

Table of Contents

INTRODUCTION	11
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	11
DEFINITIONS	11
BENEFIT COVERAGE AND LIMITATIONS.....	12
TRANSITION OF CARE	16
HOW CAN I SAVE MONEY ON PRESCRIPTIONS?	16
HOW CAN I ORDER A FREE DIABETIC METER SYSTEM?	16
MAIL-SERVICE PRESCRIPTIONS	16
MEDICATIONS PRE-PACKAGED AS A 3-MONTH SUPPLY	16
CONTACT INFORMATION	16
LEGEND	17
NOTICE	17
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	18
AMPHETAMINES	18
ANALEPTICS	19
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS.....	19
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)	19
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS	19
STIMULANTS - MISC.....	19
ALLERGENIC EXTRACTS/BIOLOGICALS MISC	20
ALLERGENIC EXTRACTS	20
AMINOGLYCOSIDES.....	20
AMINOGLYCOSIDES.....	20
ANALGESICS - ANTI-INFLAMMATORY	20
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	20
ANTIRHEUMATIC - ENZYME INHIBITORS	21
ANTIRHEUMATIC ANTIMETABOLITES.....	22
INTERLEUKIN-6 RECEPTOR INHIBITORS	22
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	22
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS.....	23
PYRIMIDINE SYNTHESIS INHIBITORS	23
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	23
ANALGESICS - NONNARCOTIC	23
ANALGESIC COMBINATIONS	23
SALICYLATES.....	24
ANALGESICS - OPIOID	24
OPIOID AGONISTS	24
OPIOID COMBINATIONS.....	27
OPIOID PARTIAL AGONISTS.....	28
ANDROGENS-ANABOLIC	29
ANABOLIC STEROIDS	29
ANDROGENS	29
ANORECTAL AND RELATED PRODUCTS	29
INTRARECTAL STEROIDS.....	29

RECTAL COMBINATIONS	29
RECTAL STEROIDS	29
ANTHELMINTICS.....	30
ANTHELMINTICS	30
ANTI-INFECTIVE AGENTS - MISC.....	30
ANTI-INFECTIVE AGENTS - MISC.....	30
ANTI-INFECTIVE MISC. - COMBINATIONS	30
ANTIPROTOZOAL AGENTS	30
GLYCOPEPTIDES	30
LEPROSTATICs	30
LINCOSAMIDES.....	30
OXAZOLIDINONES.....	30
URINARY ANTI-INFECTIVES	30
ANTIANGINAL AGENTS.....	31
ANTIANGINALS-OTHER	31
NITRATES	31
ANTIANXIETY AGENTS	31
ANTIANXIETY AGENTS - MISC.....	31
BENZODIAZEPINES	31
ANTIARRHYTHMICS.....	31
ANTIARRHYTHMICS TYPE I-A	31
ANTIARRHYTHMICS TYPE I-B	32
ANTIARRHYTHMICS TYPE I-C	32
ANTIARRHYTHMICS TYPE III	32
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	32
ANTI-INFLAMMATORY AGENTS	32
ANTIASTHMATIC - MONOCLONAL ANTIBODIES.....	32
BRONCHODILATORS - ANTICHOLINERGICS	32
LEUKOTRIENE MODULATORS	32
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	32
STEROID INHALANTS.....	32
SYMPATHOMIMETICS	33
XANTHINES	34
ANTICOAGULANTS.....	34
COUMARIN ANTICOAGULANTS	34
DIRECT FACTOR XA INHIBITORS	34
HEPARINS AND HEPARINOID-LIKE AGENTS	34
THROMBIN INHIBITORS	35
ANTICONVULSANTS.....	35
AMPA GLUTAMATE RECEPTOR ANTAGONISTS	35
ANTICONVULSANTS - BENZODIAZEPINES.....	35
ANTICONVULSANTS - MISC.	35
CARBAMATES	36
GABA MODULATORS	36
HYDANTOINS.....	37
SUCCINIMIDES	37

VALPROIC ACID	37
ANTIDEPRESSANTS	37
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	37
ANTIDEPRESSANTS - MISC.....	37
MONOAMINE OXIDASE INHIBITORS (MAOIS)	37
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS).....	37
SEROTONIN MODULATORS	38
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS).....	38
TRICYCLIC AGENTS	38
ANTIDIABETICS.....	39
ALPHA-GLUCOSIDASE INHIBITORS.....	39
ANTIDIABETIC - AMYLIN ANALOGS	39
ANTIDIABETIC COMBINATIONS	39
BIGUANIDES	40
DIABETIC OTHER	40
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS.....	40
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	40
INSULIN.....	40
INSULIN SENSITIZING AGENTS.....	41
MEGLITINIDE ANALOGUES	41
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	41
SULFONYLUREAS.....	41
ANTIDIARRHEAL/PROBIOTIC AGENTS	41
ANTIPERISTALTIC AGENTS	41
ANTIDOTES AND SPECIFIC ANTAGONISTS	42
ANTIDOTES - CHELATING AGENTS	42
ANTIDOTES AND SPECIFIC ANTAGONISTS.....	42
OPIOID ANTAGONISTS.....	42
ANTIEMETICS	42
5-HT3 RECEPTOR ANTAGONISTS	42
ANTIEMETICS - ANTICHOLINERGIC.....	42
ANTIEMETICS - MISCELLANEOUS	42
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS.....	42
ANTIFUNGALS	42
ANTIFUNGALS.....	42
IMIDAZOLE-RELATED ANTIFUNGALS	43
ANTIHISTAMINES.....	43
ANTIHISTAMINES - ETHANOLAMINES.....	43
ANTIHISTAMINES - NON-SEDATING.....	43
ANTIHISTAMINES - PHENOTHIAZINES.....	43
ANTIHISTAMINES - PIPERIDINES	43
ANTIHYPERLIPIDEMICS	43
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS.....	43
ANTIHYPERLIPIDEMICS - COMBINATIONS.....	43
ANTIHYPERLIPIDEMICS - MISC.....	44
BILE ACID SEQUESTRANTS.....	44

FIBRIC ACID DERIVATIVES	44
HMG COA REDUCTASE INHIBITORS	44
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	45
NICOTINIC ACID DERIVATIVES	45
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	45
ANTIHYPERTENSIVES.....	45
ACE INHIBITORS	45
AGENTS FOR PHEOCHROMOCYTOMA.....	45
ANGIOTENSIN II RECEPTOR ANTAGONISTS	45
ANTIADRENERGIC ANTIHYPERTENSIVES	46
ANTIHYPERTENSIVE COMBINATIONS	46
DIRECT RENIN INHIBITORS	49
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS).....	49
VASODILATORS	49
ANTIMALARIALS.....	49
ANTIMALARIAL COMBINATIONS	49
ANTIMALARIALS.....	49
ANTIMYASTHENIC/CHOLINERGIC AGENTS.....	49
ANTIMYASTHENIC/CHOLINERGIC AGENTS	49
ANTIMYCOBACTERIAL AGENTS.....	49
ANTIMYCOBACTERIAL AGENTS.....	49
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	50
ALKYLATING AGENTS	50
ANTIMETABOLITES	50
ANTINEOPLASTIC - EGFR INHIBITORS	50
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS	50
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	50
ANTINEOPLASTIC COMBINATIONS	51
ANTINEOPLASTIC ENZYME INHIBITORS.....	51
ANTINEOPLASTICS MISC.....	52
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS.....	52
MITOTIC INHIBITORS	52
ANTIPARKINSON AND RELATED THERAPY AGENTS	52
ANTIPARKINSON ADJUNCTIVE THERAPY	52
ANTIPARKINSON ANTICHOLINERGICS.....	52
ANTIPARKINSON COMT INHIBITORS	52
ANTIPARKINSON DOPAMINERGICS	52
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	53
ANTIPSYCHOTICS/ANTIMANIC AGENTS	54
ANTIMANIC AGENTS	54
ANTIPSYCHOTICS - MISC	54
BENZISOXAZOLES	54
BUTYROPHENONES	54
DIBENZAPINES	54
DIHYDROINDOLONES	55
PHENOTHIAZINES	55

QUINOLINONE DERIVATIVES	55
THIOXANTHENES	55
ANTISEPTICS & DISINFECTANTS.....	55
ANTISEPTICS & DISINFECTANTS	55
ANTIVIRALS	55
ANTIRETROVIRALS	55
CMV AGENTS	57
HEPATITIS AGENTS	57
HERPES AGENTS	58
INFLUENZA AGENTS	58
BETA BLOCKERS	58
ALPHA-BETA BLOCKERS	58
BETA BLOCKERS CARDIO-SELECTIVE	58
BETA BLOCKERS NON-SELECTIVE	59
CALCIUM CHANNEL BLOCKERS	59
CALCIUM CHANNEL BLOCKERS.....	59
CARDIOTONICS	60
CARDIAC GLYCOSIDES	60
CARDIOVASCULAR AGENTS - MISC.....	60
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS	60
PROSTAGLANDIN VASODILATORS	61
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS ..	61
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	61
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	61
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR...	61
SINUS NODE INHIBITORS	61
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)	61
CEPHALOSPORINS	61
CEPHALOSPORINS - 1ST GENERATION	61
CEPHALOSPORINS - 2ND GENERATION	62
CEPHALOSPORINS - 3RD GENERATION	62
CONTRACEPTIVES.....	62
COMBINATION CONTRACEPTIVES - ORAL	62
COMBINATION CONTRACEPTIVES - TRANSDERMAL.....	67
COMBINATION CONTRACEPTIVES - VAGINAL	67
EMERGENCY CONTRACEPTIVES	67
PROGESTIN CONTRACEPTIVES - INJECTABLE	67
PROGESTIN CONTRACEPTIVES - ORAL	67
CORTICOSTEROIDS	68
GLUCOCORTICOSTEROIDS	68
MINERALOCORTICOIDS.....	68
COUGH/COLD/ALLERGY	68
ANTITUSSIVES	68
COUGH/COLD/ALLERGY COMBINATIONS	68
EXPECTORANTS	69
MISC. RESPIRATORY INHALANTS	69

MUCOLYTICS	69
DERMATOLOGICALS.....	69
ACNE PRODUCTS.....	69
ANTI-INFLAMMATORY AGENTS - TOPICAL	71
ANTIBIOTICS - TOPICAL.....	71
ANTIFUNGALS - TOPICAL	71
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	72
ANTIPSORIATICS	72
ANTISEBORRHEIC PRODUCTS	72
ANTIVIRALS - TOPICAL	72
BURN PRODUCTS	73
CORTICOSTEROIDS - TOPICAL.....	73
ECZEMA AGENTS.....	74
EMOLlient/KERATOLYTIC AGENTS.....	74
EMOLLIENTS.....	74
IMMUNOMODULATING AGENTS - TOPICAL	74
IMMUNOSUPPRESSIVE AGENTS - TOPICAL.....	74
KERATOLYTIC/ANTIMITOTIC AGENTS.....	74
LOCAL ANESTHETICS - TOPICAL.....	74
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL.....	75
ROSACEA AGENTS.....	75
SCABICIDES & PEDICULICIDES	75
TAR PRODUCTS.....	75
DIAGNOSTIC PRODUCTS.....	75
DIAGNOSTIC DRUGS	75
DIAGNOSTIC TESTS	75
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS.....	75
NUTRITIONAL SUPPLEMENTS	75
DIGESTIVE AIDS.....	76
DIGESTIVE ENZYMES.....	76
DIURETICS	76
CARBONIC ANHYDRASE INHIBITORS	76
DIURETIC COMBINATIONS	76
LOOP DIURETICS	76
POTASSIUM SPARING DIURETICS.....	76
THIAZIDES AND THIAZIDE-LIKE DIURETICS	77
ENDOCRINE AND METABOLIC AGENTS - MISC.....	77
BONE DENSITY REGULATORS.....	77
GNRH/LHRH ANTAGONISTS	77
GROWTH HORMONES	77
HORMONE RECEPTOR MODULATORS.....	77
METABOLIC MODIFIERS	77
MINERALOCORTICOID RECEPTOR ANTAGONISTS	78
POSTERIOR PITUITARY HORMONES	78
PROGESTERONE RECEPTOR ANTAGONISTS.....	78
PROLACTIN INHIBITORS	78

SOMATOSTATIC AGENTS	78
VASOPRESSIN RECEPTOR ANTAGONISTS	78
ESTROGENS	78
ESTROGEN COMBINATIONS	78
ESTROGENS	79
FLUOROQUINOLONES	79
FLUOROQUINOLONES	79
GASTROINTESTINAL AGENTS - MISC.....	79
GALLSTONE SOLUBILIZING AGENTS	79
GASTROINTESTINAL ANTIALLERGY AGENTS.....	80
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS	80
GASTROINTESTINAL STIMULANTS	80
INFLAMMATORY BOWEL AGENTS	80
INTESTINAL ACIDIFIERS	80
IRRITABLE BOWEL SYNDROME (IBS) AGENTS	80
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS.....	80
PHOSPHATE BINDER AGENTS	80
GENERAL ANESTHETICS.....	81
VOLATILE ANESTHETICS	81
GENITOURINARY AGENTS - MISCELLANEOUS.....	81
ALKALINIZERS	81
CYSTINOSIS AGENTS.....	81
GENITOURINARY IRRIGANTS	81
PROSTATIC HYPERTROPHY AGENTS	81
URINARY ANALGESICS	81
URINARY STONE AGENTS	81
GOUT AGENTS.....	82
GOUT AGENT COMBINATIONS	82
GOUT AGENTS	82
URICOSURICS	82
HEMATOLOGICAL AGENTS - MISC.....	82
ANTIHEMOPHILIC PRODUCTS.....	82
BRADYKININ B2 RECEPTOR ANTAGONISTS	82
COMPLEMENT INHIBITORS	82
HEMATOLOGIC - TYROSINE KINASE INHIBITORS.....	82
HEMATORHEOLOGIC AGENTS	82
PLASMA KALLIKREIN INHIBITORS.....	82
PLATELET AGGREGATION INHIBITORS	82
HEMATOPOIETIC AGENTS	82
AGENTS FOR GAUCHER DISEASE	82
COBALAMINS	83
FOLIC ACID/FOLATES	83
HEMATOPOIETIC GROWTH FACTORS.....	83
HEMATOPOIETIC MIXTURES.....	83
HEMOSTATICS	84
HEMOSTATICS - SYSTEMIC.....	84

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	84
BARBITURATE HYPNOTICS.....	84
HYPNOTICS - TRICYCLIC AGENTS.....	84
NON-BARBITURATE HYPNOTICS	84
OREXIN RECEPTOR ANTAGONISTS	84
SELECTIVE MELATONIN RECEPTOR AGONISTS	84
LAXATIVES	84
LAXATIVE COMBINATIONS.....	84
LAXATIVES - MISCELLANEOUS	85
LUBRICANT LAXATIVES	85
MACROLIDES	85
AZITHROMYCIN.....	85
CLARITHROMYCIN	85
ERYTHROMYCINS	85
FIDAXOMICIN	85
MEDICAL DEVICES AND SUPPLIES.....	85
CONTRACEPTIVES	85
DIABETIC SUPPLIES	85
PARENTERAL THERAPY SUPPLIES	86
MIGRAINE PRODUCTS	87
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG.....	87
SEROTONIN AGONISTS	87
MINERALS & ELECTROLYTES	88
FLUORIDE	88
IODINE PRODUCTS.....	88
PHOSPHATE.....	88
POTASSIUM.....	88
SODIUM	88
MISCELLANEOUS THERAPEUTIC CLASSES.....	89
CHELATING AGENTS	89
IMMUNOMODULATORS	89
IMMUNOSUPPRESSIVE AGENTS.....	89
IRRIGATION SOLUTIONS.....	89
POTASSIUM REMOVING AGENTS	89
MOUTH/THROAT/DENTAL AGENTS.....	90
ANESTHETICS TOPICAL ORAL	90
ANTI-INFECTIVES - THROAT	90
ANTISEPTICS - MOUTH/THROAT	90
STEROIDS - MOUTH/THROAT/DENTAL.....	90
THROAT PRODUCTS - MISC.	90
MULTIVITAMINS.....	90
PED MULTI VITAMINS W/FL & FE	90
PED MV W/ FLUORIDE.....	90
PRENATAL VITAMINS	90
MUSCULOSKELETAL THERAPY AGENTS	91
CENTRAL MUSCLE RELAXANTS	91

DIRECT MUSCLE RELAXANTS	91
VISCOSUPPLEMENTS	91
NASAL AGENTS - SYSTEMIC AND TOPICAL	91
NASAL AGENT COMBINATIONS	91
NASAL ANTIALLERGY	91
NASAL ANTICHOLINERGICS	91
NASAL STEROIDS	91
NEUROMUSCULAR AGENTS	91
ALS AGENTS	91
NUTRIENTS.....	91
PROTEINS	91
OPHTHALMIC AGENTS	92
BETA-BLOCKERS - OPHTHALMIC	92
CYCLOPLEGIC MYDRIATICS	92
MIOtics	92
OPHTHALMIC ADRENERGIC AGENTS	92
OPHTHALMIC ANTI-INFECTIVES	92
OPHTHALMIC IMMUNOMODULATORS	93
OPHTHALMIC INTEGRIN ANTAGONISTS	93
OPHTHALMIC KINASE INHIBITORS	93
OPHTHALMIC LOCAL ANESTHETICS	93
OPHTHALMIC STEROIDS	93
OPHTHALMICS - MISC.....	94
PROSTAGLANDINS - OPHTHALMIC	94
OTIC AGENTS.....	94
OTIC AGENTS - MISCELLANEOUS	94
OTIC ANTI-INFECTIVES.....	94
OTIC COMBINATIONS	94
OTIC STEROIDS	94
OXYTOCICS.....	95
OXYTOCICS	95
PASSIVE IMMUNIZING AND TREATMENT AGENTS	95
IMMUNE SERUMS	95
PENICILLINS	95
AMINOPENICILLINS	95
NATURAL PENICILLINS.....	95
PENICILLIN COMBINATIONS	95
PENICILLINASE-RESISTANT PENICILLINS	95
PROGESTINS	96
PROGESTINS	96
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.....	96
AGENTS FOR CHEMICAL DEPENDENCY	96
ANTI-CATAPECTIC AGENTS	96
ANTIDEMENTIA AGENTS.....	96
COMBINATION PSYCHOTHERAPEUTICS	96
MOVEMENT DISORDER DRUG THERAPY	97

MULTIPLE SCLEROSIS AGENTS	97
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS	98
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.....	98
SMOKING DETERRENTS	98
TRANSTHYRETIN AMYLOIDOSIS AGENTS	99
RESPIRATORY AGENTS - MISC.....	99
ALPHA-PROTEINASE INHIBITOR (HUMAN)	99
PULMONARY FIBROSIS AGENTS	99
TETRACYCLINES	99
TETRACYCLINES.....	99
THYROID AGENTS.....	99
ANTITHYROID AGENTS.....	99
THYROID HORMONES	99
TOXOIDS	100
TOXOID COMBINATIONS	100
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	101
ANTISPASMODICS.....	101
H-2 ANTAGONISTS	101
MISC. ANTI-ULCER	101
PROTON PUMP INHIBITORS	101
ULCER DRUGS - PROSTAGLANDINS	101
ULCER THERAPY COMBINATIONS	102
URINARY ANTISPASMODICS	102
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) ..	102
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS.....	102
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS.....	102
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS	102
VACCINES.....	102
BACTERIAL VACCINES	102
VIRAL VACCINES.....	103
VAGINAL AND RELATED PRODUCTS.....	104
SPERMICIDES	104
VAGINAL ANTI-INFECTIVES	104
VAGINAL CONTRACEPTIVE - PH MODULATORS	104
VAGINAL ESTROGENS.....	104
VAGINAL PROGESTINS.....	104
VASOPRESSORS.....	104
ANAPHYLAXIS THERAPY AGENTS	104
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS	105
VASOPRESSORS.....	105
VITAMINS.....	105
OIL SOLUBLE VITAMINS	105
Index.....	106

INTRODUCTION

The **AvMed Commercial 5-Tier Medication Formulary** was developed to serve as a guide for prescribers, pharmacists, health care professionals and members in the selection of cost-effective medication therapy. AvMed recognizes that medication therapy is an integral part of effective health management. Due to the vast availability of medication options, a reasonable program for medication selection and use is warranted.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The **AvMed Commercial 5-Tier Medication Formulary** is reflective of current medical practice as of the date of review.

The information contained in this **AvMed Commercial 5-Tier Medication Formulary** and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This **AvMed Commercial 5-Tier Medication Formulary** is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the **AvMed Commercial 5-Tier Medication Formulary** is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at <https://www.ahrq.gov/gam/>, on the websites listed under each therapeutic class and on the sites listed in the WEBSITES section of this publication.

The **AvMed Commercial 5-Tier Medication Formulary** is a fluid document, which is continually reviewed and modified. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at www.avmed.org. AvMed welcomes your input and feedback on the information provided in this document.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DEFINITIONS

Brand Medication - A prescription medication that is usually manufactured and sold under a name or trademark by a pharmaceutical manufacturer, or a medication that is identified as a Brand medication by AvMed's Pharmacy Benefits Manager (PBM).

Brand Additional Charge - The additional charge that must be paid if you or your prescriber choose a brand medication when a generic equivalent is available. The charge is the difference between the cost of the brand medication and the generic medication. This charge must be paid in addition to the applicable Non-Preferred brand copay.

Generic Medication - A prescription medication that has the same active ingredient as a brand medication or is identified as a generic medication by AvMed's Pharmacy Benefits Manager. Generic products approved by the United States Food and Drug Administration (FDA) are just as effective and safe as the brand-name products. Generic medications contain identical active ingredients, have the same indication for use, meet the same manufacturing standards, and are identical in strength and dosage form as brand-name medications.

Maintenance Medication - A medication that has been approved by the FDA, for which the duration of therapy can reasonably be expected to exceed one year.

Participating Pharmacy - A pharmacy (retail, mail service, or specialty pharmacy) that has entered into an agreement with AvMed to provide prescription drugs to AvMed members and has been designated by AvMed as a participating pharmacy

Preferred Medication List - The listing of preferred medications based on clinical efficacy, relative safety and cost in comparison to similar medications within a therapeutic class. This multi-tiered list establishes different levels of copay for medications within therapeutic classes. As new medications become available, they may be considered excluded until they have been reviewed by the P&T Committee.

Prescription Medication - A medication that has been approved by the FDA and that can only be dispensed pursuant to a prescription according to state and federal law.

Prior Authorization - The process of obtaining approval for certain prescription drugs (prior to dispensing) according to AvMed's guidelines. The ordering prescriber must obtain approval from AvMed. The list of prescription drugs requiring prior authorization is subject to periodic review and modification by AvMed. To initiate a prior authorization, please visit our website at www.avmed.org to obtain a Medication Exception Request Form (MER).

Progressive Medication Program (Step Therapy) - Medications included in this program require trial of a first-line medication in order for a second-line medication to be covered under your pharmacy benefit. (Coverage for a third-line medication requires trial of one or more first-line **AND** second-line medications.) If for medical reasons you cannot use the first-line medication and require a second-line or third-line medication, your prescriber may request a prior authorization for you to have this medication covered. Certain medications may be grandfathered in for members who are controlled on a second-line or third-line medication.

Self-Administered Injectable Medication - A medication that has been approved by the FDA for self-injection and is administered by subcutaneous injection. Prior authorization is required for all self-administered injectable medications, except Insulin.

Specialty Medication - A self-injectable or high-cost oral medication approved by the FDA. These medications must be prescribed by a physician and dispensed by either a retail or participating specialty pharmacy, depending on the medication. The copayment levels for Specialty Medications apply regardless of provider. This means that you may be responsible for the appropriate copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply

Quantity Limit - Medications included in this program allow a maximum quantity per prescription and/or time period for one copay or coinsurance. Quantity limits are developed based upon FDA approved medication labeling and nationally recognized therapeutic clinical guidelines. If your prescription exceeds the quantity limit, a prior authorization will be required.

BENEFIT COVERAGE AND LIMITATIONS

This medication formulary is for reference purposes only and does not guarantee nor define benefit coverage and limitations. Many members have specific benefits, which are not reflected in the **AvMed Commercial 5-Tier Medication Formulary**. You may contact AvMed's Member Engagement Department regarding any coverage questions by calling the number listed on the back of your card. Please note that the formulary process is dynamic and generally changes throughout the year. These changes typically occur due to, but not limited to, the following reasons: approval of new medications, availability of newly approved generics, changes in clinical data, and medication safety concerns. AvMed is not held responsible for payment in the event that either a medication was omitted or included in error, or that a medication was placed at an incorrect tier on this formulary. The following topics may or may not be applicable to individual members depending on member-specific benefit parameters.

Coverage

Your prescription medication coverage includes medications that require a prescription, are filled by an AvMed participating pharmacy, and are prescribed by your provider in accordance with AvMed's coverage criteria. AvMed reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine coverage of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies

Your retail prescription medication coverage includes up to a 30-day supply of a medication for the listed copay. In most cases, your prescription may be refilled after 75% of your previous fill has been used, and is subject to a maximum of 13 refills per year. Many plans have the opportunity to obtain a 90-day supply of a medication at a retail or mail pharmacy for a reduced amount. Please refer to your specific pharmacy benefits.

Your mail-service prescription medication coverage includes up to a 90-day supply of most medications for the listed copay per your prescription benefits. If the amount of medication is less than a 90-day supply, such as a 75-day supply, you will still be charged the listed mail-service copay per your prescription benefits.

Your specialty medication coverage extends to many self-injectable and high-cost oral medications approved by the FDA. These medications must be ordered by a prescriber and dispensed by a retail or specialty pharmacy, depending on the type of medication. The copayment levels for specialty medications apply regardless of provider. This means that you may be responsible for the appropriate copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity limits are set in accordance with FDA approved prescribing limitations, general practice guidelines supported by medical specialty organizations, and/or evidence-based, statistically valid, clinical studies. This means that a medication-specific quantity limit may apply for medications that have an increased potential for over-utilization or an increased potential for a member to experience an adverse event at higher doses.

Prior Authorization Process

The prior authorization process requires the practitioner to provide information to support a requested exception request. These authorization requests must be submitted to AvMed by fax to 877-535-1391 using the Medication Exception Request Form. The Medication Exception Request Form is available at:

<https://www.avmed.org/documents/20182/1731553/Commercial+MEDICATION+EXCEPTION+REQUEST+FORM+01-2017.pdf/2bb997cd-15e7-4d98-9e57-d5cc4fcd5002>.

Information needed to make coverage determinations of medications requiring prior authorization may include lab values, prescription history, a statement of medical necessity and any other pertinent information to satisfy the established coverage guideline for the requested medication. Coverage determinations will be made within 1-2 business days if authorization is deemed urgent and within 3-5 business days if identified as standard or routine

Member Initiated Prior Authorization Process

Members may request a prior authorization by directly contacting the AvMed Member Engagement Department at the number on their membership card. The member should have the prescriber information (phone number) and any pertinent information related to the request to provide to the Member Engagement Department. Members may also initiate the prior authorization process (Medication Exception) by logging into AvMed.org and then selecting "Benefits", "Physician Referrals & Authorizations" and then selecting the link located under "Prescription Medications".

Quantity Limit Exception

Certain medications allow for a maximum quantity per prescription and/or time period for one copay or coinsurance. Medications with applicable quantity limits are noted on the formulary by "QL". Quantity limits are developed based upon FDA-approved medication labeling and nationally recognized therapeutic clinical guidelines. If a prescription exceeds the quantity limit, the prescriber should provide a statement of medical necessity and request a prior authorization as described on page 6. For a current list of products subject to quantity limits please see our [Quantity Limit](#) web page.

Progressive Medication Program (Step Therapy)

Medications that require Step Therapy are noted on the formulary by "ST". For a current list of products requiring this prior approval please see our [Progressive Medication Program](#) web page.

Non-Formulary Medication Requests

A request for a non-formulary medication requires documentation from the member's medical records and/or prescription claims history verifying the following: statement of medical necessity; contraindications to ALL other formulary alternatives; or therapeutic failure of adequate trials of one to three months of each and ALL other formulary alternatives. Non-formulary requests may be requested by the PRESCRIBER through the prior authorization process as described on page 6.

Tier Description

Each copay tier is assigned an established copayment, which is the amount you pay when you fill a prescription. Consult your benefit documents to determine your specific copayments, coinsurance, and/or deductibles that are part of your plan. You and your doctor decide which medication is most appropriate for you.

- Tier 1 - (Preferred Generics)** - These are preferred generic medications and are in the low range for out-of-pocket expense. You should always consider Tier 1 medications if you and your doctor decide they are appropriate to treat your condition.
- Tier 2 - (Non-Preferred Generics)** - These are non-preferred generic medications- or higher cost generic medications and are in the low to mid-range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 that may be appropriate to treat your condition. If you are currently taking a Tier 2 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
- Tier 3 - (Preferred Brands)** - These are preferred brand medications and are in the mid to higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a Tier 3 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
- Tier 4 - (Non-Preferred Brands)** - These are non-preferred brand medications and are typically the higher range for out-of-pocket expense.
- Tier 5 - (Specialty Medications)** – These are brand- or generic-name specialty medications or high cost medications and are typically the highest out-of-pocket expense. Distribution of specialty medications is limited to our specialty pharmacy

Common Medical Exclusions

Due to benefit design parameters, there could be certain medication classes that are excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications that are specifically excluded by benefit design. Commonly excluded products may include, but are not limited to:

- Over-the-counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing
- Experimental medication products, or any medication product used in an experimental manner
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA)
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill
- Fertility drugs
- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific medications, including fluoride medications for adults
- Prescription and non-prescription vitamins and minerals, except prenatal vitamins
- Nutritional supplements and Medical Foods
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss
- Compounded prescriptions, except pediatric preparations
- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations; allergy serums; medical supplies, including therapeutic devices, dressings, appliances, and support garments; medications administered by the attending physician to treat an acute phase of an illness; and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

AvMed advocates the use of cost-effective generic medications where FDA-labeled brand-equivalent medications are available. A generic medication is approved by the FDA once the manufacturer has proven that it has the same active ingredient(s) as the brand-name medication. Generally, generic medications cost less than brand-name medications. If a member or a prescriber requests a brand-name product in lieu of an approved generic, the member, based upon his/her coverage, will typically be required to pay the Non-Preferred Brand Copay plus the Brand Additional Charge.

Health Care Reform - Preventive Medications

The Patient Protection and Affordable Care Act of 2010 allows members to receive some preventive, evidence-based items and services at no cost to the member with certain stipulations. These items and services include, but are not limited to, certain

medications including: fluoride products for members 5 years of age and under, aspirin for men 50 years of age and older, aspirin for females 12 years of age and older, folic acid for women of childbearing age, iron products for infants age 6 months to 11 months, vitamin D (over-the-counter) products for members 65 years of age or older, certain contraceptives and contraceptive devices for women (see chart below), and tobacco cessation medications (see chart below).

Some of the limitations for receiving these medications at no cost to the member require that: (1) the medication is covered as part of the prescription benefits, (2) a prescription is required, and (3) this coverage will only apply in a retail pharmacy. As new guidance continues to be released for coverage of preventive medications, the list and/or restrictions will be updated accordingly.

Contraceptive Coverage and Cost Share Policy:

Medication Type	Examples	Cost Share
Oral Generics	(multiple)	No cost share
Non-Oral and OTC	etonogestrel/EE ring, norelgestromin/EE, condoms, diaphragms, etc.	No cost share. OTCs require a prescription for coverage.
Other Contraceptive Methods	IUDs, Depo-Provera	No cost share - these are covered under the Medical Benefit because they are administered by a health care professional.
Oral Brands with Generics	Loestrin Fe, Estrostep Fe, Ortho-Novum 7/7/7	Tier 4 Copay plus brand additional charge - can request no cost share if Prior Authorization submitted and medical necessity is established.

Tobacco Cessation Coverage and Cost Share Policy:

Medication Type	Examples	Cost Share
Oral, prescription only	Bupropion SR, Chantix	No cost share. Limit of 168 days' supply per year.
Non-prescription / OTC	Nicotrol inhalers or nasal spray; generic nicotine patches, gums, lozenges	No cost share. Limit of 168 days' supply per year. Prescription from doctor required.
Brands with Generics	Nicorette, Nicoderm CQ	Not covered. Only the generic equivalents are covered.

Opioid Medication Management

To combat the national opioid crisis, the Centers for Disease Control and Prevention's (CDC) *Guideline for Prescribing Opioids for Chronic Pain* updated how health care providers can better manage pain, including safer ways to use opioids. AvMed is taking action based on the CDC guideline to help prevent opioid abuse with our members' utmost safety in mind.

How we help members safely use opioid medication

- Set a coverage limit for up to seven days if you are new to therapy
- Limit opioid medication amounts for new or ongoing therapy covered by your plan
- Ensuring the use of short-acting opioids before using long-acting ones

Balancing risks and benefits

Prescription opioids can manage short-term pain like after a surgery or injury. But, they may not work as well long-term to manage chronic pain. Plus, you're more likely to overdose or become addicted from using opioids for a long time. And overdose can cause serious health problems or even death. Other treatments like exercise or non-opioid pain relievers with less serious risks may be an option. Members should work with their doctor to find the safest ways to best manage their condition.

TRANSITION OF CARE

The Transition-of-Care Form has been developed for newly enrolled members with AvMed who require assistance with transition of care from their previous insurance carrier and their providers. The information provided on this form will help allow for a smooth transition of your medical care to AvMed providers. If any of the medications listed on the Transition-of-Care Form are within our Progressive Medication Program or Prior Authorization Program, AvMed will reach out to your provider/pharmacy to obtain the necessary information. If you have fulfilled the requirements of these programs, an authorization will be placed in the system to allow you to continue to get these medications. If established criteria has not been met, an authorization will be required.

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

Always ask your doctor to consider choosing an appropriate medication from the formulary that is on the lower tier selections, such as Tier 1 or Tier 2. Medications within these tiers have the lowest out-of-pocket cost for you. If you are currently taking a Tier 3 medication, you should consult with your physician to see if there are other medication alternatives that are on a lower tier.

HOW CAN I ORDER A FREE DIABETIC METER SYSTEM?

AvMed members with Diabetes can call CVS Caremark® at 1-877-418-4746 to order a new diabetic meter for free. Meters will be sent directly to the Member. Members may also visit the website Caremark.com/ManagingDiabetes to submit a request electronically or you may review the diabetic meter information located on the AvMed website at www.avmed.org/web/guest/preferred-medication-lists.

AvMed covers the following meters and accompanying test strips:

- OneTouch Verio Reflect® and OneTouch Verio Flex®

Members are limited to one meter system per 365 days. A prescription is REQUIRED to receive a new meter. If you do not have a prescription, you may ask CVS Caremark to obtain one for you when you submit your request.

MAIL-SERVICE PRESCRIPTIONS

Some members can order their prescriptions from a mail-service pharmacy. These members can receive up to a 90-day supply of certain medications through the mail for a specified copayment as outlined in their group benefits plan. Receiving a 90-day supply of medication by mail may prove to be more economical for you. The convenience of mail service may also help you stay compliant with your medications. Simply ask your prescriber to write the prescription(s) for a 90-day supply and submit it with your mail-service request forms to the address listed on the form. You can print the request forms from our website at www.avmed.org. Medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. You should allow up to 14 days for delivery from the time mail service receives the request. (Note: Per federal and/or state law, some controlled substance medications are not available through mail service, with the exception of some Schedule III, IV and V medications.) Prescriptions submitted to mail service for less than a 90-day supply may be returned to the member.

We also offer a program called **FastStart®**, a streamlined process that encourages members to set up mail service delivery. At the member's request, a CVS Caremark pharmacist will fax or call your office to get a prescription for your patient. It's that easy. The member can call 888-963-7290 to initiate mail service through FastStart.

MEDICATIONS PRE-PACKAGED AS A 3-MONTH SUPPLY

Our pharmacy benefit covers some medications that are pre-packaged, dispensed and sold as a 3-Month supply. Members who are prescribed these medications will be charged the applicable tier copayment for a 3-Month supply whether the prescription is filled at retail or through the mail-service option. Examples of medications packaged as 3-Month supplies include: Estring, Femring, and Seasonique. Please consult our website for an up-to-date list of medications or call Member Engagement at the number on the back of your ID card for more information on coverage.

CONTACT INFORMATION

The **AvMed Commercial 5-Tier Medication Formulary** is designed to assist prescribers, members, and other health care professionals in the selection of cost-effective medications. AvMed encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact AvMed's Member Engagement Department by calling the number listed on the back of your card.

For additional information, please visit our website at: www.avmed.org.

LEGEND

OTC	Over the counter
PA	Prior Authorization
PF	Preferred
QL	Quantity Limit
SP	Specialty drug
ST	Step Therapy (Progressive Medication Program)
Brand	Brand products are listed in capitals.
Generic	Generic products are listed in lowercase italics.

NOTICE

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AvMed and CVS Caremark do not operate the websites/organizations listed below, nor are they responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by AvMed or CVS Caremark.

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

AMPHETAMINES

ADDERALL XR CAP 5MG	2	QL (90 caps / 30 days); Tier 2 with DAW 9
ADDERALL XR CAP 10MG	2	QL (90 caps / 30 days); Tier 2 with DAW 9
ADDERALL XR CAP 15MG	2	QL (30 caps / 30 days); Tier 2 with DAW 9
ADDERALL XR CAP 20MG	2	QL (30 caps / 30 days); Tier 2 with DAW 9
ADDERALL XR CAP 25MG	2	QL (30 caps / 30 days); Tier 2 with DAW 9
ADDERALL XR CAP 30MG	2	QL (30 caps / 30 days); Tier 2 with DAW 9
<i>amphetamine sulfate tabs 5mg, 10mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (60 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg</i>	2	QL (120 caps / 30 days)
<i>dextroamphetamine sulfate cp24 15mg</i>	2	QL (60 caps / 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	2	QL (1200 mL / 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	2	QL (120 tabs / 30 days)
<i>dextroamphetamine sulfate tabs 15mg, 20mg, 30mg</i>	2	QL (60 tabs / 30 days)
<i>methamphetamine hcl tabs 5mg</i>	2	QL (150 tabs / 30 days)
MYDAYIS CAP 12.5MG	3	QL (60 caps / 30 days)
MYDAYIS CAP 25MG	3	QL (60 caps / 30 days)
MYDAYIS CAP 37.5MG	3	QL (30 caps / 30 days)
MYDAYIS CAP 50MG	3	QL (30 caps / 30 days)
<i>procentra soln 5mg/5ml</i>	2	QL (1200 mL / 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	3	QL (60 caps / 30 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	3	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CHEW 10mg, 20mg, 30mg	3	QL (60 tabs / 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	3	QL (30 tabs / 30 days)
zenzedi tabs 2.5mg, 5mg, 7.5mg, 10mg	2	QL (120 tabs / 30 days)
zenzedi tabs 15mg, 20mg, 30mg	2	QL (60 tabs / 30 days)

ANALEPTICS

caffeine citrate soln 20mg/ml, 60mg/3ml	2
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ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

atomoxetine hcl caps 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)
atomoxetine hcl caps 40mg	2	QL (60 caps / 30 days)
atomoxetine hcl caps 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)
clonidine hcl (adhd) tb12 .1mg	2	
guanfacine hcl (adhd) tb24 1mg, 2mg	2	QL (1 tab / 1 day)
guanfacine hcl (adhd) tb24 3mg, 4mg	2	
QELBREE CP24 100mg, 150mg, 200mg	3	QL (90 caps / 30 days)

DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS

(DNRIS)

SUNOSI TABS 75mg, 150mg	3	PA
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HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS

WAKIX TABS 4.45mg, 17.8mg	5	SP, PA
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STIMULANTS - MISC.

armodafinil tabs 50mg, 150mg, 200mg, 250mg	2	
AZSTARYS CAP 26.1-5.2	3	QL (60 caps / 30 days)
AZSTARYS CAP 39.2-7.8	3	QL (60 caps / 30 days)
AZSTARYS CAP 52.3-10.	3	QL (60 caps / 30 days)
CONCERTA TBCR 18mg, 27mg, 36mg	2	QL (60 tabs / 30 days); Tier 2 with DAW 9
CONCERTA TBCR 54mg	2	QL (30 tabs / 30 days); Tier 2 with DAW 9
dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg	2	QL (60 caps / 30 days)
dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg	2	QL (30 caps / 30 days)
dexmethylphenidate hcl tabs 2.5mg, 5mg	2	QL (120 tabs / 30 days)
dexmethylphenidate hcl tabs 10mg	2	QL (60 tabs / 30 days)
JORNAY PM CP24 20mg, 40mg, 60mg, 80mg, 100mg	3	QL (60 caps / 30 days)
methylphenidate hcl chew 2.5mg, 5mg, 10mg; tabs 5mg, 10mg	2	QL (180 tabs / 30 days)
methylphenidate hcl cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; cpcr 10mg, 20mg, 30mg	2	QL (60 caps / 30 days)
methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg	2	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl soln 5mg/5ml</i>	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	2	QL (900 mL / 30 days)
<i>methylphenidate hcl tabs 20mg; tbcr 10mg, 20mg</i>	2	QL (90 tabs / 30 days)
<i>modafinil tabs 100mg, 200mg</i>	2	

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUBL 2800bau	3	QL (1 ea / 1 day)
ORALAIR SUB 300 IR	3	QL (1 tab / 1 day)
RAGWITEK SUBL 12amba1-u	3	QL (1 ea / 1 day)

AMINOGLYCOSIDES

AMINOGLYCOSIDES

BETHKIS NEBU 300mg/4ml	5	SP, PA
<i>neomycin sulfate tabs 500mg</i>	1	
<i>paromomycin sulfate caps 250mg</i>	2	
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	5	SP, PA

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	5	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
HUMIRA PEDIA INJ CROHNS	5	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	5	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
HUMIRA PEN KIT PS/UV	5	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	SP, PA; Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, all other autoimmune conditions
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TB24 15mg, 30mg, 45mg	5	SP, PA; Preferred for Rheumatoid Arthritis, Psoriatic Arthritis, and Ulcerative Colitis (after failure of HUMIRA)

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN 1mg/ml	5	SP, PA; Preferred for Rheumatoid Arthritis, Ulcerative Colitis (after failure of HUMIRA)
XELJANZ TABS 5mg, 10mg	5	SP, PA; Preferred for Rheumatoid Arthritis, Ulcerative Colitis (after failure of HUMIRA)
XELJANZ XR TB24 11mg, 22mg	5	SP, PA; Preferred for Rheumatoid Arthritis, Ulcerative Colitis (after failure of HUMIRA)

ANTIRHEUMATIC ANTIMETABOLITES

RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	5	SP, PA
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INTERLEUKIN-6 RECEPTOR INHIBITORS

KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml	5	SP, PA; Preferred for Rheumatoid Arthritis
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NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

cataflam tabs 50mg	2	
celecoxib caps 50mg, 100mg, 200mg, 400mg	2	
diclofenac potassium caps 25mg	2	PA
diclofenac potassium tabs 50mg	2	
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	2	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	2	
ec-naproxen tbec 375mg, 500mg	2	
etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg	2	
flurbiprofen tabs 50mg, 100mg	2	
ibu tabs 400mg, 600mg, 800mg	1	
ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg	1	
indomethacin caps 25mg, 50mg; cpcr 75mg	1	
ketorolac tromethamine tabs 10mg	2	
meclofenamate sodium caps 50mg, 100mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>mefenamic acid caps 250mg</i>	2	
<i>meloxicam susp 7.5mg/5ml; tabs 15mg</i>	2	
<i>meloxicam tabs 7.5mg</i>	2	QL (1 tab / 1 day)
<i>nabumetone tabs 500mg, 750mg</i>	2	
<i>naproxen tabs 250mg, 375mg, 500mg;</i> <i>tbec 375mg, 500mg</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>oxaprozin tabs 600mg</i>	2	
<i>piroxicam caps 10mg, 20mg</i>	2	
<i>sulindac tabs 150mg, 200mg</i>	1	

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TABS 30mg	5	SP, PA, QL (2 tabs / 1 day); Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 10/20/30	5	SP, PA; Preferred for Psoriasis, Psoriatic Arthritis

PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide tabs 10mg</i>	2	QL (1 tab / 1 day)
<i>leflunomide tabs 20mg</i>	2	

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL SOLN 25mg/0.5ml; SOSY 25mg/0.5ml, 50mg/ml	5	SP, PA; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ENBREL MINI SOCT 50mg/ml	5	SP, PA; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ENBREL SURECLICK SOAJ 50mg/ml	5	SP, PA; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>bac</i>	2	QL (48 tabs / 30 days)
<i>butalbital-acetaminophen tab 50-325 mg</i>	2	QL (48 tabs / 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	2	QL (48 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	2	QL (144 caps / 30 days)
<i>tencon</i>	2	QL (48 tabs / 30 days)
SALICYLATES		
<i>aspirin chew 81mg; tbec 81mg</i>	2	OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>diflunisal tabs 500mg</i>	2	
<i>salsalate tabs 750mg</i>	2	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>codeine sulfate tabs 30mg</i>	2	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr</i>	2	PA, QL (10 patches / 30 days)
<i>fentanyl pt72 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	2	PA; High Strength Requires PA
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	2	PA, QL (4 Lozenges / 1 day)
<i>fentanyl citrate tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	2	PA, QL (4 tabs / 1 day)
<i>hydrocodone bitartrate cp12 10mg, 15mg, 20mg, 30mg, 40mg</i>	2	PA, QL (2 caps / 1 day)
<i>hydrocodone bitartrate cp12 50mg; t24a 100mg, 120mg</i>	2	PA; High Strength Requires PA
<i>hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>	2	PA, QL (1 tab / 1 day)
<i>hydromorphone hcl liqd 1mg/ml</i>	2	PA, QL (20 ml / 1 day); Subject to initial 7-day limit
<i>hydromorphone hcl tabs 2mg</i>	2	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>hydromorphone hcl tabs 4mg</i>	2	PA, QL (5 tabs / 1 day); Subject to initial 7-day limit
<i>hydromorphone hcl tabs 8mg</i>	2	PA, QL (2 tabs / 1 day); Subject to initial 7-day limit
<i>hydromorphone hcl tb24 8mg, 12mg, 16mg</i>	2	PA, QL (1 tab / 1 day)
<i>hydromorphone hcl tb24 32mg</i>	2	PA; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
<i>meperidine hcl soln 50mg/5ml</i>	2	PA, QL (30 ml / 1 day); Subject to initial 7-day limit
<i>meperidine hcl tabs 50mg</i>	2	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>methadone hcl conc 10mg/ml</i>	2	QL (2 ml / 1 day)
<i>methadone hcl soln 5mg/5ml</i>	2	PA, QL (15 ml / 1 day)
<i>methadone hcl soln 10mg/5ml</i>	2	PA, QL (10 ml / 1 day)
<i>methadone hcl tabs 5mg</i>	2	PA, QL (3 tabs / 1 day)
<i>methadone hcl tabs 10mg</i>	2	PA, QL (2 tabs / 1 day)
<i>methadone hcl tbs 40mg</i>	2	QL (9 tabs / 30 days)
<i>methadone hydrochloride i conc 10mg/ml</i>	2	PA, QL (2 ml / 1 day)
<i>methadose tbs 40mg</i>	2	QL (9 tabs / 30 days)
<i>morphine sulfate cp24 10mg, 20mg, 30mg</i>	2	PA, QL (2 caps / 1 day)
<i>morphine sulfate cp24 50mg, 60mg, 80mg</i>	2	PA, QL (1 cap / 1 day)
<i>morphine sulfate cp24 100mg; tbcr 60mg, 100mg, 200mg</i>	2	PA; High Strength Requires PA
<i>morphine sulfate soln 10mg/5ml</i>	2	PA, QL (30 ml / 1 day); Subject to initial 7-day limit
<i>morphine sulfate soln 20mg/5ml</i>	2	PA, QL (22.5 ml / 1 day)
<i>morphine sulfate soln 20mg/ml</i>	2	PA, QL (4.5ml / 1 day); Subject to initial 7-day limit
<i>morphine sulfate tabs 15mg</i>	2	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>morphine sulfate tabs 30mg</i>	2	PA, QL (3 tabs / 1 day); Subject to initial 7-day limit
<i>morphine sulfate tbcr 15mg, 30mg</i>	2	PA, QL (3 tabs / 1 day)
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg</i>	2	PA, QL (1 cap / 1 day)
<i>morphine sulfate beads cp24 120mg</i>	2	PA; High Strength Requires PA
<i>NUCYNTA TABS 50mg</i>	3	PA, QL (4 tabs / 1 day); Subject to initial 7-day limit
<i>NUCYNTA TABS 75mg</i>	3	PA, QL (3 tabs / 1 day); Subject to initial 7-day limit
<i>NUCYNTA TABS 100mg</i>	3	PA, QL (2 tabs / 1 day); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER TB12 50mg, 100mg	3	PA, QL (2 tabs / 1 day)
NUCYNTA ER TB12 150mg, 200mg, 250mg	3	PA; High Strength Requires PA
<i>oxycodone hcl caps 5mg</i>	2	PA, QL (6 caps / 1 day); Subject to initial 7-day limit
<i>oxycodone hcl conc 100mg/5ml</i>	2	PA, QL (3 ml / 1 day); Subject to initial 7-day limit
<i>oxycodone hcl soln 5mg/5ml</i>	2	PA, QL (30 ml / 1 day); Subject to initial 7-day limit
<i>oxycodone hcl t12a 10mg, 20mg</i>	2	PA, QL (2 tabs / 1 day)
<i>oxycodone hcl t12a 40mg</i>	2	PA; High Strength Requires PA
<i>oxycodone hcl t12a 80mg</i>	2	PA
<i>oxycodone hcl tabs 5mg, 10mg</i>	2	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>oxycodone hcl tabs 15mg</i>	2	PA, QL (4 tabs / 1 day); Subject to initial 7-day limit
<i>oxycodone hcl tabs 20mg</i>	2	PA, QL (3 tabs / 1 day); Subject to initial 7-day limit
<i>oxycodone hcl tabs 30mg</i>	2	PA, QL (2 tabs / 1 day); Subject to initial 7-day limit
<i>oxymorphone hcl tabs 5mg</i>	2	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>oxymorphone hcl tabs 10mg</i>	2	PA, QL (3 tabs / 1 day); Subject to initial 7-day limit
SUBSYS LIQD 100mcg, 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	3	PA, QL (4 blisters / 1 day)
<i>tramadol hcl tabs 50mg</i>	2	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>tramadol hcl tb24 100mg</i>	2	PA, QL (1 tab / 1 day)
<i>tramadol hcl tb24 200mg, 300mg</i>	2	PA; High Strength Requires PA
<i>tramadol hcl tb24 300mg</i>	2	PA
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg	3	PA, QL (2 caps / 1 day)
XTAMPZA ER C12A 36mg	3	PA; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL (90 ml / 1 day); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (13 tabs / 1 day); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (12 tabs / 1 day); Subject to initial 7-day limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	2	QL (10 caps / 1 day); Subject to initial 7-day limit
<i>ascomp/codeine</i>	2	QL (48 caps / 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	2	QL (48 caps / 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	2	QL (48 caps / 30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	2	QL (48 caps / 30 days)
<i>endocet</i>	2	PA, QL (12 tabs / 1 day); Subject to initial 7-day limit
<i>endocet</i>	2	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>endocet</i>	2	PA, QL (8 tabs / 1 day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	PA, QL (90 ml / 1 day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	2	PA, QL (8 tabs / 1 day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	PA, QL (8 tabs / 1 day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	2	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen tab 10-300 mg	2	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 10-325 mg	2	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
hydrocodone-ibuprofen tab 5-200 mg	2	PA, QL (5 tabs / 1 day); Subject to initial 7-day limit
hydrocodone-ibuprofen tab 7.5-200 mg	2	PA, QL (5 tabs / 1 day); Subject to initial 7-day limit
hydrocodone-ibuprofen tab 10-200 mg	2	PA, QL (5 tabs / 1 day); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 2.5-325 mg	2	PA, QL (12 tabs / 1 day); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 5-325 mg	2	PA, QL (12 tabs / 1 day); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 7.5-325 mg	2	PA, QL (8 tabs / 1 day); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 10-325 mg	2	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
tramadol-acetaminophen tab 37.5-325 mg	2	QL (8 tabs / 1 day); Subject to initial 7-day limit
trezix	2	QL (10 caps / 1 day); Subject to initial 7-day limit

OPIOID PARTIAL AGONISTS

BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg	3	PA, QL (2 films / 1 day)
BELBUCA FILM 600mcg, 750mcg, 900mcg	3	PA; High Strength Requires PA
buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr	2	PA, QL (4 patches / 30 days)
buprenorphine ptwk 15mcg/hr, 20mcg/hr	2	PA; High Strength Requires PA
buprenorphine hcl subl 2mg, 8mg	2	QL (3 tabs / 1 day)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	2	QL (3 films / 1 day)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	2	QL (3 films / 1 day)

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	2	QL (3 films / 1 day)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	2	QL (2 films / 1 day)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (3 tabs / 1 day)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (3 tabs / 1 day)
butorphanol tartrate soln 10mg/ml	2	QL (2 bottles / 30 days)
pentazocine w/ naloxone hcl tab 50-0.5 mg	2	PA, QL (4 tabs / 1 day); Subject to initial 7-day limit
ZUBSOLV SUB 0.7-0.18	3	QL (3 tabs / 1 day)
ZUBSOLV SUB 1.4-0.36	3	QL (3 tabs / 1 day)
ZUBSOLV SUB 2.9-0.71	3	QL (3 tabs / 1 day)
ZUBSOLV SUB 5.7-1.4	3	QL (3 tabs / 1 day)
ZUBSOLV SUB 8.6-2.1	3	QL (2 tabs / 1 day)
ZUBSOLV SUB 11.4-2.9	3	QL (1 tab / 1 day)

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

oxandrolone tabs 2.5mg, 10mg	2	PA
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ANDROGENS

ANDRODERM PT24 2mg/24hr, 4mg/24hr	3	PA
danazol caps 50mg, 100mg, 200mg	2	
methyltestosterone caps 10mg	2	
NATESTO GEL 5.5mg/act	3	PA
testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act	2	PA
testosterone cypionate soln 100mg/ml, 200mg/ml	2	PA
testosterone enanthate soln 200mg/ml	2	PA

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

CORTIFOAM FOAM 10%	3	
hydrocortisone (intrarectal) enem 100mg/60ml	2	

RECTAL COMBINATIONS

hydrocortisone acetate w/ pramoxine perianal cream 1-1%	2	
PROCTOFOAM AER HC 1%	3	

RECTAL STEROIDS

anucort-hc supp 25mg	2	
hemmorex-hc supp 30mg	2	
hydrocortisone (rectal) crea 1%, 2.5%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>proto-med hc crea 2.5%</i>	2	
<i>proto-pak crea 1%</i>	2	
<i>proctosol hc crea 2.5%</i>	2	
<i>protozone-hc crea 2.5%</i>	2	

ANTHELMINTICS

ANTHELMINTICS

<i>albendazole tabs 200mg</i>	2	
<i>EMVERM CHEW 100mg</i>	3	
<i>ivermectin tabs 3mg</i>	2	PA
<i>praziquantel tabs 600mg</i>	2	

ANTI-INFECTIVE AGENTS - MISC.

ANTI-INFECTIVE AGENTS - MISC.

<i>metronidazole caps 375mg</i>	2	
<i>metronidazole tabs 250mg, 500mg</i>	1	
<i>pentamidine isethionate solr 300mg</i>	2	
<i>tinidazole tabs 250mg, 500mg</i>	2	
<i>XIFAXAN TABS 550mg</i>	3	

ANTI-INFECTIVE MISC. - COMBINATIONS

<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>sulfatrim pediatric</i>	2	

ANTIPROTOZOAL AGENTS

<i>atovaquone susp 750mg/5ml</i>	2	
<i>nitazoxanide tabs 500mg</i>	2	

GLYCOPEPTIDES

<i>vancomycin hcl caps 125mg, 250mg</i>	2	
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LEPROSTATICs

<i>dapsone tabs 25mg, 100mg</i>	2	
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LINCOSAMIDES

<i>clindamycin hcl caps 75mg</i>	2	
<i>clindamycin hcl caps 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	2	

OXAZOLIDINONES

<i>linezolid susr 100mg/5ml; tabs 600mg</i>	2	
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URINARY ANTI-INFECTIVES

<i>fosfomycin tromethamine pack 3gm</i>	2	
<i>methenamine hippurate tabs 1gm</i>	2	
<i>methenamine mandelate tabs .5gm, 1gm</i>	2	
<i>nitrofurantoin susp 25mg/5ml</i>	2	

Drug Name	Drug Tier Requirements/Limits
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	2
<i>nitrofurantoin monohyd macro caps 100mg</i>	2

ANTIANGINAL AGENTS

ANTIANGINALS-OTHER

<i>ranolazine tb12 500mg, 1000mg</i>	2
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NITRATES

<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	2
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	1
<i>NITRO-DUR PT24 .3mg/hr, .8mg/hr</i>	3
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	2

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg</i>	1
<i>buspirone hcl tabs 30mg</i>	2
<i>hydroxyzine hcl syrup 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	1
<i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>	1
<i>meprobamate tabs 200mg, 400mg</i>	2

BENZODIAZEPINES

<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tb24 .5mg, 1mg, 2mg, 3mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	2
<i>alprazolam xr tb24 .5mg, 1mg, 2mg, 3mg</i>	2
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	2
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	2
<i>diazepam conc 5mg/ml; soln 5mg/5ml; tabs 2mg, 5mg, 10mg</i>	2
<i>lorazepam conc 2mg/ml; tabs .5mg, 1mg, 2mg</i>	2
<i>oxazepam caps 10mg, 15mg, 30mg</i>	2

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate caps 100mg, 150mg</i>	2
<i>NORPACE CR CP12 100mg, 150mg</i>	3

Drug Name	Drug Tier	Requirements/Limits
<i>quinidine gluconate tbcr 324mg</i>	2	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	2	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate tabs 50mg</i>	1	
<i>flecainide acetate tabs 100mg, 150mg</i>	2	
<i>propafenone hcl cp12 225mg, 325mg, 425mg</i>	2	
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tabs 100mg, 400mg</i>	2	
<i>amiodarone hcl tabs 200mg</i>	1	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	5	SP, PA
<i>MULTAQ TABS 400mg</i>	3	
<i>pacerone tabs 100mg, 400mg</i>	2	
<i>pacerone tabs 200mg</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium nebu 20mg/2ml</i>	2	QL (240 mL / 30 days)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
<i>FASENRA PEN SOAJ 30mg/ml</i>	5	SP, PA
<i>NUCALA SOAJ 100mg/ml; SOSY 40mg/0.4ml, 100mg/ml</i>	5	SP, PA
BRONCHODILATORS - ANTICHOLINERGICS		
<i>ipratropium bromide soln .02%</i>	1	QL (312 mL / 30 days)
<i>SPIRIVA HANDIHALER CAPS 18mcg</i>	3	QL (30 caps / 30 days)
<i>SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act</i>	3	QL (1 package / 30 days)
<i>YUPELRI SOLN 175mcg/3ml</i>	3	QL (90 mL / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew 4mg, 5mg; tabs 10mg</i>	1	
<i>montelukast sodium pack 4mg</i>	2	
<i>zafirlukast tabs 10mg, 20mg</i>	2	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>DALIRESP TABS 250mcg, 500mcg</i>	3	
STEROID INHALANTS		
<i>ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act</i>	3	QL (1 package / 30 days)
<i>budesonide (inhalation) susp 1mg/2ml</i>	2	QL (1 box / 30 days)
<i>budesonide (inhalation) susp .5mg/2ml</i>	2	QL (2 boxes / 30 days)
<i>budesonide (inhalation) susp .25mg/2ml</i>	2	QL (3 boxes / 30 days)

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS AEPB 50mcg/blist	3	QL (3 packages / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	QL (4 packages / 30 days)
FLOVENT HFA AERO 44mcg/act	3	
FLOVENT HFA AERO 110mcg/act, 220mcg/act	3	QL (2 packages / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	3	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	3	QL (2 inhalers / 30 days)
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	3	QL (2 inhalers / 30 days)

SYMPATHOMIMETICS

ADVAIR DISKU AER 100/50	2	QL (1 package / 30 days); Tier 2 with DAW 9
ADVAIR DISKU AER 250/50	2	QL (1 package / 30 days); Tier 2 with DAW 9
ADVAIR DISKU AER 500/50	2	QL (1 package / 30 days); Tier 2 with DAW 9
ADVAIR HFA AER 45/21	3	QL (1 package / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 package / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 package / 30 days)
<i>albuterol sulfate aers 108mcg/act</i>	2	QL (2 inhalers / 30 days)
<i>albuterol sulfate nebu .5%, 2.5mg/0.5ml</i>	2	QL (120 mL / 30 days)
<i>albuterol sulfate nebu .63mg/3ml, 1.25mg/3ml</i>	2	QL (375 mL / 30 days)
<i>albuterol sulfate nebu .083%</i>	1	QL (375 mL / 30 days)
<i>albuterol sulfate syrp 2mg/5ml</i>	1	
<i>albuterol sulfate tabs 2mg, 4mg</i>	2	
ANORO ELLIPT AER 62.5-25	3	QL (1 package / 30 days)
<i>arformoterol tartrate nebu 15mcg/2ml</i>	2	QL (120 mL / 30 days)
BREO ELLIPTA INH 100-25	3	QL (1 package / 30 days)
BREO ELLIPTA INH 200-25	3	QL (1 package / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 package / 30 days)
<i>formoterol fumarate nebu 20mcg/2ml</i>	2	QL (120 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (6 boxes / 30 days)
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	2	QL (90 mL / 30days)
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	2	QL (300 mL / 30 days)
<i>levalbuterol tartrate aero 45mcg/act</i>	2	QL (2 inhalers / 30 days)
PERFOROMIST NEBU 20mcg/2ml	3	QL (120 mL / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (1 package / 30 days)
STIOLTO AER 2.5-2.5	3	QL (1 package / 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	3	QL (1 package / 30 days)
SYMBICORT AER 80-4.5	3	QL (3 packages / 30 days); Tier 3 with DAW 9
SYMBICORT AER 160-4.5	3	QL (3 packages / 30 days); Tier 3 with DAW 9
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	2	
TRELEGY AER 100MCG	3	QL (1 package / 30 days)
TRELEGY AER 200MCG	3	QL (1 package / 30 days)

XANTHINES

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

COUMARIN ANTICOAGULANTS

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

DIRECT FACTOR XA INHIBITORS

<i>ELIQUIS TABS 2.5mg, 5mg</i>	3
<i>ELIQUIS STARTER PACK TBPK 5mg</i>	3
<i>XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg</i>	3
<i>XARELTO STAR TAB 15/20MG</i>	3

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	2
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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	2	
<i>FRAGMIN SOLN 95000unit/3.8ml; SOSY 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml</i>	3	
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	2	
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate caps 75mg, 150mg</i>	2	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
<i>FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg</i>	3	
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	2	
<i>clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	2	
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	2	
<i>NAYZILAM SOLN 5mg/0.1ml</i>	3	PA
<i>VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml</i>	3	PA
ANTICONVULSANTS - MISC.		
<i>APTIOM TABS 200mg, 400mg, 600mg, 800mg</i>	3	
<i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	2	
<i>epitol tabs 200mg</i>	2	
<i>gabapentin caps 100mg, 300mg, 400mg; tabs 600mg, 800mg</i>	1	
<i>gabapentin soln 250mg/5ml, 300mg/6ml</i>	2	
<i>lacosamide soln 10mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	2	
<i>lamotrigine chew 5mg, 25mg; kit 25mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg</i>	2	
<i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	2	
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg</i>	1	
<i>levetiracetam tb24 500mg, 750mg</i>	2	
<i>oxcarbazepine susp 300mg/5ml</i>	2	
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	1	
<i>OXTELLAR XR TB24 150mg, 300mg, 600mg</i>	3	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	2	
<i>primidone tabs 50mg, 250mg</i>	1	
<i>roweepra tabs 500mg</i>	1	
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	2	
<i>subvenite tabs 25mg, 100mg, 150mg, 200mg</i>	1	
<i>subvenite starter kit/blu kit 25mg</i>	2	
<i>subvenite starter kit/gre</i>	2	
<i>subvenite starter kit/ora</i>	2	
<i>topiramate cpsp 15mg, 25mg</i>	2	
<i>topiramate tabs 25mg, 50mg, 100mg, 200mg</i>	1	
<i>TROKENDI XR CP24 25mg, 50mg, 100mg, 200mg</i>	3	
<i>VIMPAT SOLN 10mg/ml; TABS 50mg, 100mg, 150mg, 200mg</i>	3	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	

CARBAMATES

<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	2	
<i>XCOPRI TABS 50mg, 100mg, 150mg, 200mg</i>	3	PA
<i>XCOPRI PAK 12.5-25</i>	3	PA
<i>XCOPRI PAK 50-100MG</i>	3	PA
<i>XCOPRI PAK 100-150</i>	3	PA
<i>XCOPRI PAK 150-200</i>	3	PA

GABA MODULATORS

<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	2	
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Drug Name	Drug Tier	Requirements/Limits
vigabatrin pack 500mg; tabs 500mg	5	SP, PA
vigadronate pack 500mg	5	SP, PA
HYDANTOINS		
DILANTIN CAPS 30mg	4	
phenytoin chew 50mg; susp 100mg/4ml, 125mg/5ml	2	
phenytoin sodium extended caps 100mg, 200mg, 300mg	2	
SUCCINIMIDES		
ethosuximide caps 250mg; soln 250mg/5ml	2	
VALPROIC ACID		
divalproex sodium csdr 125mg; tb24 250mg, 500mg	2	
divalproex sodium tbec 125mg, 500mg	1	
divalproex sodium tbec 250mg	1	QL (1 tab / 1 day)
valproate sodium soln 250mg/5ml	2	
valproic acid caps 250mg	2	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine tabs 7.5mg, 15mg; tbdp 15mg	1	QL (1 tab / 1 day)
mirtazapine tabs 30mg, 45mg; tbdp 30mg, 45mg	1	
ANTIDEPRESSANTS - MISC.		
bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg	1	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine sulfate tabs 15mg	2	
tranylcypromine sulfate tabs 10mg	2	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide soln 10mg/5ml	2	
citalopram hydrobromide tabs 10mg, 20mg	1	QL (1 tab / 1 day)
citalopram hydrobromide tabs 40mg	1	
escitalopram oxalate soln 5mg/5ml	2	
escitalopram oxalate tabs 5mg, 10mg	1	QL (1 tab / 1 day)
escitalopram oxalate tabs 20mg	1	
fluoxetine hcl caps 10mg, 20mg, 40mg	1	
fluoxetine hcl cpdr 90mg; soln 20mg/5ml; tabs 10mg, 20mg	2	
fluvoxamine maleate cp24 100mg, 150mg	2	
fluvoxamine maleate tabs 25mg, 50mg	1	QL (1 tab / 1 day)
fluvoxamine maleate tabs 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl susp 10mg/5ml; tb24 25mg, 37.5mg</i>	2	
<i>paroxetine hcl tabs 10mg, 20mg</i>	1	QL (1 tab / 1 day)
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	
<i>paroxetine hcl tb24 12.5mg</i>	2	QL (1 tab / 1 day)
<i>sertraline hcl conc 20mg/ml</i>	2	
<i>sertraline hcl tabs 25mg, 50mg</i>	1	QL (1 tab / 1 day)
<i>sertraline hcl tabs 100mg</i>	1	
SEROTONIN MODULATORS		
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	2	
<i>trazodone hcl tabs 50mg, 100mg, 150mg</i>	1	
<i>trazodone hcl tabs 300mg</i>	2	
<i>TRINTELLIX TABS 5mg, 10mg</i>	3	QL (1 tab / 1 day)
<i>TRINTELLIX TABS 20mg</i>	3	
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	2	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tb24 25mg, 50mg</i>	2	QL (1 tab / 1 day)
<i>desvenlafaxine succinate tb24 100mg</i>	2	
<i>duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg</i>	2	
<i>venlafaxine hcl cp24 37.5mg, 75mg</i>	1	QL (1 cap / 1 day)
<i>venlafaxine hcl cp24 150mg</i>	1	
<i>venlafaxine hcl tabs 25mg, 50mg, 100mg; tb24 225mg</i>	2	
<i>venlafaxine hcl tabs 37.5mg, 75mg</i>	2	QL (1 tab / 1 day)
TRICYCLIC AGENTS		
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>amoxapine tabs 25mg, 50mg, 100mg, 150mg</i>	2	
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	2	
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	2	
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	1	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	1	
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	2	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg</i>	1	
<i>nortriptyline hcl soln 10mg/5ml</i>	2	
<i>protriptyline hcl tabs 5mg, 10mg</i>	2	
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tabs 25mg, 50mg, 100mg	1	
miglitol tabs 25mg, 50mg, 100mg	2	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	
ANTIDIABETIC COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	2	
glipizide-metformin hcl tab 2.5-500 mg	2	
glipizide-metformin hcl tab 5-500 mg	2	
glyburide-metformin tab 1.25-250 mg	1	
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	1	
GLYXAMBI TAB 10-5 MG	3	
GLYXAMBI TAB 25-5 MG	3	
JANUMET TAB 50-500MG	3	
JANUMET TAB 50-1000	3	
JANUMET XR TAB 50-500MG	3	
JANUMET XR TAB 50-1000	3	
JANUMET XR TAB 100-1000	3	
pioglitazone hcl-glimepiride tab 30-2 mg	2	
pioglitazone hcl-glimepiride tab 30-4 mg	2	
pioglitazone hcl-metformin hcl tab 15-500 mg	2	
pioglitazone hcl-metformin hcl tab 15-850 mg	2	
SOLIQUA INJ 100/33	3	
SYNJARDY TAB	3	QL (2 tabs / 1 day)
SYNJARDY TAB 5-500MG	3	QL (2 tabs / 1 day)
SYNJARDY TAB 5-1000MG	3	QL (2 tabs / 1 day)
SYNJARDY TAB 12.5-500	3	QL (2 tabs / 1 day)
SYNJARDY XR TAB	3	
SYNJARDY XR TAB 5-1000MG	3	
SYNJARDY XR TAB 10-1000	3	
SYNJARDY XR TAB 25-1000	3	
TRIJARDY XR TAB	3	
XIGDUO XR TAB 2.5-1000	3	
XIGDUO XR TAB 5-500MG	3	QL (2 tabs / 1 day)
XIGDUO XR TAB 5-1000MG	3	QL (2 tabs / 1 day)
XIGDUO XR TAB 10-500MG	3	QL (1 tab / 1 day)
XIGDUO XR TAB 10-1000	3	QL (1 tab / 1 day)
XULTOPHY INJ 100/3.6	3	

Drug Name	Drug Tier	Requirements/Limits
BIGUANIDES		
<i>metformin hcl soln 500mg/5ml; tabs 500mg, 850mg, 1000mg</i>	2	
<i>metformin hcl tb24 500mg, 750mg</i>	1	(generic GLUCOPHAGE XR)
DIABETIC OTHER		
BAQSIMI ONE PACK POWD 3mg/dose	3	PA, QL (4 ea / 90 days)
BAQSIMI TWO PACK POWD 3mg/dose	3	PA, QL (4 ea / 90 days)
<i>diazoxide susp 50mg/ml</i>	2	
<i>glucagon (rdna) kit 1mg</i>	2	
GVOKE HYPOOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE HYPOOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA TABS 25mg, 50mg	3	QL (1 tab / 1 day)
JANUVIA TABS 100mg	3	
Incretin Mimetic Agents (GLP-1 Receptor Agonists)		
OZEMPIC SOPN 2mg/1.5ml, 4mg/3ml	3	QL (1 pen / 30 days)
OZEMPIC INJ 8MG/3ML	3	QL (1 pen / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (1 tab / 1 day)
TRULICITY SOPN 3mg/0.5ml, 4.5mg/0.5ml	3	
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml	3	QL (8 pens / 30 days)
VICTOZA SOPN 18mg/3ml	3	
INSULIN		
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	3	
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	
LEVEMIR SOLN 100unit/ml	3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	3	OTC

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N SUSP 100unit/ml	3	OTC; RELION not covered
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	OTC; RELION not covered
NOVOLIN R SOLN 100unit/ml	3	OTC
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	OTC; RELION not covered
NOVOLOG SOLN 100unit/ml	3	
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
NOVOLOG PENFILL SOCT 100unit/ml	3	
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tabs 15mg	1	QL (1 tab / 1 day)
pioglitazone hcl tabs 30mg, 45mg	1	
MEGLITINIDE ANALOGUES		
nateglinide tabs 60mg, 120mg	2	
repaglinide tabs .5mg, 1mg, 2mg	2	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TABS 5mg	3	QL (1 tab / 1 day)
FARXIGA TABS 10mg	3	
JARDIANCE TABS 10mg, 25mg	3	QL (1 tab / 1 day)
SULFONYLUREAS		
glimepiride tabs 1mg	1	QL (1 tab / 1 day)
glimepiride tabs 2mg, 4mg	1	
glipizide tabs 5mg, 10mg; tb24 2.5mg	1	
glipizide tb24 5mg, 10mg	2	
glipizide xl tb24 2.5mg	1	
glipizide xl tb24 5mg, 10mg	2	
glyburide tabs 1.25mg, 2.5mg, 5mg	2	
glyburide micronized tabs 1.5mg, 3mg, 6mg	2	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	2	
diphenoxylate w/ atropine tab 2.5-0.025 mg	2	
loperamide hcl caps 2mg	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbs 125mg, 250mg, 500mg	5	SP, PA
deferiprone tabs 500mg, 1000mg	5	SP, PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
VISTOGARD PACK 10gm	5	SP
OPIOID ANTAGONISTS		
naloxone hcl liqd 4mg/0.1ml	2	QL (4 ea / 180 days)
naloxone hcl liqd 4mg/0.1ml	2	QL (4 sprays / 180 days)
naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml	2	
naltrexone hcl tabs 50mg	2	
NARCAN LIQD 4mg/0.1ml	3	QL (4 sprays / 180 days)
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl tabs 1mg	2	QL (12 tabs / 21 days)
ondansetron tbdp 4mg, 8mg	1	
ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg	1	
ondansetron hcl tabs 24mg	2	
SANCUSO PTCH 3.1mg/24hr	3	QL (2 patches / 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl tabs 12.5mg	1	
meclizine hcl tabs 25mg	2	
scopolamine pt72 1mg/3days	2	
trimethobenzamide hcl caps 300mg	2	
ANTIEMETICS - MISCELLANEOUS		
doxylamine-pyridoxine tab delayed release 10-10 mg	2	PA
dronabinol caps 2.5mg, 5mg, 10mg	2	QL (60 caps / 30 days)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant caps 40mg	2	QL (3 caps / 180 days)
aprepitant caps 80mg	2	QL (4 ea / 21 days)
aprepitant caps 125mg	2	QL (2 caps / 21 days)
aprepitant capsule therapy pack 80 & 125 mg	2	QL (6 tabs / 21 days)
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine caps 250mg	2	

Drug Name	Drug Tier	Requirements/Limits
griseofulvin microsize susp 125mg/5ml; tabs 500mg	2	
griseofulvin ultramicrosize tabs 125mg, 250mg	2	
nystatin tabs 500000unit	2	
terbinafine hcl tabs 250mg	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 150mg, 200mg	1	
fluconazole tabs 100mg	1	QL (1 tab / 1 day)
itraconazole caps 100mg; soln 10mg/ml	2	PA
ketoconazole tabs 200mg	1	
voriconazole susr 40mg/ml; tabs 50mg, 200mg	2	
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
carboxamine maleate soln 4mg/5ml; tabs 4mg	2	
clemastine fumarate tabs 2.68mg	2	
diphenhydramine hcl elix 12.5mg/5ml	2	
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl soln 1mg/ml	2	
desloratadine tabs 5mg; tbdp 2.5mg, 5mg	2	
levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg	2	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl supp 12.5mg, 25mg; tabs 50mg	2	
promethazine hcl syrp 6.25mg/5ml; tabs 12.5mg, 25mg	1	
promethegan supp 12.5mg, 25mg, 50mg	2	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrp 2mg/5ml; tabs 4mg	2	
ANTIHYPOLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TABS 180mg	3	PA
ANTIHYPOLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	2	
ezetimibe-simvastatin tab 10-20 mg	2	
ezetimibe-simvastatin tab 10-40 mg	2	
ezetimibe-simvastatin tab 10-80 mg	2	
NEXLIZET TAB 180/10MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERLIPIDEMICS - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	
VASCEPA CAPS 1gm	2	Tier 2 with DAW 9
VASCEPA CAPS .5gm	3	
BILE ACID SEQUESTRANTS		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	2	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	2	
<i>colesevelam hcl pack 3.75gm; tabs 625mg</i>	2	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	2	
<i>prevalite pack 4gm; powd 4gm/dose</i>	2	
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cpdr 45mg, 135mg</i>	2	
<i>fenofibrate caps 150mg; tabs 48mg, 145mg</i>	2	
<i>fenofibrate tabs 54mg, 160mg</i>	1	
<i>fenofibrate micronized caps 30mg, 43mg, 90mg, 134mg, 200mg</i>	2	
<i>fenofibrate micronized caps 67mg</i>	1	
<i>fenofibric acid tabs 35mg, 105mg</i>	2	
<i>gemfibrozil tabs 600mg</i>	1	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tabs 10mg, 20mg</i>	1	QL (1 tab / 1 day); \$0 copay for members age 40 through 75
<i>atorvastatin calcium tabs 40mg</i>	1	QL (1 tab / 1 day)
<i>atorvastatin calcium tabs 80mg</i>	1	
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	2	\$0 copay for members age 40 through 75
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tabs 10mg, 20mg, 40mg</i>	1	QL (1 tab / 1 day); \$0 copay for members age 40 through 75
<i>pravastatin sodium tabs 80mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	2	QL (1 tab / 1 day); \$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 20mg</i>	2	QL (1 tab / 1 day)
<i>rosuvastatin calcium tabs 40mg</i>	2	
<i>simvastatin tabs 5mg, 10mg, 20mg</i>	1	QL (1 tab / 1 day); \$0 copay for members age 40 through 75

Drug Name	Drug Tier	Requirements/Limits
simvastatin tabs 40mg	1	\$0 copay for members age 40 through 75
simvastatin tabs 80mg	1	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tabs 10mg	2	
NICOTINIC ACID DERIVATIVES		
niacin (antihyperlipidemic) tbcr 500mg	2	QL (1 tab / 1 day)
niacin (antihyperlipidemic) tbcr 750mg, 1000mg	2	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	PA
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril hcl tabs 5mg, 10mg, 20mg, 40mg	1	
captopril tabs 12.5mg, 100mg	2	
captopril tabs 25mg, 50mg	1	
enalapril maleate soln 1mg/ml; tabs 10mg, 20mg	2	
enalapril maleate tabs 2.5mg, 5mg	1	
fosinopril sodium tabs 10mg, 20mg, 40mg	2	
lisinopril tabs 2.5mg, 30mg, 40mg	2	
lisinopril tabs 5mg, 10mg, 20mg	2	QL (1 tab / 1 day)
moexipril hcl tabs 7.5mg, 15mg	2	
perindopril erbumine tabs 2mg, 4mg, 8mg	1	
quinapril hcl tabs 5mg, 10mg, 20mg, 40mg	1	
ramipril caps 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril tabs 1mg, 4mg	2	
trandolapril tabs 2mg	1	
AGENTS FOR PHEOCHROMOCYTOMA		
metyrosine caps 250mg	2	
phenoxybenzamine hcl caps 10mg	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg	2	
irbesartan tabs 75mg, 150mg	2	QL (1 tab / 1 day)
irbesartan tabs 300mg	2	
losartan potassium tabs 25mg, 50mg, 100mg	2	
olmesartan medoxomil tabs 5mg, 20mg	2	QL (1 tab / 1 day)
olmesartan medoxomil tabs 40mg	2	
telmisartan tabs 20mg, 40mg	2	QL (1 tab / 1 day)
telmisartan tabs 80mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	2	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	2	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	1	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (1 cap / 1 day)
<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>	2	QL (1 tab / 1 day)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	2	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	2	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	2	QL (1 tab / 1 day)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	2	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<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>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	2	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	2	
<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	QL (1 tab / 1 day)
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	2	QL (1 tab / 1 day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	2	
<i>olmesartanamlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	2	QL (1 tab / 1 day)
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	2	
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	2	
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	2	
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>TEKTURNA HCT TAB 150-12.5</i>	3	QL (1 tab / 1 day)
<i>TEKTURNA HCT TAB 150-25MG</i>	3	
<i>TEKTURNA HCT TAB 300-12.5</i>	3	
<i>TEKTURNA HCT TAB 300-25MG</i>	3	
<i>telmisartanamlodipine tab 40-5 mg</i>	2	QL (1 tab / 1 day)
<i>telmisartanamlodipine tab 40-10 mg</i>	2	
<i>telmisartanamlodipine tab 80-5 mg</i>	2	
<i>telmisartanamlodipine tab 80-10 mg</i>	2	
<i>telmisartanhydrochlorothiazide tab 40-12.5 mg</i>	2	QL (1 tab / 1 day)
<i>telmisartanhydrochlorothiazide tab 80-12.5 mg</i>	2	
<i>telmisartanhydrochlorothiazide tab 80-25 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	2	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (1 tab / 1 day)
<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 tabs 150mg</i>	2	QL (1 tab / 1 day)
<i>aliskiren fumarate tabs 300mg</i>	2	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tabs 25mg, 50mg</i>	2	
VASODILATORS		
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>minoxidil tabs 2.5mg, 10mg</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
ANTIMALARIALS		
<i>chloroquine phosphate tabs 250mg, 500mg</i>	2	
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
<i>mefloquine hcl tabs 250mg</i>	2	
<i>primaquine phosphate tabs 26.3mg</i>	2	
<i>pyrimethamine tabs 25mg</i>	2	
<i>quinine sulfate caps 324mg</i>	2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbcr 180mg</i>	2	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine caps 250mg</i>	2	
<i>ethambutol hcl tabs 100mg, 400mg</i>	2	
<i>isoniazid syrp 50mg/5ml</i>	2	
<i>isoniazid tabs 100mg, 300mg</i>	1	
<i>pyrazinamide tabs 500mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
rifabutin caps 150mg	2	
rifampin caps 150mg, 300mg	2	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

cyclophosphamide caps 25mg, 50mg	2	
LEUKERAN TABS 2mg	3	
melphalan tabs 2mg	2	
MYLERAN TABS 2mg	3	
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	5	SP, PA

ANTIMETABOLITES

capecitabine tabs 150mg, 500mg	5	SP, PA
mercaptopurine tabs 50mg	2	
methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm	5	SP
methotrexate sodium tabs 2.5mg	2	
TABLOID TABS 40mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	

ANTINEOPLASTIC - EGFR INHIBITORS

erlotinib hcl tabs 25mg, 100mg, 150mg	5	SP, PA
IRESSA TABS 250mg	5	SP, PA
TAGRISSO TABS 40mg, 80mg	5	SP, PA

ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS

ERIVEDGE CAPS 150mg	5	SP, PA
ODOMZO CAPS 200mg	5	SP, PA

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

abiraterone acetate tabs 250mg, 500mg	5	SP, PA
anastrozole tabs 1mg	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
bicalutamide tabs 50mg	2	
EMCYT CAPS 140mg	3	
ERLEADA TABS 60mg	5	SP, PA
exemestane tabs 25mg	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
flutamide caps 125mg	2	
hydroxyprogesterone caproate (antineoplastic) soln 1.25gm/5ml	2	
letrozole tabs 2.5mg	2	
leuprolide acetate kit 1mg/0.2ml	5	SP, PA
LYSODREN TABS 500mg	3	SP

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	2	
<i>nilutamide tabs 150mg</i>	2	
<i>NUBEQA TABS 300mg</i>	5	SP, PA
<i>tamoxifen citrate tabs 10mg, 20mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tabs 60mg</i>	2	
<i>XTANDI CAPS 40mg; TABS 40mg, 80mg</i>	5	SP, PA
<i>YONSA TABS 125mg</i>	5	SP, PA
ANTINEOPLASTIC COMBINATIONS		
<i>KISQALI 200 PAK FEMARA</i>	5	SP, PA
<i>KISQALI 400 PAK FEMARA</i>	5	SP, PA
<i>KISQALI 600 PAK FEMARA</i>	5	SP, PA
<i>LONSURF TAB 15-6.14</i>	5	SP, PA
<i>LONSURF TAB 20-8.19</i>	5	SP, PA
ANTINEOPLASTIC ENZYME INHIBITORS		
<i>ALECENSA CAPS 150mg</i>	5	SP, PA
<i>ALUNBRIG TABS 30mg, 90mg, 180mg</i>	5	SP, PA
<i>ALUNBRIG PAK</i>	5	SP, PA
<i>BOSULIF TABS 100mg, 400mg, 500mg</i>	5	SP, PA
<i>BRAFTOVI CAPS 75mg</i>	5	SP, PA
<i>BRUKINSA CAPS 80mg</i>	5	SP, PA
<i>CABOMETYX TABS 20mg, 40mg, 60mg</i>	5	SP, PA
<i>CALQUENCE CAPS 100mg; TABS 100mg</i>	5	SP, PA
<i>COPIKTRA CAPS 15mg, 25mg</i>	5	SP, PA
<i>COTELLIC TABS 20mg</i>	5	SP, PA
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbs 2mg, 3mg, 5mg</i>	5	SP, PA
<i>IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg</i>	5	SP, PA
<i>imatinib mesylate tabs 100mg, 400mg</i>	5	SP, PA
<i>IMBRUICA CAPS 70mg, 140mg; TABS 140mg, 280mg, 420mg, 560mg</i>	5	SP, PA
<i>KISQALI TBPK 200mg</i>	5	SP, PA
<i>KOSELUGO CAPS 10mg, 25mg</i>	5	SP, PA
<i>lapatinib ditosylate tabs 250mg</i>	5	SP, PA
<i>LYNPARZA TABS 100mg, 150mg</i>	5	SP, PA
<i>MEKTOVI TABS 15mg</i>	5	SP, PA
<i>NINLARO CAPS 2.3mg, 3mg, 4mg</i>	5	SP, PA
<i>ROZLYTREK CAPS 100mg, 200mg</i>	5	SP, PA
<i>RUBRACA TABS 200mg, 250mg, 300mg</i>	5	SP, PA
<i>RYDAPT CAPS 25mg</i>	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
sorafenib tosylate tabs 200mg	5	SP, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	SP, PA
STIVARGA TABS 40mg	5	SP, PA
sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg	5	SP, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	SP, PA
VOTRIENT TABS 200mg	5	SP, PA
XOSPATA TABS 40mg	5	SP, PA
ZEJULA CAPS 100mg	5	SP, PA
ZELBORAF TABS 240mg	5	SP, PA
ZOLINZA CAPS 100mg	5	SP, PA
ZYKADIA TABS 150mg	5	SP, PA

ANTINEOPLASTICS MISC.

bexarotene caps 75mg	5	SP, PA
hydroxyurea caps 500mg	2	
MATULANE CAPS 50mg	5	SP
tretinoin (chemotherapy) caps 10mg	2	

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg	2
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MITOTIC INHIBITORS

etoposide caps 50mg	5	SP
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ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ADJUNCTIVE THERAPY

carbidopa tabs 25mg	2
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ANTIPARKINSON ANTICHOLINERGICS

benztropine mesylate tabs .5mg, 1mg, 2mg	1
trihexyphenidyl hcl soln .4mg/ml	2
trihexyphenidyl hcl tabs 2mg, 5mg	1

ANTIPARKINSON COMT INHIBITORS

entacapone tabs 200mg	2
tolcapone tabs 100mg	2

ANTIPARKINSON DOPAMINERGICS

amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg	2
apomorphine hydrochloride soct 30mg/3ml	5 SP, PA
bromocriptine mesylate caps 5mg; tabs 2.5mg	2
carbidopa & levodopa orally disintegrating tab 10-100 mg	2

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>INBRIJA CAPS 42mg</i>	5	SP, PA
<i>KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg</i>	5	SP, PA, QL (5 films / 1 day)
<i>NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr</i>	3	
<i>pramipexole dihydrochloride tabs 1.5mg; tb24 3mg, 3.75mg, 4.5mg</i>	2	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg</i>	1	
<i>pramipexole dihydrochloride tb24 .375mg, .75mg, 1.5mg, 2.25mg</i>	2	QL (1 tab / 1 day)
<i>ropinirole hydrochloride tabs 3mg; tb24 8mg, 12mg</i>	2	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tb24 2mg, 4mg, 6mg</i>	2	QL (1 tab / 1 day)

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>rasagiline mesylate tabs 1mg</i>	2	
<i>rasagiline mesylate tabs .5mg</i>	2	QL (1 tab / 1 day)
<i>selegiline hcl caps 5mg; tabs 5mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg</i>		
	1	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAPS 10.5mg, 21mg	5	SP
CAPLYTA CAPS 42mg	3	
LATUDA TABS 20mg, 40mg, 60mg, 120mg	3	QL (1 tab / 1 day)
LATUDA TABS 80mg	3	QL (2 tabs / 1 day)
VRAYLAR CAPS 1.5mg, 3mg	3	QL (1 cap / 1 day)
VRAYLAR CAPS 4.5mg, 6mg	3	
VRAYLAR CAP 1.5-3MG	3	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	2	
<i>ziprasidone mesylate solr 20mg</i>	2	
BENZISOXAZOLES		
<i>paliperidone tb24 1.5mg, 3mg</i>	2	QL (1 tab / 1 day)
<i>paliperidone tb24 6mg, 9mg</i>	2	
PERSERIS PRSY 90mg, 120mg	3	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1	
<i>risperidone tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	2	
BUTYROPHENONES		
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	1	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	2	
<i>haloperidol lactate conc 2mg/ml</i>	2	
DIBENZAPINES		
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	2	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	2	
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	2	
<i>olanzapine solr 10mg; tbdp 15mg, 20mg</i>	2	
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg</i>	1	QL (1 tab / 1 day)
<i>olanzapine tabs 10mg, 15mg, 20mg</i>	1	
<i>olanzapine tbdp 5mg, 10mg</i>	2	QL (1 tab / 1 day)
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i>	1	

Drug Name		Drug Tier	Requirements/Limits
<i>quetiapine fumarate tabs 150mg; tb24 300mg, 400mg</i>		2	
<i>quetiapine fumarate tb24 50mg, 150mg, 200mg</i>	2		QL (1 tab / 1 day)
DIHYDROINDOLONES			
<i>molindone hcl tabs 5mg, 10mg, 25mg</i>	2		
PHENOTHIAZINES			
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	2		
<i>compro supp 25mg</i>	2		
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 2.5mg, 5mg, 10mg</i>	2		
<i>fluphenazine hcl tabs 1mg</i>	1		
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	2		
<i>prochlorperazine supp 25mg</i>	2		
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	1		
<i>thioridazine hcl tabs 10mg, 50mg</i>	1		
<i>thioridazine hcl tabs 25mg, 100mg</i>	2		
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	2		
QUINOLINONE DERIVATIVES			
<i>ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg</i>	3		
<i>aripiprazole soln 1mg/ml; tabs 2mg, 20mg, 30mg; tbdp 10mg, 15mg</i>	2		
<i>aripiprazole tabs 5mg, 10mg, 15mg</i>	2	QL (1 tab / 1 day)	
THIOXANTHENES			
<i>thiothixene caps 1mg, 5mg, 10mg</i>	2		
<i>thiothixene caps 2mg</i>	1		
ANTISEPTICS & DISINFECTANTS			
ANTISEPTICS & DISINFECTANTS			
<i>formaldehyde soln 10%</i>	2		
<i>hydrogen peroxide soln 30%</i>	2		
ANTIVIRALS			
ANTIRETROVIRALS			
<i>abacavir sulfate soln 20mg/ml</i>	2	SP, QL (30 mL / 1 day)	
<i>abacavir sulfate tabs 300mg</i>	2	SP, QL (2 tabs / 1 day)	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	SP, QL (1 tab / 1 day)	
<i>atazanavir sulfate caps 150mg, 300mg</i>	2	SP, QL (1 cap / 1 day)	
<i>atazanavir sulfate caps 200mg</i>	2	SP, QL (2 caps / 1 day)	
<i>BIKTARVY TAB</i>	3	SP, QL (1 tab / 1 day)	
<i>CIMDUO TAB 300-300</i>	3	SP, QL (1 tab / 1 day)	

Drug Name	Drug Tier	Requirements/Limits
DESCOVY TAB 120-15MG	3	SP, QL (1 tab / 1 day); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DESCOVY TAB 200/25MG	3	SP, QL (1 tab / 1 day); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	3	SP, QL (1 tab / 1 day)
EDURANT TABS 25mg	3	SP, QL (1 tab / 1 day)
<i>efavirenz caps 50mg, 200mg</i>	2	SP, QL (1 cap / 1 day)
<i>efavirenz tabs 600mg</i>	2	SP, QL (1 tab / 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	SP, QL (1 tab / 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	2	SP, QL (1 tab / 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	SP, QL (1 tab / 1 day)
<i>emtricitabine caps 200mg</i>	2	SP, QL (1 cap / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	SP, QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	2	SP, QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	SP, QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	SP, QL (1 tab / 1 day); \$0 copay for pre-exposure prophylaxis
EMTRIVA CAPS 200mg	3	SP, QL (1 cap / 1 day)
EMTRIVA SOLN 10mg/ml	3	SP, QL (2.5 mL / 1 day)
<i>etravirine tabs 100mg, 200mg</i>	2	SP, QL (2 tabs / 1 day)
EVOTAZ TAB 300-150	3	SP
<i>fosamprenavir calcium tabs 700mg</i>	2	SP, QL (4 tabs / 1 day)
GENVOYA TAB	3	SP, QL (1 tab / 1 day)
INTELENCE TABS 25mg	3	SP, QL (4 tabs / 1 day)
INTELENCE TABS 100mg, 200mg	3	SP, QL (2 tabs / 1 day)
ISENTRESS CHEW 25mg, 100mg; TABS 400mg	3	SP, QL (2 tabs / 1 day)
ISENTRESS PACK 100mg	3	SP
ISENTRESS HD TABS 600mg	3	SP
<i>lamivudine soln 10mg/ml</i>	2	SP
<i>lamivudine tabs 150mg, 300mg</i>	2	SP, QL (2 tabs / 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	SP

Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	SP, QL (20 mL / 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	SP, QL (4 tabs / 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	SP, QL (4 tabs / 1 day)
<i>maraviroc tabs 150mg, 300mg</i>	2	SP
<i>nevirapine susp 50mg/5ml</i>	2	SP
<i>nevirapine tabs 200mg</i>	2	SP, QL (2 tabs / 1 day)
<i>nevirapine tb24 100mg</i>	2	SP, QL (4 tabs / 1 day)
<i>nevirapine tb24 400mg</i>	2	SP, QL (1 tab / 1 day)
NORVIR PACK 100mg; SOLN 80mg/ml; TABS 100mg	3	SP
ODEFSEY TAB	3	SP, QL (1 tab / 1 day)
PREZCOBIX TAB 800-150	3	SP, QL (1 tab / 1 day)
PREZISTA SUSP 100mg/ml	3	SP, QL (13.333 mL / 1 day)
PREZISTA TABS 75mg	3	SP, QL (16 tabs / 1 day)
PREZISTA TABS 150mg	3	SP, QL (8 tabs / 1 day)
PREZISTA TABS 600mg	3	SP, QL (2 tabs / 1 day)
PREZISTA TABS 800mg	3	SP, QL (1 tab / 1 day)
ritonavir tabs 100mg	2	SP
stavudine caps 15mg, 20mg, 30mg, 40mg	2	SP, QL (2 caps / 1 day)
SYMTUZA TAB	3	SP, QL (1 tab / 1 day)
tenofovir disoproxil fumarate tabs 300mg	2	SP, QL (1 tab / 1 day)
TIVICAY TABS 10mg, 25mg, 50mg	3	SP, QL (2 tabs / 1 day)
TIVICAY PD TBSO 5mg	3	SP, QL (6 tabs / 1 day)
TRIUMEQ PD TAB	3	SP, QL (6 tabs / 1 day)
TRIUMEQ TAB	3	SP, QL (1 tab / 1 day)
zidovudine caps 100mg; syrup 50mg/5ml; tabs 300mg	2	SP
CMV AGENTS		
valganciclovir hcl solr 50mg/ml; tabs 450mg	2	
HEPATITIS AGENTS		
adefovir dipivoxil tabs 10mg	2	SP
BARACLUDE SOLN .05mg/ml	5	SP
entecavir tabs .5mg, 1mg	2	SP
EPCLUSA PAK 150-37.5	5	SP, PA; only for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA PAK 200-50MG	5	SP, PA; only for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA TAB 200-50MG	5	SP, PA; only for genotypes 1, 2, 3, 4, 5 and 6

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA TAB 400-100	5	SP, PA; only for genotypes 1, 2, 3, 4, 5 and 6
HARVONI PAK	5	SP, PA; only for genotypes 1, 4, 5 and 6
HARVONI PAK 45-200MG	5	SP, PA; only for genotypes 1, 4, 5 and 6
HARVONI TAB 45-200MG	5	SP, PA; only for genotypes 1, 4, 5 and 6
HARVONI TAB 90-400MG	5	SP, PA; only for genotypes 1, 4, 5 and 6
<i>lamivudine (hbv) tabs 100mg</i>	2	SP
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	2	SP, PA
VEMLIDY TABS 25mg	5	SP
VOSEVI TAB	5	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 caps 200mg; tabs 400mg, 800mg</i>	1
<i>acyclovir susp 200mg/5ml</i>	2
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	2
<i>valacyclovir hcl tabs 500mg, 1000mg</i>	2

INFLUENZA AGENTS

<i>oseltamivir phosphate caps 30mg</i>	2	QL (40 ea / 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	2	QL (20 ea / 90 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	2	QL (360 mL / 90 days)
<i>RELENZA DISKHALER AEPB 5mg/blister</i>	3	QL (2 inhalers / 90 days)
<i>rimantadine hydrochloride tabs 100mg</i>	2	

BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	2
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	2
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	2

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl caps 200mg, 400mg</i>	1
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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl tabs 10mg</i>	2	QL (1 tab / 1 day)
<i>betaxolol hcl tabs 20mg</i>	2	
<i>bisoprolol fumarate tabs 5mg</i>	1	QL (1 tab / 1 day)
<i>bisoprolol fumarate tabs 10mg</i>	1	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg</i>	2	QL (1 tab / 1 day)
<i>metoprolol succinate tb24 200mg</i>	2	
<i>metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	2	
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg</i>	2	QL (1 tab / 1 day)
<i>nebivolol hcl tabs 20mg</i>	2	

BETA BLOCKERS NON-SELECTIVE

<i>nadolol tabs 20mg, 40mg</i>	2	QL (1 tab / 1 day)
<i>nadolol tabs 80mg</i>	2	
<i>pindolol tabs 5mg</i>	1	
<i>pindolol tabs 10mg</i>	2	
<i>propranolol hcl cp24 60mg, 80mg</i>	2	QL (1 cap / 1 day)
<i>propranolol hcl cp24 120mg, 160mg; soln 20mg/5ml, 40mg/5ml</i>	2	
<i>propranolol hcl tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>sorine tabs 80mg, 120mg, 160mg</i>	1	
<i>sorine tabs 240mg</i>	2	
<i>sotalol hcl tabs 80mg, 120mg, 160mg</i>	1	
<i>sotalol hcl tabs 240mg</i>	2	
<i>sotalol hcl (afib/afl) tabs 80mg, 120mg</i>	1	
<i>sotalol hcl (afib/afl) tabs 160mg</i>	2	
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	2	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tabs 2.5mg, 5mg</i>	1	QL (1 tab / 1 day)
<i>amlodipine besylate tabs 10mg</i>	1	
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg, 120mg</i>	1	
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>diltiazem hcl coated beads cp24 360mg</i>	2	
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl extended release beads cp24 300mg, 360mg, 420mg	2	
felodipine tb24 2.5mg, 5mg	1	QL (1 tab / 1 day)
felodipine tb24 10mg	2	
isradipine caps 2.5mg, 5mg	2	
levamlodipine maleate tabs 2.5mg, 5mg	2	
nicardipine hcl caps 20mg, 30mg	2	
nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg	2	
nifedipine tb24 30mg	2	QL (1 tab / 1 day)
nimodipine caps 30mg	2	
nisoldipine tb24 8.5mg, 17mg, 20mg	2	QL (1 tab / 1 day)
nisoldipine tb24 25.5mg, 30mg, 34mg, 40mg	2	
taztia xt cp24 120mg, 180mg, 240mg	1	
taztia xt cp24 300mg, 360mg	2	
tiadylt er cp24 120mg, 180mg, 240mg	1	
tiadylt er cp24 300mg, 360mg, 420mg	2	
verapamil hcl cp24 100mg	2	QL (1 cap / 1 day)
verapamil hcl cp24 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg	2	
verapamil hcl tbcr 180mg, 240mg	1	

CARDIOTONICS

CARDIAC GLYCOSIDES

digitek tabs 125mcg, 250mcg	1	
digoxin soln .05mg/ml; tabs .062mg	2	
digoxin tabs .125mg, .25mg	1	

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	2	QL (1 tab / 1 day)
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	2	QL (1 tab / 1 day)
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	2	QL (1 tab / 1 day)
amlodipine besylate-atorvastatin calcium tab 5-10 mg	2	QL (1 tab / 1 day)
amlodipine besylate-atorvastatin calcium tab 5-20 mg	2	QL (1 tab / 1 day)
amlodipine besylate-atorvastatin calcium tab 5-40 mg	2	QL (1 tab / 1 day)
amlodipine besylate-atorvastatin calcium tab 5-80 mg	2	QL (1 tab / 1 day)
amlodipine besylate-atorvastatin calcium tab 10-10 mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	2	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	2	
BIDIL TAB	3	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	
PROSTAGLANDIN VASODILATORS		
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	5	SP, PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tabs 5mg, 10mg</i>	5	SP, PA
<i>bosentan tabs 62.5mg, 125mg</i>	5	SP, PA
OPSUMIT TABS 10mg	5	SP, PA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq tabs 20mg</i>	5	SP, PA
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml; tabs 20mg</i>	5	SP, PA
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	5	SP, PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	SP, PA
UPTRAVI PACK TAB 200/800	5	SP, PA
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
<i>ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg</i>	5	SP, PA
SINUS NODE INHIBITORS		
CORLANOR TABS 5mg, 7.5mg	3	
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
<i>VERQUVO TABS 2.5mg, 5mg</i>	3	QL (1 tab / 1 day)
<i>VERQUVO TABS 10mg</i>	3	
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil caps 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	2	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml</i>	1	
<i>cephalexin tabs 250mg, 500mg</i>	2	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	2	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	2	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	2	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	2	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	2	
<i>cefopodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	2	
<i>SUPRAX CAPS 400mg; CHEW 100mg, 200mg; SUSR 200mg/5ml, 500mg/5ml</i>	3	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle</i>	2	\$0 copay
<i>altavera</i>	2	\$0 copay
<i>alyacen 1/35</i>	2	\$0 copay
<i>alyacen 7/7/7</i>	2	\$0 copay
<i>amethia</i>	2	\$0 copay
<i>amethyst</i>	2	\$0 copay
<i>apri</i>	2	\$0 copay
<i>aranelle</i>	2	\$0 copay
<i>ashlyna</i>	2	\$0 copay
<i>aubra</i>	2	\$0 copay
<i>aubra eq</i>	2	\$0 copay
<i>aurovela 1.5/30</i>	2	\$0 copay
<i>aurovela 1/20</i>	2	\$0 copay
<i>aurovela 24 fe</i>	2	\$0 copay
<i>aurovela fe 1.5/30</i>	2	\$0 copay
<i>aurovela fe 1/20</i>	2	\$0 copay
<i>aviane</i>	2	\$0 copay
<i>ayuna</i>	2	\$0 copay
<i>azurette</i>	2	\$0 copay
<i>balziva</i>	2	\$0 copay
<i>blisovi 24 fe</i>	2	\$0 copay
<i>blisovi fe 1.5/30</i>	2	\$0 copay
<i>blisovi fe 1/20</i>	2	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
briellyn	2	\$0 copay
camrese	2	\$0 copay
camrese lo	2	\$0 copay
charlotte 24 fe	2	\$0 copay
chateal	2	\$0 copay
chateal eq	2	\$0 copay
cryselle-28	2	\$0 copay
cyred	2	\$0 copay
cyred eq	2	\$0 copay
dasetta 1/35	2	\$0 copay
dasetta 7/7/7	2	\$0 copay
daysee	2	\$0 copay
delyla	2	\$0 copay
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	\$0 copay
desogestrel & ethynodiol diacetate tab 0.15 mg-30 mcg	2	\$0 copay
dolishale	2	\$0 copay
drospirenone-ethynodiol diacetate & levomefolate tab 3-0.02-0.451 mg	2	\$0 copay
drospirenone-ethynodiol diacetate & levomefolate tab 3-0.03-0.451 mg	2	\$0 copay
drospirenone-ethynodiol diacetate tab 3-0.02 mg	2	\$0 copay
drospirenone-ethynodiol diacetate tab 3-0.03 mg	2	\$0 copay
elinest	2	\$0 copay
emoquette	2	\$0 copay
enpresse-28	2	\$0 copay
enskyce	2	\$0 copay
estarrylla	2	\$0 copay
ethynodiol diacetate & ethynodiol diacetate tab 1 mg-35 mcg	2	\$0 copay
ethynodiol diacetate & ethynodiol diacetate tab 1 mg-50 mcg	2	\$0 copay
falmina	2	\$0 copay
fayosim	2	\$0 copay
femynor	2	\$0 copay
finzala	2	\$0 copay
gemmily	2	\$0 copay
hailey 1.5/30	2	\$0 copay
hailey 24 fe	2	\$0 copay
hailey fe 1.5/30	2	\$0 copay
hailey fe 1/20	2	\$0 copay
iclevia	2	\$0 copay
introvale	2	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>isibloom</i>	2	\$0 copay
<i>jaimiess</i>	2	\$0 copay
<i>jasmiel</i>	2	\$0 copay
<i>jolessa</i>	2	\$0 copay
<i>juleber</i>	2	\$0 copay
<i>junel 1.5/30</i>	2	\$0 copay
<i>junel 1/20</i>	2	\$0 copay
<i>junel fe 1.5/30</i>	2	\$0 copay
<i>junel fe 1/20</i>	2	\$0 copay
<i>junel fe 24</i>	2	\$0 copay
<i>kaitlib fe</i>	2	\$0 copay
<i>kalliga</i>	2	\$0 copay
<i>kariva</i>	2	\$0 copay
<i>kelnor 1/35</i>	2	\$0 copay
<i>kelnor 1/50</i>	2	\$0 copay
<i>kurvelo</i>	2	\$0 copay
<i>larin 1.5/30</i>	2	\$0 copay
<i>larin 1/20</i>	2	\$0 copay
<i>larin 24 fe</i>	2	\$0 copay
<i>larin fe 1.5/30</i>	2	\$0 copay
<i>larin fe 1/20</i>	2	\$0 copay
<i>layolis fe</i>	2	\$0 copay
<i>leena</i>	2	\$0 copay
<i>lessina</i>	2	\$0 copay
<i>levonest</i>	2	\$0 copay
<i>levonor-eth est tab 0.15-0.02/0.025/0.03</i>	2	\$0 copay
<i>mg &eth est 0.01 mg</i>		
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	\$0 copay
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	\$0 copay
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	\$0 copay
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	\$0 copay
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	\$0 copay
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	\$0 copay
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	\$0 copay
<i>levora 0.15/30-28</i>	2	\$0 copay
<i>LO LOESTRIN TAB 1-10-10</i>	3	\$0 copay
<i>lo-zumandimine</i>	2	\$0 copay
<i>loestrin 1.5/30-21</i>	2	\$0 copay
<i>loestrin 1/20-21</i>	2	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>loestrin fe 1.5/30</i>	2	\$0 copay
<i>loestrin fe 1/20</i>	2	\$0 copay
<i>lojaimiess</i>	2	\$0 copay
<i>loryna</i>	2	\$0 copay
<i>low-ogestrel</i>	2	\$0 copay
<i>lutera</i>	2	\$0 copay
<i>marlissa</i>	2	\$0 copay
<i>merzee</i>	2	\$0 copay
<i>microgestin 1.5/30</i>	2	\$0 copay
<i>microgestin 1/20</i>	2	\$0 copay
<i>microgestin 24 fe</i>	2	\$0 copay
<i>microgestin fe 1.5/30</i>	2	\$0 copay
<i>microgestin fe 1/20</i>	2	\$0 copay
<i>mili</i>	2	\$0 copay
<i>mono-linyah</i>	2	\$0 copay
<i>NATAZIA TAB</i>	3	\$0 copay
<i>necon 0.5/35-28</i>	2	\$0 copay
<i>nikki</i>	2	\$0 copay
<i>norethindrone & ethynodiol-Fe chew tab 0.4 mg-35 mcg</i>	2	\$0 copay
<i>norethindrone & ethynodiol-Fe chew tab 0.8 mg-25 mcg</i>	2	\$0 copay
<i>norethindrone ac-ethynodiol-Fe tab 1-20/1-30/1-35 mg-mcg</i>	2	\$0 copay
<i>norethindrone ace & ethynodiol tab 1 mg-20 mcg</i>	2	\$0 copay
<i>norethindrone ace & ethynodiol tab 1.5 mg-30 mcg</i>	2	\$0 copay
<i>norethindrone ace & ethynodiol-Fe tab 1 mg-20 mcg</i>	2	\$0 copay
<i>norethindrone ace & ethynodiol-Fe tab 1.5 mg-30 mcg</i>	2	\$0 copay
<i>norethindrone ace-eth estradiol-Fe chew tab 1 mg-20 mcg (24)</i>	2	\$0 copay
<i>norethindrone ace-ethynodiol-Fe cap 1 mg-20 mcg (24)</i>	2	\$0 copay
<i>norgestimate & ethynodiol tab 0.25 mg-35 mcg</i>	2	\$0 copay
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	\$0 copay
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	\$0 copay
<i>nortrel 0.5/35 (28)</i>	2	\$0 copay
<i>nortrel 1/35</i>	2	\$0 copay
<i>nortrel 7/7/7</i>	2	\$0 copay
<i>nylia 1/35</i>	2	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>nylia</i> 7/7/7	2	\$0 copay
<i>nymyo</i>	2	\$0 copay
<i>ocella</i>	2	\$0 copay
<i>philith</i>	2	\$0 copay
<i>pimtreia</i>	2	\$0 copay
<i>pirmella</i> 1/35	2	\$0 copay
<i>pirmella</i> 7/7/7	2	\$0 copay
<i>portia</i> -28	2	\$0 copay
<i>reclipsen</i>	2	\$0 copay
<i>rivilsa</i>	2	\$0 copay
<i>setlakin</i>	2	\$0 copay
<i>simliya</i>	2	\$0 copay
<i>simpesse</i>	2	\$0 copay
<i>sprintec</i> 28	2	\$0 copay
<i>sronyx</i>	2	\$0 copay
<i>syeda</i>	2	\$0 copay
<i>tarina</i> 24 fe	2	\$0 copay
<i>tarina</i> fe 1/20	2	\$0 copay
<i>tarina</i> fe 1/20 eq	2	\$0 copay
<i>taysofy</i>	2	\$0 copay
<i>tilia</i> fe	2	\$0 copay
<i>tri femynor</i>	2	\$0 copay
<i>tri-estarrylla</i>	2	\$0 copay
<i>tri-legest</i> fe	2	\$0 copay
<i>tri-linyah</i>	2	\$0 copay
<i>tri-lo-estarrylla</i>	2	\$0 copay
<i>tri-lo-marzia</i>	2	\$0 copay
<i>tri-lo-mili</i>	2	\$0 copay
<i>tri-lo-sprintec</i>	2	\$0 copay
<i>tri-mili</i>	2	\$0 copay
<i>tri-nymyo</i>	2	\$0 copay
<i>tri-sprintec</i>	2	\$0 copay
<i>tri-vylibra</i>	2	\$0 copay
<i>tri-vylibra</i> lo	2	\$0 copay
<i>trivora</i> -28	2	\$0 copay
<i>tydemy</i>	2	\$0 copay
<i>velivet</i>	2	\$0 copay
<i>vestura</i>	2	\$0 copay
<i>vienna</i>	2	\$0 copay
<i>viorele</i>	2	\$0 copay
<i>volnea</i>	2	\$0 copay
<i>vyfemla</i>	2	\$0 copay
<i>vylibra</i>	2	\$0 copay
<i>wera</i>	2	\$0 copay
<i>wymzya</i> fe	2	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
zovia 1/35	2	\$0 copay
zumandimine	2	\$0 copay
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
xulane	2	\$0 copay
zafemy	2	\$0 copay
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	3	QL (1 ring / 300 days); \$0 copay
eluryng	2	QL (13 rings / 300 days); \$0 copay
etongestrel-ethynodiol va ring 0.120-0.015 mg/24hr	2	QL (13 rings / 300 days); \$0 copay
NUVARING MIS	2	QL (13 rings / 300 days); Tier 2 with DAW 9
EMERGENCY CONTRACEPTIVES		
aftera tabs 1.5mg	2	OTC; \$0 copay
afterpill tabs 1.5mg	2	OTC; \$0 copay
econtra ez tabs 1.5mg	2	OTC; \$0 copay
econtra one-step tabs 1.5mg	2	OTC; \$0 copay
ELLA TABS 30mg	4	\$0 copay
levonorgestrel (emergency oc) tabs 1.5mg	2	OTC; \$0 copay
my choice tabs 1.5mg	2	OTC; \$0 copay
my way tabs 1.5mg	2	OTC; \$0 copay
new day tabs 1.5mg	2	OTC; \$0 copay
opcicon one-step tabs 1.5mg	2	OTC; \$0 copay
option 2 tabs 1.5mg	2	OTC; \$0 copay
react tabs 1.5mg	2	OTC; \$0 copay
take action tabs 1.5mg	2	OTC; \$0 copay
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	QL (6.154 injections / 300 days); \$0 copay
medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml	2	QL (4 injections / 300 days); \$0 copay
PROGESTIN CONTRACEPTIVES - ORAL		
camila tabs .35mg	2	\$0 copay
deblitane tabs .35mg	2	\$0 copay
errin tabs .35mg	2	\$0 copay
heather tabs .35mg	2	\$0 copay
incassia tabs .35mg	2	\$0 copay
jencycla tabs .35mg	2	\$0 copay
lyleq tabs .35mg	2	\$0 copay
lyza tabs .35mg	2	\$0 copay
nora-be tabs .35mg	2	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone (contraceptive) tabs .35mg</i>	2	\$0 copay
<i>norlyroc tabs .35mg</i>	2	\$0 copay
<i>sharobel tabs .35mg</i>	2	\$0 copay

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

<i>budesonide cprep 3mg</i>	2	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg; tbpk 1.5mg</i>	2	
<i>dexamethasone tabs 6mg</i>	1	
<i>hidex 6-day tbpk 1.5mg</i>	2	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	2	
<i>MEDROL TABS 2mg</i>	4	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg</i>	2	
<i>methylprednisolone tbpk 4mg</i>	1	
<i>prednisolone soln 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate soln 6.7mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	2	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	1	
<i>prednisone soln 5mg/5ml</i>	2	
<i>prednisone tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	1	
<i>UCERIS TB24 9mg</i>	2	Tier 2 with DAW 9

MINERALOCORTICOIDS

<i>fludrocortisone acetate tabs .1mg</i>	2	
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COUGH/COLD/ALLERGY

ANTITUSSIVES

<i>benzonatate caps 100mg, 200mg</i>	1	
<i>benzonatate caps 150mg</i>	2	
<i>hydrocodone bitart-homatropine</i>	2	Excludes children under 6 years
<i>methylbrom soln 5-1.5 mg/5ml</i>		
<i>hydrocodone bitart-homatropine</i>	2	Excludes children under 6 years
<i>methylbromide tab 5-1.5 mg</i>		
<i>hydromet</i>	2	Excludes children under 6 years

COUGH/COLD/ALLERGY COMBINATIONS

<i>g tussin ac</i>	2	OTC; Excludes children under 12 years
<i>guaiatussin ac</i>	2	OTC; Excludes children under 12 years
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	OTC; Excludes children under 12 years

Drug Name	Drug Tier	Requirements/Limits
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	2	Excludes children under 6 years
maxi-tuss ac	2	OTC; Excludes children under 12 years
promethazine & phenylephrine syrup 6.25-5 mg/5ml	2	
promethazine vc	2	
promethazine vc/codeine	2	Excludes children under 12 years
promethazine w/ codeine syrup 6.25-10 mg/5ml	2	Excludes children under 12 years
promethazine-dm syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	2	Excludes children under 12 years
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	2	
trymine cg	2	OTC; Excludes children under 12 years

EXPECTORANTS

potassium iodide (expectorant) soln 1gm/ml	2
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MISC. RESPIRATORY INHALANTS

sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%	2
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MUCOLYTICS

acetylcysteine soln 10%, 20%	2
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DERMATOLOGICALS

ACNE PRODUCTS

accutane caps 10mg, 20mg, 30mg, 40mg	2	QL (2 caps / 1 day)
acne foaming wash liqd 10%	2	PA, OTC
acne medication 2.5 gel 2.5%	1	PA, OTC
acne medication 5 gel 5%	1	PA, OTC
acne medication 10 gel 10%	1	PA, OTC
acne-clear gel 10%	1	PA, OTC
adapalene crea .1%; gel .1%, .3%	2	
adapalene-benzoyl peroxide gel 0.1-2.5%	2	PA
adapalene-benzoyl peroxide gel 0.3-2.5%	2	PA
amnesteem caps 10mg, 20mg, 40mg	2	QL (2 caps / 1 day)
avita crea .025%; gel .025%	2	
benzepro foam 5.3%	2	PA
benzoyl peroxide foam 9.8%; gel 8%	2	PA
benzoyl peroxide gel 2.5%	1	PA, OTC
benzoyl peroxide topical liqd 10%	2	PA, OTC
benzoyl peroxide wash liqd 5%	1	PA, OTC
benzoyl peroxide-erythromycin gel 5-3%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	2	
<i>bp gel gel 5%, 10%</i>	1	PA, OTC
<i>bp wash liqd 2.5%, 10%</i>	2	PA, OTC
<i>bp wash liqd 5%</i>	1	PA, OTC
<i>claravis caps 10mg, 20mg, 40mg</i>	2	QL (2 caps / 1 day)
<i>claravis caps 30mg</i>	2	QL (2 ea / 1 day)
<i>clean & clear persa-gel m gel 10%</i>	1	PA, OTC
<i>clindacin etz pledges swab 1%</i>	2	
<i>clindacin-p swab 1%</i>	2	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	
<i>clindamycin phosphate (topical) foam 1%; gel 1%; lotn 1%; soln 1%; swab 1%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	2	PA
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	2	PA, QL (30 gm / 30 days)
<i>cvs acne treatment/maximu gel 10%</i>	1	PA, OTC
<i>cvs advanced 3-in-1 exfol liqd 5%</i>	1	PA, OTC
<i>cvs foaming acne face was liqd 10%</i>	2	PA, OTC
<i>dapsone (topical) gel 5%, 7.5%</i>	2	PA
<i>EPIDUO FORTE GEL 0.3-2.5%</i>	3	PA
<i>EPIDUO GEL 0.1-2.5%</i>	3	PA
<i>ery pads 2%</i>	2	
<i>erythromycin (acne aid) gel 2%; soln 2%</i>	2	
<i>isotretinoin caps 10mg, 20mg, 25mg, 30mg, 35mg</i>	2	QL (2 caps / 1 day)
<i>isotretinoin caps 40mg</i>	2	QL (2 ea / 1 day)
<i>medpura benzoyl peroxide gel 5%, 10%; liqd 5%</i>	1	PA, OTC
<i>medpura benzoyl peroxide liqd 10%</i>	2	PA, OTC
<i>myorisan caps 10mg, 20mg, 30mg, 40mg</i>	2	QL (2 caps / 1 day)
<i>neuac</i>	2	
<i>ONEXTON GEL 1.2-3.75</i>	3	PA
<i>panoxyl foaming wash liqd 10%</i>	2	PA, OTC
<i>pr benzoyl peroxide wash liqd 7%</i>	2	PA
<i>resorcinol-sulfur lotion 2-5%</i>	2	
<i>sulfacetamide sodium (acne) lotn 10%</i>	2	
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	2	
<i>sulfamez wash</i>	2	
<i>tretinoin crea .1%</i>	2	QL (45 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
tretinoin crea .025%, .05%; gel .01%, .025%, .05%	2	
tretinoin microsphere gel .04%, .1%	2	
zenatane caps 10mg, 20mg, 30mg, 40mg	2	QL (2 caps / 1 day)
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine ptch 1.3%	2	
diclofenac sodium (topical) gel 1%	2	QL (100 gm / 30 days)
diclofenac sodium (topical) soln 1.5%	2	QL (150 mL / 30 days)
diclofenac sodium (topical) soln 2%	2	
ANTIBIOTICS - TOPICAL		
gentamicin sulfate (topical) crea .1%; oint .1%	2	
mupirocin oint 2%	2	
ANTIFUNGALS - TOPICAL		
cyclodan soln 8%	1	
ciclopirox gel .77%; sham 1%	2	
ciclopirox soln 8%	1	
ciclopirox olamine crea .77%; susp .77%	2	
clotrimazole (topical) crea 1%	2	PA
clotrimazole (topical) soln 1%	2	
clotrimazole w/ betamethasone cream 1-0.05%	2	
clotrimazole w/ betamethasone lotion 1-0.05%	2	
dermazene	2	
econazole nitrate crea 1%	2	QL (30 gm / 30 days)
iodoquimez-hc	2	
ketoconazole (topical) crea 2%	2	
ketoconazole (topical) sham 2%	1	
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	2	
naftifine hcl crea 1%, 2%	2	
NAFTIN GEL 1%, 2%	3	
nyamyc powd 100000unit/gm	2	QL (60 gm / 30 days)
nystatin (topical) crea 100000unit/gm; oint 100000unit/gm	2	
nystatin (topical) powd 100000unit/gm	2	QL (60 gm / 30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	2	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	2	
nystop powd 100000unit/gm	2	QL (60 gm / 30 days)
oxiconazole nitrate crea 1%	2	PA, QL (30 gm / 30 days)
sulconazole nitrate crea 1%; soln 1%	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</i>		
bexarotene (topical) gel 1%	5	SP, PA
diclofenac sodium (actinic keratoses) gel 3%	2	PA, QL (100 gm / 30 days)
fluorouracil (topical) crea 5%; soln 2%, 5%	2	
<i>ANTIPSORIATICS</i>		
acitretin caps 10mg, 17.5mg, 25mg	2	
calcipotriene oint .005%; soln .005%	2	
calcitrene oint .005%	2	
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	5	SP, PA; Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	5	SP, PA; For pediatric patients less than 50kg
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	5	SP, PA; Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
methoxsalen rapid caps 10mg	2	
SKYRIZI PSKT 75mg/0.83ml	5	SP, PA; Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
SKYRIZI SOSY 150mg/ml	5	SP, PA; Preferred for Psoriasis
SKYRIZI PEN SOAJ 150mg/ml	5	SP, PA; Preferred for Psoriasis
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	SP, PA; Preferred for Psoriasis, Psoriatic Arthritis, Crohn's Disease/Ulcerative Colitis (after failure of HUMIRA)
tazarotene crea .1%	2	QL (30 gm / 30 days)
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	5	SP, PA; Preferred for Psoriasis, Psoriatic Arthritis
<i>ANTISEBORRHEIC PRODUCTS</i>		
selenium sulfide lotn 2.5%	1	
<i>ANTIVIRALS - TOPICAL</i>		
acyclovir topical oint 5%	2	QL (15 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BURN PRODUCTS		
mafenide acetate pack 5%	2	
silver sulfadiazine crea 1%	2	
ssd crea 1%	2	
CORTICOSTEROIDS - TOPICAL		
ala-cort crea 1%, 2.5%	1	
alclometasone dipropionate crea .05%; oint .05%	2	
amcinonide crea .1%; lotn .1%	2	
betamethasone dipropionate (topical) crea .05%; lotn .05%	2	
betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%	2	
betamethasone valerate crea .1%; foam .12%; lotn .1%; oint .1%	2	
BRYHALI LOTN .01%	3	QL (180 gm / 30 days)
CAPEX SHAM .01%	3	
clobetasol propionate crea .05%; gel .05%	2	QL (60 gm / 30 days)
clobetasol propionate foam .05%; lotn .05%; oint .05%; sham .05%	2	
clobetasol propionate soln .05%	2	QL (50 mL / 30 days)
clobetasol propionate emo crea .05%	2	QL (60 gm / 30 days)
clobetasol propionate emollient base crea .05%	2	QL (60 gm / 30 days)
clodan sham .05%	2	
desonide crea .05%; lotn .05%; oint .05%	2	
desoximetasone crea .05%, .25%; gel .05%; oint .25%	2	
desoximetasone liqd .25%	2	PA
ENSTILAR AER	3	PA
fluocinolone acetonide crea .01%, .025%; oil .01%; oint .025%; soln .01%	2	
fluocinonide crea .05%	2	QL (150 gm / 30 days)
fluocinonide gel .05%; oint .05%; soln .05%	2	
fluocinonide emulsified base crea .05%	2	
fluticasone propionate crea .05%; lotn .05%; oint .005%	2	
halobetasol propionate crea .05%; oint .05%	2	
hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%	1	
hydrocortisone (topical) lotn 2.5%; oint 1%	2	

Drug Name		Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>		2	
<i>hydrocortisone valerate crea .2%; oint .2%</i>		2	
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>		2	
<i>prednicarbate oint .1%</i>		2	
<i>TEXACORT SOLN 2.5%</i>		3	
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%, .5%</i>		2	
<i>triderm crea .1%, .5%</i>	2	PA	
ECZEMA AGENTS			
<i>DUPIXENT SOPN 200mg/1.14ml; SOSY 200mg/1.14ml</i>	5	SP, PA, QL (0.09 ml / 1 day)	
<i>DUPIXENT SOPN 300mg/2ml; SOSY 300mg/2ml</i>	5	SP, PA, QL (0.15 ml / 1 day)	
<i>DUPIXENT SOSY 100mg/0.67ml</i>	5	SP, PA, QL (0.048 ml / 1 day)	
EMOLLIENT/KERATOLYTIC AGENTS			
<i>uredeb crea 39%</i>	2	PA	
EMOLLIENTS			
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	2	PA	
IMMUNOMODULATING AGENTS - TOPICAL			
<i>imiquimod crea 3.75%</i>	2	PA	
<i>imiquimod crea 5%</i>	2		
<i>ZYCLARA CREA 3.75%</i>	3	PA	
<i>ZYCLARA PUMP CREA 2.5%, 3.75%</i>	3	PA	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL			
<i>pimecrolimus crea 1%</i>	2	PA	
<i>tacrolimus (topical) oint .1%</i>	2	QL (60 gm / 30 days)	
<i>tacrolimus (topical) oint .03%</i>	2		
KERATOLYTIC/ANTIMITOTIC AGENTS			
<i>CONDYLOX GEL .5%</i>	3		
<i>podofilox soln .5%</i>	2		
LOCAL ANESTHETICS - TOPICAL			
<i>ethyl chloride aerosol spray</i>	2	PA	
<i>glydo prsy 2%</i>	2	QL (12 injections / 30 days)	
<i>lidocaine oint 5%</i>	2	PA, QL (50 gm / 30 days)	
<i>lidocaine ptch 5%</i>	2		
<i>lidocaine hcl gel 2%</i>	2	QL (60 mL / 30 days)	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl prsy 2%</i>	2	QL (12 injections / 30 days)
<i>lidocaine hcl soln 4%</i>	2	QL (50 mL / 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30 gm / 30 days)
<i>7t lido gel gel 2%</i>	2	QL (30 gm / 30 days)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT 2%	3	QL (60 gm / 30 days)
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	2	
FINACEA FOAM 15%	3	
<i>metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%</i>	2	
ORACEA CPDR 40mg	3	PA; Tier 2 with DAW 9
<i>rosadan crea .75%; gel .75%</i>	2	
SOOLANTRA CREA 1%	3	QL (45 gm / 30 days); Tier 2 with DAW 9
SCABICIDES & PEDICULICIDES		
<i>crotan lotn 10%</i>	2	
<i>ivermectin (pediculicide) lotn .5%</i>	2	
<i>lindane sham 1%</i>	2	
<i>malathion lotn .5%</i>	2	
<i>permethrin crea 5%</i>	2	
<i>spinosad susp .9%</i>	2	
TAR PRODUCTS		
<i>coal tar extract soln 20%</i>	2	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
<i>isosulfan blue soln 1%</i>	2	
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	3	QL (200 strips / 30 days), OTC
ACCU-CHEK TES GUIDE	3	QL (200 strips / 30 days), OTC
ACCU-CHEK TES SMART	3	QL (200 strips / 30 days), OTC
ONETOUCH TES ULTRA	3	QL (200 strips / 30 days), OTC
ONETOUCH TES VERIO	3	QL (200 strips / 30 days), OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
NUTRITIONAL SUPPLEMENTS		
<i>asilnasal rms</i>	2	

Drug Name	Drug Tier	Requirements/Limits
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	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		
acetazolamide cp12 500mg; tabs 125mg, 250mg	2	
methazolamide tabs 25mg, 50mg	2	
DIURETIC COMBINATIONS		
ALDACTAZIDE TAB 50/50	4	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75- 50 mg	1	
LOOP DIURETICS		
bumetanide tabs .5mg, 1mg, 2mg	1	
ethacrynic acid tabs 25mg	2	
furosemide soln 8mg/ml	2	
furosemide soln 10mg/ml; tabs 20mg, 40mg, 80mg	1	
torsemide tabs 5mg, 10mg, 20mg, 100mg	1	
POTASSIUM SPARING DIURETICS		
amiloride hcl tabs 5mg	1	
spironolactone tabs 25mg, 50mg, 100mg	1	
triamterene caps 50mg, 100mg	2	

Drug Name	Drug Tier	Requirements/Limits
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tabs 1.25mg</i>	1	QL (1 tab / 1 day)
<i>indapamide tabs 2.5mg</i>	1	
<i>metolazone tabs 2.5mg, 5mg</i>	1	QL (1 tab / 1 day)
<i>metolazone tabs 10mg</i>	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium soln 70mg/75ml</i>	2	
<i>alendronate sodium tabs 5mg</i>	2	QL (1 tab / 1 day)
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	
<i>calcitonin (salmon) soln 200unit/act, 200unit/ml</i>	2	
<i>FORTEO SOPN 600mcg/2.4ml</i>	5	SP, PA; Consult medical benefit for coverage
<i>ibandronate sodium tabs 150mg</i>	2	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	2	
<i>TYMLOS SOPN 3120mcg/1.56ml</i>	5	SP, PA
GNRH/LHRH ANTAGONISTS		
<i>ORILISSA TABS 150mg, 200mg</i>	3	PA
GROWTH HORMONES		
<i>NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml</i>	5	SP, PA
HORMONE RECEPTOR MODULATORS		
<i>raloxifene hcl tabs 60mg</i>	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
METABOLIC MODIFIERS		
<i>*betaine powder for oral solution***</i>	5	SP, PA
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	2	
<i>carglumic acid tbs 200mg</i>	5	SP, PA
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	5	SP, PA
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	2	
<i>javygtor pack 100mg</i>	5	SP, PA
<i>levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg</i>	2	
<i>nitisinone caps 2mg, 5mg, 10mg</i>	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	5	SP, PA
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	2	
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	5	SP, PA
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	5	SP, PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10mg, 20mg	3	PA, QL (1 tab / 1 day)
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate tabs .1mg, .2mg</i>	2	
<i>desmopressin acetate spray soln .01%</i>	2	
<i>desmopressin acetate spray refrigerated soln .1mg/ml</i>	2	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone tabs 200mg</i>	2	
PROLACTIN INHIBITORS		
<i>cabergoline tabs .5mg</i>	2	
SOMATOSTATIC AGENTS		
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	5	SP, PA
SOMATULINE DEPOT SOLN 120mg/0.5ml	5	SP, PA; Consult medical benefit for coverage
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan tabs 15mg, 30mg</i>	5	SP, PA
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>amabelz</i>	2	QL (1 tab / 1 day)
CLIMARA PRO DIS WEEKLY	3	QL (4 patches / 28 days)
COMBIPATCH DIS	3	QL (8 patches / 28 days)
DUAVEE TAB 0.45-20	3	
<i>estradiol & norethindrone acetate tab 0.5- 0.1 mg</i>	2	QL (1 tab / 1 day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	QL (1 tab / 1 day)
<i>fyavolv</i>	2	
<i>fyavolv</i>	2	QL (1 tab / 1 day)
<i>jintelis</i>	2	QL (1 ea / 1 day)
<i>mimvey</i>	2	QL (1 tab / 1 day)
MYFEMBREE TAB	3	PA, QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	QL (1 tab / 1 day)
ORIAHNN CAP	3	
PREMPHASE TAB	3	QL (1 tab / 1 day)
PREMPRO TAB	3	QL (1 tab / 1 day)
PREMPRO TAB 0.3-1.5	3	QL (1 tab / 1 day)
PREMPRO TAB 0.45-1.5	3	QL (1 tab / 1 day)
PREMPRO TAB 0.625-5	3	QL (1 tab / 1 day)

ESTROGENS

DIVIGEL GEL 1.25mg/1.25gm	3	QL (1.25 gm / 1 day)
DIVIGEL GEL 1mg/gm	3	QL (1 gm / 1 day)
DIVIGEL GEL .5mg/0.5gm	3	QL (1 packet / 1 day)
DIVIGEL GEL .25mg/0.25gm, .75mg/0.75gm	3	QL (1 ea / 1 day)
<i>dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	2	QL (8 patches / 28 days)
<i>estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	2	QL (8 patches / 28 days)
<i>estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	2	QL (4 patches / 28 days)
<i>estradiol tabs .5mg, 1mg, 2mg</i>	1	
<i>estradiol valerate oil 20mg/ml, 40mg/ml</i>	2	
EVAMIST SOLN 1.53mg/spray	3	QL (8.1 mL / 30 days)
<i>lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	2	QL (8 patches / 28 days)

FLUOROQUINOLONES

FLUOROQUINOLONES

CIPRO SUSR 5gm/100ml, 500mg/5ml	4	
ciprofloxacin hcl tabs 100mg	2	
ciprofloxacin hcl tabs 250mg, 500mg, 750mg	1	
levofloxacin soln 25mg/ml	2	
levofloxacin tabs 250mg	1	QL (1 tab / 1 day)
levofloxacin tabs 500mg, 750mg	1	
moxifloxacin hcl tabs 400mg	2	
ofloxacin tabs 300mg, 400mg	2	

GASTROINTESTINAL AGENTS - MISC.

GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	2	
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Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium (mastocytosis) conc 100mg/5ml	2	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone caps 8mcg, 24mcg	2	
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg	1	
metoclopramide hcl tbdp 5mg	2	
INFLAMMATORY BOWEL AGENTS		
ASACOL HD TBEC 800mg	2	Tier 2 with DAW 9
balsalazide disodium caps 750mg	2	
CIMZIA PSKT 200mg/ml	5	SP, PA; Preferred for Non-Radiographic Axial Spondyloarthritis
CIMZIA STARTER KIT PSKT 200mg/ml	5	SP, PA; Preferred for Non-Radiographic Axial Spondyloarthritis
mesalamine cp24 .375gm; cpcr 500mg; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg	2	
mesalamine w/ cleanser kit 4gm	2	
REMICADE SOLR 100mg	5	SP, PA; Consult medical benefit for coverage
SKYRIZI SOCT 360mg/2.4ml	5	SP, PA
SKYRIZI SOLN 600mg/10ml	5	SP, PA; Consult medical benefit for coverage
sulfasalazine tabs 500mg	1	
sulfasalazine tbec 500mg	2	
INTESTINAL ACIDIFIERS		
enulose soln 10gm/15ml	1	
generlac soln 10gm/15ml	1	
lactulose (encephalopathy) soln 10gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tabs .5mg, 1mg	2	PA
LINZESS CAPS 72mcg, 290mcg	3	
LINZESS CAPS 145mcg	3	QL (1 cap / 1 day)
VIBERZI TABS 75mg, 100mg	3	PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan caps 12mg	2	
SYMPROIC TABS .2mg	3	
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	3	PA

Drug Name	Drug Tier	Requirements/Limits
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	2	
PHOSLYRA SOLN 667mg/5ml	3	
sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg	2	
sevelamer hcl tabs 400mg, 800mg	2	
VELPHORO CHEW 500mg	3	QL (6 tabs / 1 day)

GENERAL ANESTHETICS

VOLATILE ANESTHETICS

sevoflurane inhal soln	2
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GENITOURINARY AGENTS - MISCELLANEOUS

ALKALINIZERS

cytra k crystals	2
pot & sod citrates w/ cit ac soln 550-500- 334 mg/5ml	2
potassium citrate & citric acid soln 1100- 334 mg/5ml	2
potassium citrate (alkalinizer) tbcr 10meq, 15meq, 540mg	2
sodium citrate & citric acid soln 500-334 mg/5ml	2

CYSTINOSIS AGENTS

CYSTAGON CAPS 50mg, 150mg	5	SP, PA
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GENITOURINARY IRRIGANTS

acetic acid soln .25%	2
argyle sterile saline soln .9%	2
curity sterile saline soln .9%	2
glycine (gu irrigant) soln 1.5%	2
neomycin-polymyxin b gu irrigation soln	2
sodium chloride (gu irrigant) soln .9%	2

PROSTATIC HYPERTROPHY AGENTS

alfuzosin hcl tb24 10mg	1
dutasteride caps .5mg	2
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	2
finasteride tabs 5mg	1
silodosin caps 4mg	2
silodosin caps 8mg	2
tamsulosin hcl caps .4mg	1

URINARY ANALGESICS

phenazo tabs 200mg	2
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URINARY STONE AGENTS

tiopronin tabs 100mg	5	SP, PA
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Drug Name	Drug Tier	Requirements/Limits
GOOUT AGENTS		
GOOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
GOOUT AGENTS		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine tabs .6mg</i>	2	
<i>febuxostat tabs 40mg, 80mg</i>	2	ST
<i>MITIGARE CAPS .6mg</i>	2	Tier 2 with DAW 9
URICOSURICS		
<i>probenecid tabs 500mg</i>	2	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
<i>KOGENATE FS KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit</i>	5	SP, PA; Consult medical benefit for coverage
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate soln 30mg/3ml</i>	5	SP, PA
<i>sajazir soln 30mg/3ml</i>	5	SP, PA
COMPLEMENT INHIBITORS		
<i>EMPAVELI SOLN 1080mg/20ml</i>	5	SP, PA, QL (0.334 vials / 1 day)
HEMATOLOGIC - TYROSINE KINASE INHIBITORS		
<i>TAVALISSE TABS 100mg, 150mg</i>	5	SP, PA
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tbcr 400mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
<i>ORLADEYO CAPS 110mg, 150mg</i>	5	SP, PA
<i>TAKHZYRO SOLN 300mg/2ml; SOSY 300mg/2ml</i>	5	SP, PA
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl caps .5mg, 1mg</i>	2	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
<i>BRILINTA TABS 60mg, 90mg</i>	3	
<i>cilostazol tabs 50mg, 100mg</i>	1	
<i>clopidogrel bisulfate tabs 75mg</i>	1	
<i>clopidogrel bisulfate tabs 300mg</i>	2	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	2	
<i>prasugrel hcl tabs 5mg, 10mg</i>	2	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
<i>CERDELGA CAPS 84mg</i>	5	SP, PA
<i>miglustat caps 100mg</i>	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
COBALAMINS		
cyanocobalamin soln 1000mcg/ml	2	
dodex soln 1000mcg/ml	2	
FOLIC ACID/FOLATES		
cvs folic acid tabs 800mcg	2	OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
fa-8 caps .8mg	2	OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
folate tabs 400mcg	2	OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
folic acid caps 800mcg; tabs 400mcg	2	OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
folic acid tabs 1mg	1	
sm folic acid tabs 400mcg	2	OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
yl folic acid tabs 400mcg	2	OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
HEMATOPOIETIC GROWTH FACTORS		
NIVESTYM SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	SP, PA
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	5	SP, PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 20000unit/2ml, 20000unit/ml, 40000unit/ml	5	SP, PA
ZIEXTENZO SOSY 6mg/0.6ml	5	SP, PA
HEMATOPOIETIC MIXTURES		
hematinic/folic acid	2	
hemocyte-f	2	

Drug Name	Drug Tier	Requirements/Limits
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<u>aminocaproic acid soln .25gm/ml; tabs 500mg, 1000mg</u>	2	
<u>tranexamic acid tabs 650mg</u>	2	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<u>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</u>	2	
HYPNOTICS - TRICYCLIC AGENTS		
<u>doxepin hcl (sleep) tabs 3mg</u>	2	QL (1 tab / 1 day)
<u>doxepin hcl (sleep) tabs 6mg</u>	2	
NON-BARBITURATE HYPNOTICS		
<u>estazolam tabs 1mg, 2mg</u>	2	
<u>eszopiclone tabs 1mg, 2mg, 3mg</u>	2	
<u>flurazepam hcl caps 15mg, 30mg</u>	2	
<u>midazolam hcl syrp 2mg/ml</u>	2	
<u>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</u>	2	
<u>triazolam tabs .125mg, .25mg</u>	2	
<u>zaleplon caps 5mg, 10mg</u>	2	
<u>zolpidem tartrate tabs 5mg, 10mg</u>	1	
<u>zolpidem tartrate tbcr 6.25mg, 12.5mg</u>	2	
OREXIN RECEPTOR ANTAGONISTS		
<u>BELSOMRA TABS 5mg, 10mg, 15mg, 20mg</u>	3	PA
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<u>ramelteon tabs 8mg</u>	2	
LAXATIVES		
LAXATIVE COMBINATIONS		
<u>CLENPIQ SOL</u>	3	
<u>gavilyte-c</u>	2	
<u>gavilyte-g</u>	2	
<u>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</u>	2	
<u>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</u>	2	
<u>PEG-PREP KIT</u>	4	\$0 copay for members age 50 through 74, otherwise not covered
<u>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</u>	2	

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES - MISCELLANEOUS		
constulose soln 10gm/15ml	1	
lactulose soln 10gm/15ml, 20gm/30ml	1	
LUBRICANT LAXATIVES		
mineral oil	2	
MACROLIDES		
AZITHROMYCIN		
azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	1	
CLARITHROMYCIN		
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg	2	
ERYTHROMYCINS		
e.e.s. 400 tabs 400mg	2	
ery-tab tbec 250mg, 333mg, 500mg	2	
erythrocin stearate tabs 250mg	2	
erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg	2	
erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg	2	
FIDAXOMICIN		
DIFICID SUSR 40mg/ml; TABS 200mg	3	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	4	QL (1 each / 300 days); \$0 copay
FC2 FEMALE MIS CONDOM	4	OTC; \$0 copay
FEMCAP MIS 22MM	4	QL (1 each / 300 days); \$0 copay
FEMCAP MIS 26MM	4	QL (1 each / 300 days); \$0 copay
FEMCAP MIS 30MM	4	QL (1 each / 300 days); \$0 copay
OMNIFLEX DPR	4	QL (1 each / 300 days); \$0 copay
WIDE-SEAL SILICONE DIAPHR DPRH 2%	4	QL (1 each / 300 days); \$0 copay
DIABETIC SUPPLIES		
ACCU-CHECK KIT GUIDE ME	3	OTC
ACCU-CHEK KIT AVIVA PL	3	OTC
ACCU-CHEK KIT COMPACT	3	OTC
ACCU-CHEK KIT GUIDE	3	OTC
ACCU-CHEK KIT NANO	3	OTC

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 MIS RECEIVER	3	
DEXCOM G6 MIS SENSOR	3	
DEXCOM G6 MIS TRANSMIT	3	
LANCETS	3	OTC
LANCETS MISC	3	OTC
OMNIPOD 5 G6 KIT INTRO	3	
OMNIPOD 5 G6 MIS PODS	3	
OMNIPOD DASH KIT INTRO	3	
OMNIPOD DASH MIS PODS	3	
OMNIPOD MIS CLASSIC	3	
OMNIPOD PDM KIT CLASSIC	3	
ONE TOUCH KIT VERIO FL	3	OTC
ONETOUCH KIT ULT MINI	3	OTC
ONETOUCH KIT ULTRA 2	3	OTC
ONETOUCH KIT VERIO	3	OTC
ONETOUCH KIT VERIO FL	3	OTC
ONETOUCH KIT VERIO IQ	3	OTC
ONETOUCH KIT VERIO RE	3	OTC
ONETOUCH SOL KIT STARTER	3	OTC
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	

PARENTERAL THERAPY SUPPLIES

AUTOSHIELD MIS 29X3/16"	3	OTC
AUTOSHIELD MIS 29X5/16"	3	OTC
AUTOSHIELD MIS 30GX5MM	3	OTC
BD PEN NEEDL MIS 29GX12.7	3	OTC
BD PEN NEEDL MIS 31GX5MM	3	OTC
BD PEN NEEDL MIS 31GX8MM	3	OTC
BD PEN NEEDL MIS 32GX4MM	3	
BD PEN NEEDL MIS 32GX4MM	3	OTC
BD PEN NEEDL MIS 32GX6MM	3	OTC
BD U-500 MIS 31GX6MM	3	
INSULIN SYRG MIS 0.3/29G	3	OTC
INSULIN SYRG MIS 0.3/30G	3	OTC
INSULIN SYRG MIS 0.3/31G	3	
INSULIN SYRG MIS 0.3/31G	3	OTC
INSULIN SYRG MIS 0.5/28G	3	OTC
INSULIN SYRG MIS 0.5/29G	3	OTC
INSULIN SYRG MIS 0.5/30G	3	OTC
INSULIN SYRG MIS 0.5/31G	3	OTC
INSULIN SYRG MIS 1ML	3	OTC
INSULIN SYRG MIS 1ML/25G	3	OTC
INSULIN SYRG MIS 1ML/26G	3	OTC
INSULIN SYRG MIS 1ML/27G	3	OTC

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 1ML/28G	3	OTC
INSULIN SYRG MIS 1ML/29G	3	OTC
INSULIN SYRG MIS 1ML/30G	3	OTC
INSULIN SYRG MIS 1ML/31G	3	OTC
INSULIN SYRG MIS 2/27.5G	3	OTC

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	3	PA
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	3	PA
NURTEC TBDP 75mg	3	ST, QL (16 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	ST, QL (16 tabs / 30 days)

SEROTONIN AGONISTS

<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	2	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	2	QL (12 tabs / 30 days)
<i>frovatriptan succinate tabs 2.5mg</i>	2	QL (18 tabs / 30 days)
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	1	QL (12 tabs / 30 days)
<i>ONZETRA XSAIL EXHP 11mg/nosepc</i>	3	QL (16 nosepieces / 30 days)
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	1	QL (18 tabs / 30 days)
<i>sumatriptan soln 5mg/act</i>	2	QL (24 sprays / 30 days)
<i>sumatriptan soln 20mg/act</i>	2	QL (12 sprays / 30 days)
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i>	2	QL (18 syringes / 30days)
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml</i>	2	QL (12 units / 30 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	2	QL (12 vials / 30 days)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	1	QL (12 tabs / 30 days)
<i>ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml</i>	3	QL (24 injections / 30 days)
<i>zolmitriptan soln 2.5mg, 5mg</i>	2	QL (12 sprays / 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	2	QL (12 tabs / 30 days)
<i>ZOMIG SOLN 2.5mg, 5mg</i>	3	QL (12 sprays / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MINERALS & ELECTROLYTES		
FLUORIDE		
<i>fluoritab soln .125mg/drop</i>	2	\$0 applies for ages 5 and under, otherwise not covered
<i>nafrinse chew 2.2mg</i>	1	
<i>nafrinse drops soln .125mg/drop</i>	2	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew 1mg, 2.2mg</i>	1	
<i>sodium fluoride chew .5mg; soln .5mg/ml</i>	1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew .25mg; tabs .5mg</i>	2	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tabs 1mg</i>	2	
IODINE PRODUCTS		
<i>iodine solution strong 5% (lugol's)</i>	2	
PHOSPHATE		
<i>phospha 250 neutral</i>	2	
<i>phospho-trin 250 neutral</i>	2	
<i>phospho-trin k500 tabs 500mg</i>	2	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	2	
POTASSIUM		
<i>effer-k tbef 25meq</i>	2	
<i>k-prime tbef 25meq</i>	2	
<i>klor-con pack 20meq</i>	2	
<i>klor-con 8 tbcr 8meq</i>	2	
<i>klor-con 10 tbcr 10meq</i>	1	
<i>klor-con m10 tbcr 10meq</i>	1	
<i>klor-con m15 tbcr 15meq</i>	2	
<i>klor-con m20 tbcr 20meq</i>	1	
<i>klor-con/ef tbef 25meq</i>	2	
<i>potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%, 20%; tbcr 8meq</i>	2	
<i>potassium chloride tbcr 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbcr 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbcr 15meq</i>	2	
SODIUM		
<i>sodium chloride soln .9%, 2.5meq/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATIN AGENTS		
penicillamine caps 250mg; tabs 250mg	5	SP, PA
trientine hcl caps 250mg	5	SP, PA
IMMUNOMODULATORS		
lenalidomide caps 5mg, 10mg, 15mg, 25mg	5	SP, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	5	SP, PA
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	5	SP, PA
IMMUNOSUPPRESSIVE AGENTS		
azasan tabs 75mg, 100mg	2	
azathioprine tabs 50mg, 75mg, 100mg	2	
cyclosporine caps 25mg, 100mg	2	SP
cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml	2	SP
ENSPRYNG SOSY 120mg/ml	5	SP, PA
everolimus (immunosuppressant) tabs 1mg	2	SP, PA
everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg	2	SP
gengraf caps 25mg, 100mg; soln 100mg/ml	2	SP
mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg	2	SP
mycophenolate sodium tbec 180mg, 360mg	2	SP
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	2	SP
tacrolimus caps .5mg, 1mg, 5mg	2	SP
IRRIGATION SOLUTIONS		
argyle sterile water 100m	2	
lactated ringer's for irrigation	2	
physiolyte	2	
physiosol irrigation	2	
ringer's solution for irrigation	2	
tis-u-sol	2	
water for irrigation, sterile irrigation soln	2	
POTASSIUM REMOVING AGENTS		
LOKELMA PACK 5gm, 10gm	3	
*sodium polystyrene sulfonate powder**	2	
sps susp 15gm/60ml	2	
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	

Drug Name	Drug Tier	Requirements/Limits
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl (mouth-throat) soln 2%</i>		
<i>lidocaine hcl (mouth-throat) soln 4%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troc 10mg</i>	2	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	2	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	1	
<i>periogard soln .12%</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>oralone dental paste pste .1%</i>	2	
<i>triamcinolone acetonide (mouth) pste .1%</i>	2	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl caps 30mg</i>	2	PA
<i>MUGARD LIQ</i>	5	SP, PA
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	2	
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
<i>multi-vitamin/fluoride/ir</i>	2	Benefit exclusions may apply
PED MV W/ FLUORIDE		
<i>multi-vitamin/fluoride dr</i>	2	Benefit exclusions may apply
<i>multivitamin with fluorid</i>	2	Benefit exclusions may apply
<i>multivitamin/fluoride</i>	2	
<i>multivitamin/fluoride</i>	2	Benefit exclusions may apply
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i>	2	Benefit exclusions may apply
<i>tri-vite/fluoride</i>	2	Benefit exclusions may apply
<i>vitamins a/c/d/fluoride</i>	2	Benefit exclusions may apply
PRENATAL VITAMINS		
<i>elite-ob</i>	2	
<i>inatal gt</i>	2	
<i>pnv-dha</i>	2	
<i>pnv-select</i>	2	
<i>prenatabs rx</i>	2	
<i>prenatal 19</i>	2	

Drug Name	Drug Tier	Requirements/Limits
trinate	2	

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

<i>baclofen soln 5mg/5ml; tabs 5mg</i>	2
<i>baclofen tabs 10mg, 20mg</i>	1
<i>carisoprodol tabs 350mg</i>	2
<i>chlorzoxazone tabs 500mg</i>	2
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	1
<i>metaxalone tabs 800mg</i>	2
<i>methocarbamol tabs 500mg, 750mg</i>	1
<i>orphenadrine citrate tb12 100mg</i>	1
<i>tizanidine hcl caps 2mg, 4mg, 6mg</i>	2
<i>tizanidine hcl tabs 2mg, 4mg</i>	1

DIRECT MUSCLE RELAXANTS

<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	2
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VISCOSUPPLEMENTS

EUFLEXXA SOSY 20mg/2ml	5	SP, PA; Consult medical benefit for coverage
SUPARTZ FX SOSY 25mg/2.5ml	5	SP, PA; Consult medical benefit for coverage

NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL AGENT COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	QL (1 bottle / 30 days)
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NASAL ANTIALLERGY

<i>azelastine hcl soln .15%, 137mcg/spray</i>	2	QL (2 bottles / 30 days)
<i>olopatadine hcl (nasal) soln .6%</i>	2	QL (1 bottle / 30 days)

NASAL ANTICHOLINERGICS

<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1	
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NASAL STEROIDS

<i>flunisolide (nasal) soln .025%</i>	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	1	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal) susp 50mcg/act</i>	2	QL (2 bottles / 30 days)

NEUROMUSCULAR AGENTS

ALS AGENTS

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

PROTEINS

<i>aminoam rms</i>	2	
<i>aminorelief rms</i>	2	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
<hr/>		
<i>betaxolol hcl (ophth) soln .5%</i>	2	
<i>BETOPTIC-S SUSP .25%</i>	3	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>carteolol hcl (ophth) soln 1%</i>	2	
<i>COMBIGAN SOL 0.2/0.5%</i>	3	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>levobunolol hcl soln .5%</i>	1	
<i>timolol maleate (ophth) solg .25%, .5%; soln .5%</i>	2	
<i>timolol maleate (ophth) soln .25%, .5%</i>	1	
CYCLOPLEGIC MYDRIATICS		
<hr/>		
<i>altafrin soln 2.5%, 10%</i>	2	
<i>atropine sulfate (ophthalmic) soln 1%</i>	2	
<i>cyclopentolate hcl soln .5%, 1%, 2%</i>	2	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	2	
<i>tropicamide soln .5%, 1%</i>	2	
MIOTICS		
<hr/>		
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
OPHTHALMIC ADRENERGIC AGENTS		
<hr/>		
<i>ALPHAGAN P SOLN .1%, .15%</i>	3	
<i>apraclonidine hcl soln .5%</i>	2	
<i>brimonidine tartrate soln .2%</i>	1	
<i>brimonidine tartrate soln .15%</i>	2	
<i>SIMBRINZA SUS 1-0.2%</i>	3	
OPHTHALMIC ANTI-INFECTIVES		
<hr/>		
<i>ak-poly-bac</i>	1	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>BESIVANCE SUSP .6%</i>	3	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1	
<i>erythromycin (ophth) oint 5mg/gm</i>	1	
<i>gatifloxacin (ophth) soln .5%</i>	2	
<i>gentak oint .3%</i>	2	
<i>gentamicin sulfate (ophth) soln .3%</i>	1	
<i>levofloxacin (ophth) soln .5%</i>	2	
<i>moxifloxacin hcl (ophth) soln .5%</i>	2	
<i>neo-polycin</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polomyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth) soln .3%</i>	1	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	2	
<i>tobramycin (ophth) soln .3%</i>	1	
<i>TOBREX OINT .3%</i>	4	
<i>trifluridine soln 1%</i>	2	
OPHTHALMIC IMMUNOMODULATORS		
<i>RESTASIS EMUL .05%</i>	3	Tier 2 with DAW 9
<i>RESTASIS MULTIDOSE EMUL .05%</i>	3	
OPHTHALMIC INTEGRIN ANTAGONISTS		
<i>XiIDRA SOLN 5%</i>	3	
OPHTHALMIC KINASE INHIBITORS		
<i>RHOPRESSA SOLN .02%</i>	3	
<i>ROCKLATAN DRO</i>	3	
OPHTHALMIC LOCAL ANESTHETICS		
<i>altacaine soln .5%</i>	2	
<i>proparacaine hcl soln .5%</i>	2	
<i>tetracaine hcl (ophth) soln .5%</i>	2	
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	2	
<i>difluprednate emul .05%</i>	2	
<i>fluorometholone (ophth) susp .1%</i>	2	
<i>loteprednol etabonate gel .5%; susp .5%</i>	2	
<i>neo-polycin hc</i>	2	
<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>	2	
<i>prednisolone acetate (ophth) susp 1%</i>	2	
<i>PREDNISOLONE SODIUM PHOSP SOLN 1%</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
<i>TOBRADEX OIN 0.3-0.1%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
OPHTHALMICS - MISC.		
<i>altafluor benox</i>	2	
<i>azelastine hcl (ophth) soln .05%</i>	2	
<i>bepotastine besilate soln 1.5%</i>	2	
<i>brinzolamide susp 1%</i>	2	
<i>bromfenac sodium (ophth) soln .09%</i>	2	
<i>cromolyn sodium (ophth) soln 4%</i>	2	
<i>diclofenac sodium (ophth) soln .1%</i>	2	
<i>dorzolamide hcl soln 2%</i>	2	
<i>epinastine hcl (ophth) soln .05%</i>	2	
<i>fluor-i-strips a.t. strp 1mg</i>	2	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	2	
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	2	
<i>flurbiprofen sodium soln .03%</i>	1	
<i>ILEVRO SUSP .3%</i>	3	
<i>ketorolac tromethamine (ophth) soln .4%</i>	2	
<i>ketorolac tromethamine (ophth) soln .5%</i>	1	
<i>olopatadine hcl soln .1%, .2%</i>	2	
<i>PROLENSA SOLN .07%</i>	3	
PROSTAGLANDINS - OPHTHALMIC		
<i>latanoprost soln .005%</i>	1	
<i>LUMIGAN SOLN .01%</i>	3	
<i>travoprost soln .004%</i>	2	
<i>ZIOPTAN SOLN .015mg/ml</i>	3	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid (otic) soln 2%</i>	2	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl (otic) soln .2%</i>	2	
<i>ofloxacin (otic) soln .3%</i>	2	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
OTIC STEROIDS		
<i>flac oil .01%</i>	2	
<i>fluocinolone acetonide (otic) oil .01%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone w/ acetic acid otic soln 1-2%	2	
OXYTOCICS		
OXYTOCICS		
methergine tabs .2mg	2	
methylergonovine maleate tabs .2mg	2	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	5	SP, PA
PENICILLINS		
AMINOPENICILLINS		
amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	1	
ampicillin caps 500mg	1	
NATURAL PENICILLINS		
penicillin g potassium solr 5000000unit, 20000000unit	2	
penicillin g sodium solr 5000000unit	2	
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
pfizerpen solr 5000000unit, 20000000unit	2	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200- 28.5 mg	2	
amoxicillin & k clavulanate chew tab 400- 57 mg	2	
amoxicillin & k clavulanate for susp 200- 28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250- 62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600- 42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	2	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium caps 250mg, 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
PROGESTINS		
PROGESTINS		
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg</i>	1	QL (1 tab / 1 day)
<i>medroxyprogesterone acetate tabs 10mg</i>	1	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	2	
<i>norethindrone acetate tabs 5mg</i>	2	
<i>progesterone caps 100mg, 200mg; oil 50mg/ml</i>	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium tbec 333mg</i>	2	
<i>disulfiram tabs 250mg, 500mg</i>	2	
ANTI-CATAPLECTIC AGENTS		
<i>XYWAV SOL 0.5GM/ML</i>	5	SP, PA
ANTIDEMENTIA AGENTS		
<i>donepezil hydrochloride tabs 5mg</i>	1	QL (1 tab / 1 day)
<i>donepezil hydrochloride tabs 10mg</i>	1	
<i>donepezil hydrochloride tabs 23mg; tbdp 10mg</i>	2	
<i>donepezil hydrochloride tbdp 5mg</i>	2	QL (1 tab / 1 day)
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 12mg</i>	2	
<i>galantamine hydrobromide tabs 8mg</i>	2	QL (1 tab / 1 day)
<i>memantine hcl cp24 7mg, 14mg</i>	2	QL (1 cap / 1 day)
<i>memantine hcl cp24 21mg, 28mg; soln 2mg/ml, 10mg/5ml; tabs 5mg, 10mg</i>	2	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	
<i>NAMZARIC CAP</i>	3	
<i>NAMZARIC CAP 7-10MG</i>	3	
<i>NAMZARIC CAP 14-10MG</i>	3	
<i>NAMZARIC CAP 21-10MG</i>	3	
<i>NAMZARIC CAP 28-10MG</i>	3	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	2	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	2	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	2	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	2	QL (1 cap / 1 day)
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	2	QL (1 cap / 1 day)
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	2	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	2	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	2	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	2	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	2	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	2	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	2	

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO TABS 6mg, 9mg, 12mg	5	SP, PA
INGREZZA CAPS 40mg	5	SP, PA, QL (1 cap / 1 day)
INGREZZA CAPS 60mg, 80mg	5	SP, PA
INGREZZA CAP 40-80MG	5	SP, PA
<i>tetrabenazine tabs 12.5mg, 25mg</i>	5	SP, PA

MULTIPLE SCLEROSIS AGENTS

AUBAGIO TABS 7mg, 14mg	5	SP, PA, QL (1 tab / 1 day)
AVONEX PSKT 30mcg/0.5ml	5	SP, PA, QL (0.04 injections / 1 day)
AVONEX PEN AJKT 30mcg/0.5ml	5	SP, PA, QL (0.04 injections / 1 day)
BETASERON KIT .3mg	5	SP, PA
COPAXONE SOSY 20mg/ml	5	SP, PA, QL (1 injection / 1 day)
COPAXONE SOSY 40mg/ml	5	SP, PA, QL (0.43 injections / 1 day)
<i>dalfampridine tb12 10mg</i>	5	SP, PA
<i>dimethyl fumarate cpdr 120mg, 240mg</i>	5	SP, PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	SP, PA
GILENYA CAPS .5mg	5	SP, PA
<i>glatiramer acetate sosy 20mg/ml</i>	5	SP, PA, QL (1 injection / 1 day)
<i>glatiramer acetate sosy 40mg/ml</i>	5	SP, PA, QL (0.43 injections / 1 day)
<i>glatopa sosy 20mg/ml</i>	5	SP, PA, QL (1 injection / 1 day)
<i>glatopa sosy 40mg/ml</i>	5	SP, PA, QL (0.43 injections / 1 day)
KESIMPTA SOAJ 20mg/0.4ml	5	SP, PA, QL (0.015 ml / 1 day)
MAYZENT TABS 1mg	5	SP, PA, QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
MAYZENT TABS 2mg	5	SP, PA
MAYZENT TABS .25mg	5	SP, PA, QL (4 tabs / 1 day)
MAYZENT STARTER PACK TBPK .25mg	5	SP, PA, QL (12 tabs / 5 days)
MAYZENT STARTER PACK TBPK .25mg	5	SP, PA, QL (7 tabs / 5 days)
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	5	SP, PA
REBIF REBIDO INJ TITRATN	5	SP, PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	5	SP, PA
REBIF TITRTN INJ PACK	5	SP, PA
VUMERITY CPDR 231mg	5	SP, PA, QL (4 caps / 1 day)
ZEPOSIA CAPS .92mg	5	SP, PA, QL (1 cap / 1 day); Preferred for Ulcerative Colitis (after failure of HUMIRA)
ZEPOSIA 7DAY CAP STR PACK	5	SP, PA, QL (1 ea / 1 day); Preferred for Ulcerative Colitis (after failure of HUMIRA)
ZEPOSIA CAP STR KIT	5	SP, PA, QL (1 ea / 1 day); Preferred for Ulcerative Colitis (after failure of HUMIRA)

POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS

GRALISE TABS 300mg, 600mg	3
pregabalin (once-daily) tb24 82.5mg, 165mg, 330mg	2

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

ergoloid mesylates tabs 1mg	2
pimozide tabs 1mg, 2mg	2

SMOKING DETERRENTS

bupropion hcl (smoking deterrent) tb12 150mg	2	\$0 limited to 2 treatment cycles/year
nicotine gum 2mg, 4mg; lozg 2mg, 4mg; pt24 7mg/24hr, 14mg/24hr, 21mg/24hr	2	OTC; \$0 limited to 2 treatment cycles/year
NICOTINE SYS KIT TRANSDER	4	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10mg	4	\$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10mg/ml	4	\$0 limited to 2 treatment cycles/year
varenicline tartrate tabs .5mg, 1mg	2	\$0 limited to 2 treatment cycles/year

Drug Name		Drug Tier	Requirements/Limits
varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack		2	
TRANSTHYRETIN AMYLOIDOSIS AGENTS			
TEGSEDI SOSY 284mg/1.5ml		5	SP, PA
RESPIRATORY AGENTS - MISC.			
ALPHA-PROTEINASE INHIBITOR (HUMAN)			
PROLASTIN-C SOLR 1000mg		5	SP, PA; Consult medical benefit for coverage
PULMONARY FIBROSIS AGENTS			
ESBRIET CAPS 267mg; TABS 267mg, 801mg		5	SP, PA
OFEV CAPS 100mg, 150mg		5	SP, PA
pirfenidone tabs 267mg, 801mg		5	SP, PA
TETRACYCLINES			
TETRACYCLINES			
avidoxy tabs 100mg		2	
demeclocycline hcl tabs 150mg, 300mg		2	
doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg		2	
doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg		2	
minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg		2	
monodoxine nl caps 100mg		2	
tetracycline hcl caps 250mg, 500mg		2	
VIBRAMYCIN SYRP 50mg/5ml		3	
THYROID AGENTS			
ANTITHYROID AGENTS			
methimazole tabs 5mg, 10mg		1	
propylthiouracil tabs 50mg		2	
THYROID HORMONES			
euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg		1	
levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		1	
levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		1	

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1	
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	2	
<i>np thyroid 15 tabs 15mg</i>	1	
<i>np thyroid 30 tabs 30mg</i>	1	
<i>np thyroid 60 tabs 60mg</i>	1	
<i>np thyroid 90 tabs 90mg</i>	1	
<i>np thyroid 120 tabs 120mg</i>	1	
<i>SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	3	
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ	4	\$0 copay
BOOSTRIX INJ	4	\$0 copay
DAPTACEL INJ	4	\$0 copay for members age 18 and younger, otherwise not covered
DIP/TET PED INJ 25-5LFU	4	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	4	\$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	4	\$0 copay for members age 18 and younger, otherwise not covered
PEDIARIX INJ 0.5ML	4	\$0 copay for members age 18 and younger, otherwise not covered
PENTACEL INJ	4	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ	4	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	4	\$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
TDVAX INJ 2-2 LF	4	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	4	\$0 copay for members age 19 and older, otherwise not covered
TET/DIP TOX INJ 2-2 LF	4	\$0 copay for members age 19 and older, otherwise not covered
VAXELIS INJ	4	\$0 copay for members age 18 and younger, otherwise not covered

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

<i>dicyclomine hcl caps 10mg; tabs 20mg</i>	1
<i>dicyclomine hcl soln 10mg/5ml</i>	2
<i>ed-spaz tbdp .125mg</i>	2
<i>glycopyrrolate soln 1mg/5ml; tabs 1mg, 2mg</i>	2
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; subl .125mg; tabs .125mg; tbdp .125mg</i>	2
<i>hyosyne elix .125mg/5ml; soln .125mg/ml</i>	2
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	2
<i>nulev tbdp .125mg</i>	2
<i>oscimin subl .125mg; tabs .125mg</i>	2

H-2 ANTAGONISTS

<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	2
<i>cimetidine hcl soln 300mg/5ml</i>	2
<i>famotidine susr 40mg/5ml</i>	2
<i>famotidine tabs 20mg, 40mg</i>	1
<i>nizatidine caps 150mg, 300mg</i>	2

MISC. ANTI-ULCER

<i>sucralfate tabs 1gm</i>	1
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PROTON PUMP INHIBITORS

<i>esomeprazole magnesium cpdr 20mg, 40mg; pack 10mg, 20mg, 40mg</i>	2
<i>lansoprazole cpdr 15mg, 30mg</i>	1
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1
<i>pantoprazole sodium tbec 20mg, 40mg</i>	1
<i>rabeprazole sodium tbec 20mg</i>	2

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol tabs 100mcg, 200mcg</i>	2
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Drug Name	Drug Tier	Requirements/Limits
<i>ULCER THERAPY COMBINATIONS</i>		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	2	
<i>PYLERA CAP</i>	3	
<i>TALICIA CAP</i>	3	PA

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS

(ANTICHOLINERGIC)

<i>darifenacin hydrobromide tb24 7.5mg</i>	2	QL (1 tab / 1 day)
<i>darifenacin hydrobromide tb24 15mg</i>	2	
<i>fesoterodine fumarate tb24 4mg</i>	2	QL (1 tab / 1 day)
<i>fesoterodine fumarate tb24 8mg</i>	2	
<i>oxybutynin chloride syrup 5mg/5ml; tabs 5mg; tb24 10mg, 15mg</i>	1	
<i>oxybutynin chloride tb24 5mg</i>	1	QL (1 tab / 1 day)
<i>solifenacin succinate tabs 5mg</i>	2	QL (1 tab / 1 day)
<i>solifenacin succinate tabs 10mg</i>	2	
<i>tolterodine tartrate cp24 2mg</i>	2	QL (1 cap / 1 day)
<i>tolterodine tartrate cp24 4mg; tabs 1mg, 2mg</i>	2	
<i>TOVIAZ TB24 4mg</i>	3	QL (1 tab / 1 day)
<i>TOVIAZ TB24 8mg</i>	3	
<i>trospium chloride cp24 60mg; tabs 20mg</i>	2	

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

<i>GEMTESA TABS 75mg</i>	3	
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URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	2	
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URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tabs 100mg</i>	2	
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VACCINES

BACTERIAL VACCINES

<i>ACTHIB INJ</i>	4	\$0 copay for members age 18 and younger, otherwise not covered
<i>BEXZERO INJ</i>	4	\$0 copay
<i>HIBERIX SOLR 10mcg</i>	4	\$0 copay for members age 18 and younger, otherwise not covered
<i>MENACTRA INJ</i>	4	\$0 copay
<i>MENQUADFI INJ</i>	4	\$0 copay
<i>MENVEO INJ</i>	4	\$0 copay
<i>PEDVAX HIB SUSP 7.5mcg/0.5ml</i>	4	\$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
PNEUMOVAX 23/1 DOSE INJ 25mcg/0.5ml	4	\$0 copay
PREVNAR 13 INJ	4	\$0 copay
PREVNAR 20 INJ	4	\$0 copay
TRUMENBA INJ	4	\$0 copay
VIRAL VACCINES		
AFLURIA QUAD INJ 2022-23	4	\$0 copay
COMIRNATY SUSP 30mcg/0.3ml	4	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	4	\$0 copay
FLUAD QUADRI INJ 2022-23	4	\$0 copay
FLUARIX QUAD INJ 2022-23	4	\$0 copay
FLUBLOK QUAD INJ 2022-23	4	\$0 copay
FLUCLVX QUAD INJ 2022-23	4	\$0 copay
FLULAVAL QUA INJ 2022-23	4	\$0 copay
FLUMIST QUAD SUS 2022-23	4	\$0 copay
FLUZONE HD INJ 2022-23	4	\$0 copay
FLUZONE QUAD INJ 2022-23	4	\$0 copay
GARDASIL 9 INJ	4	\$0 copay
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	4	\$0 copay
IPOL INJ INACTIVE	4	\$0 copay for members age 18 and younger, otherwise not covered
JANSSEN COVID-19 VACCINE SUSP .5ml	4	
M-M-R II INJ	4	\$0 copay
MODERNA COVID-19 VACCINE SUSP 25mcg/0.25ml, 50mcg/0.5ml	4	
MODERNA COVID-19 VACCINE SUSP 100mcg/0.5ml	4	
MODERNA COVID-19 VACCINE/ SUSP 50mcg/0.5ml	4	
NOVAVAX COVID-19 VACCINE SUSP 5mcg/0.5ml	4	
PFIZER-BIONTECH COVID-19 SUSP 3mcg/0.2ml, 30mcg/0.3ml	4	
PFIZER-BIONTECH COVID-19 SUSP 10mcg/0.2ml, 30mcg/0.3ml	4	
PREHEVBRIQ SUSP 10mcg/ml	4	\$0 copay
RECOMBIVAX HB SUSP 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	4	\$0 copay
ROTARIX SUS	4	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	4	\$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX SUSR 50mcg/0.5ml	4	\$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX COVID-19 VACCINE SUSP 100mcg/0.5ml	4	
TWINRIX INJ	4	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25unit/0.5ml, 50unit/ml	4	\$0 copay
VARIVAX INJ 1350pfu/0.5ml	4	\$0 copay

VAGINAL AND RELATED PRODUCTS

SPERMICIDES

ENCARE SUPP 100mg	4	OTC; \$0 copay
OPTIONS GYNOL II VAGINAL GEL 3%	4	OTC; \$0 copay
SHUR-SEAL GEL 2%	4	OTC; \$0 copay
TODAY SPONGE MISC 1000mg	4	OTC; \$0 copay
VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%; GEL 4%	4	OTC; \$0 copay

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal crea 2%</i>	2
<i>metronidazole vaginal gel .75%</i>	2
<i>miconazole 3 supp 200mg</i>	2
<i>terconazole vaginal crea .4%</i>	1
<i>terconazole vaginal crea .8%; supp 80mg</i>	2

VAGINAL CONTRACEPTIVE - PH MODULATORS

PHEXXI GEL	4
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VAGINAL ESTROGENS

<i>estradiol vaginal crea .1mg/gm</i>	2
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3
VAGIFEM TABS 10mcg	3
	Tier 2 with DAW 9

VAGINAL PROGESTINS

CRINONE GEL 4%, 8%	3
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VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

AUVI-Q SOAJ .1mg/0.1ml	3
AUVI-Q SOAJ .3mg/0.3ml	3
AUVI-Q SOAJ .15mg/0.15ml	3
<i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i>	2
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>	2
	QL (2.5 pens / year)

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis) soln 30mg/30ml</i>	2	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	QL (5 pens / year)
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	QL (5 pens / year)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa caps 100mg, 200mg, 300mg</i>	5	SP, PA
VASOPRESSORS		
<i>midodrine hcl tabs 2.5mg</i>	1	
<i>midodrine hcl tabs 5mg, 10mg</i>	2	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol caps 1.25mg, 50000unit</i>	2	
<i>phytonadione tabs 5mg</i>	2	

Index

*		
* <i>betaine powder for oral solution***</i>	77	
* <i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i>	90	
* <i>sodium polystyrene sulfonate powder**</i>	89	
7		
<i>7t lido gel</i>	75	
A		
<i>abacavir sulfate</i>	55	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	55	
<i>ABILIFY MAINTENA</i>	55	
<i>abiraterone acetate</i>	50	
<i>acamprosate calcium</i>	96	
<i>acarbose</i>	39	
<i>ACCU-CHECK KIT GUIDE ME</i>	85	
<i>ACCU-CHEK KIT AVIVA PL</i>	85	
<i>ACCU-CHEK KIT COMPACT</i>	85	
<i>ACCU-CHEK KIT GUIDE</i>	85	
<i>ACCU-CHEK KIT NANO</i>	85	
<i>ACCU-CHEK TES AVIVA PL</i>	75	
<i>ACCU-CHEK TES GUIDE</i>	75	
<i>ACCU-CHEK TES SMART</i>	75	
<i>accutane</i>	69	
<i>acebutolol hcl</i>	58	
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	27	
<i>acetaminophen w/ codeine tab 300-15 mg</i>	27	
<i>acetaminophen w/ codeine tab 300-30 mg</i>	27	
<i>acetaminophen w/ codeine tab 300-60 mg</i>	27	
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	27	
<i>acetazolamide</i>	76	
<i>acetic acid</i>	81	
<i>acetic acid (otic)</i>	94	
<i>acetylcysteine</i>	69	
<i>acitretin</i>	72	
<i>acne foaming wash</i>	69	
<i>acne medication 10</i>	69	
<i>acne medication 2.5</i>	69	
<i>acne medication 5</i>	69	
<i>acne-clear</i>	69	
<i>ACTHIB INJ</i>	102	
<i>acyclovir</i>	58	
<i>acyclovir topical</i>	72	
<i>ADACEL INJ</i>	100	
<i>adapalene</i>	69	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	69	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	69	
<i>ADDERALL XR CAP 10MG</i>	18	
<i>ADDERALL XR CAP 15MG</i>	18	
<i>ADDERALL XR CAP 20MG</i>	18	
<i>ADDERALL XR CAP 25MG</i>	18	
<i>ADDERALL XR CAP 30MG</i>	18	
<i>ADDERALL XR CAP 5MG</i>	18	
<i>adefovir dipivoxil</i>	57	
<i>ADEMPAS</i>	61	
<i>ADVAIR DISKU AER 100/50</i>	33	
<i>ADVAIR DISKU AER 250/50</i>	33	
<i>ADVAIR DISKU AER 500/50</i>	33	
<i>ADVAIR HFA AER 115/21</i>	33	
<i>ADVAIR HFA AER 230/21</i>	33	
<i>ADVAIR HFA AER 45/21</i>	33	
<i>afirmelle</i>	62	
<i>AFLURIA QUAD INJ 2022-23</i>	103	
<i>aftera</i>	67	
<i>afterpill</i>	67	
<i>AJOVY</i>	87	
<i>ak-poly-bac</i>	92	
<i>ala-cort</i>	73	
<i>albendazole</i>	30	
<i>albuterol sulfate</i>	33	
<i>alclometasone dipropionate</i>	73	
<i>ALDACTAZIDE TAB 50/50</i>	76	
<i>ALECENSA</i>	51	
<i>alendronate sodium</i>	77	
<i>alfuzosin hcl</i>	81	
<i>aliskiren fumarate</i>	49	
<i>allopurinol</i>	82	
<i>almotriptan malate</i>	87	
<i>alosetron hcl</i>	80	
<i>ALPHAGAN P</i>	92	
<i>alprazolam</i>	31	

<i>alprazolam xr</i>	31
<i>altacaine</i>	93
<i>altafluor benox</i>	94
<i>altafrin</i>	92
<i>altavera</i>	62
<i>ALUNBRIG</i>	51
<i>ALUNBRIG PAK</i>	51
<i>alvimopan</i>	80
<i>alyacen 1/35</i>	62
<i>alyacen 7/7/7</i>	62
<i>alyq</i>	61
<i>amabelz</i>	78
<i>amantadine hcl</i>	52
<i>ambrisentan</i>	61
<i>amcinonide</i>	73
<i>amethia</i>	62
<i>amethyst</i>	62
<i>amiloride & hydrochlorothiazide tab 5-</i>	
<i>50 mg</i>	76
<i>amiloride hcl</i>	76
<i>aminoam rms</i>	91
<i>aminocaproic acid</i>	84
<i>aminorelief rms</i>	91
<i>amiodarone hcl</i>	32
<i>amitriptyline hcl</i>	38
<i>amlodipine besylate</i>	59
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 10-10 mg</i>	60
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 10-20 mg</i>	61
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 10-40 mg</i>	61
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 10-80 mg</i>	61
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 2.5-10 mg</i>	60
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 2.5-20 mg</i>	60
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 2.5-40 mg</i>	60
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-10 mg</i>	60
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-20 mg</i>	60
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-40 mg</i>	60

<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-80 mg</i>	60
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>10-20 mg</i>	46
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>10-40 mg</i>	46
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>2.5-10 mg</i>	46
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-10 mg</i>	46
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-20 mg</i>	46
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-40 mg</i>	46
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-20 mg</i>	46
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-40 mg</i>	46
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-20 mg</i>	46
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-40 mg</i>	46
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>160 mg</i>	46
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>320 mg</i>	46
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>160 mg</i>	46
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>320 mg</i>	46
<i>amlodipine valsartan-</i>	
<i>hydrochlorothiazide tab 10-160-12.5</i>	
<i>mg</i>	46
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-160-25</i>	
<i>mg</i>	47
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-320-25</i>	
<i>mg</i>	47
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 5-160-12.5</i>	
<i>mg</i>	46
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 5-160-25 mg</i>	
.....	46
<i>amnesteem</i>	69
<i>amoxapine</i>	38

<i>amoxicillin</i>	95
<i>amoxicillin & k clavulanate chew tab</i>	
<i>200-28.5 mg</i>	95
<i>amoxicillin & k clavulanate chew tab</i>	
<i>400-57 mg</i>	95
<i>amoxicillin & k clavulanate for susp</i>	
<i>200-28.5 mg/5ml</i>	95
<i>amoxicillin & k clavulanate for susp</i>	
<i>250-62.5 mg/5ml</i>	95
<i>amoxicillin & k clavulanate for susp</i>	
<i>400-57 mg/5ml</i>	95
<i>amoxicillin & k clavulanate for susp</i>	
<i>600-42.9 mg/5ml</i>	95
<i>amoxicillin & k clavulanate tab 250-125</i>	
<i>mg</i>	95
<i>amoxicillin & k clavulanate tab 500-125</i>	
<i>mg</i>	95
<i>amoxicillin & k clavulanate tab 875-125</i>	
<i>mg</i>	95
<i>amoxicillin & k clavulanate tab er 12hr</i>	
<i>1000-62.5 mg</i>	95
<i>amoxicillin cap-clarithro tab-lansopraz</i>	
<i>cap dr therapy pack</i>	102
<i>amphetamine sulfate</i>	18
<i>amphetamine-dextroamphetamine tab</i>	
<i>10 mg</i>	18
<i>amphetamine-dextroamphetamine tab</i>	
<i>12.5 mg</i>	18
<i>amphetamine-dextroamphetamine tab</i>	
<i>15 mg</i>	18
<i>amphetamine-dextroamphetamine tab</i>	
<i>20 mg</i>	18
<i>amphetamine-dextroamphetamine tab</i>	
<i>30 mg</i>	18
<i>amphetamine-dextroamphetamine tab</i>	
<i>5 mg</i>	18
<i>amphetamine-dextroamphetamine tab</i>	
<i>7.5 mg</i>	18
<i>ampicillin</i>	95
<i>anagrelide hcl</i>	82
<i>anastrozole</i>	50
<i>ANDRODERM</i>	29
<i>ANNOVERA MIS</i>	67
<i>ANORO ELLIPT AER 62.5-25</i>	33
<i>anucort-hc</i>	29
<i>apomorphine hydrochloride</i>	52
<i>apraclonidine hcl</i>	92

<i>aprepitant</i>	42
<i>aprepitant capsule therapy pack 80 &</i>	
<i>125 mg</i>	42
<i>apri</i>	62
<i>APTIOM</i>	35
<i>aranelle</i>	62
<i>arformoterol tartrate</i>	33
<i>argyle sterile saline</i>	81
<i>argyle sterile water 100m</i>	89
<i>ariPIPRAZOLE</i>	55
<i>armodafinil</i>	19
<i>ARNUITY ELLIPTA</i>	32
<i>ASACOL HD</i>	80
<i>ascomp/codeine</i>	27
<i>asenapine maleate</i>	54
<i>ashlyna</i>	62
<i>asilnasal rms</i>	75
<i>aspirin</i>	24
<i>aspirin-dipyridamole cap er 12hr 25-</i>	
<i>200 mg</i>	82
<i>atazanavir sulfate</i>	55
<i>atenolol</i>	59
<i>atenolol & chlorthalidone tab 100-25</i>	
<i>mg</i>	47
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
.....	47
<i>atomoxetine hcl</i>	19
<i>atorvastatin calcium</i>	44
<i>atovaquone</i>	30
<i>atovaquone-proguanil hcl tab 250-100</i>	
<i>mg</i>	49
<i>atovaquone-proguanil hcl tab 62.5-25</i>	
<i>mg</i>	49
<i>atropine sulfate (ophthalmic)</i>	92
<i>AUBAGIO</i>	97
<i>aubra</i>	62
<i>aubra eq</i>	62
<i>aurovela 1.5/30</i>	62
<i>aurovela 1/20</i>	62
<i>aurovela 24 fe</i>	62
<i>aurovela fe 1.5/30</i>	62
<i>aurovela fe 1/20</i>	62
<i>AURYXIA</i>	80
<i>AUSTEDO</i>	97
<i>AUTOSHIELD MIS 29X3/16</i>	86
<i>AUTOSHIELD MIS 29X5/16</i>	86
<i>AUTOSHIELD MIS 30GX5MM</i>	86

AUVI-Q	104
aviane.....	62
avidoxy	99
avita	69
AVONEX	97
AVONEX PEN.....	97
ayuna	62
azasan	89
azathioprine.....	89
azelaic acid	75
azelastine hcl	91
azelastine hcl (ophth)	94
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	91
azithromycin	85
AZSTARYS CAP 26.1-5.2	19
AZSTARYS CAP 39.2-7.8	19
AZSTARYS CAP 52.3-10.....	19
azurette	62
B	
bac	23
bacitracin (ophthalmic).....	92
bacitracin-polymyxin b ophth oint	92
bacitracin-polymyxin-neomycin-hc ophth oint 1%	93
baclofen	91
balsalazide disodium	80
balziva	62
BAQSIMI ONE PACK	40
BAQSIMI TWO PACK.....	40
BARACLUDE	57
BASAGLAR KWIKPEN	40
BD PEN NEEDL MIS 29GX12.7	86
BD PEN NEEDL MIS 31GX5MM	86
BD PEN NEEDL MIS 31GX8MM	86
BD PEN NEEDL MIS 32GX4MM	86
BD PEN NEEDL MIS 32GX6MM	86
BD U-500 MIS 31GX6MM	86
BELBUCA	28
BELSOMRA.....	84
benazepril & hydrochlorothiazide tab 10-12.5 mg	47
benazepril & hydrochlorothiazide tab 20-12.5 mg	47
benazepril & hydrochlorothiazide tab 20-25 mg	47

benazepril & hydrochlorothiazide tab 5-6.25 mg	47
benazepril hcl	45
benzepro	69
benzonatate.....	68
benzoyl peroxide	69
benzoyl peroxide topical	69
benzoyl peroxide wash	69
benzoyl peroxide-erythromycin gel 5-3%	69
benzoyl peroxide-hydrocortisone lotion 5-0.5%	70
benztropine mesylate	52
bepotastine besilate	94
BESIVANCE	92
betamethasone dipropionate (topical)	73
betamethasone dipropionate	
augmented	73
betamethasone valerate	73
BETASERON.....	97
betaxolol hcl	59
betaxolol hcl (ophth)	92
bethanechol chloride	102
BETHKIS	20
BETOPTIC-S.....	92
bexarotene	52
bexarotene (topical).....	72
BEXSERO INJ	102
bicalutamide	50
BIDIL TAB	61
BIKTARVY TAB	55
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	47
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg.....	47
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	47
bisoprolol fumarate	59
blisovi 24 fe	62
blisovi fe 1.5/30	62
blisovi fe 1/20	62
BOOSTRIX INJ	100
bosentan	61
BOSULIF	51
bp gel	70
bp wash	70

BRAUTOVI.....	51
BREO ELLIPTA INH 100-25.....	33
BREO ELLIPTA INH 200-25.....	33
BREZTRI AERO AER SPHERE.....	33
briellyn.....	63
BRILINTA.....	82
brimonidine tartrate	92
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	92
brinzolamide	94
bromfenac sodium (ophth)	94
bromocriptine mesylate	52
BRUKINSA	51
BRYHALI.....	73
budesonide	68
budesonide (inhalation)	32
bumetanide	76
buprenorphine.....	28
buprenorphine hcl.....	28
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	29
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	28
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	28
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	29
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	29
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	29
bupropion hcl	37
bupropion hcl (smoking deterrent) ...	98
buspirone hcl	31
butalbital-acetaminophen tab 50-325 mg.....	23
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg.....	27
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg.....	27
butalbital-acetaminophen-caffeine tab 50-325-40 mg	23
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	27
butalbital-aspirin-caffeine cap 50-325- 40 mg	24
butorphanol tartrate.....	29

C	
cabergoline.....	78
CABOMETYX	51
caffeine citrate	19
calcipotriene	72
calcitonin (salmon)	77
calcitrene	72
calcitriol	77
calcium acetate (phosphate binder)..	81
CALQUENCE.....	51
camila.....	67
camrese	63
camrese lo.....	63
candesartan cilexetil	45
candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg	47
candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg	47
candesartan cilexetil- hydrochlorothiazide tab 32-25 mg .47	47
capecitabine	50
CAPEX	73
CAPLYTA	54
captopril.....	45
carbamazepine.....	35
carbidopa	52
carbidopa & levodopa orally disintegrating tab 10-100 mg	52
carbidopa & levodopa orally disintegrating tab 25-100 mg	53
carbidopa & levodopa orally disintegrating tab 25-250 mg	53
carbidopa & levodopa tab 10-100 mg	53
carbidopa & levodopa tab 25-100 mg	53
carbidopa & levodopa tab 25-250 mg	53
carbidopa & levodopa tab er 25-100 mg	53
carbidopa & levodopa tab er 50-200 mg	53
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	53
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	53
carbidopa-levodopa-entacapone tabs 25-100-200 mg	53

<i>carbidopa-levodopa-entacapone tabs</i>	82
31.25-125-200 mg	53
<i>carbidopa-levodopa-entacapone tabs</i>	55
37.5-150-200 mg.....	53
<i>carbidopa-levodopa-entacapone tabs</i>	80
50-200-200 mg	53
<i>carbinoxamine maleate.....</i>	43
<i>carglumic acid</i>	77
<i>carisoprodol</i>	91
<i>carteolol hcl (ophth).....</i>	92
<i>cartia xt</i>	59
<i>carvedilol.....</i>	58
<i>carvedilol phosphate</i>	58
<i>cataflam</i>	22
<i>CAYA DPR.....</i>	85
<i>cefaclor</i>	62
<i>cefadroxil</i>	61, 62
<i>cefdinir.....</i>	62
<i>cefixime</i>	62
<i>cefpodoxime proxetil</i>	62
<i>cefprozil</i>	62
<i>cefuroxime axetil</i>	62
<i>celecoxib</i>	22
<i>cephalexin</i>	62
<i>CERDELGA.....</i>	82
<i>cetirizine hcl.....</i>	43
<i>cevimeline hcl</i>	90
<i>charlotte 24 fe.....</i>	63
<i>chateal</i>	63
<i>chateal eq.....</i>	63
<i>chlordiazepoxide hcl</i>	31
<i>chlordiazepoxide-amitriptyline tab 10-</i>	
<i>25 mg</i>	96
<i>chlordiazepoxide-amitriptyline tab 5-</i>	
<i>12.5 mg</i>	96
<i>chlorhexidine gluconate (mouth-throat)</i>	
.....	90
<i>chloroquine phosphate.....</i>	49
<i>chlorpromazine hcl.....</i>	55
<i>chlorthalidone</i>	77
<i>chlorzoxazone</i>	91
<i>cholestyramine</i>	44
<i>cholestyramine light</i>	44
<i>choline fenofibrate</i>	44
<i>cyclolan.....</i>	71
<i>ciclopirox</i>	71
<i>ciclopirox olamine</i>	71
<i>cilostazol</i>	82
<i>CIMDUO TAB 300-300.....</i>	55
<i>cimetidine</i>	101
<i>cimetidine hcl.....</i>	101
<i>CIMZIA</i>	80
<i>CIMZIA STARTER KIT</i>	80
<i>cinacalcet hcl</i>	77
<i>CIPRO.....</i>	79
<i>ciprofloxacin hcl</i>	79
<i>ciprofloxacin hcl (ophth)</i>	92
<i>ciprofloxacin hcl (otic)</i>	94
<i>ciprofloxacin-dexamethasone otic susp</i>	
<i>0.3-0.1%.....</i>	94
<i>citalopram hydrobromide</i>	37
<i>claravis</i>	70
<i>clarithromycin</i>	85
<i>clean & clear persa-gel m</i>	70
<i>clemastine fumarate</i>	43
<i>CLENPIQ SOL.....</i>	84
<i>CLIMARA PRO DIS WEEKLY</i>	78
<i>clindacin etz pledges</i>	70
<i>clindacin-p.....</i>	70
<i>clindamycin hcl</i>	30
<i>clindamycin palmitate hydrochloride ..</i>	30
<i>clindamycin phosphate (topical).....</i>	70
<i>clindamycin phosphate vaginal</i>	104
<i>clindamycin phosphate-benzoyl</i>	
<i>peroxide gel 1.2-2.5%.....</i>	70
<i>clindamycin phosphate-benzoyl</i>	
<i>peroxide gel 1-5%</i>	70
<i>clindamycin phosphate-tretinoin gel</i>	
<i>1.2-0.025%</i>	70
<i>clindamycin phosph-benzoyl peroxide</i>	
<i>(refrig) gel 1.2 (1)-5%</i>	70
<i>clobazam.....</i>	35
<i>clobetasol propionate</i>	73
<i>clobetasol propionate emo</i>	73
<i>clobetasol propionate emollient base</i>	
<i>73</i>	73
<i>clodan.....</i>	73
<i>clomipramine hcl</i>	38
<i>clonazepam</i>	35
<i>clonidine</i>	46
<i>clonidine hcl</i>	46
<i>clonidine hcl (adhd)</i>	19
<i>clopidogrel bisulfate</i>	82
<i>clorazepate dipotassium</i>	31
<i>clotrimazole</i>	90

<i>clotrimazole (topical)</i>	71
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	71
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	71
<i>clozapine</i>	54
<i>coal tar extract</i>	75
<i>codeine sulfate</i>	24
<i>colchicine</i>	82
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	82
<i>colesevelam hcl</i>	44
<i>colestipol hcl</i>	44
<i>COMBIGAN SOL 0.2/0.5%</i>	92
<i>COMBIPATCH DIS</i>	78
<i>COMIRNATY</i>	103
<i>compro</i>	55
<i>CONCERTA</i>	19
<i>CONDYLOX</i>	74
<i>constulose</i>	85
<i>COPAXONE</i>	97
<i>COPIKTRA</i>	51
<i>CORLANOR</i>	61
<i>CORTIFOAM</i>	29
<i>COSENTYX</i>	72
<i>COSENTYX SENSOREADY PEN</i>	72
<i>COTELLIC</i>	51
<i>CREON CAP 12000UNT</i>	76
<i>CREON CAP 24000UNT</i>	76
<i>CREON CAP 3000UNIT</i>	76
<i>CREON CAP 36000UNT</i>	76
<i>CREON CAP 6000UNIT</i>	76
<i>CRINONE</i>	104
<i>cromolyn sodium</i>	32
<i>cromolyn sodium (mastocytosis)</i>	80
<i>cromolyn sodium (ophth)</i>	94
<i>crotan</i>	75
<i>cryselle-28</i>	63
<i>curity sterile saline</i>	81
<i>CUTAQUIG</i>	95
<i>cvs acne treatment/maximu</i>	70
<i>cvs advanced 3-in-1 exfol</i>	70
<i>cvs foaming acne face was</i>	70
<i>cvs folic acid</i>	83
<i>cyanocobalamin</i>	83
<i>cyclobenzaprine hcl</i>	91
<i>cyclopentolate hcl</i>	92

<i>cyclophosphamide</i>	50
<i>cycloserine</i>	49
<i>cyclosporine</i>	89
<i>cyclosporine modified (for microemulsion)</i>	89
<i>cyproheptadine hcl</i>	43
<i>cyred</i>	63
<i>cyred eq</i>	63
<i>CYSTAGON</i>	81
<i>cytra k crystals</i>	81
D	
<i>dabigatran etexilate mesylate</i>	35
<i>dalfampridine</i>	97
<i>DALIRESP</i>	32
<i>danazol</i>	29
<i>dantrolene sodium</i>	91
<i>dapsone</i>	30
<i>dapsone (topical)</i>	70
<i>DAPTACEL INJ</i>	100
<i>darifenacin hydrobromide</i>	102
<i>dasetta 1/35</i>	63
<i>dasetta 7/7/7</i>	63
<i>daysee</i>	63
<i>deblitane</i>	67
<i>deferasirox</i>	42
<i>deferiprone</i>	42
<i>delyla</i>	63
<i>demeclocycline hcl</i>	99
<i>DEPO-SUBQ PROVERA 104</i>	67
<i>dermazene</i>	71
<i>DESCOVY TAB 120-15MG</i>	56
<i>DESCOVY TAB 200/25MG</i>	56
<i>desipramine hcl</i>	38
<i>desloratadine</i>	43
<i>desmopressin acetate</i>	78
<i>desmopressin acetate spray</i>	78
<i>desmopressin acetate spray refrigerated</i>	78
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	63
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	63
<i>desonide</i>	73
<i>desoximetasone</i>	73
<i>desvenlafaxine succinate</i>	38
<i>dexamethasone</i>	68

<i>dexamethasone sodium phosphate (ophth).....</i>	93
DEXCOM G6 MIS RECEIVER.....	86
DEXCOM G6 MIS SENSOR.....	86
DEXCOM G6 MIS TRANSMIT.....	86
<i>dexamethylphenidate hcl.....</i>	19
<i>dextroamphetamine sulfate.....</i>	18
<i>diazepam.....</i>	31
<i>diazepam (anticonvulsant).....</i>	35
<i>diazoxide.....</i>	40
<i>diclofenac epolamine.....</i>	71
<i>diclofenac potassium.....</i>	22
<i>diclofenac sodium.....</i>	22
<i>diclofenac sodium (actinic keratoses).....</i>	72
<i>diclofenac sodium (ophth).....</i>	94
<i>diclofenac sodium (topical).....</i>	71
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....</i>	22
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....</i>	22
<i>dicloxacillin sodium.....</i>	95
<i>dicyclomine hcl.....</i>	101
DIFICID.....	85
<i>diflunisal.....</i>	24
<i>dilfuprednate.....</i>	93
<i>digitek.....</i>	60
<i>digoxin.....</i>	60
DILANTIN.....	37
<i>diltiazem hcl.....</i>	59
<i>diltiazem hcl coated beads.....</i>	59
<i>diltiazem hcl extended release beads.....</i>	59, 60
<i>dilt-xr.....</i>	59
<i>dimethyl fumarate.....</i>	97
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....</i>	97
DIP/TET PED INJ 25-5LFU.....	100
<i>diphenhydramine hcl.....</i>	43
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml.....</i>	41
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg.....</i>	41
<i>dipyridamole.....</i>	82
<i>disopyramide phosphate.....</i>	31
<i>disulfiram.....</i>	96
<i>divalproex sodium.....</i>	37
DIVIGEL.....	79
<i>dodex.....</i>	83
<i>dofetilide.....</i>	32
<i>dolishale.....</i>	63
<i>donepezil hydrochloride.....</i>	96
<i>dorzolamide hcl.....</i>	94
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf.....</i>	92
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml.....</i>	92
<i>dotti.....</i>	79
DOVATO TAB 50-300MG.....	56
<i>doxazosin mesylate.....</i>	46
<i>doxepin hcl.....</i>	38
<i>doxepin hcl (sleep).....</i>	84
<i>doxercalciferol.....</i>	77
<i>doxycycline (monohydrate).....</i>	99
<i>doxycycline hyolate.....</i>	99
<i>doxylamine-pyridoxine tab delayed release 10-10 mg.....</i>	42
<i>dronabinol.....</i>	42
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg.....</i>	63
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg.....</i>	63
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....</i>	63
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg.....</i>	63
<i>droxidopa.....</i>	105
DUAVEE TAB 0.45-20.....	78
<i>duloxetine hcl.....</i>	38
DUPIXENT.....	74
<i>dutasteride.....</i>	81
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....</i>	81
E	
<i>e.e.s. 400.....</i>	85
<i>ec-naproxen.....</i>	22
<i>econazole nitrate.....</i>	71
<i>econtra ez.....</i>	67
<i>econtra one-step.....</i>	67
<i>ed-spaz.....</i>	101
EDURANT.....	56
<i>efavirenz.....</i>	56
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....</i>	56

<i>efavirenz-lamivudine-tenofovir df tab</i>	61
<i>400-300-300 mg</i>56	
<i>efavirenz-lamivudine-tenofovir df tab</i>	57
<i>600-300-300 mg</i>56	
<i>effer-k</i>88	
<i>eletriptan hydrobromide</i>87	
<i>elinet</i>63	
ELIQUIS34	
ELIQUIS STARTER PACK34	
<i>elite-ob</i>90	
ELLA67	
<i>eluryng</i>67	
EMCYT50	
EMGALITY87	
<i>emoquette</i>63	
EMPAVELI82	
<i>emtricitabine</i>56	
<i>emtricitabine-tenofovir disoproxil</i>	
<i>fumarate tab 100-150 mg</i>56	
<i>emtricitabine-tenofovir disoproxil</i>	
<i>fumarate tab 133-200 mg</i>56	
<i>emtricitabine-tenofovir disoproxil</i>	
<i>fumarate tab 167-250 mg</i>56	
<i>emtricitabine-tenofovir disoproxil</i>	
<i>fumarate tab 200-300 mg</i>56	
EMTRIVA56	
EMVERM30	
<i>enalapril maleate</i>45	
<i>enalapril maleate & hydrochlorothiazide</i>	
<i>tab 10-25 mg</i>47	
<i>enalapril maleate & hydrochlorothiazide</i>	
<i>tab 5-12.5 mg</i>47	
ENBREL23	
ENBREL MINI23	
ENBREL SURECLICK23	
ENCARE104	
<i>endocet</i>27	
ENGERIX-B103	
<i>enoxaparin sodium</i>34	
<i>enpresse-28</i>63	
<i>enskyce</i>63	
ENSPRYNG89	
ENSTILAR AER73	
<i>entacapone</i>52	
<i>entecavir</i>57	
ENTRESTO TAB 24-26MG61	
ENTRESTO TAB 49-51MG61	
ENTRESTO TAB 97-103MG61	
<i>enulose</i>80	
EPCLUSA PAK 150-37.557	
EPCLUSA PAK 200-50MG57	
EPCLUSA TAB 200-50MG57	
EPCLUSA TAB 400-10058	
EPIDUO FORTE GEL 0.3-2.5%70	
EPIDUO GEL 0.1-2.5%70	
<i>epinastine hcl (ophth)</i>94	
<i>epinephrine (anaphylaxis)</i>104, 105	
EPIPEN 2-PAK105	
EPIPEN-JR 2-PAK105	
<i>epitol</i>35	
<i>eplerenone</i>49	
<i>ergocalciferol</i>105	
<i>ergoloid mesylates</i>98	
ERIVEDGE50	
ERLEADA50	
<i>erlotinib hcl</i>50	
<i>errin</i>67	
<i>ery</i>70	
<i>ery-tab</i>85	
<i>erythrocin stearate</i>85	
<i>erythromycin (acne aid)</i>70	
<i>erythromycin (ophth)</i>92	
<i>erythromycin base</i>85	
<i>erythromycin ethylsuccinate</i>85	
ESBRIET99	
<i>escitalopram oxalate</i>37	
<i>esomeprazole magnesium</i>101	
<i>estarrylla</i>63	
<i>estazolam</i>84	
<i>estradiol</i>79	
<i>estradiol & norethindrone acetate tab</i>	
<i>0.5-0.1 mg</i>78	
<i>estradiol & norethindrone acetate tab</i>	
<i>1-0.5 mg</i>78	
<i>estradiol vaginal</i>104	
<i>estradiol valerate</i>79	
<i>eszopiclone</i>84	
<i>ethacrynic acid</i>76	
<i>ethambutol hcl</i>49	
<i>ethosuximide</i>37	
<i>ethyl chloride aerosol spray</i>74	
<i>ethynodiol diacetate & ethinyl estradiol</i>	
<i>tab 1 mg-35 mcg</i>63	

<i>ethynodiol diacetate & ethinyl estradiol</i>	
tab 1 mg-50 mcg	63
<i>etodolac</i>	22
<i>etonogestrel-ethinyl estradiol va ring</i>	
0.120-0.015 mg/24hr	67
<i>etoposide</i>	52
<i>etravirine</i>	56
<i>EUCRISA</i>	75
<i>EUFLEXXA</i>	91
<i>euthyrox</i>	99
<i>EVAMIST</i>	79
<i>everolimus</i>	51
<i>everolimus (immunosuppressant)</i>	89
<i>EVOTAZ TAB 300-150</i>	56
<i>exemestane</i>	50
<i>ezetimibe</i>	45
<i>ezetimibe-simvastatin tab 10-10 mg.</i>	43
<i>ezetimibe-simvastatin tab 10-20 mg.</i>	43
<i>ezetimibe-simvastatin tab 10-40 mg.</i>	43
<i>ezetimibe-simvastatin tab 10-80 mg.</i>	43
F	
<i>fa-8</i>	83
<i>falmina</i>	63
<i>famciclovir</i>	58
<i>famotidine</i>	101
<i>FARXIGA</i>	41
<i>FASENRA PEN</i>	32
<i>fayosim</i>	63
<i>FC2 FEMALE MIS CONDOM</i>	85
<i>febuxostat</i>	82
<i>felbamate</i>	36
<i>felodipine</i>	60
<i>FEMCAP MIS 22MM</i>	85
<i>FEMCAP MIS 26MM</i>	85
<i>FEMCAP MIS 30MM</i>	85
<i>femynor</i>	63
<i>fenofibrate</i>	44
<i>fenofibrate micronized</i>	44
<i>fenofibric acid</i>	44
<i>fentanyl</i>	24
<i>fentanyl citrate</i>	24
<i>fesoterodine fumarate</i>	102
<i>FIASP FLEX INJ TOUCH</i>	40
<i>FIASP INJ 100/ML</i>	40
<i>FIASP PENFIL INJ U-100</i>	40
<i>FINACEA</i>	75
<i>finasteride</i>	81

<i>finzala</i>	63
<i>flac</i>	94
<i>flavoxate hcl</i>	102
<i>flecainide acetate</i>	32
<i>FLOVENT DISKUS</i>	33
<i>FLOVENT HFA</i>	33
<i>FLUAD QUADRI INJ 2022-23</i>	103
<i>FLUARIX QUAD INJ 2022-23</i>	103
<i>FLUBLOK QUAD INJ 2022-23</i>	103
<i>FLUCLVX QUAD INJ 2022-23</i>	103
<i>fluconazole</i>	43
<i>flucytosine</i>	42
<i>fludrocortisone acetate</i>	68
<i>FLULALVAL QUA INJ 2022-23</i>	103
<i>FLUMIST QUAD SUS 2022-23</i>	103
<i>flunisolide (nasal)</i>	91
<i>fluocinolone acetonide</i>	73
<i>fluocinolone acetonide (otic)</i>	94
<i>fluocinonide</i>	73
<i>fluocinonide emulsified base</i>	73
<i>fluorescein w/ benoxinate ophth soln</i>	
0.25-0.4%	94
<i>fluorescein w/ proparacaine ophth soln</i>	
0.25-0.5%	94
<i>fluor-i-strips a.t.</i>	94
<i>fluoritab</i>	88
<i>fluorometholone (ophth)</i>	93
<i>fluorouracil (topical)</i>	72
<i>fluoxetine hcl</i>	37
<i>fluphenazine hcl</i>	55
<i>flurazepam hcl</i>	84
<i>flurbiprofen</i>	22
<i>flurbiprofen sodium</i>	94
<i>flutamide</i>	50
<i>fluticasone propionate</i>	73
<i>fluticasone propionate (nasal)</i>	91
<i>fluvastatin sodium</i>	44
<i>fluvoxamine maleate</i>	37
<i>FLUZONE HD INJ 2022-23</i>	103
<i>FLUZONE QUAD INJ 2022-23</i>	103
<i>folate</i>	83
<i>folic acid</i>	83
<i>fondaparinux sodium</i>	35
<i>formaldehyde</i>	55
<i>formoterol fumarate</i>	33
<i>FORTEO</i>	77
<i>fosamprenavir calcium</i>	56

<i>fosfomycin tromethamine</i>	30
<i>fosinopril sodium</i>	45
<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>tab 10-12.5 mg</i>	47
<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>tab 20-12.5 mg</i>	47
<i>FRAGMIN</i>	35
<i>frovatriptan succinate</i>	87
<i>furosemide</i>	76
<i>fyavolv</i>	78
<i>FYCOMPA</i>	35
G	
<i>g tussin ac</i>	68
<i> gabapentin</i>	35
<i> galantamine hydrobromide</i>	96
<i> GARDASIL 9 INJ</i>	103
<i> gatifloxacin (ophth)</i>	92
<i> gavilyte-c</i>	84
<i> gavilyte-g</i>	84
<i> gemfibrozil</i>	44
<i> gemmily</i>	63
<i> GEMTESA</i>	102
<i> generlac</i>	80
<i> gengraf</i>	89
<i> gentak</i>	92
<i> gentamicin sulfate (ophth)</i>	92
<i> gentamicin sulfate (topical)</i>	71
<i> GENVOYA TAB</i>	56
<i> GILENYA</i>	97
<i> glatiramer acetate</i>	97
<i> glatopa</i>	97
<i> glimepiride</i>	41
<i> glipizide</i>	41
<i> glipizide xl</i>	41
<i> glipizide-metformin hcl tab 2.5-250 mg</i>	
.....	39
<i> glipizide-metformin hcl tab 2.5-500 mg</i>	
.....	39
<i> glipizide-metformin hcl tab 5-500 mg</i>	39
<i> glucagon (rdna)</i>	40
<i> glyburide</i>	41
<i> glyburide micronized</i>	41
<i> glyburide-metformin tab 1.25-250 mg</i>	
.....	39
<i> glyburide-metformin tab 2.5-500 mg</i>	39
<i> glyburide-metformin tab 5-500 mg</i>	39
<i> glycine (gu irrigant)</i>	81

<i>glycopyrrolate</i>	101
<i> glydo</i>	74
<i> GLYXAMBI TAB 10-5 MG</i>	39
<i> GLYXAMBI TAB 25-5 MG</i>	39
<i> GRALISE</i>	98
<i> granisetron hcl</i>	42
<i> GRASTEK</i>	20
<i> griseofulvin microsize</i>	43
<i> griseofulvin ultramicrosize</i>	43
<i> guaiacussin ac</i>	68
<i> guaifenesin-codeine soln 100-10</i>	
<i> mg/5ml</i>	68
<i> guanfacine hcl</i>	46
<i> guanfacine hcl (adhd)</i>	19
<i> GVOKE HYPOEN 1-PACK</i>	40
<i> GVOKE HYPOEN 2-PACK</i>	40
<i> GVOKE KIT</i>	40
<i> GVOKE PFS</i>	40
H	
<i> hailey 1.5/30</i>	63
<i> hailey 24 fe</i>	63
<i> hailey fe 1.5/30</i>	63
<i> hailey fe 1/20</i>	63
<i> halobetasol propionate</i>	73
<i> haloperidol</i>	54
<i> haloperidol decanoate</i>	54
<i> haloperidol lactate</i>	54
<i> HARVONI PAK</i>	58
<i> HARVONI PAK 45-200MG</i>	58
<i> HARVONI TAB 45-200MG</i>	58
<i> HARVONI TAB 90-400MG</i>	58
<i> HAVRIX</i>	103
<i> heather</i>	67
<i> hematinic/folic acid</i>	83
<i> hemmorex-hc</i>	29
<i> hemocyte-f</i>	83
<i> heparin sodium (porcine)</i>	35
<i> HIBERIX</i>	102
<i> hidex 6-day</i>	68
<i> HUMIRA</i>	20
<i> HUMIRA PEDIA INJ CROHNS</i>	20
<i> HUMIRA PEDIATRIC CROHNS D</i>	20
<i> HUMIRA PEN</i>	21
<i> HUMIRA PEN KIT PS/UV</i>	21
<i> HUMIRA PEN-CD/UC/HS START</i>	21
<i> HUMIRA PEN-PEDIATRIC UC S</i>	21
<i> HUMIRA PEN-PS/UV STARTER</i>	21

HUMULIN R U-500 (CONCENTR).....	40
HUMULIN R U-500 KWIKPEN	40
hydralazine hcl	49
hydrochlorothiazide.....	77
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml.....	69
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml....	68
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	68
hydrocodone bitartrate	24
hydrocodone-acetaminophen soln 7.5- 325 mg/15ml	27
hydrocodone-acetaminophen tab 10- 300 mg	28
hydrocodone-acetaminophen tab 10- 325 mg	28
hydrocodone-acetaminophen tab 5-300 mg.....	27
hydrocodone-acetaminophen tab 5-325 mg.....	27
hydrocodone-acetaminophen tab 7.5- 300 mg	27
hydrocodone-acetaminophen tab 7.5- 325 mg	27
hydrocodone-ibuprofen tab 10-200 mg	28
hydrocodone-ibuprofen tab 5-200 mg	28
hydrocodone-ibuprofen tab 7.5-200 mg	28
hydrocortisone	68
hydrocortisone (intrarectal)	29
hydrocortisone (rectal)	29
hydrocortisone (topical)	73
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	29
hydrocortisone butyrate.....	74
hydrocortisone valerate	74
hydrocortisone w/ acetic acid otic soln 1-2%	95
hydrogen peroxide	55
hydromet.....	68
hydromorphone hcl	24
hydroxychloroquine sulfate	49
hydroxyprogesterone caproate (antineoplastic).....	50

hydroxyurea	52
hydroxyzine hcl	31
hydroxyzine pamoate	31
hyoscyamine sulfate	101
hyosyne	101
I	
ibandronate sodium	77
IBRANCE	51
ibu	22
ibuprofen	22
icatibant acetate.....	82
iclevia	63
ILEVRO	94
imatinib mesylate	51
IMBRUVICA	51
imipramine hcl	38
imipramine pamoate	38
imiquimod	74
IMVEXXY MAINTENANCE PACK	104
IMVEXXY STARTER PACK	104
inatal gt	90
INBRIJA	53
incassia.....	67
indapamide.....	77
indomethacin	22
INFANRIX INJ	100
INGREZZA	97
INGREZZA CAP 40-80MG	97
INSULIN SYRG MIS 0.3/29G.....	86
INSULIN SYRG MIS 0.3/30G.....	86
INSULIN SYRG MIS 0.3/31G.....	86
INSULIN SYRG MIS 0.5/28G.....	86
INSULIN SYRG MIS 0.5/29G.....	86
INSULIN SYRG MIS 0.5/30G.....	86
INSULIN SYRG MIS 0.5/31G.....	86
INSULIN SYRG MIS 1ML	86
INSULIN SYRG MIS 1ML/25G	86
INSULIN SYRG MIS 1ML/26G	86
INSULIN SYRG MIS 1ML/27G	86
INSULIN SYRG MIS 1ML/28G	87
INSULIN SYRG MIS 1ML/29G	87
INSULIN SYRG MIS 1ML/30G	87
INSULIN SYRG MIS 1ML/31G	87
INSULIN SYRG MIS 2/27.5G.....	87
INTELENCE	56
introvale	63
iodine solution strong 5% (lugol's) ...	88

<i>iodoquimez-hc</i>	71
IPOL INJ INACTIVE	103
<i>ipratropium bromide</i>	32
<i>ipratropium bromide (nasal)</i>	91
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	34
<i>irbesartan</i>	45
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	47
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	47
IRESSA	50
ISENTRESS	56
ISENTRESS HD	56
<i>isibloom</i>	64
<i>isoniazid</i>	49
<i>isosorbide dinitrate</i>	31
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	61
<i>isosorbide mononitrate</i>	31
<i>isosulfan blue</i>	75
<i>isotretinoin</i>	70
<i>isradipine</i>	60
<i>itraconazole</i>	43
<i>ivermectin</i>	30
<i>ivermectin (pediculicide)</i>	75
J	
<i>jaimiess</i>	64
JANSSEN COVID-19 VACCINE	103
<i>jantoven</i>	34
JANUMET TAB 50-1000	39
JANUMET TAB 50-500MG	39
JANUMET XR TAB 100-1000	39
JANUMET XR TAB 50-1000	39
JANUMET XR TAB 50-500MG	39
JANUVIA	40
JARDIANCE	41
<i>jasmiel</i>	64
<i>javygtor</i>	77
<i>jencycla</i>	67
<i>jinteli</i>	78
<i>jolessa</i>	64
JORNAY PM	19
<i>juleber</i>	64
<i>junel 1.5/30</i>	64
<i>junel 1/20</i>	64
<i>junel fe 1.5/30</i>	64
<i>junel fe 1/20</i>	64
<i>junel fe 24</i>	64
K	
<i>kaitlib fe</i>	64
<i>kalliga</i>	64
<i>kariva</i>	64
<i>kelnor 1/35</i>	64
<i>kelnor 1/50</i>	64
KERENDIA	78
KESIMPTA	97
<i>ketoconazole</i>	43
<i>ketoconazole (topical)</i>	71
<i>ketorolac tromethamine</i>	22
<i>ketorolac tromethamine (ophth)</i>	94
KEVZARA	22
KINRIX INJ	100
KISQALI	51
KISQALI 200 PAK FEMARA	51
KISQALI 400 PAK FEMARA	51
KISQALI 600 PAK FEMARA	51
<i>klor-con</i>	88
<i>klor-con 10</i>	88
<i>klor-con 8</i>	88
<i>klor-con m10</i>	88
<i>klor-con m15</i>	88
<i>klor-con m20</i>	88
<i>klor-con/ef</i>	88
KOGENATE FS	82
KOSELUGO	51
<i>k-prime</i>	88
<i>kurvelo</i>	64
KYNMOBI	53
L	
<i>labetalol hcl</i>	58
<i>lacosamide</i>	35
<i>lactated ringer's for irrigation</i>	89
<i>lactic acid (ammonium lactate)</i>	74
<i>lactulose</i>	85
<i>lactulose (encephalopathy)</i>	80
<i>lamivudine</i>	56
<i>lamivudine (hbv)</i>	58
<i>lamivudine-zidovudine tab 150-300 mg</i>	56
<i>lamotrigine</i>	35
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	36

<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	36
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	36
<i>LANCETS</i>	86
<i>LANCETS MISC</i>	86
<i>lansoprazole</i>	101
<i>lapatinib ditosylate</i>	51
<i>larin 1.5/30</i>	64
<i>larin 1/20</i>	64
<i>larin 24 fe</i>	64
<i>larin fe 1.5/30</i>	64
<i>larin fe 1/20</i>	64
<i>latanoprost</i>	94
<i>LATUDA</i>	54
<i>layolis fe</i>	64
<i>leena</i>	64
<i>leflunomide</i>	23
<i>lenalidomide</i>	89
<i>lessina</i>	64
<i>letrozole</i>	50
<i>leucovorin calcium</i>	52
<i>LEUKERAN</i>	50
<i>leuprolide acetate</i>	50
<i>levalbuterol hcl</i>	34
<i>levalbuterol tartrate</i>	34
<i>levamlodipine maleate</i>	60
<i>LEVEMIR</i>	40
<i>LEVEMIR FLEXTOUCH</i>	40
<i>levetiracetam</i>	36
<i>levobunolol hcl</i>	92
<i>levocarnitine (metabolic modifiers)</i>	77
<i>levocetirizine dihydrochloride</i>	43
<i>levofloxacin</i>	79
<i>levofloxacin (ophth)</i>	92
<i>levonest</i>	64
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	64
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	64
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	64
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	64
<i>levonorgestrel (emergency oc)</i>	67
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	64
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	64
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	64
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	64
<i>levora 0.15/30-28</i>	64
<i>levo-t</i>	99
<i>levothyroxine sodium</i>	99
<i>levoxyl</i>	100
<i>lidocaine</i>	74
<i>lidocaine hcl</i>	74, 75
<i>lidocaine hcl (mouth-throat)</i>	90
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	75
<i>lindane</i>	75
<i>linezolid</i>	30
<i>LINZESS</i>	80
<i>liothyronine sodium</i>	100
<i>lisinopril</i>	45
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	47
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	47
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	47
<i>lithium carbonate</i>	54
<i>LO LOESTRIN TAB 1-10-10</i>	64
<i>loestrin 1.5/30-21</i>	64
<i>loestrin 1/20-21</i>	64
<i>loestrin fe 1.5/30</i>	65
<i>loestrin fe 1/20</i>	65
<i>lojaimiess</i>	65
<i>LOKELMA</i>	89
<i>LONSURF TAB 15-6.14</i>	51
<i>LONSURF TAB 20-8.19</i>	51
<i>loperamide hcl</i>	41
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	57
<i>lopinavir-ritonavir tab 100-25 mg</i>	57
<i>lopinavir-ritonavir tab 200-50 mg</i>	57
<i>lorazepam</i>	31
<i>loryna</i>	65
<i>losartan potassium</i>	45

<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	48
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	48
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	47
<i>loteprednol etabonate</i>	93
<i>lovastatin</i>	44
<i>low-ogestrel</i>	65
<i>loxapine succinate</i>	54
<i>lo-zumandimine</i>	64
<i>lubiprostone</i>	80
<i>LUMIGAN</i>	94
<i>lutera</i>	65
<i>lyeq</i>	67
<i>lyllana</i>	79
<i>LYNPARZA</i>	51
<i>LYSODREN</i>	50
<i>lyza</i>	67
M	
<i>mafenide acetate</i>	73
<i>malathion</i>	75
<i>maraviroc</i>	57
<i>marlissa</i>	65
<i>MATULANE</i>	52
<i>maxi-tuss ac</i>	69
<i>MAYZENT</i>	97, 98
<i>MAYZENT STARTER PACK</i>	98
<i>meclizine hcl</i>	42
<i>meclofenamate sodium</i>	22
<i>medpura benzoyl peroxide</i>	70
<i>MEDROL</i>	68
<i>medroxyprogesterone acetate</i>	96
<i>medroxyprogesterone acetate (contraceptive)</i>	67
<i>mefenamic acid</i>	23
<i>mefloquine hcl</i>	49
<i>megestrol acetate</i>	51
<i>megestrol acetate (appetite)</i>	96
<i>MEKTOVI</i>	51
<i>meloxicam</i>	23
<i>melphalan</i>	50
<i>memantine hcl</i>	96
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	96

<i>MENACTRA INJ.</i>	102
<i>MENQUADFI INJ.</i>	102
<i>MENVEO INJ.</i>	102
<i>meperidine hcl</i>	25
<i>meprobamate</i>	31
<i>mercaptopurine</i>	50
<i>merzee</i>	65
<i>mesalamine</i>	80
<i>mesalamine w/ cleanser</i>	80
<i>metaxalone</i>	91
<i>metformin hcl</i>	40
<i>methadone hcl</i>	25
<i>methadone hydrochloride i.</i>	25
<i>methadose</i>	25
<i>methamphetamine hcl</i>	18
<i>methazolamide</i>	76
<i>methenamine hippurate</i>	30
<i>methenamine mandelate</i>	30
<i>methergine</i>	95
<i>methimazole</i>	99
<i>methocarbamol</i>	91
<i>methotrexate sodium</i>	50
<i>methoxsalen rapid</i>	72
<i>methscopolamine bromide</i>	101
<i>methylergonovine maleate</i>	95
<i>methylphenidate hcl</i>	19, 20
<i>methylprednisolone</i>	68
<i>methyltestosterone</i>	29
<i>metoclopramide hcl</i>	80
<i>metolazone</i>	77
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	48
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	48
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	48
<i>metoprolol succinate</i>	59
<i>metoprolol tartrate</i>	59
<i>metronidazole</i>	30
<i>metronidazole (topical)</i>	75
<i>metronidazole vaginal</i>	104
<i>metyrosine</i>	45
<i>mexiletine hcl</i>	32
<i>miconazole 3</i>	104
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	71
<i>microgestin 1.5/30</i>	65

<i>microgestin 1/20</i>	65
<i>microgestin 24 fe</i>	65
<i>microgestin fe 1.5/30</i>	65
<i>microgestin fe 1/20</i>	65
<i>midazolam hcl</i>	84
<i>midodrine hcl</i>	105
<i>mifepristone</i>	78
<i>miglitol</i>	39
<i>miglustat</i>	82
<i>mihi</i>	65
<i>mimvey</i>	78
<i>mineral oil</i>	85
<i>minocycline hcl</i>	99
<i>minoxidil</i>	49
<i>mirtazapine</i>	37
<i>misoprostol</i>	101
<i>MITIGARE</i>	82
<i>M-M-R II INJ</i>	103
<i>modafinil</i>	20
<i>MODERNA COVID-19 VACCINE</i>	103
<i>MODERNA COVID-19 VACCINE/</i>	103
<i>moexipril hcl</i>	45
<i>molindone hcl</i>	55
<i>mometasone furoate</i>	74
<i>mometasone furoate (nasal)</i>	91
<i>monodoxyne nl</i>	99
<i>mono-linyah</i>	65
<i>montelukast sodium</i>	32
<i>morphine sulfate</i>	25
<i>morphine sulfate beads</i>	25
<i>moxifloxacin hcl</i>	79
<i>moxifloxacin hcl (ophth)</i>	92
<i>MUGARD LIQ</i>	90
<i>MULTAQ</i>	32
<i>multivitamin with fluorid</i>	90
<i>multivitamin/fluoride</i>	90
<i>multi-vitamin/fluoride dr</i>	90
<i>multi-vitamin/fluoride/ir</i>	90
<i>mupirocin</i>	71
<i>my choice</i>	67
<i>my way</i>	67
<i>mycophenolate mofetil</i>	89
<i>mycophenolate sodium</i>	89
<i>MYDAYIS CAP 12.5MG</i>	18
<i>MYDAYIS CAP 25MG</i>	18
<i>MYDAYIS CAP 37.5MG</i>	18
<i>MYDAYIS CAP 50MG</i>	18

<i>MYFEMBREE TAB</i>	78
<i>MYLERAN</i>	50
<i>myorisan</i>	70
N	
<i>nabumetone</i>	23
<i>nadolol</i>	59
<i>nafrinse</i>	88
<i>nafrinse drops</i>	88
<i>naftifine hcl</i>	71
<i>NAFTIN</i>	71
<i>naloxone hcl</i>	42
<i>naltrexone hcl</i>	42
<i>NAMZARIC CAP</i>	96
<i>NAMZARIC CAP 14-10MG</i>	96
<i>NAMZARIC CAP 21-10MG</i>	96
<i>NAMZARIC CAP 28-10MG</i>	96
<i>NAMZARIC CAP 7-10MG</i>	96
<i>naproxen</i>	23
<i>naproxen sodium</i>	23
<i>naratriptan hcl</i>	87
<i>NARCAN</i>	42
<i>NATAZIA TAB</i>	65
<i>nateglinide</i>	41
<i>NATESTO</i>	29
<i>NAYZILAM</i>	35
<i>nebivolol hcl</i>	59
<i>necon 0.5/35-28</i>	65
<i>nefazodone hcl</i>	38
<i>neomycin sulfate</i>	20
<i>neomycin-bacitrac zn-polymyx</i>	
<i>5(3.5)mg-400unt-1000unt op oin</i>	93
<i>neomycin-polomy-gramicid op sol</i>	
<i>1.75-10000-0.025mg-unt-mg/ml</i>	..93
<i>neomycin-polomyxin b gu irrigation</i>	
<i>soln</i>	81
<i>neomycin-polomyxin-dexamethasone</i>	
<i>ophth oint 0.1%</i>	93
<i>neomycin-polomyxin-dexamethasone</i>	
<i>ophth susp 0.1%</i>	93
<i>neomycin-polomyxin-hc ophth susp</i>	.93
<i>neomycin-polomyxin-hc otic soln 1%</i>	94
<i>neomycin-polomyxin-hc otic susp 3.5</i>	
<i>mg/ml-10000 unit/ml-1%</i>	94
<i>neo-polycin</i>	92
<i>neo-polycin hc</i>	93
<i>neuac</i>	70
<i>NEUPRO</i>	53

<i>nevirapine</i>	57
<i>new day</i>	67
NEXLETOL	43
NEXLIZET TAB 180/10MG	43
<i>niacin (antihyperlipidemic)</i>	45
<i>nicardipine hcl</i>	60
<i>nicotine</i>	98
NICOTINE SYS KIT TRANSDER	98
NICOTROL INHALER	98
NICOTROL NS	98
<i>nifedipine</i>	60
<i>nikki</i>	65
<i>nilutamide</i>	51
<i>nimodipine</i>	60
NINLARO	51
<i>nisoldipine</i>	60
<i>nitazoxanide</i>	30
<i>nitisinone</i>	77
NITRO-DUR	31
<i>nitrofurantoin</i>	30
<i>nitrofurantoin macrocrystal</i>	31
<i>nitrofurantoin monohyd macro</i>	31
<i>nitroglycerin</i>	31
NIVESTYM	83
<i>nizatidine</i>	101
<i>nora-be</i>	67
NORDITROPIN FLEXPRO	77
<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.4 mg-35 mcg</i>	65
<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.8 mg-25 mcg</i>	65
<i>norethindrone (contraceptive)</i>	68
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	65
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	65
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	65
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1.5 mg-30 mcg</i>	65
<i>norethindrone ace-eth estradiol-fe</i> <i>chew tab 1 mg-20 mcg (24)</i>	65
<i>norethindrone ace-ethinyl estradiol-fe</i> <i>cap 1 mg-20 mcg (24)</i>	65
<i>norethindrone acetate</i>	96
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i>	79
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	79
<i>norethindrone ac-ethinyl estrad-fe tab</i> <i>1-20/1-30/1-35 mg-mcg</i>	65
<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	65
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	65
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	65
<i>norlyroc</i>	68
NORPACE CR	31
<i>nortrel 0.5/35 (28)</i>	65
<i>nortrel 1/35</i>	65
<i>nortrel 7/7/7</i>	65
<i>nortriptyline hcl</i>	38
NORVIR	57
NOVAVAX COVID-19 VACCINE	103
NOVOLIN INJ 70/30	40
NOVOLIN INJ 70/30 FP	40
NOVOLIN N	41
NOVOLIN N FLEXPEN	41
NOVOLIN R	41
NOVOLIN R FLEXPEN	41
NOVOLOG	41
NOVOLOG FLEXPEN	41
NOVOLOG MIX INJ 70/30	41
NOVOLOG MIX INJ FLEXPEN	41
NOVOLOG PENFILL	41
<i>np thyroid 120</i>	100
<i>np thyroid 15</i>	100
<i>np thyroid 30</i>	100
<i>np thyroid 60</i>	100
<i>np thyroid 90</i>	100
NUBEQA	51
NUCALA	32
NUCYNTA	25
NUCYNTA ER	26
nulev	101
NURTEC	87
NUVARING MIS	67
<i>nyamyc</i>	71
<i>nylia 1/35</i>	65
<i>nylia 7/7/7</i>	66
<i>nymyo</i>	66
<i>nystatin</i>	43
<i>nystatin (mouth-throat)</i>	90

<i>nystatin (topical)</i>	71
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	71
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	71
<i>nystop.....</i>	71
O	
<i>ocella</i>	66
<i>octreotide acetate</i>	78
<i>ODEFSEY TAB.....</i>	57
<i>ODOMZO</i>	50
<i>OFEV</i>	99
<i>ofloxacin.....</i>	79
<i>ofloxacin (ophth)</i>	93
<i>ofloxacin (otic)</i>	94
<i>olanzapine</i>	54
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	97
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	97
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	97
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	97
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	97
<i>olmesartan medoxomil</i>	45
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	48
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	48
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	48
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	48
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	48
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	48
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	48

<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	48
<i>olopatadine hcl.....</i>	94
<i>olopatadine hcl (nasal)</i>	91
<i>omega-3-acid ethyl esters cap 1 gm.44</i>	44
<i>omeprazole.....</i>	101
<i>OMNIFLEX DPR.....</i>	85
<i>OMNIPOD 5 G6 KIT INTRO</i>	86
<i>OMNIPOD 5 G6 MIS PODS</i>	86
<i>OMNIPOD DASH KIT INTRO</i>	86
<i>OMNIPOD DASH MIS PODS</i>	86
<i>OMNIPOD MIS CLASSIC.....</i>	86
<i>OMNIPOD PDM KIT CLASSIC</i>	86
<i>ondansetron</i>	42
<i>ondansetron hcl</i>	42
<i>ONE TOUCH KIT VERIO FL</i>	86
<i>ONETOUCH KIT ULT MINI</i>	86
<i>ONETOUCH KIT ULTRA 2</i>	86
<i>ONETOUCH KIT VERIO</i>	86
<i>ONETOUCH KIT VERIO FL</i>	86
<i>ONETOUCH KIT VERIO IQ</i>	86
<i>ONETOUCH KIT VERIO RE.....</i>	86
<i>ONETOUCH SOL KIT STARTER</i>	86
<i>ONETOUCH TES ULTRA.....</i>	75
<i>ONETOUCH TES VERIO</i>	75
<i>ONEXTON GEL 1.2-3.75.....</i>	70
<i>ONZETRA XSAIL</i>	87
<i>opcicon one-step</i>	67
<i>OPSUMIT</i>	61
<i>option 2</i>	67
<i>OPTIONS GYNOL II VAGINAL.....</i>	104
<i>ORACEA</i>	75
<i>ORALAIR SUB 300 IR</i>	20
<i>oralone dental paste</i>	90
<i>ORENITRAM</i>	61
<i>ORFADIN</i>	78
<i>ORIAHNN CAP</i>	79
<i>ORILISSA</i>	77
<i>ORLADEYO</i>	82
<i>orphenadrine citrate.....</i>	91
<i>oscimin</i>	101
<i>oseltamivir phosphate</i>	58
<i>OTEZLA.....</i>	23
<i>OTEZLA TAB 10/20/30</i>	23
<i>oxandrolone.....</i>	29
<i>oxaprozin</i>	23

<i>oxazepam</i>	31
<i>oxcarbazepine</i>	36
<i>oxiconazole nitrate</i>	71
OXTELLAR XR.....	36
<i>oxybutynin chloride</i>	102
<i>oxycodone hcl</i>	26
<i>oxycodone w/ acetaminophen tab 10-</i>	
<i>325 mg</i>	28
<i>oxycodone w/ acetaminophen tab 2.5-</i>	
<i>325 mg</i>	28
<i>oxycodone w/ acetaminophen tab 5-</i>	
<i>325 mg</i>	28
<i>oxycodone w/ acetaminophen tab 7.5-</i>	
<i>325 mg</i>	28
<i>oxymorphone hcl</i>	26
OZEMPIC.....	40
OZEMPIC INJ 8MG/3ML.....	40
P	
<i>pacerone</i>	32
<i>paliperidone</i>	54
<i>panoxyl foaming wash</i>	70
<i>pantoprazole sodium</i>	101
<i>paricalcitol</i>	78
<i>paromomycin sulfate</i>	20
<i>paroxetine hcl</i>	38
PEDIARIX INJ 0.5ML.....	100
PEDVAX HIB.....	102
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>	
<i>for soln 236 gm</i>	84
<i>peg 3350-kcl-sod bicarb-nacl for soln</i>	
<i>420 gm</i>	84
PEG-PREP KIT	84
<i>penicillamine</i>	89
<i>penicillin g potassium</i>	95
<i>penicillin g sodium</i>	95
<i>penicillin v potassium</i>	95
PENTACEL INJ	100
<i>pentamidine isethionate</i>	30
<i>pentazocine w/ naloxone hcl tab 50-0.5</i>	
<i>mg</i>	29
<i>pentoxifylline</i>	82
PERFOROMIST.....	34
<i>perindopril erbumine</i>	45
<i>periogard</i>	90
<i>permethrin</i>	75
<i>perphenazine</i>	55

<i>perphenazine-amitriptyline tab 2-10</i>	
<i>mg</i>	97
<i>perphenazine-amitriptyline tab 2-25</i>	
<i>mg</i>	97
<i>perphenazine-amitriptyline tab 4-10</i>	
<i>mg</i>	97
<i>perphenazine-amitriptyline tab 4-25</i>	
<i>mg</i>	97
<i>perphenazine-amitriptyline tab 4-50</i>	
<i>mg</i>	97
PERSERIS.....	54
PFIZER-BIONTECH COVID-19	103
<i>pfiberpen</i>	95
<i>phenazo</i>	81
<i>phenelzine sulfate</i>	37
<i>phenobarbital</i>	84
<i>phenoxybenzamine hcl</i>	45
<i>phenylephrine hcl (mydriatic)</i>	92
<i>phenytoin</i>	37
<i>phenytoin sodium extended</i>	37
PHEXXI GEL.....	104
<i>philith</i>	66
PHOSLYRA.....	81
<i>phospha 250 neutral</i>	88
<i>phospho-trin 250 neutral</i>	88
<i>phospho-trin k500</i>	88
<i>physiolyte</i>	89
<i>physiosol irrigation</i>	89
<i>phytonadione</i>	105
<i>pilocarpine hcl</i>	92
<i>pilocarpine hcl (oral)</i>	90
<i>pimecrolimus</i>	74
<i>pimozide</i>	98
<i>pimtrea</i>	66
<i>pindolol</i>	59
<i>pioglitazone hcl</i>	41
<i>pioglitazone hcl-glimepiride tab 30-2</i>	
<i>mg</i>	39
<i>pioglitazone hcl-glimepiride tab 30-4</i>	
<i>mg</i>	39
<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>500 mg</i>	39
<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>850 mg</i>	39
<i>pirfenidone</i>	99
<i>pirmella 1/35</i>	66
<i>pirmella 7/7/7</i>	66

<i>piroxicam</i>	23
PNEUMOVAX 23/1 DOSE	103
<i>pnv-dha</i>	90
<i>pnv-select</i>	90
<i>podofilox</i>	74
<i>polycin</i>	93
<i>polymyxin b-trimethoprim ophth soln</i>	
10000 unit/ml-0.1%	93
<i>portia-28</i>	66
<i>pot & sod citrates w/ cit ac soln 550-</i>	
500-334 mg/5ml	81
<i>pot phos monobasic w/sod phos di &</i>	
<i>monobas tab 155-852-130mg</i>	88
<i>potassium chloride</i>	88
<i>potassium chloride microencapsulated</i>	
<i>crystals er</i>	88
<i>potassium citrate & citric acid soln</i>	
1100-334 mg/5ml	81
<i>potassium citrate (alkalinizer)</i>	81
<i>potassium iodide (expectorant)</i>	69
<i>pr benzoyl peroxide wash</i>	70
<i>PRALUENT</i>	45
<i>pramipexole dihydrochloride</i>	53
<i>prasugrel hcl</i>	82
<i>pravastatin sodium</i>	44
<i>praziquantel</i>	30
<i>prazosin hcl</i>	46
<i>prednicarbate</i>	74
<i>prednisolone</i>	68
<i>prednisolone acetate (ophth)</i>	93
<i>PREDNISOLONE SODIUM PHOSP</i>	93
<i>prednisolone sodium phosphate</i>	68
<i>prednisone</i>	68
<i>pregabalin</i>	36
<i>pregabalin (once-daily)</i>	98
<i>PREHEVBARIO</i>	103
<i>PREMPHASE TAB</i>	79
<i>PREMPRO TAB</i>	79
<i>PREMPRO TAB 0.3-1.5</i>	79
<i>PREMPRO TAB 0.45-1.5</i>	79
<i>PREMPRO TAB 0.625-5</i>	79
<i>prenatabs rx</i>	90
<i>prenatal 19</i>	90
<i>prevalite</i>	44
<i>PREVNAR 13 INJ</i>	103
<i>PREVNAR 20 INJ</i>	103
<i>PREZCOBIX TAB 800-150</i>	57

<i>PREZISTA</i>	57
<i>primaquine phosphate</i>	49
<i>primidone</i>	36
<i>probenecid</i>	82
<i>procentra</i>	18
<i>prochlorperazine</i>	55
<i>prochlorperazine maleate</i>	55
<i>PROCTOFOAM AER HC 1%</i>	29
<i>procto-med hc</i>	30
<i>procto-pak</i>	30
<i>proctosol hc</i>	30
<i>proctozone-hc</i>	30
<i>progesterone</i>	96
<i>PROLASTIN-C</i>	99
<i>PROLENSA</i>	94
<i>PROMACTA</i>	83
<i>promethazine & phenylephrine syrup</i>	
6.25-5 mg/5ml	69
<i>promethazine hcl</i>	43
<i>promethazine vc</i>	69
<i>promethazine vc/codeine</i>	69
<i>promethazine w/ codeine syrup 6.25-</i>	
10 mg/5ml	69
<i>promethazine-dm syrup 6.25-15</i>	
mg/5ml	69
<i>promethazine-phenylephrine-codeine</i>	
syrup 6.25-5-10 mg/5ml	69
<i>promethegan</i>	43
<i>propafenone hcl</i>	32
<i>proparacaine hcl</i>	93
<i>propranolol hcl</i>	59
<i>propylthiouracil</i>	99
<i>protriptyline hcl</i>	38
<i>pseudoephed-bromphen-dm syrup 30-</i>	
2-10 mg/5ml	69
<i>PULMICORT FLEXHALER</i>	33
<i>PYLERA CAP</i>	102
<i>pyrazinamide</i>	49
<i>pyridostigmine bromide</i>	49
<i>pyrimethamine</i>	49
Q	
<i>QELBREE</i>	19
<i>QUADRACEL INJ</i>	100
<i>QUADRACEL INJ 0.5ML</i>	100
<i>quetiapine fumarate</i>	54, 55
<i>quinapril hcl</i>	45

<i>quinapril-hydrochlorothiazide tab 10-</i>	
<i>12.5 mg</i>	48
<i>quinapril-hydrochlorothiazide tab 20-</i>	
<i>12.5 mg</i>	48
<i>quinapril-hydrochlorothiazide tab 20-25</i>	
<i>mg</i>	48
<i>quinidine gluconate</i>	32
<i>quinine sulfate</i>	49
<i>QVAR REDIHALER</i>	33
R	
<i>rabeprazole sodium</i>	101
<i>RAGWITEK</i>	20
<i>raloxifene hcl</i>	77
<i>ramelteon</i>	84
<i>ramipril</i>	45
<i>ranolazine</i>	31
<i>rasagiline mesylate</i>	53
<i>RASUVO</i>	22
<i>react</i>	67
<i>REBIF</i>	98
<i>REBIF REBIDO INJ TITRATN</i>	98
<i>REBIF REBIDOSE</i>	98
<i>REBIF TITRTN INJ PACK</i>	98
<i>reclipsen</i>	66
<i>RECOMBIVAX HB</i>	103
<i>RELENZA DISKHALER</i>	58
<i>REMICADE</i>	80
<i>repaglinide</i>	41
<i>resorcinol-sulfur lotion 2-5%</i>	70
<i>RESTASIS</i>	93
<i>RESTASIS MULTIDOSE</i>	93
<i>RETACRIT</i>	83
<i>REVLIMID</i>	89
<i>RHOPRESSA</i>	93
<i>ribavirin (hepatitis c)</i>	58
<i>rifabutin</i>	50
<i>rifampin</i>	50
<i>riluzole</i>	91
<i>rimantadine hydrochloride</i>	58
<i>ringer's solution for irrigation</i>	89
<i>RINVOQ</i>	21
<i>risedronate sodium</i>	77
<i>risperidone</i>	54
<i>ritonavir</i>	57
<i>rivastigmine</i>	96
<i>rivastigmine tartrate</i>	96
<i>rivelsa</i>	66

<i>rizatriptan benzoate</i>	87
<i>ROCKLATAN DRO</i>	93
<i>ropinirole hydrochloride</i>	53
<i>rosadan</i>	75
<i>rosuvastatin calcium</i>	44
<i>ROTARIX SUS</i>	103
<i>ROTATEQ SOL</i>	103
<i>roweepra</i>	36
<i>ROZLYTREK</i>	51
<i>RUBRACA</i>	51
<i>rufinamide</i>	36
<i>RYBELSUS</i>	40
<i>RYDAPT</i>	51
S	
<i>sajazir</i>	82
<i>salsalate</i>	24
<i>SANCUSO</i>	42
<i>sapropterin dihydrochloride</i>	78
<i>scopolamine</i>	42
<i>selegiline hcl</i>	53
<i>selenium sulfide</i>	72
<i>SEREVENT DISKUS</i>	34
<i>sertraline hcl</i>	38
<i>setlakin</i>	66
<i>sevelamer carbonate</i>	81
<i>sevelamer hcl</i>	81
<i>sevoflurane inhal soln</i>	81
<i>sharobel</i>	68
<i>SHINGRIX</i>	104
<i>SHUR-SEAL</i>	104
<i>sildenafil citrate (pulmonary hypertension)</i>	61
<i>silodosin</i>	81
<i>silver sulfadiazine</i>	73
<i>SIMBRINZA SUS 1-0.2%</i>	92
<i>simliya</i>	66
<i>simpesse</i>	66
<i>simvastatin</i>	44, 45
<i>sirolimus</i>	89
<i>SKYRIZI</i>	72, 80
<i>SKYRIZI PEN</i>	72
<i>sm folic acid</i>	83
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	84
<i>sodium chloride</i>	88
<i>sodium chloride (gu irrigant)</i>	81
<i>sodium chloride (inhalant)</i>	69

<i>sodium citrate & citric acid soln</i> 500-334 mg/5ml	81
<i>sodium fluoride</i>	88
<i>sodium phenylbutyrate</i>	78
<i>solifenacin succinate</i>	102
SOLIQUA INJ 100/33.....	39
SOMATULINE DEPOT	78
SOOLANTRA.....	75
<i>sorafenib tosylate</i>	52
<i>sorine</i>	59
<i>sotalol hcl</i>	59
<i>sotalol hcl (afib/afl)</i>	59
SPIKEVAX COVID-19 VACCINE	104
<i>spinosad</i>	75
SPIRIVA HANDIHALER	32
SPIRIVA RESPIMAT	32
<i>spironolactone</i>	76
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	76
<i>sprintec</i> 28	66
SPRYCEL	52
<i>sps</i>	89
<i>sronyx</i>	66
<i>ssd</i>	73
<i>stavudine</i>	57
STELARA	72
STIOLTO AER 2.5-2.5	34
STIVARGA	52
STRIVERDI RESPIMAT	34
SUBSYS.....	26
<i>subvenite</i>	36
<i>subvenite starter kit/blu</i>	36
<i>subvenite starter kit/gre</i>	36
<i>subvenite starter kit/ora</i>	36
<i>sucralfate</i>	101
<i>sulconazole nitrate</i>	71
<i>sulfacetamide sodium (acne)</i>	70
<i>sulfacetamide sodium (ophth)</i>	93
<i>sulfacetamide sodium w/ sulfur cleansing pad</i> 10-4%	70
<i>sulfacetamide sodium-prednisolone ophth soln</i> 10-0.23(0.25)%	93
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	30
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	30

<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	30
<i>sulfamez wash</i>	70
<i>sulfasalazine</i>	80
<i>sulfatrim pediatric</i>	30
<i>sulindac</i>	23
<i>sumatriptan</i>	87
<i>sumatriptan succinate</i>	87
<i>sunitinib malate</i>	52
SUNOSI	19
SUPARTZ FX	91
SUPRAX	62
<i>syeda</i>	66
SYMBICORT AER 160-4.5.....	34
SYMBICORT AER 80-4.5	34
SYMLINPEN 120	39
SYMLINPEN 60	39
SYMPROIC.....	80
SYMTUZA TAB.....	57
SYNJARDY TAB.....	39
SYNJARDY TAB 12.5-500	39
SYNJARDY TAB 5-1000MG	39
SYNJARDY TAB 5-500MG	39
SYNJARDY XR TAB	39
SYNJARDY XR TAB 10-1000	39
SYNJARDY XR TAB 25-1000	39
SYNJARDY XR TAB 5-1000MG.....	39
SYNTHROID	100
T	
TABLOID	50
<i>tacrolimus</i>	89
<i>tacrolimus (topical)</i>	74
<i>tadalafil (pulmonary hypertension)</i> ...61	61
TAGRISSO	50
<i>take action</i>	67
TAKHZYRO	82
TALICIA CAP	102
<i>tamoxifen citrate</i>	51
<i>tamsulosin hcl</i>	81
<i>tarina</i> 24 fe	66
<i>tarina</i> fe 1/20.....	66
<i>tarina</i> fe 1/20 eq	66
TAVALISSE	82
<i>taysofy</i>	66
<i>tazarotene</i>	72
<i>taztia xt</i>	60
TDVAX INJ 2-2 LF	101

TEGSEDI	99
TEKTURNA HCT TAB 150-12.5	48
TEKTURNA HCT TAB 150-25MG.....	48
TEKTURNA HCT TAB 300-12.5	48
TEKTURNA HCT TAB 300-25MG.....	48
<i>telmisartan</i>	45
<i>telmisartan-amlodipine tab 40-10 mg</i>	48
<i>telmisartan-amlodipine tab 40-5 mg</i> .48	
<i>telmisartan-amlodipine tab 80-10 mg</i>	48
<i>telmisartan-amlodipine tab 80-5 mg</i> .48	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	48
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	48
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	48
<i>temazepam</i>	84
<i>temozolomide</i>	50
<i>tencon</i>	24
TENIVAC INJ 5-2LF	101
<i>tenofovir disoproxil fumarate</i>	57
<i>terazosin hcl</i>	46
<i>terbinafine hcl</i>	43
<i>terbutaline sulfate</i>	34
<i>terconazole vaginal</i>	104
<i>testosterone</i>	29
<i>testosterone cypionate</i>	29
<i>testosterone enanthate</i>	29
TET/DIP TOX INJ 2-2 LF.....	101
<i>tetrabenazine</i>	97
<i>tetracaine hcl (ophth)</i>	93
<i>tetracycline hcl</i>	99
TEXACORT	74
THALOMID	89
<i>theophylline</i>	34
<i>thioridazine hcl</i>	55
<i>thiothixene</i>	55
<i>tiadylt er</i>	60
<i>tiagabine hcl</i>	36
<i>tilia fe</i>	66
<i>timolol maleate</i>	59
<i>timolol maleate (ophth)</i>	92
<i>tinidazole</i>	30
<i>tiopronin</i>	81
<i>tis-u-sol</i>	89

TIVICAY	57
TIVICAY PD	57
<i>tizanidine hcl</i>	91
TOBRADEX OIN 0.3-0.1%	93
<i>tobramycin</i>	20
<i>tobramycin (ophth)</i>	93
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	94
TOBREX	93
TODAY SPONGE	104
<i>tolcapone</i>	52
<i>tolterodine tartrate</i>	102
<i>tolvaptan</i>	78
<i>topiramate</i>	36
<i>toremifene citrate</i>	51
<i>torsemide</i>	76
TOUJEO MAX SOLOSTAR.....	41
TOUJEO SOLOSTAR.....	41
TOVIAZ	102
<i>tramadol hcl</i>	26
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	28
<i>trandolapril</i>	45
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	48
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	48
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	49
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	49
<i>tranexamic acid</i>	84
<i>tranylcypromine sulfate</i>	37
<i>travoprost</i>	94
<i>trazodone hcl</i>	38
TRELEGY AER 100MCG	34
TRELEGY AER 200MCG	34
TREMFYA.....	72
TRESIBA	41
TRESIBA FLEXTOUCH	41
<i>tretinoin</i>	70, 71
<i>tretinoin (chemotherapy)</i>	52
<i>tretinoin microsphere</i>	71
TREXALL	50
<i>trezix</i>	28
<i>tri femynor</i>	66
<i>triamcinolone acetonide (mouth)</i>	90

triamicinolone acetonide (topical)	74
triamterene.....	76
triamterene & hydrochlorothiazide cap 37.5-25 mg.....	76
triamterene & hydrochlorothiazide tab 37.5-25 mg.....	76
triamterene & hydrochlorothiazide tab 75-50 mg	76
triazolam	84
triderm.....	74
trientine hcl	89
tri-estarrylla	66
trifluoperazine hcl	55
trifluridine.....	93
trihexyphenidyl hcl.....	52
TRIJARDY XR TAB	39
tri-legest fe.....	66
tri-linyah	66
tri-lo-estarrylla	66
tri-lo-marzia.....	66
tri-lo-mili	66
tri-lo-sprintec	66
trimethobenzamide hcl	42
tri-mili.....	66
trimipramine maleate	38
trinate.....	91
TRINTELLIX	38
tri-nymyo	66
tri-sprintec.....	66
TRIUMEQ PD TAB.....	57
TRIUMEQ TAB	57
tri-vite/fluoride	90
trivora-28	66
tri-vylitra	66
tri-vylitra lo	66
TROKENDI XR	36
tropicamide.....	92
trospium chloride.....	102
TRULICITY	40
TRUMENBA INJ.....	103
tryamine cg	69
TWINRIX INJ.....	104
tydemy	66
TYMLOS.....	77
U	
UBRELVY	87
UCERIS	68

unithroid	100
UPTRAVI	61
UPTRAVI PACK TAB 200/800	61
uredeb	74
ursodiol.....	79
V	
VAGIFEM	104
valacyclovir hcl.....	58
valganciclovir hcl	57
valproate sodium.....	37
valproic acid	37
valsartan	46
valsartan-hydrochlorothiazide tab 160- 12.5 mg	49
valsartan-hydrochlorothiazide tab 160- 25 mg	49
valsartan-hydrochlorothiazide tab 320- 12.5 mg	49
valsartan-hydrochlorothiazide tab 320- 25 mg	49
valsartan-hydrochlorothiazide tab 80- 12.5 mg	49
VALTOCO	35
vancomycin hcl	30
VAQTA	104
varenicline tartrate	98
varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	99
VARIVAX	104
VASCEPA.....	44
VAXELIS INJ	101
VCF VAGINAL CONTRACEPTIVE	104
velivet	66
VELPHORO	81
VELTASSA	89
VEMLIDY	58
venlafaxine hcl	38
verapamil hcl	60
VERQUVO	61
vestura	66
V-GO 20 KIT	86
V-GO 30 KIT	86
V-GO 40 KIT	86
VIBERZI	80
VIBRAMYCIN.....	99
VICTOZA	40
vienna.....	66

<i>vigabatrin</i>	37
<i>vigadron</i>	37
<i>vilazodone hcl</i>	38
VIMPAT	36
VIOKACE TAB 10440	76
VIOKACE TAB 20880	76
<i>viorele</i>	66
VISTOGARD	42
<i>vitamins a/c/d/fluoride</i>	90
VITRAKVI	52
<i>volnea</i>	66
<i>voriconazole</i>	43
VOSEVI TAB	58
VOTRIENT	52
VRAYLAR	54
VRAYLAR CAP 1.5-3MG	54
VUMERTY	98
<i>vyfemla</i>	66
<i>vylitra</i>	66
VYVANSE	18, 19
W	
WAKIX	19
<i>warfarin sodium</i>	34
<i>water for irrigation, sterile irrigation soln</i>	89
<i>wera</i>	66
WIDE-SEAL SILICONE DIAPHR	85
<i>wymzya fe</i>	66
X	
XARELTO	34
XARELTO STAR TAB 15/20MG	34
XCOPRI	36
XCOPRI PAK 100-150	36
XCOPRI PAK 12.5-25	36
XCOPRI PAK 150-200	36
XCOPRI PAK 50-100MG	36
XELJANZ	22
XELJANZ XR	22
XIFAXAN	30
XIGDUO XR TAB 10-1000	39
XIGDUO XR TAB 10-500MG	39
XIGDUO XR TAB 2.5-1000	39
XIGDUO XR TAB 5-1000MG	39
XIGDUO XR TAB 5-500MG	39
XXIIDRA	93
XOSPATA	52
XTAMPZA ER	26
XTANDI	51
<i>xulane</i>	67
XULTOPHY INJ 100/3.6	39
XYWAV SOL 0.5GM/ML	96
Y	
<i>yl folic acid</i>	83
YONSA	51
YUPELRI	32
Z	
<i>zafemy</i>	67
<i>zafirlukast</i>	32
<i>zaleplon</i>	84
ZEGALOGUE	40
ZEJULA	52
ZELBORAF	52
ZEMBRACE SYMTOUCH	87
<i>zenatane</i>	71
ZENPEP CAP 10000UNT	76
ZENPEP CAP 15000UNT	76
ZENPEP CAP 20000UNT	76
ZENPEP CAP 25000UNT	76
ZENPEP CAP 3000UNIT	76
ZENPEP CAP 40000UNT	76
ZENPEP CAP 5000UNIT	76
<i>zenzedi</i>	19
ZEPOSIA	98
ZEPOSIA 7DAY CAP STR PACK	98
ZEPOSIA CAP STR KIT	98
<i>zidovudine</i>	57
ZIEXTENZO	83
ZIOPTAN	94
<i>ziprasidone hcl</i>	54
<i>ziprasidone mesylate</i>	54
ZOLINZA	52
<i>zolmitriptan</i>	87
<i>zolpidem tartrate</i>	84
ZOMIG	87
<i>zonisamide</i>	36
<i>zovia 1/35</i>	67
ZUBSOLV SUB 0.7-0.18	29
ZUBSOLV SUB 1.4-0.36	29
ZUBSOLV SUB 11.4-2.9	29
ZUBSOLV SUB 2.9-0.71	29
ZUBSOLV SUB 5.7-1.4	29
ZUBSOLV SUB 8.6-2.1	29
<i>zumandimine</i>	67
ZYCLARA	74

ZYCLARA PUMP.....	74	ZYKADIA	52
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