg ..123
memantine hcl cap er 24hr 28 mg ..123
memantine hcl cap er 24hr 7 mg....122
memantine hcl oral solution 2 mg/ml123
memantine hcl tab 10 mg.....123
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack123
memantine hcl tab 5 mg123
 MENEST TAB 0.3MG.....101
 MENEST TAB 0.625MG101
 MENEST TAB 1.25MG.....101
 MENEST TAB 2.5MG.....101
 MENOSTAR DIS 14MCG.....101
meperidine hcl oral soln 50 mg/5ml..24
meperidine hcl tab 50 mg.....24
meprobamate tab 200 mg30
meprobamate tab 400 mg30
mercaptapurine tab 50 mg60
mesalamine cap dr 400 mg103
mesalamine cap er 24hr 0.375 gm .103
mesalamine cap er 500 mg.....103
mesalamine enema 4 gm103
mesalamine suppos 1000 mg.....103
mesalamine tab delayed release 1.2 gm103
mesalamine tab delayed release 800 mg103
 MESNEX TAB 400MG.....67
metaxalone tab 400 mg115

metaxalone tab 800 mg115
metformin hcl tab 1000 mg46
metformin hcl tab 500 mg46
metformin hcl tab 850 mg46
metformin hcl tab er 24hr 500 mg....46
metformin hcl tab er 24hr 750 mg....46
methadone hcl conc 10 mg/ml.....24
methadone hcl soln 10 mg/5ml.....24
methadone hcl soln 5 mg/5ml.....24
methadone hcl tab 10 mg24
methadone hcl tab 5 mg24
 METHADOSE CON 10MG/ML24
 METHADOSE SF CON 10MG/ML24
methamphetamine hcl tab 5 mg.....17
methazolamide tab 25 mg.....97
methazolamide tab 50 mg.....97
methenamine hippurate tab 1 gm29
methimazole tab 10 mg127
methimazole tab 5 mg127
methocarbamol tab 500 mg.....115
methocarbamol tab 750 mg.....115
methotrexate sodium tab 2.5 mg (base equiv)61
methoxsalen rapid cap 10 mg91
methyl dopa tab 250 mg56
methyl dopa tab 500 mg56
methylergonovine maleate tab 0.2 mg121
methylphenidate hcl cap er 10 mg (cd)19
methylphenidate hcl cap er 20 mg (cd)19
methylphenidate hcl cap er 24hr 10 mg (la)19
methylphenidate hcl cap er 24hr 10 mg (xr)19
methylphenidate hcl cap er 24hr 15 mg (xr)19
methylphenidate hcl cap er 24hr 20 mg (la)19
methylphenidate hcl cap er 24hr 20 mg (xr)19
methylphenidate hcl cap er 24hr 30 mg (la)19
methylphenidate hcl cap er 24hr 30 mg (xr)19

methylphenidate hcl cap er 24hr 40 mg (la)19

methylphenidate hcl cap er 24hr 40 mg (xr)19

methylphenidate hcl cap er 24hr 50 mg (xr)19

methylphenidate hcl cap er 24hr 60 mg (xr)19

methylphenidate hcl cap er 30 mg (cd)19

methylphenidate hcl cap er 40 mg (cd)19

methylphenidate hcl cap er 50 mg (cd)19

methylphenidate hcl cap er 60 mg (cd)19

methylphenidate hcl soln 10 mg/5ml 19

methylphenidate hcl soln 5 mg/5ml ..19

methylphenidate hcl tab 10 mg19

methylphenidate hcl tab 20 mg19

methylphenidate hcl tab 5 mg19

methylphenidate hcl tab er 10 mg ...19

methylphenidate hcl tab er 20 mg ...19

methylphenidate hcl tab er 24hr 18 mg19

methylphenidate hcl tab er 24hr 27 mg19

methylphenidate hcl tab er 24hr 36 mg20

methylphenidate hcl tab er 24hr 54 mg20

methylphenidate hcl tab er osmotic release (osm) 18 mg.....20

methylphenidate hcl tab er osmotic release (osm) 27 mg.....20

methylphenidate hcl tab er osmotic release (osm) 36 mg.....20

methylphenidate hcl tab er osmotic release (osm) 54 mg.....20

methylphenidate td patch 10 mg/9hr 20

methylphenidate td patch 15 mg/9hr 20

methylphenidate td patch 20 mg/9hr 20

methylphenidate td patch 30 mg/9hr 20

methylprednisolone tab 16 mg87

methylprednisolone tab 32 mg87

methylprednisolone tab 4 mg87

methylprednisolone tab 8 mg87

methylprednisolone tab therapy pack 4 mg (21)87

methyltestosterone cap 10 mg27

metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)102

metoclopramide hcl tab 10 mg (base equivalent)102

metoclopramide hcl tab 5 mg (base equivalent)102

metolazone tab 10 mg98

metolazone tab 2.5 mg98

metolazone tab 5 mg98

metoprolol & hydrochlorothiazide tab 100-25 mg58

metoprolol & hydrochlorothiazide tab 100-50 mg58

metoprolol & hydrochlorothiazide tab 50-25 mg58

metoprolol succinate tab er 24hr 100 mg (tartrate equiv).....78

metoprolol succinate tab er 24hr 200 mg (tartrate equiv).....78

metoprolol succinate tab er 24hr 25 mg (tartrate equiv)77

metoprolol succinate tab er 24hr 50 mg (tartrate equiv)78

metoprolol tartrate tab 100 mg78

metoprolol tartrate tab 25 mg.....78

metoprolol tartrate tab 50 mg.....78

metronidazole cap 375 mg28

metronidazole cream 0.75%95

metronidazole gel 0.75%95

metronidazole gel 1%95

metronidazole lotion 0.75%95

metronidazole tab 250 mg28

metronidazole tab 500 mg28

metronidazole vaginal gel 0.75% ... 131

mexiletine hcl cap 150 mg31

mexiletine hcl cap 200 mg31

mexiletine hcl cap 250 mg31

miconazole nitrate vaginal suppos 200 mg131

miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%...91

midodrine hcl tab 10 mg132

midodrine hcl tab 2.5 mg132

midodrine hcl tab 5 mg132

miglitol tab 100 mg45
miglitol tab 25 mg45
miglitol tab 50 mg45
 MINASTRIN 24 CHW FE85
minocycline hcl cap 100 mg127
minocycline hcl cap 50 mg127
minocycline hcl cap 75 mg127
minocycline hcl tab 100 mg127
minocycline hcl tab 50 mg127
minocycline hcl tab 75 mg127
minocycline hcl tab er 24hr 105 mg 127
minocycline hcl tab er 24hr 115 mg 127
minocycline hcl tab er 24hr 135 mg 127
minocycline hcl tab er 24hr 45 mg..127
minocycline hcl tab er 24hr 55 mg..127
minocycline hcl tab er 24hr 65 mg..127
minocycline hcl tab er 24hr 80 mg..127
minocycline hcl tab er 24hr 90 mg..127
minoxidil tab 10 mg.....59
minoxidil tab 2.5 mg.....59
mirtazapine orally disintegrating tab 15 mg41
mirtazapine orally disintegrating tab 30 mg41
mirtazapine orally disintegrating tab 45 mg41
mirtazapine tab 15 mg41
mirtazapine tab 30 mg41
mirtazapine tab 45 mg41
mirtazapine tab 7.5 mg41
misoprostol tab 100 mcg130
misoprostol tab 200 mcg130
modafinil tab 100 mg20
modafinil tab 200 mg20
moexipril hcl tab 15 mg54
moexipril hcl tab 7.5 mg54
mometasone furoate cream 0.1% ...94
mometasone furoate nasal susp 50 mcg/act116
mometasone furoate oint 0.1%94
mometasone furoate solution 0.1% (lotion)94
montelukast sodium chew tab 4 mg (base equiv)32
montelukast sodium chew tab 5 mg (base equiv)32

montelukast sodium oral granules packet 4 mg (base equiv)32
montelukast sodium tab 10 mg (base equiv)32
 MONUROL PAK GRANULES29
morphine sulfate beads cap er 24hr 120 mg24
morphine sulfate beads cap er 24hr 30 mg24
morphine sulfate beads cap er 24hr 45 mg24
morphine sulfate beads cap er 24hr 60 mg24
morphine sulfate beads cap er 24hr 75 mg24
morphine sulfate beads cap er 24hr 90 mg24
morphine sulfate cap er 24hr 10 mg .24
morphine sulfate cap er 24hr 100 mg24
morphine sulfate cap er 24hr 20 mg .24
morphine sulfate cap er 24hr 30 mg .24
morphine sulfate cap er 24hr 40 mg .24
morphine sulfate cap er 24hr 50 mg .24
morphine sulfate cap er 24hr 60 mg .24
morphine sulfate cap er 24hr 80 mg .24
morphine sulfate oral soln 10 mg/5ml24
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)24
morphine sulfate oral soln 20 mg/5ml24
morphine sulfate tab 15 mg24
morphine sulfate tab 30 mg24
morphine sulfate tab er 100 mg24
morphine sulfate tab er 15 mg24
morphine sulfate tab er 200 mg24
morphine sulfate tab er 30 mg24
morphine sulfate tab er 60 mg24
 MOUNJARO INJ 10MG/0.547
 MOUNJARO INJ 12.5/0.547
 MOUNJARO INJ 15MG/0.547
 MOUNJARO INJ 2.5/0.547
 MOUNJARO INJ 5MG/0.547
 MOUNJARO INJ 7.5/0.547
 MOVANTIK TAB 12.5MG103
 MOVANTIK TAB 25MG103

MOVIPREP SOL 108
 MOXEZA SOL 0.5%..... 118
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)..... 118
moxifloxacin hcl ophth soln 0.5% (base equiv) 118
moxifloxacin hcl tab 400 mg (base equiv) 102
 MULPLETA TAB 3MG 106
 MULTAQ TAB 400MG.....32
mupirocin calcium cream 2%90
mupirocin oint 2%90
 MUSE SUP 1000MCG.....81
 MUSE SUP 250MCG81
 MUSE SUP 500MCG81
 MYCAPSSA CAP 20MG 100
mycophenolate mofetil cap 250 mg 113
mycophenolate mofetil for oral susp 200 mg/ml 114
mycophenolate mofetil tab 500 mg. 114
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 114
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 114
 MYFORTIC TAB 180MG 114
 MYFORTIC TAB 360MG..... 114
 MYLERAN TAB 2MG.....60
 MYRBETRIQ TAB 25MG 131
 MYRBETRIQ TAB 50MG 131
 MYSOLINE TAB 250MG.....38
 MYSOLINE TAB 50MG38
 MYTESI TAB 125MG.....48

N

nabumetone tab 500 mg22
nabumetone tab 750 mg22
nadolol tab 20 mg78
nadolol tab 40 mg78
nadolol tab 80 mg78
naftifine hcl cream 1%91
naftifine hcl cream 2%91
naftifine hcl gel 1%91
*naloxone hcl nasal spray 4 mg/0.1ml*49
naltrexone hcl tab 50 mg49
 NAMENDA XR CAP TITRATIO..... 123
 NAPRELAN TAB 375MG CR.....22
 NAPRELAN TAB 750MG CR.....22
naproxen sodium tab 275 mg22

naproxen sodium tab 550 mg22
naproxen sodium tab er 24hr 375 mg (base equiv)22
naproxen sodium tab er 24hr 500 mg (base equiv)22
naproxen sodium tab er 24hr 750 mg (base equiv)22
naproxen susp 125 mg/5ml22
naproxen tab 250 mg22
naproxen tab 375 mg22
naproxen tab 500 mg22
naproxen tab ec 375 mg22
naproxen tab ec 500 mg22
naratriptan hcl tab 1 mg (base equiv) 111
naratriptan hcl tab 2.5 mg (base equiv) 111
 NARCAN SPR 4MG49
 NASCOBAL SPR 500MCG 106
 NATACYN SUS 5% OP 118
 NATAZIA TAB85
nateglinide tab 120 mg48
nateglinide tab 60 mg48
 NAYZILAM SPR 5MG36
nebivolol hcl tab 10 mg (base equivalent)78
nebivolol hcl tab 2.5 mg (base equivalent)78
nebivolol hcl tab 20 mg (base equivalent)78
nebivolol hcl tab 5 mg (base equivalent)78
 NEBUSAL NEB 6%88
nefazodone hcl tab 100 mg43
nefazodone hcl tab 150 mg43
nefazodone hcl tab 200 mg43
nefazodone hcl tab 250 mg43
nefazodone hcl tab 50 mg43
 neomycin sulfate tab 500 mg.....20
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 118
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 118
neomycin-polymyxin-dexamethasone ophth oint 0.1% 119

<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	119	<i>nifedipine tab er 24hr osmotic release 30 mg</i>	80
<i>neomycin-polymyxin-hc ophth susp</i>	119	<i>nifedipine tab er 24hr osmotic release 60 mg</i>	80
<i>neomycin-polymyxin-hc otic soln 1%</i>	120	<i>nifedipine tab er 24hr osmotic release 90 mg</i>	80
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	120	NILANDRON TAB 150MG	62
NEORAL CAP 100MG	114	<i>nilutamide tab 150 mg</i>	62
NEORAL CAP 25MG	114	<i>nimodipine cap 30 mg</i>	80
NEORAL SOL 100MG/ML	114	NINLARO CAP 2.3MG	65
NERLYNX TAB 40MG	65	NINLARO CAP 3MG	65
NEUPRO DIS 1MG/24HR	69	NINLARO CAP 4MG	65
NEUPRO DIS 2MG/24HR	69	<i>nisoldipine tab er 24hr 17 mg</i>	80
NEUPRO DIS 3MG/24HR	69	<i>nisoldipine tab er 24hr 20 mg</i>	80
NEUPRO DIS 4MG/24HR	69	<i>nisoldipine tab er 24hr 25.5 mg</i>	80
NEUPRO DIS 6MG/24HR	69	<i>nisoldipine tab er 24hr 30 mg</i>	80
NEUPRO DIS 8MG/24HR	69	<i>nisoldipine tab er 24hr 34 mg</i>	80
NEVANAC SUS 0.1%	120	<i>nisoldipine tab er 24hr 40 mg</i>	80
NEVANAC SUS 0.1% OP	120	<i>nisoldipine tab er 24hr 8.5 mg</i>	80
<i>nevirapine susp 50 mg/5ml</i>	75	<i>nitazoxanide tab 500 mg</i>	29
<i>nevirapine tab 200 mg</i>	75	NITRO-BID OIN 2%	30
<i>nevirapine tab er 24hr 100 mg</i>	75	NITRO-DUR DIS 0.1MG/HR	30
<i>nevirapine tab er 24hr 400 mg</i>	75	NITRO-DUR DIS 0.2MG/HR	30
NEXAVAR TAB 200MG	65	NITRO-DUR DIS 0.3MG/HR	30
NEXLETOL TAB 180MG	51	NITRO-DUR DIS 0.4MG/HR	30
NEXLIZET TAB 180/10MG	51	NITRO-DUR DIS 0.6MG/HR	30
NEXTSTELLIS TAB 3-14.2MG	85	NITRO-DUR DIS 0.8MG/HR	30
<i>niacin (antihyperlipidemic) tab 500 mg</i>	54	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	29
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	54	<i>nitrofurantoin macrocrystalline cap 25 mg</i>	29
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	54	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	29
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	54	<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	29
<i>nicardipine hcl cap 20 mg</i>	80	<i>nitrofurantoin susp 25 mg/5ml</i>	29
<i>nicardipine hcl cap 30 mg</i>	80	<i>nitroglycerin cap er 2.5 mg</i>	30
<i>nicotine polacrilex gum</i>	125	<i>nitroglycerin cap er 6.5 mg</i>	30
<i>nicotine polacrilex lozenge</i>	125	<i>nitroglycerin cap er 9 mg</i>	30
<i>nicotine transdermal patch</i>	125	<i>nitroglycerin sl tab 0.3 mg</i>	30
NICOTROL INH	125	<i>nitroglycerin sl tab 0.4 mg</i>	30
NICOTROL NS SPR 10MG/ML	125	<i>nitroglycerin sl tab 0.6 mg</i>	30
<i>nifedipine cap 10 mg</i>	80	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	30
<i>nifedipine cap 20 mg</i>	80	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	30
<i>nifedipine tab er 24hr 30 mg</i>	80		
<i>nifedipine tab er 24hr 60 mg</i>	80		
<i>nifedipine tab er 24hr 90 mg</i>	80		

nitroglycerin td patch 24hr 0.4 mg/hr30
 nitroglycerin td patch 24hr 0.6 mg/hr30
 nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)30
 nizatidine cap 150 mg129
 nizatidine cap 300 mg129
 nizatidine oral soln 15 mg/ml129
 norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr86
 norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg85
 norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg85
 norethindrone & ethinyl estradiol tab 1 mg-35 mcg85
 norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg85
 norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg85
 norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg86
 norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg86
 norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg86
 norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg86
 norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)86
 norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)86
 norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)86
 norethindrone acetate tab 5 mg122
 norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg100
 norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg100
 norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg85
 norethindrone tab 0.35 mg86
 norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg86
 norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg86

norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg86
 norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg86
 norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg86
 norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg86
 NORITATE CRE 1%95
 NORPACE CAP 100MG CR31
 NORPACE CAP 150MG CR31
 NORTHERA CAP 100MG132
 NORTHERA CAP 200MG132
 NORTHERA CAP 300MG132
 nortriptyline hcl cap 10 mg45
 nortriptyline hcl cap 25 mg45
 nortriptyline hcl cap 50 mg45
 nortriptyline hcl cap 75 mg45
 nortriptyline hcl soln 10 mg/5ml45
 NOVOLIN INJ 70/3047
 NOVOLIN INJ 70/30 FP47
 NOVOLIN N INJ 100 UNIT47
 NOVOLIN N INJ U-10047
 NOVOLIN R INJ 100 UNIT47
 NOVOLIN R INJ U-10047
 NOVOLOG INJ 100/ML47
 NOVOLOG INJ FLEXPEN47
 NOVOLOG INJ PENFILL47
 NOVOLOG MIX INJ 70/3047
 NOVOLOG MIX INJ FLEXPEN47
 NUBEQA TAB 300MG62
 NUEDEXTA CAP 20-10MG124
 NUPLAZID CAP 34MG70
 NUPLAZID TAB 10MG70
 NURTEC TAB 75MG ODT110
 nystatin cream 100000 unit/gm91
 nystatin oint 100000 unit/gm91
 nystatin susp 100000 unit/ml114
 nystatin tab 500000 unit50
 nystatin topical powder 100000 unit/gm91
 nystatin-triamcinolone cream 100000-0.1 unit/gm-%91
 nystatin-triamcinolone oint 100000-0.1 unit/gm-%91
 ○
 OCALIVA TAB 10MG102

OCALIVA TAB 5MG	102	olmesartan-amlodipine-	
ODEFSEY TAB	75	hydrochlorothiazide tab 40-10-12.5	
ODOMZO CAP 200MG	62	mg	58
OFEV CAP 100MG	126	olmesartan-amlodipine-	
OFEV CAP 150MG	126	hydrochlorothiazide tab 40-10-25 mg	
ofloxacin ophth soln 0.3%	118	.....	58
ofloxacin otic soln 0.3%	120	olmesartan-amlodipine-	
olanzapine orally disintegrating tab 10		hydrochlorothiazide tab 40-5-12.5	
mg	72	mg	58
olanzapine orally disintegrating tab 15		olmesartan-amlodipine-	
mg	72	hydrochlorothiazide tab 40-5-25 mg	
olanzapine orally disintegrating tab 20		.....	58
mg	72	olopatadine hcl nasal soln 0.6%	116
olanzapine orally disintegrating tab 5		olopatadine hcl ophth soln 0.1% (base	
mg	72	equivalent)	120
olanzapine tab 10 mg	72	olopatadine hcl ophth soln 0.2% (base	
olanzapine tab 15 mg	72	equivalent)	120
olanzapine tab 2.5 mg	72	OLUMIANT TAB 1MG	21
olanzapine tab 20 mg	72	OLUMIANT TAB 2MG	21
olanzapine tab 5 mg	72	OMECLAMOX- MIS PAK	130
olanzapine tab 7.5 mg	72	omega-3-acid ethyl esters cap 1 gm .51	
olanzapine-fluoxetine hcl cap 12-25 mg		omeprazole cap delayed release 10 mg	
.....	123	.....	130
olanzapine-fluoxetine hcl cap 12-50 mg		omeprazole cap delayed release 20 mg	
.....	123	.....	130
olanzapine-fluoxetine hcl cap 3-25 mg		omeprazole cap delayed release 40 mg	
.....	123	.....	130
olanzapine-fluoxetine hcl cap 6-25 mg		omeprazole-sodium bicarbonate cap	
.....	123	20-1100 mg	130
olanzapine-fluoxetine hcl cap 6-50 mg		omeprazole-sodium bicarbonate cap	
.....	123	40-1100 mg	130
olmesartan medoxomil tab 20 mg	55	omeprazole-sodium bicarbonate powd	
olmesartan medoxomil tab 40 mg	55	pack for susp 20-1680 mg	130
olmesartan medoxomil tab 5 mg	55	omeprazole-sodium bicarbonate powd	
olmesartan medoxomil-		pack for susp 40-1680 mg	130
hydrochlorothiazide tab 20-12.5 mg		OMNIFLEX DPR	109
.....	58	ondansetron hcl oral soln 4 mg/5ml..	49
olmesartan medoxomil-		ondansetron hcl tab 24 mg	49
hydrochlorothiazide tab 40-12.5 mg		ondansetron hcl tab 4 mg	49
.....	58	ondansetron hcl tab 8 mg	49
olmesartan medoxomil-		ondansetron orally disintegrating tab 4	
hydrochlorothiazide tab 40-25 mg .58		mg	49
olmesartan-amlodipine-		ondansetron orally disintegrating tab 8	
hydrochlorothiazide tab 20-5-12.5		mg	49
mg	58	ONEXTON GEL 1.2-3.75	90
		ONUREG TAB 200MG	61
		ONUREG TAB 300MG	61

OPSUMIT TAB 10MG	82	OXTELLAR XR TAB 300MG	38
OPZELURA CRE 1.5%.....	94	OXTELLAR XR TAB 600MG	38
ORALAIR SUB 300 IR.....	20	<i>oxybutynin chloride syrup 5 mg/5ml</i>	
ORENITRAM TAB 0.125MG.....	81	.....	130
ORENITRAM TAB 0.25MG	81	<i>oxybutynin chloride tab 5 mg</i>	130
ORENITRAM TAB 1MG.....	81	<i>oxybutynin chloride tab er 24hr 10 mg</i>	
ORENITRAM TAB 2.5MG	82	.....	130
ORENITRAM TAB 5MG.....	82	<i>oxybutynin chloride tab er 24hr 15 mg</i>	
ORGOVYX TAB 120MG	62	.....	130
ORLISSA TAB 150MG.....	99	<i>oxybutynin chloride tab er 24hr 5 mg</i>	
ORLISSA TAB 200MG.....	99	.....	130
ORKAMBI GRA 100-125	126	<i>oxycodone hcl cap 5 mg.....</i>	24
ORKAMBI GRA 150-188	126	<i>oxycodone hcl conc 100 mg/5ml (20</i>	
ORKAMBI GRA 75-94MG.....	126	<i>mg/ml)</i>	24
ORKAMBI TAB 100-125	126	<i>oxycodone hcl soln 5 mg/5ml</i>	24
ORKAMBI TAB 200-125	126	<i>oxycodone hcl tab 10 mg</i>	24
ORLADEYO CAP 110MG	105	<i>oxycodone hcl tab 15 mg</i>	25
ORLADEYO CAP 150MG	105	<i>oxycodone hcl tab 20 mg</i>	25
<i>orphenadrine citrate tab er 12hr 100</i>		<i>oxycodone hcl tab 30 mg</i>	25
<i>mg</i>	115	<i>oxycodone hcl tab 5 mg</i>	24
<i>oseltamivir phosphate cap 30 mg (base</i>		<i>oxycodone hcl tab er 12hr deter 10 mg</i>	
<i>equiv)</i>	77	.....	25
<i>oseltamivir phosphate cap 45 mg (base</i>		<i>oxycodone hcl tab er 12hr deter 15 mg</i>	
<i>equiv)</i>	77	.....	25
<i>oseltamivir phosphate cap 75 mg (base</i>		<i>oxycodone hcl tab er 12hr deter 20 mg</i>	
<i>equiv)</i>	77	.....	25
<i>oseltamivir phosphate for susp 6</i>		<i>oxycodone hcl tab er 12hr deter 30 mg</i>	
<i>mg/ml (base equiv)</i>	77	.....	25
OSMOPREP TAB 1.5GM	108	<i>oxycodone hcl tab er 12hr deter 40 mg</i>	
OSPHENA TAB 60MG.....	99	.....	25
OTEZLA TAB 10/20/30	22	<i>oxycodone hcl tab er 12hr deter 60 mg</i>	
OTEZLA TAB 30MG	22	.....	25
<i>oxandrolone tab 10 mg</i>	27	<i>oxycodone hcl tab er 12hr deter 80 mg</i>	
<i>oxandrolone tab 2.5 mg</i>	27	.....	25
<i>oxaprozin tab 600 mg</i>	22	<i>oxycodone w/ acetaminophen soln 5-</i>	
<i>oxazepam cap 10 mg.....</i>	31	<i>325 mg/5ml.....</i>	26
<i>oxazepam cap 15 mg.....</i>	31	<i>oxycodone w/ acetaminophen tab 10-</i>	
<i>oxazepam cap 30 mg.....</i>	31	<i>325 mg</i>	26
OXBRYTA TAB 300MG	106	<i>oxycodone w/ acetaminophen tab 2.5-</i>	
OXBRYTA TAB 500MG	106	<i>325 mg</i>	26
<i>oxcarbazepine susp 300 mg/5ml (60</i>		<i>oxycodone w/ acetaminophen tab 5-</i>	
<i>mg/ml)</i>	38	<i>325 mg</i>	26
<i>oxcarbazepine tab 150 mg</i>	38	<i>oxycodone w/ acetaminophen tab 7.5-</i>	
<i>oxcarbazepine tab 300 mg</i>	38	<i>325 mg</i>	26
<i>oxcarbazepine tab 600 mg</i>	38	OXYCONTIN TAB 10MG ER	25
OXERVATE SOL 20MCG/ML.....	119	OXYCONTIN TAB 15MG ER	25
OXTELLAR XR TAB 150MG	38	OXYCONTIN TAB 20MG ER	25

OXYCONTIN TAB 30MG ER25
 OXYCONTIN TAB 40MG ER25
 OXYCONTIN TAB 60MG ER25
 OXYCONTIN TAB 80MG ER25
oxymorphone hcl tab 10 mg25
oxymorphone hcl tab 5 mg25
oxymorphone hcl tab er 12hr 10 mg .25
oxymorphone hcl tab er 12hr 15 mg .25
oxymorphone hcl tab er 12hr 20 mg .25
oxymorphone hcl tab er 12hr 30 mg .25
oxymorphone hcl tab er 12hr 40 mg .25
oxymorphone hcl tab er 12hr 5 mg...25
oxymorphone hcl tab er 12hr 7.5 mg 25
 OZEMPIC INJ 2/1.5ML.....47
 OZEMPIC INJ 2MG/3ML47
 OZEMPIC INJ 4MG/3ML47
 OZEMPIC INJ 8MG/3ML47

P

PALFORZIA CAP ESCALAT20
 PALFORZIA CAP LEVEL 120
 PALFORZIA CAP LEVEL 1020
 PALFORZIA CAP LEVEL 220
 PALFORZIA CAP LEVEL 320
 PALFORZIA CAP LEVEL 420
 PALFORZIA CAP LEVEL 520
 PALFORZIA CAP LEVEL 620
 PALFORZIA CAP LEVEL 720
 PALFORZIA CAP LEVEL 820
 PALFORZIA CAP LEVEL 920
 PALFORZIA POW LEVEL 1120
paliperidone tab er 24hr 1.5 mg71
paliperidone tab er 24hr 3 mg.....71
paliperidone tab er 24hr 6 mg.....71
paliperidone tab er 24hr 9 mg.....71
 PANCREAZE CAP 10500UNT.....96
 PANCREAZE CAP 16800UNT.....96
 PANCREAZE CAP 21000UNT.....96
 PANCREAZE CAP 4200UNIT96
 PANRETIN GEL 0.1%91
pantoprazole sodium ec tab 20 mg
(base equiv) 130
pantoprazole sodium ec tab 40 mg
(base equiv) 130
pantoprazole sodium for delayed
release susp packet 40 mg 130
paricalcitol cap 1 mcg99
paricalcitol cap 2 mcg99

paricalcitol cap 4 mcg99
paromomycin sulfate cap 250 mg.....20
paroxetine hcl oral susp 10 mg/5ml
(base equiv)42
paroxetine hcl tab 10 mg42
paroxetine hcl tab 20 mg42
paroxetine hcl tab 30 mg42
paroxetine hcl tab 40 mg42
paroxetine hcl tab er 24hr 12.5 mg ..42
paroxetine hcl tab er 24hr 25 mg42
paroxetine hcl tab er 24hr 37.5 mg ..43
paroxetine mesylate cap 7.5 mg (base
equiv) 126
 PAXIL SUS 10MG/5ML.....43
 PEAK AIR FLO MIS ADLT/PED 110
peg 3350-kcl-na bicarb-nacl-na sulfate
for soln 236 gm..... 108
peg 3350-kcl-na bicarb-nacl-na sulfate
for soln 240 gm..... 108
peg 3350-kcl-nacl-na sulfate-na
ascorbate-c for soln 100 gm 108
peg 3350-kcl-sod bicarb-nacl for soln
420 gm 108
 PEG-PREP KIT 108
 PEMAZYRE TAB 13.5MG65
 PEMAZYRE TAB 4.5MG65
 PEMAZYRE TAB 9MG65
peniclovir cream 1%92
penicillamine cap 250 mg..... 113
penicillin v potassium for soln 125
mg/5ml..... 121
penicillin v potassium for soln 250
mg/5ml..... 121
penicillin v potassium tab 250 mg .. 121
penicillin v potassium tab 500 mg .. 121
 PENTASA CAP 250MG CR 103
 PENTASA CAP 500MG CR 103
pentazocine w/ naloxone hcl tab 50-0.5
mg27
pentoxifylline tab er 400 mg 105
 PERFOROMIST NEB 20MCG34
perindopril erbumine tab 2 mg54
perindopril erbumine tab 4 mg54
perindopril erbumine tab 8 mg54
permethrin cream 5%.....96
perphenazine tab 16 mg72
perphenazine tab 2 mg72

<i>perphenazine tab 4 mg</i>	72	<i>pilocarpine hcl tab 5 mg</i>	115
<i>perphenazine tab 8 mg</i>	72	<i>pilocarpine hcl tab 7.5 mg</i>	115
<i>perphenazine-amitriptyline tab 2-10</i>		<i>pimecrolimus cream 1%</i>	95
<i>mg</i>	123	<i>pimozide tab 1 mg</i>	124
<i>perphenazine-amitriptyline tab 2-25</i>		<i>pimozide tab 2 mg</i>	124
<i>mg</i>	123	<i>pindolol tab 10 mg</i>	78
<i>perphenazine-amitriptyline tab 4-10</i>		<i>pindolol tab 5 mg</i>	78
<i>mg</i>	123	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	
<i>perphenazine-amitriptyline tab 4-25</i>		.....	47
<i>mg</i>	123	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	
<i>perphenazine-amitriptyline tab 4-50</i>		.....	48
<i>mg</i>	123	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	
PERTZYE CAP 16000U.....	97	.....	48
PERTZYE CAP 8000UNIT.....	97	<i>pioglitazone hcl-glimepiride tab 30-2</i>	
PEXEVA TAB 10MG	43	<i>mg</i>	46
PEXEVA TAB 20MG	43	<i>pioglitazone hcl-glimepiride tab 30-4</i>	
PEXEVA TAB 30MG	43	<i>mg</i>	46
PEXEVA TAB 40MG	43	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>phenelzine sulfate tab 15 mg</i>	42	<i>500 mg</i>	46
<i>phenobarbital elixir 20 mg/5ml</i>	107	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>phenobarbital tab 100 mg</i>	107	<i>850 mg</i>	46
<i>phenobarbital tab 15 mg</i>	107	PIQRAY 200MG TAB DOSE.....	66
<i>phenobarbital tab 16.2 mg</i>	107	PIQRAY 250MG TAB DOSE.....	66
<i>phenobarbital tab 30 mg</i>	107	PIQRAY 300MG TAB DOSE.....	66
<i>phenobarbital tab 32.4 mg</i>	107	<i>pirfenidone cap 267 mg</i>	126
<i>phenobarbital tab 60 mg</i>	107	<i>pirfenidone tab 267 mg</i>	126
<i>phenobarbital tab 64.8 mg</i>	107	<i>pirfenidone tab 534 mg</i>	126
<i>phenobarbital tab 97.2 mg</i>	107	<i>pirfenidone tab 801 mg</i>	126
<i>phenoxybenzamine hcl cap 10 mg</i> ...	55	<i>piroxicam cap 10 mg</i>	22
<i>phenylephrine hcl ophth soln 10%</i> ..	117	<i>piroxicam cap 20 mg</i>	22
<i>phenylephrine hcl ophth soln 2.5%</i> ..	117	<i>podofilox soln 0.5%</i>	95
PHENYTEK CAP 200MG.....	40	<i>polymyxin b-trimethoprim ophth soln</i>	
PHENYTEK CAP 300MG.....	40	<i>10000 unit/ml-0.1%</i>	118
<i>phenytoin chew tab 50 mg</i>	40	POMALYST CAP 1MG.....	63
<i>phenytoin sodium extended cap 100</i>		POMALYST CAP 2MG.....	63
<i>mg</i>	40	POMALYST CAP 3MG.....	63
<i>phenytoin sodium extended cap 200</i>		POMALYST CAP 4MG.....	63
<i>mg</i>	40	PONVORY TAB 20MG	124
<i>phenytoin sodium extended cap 300</i>		PONVORY TAB STARTER.....	124
<i>mg</i>	40	<i>posaconazole susp 40 mg/ml</i>	50
<i>phenytoin susp 125 mg/5ml</i>	40	<i>posaconazole tab delayed release 100</i>	
PHEXXI GEL.....	131	<i>mg</i>	50
<i>phytonadione tab 5 mg</i>	132	<i>pot & sod citrates w/ cit ac soln 550-</i>	
PIFELTRO TAB 100MG.....	75	<i>500-334 mg/5ml</i>	104
<i>pilocarpine hcl ophth soln 1%</i>	117	<i>pot phos monobasic w/sod phos di &</i>	
<i>pilocarpine hcl ophth soln 2%</i>	117	<i>monobas tab 155-852-130mg</i>	112
<i>pilocarpine hcl ophth soln 4%</i>	117	<i>potassium chloride cap er 10 meq</i> ..	112

<i>potassium chloride cap er 8 meq</i>	112	<i>pramipexole dihydrochloride tab er</i>	
<i>potassium chloride microencapsulated</i>		<i>24hr 0.75 mg</i>	69
<i>cryst er tab 10 meq</i>	112	<i>pramipexole dihydrochloride tab er</i>	
<i>potassium chloride microencapsulated</i>		<i>24hr 1.5 mg</i>	69
<i>cryst er tab 15 meq</i>	112	<i>pramipexole dihydrochloride tab er</i>	
<i>potassium chloride microencapsulated</i>		<i>24hr 2.25 mg</i>	69
<i>cryst er tab 20 meq</i>	112	<i>pramipexole dihydrochloride tab er</i>	
<i>potassium chloride oral soln 10% (20</i>		<i>24hr 3 mg</i>	69
<i>meq/15ml)</i>	112	<i>pramipexole dihydrochloride tab er</i>	
<i>potassium chloride oral soln 20% (40</i>		<i>24hr 3.75 mg</i>	69
<i>meq/15ml)</i>	112	<i>pramipexole dihydrochloride tab er</i>	
<i>potassium chloride powder packet 20</i>		<i>24hr 4.5 mg</i>	69
<i>meq</i>	112	PRAMOSONE CRE 1-1%	94
<i>potassium chloride tab er 10 meq</i> ...	112	<i>pramoxine-hc-chloroxylenol otic soln</i>	
<i>potassium chloride tab er 20 meq</i>		<i>10-10-1 mg/ml</i>	120
<i>(1500 mg)</i>	112	<i>prasugrel hcl tab 10 mg (base equiv)</i>	
<i>potassium chloride tab er 8 meq (600</i>		.....	106
<i>mg)</i>	112	<i>prasugrel hcl tab 5 mg (base equiv)</i>	106
<i>potassium citrate & citric acid powder</i>		<i>pravastatin sodium tab 10 mg</i>	53
<i>pack 3300-1002 mg</i>	104	<i>pravastatin sodium tab 20 mg</i>	53
<i>potassium citrate & citric acid soln</i>		<i>pravastatin sodium tab 40 mg</i>	53
<i>1100-334 mg/5ml</i>	104	<i>pravastatin sodium tab 80 mg</i>	53
<i>potassium citrate tab er 10 meq (1080</i>		<i>praziquantel tab 600 mg</i>	28
<i>mg)</i>	104	<i>prazosin hcl cap 1 mg</i>	56
<i>potassium citrate tab er 15 meq (1620</i>		<i>prazosin hcl cap 2 mg</i>	56
<i>mg)</i>	104	<i>prazosin hcl cap 5 mg</i>	56
<i>potassium citrate tab er 5 meq (540</i>		PRED MILD SUS 0.12% OP	119
<i>mg)</i>	104	PRED SOD PHO SOL 1% OP	119
<i>potassium phosphate monobasic tab</i>		<i>prednicarbate oint 0.1%</i>	94
<i>500 mg</i>	112	<i>prednisolone acetate ophth susp 1%</i>	
PRADAXA CAP 110MG	35	.....	119
PRADAXA CAP 150MG	35	<i>prednisolone sod phos orally disintegr</i>	
PRADAXA CAP 75MG	35	<i>tab 10 mg (base eq)</i>	87
<i>pramipexole dihydrochloride tab 0.125</i>		<i>prednisolone sod phos orally disintegr</i>	
<i>mg</i>	69	<i>tab 15 mg (base eq)</i>	87
<i>pramipexole dihydrochloride tab 0.25</i>		<i>prednisolone sod phos orally disintegr</i>	
<i>mg</i>	69	<i>tab 30 mg (base eq)</i>	87
<i>pramipexole dihydrochloride tab 0.5</i>		<i>prednisolone sod phosph oral soln 6.7</i>	
<i>mg</i>	69	<i>mg/5ml (5 mg/5ml base)</i>	87
<i>pramipexole dihydrochloride tab 0.75</i>		<i>prednisolone sod phosphate oral soln</i>	
<i>mg</i>	69	<i>10 mg/5ml (base equiv)</i>	87
<i>pramipexole dihydrochloride tab 1 mg</i>		<i>prednisolone sod phosphate oral soln</i>	
.....	69	<i>15 mg/5ml (base equiv)</i>	87
<i>pramipexole dihydrochloride tab 1.5</i>		<i>prednisolone sod phosphate oral soln</i>	
<i>mg</i>	69	<i>20 mg/5ml (base equiv)</i>	87
<i>pramipexole dihydrochloride tab er</i>		<i>prednisolone sodium phosphate oral</i>	
<i>24hr 0.375 mg</i>	69	<i>soln 25 mg/5ml (base eq)</i>	87

<i>prednisolone soln 15 mg/5ml</i>	87	<i>primidone tab 250 mg</i>	39
<i>prednisolone tab 5 mg</i>	87	<i>primidone tab 50 mg</i>	39
PREDNISONONE CON 5MG/ML	87	PROAIR HFA AER.....	34
<i>prednisone oral soln 5 mg/5ml</i>	87	PROAIR RESPI AER.....	34
<i>prednisone tab 1 mg</i>	87	<i>probenecid tab 500 mg</i>	105
<i>prednisone tab 10 mg</i>	87	<i>prochlorperazine maleate tab 10 mg</i> (base equivalent)	73
<i>prednisone tab 2.5 mg</i>	87	<i>prochlorperazine maleate tab 5 mg</i> (base equivalent)	73
<i>prednisone tab 20 mg</i>	87	<i>prochlorperazine suppos 25 mg</i>	73
<i>prednisone tab 5 mg</i>	87	PROCORT CRE	28
<i>prednisone tab 50 mg</i>	87	PROCTOFOAM AER HC 1%.....	28
<i>prednisone tab therapy pack 10 mg</i> (21).....	88	<i>progesterone cap 100 mg</i>	122
<i>prednisone tab therapy pack 10 mg</i> (48).....	88	<i>progesterone cap 200 mg</i>	122
<i>prednisone tab therapy pack 5 mg (21)</i>	87	PROGESTERONE SUP VGS 100.....	132
<i>prednisone tab therapy pack 5 mg (48)</i>	88	PROGESTERONE SUP VGS 200.....	132
PREFEST TAB.....	100	PROGRAF CAP 0.5MG.....	114
<i>pregabalin cap 100 mg</i>	39	PROGRAF CAP 1MG	114
<i>pregabalin cap 150 mg</i>	39	PROGRAF CAP 5MG	114
<i>pregabalin cap 200 mg</i>	39	PROLENSA SOL 0.07%.....	120
<i>pregabalin cap 225 mg</i>	39	PROMACTA PAK 25MG	106
<i>pregabalin cap 25 mg</i>	38	PROMACTA POW 12.5MG.....	106
<i>pregabalin cap 300 mg</i>	39	PROMACTA TAB 12.5MG.....	106
<i>pregabalin cap 50 mg</i>	39	PROMACTA TAB 25MG	106
<i>pregabalin cap 75 mg</i>	39	PROMACTA TAB 50MG	106
<i>pregabalin soln 20 mg/ml</i>	39	PROMACTA TAB 75MG	106
PREMARIN TAB 0.3MG	101	<i>promethazine & phenylephrine syrup</i> 6.25-5 mg/5ml	88
PREMARIN TAB 0.45MG.....	102	<i>promethazine hcl suppos 12.5 mg</i> ...	50
PREMARIN TAB 0.625MG.....	102	<i>promethazine hcl suppos 25 mg</i>	50
PREMARIN TAB 0.9MG	101	<i>promethazine hcl suppos 50 mg</i>	50
PREMARIN TAB 1.25MG.....	102	<i>promethazine hcl syrup 6.25 mg/5ml</i>	50
PREMARIN VAG CRE 0.625MG.....	131	<i>promethazine hcl tab 12.5 mg</i>	50
PREMPHASE TAB	100	<i>promethazine hcl tab 25 mg</i>	50
PREMPRO TAB.....	101	<i>promethazine hcl tab 50 mg</i>	50
PREMPRO TAB 0.3-1.5	101	<i>promethazine w/ codeine syrup 6.25-</i> <i>10 mg/5ml</i>	88
PREMPRO TAB 0.45-1.5.....	101	<i>promethazine-dm syrup 6.25-15</i> <i>mg/5ml</i>	88
PREMPRO TAB 0.625-5.....	101	<i>promethazine-phenylephrine-codeine</i> <i>syrup 6.25-5-10 mg/5ml</i>	88
PREZISTA TAB 150MG	75	<i>propafenone hcl cap er 12hr 225 mg</i> 31	
PREZISTA TAB 600MG	75	<i>propafenone hcl cap er 12hr 325 mg</i> 31	
PREZISTA TAB 75MG	75	<i>propafenone hcl cap er 12hr 425 mg</i> 31	
PREZISTA TAB 800MG	75	<i>propafenone hcl tab 150 mg</i>	32
PRIFTIN TAB 150MG	60	<i>propafenone hcl tab 225 mg</i>	32
<i>primaquine phosphate tab 26.3 mg (15</i> <i>mg base)</i>	59	<i>propafenone hcl tab 300 mg</i>	32
PRIMAQUINE TAB 26.3MG	59		

propracaine hcl ophth soln 0.5% ..118
propranolol hcl cap er 24hr 120 mg ..78
propranolol hcl cap er 24hr 160 mg ..78
propranolol hcl cap er 24hr 60 mg78
propranolol hcl cap er 24hr 80 mg78
propranolol hcl oral soln 20 mg/5ml..78
propranolol hcl oral soln 40 mg/5ml..78
propranolol hcl tab 10 mg78
propranolol hcl tab 20 mg78
propranolol hcl tab 40 mg78
propranolol hcl tab 60 mg78
propranolol hcl tab 80 mg78
propylthiouracil tab 50 mg.....127
protriptyline hcl tab 10 mg45
protriptyline hcl tab 5 mg45
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml88
PULMICORT INH 180MCG33
PULMICORT INH 90MCG33
PULMOZYME SOL 1MG/ML126
PURIXAN SUS 20MG/ML61
PYLERA CAP130
pyrazinamide tab 500 mg60
pyridostigmine bromide tab 60 mg ...60
pyridostigmine bromide tab er 180 mg60
pyrimethamine tab 25 mg59
PYRUKYND TAB 20MG106
PYRUKYND TAB 20MGX5MG106
PYRUKYND TAB 50MG106
PYRUKYND TAB 50MGX20M106
PYRUKYND TAB 5MG106
PYRUKYND TAB 5MG TP106

Q

QBRELIS SOL 1MG/ML54
QINLOCK TAB 50MG66
QNASL AER 80MCG.....116
QNASL CHILD SPR 40MCG.....116
QUARTETTE TAB86
QUDEXY XR CAP 100/24HR.....39
QUDEXY XR CAP 150/24HR.....39
QUDEXY XR CAP 200/24HR.....39
QUDEXY XR CAP 25/24HR39
QUDEXY XR CAP 50/24HR39
quetiapine fumarate tab 100 mg72
quetiapine fumarate tab 200 mg72
quetiapine fumarate tab 25 mg72

quetiapine fumarate tab 300 mg72
quetiapine fumarate tab 400 mg72
quetiapine fumarate tab 50 mg72
quetiapine fumarate tab er 24hr 150 mg72
quetiapine fumarate tab er 24hr 200 mg72
quetiapine fumarate tab er 24hr 300 mg72
quetiapine fumarate tab er 24hr 400 mg72
quetiapine fumarate tab er 24hr 50 mg72
QUILLIVANT SUS 25MG/5ML.....20
quinapril hcl tab 10 mg54
quinapril hcl tab 20 mg54
quinapril hcl tab 40 mg54
quinapril hcl tab 5 mg54
quinapril-hydrochlorothiazide tab 10-12.5 mg58
quinapril-hydrochlorothiazide tab 20-12.5 mg58
quinapril-hydrochlorothiazide tab 20-25 mg58
quinidine gluconate tab er 324 mg ...31
quinine sulfate cap 324 mg59
QULIPTA TAB 10MG110
QULIPTA TAB 30MG110
QULIPTA TAB 60MG111
QVAR REDIIHA AER 80MCG33
QVAR REDIIHAL AER 40MCG.....33

R

rabeprazole sodium ec tab 20 mg...130
RADICAVA ORS SUS 105/5ML.....116
RADICAVA ORS SUS STARTER116
raloxifene hcl tab 60 mg99
ramelteon tab 8 mg.....108
ramipril cap 1.25 mg55
ramipril cap 10 mg55
ramipril cap 2.5 mg55
ramipril cap 5 mg55
ranolazine tab er 12hr 1000 mg29
ranolazine tab er 12hr 500 mg29
RAPAMUNE SOL 1MG/ML114
RAPAMUNE TAB 0.5MG114
RAPAMUNE TAB 1MG114
RAPAMUNE TAB 2MG114

<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	70	<i>risperidone orally disintegrating tab 1 mg</i>	71
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	70	<i>risperidone orally disintegrating tab 2 mg</i>	71
RAVICTI LIQ 1.1GM/ML	99	<i>risperidone orally disintegrating tab 3 mg</i>	71
RECORLEV TAB 150MG	98	<i>risperidone orally disintegrating tab 4 mg</i>	71
RECTIV OIN 0.4%	28	<i>risperidone soln 1 mg/ml</i>	71
REGRANEX GEL 0.01%.....	96	<i>risperidone tab 0.25 mg</i>	71
RELENZA MIS DISKHALE	77	<i>risperidone tab 0.5 mg</i>	71
RELION TES KETONE	96	<i>risperidone tab 1 mg</i>	71
RELYVRIO PAK 3-1GM.....	116	<i>risperidone tab 2 mg</i>	71
<i>repaglinide tab 0.5 mg</i>	48	<i>risperidone tab 3 mg</i>	71
<i>repaglinide tab 1 mg</i>	48	<i>risperidone tab 4 mg</i>	71
<i>repaglinide tab 2 mg</i>	48	RITALIN LA CAP 10MG	20
RETEVMO CAP 40MG.....	66	RITALIN LA CAP 20MG	20
RETEVMO CAP 80MG.....	66	RITALIN LA CAP 30MG	20
REVLIMID CAP 10MG	113	RITALIN LA CAP 40MG	20
REVLIMID CAP 15MG	113	<i>ritonavir tab 100 mg</i>	75
REVLIMID CAP 2.5MG	113	<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	123
REVLIMID CAP 20MG	113	<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	123
REVLIMID CAP 25MG	113	<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	123
REVLIMID CAP 5MG.....	113	<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	123
REZLIDHIA CAP 150MG	66	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	123
REZUROCK TAB 200MG.....	113	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	123
RHOPRESSA SOL 0.02%	118	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	123
<i>ribavirin cap 200 mg</i>	76	<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	111
<i>ribavirin tab 200 mg</i>	76	<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	111
<i>rifabutin cap 150 mg</i>	60	<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	111
<i>rifampin cap 150 mg</i>	60	<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	111
<i>rifampin cap 300 mg</i>	60	ROCKLATAN DRO	118
<i>riluzole tab 50 mg</i>	116	<i>roflumilast tab 250 mcg</i>	32
<i>rimantadine hydrochloride tab 100 mg</i>	77	<i>roflumilast tab 500 mcg</i>	32
RINVOQ TAB 15MG ER	21	<i>ropinirole hydrochloride tab 0.25 mg</i> 69	
RINVOQ TAB 30MG ER	21	<i>ropinirole hydrochloride tab 0.5 mg</i> ..	69
RINVOQ TAB 45MG ER	21		
<i>risedronate sodium tab 150 mg</i>	98		
<i>risedronate sodium tab 30 mg</i>	98		
<i>risedronate sodium tab 35 mg</i>	98		
<i>risedronate sodium tab 5 mg</i>	98		
<i>risedronate sodium tab delayed release 35 mg</i>	98		
<i>risperidone orally disintegrating tab 0.25 mg</i>	71		
<i>risperidone orally disintegrating tab 0.5 mg</i>	71		

<i>ropinirole hydrochloride tab 1 mg</i>	69	<i>sapropterin dihydrochloride powder</i>	
<i>ropinirole hydrochloride tab 2 mg</i>	69	<i>packet 100 mg</i>	99
<i>ropinirole hydrochloride tab 3 mg</i>	69	<i>sapropterin dihydrochloride powder</i>	
<i>ropinirole hydrochloride tab 4 mg</i>	69	<i>packet 500 mg</i>	99
<i>ropinirole hydrochloride tab 5 mg</i>	69	<i>sapropterin dihydrochloride tab 100 mg</i>	
<i>ropinirole hydrochloride tab er 24hr 12</i>		.....	99
<i>mg (base equivalent)</i>	70	SAVELLA MIS TITR PAK.....	123
<i>ropinirole hydrochloride tab er 24hr 2</i>		SAVELLA TAB 100MG.....	123
<i>mg (base equivalent)</i>	69	SAVELLA TAB 12.5MG.....	123
<i>ropinirole hydrochloride tab er 24hr 4</i>		SAVELLA TAB 25MG.....	123
<i>mg (base equivalent)</i>	69	SAVELLA TAB 50MG.....	123
<i>ropinirole hydrochloride tab er 24hr 6</i>		SCEMBLIX TAB 20MG.....	66
<i>mg (base equivalent)</i>	69	SCEMBLIX TAB 40MG.....	66
<i>ropinirole hydrochloride tab er 24hr 8</i>		<i>scopolamine td patch 72hr 1 mg/3days</i>	
<i>mg (base equivalent)</i>	70	.....	49
<i>rosuvastatin calcium tab 10 mg</i>	53	SEBUDERM GEL	95
<i>rosuvastatin calcium tab 20 mg</i>	53	<i>selegiline hcl cap 5 mg</i>	70
<i>rosuvastatin calcium tab 40 mg</i>	53	<i>selegiline hcl tab 5 mg</i>	70
<i>rosuvastatin calcium tab 5 mg</i>	53	<i>selenium sulfide lotion 2.5%</i>	92
ROZLYTREK CAP 100MG.....	66	SELZENTRY SOL 20MG/ML	75
ROZLYTREK CAP 200MG.....	66	SELZENTRY TAB 150MG	75
RUBRACA TAB 200MG.....	66	SELZENTRY TAB 25MG.....	75
RUBRACA TAB 250MG.....	66	SELZENTRY TAB 300MG	75
RUBRACA TAB 300MG.....	66	SELZENTRY TAB 75MG.....	75
<i>rufinamide susp 40 mg/ml</i>	39	<i>sertraline hcl oral concentrate for</i>	
<i>rufinamide tab 200 mg</i>	39	<i>solution 20 mg/ml</i>	43
<i>rufinamide tab 400 mg</i>	39	<i>sertraline hcl tab 100 mg</i>	43
RUZURGI TAB 10MG	60	<i>sertraline hcl tab 25 mg</i>	43
RYBELSUS TAB 14MG	47	<i>sertraline hcl tab 50 mg</i>	43
RYBELSUS TAB 3MG	47	<i>sevelamer carbonate packet 0.8 gm</i> 104	
RYBELSUS TAB 7MG	47	<i>sevelamer carbonate packet 2.4 gm</i> 104	
RYDAPT CAP 25MG	66	<i>sevelamer carbonate tab 800 mg</i> ...	104
RYTARY CAP 145MG	70	<i>sevelamer hcl tab 400 mg</i>	104
RYTARY CAP 195MG	70	<i>sevelamer hcl tab 800 mg</i>	104
RYTARY CAP 245MG	70	SFROWASA ENE 4GM.....	103
RYTARY CAP 95MG	70	SHUR-SEAL GEL 2%	131
S		SIKLOS TAB 100MG.....	106
SAFYRAL TAB.....	86	<i>sildenafil citrate for suspension 10</i>	
SAMSCA TAB 15MG	100	<i>mg/ml</i>	82
SAMSCA TAB 30MG	100	<i>sildenafil citrate tab 20 mg</i>	82
SANCUSO DIS 3.1MG	49	SILENOR TAB 3MG	107
SANDIMMUNE CAP 100MG.....	114	SILENOR TAB 6MG	107
SANDIMMUNE CAP 25MG	114	<i>silodosin cap 4 mg</i>	104
SANTYL OIN 250/GM	94	<i>silodosin cap 8 mg</i>	104
SAPHRIS SUB 10MG	72	<i>silver sulfadiazine cream 1%</i>	92
SAPHRIS SUB 2.5MG	72	SIMBRINZA SUS 1-0.2%.....	117
SAPHRIS SUB 5MG	72	<i>simvastatin tab 10 mg</i>	53

<i>simvastatin tab 20 mg</i>	53	SORILUX AER 0.005%	91
<i>simvastatin tab 40 mg</i>	53	<i>sotalol hcl (afib/af) tab 120 mg</i>	78
<i>simvastatin tab 5 mg</i>	53	<i>sotalol hcl (afib/af) tab 160 mg</i>	78
<i>simvastatin tab 80 mg</i>	53	<i>sotalol hcl (afib/af) tab 80 mg</i>	78
<i>sirolimus oral soln 1 mg/ml</i>	114	<i>sotalol hcl tab 120 mg</i>	78
<i>sirolimus tab 0.5 mg</i>	114	<i>sotalol hcl tab 160 mg</i>	78
<i>sirolimus tab 1 mg</i>	114	<i>sotalol hcl tab 240 mg</i>	78
<i>sirolimus tab 2 mg</i>	114	<i>sotalol hcl tab 80 mg</i>	78
SLYND TAB 4MG.....	86	<i>spinosad susp 0.9%</i>	96
SOD OXYBATE SOL 500MG/ML.....	122	SPIRIVA AER 1.25MCG.....	32
<i>sod sulfate-pot sulf-mg sulf oral sol</i>		SPIRIVA CAP HANDIHLR	32
<i>17.5-3.13-1.6 gm/177ml</i>	108	SPIRIVA SPR 2.5MCG	32
<i>sodium chloride soln nebu 0.9%</i>	88	<i>spironolactone & hydrochlorothiazide</i>	
<i>sodium chloride soln nebu 10%</i>	89	<i>tab 25-25 mg</i>	97
<i>sodium chloride soln nebu 3%</i>	89	<i>spironolactone tab 100 mg</i>	98
<i>sodium chloride soln nebu 7%</i>	89	<i>spironolactone tab 25 mg</i>	98
<i>sodium citrate & citric acid soln 500-</i>		<i>spironolactone tab 50 mg</i>	98
<i>334 mg/5ml</i>	104	SPORANOX SOL 10MG/ML	50
<i>sodium fluoride chew tab 0.25 mg f</i>		SPRYCEL TAB 100MG.....	66
<i>(from 0.55 mg naf)</i>	112	SPRYCEL TAB 140MG.....	66
<i>sodium fluoride chew tab 0.5 mg f</i>		SPRYCEL TAB 20MG.....	66
<i>(from 1.1 mg naf)</i>	112	SPRYCEL TAB 50MG.....	66
<i>sodium fluoride chew tab 1 mg f (from</i>		SPRYCEL TAB 70MG.....	66
<i>2.2 mg naf)</i>	112	SPRYCEL TAB 80MG.....	66
<i>sodium fluoride soln 0.125 mg/drop f</i>		SSKI SOL 1GM/ML.....	88
<i>(0.275 mg/drop naf)</i>	112	<i>stannous fluoride conc 0.63%</i>	115
<i>sodium fluoride soln 0.5 mg/ml f (from</i>		<i>stavudine cap 15 mg</i>	75
<i>1.1 mg/ml naf)</i>	112	<i>stavudine cap 20 mg</i>	75
<i>sodium fluoride tab 0.5 mg f (from 1.1</i>		<i>stavudine cap 30 mg</i>	75
<i>mg naf)</i>	112	<i>stavudine cap 40 mg</i>	75
<i>sodium fluoride tab 1 mg f (from 2.2</i>		STIMATE SOL 1.5MG/ML	100
<i>mg naf)</i>	112	STIOLTO AER 2.5-2.5	34
<i>sodium phenylbutyrate oral powder 3</i>		STIVARGA TAB 40MG	66
<i>gm/teaspoonful</i>	99	STRATA CTX GEL	95
<i>sodium phenylbutyrate tab 500 mg</i> ..	99	STRATA MARK GEL.....	95
<i>sodium polystyrene sulfonate oral susp</i>		STRATA XRT GEL.....	95
<i>15 gm/60ml</i>	114	STRIBILD TAB.....	75
<i>solifenacin succinate tab 10 mg</i>	130	STRIVERDI AER 2.5MCG	34
<i>solifenacin succinate tab 5 mg</i>	130	<i>sucralfate susp 1 gm/10ml</i>	129
SOLIQUA INJ 100/33	46	<i>sucralfate tab 1 gm</i>	129
SOLODYN TAB 105MG.....	127	<i>sulconazole nitrate solution 1%</i>	91
SOLODYN TAB 115MG.....	127	<i>sulfacetamide sodium lotion 10%</i>	
SOLODYN TAB 55MG	127	<i>(acne)</i>	90
SOLODYN TAB 65MG	127	<i>sulfacetamide sodium ophth oint 10%</i>	
SOLODYN TAB 80MG	127	.....	118
<i>sorafenib tosylate tab 200 mg (base</i>		<i>sulfacetamide sodium ophth soln 10%</i>	
<i>equivalent)</i>	66	.....	118

sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 119
sulfadiazine tab 500 mg 126
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....28
sulfamethoxazole-trimethoprim tab 400-80 mg28
sulfamethoxazole-trimethoprim tab 800-160 mg.....28
 SULFAMYLON CRE 85MG/GM92
sulfasalazine tab 500 mg..... 103
sulfasalazine tab delayed release 500 mg 103
sulindac tab 150 mg22
sulindac tab 200 mg22
sumatriptan nasal spray 20 mg/act 111
sumatriptan nasal spray 5 mg/act ..111
sumatriptan succinate inj 6 mg/0.5ml 111
sumatriptan succinate solution auto-injector 4 mg/0.5ml..... 111
sumatriptan succinate solution auto-injector 6 mg/0.5ml..... 111
sumatriptan succinate solution cartridge 4 mg/0.5ml 111
sumatriptan succinate solution cartridge 6 mg/0.5ml 111
sumatriptan succinate tab 100 mg..111
sumatriptan succinate tab 25 mg ..111
sumatriptan succinate tab 50 mg ..111
sunitinib malate cap 12.5 mg (base equivalent)66
sunitinib malate cap 25 mg (base equivalent)66
sunitinib malate cap 37.5 mg (base equivalent)66
sunitinib malate cap 50 mg (base equivalent)66
 SUNOSI TAB 150MG18
 SUNOSI TAB 75MG18
 SUPRAX CAP 400MG84
 SUPRAX CHW 100MG.....84
 SUPRAX CHW 200MG.....84
 SUPRAX SUS 100/5ML84
 SUPRAX SUS 200/5ML84
 SUPRAX SUS 500/5ML84
 SUPREP BOWEL SOL PREP KIT 108

SUSTIVA CAP 200MG.....75
 SUSTIVA CAP 50MG.....75
 SUSTIVA TAB 600MG.....75
 SUTENT CAP 12.5MG66
 SUTENT CAP 25MG.....66
 SUTENT CAP 37.5MG66
 SUTENT CAP 50MG.....66
 SYMBICORT AER 160-4.534
 SYMBICORT AER 80-4.534
 SYMDEKO TAB 100-150126
 SYMDEKO TAB 50-75MG126
 SYMLINPEN 60 INJ 1000MCG.....45
 SYMLINPEN 120 INJ 1000MCG45
 SYMPROIC TAB 0.2MG103
 SYMTUZA TAB.....75
 SYNAREL SOL 2MG/ML.....99
 SYNJARDY TAB46
 SYNJARDY TAB 12.5-500.....46
 SYNJARDY TAB 5-1000MG.....46
 SYNJARDY TAB 5-500MG.....46
 SYNJARDY XR TAB.....46
 SYNJARDY XR TAB 10-1000.....46
 SYNJARDY XR TAB 25-1000.....46
 SYNJARDY XR TAB 5-1000MG46
 SYNTHROID TAB 100MCG128
 SYNTHROID TAB 112MCG128
 SYNTHROID TAB 125MCG128
 SYNTHROID TAB 137MCG128
 SYNTHROID TAB 150MCG128
 SYNTHROID TAB 175MCG128
 SYNTHROID TAB 200MCG128
 SYNTHROID TAB 25MCG128
 SYNTHROID TAB 300MCG128
 SYNTHROID TAB 50MCG128
 SYNTHROID TAB 75MCG128
 SYNTHROID TAB 88MCG128

T

TABLOID TAB 40MG61
 TABRECTA TAB 150MG66
 TABRECTA TAB 200MG66
 TACLONEX SUS.....94
tacrolimus cap 0.5 mg 114
tacrolimus cap 1 mg 114
tacrolimus cap 5 mg 114
tacrolimus oint 0.03%95
tacrolimus oint 0.1%95
tadalafil tab 2.5 mg81

<i>tadalafil tab 20 mg (pah)</i>	83	TEKTURNA HCT TAB 300-25MG	.....58
<i>tadalafil tab 5 mg</i>	81	<i>telmisartan tab 20 mg</i>	55
TADLIQ SUS 20MG/5ML	83	<i>telmisartan tab 40 mg</i>	55
TAFINLAR CAP 50MG	66	<i>telmisartan tab 80 mg</i>	55
TAFINLAR CAP 75MG	66	<i>telmisartan-amlodipine tab 40-10 mg</i>	
<i>tafluprost preservative free (pf) ophth</i>		.....	58
<i>soln 0.0015%</i>	120	<i>telmisartan-amlodipine tab 40-5 mg</i>	58
TAGRISSO TAB 40MG	61	<i>telmisartan-amlodipine tab 80-10 mg</i>	
TAGRISSO TAB 80MG	61	.....	58
TALZENNA CAP 0.25MG	66	<i>telmisartan-amlodipine tab 80-5 mg</i>	58
TALZENNA CAP 0.5MG	66	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
TALZENNA CAP 0.75MG	66	<i>12.5 mg</i>	58
TALZENNA CAP 1MG	66	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>tamoxifen citrate tab 10 mg (base</i>		<i>12.5 mg</i>	58
<i>equivalent)</i>	62	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>tamoxifen citrate tab 20 mg (base</i>		<i>25 mg</i>	58
<i>equivalent)</i>	62	<i>temazepam cap 15 mg</i>	107
<i>tamsulosin hcl cap 0.4 mg</i>	104	<i>temazepam cap 22.5 mg</i>	107
TARCEVA TAB 100MG	62	<i>temazepam cap 30 mg</i>	107
TARCEVA TAB 150MG	62	<i>temazepam cap 7.5 mg</i>	107
TARCEVA TAB 25MG	61	TEMODAR CAP 100MG	60
TARGRETIN CAP 75MG.....	67	TEMODAR CAP 140MG	60
TASIGNA CAP 150MG.....	67	TEMODAR CAP 180MG	60
TASIGNA CAP 200MG.....	67	TEMODAR CAP 250MG	60
TASIGNA CAP 50MG	66	<i>temozolomide cap 100 mg</i>	60
<i>tasimelteon capsule 20 mg</i>	108	<i>temozolomide cap 140 mg</i>	60
TASMAR TAB 100MG.....	68	<i>temozolomide cap 180 mg</i>	60
TAVALISSE TAB 100MG.....	105	<i>temozolomide cap 20 mg</i>	60
TAVALISSE TAB 150MG.....	105	<i>temozolomide cap 250 mg</i>	60
TAVNEOS CAP 10MG.....	105	<i>temozolomide cap 5 mg</i>	60
TAZAROTENE AER 0.1%.....	90	<i>tenofovir disoproxil fumarate tab 300</i>	
<i>tazarotene cream 0.1%</i>	91	<i>mg</i>	75
<i>tazarotene gel 0.05%</i>	91	TEPMETKO TAB 225MG	67
<i>tazarotene gel 0.1%</i>	91	<i>terazosin hcl cap 1 mg (base</i>	
TAZORAC CRE 0.05%	91	<i>equivalent)</i>	56
TAZORAC CRE 0.1%	91	<i>terazosin hcl cap 10 mg (base</i>	
TAZORAC GEL 0.05%	92	<i>equivalent)</i>	56
TAZORAC GEL 0.1%	92	<i>terazosin hcl cap 2 mg (base</i>	
TAZVERIK TAB 200MG	67	<i>equivalent)</i>	56
TEGRETOL SUS 100/5ML.....	39	<i>terazosin hcl cap 5 mg (base</i>	
TEGRETOL TAB 200MG.....	39	<i>equivalent)</i>	56
TEGRETOL-XR TAB 100MG	39	<i>terbinafine hcl tab 250 mg</i>	50
TEGRETOL-XR TAB 200MG	39	<i>terbutaline sulfate tab 2.5 mg</i>	34
TEGRETOL-XR TAB 400MG	39	<i>terbutaline sulfate tab 5 mg</i>	34
TEKTURNA HCT TAB 150-12.5.....	58	<i>terconazole vaginal cream 0.4%</i>	131
TEKTURNA HCT TAB 150-25MG.....	58	<i>terconazole vaginal cream 0.8%</i>	131
TEKTURNA HCT TAB 300-12.5.....	58	<i>terconazole vaginal suppos 80 mg</i> ..	131

<i>teriflunomide tab 14 mg</i>	124	<i>tiagabine hcl tab 2 mg</i>	40
<i>teriflunomide tab 7 mg</i>	124	<i>tiagabine hcl tab 4 mg</i>	40
<i>testosterone td gel 10mg/act (2%)</i> ...	27	TIBSOVO TAB 250MG	67
<i>testosterone td gel 12.5 mg/act (1%)</i>	27	<i>timolol maleate ophth gel forming soln</i> <i>0.25%</i>	117
<i>testosterone td gel 20.25 mg/1.25gm</i> <i>(1.62%)</i>	27	<i>timolol maleate ophth gel forming soln</i> <i>0.5%</i>	117
<i>testosterone td gel 20.25 mg/act</i> <i>(1.62%)</i>	27	<i>timolol maleate ophth soln 0.25%</i> ..	117
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	27	<i>timolol maleate ophth soln 0.5%</i>	117
<i>testosterone td gel 40.5 mg/2.5gm</i> <i>(1.62%)</i>	27	<i>timolol maleate ophth soln 0.5%</i> <i>(once-daily)</i>	117
<i>testosterone td gel 50 mg/5gm (1%)</i>	27	<i>timolol maleate preservative free ophth</i> <i>soln 0.25%</i>	117
<i>testosterone td soln 30 mg/act</i>	27	<i>timolol maleate preservative free ophth</i> <i>soln 0.5%</i>	117
<i>tetrabenazine tab 12.5 mg</i>	124	<i>timolol maleate tab 10 mg</i>	78
<i>tetrabenazine tab 25 mg</i>	124	<i>timolol maleate tab 20 mg</i>	78
<i>tetracaine hcl ophth soln 0.5%</i>	119	<i>timolol maleate tab 5 mg</i>	78
<i>tetracycline hcl cap 250 mg</i>	127	TIMOPTIC OCU SOL 0.25% OP.....	117
<i>tetracycline hcl cap 500 mg</i>	127	TIMOPTIC OCU SOL 0.5% OP.....	117
THALOMID CAP 100MG	113	<i>tinidazole tab 250 mg</i>	28
THALOMID CAP 150MG	113	<i>tinidazole tab 500 mg</i>	28
THALOMID CAP 200MG	113	<i>tiopronin tab 100 mg</i>	104
THALOMID CAP 50MG	113	TIROSINT CAP 100MCG	128
THEO-24 CAP 100MG CR	34	TIROSINT CAP 112MCG	128
THEO-24 CAP 200MG CR	34	TIROSINT CAP 125MCG	128
THEO-24 CAP 300MG CR	34	TIROSINT CAP 137MCG	128
THEO-24 CAP 400MG ER	35	TIROSINT CAP 13MCG	128
<i>theophylline elixir 80 mg/15ml</i>	35	TIROSINT CAP 150MCG	129
<i>theophylline soln 80 mg/15ml</i>	35	TIROSINT CAP 175MCG	129
<i>theophylline tab er 12hr 300 mg</i>	35	TIROSINT CAP 200	129
<i>theophylline tab er 12hr 450 mg</i>	35	TIROSINT CAP 25MCG	128
<i>theophylline tab er 24hr 400 mg</i>	35	TIROSINT CAP 50MCG	128
<i>theophylline tab er 24hr 600 mg</i>	35	TIROSINT CAP 75MCG	128
THIOLA EC TAB 100MG	104	TIROSINT CAP 88MCG	128
THIOLA EC TAB 300MG	104	TIVICAY PD TAB 5MG	75
THIOLA TAB 100MG.....	104	TIVICAY TAB 10MG.....	75
<i>thioridazine hcl tab 10 mg</i>	73	TIVICAY TAB 25MG.....	75
<i>thioridazine hcl tab 100 mg</i>	73	TIVICAY TAB 50MG.....	75
<i>thioridazine hcl tab 25 mg</i>	73	<i>tizanidine hcl cap 2 mg (base</i> <i>equivalent)</i>	115
<i>thioridazine hcl tab 50 mg</i>	73	<i>tizanidine hcl cap 4 mg (base</i> <i>equivalent)</i>	115
<i>thiothixene cap 1 mg</i>	73	<i>tizanidine hcl cap 6 mg (base</i> <i>equivalent)</i>	115
<i>thiothixene cap 10 mg</i>	73	<i>tizanidine hcl tab 2 mg (base</i> <i>equivalent)</i>	115
<i>thiothixene cap 2 mg</i>	73		
<i>thiothixene cap 5 mg</i>	73		
<i>tiagabine hcl tab 12 mg</i>	40		
<i>tiagabine hcl tab 16 mg</i>	40		

<i>tizanidine hcl tab 4 mg (base equivalent)</i>	115	<i>topiramate tab 50 mg</i>	39
TOBI NEB 300/5ML.....	20	<i>toremifene citrate tab 60 mg (base equivalent)</i>	62
TOBI PODHALR CAP 28MG.....	20	<i>toremide tab 10 mg</i>	97
TOBRADEX OIN 0.3-0.1%	119	<i>toremide tab 100 mg</i>	97
TOBRADEX ST SUS 0.3-0.05.....	119	<i>toremide tab 20 mg</i>	97
<i>tobramycin nebu soln 300 mg/4ml</i> ...	20	<i>toremide tab 5 mg</i>	97
<i>tobramycin nebu soln 300 mg/5ml</i> ...	21	TOUJEO MAX INJ 300IU/ML	47
<i>tobramycin ophth soln 0.3%</i>	118	TOUJEO SOLO INJ 300IU/ML	47
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	119	TRACLEER TAB 32MG.....	82
TOBEX OIN 0.3% OP	118	<i>tramadol hcl tab 50 mg</i>	25
<i>tolbutamide tab 500 mg</i>	48	<i>tramadol hcl tab er 24hr 100 mg</i>	25
<i>tolcapone tab 100 mg</i>	68	<i>tramadol hcl tab er 24hr 200 mg</i>	25
<i>tolterodine tartrate cap er 24hr 2 mg</i>	130	<i>tramadol hcl tab er 24hr 300 mg</i>	25
<i>tolterodine tartrate cap er 24hr 4 mg</i>	130	<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	25
<i>tolterodine tartrate tab 1 mg</i>	130	<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	25
<i>tolterodine tartrate tab 2 mg</i>	130	<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	25
<i>tolvaptan tab 15 mg</i>	100	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	26
<i>tolvaptan tab 30 mg</i>	100	<i>trandolapril tab 1 mg</i>	55
TOPAMAX SPR CAP 15MG	39	<i>trandolapril tab 2 mg</i>	55
TOPAMAX SPR CAP 25MG	39	<i>trandolapril tab 4 mg</i>	55
TOPAMAX TAB 100MG.....	39	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	59
TOPAMAX TAB 200MG.....	39	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	59
TOPAMAX TAB 25MG.....	39	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	59
TOPAMAX TAB 50MG.....	39	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	59
<i>topiramate cap er 24hr 100 mg</i>	39	<i>tranexamic acid tab 650 mg</i>	107
<i>topiramate cap er 24hr 200 mg</i>	39	TRANSDERM SC DIS 1MG/3DAY.....	49
<i>topiramate cap er 24hr 25 mg</i>	39	TRANSDERM-SC DIS 1MG/3DAY.....	49
<i>topiramate cap er 24hr 50 mg</i>	39	<i>tranylcypromine sulfate tab 10 mg</i> ...	42
<i>topiramate cap er 24hr sprinkle 100 mg</i>	39	<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> ...	120
<i>topiramate cap er 24hr sprinkle 150 mg</i>	39	<i>trazodone hcl tab 100 mg</i>	43
<i>topiramate cap er 24hr sprinkle 200 mg</i>	39	<i>trazodone hcl tab 150 mg</i>	43
<i>topiramate cap er 24hr sprinkle 25 mg</i>	39	<i>trazodone hcl tab 300 mg</i>	43
<i>topiramate cap er 24hr sprinkle 50 mg</i>	39	<i>trazodone hcl tab 50 mg</i>	43
<i>topiramate sprinkle cap 15 mg</i>	39	TRELEGY AER 100MCG.....	34
<i>topiramate sprinkle cap 25 mg</i>	39	TRELEGY AER 200MCG.....	34
<i>topiramate tab 100 mg</i>	39	TRESIBA FLEX INJ 100UNIT.....	47
<i>topiramate tab 200 mg</i>	39	TRESIBA FLEX INJ 200UNIT.....	47
<i>topiramate tab 25 mg</i>	39		

TRESIBA INJ 100UNIT.....	47	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	73
<i>tretinoin cap 10 mg</i>	67	<i>trifluridine ophth soln 1%</i>	118
<i>tretinoin cream 0.025%</i>	90	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	68
<i>tretinoin cream 0.05%</i>	90	<i>trihexyphenidyl hcl tab 2 mg</i>	68
<i>tretinoin cream 0.1%</i>	90	<i>trihexyphenidyl hcl tab 5 mg</i>	68
<i>tretinoin gel 0.01%</i>	90	TRIJARDY XR TAB	46
<i>tretinoin gel 0.025%</i>	90	TRIKAFTA TAB	126
<i>tretinoin gel 0.05%</i>	90	TRILEPTAL SUS 300MG/5M.....	39
<i>tretinoin microsphere gel 0.04%</i>	90	TRILEPTAL TAB 150MG	40
<i>tretinoin microsphere gel 0.1%</i>	90	TRILEPTAL TAB 300MG	40
TREXALL TAB 10MG.....	61	TRILEPTAL TAB 600MG	40
TREXALL TAB 15MG.....	61	<i>trimethobenzamide hcl cap 300 mg</i> ..	49
TREXALL TAB 5MG.....	61	<i>trimethoprim tab 100 mg</i>	28
TREXALL TAB 7.5MG	61	TRIMETHOPRIM TAB 100MG	28
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	94	TRINTELLIX TAB 10MG	43
<i>triamcinolone acetonide cream 0.025%</i>	94	TRINTELLIX TAB 20MG	43
<i>triamcinolone acetonide cream 0.1%</i> ..	94	TRINTELLIX TAB 5MG	43
<i>triamcinolone acetonide cream 0.5%</i> ..	94	TRIUMEQ PD TAB	75
<i>triamcinolone acetonide dental paste 0.1%</i>	115	TRIUMEQ TAB	75
<i>triamcinolone acetonide lotion 0.025%</i>	94	TROKENDI XR CAP 100MG.....	40
<i>triamcinolone acetonide lotion 0.1%</i> ..	94	TROKENDI XR CAP 200MG.....	40
<i>triamcinolone acetonide oint 0.025%</i> ..	94	TROKENDI XR CAP 25MG	40
<i>triamcinolone acetonide oint 0.05%</i> ..	94	TROKENDI XR CAP 50MG	40
<i>triamcinolone acetonide oint 0.1%</i> ...	94	<i>tropicamide ophth soln 0.5%</i>	117
<i>triamcinolone acetonide oint 0.5%</i> ...	94	<i>tropicamide ophth soln 1%</i>	117
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	97	<i>trospium chloride cap er 24hr 60 mg</i>	131
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	97	<i>trospium chloride tab 20 mg</i>	131
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	97	TRULICITY INJ 0.75/0.5	47
<i>triamterene cap 100 mg</i>	98	TRULICITY INJ 1.5/0.5.....	47
<i>triamterene cap 50 mg</i>	98	TRULICITY INJ 3/0.5.....	47
<i>triazolam tab 0.125 mg</i>	107	TRULICITY INJ 4.5/0.5.....	47
<i>triazolam tab 0.25 mg</i>	107	TRUSELTIQ CAP 100MG	67
TRI-CHLOR LIQ 80%	92	TRUSELTIQ CAP 125MG	67
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	73	TRUSELTIQ CAP 50MG	67
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	73	TRUSELTIQ CAP 75MG	67
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	73	TUKYSA TAB 150MG	61
		TUKYSA TAB 50MG.....	61
		TURALIO CAP 200MG.....	67
		TYBLUME CHW 0.1-0.02.....	86
		TYKERB TAB 250MG	67
		TYVASO DPI POW 16-32-48.....	82
		TYVASO DPI POW 16-32MCG	82
		TYVASO DPI POW 16MCG.....	82
		TYVASO DPI POW 32-48MCG	82

TYVASO DPI POW 32MCG82
 TYVASO DPI POW 48MCG82
 TYVASO DPI POW 64MCG82
 TYVASO REFIL SOL 0.6MG/ML.....82
 TYVASO SOL 0.6MG/ML.....82
 TYVASO START SOL 0.6MG/ML82

U

UKONIQ TAB 200MG67
 UPNEEQ SOL 0.1% 120
 UPTRAVI PACK TAB 200/800.....83
 UPTRAVI TAB 1000MCG83
 UPTRAVI TAB 1200MCG83
 UPTRAVI TAB 1400MCG83
 UPTRAVI TAB 1600MCG83
 UPTRAVI TAB 200MCG83
 UPTRAVI TAB 400MCG83
 UPTRAVI TAB 600MCG83
 UPTRAVI TAB 800MCG83
 urea gel 45%.....94
 ursodiol cap 300 mg 102
 ursodiol tab 250 mg 102
 ursodiol tab 500 mg 102

V

valacyclovir hcl tab 1 gm.....77
 valacyclovir hcl tab 500 mg77
 VALCHLOR GEL 0.016%91
 VALCYTE SOL 50MG/ML75
 valganciclovir hcl for soln 50 mg/ml
 (base equiv)76
 valganciclovir hcl tab 450 mg (base
 equivalent)76
 VALIUM TAB 10MG31
 VALIUM TAB 2MG31
 VALIUM TAB 5MG31
 valproate sodium oral soln 250 mg/5ml
 (base equiv)41
 valproic acid cap 250 mg.....41
 valsartan tab 160 mg.....55
 valsartan tab 320 mg.....55
 valsartan tab 40 mg55
 valsartan tab 80 mg55
 valsartan-hydrochlorothiazide tab 160-
 12.5 mg59
 valsartan-hydrochlorothiazide tab 160-
 25 mg59
 valsartan-hydrochlorothiazide tab 320-
 12.5 mg59

valsartan-hydrochlorothiazide tab 320-
 25 mg59
 valsartan-hydrochlorothiazide tab 80-
 12.5 mg59
 VALTOCO SPR 10MG.....36
 VALTOCO SPR 15MG.....36
 VALTOCO SPR 20MG.....36
 VALTOCO SPR 5MG36
 vancomycin hcl cap 125 mg (base
 equivalent)29
 vancomycin hcl cap 250 mg (base
 equivalent)29
 VANILLA SILQ SUS96
 varenicline tartrate tab 0.5 mg (base
 equiv)125
 varenicline tartrate tab 1 mg (base
 equiv)125
 varenicline tartrate tab 11 x 0.5 mg &
 42 x 1 mg start pack.....125
 VASCEPA CAP 0.5GM51
 VASCEPA CAP 1GM51
 VCF VAGINAL GEL CONTRACE.....131
 VELPHORO CHW 500MG.....104
 VEMLIDY TAB 25MG76
 VENCLEXTA TAB 100MG.....61
 VENCLEXTA TAB 10MG.....61
 VENCLEXTA TAB 50MG.....61
 VENCLEXTA TAB START PK.....61
 venlafaxine hcl cap er 24hr 150 mg
 (base equivalent)44
 venlafaxine hcl cap er 24hr 37.5 mg
 (base equivalent)44
 venlafaxine hcl cap er 24hr 75 mg
 (base equivalent)44
 venlafaxine hcl tab 100 mg (base
 equivalent)44
 venlafaxine hcl tab 25 mg (base
 equivalent)44
 venlafaxine hcl tab 37.5 mg (base
 equivalent)44
 venlafaxine hcl tab 50 mg (base
 equivalent)44
 venlafaxine hcl tab 75 mg (base
 equivalent)44
 venlafaxine hcl tab er 24hr 150 mg
 (base equivalent)44

venlafaxine hcl tab er 24hr 225 mg (base equivalent)44
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)44
venlafaxine hcl tab er 24hr 75 mg (base equivalent)44
 VENTAVIS SOL 10MCG/ML.....82
 VENTAVIS SOL 20MCG/ML.....82
 VENTOLIN HFA AER34
verapamil hcl cap er 24hr 100 mg80
verapamil hcl cap er 24hr 120 mg80
verapamil hcl cap er 24hr 180 mg80
verapamil hcl cap er 24hr 200 mg80
verapamil hcl cap er 24hr 240 mg80
verapamil hcl cap er 24hr 300 mg80
verapamil hcl cap er 24hr 360 mg80
verapamil hcl tab 120 mg80
verapamil hcl tab 40 mg.....80
verapamil hcl tab 80 mg.....80
verapamil hcl tab er 120 mg80
verapamil hcl tab er 180 mg80
verapamil hcl tab er 240 mg80
 VEREGEN OIN 15%90
 VERQUVO TAB 10MG83
 VERQUVO TAB 2.5MG83
 VERQUVO TAB 5MG83
 VERZENIO TAB 100MG.....67
 VERZENIO TAB 150MG.....67
 VERZENIO TAB 200MG.....67
 VERZENIO TAB 50MG67
 VIBERZI TAB 100MG.....103
 VIBERZI TAB 75MG103
 VICTOZA INJ 18MG/3ML.....47
vilazodone hcl tab 10 mg43
vilazodone hcl tab 20 mg43
vilazodone hcl tab 40 mg43
 VIRACEPT TAB 250MG75
 VIRACEPT TAB 625MG75
 VIREAD TAB 150MG.....75
 VIREAD TAB 200MG.....75
 VIREAD TAB 250MG.....75
 VISTOGARD PAK 10GM49
 VITRAKVI CAP 100MG.....67
 VITRAKVI CAP 25MG.....67
 VITRAKVI SOL 20MG/ML67
 VIZIMPRO TAB 15MG62
 VIZIMPRO TAB 30MG62

VIZIMPRO TAB 45MG.....62
 VONJO CAP 100MG.....67
voriconazole for susp 40 mg/ml50
voriconazole tab 200 mg50
voriconazole tab 50 mg50
 VORTEX VALVE MIS CHAMBER 110
 VORTEX/MASK MIS CHILDS..... 110
 VORTEX/MASK MIS TODDLER 110
 VOSEVI TAB76
 VOTRIENT TAB 200MG.....67
 VYNDAMAX CAP 61MG83
 VYNDAQEL CAP 20MG.....83
 VYVANSE CAP 10MG17
 VYVANSE CAP 20MG17
 VYVANSE CAP 30MG17
 VYVANSE CAP 40MG17
 VYVANSE CAP 50MG18
 VYVANSE CAP 60MG18
 VYVANSE CAP 70MG18
 VYZULTA SOL 0.024% 120

W

WAKIX TAB 17.8MG.....18
 WAKIX TAB 4.45MG.....18
warfarin sodium tab 1 mg35
warfarin sodium tab 10 mg.....35
warfarin sodium tab 2 mg35
warfarin sodium tab 2.5 mg.....35
warfarin sodium tab 3 mg35
warfarin sodium tab 4 mg35
warfarin sodium tab 5 mg35
warfarin sodium tab 6 mg35
warfarin sodium tab 7.5 mg.....35
 WELIREG TAB 40MG63
 WIDE-SEAL DPR KIT 60 109
 WIDE-SEAL DPR KIT 65 109
 WIDE-SEAL DPR KIT 70 109
 WIDE-SEAL DPR KIT 75 109
 WIDE-SEAL DPR KIT 80 109
 WIDE-SEAL DPR KIT 85 109
 WIDE-SEAL DPR KIT 90 109
 WIDE-SEAL DPR KIT 95 109

X

XALKORI CAP 200MG.....67
 XALKORI CAP 250MG.....67
 XARELTO STAR TAB 15/20MG35
 XARELTO SUS 1MG/ML35
 XARELTO TAB 10MG35

XARELTO TAB 15MG	35	ZENPEP CAP 15000UNT.....	97
XARELTO TAB 2.5MG	35	ZENPEP CAP 20000UNT.....	97
XARELTO TAB 20MG	35	ZENPEP CAP 25000UNT.....	97
XATMEP SOL 2.5MG/ML.....	61	ZENPEP CAP 3000UNIT	97
XELJANZ SOL 1MG/ML	21	ZENPEP CAP 40000UNT.....	97
XELJANZ TAB 10MG.....	21	ZENPEP CAP 5000UNIT	97
XELJANZ TAB 5MG.....	21	ZEPOSIA 7DAY CAP STR PACK	124
XELJANZ XR TAB 11MG	21	ZEPOSIA CAP .92MG.....	124
XELJANZ XR TAB 22MG	21	ZEPOSIA CAP STR KIT	124
XELODA TAB 150MG	61	ZIAGEN SOL 20MG/ML.....	75
XELODA TAB 500MG	61	<i>zidovudine cap 100 mg</i>	75
XIFAXAN TAB 200MG	28	<i>zidovudine syrup 10 mg/ml</i>	75
XIFAXAN TAB 550MG	28	<i>zidovudine tab 300 mg</i>	75
XIGDUO XR TAB 10-1000	46	<i>zileuton tab er 12hr 600 mg</i>	32
XIGDUO XR TAB 10-500MG	46	<i>ziprasidone hcl cap 20 mg</i>	70
XIGDUO XR TAB 2.5-1000	46	<i>ziprasidone hcl cap 40 mg</i>	70
XIGDUO XR TAB 5-1000MG	46	<i>ziprasidone hcl cap 60 mg</i>	70
XIGDUO XR TAB 5-500MG	46	<i>ziprasidone hcl cap 80 mg</i>	70
XIIDRA DRO 5%	118	ZIRGAN GEL 0.15%.....	118
XOFLUZA TAB 40MG	77	ZOHYDRO ER CAP 10MG	25
XOFLUZA TAB 80MG	77	ZOHYDRO ER CAP 15MG	25
XOPENEX HFA AER	34	ZOHYDRO ER CAP 20MG	25
XOSPATA TAB 40MG	67	ZOHYDRO ER CAP 30MG	25
XPOVIO PAK 100MG	63	ZOHYDRO ER CAP 40MG	25
XPOVIO PAK 40MG	63	ZOHYDRO ER CAP 50MG	25
XPOVIO PAK 50MG	63	ZOKINVY CAP 50MG	114
XPOVIO PAK 60MG	63	ZOKINVY CAP 75MG	114
XPOVIO PAK 80MG	63	ZOLINZA CAP 100MG.....	67
XTANDI CAP 40MG	62	<i>zolmitriptan nasal spray 2.5 mg/spray</i>	
XTANDI TAB 40MG	62	<i>unit</i>	111
XTANDI TAB 80MG	62	<i>zolmitriptan nasal spray 5 mg/spray</i>	
XULTOPHY INJ 100/3.6	46	<i>unit</i>	112
XYREM SOL 500MG/ML	122	<i>zolmitriptan orally disintegrating tab</i>	
XYWAV SOL 0.5GM/ML.....	122	<i>2.5 mg</i>	112
Y		<i>zolmitriptan orally disintegrating tab 5</i>	
YONSA TAB 125MG.....	62	<i>mg</i>	112
Z		<i>zolmitriptan tab 2.5 mg</i>	112
<i>zafirlukast tab 10 mg</i>	32	<i>zolmitriptan tab 5 mg</i>	112
<i>zafirlukast tab 20 mg</i>	32	<i>zolpidem tartrate sl tab 1.75 mg ...</i>	107
<i>zaleplon cap 10 mg</i>	107	<i>zolpidem tartrate sl tab 3.5 mg</i>	107
<i>zaleplon cap 5 mg</i>	107	<i>zolpidem tartrate tab 10 mg</i>	107
ZARONTIN CAP 250MG	41	<i>zolpidem tartrate tab 5 mg</i>	107
ZARONTIN SOL 250/5ML.....	41	<i>zolpidem tartrate tab er 12.5 mg ...</i>	108
ZEJULA CAP 100MG.....	67	<i>zolpidem tartrate tab er 6.25 mg ...</i>	108
ZELAPAR TAB 1.25MG.....	70	ZONEGRAN CAP 100MG	40
ZELBORAF TAB 240MG.....	67	ZONEGRAN CAP 25MG	40
ZENPEP CAP 10000UNT.....	97	<i>zonisamide cap 100 mg</i>	40

<i>zonisamide cap 25 mg</i>	40	ZUPLENZ MIS 8MG	49
<i>zonisamide cap 50 mg</i>	40	ZYCLARA CRE 3.75%	94
ZORTRESS TAB 1MG	114	ZYCLARA PUMP CRE 2.5%	95
ZORYVE CRE 0.3%	92	ZYCLARA PUMP CRE 3.75%	95
ZOVIRAX CRE 5%	92	ZYDELIG TAB 100MG	67
ZTALMY SUS 50MG/ML	40	ZYDELIG TAB 150MG	67
ZUBSOLV SUB 1.4-0.36	27	ZYKADIA TAB 150MG	67
ZUBSOLV SUB 5.7-1.4	27	ZYLET SUS 0.5-0.3%	119
ZUBSOLV SUB 8.6-2.1	27	ZYTIGA TAB 250MG	62
ZUPLENZ MIS 4MG	49	ZYTIGA TAB 500MG	63