

Table of Contents

INTRODUCTION	13
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	13
DEFINITIONS	13
BENEFIT COVERAGE AND LIMITATIONS.....	14
Coverage	14
Prior Authorization Process	15
Member Initiated Prior Authorization Process	15
Quantity Limit Exception	15
Progressive Medication Program (Step Therapy)	15
Non-Formulary Medication Requests	16
Tier Description	16
Common Medical Exclusions	16
Mandated Generic Substitution	17
Health Care Reform - Preventive Medications	17
Opioid Medication Management	18
TRANSITION OF CARE	18
HOW CAN I SAVE MONEY ON PRESCRIPTIONS?	18
HOW CAN I ORDER A FREE DIABETIC METER SYSTEM?	18
MAIL-SERVICE PRESCRIPTIONS	18
MEDICATIONS PRE-PACKAGED AS A 3-MONTH SUPPLY	19
CONTACT INFORMATION	19
LEGEND	19
NOTICE	19
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	20
AMPHETAMINES	20
ANALEPTICS	21
ANOREXIANTS NON-AMPHETAMINE	21
ANTI-OBESITY AGENTS	21
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS.....	21
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)	21
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS	21
STIMULANTS - MISC.....	21
ALLERGENIC EXTRACTS/BIOLOGICALS MISC	22
ALLERGENIC EXTRACTS	22
AMINOGLYCOSIDES.....	22
AMINOGLYCOSIDES.....	22
ANALGESICS - ANTI-INFLAMMATORY	22
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	22
ANTIRHEUMATIC - ENZYME INHIBITORS	24
ANTIRHEUMATIC ANTIMETABOLITES.....	24
GOLD COMPOUNDS	24
INTERLEUKIN-1 BLOCKERS.....	24
INTERLEUKIN-6 RECEPTOR INHIBITORS	24
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	24

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS.....	25
PYRIMIDINE SYNTHESIS INHIBITORS	26
SELECTIVE COSTIMULATION MODULATORS	26
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	26
ANALGESICS - NONNARCOTIC	26
ANALGESIC COMBINATIONS	26
SALICYLATES.....	26
ANALGESICS - OPIOID	27
OPIOID AGONISTS	27
OPIOID COMBINATIONS.....	30
OPIOID PARTIAL AGONISTS.....	31
ANDROGENS-ANABOLIC	32
ANABOLIC STEROIDS	32
ANDROGENS	32
ANORECTAL AND RELATED PRODUCTS	33
INTRARECTAL STEROIDS.....	33
RECTAL COMBINATIONS	33
RECTAL STEROIDS	33
VASODILATING AGENTS.....	33
ANTHELMINTICS.....	33
ANTHELMINTICS	33
ANTI-INFECTIVE AGENTS - MISC.....	33
ANTI-INFECTIVE AGENTS - MISC.....	33
ANTI-INFECTIVE MISC. - COMBINATIONS.....	33
ANTIPROTOZOAL AGENTS	34
GLYCOPEPTIDES	34
LEPROSTATICS	34
LINCOSAMIDES.....	34
MONOBACTAMS	34
OXAZOLIDINONES.....	34
PLEUROMUTILINS.....	34
URINARY ANTI-INFECTIVES	34
ANTIANGINAL AGENTS	34
ANTIANGINALS-OTHER	34
NITRATES	34
ANTIANXIETY AGENTS	35
ANTIANXIETY AGENTS - MISC.....	35
BENZODIAZEPINES	35
ANTIARRHYTHMICS.....	35
ANTIARRHYTHMICS TYPE I-A	35
ANTIARRHYTHMICS TYPE I-B	35
ANTIARRHYTHMICS TYPE I-C	35
ANTIARRHYTHMICS TYPE III	36
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	36
ANTI-INFLAMMATORY AGENTS	36
ANTIASTHMATIC - MONOCLONAL ANTIBODIES.....	36

BRONCHODILATORS - ANTICHOLINERGICS	36
LEUKOTRIENE MODULATORS	36
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	36
STEROID INHALANTS.....	36
SYMPATHOMIMETICS	37
XANTHINES	38
ANTICOAGULANTS.....	38
COUMARIN ANTICOAGULANTS	38
DIRECT FACTOR XA INHIBITORS	38
HEPARINS AND HEPARINOID-LIKE AGENTS	38
ANTICONVULSANTS.....	39
AMPA GLUTAMATE RECEPTOR ANTAGONISTS	39
ANTICONVULSANTS - BENZODIAZEPINES.....	39
ANTICONVULSANTS - MISC.	39
CARBAMATES	40
GABA MODULATORS	40
HYDANTOINS.....	41
SUCCINIMIDES	41
VALPROIC ACID	41
ANTIDEPRESSANTS	41
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	41
ANTIDEPRESSANTS - MISC.....	41
MONOAMINE OXIDASE INHIBITORS (MAOIS)	41
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS).....	41
SEROTONIN MODULATORS	42
SEROTONIN-NOREpinephrine REUPTAKE INHIBITORS (SNRIS).....	42
TRICYCLIC AGENTS	42
ANTIDIABETICS.....	43
ALPHA-GLUCOSIDASE INHIBITORS.....	43
ANTIDIABETIC - AMYLYN ANALOGS.....	43
ANTIDIABETIC COMBINATIONS	43
BIGUANIDES	44
DIABETIC OTHER	44
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS.....	44
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC	44
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	45
INSULIN.....	45
INSULIN SENSITIZING AGENTS.....	45
MEGLITINIDE ANALOGUES	46
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	46
SULFONYLUREAS.....	46
ANTIDIARRHEAL/PROBIOTIC AGENTS	46
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.....	46
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS	46
ANTIPERISTALTIC AGENTS	46
ANTIDOTES AND SPECIFIC ANTAGONISTS	46

ANTIDOTES - CHELATING AGENTS	46
ANTIDOTES AND SPECIFIC ANTAGONISTS	46
OPIOID ANTAGONISTS.....	46
ANTIEMETICS	47
5-HT3 RECEPTOR ANTAGONISTS	47
ANTIEMETICS - ANTICHOLINERGIC.....	47
ANTIEMETICS - MISCELLANEOUS	47
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS.....	47
ANTIFUNGALS	47
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS.....	47
ANTIFUNGALS.....	47
IMIDAZOLE-RELATED ANTIFUNGALS	48
ANTIHISTAMINES.....	48
ANTIHISTAMINES - ETHANOLAMINES.....	48
ANTIHISTAMINES - NON-SEDATING.....	48
ANTIHISTAMINES - PHENOTHIAZINES.....	48
ANTIHISTAMINES - PIPERIDINES	48
ANTIHYPERLIPIDEMICS	48
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS.....	48
ANTIHYPERLIPIDEMICS - COMBINATIONS.....	48
ANTIHYPERLIPIDEMICS - MISC.....	48
BILE ACID SEQUESTRANTS.....	49
FIBRIC ACID DERIVATIVES	49
HMG COA REDUCTASE INHIBITORS	49
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	50
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS.....	50
NICOTINIC ACID DERIVATIVES	50
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS.....	50
ANTIHYPERTENSIVES.....	50
ACE INHIBITORS	50
AGENTS FOR PHEOCHROMOCYTOMA.....	50
ANGIOTENSIN II RECEPTOR ANTAGONISTS	50
ANTIADRENERGIC ANTIHYPERTENSIVES	51
ANTIHYPERTENSIVE COMBINATIONS	51
ANTIHYPERTENSIVES - MISC	54
DIRECT RENIN INHIBITORS	54
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS).....	54
VASODILATORS	54
ANTIMALARIALS.....	54
ANTIMALARIAL COMBINATIONS	54
ANTIMALARIALS.....	54
ANTIMYASTHENIC/CHOLINERGIC AGENTS.....	54
ANTIMYASTHENIC/CHOLINERGIC AGENTS	54
ANTIMYCOBACTERIAL AGENTS.....	54
ANTIMYCOBACTERIAL AGENTS.....	54
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	55

ALKYLATING AGENTS	55
ANTIMETABOLITES	55
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS	55
ANTINEOPLASTIC - ANTI-HER2 AGENTS	55
ANTINEOPLASTIC - BCL-2 INHIBITORS	55
ANTINEOPLASTIC - EGFR INHIBITORS	56
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS	56
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	56
ANTINEOPLASTIC - IMMUNOMODULATORS	56
ANTINEOPLASTIC COMBINATIONS	56
ANTINEOPLASTIC ENZYME INHIBITORS	57
ANTINEOPLASTICS MISC.	58
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	58
MITOTIC INHIBITORS	58
TOPOISOMERASE I INHIBITORS	58
ANTIPARKINSON AND RELATED THERAPY AGENTS	58
ANTIPARKINSON ADJUNCTIVE THERAPY	58
ANTIPARKINSON ANTICHOLINERGICS	59
ANTIPARKINSON COMT INHIBITORS	59
ANTIPARKINSON DOPAMINERGICS	59
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	60
ANTIPSYCHOTICS/ANTIMANIC AGENTS	60
ANTIMANIC AGENTS	60
ANTIPSYCHOTICS - MISC.	60
BENZISOXAZOLES	60
BUTYROPHENONES	61
DIBENZAPINES	61
DIHYDROINDOLONES	61
PHENOTHIAZINES	61
QUINOLINONE DERIVATIVES	62
THIOXANTHENES	62
ANTIVIRALS	62
ANTIRETROVIRALS	62
ANTIVIRAL COMBINATIONS	64
CMV AGENTS	64
HEPATITIS AGENTS	64
HERPES AGENTS	65
INFLUENZA AGENTS	65
MISC. ANTIVIRALS	65
BETA BLOCKERS	65
ALPHA-BETA BLOCKERS	65
BETA BLOCKERS CARDIO-SELECTIVE	65
BETA BLOCKERS NON-SELECTIVE	66
CALCIUM CHANNEL BLOCKERS	66
CALCIUM CHANNEL BLOCKERS	66
CARDIOTONICS	67

CARDIAC GLYCOSIDES	67
CARDIOVASCULAR AGENTS - MISC.....	67
CARDIAC MYOSIN INHIBITORS	67
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS	67
IMPOTENCE AGENTS.....	68
PROSTAGLANDIN VASODILATORS	68
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS ..	68
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	68
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	69
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR...	69
SINUS NODE INHIBITORS	69
TRANSTHYRETIN STABILIZERS	69
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)	69
CEPHALOSPORINS	69
CEPHALOSPORINS - 1ST GENERATION	69
CEPHALOSPORINS - 2ND GENERATION	69
CEPHALOSPORINS - 3RD GENERATION	69
CONTRACEPTIVES.....	70
COMBINATION CONTRACEPTIVES - ORAL	70
COMBINATION CONTRACEPTIVES - TRANSDERMAL.....	74
COMBINATION CONTRACEPTIVES - VAGINAL	74
EMERGENCY CONTRACEPTIVES	74
PROGESTIN CONTRACEPTIVES - INJECTABLE	75
PROGESTIN CONTRACEPTIVES - ORAL	75
CORTICOSTEROIDS	75
GLUCOCORTICOSTEROIDS	75
MINERALOCORTICOIDS.....	76
COUGH/COLD/ALLERGY	76
ANTITUSSIVES	76
COUGH/COLD/ALLERGY COMBINATIONS	76
EXPECTORANTS	77
MISC. RESPIRATORY INHALANTS	77
MUCOLYTICS	77
DERMATOLOGICALS.....	77
ACNE PRODUCTS.....	77
ANTI-INFLAMMATORY AGENTS - TOPICAL	79
ANTIBIOTICS - TOPICAL.....	79
ANTIFUNGALS - TOPICAL	79
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	80
ANTIPRURITICS - TOPICAL	80
ANTIPSORIATICS	80
ANTISEBORRHEIC PRODUCTS	81
ANTIVIRALS - TOPICAL	81
BURN PRODUCTS	81
CORTICOSTEROIDS - TOPICAL.....	81
ECZEMA AGENTS.....	83

EMOLlient/KERATOLYTIC AGENTS.....	83
EMOLLIENTS.....	83
ENZYMEs - TOPICAL	83
IMMUNOMODULATING AGENTS - TOPICAL.....	83
IMMUNOSUPPRESSIVE AGENTS - TOPICAL.....	83
KERATOLYTIC/ANTIMITOTIC AGENTS.....	83
LINIMENTs	84
LOCAL ANESTHETICS - TOPICAL.....	84
MISC. TOPICAL	84
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL.....	84
ROSACEA AGENTS.....	84
SCABICIDES & PEDICULICIDES	85
TAR PRODUCTS.....	85
WOUND CARE PRODUCTS.....	85
DIAGNOSTIC PRODUCTS.....	85
DIAGNOSTIC TESTS	85
DIGESTIVE AIDS.....	85
DIGESTIVE ENZYMEs	85
DIURETICS	86
CARBONIC ANHYDRASE INHIBITORS	86
DIURETIC COMBINATIONS	86
LOOP DIURETICS	86
POTASSIUM SPARING DIURETICS.....	86
THIAZIDES AND THIAZIDE-LIKE DIURETICS	87
ENDOCRINE AND METABOLIC AGENTS - MISC.....	87
BONE DENSITY REGULATORS.....	87
CORTicotropin	87
GNRH/LHRH ANTAGONISTS	87
GROWTH HORMONES	87
HORMONE RECEPTOR MODULATORS.....	87
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS).....	88
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	88
METABOLIC MODIFIERS	88
MINERALOCORTICOID RECEPTOR ANTAGONISTS	88
NATRIURETIC PEPTIDES.....	88
POSTERIOR PITUITARY HORMONES	88
PROGESTERONE RECEPTOR ANTAGONISTS.....	89
PROLACTIN INHIBITORS	89
SOMATOSTATIC AGENTS	89
VASOPRESSIN RECEPTOR ANTAGONISTS	89
ESTROGENS	89
ESTROGEN COMBINATIONS	89
ESTROGENS	90
FLUOROQUINOLONES	90
FLUOROQUINOLONES	90
GASTROINTESTINAL AGENTS - MISC.....	91

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC).....	91
BILE ACID SYNTHESIS DISORDER AGENTS	91
FARNESOID X RECEPTOR (FXR) AGONISTS	91
GALLSTONE SOLUBILIZING AGENTS	91
GASTROINTESTINAL ANTIALLERGY AGENTS.....	91
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS	91
GASTROINTESTINAL STIMULANTS	91
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS	91
INFLAMMATORY BOWEL AGENTS	91
INTESTINAL ACIDIFIERS	91
IRRITABLE BOWEL SYNDROME (IBS) AGENTS	92
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS.....	92
PHOSPHATE BINDER AGENTS	92
SHORT BOWEL SYNDROME (SBS) AGENTS.....	92
TRYPTOPHAN HYDROXYLASE INHIBITORS	92
GENITOURINARY AGENTS - MISCELLANEOUS.....	92
ACIDIFIERS	92
ALKALINIZERS	92
CYSTINOSIS AGENTS.....	92
GENITOURINARY IRRIGANTS	92
PROSTATIC HYPERTROPHY AGENTS	93
URINARY ANALGESICS	93
URINARY STONE AGENTS	93
GOUT AGENTS.....	93
GOUP AGENT COMBINATIONS.....	93
GOUP AGENTS	93
URICOSURICS	93
HEMATOLOGICAL AGENTS - MISC.....	93
ANTIHEMOPHILIC PRODUCTS.....	93
BRADYKININ B2 RECEPTOR ANTAGONISTS	93
COMPLEMENT INHIBITORS	93
HEMATOLOGIC - TYROSINE KINASE INHIBITORS.....	94
HEMATORHEOLOGIC AGENTS	94
PLASMA KALLIKREIN INHIBITORS.....	94
PLATELET AGGREGATION INHIBITORS	94
HEMATOPOIETIC AGENTS.....	94
AGENTS FOR GAUCHER DISEASE	94
AGENTS FOR SICKLE CELL DISEASE	94
COBALAMINS.....	94
FOLIC ACID/FOLATES	94
HEMATOPOIETIC GROWTH FACTORS.....	95
HEMATOPOIETIC MIXTURES	95
STEM CELL MOBILIZERS.....	95
HEMOSTATICS	95
HEMOSTATICS - SYSTEMIC.....	95
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	95

BARBITURATE HYPNOTICS.....	95
HYPNOTICS - TRICYCLIC AGENTS.....	96
NON-BARBITURATE HYPNOTICS	96
OREXIN RECEPTOR ANTAGONISTS	96
SELECTIVE MELATONIN RECEPTOR AGONISTS	96
LAXATIVES	96
LAXATIVE COMBINATIONS.....	96
LAXATIVES - MISCELLANEOUS	96
LUBRICANT LAXATIVES	96
STIMULANT LAXATIVES.....	97
MACROLIDES	97
AZITHROMYCIN.....	97
CLARITHROMYCIN	97
ERYTHROMYCINS	97
FIDAXOMICIN	97
MEDICAL DEVICES AND SUPPLIES.....	97
CONTRACEPTIVES	97
DIABETIC SUPPLIES	97
MISC. DEVICES.....	98
ORAL HYGIENE PRODUCTS	98
PARENTERAL THERAPY SUPPLIES	98
RESPIRATORY THERAPY SUPPLIES	99
MIGRAINE PRODUCTS	100
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG.....	100
MIGRAINE PRODUCTS.....	100
SEROTONIN AGONISTS	100
MINERALS & ELECTROLYTES	101
CALCIUM.....	101
FLUORIDE	101
IODINE PRODUCTS.....	102
PHOSPHATE.....	102
POTASSIUM.....	102
SODIUM	102
ZINC	102
MISCELLANEOUS THERAPEUTIC CLASSES.....	102
CHELATING AGENTS	102
IMMUNOMODULATORS	103
IMMUNOSUPPRESSIVE AGENTS	103
POTASSIUM REMOVING AGENTS	103
PROGERIA TREATMENT AGENTS	103
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS	103
MOUTH/THROAT/DENTAL AGENTS.....	103
ANESTHETICS TOPICAL ORAL	103
ANTI-INFECTIVES - THROAT	103
ANTISEPTICS - MOUTH/THROAT.....	104
STEROIDS - MOUTH/THROAT/DENTAL.....	104

THROAT PRODUCTS - MISC.....	104
MULTIVITAMINS.....	104
PED MULTI VITAMINS W/FL & FE	104
PED MV W/ FLUORIDE.....	104
PRENATAL VITAMINS	105
MUSCULOSKELETAL THERAPY AGENTS.....	105
CENTRAL MUSCLE RELAXANTS	105
DIRECT MUSCLE RELAXANTS	105
MUSCLE RELAXANT COMBINATIONS	106
NASAL AGENTS - SYSTEMIC AND TOPICAL	106
NASAL AGENT COMBINATIONS	106
NASAL AGENTS - MISC.	106
NASAL ANTIALLERGY	106
NASAL ANTICHOLINERGICS	106
NASAL STEROIDS.....	106
SYMPATHOMIMETIC DECONGESTANTS	106
NEUROMUSCULAR AGENTS	106
ALS AGENTS.....	106
SPINAL MUSCULAR ATROPHY AGENTS (SMA)	106
OPHTHALMIC AGENTS	106
BETA-BLOCKERS - OPHTHALMIC	106
CYCLOPLEGIC MYDRIATICS	107
MIOTICS	107
OPHTHALMIC ADRENERGIC AGENTS	107
OPHTHALMIC ANTI-INFECTIVES	107
OPHTHALMIC IMMUNOMODULATORS	108
OPHTHALMIC INTEGRIN ANTAGONISTS.....	108
OPHTHALMIC KINASE INHIBITORS	108
OPHTHALMIC LOCAL ANESTHETICS	108
OPHTHALMIC NERVE GROWTH FACTORS	108
OPHTHALMIC STEROIDS	108
OPHTHALMIC SURGICAL AIDS.....	109
OPHTHALMICS - MISC.....	109
PROSTAGLANDINS - OPHTHALMIC	109
OTIC AGENTS.....	110
OTIC AGENTS - MISCELLANEOUS	110
OTIC ANTI-INFECTIVES.....	110
OTIC COMBINATIONS	110
OTIC STEROIDS	110
OXYTOCICS.....	110
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING	110
OXYTOCICS	110
PASSIVE IMMUNIZING AND TREATMENT AGENTS	110
IMMUNE SERUMS	110
MONOCLONAL ANTIBODIES	111
PENICILLINS	111

AMINOPENICILLINS	111
NATURAL PENICILLINS.....	111
PENICILLIN COMBINATIONS	111
PENICILLINASE-RESISTANT PENICILLINS	111
PROGESTINS	111
PROGESTINS	111
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.....	112
AGENTS FOR CHEMICAL DEPENDENCY	112
ANTI-CATALEPTIC AGENTS	112
ANTIDEMENTIA AGENTS.....	112
COMBINATION PSYCHOTHERAPEUTICS	112
FIBROMYALGIA AGENTS	113
MOVEMENT DISORDER DRUG THERAPY	113
MULTIPLE SCLEROSIS AGENTS	113
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS	114
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.....	114
SMOKING DETERRENTS	114
TRANSTHYRETIN AMYLOIDOSIS AGENTS	115
RESPIRATORY AGENTS - MISC.....	115
CYSTIC FIBROSIS AGENTS	115
PULMONARY FIBROSIS AGENTS	115
TETRACYCLINES	115
AMINOMETHYLCYCLINES	115
TETRACYCLINE COMBINATIONS	115
TETRACYCLINES.....	115
THYROID AGENTS.....	116
ANTITHYROID AGENTS.....	116
THYROID HORMONES	116
TOXOIDS	116
TOXOID COMBINATIONS	116
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	117
ANTISPASMODICS	117
H-2 ANTAGONISTS	118
MISC. ANTI-ULCER	118
PROTON PUMP INHIBITORS	118
ULCER DRUGS - PROSTAGLANDINS	118
ULCER THERAPY COMBINATIONS	118
URINARY ANTISPASMODICS	118
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) ..	118
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS.....	119
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS.....	119
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS	119
VACCINES.....	119
BACTERIAL VACCINES	119
VIRAL VACCINES.....	119
VAGINAL AND RELATED PRODUCTS.....	120

SPERMICIDES	120
VAGINAL ANTI-INFECTIVES	121
VAGINAL CONTRACEPTIVE - PH MODULATORS	121
VAGINAL ESTROGENS.....	121
VAGINAL PROGESTINS.....	121
VASOPRESSORS.....	121
ANAPHYLAXIS THERAPY AGENTS	121
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS	121
VASOPRESSORS.....	121
VITAMINS.....	122
OIL SOLUBLE VITAMINS	122
WATER SOLUBLE VITAMINS	122
Index.....	123

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, norelgesterone/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

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2022. All rights reserved.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

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 / 30days)
ADDERALL XR CAP 10MG	2	QL (90 caps / 30days)
ADDERALL XR CAP 15MG	2	QL (30 caps / 30days)
ADDERALL XR CAP 20MG	2	QL (30 caps / 30days)
ADDERALL XR CAP 25MG	2	QL (30 caps / 30days)
ADDERALL XR CAP 30MG	2	QL (30 caps / 30days)
<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)
DYANAVEL XR SUER 2.5mg/ml	4	QL (240 mL / 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>procenutra 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)
VYVANSE CHEW 10mg, 20mg, 30mg	3	QL (60 tabs / 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	3	QL (30 tabs / 30 days)
<i>zenzedi tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	2	QL (120 tabs / 30 days)
<i>zenzedi tabs 15mg, 20mg, 30mg</i>	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANALEPTICS		
<i>caffeine citrate soln 20mg/ml, 60mg/3ml</i>	2	
ANOREXIANTS NON-AMPHETAMINE		
<i>benzphetamine hcl tabs 25mg, 50mg</i>	2	PA; Benefit exclusions may apply
<i>diethylpropion hcl tabs 25mg; tb24 75mg</i>	2	PA; Benefit exclusions may apply
<i>phendimetrazine tartrate tabs 35mg</i>	2	PA; Benefit exclusions may apply
<i>phentermine hcl caps 15mg, 30mg, 37.5mg; tabs 37.5mg</i>	2	PA; Benefit exclusions may apply
ANTI-OBESITY AGENTS		
<i>SAXENDA SOPN 18mg/3ml</i>	3	PA; Benefit exclusions may apply
<i>WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml</i>	3	PA; Benefit exclusions may apply
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl caps 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl caps 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl caps 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
<i>clonidine hcl (adhd) tb12 .1mg</i>	2	
<i>guanfacine hcl (adhd) tb24 1mg, 2mg</i>	2	QL (1 tab / 1 day)
<i>guanfacine hcl (adhd) tb24 3mg, 4mg</i>	2	
<i>QELBREE CP24 100mg, 150mg, 200mg</i>	3	QL (2 caps / 1 day)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
<i>SUNOSI TABS 75mg, 150mg</i>	3	PA
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
<i>WAKIX TABS 4.45mg, 17.8mg</i>	5	SP, PA; PF
STIMULANTS - MISC.		
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	2	
<i>AZSTARYS CAP 26.1-5.2</i>	3	
<i>AZSTARYS CAP 39.2-7.8</i>	3	
<i>AZSTARYS CAP 52.3-10.</i>	3	
<i>CONCERTA TBCR 18mg, 27mg, 36mg</i>	2	QL (60 tabs / 30 days)
<i>CONCERTA TBCR 54mg</i>	2	QL (30 tabs / 30 days)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	2	QL (60 caps / 30 days)
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
JORNAY PM CP24 20mg, 40mg, 60mg, 80mg, 100mg	3	
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; tabs 5mg, 10mg</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; cpcr 10mg, 20mg, 30mg</i>	2	QL (60 caps / 30 days)
<i>methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg</i>	2	QL (30 caps / 30 days)
<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)
METHYLPHENIDATE HYDROCHLO TBCR 72mg	4	QL (60 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)
ODACTRA SUB	4	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

ARIKAYCE SUSP 590mg/8.4ml	5	SP, PA
BETHKIS NEBU 300mg/4ml	5	SP, PA; PF
KITABIS PAK NEBU 300mg/5ml	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
------------------------------------------------------------	---	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
<i>ANTIRHEUMATIC - ENZYME INHIBITORS</i>		
RINVOQ TB24 15mg	5	SP, PA; Preferred for Rheumatoid Arthritis and Psoriatic Arthritis
RINVOQ TB24 30mg, 45mg	5	SP, PA; Preferred for Rheumatoid Arthritis, Psoriatic Arthritis, and Ulcerative Colitis (after failure of HUMIRA)
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)
<i>ANTIRHEUMATIC ANTIMETABOLITES</i>		
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; PF
<i>GOLD COMPOUNDS</i>		
RIDAURA CAPS 3mg	4	
<i>INTERLEUKIN-1 BLOCKERS</i>		
ARCALYST SOLR 220mg	5	SP, PA
<i>INTERLEUKIN-6 RECEPTOR INHIBITORS</i>		
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml	5	SP, PA; Preferred for Rheumatoid Arthritis
<i>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</i>		
cataflam tabs 50mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	2	
<i>diclofenac potassium caps 25mg</i>	2	PA
<i>diclofenac potassium tabs 50mg</i>	2	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>DUEXIS TAB 800-26.6</i>	4	PA
<i>ec-naproxen tbec 375mg, 500mg</i>	2	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	2	
<i>fenoprofen calcium caps 200mg</i>	2	
<i>flurbiprofen tabs 50mg, 100mg</i>	2	
<i>ibu tabs 400mg, 600mg, 800mg</i>	1	
<i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>	1	
<i>indomethacin caps 25mg, 50mg; cpcr 75mg</i>	1	
<i>ketorolac tromethamine tabs 10mg</i>	2	
<i>meclofenamate sodium caps 50mg, 100mg</i>	2	
<i>mefenamic acid caps 250mg</i>	2	
<i>meloxicam tabs 7.5mg</i>	2	QL (1 tab / 1 day)
<i>meloxicam tabs 15mg</i>	2	
<i>nabumetone tabs 500mg, 750mg</i>	2	
<i>NALFON CAPS 400mg</i>	4	
<i>naproxen tabs 250mg, 375mg, 500mg; 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	
<i>VIMOVO TAB 375-20MG</i>	4	PA
<i>VIMOVO TAB 500-20MG</i>	4	PA

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

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

Drug Name	Drug Tier	Requirements/Limits
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tabs 10mg</i>	2	QL (1 tab / 1 day)
<i>leflunomide tabs 20mg</i>	2	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	5	SP, PA; Preferred for Rheumatoid Arthritis
ORENCIA CLICKJECT SOAJ 125mg/ml	5	SP, PA; Preferred for Rheumatoid Arthritis
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL SOLN 25mg/0.5ml; SOLR 25mg; 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)
<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>	4	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	

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULFATE TABS 15mg, 60mg	4	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
<i>codeine sulfate tabs 30mg</i>	2	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
CONZIP CP24 100mg	4	PA
CONZIP CP24 200mg, 300mg	4	PA; High Strength Requires PA
<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)
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	4	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
<i>meperidine hcl soln 50mg/5ml</i>	2	PA, QL (30 ml / 1 day); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
<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 tbs0 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 tbs0 40mg</i>	2	QL (9 tabs / 30 days)
<i>morphine sulfate cp24 10mg</i>	2	PA, QL (2 caps / 1 day)
<i>morphine sulfate cp24 20mg, 30mg, 50mg, 60mg, 80mg</i>	2	PA
<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); Subject to initial 7-day limit
<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
<i>morphine sulfate beads cp24 120mg</i>	2	PA; High Strength Requires PA
<i>MS CONTIN TBCR 15mg, 30mg</i>	4	PA, QL (3 tabs / 1 day)
<i>MS CONTIN TBCR 60mg</i>	4	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

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA TABS 100mg	3	PA, QL (2 tabs / 1 day); Subject to initial 7-day limit
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, 80mg</i>	2	PA; High Strength Requires 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
ROXICODONE TABS 15mg	4	PA, QL (4 tabs / 1 day); Subject to initial 7-day limit
ROXICODONE TABS 30mg	4	PA, QL (2 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)

Drug Name	Drug Tier	Requirements/Limits
tramadol hcl tb24 200mg, 300mg	2	PA; High Strength Requires 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
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	2	QL (90 ml / 1 day); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-15 mg	2	QL (13 tabs / 1 day); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-30 mg	2	QL (12 tabs / 1 day); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-60 mg	2	QL (6 tabs / 1 day); Subject to initial 7-day limit
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	2	QL (10 caps / 1 day); Subject to initial 7-day limit
ascomp/codeine	2	QL (48 caps / 30 days)
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	2	QL (48 caps / 30 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	2	QL (48 caps / 30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	2	QL (48 caps / 30 days)
endocet	2	PA, QL (12 tabs / 1 day); Subject to initial 7-day limit
endocet	2	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
endocet	2	PA, QL (8 tabs / 1 day); Subject to initial 7-day limit
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2	PA, QL (90 ml / 1 day); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 5-300 mg	2	PA, QL (8 tabs / 1 day); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 5-325 mg	2	PA, QL (8 tabs / 1 day); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen tab 7.5-300 mg	2	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 7.5-325 mg	2	PA, QL (6 tabs / 1 day); Subject to initial 7-day limit
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
LORTAB ELX 10-300MG	4	PA, QL (67.5 mL / 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

Drug Name	Drug Tier	Requirements/Limits
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)
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
------------------------------	---	----

ANDROGENS

ANDRODERM PT24 2mg/24hr, 4mg/24hr	3	PA
danazol caps 50mg, 100mg, 200mg	2	
METHITEST TABS 10mg	4	
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
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	4	PA

Drug Name	Drug Tier	Requirements/Limits
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
CORTIFOAM FOAM 10%	3	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	2	
UCERIS FOAM 2mg/act	4	
RECTAL COMBINATIONS		
ANALPRAM-HC LOT 2.5%	4	
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	2	
PROCORT CRE	4	PA
PROCTOFOAM AER HC 1%	3	
RECTAL STEROIDS		
<i>anucort-hc supp 25mg</i>	2	
<i>hemmorex-hc supp 30mg</i>	2	
<i>hydrocortisone (rectal) crea 1%, 2.5%</i>	2	
<i>procto-med hc crea 2.5%</i>	2	
<i>procto-pak crea 1%</i>	2	
<i>proctosol hc crea 2.5%</i>	2	
<i>proctozone-hc crea 2.5%</i>	2	
VASODILATING AGENTS		
RECTIV OINT .4%	4	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tabs 200mg</i>	2	
BENZNIDAZOLE TABS 12.5mg, 100mg	4	
EMVERM CHEW 100mg	3	
<i>ivermectin tabs 3mg</i>	2	PA
<i>praziquantel tabs 600mg</i>	2	
STROMECTOL TABS 3mg	4	PA
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TBEC 194mg	4	
IMPAVIDO CAPS 50mg	4	PA
<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	
TRIMETHOPRIM TABS 100mg	4	
XIFAXAN TABS 200mg	4	
XIFAXAN TABS 550mg	3	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
sulfatrim pediatric	2	
ANTIPROTOZOAL AGENTS		
ALINIA SUSR 100mg/5ml	4	
atovaquone susp 750mg/5ml	2	
LAMPIT TABS 30mg, 120mg	4	
nitazoxanide tabs 500mg	2	
GLYCOPEPTIDES		
vancomycin hcl caps 125mg, 250mg	2	
VANCOMYCIN HYDROCHLORIDE SOLR 250mg/5ml	4	
LEPROSTATIC		
dapsone tabs 25mg, 100mg	2	
LINCOSAMIDES		
clindamycin hcl caps 75mg	2	
clindamycin hcl caps 150mg, 300mg	1	
clindamycin palmitate hydrochloride solr 75mg/5ml	2	
MONOBACTAMS		
CAYSTON SOLR 75mg	5	SP, PA
OXAZOLIDINONES		
linezolid susr 100mg/5ml; tabs 600mg	2	
SIVEXTRO TABS 200mg	4	
PLEUROMUTILINS		
XENLETA TABS 600mg	4	PA
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine pack 3gm	2	
methenamine hippurate tabs 1gm	2	
methenamine mandelate tabs .5gm, 1gm	2	
nitrofurantoin susp 25mg/5ml	2	
nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg	2	
nitrofurantoin monohyd macro caps 100mg	2	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tb12 500mg, 1000mg	2	
NITRATES		
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	1	
NITRO-BID OINT 2%	4	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	3	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	2	
NITROMIST AERS 400mcg/spray	4	

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 INTENSOL CONC 1mg/ml</i>	4	
<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>DIAZEPAM SOAJ 10mg/2ml</i>	4	
<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	
<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	
-------------------------------------	---	--

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>TIKOSYN CAPS 125mcg, 250mcg, 500mcg</i>	5	SP, PA
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; PF
<i>NUCALA SOAJ 100mg/ml; SOSY 100mg/ml</i>	5	SP, PA; PF
BRONCHODILATORS - ANTICHOLINERGICS		
<i>ATROVENT HFA AERS 17mcg/act</i>	4	QL (2 inhalers / 30 days)
<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	
<i>ZYFLO TABS 600mg</i>	4	
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 (180 mL / 75 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)
<i>FLOVENT DISKUS AEPB 50mcg/blist</i>	3	QL (3 packages / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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 (0.71 gm / 1 day)

SYMPATHOMIMETICS

ADVAIR DISKU AER 100/50	2	QL (1 package / 30 days)
ADVAIR DISKU AER 250/50	2	QL (1 package / 30 days)
ADVAIR DISKU AER 500/50	2	QL (1 package / 30 days)
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 / 25 days)
<i>albuterol sulfate aers 108mcg/act</i>	2	QL (2 inhalers / 30 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	2	QL (120 mL / 30 days)
<i>albuterol sulfate nebu .5%</i>	2	QL (60 mL / 30 days)
<i>albuterol sulfate nebu .63mg/3ml, 1.25mg/3ml</i>	2	QL (5 boxes / 30 days)
<i>albuterol sulfate nebu .083%</i>	1	QL (1125 mL / 75 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)
COMBIVENT AER 20-100	4	QL (2 inhalers / 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)
SYMBICORT AER 160-4.5	3	QL (3 packages / 30 days)
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	2	
TRELEGY AER ELLIPTA	3	QL (1 package / 30 days)

XANTHINES

<i>ELIXOPHYLLIN ELIX 80mg/15ml</i>	4
<i>theophylline soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg</i>	2

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>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
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	2

Drug Name	Drug Tier	Requirements/Limits
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	3	
heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	2	
clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg	2	
diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	2	
NAYZILAM SOLN 5mg/0.1ml	3	PA
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	3	PA
ANTICONVULSANTS - MISC.		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	3	
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	
carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg	2	
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	5	SP, PA
EPIDIOLEX SOLN 100mg/ml	5	SP, PA
epitol tabs 200mg	2	
FINTEPLA SOLN 2.2mg/ml	5	SP, PA
gabapentin caps 100mg, 300mg, 400mg; tabs 600mg, 800mg	1	
gabapentin soln 250mg/5ml, 300mg/6ml	2	
lacosamide tabs 50mg, 100mg, 150mg, 200mg	2	
lamotrigine chew 5mg, 25mg; kit 25mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg	2	
lamotrigine tabs 25mg, 100mg, 150mg, 200mg	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; 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	
<i>vigabatrin pack 500mg; tabs 500mg</i>	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
vigadroner pack 500mg	5	SP, PA
HYDANTOINS		
DILANTIN CAPS 30mg	3	
phenytoin susp 100mg/4ml, 125mg/5ml	2	
phenytoin infatabs chew 50mg	2	
phenytoin sodium extended caps 100mg, 200mg, 300mg	2	
SUCCINIMIDES		
CELONTIN CAPS 300mg	4	
ethosuximide caps 250mg; soln 250mg/5ml	2	
VALPROIC ACID		
DEPAKOTE TBEC 125mg, 500mg	4	
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.		
APLENZIN TB24 174mg	4	PA, QL (1 tab / 1 day)
APLENZIN TB24 348mg, 522mg	4	PA
bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg	1	
FORFIVO XL TB24 450mg	4	PA
WELLBUTRIN XL TB24 300mg	3	PA
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	4	
MARPLAN TABS 10mg	4	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate tabs 5mg, 10mg</i>	1	QL (1 tab / 1 day)
<i>escitalopram oxalate tabs 20mg</i>	1	
<i>fluoxetine hcl caps 10mg, 20mg, 40mg</i>	1	
<i>fluoxetine hcl cpdr 90mg; soln 20mg/5ml; tabs 10mg, 20mg</i>	2	
<i>fluvoxamine maleate cp24 100mg, 150mg</i>	2	
<i>fluvoxamine maleate tabs 25mg, 50mg</i>	1	QL (1 tab / 1 day)
<i>fluvoxamine maleate tabs 100mg</i>	1	
<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	

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

<i>DESVENLAFAXINE ER TB24 50mg</i>	4	QL (1 tab / 1 day)
<i>DESVENLAFAXINE ER TB24 100mg</i>	4	
<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>FETZIMA CP24 20mg, 40mg, 80mg, 120mg</i>	4	
<i>FETZIMA CAP TITRATIO</i>	4	
<i>venlafaxine hcl cp24 37.5mg</i>	1	QL (1 cap / 1 day)
<i>venlafaxine hcl cp24 75mg, 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	

Drug Name	Drug Tier	Requirements/Limits
<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	

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tabs 25mg, 50mg, 100mg</i>	1	
<i>miglitol tabs 25mg, 50mg, 100mg</i>	2	

ANTIDIABETIC - AMYLIN ANALOGS

<i>SYMLINPEN 60 SOPN 1500mcg/1.5ml</i>	3	
<i>SYMLINPEN 120 SOPN 2700mcg/2.7ml</i>	3	

ANTIDIABETIC COMBINATIONS

<i>glipizide-metformin hcl tab 2.5-250 mg</i>	2	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	2	
<i>glipizide-metformin hcl tab 5-500 mg</i>	2	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
<i>GLYXAMBI TAB 10-5 MG</i>	3	
<i>GLYXAMBI TAB 25-5 MG</i>	3	
<i>JANUMET TAB 50-500MG</i>	3	
<i>JANUMET TAB 50-1000</i>	3	
<i>JANUMET XR TAB 50-500MG</i>	3	
<i>JANUMET XR TAB 50-1000</i>	3	
<i>JANUMET XR TAB 100-1000</i>	3	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	2	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	2	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	2	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	2	
<i>SOLIQUA INJ 100/33</i>	3	
<i>SYNJARDY TAB</i>	3	QL (2 tabs / 1 day)
<i>SYNJARDY TAB 5-500MG</i>	3	QL (2 tabs / 1 day)
<i>SYNJARDY TAB 5-1000MG</i>	3	QL (2 tabs / 1 day)
<i>SYNJARDY TAB 12.5-500</i>	3	QL (2 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
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	
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	QL (4 ea / 90 days)
BAQSIMI TWO PACK POWD 3mg/dose	3	QL (4 ea / 90 days)
<i>cvs glucose gel 15gm/38gm</i>	4	OTC
<i>cvs glucose liquid shot liqd 15gm/59ml</i>	4	OTC
<i>cvs glucose shot liqd 15gm/59ml</i>	4	OTC
<i>dextrose (diabetic use) gel 40%; liqd 15gm/59ml</i>	4	OTC
<i>diazoxide susp 50mg/ml</i>	2	
<i>glucagon (rdna) kit 1mg</i>	2	
<i>glutose 5 gel 40%</i>	4	OTC
<i>glutose 15 gel 40%</i>	4	OTC
<i>glutose 45 gel 40%</i>	4	OTC
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE HYPOPEN 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	
KORLYM TABS 300mg	5	SP, PA
<i>sweet cheeks gel 40%</i>	4	OTC
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	
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS .8mg	4	

Drug Name	Drug Tier	Requirements/Limits
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC SOPN 2mg/1.5ml	3	QL (0.04 pens / 1 day)
OZEMPIC SOPN 4mg/3ml	3	QL (0.037 pens / 1 day)
OZEMPIC INJ 8MG/3ML	3	QL (0.037 pens / 1 day)
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 / 23 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; RELION not covered
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	

Drug Name	Drug Tier	Requirements/Limits
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		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
VISBIOME PAK	4	
VSL#3 DS PAK 900BIL	4	
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX CAP 60-1.25	4	
ANTIPERTISTALTIC 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	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAPS 100mg	4	
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; PF
OPIOID ANTAGONISTS		
KLOXXADO LIQD 8mg/0.1ml	4	QL (4 sprays / 180 days)
naloxone hcl liqd 4mg/0.1ml	2	QL (4 ea / 180 days)
naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml	2	

Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hcl tabs 50mg</i>	2	
NARCAN LIQD 4mg/0.1ml	3	QL (4 sprays / 180 days)
VIVITROL SUSR 380mg	4	PA

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

<i>granisetron hcl tabs 1mg</i>	2	QL (12 tabs / 21 days)
<i>ondansetron tbdp 4mg, 8mg</i>	1	
<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg</i>	1	
<i>ondansetron hcl tabs 24mg</i>	2	
SANCUSO PTCH 3.1mg/24hr	3	QL (2 patches / 21 days)

ANTIEMETICS - ANTICHOLINERGIC

<i>meclizine hcl tabs 12.5mg</i>	1	
<i>meclizine hcl tabs 25mg</i>	2	
<i>scopolamine pt72 1.5mg</i>	2	
<i>trimethobenzamide hcl caps 300mg</i>	2	

ANTIEMETICS - MISCELLANEOUS

<i>AKYNZEO CAP 300-0.5</i>	4	QL (2 caps / 21 days)
<i>DICLEGIS TAB 10-10MG</i>	4	PA
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	2	PA
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	2	QL (60 caps / 30 days)

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant caps 40mg</i>	2	QL (3 caps / 180 days)
<i>aprepitant caps 80mg</i>	2	QL (4 caps / 21 days)
<i>aprepitant caps 125mg</i>	2	QL (2 caps / 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	QL (6 tabs / 21 days)
<i>EMEND SUSR 125mg/5ml</i>	4	QL (6 kits / 21 days)
<i>VARUBI TBPK 90mg</i>	4	QL (4 tabs / 21 days)

ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS

<i>BREXAFEMME TABS 150mg</i>	4	QL (4 tabs / 7 days)
------------------------------	---	----------------------

ANTIFUNGALS

<i>ANCOBON CAPS 500mg</i>	4	
<i>flucytosine caps 250mg</i>	2	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	2	
<i>nystatin tabs 500000unit</i>	2	
<i>terbinafine hcl tabs 250mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>IMIDAZOLE-RELATED ANTIFUNGALS</i>		
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 150mg, 200mg</i>	1	
<i>fluconazole tabs 100mg</i>	1	QL (1 tab / 1 day)
<i>itraconazole caps 100mg; soln 10mg/ml</i>	2	PA
<i>ketoconazole tabs 200mg</i>	1	
<i>SPORANOX CAPS 100mg; SOLN 10mg/ml</i>	4	PA
<i>SPORANOX PULSEPAK CAPS 100mg</i>	4	PA
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	2	
<i>ANTIHISTAMINES</i>		
<i>ANTIHISTAMINES - ETHANOLAMINES</i>		
<i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i>	2	
<i>clemastine fumarate tabs 2.68mg</i>	2	
<i>diphenhydramine hcl elix 12.5mg/5ml</i>	2	
<i>KARBINAL ER SUER 4mg/5ml</i>	4	
<i>ANTIHISTAMINES - NON-SEDATING</i>		
<i>cetirizine hcl soln 1mg/ml</i>	2	
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	2	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	2	
<i>ANTIHISTAMINES - PHENOTHIAZINES</i>		
<i>promethazine hcl supp 12.5mg, 25mg; tabs 50mg</i>	2	
<i>promethazine hcl syrup 6.25mg/5ml; tabs 12.5mg, 25mg</i>	1	
<i>promethegan supp 12.5mg, 25mg, 50mg</i>	2	
<i>ANTIHISTAMINES - PIPERIDINES</i>		
<i>cypheptadine hcl syrup 2mg/5ml; tabs 4mg</i>	2	
<i>ANTIHYPOLIPIDEMICS</i>		
<i>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</i>		
<i>NEXLETOL TABS 180mg</i>	3	
<i>ANTIHYPOLIPIDEMICS - COMBINATIONS</i>		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	
<i>NEXLIZET TAB 180/10MG</i>	3	
<i>ANTIHYPOLIPIDEMICS - MISC.</i>		
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	
<i>VASCEPA CAPS 1gm</i>	2	
<i>VASCEPA CAPS .5gm</i>	3	

Drug Name	Drug Tier	Requirements/Limits
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>ANTARA CAPS 30mg, 90mg</i>	4	
<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>FENOGLIDE TABS 40mg</i>	4	
<i>FIBRICOR TABS 35mg, 105mg</i>	4	
<i>gemfibrozil tabs 600mg</i>	1	
<i>LIPOFEN CAPS 50mg, 150mg</i>	4	
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	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	5	SP, PA
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	
QBRELIS SOLN 1mg/ml	4	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
valsartan tabs 40mg, 80mg, 160mg, 320mg	2	

ANTIADRENERGIC ANTIHYPERTENSIVES

clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr	2
clonidine hcl tabs .1mg, .2mg, .3mg	1
doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg	1
guanfacine hcl tabs 1mg, 2mg	1
methyldopa tabs 250mg, 500mg	2
prazosin hcl caps 1mg, 2mg, 5mg	1
terazosin hcl caps 1mg, 2mg, 5mg, 10mg	1

ANTIHYPERTENSIVE COMBINATIONS

amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	2	QL (1 tab / 1 day)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	2	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	2	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	2	
amlodipine besylate-valsartan tab 5-160 mg	2	QL (1 tab / 1 day)
amlodipine besylate-valsartan tab 5-320 mg	2	
amlodipine besylate-valsartan tab 10-160 mg	2	
amlodipine besylate-valsartan tab 10-320 mg	2	
atenolol & chlorthalidone tab 100-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	2	QL (1 tab / 1 day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	2	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	2	
<i>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>telmisartan-amlodipine tab 40-5 mg</i>	2	QL (1 tab / 1 day)
<i>telmisartan-amlodipine tab 40-10 mg</i>	2	
<i>telmisartan-amlodipine tab 80-5 mg</i>	2	
<i>telmisartan-amlodipine tab 80-10 mg</i>	2	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	2	QL (1 tab / 1 day)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	
<i>telmisartan-hydrochlorothiazide 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	
<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)

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TABS 2.5mg	4	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tabs 150mg	2	QL (1 tab / 1 day)
aliskiren fumarate tabs 300mg	2	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tabs 25mg, 50mg	2	
VASODILATORS		
hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	
minoxidil tabs 2.5mg, 10mg	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	2	
atovaquone-proguanil hcl tab 250-100 mg	2	
COARTEM TAB 20-120MG	4	
ANTIMALARIALS		
chloroquine phosphate tabs 250mg, 500mg	2	
hydroxychloroquine sulfate tabs 200mg	2	
mefloquine hcl tabs 250mg	2	
primaquine phosphate tabs 26.3mg	2	
pyrimethamine tabs 25mg	2	
quinine sulfate caps 324mg	2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TABS 10mg	5	SP, PA
pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbcr 180mg	2	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine caps 250mg	2	
ethambutol hcl tabs 100mg, 400mg	2	
isoniazid syrp 50mg/5ml	2	
isoniazid tabs 100mg, 300mg	1	
PASER PACK 4gm	4	
PRETOMANID TABS 200mg	4	PA
PRIFTIN TABS 150mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide tabs 500mg</i>	2	
<i>rifabutin caps 150mg</i>	2	
<i>rifampin caps 150mg, 300mg</i>	2	
SIRTURO TABS 20mg, 100mg	4	
TRECATOR TABS 250mg	4	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>cyclophosphamide caps 25mg, 50mg</i>	2	
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	
GLEOSTINE CAPS 10mg, 40mg, 100mg	4	
LEUKERAN TABS 2mg	3	
<i>melphalan tabs 2mg</i>	2	
MYLERAN TABS 2mg	3	
TEMODAR CAPS 100mg, 140mg, 180mg, 250mg	5	SP, PA
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	5	SP, PA

ANTIMETABOLITES

<i>capecitabine tabs 150mg, 500mg</i>	5	SP, PA
<i>mercaptopurine tabs 50mg</i>	2	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i>	5	SP
<i>methotrexate sodium tabs 2.5mg</i>	2	
ONUREG TABS 200mg, 300mg	5	SP, PA
PURIXAN SUSP 2000mg/100ml	5	SP, PA
TABLOID TABS 40mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	
XATMEP SOLN 2.5mg/ml	4	
XELODA TABS 150mg, 500mg	5	SP, PA

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

<i>INLYTA TABS 1mg, 5mg</i>	5	SP, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	SP, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	SP, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	SP, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	SP, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	SP, PA
LENVIMA CAP 14 MG	5	SP, PA
LENVIMA CAP 18 MG	5	SP, PA
LENVIMA CAP 24 MG	5	SP, PA

ANTINEOPLASTIC - ANTI-HER2 AGENTS

<i>TUKYSA TABS 50mg, 150mg</i>	5	SP, PA, QL (4 tabs / 1 day)
--------------------------------	---	-----------------------------

ANTINEOPLASTIC - BCL-2 INHIBITORS

<i>VENCLEXTA TABS 10mg, 50mg, 100mg</i>	5	SP, PA
-----------------------------------------	---	--------

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TAB START PK	5	SP, PA
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tabs 25mg, 100mg, 150mg	5	SP, PA
GILOTrif TABS 20mg, 30mg, 40mg	5	SP, PA
IRESSA TABS 250mg	5	SP, PA; PF
TAGRISSO TABS 40mg, 80mg	5	SP, PA; PF
TARCEVA TABS 25mg, 100mg, 150mg	5	SP, PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAPS 150mg	5	SP, PA; PF
ODOMZO CAPS 200mg	5	SP, PA; PF
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; PF
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
megestrol acetate susp 40mg/ml, 400mg/10ml; tabs 20mg, 40mg	2	
nilutamide tabs 150mg	2	
NUBEQA TABS 300mg	5	SP, PA; PF
SOLTAMOX SOLN 10mg/5ml	4	
tamoxifen citrate tabs 10mg, 20mg	2	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
toremifene citrate tabs 60mg	2	
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	SP, PA; PF
YONSA TABS 125mg	5	SP, PA; PF
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	SP, PA
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 PAK FEMARA	5	SP, PA; PF
KISQALI 400 PAK FEMARA	5	SP, PA; PF
KISQALI 600 PAK FEMARA	5	SP, PA; PF
LONSURF TAB 15-6.14	5	SP, PA; PF
LONSURF TAB 20-8.19	5	SP, PA; PF

ANTINEOPLASTIC ENZYME INHIBITORS

AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg	5	SP, PA; PF
ALECENSA CAPS 150mg	5	SP, PA; PF
ALUNBRIG TABS 30mg, 90mg, 180mg	5	SP, PA; PF
ALUNBRIG PAK	5	SP, PA; PF
BALVERSA TABS 3mg, 4mg, 5mg	5	SP, PA
BOSULIF TABS 100mg, 400mg, 500mg	5	SP, PA; PF
BRAFTOVI CAPS 75mg	5	SP, PA; PF
BRUKINSA CAPS 80mg	5	SP, PA; PF
CABOMETYX TABS 20mg, 40mg, 60mg	5	SP, PA; PF
CALQUENCE CAPS 100mg	5	SP, PA; PF
CAPRELSA TABS 100mg, 300mg	5	SP, PA
COMETRIQ KIT 20mg	5	SP, PA
COMETRIQ KIT 100MG	5	SP, PA
COMETRIQ KIT 140MG	5	SP, PA
COPIKTRA CAPS 15mg, 25mg	5	SP, PA; PF
COTELLIC TABS 20mg	5	SP, PA; PF
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbs 2mg, 3mg, 5mg</i>	5	SP, PA
IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg	5	SP, PA; PF
IDHIFA TABS 50mg, 100mg	5	SP, PA
<i>imatinib mesylate tabs 100mg, 400mg</i>	5	SP, PA
IMBRUICA CAPS 70mg, 140mg; TABS 140mg, 280mg, 420mg, 560mg	5	SP, PA; PF
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	SP, PA
KISQALI TBPK 200mg	5	SP, PA; PF
KOSELUGO CAPS 10mg, 25mg	5	SP, PA; PF
<i>lapatinib ditosylate tabs 250mg</i>	5	SP, PA
LORBRENA TABS 25mg, 100mg	5	SP, PA
LUMAKRAS TABS 120mg	5	SP, PA, QL (8 tabs / 1 day)
LYNPARZA TABS 100mg, 150mg	5	SP, PA; PF
MEKINIST TABS .5mg, 2mg	5	SP, PA
MEKTOVI TABS 15mg	5	SP, PA; PF
NERLYNX TABS 40mg	5	SP, PA
NEXAVAR TABS 200mg	5	SP, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	SP, PA; PF
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG TAB DOSE	5	SP, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	SP, PA
ROZLYTREK CAPS 100mg, 200mg	5	SP, PA; PF
RUBRACA TABS 200mg, 250mg, 300mg	5	SP, PA; PF
RYDAPT CAPS 25mg	5	SP, PA; PF
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	SP, PA; PF
STIVARGA TABS 40mg	5	SP, PA; PF
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	5	SP, PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	SP, PA
TAFINLAR CAPS 50mg, 75mg	5	SP, PA
TIBSOVO TABS 250mg	5	SP, PA
TYKERB TABS 250mg	5	SP, PA
UKONIQ TABS 200mg	5	SP, PA, QL (4 tabs / 1 day)
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	SP, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	SP, PA; PF
VOTRIENT TABS 200mg	5	SP, PA; PF
XOSPATA TABS 40mg	5	SP, PA; PF
ZEJULA CAPS 100mg	5	SP, PA; PF
ZELBORAF TABS 240mg	5	SP, PA; PF
ZOLINZA CAPS 100mg	5	SP, PA; PF
ZYKADIA TABS 150mg	5	SP, PA; PF

ANTINEOPLASTICS MISC.

<i>bexarotene caps 75mg</i>	5	SP, PA
<i>hydroxyurea caps 500mg</i>	2	
MATULANE CAPS 50mg	5	SP; PF
TARGETIN CAPS 75mg	5	SP, PA
<i>tretinoin (chemotherapy) caps 10mg</i>	2	

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	2
MESNEX TABS 400mg	4

MITOTIC INHIBITORS

<i>etoposide caps 50mg</i>	5	SP
----------------------------	---	----

TOPOISOMERASE I INHIBITORS

HYCAMTIN CAPS .25mg, 1mg	5	SP, PA
--------------------------	---	--------

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ADJUNCTIVE THERAPY

<i>carbidopa tabs 25mg</i>	2
----------------------------	---

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	1	
<i>trihexyphenidyl hcl soln .4mg/ml</i>	2	
<i>trihexyphenidyl hcl tabs 2mg, 5mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tabs 200mg</i>	2	
<i>tolcapone tabs 100mg</i>	2	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	2	
<i>apomorphine hydrochloride soct 30mg/3ml</i>	5	SP, PA
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa-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>DUOPA SUS 4.63-20</i>	5	SP, PA
<i>INBRIJA CAPS 42mg</i>	5	SP, PA; PF
<i>KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg</i>	5	SP, PA, QL (5 films / 1 day); PF
<i>NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>ZELAPAR TBDP 1.25mg</i>	4	

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg</i>	1	
----------------------------------------------------------------------------------	---	--

ANTIPSYCHOTICS - MISC.

<i>CAPLYTA CAPS 42mg</i>	3	
<i>EQUETRO CP12 100mg, 200mg, 300mg</i>	4	
<i>LATUDA TABS 20mg, 40mg, 60mg, 120mg</i>	3	QL (1 tab / 1 day)
<i>LATUDA TABS 80mg</i>	3	QL (2 tabs / 1 day)
<i>NUPLAZID CAPS 34mg; TABS 10mg</i>	5	SP, PA
<i>VRAYLAR CAPS 1.5mg, 3mg</i>	3	QL (1 cap / 1 day)
<i>VRAYLAR CAPS 4.5mg, 6mg</i>	3	
<i>VRAYLAR CAP 1.5-3MG</i>	3	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	2	
<i>ziprasidone mesylate solr 20mg</i>	2	

BENZISOXAZOLES

<i>INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml</i>	4	
<i>paliperidone tb24 1.5mg, 3mg</i>	2	QL (1 tab / 1 day)
<i>paliperidone tb24 6mg, 9mg</i>	2	
<i>PERSERIS PRSY 90mg, 120mg</i>	3	
<i>RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg</i>	4	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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>ADASUVE AEPB 10mg</i>	4	
<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	
<i>quetiapine fumarate tb24 50mg, 150mg, 200mg</i>	2	QL (1 tab / 1 day)
<i>quetiapine fumarate tb24 300mg, 400mg</i>	2	
<i>VERSACLOZ SUSP 50mg/ml</i>	4	
<i>ZYPREXA RELPREVV SUSR 210mg, 300mg, 405mg</i>	4	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>QUINOLINONE DERIVATIVES</i>		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	3	
ariPIPRAZOLE soln 1mg/ml; tabs 2mg, 20mg, 30mg; tbDP 10mg, 15mg	2	
ariPIPRAZOLE tabs 5mg, 10mg, 15mg	2	QL (1 tab / 1 day)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	4	
ARISTADA INITIO PRSY 675mg/2.4ml	4	
REXULTI TABS 2mg, 3mg, 4mg	4	
REXULTI TABS .25mg, .5mg, 1mg	4	QL (1 tab / 1 day)
<i>THIOXANTHENES</i>		
thiothixene caps 1mg, 5mg, 10mg	2	
thiothixene caps 2mg	1	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20mg/ml	2	SP, QL (30 mL / 1 day)
abacavir sulfate tabs 300mg	2	SP, QL (2 tabs / 1 day)
abacavir sulfate-lamivudine tab 600-300 mg	2	SP, QL (1 tab / 1 day)
atazanavir sulfate caps 150mg, 300mg	2	SP, QL (1 cap / 1 day)
atazanavir sulfate caps 200mg	2	SP, QL (2 caps / 1 day)
BIKTARVY TAB	3	SP, QL (1 tab / 1 day)
CIMDUO TAB 300-300	3	SP, QL (1 tab / 1 day)
DESCOVY TAB 120-15MG	3	SP, QL (1 tab / 1 day)
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)
efavirenz caps 50mg, 200mg	2	SP, QL (1 cap / 1 day)
efavirenz tabs 600mg	2	SP, QL (1 tab / 1 day)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	2	SP, QL (1 tab / 1 day)
efavirenz-lamivudine-tenofovir df tab 400- 300-300 mg	2	SP, QL (1 tab / 1 day)
efavirenz-lamivudine-tenofovir df tab 600- 300-300 mg	2	SP, QL (1 tab / 1 day)
emtricitabine caps 200mg	2	SP, QL (1 cap / 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	2	SP, QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<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
JULUCA TAB 50-25MG	4	SP, QL (1 tab / 1 day)
<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
<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>	3	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 (13.3 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)
REYATAZ PACK 50mg	4	SP
<i>ritonavir tabs 100mg</i>	2	SP
RUKOBIA TB12 600mg	4	SP, QL (2 tabs / 1 day)

Drug Name		Drug Tier	Requirements/Limits
SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg		4	SP
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	2	SP, QL (2 caps / 1 day)	
SYMTUZA TAB	3	SP, QL (1 tab / 1 day)	
TEMIXYS TAB 300-300	3	SP, QL (1 tab / 1 day)	
<i>tenofovir disoproxil fumarate tabs 300mg</i>	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)	
TRIZIVIR TAB	3	SP, QL (2 tabs / 1 day)	
TYBOST TABS 150mg	4	SP, QL (1 tab / 1 day)	
VIREAD POWD 40mg/gm	4	SP, QL (1 gm / 1 day)	
VIREAD TABS 150mg, 200mg, 250mg	4	SP, QL (1 tab / 1 day)	
<i>zidovudine caps 100mg; syrup 50mg/5ml; tabs 300mg</i>	2	SP	

ANTIVIRAL COMBINATIONS

PAXLOVID TAB 150-100	4	QL (30 tabs / 30 days)
PAXLOVID TAB 300-100	4	QL (30 tabs / 30 days)
PAXLOVID TAB 300-100	4	QL (30 tabs / 30 days)

CMV AGENTS

PREVYMIS TABS 240mg, 480mg	4	
<i>valganciclovir hcl solr 50mg/ml; tabs 450mg</i>	2	

HEPATITIS AGENTS

<i>adefovir dipivoxil tabs 10mg</i>	2	SP
BARACLUDE SOLN .05mg/ml	5	SP; PF
<i>entecavir tabs .5mg, 1mg</i>	2	SP
EPCLUSA PAK 150-37.5	5	SP, PA; PF; only for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA PAK 200-50MG	5	SP, PA; PF; only for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA TAB 200-50MG	5	SP, PA; PF; only for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA TAB 400-100	5	SP, PA; PF; only for genotypes 1, 2, 3, 4, 5 and 6
HARVONI PAK	5	SP, PA; PF; only for genotypes 1, 4, 5 and 6
HARVONI PAK 45-200MG	5	SP, PA; PF; only for genotypes 1, 4, 5 and 6
HARVONI TAB 45-200MG	5	SP, PA; PF; only for genotypes 1, 4, 5 and 6

Drug Name	Drug Tier	Requirements/Limits
HARVONI TAB 90-400MG	5	SP, PA; PF; 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
SOVALDI PACK 150mg, 200mg; TABS 200mg, 400mg	5	SP, PA
VEMLIDY TABS 25mg	5	SP; PF
VOSEVI TAB	5	SP, PA; PF; 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>SITAVIG TABS 50mg</i>	4
<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	

MISC. ANTIVIRALS

LAGEVRIA CAPS 200mg	4	QL (40 caps / 30 days)
---------------------	---	------------------------

BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	2
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	2

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl caps 200mg, 400mg</i>	1
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1
<i>betaxolol hcl tabs 10mg</i>	2
<i>betaxolol hcl tabs 20mg</i>	2
<i>bisoprolol fumarate tabs 5mg</i>	1
<i>bisoprolol fumarate tabs 10mg</i>	1

Drug Name	Drug Tier	Requirements/Limits
<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>HEMANGEOL SOLN 4.28mg/ml</i>	4	
<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, 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>SOTYLIZE SOLN 5mg/ml</i>	4	
<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	
<i>diltiazem hcl extended release beads cp24 300mg, 360mg, 420mg</i>	2	
<i>felodipine tb24 2.5mg, 5mg</i>	1	QL (1 tab / 1 day)
<i>felodipine tb24 10mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>isradipine caps 2.5mg, 5mg</i>	2	
<i>nicardipine hcl caps 20mg, 30mg</i>	2	
<i>nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg</i>	2	
<i>nifedipine tb24 30mg</i>	2	QL (1 tab / 1 day)
<i>nimodipine caps 30mg</i>	2	
<i>nisoldipine tb24 8.5mg, 17mg, 20mg</i>	2	QL (1 tab / 1 day)
<i>nisoldipine tb24 25.5mg, 30mg, 34mg, 40mg</i>	2	
<i>NYMALIZE SOLN 6mg/ml</i>	4	
<i>taztia xt cp24 120mg, 180mg, 240mg</i>	1	
<i>taztia xt cp24 300mg, 360mg</i>	2	
<i>tiadylt er cp24 120mg, 180mg, 240mg</i>	1	
<i>tiadylt er cp24 300mg, 360mg, 420mg</i>	2	
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg</i>	2	
<i>verapamil hcl tbcr 180mg, 240mg</i>	1	
<i>VERELAN CP24 360mg</i>	4	
<i>VERELAN PM CP24 100mg</i>	4	QL (1 cap / 1 day)
<i>VERELAN PM CP24 200mg, 300mg</i>	4	

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digitek tabs 125mcg, 250mcg</i>	1	
<i>digox tabs 125mcg, 250mcg</i>	1	
<i>digoxin soln .05mg/ml; tabs 62.5mcg</i>	2	
<i>digoxin tabs 125mcg, 250mcg</i>	1	

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

<i>CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg</i>	5	SP
--------------------------------------------	---	----

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	2	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	2	
<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	

IMPOTENCE AGENTS

CAVERJECT SOLR 20mcg, 40mcg	4	PA, QL (6 vials / 25 days)
CAVERJECT IMPULSE KIT 10mcg	4	PA, QL (6 each / 25 days)
CAVERJECT IMPULSE KIT 20mcg	4	PA, QL (6 kits / 25 days)
EDEX KIT 10mcg	4	PA, QL (6 each / 25 days)
EDEX KIT 20mcg, 40mcg	4	PA, QL (6 kits / 25 days)
MUSE PLLT 250mcg, 500mcg, 1000mcg	3	PA, QL (6 sup / 25 days)
<i>sildenafil citrate tabs 25mg, 50mg, 100mg</i>	2	PA, QL (6 tabs / 25 days)
<i>tadalafil tabs 2.5mg, 5mg, 10mg, 20mg</i>	2	PA
<i>vardenafil hcl tabs 2.5mg, 5mg, 10mg, 20mg; tbdp 10mg</i>	2	PA, QL (6 tabs / 25 days)

PROSTAGLANDIN VASODILATORS

ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	5	SP, PA; PF
TYVASO SOLN .6mg/ml	5	SP, PA
TYVASO REFILL SOLN .6mg/ml	5	SP, PA
TYVASO STARTER SOLN .6mg/ml	5	SP, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	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
<i>OPSUMIT TABS 10mg</i>	5	SP, PA; PF

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

Drug Name	Drug Tier	Requirements/Limits
tadalafil (pulmonary hypertension) tabs 20mg	5	SP, PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	SP, PA; PF
UPTRAVI TAB 200/800	5	SP, PA; PF
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	SP, PA; PF
SINUS NODE INHIBITORS		
CORLANOR SOLN 5mg/5ml	4	
CORLANOR TABS 5mg, 7.5mg	3	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAPS 61mg	5	SP, PA
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TABS 2.5mg, 5mg	3	QL (1 tab / 1 day)
VERQUVO TABS 10mg	3	
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil caps 500mg	1	
cefadroxil susr 250mg/5ml, 500mg/5ml; tabs 1gm	2	
cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml	1	
cephalexin tabs 250mg, 500mg	2	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml	2	
CEFACLOR ER TB12 500mg	4	
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	2	
cefuroxime axetil tabs 250mg, 500mg	2	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	2	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	2	
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	2	
SUPRAX CAPS 400mg; CHEW 100mg, 200mg; SUSR 100mg/5ml, 200mg/5ml, 500mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
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
<i>briellyn</i>	2	\$0 copay
<i>camrese</i>	2	\$0 copay
<i>camrese lo</i>	2	\$0 copay
<i>caziant</i>	2	\$0 copay
<i>charlotte 24 fe</i>	2	\$0 copay
<i>chateal</i>	2	\$0 copay
<i>chateal eq</i>	2	\$0 copay
<i>cryselle-28</i>	2	\$0 copay
<i>cyred</i>	2	\$0 copay
<i>cyred eq</i>	2	\$0 copay
<i>dasetta 1/35</i>	2	\$0 copay
<i>dasetta 7/7/7</i>	2	\$0 copay
<i>daysee</i>	2	\$0 copay
<i>delyla</i>	2	\$0 copay
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	\$0 copay
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	\$0 copay
<i>dolishale</i>	2	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	2	\$0 copay
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	2	\$0 copay
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	\$0 copay
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	\$0 copay
<i>elonest</i>	2	\$0 copay
<i>emoquette</i>	2	\$0 copay
<i>enpresse-28</i>	2	\$0 copay
<i>enskyce</i>	2	\$0 copay
<i>estarrylla</i>	2	\$0 copay
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	\$0 copay
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	\$0 copay
<i>falmina</i>	2	\$0 copay
<i>fayosim</i>	2	\$0 copay
<i>femynor</i>	2	\$0 copay
<i>gemmily</i>	2	\$0 copay
<i>hailey 1.5/30</i>	2	\$0 copay
<i>hailey 24 fe</i>	2	\$0 copay
<i>hailey fe 1.5/30</i>	2	\$0 copay
<i>hailey fe 1/20</i>	2	\$0 copay
<i>iclevia</i>	2	\$0 copay
<i>introvale</i>	2	\$0 copay
<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

Drug Name	Drug Tier	Requirements/Limits
<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>larissia</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 mg &eth est 0.01 mg</i>	2	\$0 copay
<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 & ethynodiolide (91-day) tab 0.15-0.03 mg</i>	2	\$0 copay
<i>levonorgestrel & ethynodiolide tab 0.1 mg-20 mcg</i>	2	\$0 copay
<i>levonorgestrel & ethynodiolide 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-ethynodiolide (continuous) tab 90-20 mcg</i>	2	\$0 copay
<i>levora 0.15/30-28</i>	2	\$0 copay
<i>lillow</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
<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

Drug Name	Drug Tier	Requirements/Limits
<i>necon 0.5/35-28</i>	2	\$0 copay
<i>nikki</i>	2	\$0 copay
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	\$0 copay
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	\$0 copay
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	\$0 copay
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	\$0 copay
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	\$0 copay
<i>norethindrone ace & ethinyl estradiol-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-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	2	\$0 copay
<i>norgestimate & ethinyl estradiol 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
<i>nylia 7/7/7</i>	2	\$0 copay
<i>nymyo</i>	2	\$0 copay
<i>ocella</i>	2	\$0 copay
<i>orsythia</i>	2	\$0 copay
<i>philith</i>	2	\$0 copay
<i>pimtreia</i>	2	\$0 copay
<i>pirmella 1/35</i>	2	\$0 copay
<i>pirmella 7/7/7</i>	2	\$0 copay
<i>portia-28</i>	2	\$0 copay
<i>previfem</i>	2	\$0 copay
<i>reclipsen</i>	2	\$0 copay
<i>rivelsa</i>	2	\$0 copay
<i>setlakin</i>	2	\$0 copay
<i>simliya</i>	2	\$0 copay
<i>simpesse</i>	2	\$0 copay
<i>sprintec 28</i>	2	\$0 copay
<i>sronyx</i>	2	\$0 copay
<i>syeda</i>	2	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
<i>tarina 24 fe</i>	2	\$0 copay
<i>tarina fe 1/20</i>	2	\$0 copay
<i>tarina fe 1/20 eq</i>	2	\$0 copay
<i>taysofy</i>	2	\$0 copay
<i>tilia fe</i>	2	\$0 copay
<i>tri femynor</i>	2	\$0 copay
<i>tri-estarrylla</i>	2	\$0 copay
<i>tri-legest fe</i>	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 lo</i>	2	\$0 copay
<i>trivora-28</i>	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 fe</i>	2	\$0 copay
<i>zovia 1/35</i>	2	\$0 copay
<i>zumandimine</i>	2	\$0 copay

COMBINATION CONTRACEPTIVES - TRANSDERMAL

<i>xulane</i>	2	\$0 copay
<i>zafemy</i>	2	\$0 copay

COMBINATION CONTRACEPTIVES - VAGINAL

<i>ANNOVERA MIS</i>	3	QL (1 ring / 300 days); \$0 copay
<i>eluryng</i>	2	QL (13 rings / 300 days); \$0 copay
<i>etonogestrel-ethynodiol va ring 0.120-0.015 mg/24hr</i>	2	QL (13 rings / 300 days); \$0 copay
<i>NUVARING MIS</i>	2	QL (13 rings / 300 days); \$0 copay

EMERGENCY CONTRACEPTIVES

<i>aftera tabs 1.5mg</i>	4	OTC; \$0 copay
--------------------------	---	----------------

Drug Name	Drug Tier	Requirements/Limits
afterpill tabs 1.5mg	4	OTC; \$0 copay
econtra ez tabs 1.5mg	4	OTC; \$0 copay
econtra one-step tabs 1.5mg	4	OTC; \$0 copay
ELLA TABS 30mg	4	\$0 copay
levonorgestrel (emergency oc) tabs 1.5mg	4	OTC; \$0 copay
my choice tabs 1.5mg	4	OTC; \$0 copay
my way tabs 1.5mg	4	OTC; \$0 copay
new day tabs 1.5mg	4	OTC; \$0 copay
opcicon one-step tabs 1.5mg	4	OTC; \$0 copay
option 2 tabs 1.5mg	4	OTC; \$0 copay
react tabs 1.5mg	4	OTC; \$0 copay
take action tabs 1.5mg	4	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
norethindrone (contraceptive) tabs .35mg	2	\$0 copay
norlyda tabs .35mg	2	\$0 copay
norlyroc tabs .35mg	2	\$0 copay
sharobel tabs .35mg	2	\$0 copay
tulana tabs .35mg	2	\$0 copay

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

budesonide cpep 3mg	2	
dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg; tbpk 1.5mg	2	
dexamethasone tabs 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
hidex 6-day tbpk 1.5mg	2	
hydrocortisone tabs 5mg, 10mg, 20mg	2	
MEDROL TABS 2mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg</i>	2	
<i>methylprednisolone tbpk 4mg</i>	1	
<i>ORAPRED ODT TBDP 10mg, 15mg, 30mg</i>	4	
<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>PREDNISONE INTENSOL CONC 5mg/ml</i>	4	
<i>UCERIS TB24 9mg</i>	2	

MINERALOCORTICOIDS

<i>fludrocortisone acetate tabs .1mg</i>	2	
------------------------------------------	---	--

COUGH/COLD/ALLERGY

ANTITUSSIVES

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

COUGH/COLD/ALLERGY COMBINATIONS

<i>CLARINEX-D TAB 2.5-120</i>	4	
<i>g tussin ac</i>	4	OTC; Excludes children under 12 years
<i>GILPHEX TR TAB 10-388MG</i>	4	
<i>guaiatussin ac</i>	4	OTC; Excludes children under 12 years
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	4	OTC; Excludes children under 12 years
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	2	Excludes children under 6 years
<i>maxi-tuss ac</i>	4	OTC; Excludes children under 12 years
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	2	
<i>promethazine vc</i>	2	
<i>promethazine vc/codeine</i>	2	Excludes children under 12 years

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	2	Excludes children under 12 years
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	2	Excludes children under 12 years
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	2	
<i>trymine cg</i>	4	OTC; Excludes children under 12 years
TUZISTRA XR SUS	4	Excludes children under 12 years

EXPECTORANTS

<i>SSKI SOLN 1gm/ml</i>	4
-------------------------	---

MISC. RESPIRATORY INHALANTS

<i>HYPERSAL NEBU 3.5%</i>	4
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	2

MUCOLYTICS

<i>acetylcysteine soln 10%, 20%</i>	2
-------------------------------------	---

DERMATOLOGICALS

ACNE PRODUCTS

<i>accutane caps 10mg, 20mg, 30mg, 40mg</i>	2	QL (2 caps / 1 day)
<i>acne foaming wash liqd 10%</i>	2	PA, OTC
<i>acne medication 2.5 gel 2.5%</i>	1	PA, OTC
<i>acne medication 5 gel 5%</i>	1	PA, OTC
<i>acne medication 10 gel 10%</i>	1	PA, OTC
<i>acne-clear gel 10%</i>	1	PA, OTC
<i>adapalene crea .1%; gel .1%, .3%</i>	2	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	2	PA
<i>amnesteem caps 10mg, 20mg, 40mg</i>	2	QL (2 caps / 1 day)
<i>ARAZLO LOTN .045%</i>	4	PA
<i>avita crea .025%; gel .025%</i>	2	PA
<i>BENZAC AC WASH LIQD 5%</i>	3	PA
<i>benzepro foam 5.3%</i>	2	PA
<i>benzoyl peroxide foam 9.8%; gel 8%</i>	2	PA
<i>benzoyl peroxide gel 2.5%</i>	1	PA, OTC
<i>benzoyl peroxide wash liqd 5%</i>	1	PA, OTC
<i>benzoyl peroxide wash liqd 10%</i>	2	PA, OTC
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	
<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

Drug Name	Drug Tier	Requirements/Limits
<i>bp wash liqd 7%</i>	4	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>DIFFERIN DAILY DEEP CLEAN LIQD 5%</i>	3	PA, OTC
<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>RETIN-A MICRO GEL .06%</i>	4	PA
<i>RETIN-A MICRO PUMP GEL .08%</i>	4	PA
<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	PA, QL (45 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
tretinoin crea .025%, .05%; gel .01%, .025%, .05%	2	PA
tretinoin microsphere gel .04%, .1%	2	PA
ZACLIR CLEANSING LOTN 8%	4	PA
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)
ANTIBIOTICS - TOPICAL		
ALTABAX OINT 1%	4	
CENTANY OINT 2%	4	PA
gentamicin sulfate (topical) crea .1%; oint .1%	2	
mupirocin oint 2%	2	
XEPI CREA 1%	4	PA
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	
cvs butenafine hydrochlor crea 1%	4	PA, OTC
dermazene	2	
econazole nitrate crea 1%	2	QL (30 gm / 30 days)
ECOZA FOAM 1%	4	PA
ERTACZO CREA 2%	4	PA
EXELDERM CREA 1%; SOLN 1%	4	PA
iodoquimez-hc	2	
JUBLIA SOLN 10%	4	PA
KERYDIN SOLN 5%	4	PA
ketoconazole (topical) crea 2%	2	
ketoconazole (topical) sham 2%	1	
LOTRIMIN ULTRA CREA 1%	4	PA, OTC
LUZU CREA 1%	4	PA
MENTAX CREA 1%	4	PA
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	2	
naftifine hcl crea 1%, 2%	2	
NAFTIN GEL 1%, 2%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nyamyc powd 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm</i>	2	
<i>nystatin (topical) powd 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	
<i>nystop powd 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>oxiconazole nitrate crea 1%</i>	2	PA, QL (30 gm / 30 days)
OXISTAT LOTN 1%	4	PA, QL (30 mL / 30 days)
<i>sulconazole nitrate crea 1%; soln 1%</i>	2	PA
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	2	PA, QL (100 gm / 25 days)
FLUOROPLEX CREA 1%	4	
<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	2	
LEVULAN KERASTICK SOLR 20%	4	PA
PANRETIN GEL .1%	4	
TARGRETIN GEL 1%	5	SP, PA
VALCHLOR GEL .016%	5	SP, PA
ANTIPRURITICS - TOPICAL		
PRUDOXIN CREA 5%	4	PA, QL (60 gm / 25 days)
ZONALON CREA 5%	4	PA, QL (60 gm / 25 days)
ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	2	
<i>calcipotriene oint .005%; soln .005%</i>	2	
<i>calcitrene oint .005%</i>	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
<i>methoxsalen rapid caps 10mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
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)
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	SP, PA; Preferred for Psoriasis
<i>tazarotene crea .1%</i>	2	QL (30 gm / 30 days)
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	5	SP, PA; Preferred for Psoriasis, Psoriatic Arthritis

ANTISEBORRHEIC PRODUCTS

NUTRASEB CRE	4	PA
<i>selenium sulfide lotn 2.5%</i>	1	
SODIUM SULFA LIQ 10% WASH	4	

ANTIVIRALS - TOPICAL

<i>acyclovir topical oint 5%</i>	2	QL (15 gm / 30 days)
DENAVIR CREA 1%	4	
XERESE CRE 5-1%	4	PA
ZOVIRAX CREA 5%	4	PA

BURN PRODUCTS

<i>mafenide acetate pack 5%</i>	2	
<i>silver sulfadiazine crea 1%</i>	2	
<i>ssd crea 1%</i>	2	
SULFAMYLYON CREA 85mg/gm	4	

CORTICOSTEROIDS - TOPICAL

<i>ala-cort crea 1%, 2.5%</i>	1	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	2	
<i>amcinonide crea .1%; lotn .1%</i>	2	
AMCINONIDE OINT .1%	4	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%</i>	2	
<i>betamethasone dipropionate (topical) oint .05%</i>	2	QL (210 gm / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	2	
<i>betamethasone valerate crea .1%; foam .12%; lotn .1%; oint .1%</i>	2	
BRYHALI LOTN .01%	3	QL (180 gm / 30 days)
CAPEX SHAM .01%	3	
<i>clobetasol propionate crea .05%; gel .05%</i>	2	QL (60 gm / 30 days)
<i>clobetasol propionate foam .05%; lotn .05%; oint .05%; sham .05%</i>	2	
<i>clobetasol propionate soln .05%</i>	2	QL (50 mL / 30 days)
<i>clobetasol propionate emollient base crea .05%</i>	2	QL (60 gm / 30 days)
<i>clobetasol propionate emulsion foam .05%</i>	2	QL (50 gm / 30 days)
<i>clodan sham .05%</i>	2	
<i>desonide crea .05%; lotn .05%; oint .05%</i>	2	
<i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i>	2	
<i>desoximetasone liqd .25%</i>	2	PA
ENSTILAR AER	3	PA
EPIFOAM AER 1%	4	
<i>fluocinolone acetonide crea .01%, .025%; oil .01%; oint .025%; soln .01%</i>	2	
<i>fluocinonide crea .05%</i>	2	QL (150 gm / 25 days)
<i>fluocinonide gel .05%; oint .05%; soln .05%</i>	2	
<i>fluocinonide emulsified base crea .05%</i>	2	
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	2	
<i>halobetasol propionate crea .05%; oint .05%</i>	2	
<i>hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%</i>	1	
<i>hydrocortisone (topical) lotn 2.5%; oint 1%</i>	2	
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	2	
<i>hydrocortisone valerate crea .2%; oint .2%</i>	2	
KENALOG AERS .147mg/gm	4	PA, QL (100 gm / 30 days)
LOCOID LOTN .1%	4	PA
LOCOID LIPOCREAM CREA .1%	4	PA
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	2	
PANDEL CREA .1%	4	

Drug Name	Drug Tier	Requirements/Limits
PRAMOSONE CRE 1-1%	4	
PRAMOSONE LOT 1%	4	
PRAMOSONE LOT 2.5%	4	
<i>prednicarbate oint .1%</i>	2	
SERNIVO EMUL .05%	4	
TACLONEX OIN	4	PA
TACLONEX SUS	4	PA, QL (60 gm / 30 days)
TEXACORT SOLN 2.5%	3	
TOPICORT LIQD .25%	4	PA
<i>tovet foam .05%</i>	2	QL (50 gm / 30 days)
<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
VERDESO FOAM .05%	4	PA

ECZEMA AGENTS

DUPIXENT SOPN 200mg/1.14ml; SOSY 200mg/1.14ml	5	SP, PA, QL (0.09 ml / 1 day); PF
DUPIXENT SOPN 300mg/2ml; SOSY 300mg/2ml	5	SP, PA, QL (0.15 ml / 1 day); PF
DUPIXENT SOSY 100mg/0.67ml	5	SP, PA, QL (0.048 ml / 1 day); PF

EMOLLIENT/KERATOLYTIC AGENTS

<i>uredeb crea 39%</i>	2	PA
------------------------	---	----

EMOLLIENTS

LACTIC ACID LOTN 10%	4	PA
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	2	PA
LACTIC ACID CRE E	4	

ENZYMES - TOPICAL

SANTYL OINT 250unit/gm	4	QL (60 gm / 30 days)
------------------------	---	----------------------

IMMUNOMODULATING AGENTS - TOPICAL

<i>imiquimod crea 3.75%</i>	2	PA
<i>imiquimod crea 5%</i>	2	
ZYCLARA CREA 3.75%	3	PA
ZYCLARA PUMP CREA 2.5%, 3.75%	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

CONDYLOX GEL .5%	3	
GORDOFILM SOL	4	

Drug Name	Drug Tier	Requirements/Limits
<i>podofilox soln .5%</i>	2	
PYROGALL ACD OIN	4	
SALIMEZ FORTE CREA 10%	4	PA
LINIMENTS		
TURPENTINE SOL SPIRITS	4	
LOCAL ANESTHETICS - TOPICAL		
ANACAIN 10%	4	
CRYODOSE AER TA	4	
ETHYL CHLOR AER FINE PIN	4	PA
ETHYL CHLOR AER FN STRM	4	PA
ETHYL CHLOR AER MED JET	4	PA
ETHYL CHLOR AER MED STRM	4	PA
ETHYL CHLOR AER MIST	4	PA
<i>ethyl chloride aerosol spray</i>	2	PA
GEBAUERS SPR AER /STRETCH	4	
<i>glydo prsy 2%</i>	2	QL (10 injections / 30 days)
<i>lidocaine oint 5%</i>	2	PA, QL (50 gm / 25 days)
<i>lidocaine ptch 5%</i>	2	
<i>lidocaine hcl gel 2%</i>	2	QL (60 mL / 25 days)
<i>lidocaine hcl prsy 2%</i>	2	QL (12 injections / 25 days)
<i>lidocaine hcl prsy 2%</i>	2	QL (3 injections / 25 days)
<i>lidocaine hcl soln 4%</i>	2	QL (50 mL / 25 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30 gm / 30 days)
PAIN EASE AER MD STRM	4	
PAIN EASE AER MIST	4	
SYNERA DIS 70-70MG	4	QL (2 patches / 25 days)
<i>7t lido gel gel 2%</i>	2	QL (30 gm / 30 days)
MISC. TOPICAL		
DRYSOL SOLN 20%	4	
QBREXZA PADS 2.4%	4	
XERAC AC SOLN 6.25%	4	
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
RHOFADE CREA 1%	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>rosadan crea .75%; gel .75%</i>	2	
SOOLANTRA CREA 1%	3	QL (135 gm / 75 days)
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	
WOUND CARE PRODUCTS		
REGENECARE GEL	4	QL (30 mL / 30 days)
REGRANEX GEL .01%	4	PA
DIAGNOSTIC PRODUCTS		
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
CHEMSTRIP K TES	4	OTC
CHEMSTRIP TES UGK	4	OTC
CVS KETONE TES CARE	4	OTC
DAIStIX TES STRIPS	4	OTC
KETO-DIASTIX TES	4	OTC
KETONE TES	4	OTC
KETONE TEST TES	4	OTC
KETOSTIX TES STRIP	4	OTC
ONETOUCH TES ULTRA	3	QL (200 strips / 30 days), OTC
ONETOUCH TES VERIO	3	QL (200 strips / 30 days), OTC
RELION TES KETONE	4	OTC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
PANCREAZE CAP 2600UNIT	4	
PANCREAZE CAP 4200UNIT	4	

Drug Name	Drug Tier	Requirements/Limits
PANCREAZE CAP 10500UNT	4	
PANCREAZE CAP 16800UNT	4	
PANCREAZE CAP 21000UNT	4	
PANCREAZE CAP 37000	4	
PERTZYE CAP 4000UNIT	4	
PERTZYE CAP 8000UNIT	4	
PERTZYE CAP 16000U	4	
PERTZYE CAP 24000U	4	
SUCRAID SOLN 8500unit/ml	5	SP
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 25000	3	
ZENPEP CAP 40000	3	

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

acetazolamide cp12 500mg; tabs 125mg, 250mg	2	
KEVEYIS TABS 50mg	5	SP, PA
methazolamide tabs 25mg, 50mg	2	

DIURETIC COMBINATIONS

ALDACTAZIDE TAB 50/50	3	
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	3	
furosemide soln 10mg/ml; tabs 20mg, 40mg, 80mg	1	
torsemide tabs 5mg, 10mg, 20mg, 100mg	1	

POTASSIUM SPARING DIURETICS

amiloride hcl tabs 5mg	1	
------------------------	---	--

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1	
<i>triamterene caps 50mg, 100mg</i>	2	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
<i>DIURIL SUSP 250mg/5ml</i>	4	
<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>BINOSTO TBEF 70mg</i>	4	
<i>calcitonin (salmon) soln 200unit/act, 200unit/ml</i>	2	
<i>FORTEO SOPN 600mcg/2.4ml</i>	5	SP, PA; PF
<i>FOSAMAX + D TAB 70-2800</i>	4	
<i>FOSAMAX + D TAB 70-5600</i>	4	
<i>ibandronate sodium tabs 150mg</i>	2	
<i>NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg</i>	5	SP, PA
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	2	
<i>TYMLOS SOPN 3120mcg/1.56ml</i>	5	SP, PA; PF
CORTICOTROPIN		
<i>ACTHAR GEL 80unit/ml</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; PF
<i>SEROSTIM SOLR 4mg, 5mg, 6mg</i>	5	SP, PA
<i>ZORBTIVE SOLR 8.8mg</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

Drug Name	Drug Tier	Requirements/Limits
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX SOLN 40mg/4ml	5	SP, PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOLN 2mg/ml	4	
METABOLIC MODIFIERS		
* <i>betaine powder for oral solution***</i>	5	SP, PA
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	2	
CARBAGLU TBSO 200mg	5	SP, PA
<i>carglumic acid tbso 200mg</i>	5	SP, PA
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	5	SP, PA
CYSTADANE POW	5	SP, PA
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	2	
GALAFOLD CAPS 123mg	5	SP, PA
<i>levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg</i>	2	
MYALEPT SOLR 11.3mg	5	SP, PA
<i>nitisinone caps 2mg, 5mg, 10mg</i>	5	SP, PA
NITYR TABS 2mg, 5mg, 10mg	5	SP, PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	5	SP, PA; PF
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	2	
RAYALDEE CPCR 30mcg	4	
REVCovi SOLN 2.4mg/1.5ml	5	SP
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	5	SP, PA
SENSIPAR TABS 30mg, 60mg, 90mg	5	SP, PA
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	5	SP, PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	5	SP, PA
XURIDEN PACK 2gm	5	SP
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10mg, 20mg	3	PA, QL (1 tab / 1 day)
NATRIURETIC PEPTIDES		
VOXZOGO SOLR .4mg, .56mg, 1.2mg	5	SP, PA, QL (10 vials / 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	
NOCDURNA SUBL 27.7mcg, 55.3mcg	4	
STIMATE SOLN 1.5mg/ml	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
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</i>	5	SP, PA
<i>SANDOSTATIN SOLN 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	5	SP, PA
<i>SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml</i>	5	SP, PA
<i>SOMATULINE DEPOT SOLN 120mg/0.5ml</i>	5	SP, PA; PF
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>JYNARQUE TABS 15mg, 30mg; TBPK 15mg</i>	5	SP, PA
<i>JYNARQUE PAK 30-15MG</i>	5	SP, PA
<i>JYNARQUE PAK 45-15MG</i>	5	SP, PA
<i>JYNARQUE PAK 60-30MG</i>	5	SP, PA
<i>JYNARQUE PAK 90-30MG</i>	5	SP, PA
<i>SAMSCA TABS 15mg, 30mg</i>	5	SP, PA
<i>tolvaptan tabs 15mg, 30mg</i>	5	SP, PA
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>amabelz</i>	2	QL (1 tab / 1 day)
<i>ANGELIQ TAB 0.5-1MG</i>	4	QL (1 tab / 1 day)
<i>ANGELIQ TAB 0.25-0.5</i>	4	QL (1 tab / 1 day)
<i>BIJUVA CAP 1-100MG</i>	4	
<i>CLIMARA PRO DIS WEEKLY</i>	3	QL (0.143 patches / 1 day)
<i>COMBIPATCH DIS</i>	3	QL (0.286 patches / 1 day)
<i>DUAVEE TAB 0.45-20</i>	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>jinteli</i>	2	QL (1 ea / 1 day)
<i>mimvey</i>	2	QL (1 tab / 1 day)
<i>MYFEMBREE TAB</i>	3	PA, QL (1 tab / 1 day)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2	QL (1 tab / 1 day)
ORIAHNN CAP	3	
PREFEST TAB	4	
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

ALORA PTTW .025mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	4	QL (8 patches / 28days)
DELESTROGEN OIL 10mg/ml	4	
DEPO-ESTRADIOL OIL 5mg/ml	4	
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)
dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	QL (8 patches / 28days)
ELESTRIN GEL .06%	4	QL (0.867 gm / 1 day)
estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	QL (8 patches / 28days)
estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	QL (0.143 patches / 1 day)
estradiol tabs .5mg, 1mg, 2mg	1	
estradiol valerate oil 20mg/ml, 40mg/ml	2	
ESTROGEL GEL .06%	4	QL (3.333 gm / 1 day)
EVAMIST SOLN 1.53mg/spray	3	QL (24.3 mL / 84 days)
lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	QL (8 patches / 28days)
MENOSTAR PTWK 14mcg/24hr	4	

FLUOROQUINOLONES

FLUOROQUINOLONES

BAXDELA TABS 450mg	4	
CIPRO SUSR 5gm/100ml, 500mg/5ml	3	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl tabs 400mg</i>	2	
<i>ofloxacin tabs 300mg, 400mg</i>	2	
GASTROINTESTINAL AGENTS - MISC.		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TABS 3mg	4	QL (1 tab / 1 day)
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAPS 50mg, 250mg	5	SP, PA
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TABS 5mg, 10mg	5	SP, PA
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL TABS 250mg	5	SP, PA
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	2	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	2	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone caps 8mcg, 24mcg</i>	2	
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg</i>	1	
<i>metoclopramide hcl tbdp 5mg</i>	2	
METOCLOPRAMIDE ODT TBDP 10mg	4	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
LIVMARLI SOLN 9.5mg/ml	5	SP, PA, QL (3 mL / 1 day)
INFLAMMATORY BOWEL AGENTS		
ASACOL HD TBEC 800mg	2	
<i>balsalazide disodium caps 750mg</i>	2	
CIMZIA PSKT 200mg/ml	2	SP, PA; Preferred for Non-Radiographic Axial Spondyloarthritis
CIMZIA STARTER KIT PSKT 200mg/ml	2	SP, PA; PF; Preferred for Non-Radiographic Axial Spondyloarthritis
DIPENTUM CAPS 250mg	4	
<i>mesalamine cp24 .375gm; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm</i>	2	
<i>mesalamine w/ cleanser kit 4gm</i>	2	
SFROWASA ENEM 4gm/60ml	4	
<i>sulfasalazine tabs 500mg</i>	1	
<i>sulfasalazine tbec 500mg</i>	2	
INTESTINAL ACIDIFIERS		
<i>enulose soln 10gm/15ml</i>	1	
<i>generlac soln 10gm/15ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tabs .5mg, 1mg</i>	2	PA
<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	3	
<i>LOTRONEX TABS 1mg</i>	4	PA
<i>VIBERZI TABS 75mg, 100mg</i>	3	PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan caps 12mg</i>	2	
<i>RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg</i>	4	
<i>SYMPROIC TABS .2mg</i>	3	
PHOSPHATE BINDER AGENTS		
<i>AURYXIA TABS 210mg</i>	3	
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	2	
<i>PHOSLYRA SOLN 667mg/5ml</i>	3	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	2	
<i>sevelamer hcl tabs 400mg, 800mg</i>	2	
<i>VELPHORO CHEW 500mg</i>	3	QL (6 tabs / 1 day)
SHORT BOWEL SYNDROME (SBS) AGENTS		
<i>GATTEX KIT 5mg</i>	5	SP, PA
TRYPTOPHAN HYDROXYLASE INHIBITORS		
<i>XERMELO TABS 250mg</i>	5	SP, PA
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
<i>K-PHOS TAB NO 2</i>	4	
ALKALINIZERS		
<i>cytra k crystals</i>	2	
<i>ORACIT SOL</i>	4	
<i>pot & sod citrates w/ cit ac soln 550-500- 334 mg/5ml</i>	2	
<i>potassium citrate & citric acid soln 1100- 334 mg/5ml</i>	2	
<i>potassium citrate (alkalinizer) tbcr 10meq, 15meq, 540mg</i>	2	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	2	
CYSTINOSIS AGENTS		
<i>CYSTAGON CAPS 50mg, 150mg</i>	5	SP, PA; PF
GENITOURINARY IRRIGANTS		
<i>acetic acid soln .25%</i>	2	
<i>argyle sterile saline soln .9%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>curity sterile saline soln .9%</i>	2	
<i>glycine (gu irrigant) soln 1.5%</i>	2	
<i>neomycin-polymyxin b gu irrigation soln</i>	2	
<i>RENACIDIN SOL</i>	4	
<i>sodium chloride (gu irrigant) soln .9%</i>	2	
<i>SORBITOL SOLN 3%</i>	4	
<i>SORBITOL-MAN SOL</i>	4	

PROSTATIC HYPERSTROPHY AGENTS

<i>alfuzosin hcl tb24 10mg</i>	1	
<i>CARDURA XL TB24 4mg</i>	4	QL (1 tab / 1 day)
<i>CARDURA XL TB24 8mg</i>	4	
<i>dutasteride caps .5mg</i>	2	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	
<i>finasteride tabs 5mg</i>	1	
<i>silodosin caps 4mg, 8mg</i>	2	
<i>tamsulosin hcl caps .4mg</i>	1	

URINARY ANALGESICS

<i>phenazo tabs 200mg</i>	2	
---------------------------	---	--

URINARY STONE AGENTS

<i>tiopronin tabs 100mg</i>	5	SP, PA
-----------------------------	---	--------

GOUT AGENTS

GOOT AGENT COMBINATIONS

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
------------------------------------------------	---	--

GOOT AGENTS

<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine tabs .6mg</i>	2	
<i>febuxostat tabs 40mg, 80mg</i>	2	ST, PA
<i>MITIGARE CAPS .6mg</i>	2	

URICOSURICS

<i>probenecid tabs 500mg</i>	2	
------------------------------	---	--

HEMATOLOGICAL AGENTS - MISC.

ANTIHEMOPHILIC PRODUCTS

<i>HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml</i>	5	SP, PA
---------------------------------------------------------------------	---	--------

BRADYKININ B2 RECEPTOR ANTAGONISTS

<i>FIRAZYR SOLN 30mg/3ml</i>	5	SP, PA
<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); PF
<i>HAEGARDA SOLR 2000unit, 3000unit</i>	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
TAVNEOS CAPS 10mg	5	SP, PA, QL (6 caps / 1 day)
HEMATOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TABS 100mg, 150mg	5	SP, PA; PF
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tbcr 400mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAPS 110mg, 150mg	5	SP, PA; PF
TAKHZYRO SOLN 300mg/2ml; SOSY 300mg/2ml	5	SP, PA; PF
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl caps .5mg, 1mg</i>	2	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA TABS 60mg, 90mg	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		
CERDELGA CAPS 84mg	5	SP, PA; PF
<i>miglustat caps 100mg</i>	5	SP, PA
ZAVESCA CAPS 100mg	5	SP, PA
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAPS 200mg, 300mg, 400mg	4	
ENDARI PACK 5gm	5	SP, PA
SIKLOS TABS 100mg, 1000mg	4	
COBALAMINS		
<i>cyanocobalamin soln 1000mcg/ml</i>	2	
NASCOBAL SOLN 500mcg/0.1ml	4	PA, QL (4 ea / 30 days)
FOLIC ACID/FOLATES		
<i>cvs folic acid tabs 800mcg</i>	4	OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>fa-8 caps .8mg</i>	4	OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
<i>folate tabs 400mcg</i>	4	OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid caps 800mcg; tabs 400mcg</i>	4	OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tabs 1mg</i>	1	
<i>sm folic acid tabs 400mcg</i>	4	OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>yl folic acid tabs 400mcg</i>	4	OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered

HEMATOPOIETIC GROWTH FACTORS

<i>DOPTELET TABS 20mg</i>	5	SP, PA
<i>NIVESTYM SOSY 300mcg/0.5ml, 480mcg/0.8ml</i>	5	SP, PA; PF
<i>PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg</i>	5	SP, PA; PF
<i>RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 20000unit/2ml, 20000unit/ml, 40000unit/ml</i>	5	SP, PA; PF
<i>ZIEXTENZO SOSY 6mg/0.6ml</i>	5	SP, PA; PF

HEMATOPOIETIC MIXTURES

<i>hematinic/folic acid</i>	2
<i>hemocyte-f</i>	2

STEM CELL MOBILIZERS

<i>MOZOBIL SOLN 24mg/1.2ml</i>	5	SP, PA
--------------------------------	---	--------

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid soln .25gm/ml; tabs 500mg, 1000mg</i>	2
<i>tranexamic acid tabs 650mg</i>	2

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS

<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	2
----------------------------------------------------------------------------------------------------------	---

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (sleep) tabs 3mg</i>	2	QL (1 tab / 1 day)
<i>doxepin hcl (sleep) tabs 6mg</i>	2	
NON-BARBITURATE HYPNOTICS		
<i>DORAL TABS 15mg</i>	4	
<i>EDLUAR SUBL 5mg, 10mg</i>	4	PA
<i>estazolam tabs 1mg, 2mg</i>	2	
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	2	
<i>flurazepam hcl caps 15mg, 30mg</i>	2	
<i>midazolam hcl syrp 2mg/ml</i>	2	
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	2	
<i>triazolam tabs .125mg, .25mg</i>	2	
<i>zaleplon caps 5mg, 10mg</i>	2	
<i>zolpidem tartrate tabs 5mg, 10mg</i>	1	
<i>zolpidem tartrate tbcr 6.25mg, 12.5mg</i>	2	
OREXIN RECEPTOR ANTAGONISTS		
<i>BELSOMRA TABS 5mg, 10mg, 15mg, 20mg</i>	3	PA
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>HETLIOZ CAPS 20mg</i>	5	SP, PA
<i>HETLIOZ LQ SUSP 4mg/ml</i>	5	SP, PA
<i>ramelteon tabs 8mg</i>	2	
LAXATIVES		
LAXATIVE COMBINATIONS		
<i>CLENPIQ SOL</i>	3	\$0 copay for members age 50 through 74, Tier 3 for all others
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>PEG-PREP KIT</i>	4	\$0 copay for members age 50 through 74, otherwise not covered
LAXATIVES - MISCELLANEOUS		
<i>constulose soln 10gm/15ml</i>	1	
<i>KRISTALOSE PACK 10gm, 20gm</i>	4	
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	1	
LUBRICANT LAXATIVES		
<i>mineral oil</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>STIMULANT LAXATIVES</i>		
CASCARA SAGRADA EXTR 1gm/ml	4	
MACROLIDES		
<i>AZITHROMYCIN</i>		
azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	1	
<i>CLARITHROMYCIN</i>		
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg	2	
<i>ERYTHROMYCINS</i>		
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	
<i>FIDAXOMICIN</i>		
DIFICID SUSR 40mg/ml; TABS 200mg	3	
MEDICAL DEVICES AND SUPPLIES		
<i>CONTRACEPTIVES</i>		
CAYA DPR	4	QL (1 each / 300 days); \$0 copay
FC2 FEMALE MIS CONDOM	4	OTC; \$0 copay
FC 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
<i>DIABETIC SUPPLIES</i>		
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
DEXCOM G6 MIS RECEIVER	3	
DEXCOM G6 MIS SENSOR	3	

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 MIS TRANSMIT	3	
GUARDIAN RT MIS CHARGER	4	
GUARDIAN RT MIS TST PLUG	4	
LANCET DEVICES	4	OTC
LANCETS	3	OTC
LANCETS KIT	4	OTC
LANCETS MISC	3	OTC
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 COMPLETE	3	OTC
ONETOUCH SOL KIT REFILL	3	OTC
ONETOUCH SOL KIT STARTER	3	OTC
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	

MISC. DEVICES

ALCOH-GLOVE PAD CONTOURE	4	
ALCOHOL SWABS PADS 70%	4	OTC

ORAL HYGIENE PRODUCTS

MI PASTE PST	4	
MI PLUS PST	4	
REMESENSE MISC 3%	4	

PARENTERAL THERAPY SUPPLIES

AUTOPEN MIS 1 UNIT	4	OTC
AUTOPEN MIS 1-21UNIT	4	OTC
AUTOPEN MIS 2 UNIT	4	OTC
AUTOPEN MIS 2-42UNIT	4	OTC
AUTOSHIELD MIS 29X3/16"	3	OTC
AUTOSHIELD MIS 29X5/16"	3	OTC
AUTOSHIELD MIS 30GX5MM	3	OTC
BD PEN MINI MIS	4	OTC
BD PEN MIS	4	OTC
BD PEN NEEDL MIS 29GX12.7	3	OTC
BD PEN NEEDL MIS 31GX5MM	3	OTC
BD PEN NEEDL MIS 31GX8MM	3	OTC

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDL MIS 32GX4MM	3	
BD PEN NEEDL MIS 32GX4MM	3	OTC
BD PEN NEEDL MIS 32GX5/32	3	OTC
BD PEN NEEDL MIS 32GX6MM	3	OTC
BD U-500 MIS 31GX6MM	3	
CEQUR SIMPL KIT PATCH 2U	4	QL (1 each / 300 days)
INPEN 100EL MIS BLUE-HUM	4	QL (1 each / 300 days)
INPEN 100EL MIS GREY-HUM	4	QL (1 each / 300 days)
INPEN 100EL MIS PINK HUM	4	QL (1 each / 300 days)
INPEN 100NN MIS BLUE NOV	4	QL (1 each / 300 days)
INPEN 100NN MIS GREY NOV	4	QL (1 each / 300 days)
INPEN 100NN MIS PINK NOV	4	QL (1 each / 300 days)
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
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
NOVOPEN ECHO MIS	4	QL (1 each / 300 days)
PEN NEEDLES MIS 32GX5/32	4	OTC

RESPIRATORY THERAPY SUPPLIES

AERCHMBR PLS MIS FLOW-VU	4
AERCHMBR PLS MIS LRG MASK	4
AERCHMBR PLS MIS MED MASK	4
AERCHMBR PLS MIS SM MASK	4
AERCHMBR Z- MIS STAT PLS	4
AEROCHAMBER MIS CHAMBER	4
AEROCHAMBER MIS FLOSIGNA	4
AEROCHAMBER MIS MV	4
AEROCHAMBER MIS PLUS	4
AEROVENT MIS PLUS	4
BREATHE EASE MIS LG MASK	4
BREATHE EASE MIS MED MASK	4
BREATHE EASE MIS SM MASK	4

Drug Name	Drug Tier	Requirements/Limits
COMPACT SPAC MIS CHAMBER	4	
COMPACT SPAC MIS LG MASK	4	
COMPACT SPAC MIS MD MASK	4	
COMPACT SPAC MIS SM MASK	4	
EASIVENT MIS	4	
EASIVENT MIS MASK LG	4	
EASIVENT MIS MASK MED	4	
EASIVENT MIS MASK SM	4	
FLEXICHAMBER MIS	4	
FLEXICHAMBER MIS MASK LRG	4	
FLEXICHAMBER MIS MASK SM	4	
HOLD CHAMBER MIS ADLT LG	4	
HOLD CHAMBER MIS MEDIUM	4	
HOLD CHAMBER MIS SMALL	4	
INSPIRACHAMB MIS LARGE	4	
INSPIRACHAMB MIS MEDIUM	4	
INSPIRACHAMB MIS MOUTHPC	4	
INSPIRACHAMB MIS SMALL	4	
INSPIREASE MIS DD SYST	4	
INSPIREASE MIS RES BAG	4	
MICROCHAMBER MIS	4	
MICROSPACER MIS	4	
OPTICHAMBER MIS DIA LG	4	
OPTICHAMBER MIS DIA MD	4	
OPTICHAMBER MIS DIA SM	4	
OPTICHAMBER MIS DIAMOND	4	
POCKET CHAMB MIS	4	
POCKET SPACE MIS	4	
RITEFLO MIS	4	
VORTEX VALVE MIS CHAMBER	4	

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, PA, QL (16 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	ST, PA, QL (16 tabs / 30 days)

MIGRAINE PRODUCTS

dihydroergotamine mesylate soln 1mg/ml	2
ERGOMAR SUBL 2mg	4

SEROTONIN AGONISTS

almotriptan malate tabs 6.25mg, 12.5mg	2	QL (12 tabs / 30 days)
----------------------------------------	---	------------------------

OTC - Over the counter **PA** - Prior Authorization **PF** - Preferred **QL** - Quantity Limits

SP - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<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)
ONZETRA XSAIL EXHP 11mg/nosepc	3	QL (16 nosepieces / 30 days)
REYVOW TABS 50mg	4	ST, PA, QL (4 tabs / 30 days)
REYVOW TABS 100mg	4	ST, PA, QL (8 tabs / 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)
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	3	QL (24 injections / 30days)
<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)
ZOMIG SOLN 2.5mg, 5mg	3	QL (12 sprays / 30 days)

MINERALS & ELECTROLYTES

CALCIUM

CALCIFOL WAF	4
--------------	---

FLUORIDE

FLORIVA DRO 0.25MG	4
<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

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride chew .25mg; tabs .5mg	2	\$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tabs 1mg	2	
IODINE PRODUCTS		
iodine solution strong 5% (lugol's)	2	
PHOSPHATE		
K-PHOS TABS 500mg	4	
phospha 250 neutral	2	
phospho-trin 250 neutral	2	
phospho-trin k500 tabs 500mg	2	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	2	
virt-phos 250 neutral	2	
POTASSIUM		
effer-k tbef 25meq	2	
EFFER-K TAB 10MEQ	4	
EFFER-K TAB 20MEQ	4	
k-prime tbef 25meq	2	
klor-con pack 20meq	2	
klor-con 8 tbcr 8meq	2	
klor-con 10 tbcr 10meq	1	
klor-con m10 tbcr 10meq	1	
klor-con m15 tbcr 15meq	2	
klor-con m20 tbcr 20meq	1	
klor-con/ef tbef 25meq	2	
potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%, 20%; tbcr 8meq	2	
potassium chloride tbcr 10meq, 20meq	1	
potassium chloride microencapsulated crystals er tbcr 10meq, 20meq	1	
potassium chloride microencapsulated crystals er tbcr 15meq	2	
SODIUM		
sodium chloride soln .9%, 2.5meq/ml	2	
ZINC		
GALZIN CAPS 25mg, 50mg	4	
WILZIN CAPS 25mg	4	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
DEPEN TITRATABS TABS 250mg	5	SP, PA
penicillamine caps 250mg; tabs 250mg	5	SP, PA
trientine hcl caps 250mg	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
<i>lenalidomide caps 5mg, 10mg, 15mg, 25mg</i>	5	SP, PA
<i>REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg</i>	5	SP, PA; PF
<i>THALOMID CAPS 50mg, 100mg, 150mg, 200mg</i>	5	SP, PA; PF
IMMUNOSUPPRESSIVE AGENTS		
<i>azasan tabs 75mg, 100mg</i>	2	
<i>azathioprine tabs 50mg, 75mg, 100mg</i>	2	
<i>cyclosporine caps 25mg, 100mg</i>	2	SP
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	2	SP
<i>ENSPRYNG SOSY 120mg/ml</i>	5	SP, PA; PF
<i>everolimus (immunosuppressant) tabs 1mg</i>	2	SP, PA
<i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg</i>	2	SP
<i>genraf caps 25mg, 100mg; soln 100mg/ml</i>	2	SP
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	2	SP
<i>mycophenolate sodium tbec 180mg, 360mg</i>	2	SP
<i>SANDIMMUNE SOLN 100mg/ml</i>	4	SP
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	2	SP
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	2	SP
POTASSIUM REMOVING AGENTS		
<i>LOKELMA PACK 5gm, 10gm</i>	3	
<i>*sodium polystyrene sulfonate powder**</i>	2	
<i>sps susp 15gm/60ml</i>	2	
<i>VELTASSA PACK 8.4gm, 16.8gm, 25.2gm</i>	3	
PROGERIA TREATMENT AGENTS		
<i>ZOKINVY CAPS 50mg, 75mg</i>	5	SP, PA, QL (4 caps / 1 day)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
<i>BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml</i>	5	SP, PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl (mouth-throat) soln 2%</i>	1	
<i>lidocaine hcl (mouth-throat) soln 4%</i>	2	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troc 10mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
nystatin (mouth-throat) susp 100000unit/ml	2	
ORAVIG TABS 50mg	4	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate (mouth-throat) soln .12%	1	
periogard soln .12%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
oralone dental paste pste .1%	2	
triamcinolone acetonide (mouth) pste .1%	2	
THROAT PRODUCTS - MISC.		
AQUORAL SPR	4	PA
BOCASAL POW	4	PA
cevimeline hcl caps 30mg	2	PA
EVOXAC CAPS 30mg	3	PA
GELCLAIR GEL	4	PA
MUGARD LIQ	5	SP, PA; PF
NEUTRASAL POW	4	PA
NUMOISYN LIQ	4	PA
NUMOISYN LOZ	4	PA
ORAFATE PST 10%	4	PA
pilocarpine hcl (oral) tabs 5mg, 7.5mg	2	
PROTHELIAL PST 10%	4	PA
SALIVAMAX POW	4	PA
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
multi-vitamin/fluoride/ir	2	Benefit exclusions may apply
POLY-VI-FLOR CHW W/IRON	4	Benefit exclusions may apply
POLY-VI-FLOR SUS /IRON	4	Benefit exclusions may apply
PED MV W/ FLUORIDE		
FLORIVA DRO PLUS	4	Benefit exclusions may apply
multi-vitamin/fluoride dr	2	Benefit exclusions may apply
multivitamin/fluoride	2	Benefit exclusions may apply
*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***	2	Benefit exclusions may apply
POLY-VI-FLOR CHW 0.5MG	4	
POLY-VI-FLOR CHW 0.25MG	4	
POLY-VI-FLOR CHW 1MG	4	

Drug Name	Drug Tier	Requirements/Limits
POLY-VI-FLOR SUS 0.25/ML	4	Benefit exclusions may apply
QUFLORA PED CHW 0.5MG	4	
QUFLORA PED CHW 0.25MG	4	Benefit exclusions may apply
QUFLORA PED CHW 1MG	4	
QUFLORA PED DRO 0.5MG/ML	4	Benefit exclusions may apply
QUFLORA PED DRO 0.25MG	4	Benefit exclusions may apply
TRI-VI-FLOR SUS 0.5MG/ML	4	Benefit exclusions may apply
TRI-VI-FLOR SUS 0.25/ML	4	Benefit exclusions may apply
TRI-VI-FLORO SUS 0.5MG/ML	4	Benefit exclusions may apply
TRI-VI-FLORO SUS 0.25/ML	4	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
<i>trinate</i>	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
-------------------------------------------------	---

Drug Name	Drug Tier	Requirements/Limits
MUSCLE RELAXANT COMBINATIONS		
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	2	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	QL (3 bottles / 75 days)
NASAL AGENTS - MISC.		
<i>NOZIN NASAL SANITIZER KIT 62%; SWAB 62%</i>	4	OTC
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 (3.049 bottles / 75 days)
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1	
NASAL STEROIDS		
<i>flunisolide (nasal) soln .025%</i>	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	1	QL (3 bottles / 75 days)
<i>mometasone furoate (nasal) susp 50mcg/act</i>	2	QL (34 gm / 30 days)
<i>XHANCE EXHU 93mcg/act</i>	4	PA
SYMPATHOMIMETIC DECONGESTANTS		
<i>ADRENALIN SOLN .1%</i>	4	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>RADICAVA ORS STARTER KIT SUSP 105mg/5ml</i>	5	SP
<i>riluzole tabs 50mg</i>	2	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
<i>EVRYSDI SOLR .75mg/ml</i>	5	SP, PA
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>timolol maleate in ocudos soln .5%</i>	2	
CYCLOPLEGIC MYDRIATICS		
<i>altafrin soln 2.5%, 10%</i>	2	
ATROPINE SULFATE SOLN 1%	4	
<i>atropine sulfate (ophthalmic) soln 1%</i>	2	
CYCLOMYDRIL SOL OP	4	
<i>cyclopentolate hcl soln .5%, 1%, 2%</i>	2	
ISOPTO ATROPINE SOLN 1%	4	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	2	
<i>tropicamide soln .5%, 1%</i>	2	
MIOTICS		
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOLN .1%, .15%	3	
<i>apraclonidine hcl soln .5%</i>	2	
<i>brimonidine tartrate soln .2%</i>	1	
<i>brimonidine tartrate soln .15%</i>	2	
IOPIDINE SOLN 1%	4	
SIMBRINZA SUS 1-0.2%	3	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	1	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	3	
BETADINE OPHTHALMIC PREP SOLN 5%	4	
<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	
MITOSOL KIT .2mg	4	
<i>moxifloxacin hcl (ophth) soln .5%</i>	2	
NATACYN SUSP 5%	4	
<i>neo-polycin</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymy-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>POVIDONE IODINE SOLN 5%</i>	4	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	2	
<i>tobramycin (ophth) soln .3%</i>	1	
<i>TOBREX OINT .3%</i>	3	
<i>trifluridine soln 1%</i>	2	
OPHTHALMIC IMMUNOMODULATORS		
<i>RESTASIS EMUL .05%</i>	3	
<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>AKTEN GEL 3.5%</i>	4	
<i>altacaine soln .5%</i>	2	
<i>proparacaine hcl soln .5%</i>	2	
<i>tetracaine hcl (ophth) soln .5%</i>	2	
OPHTHALMIC NERVE GROWTH FACTORS		
<i>OXERVATE SOLN .002%</i>	5	SP, PA
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>BLEPHAMIDE OIN S.O.P.</i>	4	
<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>PRED-G S.O.P OIN OP</i>	4	
<i>PRED-G SUS OP</i>	4	
<i>prednisolone acetate (ophth) susp 1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE ACETATE P-F SUSP 1%	4	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	4	
MEMBRANEBLUE SOLN .15%	4	
VISIONBLUE SOLN .06%	4	
OPHTHALMICS - MISC.		
ALOCRIL SOLN 2%	4	
ALOMIDE SOLN .1%	4	
<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	
CYSTARAN SOLN .44%	5	SP, PA
<i>diclofenac sodium (ophth) soln .1%</i>	2	
<i>dorzolamide hcl soln 2%</i>	2	
DORZOLAMIDE HCL SOLN 2%	4	
<i>epinastine hcl (ophth) soln .05%</i>	2	
<i>fluor-i-strips a.t. strp 1mg</i>	2	
FLUORE/BENOX SOL 0.3-0.4%	4	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	2	
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	2	
FLURA-SAFE SOL	4	
<i>flurbiprofen sodium soln .03%</i>	1	
ILEVRO SUSP .3%	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	
PAREMYD SOL 1-0.25%	4	
PROLENSA SOLN .07%	3	
TRUSOPT SOLN 2%	4	
PROSTAGLANDINS - OPHTHALMIC		
<i>latanoprost soln .005%</i>	1	
LUMIGAN SOLN .01%	3	
<i>travoprost soln .004%</i>	2	
VYZULTA SOLN .024%	4	

Drug Name	Drug Tier	Requirements/Limits
ZIOPTAN SOLN .015mg/ml	3	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid (otic) soln 2%	2	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl (otic) soln .2%	2	
ofloxacin (otic) soln .3%	2	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	2	
CORTISPORIN SUS -TC OTIC	4	
neomycin-polymyxin-hc otic soln 1%	2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2	
OTIC STEROIDS		
flac oil .01%	2	
fluocinolone acetonide (otic) oil .01%	2	
hydrocortisone w/ acetic acid otic soln 1-2%	2	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL INST 10mg	4	
PREPIDIL GEL .5mg/3gm	4	
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; PF
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	SP, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	SP, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	SP, PA
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	5	SP, PA
HYPERRHO S/D SOSY 1500unit	5	SP
HYPERRHO S/D MINI-DOSE SOSY 250unit	5	SP
HYPERTET SOSY 250unit/ml	4	

Drug Name	Drug Tier	Requirements/Limits
MICRHOGAM ULTRA-FILTERED SOSY 250unit	5	SP
RHOGAM ULTRA-FILTERED PLU SOSY 1500unit	5	SP
WINRHO SDF SOLN 15000unit/13ml	5	SP
MONOCLONAL ANTIBODIES		
EVUSHIELD SOL	4	
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	
PROGESTINS		
PROGESTINS		
medroxyprogesterone acetate tabs 2.5mg, 5mg	1	QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<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>XYREM SOLN 500mg/ml</i>	5	SP, PA
<i>XYWAV SOL 0.5GM/ML</i>	5	SP, PA; PF

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, 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
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	2
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	2
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	2

Drug Name	Drug Tier	Requirements/Limits
<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	
FIBROMYALGIA AGENTS		
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	
SAVELLA MIS TITR PAK	4	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TABS 6mg, 9mg, 12mg	5	SP, PA; PF
INGREZZA CAPS 40mg, 60mg, 80mg	5	SP, PA; PF
INGREZZA CAP 40-80MG	5	SP, PA; PF
<i>tetrabenazine tabs 12.5mg, 25mg</i>	5	SP, PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg	5	SP, PA
AUBAGIO TABS 7mg, 14mg	5	SP, PA, QL (1 tab / 1 day); PF
AVONEX PSKT 30mcg/0.5ml	5	SP, PA, QL (0.04 injections / 1 day); PF
AVONEX PEN AJKT 30mcg/0.5ml	5	SP, PA, QL (0.04 injections / 1 day); PF
BETASERON KIT .3mg	5	SP, PA; PF
COPAXONE SOSY 20mg/ml	5	SP, PA, QL (1 each / 1 day); PF
COPAXONE SOSY 40mg/ml	5	SP, PA, QL (0.43 injections / 1 day); PF
<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; PF
<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); PF
MAVENCLAD TBPK 10mg	5	SP, PA, QL (20 tabs / 270 days)

Drug Name	Drug Tier	Requirements/Limits
MAYZENT TABS 1mg	5	SP, PA, QL (1 tab / 1 day); PF
MAYZENT TABS 2mg	5	SP, PA; PF
MAYZENT TABS .25mg	5	SP, PA, QL (4 tabs / 1 day); PF
MAYZENT STARTER PACK TBPK .25mg	5	SP, PA, QL (12 tabs / 5 days); PF
MAYZENT STARTER PACK TBPK .25mg	5	SP, PA, QL (7 tabs / 5 days); PF
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	5	SP, PA
PLEGRIDY SOSY 125mcg/0.5ml	5	SP, PA, QL (0.08 syringes / 1 day)
PLEGRIDY INJ STARTER	5	SP, PA
PLEGRIDY PEN INJ STARTER	5	SP, PA
PONVORY TABS 20mg	5	SP
PONVORY TAB STARTER	5	SP
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	5	SP, PA; PF
REBIF REBIDO INJ TITRATN	5	SP, PA; PF
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	5	SP, PA; PF
REBIF TITRTN INJ PACK	5	SP, PA; PF
VUMERITY CPDR 231mg	5	SP, PA, QL (4 caps / 1 day); PF
ZEPOZIA CAPS .92mg	5	SP, PA, QL (1 cap / 1 day); Preferred for Ulcerative Colitis (after failure of HUMIRA)
ZEPOZIA 7DAY CAP STR PACK	5	SP, PA, QL (1 ea / 1 day); Preferred for Ulcerative Colitis (after failure of HUMIRA)
ZEPOZIA 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
----------------------------------------------	---	----------------------------------------

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine gum 2mg, 4mg; lozg 2mg, 4mg; pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	4	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
<i>varenicline tartrate tabs .5mg, 1mg</i>	2	\$0 limited to 2 treatment cycles/year

TRANSTHYRETIN AMYLOIDOSIS AGENTS

TEGSEDI SOSY 284mg/1.5ml	5	SP, PA; PF
--------------------------	---	------------

RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

KALYDECO PACK 25mg, 50mg, 75mg; TABS 150mg	5	SP, PA
ORKAMBI GRA 100-125	5	SP, PA
ORKAMBI GRA 150-188	5	SP, PA
ORKAMBI TAB 100-125	5	SP, PA
ORKAMBI TAB 200-125	5	SP, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	SP, PA
SYMDEKO TAB 50-75MG	5	SP, PA
SYMDEKO TAB 100-150	5	SP, PA
TRIKAFTA TAB	5	SP, PA, QL (3 tabs / 1 day)

PULMONARY FIBROSIS AGENTS

ESBRIET CAPS 267mg; TABS 267mg, 801mg	5	SP, PA; PF
OFEV CAPS 100mg, 150mg	5	SP, PA; PF

TETRACYCLINES

AMINOMETHYLCYCCLINES

NUZYRA TABS 150mg	4
-------------------	---

TETRACYCLINE COMBINATIONS

AVIDOXY DK KIT	4
----------------	---

TETRACYCLINES

<i>avidoxy tabs 100mg</i>	2
<i>demeclercycline hcl tabs 150mg, 300mg</i>	2
<i>doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg</i>	2
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	2
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	2
<i>monodoxine nl caps 100mg</i>	2

Drug Name	Drug Tier	Requirements/Limits
NUTRIDOX KIT	4	
SOLODYN TB24 55mg, 65mg, 80mg, 105mg, 115mg	4	PA
tetracycline hcl caps 250mg, 500mg	2	
VIBRAMYCIN SYRP 50mg/5ml	3	

THYROID AGENTS

ANTITHYROID AGENTS

<i>methimazole tabs 5mg, 10mg</i>	1
<i>propylthiouracil tabs 50mg</i>	2

THYROID HORMONES

ARMOUR THYROID TABS 180mg, 240mg, 300mg	4
<i>euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1
<i>levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1
<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
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	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

Drug Name	Drug Tier	Requirements/Limits
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
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

ATROOPEN SOAJ .25mg/0.3ml, .5mg/0.7ml, 1mg/0.7ml, 2mg/0.7ml	4
BELLA/OPIUM SUP 16.2-30	4
BELLA/OPIUM SUP 16.2-60	4
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	2 PA
<i>dicyclomine hcl caps 10mg; tabs 20mg</i>	1
<i>dicyclomine hcl soln 10mg/5ml</i>	2
<i>ed-spaz tbdp .125mg</i>	2

Drug Name	Drug Tier	Requirements/Limits
<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
----------------------------	---

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium cpdr 20mg, 40mg; pack 10mg, 20mg, 40mg</i>	2
<i>lansoprazole cpdr 15mg, 30mg</i>	1
<i>lansoprazole tbdd 15mg, 30mg</i>	2
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1
<i>pantoprazole sodium tbec 20mg, 40mg</i>	1
<i>rabeprazole sodium tbec 20mg</i>	2
RABEPRAZOLE SODIUM DR SPR CPSP 10mg	4

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol tabs 100mcg, 200mcg</i>	2
----------------------------------------	---

ULCER THERAPY COMBINATIONS

<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	2
OMECLAMOX- MIS PAK	4
PYLERA CAP	3
TALICIA CAP	3 PA
VOQUEZNA PAK DUAL PAK	4

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	
GELNIQUE GEL 10%	4	

Drug Name	Drug Tier	Requirements/Limits
<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, 4mg; tabs 1mg, 2mg</i>	2	
TOVIAZ TB24 4mg	3	QL (1 tab / 1 day)
TOVIAZ TB24 8mg	3	
<i>trospium chloride cp24 60mg; tabs 20mg</i>	2	
VESICARE LS SUSP 5mg/5ml	4	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TABS 75mg	3	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	2	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tabs 100mg	2	
VACCINES		
BACTERIAL VACCINES		
ACTHIB INJ	4	\$0 copay for members age 18 and younger, otherwise not covered
BEXSERO INJ	4	\$0 copay
HIBERIX SOLR 10mcg	4	\$0 copay for members age 18 and younger, otherwise not covered
MENACTRA INJ	4	\$0 copay
MENQUADFI INJ	4	\$0 copay
MENVEO INJ	4	\$0 copay
PEDVAX HIB SUSP 7.5mcg/0.5ml	4	\$0 copay for members age 18 and younger, otherwise not covered
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
VAXNEUVANCE INJ	4	\$0 copay
VIRAL VACCINES		
AFLURIA QUAD INJ 2021-22	4	\$0 copay
COMIRNATY SUSP 30mcg/0.3ml	4	
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	4	\$0 copay
FLUAD QUADRIVALENT 2021-2 PRSY .5ml	4	\$0 copay
FLUARIX QUAD INJ 2021-22	4	\$0 copay

Drug Name	Drug Tier	Requirements/Limits
FLUBLOK QUAD INJ 2021-22	4	\$0 copay
FLUCLVX QUAD INJ 2021-22	4	\$0 copay
FLULALVAL QUA INJ 2021-22	4	\$0 copay
FLUZONE HD INJ 2021-22	4	\$0 copay
FLUZONE QUAD INJ 2021-22	4	\$0 copay
GARDASIL 9 INJ	4	\$0 copay
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	4	\$0 copay
IPOP INJ INACTIVE	4	\$0 copay for members age 18 and younger, otherwise not covered
JANSEN 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	
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	
PREHEVBRIOD SUSP 10mcg/ml	4	\$0 copay
PROQUAD INJ	4	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	4	\$0 copay
ROTARIX SUS	4	\$0 copay for members age 18 and younger, otherwise not covered
ROTAQUE SOL	4	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50mcg/0.5ml	4	\$0 copay for members age 19 and older, otherwise not covered
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

Drug Name	Drug Tier	Requirements/Limits
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		
CLEOCIN SUPP 100mg	4	
<i>clindamycin phosphate vaginal crea 2%</i>	2	
CLINDESSE CREA 2%	4	
GYNAZOLE-1 CREA 2%	4	
<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	
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	
VAGINAL PROGESTINS		
CRINONE GEL 4%, 8%	3	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q SOAJ .1mg/0.1ml	3	
AUVI-Q SOAJ .3mg/0.3ml	3	QL (5 pens / year)
AUVI-Q SOAJ .15mg/0.15ml	3	QL (2.5 pens / year)
<i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i>	2	QL (5 pens / year)
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>	2	QL (2.5 pens / year)
<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	

Drug Name	Drug Tier	Requirements/Limits
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol caps 1.25mg, 50000unit</i>	2	
<i>phytonadione tabs 5mg</i>	2	
<i>WHEAT GERM OIL</i>	4	
WATER SOLUBLE VITAMINS		
POTABA CAPS 500mg	4	

Index

*	
* <i>betaine powder for oral solution***</i>	89
* <i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i>	107
* <i>sodium polystyrene sulfonate powder**</i>	105
7	
<i>7t lido gel</i>	86
A	
<i>abacavir sulfate</i>	63
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	63
<i>ABILIFY MAINTENA</i>	63
<i>abiraterone acetate</i>	57
<i>acamprosate calcium</i>	114
<i>acarbose</i>	44
<i>ACCU-CHECK KIT GUIDE ME</i>	99
<i>ACCU-CHEK KIT AVIVA PL</i>	99
<i>ACCU-CHEK KIT COMPACT</i>	99
<i>ACCU-CHEK KIT GUIDE</i>	99
<i>ACCU-CHEK KIT NANO</i>	99
<i>ACCU-CHEK TES AVIVA PL</i>	87
<i>ACCU-CHEK TES GUIDE</i>	87
<i>ACCU-CHEK TES SMART</i>	87
<i>accutane</i>	78
<i>acebutolol hcl</i>	67
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	30
<i>acetaminophen w/ codeine tab 300-15 mg</i>	30
<i>acetaminophen w/ codeine tab 300-30 mg</i>	30
<i>acetaminophen w/ codeine tab 300-60 mg</i>	30
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	30
<i>acetazolamide</i>	88
<i>acetic acid</i>	94
<i>acetic acid (otic)</i>	112
<i>acetylcysteine</i>	78
<i>acitretin</i>	82
<i>acne foaming wash</i>	79
<i>acne medication 10</i>	79
<i>acne medication 2.5</i>	79
<i>acne medication 5</i>	79
<i>acne-clear</i>	79
<i>ACTHAR</i>	89
<i>ACTHIB INJ</i>	122
<i>acyclovir</i>	66
<i>acyclovir topical</i>	83
<i>ADACEL INJ</i>	119
<i>adapalene</i>	79
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	79
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	79
<i>ADASUVE</i>	62
<i>ADDERALL XR CAP 10MG</i>	20
<i>ADDERALL XR CAP 15MG</i>	20
<i>ADDERALL XR CAP 20MG</i>	20
<i>ADDERALL XR CAP 25MG</i>	20
<i>ADDERALL XR CAP 30MG</i>	20
<i>ADDERALL XR CAP 5MG</i>	20
<i>adefovir dipivoxil</i>	65
<i>ADEMPAS</i>	70
<i>ADRENALIN</i>	108
<i>ADVAIR DISKU AER 100/50</i>	37
<i>ADVAIR DISKU AER 250/50</i>	37
<i>ADVAIR DISKU AER 500/50</i>	37
<i>ADVAIR HFA AER 115/21</i>	37
<i>ADVAIR HFA AER 230/21</i>	37
<i>ADVAIR HFA AER 45/21</i>	37
<i>AEMCOLO</i>	34
<i>AERCHMBR PLS MIS FLOW-VU</i>	101
<i>AERCHMBR PLS MIS LRG MASK</i>	101
<i>AERCHMBR PLS MIS MED MASK</i>	101
<i>AERCHMBR PLS MIS SM MASK</i>	101
<i>AERCHMBR Z- MIS STAT PLS</i>	101
<i>AEROCHAMBER MIS CHAMBER</i>	101
<i>AEROCHAMBER MIS FLOSIGNA</i>	101
<i>AEROCHAMBER MIS MV</i>	101
<i>AEROCHAMBER MIS PLUS</i>	101
<i>AEROVENT MIS PLUS</i>	101
<i>AFINITOR DISPERZ</i>	58
<i>afirmelle</i>	71
<i>AFLURIA QUAD INJ 2021-22</i>	122
<i>aftera</i>	76
<i>afterpill</i>	76
<i>AJOVY</i>	102

<i>ak-poly-bac</i>	109
AKTEN.....	110
AKYNZEO CAP 300-0.5	48
<i>ala-cort</i>	83
<i>albendazole</i>	33
<i>albuterol sulfate</i>	38
<i>alclometasone dipropionate</i>	83
ALCOH-GLOVE PAD CONTOURE	100
ALCOHOL SWABS	100
ALDACTAZIDE TAB 50/50	88
ALECENSA	58
<i>alendronate sodium</i>	89
<i>alfuzosin hcl</i>	95
ALINIA	34
<i>aliskiren fumarate</i>	55
<i>allopurinol</i>	95
<i>almotriptan malate</i>	103
ALOCRIL.....	111
ALOMIDE	111
ALORA	92
<i>alosetron hcl</i>	93
ALPHAGAN P	109
<i>alprazolam</i>	35
ALPRAZOLAM INTENSOL	35
<i>alprazolam xr</i>	35
ALTABAX	80
<i>altacaine</i>	110
<i>altafluor benox</i>	111
<i>altafrin</i>	109
<i>altavera</i>	71
ALUNBRIG	58
ALUNBRIG PAK.....	58
<i>alvimopan</i>	94
<i>alyacen 1/35</i>	71
<i>alyacen 7/7/7</i>	71
<i>alyq</i>	70
<i>amabelz</i>	91
<i>amantadine hcl</i>	60
<i>ambrisentan</i>	70
<i>amcinonide</i>	83
AMCINONIDE	83
<i>amethia</i>	71
<i>amethyst</i>	71
<i>amiloride & hydrochlorothiazide tab 5-</i>	
<i>50 mg</i>	88
<i>amiloride hcl</i>	88
<i>aminocaproic acid</i>	97

<i>amiodarone hcl</i>	36
<i>amitriptyline hcl</i>	43
<i>amlodipine besylate</i>	67
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 10-10 mg</i>	69
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 10-20 mg</i>	69
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 10-40 mg</i>	69
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 10-80 mg</i>	69
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 2.5-10 mg</i>	69
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 2.5-20 mg</i>	69
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 2.5-40 mg</i>	69
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-10 mg</i>	69
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-20 mg</i>	69
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-40 mg</i>	69
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-80 mg</i>	69
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>10-20 mg</i>	52
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>10-40 mg</i>	52
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>2.5-10 mg</i>	52
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-10 mg</i>	52
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-20 mg</i>	52
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-40 mg</i>	52
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-20 mg</i>	52
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-40 mg</i>	52
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-20 mg</i>	52
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-40 mg</i>	52
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>160 mg</i>	52

<i>amlodipine besylate-valsartan tab 10-320 mg</i>	52
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	52
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	52
<i>amnesteem</i>	79
<i>amoxapine</i>	43
<i>amoxicillin</i>	113
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	113
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	113
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	113
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	113
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	114
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	114
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	114
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	114
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	114
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	114
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	121
<i>amphetamine sulfate</i>	20
<i>amphetamine-dextroamphetamine tab 10 mg</i>	20
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	20
<i>amphetamine-dextroamphetamine tab 15 mg</i>	20
<i>amphetamine-dextroamphetamine tab 20 mg</i>	20
<i>amphetamine-dextroamphetamine tab 30 mg</i>	20
<i>amphetamine-dextroamphetamine tab 5 mg</i>	20
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	20
<i>ampicillin</i>	113

<i>AMPYRA</i>	115
<i>ANACAINE</i>	85
<i>anagrelide hcl</i>	96
<i>ANALPRAM-HC LOT 2.5%</i>	33
<i>anastrozole</i>	57
<i>ANCOBON</i>	48
<i>ANDRODERM</i>	33
<i>ANGELIQ TAB 0.25-0.5</i>	91
<i>ANGELIQ TAB 0.5-1MG</i>	91
<i>ANNOVERA MIS</i>	76
<i>ANORO ELLIPT AER 62.5-25</i>	38
<i>ANTARA</i>	50
<i>anucort-hc</i>	33
<i>APLENZIN</i>	42
<i>apomorphine hydrochloride</i>	60
<i>apraclonidine hcl</i>	109
<i>aprepitant</i>	48
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	48
<i>apri</i>	71
<i>APTIOM</i>	40
<i>AQUORAL SPR</i>	106
<i>aranelle</i>	71
<i>ARAZLO</i>	79
<i>ARCALYST</i>	25
<i>arformoterol tartrate</i>	38
<i>argyle sterile saline</i>	94
<i>ARIKAYCE</i>	22
<i>ariPIPRAZOLE</i>	63
<i>ARISTADA</i>	63
<i>ARISTADA INITIO</i>	63
<i>armodafinil</i>	21
<i>ARMOUR THYROID</i>	118
<i>ARNUITY ELLIPTA</i>	37
<i>ASACOL HD</i>	93
<i>ascomp/codeine</i>	30
<i>asenapine maleate</i>	62
<i>ashlyna</i>	71
<i>aspirin</i>	27
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	96
<i>atazanavir sulfate</i>	63
<i>atenolol</i>	67
<i>atenolol & chlorthalidone tab 100-25 mg</i>	52
<i>atomoxetine hcl</i>	21
<i>atorvastatin calcium</i>	50

atovaquone.....	34
atovaquone-proguanil hcl tab 250-100	
mg.....	55
atovaquone-proguanil hcl tab 62.5-25	
mg.....	55
ATROPEN.....	120
ATROPINE SULFATE	109
<i>atropine sulfate (ophthalmic)</i>	109
ATROVENT HFA	36
AUBAGIO.....	115
aubra	71
aubra eq.....	71
aurovela 1.5/30.....	71
aurovela 1/20	71
aurovela 24 fe	71
aurovela fe 1.5/30	71
aurovela fe 1/20	71
AURYXIA	94
AUSTEDO	115
AUTOPEN MIS 1 UNIT	100
AUTOPEN MIS 1-21UNIT	100
AUTOPEN MIS 2 UNIT.....	100
AUTOPEN MIS 2-42UNIT	100
AUTOSHIELD MIS 29X3/16.....	100
AUTOSHIELD MIS 29X5/16.....	100
AUTOSHIELD MIS 30GX5MM	100
AUVI-Q	124
aviane.....	71
avidoxy	118
AVIDOXY DK KIT	118
avita	79
AVONEX	115
AVONEX PEN.....	115
ayuna	71
azasan	105
azathioprine.....	105
azelaic acid	86
azelastine hcl	108
azelastine hcl (ophth).....	111
azelastine hcl-fluticasone prop nasal	
spray 137-50 mcg/act	108
azithromycin	99
AZSTARYS CAP 26.1-5.2	21
AZSTARYS CAP 39.2-7.8	21
AZSTARYS CAP 52.3-10.....	21
azurette	71

B

bac.....	26
bacitracin (ophthalmic).....	109
bacitracin-polymyxin b ophth oint ..	109
<i>bacitracin-polymyxin-neomycin-hc</i>	
<i>ophth oint 1%</i>	110
baclofen	107
balsalazide disodium	93
BALVERSA	58
balziva	71
BAQSIMI ONE PACK	45
BAQSIMI TWO PACK	45
BARACLUDE.....	65
BASAGLAR KWIKPEN.....	46
BAXDELA.....	92
BD PEN MINI MIS	100
BD PEN MIS	100
BD PEN NEEDL MIS 29GX12.7	100
BD PEN NEEDL MIS 31GX5MM	100
BD PEN NEEDL MIS 31GX8MM	100
BD PEN NEEDL MIS 32GX4MM	101
BD PEN NEEDL MIS 32GX5/32	101
BD PEN NEEDL MIS 32GX6MM	101
BD U-500 MIS 31GX6MM	101
BELBUCA.....	32
BELLA/OPIUM SUP 16.2-30	120
BELLA/OPIUM SUP 16.2-60	120
BELSOMRA	98
benazepril & hydrochlorothiazide tab	
10-12.5 mg	53
benazepril & hydrochlorothiazide tab	
20-12.5 mg	53
benazepril & hydrochlorothiazide tab	
20-25 mg	53
benazepril & hydrochlorothiazide tab 5-	
6.25 mg	52
benazepril hcl	51
BENLYSTA	105
BENZAC AC WASH	79
benzepro	79
BENZNIDAZOLE.....	33
benzonatate.....	77
benzoyl peroxide	79
benzoyl peroxide wash	79
benzoyl peroxide-erythromycin gel 5-	
3%	79

<i>benzoyl peroxide-hydrocortisone lotion</i>	
<i>5-0.5%</i>	79
<i>benzphetamine hcl</i>	21
<i>benztropine mesylate</i>	60
<i>bepotastine besilate</i>	111
<i>BESIVANCE</i>	109
<i>BETADINE OPHTHALMIC PREP</i>	109
<i>betamethasone dipropionate (topical)</i>	
.....	83
<i>betamethasone dipropionate</i>	
<i>augmented</i>	83
<i>betamethasone valerate</i>	83
<i>BETASERON</i>	115
<i>betaxolol hcl</i>	67
<i>betaxolol hcl (ophth)</i>	108
<i>bethanechol chloride</i>	122
<i>BETHKIS</i>	22
<i>BETOPTIC-S</i>	109
<i>bexarotene</i>	59
<i>BEXZERO INJ</i>	122
<i>bicalutamide</i>	57
<i>BIDIL TAB</i>	69
<i>BIJUVA CAP 1-100MG</i>	91
<i>BIKTARVY TAB</i>	63
<i>BINOSTO</i>	89
<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>10-6.25 mg</i>	53
<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>2.5-6.25 mg</i>	53
<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
<i>6.25 mg</i>	53
<i>bisoprolol fumarate</i>	67
<i>BLEPHAMIDE OIN S.O.P.</i>	110
<i>blisovi 24 fe</i>	71
<i>blisovi fe 1.5/30</i>	71
<i>blisovi fe 1/20</i>	71
<i>BOCASAL POW</i>	106
<i>BOOSTRIX INJ</i>	119
<i>bosentan</i>	70
<i>BOSULIF</i>	58
<i>bp gel</i>	79
<i>bp wash</i>	79
<i>BRAUTOVI</i>	58
<i>BREATHE EASE MIS LG MASK</i>	101
<i>BREATHE EASE MIS MED MASK</i>	102
<i>BREATHE EASE MIS SM MASK</i>	102
<i>BREO ELLIPTA INH 100-25</i>	38
<i>BREO ELLIPTA INH 200-25</i>	38
<i>BREXAFEMME</i>	48
<i>BREZTRI AERO AER SPHERE</i>	38
<i>briellyn</i>	71
<i>BRILINTA</i>	96
<i>brimonidine tartrate</i>	109
<i>brimonidine tartrate-timolol maleate</i>	
<i>ophth soln 0.2-0.5%</i>	109
<i>brinzolamide</i>	111
<i>BRIVIACT</i>	40
<i>bromfenac sodium (ophth)</i>	111
<i>bromocriptine mesylate</i>	60
<i>BRUKINSA</i>	58
<i>BRYHALI</i>	83
<i>budesonide</i>	77
<i>budesonide (inhalation)</i>	37
<i>bumetanide</i>	88
<i>buprenorphine</i>	32
<i>buprenorphine hcl</i>	32
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>12-3 mg (base equiv)</i>	32
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>2-0.5 mg (base equiv)</i>	32
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>4-1 mg (base equiv)</i>	32
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>8-2 mg (base equiv)</i>	32
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>2-0.5 mg (base equiv)</i>	32
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>8-2 mg (base equiv)</i>	32
<i>bupropion hcl</i>	42
<i>bupropion hcl (smoking deterrent)</i>	117
<i>buspirone hcl</i>	35
<i>butalbital-acetaminophen tab 50-325</i>	
<i>mg</i>	26
<i>butalbital-acetaminophen-caff w/ cod</i>	
<i>cap 50-300-40-30 mg</i>	30
<i>butalbital-acetaminophen-caff w/ cod</i>	
<i>cap 50-325-40-30 mg</i>	30
<i>butalbital-acetaminophen-caffeine tab</i>	
<i>50-325-40 mg</i>	26
<i>butalbital-aspirin-caff w/ codeine cap</i>	
<i>50-325-40-30 mg</i>	30
<i>butalbital-aspirin-caffeine cap 50-325-</i>	
<i>40 mg</i>	26
<i>butorphanol tartrate</i>	32

C

<i>cabergoline</i>	90
CABOMETYX.....	58
<i>caffeine citrate</i>	21
CALCIFOL WAF	103
<i>calcipotriene</i>	82
<i>calcitonin (salmon)</i>	89
<i>calcitrene</i>	82
<i>calcitriol</i>	89
<i>calcium acetate (phosphate binder)</i>	94
CALQUENCE.....	58
<i>camila</i>	76
<i>camrese</i>	71
<i>camrese lo</i>	71
CAMZYOS	68
<i>candesartan cilexetil</i>	51
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	53
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	53
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> .53	
<i>capecitabine</i>	56
CAPEX.....	83
CAPLYTA.....	61
CAPRELSA	58
<i>captopril</i>	51
CARBAGLU.....	89
<i>carbamazepine</i>	40
<i>carbidopa</i>	60
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 10-100 mg</i>	60
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-100 mg</i>	60
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-250 mg</i>	60
<i>carbidopa & levodopa tab 10-100 mg</i> 60	
<i>carbidopa & levodopa tab 25-100 mg</i> 60	
<i>carbidopa & levodopa tab 25-250 mg</i> 60	
<i>carbidopa & levodopa tab er 25-100</i> <i>mg</i>	60
<i>carbidopa & levodopa tab er 50-200</i> <i>mg</i>	60
<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i>	60

<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	60
<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i>	60
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	60
<i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg</i>	60
<i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg</i>	60
<i>carbinoxamine maleate</i>	49
CARDURA XL.....	95
<i>carglumic acid</i>	90
<i>carisoprodol</i>	107
<i>carisoprodol w/ aspirin & codeine tab</i> <i>200-325-16 mg</i>	108
<i>carteolol hcl (ophth)</i>	109
<i>cartia xt</i>	67
<i>carvedilol</i>	67
CASCARA SAGRADA.....	98
<i>cataflam</i>	25
CAVERJECT.....	69
CAVERJECT IMPULSE	69
CAYA DPR.....	99
CAYSTON	34
<i>caziant</i>	71
<i>cefaclor</i>	70
CEFACLOR ER	71
<i>cefadroxil</i>	70
<i>cefdinir</i>	71
<i>cefixime</i>	71
<i>cefpodoxime proxetil</i>	71
<i>cefprozil</i>	71
<i>cefuroxime axetil</i>	71
<i>celecoxib</i>	25
CELONTIN	41
CENTANY.....	80
<i>cephalexin</i>	70
CEQUR SIMPL KIT PATCH 2U.....	101
CERDELGA.....	96
CERVIDIL	112
<i>cetirizine hcl</i>	49
<i>cevimeline hcl</i>	106
<i>charlotte 24 fe</i>	71
<i>chateal</i>	72
<i>chateal eq</i>	72
CHEMET	47

CHEMSTRIP K TES	87
CHEMSTRIP TES UGK	87
CHENODAL	93
<i>chlordiazepoxide hcl</i>	35
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	120
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	115
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	115
<i>chlorhexidine gluconate (mouth-throat)</i>	106
<i>chloroquine phosphate</i>	55
<i>chlorpromazine hcl</i>	62
<i>chlorthalidone</i>	88
<i>chlorzoxazone</i>	107
CHOLBAM	92
<i>cholestyramine</i>	49
<i>cholestyramine light</i>	49
<i>choline fenofibrate</i>	50
<i>ciclodan</i>	80
<i>ciclopirox</i>	80
<i>ciclopirox olamine</i>	81
<i>cilstostazol</i>	96
CIMDUO TAB 300-300	63
<i>cimetidine</i>	120
<i>cimetidine hcl</i>	120
CIMZIA	93
CIMZIA STARTER KIT	93
<i>cinacalcet hcl</i>	90
CIPRO	92
<i>ciprofloxacin hcl</i>	92
<i>ciprofloxacin hcl (ophth)</i>	109
<i>ciprofloxacin hcl (otic)</i>	112
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	112
<i>citalopram hydrobromide</i>	42
<i>claravis</i>	79
CLARINEX-D TAB 2.5-120	78
<i>clarithromycin</i>	99
<i>clean & clear persa-gel m.</i>	79
<i>clemastine fumarate</i>	49
CLENPIQ SOL	98
CLEOCIN	123
CLIMARA PRO DIS WEEKLY	91
<i>clindacin etz pledges</i>	79
<i>clindacin-p</i>	79

<i>clindamycin hcl</i>	34
<i>clindamycin palmitate hydrochloride</i>	34
<i>clindamycin phosphate (topical)</i>	79
<i>clindamycin phosphate vaginal</i>	123
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	79
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	79
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	79
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	79
CLINDESSE	123
<i>clobazam</i>	39
<i>clobetasol propionate</i>	83
<i>clobetasol propionate emollient base</i>	83
<i>clobetasol propionate emulsion</i>	83
<i>clodan</i>	83
<i>clomipramine hcl</i>	43
<i>clonazepam</i>	39
<i>clonidine</i>	52
<i>clonidine hcl</i>	52
<i>clonidine hcl (adhd)</i>	21
<i>clopidogrel bisulfate</i>	96
<i>clorazepate dipotassium</i>	36
<i>clotrimazole</i>	106
<i>clotrimazole (topical)</i>	81
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	81
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	81
<i>clozapine</i>	62
<i>coal tar extract</i>	86
COARTEM TAB 20-120MG	55
<i>codeine sulfate</i>	27
CODEINE SULFATE	27
<i>colchicine</i>	95
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	95
<i>colesevelam hcl</i>	49
<i>colestipol hcl</i>	50
COMBIGAN SOL 0.2/0.5%	109
COMBIPATCH DIS	91
COMBIVENT AER 20-100	38
COMETRIQ	58
COMETRIQ KIT 100MG	58
COMETRIQ KIT 140MG	58

COMIRNATY	122
COMPACT SPAC MIS CHAMBER	102
COMPACT SPAC MIS LG MASK	102
COMPACT SPAC MIS MD MASK	102
COMPACT SPAC MIS SM MASK.....	102
<i>compro</i>	62
CONCERTA.....	21
CONDYLOX	85
<i>constulose</i>	98
CONZIP	27
COPAXONE	115, 116
COPIKTRA.....	58
CORLANOR	70
CORTIFOAM	33
CORTISPORIN SUS -TC OTIC.....	112
COSENTYX.....	82
COSENTYX SENSOREADY PEN	82
COTELLIC	58
CREON CAP 12000UNT	87
CREON CAP 24000UNT	87
CREON CAP 3000UNIT	87
CREON CAP 36000UNT	87
CREON CAP 6000UNIT.....	87
CRINONE.....	124
<i>cromolyn sodium</i>	36
<i>cromolyn sodium (mastocytosis)</i>	93
<i>cromolyn sodium (ophth)</i>	111
<i>crotan</i>	86
CRYODOSE AER TA	85
<i>cryselle-28</i>	72
<i>curity sterile saline</i>	94
CUTAQUIG	112
<i>cvs acne treatment/maximu</i>	79
<i>cvs advanced 3-in-1 exfol</i>	79
<i>cvs butenafine hydrochlor</i>	81
<i>cvs foaming acne face was</i>	79
<i>cvs folic acid</i>	96
<i>cvs glucose</i>	45
<i>cvs glucose liquid shot</i>	45
<i>cvs glucose shot</i>	45
CVS KETONE TES CARE	87
<i>cyanocobalamin</i>	96
<i>cyclobenzaprine hcl</i>	107
CYCLOMYDRIL SOL OP.....	109
<i>cyclopentolate hcl</i>	109
<i>cyclophosphamide</i>	56
CYCLOPHOSPHAMIDE	56
<i>cycloserine</i>	55
CYCLOSET	45
<i>cyclosporine</i>	105
<i>cyclosporine modified (for microemulsion)</i>	105
<i>cyproheptadine hcl</i>	49
<i>cyred</i>	72
<i>cyred eq.</i>	72
CYSTADANE POW	90
CYSTAGON	94
CYSTARAN.....	111
<i>cytra k crystals</i>	94
D	
<i>dalfampridine</i>	116
DALIRESP.....	37
<i>danazol</i>	33
<i>dantrolene sodium</i>	108
<i>dapsone</i>	34
<i>dapsone (topical)</i>	79
DAPTACEL INJ.....	119
<i>darifenacin hydrobromide</i>	121
<i>dasetta 1/35</i>	72
<i>dasetta 7/7/7</i>	72
<i>daysee</i>	72
<i>deblitane</i>	76
<i>deferasirox</i>	47
<i>deferiprone</i>	47
DELESTROGEN	92
<i>delyla</i>	72
<i>demeclocycline hcl</i>	118
DENAVIR	83
DEPAKOTE	41
DEPEN TITRATABS	105
DEPO-ESTRADIOL.....	92
DEPO-SUBQ PROVERA 104	76
<i>dermazene</i>	81
DESCOVY TAB 120-15MG	63
DESCOVY TAB 200/25MG	63
<i>desipramine hcl</i>	43
<i>desloratadine</i>	49
<i>desmopressin acetate</i>	90
<i>desmopressin acetate spray</i>	90
<i>desmopressin acetate spray refrigerated</i>	90
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	72

<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	72
<i>desonide</i>	83
<i>desoximetasone</i>	84
<i>DESVENLAFAKINE ER</i>	43
<i>desvenlafaxine succinate</i>	43
<i>dexamethasone</i>	77
<i>DEXAMETHASONE INTENSOL</i>	77
<i>dexamethasone sodium phosphate (ophth)</i>	110
<i>DEXCOM G6 MIS RECEIVER</i>	99
<i>DEXCOM G6 MIS SENSOR</i>	99
<i>DEXCOM G6 MIS TRANSMIT</i>	99
<i>dexmethylphenidate hcl</i>	21
<i>dextroamphetamine sulfate</i>	20
<i>dextrose (diabetic use)</i>	45
<i>DIACOMIT</i>	40
<i>DIASTIX TES STRIPS</i>	87
<i>diazepam</i>	36
<i>DIAZEPAM</i>	36
<i>diazepam (anticonvulsant)</i>	39
<i>diazoxide</i>	45
<i>DICLEGIS TAB 10-10MG</i>	48
<i>diclofenac epolamine</i>	80
<i>diclofenac potassium</i>	25
<i>diclofenac sodium</i>	25
<i>diclofenac sodium (actinic keratoses)</i>	81
<i>diclofenac sodium (ophth)</i>	111
<i>diclofenac sodium (topical)</i>	80
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	25
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	25
<i>dicloxacillin sodium</i>	114
<i>dicyclomine hcl</i>	120
<i>diethylpropion hcl</i>	21
<i>DIFFERIN DAILY DEEP CLEAN</i>	79
<i>DIFCID</i>	99
<i>diflunisal</i>	27
<i>diluprednate</i>	110
<i>digitek</i>	68
<i>digox</i>	68
<i>digoxin</i>	68
<i>dihydroergotamine mesylate</i>	102
<i>DILANTIN</i>	41
<i>diltiazem hcl</i>	68
<i>diltiazem hcl coated beads</i>	68
<i>diltiazem hcl extended release beads</i>	68
<i>dilt-xr</i>	67
<i>dimethyl fumarate</i>	116
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	116
<i>DIP/TET PED INJ 25-5LFU</i>	119
<i>DIPENTUM</i>	93
<i>diphenhydramine hcl</i>	49
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	47
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	47
<i>dipyridamole</i>	96
<i>disopyramide phosphate</i>	36
<i>disulfiram</i>	114
<i>DIURIL</i>	88
<i>divalproex sodium</i>	41
<i>DIVIGEL</i>	92
<i>dofetilide</i>	36
<i>dolishale</i>	72
<i>donepezil hydrochloride</i>	114
<i>DOPTELET</i>	97
<i>DORAL</i>	98
<i>dorzolamide hcl</i>	111
<i>DORZOLAMIDE HCL</i>	111
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	109
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	109
<i>dotti</i>	92
<i>DOVATO TAB 50-300MG</i>	63
<i>doxazosin mesylate</i>	52
<i>doxepin hcl</i>	43
<i>doxepin hcl (sleep)</i>	97
<i>doxercalciferol</i>	90
<i>doxycycline (monohydrate)</i>	118
<i>doxycycline hyclate</i>	118
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	48
<i>dronabinol</i>	48
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	72
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	72
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	72

<i>drospirenone-ethinyl estrad-</i>	
<i>levomefolate tab 3-0.03-0.451 mg</i>	72
DROXIA.....	96
<i>droxidopa</i>	124
DRYSOL.....	86
DUAVEE TAB 0.45-20	91
DUEXIS TAB 800-26.6	25
<i>duloxetine hcl</i>	43
DUOPA SUS 4.63-20	60
DUPIXENT.....	85
<i>dutasteride</i>	95
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	95
DYANAVEL XR	20
E	
<i>e.e.s. 400</i>	99
EASIVENT MIS.....	102
EASIVENT MIS MASK LG	102
EASIVENT MIS MASK MED	102
EASIVENT MIS MASK SM	102
<i>ec-naproxen</i>	25
<i>econazole nitrate</i>	81
<i>econtra ez</i>	76
<i>econtra one-step</i>	76
ECOZA	81
EDEX	69
EDLUAR.....	98
<i>ed-spaz</i>	120
EDURANT	63
<i>efavirenz</i>	63
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	64
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	64
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	64
<i>effer-k</i>	104
EFFER-K TAB 10MEQ	104
EFFER-K TAB 20MEQ	104
ELESTRIN	92
<i>eletriptan hydrobromide</i>	103
<i>elinet</i>	72
<i>elite-ob</i>	107
ELIXOPHYLLIN	39
ELLA	76
<i>eluryng</i>	76
EMCYT	57

EMEND.....	48
EMGALITY	102
<i>emoquette</i>	72
EMPAVELI.....	95
EMSAM	42
<i>emtricitabine</i>	64
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	64
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	64
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	64
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	64
EMTRIVA	64
EMVERM.....	34
<i>enalapril maleate</i>	51
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	53
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	53
ENBREL.....	26
ENBREL MINI	26
ENBREL SURECLICK.....	26
ENCARE	123
ENDARI.....	96
<i>endocet</i>	30, 31
ENGERIX-B	122
<i>enoxaparin sodium</i>	39
<i>empresse-28</i>	72
<i>enskyce</i>	72
ENSPRYNG	105
ENSTILAR AER	84
<i>entacapone</i>	60
<i>entecavir</i>	65
ENTRESTO TAB 24-26MG.....	69
ENTRESTO TAB 49-51MG	69
ENTRESTO TAB 97-103MG	69
<i>enulose</i>	93
EPCLUSA PAK 150-37.5	65
EPCLUSA PAK 200-50MG	65
EPCLUSA TAB 200-50MG	66
EPCLUSA TAB 400-100	66
EPIDIOLEX	40
EPIDUO FORTE GEL 0.3-2.5%	80
EPIDUO GEL 0.1-2.5%	80
EPIFOAM AER 1%	84

<i>epinastine hcl (ophth)</i>	111
<i>epinephrine (anaphylaxis)</i>	124
EPIPEN 2-PAK	124
EPIPEN-JR 2-PAK	124
<i>epitol</i>	40
<i>eplerenone</i>	55
EQUETRO	61
<i>ergocalciferol</i>	124
<i>ergoloid mesylates</i>	117
ERGOMAR	103
ERIVEDGE	57
ERLEADA	57
<i>erlotinib hcl</i>	57
<i>errin</i>	76
ERTACZO	81
<i>ery</i>	80
<i>ery-tab</i>	99
<i>erythrococin stearate</i>	99
<i>erythromycin (acne aid)</i>	80
<i>erythromycin (ophth)</i>	109
<i>erythromycin base</i>	99
<i>erythromycin ethylsuccinate</i>	99
ESBRIET	118
<i>escitalopram oxalate</i>	42
<i>esomeprazole magnesium</i>	121
<i>estarrylla</i>	72
<i>estazolam</i>	98
<i>estradiol</i>	92
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	91
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	91
<i>estradiol vaginal</i>	124
<i>estradiol valerate</i>	92
ESTROGEL	92
<i>eszopiclone</i>	98
<i>ethacrynic acid</i>	88
<i>ethambutol hcl</i>	55
<i>ethosuximide</i>	41
ETHYL CHLOR AER FINE PIN	85
ETHYL CHLOR AER FN STRM	85
ETHYL CHLOR AER MED JET	85
ETHYL CHLOR AER MED STRM	85
ETHYL CHLOR AER MIST	85
<i>ethyl chloride aerosol spray</i>	85
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	72

<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	72
<i>etodolac</i>	25
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	76
<i>etoposide</i>	59
<i>etravirine</i>	64
EUCRISA	86
<i>euthyrox</i>	118
EVAMIST	92
<i>everolimus</i>	58
<i>everolimus (immunosuppressant)</i> ..	105
EVOTAZ TAB 300-150	64
EVOXAC	106
EVRYSDI	108
EVUSHIELD SOL	113
EXELDERM	81
<i>exemestane</i>	57
<i>ezetimibe</i>	50
<i>ezetimibe-simvastatin tab 10-10 mg</i> ..	49
<i>ezetimibe-simvastatin tab 10-20 mg</i> ..	49
<i>ezetimibe-simvastatin tab 10-40 mg</i> ..	49
<i>ezetimibe-simvastatin tab 10-80 mg</i> ..	49
F	
<i>fa-8</i>	96
<i>falmina</i>	72
<i>famciclovir</i>	66
<i>famotidine</i>	120
FARXIGA	46
FASENRA PEN	36
<i>fayosim</i>	72
FC FEMALE MIS CONDOM	99
FC2 FEMALE MIS CONDOM	99
<i>febuxostat</i>	95
<i>felbamate</i>	41
<i>felodipine</i>	68
FEMCAP MIS 22MM	99
FEMCAP MIS 26MM	99
FEMCAP MIS 30MM	99
<i>femynor</i>	72
<i>fenofibrate</i>	50
<i>fenofibrate micronized</i>	50
<i>fenofibric acid</i>	50
FENOGLIDE	50
<i>fenoprofen calcium</i>	25
<i>fentanyl</i>	27
<i>fentanyl citrate</i>	27

FENTORA.....	27
FETZIMA.....	43
FETZIMA CAP TITRATIO	43
FIASP FLEX INJ TOUCH.....	46
FIASP INJ 100/ML	46
FIASP PENFIL INJ U-100	46
FIBRICOR	50
FINACEA.....	86
<i>finasteride</i>	95
FINTEPLA.....	40
FIRAZYR.....	95
FIRDAPSE	55
<i>flac</i>	112
<i>flavoxate hcl</i>	122
<i>flecainide acetate</i>	36
FLEXICHAMBER MIS	102
FLEXICHAMBER MIS MASK LRG.....	102
FLEXICHAMBER MIS MASK SM	102
FLORIVA DRO 0.25MG	103
FLORIVA DRO PLUS.....	106
FLOVENT DISKUS	37
FLOVENT HFA.....	37
FLUAD QUADRIVALENT 2021-2.....	122
FLUARIX QUAD INJ 2021-22.....	122
FLUBLOK QUAD INJ 2021-22	122
FLUCLVX QUAD INJ 2021-22	122
<i>fluconazole</i>	48
<i>flucytosine</i>	48
<i>fludrocortisone acetate</i>	77
FLULAVAL QUA INJ 2021-22	122
<i>flunisolide (nasal)</i>	108
<i>fluocinolone acetonide</i>	84
<i>fluocinolone acetonide (otic)</i>	112
<i>fluocinonide</i>	84
<i>fluocinonide emulsified base</i>	84
FLUORE/BENOX SOL 0.3-0.4%	111
<i>fluorescein w/ benoxinate ophth soln</i> 0.25-0.4%	111
<i>fluorescein w/ proparacaine ophth soln</i> 0.25-0.5%	111
<i>fluor-i-strips a.t.</i>	111
<i>fluoritab</i>	103
<i>fluorometholone (ophth)</i>	110
FLUOROPLEX.....	81
<i>fluorouracil (topical)</i>	81
<i>fluoxetine hcl</i>	42
<i>fluphenazine hcl</i>	62

FLURA-SAFE SOL.....	111
<i>flurazepam hcl</i>	98
<i>flurbiprofen</i>	25
<i>flurbiprofen sodium</i>	111
<i>flutamide</i>	57
<i>fluticasone propionate</i>	84
<i>fluticasone propionate (nasal)</i>	108
<i>fluvastatin sodium</i>	50
<i>fluvoxamine maleate</i>	42
FLUZONE HD INJ 2021-22	122
FLUZONE QUAD INJ 2021-22	122
<i>folate</i>	96
<i>folic acid</i>	97
<i>fondaparinux sodium</i>	39
FORFIVO XL.....	42
<i>formoterol fumarate</i>	38
FORTEO	89
FOSAMAX + D TAB 70-2800.....	89
FOSAMAX + D TAB 70-5600.....	89
<i>fosamprenavir calcium</i>	64
<i>fosfomycin tromethamine</i>	35
<i>fosinopril sodium</i>	51
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	53
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	53
FRAGMIN.....	39
<i>frovatriptan succinate</i>	103
<i>furosemide</i>	88
<i>fyavolv</i>	91
FYCOMPA	39
G	
<i>g tussin ac</i>	78
<i>gabapentin</i>	40
GALAFOLD	90
<i>galantamine hydrobromide</i>	114
GALZIN	104
GAMMAGARD LIQUID	113
GAMMAKED	113
GAMUNEX-C	113
GARDASIL 9 INJ	122
<i>gatifloxacin (ophth)</i>	109
GATTEX.....	94
<i>gavilyte-c</i>	98
<i>gavilyte-g</i>	98
<i>gavilyte-n/flavor pack</i>	98
GEBAUERS SPR AER /STRETCH	86

GELCLAIR GEL.....	106
GELFILM MIS OP.....	111
GELNIQUE	121
<i>gemfibrozil</i>	50
<i>gemmafly</i>	72
GEMTESA	121
<i>generlac</i>	93
<i>genograf</i>	105
<i>gentak</i>	109
<i>gentamicin sulfate (ophth)</i>	109
<i>gentamicin sulfate (topical)</i>	80
GENVOYA TAB	64
GILENYA.....	116
GILOTRIF.....	57
GILPHEX TR TAB 10-388MG	78
<i>glatiramer acetate</i>	116
<i>glatopa</i>	116
GLEOSTINE.....	56
<i>glimepiride</i>	46, 47
<i>glipizide</i>	47
<i>glipizide xl</i>	47
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	44
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	44
<i>glipizide-metformin hcl tab 5-500 mg</i> 44	
<i>glucagon (rdna)</i>	45
<i>glutose 15</i>	45
<i>glutose 45</i>	45
<i>glutose 5</i>	45
<i>glyburide</i>	47
<i>glyburide micronized</i>	47
<i>glyburide-metformin tab 1.25-250 mg</i>	44
<i>glyburide-metformin tab 2.5-500 mg</i> 44	
<i>glyburide-metformin tab 5-500 mg</i> ...44	
<i>glycine (gu irrigant)</i>	94
<i>glycopyrrolate</i>	120
<i>glydo</i>	86
GLYXAMBI TAB 10-5 MG	44
GLYXAMBI TAB 25-5 MG	44
GORDOFILM SOL	85
GRALISE.....	117
<i>gransetron hcl</i>	47
GRASTEK.....	22
<i>griseofulvin microsize</i>	48
<i>griseofulvin ultramicrosize</i>	48

<i>guaiatussin ac</i>	78
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	78
<i>guanfacine hcl</i>	52
<i>guanfacine hcl (adhd)</i>	21
GUARDIAN RT MIS CHARGER	100
GUARDIAN RT MIS TST PLUG	100
GVOKE HYPOPEN 1-PACK.....	45
GVOKE HYPOPEN 2-PACK.....	45
GVOKE KIT	45
GVOKE PFS	45
GYNAZOLE-1.....	123
H	
HAEGARDA	95
<i>hailey 1.5/30</i>	72
<i>hailey 24 fe</i>	72
<i>hailey fe 1.5/30</i>	72
<i>hailey fe 1/20</i>	72
<i>halobetasol propionate</i>	84
<i>haloperidol</i>	62
<i>haloperidol decanoate</i>	62
<i>haloperidol lactate</i>	62
HARVONI PAK	66
HARVONI PAK 45-200MG.....	66
HARVONI TAB 45-200MG.....	66
HARVONI TAB 90-400MG.....	66
HAVRIX.....	122
<i>heather</i>	76
HEMANGEOL	67
<i>hematinic/folic acid</i>	97
HEMLIBRA	95
<i>hemmorex-hc</i>	33
<i>hemocyte-f</i>	97
<i>heparin sodium (porcine)</i>	39
HETLIOZ	98
HETLIOZ LQ.....	98
HIBERIX.....	122
<i>hidex 6-day</i>	77
HIZENTRA	113
HOLD CHAMBER MIS ADLT LG	102
HOLD CHAMBER MIS MEDIUM	102
HOLD CHAMBER MIS SMALL.....	102
HUMIRA	22
HUMIRA PEDIA INJ CROHNS	23
HUMIRA PEDIATRIC CROHNS D	23
HUMIRA PEN	23
HUMIRA PEN KIT PS/UV.....	23

HUMIRA PEN-CD/UC/HS START	23
HUMIRA PEN-PEDIATRIC UC S	24
HUMIRA PEN-PS/UV STARTER.....	24
HUMULIN R U-500 (CONCENTR.....	46
HUMULIN R U-500 KWIKPEN	46
HYCAMTIN	60
hydralazine hcl	55
hydrochlorothiazide.....	88
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml.....	78
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml.....	77
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	78
hydrocodone bitartrate	27
hydrocodone-acetaminophen soln 7.5- 325 mg/15ml	31
hydrocodone-acetaminophen tab 10- 300 mg	31
hydrocodone-acetaminophen tab 10- 325 mg	31
hydrocodone-acetaminophen tab 5-300 mg.....	31
hydrocodone-acetaminophen tab 5-325 mg.....	31
hydrocodone-acetaminophen tab 7.5- 300 mg	31
hydrocodone-acetaminophen tab 7.5- 325 mg	31
hydrocodone-ibuprofen tab 10-200 mg	31
hydrocodone-ibuprofen tab 5-200 mg	31
hydrocodone-ibuprofen tab 7.5-200 mg	31
hydrocortisone	77
hydrocortisone (intrarectal)	33
hydrocortisone (rectal)	33
hydrocortisone (topical)	84
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	33
hydrocortisone butyrate.....	84
hydrocortisone valerate	84
hydrocortisone w/ acetic acid otic soln 1-2%	112
hydromet.....	78
hydromorphone hcl	27, 28

hydroxychloroquine sulfate	55
hydroxyprogesterone caproate (antineoplastic)	57
hydroxyurea	59
hydroxyzine hcl	35
hydroxyzine pamoate	35
hyoscyamine sulfate	120
hyosyne	120
HYPERRHO S/D	113
HYPERRHO S/D MINI-DOSE	113
HYPERSAL	78
HYPERTET	113
I	
ibandronate sodium	89
IBRANCE	58
ibu	25
ibuprofen	25
icatibant acetate.....	95
iclevia	72
IDHIFA.....	58
ILEVRO	111
imatinib mesylate	58
IMBRUVICA	58
imipramine hcl	43
imipramine pamoate	43
imiquimod	85
IMPAVIDO	34
IMVEXXY MAINTENANCE PACK	124
IMVEXXY STARTER PACK	124
inatal gt	107
INBRIJA	61
incassia	76
INCRELEX.....	89
indapamide.....	88
indomethacin	25
INFANRIX INJ	119
INGREZZA	115
INGREZZA CAP 40-80MG	115
INLYTA.....	56
INPEN 100EL MIS BLUE-HUM	101
INPEN 100EL MIS GREY-HUM	101
INPEN 100EL MIS PINK HUM	101
INPEN 100NN MIS BLUE NOV	101
INPEN 100NN MIS GREY NOV.....	101
INPEN 100NN MIS PINK NOV.....	101
INQOVI TAB 35-100MG	58
INSPIRACHAMB MIS LARGE	102

INSPIRACHAMB MIS MEDIUM	102
INSPIRACHAMB MIS MOUTHPC.....	102
INSPIRACHAMB MIS SMALL.....	102
INSPIREASE MIS DD SYST	102
INSPIREASE MIS RES BAG	102
INSULIN SYRG MIS 0.3/29G.....	101
INSULIN SYRG MIS 0.3/30G.....	101
INSULIN SYRG MIS 0.3/31G.....	101
INSULIN SYRG MIS 0.5/28G.....	101
INSULIN SYRG MIS 0.5/29G.....	101
INSULIN SYRG MIS 0.5/30G.....	101
INSULIN SYRG MIS 0.5/31G.....	101
INSULIN SYRG MIS 1ML.....	101
INSULIN SYRG MIS 1ML/25G.....	101
INSULIN SYRG MIS 1ML/26G.....	101
INSULIN SYRG MIS 1ML/27G.....	101
INSULIN SYRG MIS 1ML/28G.....	101
INSULIN SYRG MIS 1ML/29G.....	101
INSULIN SYRG MIS 1ML/30G.....	101
INSULIN SYRG MIS 1ML/31G.....	101
INSULIN SYRG MIS 2/27.5G.....	101
INTELENCE	64
<i>introvale</i>	72
INVEGA SUSTENNA	61
<i>iodine solution strong 5% (lugol's)</i>	104
<i>iodoquimez-hc</i>	81
IOPIDINE	109
IPOL INJ INACTIVE	122
<i>ipratropium bromide</i>	36
<i>ipratropium bromide (nasal)</i>	108
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	38
<i>irbesartan</i>	51
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	53
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	53
IRESSA	57
ISENTRESS	64
ISENTRESS HD	64
<i>isibloom</i>	72
<i>isoniazid</i>	55
ISOPTO ATROPINE	109
<i>isosorbide dinitrate</i>	35
<i>isosorbide mononitrate</i>	35
<i>isotretinoin</i>	80
<i>isradipine</i>	68

<i>itraconazole</i>	48
<i>ivermectin</i>	34
<i>ivermectin (pediculicide)</i>	86
J	
<i>jaimiess</i>	72
JAKAFI	58
JANSSEN COVID-19 VACCINE	122
<i>jantoven</i>	39
JANUMET TAB 50-1000.....	44
JANUMET TAB 50-500MG.....	44
JANUMET XR TAB 100-1000	44
JANUMET XR TAB 50-1000	44
JANUMET XR TAB 50-500MG	44
JANUVIA	45
JARDIANCE	46
<i>jasmiel</i>	72
<i>jencycla</i>	76
<i>jinteli</i>	91
<i>jolessa</i>	73
JORNAY PM	22
JUBLIA	81
<i>juleber</i>	73
JULUCA TAB 50-25MG	64
<i>junel 1.5/30</i>	73
<i>junel 1/20</i>	73
<i>junel fe 1.5/30</i>	73
<i>junel fe 1/20</i>	73
<i>junel fe 24</i>	73
JUXTAPID	51
JYNARQUE	91
JYNARQUE PAK 30-15MG	91
JYNARQUE PAK 45-15MG	91
JYNARQUE PAK 60-30MG	91
JYNARQUE PAK 90-30MG	91
K	
<i>kaitlib fe</i>	73
<i>kalliga</i>	73
KALYDECO	117
KARBINAL ER	49
<i>kariva</i>	73
<i>kelnor 1/35</i>	73
<i>kelnor 1/50</i>	73
KENALOG	84
KERENDIA	90
KERYDIN	81
KESIMPTA	116
<i>ketoconazole</i>	48

<i>ketoconazole (topical)</i>	81
KETO-DIASTIX TES	87
KETONE TES	87
KETONE TEST TES	87
<i>ketorolac tromethamine</i>	25
<i>ketorolac tromethamine (ophth)</i> ... 111, 112	
KETOSTIX TES STRIP	87
KEVEYIS	88
KEVZARA	25
KINRIX INJ	119
KISQALI	58
KISQALI 200 PAK FEMARA	58
KISQALI 400 PAK FEMARA	58
KISQALI 600 PAK FEMARA	58
KITABIS PAK	22
<i>klor-con</i>	104
<i>klor-con 10</i>	104
<i>klor-con 8</i>	104
<i>klor-con m10</i>	104
<i>klor-con m15</i>	104
<i>klor-con m20</i>	104
<i>klor-con/ef</i>	104
KLOXXADO	47
KORLYM	45
KOSELUGO	58
K-PHOS	104
K-PHOS TAB NO 2	94
<i>k-prime</i>	104
KRISTALOSE	98
<i>kurvelo</i>	73
KYNMOBI	61
L	
<i>labetalol hcl</i>	67
<i>lacosamide</i>	40
LACTIC ACID	85
<i>lactic acid (ammonium lactate)</i>	85
LACTIC ACID CRE E	85
<i>lactulose</i>	98
<i>lactulose (encephalopathy)</i>	93
LAGEVRIO	66
<i>lamivudine</i>	64
<i>lamivudine (hbv)</i>	66
<i>lamivudine-zidovudine tab 150-300 mg</i>	64
<i>lamotrigine</i>	40

<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	40
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	40
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	40
LAMPIT	34
LANCET DEVICES	100
LANCETS	100
LANCETS KIT	100
LANCETS MISC	100
<i>lansoprazole</i>	121
<i>lapatinib ditosylate</i>	58
<i>larin 1.5/30</i>	73
<i>larin 1/20</i>	73
<i>larin 24 fe</i>	73
<i>larin fe 1.5/30</i>	73
<i>larin fe 1/20</i>	73
<i>larissia</i>	73
<i>latanoprost</i>	112
LATUDA	61
<i>layolis fe</i>	73
<i>leena</i>	73
<i>leflunomide</i>	26
<i>lenalidomide</i>	105
LENVIMA 10 MG DAILY DOSE	56
LENVIMA 12MG DAILY DOSE	56
LENVIMA 20 MG DAILY DOSE	56
LENVIMA 4 MG DAILY DOSE	56
LENVIMA 8 MG DAILY DOSE	56
LENVIMA CAP 14 MG	56
LENVIMA CAP 18 MG	56
LENVIMA CAP 24 MG	56
<i>lessina</i>	73
<i>letrozole</i>	57
<i>leucovorin calcium</i>	59
LEUKERAN	56
<i>leuprolide acetate</i>	57
<i>levalbuterol hcl</i>	38
<i>levalbuterol tartrate</i>	38
LEVEMIR	46
LEVEMIR FLEXTOUCH	46
<i>levetiracetam</i>	40
<i>levobunolol hcl</i>	109
<i>levocarnitine (metabolic modifiers)</i> .. 90	
<i>levocetirizine dihydrochloride</i> .. 49	
<i>levofloxacin</i>	92

<i>levofloxacin (ophth)</i>	110
<i>levonest</i>	73
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	73
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	73
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	73
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	73
<i>levonorgestrel (emergency oc)</i>	76
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	73
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	73
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	73
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	73
<i>levora 0.15/30-28</i>	73
<i>levo-t</i>	118
<i>levothyroxine sodium</i>	119
<i>levoxyl</i>	119
<i>LEVULAN KERASTICK</i>	82
<i>lidocaine</i>	86
<i>lidocaine hcl</i>	86
<i>lidocaine hcl (mouth-throat)</i>	106
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	86
<i>lillow</i>	73
<i>lindane</i>	86
<i>linezolid</i>	34
<i>LINZESS</i>	93
<i>liothyronine sodium</i>	119
<i>LIPOFEN</i>	50
<i>lisinopril</i>	51
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	53
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	53
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	53
<i>lithium carbonate</i>	61
<i>LIVMARLI</i>	93
<i>LO LOESTRIN TAB 1-10-10</i>	73
<i>LOCOID</i>	84
<i>LOCOID LIPOCREAM</i>	84

<i>loestrin 1.5/30-21</i>	73
<i>loestrin 1/20-21</i>	74
<i>loestrin fe 1.5/30</i>	74
<i>loestrin fe 1/20</i>	74
<i>lojaimiess</i>	74
<i>LOKELMA</i>	105
<i>LONSURF TAB 15-6.14</i>	58
<i>LONSURF TAB 20-8.19</i>	58
<i>loperamide hcl</i>	47
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	64
<i>lopinavir-ritonavir tab 100-25 mg</i>	64
<i>lopinavir-ritonavir tab 200-50 mg</i>	64
<i>lorazepam</i>	36
<i>LORBRENA</i>	58
<i>LORTAB ELX 10-300MG</i>	31
<i>loryna</i>	74
<i>losartan potassium</i>	51
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	53
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	53
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	53
<i>loteprednol etabonate</i>	110
<i>LOTRIMIN ULTRA</i>	81
<i>LOTRONEX</i>	93
<i>lovastatin</i>	50
<i>low-ogestrel</i>	74
<i>loxapine succinate</i>	62
<i>lo-zumandimine</i>	73
<i>lubiprostone</i>	93
<i>LUMAKRAS</i>	58
<i>LUMIGAN</i>	112
<i>Iutera</i>	74
<i>LUZU</i>	81
<i>lyeq</i>	77
<i>lyllana</i>	92
<i>LYNPARZA</i>	58
<i>LYSODREN</i>	57
<i>lyza</i>	77
M	
<i>mafenide acetate</i>	83
<i>malathion</i>	86
<i>maraviroc</i>	64

<i>marlissa</i>	74
MARPLAN.....	42
MATULANE.....	59
MAVENCLAD.....	116
<i>maxi-tuss ac</i>	78
MAYZENT.....	116
MAYZENT STARTER PACK.....	116
<i>meclizine hcl</i>	48
<i>meclofenamate sodium</i>	25
<i>medpura benzoyl peroxide</i>	80
MEDROL	77
<i>medroxyprogesterone acetate</i>	114
<i>medroxyprogesterone acetate (contraceptive)</i>	76
<i>mefenamic acid</i>	25
<i>mefloquine hcl</i>	55
<i>megestrol acetate</i>	57
<i>megestrol acetate (appetite)</i>	114
MEKINIST	58
MEKTOVI	59
<i>meloxicam</i>	25
<i>melphalan</i>	56
<i>memantine hcl</i>	114
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	114
MEMBRANEBLUE	111
MENACTRA INJ	122
MENOSTAR	92
MENQUADFI INJ	122
MENTAX	81
MENVEO INJ.....	122
<i>meperidine hcl</i>	28
<i>meprobamate</i>	35
<i>mercaptopurine</i>	56
<i>merzee</i>	74
<i>mesalamine</i>	93
<i>mesalamine w/ cleanser</i>	93
MESNEX	59
<i>metaxalone</i>	107
<i>metformin hcl</i>	45
<i>methadone hcl</i>	28
<i>methadone hydrochloride i</i>	28
<i>methadose</i>	28
<i>methamphetamine hcl</i>	20
<i>methazolamide</i>	88
<i>methenamine hippurate</i>	35
<i>methenamine mandelate</i>	35
<i>methergine</i>	112
<i>methimazole</i>	118
METHITEST.....	33
<i>methocarbamol</i>	108
<i>methotrexate sodium</i>	56
<i>methoxsalen rapid</i>	82
<i>methscopolamine bromide</i>	120
<i>methyldopa</i>	52
<i>methylergonovine maleate</i>	112
<i>methylphenidate hcl</i>	22
METHYLPHENIDATE HYDROCHLO	22
<i>methylprednisolone</i>	77
<i>methyltestosterone</i>	33
<i>metoclopramide hcl</i>	93
METOCLOPRAMIDE ODT	93
<i>metolazone</i>	88, 89
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	53
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	54
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	53
<i>metoprolol succinate</i>	67
<i>metoprolol tartrate</i>	67
<i>metronidazole</i>	34
<i>metronidazole (topical)</i>	86
<i>metronidazole vaginal</i>	123
<i>metyrosine</i>	51
<i>mexiletine hcl</i>	36
MI PASTE PST	100
MI PLUS PST	100
<i>miconazole 3</i>	123
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i> ..	81
MICRHOGAM ULTRA-FILTERED	113
MICROCHAMBER MIS	102
<i>microgestin 1.5/30</i>	74
<i>microgestin 1/20</i>	74
<i>microgestin 24 fe</i>	74
<i>microgestin fe 1.5/30</i>	74
<i>microgestin fe 1/20</i>	74
MICROSPACER MIS	102
<i>midazolam hcl</i>	98
<i>midodrine hcl</i>	124
<i>mifepristone</i>	90
<i> miglitol</i>	44
<i> miglustat</i>	96

<i>mili</i>	74
<i>mimvey</i>	91
<i>mineral oil</i>	98
<i>minocycline hcl</i>	118
<i>minoxidil</i>	55
<i>mirtazapine</i>	42
<i>misoprostol</i>	121
MITIGARE	95
MITOSOL	110
M-M-R II INJ	122
<i>modafinil</i>	22
MODERNA COVID-19 VACCINE	123
<i>moexipril hcl</i>	51
<i>molindone hcl</i>	62
<i>mometasone furoate</i>	84
<i>mometasone furoate (nasal)</i>	108
<i>monodoxyne nl</i>	118
<i>mono-linyah</i>	74
<i>montelukast sodium</i>	37
<i>morphine sulfate</i>	28
<i>morphine sulfate beads</i>	28
<i>moxifloxacin hcl</i>	92
<i>moxifloxacin hcl (ophth)</i>	110
MOZOBIL	97
MS CONTIN	29
MUGARD LIQ	106
MULTAQ	36
<i>multivitamin/fluoride</i>	107
<i>multi-vitamin/fluoride dr</i>	106
<i>multi-vitamin/fluoride/ir</i>	106
<i>mupirocin</i>	80
MUSE	69
<i>my choice</i>	76
<i>my way</i>	76
MYALEPT	90
<i>mycophenolate mofetil</i>	105
<i>mycophenolate sodium</i>	105
MYDAYIS CAP 12.5MG	20
MYDAYIS CAP 25MG	20
MYDAYIS CAP 37.5MG	20
MYDAYIS CAP 50MG	20
MYFEMBREE TAB	91
MYLERAN	56
<i>myorisan</i>	80
N	
<i>nabumetone</i>	25
<i>nadolol</i>	67
<i>nafrinse</i>	103
<i>nafrinse drops</i>	103
<i>naftifine hcl</i>	81
NAFTIN	81
NALFON	25
<i>naloxone hcl</i>	47
<i>naltrexone hcl</i>	47
NAMZARIC CAP	114
NAMZARIC CAP 14-10MG	115
NAMZARIC CAP 21-10MG	115
NAMZARIC CAP 28-10MG	115
NAMZARIC CAP 7-10MG	115
<i>naproxen</i>	25
<i>naproxen sodium</i>	25
<i>naratriptan hcl</i>	103
NARCAN	47
NASCOBAL	96
NATACYN	110
NATAZIA TAB	74
<i>nateglinide</i>	46
NATESTO	33
NATPARA	89
NAYZILAM	39
<i>nebivolol hcl</i>	67
<i>necon 0.5/35-28</i>	74
<i>nefazodone hcl</i>	43
<i>neomycin sulfate</i>	22
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	110
<i>neomycin-polomy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	110
<i>neomycin-polomyxin b gu irrigation soln</i>	94
<i>neomycin-polomyxin-dexamethasone ophth oint 0.1%</i>	111
<i>neomycin-polomyxin-dexamethasone ophth susp 0.1%</i>	111
<i>neomycin-polomyxin-hc ophth susp</i>	111
<i>neomycin-polomyxin-hc otic soln 1%</i>	112
<i>neomycin-polomyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	112
<i>neo-polycin</i>	110
<i>neo-polycin hc</i>	111
NERLYNX	59
<i>neuac</i>	80

NEUPRO	61
NEUTRASAL POW	106
nevirapine	64
new day	76
NEXAVAR.....	59
NEXLETOL	49
NEXLIZET TAB 180/10MG	49
niacin (<i>antihyperlipidemic</i>)	51
nicardipine hcl	68
nicotine	117
NICOTINE SYS KIT TRANSDER.....	117
NICOTROL INHALER	117
NICOTROL NS	117
nifedipine	68
nikki	74
nilutamide	57
nimodipine.....	68
NINLARO	59
nisoldipine	68
nitazoxanide	34
nitisinone.....	90
NITRO-BID	35
NITRO-DUR.....	35
nitrofurantoin	35
nitrofurantoin macrocrystal	35
nitrofurantoin monohyd macro.....	35
nitroglycerin.....	35
NITROMIST.....	35
NITYR	90
NIVESTYM	97
nizatidine.....	121
NOCDURNA.....	90
nora-be	77
NORDITROPIN FLEXPRO	89
<i>norethindrone & ethinyl estradiol-fe</i>	
<i>chew tab 0.4 mg-35 mcg</i>	74
<i>norethindrone & ethinyl estradiol-fe</i>	
<i>chew tab 0.8 mg-25 mcg</i>	74
<i>norethindrone (contraceptive)</i>	77
<i>norethindrone ace & ethinyl estradiol</i>	
<i>tab 1 mg-20 mcg</i>	74
<i>norethindrone ace & ethinyl estradiol</i>	
<i>tab 1.5 mg-30 mcg</i>	74
<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>tab 1 mg-20 mcg</i>	74
<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>tab 1.5 mg-30 mcg</i>	74
<i>norethindrone ace-eth estradiol-fe</i>	
<i>chew tab 1 mg-20 mcg (24)</i>	74
<i>norethindrone ace-ethinyl estradiol-fe</i>	
<i>cap 1 mg-20 mcg (24).....</i>	74
<i>norethindrone acetate</i>	114
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>tab 0.5 mg-2.5 mcg</i>	91
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>tab 1 mg-5 mcg.....</i>	91
<i>norgestimate & ethinyl estradiol tab</i>	
<i>0.25 mg-35 mcg</i>	74
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>25/0.215-25/0.25-25 mg-mcg</i>	74
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>35/0.215-35/0.25-35 mg-mcg</i>	74
<i>norlyda</i>	77
<i>norlyroc</i>	77
NORPACE CR	36
<i>nortrel 0.5/35 (28)</i>	74
<i>nortrel 1/35</i>	74
<i>nortrel 7/7/7.....</i>	74
<i>nortriptyline hcl</i>	43
NORVIR	64
NOVAVAX COVID-19 VACCINE.....	123
NOVOLIN INJ 70/30	46
NOVOLIN INJ 70/30 FP	46
NOVOLIN N.....	46
NOVOLIN N FLEXPEN	46
NOVOLIN R.....	46
NOVOLIN R FLEXPEN.....	46
NOVOLOG	46
NOVOLOG FLEXPEN	46
NOVOLOG MIX INJ 70/30.....	46
NOVOLOG MIX INJ FLEXPEN.....	46
NOVOLOG PENFILL	46
NOVOPEN ECHO MIS.....	101
NOZIN NASAL SANITIZER	108
<i>np thyroid 120</i>	119
<i>np thyroid 15</i>	119
<i>np thyroid 30</i>	119
<i>np thyroid 60</i>	119
<i>np thyroid 90</i>	119
NUBEQA.....	57
NUCALA	36
NUCYNTA	29
NUCYNTA ER.....	29
<i>nulev</i>	120

NUMOISYN LIQ.....	106
NUMOISYN LOZ	106
NUPLAZID.....	61
NURTEC	102
NUTRASEB CRE	83
NUTRIDOX KIT	118
NUVARING MIS	76
NUZYRA	118
nyamyc	81
nylia 1/35.....	74
nylia 7/7/7.....	75
NYMALIZE.....	68
nymyo	75
nystatin.....	48
nystatin (mouth-throat).....	106
nystatin (topical)	81
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	81
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	81
nystop.....	81
O	
OCALIVA	93
ocella	75
octreotide acetate.....	90
ODACTRA SUB.....	22
ODEFSEY TAB.....	64
ODOMZO	57
OFEV	118
ofloxacin.....	92
ofloxacin (ophth)	110
ofloxacin (otic)	112
olanzapine	62
olanzapine-fluoxetine hcl cap 12-25 mg	115
olanzapine-fluoxetine hcl cap 12-50 mg	115
olanzapine-fluoxetine hcl cap 3-25 mg	115
olanzapine-fluoxetine hcl cap 6-25 mg	115
olanzapine-fluoxetine hcl cap 6-50 mg	115
olmesartan medoxomil	51
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	54

olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	54
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	54
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	54
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	54
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	54
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	54
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	54
olopatadine hcl.....	112
olopatadine hcl (nasal).....	108
OMECLAMOX- MIS PAK.....	121
omega-3-acid ethyl esters cap 1 gm.49	
omeprazole.....	121
OMNIFLEX DPR.....	99
OMNIPOD DASH KIT INTRO	100
OMNIPOD DASH MIS PODS	100
OMNIPOD MIS CLASSIC.....	100
OMNIPOD PDM KIT CLASSIC	100
ondansetron	47
ondansetron hcl	48
ONE TOUCH KIT VERIO FL	100
ONETOUCH KIT ULT MINI	100
ONETOUCH KIT ULTRA 2	100
ONETOUCH KIT VERIO	100
ONETOUCH KIT VERIO FL	100
ONETOUCH KIT VERIO IQ	100
ONETOUCH KIT VERIO RE.....	100
ONETOUCH SOL KIT COMPLETE.....	100
ONETOUCH SOL KIT REFILL	100
ONETOUCH SOL KIT STARTER.....	100
ONETOUCH TES ULTRA.....	87
ONETOUCH TES VERIO.....	87
ONEXTON GEL 1.2-3.75.....	80
ONUREG.....	56
ONZETRA XSAIL.....	103

<i>opcicon one-step</i>	76
OPSUMIT	70
OPTICHAMBER MIS DIA LG	102
OPTICHAMBER MIS DIA MD	102
OPTICHAMBER MIS DIA SM	102
OPTICHAMBER MIS DIAMOND	102
<i>option 2</i>	76
OPTIONS GYNOL II VAGINAL	123
ORACEA	86
ORACIT SOL	94
ORAFATE PST 10%	106
ORALAIR SUB 300 IR	22
<i>oralone dental paste</i>	106
ORAPRED ODT	77
ORAVIG	106
ORENCIA	26
ORENCIA CLICKJECT	26
ORENITRAM	69
ORFADIN	90
ORIAHNN CAP	91
ORILISSA	89
ORKAMBI GRA 100-125	117
ORKAMBI GRA 150-188	117
ORKAMBI TAB 100-125	117
ORKAMBI TAB 200-125	117
ORLADEYO	96
<i>orphenadrine citrate</i>	108
<i>orsythia</i>	75
<i>oscimin</i>	120
<i>oseltamivir phosphate</i>	66
OTEZLA	26
OTEZLA TAB 10/20/30	26
<i>oxandrolone</i>	33
<i>oxaprozin</i>	25
<i>oxazepam</i>	36
<i>oxcarbazepine</i>	40
OXERVATE	110
<i>oxiconazole nitrate</i>	81
OXISTAT	81
OXTELLAR XR	40
<i>oxybutynin chloride</i>	121
<i>oxycodone hcl</i>	29
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	32
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	31
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	31
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	32
<i>oxymorphone hcl</i>	29
OZEMPIC	45
OZEMPIC INJ 8MG/3ML	45
P	
<i>pacerone</i>	36
PAIN EASE AER MD STRM	86
PAIN EASE AER MIST	86
<i>paliperidone</i>	62
PANCREAZE CAP 10500UNT	87
PANCREAZE CAP 16800UNT	87
PANCREAZE CAP 21000UNT	87
PANCREAZE CAP 2600UNIT	87
PANCREAZE CAP 37000	87
PANCREAZE CAP 4200UNIT	87
PANDEL	84
<i>panoxyl foaming wash</i>	80
PANRETIN	82
<i>pantoprazole sodium</i>	121
PAREMYD SOL 1-0.25%	112
<i>paricalcitol</i>	90
<i>paramomycin sulfate</i>	22
<i>paroxetine hcl</i>	42
PASER	55
PAXLOVID TAB 150-100	65
PAXLOVID TAB 300-100	65
PEDIARIX INJ 0.5ML	119
PEDVAX HIB	122
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	98
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	98
PEG-PREP KIT	98
PEN NEEDLES MIS 32GX5/32	101
<i>penicillamine</i>	105
<i>penicillin g potassium</i>	113
<i>penicillin g sodium</i>	113
<i>penicillin v potassium</i>	113
PENTACEL INJ	119
<i>pentamidine isethionate</i>	34
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	32
<i>pentoxifylline</i>	96
PERFOROMIST	38

<i>perindopril erbumine</i>	51
<i>periogard</i>	106
<i>permethrin</i>	86
<i>perphenazine</i>	63
<i>perphenazine-amitriptyline tab 2-10</i>	
<i>mg</i>	115
<i>perphenazine-amitriptyline tab 2-25</i>	
<i>mg</i>	115
<i>perphenazine-amitriptyline tab 4-10</i>	
<i>mg</i>	115
<i>perphenazine-amitriptyline tab 4-25</i>	
<i>mg</i>	115
<i>perphenazine-amitriptyline tab 4-50</i>	
<i>mg</i>	115
<i>PERSERIS</i>	62
<i>PERTZYE CAP 16000U</i>	87
<i>PERTZYE CAP 24000U</i>	87
<i>PERTZYE CAP 4000UNIT</i>	87
<i>PERTZYE CAP 8000UNIT</i>	87
<i>PFIZER-BIONTECH COVID-19</i>	123
<i>pfiberpen</i>	113
<i>phenazo</i>	95
<i>phendimetrazine tartrate</i>	21
<i>phenelzine sulfate</i>	42
<i>phenobarbital</i>	97
<i>phenoxybenzamine hcl</i>	51
<i>phentermine hcl</i>	21
<i>phenylephrine hcl (mydriatic)</i>	109
<i>phenytoin</i>	41
<i>phenytoin infatabs</i>	41
<i>phenytoin sodium extended</i>	41
<i>PHEXXI GEL</i>	124
<i>philith</i>	75
<i>PHOSLYRA</i>	94
<i>phospha 250 neutral</i>	104
<i>phospho-trin 250 neutral</i>	104
<i>phospho-trin k500</i>	104
<i>phytonadione</i>	124
<i>pilocarpine hcl</i>	109
<i>pilocarpine hcl (oral)</i>	106
<i>pimecrolimus</i>	85
<i>pimozide</i>	117
<i>pimtrea</i>	75
<i>pindolol</i>	67
<i>pioglitazone hcl</i>	46
<i>pioglitazone hcl-glimepiride tab 30-2</i>	
<i>mg</i>	44

<i>pioglitazone hcl-glimepiride tab 30-4</i>	
<i>mg</i>	44
<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>500 mg</i>	44
<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>850 mg</i>	44
<i>PIQRAY 200MG DAILY DOSE</i>	59
<i>PIQRAY 250MG TAB DOSE</i>	59
<i>PIQRAY 300MG DAILY DOSE</i>	59
<i>pirmella 1/35</i>	75
<i>pirmella 7/7/7</i>	75
<i>piroxicam</i>	25
<i>PLEGRIDY</i>	116
<i>PLEGRIDY INJ STARTER</i>	116
<i>PLEGRIDY PEN INJ STARTER</i>	116
<i>PNEUMOVAX 23/1 DOSE</i>	122
<i>pnv-dha</i>	107
<i>pnv-select</i>	107
<i>POCKET CHAMB MIS</i>	102
<i>POCKET SPACE MIS</i>	102
<i>podofilox</i>	85
<i>polycin</i>	110
<i>polymyxin b-trimethoprim ophth soln</i>	
<i>10000 unit/ml-0.1%</i>	110
<i>POLY-VI-FLOR CHW 0.25MG</i>	107
<i>POLY-VI-FLOR CHW 0.5MG</i>	107
<i>POLY-VI-FLOR CHW 1MG</i>	107
<i>POLY-VI-FLOR CHW W/IRON</i>	106
<i>POLY-VI-FLOR SUS /IRON</i>	106
<i>POLY-VI-FLOR SUS 0.25/ML</i>	107
<i>POMALYST</i>	58
<i>PONVORY</i>	116
<i>PONVORY TAB STARTER</i>	116
<i>portia-28</i>	75
<i>pot & sod citrates w/ cit ac soln 550-</i>	
<i>500-334 mg/5ml</i>	94
<i>pot phos monobasic w/sod phos di &</i>	
<i>monobas tab 155-852-130mg</i>	104
<i>POTABA</i>	124
<i>potassium chloride</i>	104
<i>potassium chloride microencapsulated</i>	
<i>crystals er</i>	104
<i>potassium citrate & citric acid soln</i>	
<i>1100-334 mg/5ml</i>	94
<i>potassium citrate (alkalinizer)</i>	94
<i>POVIDONE IODINE</i>	110
<i>pr benzoyl peroxide wash</i>	80

PRALUENT	51
<i>pramipexole dihydrochloride</i>	61
PRAMOSONE CRE 1-1%	84
PRAMOSONE LOT 1%	84
PRAMOSONE LOT 2.5%	84
<i>prasugrel hcl</i>	96
<i>pravastatin sodium</i>	50
<i>praziquantel</i>	34
<i>prazosin hcl</i>	52
PRED-G S.O.P OIN OP	111
PRED-G SUS OP.....	111
<i>prednicarbate</i>	84
<i>prednisolone</i>	77
<i>prednisolone acetate (ophth)</i>	111
PREDNISOLONE ACETATE P-F.....	111
PREDNISOLONE SODIUM PHOSP....	111
<i>prednisolone sodium phosphate</i>	77
<i>prednisone</i>	77
PREDNISONE INTENSOL	77
PREFEST TAB	91
<i>pregabalin</i>	40
<i>pregabalin (once-daily)</i>	117
PREHEVBARIO.....	123
PREMPHASE TAB.....	91
PREMPRO TAB	91
PREMPRO TAB 0.3-1.5.....	91
PREMPRO TAB 0.45-1.5	91
PREMPRO TAB 0.625-5	92
<i>prenatabs rx</i>	107
<i>prenatal 19</i>	107
PREPIDIL.....	112
PRETOMANID	55
<i>prevalite</i>	50
<i>previfem</i>	75
PREVNAR 13 INJ	122
PREVNAR 20 INJ	122
PREVYMIS.....	65
PREZCOBIX TAB 800-150.....	64
PREZISTA	65
PRIFTIN.....	56
<i>primaquine phosphate</i>	55
<i>primidone</i>	40
<i>probenecid</i>	95
<i>procentra</i>	20
<i>prochlorperazine</i>	63
<i>prochlorperazine maleate</i>	63
PROCORT CRE	33

PROCTOFOAM AER HC 1%	33
<i>procto-med hc</i>	33
<i>procto-pak</i>	33
<i>proctosol hc</i>	33
<i>proctozone-hc</i>	33
<i>progesterone</i>	114
PROLENSA.....	112
PROMACTA	97
<i>promethazine & phenylephrine syrup</i>	
<i>6.25-5 mg/5ml</i>	78
<i>promethazine hcl</i>	49
<i>promethazine vc</i>	78
<i>promethazine vc/codeine</i>	78
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	78
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	78
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	78
<i>promethegan</i>	49
<i>propafenone hcl</i>	36
<i>proparacaine hcl</i>	110
<i>propranolol hcl</i>	67
<i>propylthiouracil</i>	118
PROQUAD INJ	123
PROTHELIAL PST 10%.....	106
<i>protriptyline hcl</i>	43
PRUDOXIN.....	82
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	78
PULMICORT FLEXHALER	37
PULMOZYME	117
PURIXAN	56
PYLERA CAP.....	121
<i>pyrazinamide</i>	56
<i>pyridostigmine bromide</i>	55
<i>pyrimethamine</i>	55
PYROGALL ACD OIN	85
Q	
QBRELIS	51
QBREXZA	86
QELBREE	21
QUADRACEL INJ	120
QUADRACEL INJ 0.5ML.....	120
<i>quetiapine fumarate</i>	62
QUFLORA PED CHW 0.25MG.....	107
QUFLORA PED CHW 0.5MG	107

QUFLORA PED CHW 1MG	107
QUFLORA PED DRO 0.25MG	107
QUFLORA PED DRO 0.5MG/ML	107
<i>quinapril hcl</i>	51
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	54
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	54
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	54
<i>quinidine gluconate</i>	36
<i>quinine sulfate</i>	55
QVAR REDIHALER	37
R	
<i>rabeprazole sodium</i>	121
RABEPRAZOLE SODIUM DR SPR.....	121
RADICAVA ORS STARTER KIT	108
RAGWITEK.....	22
<i>raloxifene hcl</i>	89
<i>ramelteon</i>	98
<i>ramipril</i>	51
<i>ranolazine</i>	35
<i>rasagiline mesylate</i>	61
RASUVO	24
RAYALDEE	90
<i>react</i>	76
REBIF	116
REBIF REBIDO INJ TITRATN	116
REBIF REBIDOSE	116
REBIF TITRTN INJ PACK.....	116
<i>reclipsen</i>	75
RECOMBIVAX HB	123
RECTIV.....	33
REGENECARE GEL.....	87
REGRANEX.....	87
RELENZA DISKHALER	66
RELION TES KETONE	87
RELISTOR	94
REMESENSE	100
RENACIDIN SOL	94
<i>repaglinide</i>	46
<i>resorcinol-sulfur lotion 2-5%</i>	80
RESTASIS	110
RESTASIS MULTIDOSE	110
RESTORA RX CAP 60-1.25.....	47
RETACRIT	97
RETIN-A MICRO	80

RETIN-A MICRO PUMP	80
REVCORI	90
REVLIMID	105
REXULTI	63
REYATAZ	65
REYVOW	103
RHOFADE	86
RHOGAM ULTRA-FILTERED PLU	113
RHOPRESSA	110
<i>ribavirin (hepatitis c)</i>	66
RIDAURA	24
<i>rifabutin</i>	56
<i>rifampin</i>	56
<i>riluzole</i>	108
<i>rimantadine hydrochloride</i>	66
RINVOQ	24
<i>risedronate sodium</i>	89
RISPERDAL CONSTA	62
<i>risperidone</i>	62
RITEFLO MIS	102
<i>ritonavir</i>	65
<i>rivastigmine</i>	115
<i>rivastigmine tartrate</i>	115
<i>rivelsa</i>	75
<i>rizatriptan benzoate</i>	103
ROCKLATAN DRO	110
<i>ropinirole hydrochloride</i>	61
<i>rosadan</i>	86
<i>rosuvastatin calcium</i>	50
ROTARIX SUS	123
ROTATEQ SOL	123
<i>roweepra</i>	40
ROXICODONE	30
ROZLYTREK	59
RUBRACA	59
<i>rufinamide</i>	40
RUKOBIA	65
RYBELSUS	45
RYDAPT	59
S	
<i>sajazir</i>	95
SALIMEZ FORTE	85
SALIVAMAX POW	106
<i>salsalate</i>	27
SAMSCA	91
SANCUSO	48
SANDIMMUNE	105

SANDOSTATIN	91
SANTYL	85
<i>sapropterin dihydrochloride</i>	90
SAVELLA.....	115
SAVELLA MIS TITR PAK	115
SAXENDA	21
<i>scopolamine</i>	48
<i>selegiline hcl</i>	61
<i>selenium sulfide</i>	83
SELZENTRY.....	65
SENSIPAR.....	90
SEREVENT DISKUS	38
SERNIVO	84
SEROSTIM	89
<i>sertraline hcl</i>	42
<i>setlakin</i>	75
<i>sevelamer carbonate</i>	94
<i>sevelamer hcl</i>	94
SFROWASA	93
<i>sharobel</i>	77
SHINGRIX.....	123
SHUR-SEAL.....	123
SIGNIFOR.....	91
SIKLOS	96
<i>sildenafil citrate</i>	69
<i>sildenafil citrate (pulmonary hypertension)</i>	70
<i>silodosin</i>	95
<i>silver sulfadiazine</i>	83
SIMBRINZA SUS 1-0.2%.....	109
<i>simliya</i>	75
<i>simpesse</i>	75
<i>simvastatin</i>	50
<i>sirolimus</i>	105
SIRTURO	56
SITAVIG	66
SIVEXTRO.....	35
SKYRIZI	82
SKYRIZI PEN	82
<i>sm folic acid</i>	97
<i>sodium chloride</i>	104
<i>sodium chloride (gu irrigant)</i>	94
<i>sodium chloride (inhalant)</i>	78
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	94
<i>sodium fluoride</i>	104
<i>sodium phenylbutyrate</i>	90

SODIUM SULFA LIQ 10% WASH	83
<i>solifenacin succinate</i>	121
SOLIQUA INJ 100/33	44
SOLODYN	118
SOLTAMOX	57
SOMATULINE DEPOT	91
SOOLANTRA	86
SORBITOL	95
SORBITOL-MAN SOL	95
<i>sorine</i>	67
<i>sotalol hcl</i>	67
<i>sotalol hcl (afib/afl)</i>	67
SOTYLIZE	67
SOVALDI	66
<i>spinosad</i>	86
SPIRIVA HANDIHALER.....	37
SPIRIVA RESPIMAT	37
<i>spironolactone</i>	88
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	88
SPORANOX	48
SPORANOX PULSEPAK.....	49
sprintec 28	75
SPRYCEL	59
<i>sps</i>	105
<i>sronyx</i>	75
<i>ssd</i>	83
SSKI	78
<i>stavudine</i>	65
STELARA	82
STIMATE	90
STIOLTO AER 2.5-2.5.....	38
STIVARGA	59
STRENSIQ	90
STRIVERDI RESPIMAT	38
STROMECTOL.....	34
SUBSYS	30
<i>subvenite</i>	41
<i>subvenite starter kit/blu</i>	41
<i>subvenite starter kit/gre</i>	41
<i>subvenite starter kit/ora</i>	41
SUCRAID	87
<i>sucralfate</i>	121
<i>sulconazole nitrate</i>	81
<i>sulfacetamide sodium (acne)</i>	80
<i>sulfacetamide sodium (ophth)</i>	110

sulfacetamide sodium w/ sulfur	
cleansing pad 10-4%	80
sulfacetamide sodium-prednisolone	
ophth soln 10-0.23(0.25)%	111
sulfamethoxazole-trimethoprim susp	
200-40 mg/5ml	34
sulfamethoxazole-trimethoprim tab	
400-80 mg	34
sulfamethoxazole-trimethoprim tab	
800-160 mg	34
sulfamez wash.....	80
SULFAMYLON	83
sulfasalazine	93
sulfatrim pediatric.....	34
sulindac.....	25
sumatriptan	103
sumatriptan succinate	103
sunitinib malate.....	59
SUNOSI.....	21
SUPRAX.....	71
SUTENT.....	59
sweet cheeks	45
syeda	75
SYMBICORT AER 160-4.5.....	38
SYMBICORT AER 80-4.5.....	38
SYMDEKO TAB 100-150	118
SYMDEKO TAB 50-75MG	117
SYMLINPEN 120.....	44
SYMLINPEN 60	44
SYMPROIC	94
SYMTUZA TAB	65
SYNAREL	89
SYNERA DIS 70-70MG	86
SYNJARDY TAB	44
SYNJARDY TAB 12.5-500	44
SYNJARDY TAB 5-1000MG.....	44
SYNJARDY TAB 5-500MG	44
SYNJARDY XR TAB	44
SYNJARDY XR TAB 10-1000.....	44
SYNJARDY XR TAB 25-1000.....	44
SYNJARDY XR TAB 5-1000MG	44
SYNTHROID	119
T	
TABLOID	56
TACLONEX OIN.....	84
TACLONEX SUS	84
tacrolimus	105

tacrolimus (topical).....	85
tadalafil.....	69
tadalafil (pulmonary hypertension) ...	70
TAFINLAR	59
TAGRISSO	57
take action	76
TAKHZYRO	96
TALICIA CAP	121
TALTZ	82
tamoxifen citrate	57
tamsulosin hcl.....	95
TARCEVA.....	57
TARGRETIN	59, 82
tarina 24 fe	75
tarina fe 1/20.....	75
tarina fe 1/20 eq	75
TAVALISSE	95
TAVNEOS	95
taysofy.....	75
tazarotene	82
taztia xt	68
TDVAX INJ 2-2 LF	120
TEGSEDI	117
TEKTURNA HCT TAB 150-12.5	54
TEKTURNA HCT TAB 150-25MG	54
TEKTURNA HCT TAB 300-12.5	54
TEKTURNA HCT TAB 300-25MG	54
telmisartan	51
telmisartan-amlodipine tab 40-10 mg	54
telmisartan-amlodipine tab 40-5 mg	54
telmisartan-amlodipine tab 80-10 mg	54
telmisartan-amlodipine tab 80-5 mg	54
telmisartan-hydrochlorothiazide tab 40-12.5 mg	54
telmisartan-hydrochlorothiazide tab 80-12.5 mg	54
telmisartan-hydrochlorothiazide tab 80-25 mg	54
temazepam	98
TEMIXYS TAB 300-300	65
TEMODAR	56
temozolomide	56
tencon	27
TENIVAC INJ 5-2LF	120
tenofovir disoproxil fumarate.....	65

terazosin hcl	52
terbinafine hcl	48
terbutaline sulfate.....	38
terconazole vaginal	124
testosterone.....	33
testosterone cypionate	33
testosterone enanthate.....	33
TET/DIP TOX INJ 2-2 LF.....	120
tetrabenazine.....	115
tetracaine hcl (ophth).....	110
tetracycline hcl	118
TEXACORT.....	84
THALOMID	105
theophylline	39
thioridazine hcl	63
thiothixene	63
tiadylt er	68
tiagabine hcl	41
TIBSOVO	59
TIKOSYN	36
tilia fe	75
timolol maleate	67
timolol maleate (ophth)	109
timolol maleate in oculos	109
tinidazole.....	34
tiopronin.....	95
TIVICAY	65
TIVICAY PD.....	65
tizanidine hcl.....	108
TOBRADEX OIN 0.3-0.1%	111
tobramycin	22
tobramycin (ophth)	110
tobramycin-dexamethasone ophth susp 0.3-0.1%	111
TOBREX.....	110
TODAY SPONGE.....	123
tolcapone	60
tolterodine tartrate	121
tolvaptan	91
TOPICORT	84
topiramate.....	41
toremifene citrate	57
torsemide	88
TOUJEOL MAX SOLOSTAR.....	46
TOUJEOL SOLOSTAR.....	46
tovet.....	84
TOVIAZ	121

tramadol hcl	30
tramadol-acetaminophen tab 37.5-325 mg	32
trandolapril.....	51
trandolapril-verapamil hcl tab er 1-240 mg	54
trandolapril-verapamil hcl tab er 2-180 mg	54
trandolapril-verapamil hcl tab er 2-240 mg	54
trandolapril-verapamil hcl tab er 4-240 mg	54
tranexamic acid.....	97
tranylcypromine sulfate	42
travoprost	112
trazodone hcl	43
TRECATOR.....	56
TRELEGY AER ELLIPTA.....	38
TREMFYA.....	83
TRESIBA	46
TRESIBA FLEXTOUCH.....	46
tretinoin	80
tretinoin (chemotherapy)	59
tretinoin microsphere	80
TREXALL	56
trezix	32
tri femynor	75
triamcinolone acetonide (mouth) ...	106
triamcinolone acetonide (topical)	84
triamterene	88
triamterene & hydrochlorothiazide cap 37.5-25 mg	88
triamterene & hydrochlorothiazide tab 37.5-25 mg	88
triamterene & hydrochlorothiazide tab 75-50 mg	88
triazolam	98
triderm	84
trientine hcl	105
tri-estarylla.....	75
trifluoperazine hcl	63
trifluridine	110
trihexyphenidyl hcl	60
TRIJARDY XR TAB.....	44
TRIKAFTA TAB	118
tri-legest fe	75
tri-linyah	75

<i>tri-lo-estarrylla</i>	75
<i>tri-lo-marzia</i>	75
<i>tri-lo-mili</i>	75
<i>tri-lo-sprintec</i>	75
<i>trimethobenzamide hcl</i>	48
TRIMETHOPRIM	34
<i>tri-mili</i>	75
<i>trimipramine maleate</i>	43
<i>trinate</i>	107
TRINTELLIX	43
<i>tri-nymyo</i>	75
<i>tri-sprintec</i>	75
TRIUMEQ PD TAB	65
TRIUMEQ TAB	65
TRI-VI-FLOR SUS 0.25/ML	107
TRI-VI-FLOR SUS 0.5MG/ML	107
TRI-VI-FLORO SUS 0.25/ML	107
TRI-VI-FLORO SUS 0.5MG/ML	107
<i>tri-vite/fluoride</i>	107
<i>trivora-28</i>	75
<i>tri-vylibra</i>	75
<i>tri-vylibra lo</i>	75
TRIZIVIR TAB	65
TROKENDI XR	41
<i>tropicamide</i>	109
<i>trospium chloride</i>	121
TRULANCE	92
TRULICITY	45
TRUMENBA INJ	122
TRUSOPT	112
<i>trymine cg</i>	78
TUKYSA	56
<i>tulana</i>	77
TURPENTINE SOL SPIRITS	85
TUZISTRA XR SUS	78
TWINRIX INJ	123
TYBOST	65
<i>tydemy</i>	75
TYKERB	59
TYMLOS	89
TYVASO	70
TYVASO REFILL	70
TYVASO STARTER	70
U	
UBRELVY	102
UCERIS	33, 77
UKONIQ	59
<i>unithroid</i>	119
UPTRAVI	70
UPTRAVI TAB 200/800	70
<i>uredeb</i>	85
<i>ursodiol</i>	93
V	
VAGIFEM	124
<i>valacyclovir hcl</i>	66
VALCHLOR	82
<i>valganciclovir hcl</i>	65
<i>valproate sodium</i>	41
<i>valproic acid</i>	41
<i>valsartan</i>	52
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	54
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	55
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	55
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	55
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	54
VALTOCO	39
<i>vancomycin hcl</i>	34
VANCOMYCIN HYDROCHLORIDE	34
VAQTA	123
<i>vardenafil hcl</i>	69
<i>varenicline tartrate</i>	117
VARIVAX	123
VARUBI	48
VASCEPA	49
VAXELIS INJ	120
VAXNEUVANCE INJ	122
VCF VAGINAL CONTRACEPTIVE	123
VECAMYL	55
<i>velivet</i>	75
VELPHORO	94
VELTASSA	105
VEMLIDY	66
VENCLEXTA	57
VENCLEXTA TAB START PK	57
<i>venlafaxine hcl</i>	43
VENTAVIS	70
<i>verapamil hcl</i>	68
VERDESO	85
VERELAN	68

VERELAN PM	68
VERQUVO	70
VERSACLOZ	62
VERZENIO	59
VESICARE LS	121
<i>vestura</i>	75
V-GO 20 KIT	100
V-GO 30 KIT	100
V-GO 40 KIT	100
VIBERZI	94
VIBRAMYCIN	118
VICTOZA	45
<i>vienna</i>	75
<i>vigabatrin</i>	41
<i>vigadron</i>	41
VIMOVO TAB 375-20MG.....	26
VIMOVO TAB 500-20MG.....	26
VIMPAT	41
VIOKACE TAB 10440	87
VIOKACE TAB 20880	87
<i>viorele</i>	75
VIREAD	65
<i>virt-phos 250 neutral</i>	104
VISBIOME PAK	47
VISIONBLUE	111
VISTOGARD	47
<i>vitamins a/c/d/fluoride</i>	107
VITRAKVI	59
VIVITROL	47
<i>volnea</i>	75
VOQUEZNA PAK DUAL PAK.....	121
<i>voriconazole</i>	49
VORTEX VALVE MIS CHAMBER.....	102
VOSEVI TAB.....	66
VOTRIENT.....	59
VOXZOGO.....	90
VRAYLAR	61
VRAYLAR CAP 1.5-3MG	61
VSL#3 DS PAK 900BIL	47
VUMERTY	116
<i>vyfemla</i>	75
<i>vylibra</i>	76
VYNDAMAX	70
VYVANSE	20
VYZULTA	112
W	
WAKIX	21

<i>warfarin sodium</i>	39
WEGOVY	21
WELLBUTRIN XL	42
<i>wera</i>	76
WHEAT GERM OIL.....	124
WIDE-SEAL SILICONE DIAPHR	99
WILZIN	104
WINRHO SDF	113
<i>wymzya fe</i>	76
X	
XARELTO	39
XARELTO STAR TAB 15/20MG	39
XATMEP	56
XCOPRI	41
XCOPRI PAK 100-150.....	41
XCOPRI PAK 12.5-25.....	41
XCOPRI PAK 150-200.....	41
XCOPRI PAK 50-100MG	41
XELJANZ	24
XELJANZ XR.....	24
XELODA	56
XENLETA	35
XEPI	80
XERAC AC	86
XERESE CRE 5-1%.....	83
XERMELO	94
XHANCE	108
XIFAXAN	34
XIGDUO XR TAB 10-1000	44
XIGDUO XR TAB 10-500MG.....	44
XIGDUO XR TAB 2.5-1000	44
XIGDUO XR TAB 5-1000MG.....	44
XIGDUO XR TAB 5-500MG	44
XIIDRA	110
XOSPATA.....	59
XTAMPZA ER	30
XTANDI.....	57
<i>xulane</i>	76
XULTOPHY INJ 100/3.6.....	44
XURIDEN	90
XYOSTED	33
XYREM	114
XYWAV SOL 0.5GM/ML	114
Y	
<i>yl folic acid</i>	97
YONSA	57
YUPELRI	37

Z

ZACLIR CLEANSING	80
zafemy	76
zafirlukast.....	37
zaleplon	98
ZAVESCA.....	96
ZEGALOGUE.....	45
ZEJULA.....	59
ZELAPAR	61
ZELBORAF	59
ZEMBRACE SYMTOUCH.....	103
<i>zenatane</i>	80
ZENPEP CAP 10000UNT	88
ZENPEP CAP 15000UNT	88
ZENPEP CAP 20000UNT	88
ZENPEP CAP 25000	88
ZENPEP CAP 3000UNIT	88
ZENPEP CAP 40000	88
ZENPEP CAP 5000UNIT	88
<i>zenzedi</i>	20
ZEPOSIA	117
ZEPOSIA 7DAY CAP STR PACK	117
ZEPOSIA CAP STR KIT.....	117
<i>zidovudine</i>	65
ZIEXTENZO.....	97

ZIOPTAN	112
<i>ziprasidone hcl</i>	61
<i>ziprasidone mesylate</i>	61
ZOKINVY	105
ZOLINZA	59
<i>zolmitriptan</i>	103
<i>zolpidem tartrate</i>	98
ZOMIG	103
ZONALON	82
<i>zonisamide</i>	41
ZORBTIVE	89
<i>zovia 1/35</i>	76
ZOVIRAX.....	83
ZUBSOLV SUB 0.7-0.18.....	32
ZUBSOLV SUB 1.4-0.36.....	32
ZUBSOLV SUB 11.4-2.9.....	32
ZUBSOLV SUB 2.9-0.71.....	32
ZUBSOLV SUB 5.7-1.4	32
ZUBSOLV SUB 8.6-2.1	32
<i>zumandimine</i>	76
ZYCLARA.....	85
ZYCLARA PUMP	85
ZYFLO.....	37
ZYKADIA	59
ZYPREXA RELPREVV.....	62