Illinois Individual and Family Plans 2026 Prescription Drug List

Please note: This Prescription Drug List (PDL) is accurate as of December 1, 2026 and is subject to change after this date. All previous versions of this PDL are no longer in effect. Your estimated coverage and copay/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

If you are a UnitedHealthcare member, please register or log on to **myuhc.com/exchange**, or call the toll-free number on your health plan ID card to find coverage documents and pharmacy information specific to your benefit plan. The current PDL can also be accessed online at **https://www.uhc.com/member-resources/pharmacy-benefits/prescription-drug-lists/individual-exchange**.

Updated 12/01/2026

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Formulary by health product name

The same formulary (this PDL) applies to all health product names included below. You can reference your Summary of Benefits and Coverage (SBC) document, which includes your specific plan information. Your SBC includes your deductible and out of pocket maximums, cost-shares for each tier, and a link to your PDL.

2026 Health product name	SBC document
UHC BRONZE COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070023-01.en.2026.pdf
UHC BRONZE COPAY FOCUS+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080006-01.en.2026.pdf
UHC BRONZE ESSENTIAL (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070030-01.en.2026.pdf
UHC BRONZE STANDARD (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070021-01.en.2026.pdf
UHC BRONZE VALUE (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070018-01.en.2026.pdf
UHC BRONZE VALUE+ (RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080003-01.en.2026.pdf
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Table of contents

Formulary by health product name 2
Understand your medication options 5
How do I use my PDL? 7
What are tiers? 8
When does the PDL change? 8
Utilization Management programs 9
Your right to request access to a non-formulary drug 10
Urgent requests 10
External review 10
Expedited external review 10
Requesting a prior authorization 11
How do I locate and fill a prescription through a retail network pharmacy? 11
Prescription delivery options 11
How do I locate and fill a prescription through the mail order pharmacy? 12
E-prescribe 12
Ordering prescriptions for home delivery 12
How do I get updated information about my pharmacy benefit? 12
Table of Contents of Prescription Drug List 13
Index 128

Understand your medication options

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly used terms and their definitions as well as frequently asked questions:

Allowed amount means the maximum amount on which the health insurance issuer bases its payment for a covered health care service. This may be called "eligible expense", "payment allowance", or "negotiated rate." If your health care provider charges more than the allowed amount and is not part of the provider network, you may have to pay the difference.

Brand-name drug means a drug that is marketed under a proprietary, trademark protected name. The brand name drug is listed in all capital letters.

Coinsurance means a percentage of the cost of a covered health care service, which you are responsible to pay. The cost of the covered health care service is generally deemed to be the allowed amount, which may differ from the retail price that you would pay for the same service without using insurance. Typically, a coinsurance does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

Copayment means a fixed dollar amount that you pay for a covered health care service. Typically, a copayment does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

Covered individual means an individual enrolled in, subscribed to, or insured under a health product, whether directly or as a dependent or beneficiary.

Deductible means the amount you pay for covered health care services before your health product begins payment for all or part of the cost of the health care service under the terms of coverage. If your health product has a deductible, it may have either one deductible or separate deductibles for medical benefits and drug benefits. For some health care services, such as preventive services, the health insurance issuer might waive or lower the deductible to pay for costs of the health care service from the first dollar of coverage, but this tends not to happen for most other covered services.

Drug Tier means a group of drugs that corresponds to a specified cost sharing tier in the health product's drug coverage. The tier in which a drug is placed determines your portion of the cost for the drug.

Exception request means a request for coverage of i) a nonformulary drug, ii) a drug being removed from the formulary, or iii) a quantity of a drug above a quantity limit. If you, your designee, or your attending or prescribing provider submits an exception request for coverage of a drug, the health insurance issuer must cover the drug when the drug is determined to be medically necessary to treat your condition.

Exigent circumstances are when you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a nonformulary drug.

Formulary means the complete list of drugs preferred for use and eligible for coverage under a health product, and includes all drugs covered under the outpatient or pharmacy drug benefit of the health product. Formulary is also known as a drug list or prescription drug list.

Generic drug means the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.

Non-formulary drug means a drug that is not listed on the health product's formulary as a covered drug, but may become eligible for coverage under an "exception request."

Out-of-pocket costs means copayments, coinsurance, and the applicable deductible, plus all costs for health care services that the health product does not cover.

Prescribing provider means a health care provider authorized to write a prescription to treat your health condition.

Prescription means an oral, written, or electronic order by a prescribing provider for you that contains the name of the drug, the quantity of the drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by you, the health condition or purpose for which the drug is being prescribed.

Prescription Drug Product means a drug that is prescribed by your prescribing provider and requires a prescription under applicable law. Medications which, due to their traits, are administered or directly supervised by a qualified provider or licensed/certified health professional will be covered under the medical benefit when medically necessary.

Prior authorization means a health product's requirement that you or your prescribing provider obtain the health insurance issuer's authorization for a drug before the health product will cover the drug. The health insurance issuer must grant a prior authorization when it is medically necessary for you to obtain the drug.

How do I use my PDL?

When choosing a medication, you and your doctor should consult the Prescription Drug List (PDL). It will help you and your doctor choose the most cost-effective prescription drugs. This guide tells you if special programs apply. Bring this list with you when you see your doctor. It is organized by therapeutic category and class. The therapeutic category and class are based on the United States Pharmacopeia (USP) Pharmacologic-Therapeutic Classification System.

You may also find a Prescription Drug Product by its brand or generic name in the alphabetical index. If a generic equivalent for a brand-name Prescription Drug Product is not available on the market or is not covered, the Prescription Drug Product will not be separately listed by its generic name.

This is the way Prescription Drug Products appear in the PDL:

1. A drug is listed alphabetically by its brand and generic names or, if only the generic equivalent is covered under the plan, then just by its generic name, in the therapeutic category and class to which it belongs;
2. The generic name for a brand-name drug is included after the brand-name in parentheses and all bold and italicized lowercase letters;
3. If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all bold and italicized lowercase letters; and;
4. If a generic drug is marketed under a proprietary, trademark-protected brand-name, the brand-name will be listed in all CAPITAL letters after the generic name in parentheses and regular typeface with the first letter of each word capitalized.

Example:

Drug Name	Drug tier	Coverage requirements and limits
DILT-XR CAP 180MG ***(diltiazem hcl cap er 24hr 180 mg)***	2	
diltiazem hcl cap er 24hr 180 mg	2	

If your medication is not listed in this document, please visit **myuhc.com/exchange** or call the toll-free member phone number on your member ID card.

Below is a list of drug tier numbers, abbreviations and designations used in the PDL as well as an explanation for each.

CM	Orally administered anti-cancer medication
PA	Prior authorization required
QL	Quantity limit
SM	Cost-share cap by state mandate applies when condition appropriate
SP	Specialty medication

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, and you can find cost-sharing information in your plan documents. This determines how much you will pay when you fill a prescription at a network pharmacy. Using lower tier medications can help you pay your lowest out-of-pocket cost. If you are prescribed a medication on a higher tier, you should discuss with your health care provider if a lower tier medication may be appropriate for your condition. In the chart below, the overall value is based on factors such as medication's effectiveness, safety, cost, and the availability of alternative medications to treat the same or similar medical condition.

For orally administered anti-cancer Prescription Drug Products, there are no separate cost-sharing requirements or treatment limitations that do not also apply to intravenously injected or administered cancer Prescription Drug Products covered under your medical benefit.

Oral chemotherapeutic Prescription Drug Products will be provided at a level no less favorable than chemotherapeutic agents are provided, regardless of tier placement as described in the Policy under Pharmaceutical Products - Outpatient in Section 1: Covered Health Care Services.

Your drug list has the following tiers:

Tier	Cost-share	Includes
1	$0	**$0 Cost-share** Medications available at no cost to you, which includes **preventive medications.**
2	$	**Lower cost-share** Medications that offer the **highest overall value,** which includes **preferred generic** medications.
3	$$	**Mid-range cost-share** Medications that provide **good overall value,** which includes **preferred brand name** and **non-preferred generic** medications.
4	$$$	**Higher cost-share** Medications that provide **lower overall value,** which includes **non-preferred brand name** and **non-preferred generic** medications.
5	$$$$	**Highest cost-share** Medications that provide the **lowest overall value,** which includes most **specialty** medications.

Please note: Refer to your enrollment and plan materials on **myuhc.com/exchange**, or call the toll-free number on your member ID card for more information about your benefit plan. Your cost-share will not exceed the lesser of the cost-sharing amount or the retail price of the medication without the drug coverage.

When does the PDL change?

This PDL is required to be updated on a monthly basis.

- Medications may move to a lower tier or coverage may be added at any time.
- Medications may move to a higher tier when a generic becomes available.
- Medications may move to a higher tier, become non-formulary, or the dosage form covered may change
- Medications may become subject to new or revised utilization management procedures, such as prior authorization or quantity limits, at any time but most often upon FDA approval of the medication or its generic

When a medication changes tiers, you may have to pay a different amount for that medication. The presence of a Prescription Drug Product on the PDL does not guarantee that you will be prescribed that Prescription Drug Product by your provider for a particular medical condition.

Utilization Management programs

Prior authorization required – Your doctor is required to provide additional information to us to determine coverage.

Quantity limit – Amount of medication covered per copayment or in a specific time period. Medications with quantity limits may be dispensed in greater quantities if medically necessary and with an exception.

Patient Protection and Affordable Care Act (PPACA) zero cost-share preventive care medication when age and/or condition appropriate – This medication is part of a health care reform preventive benefit and may be available at no cost to you when used for appropriate preventive purposes. PPACA zero cost-share preventive care medications can be obtained, free of charge, at network pharmacies with a prescription from a prescribing provider. A prescription will not be required to trigger coverage of over-the-counter FDA-approved contraceptive drugs, devices, and products. PPACA zero cost-share preventive care medications are obtained at a network pharmacy with a prescription order or refill from a physician and are payable at 100% of the prescription drug charge (without application of any Copayment, Coinsurance, Deductible) as required by applicable law under any of the following:

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force
- Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved
- With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration
- With respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration

State mandated $0 cost-share – The following drug categories are required by state mandate to be covered at $0 cost-share when condition appropriate:

- Abortion-related medications
- Continuous Glucose Monitors (CGMs)
- Gender Dysphoria medications
- Human Immunodeficiency Virus (HIV) Prevention medications
- Naloxone (single ingredient formulations)

State mandated cost-share caps - The following drug categories are subject to state mandated limits on cost-share:

- Asthma medications (including rescue and maintenance inhalers and nebulizers) - $25
- Epi-Pen - $60
- Insulin - $35

What medications are covered under my medical benefit?

Prescription Drug Products administered by a health care professional are generally covered under the medical benefit while Prescription Drug Products that are self-administered are covered under the pharmacy benefit. To learn about Prescription Drug Products covered under your medical benefit, visit **uhcprovider.com/content/dam/provider/docs/public/resources/pharmacy/IFP-Clinical-Program- Summary-Drug-List.pdf** The provider may contact UnitedHealthcare for more information or go to uhcprovider.com.

Your right to request access to a non-formulary drug

This plan must cover all medically necessary Prescription Drug Products.

When a Prescription Drug Product is not on our PDL, you or your representative may request an exception to gain access to that Prescription Drug Product. To make a request, contact us in writing or call the toll-free number on your member ID card. We will notify you of our determination within 72 hours. If approved, we will cover the Prescription Drug Product for the duration of the prescription, including refills.

Urgent requests

If your request requires immediate action and a delay could significantly increase the risk to your health, or the ability to regain maximum function, call us as soon as possible. We will provide a written or electronic determination within 24 hours. If approved, we will cover the Prescription Drug Product including refills for the duration of the exigency.

External review

If you are not satisfied with our determination of your exception request, you may be entitled to request an external review. You or your representative may request an external review by sending a written request to us to the address set out in the determination letter or by calling the toll-free number on your member ID card. The Independent Review Organization (IRO will notify you of its determination within 72 hours.

Expedited external review

If you are not satisfied with our determination of your exception request and it involves an urgent situation, you or your representative may request an expedited external review by calling the toll-free number on your health plan ID card or by sending a written request to the address set out in the determination letter. The IRO will notify you of our determination within 24 hours.

If we deny your exception request, you may appeal. Please refer to your Evidence of Coverage for details. The complaint and appeals process, including independent review, is described under Section 6: Questions, Complaints and Appeals. You may also call the telephone number listed on your health plan ID card.

Requesting a prior authorization exception

Before certain Prescription Drug Products are dispensed to you, your prescribing provider or your pharmacist is required to obtain a prior authorization exception from us. Your prescribing provider can submit a request by phone to Optum Rx® or electronically by contacting us at **uhcprovider.com**. Most authorizations are completed within 24 hours. The most common reason for delay in the authorization process is insufficient information. Your licensed physician may need to provide information on diagnosis and medication history and/or evidence in the form of documents, records or lab tests which establish that the use of the requested Prescription Drug Product meets plan criteria. You may determine whether a particular Prescription Drug Product is subject to prior authorization requirements by going online at **myuhc.com/exchange** or by calling at the toll-free phone number on the back of your member ID card.

Approvals for maintenance medications used to treat a chronic or long-term condition will be valid for the lesser of 12 months or the length of treatment determined by the your prescribing provider. All other approvals, except for benzodiazepines and Schedule II narcotic drugs, will be valid for the lesser of six months the length of treatment determined by your prescribing provider, or the renewal of your plan.

In the case of a standard prior authorization exception request, we will notify you, your designee, or your prescribing provider of the Benefit determination no later than 72 hours following receipt of the request. In the case of an expedited prior authorization exception request based on exigent circumstances, we will notify you, your designee, or your prescribing provider of the Benefit determination no later than 24 hours following receipt of the request. If we fail to respond to you, your designee, or your prescribing provider within the prescribed time limits, the request is deemed approved and we may not deny the request thereafter.

If you disagree with a determination, you can request an appeal. The complaint and appeals process, including independent medical review, is described in the Evidence of Coverage under Section 6: Questions, Complaints and Appeals. You may also call at the telephone number on your health plan ID card.

If a medical exception is approved, we will provide coverage for the medication for up to 12 months from the date of approval or until the renewal of your plan.

How do I locate and fill a prescription through a retail network pharmacy?

UnitedHealthcare has a well-established network of pharmacies including most major pharmacy and supermarket chains as well as many independent pharmacies. For a listing of network pharmacies, call the toll-free phone number on your health plan ID card to help locate a network pharmacy near you or visit our website at **myuhc.com/exchange** > Pharmacies & Prescriptions > Find a pharmacy for an up-to-date list.

Prescription delivery options

You have choices on where to fill prescriptions you take regularly. You have the option to fill at a retail pharmacy or have them mailed to your home. It's up to you. Home Delivery Pharmacy is one of your network options. There may be other options in your network. Sign in at **myuhc.com/exchange** > Pharmacies & Prescriptions > Find a pharmacy.

How do I locate and fill a prescription through the mail order pharmacy?

UnitedHealthcare offers a Mail Order Pharmacy Program. Here's how to fill prescriptions through Home Delivery.

- **E-prescribe:** Ask your prescribing provider to electronically send new prescriptions to Home Delivery Pharmacy for up to a 90-day supply, or Home Delivery Pharmacy can call your doctor for you.
- **Online:** Visit **myuhc.com/exchange** > Pharmacies Prescriptions > Rx profile to set up an account.
- **Phone:** Call Home Delivery at the number on your health plan ID card, any day, time.

How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit **myuhc.com/exchange** or call the toll-free member phone number on your health plan ID card for more current information.

You will receive sixty days notice if one of the following changes impacts you:

- A medication is moved to a higher tier*
- A medication becomes non-formulary*
- A medication becomes subject to new or revised utilization management procedures

*You may be able to continue coverage of the medication at the same cost-share if your prescriber provides notice of medical necessity.

Questions



Review your policy for more information about your pharmacy benefit.



Call the Member Services number on your health plan ID card.

Our customer service team is available during normal business hours to support you with questions about your Prescription Drug Product benefits. We can help with:

- Information about drugs covered under your medical benefit
- The actual dollar amount you'll pay for medications, including those subject to deductibles, copayments, coinsurance, or out-of-pocket limits
- How to request prior authorization or submit a formulary exception request



Register or login to your online account at **myuhc.com/exchange** to:

- Find current list of covered medications
- Find a network pharmacy by ZIP code
- Learn about home delivery
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

Learn more

Call the toll-free member phone number on your health plan ID card, or visit **myuhc.com/exchange**.

State of Illinois

Table of Contents of Prescription Drug List

Analgesics . . . 15
Anesthetics . . . 20
Anti-Addiction/Substance Abuse Treatment Agents . . . 20
Antibacterials . . . 22
Anticonvulsants . . . 26
Antidementia Agents . . . 29
Antidepressants . . . 30
Antiemetics . . . 33
Antifungals . . . 34
Antigout Agents . . . 35
Antimigraine Agents . . . 36
Antimyasthenic Agents . . . 37
Antimycobacterials . . . 37
Antineoplastics . . . 38
Antiparasitics . . . 44
Antiparkinson Agents . . . 45
Antipsychotics . . . 46
Antivirals . . . 48
Anxiolytics . . . 54
Benzodiazepines . . . 55
Bipolar Agents . . . 55
Blood Glucose Monitoring . . . 55
Blood Glucose Regulators . . . 56
Blood Products/Modifiers/Volume Expanders . . . 60
Cardiovascular Agents . . . 63
Central Nervous System Agents . . . 75
Dental and Oral Agents . . . 79
Dermatological Agents . . . 79
Electrolytes/Minerals/Metals/Vitamins . . . 81
Gastrointestinal Agents . . . 84
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment . . . 87
Genitourinary Agents . . . 87
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) . . . 89
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) . . . 91
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) . . . 92
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) . . . 92

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) 102
Hormonal Agents, Suppressant (Adrenal) 105
Hormonal Agents, Suppressant (Pituitary) 105
Hormonal Agents, Suppressant (Thyroid) 105
Immunological Agents 106
Inflammatory Bowel Disease Agents 112
Metabolic Bone Disease Agents 113
Miscellaneous Therapeutic Agents 114
Ophthalmic Agents 117
Otic Agents 119
Respiratory Tract/Pulmonary Agents 120
Skeletal Muscle Relaxants 126
Sleep Disorder Agents 127
Vaccines 127

Drug name	Tier	Coverage Requirements and Limits
Analgesics		
Nonsteroidal anti-inflammatory drugs		
aspirin low chw 81mg	1	$0 Copay for members between ages of 15 to 49 years.
aspirin low tab 81mg ec	1	$0 Copay for members between ages of 15 to 49 years.
celecoxib cap 100mg	2	QL; Maximum of 2 capsules per day.
celecoxib cap 200mg	2	QL; Maximum of 2 capsules per day.
celecoxib cap 400mg	2	QL; Maximum of 2 capsules per day.
celecoxib cap 50mg	2	QL; Maximum of 2 capsules per day.
diclofen pot tab 50mg	2	
diclofenac gel 1%	3	QL; Maximum of 300 grams per 30 days.
diclofenac tab 100mg er	3	
diclofenac tab 25mg dr	2	
diclofenac tab 50mg dr	2	
diclofenac tab 75mg dr	2	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	3	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	3	
diflunisal tab 500mg	2	
ec-naproxen tab 375mg	2	
ec-naproxen tab 500mg	2	
etodolac cap 200mg	2	
etodolac cap 300mg	2	
etodolac er tab 400mg	3	
etodolac er tab 500mg	3	
etodolac er tab 600mg	3	
etodolac tab 400mg	2	
etodolac tab 500mg	2	
fenoprofen tab 600mg	4	
flurbiprofen tab 100mg	2	
ibu tab 400mg	2	
ibu tab 600mg	2	
ibu tab 800mg	2	
ibuprofen tab 400mg	2	
ibuprofen tab 600mg	2	
ibuprofen tab 800mg	2	
indomethacin cap 25mg	2	QL; Maximum of 3 capsules per day.
indomethacin cap 50mg	2	QL; Maximum of 3 capsules per day.
indomethacin cap 75mg er	2	
ketoprofen cap 200mg er	4	
ketoprofen cap 25mg	3	
ketoprofen cap 50mg	3	
ketorolac tab 10mg	2	
meclofen sod cap 100mg	4	

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Drug name	Tier	Coverage Requirements and Limits
meclofen sod cap 50mg	4	
mefenam acid cap 250mg	4	
meloxicam tab 15mg	2	
meloxicam tab 7.5mg	2	
nabumetone tab 500mg	2	
nabumetone tab 750mg	2	
naproxen dr tab 375mg	2	
naproxen dr tab 500mg	2	
naproxen sod tab 275mg	2	
naproxen sod tab 550mg	2	
naproxen sus 125/5ml	4	PA
naproxen tab 250mg	2	
naproxen tab 375mg	2	
naproxen tab 500mg	2	
oxaprozin tab 600mg	3	
piroxicam cap 10mg	2	
piroxicam cap 20mg	2	
salsalate tab 500 mg	2	
salsalate tab 750 mg	2	
st joseph chw low 81mg	1	$0 Copay for members between ages of 15 to 49 years.
sulindac tab 150mg	2	
sulindac tab 200mg	2	
tolmetin sod cap 400mg	4	
tolmetin sod tab 600mg	4	
tramadol-acetaminophen tab 37.5-325 mg	2	QL; MME; 7D; Maximum of 8 tablets per day.
Opioid Analgesics, Long-acting		
fentanyl citrate lozenge on a handle 1200 mcg	4	PA; QL; Maximum of 4 lozenges per day.
fentanyl citrate lozenge on a handle 1600 mcg	4	PA; QL; Maximum of 4 lozenges per day.
fentanyl citrate lozenge on a handle 200 mcg	4	PA; QL; Maximum of 4 lozenges per day.
fentanyl citrate lozenge on a handle 400 mcg	4	PA; QL; Maximum of 4 lozenges per day.
fentanyl citrate lozenge on a handle 600 mcg	4	PA; QL; Maximum of 4 lozenges per day.
fentanyl citrate lozenge on a handle 800 mcg	4	PA; QL; Maximum of 4 lozenges per day.
fentanyl dis 100mcg/h	3	PA; QL; MME; 7D; Maximum of 15 patches per 30 days.
fentanyl dis 12mcg/hr	3	PA; QL; MME; 7D; Maximum of 15 patches per 30 days.
fentanyl dis 25mcg/hr	3	PA; QL; MME; 7D; Maximum of 15 patches per 30 days.
fentanyl dis 50mcg/hr	3	PA; QL; MME; 7D; Maximum of 15 patches per 30 days.
fentanyl dis 75mcg/hr	3	PA; QL; MME; 7D; Maximum of 15 patches per 30 days.
hydrocodone cap 10mg er	4	PA; QL; MME; 7D; Maximum of 2 capsules per day.
hydrocodone cap 15mg er	4	PA; QL; MME; 7D; Maximum of 2 capsules per day.

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Drug name	Tier	Coverage Requirements and Limits
hydrocodone cap 20mg er	4	PA; QL; MME; 7D; Maximum of 2 capsules per day.
hydrocodone cap 30mg er	4	PA; QL; MME; 7D; Maximum of 2 capsules per day.
hydrocodone cap 40mg er	4	PA; QL; MME; 7D; Maximum of 2 capsules per day.
hydrocodone cap 50mg er	4	PA; QL; MME; 7D; Maximum of 2 capsules per day.
hydromorphon tab 12mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
hydromorphon tab 16mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
hydromorphon tab 32mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
hydromorphon tab 8mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
levorphanol tab 2mg	4	PA; QL; MME; 7D; Maximum of 6 tablets per day.
levorphanol tab 3mg	4	PA; QL; MME; 7D; Maximum of 6 tablets per day.
methadone con 10mg/ml	2	PA; QL; MME; 7D; Maximum of 12 ml per day.
methadone sol 10mg/5ml	2	PA; QL; MME; 7D; Maximum of 60 ml per day.
methadone sol 5mg/5ml	2	PA; QL; MME; 7D; Maximum of 120 ml per day.
methadone tab 10mg	2	PA; QL; MME; 7D; Maximum of 12 tablets per day.
methadone tab 5mg	2	PA; QL; MME; 7D; Maximum of 8 tablets per day.
morphine sul tab 100mg er	2	PA; QL; MME; 7D; Maximum of 3 tablets per day.
morphine sul tab 15mg er	2	PA; QL; MME; 7D; Maximum of 3 tablets per day.
morphine sul tab 200mg er	2	PA; QL; MME; 7D; Maximum of 2 tablets per day.
morphine sul tab 30mg er	2	PA; QL; MME; 7D; Maximum of 4 tablets per day.
morphine sul tab 60mg er	2	PA; QL; MME; 7D; Maximum of 4 tablets per day.
NUCYNTA ER TAB 100MG ***tapentadol hcl tab er 12hr 100 mg***	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
NUCYNTA ER TAB 150MG ***tapentadol hcl tab er 12hr 150 mg***	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
NUCYNTA ER TAB 200MG ***tapentadol hcl tab er 12hr 200 mg***	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
NUCYNTA ER TAB 250MG ***tapentadol hcl tab er 12hr 250 mg***	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
NUCYNTA ER TAB 50MG ***tapentadol hcl tab er 12hr 50 mg***	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
oxymorphone tab 10mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
oxymorphone tab 15mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
oxymorphone tab 20mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
oxymorphone tab 30mg er	4	PA; QL; MME; 7D; Maximum of 4 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
oxymorphone tab 40mg er	4	PA; QL; MME; 7D; Maximum of 3 tablets per day.
oxymorphone tab 5mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
oxymorphone tab 7.5mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
tramadol hcl tab 50 mg	2	QL; MME; 7D; Maximum of 8 tablets per day.
tramadol hcl tab er 24hr 100 mg	3	PA; QL; MME; 7D; Maximum of 1 tablet per day.
tramadol hcl tab er 24hr 200 mg	3	PA; QL; MME; 7D; Maximum of 1 tablet per day.
tramadol hcl tab er 24hr 300 mg	3	PA; QL; MME; 7D; Maximum of 1 tablet per day.
tramadol hcl tab er 24hr biphasic release 100 mg	3	PA; QL; MME; 7D; Maximum of 1 tablet per day.
tramadol hcl tab er 24hr biphasic release 200 mg	3	PA; QL; MME; 7D; Maximum of 1 tablet per day.
tramadol hcl tab er 24hr biphasic release 300 mg	3	PA; QL; MME; 7D; Maximum of 1 tablet per day.
XTAMPZA ER CAP 13.5MG ***oxycodone cap er 12hr abuse-deterrent 13.5 mg***	4	PA; QL; MME; 7D; Maximum of 3 capsules per day.
XTAMPZA ER CAP 18MG ***oxycodone cap er 12hr abuse-deterrent 18 mg***	4	PA; QL; MME; 7D; Maximum of 3 capsules per day.
XTAMPZA ER CAP 27MG ***oxycodone cap er 12hr abuse-deterrent 27 mg***	4	PA; QL; MME; 7D; Maximum of 6 capsules per day.
XTAMPZA ER CAP 36MG ***oxycodone cap er 12hr abuse-deterrent 36 mg***	4	PA; QL; MME; 7D; Maximum of 6 capsules per day.
XTAMPZA ER CAP 9MG ***oxycodone cap er 12hr abuse-deterrent 9 mg***	4	PA; QL; MME; 7D; Maximum of 3 capsules per day.
XYVONA TAB 2MG ***levorphanol tartrate tab 2 mg***	4	PA; QL; Maximum of 6 capsules per day.
XYVONA TAB 3MG ***levorphanol tartrate tab 3 mg***	4	PA; QL; Maximum of 6 capsules per day.
Opioid Analgesics, Short-acting		
apap-caffein cap dihydroc	4	QL; MME; 7D; Maximum of 10 capsules per day.
apap/codeine sol 120-12/5	2	QL; MME; 7D; Maximum of 150 ml per day.
apap/codeine sol 300-30mg	2	QL; MME; 7D; Maximum of 150 ml per day.
apap/codeine tab 300-15mg	2	QL; MME; 7D; Maximum of 13 tablets per day.
apap/codeine tab 300-30mg	2	QL; MME; 7D; Maximum of 13 tablets per day.
apap/codeine tab 300-60mg	2	QL; MME; 7D; Maximum of 13 tablets per day.
ascomp/cod cap 30mg	3	QL; MME; 7D; Maximum of 6 capsules per day.
bac tab	2	QL; Maximum of 6 tablets per day.
but/apap/caf cap codeine	4	QL; MME; 7D; Maximum of 6 capsules per day.
but/apap/caf cap codeine	4	QL; MME; 7D; Maximum of 6 capsules per day.
but/apap/caf cap	4	QL; Maximum of 6 capsules per day.
but/apap/caf cap	4	QL; Maximum of 6 capsules per day.
but/apap/caf tab	2	QL; Maximum of 6 tablets per day.

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but/asa/caf/ cap codeine	3	QL; MME; 7D; Maximum of 6 capsules per day.
but/asa/caff cap	3	QL; Maximum of 6 capsules per day.
butal/apap tab 50-325mg	3	QL; Maximum of 6 tablets per day.
butalb/aceta tab 50-300mg	3	QL; Maximum of 6 tablets per day.
codeine sulfate tab 15 mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
codeine sulfate tab 30 mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
codeine sulfate tab 60 mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
endocet tab 10-325mg	2	QL; MME; 7D; Maximum of 12 tablets per day.
endocet tab 2.5-325	2	QL; MME; 7D; Maximum of 12 tablets per day.
endocet tab 5-325mg	2	QL; MME; 7D; Maximum of 12 tablets per day.
endocet tab 7.5-325	2	QL; MME; 7D; Maximum of 12 tablets per day.
hydro/aceta sol 10-325mg	2	QL; MME; 7D; Maximum of 90 ml per day.
hydro/apap sol 10-300 mg/15ml	2	QL; MME; 7D; Maximum of 195 ml per day.
hydroco/apap sol 7.5-325	2	QL; MME; 7D; Maximum of 90 ml per day.
hydroco/apap tab 10-325mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
hydroco/apap tab 2.5-325	2	QL; MME; 7D; Maximum of 8 tablets per day.
hydroco/apap tab 5-325mg	2	QL; MME; 7D; Maximum of 8 tablets per day.
hydroco/apap tab 7.5-325	2	QL; MME; 7D; Maximum of 6 tablets per day.
hydrocodone-ibuprofen tab 10-200 mg	4	QL; MME; 7D; Maximum of 5 tablets per day.
hydrocodone-ibuprofen tab 5-200 mg	4	QL; MME; 7D; Maximum of 5 tablets per day.
hydrocodone-ibuprofen tab 7.5-200 mg	4	QL; MME; 7D; Maximum of 5 tablets per day.
hydromorphon tab 2mg	2	QL; MME; 7D; Maximum of 8 tablets per day.
hydromorphon tab 4mg	2	QL; MME; 7D; Maximum of 8 tablets per day.
hydromorphon tab 8mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
hydromorphone liq 1mg/ml	3	QL; MME; 7D; Maximum of 50 ml per day.
morphine sul sol 10/0.5ml	3	QL; MME; 7D; Maximum of 10 ml per day.
morphine sul sol 100/5ml	3	QL; MME; 7D; Maximum of 10 ml per day.
morphine sul sol 10mg/5ml	3	QL; MME; 7D; Maximum of 100 ml per day.
morphine sul sol 20mg/5ml	3	QL; MME; 7D; Maximum of 50 ml per day.
morphine sul sol 20mg/ml	3	QL; MME; 7D; Maximum of 10 ml per day.
morphine sul tab 15mg	2	QL; MME; 7D; Maximum of 8 tablets per day.
morphine sul tab 30mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
oxycod/apap tab 10-325mg	2	QL; MME; 7D; Maximum of 12 tablets per day.
oxycod/apap tab 2.5-325	2	QL; MME; 7D; Maximum of 12 tablets per day.
oxycod/apap tab 5-325mg	2	QL; MME; 7D; Maximum of 12 tablets per day.
oxycod/apap tab 7.5-325	2	QL; MME; 7D; Maximum of 12 tablets per day.
oxycodone cap 5mg	2	QL; MME; 7D; Maximum of 12 capsules per day.
oxycodone con 100/5ml	4	QL; MME; 7D; Maximum of 6 ml per day.

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oxycodone sol 5mg/5ml	2	QL; MME; 7D; Maximum of 130 ml per day.
oxycodone tab 10mg	2	QL; MME; 7D; Maximum of 12 tablets per day.
oxycodone tab 15mg	2	QL; MME; 7D; Maximum of 8 tablets per day.
oxycodone tab 20mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
oxycodone tab 30mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
oxycodone tab 5mg	2	QL; MME; 7D; Maximum of 12 tablets per day.
oxymorphone tab hcl 10mg	3	QL; MME; 7D; Maximum of 6 tablets per day.
oxymorphone tab hcl 5mg	3	QL; MME; 7D; Maximum of 6 tablets per day.
pentaz/nalox tab 50-0.5mg	3	QL; MME; 7D; Maximum of 12 tablets per day.
TENCON TAB 50-325MG ***butalbital-acetaminophen tab 50-325 mg***	3	QL; Maximum of 6 tablets per day.
Anesthetics		
Local Anesthetics		
glydo gel 2%	2	
lido/prilocn cre 2.5-2.5%	2	
lidocaine dis 5% patch	3	PA; QL; Maximum of 3 patches per day.
lidocaine gel 2% jelly	2	
lidocaine gel 2% jelly	2	
lidocaine hcl laryngotracheal soln 4%	3	
lidocaine hcl soln 4%	3	
lidocaine sol 2% oral	2	
lidocaine sol 2% visc	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acampro cal tab 333mg	2	
disulfiram tab 250mg	2	
disulfiram tab 500mg	2	
naltrexone tab 50mg	2	
Opioid Dependence Treatments		
bupren/nalox mis 12-3mg	2	
bupren/nalox mis 2-0.5mg	2	
bupren/nalox mis 4-1mg	2	
bupren/nalox mis 8-2mg	2	
bupren/nalox sub 2-0.5mg	2	
bupren/nalox sub 8-2mg	2	
buprenorphin sub 2mg	2	
buprenorphin sub 8mg	2	
lofexidine tab 0.18mg	2	
LUCEMYRA TAB 0.18MG ***lofexidine hcl tab 0.18 mg ( )***	3	
SUBOXONE MIS 12-3MG ***buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)***	3	
SUBOXONE MIS 2-0.5MG ***buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)***	3	

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SUBOXONE MIS 4-1MG ***buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)***	3	
SUBOXONE MIS 8-2MG ***buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)***	3	
ZUBSOLV SUB 0.7-0.18 ***buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq)***	3	
ZUBSOLV SUB 1.4-0.36 ***buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)***	3	
ZUBSOLV SUB 11.4-2.9 ***buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq)***	3	
ZUBSOLV SUB 2.9-0.71 ***buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)***	3	
ZUBSOLV SUB 5.7-1.4 ***buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)***	3	
ZUBSOLV SUB 8.6-2.1 ***buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)***	3	
Opioid Reversal Agents		
KLOXXADO SPR 8MG ***naloxone hcl nasal spray 8 mg/0.1ml***	1	
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naloxone hcl spr 4mg	1	
naloxone spr 4mg	1	
NARCAN SPR 4MG ***naloxone hcl nasal spray 4 mg/0.1ml***	1	
OPVEE SPR 2.7/0.1 ***nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)***	3	
REXTOVY SPR 4/0.25ML ***naloxone hcl nasal spray 4 mg/0.25ml***	1	
REZENOPY SPRAY 10MG ***naloxone hcl nasal spray 10 mg/0.11ml***	1	
ZIMHI SOL ***naloxone hcl soln prefilled syringe 5 mg/0.5ml***	1	
ZURNAI INJ 1.5/0.5 ***nalmefene hcl soln auto-injector 1.5 mg/0.5ml (base equiv)***	3	
Smoking Cessation Agents		
bupropion tab 150mg sr	1	
CHANTIX PAK 1MG ***varenicline tartrate tab 1 mg (base equiv)***	3	PA
CHANTIX TAB 0.5& 1MG ***varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack***	3	PA
CHANTIX TAB 0.5MG ***varenicline tartrate tab 0.5 mg (base equiv)***	3	PA
chantix tab 1mg	3	PA
NICODERM CQ DIS 14MG/24H ***nicotine td patch 24hr 14 mg/24hr***	1	
NICODERM CQ DIS 21MG/24H ***nicotine td patch 24hr 21 mg/24hr***	1	
NICODERM CQ DIS 7MG/24HR ***nicotine td patch 24hr 7 mg/24hr***	1	
NICORETTE GUM 2MG ***nicotine polacrilex gum 2 mg***	1	
NICORETTE GUM 4MG ***nicotine polacrilex gum 4 mg***	1	
NICORETTE LOZ 2MG MINT ***nicotine polacrilex lozenge 2 mg***	1	
NICORETTE LOZ 4MG MINT ***nicotine polacrilex lozenge 4 mg***	1	
nicotine dis 7mg/24hr	1	

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Drug name	Tier	Coverage Requirements and Limits
nicotine gum 2mg	1	
nicotine gum 4mg	1	
nicotine loz 2mg mint	1	
nicotine loz 4mg mint	1	
nicotine sys kit transder	1	
nicotine td dis 14mg/24h	1	
nicotine td dis 21mg/24h	1	
NICOTROL NS SPR 10MG/ML ***nicotine nasal spray 10 mg/ml (0.5 mg/spray)***	1	
THRIVE GUM 2MG MINT ***nicotine polacrilex gum 2 mg***	1	
varenicline tab 0.5& 1mg	1	
varenicline tab 0.5mg	1	
varenicline tab 1mg	1	
Antibacterials		
Aminoglycosides		
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate oint 0.1%	3	
HUMATIN CAP 250MG ***paromomycin sulfate cap 250 mg***	4	
neomycin sulfate tab 500 mg	2	
Antibacterials, Other		
clindamycin hcl cap 150 mg	2	
clindamycin hcl cap 300 mg	2	
clindamycin hcl cap 75 mg	2	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	3	
clindamycin phosphate vaginal cream 2%	2	
fosfomycin tromethamine powd pack 3 gm ( )	4	
linezolid for susp 100 mg/5ml	4	QL; Maximum of 900 ml per 11 days.
linezolid tab 600mg	3	QL; Maximum of 2 tablets per day.
mafenide acetate packet for topical soln 5% (50 gm)	4	
methenamine hippurate tab 1 gm	3	
metronidazole tab 250 mg	2	
metronidazole tab 500 mg	2	
metronidazole vaginal gel 0.75%	2	
mupirocin calcium cream 2%	4	QL; Maximum of 15 grams per 30 days.
mupirocin oint 2%	2	QL; Maximum of 110 grams per 30 days.
NEO-SYNALAR CRE ***neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%***	4	QL; Maximum of 60 grams per 30 days.
NEO-SYNALAR KIT ****neomycin-fluocinolone cream 0.5-0.025% & emollient cr kit****	4	QL; Maximum of 315 grams per 30 days.
nitrofurantoin macrocrystalline cap 100 mg	3	
nitrofurantoin macrocrystalline cap 25 mg	4	QL; Maximum of 4 capsules per day.
nitrofurantoin macrocrystalline cap 50 mg	3	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	2	
nitrofurantoin susp 25 mg/5ml	4	PA
nitrofurantoin susp 25 mg/5ml	4	PA

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Drug name	Tier	Coverage Requirements and Limits
silver sulfadiazine cream 1%	2	
silver sulfadiazine cream 1%	2	
SIVEXTRO TAB 200MG ***tedizolid phosphate tab 200 mg***	4	PA; QL; Maximum of 6 tablets per 30 days.
SULFAMYLON CRE 85MG/GM ***mafenide acetate cream 85 mg/gm***	4	
tinidazole tab 250mg	2	
tinidazole tab 500mg	2	
trimethoprim tab 100mg	2	
vancomycin cap 125mg	2	QL; Maximum of 4 capsules per day.
vancomycin cap 250mg	2	QL; Maximum of 8 capsules per day.
vancomycin sol 250/5ml	3	
vancomycin sol 25mg/ml	3	
vancomycin sol 50mg/ml	3	
vandazole gel 0.75%	3	
XEPI CRE 1% ***ozenoxacin cream 1%***	4	QL; Maximum of 30 grams per 30 days.
XIFAXAN TAB 200MG ***rifaximin tab 200 mg***	5	PA; QL; Maximum of 3 tablets per day.
XIFAXAN TAB 550MG ***rifaximin tab 550 mg***	5	PA; QL; Maximum of 3 tablets per day.
Beta-lactam, Cephalosporins		
azithromycin tab 600 mg	2	
BAXDELA TAB 450MG ***delafloxacin meglumine tab 450 mg (base equiv)***	4	
cefaclor cap 250 mg	2	
cefaclor cap 500 mg	3	
cefaclor monohydrate tab er 12hr 500 mg	2	
cefadroxil cap 500 mg	2	
cefadroxil for susp 250 mg/5ml	2	
cefadroxil for susp 500 mg/5ml	3	
cefadroxil tab 1 gm	2	
cefdinir cap 300 mg	2	
cefdinir for susp 125 mg/5ml	2	
cefdinir for susp 250 mg/5ml	3	
cefixime cap 400 mg	4	
cefixime for susp 100 mg/5ml	4	
cefixime for susp 200 mg/5ml	3	
cefpodoxime proxetil for susp 50 mg/5ml	3	
cefpodoxime proxetil tab 100 mg	3	
cefpodoxime proxetil tab 200 mg	3	
cefpodoxime proxetil tab 200 mg	3	
cefprozil for susp 125 mg/5ml	2	
cefprozil for susp 250 mg/5ml	2	
cefprozil tab 250 mg	2	
cefprozil tab 500 mg	2	
cefuroxime axetil tab 250 mg	2	
cefuroxime axetil tab 500 mg	2	
cephalexin cap 250 mg	2	

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cephalexin cap 500 mg	2	
cephalexin for susp 125 mg/5ml	2	
cephalexin for susp 250 mg/5ml	2	
Beta-lactam, Penicillins		
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	2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
amoxicillin cap 250mg	2	
amoxicillin cap 500mg	2	
amoxicillin chw 125mg	2	
amoxicillin chw 250mg	2	
amoxicillin sus 125/5ml	2	
amoxicillin sus 200/5ml	2	
amoxicillin sus 250/5ml	2	
amoxicillin sus 400/5ml	2	
amoxicillin tab 500mg	2	
amoxicillin tab 875mg	2	
dicloxacillin sodium cap 250 mg	2	
dicloxacillin sodium cap 500 mg	2	
penicillin v potassium for soln 125 mg/5ml	2	
penicillin v potassium for soln 250 mg/5ml	2	
penicillin v potassium tab 250 mg	2	
penicillin v potassium tab 500 mg	2	
Macrolides		
ampicillin cap 500mg	2	
azithromycin for susp 100 mg/5ml	2	
azithromycin for susp 200 mg/5ml	2	
azithromycin powd pack for susp 1 gm	2	
azithromycin tab 250 mg	2	
azithromycin tab 250 mg	2	
azithromycin tab 250 mg	2	
azithromycin tab 500 mg	2	
azithromycin tab 500 mg	2	
clarithromycin for susp 125 mg/5ml	4	
clarithromycin for susp 250 mg/5ml	4	
clarithromycin tab 250 mg	2	

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clarithromycin tab 500 mg	2	
clarithromycin tab er 24hr 500 mg	3	
ERYTHROCIN TAB 250MG *erythromycin stearate tab 250 mg*	4	
erythromycin ethylsuccinate for susp 200 mg/5ml	4	
erythromycin ethylsuccinate for susp 400 mg/5ml	4	
erythromycin ethylsuccinate tab 400 mg	4	
erythromycin tab 250 mg	3	
erythromycin tab 250 mg	3	
erythromycin tab 500 mg	3	
erythromycin tab 500 mg	3	
erythromycin tab delayed release 250 mg	3	
erythromycin tab delayed release 333 mg	3	
erythromycin tab delayed release 500 mg	3	
erythromycin w/ delayed release particles cap 250 mg	4	
Quinolones		
ciprofloxacin hcl tab 100 mg (base equiv)	2	
ciprofloxacin hcl tab 250 mg (base equiv)	2	
ciprofloxacin hcl tab 500 mg (base equiv)	2	
ciprofloxacin hcl tab 750 mg (base equiv)	2	
levofloxacin oral soln 25 mg/ml	4	
levofloxacin tab 250mg	2	
levofloxacin tab 500mg	2	
levofloxacin tab 750mg	2	
moxifloxacin tab 400mg	2	
ofloxacin tab 300 mg	3	
ofloxacin tab 400 mg	3	
Sulfonamides		
sulfadiazine tab 500mg	4	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim tab 400-80 mg	2	
sulfamethoxazole-trimethoprim tab 800-160 mg	2	
sulfatrim pd sus 200-40/5	2	
Tetracyclines		
demeclocycline hcl tab 150 mg	4	
demeclocycline hcl tab 300 mg	4	
doxycycline hyclate cap 100 mg	2	
doxycycline hyclate cap 50 mg	2	
doxycycline hyclate tab 100 mg	2	
doxycycline hyclate tab 20 mg	2	
doxycycline monohydrate cap 100 mg	2	
doxycycline monohydrate cap 50 mg	2	
doxycycline monohydrate for susp 25 mg/5ml	3	
doxycycline monohydrate tab 100 mg	2	

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doxycycline monohydrate tab 150 mg	2	
doxycycline monohydrate tab 150 mg	2	
doxycycline monohydrate tab 50 mg	2	
doxycycline monohydrate tab 50 mg	2	
doxycycline monohydrate tab 75 mg	2	
doxycycline monohydrate tab 75 mg	2	
minocycline hcl cap 100 mg	2	
minocycline hcl cap 50 mg	2	
minocycline hcl cap 75 mg	2	
tetracycline cap 250mg	2	
tetracycline cap 500mg	2	
Anticonvulsants		
DIACOMIT CAP 250MG ***stiripentol cap 250 mg***	5	PA; QL; Maximum of 12 capsules per day.
DIACOMIT CAP 500MG ***stiripentol cap 500 mg***	5	PA; QL; Maximum of 6 capsules per day.
DIACOMIT PAK 250MG ***stiripentol packet 250 mg***	5	PA; QL; Maximum of 12 packets per day.
DIACOMIT PAK 500MG ***stiripentol packet 500 mg***	5	PA; QL; Maximum of 6 packets per day.
Anticonvulsants, Other		
brivaracetam tab 10mg	4	PA; QL; Maximum of 2 tablets per day.
brivaracetam tab 25mg	4	PA; QL; Maximum of 2 tablets per day.
brivaracetam tab 50mg	4	PA; QL; Maximum of 2 tablets per day.
brivaracetam tab 75mg	4	PA; QL; Maximum of 2 tablets per day.
brivaracetam tab 100mg	4	PA; QL; Maximum of 2 tablets per day.
brivaracetam sol 10mg/ml	4	PA; QL; Maximum of 2 tablets per day.
EPIDIOLEX SOL 100MG/ML ***cannabidiol soln 100 mg/ml***	5	PA
levetiraceta sol 100mg/ml	2	
levetiraceta sol 500/5ml	2	
levetiraceta tab 1000mg	2	
levetiraceta tab 250mg	2	
levetiraceta tab 500mg er	2	
levetiraceta tab 500mg	2	
levetiraceta tab 750mg er	2	
levetiraceta tab 750mg	2	
perampanel tab 2mg	4	PA; QL; Maximum of 1 tablet per day.
perampanel tab 4mg	4	PA; QL; Maximum of 1 tablet per day.
perampanel tab 6mg	4	PA; QL; Maximum of 1 tablet per day.
perampanel tab 8mg	4	PA; QL; Maximum of 1 tablet per day.
perampanel tab 10mg	4	PA; QL; Maximum of 1 tablet per day.
perampanel tab 12mg	4	PA; QL; Maximum of 1 tablet per day.
ROWEEPRA TAB 500MG ***levetiracetam tab 500 mg***	2	
Calcium Channel Modifying Agents		
ethosuximide cap 250mg	3	
ethosuximide sol 250/5ml	3	
methsuximide cap 300mg	3	

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Drug name	Tier	Coverage Requirements and Limits
zonisamide cap 100mg	2	
zonisamide cap 25mg	2	
zonisamide cap 50mg	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam sus 2.5mg/ml	4	PA; QL; Maximum of 16 ml per day.
clobazam tab 10mg	4	PA; QL; Maximum of 2 tablets per day.
clobazam tab 20mg	4	PA; QL; Maximum of 2 tablets per day.
diazepam gel 10mg	3	QL; Maximum of 5 packages per 30 days.
diazepam gel 2.5mg	3	QL; Maximum of 5 packages per 30 days.
diazepam gel 20mg	3	QL; Maximum of 5 packages per 30 days.
divalproex cap 125mg dr	2	
divalproex cap 125mg dr	2	
divalproex tab 125mg dr	2	
divalproex tab 250mg dr	2	
divalproex tab 250mg er	2	
divalproex tab 500mg dr	2	
divalproex tab 500mg er	2	
gabapentin cap 100mg	2	
gabapentin cap 300mg	2	
gabapentin cap 400mg	2	
gabapentin sol 250/5ml	2	
gabapentin tab 600mg	2	
gabapentin tab 800mg	2	
NAYZILAM SPR 5MG ***midazolam nasal spray soln 5 mg/0.1 ml***	4	PA; QL; Maximum of 10 devices per 30 days.
phenobarb elx 20mg/5ml	2	
phenobarb elx 30/7.5ml	2	
phenobarb elx 60/15ml	2	
phenobarb sol 20mg/5ml	2	
phenobarb tab 100mg	2	
phenobarb tab 15mg	2	
phenobarb tab 16.2mg	2	
phenobarb tab 30mg	2	
phenobarb tab 32.4mg	2	
phenobarb tab 60mg	2	
phenobarb tab 64.8mg	2	
phenobarb tab 97.2mg	2	
primidone tab 125mg	2	
primidone tab 250mg	2	
primidone tab 50mg	2	
tiagabine tab 12mg	4	
tiagabine tab 16mg	4	
tiagabine tab 2mg	4	
tiagabine tab 4mg	4	

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valproic acd cap 250mg	2	
valproic acd sol 250/5ml	2	
valproic acd sol 500/10ml	2	
vigabatrin pak 500mg	5	PA; QL; Maximum of 6 packets per day.
vigabatrin tab 500mg	5	PA; QL; Maximum of 6 tablets per day.
VIGPODER POW 500MG ***vigabatrin powd pack 500 mg***	5	PA; QL; Maximum of 6 packets per day.
Gamma-aminobutyric Acid (GABA) Modulating Agents		
gabapentin sol 300/6ml	2	
Glutamate Reducing Agents		
felbamate sus 600/5ml	4	
felbamate tab 400mg	4	
felbamate tab 600mg	4	
FYCOMPA SUS 0.5MG/ML ***perampanel susp 0.5 mg/ml***	4	PA; QL; Maximum of 24 ml per day.
lamotrigine chw 25mg	2	
lamotrigine chw 5mg	2	
lamotrigine tab 100mg	2	
lamotrigine tab 150mg	2	
lamotrigine tab 200mg	2	
lamotrigine tab 25mg	2	
SUBVENITE TAB 100MG ***lamotrigine tab 100 mg***	2	
SUBVENITE TAB 150MG ***lamotrigine tab 150 mg***	2	
SUBVENITE TAB 200MG ***lamotrigine tab 200 mg***	2	
SUBVENITE TAB 25MG ***lamotrigine tab 25 mg***	2	
topiramate cap 15mg	3	
topiramate cap 25mg	3	
topiramate cap 50mg	3	
topiramate tab 100mg	2	
topiramate tab 200mg	2	
topiramate tab 25mg	2	
topiramate tab 50mg	2	
Sodium Channel Agents		
carbamazepin cap 100mg er	3	
carbamazepin cap 200mg er	3	
carbamazepin cap 300mg er	3	
carbamazepin chw 100mg	2	
carbamazepin sus 100/5ml	3	
carbamazepin sus 200/10ml	3	
carbamazepin tab 100mg er	3	
carbamazepin tab 200mg er	3	
carbamazepin tab 200mg	2	
carbamazepin tab 400mg er	3	
DILANTIN CAP 30MG ***phenytoin sodium extended cap 30 mg***	4	
EPITOL TAB 200MG ***carbamazepine tab 200 mg***	2	

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eslicarbazepine acetate tab 200 mg	4	PA; QL; Maximum of 1 tablet per day.
eslicarbazepine acetate tab 400 mg	4	PA; QL; Maximum of 1 tablet per day.
eslicarbazepine acetate tab 600 mg	4	PA; QL; Maximum of 2 tablets per day.
eslicarbazepine acetate tab 800 mg	4	PA; QL; Maximum of 2 tablets per day.
lacosamide sol 100/10ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide sol 10mg/ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide sol 150/15ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide sol 200/20ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide sol 50/5ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide sol 50mg/5ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide tab 100mg	2	QL; Maximum of 2 tablets per day.
lacosamide tab 150mg	2	QL; Maximum of 2 tablets per day.
lacosamide tab 200mg	2	QL; Maximum of 2 tablets per day.
lacosamide tab 50mg	2	QL; Maximum of 2 tablets per day.
oxcarbazepine sus 300/5ml	4	
oxcarbazepine tab 150mg	2	
oxcarbazepine tab 300mg	2	
oxcarbazepine tab 600mg	2	
PHENYTEK CAP 200MG ***phenytoin sodium extended cap 200 mg***	2	
PHENYTEK CAP 300MG ***phenytoin sodium extended cap 300 mg***	2	
phenytoin chw 50mg	2	
phenytoin ex cap 100mg	2	
phenytoin ex cap 200mg	2	
phenytoin ex cap 300mg	2	
phenytoin sus 125/5ml	2	
rufinamide sus 40mg/ml	4	PA
rufinamide tab 200mg	4	PA
rufinamide tab 400mg	4	PA
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil tab 10mg	2	QL; Maximum of 2 tablets per day.
donepezil tab 5mg	2	QL; Maximum of 1 tablet per day.
donepezil tab odt 10mg	2	QL; Maximum of 2 tablets per day.
donepezil tab odt 5mg	2	QL; Maximum of 1 tablet per day.
galantamine cap 16mg er	3	QL; Maximum of 1 capsule per day.
galantamine cap 24mg er	3	QL; Maximum of 1 capsule per day.
galantamine cap 8mg er	3	QL; Maximum of 1 capsule per day.
galantamine sol 4mg/ml	4	QL; Maximum of 2 bottles (200 ml) per 30 days.
galantamine tab 12mg	3	QL; Maximum of 2 tablets per day.
galantamine tab 4mg	3	QL; Maximum of 2 tablets per day.
galantamine tab 8mg	3	QL; Maximum of 2 tablets per day.
rivastigmine cap 1.5mg	2	QL; Maximum of 2 capsules per day.
rivastigmine cap 3mg	2	QL; Maximum of 2 capsules per day.

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rivastigmine cap 4.5mg	2	QL; Maximum of 2 capsules per day.
rivastigmine cap 6mg	2	QL; Maximum of 2 capsules per day.
rivastigmine dis 13.3/24	4	QL; Maximum of 1 patch per day.
rivastigmine dis 4.6mg/24	4	QL; Maximum of 1 patch per day.
rivastigmine dis 9.5mg/24	4	QL; Maximum of 1 patch per day.
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memant titra pak 5-10mg	2	QL; Maximum of 1 pack per year.
memantine hc sol 2mg/ml	4	QL; Maximum of 10 ml per day.
memantine sol 2mg/ml	4	QL; Maximum of 10 ml per day.
MEMANTINE SOL 10MG/5ML ***memantine hcl oral solution 2mg/ml***	4	QL; Maximum of 10 ml per day.
memantine tab hcl 10mg	2	QL; Maximum of 2 tablets per day.
memantine tab hcl 5mg	2	QL; Maximum of 3 tablets per day.
Antidepressants		
Antidepressants, Other		
bupropion tab 100mg sr	2	
bupropion tab 100mg	2	
bupropion tab 150mg sr	2	
bupropion tab 150mg xl	2	QL; Maximum of 1 tablet per day.
bupropion tab 200mg sr	2	
bupropion tab 300mg xl	2	QL; Maximum of 1 tablet per day.
bupropion tab 75mg	2	
cdp/amitrip tab 10-25mg	3	
cdp/amitrip tab 5-12.5mg	3	
mirtazapine tab 15mg odt	3	
mirtazapine tab 15mg	2	
mirtazapine tab 30mg odt	3	
mirtazapine tab 30mg	2	
mirtazapine tab 45mg odt	3	
mirtazapine tab 45mg	2	
mirtazapine tab 7.5mg	2	
olanza/fluox cap 12-25mg	4	QL; Maximum of 1 capsule per day.
olanza/fluox cap 12-50mg	4	QL; Maximum of 1 capsule per day.
olanza/fluox cap 3-25mg	4	QL; Maximum of 1 capsule per day.
olanza/fluox cap 6-25mg	4	QL; Maximum of 1 capsule per day.
olanza/fluox cap 6-50mg	4	QL; Maximum of 1 capsule per day.
paroxetine tab 30mg	2	
paroxetine tab 40mg	2	
perphen/amit tab 2-10mg	3	
perphen/amit tab 2-25mg	3	
perphen/amit tab 4-10mg	3	
perphen/amit tab 4-25mg	3	
perphen/amit tab 4-50mg	3	
SPRAVATO SOL 56MG DOS ***esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)***	5	PA; QL; Maximum of 4 kits per 28 days.

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SPRAVATO SOL 84MG DOS ***esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)***	5	PA; QL; Maximum of 4 kits per 28 days.
Monoamine Oxidase Inhibitors		
EMSAM DIS 12MG/24H ***selegiline td patch 24hr 12 mg/24hr***	4	PA; QL; Maximum of 1 patch per day.
EMSAM DIS 6MG/24HR ***selegiline td patch 24hr 6 mg/24hr***	4	PA; QL; Maximum of 1 patch per day.
EMSAM DIS 9MG/24HR ***selegiline td patch 24hr 9 mg/24hr***	4	PA; QL; Maximum of 1 patch per day.
MARPLAN TAB 10MG ***isocarboxazid tab 10 mg***	4	
phenelzine sulfate tab 15 mg	2	
tranylcyprom tab 10mg	4	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitor/ Serotonin and Norepinephrine Reuptake Inhibitor)		
citalopram sol 10mg/5ml	3	
citalopram sol 20/10ml	3	
citalopram tab 10mg	1	
citalopram tab 20mg	1	
citalopram tab 40mg	1	
desvenlafax tab 100mg er	3	QL; Maximum of 4 tablets per day.
desvenlafax tab 25mg er	3	QL; Maximum of 1 tablet per day.
desvenlafax tab 50mg er	3	QL; Maximum of 1 tablet per day.
escitalopram sol 10/10ml	3	
escitalopram sol 5mg/5ml	3	
escitalopram tab 10mg	1	
escitalopram tab 20mg	1	
escitalopram tab 5mg	1	
FETZIMA CAP 120MG ***levomilnacipran hcl cap er 24hr 120 mg (base equivalent)***	4	QL; Maximum of 1 capsule per day.
FETZIMA CAP 20MG ***levomilnacipran hcl cap er 24hr 20 mg (base equivalent)***	4	QL; Maximum of 1 capsule per day.
FETZIMA CAP 40MG ***levomilnacipran hcl cap er 24hr 40 mg (base equivalent)***	4	QL; Maximum of 1 capsule per day.
FETZIMA CAP 80MG ***levomilnacipran hcl cap er 24hr 80 mg (base equivalent)***	4	QL; Maximum of 1 capsule per day.
fluoxetine cap 10mg	1	
fluoxetine cap 20mg	1	
fluoxetine cap 40mg	1	
fluoxetine cap 90mg dr	3	QL; Maximum of 4 capsules per 28 days.
fluoxetine sol 20mg/5ml	2	
fluoxetine tab 10mg	3	QL; Maximum of 1 tablet per day.
fluoxetine tab 20mg	3	QL; Maximum of 1 tablet per day.
fluvoxamine cap 100mg er	4	QL; Maximum of 2 capsules per day.
fluvoxamine cap 150mg er	4	QL; Maximum of 2 capsules per day.
fluvoxamine tab 100mg	2	
fluvoxamine tab 25mg	2	
fluvoxamine tab 50mg	2	
nefazodone tab 100mg	3	
nefazodone tab 150mg	3	

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Drug name	Tier	Coverage Requirements and Limits
nefazodone tab 200mg	3	
nefazodone tab 250mg	3	
nefazodone tab 50mg	3	
paroxetin er tab 12.5mg	3	QL; Maximum of 1 tablet per day.
paroxetin er tab 37.5mg	3	QL; Maximum of 2 tablets per day.
paroxetine sus 10mg/5ml	4	
paroxetine tab 10mg	2	
paroxetine tab 20mg	2	
paroxetine tab 25mg er	3	QL; Maximum of 2 tablets per day.
sertraline con 20mg/ml	2	
sertraline tab 100mg	1	
sertraline tab 25mg	1	
sertraline tab 50mg	1	
trazodone tab 100mg	2	
trazodone tab 150mg	2	
trazodone tab 300mg	2	
trazodone tab 50mg	2	
venlafaxine cap 150mg er	2	
venlafaxine cap 37.5 er	2	
venlafaxine cap 75mg er	2	
venlafaxine tab 100mg	2	
venlafaxine tab 25mg	2	
venlafaxine tab 37.5mg	2	
venlafaxine tab 50mg	2	
venlafaxine tab 75mg	2	
vilazodone tab 10mg	4	QL; Maximum of 1 tablet per day.
vilazodone tab 20mg	4	QL; Maximum of 1 tablet per day.
vilazodone tab 40mg	4	QL; Maximum of 1 tablet per day.
Tricyclics		
amitriptylin tab 100mg	2	
amitriptylin tab 10mg	2	
amitriptylin tab 150mg	2	
amitriptylin tab 25mg	2	
amitriptylin tab 50mg	2	
amitriptylin tab 75mg	2	
amoxapine tab 100mg	2	
amoxapine tab 150mg	2	
amoxapine tab 25mg	2	
amoxapine tab 50mg	2	
clomipramine cap 25mg	4	
clomipramine cap 50mg	4	
clomipramine cap 75mg	4	
desipramine tab 100mg	3	

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desipramine tab 10mg	3	
desipramine tab 150mg	3	
desipramine tab 25mg	3	
desipramine tab 50mg	3	
desipramine tab 75mg	3	
doxepin hcl cap 100mg	2	
doxepin hcl cap 10mg	2	
doxepin hcl cap 150mg	2	
doxepin hcl cap 25mg	2	
doxepin hcl cap 50mg	2	
doxepin hcl cap 75mg	2	
doxepin hcl con 10mg/ml	2	
imipram hcl tab 10mg	2	
imipram hcl tab 25mg	2	
imipram hcl tab 50mg	2	
imipram pam cap 100mg	4	
imipram pam cap 125mg	4	
imipram pam cap 150mg	4	
imipram pam cap 75mg	4	
nortriptylin cap 10mg	2	
nortriptylin cap 25mg	2	
nortriptylin cap 50mg	2	
nortriptylin cap 75mg	2	
nortriptylin sol 10mg/5ml	3	
protriptylin tab 10mg	3	
protriptylin tab 5mg	3	
trimipramine cap 100mg	4	
trimipramine cap 25mg	4	
trimipramine cap 50mg	4	
Antiemetics		
Antiemetics, Other		
meclizine tab 25mg	2	
meclizine tab 50mg	3	
metoclopram sol 10/10ml	2	
metoclopram sol 5mg/5ml	2	
metoclopram tab 10mg	2	
metoclopram tab 5mg	2	
perphenazine tab 16mg	2	
perphenazine tab 2mg	2	
perphenazine tab 4mg	2	
perphenazine tab 8mg	2	
prochlorper sup 25mg	3	
prochlorper tab 10mg	2	

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Drug name	Tier	Coverage Requirements and Limits
prochlorper tab 5mg	2	
promethazine sol 6.25/5ml	2	
scopolamine dis 1mg/3day	3	
trimethobenz cap 300mg	2	
Emetogenic Therapy Adjuncts		
ANZEMET TAB 50MG ***dolasetron mesylate tab 50 mg***	4	QL; Maximum of 5 tablets per 30 days.
aprepitant cap 125mg	3	QL; Maxiumum of 2 capsules per 28 days.
aprepitant cap 40mg	3	QL; Maximum of 1 capsule per 30 days.
aprepitant cap 80mg	3	QL; Maxiumum of 4 capsules per 28 days.
aprepitant pak 125 & 80	3	QL; Maxiumum of 6 capsules (2 packs) per 28 days.
dronabinol cap 10mg	4	
dronabinol cap 2.5mg	4	
dronabinol cap 5mg	4	
granisetron tab 1mg	3	QL; Maximum of 2 tablets per day.
ondansetron sol 4mg/5ml	2	
ondansetron tab 24mg	2	
ondansetron tab 4mg odt	2	
ondansetron tab 4mg	2	
ondansetron tab 8mg odt	2	
ondansetron tab 8mg	2	
VARUBI TAB 90MG ***rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)***	4	QL; Maximum of 4 tablets per 28 days.
Antifungals		
Antifungals		
CICLODAN SOL 8% ***ciclopirox solution 8%***	2	
ciclopirox gel 0.77%	2	
ciclopirox olamine cream 0.77%	2	
ciclopirox olamine susp 0.77%	2	
ciclopirox shampoo 1%	2	
ciclopirox solution 8%	2	
clotrim/beta cre diprop	2	QL; Maximum of 15 grams per 30 days.
clotrim/beta lot diprop	3	
clotrimazole tro 10mg	2	
econazole cre 1%	3	QL; Maximum of 90 grams per 30 days.
EXELDERM CRE 1% ***sulconazole nitrate cream 1%***	4	
EXELDERM SOL 1% ***sulconazole nitrate solution 1%***	4	
fluconazole sus 10mg/ml	2	
fluconazole sus 40mg/ml	2	
fluconazole tab 100mg	2	
fluconazole tab 150mg	2	
fluconazole tab 200mg	2	
fluconazole tab 50mg	2	
flucytosine cap 250mg	4	
flucytosine cap 500mg	4	

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griseofulvin sus 125/5ml	3	
griseofulvin tab micr 500	3	
griseofulvin tab ultr 125	3	
griseofulvin tab ultr 250	3	
GYNAZOLE-1 CRE 2% ***butoconazole nitrate (one dose) vaginal cream 2%***	4	
itraconazole cap 100mg	4	QL; Maximum of 4 capsules per day.
itraconazole sol 100/10ml	4	QL; Maximum of 1800 ml per year.
itraconazole sol 10mg/ml	4	QL; Maximum of 1800 ml per year.
ketoconazole cream 2%	2	QL; Maximum of 90 grams per 30 days.
ketoconazole shampoo 2%	2	
ketoconazole tab 200mg	2	
klayesta pow 100000	2	QL; Maximum of 120 grams per 30 days.
luliconazole cre 1%	4	QL; Maximum of 60 grams per 28 days.
miconazole 3 sup 200mg	2	
naftifine cre hcl 1%	4	
naftifine cre hcl 2%	4	
nyamyc pow 100000	2	QL; Maximum of 120 grams per 30 days.
nystat/triam cream	2	
nystat/triam ointment	2	
nystatin cre 100000	2	
nystatin oin 100000	2	
nystatin oin 100000u	2	
nystatin pow 100000	2	QL; Maximum of 120 grams per 30 days.
nystatin sus 100000	2	
nystatin tab 500000	2	
nystop pow 100000	2	QL; Maximum of 120 grams per 30 days.
posaconazole tab 100mg dr	3	QL; Maximum of 6 tablets per day.
sulconazole cre 1%	4	
sulconazole sol 1%	4	
tavaborole sol 5%	3	QL; Maximum of 4 ml per 30 days.
terbinafine tab 250mg	2	QL; Maximum of 90 tablets per year.
terconazole vaginal cream 0.4%	2	
terconazole vaginal cream 0.8%	2	
terconazole vaginal suppos 80 mg	3	
voriconazole sus 40mg/ml	4	
voriconazole tab 200mg	4	QL; Maximum of 1 tablet per day.
voriconazole tab 50mg	4	QL; Maximum of 4 tablets per day.
Antigout Agents		
Antigout Agents		
allopurinol tab 100mg	2	
allopurinol tab 300mg	2	
colchicine tab 0.6mg	2	QL; Maximum of 4 tablets per day.
febuxostat tab 40mg	2	QL; Maximum of 1 tablet per day.

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febuxostat tab 80mg	2	QL; Maximum of 1 tablet per day.
proben/colch tab 500-0.5	2	
probenecid tab 500mg	2	
Antimigraine Agents		
Antimigraine Agents		
UBRELVY TAB 100MG ***ubrogepant tab 100 mg***	3	PA; QL; Maximum of 16 tablets per 30 days.
UBRELVY TAB 50MG ***ubrogepant tab 50 mg***	3	PA; QL; Maximum of 16 tablets per 30 days.
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
QULIPTA TAB 10MG ***atogepant tab 10 mg***	4	PA; QL; Maximum of 1 tablet per day.
QULIPTA TAB 30MG ***atogepant tab 30 mg***	4	PA; QL; Maximum of 1 tablet per day.
QULIPTA TAB 60MG ***atogepant tab 60 mg***	4	PA; QL; Maximum of 1 tablet per day.
Ergot Alkaloids		
digoxin tab 250 mcg (0.25 mg)	4	QL; Maximum of 24 ampules (24 ml) per 28 days.
ergomar sub 2mg	4	QL; Maximum of 20 tablets per 28 days.
ergot/caffen tab 1-100mg	4	
MIGERGOT SUP 2/100 ***ergotamine w/ caffeine suppos 2-100 mg***	4	
Prophylactic		
aimovig inj 140mg/ml	3	PA; QL; Maximum of 1 pen (1 ml) per 30 days.
aimovig inj 70mg/ml	3	PA; QL; Maximum of 2 pens (2 ml) per 30 days.
EMGALITY INJ 100MG/ML ***galcanezumab-gnlm subcutaneous soln pre-filled syr 100 mg/ml***	3	PA; QL; Maximum of 3 syringes or pens (3 ml) per 30 days.
EMGALITY INJ 120MG/ML ***galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml***	3	PA; QL; Maximum of 2 syringes or pens (2 ml) per 30 days.
EMGALITY INJ 120MG/ML ***galcanezumab-gnlm subcutaneous soln pre-filled syr 120 mg/ml***	3	PA; QL; Maximum of 2 syringes or pens (2 ml) per 30 days.
Serotonin (5-HT) 1b/1d Receptor Agonists		
almotrip mal tab 12.5mg	3	QL; Maximum of 12 tablets per 30 days.
almotrip mal tab 6.25mg	3	QL; Maximum of 12 tablets per 30 days.
almotriptan tab 12.5mg	3	QL; Maximum of 12 tablets per 30 days.
almotriptan tab 6.25mg	3	QL; Maximum of 12 tablets per 30 days.
eletriptan tab 20mg	3	QL; Maximum of 12 tablets per 30 days.
eletriptan tab 40mg	3	QL; Maximum of 12 tablets per 30 days.
naratriptan tab 1mg	2	QL; Maximum of 12 tablets per 30 days.
naratriptan tab 2.5mg	2	QL; Maximum of 12 tablets per 30 days.
rizatriptan tab 10mg odt	2	QL; Maximum of 12 tablets per 30 days.
rizatriptan tab 10mg	2	QL; Maximum of 12 tablets per 30 days.
rizatriptan tab 5mg odt	2	QL; Maximum of 12 tablets per 30 days.
rizatriptan tab 5mg	2	QL; Maximum of 12 tablets per 30 days.
sumatriptan nasal spray 20 mg/act	4	QL; Maximum of 12 devices per 30 days.
sumatriptan nasal spray 5 mg/act	4	QL; Maximum of 12 devices per 30 days.
sumatriptan succinate inj 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate inj 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.

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Drug name	Tier	Coverage Requirements and Limits
sumatriptan succinate inj 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate solution auto-injector 4 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate solution cartridge 4 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate solution cartridge 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan tab 100mg	2	QL; Maximum of 12 tablets per 30 days.
sumatriptan tab 25mg	2	QL; Maximum of 12 tablets per 30 days.
sumatriptan tab 50mg	2	QL; Maximum of 12 tablets per 30 days.
sumatriptan-naproxen sodium tab 85-500 mg	4	QL; Maximum of 9 tablets per 30 days.
zolmitriptan spr 2.5mg	4	QL; Maximum of 18 devices per 30 days.
zolmitriptan spr 5mg	4	QL; Maximum of 12 devices per 30 days.
zolmitriptan tab 2.5 mg	3	QL; Maximum of 12 tablets per 30 days.
zolmitriptan tab 2.5mg	3	QL; Maximum of 12 tablets per 30 days.
zolmitriptan tab 5mg odt	3	QL; Maximum of 12 tablets per 30 days.
zolmitriptan tab 5mg	3	QL; Maximum of 12 tablets per 30 days.
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigm tab 60mg	2	
pyridostigmi solution 60mg/5ml	4	
pyridostigmi tab er 180mg	4	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tab 100mg	2	
dapsone tab 25mg	2	
rifabutin cap 150mg	4	
Antituberculars		
cycloserine cap 250mg	4	
ethambutol tab 100mg	2	
ethambutol tab 400mg	2	
isoniazid syp 50mg/5ml	4	
isoniazid tab 100mg	2	
isoniazid tab 300mg	2	
priftin tab 150mg	3	
pyrazinamide tab 500mg	3	
rifampin cap 150mg	2	
rifampin cap 300mg	2	
rifapentine tab 150mg	3	
SIRTURO TAB 100MG ***bedaquiline fumarate tab 100 mg (base equiv)***	5	PA
SIRTURO TAB 20MG ***bedaquiline fumarate tab 20 mg (base equiv)***	5	PA

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Drug name	Tier	Coverage Requirements and Limits
TRECATOR TAB 250MG ***ethionamide tab 250 mg***	3	
Antineoplastics		
Alkylating Agents		
cyclophosph cap 25mg	4	CM
cyclophosph cap 50mg	4	CM
cyclophosph tab 25mg	4	CM
cyclophosph tab 50mg	4	CM
GLEOSTINE CAP 100MG ***lomustine cap 100 mg***	5	SP; CM
GLEOSTINE CAP 10MG ***lomustine cap 10 mg***	5	SP; CM
GLEOSTINE CAP 40MG ***lomustine cap 40 mg***	5	SP; CM
LEUKERAN TAB 2MG ***chlorambucil tab 2 mg***	4	CM
MATULANE CAP 50MG ***procarbazine hcl cap 50 mg***	5	SP; CM
myleran tab 2mg	4	CM
temozolomide cap 100mg	5	SP; CM
temozolomide cap 140mg	5	SP; CM
temozolomide cap 180mg	5	SP; CM
temozolomide cap 20mg	5	SP; CM
temozolomide cap 250mg	5	SP; CM
temozolomide cap 5mg	5	SP; CM
VALCHLOR GEL 0.016% ***mechlorethamine hcl gel 0.016% (base equivalent)***	5	PA; QL; SP; Maximum of 60 grams per 30 days.
Antiandrogens		
abiraterone tab 250mg	5	PA; QL; Maximum of 4 tablets per day; CM.
abiraterone tab 500mg	5	PA; QL; Maximum of 4 tablets per day; CM.
bicalutamide tab 50mg	2	CM
ERLEADA TAB 240MG ***apalutamide tab 240 mg***	5	PA; QL; Maximum of 1 tablet per day; CM
ERLEADA TAB 60MG ***apalutamide tab 60 mg***	5	PA; QL; Maximum of 4 tablets per day; CM.
nilutamide tab 150mg	5	CM
NUBEQA TAB 300MG ***darolutamide tab 300 mg***	5	PA; QL; Maximum of 4 tablets per day; CM.
XTANDI CAP 40MG ***enzalutamide cap 40 mg***	5	PA; QL; SP; Maximum of 4 capsules per day; CM.
XTANDI TAB 40MG ***enzalutamide tab 40 mg***	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
XTANDI TAB 80MG ***enzalutamide tab 80 mg***	5	PA; QL; SP; Maximum of 2 tablets per day; CM.
Antiangiogenic Agents		
lenalidomide cap 10mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
lenalidomide cap 15mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
lenalidomide cap 2.5mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
lenalidomide cap 20mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
lenalidomide cap 25mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
lenalidomide cap 5mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.

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Drug name	Tier	Coverage Requirements and Limits
POMALYST CAP 1MG ***pomalidomide cap 1 mg***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
POMALYST CAP 2MG ***pomalidomide cap 2 mg***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
POMALYST CAP 3MG ***pomalidomide cap 3 mg***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
POMALYST CAP 4MG ***pomalidomide cap 4 mg***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
thalomid cap 100mg	5	PA; QL; Maximum of 1 capsule per day; CM.
thalomid cap 150mg	5	PA; QL; Maximum of 2 capsules per day; CM.
thalomid cap 200mg	5	PA; QL; Maximum of 2 capsules per day; CM.
thalomid cap 50mg	5	PA; QL; Maximum of 1 capsule per day; CM.
Antiestrogens/Modifiers		
EMCYT CAP 140MG ***estramustine phosphate sodium cap 140 mg***	4	CM
tamoxifen tab 10mg	2	CM
tamoxifen tab 20mg	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention; CM.
toremifene tab 60mg	4	CM
Antimetabolites		
capecitabine tab 150mg	5	CM
capecitabine tab 500mg	5	CM
DROXIA CAP 200MG ***hydroxyurea cap 200 mg***	4	CM
DROXIA CAP 300MG ***hydroxyurea cap 300 mg***	4	CM
DROXIA CAP 400MG ***hydroxyurea cap 400 mg***	4	CM
hydroxyurea cap 500mg	2	CM
mercaptopur tab 50mg	2	CM
TABLOID TAB 40MG ***thioguanine tab 40 mg***	5	CM
Antineoplastics, Other		
diclofenac gel 3%	4	QL; Maximum of 100 grams per 30 days.
fluorouracil cream 0.5%	4	QL; Maximum of 30 grams per 30 days.
fluorouracil cream 5%	2	QL; Maximum of 40 grams per 30 days.
fluorouracil soln 2%	2	
fluorouracil soln 5%	2	
KISQALI 200 PAK FEMARA ***ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk***	5	PA; QL; Maximum of 1 pack (49 tablets) per 28 days; CM.
KISQALI 400 PAK FEMARA ***ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk***	5	PA; QL; Maximum of 1 pack (70 tablets) per 28 days; CM.
KISQALI 600 PAK FEMARA ***ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk***	5	PA; QL; Maximum of 1 pack (91 tablets) per 28 days; CM.
KISQALI TAB 200DOSE ***ribociclib succinate tab pack 200 mg daily dose***	5	PA; QL; Maximum of 1 tablet per day; CM.
KISQALI TAB 400DOSE ***ribociclib succinate tab pack 400 mg daily dose (200 mg tab)***	5	PA; QL; Maximum of 2 tablets per day; CM.
KISQALI TAB 600DOSE ***ribociclib succinate tab pack 600 mg daily dose (200 mg tab)***	5	PA; QL; Maximum of 3 tablets per day; CM.
leucovor ca tab 10mg	2	CM
leucovor ca tab 15mg	2	CM
leucovor ca tab 25mg	2	CM

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leucovor ca tab 5mg	2	CM
LONSURF TAB 15-6.14 ***trifluridine-tipiracil tab 15-6.14 mg***	5	PA; QL; SP; Maximum of 10 tablets per day; CM.
LONSURF TAB 20-8.19 ***trifluridine-tipiracil tab 20-8.19 mg***	5	PA; QL; SP; Maximum of 8 tablets per day; CM.
PIQRAY 200MG TAB DOSE ***alpelisib tab therapy pack 200 mg daily dose***	5	PA; QL; Maximum of 1 tablet per day; CM.
PIQRAY 250MG TAB DOSE ***alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)***	5	PA; QL; Maximum of 2 tablets per day; CM.
PIQRAY 300MG TAB DOSE ***alpelisib tab pack 300 mg daily dose (2x150 mg tab)***	5	PA; QL; Maximum of 2 tablets per day; CM.
ROZLYTREK CAP 100MG ***entrectinib cap 100 mg***	5	PA; QL; Maximum of 5 capsules per day; CM.
ROZLYTREK CAP 200MG ***entrectinib cap 200 mg***	5	PA; QL; Maximum of 3 capsules per day; CM.
ROZLYTREK PAK 50MG ***entrectinib pellet pack 50 mg***	5	PA; QL; Maximum of 12 packets per day; CM.
SYNRIBO INJ 3.5MG ***omacetaxine mepesuccinate for inj 3.5 mg***	5	QL; Maximum of 28 vials per 30 days; CM.
VERZENIO TAB 100MG ***abemaciclib tab 100 mg***	5	PA; QL; Maximum of 2 tablets per day; CM.
VERZENIO TAB 150MG ***abemaciclib tab 150 mg***	5	PA; QL; Maximum of 2 tablets per day; CM.
VERZENIO TAB 200MG ***abemaciclib tab 200 mg***	5	PA; QL; Maximum of 2 tablets per day; CM.
VERZENIO TAB 50MG ***abemaciclib tab 50 mg***	5	PA; QL; Maximum of 2 tablets per day; CM.
ZOLINZA CAP 100MG ***vorinostat cap 100 mg***	5	QL; Maximum of 4 capsules per day; CM.
Aromatase Inhibitors, 3rd Generation		
anastrozole tab 1mg	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention; CM.
exemestane tab 25mg	4	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention; CM.
letrozole tab 2.5mg	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention; CM.
Enzyme Inhibitors		
etoposide cap 50mg	5	CM
hycamtin cap 0.25mg	5	PA; QL; Maximum of 6 capsules per day; CM.
hycamtin cap 1mg	5	PA; QL; Maximum of 6 capsules per day; CM.
TALZENNA CAP 0.1MG ***talazoparib tosylate cap 0.1 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
TALZENNA CAP 0.25MG ***talazoparib tosylate cap 0.25 mg (base equivalent)***	5	PA; QL; SP; Maximum of 3 capsules per day; CM.
TALZENNA CAP 0.35MG ***talazoparib tosylate cap 0.35 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
TALZENNA CAP 0.5MG ***talazoparib tosylate cap 0.5 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
TALZENNA CAP 0.75MG ***talazoparib tosylate cap 0.75 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
TALZENNA CAP 1MG ***talazoparib tosylate cap 1 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
Molecular Target Inhibitors		
ALECENSA CAP 150MG ***alectinib hcl cap 150 mg (base equivalent)***	5	PA; QL; Maximum of 8 capsules per day; CM.
bosulif cap 100mg	5	PA; QL; SP; Maximum of 6 capsules per day; CM.
bosulif cap 50mg	5	PA; QL; SP; Maximum of 11 capsules per day; CM.

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Drug name	Tier	Coverage Requirements and Limits
bosulif tab 100mg	5	PA; QL; SP; Maximum of 6 tablets per day; CM.
bosulif tab 400mg	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
bosulif tab 500mg	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
BOSUTINIB TAB 100MG ***bosutinib tab 100 mg***	5	PA; QL; SP; Maximum of 6 tablets per day.
BOSUTINIB TAB 400MG ***bosutinib tab 400 mg***	5	PA; QL; SP; Maximum of 1 tablet per day.
BOSUTINIB TAB 500MG ***bosutinib tab 500 mg***	5	PA; QL; SP; Maximum of 1 tablet per day.
BRUKINSA CAP 80MG ***zanubrutinib cap 80 mg***	5	PA; QL; Maximum of 4 capsules per day; CM.
BRUKINSA TAB 160MG ***zanubrutinib tab 160 mg***	5	PA; QL; Maximum of 2 tablets per day; CM.
CABOMETYX TAB 20MG ***cabozantinib s-malate tab 20 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
CABOMETYX TAB 40MG ***cabozantinib s-malate tab 40 mg (base equivalent)***	5	PA; QL; SP; Maximum of 2 tablets per day; CM.
CABOMETYX TAB 60MG ***cabozantinib s-malate tab 60 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
CALQUENCE TAB 100MG ***acalabrutinib maleate tab 100 mg***	5	PA; QL; Maximum of 2 tablets per day; CM.
CAPRELSA TAB 100MG ***vandetanib tab 100 mg***	5	PA; QL; SP; Maximum of 2 tablets per day; CM.
CAPRELSA TAB 300MG ***vandetanib tab 300 mg***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
COMETRIQ KIT 100MG ***cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit***	5	PA; QL; SP; Maximum of 2 capsules per day; CM.
COMETRIQ KIT 140MG ***cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit***	5	PA; QL; SP; Maximum of 4 capsules per day; CM.
COMETRIQ KIT 60MG ***cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit***	5	PA; QL; SP; Maximum of 3 capsules per day; CM.
COTELLIC TAB 20MG ***cobimetinib fumarate tab 20 mg (base equivalent)***	5	PA; QL; SP; Maximum of 3 tablets per day; CM.
dasatinib tab 100mg	5	PA; QL; Maximum of 1 tablet per day; CM.
dasatinib tab 140mg	5	PA; QL; Maximum of 1 tablet per day; CM.
dasatinib tab 20mg	5	PA; QL; Maximum of 3 tablets per day; CM.
dasatinib tab 50mg	5	PA; QL; Maximum of 3 tablets per day; CM.
dasatinib tab 70mg	5	PA; QL; Maximum of 1 tablet per day; CM.
dasatinib tab 80mg	5	PA; QL; Maximum of 2 tablets per day; CM.
erlotinib tab 100mg	5	QL; SP; Maximum of 1 tablet per day; CM.
erlotinib tab 150mg	5	QL; SP; Maximum of 1 tablet per day; CM.
erlotinib tab 25mg	5	QL; SP; Maximum of 3 tablets per day; CM.
everolimus tab 10mg	5	PA; QL; Maximum of 1 tablet per day; CM.
everolimus tab 2.5mg	5	PA; QL; Maximum of 1 tablet per day; CM.
everolimus tab 5mg	5	PA; QL; Maximum of 1 tablet per day; CM.
everolimus tab 7.5mg	5	PA; QL; Maximum of 1 tablet per day; CM.
gefitinib tab 250mg	5	PA; QL; Maximum of 2 tablets per day; CM.
GILOTRIF TAB 20MG ***afatinib dimaleate tab 20 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
GILOTRIF TAB 30MG ***afatinib dimaleate tab 30 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
GILOTRIF TAB 40MG ***afatinib dimaleate tab 40 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
IBRANCE CAP 100MG ***palbociclib cap 100 mg***	5	PA; QL; Maximum of 1 capsule per day; CM.
IBRANCE CAP 125MG ***palbociclib cap 125 mg***	5	PA; QL; Maximum of 1 capsule per day; CM.
IBRANCE CAP 75MG ***palbociclib cap 75 mg***	5	PA; QL; Maximum of 1 capsule per day; CM.

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IBRANCE TAB 100MG ***palbociclib tab 100 mg***	5	PA; QL; Maximum of 1 tablet per day; CM.
IBRANCE TAB 125MG ***palbociclib tab 125 mg***	5	PA; QL; Maximum of 1 tablet per day; CM.
IBRANCE TAB 75MG ***palbociclib tab 75 mg***	5	PA; QL; Maximum of 1 tablet per day; CM.
ICLUSIG TAB 10MG ***ponatinib hcl tab 10 mg***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
ICLUSIG TAB 15MG ***ponatinib hcl tab 15 mg***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
ICLUSIG TAB 30MG ***ponatinib hcl tab 30 mg***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
ICLUSIG TAB 45MG ***ponatinib hcl tab 45 mg***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
IDHIFA TAB 100MG ***enasidenib mesylate tab 100 mg (base equivalent)***	5	PA; QL; Maximum of 1 tablet per day; CM.
IDHIFA TAB 50MG ***enasidenib mesylate tab 50 mg (base equivalent)***	5	PA; QL; Maximum of 1 tablet per day; CM.
imatinib mes tab 100mg	5	QL; Maximum of 3 tablets per day; CM.
imatinib mes tab 400mg	5	QL; Maximum of 3 tablets per day; CM.
IMBRUVICA CAP 140MG ***ibrutinib cap 140 mg***	5	PA; QL; Maximum of 4 capsules per day; CM.
IMBRUVICA CAP 70MG ***ibrutinib cap 70 mg***	5	PA; QL; Maximum of 1 capsule per day; CM.
IMBRUVICA SUS 70MG/ML ***ibrutinib oral susp 70 mg/ml***	5	PA; QL; Maximum of 8 ml per day; CM.
IMBRUVICA TAB 140MG ***ibrutinib tab 140 mg***	5	PA; QL; Maximum of 1 tablet per day; CM.
IMBRUVICA TAB 280MG ***ibrutinib tab 280 mg***	5	PA; QL; Maximum of 1 tablet per day; CM.
IMBRUVICA TAB 420MG ***ibrutinib tab 420 mg***	5	PA; QL; Maximum of 1 tablet per day; CM.
INLYTA TAB 1MG ***axitinib tab 1 mg***	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
INLYTA TAB 5MG ***axitinib tab 5 mg***	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
JAKAFI TAB 10MG ***ruxolitinib phosphate tab 10 mg (base equivalent)***	5	PA; QL; Maximum of 2 tablets per day; CM.
JAKAFI TAB 15MG ***ruxolitinib phosphate tab 15 mg (base equivalent)***	5	PA; QL; Maximum of 2 tablets per day; CM.
JAKAFI TAB 20MG ***ruxolitinib phosphate tab 20 mg (base equivalent)***	5	PA; QL; Maximum of 2 tablets per day; CM.
JAKAFI TAB 25MG ***ruxolitinib phosphate tab 25 mg (base equivalent)***	5	PA; QL; Maximum of 2 tablets per day; CM.
JAKAFI TAB 5MG ***ruxolitinib phosphate tab 5 mg (base equivalent)***	5	PA; QL; Maximum of 2 tablets per day; CM.
JAKAFI XR TAB 11MG ***ruxolitinib phosphate tab er 24hr 11 mg***	5	PA; Maximum of 1 tablet per day.
JAKAFI XR TAB 22MG ***ruxolitinib phosphate tab er 24hr 22 mg***	5	PA; Maximum of 1 tablet per day.
JAKAFI XR TAB 33MG ***ruxolitinib phosphate tab er 24hr 33 mg***	5	PA; Maximum of 1 tablet per day.
JAKAFI XR TAB 44MG ***ruxolitinib phosphate tab er 24hr 44 mg***	5	PA; Maximum of 1 tablet per day.
JAKAFI XR TAB 55MG ***ruxolitinib phosphate tab er 24hr 55 mg***	5	PA; Maximum of 1 tablet per day.
lapatinib tab 250mg	5	PA; QL; Maximum of 6 tablets per day; CM.
LENVIMA CAP 10 MG ***lenvatinib cap therapy pack 10 mg (10 mg daily dose)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
LENVIMA CAP 12MG ***lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)***	5	PA; QL; SP; Maximum of 3 capsules per day; CM.
LENVIMA CAP 14 MG ***lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)***	5	PA; QL; SP; Maximum of 2 capsules per day; CM.
LENVIMA CAP 18 MG ***lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)***	5	PA; QL; SP; Maximum of 3 capsules per day; CM.
LENVIMA CAP 20 MG ***lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)***	5	PA; QL; SP; Maximum of 2 capsules per day; CM.
LENVIMA CAP 24 MG ***lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)***	5	PA; QL; SP; Maximum of 3 capsules per day; CM.
LENVIMA CAP 4MG ***lenvatinib cap therapy pack 4 mg (4 mg daily dose)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
LENVIMA CAP 8 MG ***lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)***	5	PA; QL; SP; Maximum of 2 capsules per day; CM.

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Drug name	Tier	Coverage Requirements and Limits
LORBRENA TAB 100MG ***lorlatinib tab 100 mg***	5	PA; QL; Maximum of 1 tablet per day; CM.
LORBRENA TAB 25MG ***lorlatinib tab 25 mg***	5	PA; QL; Maximum of 3 tablets per day; CM.
LYNPARZA TAB 100MG ***olaparib tab 100 mg***	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
LYNPARZA TAB 150MG ***olaparib tab 150 mg***	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
MEKINIST SOL 0.05/ML ***trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)***	5	PA; QL; Maximum of 40ml per day; CM.
MEKINIST TAB 0.5MG ***trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)***	5	PA; QL; Maximum of 2 tablets per day; CM.
MEKINIST TAB 2MG ***trametinib dimethyl sulfoxide tab 2 mg (base equivalent)***	5	PA; QL; Maximum of 1 tablet per day; CM.
sorafenib tab 200mg	5	PA; QL; Maximum of 4 tablets per day; CM.
STIVARGA TAB 40MG ***regorafenib tab 40 mg***	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
sunitinib cap 12.5mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
sunitinib cap 25mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
sunitinib cap 37.5mg	5	PA; QL; SP; Maximum of 2 capsules per day; CM.
sunitinib cap 50mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
TAFINLAR CAP 50MG ***dabrafenib mesylate cap 50 mg (base equivalent)***	5	PA; QL; Maximum of 4 capsules per day; CM.
TAFINLAR CAP 75MG ***dabrafenib mesylate cap 75 mg (base equivalent)***	5	PA; QL; Maximum of 4 capsules per day; CM.
TAFINLAR TAB 10MG ***dabrafenib mesylate tab for oral susp 10 mg***	5	PA; QL; Maximum of 30 Tablets per day; CM.
TAGRISSO TAB 40MG ***osimertinib mesylate tab 40 mg (base equivalent)***	5	PA; QL; Maximum of 1 tablet per day; CM.
TAGRISSO TAB 80MG ***osimertinib mesylate tab 80 mg (base equivalent)***	5	PA; QL; Maximum of 1 tablet per day; CM.
TRUQAP PAK 160MG ***capivasertib tab therapy pack 160 mg***	5	PA; QL; Maximum of 1 pack (64 tablets) per 28 days; CM.
TRUQAP PAK 200MG ***capivasertib tab therapy pack 200 mg***	5	PA; QL; Maximum of 1 pack (64 tablets) per 28 days; CM.
TRUQAP TAB 160MG ***capivasertib tab 160 mg***	5	PA; QL; Maximum of 64 tablets per 28 days; CM.
TRUQAP TAB 200MG ***capivasertib tab 200 mg***	5	PA; QL; Maximum of 64 tablets per 28 days; CM.
TUKYSA TAB 150MG ***tucatinib tab 150 mg***	5	PA; QL; Maximum of 4 tablets per day; CM.
TUKYSA TAB 50MG ***tucatinib tab 50 mg***	5	PA; QL; Maximum of 12 tablets per day; CM.
TURALIO CAP 125MG ***pexidartinib hcl cap 125 mg (base equivalent)***	5	PA; QL; SP; Maximum of 4 capsules per day; CM.
VENCLEXTA TAB 100MG ***venetoclax tab 100 mg***	5	PA; QL; Maximum of 6 tablets per day; CM.
VENCLEXTA TAB 10MG ***venetoclax tab 10 mg***	5	PA; QL; Maximum of 2 tablets per day; CM.
VENCLEXTA TAB 50MG ***venetoclax tab 50 mg***	5	PA; QL; Maximum of 1 tablet per day; CM.
VENCLEXTA TAB START PK ***venetoclax tab therapy starter pack 10 & 50 & 100 mg***	5	PA; QL; Maximum of 42 tablets per year; CM.
VITRAKVI CAP 100MG ***larotrectinib sulfate cap 100 mg (base equivalent)***	5	PA; QL; Maximum of 4 capsules per day; CM.
VITRAKVI CAP 25MG ***larotrectinib sulfate cap 25 mg (base equivalent)***	5	PA; QL; Maximum of 6 capsules per day; CM.
VITRAKVI SOL 20MG/ML ***larotrectinib sulfate oral soln 20 mg/ml (base equivalent)***	5	PA; QL; Maximum of 20 ml per day; CM.
XOSPATA TAB 40MG ***gilteritinib fumarate tablet 40 mg (base equivalent)***	5	PA; QL; Maximum of 3 tablets per day; CM.
YULITHIRA TAB 2.5MG ***everolimus tab 2.5 mg***	5	PA; Maximum of 1 tablet per day.

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Drug name	Tier	Coverage Requirements and Limits
YULITHIRA TAB 5MG ***everolimus tab 5 mg***	5	PA; Maximum of 1 tablet per day.
YULITHIRA TAB 7.5MG ***everolimus tab 7.5 mg***	5	PA; Maximum of 1 tablet per day.
YULITHIRA TAB 10MG ***everolimus tab 10 mg***	5	PA; Maximum of 1 tablet per day.
ZELBORAF TAB 240MG ***vemurafenib tab 240 mg***	5	PA; QL; SP; Maximum of 8 tablets per day; CM.
ZYDELIG TAB 100MG ***idelalisib tab 100 mg***	5	PA; QL; SP; Maximum of 2 tablets per day; CM.
ZYDELIG TAB 150MG ***idelalisib tab 150 mg***	5	PA; QL; SP; Maximum of 2 tablets per day; CM.
ZYKADIA TAB 150MG ***ceritinib tab 150 mg***	5	PA; QL; SP; Maximum of 3 tablets per day; CM.
Retinoids		
bexarotene cap 75mg	5	CM
bexarotene gel 1%	5	QL; Maximum of 60 grams per 30 days.
tretinoin cap 10mg	5	QL; Maximum of 9 capsules per day; CM.
Treatment Adjuncts		
mesna tab 400mg	5	CM
Antiparasitics		
Anthelmintics		
albendazole tab 200mg	4	QL; Maximum of 16 tablets per day.
ivermectin lot 0.5%	4	QL; Maximum of 117 grams per 30 days.
ivermectin tab 3mg	2	PA; QL; Maximum of 20 tablets per 90 days.
praziquantel tab 600mg	4	
Antiprotozoals		
ALINIA SUS 100/5ML ***nitazoxanide for susp 100 mg/5ml***	3	QL; Maximum of 2 ml per day.
atovaq/progu tab 250-100	3	
atovaq/progu tab 62.5-25	3	
atovaquone sus 750/5ml	4	
benznidazole tab 100mg	3	QL; Maximum of 4 tablets per day.
benznidazole tab 12.5mg	3	QL; Maximum of 12 tablets per day.
chloroquine tab 250mg	2	QL; Maximum of 2 tablets per day.
chloroquine tab 500mg	2	QL; Maximum of 2 tablets per day.
hydroxychlor tab 100mg	2	QL; Maximum of 2 tablets per day.
hydroxychlor tab 200mg	2	QL; Maximum of 3 tablets per day.
mefloquine tab 250mg	2	
nitazoxanide tab 500mg	3	QL; Maximum of 6 tablets per 30 days.
pentamidine inh 300mg	3	QL; Maximum of 1 vial (300 mg) per 28 days.
primaquine tab 26.3mg	2	
pyrimethamin tab 25mg	5	PA
quinine sulf cap 324mg	3	
Pediculicides/Scabicides		
CROTAN LOT 10% ***crotamiton lotion 10%***	4	
malathion lot 0.5%	4	
permethrin cre 5%	2	
spinosad susp 0.9%	4	

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Antiparkinson Agents		
Anticholinergics		
benztropine tab 0.5mg	2	
benztropine tab 1mg	2	
benztropine tab 2mg	2	
trihexyphen sol 0.4mg/ml	2	
trihexyphen sol 2mg/5ml	2	
trihexyphen tab 2mg	2	
trihexyphen tab 5mg	2	
Antiparkinson Agents, Other		
amantadine cap 100mg	2	
amantadine sol 100/10ml	2	
amantadine sol 50mg/5ml	2	
amantadine tab 100mg	2	
entacapone tab 200mg	3	
tolcapone tab 100mg	4	QL; Maximum of 6 tablets per day.
Dopamine Agonists		
apomorphine inj 30mg/3ml	5	QL; Maximum of 3 ml per day.
bromocriptin cap 5mg	4	
bromocriptin tab 2.5mg	3	
carb/levo 50 tab /entacap	4	
carb/levo 75 tab /entacap	4	
NEUPRO DIS 2MG/24HR ***rotigotine td patch 24hr 2 mg/24hr***	4	
pramipexole tab 0.125mg	2	
pramipexole tab 0.25mg	2	
pramipexole tab 0.5mg	2	
pramipexole tab 0.75mg	2	
pramipexole tab 1.5mg	2	
pramipexole tab 1mg	2	
ropinirole tab 0.25mg	2	
ropinirole tab 0.5mg	2	
ropinirole tab 1mg	2	
ropinirole tab 2mg	2	
ropinirole tab 3mg	2	
ropinirole tab 4mg	2	
ropinirole tab 5mg	2	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carb/levo er tab 25-100mg	2	
carb/levo er tab 50-200mg	2	
carb/levo tab 10-100mg	2	
carb/levo tab 10-100mg	3	
carb/levo tab 25-100mg	2	
carb/levo tab 25-100mg	3	

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Drug name	Tier	Coverage Requirements and Limits
carb/levo tab 25-250mg	2	
carb/levo tab 25-250mg	3	
carb/levo100 tab /entacap	4	
carb/levo125 tab /entacap	4	
carb/levo150 tab /entacap	4	
carb/levo200 tab /entacap	4	
carbidopa tab 25mg	4	
DUOPA SUS 4.63-20 ***carbidopa-levodopa enteral susp 4.63-20 mg/ml***	5	PA
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline tab 0.5mg	4	
rasagiline tab 1mg	4	
selegiline cap 5mg	3	
selegiline tab 5mg	3	
Antipsychotics		
1st Generation/Typical		
chlorpromaz tab 100mg	2	
chlorpromaz tab 10mg	2	
chlorpromaz tab 200mg	2	
chlorpromaz tab 25mg	2	
chlorpromaz tab 50mg	2	
fluphenazine con 5mg/ml	3	
fluphenazine elx 2.5/5ml	3	
fluphenazine tab 10mg	3	
fluphenazine tab 1mg	3	
fluphenazine tab 2.5mg	3	
fluphenazine tab 5mg	3	
haloperidol con 2mg/ml	2	
haloperidol tab 0.5mg	2	
haloperidol tab 10mg	2	
haloperidol tab 1mg	2	
haloperidol tab 20mg	2	
haloperidol tab 2mg	2	
haloperidol tab 5mg	2	
loxapine cap 10mg	2	
loxapine cap 25mg	2	
loxapine cap 50mg	2	
loxapine cap 5mg	2	
pimozide tab 1mg	3	
pimozide tab 2mg	3	
thioridazine tab 100mg	2	
thioridazine tab 10mg	2	
thioridazine tab 25mg	2	
thioridazine tab 50mg	2	

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Drug name	Tier	Coverage Requirements and Limits
thiothixene cap 10mg	2	
thiothixene cap 1mg	2	
thiothixene cap 2mg	2	
thiothixene cap 5mg	2	
trifluoperaz tab 10mg	2	
trifluoperaz tab 1mg	2	
trifluoperaz tab 2mg	2	
trifluoperaz tab 5mg	2	
2nd Generation/Atypical		
aripiprazole sol 1mg/ml	4	QL; Maximum of 25 ml per day.
aripiprazole tab 10mg	2	QL; Maximum of 1 tablet per day.
aripiprazole tab 15mg	2	QL; Maximum of 1 tablet per day.
aripiprazole tab 20mg	2	QL; Maximum of 1 tablet per day.
aripiprazole tab 2mg	2	QL; Maximum of 1 tablet per day.
aripiprazole tab 30mg	2	QL; Maximum of 1 tablet per day.
aripiprazole tab 5mg	2	QL; Maximum of 1 tablet per day.
asenapine sub 10mg	4	QL; Maximum of 2 tablets per day.
asenapine sub 2.5mg	4	QL; Maximum of 2 tablets per day.
asenapine sub 5mg	4	QL; Maximum of 2 tablets per day.
lurasidone tab 120mg	2	QL; Maximum of 1 tablet per day.
lurasidone tab 20mg	2	QL; Maximum of 1 tablet per day.
lurasidone tab 40mg	2	QL; Maximum of 1 tablet per day.
lurasidone tab 60mg	2	QL; Maximum of 1 tablet per day.
lurasidone tab 80mg	2	QL; Maximum of 2 tablets per day.
olanzapine tab 10mg odt	3	QL; Maximum of 2 tablets per day.
olanzapine tab 10mg	2	QL; Maximum of 2 tablets per day.
olanzapine tab 15mg odt	3	QL; Maximum of 1 tablet per day.
olanzapine tab 15mg	2	QL; Maximum of 1 tablet per day.
olanzapine tab 2.5mg	2	QL; Maximum of 2 tablets per day.
olanzapine tab 20mg odt	3	QL; Maximum of 1 tablet per day.
olanzapine tab 20mg	2	QL; Maximum of 1 tablet per day.
olanzapine tab 5mg odt	3	QL; Maximum of 2 tablets per day.
olanzapine tab 5mg	2	QL; Maximum of 2 tablets per day.
olanzapine tab 7.5mg	2	QL; Maximum of 2 tablets per day.
paliperidone tab er 1.5mg	4	QL; Maximum of 1 tablet per day.
paliperidone tab er 3mg	4	QL; Maximum of 1 tablet per day.
paliperidone tab er 6mg	4	QL; Maximum of 2 tablets per day.
paliperidone tab er 9mg	4	QL; Maximum of 1 tablet per day.
quetiapine tab 100mg	2	QL; Maximum of 3 tablets per day.
quetiapine tab 150mg er	3	QL; Maximum of 1 tablet per day.
quetiapine tab 150mg	2	QL; Maximum of 3 tablets per day.
quetiapine tab 200mg er	3	QL; Maximum of 1 tablet per day.
quetiapine tab 200mg	2	QL; Maximum of 3 tablets per day.

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quetiapine tab 25mg	2	QL; Maximum of 4 tablets per day.
quetiapine tab 300mg er	3	QL; Maximum of 2 tablets per day.
quetiapine tab 300mg	2	QL; Maximum of 2 tablets per day.
quetiapine tab 400mg er	3	QL; Maximum of 2 tablets per day.
quetiapine tab 400mg	2	QL; Maximum of 2 tablets per day.
quetiapine tab 50mg er	3	QL; Maximum of 2 tablets per day.
quetiapine tab 50mg	2	QL; Maximum of 3 tablets per day.
risperidone sol 1mg/ml	2	
risperidone tab 0.25 odt	3	
risperidone tab 0.25mg	2	
risperidone tab 0.5mg odt	3	
risperidone tab 0.5mg	2	
risperidone tab 1mg odt	3	
risperidone tab 1mg	2	
risperidone tab 2mg odt	3	
risperidone tab 2mg	2	
risperidone tab 3mg odt	3	
risperidone tab 3mg	2	
risperidone tab 4mg odt	3	
risperidone tab 4mg	2	
vraylar cap 1.5mg	4	QL; Maximum of 1 capsule per day.
vraylar cap 3mg	4	QL; Maximum of 1 capsule per day.
vraylar cap 4.5mg	4	QL; Maximum of 1 capsule per day.
vraylar cap 6mg	4	QL; Maximum of 1 capsule per day.
ziprasidone cap 20mg	3	QL; Maximum of 2 capsules per day.
ziprasidone cap 40mg	3	QL; Maximum of 2 capsules per day.
ziprasidone cap 60mg	3	QL; Maximum of 2 capsules per day.
ziprasidone cap 80mg	3	QL; Maximum of 2 capsules per day.
Treatment-Resistant		
clozapine tab 100/odt	4	QL; Maximum of 9 tablets per day.
clozapine tab 100mg	2	
clozapine tab 12.5/odt	4	QL; Maximum of 2 tablets per day.
clozapine tab 150/odt	4	QL; Maximum of 6 tablets per day.
clozapine tab 200/odt	4	QL; Maximum of 4 tablets per day.
clozapine tab 200mg	2	
clozapine tab 25mg odt	4	QL; Maximum of 3 tablets per day.
clozapine tab 25mg	2	
clozapine tab 50mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
valganciclov sol 50mg/ml	4	QL; Maximum of 36 ml per day.
valganciclov tab 450mg	2	QL; Maximum of 4 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
Anti-hepatitis B (HBV) Agents		
adefov dipiv tab 10mg	5	
BARACLUDE SOL ***entecavir oral soln 0.05 mg/ml***	5	
entecavir tab 0.5mg	3	
entecavir tab 1mg	3	
lamivudine tab 100mg	3	
VEMLIDY TAB 25MG ***tenofovir alafenamide fumarate tab 25 mg***	5	QL; Maximum of 1 tablet per day.
Anti-hepatitis C (HCV) Agents		
ledip-sofosb tab 90-400mg	4	PA; QL; Maximum of 1 tablet per day.
MAVYRET PAK 50-20MG ***glecaprevir-pibrentasvir pellet pack 50-20 mg***	4	PA; QL; Maximum of 5 packs per day.
MAVYRET TAB 100-40MG ***glecaprevir-pibrentasvir tab 100-40 mg***	4	PA; QL; Maximum of 3 tablets per day.
PEGASYS INJ ***peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml***	5	PA; QL; Maximum of 2 ml per 28 days.
PEGASYS INJ 180MCG/M ***peginterferon alfa-2a inj 180 mcg/ml***	5	PA; QL; Maximum of 4 ml per 28 days.
ribavirin cap 200mg	3	
ribavirin tab 200mg	3	
sofosbuvir-velpatasvir tab 400-100 mg	4	PA; QL; Maximum of 1 tablet per day.
SOVALDI PAK 150MG ***sofosbuvir pellet pack 150 mg***	5	PA; QL; Maximum of 1 carton (28 packets) per 28 days.
SOVALDI PAK 200MG ***sofosbuvir pellet pack 200 mg***	5	PA; QL; Maximum of 2 cartons (56 packets) per 28 days.
SOVALDI TAB 200MG ***sofosbuvir tab 200 mg***	5	PA; QL; Maximum of 2 tablets per day.
SOVALDI TAB 400MG ***sofosbuvir tab 400 mg***	5	PA; QL; Maximum of 1 tablet per day.
ZEPATIER TAB 50-100MG ***elbasvir-grazoprevir tab 50-100 mg***	5	PA; QL; Maximum of 1 tablet per day.
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
DESCOVY TAB 200/25MG ***emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg***	4	QL; Maximum of 1 tablet per day. $0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
GENVOYA TAB ***elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg***	4	QL; Maximum of 1 tablet per day; SM.
ISENTRESS CHW 100MG ***raltegravir potassium chew tab 100 mg***	4	PA; QL; Maximum of 6 tablets per day; SM.
ISENTRESS CHW 25MG ***raltegravir potassium chew tab 25 mg***	4	PA; QL; Maximum of 6 tablets per day; SM.
ISENTRESS HD TAB 600MG ***raltegravir potassium tab 600 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
ISENTRESS POW 100MG ***raltegravir potassium packet for susp 100 mg***	4	QL; Maximum of 2 packets per day; SM.
ISENTRESS TAB 400MG ***raltegravir potassium tab 400 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
STRIBILD TAB ***elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
TIVICAY PD TAB 5MG ***dolutegravir sodium tab for oral susp 5 mg***	4	PA; QL; Maximum of 6 tablets per day; SM.
TIVICAY TAB 10MG ***dolutegravir sodium tab 10 mg***	4	QL; Maximum of 1 tablet per day; SM.
TIVICAY TAB 25MG ***dolutegravir sodium tab 25 mg***	4	QL; Maximum of 1 tablet per day; SM.
TIVICAY TAB 50MG ***dolutegravir sodium tab 50 mg***	4	QL; Maximum of 2 tablets per day; SM.
TRIUMEQ PD TAB ***abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg***	4	PA; QL; Maximum of 6 tablets per day; SM.
TRIUMEQ TAB ***abacavir-dolutegravir-lamivudine tab 600-50-300 mg***	4	QL; Maximum of 1 tablet per day; SM.
TYBOST TAB 150MG ***cobicistat tab 150 mg***	4	QL; Maximum of 1 tablet per day; SM.

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Drug name	Tier	Coverage Requirements and Limits
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TAB ***emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
DELSTRIGO TAB ***doravirine-lamivudine-tenofovir df tab 100-300-300 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
DOVATO TAB 50-300MG ***dolutegravir sodium-lamivudine tab 50-300 mg (base eq)***	4	QL; Maximum of 1 tablet per day; SM.
EDURANT PED TAB 2.5MG ***rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)***	4	QL; Maximum of 6 tablets per day; SM.
EDURANT TAB 25MG ***rilpivirine hcl tab 25 mg (base equivalent)***	4	QL; Maximum of 1 tablet per day; SM.
efavir/emtri tab tenofovi	2	QL; Maximum of 1 tablet per day; SM.
efavir/lamiv tab tenofovi	3	QL; Maximum of 1 tablet per day; SM.
efavir/lamiv tab tenofovi	2	QL; Maximum of 1 tablet per day; SM.
efavirenz cap 200mg	2	QL; Maximum of 3 capsules per day; SM.
efavirenz cap 50mg	2	QL; Maximum of 3 capsules per day; SM.
efavirenz tab 600mg	2	QL; Maximum of 1 tablet per day; SM.
etravirine tab 100mg	4	QL; Maximum of 2 tablets per day; SM.
etravirine tab 200mg	4	QL; Maximum of 2 tablets per day; SM.
INTELENCE TAB 100MG ***etravirine tab 100 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
INTELENCE TAB 200MG ***etravirine tab 200 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
INTELENCE TAB 25MG ***etravirine tab 25 mg***	4	QL; Maximum of 4 tablets per day; SM.
JULUCA TAB 50-25MG ***dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)***	4	QL; Maximum of 1 tablet per day; SM.
nevirapine sus 50mg/5ml	2	QL; Maximum of 40 ml per day; SM.
nevirapine tab 200mg	2	QL; Maximum of 2 tablets per day; SM.
nevirapine tab 400mg er	2	QL; Maximum of 1 tablet per day; SM.
ODEFSEY TAB ***emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg***	4	QL; Maximum of 1 tablet per day; SM.
PIFELTRO TAB 100MG ***doravirine tab 100 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
RILPIVIRINE TAB 25MG	4	QL; Maximum of 1 tablet per day; SM.
SYMFI LO TAB ***efavirenz-lamivudine-tenofovir df tab 400-300-300 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
SYMFI TAB ***efavirenz-lamivudine-tenofovir df tab 600-300-300 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sol 20mg/ml	3	QL; Maximum of 32 ml per day; SM.
abacavir sulfate-lamivudine tab 600-300 mg	2	QL; Maximum of 1 tablet per day; SM.
abacavir tab 300mg	2	QL; Maximum of 2 tablets per day; SM.
BIKTARVY TAB ***bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg***	4	QL; Maximum of 1 tablet per day; SM.
BIKTARVY TAB ***bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg***	4	QL; Maximum of 1 tablet per day; SM.
CIMDUO TAB 300-300 ***lamivudine-tenofovir disoproxil fumarate tab 300-300 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
COMBIVIR TAB 150-300 ***lamivudine-zidovudine tab 150-300 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
DESCOVY TAB 120-15MG ***emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
emtr/ten df tab 100-150	2	QL; Maximum of 1 tablet per day; SM.
emtr/ten df tab 133-200	2	QL; Maximum of 1 tablet per day; SM.
emtr/ten df tab 167-250	2	QL; Maximum of 1 tablet per day; SM.

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emtr/tenofov tab 200-300	2	QL; Maximum of 1 tablet per day. $0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
emtric/rilpi tab tenof df	4	QL; Maximum of 1 tablet per day; SM.
emtricitabin cap 200mg	3	QL; Maximum of 1 capsule per day; SM.
emtriva cap 200mg	4	PA; QL; Maximum of 1 capsule per day; SM.
emtriva sol 10mg/ml	4	PA; QL; Maximum of 5 bottles (850 ml) per 30 days; SM.
EPIVIR SOL 10MG/ML ***lamivudine oral soln 10 mg/ml***	4	PA; QL; Maximum of 32 ml per day; SM.
EPIVIR TAB 150MG ***lamivudine tab 150 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
EPIVIR TAB 300MG ***lamivudine tab 300 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
EPZICOM TAB 600-300 ***abacavir sulfate-lamivudine tab 600-300 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
lamivud/zido tab 150-300	2	QL; Maximum of 2 tablets per day; SM.
lamivudine sol 10mg/ml	2	QL; Maximum of 32 ml per day; SM.
lamivudine sol 300/30ml	2	QL; Maximum of 32 ml per day; SM.
lamivudine tab 150mg	2	QL; Maximum of 2 tablets per day; SM.
lamivudine tab 300mg	2	QL; Maximum of 1 tablet per day; SM.
RETROVIR CAP 100MG ***zidovudine cap 100 mg***	4	PA; QL; Maximum of 6 capsules per day; SM.
RETROVIR SYP 50MG/5ML ***zidovudine syrup 10 mg/ml***	4	PA; QL; Maximum of 64 ml per day; SM.
tenofovir tab 300mg	2	QL; Maximum of 1 tablet per day. $0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
TRUVADA TAB 100-150 ***emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
TRUVADA TAB 133-200 ***emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
TRUVADA TAB 167-250 ***emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
TRUVADA TAB 200-300 ***emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg***	4	PA; QL; Maximum of 1 tablet per day.$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
VIREAD POW 40MG/GM ***tenofovir disoproxil fumarate oral powder 40 mg/gm***	4	PA; QL; Maximum of 4 bottles (240 grams) per 30 days.$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
VIREAD TAB 150MG ***tenofovir disoproxil fumarate tab 150 mg***	4	PA; QL; Maximum of 1 tablet per day.$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.

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VIREAD TAB 200MG ***tenofovir disoproxil fumarate tab 200 mg***	4	PA; QL; Maximum of 1 tablet per day.$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
VIREAD TAB 250MG ***tenofovir disoproxil fumarate tab 250 mg***	4	PA; QL; Maximum of 1 tablet per day.$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
VIREAD TAB 300MG ***tenofovir disoproxil fumarate tab 300 mg***	4	PA; QL; Maximum of 1 tablet per day.$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
ZIAGEN SOL 20MG/ML ***abacavir sulfate soln 20 mg/ml***	4	PA; QL; Maximum of 32 ml per day; SM.
ZIAGEN TAB 300MG ***abacavir sulfate tab 300 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
zidovudine cap 100mg	2	QL; Maximum of 6 capsules per day; SM.
zidovudine syp 50mg/5ml	2	QL; Maximum of 64 ml per day; SM.
zidovudine tab 300mg	2	QL; Maximum of 2 tablets per day; SM.
Anti-HIV Agents, Other		
FUZEON INJ 90MG ***enfuvirtide for inj 90 mg***	5	QL; Maximum of 2 vials per day; SM.
IDVYNSO TAB 100-0.25 ***doravirine-islatravir tab 100-0.25 mg***	4	Maximum of 1 tablet per day.
maraviroc tab 150mg	2	QL; Maximum of 2 tablets per day; SM.
maraviroc tab 300mg	2	QL; Maximum of 4 tablets per day; SM.
RUKOBIA TAB 600MG ER ***fostemsavir tromethamine tab er 12hr 600 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
SELZENTRY SOL 20MG/ML ***maraviroc oral soln 20 mg/ml***	4	QL; Maximum of 8 bottles (1840 ml) per 30 days; SM.
SELZENTRY TAB 150MG ***maraviroc tab 150 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
SELZENTRY TAB 25MG ***maraviroc tab 25 mg***	4	QL; Maximum of 4 tablets per day; SM.
SELZENTRY TAB 300MG ***maraviroc tab 300 mg***	4	PA; QL; Maximum of 4 tablets per day; SM.
SELZENTRY TAB 75MG ***maraviroc tab 75 mg***	4	QL; Maximum of 2 tablets per day; SM.
SUNLENCA TAB 300MG ***lenacapavir sodium tab 300 mg***	4	PA; QL; Maximum of 5 tablets per year; SM.
SUNLENCA TAB 300MG ***lenacapavir sodium tab therapy pack 4 x 300 mg***	4	PA; QL; Maximum of 4 tablets (1 pack) per year; SM.
SUNLENCA TAB 300MG ***lenacapavir sodium tab therapy pack 5 x 300 mg***	4	PA; QL; Maximum of 5 tablets (1 pack) per year; SM.
YEZTUGO TAB 300MG ***lenacapavir sodium tab 300 mg***	1	QL; Maximum of 4 tablets per year; SM.
Anti-HIV Agents, Protease Inhibitors		
APTIVUS CAP 250MG ***tipranavir cap 250 mg***	4	QL; Maximum of 4 capsules per day; SM.
atazanavir cap 150mg	2	QL; Maximum of 1 capsule per day; SM.
atazanavir cap 200mg	2	QL; Maximum of 2 capsules per day; SM.
atazanavir cap 300mg	2	QL; Maximum of 1 capsule per day; SM.
darunavir tab 600mg	2	QL; Maximum of 2 tablets per day; SM.
darunavir tab 800mg	2	QL; Maximum of 1 tablet per day; SM.
EVOTAZ TAB 300-150 ***atazanavir sulfate-cobicistat tab 300-150 mg***	4	QL; Maximum of 1 tablet per day; SM.
fosamprenavir calcium tab 700 mg	4	QL; Maximum of 4 tablets per day; SM.

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KALETRA SOL ***lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)***	4	PA; QL; Maximum of 2 bottles (320 ml) per 30 days; SM.
KALETRA TAB 100-25MG ***lopinavir-ritonavir tab 100-25 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
KALETRA TAB 200-50MG ***lopinavir-ritonavir tab 200-50 mg***	4	PA; QL; Maximum of 4 tablets per day; SM.
LEXIVA SUS 50MG/ML ***fosamprenavir calcium susp 50 mg/ml***	4	QL; Maximum of 60 ml per day; SM.
LEXIVA TAB 700MG ***fosamprenavir calcium tab 700 mg***	4	PA; QL; Maximum of 4 tablets per day; SM.
lopin/riton tab 100-25mg	2	QL; Maximum of 2 tablets per day; SM.
lopin/riton tab 200-50mg	2	QL; Maximum of 4 tablets per day; SM.
NORVIR POW 100MG ***ritonavir powder packet 100 mg***	4	QL; Maximum of 12 packets per day; SM.
NORVIR TAB 100MG ***ritonavir tab 100 mg***	4	PA; QL; Maximum of 12 tablets per day; SM.
PREZCOBIX TAB 675/150 ***darunavir-cobicistat tab 675-150 mg***	4	QL; Maximum of 1 tablet per day; SM.
PREZCOBIX TAB 800-150 ***darunavir-cobicistat tab 800-150 mg***	4	QL; Maximum of 1 tablet per day; SM.
PREZISTA SUS 100MG/ML ***darunavir oral susp 100 mg/ml***	4	QL; Maximum of 2 bottles (400 ml) per 30 days; SM.
PREZISTA TAB 150MG ***darunavir tab 150 mg***	4	PA; QL; Maximum of 6 tablets per day; SM.
PREZISTA TAB 600MG ***darunavir tab 600 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
PREZISTA TAB 75MG ***darunavir tab 75 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
PREZISTA TAB 800MG ***darunavir tab 800 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
REYATAZ CAP 200MG ***atazanavir sulfate cap 200 mg***	4	PA; QL; Maximum of 2 capsules per day; SM.
REYATAZ CAP 300MG ***atazanavir sulfate cap 300 mg***	4	PA; QL; Maximum of 1 capsule per day; SM.
REYATAZ POW 50MG ***atazanavir sulfate oral powder packet 50 mg***	4	QL; Maximum of 6 packets per day; SM.
ritonavir tab 100mg	2	QL; Maximum of 12 tablets per day; SM.
SYMTUZA TAB ***darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
VIRACEPT TAB 250MG ***nelfinavir mesylate tab 250 mg***	4	QL; Maximum of 10 tablets per day; SM.
VIRACEPT TAB 625MG ***nelfinavir mesylate tab 625 mg***	4	QL; Maximum of 4 tablets per day; SM.
Anti-influenza Agents		
oseltamivir cap 30mg	2	QL; Maximum of 2 capsules per day.
oseltamivir cap 45mg	2	QL; Maximum of 2 capsules per day.
oseltamivir cap 75mg	2	QL; Maximum of 2 capsules per day.
oseltamivir sus 6mg/ml	2	QL; Maximum of 26 ml per day.
RELENZA MIS DISKHALE ***zanamivir aerosol powder breath activated 5 mg/act***	4	QL; Maximum of 3 inhalers (60 blisters) per 30 days.
rimantadine tab 100mg	3	
Antiherpetic Agents		
acyclovir cap 200mg	2	
acyclovir oin 5%	3	QL; Maximum of 1 tube (30 grams) per 30 days.
acyclovir sus 200/5ml	2	
acyclovir sus 800/20ml	2	
acyclovir tab 400mg	2	
acyclovir tab 800mg	2	
famciclovir tab 125mg	2	QL; Maximum of 2 tablets per day.
famciclovir tab 250mg	2	QL; Maximum of 2 tablets per day.
famciclovir tab 500mg	2	QL; Maximum of 3 tablets per day.

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valacyclovir tab 1gm	2	QL; Maximum of 4 tablets per day.
valacyclovir tab 500mg	2	QL; Maximum of 2 tablets per day.
Anxiolytics		
Anxiolytics, Other		
buspirone tab 10mg	2	
buspirone tab 15mg	2	
buspirone tab 30mg	2	
buspirone tab 5mg	2	
buspirone tab 7.5mg	2	
hydroxyz hcl syp 10mg/5ml	2	
hydroxyz hcl tab 10mg	2	
hydroxyz hcl tab 25mg	2	
hydroxyz hcl tab 50mg	2	
hydroxyz pam cap 100mg	2	
hydroxyz pam cap 25mg	2	
hydroxyz pam cap 50mg	2	
hydroxyzine sol 50/25ml	2	
meprobamate tab 200mg	4	
meprobamate tab 400mg	4	
Benzodiazepines		
alprazolam con 1 mg/ml	3	QL; Maximum of 10 ml per day.
alprazolam tab 0.25 odt	3	QL; Maximum of 4 tablets per day.
alprazolam tab 0.25mg	2	QL; Maximum of 4 tablets per day.
alprazolam tab 0.5mg er	3	QL; Maximum of 1 tablet per day.
alprazolam tab 0.5mg od	3	QL; Maximum of 4 tablets per day.
alprazolam tab 0.5mg	2	QL; Maximum of 4 tablets per day.
alprazolam tab 1mg er	3	QL; Maximum of 1 tablet per day.
alprazolam tab 1mg odt	3	QL; Maximum of 4 tablets per day.
alprazolam tab 1mg	2	QL; Maximum of 4 tablets per day.
alprazolam tab 2mg er	3	QL; Maximum of 5 tablets per day.
alprazolam tab 2mg odt	3	QL; Maximum of 5 tablets per day.
alprazolam tab 2mg	2	QL; Maximum of 5 tablets per day.
alprazolam tab 3mg er	3	QL; Maximum of 3 tablets per day.
chlordiazep cap 10mg	2	
chlordiazep cap 25mg	2	
chlordiazep cap 5mg	2	
clonazep odt tab 0.125mg	3	QL; Maximum of 4 tablets per day.
clonazep odt tab 0.25mg	3	QL; Maximum of 4 tablets per day.
clonazep odt tab 0.5mg	3	QL; Maximum of 4 tablets per day.
clonazep odt tab 1mg	3	QL; Maximum of 4 tablets per day.
clonazep odt tab 2mg	3	QL; Maximum of 10 tablets per day.
clonazepam tab 0.5mg	2	QL; Maximum of 4 tablets per day.
clonazepam tab 1mg	2	QL; Maximum of 4 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
clonazepam tab 2mg	2	QL; Maximum of 10 tablets per day.
cloraz dipot tab 15mg	3	QL; Maximum of 6 tablets per day.
cloraz dipot tab 3.75mg	3	QL; Maximum of 24 tablets per day.
cloraz dipot tab 7.5mg	3	QL; Maximum of 12 tablets per day.
diazepam con 25mg/5ml	2	QL; Maximum of 8 ml per day.
diazepam con 5mg/ml	2	QL; Maximum of 8 ml per day.
diazepam sol 5mg/5ml	2	
diazepam tab 10mg	2	QL; Maximum of 4 tablets per day.
diazepam tab 2mg	2	QL; Maximum of 4 tablets per day.
diazepam tab 5mg	2	QL; Maximum of 4 tablets per day.
estazolam tab 1mg	2	QL; Maximum of 1 tablet per day.
estazolam tab 2mg	2	QL; Maximum of 1 tablet per day.
lorazepam con 2mg/ml	2	QL; Maximum of 5 ml per day.
lorazepam tab 0.5mg	2	QL; Maximum of 4 tablets per day.
lorazepam tab 1mg	2	QL; Maximum of 4 tablets per day.
lorazepam tab 2mg	2	QL; Maximum of 5 tablets per day.
oxazepam cap 10mg	2	
oxazepam cap 15mg	2	
oxazepam cap 30mg	2	
quazepam tab 15mg	4	
triazolam tab 0.125mg	2	QL; Maximum of 1 tablet per day.
triazolam tab 0.25mg	2	QL; Maximum of 2 tablets per day.
Benzodiazepines		
alprazolam tab 0.5mg xr	3	QL; Maximum of 1 tablet per day.
alprazolam tab 1mg xr	3	QL; Maximum of 1 tablet per day.
alprazolam tab 2mg xr	3	QL; Maximum of 5 tablets per day.
alprazolam tab 3mg xr	3	QL; Maximum of 3 tablets per day.
Bipolar Agents		
Mood Stabilizers		
lithium carb cap 150mg	2	
lithium carb cap 300mg	2	
lithium carb cap 600mg	2	
lithium carb tab 300mg er	2	
lithium carb tab 300mg	2	
lithium carb tab 450mg er	2	
lithium sol 8meq/5ml	2	
Blood Glucose Monitoring		
Blood Glucose Monitoring		
accu-chek kit guide me	3	QL; Maximum of 1 device per year.
accu-chek kit guide	3	QL; Maximum of 1 device per year.
accu-chek test strips guide	3	QL; Maximum of 100 strips per month.
autopen mis 1-21unit	1	
contour next kit one	1	QL; Maximum of 1 device per year.

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ihealth liq control	1	QL; Maximum of 2 boxes per year.
lancet devic mis adjust	1	
lancets mis	1	
novopen echo mis	1	
prodigy auto kit monitor	4	PA; QL; Maximum of 1 device per year.
prodigy auto mis system	4	PA; QL; Maximum of 1 device per year.
prodigy kit no coding	4	PA; QL; Maximum of 1 device per year.
prodigy no tes coding	4	PA; QL; Maximum of 100 strips per month.
prodigy pocket kit meter	4	PA; QL; Maximum of 1 device per year.
prodigy voice kit meter	4	PA; QL; Maximum of 1 device per year.
select-lite kit dev/lanc	1	QL; Maximum of 1 device per year.
true metrix sol level 1	1	QL; Maximum of 2 boxes per year.
true metrix sol level 2	1	QL; Maximum of 2 boxes per year.
true metrix sol level 3	1	QL; Maximum of 2 boxes per year.
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tab 100mg	2	QL; Maximum of 3 tablets per day.
acarbose tab 25mg	2	QL; Maximum of 12 tablets per day.
acarbose tab 50mg	2	QL; Maximum of 6 tablets per day.
bydureon bc inj 2/0.85ml	3	PA; QL; Maximum of 4 pens (3.4 ml) per 28 days.
DAPAG/MET ER TAB 5-1000MG ***dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg***	3	QL; Maximum of 2 tablets per day.
DAPAG/MET ER TAB 10-1000 ***dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg***	3	QL; Maximum of 1 tablet per day.
farxiga tab 10mg	3	QL; Maximum of 1 tablet per day.
farxiga tab 5mg	3	QL; Maximum of 1 tablet per day.
glimepiride tab 1mg	1	QL; Maximum of 8 tablets per day.
glimepiride tab 2mg	1	QL; Maximum of 4 tablets per day.
glimepiride tab 4mg	1	QL; Maximum of 2 tablets per day.
glip/metform tab 2.5-250	3	QL; Maximum of 8 tablets per day.
glip/metform tab 2.5-250m	3	QL; Maximum of 8 tablets per day.
glip/metform tab 2.5-500	3	QL; Maximum of 4 tablets per day.
glip/metform tab 2.5-500m	3	QL; Maximum of 4 tablets per day.
glip/metform tab 5-500mg	3	QL; Maximum of 4 tablets per day.
glipizide er tab 10mg	1	QL; Maximum of 2 tablets per day.
glipizide er tab 2.5mg	1	QL; Maximum of 8 tablets per day.
glipizide er tab 5mg	1	QL; Maximum of 4 tablets per day.
glipizide tab 10mg	1	QL; Maximum of 4 tablets per day.
glipizide tab 2.5mg	1	QL; Maximum of 8 tablets per day.
glipizide tab 5mg	1	QL; Maximum of 8 tablets per day.
glucagon emr sol 1mg	1	QL; Maximum of 2 kits per 30 days.
glyb/metform tab 1.25-250	2	QL; Maximum of 8 tablets per day.
glyb/metform tab 2.5-500	2	QL; Maximum of 4 tablets per day.
glyb/metform tab 5-500mg	2	QL; Maximum of 4 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
glyburid mcr tab 1.5mg	2	QL; Maximum of 8 tablets per day.
glyburid mcr tab 3mg	2	QL; Maximum of 4 tablets per day.
glyburid mcr tab 6mg	2	QL; Maximum of 2 tablets per day.
glyburide tab 1.25 mg	2	QL; Maximum of 16 tablets per day.
glyburide tab 2.5 mg	2	QL; Maximum of 8 tablets per day.
glyburide tab 5 mg	2	QL; Maximum of 4 tablets per day.
JARDIANCE TAB 10MG ***empagliflozin tab 10 mg***	3	QL; Maximum of 1 tablet per day.
JARDIANCE TAB 25MG ***empagliflozin tab 25 mg***	3	QL; Maximum of 1 tablet per day.
JENTADUETO TAB 2.5-1000 ***linagliptin-metformin hcl tab 2.5-1000 mg***	3	QL; Maximum of 2 tablets per day.
JENTADUETO TAB 2.5-500 ***linagliptin-metformin hcl tab 2.5-500 mg***	3	QL; Maximum of 2 tablets per day.
JENTADUETO TAB 2.5-850 ***linagliptin-metformin hcl tab 2.5-850 mg***	3	QL; Maximum of 2 tablets per day.
JENTADUETO TAB XR ***linagliptin-metformin hcl tab er 24hr 2.5-1000 mg***	3	QL; Maximum of 2 tablets per day.
JENTADUETO TAB XR ***linagliptin-metformin hcl tab er 24hr 5-1000 mg***	3	QL; Maximum of 1 tablet per day.
metformin sol 500/5ml	4	QL; Maximum of 25.5 ml per day.
metformin tab 1000mg	1	QL; Maximum of 2.5 tablets per day.
metformin tab 500mg er	1	QL; Maximum of 4 tablets per day.
metformin tab 500mg	1	QL; Maximum of 5 tablets per day.
metformin tab 750mg er	1	QL; Maximum of 2 tablets per day.
metformin tab 850mg	1	QL; Maximum of 3 tablets per day.
miglitol tab 100mg	3	QL; Maximum of 3 tablets per day.
miglitol tab 25mg	3	QL; Maximum of 12 tablets per day.
miglitol tab 50mg	3	QL; Maximum of 6 tablets per day.
MOUNJARO INJ 10MG/0.5 ***tirzepatide soln auto-injector 10 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 12.5/0.5 ***tirzepatide soln auto-injector 12.5 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 15MG/0.5 ***tirzepatide soln auto-injector 15 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 2.5/0.5 ***tirzepatide soln auto-injector 2.5 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 5MG/0.5 ***tirzepatide soln auto-injector 5 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 7.5/0.5 ***tirzepatide soln auto-injector 7.5 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
nateglinide tab 120mg	3	QL; Maximum of 3 tablets per day.
nateglinide tab 60mg	3	QL; Maximum of 6 tablets per day.
OZEMPIC INJ 2MG/3ML ***semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)***	3	PA; QL; Maximum of 1 pen (3 ml) per 28 days.
OZEMPIC INJ 4MG/3ML ***semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)***	3	PA; QL; Maximum of 1 pen (3 ml) per 28 days.
OZEMPIC INJ 8MG/3ML ***semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)***	3	PA; QL; Maximum of 1 pen (3 ml) per 28 days.
OZEMPIC TAB 1.5MG ***semaglutide tab 1.5 mg***	3	QL; Maximum of 1 tablet per day.
OZEMPIC TAB 4MG ***semaglutide tab 4 mg***	3	QL; Maximum of 1 tablet per day.
OZEMPIC TAB 9MG ***semaglutide tab 9 mg***	3	QL; Maximum of 1 tablet per day.
pioglita/met tab 15-500mg	3	QL; Maximum of 3 tablets per day.
pioglita/met tab 15-850mg	3	QL; Maximum of 3 tablets per day.
pioglitazone tab 15mg	1	QL; Maximum of 3 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
pioglitazone tab 30mg	1	QL; Maximum of 1 tablet per day.
pioglitazone tab 45mg	1	QL; Maximum of 1 tablet per day.
repaglinide tab 0.5mg	2	QL; Maximum of 32 tablets per day.
repaglinide tab 1mg	2	QL; Maximum of 16 tablets per day.
repaglinide tab 2mg	2	QL; Maximum of 8 tablets per day.
RYBELSUS TAB 14MG ***semaglutide tab 14 mg***	3	PA; QL; Maximum of 1 tablet per day.
RYBELSUS TAB 3MG ***semaglutide tab 3 mg***	3	PA; QL; Maximum of 1 tablet per day.
RYBELSUS TAB 7MG ***semaglutide tab 7 mg***	3	PA; QL; Maximum of 1 tablet per day.
saxagliptin tab 2.5mg	3	QL; Maximum of 1 tablet per day.
saxagliptin tab 5mg	3	QL; Maximum of 1 tablet per day.
SYNJARDY TAB ***empagliflozin-metformin hcl tab 12.5-1000 mg***	3	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 12.5-500 ***empagliflozin-metformin hcl tab 12.5-500 mg***	3	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 5-1000MG ***empagliflozin-metformin hcl tab 5-1000 mg***	3	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 5-500MG ***empagliflozin-metformin hcl tab 5-500 mg***	3	QL; Maximum of 2 tablets per day.
SYNJARDY XR TAB ***empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg***	3	QL; Maximum of 2 tablets per day.
SYNJARDY XR TAB 10-1000 ***empagliflozin-metformin hcl tab er 24hr 10-1000 mg***	3	QL; Maximum of 1 tablet per day.
SYNJARDY XR TAB 25-1000 ***empagliflozin-metformin hcl tab er 24hr 25-1000 mg***	3	QL; Maximum of 1 tablet per day.
SYNJARDY XR TAB 5-1000MG ***empagliflozin-metformin hcl tab er 24hr 5-1000 mg***	3	QL; Maximum of 2 tablets per day.
TRADJENTA TAB 5MG ***linagliptin tab 5 mg***	3	QL; Maximum of 1 tablet per day.
TRULICITY INJ 0.75/0.5 ***dulaglutide soln auto-injector 0.75 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
TRULICITY INJ 1.5/0.5 ***dulaglutide soln auto-injector 1.5 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
TRULICITY INJ 3/0.5 ***dulaglutide soln auto-injector 3 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
TRULICITY INJ 4.5/0.5 ***dulaglutide soln auto-injector 4.5 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
XIGDUO XR TAB 10-1000 ***dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg***	3	QL; Maximum of 1 tablet per day.
XIGDUO XR TAB 10-500MG ***dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg***	3	QL; Maximum of 1 tablet per day.
XIGDUO XR TAB 2.5-1000 ***dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg***	3	QL; Maximum of 2 tablets per day.
XIGDUO XR TAB 5-1000MG ***dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg***	3	QL; Maximum of 2 tablets per day.
XIGDUO XR TAB 5-500MG ***dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg***	3	QL; Maximum of 1 tablet per day.
Glycemic Agents		
baqsimi one pow 3mg/dose	1	QL; Maximum of 2 intranasal devices per month.
baqsimi two pow 3mg/dose	1	QL; Maximum of 2 intranasal devices per month.
diazoxide sus 50mg/ml	4	
glucagon inj 1mg	1	QL; Maximum of 2 devices per month.
glucagon inj 1mg	1	QL; Maximum of 2 devices per month.
GVOKE HYPO 1 INJ 0.5/.1ML ***glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml***	1	QL; Maximum of 0.2 ml per 30 days.

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Drug name	Tier	Coverage Requirements and Limits
GVOKE HYPO 1 INJ 1/0.2ML ***glucagon subcutaneous solution auto-injector 1 mg/0.2ml***	1	QL; Maximum of 0.4 ml per 30 days.
GVOKE HYPO 2 INJ 0.5/.1ML ***glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml***	1	QL; Maximum of 0.2 ml per 30 days.
GVOKE HYPO 2 INJ 1/0.2ML ***glucagon subcutaneous solution auto-injector 1 mg/0.2ml***	1	QL; Maximum of 0.4 ml per 30 days.
GVOKE KIT SOL 1/0.2ML ***glucagon subcutaneous soln 1 mg/0.2ml***	1	QL; Maximum of 2 kits (0.4 ml) per 30 days.
GVOKE PFS INJ 0.5/.1ML ***glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml***	1	QL; Maximum of 0.2 ml per 30 days.
GVOKE PFS INJ 1/0.2ML ***glucagon subcutaneous soln pref syringe 1 mg/0.2ml***	1	QL; Maximum of 0.4 ml per 30 days.
ZEGALOGUE INJ 0.6/0.6 ***dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml***	1	QL; Maximum of 1.2 ml (2 pens) per month.
ZEGALOGUE INJ 0.6/0.6 ***dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml***	1	QL; Maximum of 1.2 ml (2 syringes) per month.
Insulins		
basaglar inj 100unit	1	QL; Maximum of 1.5 ml per day.
HUMALOG INJ 100/ML ***insulin lispro soln cartridge 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
HUMALOG JR INJ 100/ML ***insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)***	1	QL; Maximum of 1.5 ml per day.
HUMALOG KWIK INJ 100/ML ***insulin lispro soln pen-injector 100 unit/ml (1 unit dial)***	1	QL; Maximum of 1.5 ml per day.
HUMALOG KWIK INJ 200/ML ***insulin lispro soln pen-injector 200 unit/ml***	1	QL; Maximum of 1.5 ml per day.
HUMALOG MIX INJ 50/50 ***insulin lispro protamine & lispro inj 100 unit/ml (50-50)***	1	QL; Maximum of 1 ml per day.
HUMALOG MIX INJ 50/50KWP ***insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)***	1	QL; Maximum of 1.5 ml per day.
HUMALOG MIX INJ 75/25KWP ***insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)***	1	QL; Maximum of 1.5 ml per day.
HUMALOG MIX SUS 75/25 ***insulin lispro prot & lispro inj 100 unit/ml (75-25)***	1	QL; Maximum of 1 ml per day.
HUMULIN INJ 70/30 ***insulin nph isophane & regular human inj 100 unit/ml (70-30)***	1	QL; Maximum of 1 ml per day.
HUMULIN INJ 70/30KWP ***insulin nph & regular susp pen-inj 100 unit/ml (70-30)***	1	QL; Maximum of 1.5 ml per day.
HUMULIN N INJ U-100 ***insulin nph (human) (isophane) inj 100 unit/ml***	1	QL; Maximum of 1 ml per day.
HUMULIN N INJ U-100KWP ***insulin nph (human) (isophane) susp pen-injector 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
HUMULIN R INJ U-100 ***insulin regular (human) inj 100 unit/ml***	1	QL; Maximum of 1 ml per day.
HUMULIN R INJ U-500 ***insulin regular (human) inj 500 unit/ml***	1	QL; Maximum of 0.66 ml per day.
HUMULIN R INJ U-500 ***insulin regular (human) soln pen-injector 500 unit/ml***	1	QL; Maximum of 0.2 ml per day.
INS DEGL FLX INJ 100UNIT ***insulin degludec soln pen-injector 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
INS DEGL FLX INJ 200UNIT ***insulin degludec soln pen-injector 200 unit/ml***	1	QL; Maximum of 1.5 ml per day.
INSULIN ASPA INJ 70/30 ***insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)***	1	QL; Maximum of 1 ml per day.
INSULIN DEGL INJ 100UNIT ***insulin degludec inj 100 unit/ml***	1	QL; Maximum of 1 ml per day.
INSULIN LISP INJ 100/ML ***insulin lispro inj soln 100 unit/ml***	1	QL; Maximum of 1 ml per day.
INSULIN LISP INJ 100/ML ***insulin lispro soln pen-injector 100 unit/ml (1 unit dial)***	1	QL; Maximum of 1.5 ml per day.
INSULIN LISP INJ JUNIOR ***insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)***	1	QL; Maximum of 1.5 ml per day.

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Drug name	Tier	Coverage Requirements and Limits
INSULIN LISP INJ PROTAMIN ***insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)***	1	QL; Maximum of 1.5 ml per day.
LEVEMIR INJ ***insulin detemir inj 100 unit/ml***	1	QL; Maximum of 1 ml per day.
LEVEMIR INJ FLEXPEN ***insulin detemir soln pen-injector 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG INJ FLEX REL ***insulin aspart soln pen-injector 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG INJ FLEXPEN ***insulin aspart soln pen-injector 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG INJ PENFILL ***insulin aspart soln cartridge 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG MIX INJ 70/30 ***insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)***	1	QL; Maximum of 1 ml per day.
NOVOLOG MIX INJ FLEX REL ***insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG MIX INJ FLEXPEN ***insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG RELI INJ 70/30 ***insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)***	1	QL; Maximum of 1 ml per day.
REZVOGLAR INJ 100UT/ML ***insulin glargine-aglr soln pen-injector 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
SOLIQUA INJ 100/33 ***insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml***	3	QL; Maximum of 6 pens (18 ml) per 30 days.
TRESIBA FLEX INJ 100UNIT ***insulin degludec soln pen-injector 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
TRESIBA FLEX INJ 200UNIT ***insulin degludec soln pen-injector 200 unit/ml***	1	QL; Maximum of 1.5 ml per day.
TRESIBA INJ 100UNIT ***insulin degludec inj 100 unit/ml***	1	QL; Maximum of 1 ml per day.
XULTOPHY INJ 100/3.6 ***insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml***	3	QL; Maximum of 5 pens (15 ml) per 30 days.
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
dabigatran cap 110mg	3	QL; Maximum of 2 capsules per day.
dabigatran cap 150mg	3	QL; Maximum of 2 capsules per day.
dabigatran cap 75mg	3	QL; Maximum of 2 capsules per day.
ELIQUIS CAP 0.15MG ***apixaban cap sprinkle 0.15 mg***	3	QL; Maximum of 2 capsules per day.
ELIQUIS ST P TAB 5MG ***apixaban tab starter pack 5 mg***	3	QL; Maximum of 1 pack per year.
ELIQUIS TAB 0.5MG ***apixaban tab for oral susp 0.5 mg***	3	QL; Maximum of 4 tablets per day.
ELIQUIS TAB 1.5MG ***apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg)***	3	QL; Maximum of 12 tablets (4 packs) per day.
ELIQUIS TAB 2.5MG ***apixaban tab 2.5 mg***	3	QL; Maximum of 2 tablets per day.
ELIQUIS TAB 2MG ***apixaban tab for oral susp pack 4 x 0.5 mg (2 mg)***	3	QL; Maximum of 16 tablets (4 packs) per day.
ELIQUIS TAB 5MG ***apixaban tab 5 mg***	3	QL; Maximum of 2 tablets per day.
enoxaparin inj 100mg/ml	3	QL; Maximum of 2 syringes (2 ml) per day.
enoxaparin inj 120/0.8	3	QL; Maximum of 2 syringes (1.6 ml) per day.
enoxaparin inj 150mg/ml	3	QL; Maximum of 2 syringes (2 ml) per day.
enoxaparin inj 30/0.3ml	3	QL; Maximum of 2 syringes (0.6 ml) per day.
enoxaparin inj 300/3ml	3	QL; Maximum of 1 vial (3 ml) per day.
enoxaparin inj 40/0.4ml	3	QL; Maximum of 2 syringes (0.8 ml) per day.
enoxaparin inj 60/0.6ml	3	QL; Maximum of 2 syringes (1.2 ml) per day.
enoxaparin inj 80/0.8ml	3	QL; Maximum of 2 syringes (1.6 ml) per day.
enoxaparin inj 80mg/0.8	3	QL; Maximum of 2 syringes (1.6 ml) per day.
fondaparinux inj 10/0.8ml	4	QL; Maximum of 24 ml per 30 days.

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fondaparinux inj 2.5/0.5	4	QL; Maximum of 15 ml per 30 days.
fondaparinux inj 5/0.4ml	4	QL; Maximum of 12 ml per 30 days.
fondaparinux inj 7.5/0.6	4	QL; Maximum of 18 ml per 30 days.
FRAGMIN INJ 10000/ML ***dalteparin sodium soln prefilled syr 10000 unit/ml***	5	QL; Maximum of 30 ml per 30 days.
FRAGMIN INJ 12500UNT ***dalteparin sodium soln prefilled syr 12500 unit/0.5ml***	5	QL; Maximum of 15 ml per 30 days.
FRAGMIN INJ 15000UNT ***dalteparin sodium soln prefilled syr 15000 unit/0.6ml***	5	QL; Maximum of 18 ml per 30 days.
FRAGMIN INJ 18000UNT ***dalteparin sodium soln prefilled syr 18000 unit/0.72ml***	5	QL; Maximum of 21.6 ml per 30 days.
FRAGMIN INJ 2500/0.2 ***dalteparin sodium soln prefilled syr 2500 unit/0.2ml***	5	QL; Maximum of 6 ml per 30 days.
FRAGMIN INJ 2500/ML ***dalteparin sodium subcutaneous soln 10000 unit/4ml***	5	QL; Maximum of 4 ml per day.
FRAGMIN INJ 5000/0.2 ***dalteparin sodium soln prefilled syr 5000 unit/0.2ml***	5	QL; Maximum of 6 ml per 30 days.
FRAGMIN INJ 7500/0.3 ***dalteparin sodium soln prefilled syr 7500 unit/0.3ml***	5	QL; Maximum of 9 ml per 30 days.
FRAGMIN INJ 95000UNT ***dalteparin sodium subcutaneous soln 95000 unit/3.8ml***	5	QL; Maximum of 22.8 ml per 30 days.
heparin sodium (porcine) inj 1000 unit/ml	2	
heparin sodium (porcine) inj 1000 unit/ml	2	
heparin sodium (porcine) inj 1000 unit/ml	2	
heparin sodium (porcine) inj 10000 unit/ml	2	
heparin sodium (porcine) inj 20000 unit/ml	2	
heparin sodium (porcine) inj 5000 unit/ml	2	
heparin sodium (porcine) inj 5000 unit/ml	2	
heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml	2	
heparin sodium (porcine) pf inj 1000 unit/ml	2	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	2	
heparin sodium (porcine) pf inj 5000 unit/ml	2	
JANTOVEN TAB 10MG ***warfarin sodium tab 10 mg***	2	
JANTOVEN TAB 1MG ***warfarin sodium tab 1 mg***	2	
JANTOVEN TAB 2.5MG ***warfarin sodium tab 2.5 mg***	2	
JANTOVEN TAB 2MG ***warfarin sodium tab 2 mg***	2	
JANTOVEN TAB 3MG ***warfarin sodium tab 3 mg***	2	
JANTOVEN TAB 4MG ***warfarin sodium tab 4 mg***	2	
JANTOVEN TAB 5MG ***warfarin sodium tab 5 mg***	2	
JANTOVEN TAB 6MG ***warfarin sodium tab 6 mg***	2	
JANTOVEN TAB 7.5MG ***warfarin sodium tab 7.5 mg***	2	
rivaroxaban sus 1mg/ml	3	QL; Maximum of 20 ml per day.
rivaroxaban tab 2.5mg	3	QL; Maximum of 2 tablets per day.
warfarin tab 10mg	2	
warfarin tab 1mg	2	
warfarin tab 2.5mg	2	
warfarin tab 2mg	2	

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Drug name	Tier	Coverage Requirements and Limits
warfarin tab 3mg	2	
warfarin tab 4mg	2	
warfarin tab 5mg	2	
warfarin tab 6mg	2	
warfarin tab 7.5mg	2	
XARELTO STAR TAB 15/20MG ***rivaroxaban tab starter therapy pack 15 mg & 20 mg***	3	QL; Maximum of 1 pack (51 tablets) per year.
XARELTO SUS 1MG/ML ***rivaroxaban for susp 1 mg/ml***	3	QL; Maximum of 20 ml per day.
XARELTO TAB 10MG ***rivaroxaban tab 10 mg***	3	QL; Maximum of 1 tablet per day.
XARELTO TAB 15MG ***rivaroxaban tab 15 mg***	3	QL; Maximum of 2 tablets per day.
XARELTO TAB 2.5MG ***rivaroxaban tab 2.5 mg***	3	QL; Maximum of 2 tablets per day.
XARELTO TAB 20MG ***rivaroxaban tab 20 mg***	3	QL; Maximum of 1 tablet per day.
Blood Formation Modifiers		
anagrelide cap 0.5mg	4	
anagrelide cap 1mg	4	
ARANESP INJ 100MCG ***darbepoetin alfa soln inj 100 mcg/ml***	5	QL; Maximum of 2 ml per 28 days.
ARANESP INJ 100MCG ***darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml***	5	QL; Maximum of 1 ml per 28 days.
ARANESP INJ 10MCG ***darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml***	5	QL; Maximum of 1.6 ml per 28 days.
ARANESP INJ 150MCG ***darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml***	5	QL; Maximum of 0.6 ml per 28 days.
ARANESP INJ 200MCG ***darbepoetin alfa soln inj 200 mcg/ml***	5	QL; Maximum of 4 ml per 28 days.
ARANESP INJ 200MCG ***darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml***	5	QL; Maximum of 1.6 ml per 28 days.
ARANESP INJ 25MCG ***darbepoetin alfa soln inj 25 mcg/ml***	5	QL; Maximum of 4 ml per 28 days.
ARANESP INJ 25MCG ***darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml***	5	QL; Maximum of 1.68 ml per 28 days.
ARANESP INJ 300MCG ***darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml***	5	QL; Maximum of 1.2 ml per 28 days.
ARANESP INJ 40MCG ***darbepoetin alfa soln inj 40 mcg/ml***	5	QL; Maximum of 4 ml per 28 days.
ARANESP INJ 40MCG ***darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml***	5	QL; Maximum of 1.6 ml per 28 days.
ARANESP INJ 500MCG ***darbepoetin alfa soln prefilled syringe 500 mcg/ml***	5	QL; Maximum of 2 ml per 28 days.
ARANESP INJ 60MCG ***darbepoetin alfa soln inj 60 mcg/ml***	5	QL; Maximum of 4 ml per 28 days.
ARANESP INJ 60MCG ***darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml***	5	QL; Maximum of 1.2 ml per 28 days.
eltrombopag pow 12.5mg	5	PA; QL; Maximum of 6 packets per day.
eltrombopag pow 25mg	5	PA; QL; Maximum of 6 packets per day.
eltrombopag tab 12.5mg	5	PA; QL; Maximum of 1 tablet per day.
eltrombopag tab 25mg	5	PA; QL; Maximum of 1 tablet per day.
eltrombopag tab 50mg	5	PA; QL; Maximum of 2 tablets per day.
eltrombopag tab 75mg	5	PA; QL; Maximum of 2 tablets per day.
LEUKINE INJ 250MCG ***sargramostim lyophilized for inj 250 mcg***	5	
NEULASTA ***neulasta inj 4/0.4ml***		
NEULASTA INJ 6MG/0.6M ***pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6ml***	5	
NEULASTA INJ 6MG/0.6M ***pegfilgrastim soln prefilled syringe 6 mg/0.6ml***	5	
plerixafor inj 24/1.2ml	5	

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RETACRIT INJ 10000UNT ***epoetin alfa-epbx inj 10000 unit/ml***	5	QL; Maximum of 8 ml per 21 days.
RETACRIT INJ 20000UNI ***epoetin alfa-epbx inj 20000 unit/ml***	5	QL; Maximum of 4 ml per 21 days.
RETACRIT INJ 2000UNIT ***epoetin alfa-epbx inj 2000 unit/ml***	5	QL; Maximum of 12 ml per 21 days.
RETACRIT INJ 3000UNIT ***epoetin alfa-epbx inj 3000 unit/ml***	5	QL; Maximum of 12 ml per 21 days.
RETACRIT INJ 40000UNT ***epoetin alfa-epbx inj 40000 unit/ml***	5	QL; Maximum of 4 ml per 21 days.
RETACRIT INJ 4000UNIT ***epoetin alfa-epbx inj 4000 unit/ml***	5	QL; Maximum of 12 ml per 21 days.
ZARXIO INJ 300/0.5 ***filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml***	5	
ZARXIO INJ 480/0.8 ***filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml***	5	
Hemostasis Agents		
aminocapr ac tab 1000mg	4	
aminocapr ac tab 500mg	4	
aminocaproic sol 0.25/ml	4	
RECOTHROM SOL 20000UNT ***thrombin (recombinant) for soln 20000 unit***	4	
RECOTHROM SOL 5000UNIT ***thrombin (recombinant) for soln 5000 unit***	4	
thrombin kit 5000unit	4	
thrombin-jmi kit 20000unt	4	
thrombin-jmi kit 5000unit	4	
thrombin-jmi sol 20000unt	4	
thrombin-jmi sol 5000unit	4	
tranex acid tab 650mg	3	QL; Maximum of 6 tablets per day.
Platelet Modifying Agents		
asa/dipyrida cap 25-200mg	4	QL; Maximum of 2 capsules per day.
cilostazol tab 100mg	2	
cilostazol tab 50mg	2	
clopidogrel tab 300mg	2	QL; Maximum of 1 tablet per day.
clopidogrel tab 75mg	2	QL; Maximum of 4 tablets per day.
dipyridamole tab 25mg	2	
dipyridamole tab 50mg	2	
dipyridamole tab 75mg	2	
prasugrel tab 10mg	2	QL; Maximum of 1 tablet per day.
prasugrel tab 5mg	2	QL; Maximum of 1 tablet per day.
ticagrelor tab 60mg	4	QL; Maximum of 2 tablets per day.
ticagrelor tab 90mg	4	QL; Maximum of 2 tablets per day.
YOSPRALA TAB 325-40MG ***aspirin-omeprazole tab delayed release 325-40 mg***	3	QL; Maximum of 1 tablet per day.
YOSPRALA TAB 81-40MG ***aspirin-omeprazole tab delayed release 81-40 mg***	3	QL; Maximum of 1 tablet per day.
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine dis 0.1/24hr	3	
clonidine dis 0.2/24hr	3	
clonidine dis 0.3/24hr	3	
clonidine tab 0.1mg	2	
clonidine tab 0.2mg	2	
clonidine tab 0.3mg	2	

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Drug name	Tier	Coverage Requirements and Limits
guanfacine tab 1mg	2	QL; Maximum of 2 tablets per day.
guanfacine tab 2mg	2	QL; Maximum of 2 tablets per day.
methyldopa tab 250mg	2	
methyldopa tab 500mg	2	
midodrine tab 10mg	2	
midodrine tab 2.5mg	2	
midodrine tab 5mg	2	
Alpha-adrenergic Blocking Agents		
doxazosin tab 1mg	2	
doxazosin tab 2mg	2	
doxazosin tab 4mg	2	
doxazosin tab 8mg	2	
phenoxybenzamine cap 10mg	4	
prazosin hcl cap 1mg	2	
prazosin hcl cap 2mg	2	
prazosin hcl cap 5mg	2	
Angiotensin II Receptor Antagonists		
amlod/valsar tab 10-160mg	3	QL; Maximum of 1 tablet per day.
amlod/valsar tab 10-320mg	3	QL; Maximum of 1 tablet per day.
amlod/valsar tab 5-160mg	3	QL; Maximum of 1 tablet per day.
amlod/valsar tab 5-320mg	3	QL; Maximum of 1 tablet per day.
candesa/hctz tab 16-12.5	3	QL; Maximum of 1 tablet per day.
candesa/hctz tab 32-12.5	3	QL; Maximum of 1 tablet per day.
candesa/hctz tab 32-25mg	3	QL; Maximum of 1 tablet per day.
candesartan tab 16mg	3	QL; Maximum of 1 tablet per day.
candesartan tab 32mg	3	QL; Maximum of 1 tablet per day.
candesartan tab 4mg	3	QL; Maximum of 1 tablet per day.
candesartan tab 8mg	3	QL; Maximum of 3 tablets per day.
irbesar/hctz tab 150-12.5	2	QL; Maximum of 1 tablet per day.
irbesar/hctz tab 300-12.5	2	QL; Maximum of 1 tablet per day.
irbesartan tab 150mg	2	QL; Maximum of 1 tablet per day.
irbesartan tab 300mg	2	QL; Maximum of 1 tablet per day.
irbesartan tab 75mg	2	QL; Maximum of 3 tablets per day.
losartan pot tab 100mg	1	QL; Maximum of 1 tablet per day.
losartan pot tab 25mg	1	QL; Maximum of 2 tablets per day.
losartan pot tab 50mg	1	QL; Maximum of 2 tablets per day.
losartan/hct tab 100-12.5	1	QL; Maximum of 1 tablet per day.
losartan/hct tab 100-25	1	QL; Maximum of 1 tablet per day.
losartan/hct tab 50-12.5	1	QL; Maximum of 2 tablets per day.
olm med/hctz tab 20-12.5	2	QL; Maximum of 1 tablet per day.
olm med/hctz tab 40-12.5	2	QL; Maximum of 1 tablet per day.
olm med/hctz tab 40-25mg	2	QL; Maximum of 1 tablet per day.
olmesa medox tab 20mg	2	QL; Maximum of 1 tablet per day.

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olmesa medox tab 40mg	2	QL; Maximum of 1 tablet per day.
olmesa medox tab 5mg	2	QL; Maximum of 2 tablets per day.
telmisartan tab 20mg	3	QL; Maximum of 1 tablet per day.
telmisartan tab 40mg	3	QL; Maximum of 1 tablet per day.
telmisartan tab 80mg	3	QL; Maximum of 1 tablet per day.
telmisartan-hydrochlorothiazide tab 40-12.5 mg	3	QL; Maximum of 1 tablet per day.
telmisartan-hydrochlorothiazide tab 80-12.5 mg	3	QL; Maximum of 2 tablets per day.
telmisartan-hydrochlorothiazide tab 80-25 mg	3	QL; Maximum of 1 tablet per day.
valsartan tab 160 mg	2	QL; Maximum of 2 tablets per day.
valsartan tab 320 mg	2	QL; Maximum of 1 tablet per day.
valsartan tab 40 mg	2	QL; Maximum of 2 tablets per day.
valsartan tab 80 mg	2	QL; Maximum of 2 tablets per day.
valsartan-hydrochlorothiazide tab 160-12.5 mg	2	QL; Maximum of 1 tablet per day.
valsartan-hydrochlorothiazide tab 160-25 mg	2	QL; Maximum of 1 tablet per day.
valsartan-hydrochlorothiazide tab 320-12.5 mg	2	QL; Maximum of 1 tablet per day.
valsartan-hydrochlorothiazide tab 320-25 mg	2	QL; Maximum of 1 tablet per day.
valsartan-hydrochlorothiazide tab 80-12.5 mg	2	QL; Maximum of 1 tablet per day.
Angiotensin-converting Enzyme (ACE) Inhibitors		
amlod/benazp cap 10-20mg	2	QL; Maximum of 1 capsule per day.
amlod/benazp cap 10-40mg	2	QL; Maximum of 1 capsule per day.
amlod/benazp cap 2.5-10mg	2	QL; Maximum of 1 capsule per day.
amlod/benazp cap 5-10mg	2	QL; Maximum of 1 capsule per day.
amlod/benazp cap 5-20mg	2	QL; Maximum of 1 capsule per day.
amlod/benazp cap 5-40mg	2	QL; Maximum of 1 capsule per day.
benazep/hctz tab 10-12.5	3	QL; Maximum of 1 tablet per day.
benazep/hctz tab 20-12.5	3	QL; Maximum of 1 tablet per day.
benazep/hctz tab 20-25mg	3	QL; Maximum of 1 tablet per day.
benazep/hctz tab 5-6.25mg	3	QL; Maximum of 1 tablet per day.
benazepril tab 10mg	2	QL; Maximum of 2 tablets per day.
benazepril tab 20mg	2	QL; Maximum of 2 tablets per day.
benazepril tab 40mg	2	QL; Maximum of 2 tablets per day.
benazepril tab 5mg	2	QL; Maximum of 2 tablets per day.
captopr/hctz tab 25-15mg	3	QL; Maximum of 3 tablets per day.
captopr/hctz tab 25-25mg	3	QL; Maximum of 2 tablets per day.
captopr/hctz tab 50-15mg	3	QL; Maximum of 3 tablets per day.
captopr/hctz tab 50-25mg	3	QL; Maximum of 2 tablets per day.
captopril tab 100mg	2	QL; Maximum of 4 tablets per day.
captopril tab 12.5mg	2	QL; Maximum of 3 tablets per day.
captopril tab 25mg	2	QL; Maximum of 3 tablets per day.
captopril tab 50mg	2	QL; Maximum of 9 tablets per day.
enalapr/hctz tab 10-25mg	2	QL; Maximum of 2 tablets per day.
enalapr/hctz tab 5-12.5mg	2	QL; Maximum of 1 tablet per day.
enalapril tab 10mg	2	QL; Maximum of 2 tablets per day.

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enalapril tab 2.5mg	2	QL; Maximum of 2 tablets per day.
enalapril tab 20mg	2	QL; Maximum of 2 tablets per day.
enalapril tab 5mg	2	QL; Maximum of 2 tablets per day.
fosinop/hctz tab 10/12.5	3	QL; Maximum of 4 tablets per day.
fosinop/hctz tab 20/12.5	3	QL; Maximum of 4 tablets per day.
fosinopril tab 10mg	2	QL; Maximum of 2 tablets per day.
fosinopril tab 20mg	2	QL; Maximum of 2 tablets per day.
fosinopril tab 40mg	2	QL; Maximum of 2 tablets per day.
lisinop/hctz tab 20-12.5	1	QL; Maximum of 4 tablets per day.
lisinop/hctz tab 20-25mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 10mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 2.5mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 20mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 30mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 40mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 5mg	1	QL; Maximum of 2 tablets per day.
moexipril tab 15mg	2	QL; Maximum of 2 tablets per day.
moexipril tab 7.5mg	2	QL; Maximum of 2 tablets per day.
perindopril tab 2mg	2	QL; Maximum of 2 tablets per day.
perindopril tab 4mg	2	QL; Maximum of 2 tablets per day.
perindopril tab 8mg	2	QL; Maximum of 2 tablets per day.
quinapril tab 10mg	2	QL; Maximum of 2 tablets per day.
quinapril tab 20mg	2	QL; Maximum of 2 tablets per day.
quinapril tab 40mg	2	QL; Maximum of 2 tablets per day.
quinapril tab 5mg	2	QL; Maximum of 2 tablets per day.
quinapril-hydrochlorothiazide tab 10-12.5 mg	3	QL; Maximum of 1 tablet per day.
quinapril-hydrochlorothiazide tab 20-12.5 mg	3	QL; Maximum of 2 tablets per day.
quinapril-hydrochlorothiazide tab 20-25 mg	3	QL; Maximum of 2 tablets per day.
ramipril cap 1.25mg	2	QL; Maximum of 2 capsules per day.
ramipril cap 10mg	2	QL; Maximum of 2 capsules per day.
ramipril cap 2.5mg	2	QL; Maximum of 2 capsules per day.
ramipril cap 5mg	2	QL; Maximum of 2 capsules per day.
trandolapril tab 1mg	2	QL; Maximum of 1 tablet per day.
trandolapril tab 2mg	2	QL; Maximum of 1 tablet per day.
trandolapril tab 4mg	2	QL; Maximum of 2 tablets per day.
Antiarrhythmics		
amiodarone tab 100mg	2	
amiodarone tab 200mg	2	
amiodarone tab 400mg	2	
disopyramide cap 100mg	3	
disopyramide cap 150mg	3	
dofetilide cap 125mcg	4	QL; Maximum of 2 capsules per day.
dofetilide cap 250mcg	4	QL; Maximum of 2 capsules per day.

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dofetilide cap 500mcg	4	QL; Maximum of 2 capsules per day.
flecainide tab 100mg	2	
flecainide tab 150mg	2	
flecainide tab 50mg	2	
mexiletine cap 150mg	3	
mexiletine cap 200mg	3	
mexiletine cap 250mg	3	
MULTAQ TAB 400MG ***dronedarone hcl tab 400 mg (base equivalent)***	4	PA; QL; Maximum of 2 tablets per day.
NORPACE CAP 100MG CR ***disopyramide phosphate cap er 12hr 100 mg***	3	
NORPACE CAP 150MG CR ***disopyramide phosphate cap er 12hr 150 mg***	3	
propafenone cap 225mg er	4	
propafenone cap 325mg er	4	
propafenone cap 425mg er	4	
propafenone tab 150mg	2	
propafenone tab 225mg	2	
propafenone tab 300mg	2	
quinidine gl tab 324mg cr	2	
quinidine gl tab 324mg er	2	
quinidine su tab 200mg	2	
quinidine su tab 300mg	2	
sotalol af tab 120mg	2	
sotalol af tab 160mg	2	
sotalol af tab 80mg	2	
sotalol hcl tab 120mg	2	
sotalol hcl tab 160mg	2	
sotalol hcl tab 240mg	2	
sotalol hcl tab 80mg	2	
SOTYLIZE SOL 5MG/ML ***sotalol hcl oral solution 5 mg/ml***	4	PA
Beta-adrenergic Blocking Agents		
acebutolol cap 200mg	2	
acebutolol cap 400mg	2	
atenol/chlor tab 100-25mg	2	
atenol/chlor tab 50-25mg	2	
atenolol tab 100mg	2	
atenolol tab 25mg	2	
atenolol tab 50mg	2	
betaxolol tab 10mg	2	
betaxolol tab 20mg	2	
bisoprl/hctz tab 10/6.25	2	QL; Maximum of 2 tablets per day.
bisoprl/hctz tab 2.5/6.25	2	QL; Maximum of 2 tablets per day.
bisoprl/hctz tab 5-6.25mg	2	QL; Maximum of 2 tablets per day.
bisoprol fum tab 10mg	2	
bisoprol fum tab 2.5mg	2	

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bisoprol fum tab 5mg	2	
carvedilol tab 12.5mg	1	
carvedilol tab 25mg	1	
carvedilol tab 3.125mg	1	
carvedilol tab 6.25mg	1	
labetalol tab 100mg	2	
labetalol tab 200mg	2	
labetalol tab 300mg	2	
labetalol tab 400mg	2	
metoprl/hctz tab 100-25mg	3	
metoprl/hctz tab 100-50mg	3	
metoprl/hctz tab 50-25mg	3	
metoprolol succinate tab 100mg er	1	
metoprolol succinate tab 200mg er	1	
metoprolol succinate tab 25mg er	1	
metoprolol succinate tab 50mg er	1	
metoprolol tartrate tab 100mg	1	
metoprolol tartrate tab 25mg	1	
metoprolol tartrate tab 50mg	1	
nadolol tab 20mg	2	
nadolol tab 40mg	2	
nadolol tab 80mg	2	
nebivolol tab 10mg	2	QL; Maximum of 1 tablet per day.
nebivolol tab 2.5mg	2	QL; Maximum of 1 tablet per day.
nebivolol tab 20mg	2	QL; Maximum of 2 tablets per day.
nebivolol tab 5mg	2	QL; Maximum of 1 tablet per day.
pindolol tab 10mg	2	
pindolol tab 5mg	2	
propranolol cap 120mg er	2	
propranolol cap 160mg er	2	
propranolol cap 60mg er	2	
propranolol cap 80mg er	2	
propranolol sol 20mg/5ml	2	
propranolol sol 40mg/5ml	2	
propranolol tab 10mg	2	
propranolol tab 20mg	2	
propranolol tab 40mg	2	
propranolol tab 60mg	2	
propranolol tab 80mg	2	
timolol maleate tab 10 mg	2	
timolol maleate tab 20 mg	2	
timolol maleate tab 5 mg	2	

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Calcium Channel Blocking Agents		
amlodipine tab 10mg	1	
amlodipine tab 2.5mg	1	
amlodipine tab 5mg	1	
amlodipine besylate/olmesartan tab 5-20mg	3	QL; Maximum of 1 tablet per day.
amlodipine besylate/olmesartan tab 5-40mg	3	QL; Maximum of 1 tablet per day.
amlodipine besylate/olmesartan tab 10-20mg	3	QL; Maximum of 1 tablet per day.
amlodipine besylate/olmesartan tab 10-40mg	3	QL; Maximum of 1 tablet per day.
CARTIA XT CAP 120/24HR ***diltiazem hcl coated beads cap er 24hr 120 mg***	2	
CARTIA XT CAP 180/24HR ***diltiazem hcl coated beads cap er 24hr 180 mg***	2	
CARTIA XT CAP 240/24HR ***diltiazem hcl coated beads cap er 24hr 240 mg***	2	
CARTIA XT CAP 300/24HR ***diltiazem hcl coated beads cap er 24hr 300 mg***	2	
DILT-XR CAP 120MG ***diltiazem hcl cap er 24hr 120 mg***	2	
DILT-XR CAP 180MG ***diltiazem hcl cap er 24hr 180 mg***	2	
DILT-XR CAP 240MG ***diltiazem hcl cap er 24hr 240 mg***	2	
diltiazem er tab 180mg	3	
diltiazem er tab 240mg	3	
diltiazem er tab 300mg	3	
diltiazem er tab 360mg	3	
diltiazem er tab 420mg	3	
diltiazem hcl cap er 12hr 120 mg	3	
diltiazem hcl cap er 12hr 60 mg	3	
diltiazem hcl cap er 12hr 90 mg	3	
diltiazem hcl cap er 24hr 120 mg	2	
diltiazem hcl cap er 24hr 180 mg	2	
diltiazem hcl cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 120 mg	2	
diltiazem hcl coated beads cap er 24hr 180 mg	2	
diltiazem hcl coated beads cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 300 mg	2	
diltiazem hcl coated beads cap er 24hr 360 mg	2	
diltiazem hcl coated beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 120 mg	2	
diltiazem hcl extended release beads cap er 24hr 180 mg	2	
diltiazem hcl extended release beads cap er 24hr 240 mg	2	
diltiazem hcl extended release beads cap er 24hr 300 mg	2	
diltiazem hcl extended release beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 420 mg	2	
diltiazem tab 120mg er	3	
diltiazem tab 120mg	2	
diltiazem tab 240mg er	3	
diltiazem tab 300mg er	3	
diltiazem tab 30mg	2	

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diltiazem tab 360mg er	3	
diltiazem tab 60mg	2	
diltiazem tab 90mg	2	
felodipine tab 10mg er	2	
felodipine tab 2.5mg er	2	
felodipine tab 5mg er	2	
isradipine cap 2.5mg	2	
isradipine cap 5mg	2	
MATZIM LA TAB 180MG/24 ***diltiazem hcl tab er 24hr 180 mg***	3	
MATZIM LA TAB 240MG/24 ***diltiazem hcl tab er 24hr 240 mg***	3	
MATZIM LA TAB 300MG/24 ***diltiazem hcl tab er 24hr 300 mg***	3	
MATZIM LA TAB 360MG/24 ***diltiazem hcl tab er 24hr 360 mg***	3	
MATZIM LA TAB 420MG/24 ***diltiazem hcl tab er 24hr 420 mg***	3	
nicardipine cap 20mg	3	
nicardipine cap 30mg	3	
nifedipine cap 10mg	2	
nifedipine cap 20mg	2	
nifedipine tab er 24hr 30 mg	2	QL; Maximum of 2 tablets per day.
nifedipine tab er 24hr 60 mg	2	QL; Maximum of 2 tablets per day.
nifedipine tab er 24hr 90 mg	2	QL; Maximum of 2 tablets per day.
nifedipine tab er 24hr osmotic release 30 mg	2	QL; Maximum of 2 tablets per day.
nifedipine tab er 24hr osmotic release 60 mg	2	QL; Maximum of 2 tablets per day.
nifedipine tab er 24hr osmotic release 90 mg	2	QL; Maximum of 2 tablets per day.
nimodipine cap 30mg	4	
nisoldipine tab 17mg er	3	
nisoldipine tab 20mg er	3	
nisoldipine tab 25.5mg	3	
nisoldipine tab 30mg er	3	
nisoldipine tab 34mg er	3	
nisoldipine tab 40mg er	3	
nisoldipine tab 8.5mg er	3	
NYMALIZE SOL ***nimodipine oral soln 6 mg/ml***	3	
TAZTIA XT CAP 120MG/24 ***diltiazem hcl extended release beads cap er 24hr 120 mg***	2	
TAZTIA XT CAP 180MG/24 ***diltiazem hcl extended release beads cap er 24hr 180 mg***	2	
TAZTIA XT CAP 240MG/24 ***diltiazem hcl extended release beads cap er 24hr 240 mg***	2	
TAZTIA XT CAP 300MG ER ***diltiazem hcl extended release beads cap er 24hr 300 mg***	2	
TAZTIA XT CAP 360MG/24 ***diltiazem hcl extended release beads cap er 24hr 360 mg***	2	
TIADYLT CAP 120MG/24 ***diltiazem hcl extended release beads cap er 24hr 120 mg***	2	
TIADYLT CAP 180MG/24 ***diltiazem hcl extended release beads cap er 24hr 180 mg***	2	

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TIADYLT CAP 240MG/24 ***diltiazem hcl extended release beads cap er 24hr 240 mg***	2	
TIADYLT CAP 300MG/24 ***diltiazem hcl extended release beads cap er 24hr 300 mg***	2	
TIADYLT CAP 360MG/24 ***diltiazem hcl extended release beads cap er 24hr 360 mg***	2	
TIADYLT CAP 420MG/24 ***diltiazem hcl extended release beads cap er 24hr 420 mg***	2	
verapamil cap 100mg er	3	
verapamil cap 120mg er	3	
verapamil cap 120mg sr	3	
verapamil cap 180mg er	3	
verapamil cap 180mg sr	3	
verapamil cap 200mg er	3	
verapamil cap 240mg er	3	
verapamil cap 240mg sr	3	
verapamil cap 300mg er	3	
verapamil cap 360mg sr	3	
verapamil tab 120mg er	2	
verapamil tab 120mg	2	
verapamil tab 180mg er	2	
verapamil tab 240mg er	2	
verapamil tab 40mg	2	
verapamil tab 80mg	2	
Cardiovascular Agents, Other		
amiloride & hydrochlorothiazide tab 5-50 mg	2	
CORLANOR SOL 5MG/5ML ***ivabradine hcl oral soln 5 mg/5ml***	4	PA; QL; Maximum of 15 ml per day.
DAPAGLIFLOZI TAB 5MG ***dapagliflozin tab 5 mg***		
DAPAGLIFLOZI TAB 10MG ***dapagliflozin tab 10 mg***		
DAPAG/MET ER TAB 5-500MG ***dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg***		
DAPAG/MET ER TAB 10-500MG ***dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg***		
digoxin oral soln 0.05 mg/ml	4	
digoxin sol 50mcg/ml	3	
digoxin tab 125 mcg (0.125 mg)	2	
digoxin tab 62.5 mcg (0.0625 mg)	2	
ENTRESTO CAP 15-16MG ***sacubitril-valsartan sprinkle cap 15-16 mg***	4	PA; QL; Maximum of 8 capsules per day.
ENTRESTO CAP 6-6MG ***sacubitril-valsartan sprinkle cap 6-6 mg***	4	PA; QL; Maximum of 8 capsules per day.
isoso/hydral tab 20-37.5	3	QL; Maximum of 6 tablets per day.
ivabradine tab 5mg	4	PA; QL; Maximum of 2 tablets per day.
ivabradine tab 7.5mg	4	PA; QL; Maximum of 2 tablets per day.
ranolazine tab 1000mg	4	QL; Maximum of 2 tablets per day.
ranolazine tab 500mg er	4	QL; Maximum of 2 tablets per day.
sacubitril-valsartan tab 24-26 mg	4	PA; QL; Maximum of 2 tablets per day.
sacubitril-valsartan tab 49-51 mg	4	PA; QL; Maximum of 2 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
sacubitril-valsartan tab 97-103 mg	4	PA; QL; Maximum of 2 tablets per day.
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	2	
triamterene & hydrochlorothiazide tab 37.5-25 mg	2	
triamterene & hydrochlorothiazide tab 75-50 mg	2	
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamid cap 500mg er	3	
acetazolamid tab 125mg	3	
acetazolamid tab 250mg	3	
methazolamid tab 25mg	4	
methazolamid tab 50mg	4	
Diuretics, Loop		
bumetanide tab 0.5mg	2	
bumetanide tab 1mg	2	
bumetanide tab 2mg	2	
ethacrynic tab acd 25mg	4	
furosemide sol 10mg/ml	2	
furosemide sol 40mg/5ml	2	
furosemide tab 20mg	1	
furosemide tab 40mg	1	
furosemide tab 80mg	1	
torsemide tab 100mg	2	
torsemide tab 10mg	2	
torsemide tab 20mg	2	
torsemide tab 5mg	2	
Diuretics, Potassium-sparing		
ALDACTONE TAB 100MG ***spironolactone tab 100 mg***	4	
ALDACTONE TAB 25MG ***spironolactone tab 25 mg***	4	
ALDACTONE TAB 50MG ***spironolactone tab 50 mg***	4	
amiloride tab 5mg	2	
CAROSPIR SUS 25MG/5ML ***spironolactone susp 25 mg/5ml***	4	
eplerenone tab 25mg	3	
eplerenone tab 50mg	3	
spironolactone susp 25 mg/5ml	4	
spironolactone tab 100 mg	2	
spironolactone tab 25 mg	2	
spironolactone tab 50 mg	2	
Diuretics, Thiazide		
chlorthalid tab 25mg	2	
chlorthalid tab 50mg	2	
DIURIL SUS 250/5ML ***chlorothiazide susp 250 mg/5ml***	3	
hydrochlorot tab 12.5mg	1	
hydrochlorot tab 25mg	1	

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hydrochlorot tab 50mg	1	
indapamide tab 1.25mg	2	
indapamide tab 2.5mg	2	
metolazone tab 10mg	2	
metolazone tab 2.5mg	2	
metolazone tab 5mg	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate cap 134mg	2	
fenofibrate cap 200mg	2	
fenofibrate cap 67mg	2	
fenofibrate tab 145mg	2	
fenofibrate tab 160mg	2	
fenofibrate tab 48mg	2	
fenofibrate tab 54mg	2	
gemfibrozil tab 600mg	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin tab 10mg	1	QL; Maximum of 1 tablet per day.
atorvastatin tab 20mg	1	QL; Maximum of 1 tablet per day.
atorvastatin tab 40mg	1	QL; Maximum of 1 tablet per day.
atorvastatin tab 80mg	1	QL; Maximum of 1 tablet per day.
fluvastatin cap 20mg	3	QL; Maximum of 1 capsule per day.$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
fluvastatin cap 40mg	3	QL; Maximum of 2 capsules per day.$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
lovastatin tab 10mg	2	QL; Maximum of 1 tablet per day. $0 Copay for members between ages 40 to 75 years.
lovastatin tab 20mg	2	QL; Maximum of 1 tablet per day. $0 Copay for members between ages 40 to 75 years.
lovastatin tab 40mg	2	QL; Maximum of 2 tablets per day. $0 Copay for members between ages 40 to 75 years.
pravastatin tab 10mg	2	QL; Maximum of 1 tablet per day.$0 Copay for members between ages 40 to 75 years.
pravastatin tab 20mg	2	QL; Maximum of 1 tablet per day.$0 Copay for members between ages 40 to 75 years.
pravastatin tab 40mg	2	QL; Maximum of 1 tablet per day.$0 Copay for members between ages 40 to 75 years.
pravastatin tab 80mg	2	QL; Maximum of 1 tablet per day.$0 Copay for members between ages 40 to 75 years.
rosuvastatin tab 10mg	2	QL; Maximum of 1 tablet per day. $0 Copay for members between ages 40 to 75 years.
rosuvastatin tab 20mg	2	QL; Maximum of 1 tablet per day.
rosuvastatin tab 40mg	2	QL; Maximum of 1 tablet per day.
rosuvastatin tab 5mg	2	QL; Maximum of 1 tablet per day. $0 Copay for members between ages 40 to 75 years.
simvastatin tab 10mg	1	QL; Maximum of 1 tablet per day.

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Drug name	Tier	Coverage Requirements and Limits
simvastatin tab 20mg	1	QL; Maximum of 1 tablet per day.
simvastatin tab 40mg	1	QL; Maximum of 1 tablet per day.
simvastatin tab 5mg	1	QL; Maximum of 1 tablet per day.
simvastatin tab 80mg	1	QL; Maximum of 1 tablet per day.
Dyslipidemics, Other		
cholestyram pow 4gm lite	3	
cholestyram pow 4gm	3	
colesevelam pak 3.75gm	3	
colesevelam tab 625mg	3	
colestipol gra 5gm	3	
colestipol tab 1gm	2	
ezetimibe tab 10 mg	2	QL; Maximum of 1 tablet per day.
ezetimibe-simvastatin tab 10-10 mg	3	QL; Maximum of 1 tablet per day.
ezetimibe-simvastatin tab 10-20 mg	3	QL; Maximum of 1 tablet per day.
ezetimibe-simvastatin tab 10-40 mg	3	QL; Maximum of 1 tablet per day.
ezetimibe-simvastatin tab 10-80 mg	3	QL; Maximum of 1 tablet per day.
icosapent cap 0.5gm	4	PA
icosapent cap 1gm	4	PA
niacin er tab 1000mg	3	
niacin er tab 500mg	3	
niacin er tab 750mg	3	
niacin tab 500mg er	3	
niacin tab 500mg	3	
niacor tab 500mg	3	
omega-3-acid cap 1gm	2	PA; QL; Maximum of 4 capsules per day.
pentoxifylli tab 400mg er	2	
PREVALITE POW 4GM ***cholestyramine light powder 4 gm/dose***	3	
PREVALITE POW 4GM PK ***cholestyramine light powder packets 4 gm***	3	
REPATHA INJ 140MG/ML ***evolocumab subcutaneous soln prefilled syringe 140 mg/ml***	4	PA; QL; Maximum of 3 syringes (3 ml) per 28 days.
REPATHA PUSH INJ 420/3.5 ***evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml***	4	PA; QL; Maximum of 1 cartridge (3.5 ml) per 28 days.
REPATHA SURE INJ 140MG/ML ***evolocumab subcutaneous soln auto-injector 140 mg/ml***	4	PA; QL; Maximum of 3 pens (3 ml) per 28 days.
Vasodilators, Direct-acting Arterial		
hydralazine tab 100mg	2	
hydralazine tab 10mg	2	
hydralazine tab 25mg	2	
hydralazine tab 50mg	2	
minoxidil tab 10mg	2	
minoxidil tab 2.5mg	2	
Vasodilators, Direct-acting Arterial/Venous		
isosorb din tab 10mg	2	
isosorb din tab 20mg	2	
isosorb din tab 30mg	2	

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Drug name	Tier	Coverage Requirements and Limits
isosorb din tab 5mg	2	
isosorb mono tab 10mg	2	
isosorb mono tab 120mg er	2	
isosorb mono tab 20mg	2	
isosorb mono tab 30mg er	2	
isosorb mono tab 60mg er	2	
NITRO-BID OIN 2% ***nitroglycerin oint 2%***	3	
NITRO-DUR DIS 0.3MG/HR ***nitroglycerin td patch 24hr 0.3 mg/hr***	4	
NITRO-DUR DIS 0.8MG/HR ***nitroglycerin td patch 24hr 0.8 mg/hr***	4	
nitroglycer dis 0.1mg/hr	2	
nitroglycer dis 0.2mg/hr	2	
nitroglycer dis 0.4mg/hr	2	
nitroglycer dis 0.6mg/hr	2	
nitroglyceri oin 0.4%	4	QL; Maximum of 30 grams per 30 days.
nitroglycerin oin 2%		
nitroglyceri sub 0.6mg	2	
nitroglycern sub 0.3mg	2	
nitroglycern sub 0.4mg	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphet/dextr cap 10mg er	3	PA; QL; Maximum of 2 capsules per day.
amphet/dextr cap 15mg er	3	PA; QL; Maximum of 2 capsules per day.
amphet/dextr cap 20mg er	3	PA; QL; Maximum of 2 capsules per day.
amphet/dextr cap 25mg er	3	PA; QL; Maximum of 2 capsules per day.
amphet/dextr cap 30mg er	3	PA; QL; Maximum of 2 capsules per day.
amphet/dextr cap 5mg er	3	PA; QL; Maximum of 2 capsules per day.
amphet/dextr tab 10mg	2	PA; QL; Maximum of 2 tablets per day.
amphet/dextr tab 12.5mg	2	PA; QL; Maximum of 2 tablets per day.
amphet/dextr tab 15mg	2	PA; QL; Maximum of 2 tablets per day.
amphet/dextr tab 20mg	2	PA; QL; Maximum of 3 tablets per day.
amphet/dextr tab 30mg	2	PA; QL; Maximum of 2 tablets per day.
amphet/dextr tab 5mg	2	PA; QL; Maximum of 2 tablets per day.
amphet/dextr tab 7.5mg	2	PA; QL; Maximum of 2 tablets per day.
amphetamine tab 10mg	4	PA
amphetamine tab 5mg	4	PA
dextroamphetamine sulfate cap er 24hr 10 mg	3	PA; QL; Maximum of 6 capsules per day.
dextroamphetamine sulfate cap er 24hr 15 mg	3	PA; QL; Maximum of 4 capsules per day.
dextroamphetamine sulfate cap er 24hr 5 mg	3	PA; QL; Maximum of 3 capsules per day.
dextroamphetamine sulfate oral solution 5 mg/5ml	3	PA
dextroamphetamine sulfate tab 10 mg	2	PA; QL; Maximum of 6 tablets per day.
dextroamphetamine sulfate tab 5 mg	2	PA; QL; Maximum of 6 tablets per day.
lisdexamfeta cap 10mg	4	PA; QL; Maximum of 1 capsule per day.
lisdexamfeta cap 20mg	4	PA; QL; Maximum of 1 capsule per day.

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lisdexamfeta cap 30mg	4	PA; QL; Maximum of 1 capsule per day.
lisdexamfeta cap 40mg	4	PA; QL; Maximum of 1 capsule per day.
lisdexamfeta cap 50mg	4	PA; QL; Maximum of 1 capsule per day.
lisdexamfeta cap 60mg	4	PA; QL; Maximum of 1 capsule per day.
lisdexamfeta cap 70mg	4	PA; QL; Maximum of 1 capsule per day.
methamphetam tab 5mg	4	PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine cap 100mg	3	QL; Maximum of 1 capsule per day.
atomoxetine cap 10mg	3	QL; Maximum of 2 capsules per day.
atomoxetine cap 18mg	3	QL; Maximum of 2 capsules per day.
atomoxetine cap 25mg	3	QL; Maximum of 2 capsules per day.
atomoxetine cap 40mg	3	QL; Maximum of 2 capsules per day.
atomoxetine cap 60mg	3	QL; Maximum of 1 capsule per day.
atomoxetine cap 80mg	3	QL; Maximum of 1 capsule per day.
clonidine tab 0.1mg er	3	
dexmethylphenidate hcl cap er 24 hr 10 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 15 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 20 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 25 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 30 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 35 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 40 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 5 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl tab 10 mg	2	PA; QL; Maximum of 2 tablets per day.
dexmethylphenidate hcl tab 2.5 mg	2	PA; QL; Maximum of 2 tablets per day.
dexmethylphenidate hcl tab 5 mg	2	PA; QL; Maximum of 2 tablets per day.
guanfacine tab 1mg er	2	QL; Maximum of 1 tablet per day.
guanfacine tab 2mg er	2	QL; Maximum of 1 tablet per day.
guanfacine tab 3mg er	2	QL; Maximum of 2 tablets per day.
guanfacine tab 4mg er	2	QL; Maximum of 1 tablet per day.
methylphenid cap 10mg cd	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 10mg la	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 20mg cd	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 20mg la	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 30mg cd	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 30mg la	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 40mg cd	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 40mg la	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 50mg cd	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 60mg cd	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 60mg la	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 60mg la	3	PA; QL; Maximum of 1 capsule per day.
methylphenid chw 10mg	3	PA; QL; Maximum of 6 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
methylphenid chw 2.5mg	3	PA; QL; Maximum of 3 tablets per day.
methylphenid chw 5mg	3	PA; QL; Maximum of 3 tablets per day.
methylphenid sol 10mg/5ml	3	PA; QL; Maximum of 30 ml per day.
methylphenid sol 5mg/5ml	3	PA; QL; Maximum of 60 ml per day.
methylphenid tab 10mg er	3	PA; QL; Maximum of 4 tablets per day.
methylphenid tab 10mg	2	PA; QL; Maximum of 3 tablets per day.
methylphenid tab 18mg osm	3	PA; QL; Maximum of 3 tablets per day.
methylphenid tab 20mg er	3	PA; QL; Maximum of 3 tablets per day.
methylphenid tab 20mg	2	PA; QL; Maximum of 3 tablets per day.
methylphenid tab 27mg osm	3	PA; QL; Maximum of 2 tablets per day.
methylphenid tab 36mg osm	3	PA; QL; Maximum of 2 tablets per day.
methylphenid tab 54mg osm	3	PA; QL; Maximum of 1 tablet per day.
methylphenid tab 5mg	2	PA; QL; Maximum of 3 tablets per day.
Central Nervous System, Other		
AUSTEDO TAB 12MG ***deutetrabenazine tab 12 mg***	5	PA; QL; Maximum of 4 tablets per day.
AUSTEDO TAB 6MG ***deutetrabenazine tab 6 mg***	5	PA; QL; Maximum of 4 tablets per day.
AUSTEDO TAB 9MG ***deutetrabenazine tab 9 mg***	5	PA; QL; Maximum of 4 tablets per day.
AUSTEDO XR TAB 12MG ***deutetrabenazine tab er 24hr 12 mg***	5	PA; QL; Maximum of 1 tablet per day.
AUSTEDO XR TAB 18MG ***deutetrabenazine tab er 24hr 18 mg***	5	PA; QL; Maximum of 1 tablet per day.
AUSTEDO XR TAB 24MG ***deutetrabenazine tab er 24hr 24 mg***	5	PA; QL; Maximum of 2 tablets per day.
AUSTEDO XR TAB 30MG ER ***deutetrabenazine tab er 24hr 30 mg***	5	PA; QL; Maximum of 1 tablet per day.
AUSTEDO XR TAB 36MG ER ***deutetrabenazine tab er 24hr 36 mg***	5	PA; QL; Maximum of 1 tablet per day.
AUSTEDO XR TAB 42MG ER ***deutetrabenazine tab er 24hr 42 mg***	5	PA; QL; Maximum of 1 tablet per day.
AUSTEDO XR TAB 48MG ER ***deutetrabenazine tab er 24hr 48 mg***	5	PA; QL; Maximum of 1 tablet per day.
AUSTEDO XR TAB 6MG ***deutetrabenazine tab er 24hr 6 mg***	5	PA; QL; Maximum of 1 tablet per day.
AUSTEDO XR TAB TITR KIT ***deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg***	5	PA; QL; Maximum of 1 kit (28 tablets) per year.
AUSTEDO XR TAB TITR KIT ***deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg***	5	PA; QL; Maximum of 1 kit (42 tablets) per year.
caffeine cit sol 20mg/ml	2	
caffeine cit sol 60mg/3ml	2	
DAYBUE SOL 200MG/ML ***trofinetide oral soln 200 mg/ml***	5	PA; QL; Maximum of 120 mL per day.
INGREZZA CAP 40-80MG ***valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)***	5	PA; QL; Maximum of 1 pack (28 capsules) per 28 days.
INGREZZA CAP 40MG ***valbenazine tosylate cap 40 mg***	5	PA; QL; Maximum of 1 capsule per day.
INGREZZA CAP 40MG ***valbenazine tosylate capsule sprinkle 40 mg***	5	PA; QL; Maximum of 1 capsule per day.
INGREZZA CAP 60MG ***valbenazine tosylate cap 60 mg***	5	PA; QL; Maximum of 1 capsule per day.
INGREZZA CAP 60MG ***valbenazine tosylate capsule sprinkle 60 mg***	5	PA; QL; Maximum of 1 capsule per day.
INGREZZA CAP 80MG ***valbenazine tosylate cap 80 mg***	5	PA; QL; Maximum of 1 capsule per day.
INGREZZA CAP 80MG ***valbenazine tosylate capsule sprinkle 80 mg***	5	PA; QL; Maximum of 1 capsule per day.
riluzole tab 50mg	4	
tetrabenazin tab 12.5mg	4	PA; QL; Maximum of 3 tablets per day.
tetrabenazin tab 25mg	4	PA; QL; Maximum of 4 tablets per day.
Fibromyalgia Agents		
duloxetine cap 20mg dr	2	QL; Maximum of 2 capsules per day.

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Drug name	Tier	Coverage Requirements and Limits
duloxetine cap 30mg dr	2	QL; Maximum of 3 capsules per day.
duloxetine cap 60mg dr	2	QL; Maximum of 2 capsules per day.
MILNACIPRAN TAB 12.5MG ***milnacipran hcl tab 12.5 mg***		
MILNACIPRAN TAB 25MG ***milnacipran hcl tab 25 mg***		
MILNACIPRAN TAB 50MG ***milnacipran hcl tab 50 mg***		
MILNACIPRAN TAB 100MG ***milnacipran hcl tab 100 mg***		
MILNACIPRAN MIS TITR PAK ***milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak***		
pregabalin cap 100mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 150mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 200mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 225mg	2	QL; Maximum of 2 capsules per day.
pregabalin cap 25mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 300mg	2	QL; Maximum of 2 capsules per day.
pregabalin cap 50mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 75mg	2	QL; Maximum of 3 capsules per day.
SAVELLA MIS TITR PAK ***milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak***	4	QL; Maximum of 55 tablets (1 pack) per year.
SAVELLA TAB 100MG ***milnacipran hcl tab 100 mg***	4	QL; Maximum of 2 tablets per day.
SAVELLA TAB 12.5MG ***milnacipran hcl tab 12.5 mg***	4	QL; Maximum of 2 tablets per day.
SAVELLA TAB 25MG ***milnacipran hcl tab 25 mg***	4	QL; Maximum of 2 tablets per day.
SAVELLA TAB 50MG ***milnacipran hcl tab 50 mg***	4	QL; Maximum of 2 tablets per day.
Multiple Sclerosis Agents		
AVONEX PEN KIT 30MCG ***interferon beta-1a im auto-injector kit 30 mcg/0.5ml***	5	PA; QL; Maximum of 1 kit per 28 days.
AVONEX PREFL KIT 30MCG ***interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml***	5	PA; QL; Maximum of 1 kit per 28 days.
BETASERON INJ 0.3MG ***interferon beta-1b for inj kit 0.3 mg***	5	PA; QL; Maximum of 1 kit (15 vials) per 30 days.
dalfampridin tab 10mg er	4	PA; QL; Maximum of 2 tablets per day.
dimethyl fumarate capsule delayed release 120 mg	4	PA; QL; Maximum of 2 capsules per day.
dimethyl fumarate capsule delayed release 240 mg	4	PA; QL; Maximum of 2 capsules per day.
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	PA; QL; Maximum of 60 tablets (1 pack) per year.
fingolimod cap 0.5mg	5	PA; QL; Maximum of 1 pack (30 capsules) per 30 days.
glatiramer inj 20mg/ml	4	PA; QL; Maximum of 1 syringe (1 ml) per day.
glatiramer inj 40mg/ml	4	PA; QL; Maximum of 12 syringes (12 ml) per 28 days.
glatopa inj 20mg/ml	4	PA; QL; Maximum of 1 syringe (1 ml) per day.
glatopa inj 40mg/ml	4	PA; QL; Maximum of 12 syringes (12 ml) per 28 days.
teriflunomid tab 14mg	5	PA; QL; Maximum of 1 tablet per day.
teriflunomid tab 7mg	5	PA; QL; Maximum of 1 tablet per day.
ZEPOSIA CAP 0.92MG ***ozanimod hcl cap 0.92 mg***	5	PA; QL; Maximum of 1 capsule per day.
ZEPOSIA CAP STR KIT ***ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg***	5	PA; QL; Maximum of 1 pack per year.

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Drug name	Tier	Coverage Requirements and Limits
ZEPOSIA 7 DAY CAP STR PACK ***ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg***	5	PA; QL; Maximum of 1 pack per year.
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline cap 30mg	4	
chlorhex glu sol 0.12%	2	
periogard sol 0.12%	2	
pilocarpine tab 5mg	3	
pilocarpine tab 7.5mg	3	
triamcinolon pst 0.1%	2	
triamcinolon pst den 0.1%	2	
Dermatological Agents		
Acne and Rosacea Agents		
TRILITAS GEL 0.1% ***tazarotene gel 0.1%***	4	PA; QL; Maximum of 30 grams per 30 days.
Dermatological Agents		
accutane cap 10mg	4	
accutane cap 20mg	4	
accutane cap 30mg	4	
accutane cap 40mg	4	
acitretin cap 10mg	4	
acitretin cap 17.5mg	4	
acitretin cap 25mg	4	
adapalene cre 0.1%	4	PA; QL; Maximum of 45 grams per 30 days.
adapalene gel 0.1%	4	PA; QL; Maximum of 45 grams per 30 days.
adapalene gel 0.3% pmp	4	PA; QL; Maximum of 45 grams per 30 days.
adapalene gel 0.3%	4	PA; QL; Maximum of 45 grams per 30 days.
ammonium lac cre 12%	2	
amnesteem cap 10mg	4	
amnesteem cap 20mg	4	
amnesteem cap 30mg	4	
amnesteem cap 40mg	4	
azelaic acid gel 15%	4	QL; Maximum of 50 grams per 30 days.
benzoyl peroxide-erythromycin gel 5-3%	3	QL; Maximum of 46.6 grams per 30 days.
brimonidine gel 0.33%	4	QL; Maximum of 30 grams per 30 days.
calcipotrien sol 0.005%	3	QL; Maximum of 60 ml per 30 days.
calcipotriene cream 0.005%	4	QL; Maximum of 120 grams per 30 days.
calcipotriene oint 0.005%	4	QL; Maximum of 120 grams per 30 days.
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	4	QL; Maximum of 400 grams per 30 days.
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	4	QL; Maximum of 400 grams per 30 days.
calcitriol oin 3mcg/gm	4	QL; Maximum of 100 grams per 30 days.
claravis cap 10mg	4	
claravis cap 20mg	4	
claravis cap 30mg	4	
claravis cap 40mg	4	

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Drug name	Tier	Coverage Requirements and Limits
clindacin kit etz 1%	2	QL; Maximum of 1 kit per 30 days.
clindacin-p pad 1%	2	QL; Maximum of 69 pads per 30 days.
clindamy/ben gel 1.2-5%	3	QL; Maximum of 45 grams per 30 days.
clindamycin phosphate gel 1% (once-daily)	3	QL; Maximum of 75 grams per 30 days.
clindamycin phosphate gel 1% (twice-daily)	3	QL; Maximum of 60 grams per 30 days.
clindamycin phosphate lotion 1%	3	QL; Maximum of 2 ml per day.
clindamycin phosphate soln 1%	2	QL; Maximum of 30 ml per 30 days.
clindamycin phosphate swab 1%	2	QL; Maximum of 69 pads per 30 days.
doxepin hcl cre 5%	4	PA; QL; Maximum of 90 grams per 30 days.
DUPIXENT INJ 200/1.14 ***dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml***	5	PA; QL; Maximum of 4 syringes (4.56 ml) per 28 days.
DUPIXENT INJ 200MG ***dupilumab subcutaneous soln auto-injector 200 mg/1.14ml***	5	PA; QL; Maximum of 4 pens (4.56 ml) per 28 days.
DUPIXENT INJ 300/2ML ***dupilumab subcutaneous soln auto-injector 300 mg/2ml***	5	PA; QL; Maximum of 4 pens (8 ml) per 28 days.
DUPIXENT INJ 300/2ML ***dupilumab subcutaneous soln prefilled syringe 300 mg/2ml***	5	PA; QL; Maximum of 4 syringes (8 ml) per 28 days.
erythromycin gel 2%	3	
erythromycin pads 2%	2	
erythromycin sol 2%	3	
ESKATA SOL 40% ***hydrogen peroxide soln 40%***	4	
imiquimod cre 5%	2	QL; Maximum of 24 grams per 30 days.
isotretinoin cap 10mg	4	
isotretinoin cap 20mg	4	
isotretinoin cap 30mg	4	
isotretinoin cap 40mg	4	
ivermectin cre 1%	4	QL; Maximum of 45 grams per 30 days.
methoxsalen cap 10mg	4	
metronidazole cream 0.75%	3	
metronidazole gel 0.75%	3	
metronidazole lotion 0.75%	3	
pimecrolimus cre 1%	4	QL; Maximum of 100 grams per 30 days.
podofilox gel 0.5%	4	
podofilox sol 0.5%	2	
REGRANEX GEL 0.01% ***becaplermin gel 0.01%***	3	PA; QL; Maximum of 30 grams per 30 days.
selenium sulfide lotion 2.5%	2	
STEQEYMA INJ 45/0.5ML ***ustekinumab-stba soln prefilled syringe 45 mg/0.5ml***	5	PA; QL; Maximum of 1 ml per 84 days.
STEQEYMA INJ 90MG/ML ***ustekinumab-stba soln prefilled syringe 90 mg/ml***	5	PA; QL; Maximum of 2 ml per 84 days.
sulfacetamid lot 10%	4	
tacrolimus oint 0.03%	4	QL; Maximum of 30 grams per 30 days.
tacrolimus oint 0.1%	4	QL; Maximum of 30 grams per 30 days.
TALTZ INJ 20/0.25 ***ixekizumab subcutaneous soln prefilled syringe 20 mg/0.25ml***	5	PA; QL; Maximum of 0.25 ml per 28 days.
TALTZ INJ 40/0.5ML ***ixekizumab subcutaneous soln prefilled syringe 40 mg/0.5ml***	5	PA; QL; Maximum of 0.5 ml per 28 days.

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TALTZ INJ 80MG/ML ***ixekizumab subcutaneous soln auto-injector 80 mg/ml***	5	PA; QL; Maximum of 1 ml per 28 days.
TALTZ INJ 80MG/ML ***ixekizumab subcutaneous soln prefilled syringe 80 mg/ml***	5	PA; QL; Maximum of 1 ml per 28 days.
tazarotene cream 0.1%	4	PA; QL; Maximum of 30 grams per 30 days.
tazarotene gel 0.05%	4	PA; QL; Maximum of 30 grams per 30 days.
tazarotene gel 0.1%	4	PA; QL; Maximum of 30 grams per 30 days.
tretinoin cre 0.025%	3	PA; QL; Maximum of 45 grams per 30 days.
tretinoin cre 0.05%	3	PA; QL; Maximum of 45 grams per 30 days.
tretinoin cre 0.1%	3	PA; QL; Maximum of 45 grams per 30 days.
WEZLANA INJ 45/0.5ML ***ustekinumab-auub inj 45 mg/0.5ml***	5	
WEZLANA INJ 45/0.5ML ***ustekinumab-auub soln prefilled syringe 45 mg/0.5ml***	5	
WEZLANA INJ 90MG/ML ***ustekinumab-auub soln prefilled syringe 90 mg/ml***	5	
YESINTEK INJ 45/0.5ML ***ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml***	5	PA; QL; Maximum of 1 ml per 84 days.
YESINTEK INJ 45/0.5ML ***ustekinumab-kfce subcutaneous soln 45 mg/0.5ml***	5	PA; QL; Maximum of 1 ml per 84 days.
YESINTEK INJ 90MG/ML ***ustekinumab-kfce soln prefilled syringe 90 mg/ml***	5	PA; QL; Maximum of 2 ml per 84 days.
zenatane cap 10mg	4	
zenatane cap 20mg	4	
zenatane cap 30mg	4	
zenatane cap 40mg	4	
Dermatological Agents, Other		
PELLIX SOL 0.005% ***calcipotriene soln 0.005% (50 mcg/ml)***	3	QL; Maximum of 60 ml per 30 days.
Pediculicides/Scabicides		
PRURADIK LOT 10% ***crotamiton lotion 10%***	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic tab 200mg	5	PA; SP
EFFER-K TAB 10MEQ ***potassium bicarbonate-citric acid effer tab 10 meq***	3	
EFFER-K TAB 20MEQ ***potassium bicarbonate-citric acid effer tab 20 meq***	3	
EFFER-K TAB 25MEQ EF ***potassium bicarbonate effer tab 25 meq***	2	
GALZIN CAP 25MG ***zinc acetate cap 25 mg (elemental zinc)***	4	
GALZIN CAP 50MG ***zinc acetate cap 50 mg (elemental zinc)***	4	
klor-con 10 tab 10meq er	2	
klor-con 8 tab 8meq er	2	
klor-con m10 tab 10meq er	2	
klor-con m15 tab 15meq er	2	
klor-con m20 tab 20meq er	2	
klor-con pak 20meq	4	
klor-con/ef tab 25meq	2	
levocarnitin sol 1gm/10ml	3	
levocarnitin tab 330mg	2	

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pot chloride cap 10meq er	2	
pot chloride cap 8meq er	2	
pot chloride pow 20meq	4	
pot chloride sol 10%	2	
pot chloride sol 20%	2	
pot chloride tab 10meq er	2	
pot chloride tab 15meq er	2	
pot chloride tab 20meq er	2	
pot chloride tab 8meq er	2	
pot citra er tab 540mg	3	
pot citra er tab 1080mg	3	
pot citrate er tab 1620mg	3	
pot cl micro tab 10meq cr	2	
pot cl micro tab 15meq er	2	
pot cl micro tab 20meq er	2	
potassium citrate er tab 1080mg	3	
sod fluoride chw 0.25mg f	1	$0 Copay for members ages 0 to 16 years.
sod fluoride chw 0.5mg f	1	$0 Copay for members ages 0 to 16 years.
sod fluoride dro 0.5mg/ml	1	$0 Copay for members ages 0 to 16 years.
sod fluoride tab 0.5mg f	1	$0 Copay for members ages 0 to 16 years.
sod fluoride tab 1mg f	1	$0 Copay for members ages 0 to 16 years.
sodium fluoride chew tab 0.25 mg	1	$0 Copay for members ages 0 to 16 years.
sodium fluoride chew tab 0.5 mg	1	$0 Copay for members ages 0 to 16 years.
sodium fluoride chew tab 1 mg	1	$0 Copay for members ages 0 to 16 years.
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAP 100MG ***succimer cap 100 mg***	3	
deferasirox granules packet 180 mg	5	PA
deferasirox granules packet 360 mg	5	PA
deferasirox granules packet 90 mg	5	PA
deferasirox tab 125mg	5	PA
deferasirox tab 180mg	4	PA
deferasirox tab 250mg	5	PA
deferasirox tab 360mg	4	PA
deferasirox tab 500mg	5	PA
deferasirox tab 90mg	4	PA
LOKELMA PAK 10GM ***sodium zirconium cyclosilicate for susp packet 10 gm***	4	PA; QL; Maximum of 90 packets per 30 days.
LOKELMA PAK 5GM ***sodium zirconium cyclosilicate for susp packet 5 gm***	4	PA; QL; Maximum of 90 packets per 30 days.
sodium polystyrene sulfonate powder	2	
tolvaptan tab 15mg	4	PA; QL; Maximum of 2 tablets per day.
tolvaptan tab 30mg	4	PA; QL; Maximum of 2 tablets per day.
TRIENTINE CAP 250MG ***trientine hcl cap 250 mg***	5	PA; QL; Maximum of 8 capsules per day.
Phosphate Binders		
calc acetate cap 667mg	2	

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calc acetate tab 667mg	2	
ferric citrate tab 210mg	4	
FOSRENOL POW 1000MG ***lanthanum carbonate oral powder pack 1000 mg (elemental)***	4	
FOSRENOL POW 750MG ***lanthanum carbonate oral powder pack 750 mg (elemental)***	4	
lanthanum chw 1000mg	4	
lanthanum chw 500mg	4	
lanthanum chw 750mg	4	
sevelamer carbonate packet 0.8 gm	4	
sevelamer carbonate packet 2.4 gm	4	
sevelamer carbonate tab 800 mg	3	
VELPHORO CHW 500MG ***sucroferric oxyhydroxide chew tab 500 mg***	3	
Vitamins		
ATABEX EC TAB 29-1MG ****prenatal vit w/ dss-iron carbonyl-fa tab dr 29-1 mg******	2	
ATABEX OB TAB 29-1MG ****prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg******	2	
CO-NATAL FA TAB 29-1MG ****prenatal vit w/ fe fumarate-fa tab 29-1 mg******	2	
COMPLETE NAT PAK DHA ****prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk*****	2	
COMPLETENATE CHW ****prenatal vit w/ fe fumarate-fa chew tab 29-1 mg******	2	
cyanocobalam inj 10000mcg	2	
cyanocobalam inj 1000mcg	2	
cyanocobalam inj 30000mcg	2	
cyanocobalam sol 2000mcg	2	
DODEX INJ ***cyanocobalamin inj 1000 mcg/ml***	3	
ERGOCALCIFER CAP 1.25MG ***ergocalciferol cap 1.25 mg (50000 unit)***	2	
FA-8 CAP 800MCG ***folic acid cap 0.8 mg***	1	
folic acid tab 1000mcg	2	
folic acid tab 1mg	2	
folic acid tab 400mcg	1	
folic acid tab 800mcg	1	
FOLIVANE-OB CAP ****prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg******	2	
INATAL GT TAB ****prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg******	2	
M-NATAL PLUS TAB ****prenatal vit w/ fe fumarate-fa tab 27-1 mg******	2	
NEONATAL PLS TAB 27-1MG ****prenatal vit w/ fe fumarate-fa tab 27-1 mg******	2	
NEONATAL TAB COMPLTE ****prenatal vit w/ fe fumarate-fa tab 27-1 mg******	2	
NEONATAL TAB PLUS ****prenatal vit w/ fe fumarate-fa tab 27-1 mg******	2	
NIVA-PLUS TAB ****prenatal vit w/ fe fumarate-fa tab 27-1 mg******	2	
ONE VITE TAB 1MG PLUS ****prenatal vit w/ fe fumarate-fa tab 27-1 mg******	2	
phytonadione tab 5mg	4	QL; Maximum of 2 tablets per day.
PNV 27-CA/FE TAB /FA ****prenatal vit w/ fe fumarate-fa tab 60-1 mg******	2	
PNV-DHA CAP DOCUSATE ****prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg****	2	
PRENATABS FA ***prenatabs fa tab 29-1 mg***	2	

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PRENATAL 19 TAB 29-1MG ***prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg****	2	
PRENATAL PLS MIS MV + DHA ***prenat w/ fe fum-fa tab 27-1 mg & omega 3 cap 312 mg pak**	2	
prenatal tab 27-1mg	2	
PRENATAL TAB PLUS ***prenatal vit w/ fe fumarate-fa tab 27-1 mg****	2	
PRENATAL-U CAP 106.5-1 ***prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg****	2	
PRENATRIX TAB ***prenatal vit w/ fe fumarate-fa tab 27-1 mg****	2	
PRENATRYL TAB ***prenatal vit w/ fe fumarate-fa tab 27-1 mg****	2	
PROVIDA OB CAP ***prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg****	2	
SE-NATAL 19 CHW ***prenatal vit w/ fe fumarate-fa chew tab 29-1 mg****	2	
SE-NATAL 19 TAB ***prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg****	2	
TARON-C DHA CAP ***prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg****	2	
THRIVITE RX TAB 29-1MG ***prenatal vit w/ iron carbonyl-fa tab 29-1 mg****	2	
TRICARE TAB PRENATAL ***prenatal vit w/ fe fumarate-fa tab 27-1 mg****	2	
TRINATAL RX TAB 1 ***prenatal vit w/ fe fumarate-fa tab 60-1 mg****	2	
TRINATE TAB ***prenatal vit w/ fe fumarate-fa tab 28-1 mg****	2	
vitamin d cap 1.25mg	2	
vitamin d cap 50000unt	2	
VITATHELY TAB ***prenatal vit w/ fe fumarate-fa tab 27-1 mg****	2	
WESNATAL DHA PAK COMPLETE ***prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk****	2	
WESTAB PLUS TAB 27-1MG ***prenatal vit w/ fe fumarate-fa tab 27-1 mg****	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine cap 10mg	2	
dicyclomine sol 10mg/5ml	3	
dicyclomine tab 20mg	2	
glycopyrrol tab 1mg	2	
glycopyrrol tab 2mg	2	
methscopolam tab 2.5mg	3	
methscopolam tab 5mg	3	
Gastrointestinal Agents, Other		
alvimopan cap 12mg	4	
CROMOLYN SOD CON 100/5ML ***cromolyn sodium oral conc 100 mg/5ml***	4	
diphen/atrop liq 2.5/5	3	
diphen/atrop tab 2.5mg	2	
lansopr/amox pak /clarith	4	QL; Maximum of 112 capsules (1 kit) per 180 days.
loperamide cap 2mg	2	
opium tin 10mg/ml	4	QL; Maximum of 2.4 ml per day.
RELISTOR INJ 12/0.6ML ***methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)***	4	PA; QL; Maximum of 0.6 ml per day.
RELISTOR INJ 12/0.6ML ***methylnaltrexone bromide soln pref syr 12 mg/0.6ml***	4	PA; QL; Maximum of 0.6 ml per day.

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RELISTOR INJ 8/0.4ML ***methylnaltrexone bromide soln pref syr 8 mg/0.4ml***	4	PA; QL; Maximum of 0.4 ml per day.
SYMPROIC TAB 0.2MG ***naldemedine tosylate tab 0.2 mg (base equivalent)***	3	PA; QL; Maximum of 1 tablet per day.
ursodiol cap 300mg	2	
ursodiol tab 250mg	2	
ursodiol tab 500mg	2	
Histamine2 (H2) receptor Antagonists		
cimetidine sol 300/5ml	2	
cimetidine tab 200mg	2	
cimetidine tab 300mg	2	
cimetidine tab 400mg	2	
cimetidine tab 400mg	2	
cimetidine tab 800mg	2	
famotidine sus 40mg/5ml	3	
famotidine tab 20mg	2	
famotidine tab 40mg	2	
nizatidine cap 150mg	3	
nizatidine cap 300mg	3	
Irritable Bowel Syndrome Agents		
alosetron tab 0.5mg	4	PA; QL; Maximum of 2 tablets per day.
alosetron tab 1mg	4	PA; QL; Maximum of 2 tablets per day.
LINZESS CAP 145MCG ***linaclotide cap 145 mcg***	3	PA; QL; Maximum of 1 capsule per day.
LINZESS CAP 290MCG ***linaclotide cap 290 mcg***	3	PA; QL; Maximum of 1 capsule per day.
LINZESS CAP 72MCG ***linaclotide cap 72 mcg***	3	PA; QL; Maximum of 1 capsule per day.
lubiprostone cap 24mcg	4	QL; Maximum of 2 capsules per day.
lubiprostone cap 8mcg	4	QL; Maximum of 2 capsules per day.
VIBERZI TAB 100MG ***eluxadoline tab 100 mg***	4	PA; QL; Maximum of 2 tablets per day.
VIBERZI TAB 75MG ***eluxadoline tab 75 mg***	4	PA; QL; Maximum of 2 tablets per day.
Laxatives		
bisacodyl tab 5mg ec	1	QL; Maximum of 4 tablets per month.
CITROMA SOL LEMONY ***magnesium citrate soln***	1	QL; Maximum of 296 ml (1 bottle) per 30 days.
CLEARLAX POW ***polyethylene glycol 3350 oral powder 17 gm/scoop***	1	QL; Maximum of 850 grams per month.
CLENPIQ SOL ***sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml***	4	$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
CONSTULOSE SOL 10GM/15 ***lactulose solution 10 gm/15ml***	2	
CVS PURELAX POW ***polyethylene glycol 3350 oral powder 17 gm/scoop***	1	QL; Maximum of 850 grams per month.
enulose sol 10gm/15	2	
GAVILAX POW ***polyethylene glycol 3350 oral powder 17 gm/scoop***	1	QL; Maximum of 850 grams per month.
GAVILYTE-C SOL ***peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm***	2	QL; Maximum of 4000 ml (1 jug) per 30 days.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.

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GAVILYTE-G SOL ***peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm***	2	QL; Maximum of 4000 ml (1 jug) per 30 days.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
GENERLAC SOL 10/15ML ***lactulose (encephalopathy) solution 10 gm/15ml***	2	
GENERLAC SOL 10GM/15 ***lactulose (encephalopathy) solution 10 gm/15ml***	2	
GENTLELAX POW ***polyethylene glycol 3350 oral powder 17 gm/scoop***	1	QL; Maximum of 850 grams per month.
GLYCOLAX POW 3350 NF ***polyethylene glycol 3350 oral powder 17 gm/scoop***	1	QL; Maximum of 850 grams per month.
KRISTALOSE PAK 10GM ***lactulose oral crystal packet 10 gm***	4	
KRISTALOSE PAK 20GM ***lactulose oral crystal packet 20 gm***	4	
lactulose pak 10gm	4	
lactulose pak 20gm	4	
lactulose sol 10/15ml	2	
lactulose sol 10gm/15	2	
lactulose sol 10gm/15	2	
lactulose sol 20/30ml	2	
mag citrate sol lemon	1	QL; Maximum of 296 ml (1 bottle) per 30 days.
MIRALAX POW 3350 NF ***polyethylene glycol 3350 oral powder 17 gm/scoop***	1	QL; Maximum of 850 grams per month.
peg-3350 sol electrol	2	QL; Maximum of 4000 ml (1 jug) per 30 days.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-3350/kcl sol /sodium	2	QL; Maximum of 4000 ml (1 jug) per 30 days.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg/nasul/c/ sol nacl/pot	4	QL; Maximum of 1 kit per month.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PLENVU SOL ***peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm***	4	QL; Maximum of 3 pouches (1 kit) per month.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
polyeth glyc pow 3350 nf	1	QL; Maximum of 850 grams per month.
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	QL; Maximum of 11.8 ml per day.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
Protectants		
misoprostol tab 100mcg	2	
misoprostol tab 200mcg	2	
sucralfate sus 1gm/10ml	4	PA
sucralfate tab 1gm	2	
Proton Pump Inhibitors		
esomepra mag cap 20mg dr	2	QL; Maximum of 3 capsules per day.
esomepra mag cap 40mg dr	2	QL; Maximum of 2 capsules per day.
lansoprazole cap 15mg dr	2	QL; Maximum of 2 capsules per day.
lansoprazole cap 30mg dr	2	QL; Maximum of 2 capsules per day.
omeprazole cap 10mg	2	QL; Maximum of 3 capsules per day.

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omeprazole cap 20mg	2	
omeprazole cap 40mg	2	
pantoprazole tab 20mg	2	QL; Maximum of 3 tablets per day.
pantoprazole tab 40mg	2	QL; Maximum of 2 tablets per day.
rabeprazole tab 20mg	3	QL; Maximum of 1 tablet per day.
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
betaine anhy pow	5	
CREON CAP 12000UNT ***pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit***	3	
CREON CAP 24000UNT ***pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit***	3	
CREON CAP 3000UNIT ***pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit***	3	
CREON CAP 36000UNT ***pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit***	3	
CREON CAP 6000UNIT ***pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit***	3	
CYSTAGON CAP 150MG ***cysteamine bitartrate cap 150 mg***	5	
CYSTAGON CAP 50MG ***cysteamine bitartrate cap 50 mg***	5	
MYALEPT INJ 11.3MG ***metreleptin for subcutaneous inj 11.3 mg***	5	PA; QL; SP; Maximum of 1 vial per day.
OCALIVA TAB 10MG ***obeticholic acid tab 10 mg***	5	PA; QL; Maximum of 1 tablet per day.
OCALIVA TAB 5MG ***obeticholic acid tab 5 mg***	5	PA; QL; Maximum of 1 tablet per day.
sapropterin pow 100mg	5	PA; QL; Maximum of 480 packets per 30 days.
sapropterin pow 500mg	5	PA; QL; Maximum of 120 packets per 30 days.
sapropterin tab 100mg	5	PA; QL; Maximum of 16 tablets per day.
ZELVYSIA POW 100MG ***sapropterin dihydrochloride powder packet 100 mg***	5	PA; QL; Maximum of 480 packets per 30 days.
ZELVYSIA POW 500MG ***sapropterin dihydrochloride powder packet 500 mg***	5	PA; QL; Maximum of 120 packets per 30 days.
ZENPEP CAP 10000UNT ***pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit***	3	
ZENPEP CAP 15000UNT ***pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit***	3	
ZENPEP CAP 20000UNT ***pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit***	3	
ZENPEP CAP 25000UNT ***pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit***	3	
ZENPEP CAP 3000UNIT ***pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit***	3	
ZENPEP CAP 40000UNT ***pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit***	3	
ZENPEP CAP 5000UNIT ***pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit***	3	
ZENPEP CAP 60000UNT ***pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit***	3	
Genitourinary Agents		
Genitourinary Agents, Other		
alfuzosin tab 10mg er	2	

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bethanechol tab 10mg	2	
bethanechol tab 25mg	2	
bethanechol tab 50mg	2	
bethanechol tab 5mg	2	
darifenacin tab 15mg er	3	QL; Maximum of 1 tablet per day.
darifenacin tab 7.5mg er	3	QL; Maximum of 1 tablet per day.
dutast/tamsu cap 0.5-0.4	4	
dutast/tamsu cap 0.5-0.4	4	
dutasteride cap 0.5mg	2	QL; Maximum of 1 capsule per day.
ELMIRON CAP 100MG ***pentosan polysulfate sodium caps 100 mg***	3	
ENCARE SUP 100MG ***nonoxynol-9 vaginal suppos 100 mg***	1	QL; Maximum of 36 suppositories per month.
fesoterodine tab 4mg er	4	QL; Maximum of 1 tablet per day.
fesoterodine tab 8mg er	4	QL; Maximum of 1 tablet per day.
finasteride tab 5mg	2	
flavoxate tab 100mg	2	
GYNOL II GEL 3% ***nonoxynol-9 gel 3%***	1	
oxybutynin sol 5mg/5ml	2	
oxybutynin tab 10mg er	2	QL; Maximum of 3 tablets per day.
oxybutynin tab 15mg er	2	QL; Maximum of 2 tablets per day.
oxybutynin tab 5mg er	2	QL; Maximum of 1 tablet per day.
oxybutynin tab 5mg	2	
penicillamin cap 250mg	5	
penicillamin tab 250mg	5	
phenazo tab 200mg	2	
phenazopyridine hcl tab 100 mg	2	
phenazopyridine hcl tab 200 mg	2	
silodosin cap 4mg	3	QL; Maximum of 1 capsule per day.
silodosin cap 8mg	3	QL; Maximum of 1 capsule per day.
solifenacin tab 10mg	2	QL; Maximum of 1 tablet per day.
solifenacin tab 5mg	2	QL; Maximum of 1 tablet per day.
tadalafil tab 2.5mg	4	QL; Maximum of 1 tablet per day.
tadalafil tab 5mg	4	QL; Maximum of 1 tablet per day.
tamsulosin cap 0.4mg	2	
terazosin cap 10mg	2	
terazosin cap 1mg	2	
terazosin cap 2mg	2	
terazosin cap 5mg	2	
TODAY SPONGE MIS ***nonoxynol-9 vaginal sponge 1000 mg***	1	
tolterodine cap 2mg er	3	
tolterodine cap 4mg er	3	
tolterodine tab 1mg	3	
tolterodine tab 2mg	3	

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Drug name	Tier	Coverage Requirements and Limits
trospium chl cap 60mg er	3	
trospium cl tab 20mg	3	
VCF VAGINAL GEL CONTRACE ***nonoxynol-9 gel 4%***	1	
VCF VAGINAL MIS CONTRACP ***nonoxynol-9 film 28%***	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
alclometason cre 0.05%	2	
alclometason oin 0.05%	2	
amcinonide cream 0.1%	4	
amcinonide lotion 0.1%	4	
amcinonide oint 0.1%	4	
beta diprop cre 0.05%	3	
beta diprop gel 0.05%	3	
beta diprop lot 0.05%	3	
beta diprop oin 0.05%	3	
betameth dip cre 0.05%	3	
betameth dip lot 0.05%	3	
betameth dip oin 0.05%	3	
betameth val cre 0.1%	3	
betameth val lot 0.1%	3	
betameth val oin 0.1%	3	
clobetasol propionate cream 0.05%	3	QL; Maximum of 30 grams per 30 days.
clobetasol propionate emollient base cream 0.05%	4	QL; Maximum of 15 grams per 30 days.
clobetasol propionate gel 0.05%	3	QL; Maximum of 15 grams per 30 days.
clobetasol propionate oint 0.05%	3	QL; Maximum of 15 grams per 30 days.
clobetasol propionate soln 0.05%	4	QL; Maximum of 25 ml per 30 days.
clocortolone cre 0.1%	4	QL; Maximum of 45 grams per 30 days.
desonide cream 0.05%	3	QL; Maximum of 60 grams per 30 days.
desonide lotion 0.05%	3	QL; Maximum of 60 ml per 30 days.
desonide oint 0.05%	3	QL; Maximum of 15 grams per 30 days.
desoximetasone cream 0.05%	3	QL; Maximum of 100 grams per 30 days.
desoximetasone cream 0.25%	3	QL; Maximum of 100 grams per 30 days.
desoximetasone gel 0.05%	3	QL; Maximum of 60 grams per 30 days.
desoximetasone oint 0.05%	3	QL; Maximum of 60 grams per 30 days.
desoximetasone oint 0.25%	3	QL; Maximum of 60 grams per 30 days.
desoximetasone spray 0.25%	3	QL; Maximum of 100 ml per 30 days.
dexamethasone conc 1 mg/ml	2	
dexamethasone elixir 0.5 mg/5ml	2	
dexamethasone soln 0.5 mg/5ml	2	
dexamethasone tab 0.5 mg	2	
dexamethasone tab 0.75 mg	2	
dexamethasone tab 1 mg	2	
dexamethasone tab 1.5 mg	2	

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dexamethasone tab 2 mg	2	
dexamethasone tab 4 mg	2	
dexamethasone tab 6 mg	2	
diflorasone cre 0.05%	4	QL; Maximum of 240 grams per 30 days.
fludrocort tab 0.1mg	2	
fluocin acet oil 0.01% body	3	QL; Maximum of 118.28 ml per 30 days.
fluocin acet oil 0.01% scalp	3	QL; Maximum of 118.28 ml per 30 days.
fluocin acet oin 0.025%	3	QL; Maximum of 120 grams per 30 days.
fluocin acet sol 0.01%	3	QL; Maximum of 60 ml per 30 days.
fluocinolone acetonide cream 0.01%	3	QL; Maximum of 15 grams per 30 days.
fluocinolone acetonide cream 0.025%	3	QL; Maximum of 120 grams per 30 days.
fluocinonide cream 0.05%	3	QL; Maximum of 60 grams per 30 days.
fluocinonide emulsified base cream 0.05%	3	QL; Maximum of 60 grams per 30 days.
fluocinonide gel 0.05%	3	QL; Maximum of 60 grams per 30 days.
fluocinonide oint 0.05%	3	QL; Maximum of 60 grams per 30 days.
fluocinonide soln 0.05%	3	QL; Maximum of 60 mls per 30 days.
flurandrenol lot 0.05%	4	QL; Maximum of 240 ml per 30 days.
fluticasone cre 0.05%	2	
fluticasone oin 0.005%	2	
halobetasol cre 0.05%	3	QL; Maximum of 15 grams per 30 days.
halobetasol oin 0.05%	3	QL; Maximum of 15 grams per 30 days.
hydrocortisone butyrate cream 0.1%	4	QL; Maximum of 60 grams per 30 days.
hydrocortisone butyrate hydrophilic lipo base cream 0.1%	4	QL; Maximum of 60 grams per 30 days.
hydrocortisone butyrate oint 0.1%	4	
hydrocortisone butyrate soln 0.1%	4	
hydrocortisone cream 2.5%	2	
hydrocortisone lotion 2.5%	2	
hydrocortisone oint 1%	2	
hydrocortisone oint 2.5%	2	
hydrocortisone tab 10 mg	2	
hydrocortisone tab 20 mg	2	
hydrocortisone tab 5 mg	2	
hydrocortisone valerate cream 0.2%	3	QL; Maximum of 60 grams per 30 days.
hydrocortisone valerate oint 0.2%	3	QL; Maximum of 15 grams per 30 days.
methylpred tab 16mg	2	
methylpred tab 32mg	2	
methylpred tab 4mg	2	
methylpred tab 4mg	2	
methylpred tab 8mg	2	
mometasone cream 0.1%	2	
mometasone ointment 0.1%	2	
mometasone sol 0.1%	2	
pred sod pho sol 5mg/5ml	2	

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prednisolone sol 10mg/5ml	2	
prednisolone sol 15mg/5ml	2	
prednisolone sol 15mg/5ml	2	
prednisolone sol 20mg/5ml	2	
prednisolone sol 25mg/5ml	2	
prednisolone tab 10mg odt	4	
prednisolone tab 15mg odt	4	
prednisolone tab 30mg odt	4	
prednisolone tab 5mg	3	
prednisone con 5mg/ml	3	
prednisone sol 5mg/5ml	3	
prednisone tab 10mg	2	
prednisone tab 1mg	2	
prednisone tab 2.5mg	2	
prednisone tab 20mg	2	
prednisone tab 50mg	2	
prednisone tab 5mg	2	
prednisone tab therapy pack 10 mg (21)	2	
prednisone tab therapy pack 10 mg (48)	2	
prednisone tab therapy pack 5 mg (21)	2	
prednisone tab therapy pack 5 mg (48)	2	
triamcinolon cre 0.025%	2	QL; Maximum of 80 grams per 30 days.
triamcinolon cre 0.1%	2	QL; Maximum of 80 grams per 30 days.
triamcinolon cre 0.5%	2	QL; Maximum of 15 grams per 30 days.
triamcinolon lot 0.025%	2	
triamcinolon lot 0.1%	2	
triamcinolon oin 0.025%	2	
triamcinolon oin 0.1%	2	
triamcinolon oin 0.5%	2	
triderm cre 0.5%	2	QL; Maximum of 15 grams per 30 days.
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
FOLLISTIM AQ INJ 300UNIT		
FOLLISTIM AQ INJ 300UNIT ***follitropin beta inj 300 unit/0.36ml***	5	PA
FOLLISTIM AQ INJ 600UNIT		
FOLLISTIM AQ INJ 600UNIT ***follitropin beta inj 600 unit/0.72ml***	5	PA
FOLLISTIM AQ INJ 900UNIT		
FOLLISTIM AQ INJ 900UNIT ***follitropin beta inj 900 unit/1.08ml***	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
cabergoline tab 0.5mg	2	
desmopressin inj 40/10ml	4	
desmopressin inj 4mcg/ml (preservative free)	4	
desmopressin inj 4mcg/ml	4	
desmopressin spr 0.01%	3	

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desmopressin tab 0.1mg	2	
desmopressin tab 0.2mg	2	
INCRELEX INJ 40MG/4ML ***mecasermin inj 40 mg/4ml (10 mg/ml)***	5	PA; QL; SP; Maximum of 52 ml per 30 days.
MENOPUR INJ 75UNIT ***menotropins for subcutaneous inj 75 unit***	5	PA
milophene tab 50mg	3	PA
NORDITROPIN INJ 10/1.5ML ***somatropin solution pen-injector 10 mg/1.5ml***	4	PA; QL; Maximum of 0.45 ml per day.
NORDITROPIN INJ 15/1.5ML ***somatropin solution pen-injector 15 mg/1.5ml***	4	PA; QL; Maximum of 0.3 ml per day.
NORDITROPIN INJ 30/3ML ***somatropin solution pen-injector 30 mg/3ml***	4	PA; QL; Maximum of 0.3 ml per day.
NORDITROPIN INJ 5/1.5ML ***somatropin solution pen-injector 5 mg/1.5ml***	4	PA; QL; Maximum of 0.9 ml per day.
OMNITROPE INJ 10/1.5ML ***somatropin solution cartridge 10 mg/1.5ml***	4	PA; QL; Maximum of 0.45 ml per day.
OMNITROPE INJ 5.8MG ***somatropin for inj 5.8 mg***	4	PA; QL; Maximum of 16 vials per 30 days.
OMNITROPE INJ 5/1.5ML ***somatropin solution cartridge 5 mg/1.5ml***	4	PA; QL; Maximum of 0.9 ml per day.
PREGNYL INJ 10000UNT ***chorionic gonadotropin for im inj 10000 unit***	4	PA
Selective Estrogen Receptor Modifying Agents		
clomiphene tab 50mg	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
MIFEPREX TAB 200MG ***mifepristone tab 200 mg***	3	
mifepristone tab 200mg	2	
PREPIDIL GEL 0.5MG/3G ***dinoprostone cervical gel 0.5 mg/3gm***	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
androgel gel 1.62%	4	PA; QL; Maximum of 150 grams (2 canisters) per month.
danazol cap 100mg	3	
danazol cap 200mg	3	
danazol cap 50mg	3	
DEPO-TESTOST INJ 100MG/ML ***testosterone cypionate im inj in oil 100 mg/ml***	4	PA
DEPO-TESTOST INJ 200MG/ML ***testosterone cypionate im inj in oil 200 mg/ml***	4	PA
FORTESTA GEL 10MG/ACT ***testosterone td gel 10mg/act (2%)***	4	PA; QL; Maximum of 120 grams (2 canisters) per month.
JATENZO CAP 158MG ***testosterone undecanoate cap 158 mg***	4	PA; QL; Maximum of 4 capsules per day.
JATENZO CAP 198MG ***testosterone undecanoate cap 198 mg***	4	PA; QL; Maximum of 4 capsules per day.
JATENZO CAP 237MG ***testosterone undecanoate cap 237 mg***	4	PA; QL; Maximum of 2 capsules per day.
KYZATREX CAP 100MG ***testosterone undecanoate cap 100 mg***	4	PA; QL; Maximum of 2 capsules per day.
KYZATREX CAP 150MG ***testosterone undecanoate cap 150 mg***	4	PA; QL; Maximum of 4 capsules per day.
KYZATREX CAP 200MG ***testosterone undecanoate cap 200 mg***	4	PA; QL; Maximum of 4 capsules per day.
METHITEST TAB 10MG ***methyltestosterone oral tab 10 mg***	4	
methyltestos cap 10mg	4	
NATESTO GEL 5.5MG ***testosterone nasal gel 5.5 mg/act***	4	PA; QL; Maximum of 33 grams (3 dispensers) per month.
TESTIM GEL 1%(50MG) ***testosterone td gel 50 mg/5gm (1%)***	4	PA; QL; Maximum of 10 grams (2 units) per day.
testost cyp inj 100mg/ml	2	PA

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testost cyp inj 200mg/ml	2	PA
testost cyp inj 200mg/ml	2	PA
testost enan inj 200mg/ml	2	PA
testosterone gel pump 1%	4	PA; QL; Maximum of 300 grams (4 canisters) per month.
testosterone sol 30mg/act	4	PA; QL; Maximum of 2 bottles (180 ml) per 30 days.
testosterone td gel 10mg/act (2%)	4	PA; QL; Maximum of 120 grams (2 canisters) per month.
testosterone td gel 20.25 mg/1.25gm (1.62%)	4	PA; QL; Maximum of 37.5 grams per 30 days.
testosterone td gel 20.25 mg/act (1.62%)	3	PA; QL; Maximum of 150 grams (2 canisters) per month.
testosterone td gel 20.25 mg/act (1.62%)	3	PA; QL; Maximum of 150 grams (2 canisters) per month.
testosterone td gel 25 mg/2.5gm (1%)	4	PA; QL; Maximum of 2.5 grams (1 unit) per day.
testosterone td gel 40.5 mg/2.5gm (1.62%)	4	PA; QL; Maximum of 5 grams (2 units) per day.
testosterone td gel 50 mg/5gm (1%)	3	PA; QL; Maximum of 10 grams (2 units) per day.
TLANDO CAP 112.5 MG ***testosterone undecanoate cap 112.5 mg***	4	PA; QL; Maximum of 4 capsules per day.
UNDECATREX CAP 200MG ***testosterone undecanoate cap 200 mg***	4	PA; QL; Maximum of 4 capsules per day.
VOGELXO GEL 1%(50MG) ***testosterone td gel 50 mg/5gm (1%)***	4	PA; QL; Maximum of 10 grams (2 units) per day.
VOGELXO GEL PUMP 1% ***testosterone td gel 12.5 mg/act (1%)***	4	PA; QL; Maximum of 300 grams (4 canisters) per month.
XYOSTED INJ 100/0.5 ***testosterone enanthate solution auto-injector 100 mg/0.5ml***	4	PA
XYOSTED INJ 50/0.5ML ***testosterone enanthate solution auto-injector 50 mg/0.5ml***	4	PA
XYOSTED INJ 75/0.5ML ***testosterone enanthate solution auto-injector 75 mg/0.5ml***	4	PA
Estrogens		
abigale lo tab 0.5-0.1	3	
abigale tab 1-0.5mg	3	
afirmelle tab 0.1-0.02	1	
alora dis 0.025mg	4	PA; QL; Maximum of 8 patches per 28 days.
alora dis 0.075mg	4	PA; QL; Maximum of 8 patches per 28 days.
alora dis 0.1mg	4	PA; QL; Maximum of 8 patches per 28 days.
altavera tab	1	
alyacen tab 1/35	1	
alyacen tab 7/7/7	1	
amabelz tab 0.5-0.1	3	
amabelz tab 1-0.5mg	3	
amethyst tab 90-20mcg	1	
ANNOVERA MIS ***segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr***	1	QL; Maximum of 1 ring per year.
apri tab	1	
aranelle tab	1	
ashlyna tab	1	

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aubra eq tab 0.1-0.02	1	
aurovela 24 tab fe 1/20	1	
aurovela fe tab 1.5/30	1	
aurovela fe tab 1/20	1	
aurovela tab 1.5/30	1	
aurovela tab 1/20	1	
averi tab	1	
aviane tab	1	
ayuna tab	1	
azurette tab	1	
balziva tab	1	
BIJUVA CAP 0.5-100 ***estradiol-progesterone cap 0.5-100 mg***	4	
blisovi 24 tab fe 1/20	1	
blisovi fe tab 1.5/30	1	
blisovi fe tab 1/20	1	
briellyn tab	1	
camrese lo tab	1	
camrese tab	1	
charlotte 24 chw fe 1/20	1	
chateal eq tab 0.15/30	1	
CLIMARA DIS 0.025MG ***estradiol td patch weekly 0.025 mg/24hr***	4	PA; QL; Maximum of 4 patches per 28 days.
CLIMARA DIS 0.0375MG ***estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)***	4	PA; QL; Maximum of 4 patches per 28 days.
CLIMARA DIS 0.05MG ***estradiol td patch weekly 0.05 mg/24hr***	4	PA; QL; Maximum of 4 patches per 28 days.
CLIMARA DIS 0.06MG ***estradiol td patch weekly 0.06 mg/24hr***	4	PA; QL; Maximum of 4 patches per 28 days.
CLIMARA DIS 0.075MG ***estradiol td patch weekly 0.075 mg/24hr***	4	PA; QL; Maximum of 4 patches per 28 days.
CLIMARA DIS 0.1MG ***estradiol td patch weekly 0.1 mg/24hr***	4	PA; QL; Maximum of 4 patches per 28 days.
CLIMARA PRO DIS WEEKLY ***estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day***	4	QL; Maximum of 4 patches per 28 days.
clomid tab 50 mg	3	PA
conj estrogn tab 0.3mg	4	PA; QL; Maximum of 1 tablet per day.
conj estrogn tab 0.45mg	4	PA; QL; Maximum of 1 tablet per day.
conj estrogn tab 0.625mg	4	PA; QL; Maximum of 1 tablet per day.
conj estrogn tab 0.9mg	4	PA; QL; Maximum of 1 tablet per day.
conj estrogn tab 1.25mg	4	PA; QL; Maximum of 1 tablet per day.
cryselle-28 tab 28 tabs	1	
cyred eq tab	1	
dasetta tab 1/35	1	
dasetta tab 7/7/7	1	
daysee tab	1	
delestrogen inj 10mg/ml	4	PA
delestrogen inj 20mg/ml	4	PA
delestrogen inj 40mg/ml	4	PA
delyla tab 0.1-0.02	1	

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depo-estradi inj 5mg/ml	4	PA
deso/ethinyl tab estradio	1	
divigel gel 0.25mg	4	PA; QL; Maximum of 30g (1 box) per month.
divigel gel 0.5mg	4	PA; QL; Maximum of 30g (1 box) per month.
divigel gel 0.75mg	4	PA; QL; Maximum of 30g (1 box) per month.
divigel gel 1.25mg	4	PA; QL; Maximum of 37.5g (1 box) per month.
divigel gel 1mg/gm	4	PA; QL; Maximum of 30g (1 box) per month.
dolishale tab 90-20mcg	1	
dotti dis 0.025mg	3	QL; Maximum of 8 patches per 28 days.
dotti dis 0.0375mg	3	QL; Maximum of 8 patches per 28 days.
dotti dis 0.05mg	3	QL; Maximum of 8 patches per 28 days.
dotti dis 0.075mg	3	QL; Maximum of 8 patches per 28 days.
dotti dis 0.1mg	3	QL; Maximum of 8 patches per 28 days.
dros/eth est tab levomefo	1	
dros/eth est tab levomefo	1	
drospir/ethi tab 3-0.02mg	1	
drospir/ethi tab 3-0.03mg	1	
drospirenone tab ethy est	1	
DUAVEE TAB 0.45-20 ***conjugated estrogens-bazedoxifene tab 0.45-20 mg***	4	QL; Maximum of 1 tablet per day.
ELESTRIN GEL 0.06% ***estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)***	4	PA; QL; Maximum of 52g (1 box) per month.
elinest tab	1	
eluryng mis	1	
enilloring mis	1	
enpresse-28 tab	1	
enskyce tab	1	
estarylla tab 0.25-35	1	
estra/noreth tab 0.5-0.1	3	
estra/noreth tab 1-0.5mg	3	
estrace tab 0.5mg	4	PA
estrace tab 1mg	4	PA
estrace tab 2mg	4	PA
estrad val inj 10mg/ml	2	
estrad val inj 20mg/ml	2	
estrad val inj 40mg/ml	2	
estradiol gel 0.25mg	4	PA; QL; Maximum of 30g (1 box) per month.
estradiol gel 0.5mg	4	PA; QL; Maximum of 30g (1 box) per month.
estradiol gel 0.75mg	4	PA; QL; Maximum of 30g (1 box) per month.
estradiol gel 1.25mg	4	PA; QL; Maximum of 37.5g (1 box) per month.
estradiol gel 1mg/gm	4	PA; QL; Maximum of 30g (1 box) per month.
estradiol tab 0.5mg	2	
estradiol tab 10mcg	3	QL; Maxiumum of 18 tablets per 28 days.
estradiol tab 1mg	2	

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estradiol tab 2mg	2	
estradiol td patch twice weekly 0.025 mg/24hr	2	QL; Maximum of 4 patches per 28 days.
estradiol td patch twice weekly 0.0375 mg/24hr	2	QL; Maximum of 4 patches per 28 days.
estradiol td patch twice weekly 0.05 mg/24hr	2	QL; Maximum of 4 patches per 28 days.
estradiol td patch twice weekly 0.075 mg/24hr	2	QL; Maximum of 4 patches per 28 days.
estradiol td patch twice weekly 0.1 mg/24hr	4	PA; QL; Maximum of 50g (1 box) per month.
estradiol td patch weekly 0.025 mg/24hr	3	QL; Maximum of 8 patches per 28 days.
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	3	QL; Maximum of 8 patches per 28 days.
estradiol td patch weekly 0.05 mg/24hr	3	QL; Maximum of 8 patches per 28 days.
estradiol td patch weekly 0.06 mg/24hr	2	QL; Maximum of 4 patches per 28 days.
estradiol td patch weekly 0.075 mg/24hr	3	QL; Maximum of 8 patches per 28 days.
estradiol td patch weekly 0.1 mg/24hr	3	QL; Maximum of 8 patches per 28 days.
estradiol vaginal cream 0.01%	2	QL; Maximum of 4 patches per 28 days.
ESTRING MIS 7.5/24HR ***estradiol vaginal ring 2 mg (7.5 mcg/24hrs)***	3	QL; Maximum of 1 ring per 90 days.
estrogel gel 0.06%	4	PA; QL; Maximum of 50g (1 box) per month.
ethy eth est tab 1-35	1	
ethynodiol tab 1-50	1	
etonogestrel mis ethy est	1	
falmina tab	1	
feirza tab 1.5/30	1	
feirza tab 1/20	1	
femlyv tab 1/0.02mg	1	
finzala chw fe 1/20	1	
fyavolv tab 0.5-2.5	3	
fyavolv tab 1-5	3	
galbriela chw	1	
gemmily cap 1/20	1	
hailey 24 tab fe	1	
hailey fe tab 1.5/30	1	
hailey fe tab 1/20	1	
hailey tab 1.5/30	1	
haloette mis	1	
iclevia tab	1	
introvale tab	1	
isibloom tab	1	
jaimiess tab	1	
jasmiel tab 3-0.02mg	1	
jinteli tab 1mg-5mcg	3	
jolessa tab	1	
joyeaux tab 0.1-20	1	
juleber tab	1	
junel 1.5/30 tab	1	
junel 1/20 tab	1	

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junel fe 24 tab 1/20	1	
junel fe tab 1.5/30	1	
junel fe tab 1/20	1	
kaitlib fe chw	1	
kalliga tab	1	
kariva tab 28 day	1	
kelnor 1/50 tab	1	
kelnor tab 1/35	1	
kurvelo tab 0.15/30	1	
larin 24 tab fe 1/20	1	
larin fe tab 1.5/30	1	
larin fe tab 1/20	1	
larin tab 1.5/30	1	
larin tab 1/20	1	
layolis fe chw	1	
leena tab	1	
lessina tab	1	
levo-eth est tab 90-20mcg	1	
levonest tab	1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	1	
levonor/ethi tab 0.1-0.02	1	
levonor/ethi tab 0.1-20	1	
levonor/ethi tab	1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
levora-28 tab 0.15/30	1	
lo loestrin tab 1-10-10	1	
lo-zumandimi tab 3-0.02mg	1	
lojaimiess tab	1	
loryna tab 3-0.02mg	1	
low-ogestrel tab	1	
luizza 1/20 tab	1	
luizza tab 1.5/30	1	
lutera tab	1	
lyllana dis 0.025mg	3	QL; Maximum of 8 patches per 28 days.
lyllana dis 0.0375mg	3	QL; Maximum of 8 patches per 28 days.
lyllana dis 0.05mg	3	QL; Maximum of 8 patches per 28 days.
lyllana dis 0.075mg	3	QL; Maximum of 8 patches per 28 days.
lyllana dis 0.1mg	3	QL; Maximum of 8 patches per 28 days.
marlissa tab 0.15/30	1	
menest tab 0.3mg	4	PA

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Drug name	Tier	Coverage Requirements and Limits
menest tab 0.625mg	4	PA
menest tab 1.25mg	4	PA
menest tab 2.5mg	4	PA
menostar dis 14mcg	4	PA; QL; Maximum of 4 patches per 28 days.
merzee cap 1/20	1	
mibelas 24 chw fe	1	
microgestin tab 1.5/30	1	
microgestin tab 1/20	1	
microgestin tab fe 1/20	1	
microgestin tab fe1.5/30	1	
mili tab 0.25/35	1	
mimvey tab 1-0.5mg	3	
minivelle dis 0.025mg	4	PA; QL; Maximum of 8 patches per 28 days.
minivelle dis 0.0375mg	4	PA; QL; Maximum of 8 patches per 28 days.
minivelle dis 0.05mg	4	PA; QL; Maximum of 8 patches per 28 days.
minivelle dis 0.075mg	4	PA; QL; Maximum of 8 patches per 28 days.
minivelle dis 0.1mg	4	PA; QL; Maximum of 8 patches per 28 days.
minzoya tab 0.1-20	1	
mono-linyah tab 0.25-35	1	
natazia tab	1	
necon tab 0.5/35	1	
NEXTSTELLIS TAB 3-14.2MG ***drospirenone-estetrol tab 3-14.2 mg***	1	
nikki tab 3-0.02mg	1	
nor/est/ff tab 1.5/30	1	
nore/eth/fer cap 1/20	1	
nore/eth/fer chw 0.4mg-35	1	
norelge/ethi dis 150/35	1	
noreth/ethin chw fe 1/20	1	
noreth/ethin chw fe	1	
noreth/ethin tab 0.5-2.5	3	
noreth/ethin tab 1.5/30	1	
noreth/ethin tab 1/20	1	
noreth/ethin tab 1mg-5mcg	3	
noreth/ethin tab fe 1/20	1	
noreth/ethin tab fe	1	
norgest/ethi tab 0.25/35	1	
norgest/ethi tab estradio	1	
nortrel tab 0.5/35	1	
nortrel tab 1/35	1	
nortrel tab 7/7/7	1	
nylia tab 1/35	1	
nylia tab 7/7/7	1	
ocella tab 3-0.03mg	1	

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Drug name	Tier	Coverage Requirements and Limits
philith tab 0.4-35	1	
pimtrea tab	1	
portia-28 tab	1	
PREMARIN TAB 0.3MG ***estrogens, conjugated tab 0.3 mg***	4	PA; QL; Maximum of 1 tablet per day.
PREMARIN TAB 0.45MG ***estrogens, conjugated tab 0.45 mg***	4	PA; QL; Maximum of 1 tablet per day.
PREMARIN TAB 0.625MG ***estrogens, conjugated tab 0.625 mg***	4	PA; QL; Maximum of 1 tablet per day.
PREMARIN TAB 0.9MG ***estrogens, conjugated tab 0.9 mg***	4	PA; QL; Maximum of 1 tablet per day.
PREMARIN TAB 1.25MG ***estrogens, conjugated tab 1.25 mg***	4	PA; QL; Maximum of 1 tablet per day.
PREMARIN VAG CRE 0.625MG ***estrogens, conjugated vaginal cream 0.625 mg/gm***	4	
reclipsen tab	1	
rivelsa tab	1	
rosyrah tab	1	
setlakin tab	1	
simliya tab 28 day	1	
simpesse tab	1	
sprintec 28 tab 28 day	1	
sronyx tab	1	
syeda tab 3-0.03mg	1	
tarina 24 fe tab	1	
tarina fe tab 1/20 eq	1	
taysofy cap 1/20	1	
tilia fe tab	1	
tri-estaryll tab	1	
tri-legest tab fe	1	
tri-linyah tab	1	
tri-lo tab estaryll	1	
tri-lo- tab marzia	1	
tri-lo- tab sprintec	1	
tri-lo-mili tab	1	
tri-mili tab	1	
tri-sprintec tab	1	
tri-vylibra tab lo	1	
tri-vylibra tab	1	
trivora-28 tab	1	
turqoz tab	1	
TWIRLA DIS 120-30 ***levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr***	1	
TYBLUME CHW 0.1-0.02 ***levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg***	1	
tydemy tab	1	
valtya 1/35 tab	1	
valtya 1/50 tab	1	
velivet pak	1	

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vestura tab 3-0.02mg	1	
vienva tab 0.1-20	1	
viorele tab	1	
vivelle-dot dis 0.025mg	4	PA; QL; Maximum of 8 patches per 28 days.
vivelle-dot dis 0.0375mg	4	PA; QL; Maximum of 8 patches per 28 days.
vivelle-dot dis 0.05mg	4	PA; QL; Maximum of 8 patches per 28 days.
vivelle-dot dis 0.075mg	4	PA; QL; Maximum of 8 patches per 28 days.
vivelle-dot dis 0.1mg	4	PA; QL; Maximum of 8 patches per 28 days.
volnea tab	1	
vyfemla tab 0.4-35	1	
vylibra tab 0.25-35	1	
wera tab 0.5/35	1	
wymzya fe chw 0.4mg-35	1	
xarah fe tab	1	
xelria fe chw 0.4mg-35	1	
xulane dis 150-35	1	
yuvafem tab 10mcg	3	QL; Maxiumum of 18 tablets per 28 days.
zafemy dis 150/35	1	
zovia 1/35 tab	1	
zumandimine tab 3-0.03mg	1	
Progestins		
aftera tab 1.5mg	1	
afterpill tab 1.5mg	1	
camila tab 0.35mg	1	
curae tab 1.5mg	1	
deblitane tab 0.35mg	1	
DEPO-PROVERA INJ 150MG/ML ***medroxyprogesterone acetate im susp 150 mg/ml***	1	QL; Maximum of 5 ml per year.
DEPO-PROVERA INJ 150MG/ML ***medroxyprogesterone acetate im susp prefilled syr 150 mg/ml***	1	
DEPO-SQ PROV INJ 104 ***medroxyprogesterone acetate susp pref syr 104 mg/0.65ml***	1	QL; Maximum of 5 doses (520 mg) per year.
econtra os tab 1.5mg	1	
ella tab 30mg	1	QL; Maximum of 1 tablet per 21 days.
emzahh tab 0.35mg	1	
errin tab 0.35mg	1	
gallifrey tab 5mg	2	
heather tab 0.35mg	1	
her style tab 1.5mg	1	
incassia tab 0.35mg	1	
jencycla tab 0.35mg	1	
levonorgestr tab 1.5mg	1	
lyleq tab 0.35mg	1	
lyza tab 0.35mg	1	

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Drug name	Tier	Coverage Requirements and Limits
medroxypr ac inj 150mg/ml prefilled syr	1	
medroxypr ac inj 150mg/ml	1	QL; Maximum of 5 ml per year.
medroxypr ac tab 10mg	2	
medroxypr ac tab 2.5mg	2	
medroxypr ac tab 5mg	2	
megestrol ac sus 400/10ml	2	
megestrol ac sus 400mg/10	2	
megestrol ac sus 40mg/ml	2	
megestrol ac sus 800mg/20	2	
megestrol ac tab 20mg	2	
megestrol ac tab 40mg	2	
megestrol sus 625mg/5m	4	
meleya tab 0.35mg	1	
my choice tab 1.5mg	1	
my way tab 1.5mg	1	
new day tab 1.5mg	1	
nora-be tab 0.35mg	1	
norethin ace tab 5mg	2	
norethindron tab 0.35mg	1	
norlyroc tab 0.35mg	1	
opcicon tab 1.5mg	1	
opill tab 0.075mg	1	
option 2 tab 1.5mg	1	
orquidea tab 0.35mg	1	
PLAN B TAB 1.5MG ***levonorgestrel tab 1.5 mg***	1	
progesterone cap 100mg	2	
progesterone cap 200mg	2	
progesterone inj 50mg/ml	2	
prometrium cap 100mg	4	PA
prometrium cap 200mg	4	PA
provera tab 10mg	4	PA
provera tab 2.5mg	4	PA
provera tab 5mg	4	PA
react tab 1.5mg	1	
sharobel tab 0.35mg	1	
shewise tab 1.5mg	1	
SLYND TAB 4MG ***drospirenone tab 4 mg***	1	
TAKE ACTION TAB 1.5MG ***levonorgestrel tab 1.5 mg***	1	
Selective Estrogen Receptor Modifying Agents		
EVAMIST SPR 1.53MG ***estradiol transdermal spray 1.53 mg/spray***	4	PA
OSPHENA TAB 60MG ***ospemifene tab 60 mg***	4	PA; QL; Maximum of 1 tablet per day.

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Drug name	Tier	Coverage Requirements and Limits
raloxifene tab 60mg	2	QL; Maximum of 1 tablet per day. $0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYRO TAB 120MG ***thyroid tab 120 mg (2 grain)***	4	
ARMOUR THYRO TAB 15MG ***thyroid tab 15 mg (1/4 grain)***	4	
ARMOUR THYRO TAB 180MG ***thyroid tab 180 mg (3 grain)***	4	
ARMOUR THYRO TAB 240MG ***thyroid tab 240 mg (4 grain)***	4	
ARMOUR THYRO TAB 300MG ***thyroid tab 300 mg (5 grain)***	4	
ARMOUR THYRO TAB 30MG ***thyroid tab 30 mg (1/2 grain)***	4	
ARMOUR THYRO TAB 60MG ***thyroid tab 60 mg (1 grain)***	4	
ARMOUR THYRO TAB 90MG ***thyroid tab 90 mg (1 1/2 grain)***	4	
euthyrox tab 100mcg	2	
euthyrox tab 112mcg	2	
euthyrox tab 125mcg	2	
euthyrox tab 137mcg	2	
euthyrox tab 150mcg	2	
euthyrox tab 175mcg	2	
euthyrox tab 200mcg	2	
euthyrox tab 25mcg	2	
euthyrox tab 50mcg	2	
euthyrox tab 75mcg	2	
euthyrox tab 88mcg	2	
levo-t tab 100mcg	2	
levo-t tab 112mcg	2	
levo-t tab 125mcg	2	
levo-t tab 137mcg	2	
levo-t tab 150mcg	2	
levo-t tab 175mcg	2	
levo-t tab 200mcg	2	
levo-t tab 25mcg	2	
levo-t tab 300 mcg	2	
levo-t tab 50mcg	2	
levo-t tab 75mcg	2	
levo-t tab 88mcg	2	
levothyroxin tab 100mcg	2	
levothyroxin tab 112mcg	2	
levothyroxin tab 125mcg	2	
levothyroxin tab 137mcg	2	
levothyroxin tab 150mcg	2	
levothyroxin tab 175mcg	2	
levothyroxin tab 200mcg	2	

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Drug name	Tier	Coverage Requirements and Limits
levothyroxin tab 25mcg	2	
levothyroxin tab 300mcg	2	
levothyroxin tab 50mcg	2	
levothyroxin tab 75mcg	2	
levothyroxin tab 88mcg	2	
levoxyl tab 100mcg	2	
levoxyl tab 112mcg	2	
levoxyl tab 125mcg	2	
levoxyl tab 137mcg	2	
levoxyl tab 150mcg	2	
levoxyl tab 175mcg	2	
levoxyl tab 200mcg	2	
levoxyl tab 25mcg	2	
levoxyl tab 50mcg	2	
levoxyl tab 75mcg	2	
levoxyl tab 88mcg	2	
liomny tab 25mcg	2	
liomny tab 50mcg	2	
liomny tab 5mcg	2	
liothyronine tab 25mcg	2	
liothyronine tab 50mcg	2	
liothyronine tab 5mcg	2	
NIVA THYROID TAB 120MG ***thyroid tab 120 mg (2 grain)***	4	
NIVA THYROID TAB 15MG ***thyroid tab 15 mg (1/4 grain)***	4	
NIVA THYROID TAB 30MG ***thyroid tab 30 mg (1/2 grain)***	4	
NIVA THYROID TAB 60MG ***thyroid tab 60 mg (1 grain)***	4	
NIVA THYROID TAB 90MG ***thyroid tab 90 mg (1 1/2 grain)***	4	
np thyroid tab 120mg	4	
np thyroid tab 15mg	4	
np thyroid tab 30mg	4	
np thyroid tab 60mg	4	
np thyroid tab 90mg	4	
SYNTHROID TAB 100MCG ***levothyroxine sodium tab 100 mcg***	3	
SYNTHROID TAB 112MCG ***levothyroxine sodium tab 112 mcg***	3	
SYNTHROID TAB 125MCG ***levothyroxine sodium tab 125 mcg***	3	
SYNTHROID TAB 137MCG ***levothyroxine sodium tab 137 mcg***	3	
SYNTHROID TAB 150MCG ***levothyroxine sodium tab 150 mcg***	3	
SYNTHROID TAB 175MCG ***levothyroxine sodium tab 175 mcg***	3	
SYNTHROID TAB 200MCG ***levothyroxine sodium tab 200 mcg***	3	
SYNTHROID TAB 25MCG ***levothyroxine sodium tab 25 mcg***	3	
SYNTHROID TAB 300MCG ***levothyroxine sodium tab 300 mcg***	3	
SYNTHROID TAB 50MCG ***levothyroxine sodium tab 50 mcg***	3	
SYNTHROID TAB 75MCG ***levothyroxine sodium tab 75 mcg***	3	

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Drug name	Tier	Coverage Requirements and Limits
SYNTHROID TAB 88MCG ***levothyroxine sodium tab 88 mcg***	3	
THYQUIDITY SOL 100/5ML ***levothyroxine sodium oral solution 100 mcg/5ml***	4	PA
THYQUIDITY SOL 100MCG ***levothyroxine sodium oral solution 100 mcg/5ml***	4	PA
thyroid tab 120mg	4	
thyroid tab 15mg	4	
thyroid tab 30mg	4	
thyroid tab 60mg	4	
thyroid tab 90mg	4	
TIROSINT-SOL SOL 100MCG ***levothyroxine sodium oral solution 100 mcg/ml***	4	PA
TIROSINT-SOL SOL 112MCG ***levothyroxine sodium oral solution 112 mcg/ml***	4	PA
TIROSINT-SOL SOL 125MCG ***levothyroxine sodium oral solution 125 mcg/ml***	4	PA
TIROSINT-SOL SOL 137MCG ***levothyroxine sodium oral solution 137 mcg/ml***	4	PA
TIROSINT-SOL SOL 13MCG/ML ***levothyroxine sodium oral solution 13 mcg/ml***	4	PA
TIROSINT-SOL SOL 150MCG ***levothyroxine sodium oral solution 150 mcg/ml***	4	PA
TIROSINT-SOL SOL 175MCG ***levothyroxine sodium oral solution 175 mcg/ml***	4	PA
TIROSINT-SOL SOL 200MCG ***levothyroxine sodium oral solution 200 mcg/ml***	4	PA
TIROSINT-SOL SOL 25MCG/ML ***levothyroxine sodium oral solution 25 mcg/ml***	4	PA
TIROSINT-SOL SOL 37.5/ML ***levothyroxine sodium oral solution 37.5 mcg/ml***	4	PA
TIROSINT-SOL SOL 44MCG/ML ***levothyroxine sodium oral solution 44 mcg/ml***	4	PA
TIROSINT-SOL SOL 50MCG/ML ***levothyroxine sodium oral solution 50 mcg/ml***	4	PA
TIROSINT-SOL SOL 62.5/ML ***levothyroxine sodium oral solution 62.5 mcg/ml***	4	PA
TIROSINT-SOL SOL 75MCG/ML ***levothyroxine sodium oral solution 75 mcg/ml***	4	PA
TIROSINT-SOL SOL 88MCG/ML ***levothyroxine sodium oral solution 88 mcg/ml***	4	PA
unithroid tab 100mcg	2	
unithroid tab 112mcg	2	
unithroid tab 125mcg	2	
unithroid tab 137mcg	2	
unithroid tab 150mcg	2	
unithroid tab 175mcg	2	
unithroid tab 200mcg	2	
unithroid tab 25mcg	2	
unithroid tab 300mcg	2	
unithroid tab 50mcg	2	
unithroid tab 75mcg	2	

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Drug name	Tier	Coverage Requirements and Limits
unithroid tab 88mcg	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN TAB 500MG ***mitotane tab 500 mg***	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
CAMCEVI INJ 42MG ***leuprolide mesylate (6 month) emulsion prefilled syr 42 mg***	5	PA
ELIGARD INJ 22.5MG ***leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg***	5	PA
ELIGARD INJ 30MG ***leuprolide acetate (4 month) for subcutaneous inj kit 30 mg***	5	PA
ELIGARD INJ 45MG ***leuprolide acetate (6 month) for subcutaneous inj kit 45 mg***	5	PA
ELIGARD INJ 7.5MG ***leuprolide acetate for subcutaneous inj kit 7.5 mg***	5	PA
ganirelix ac inj 250/0.5	5	PA
leuprolide inj 14 day	5	PA
leuprolide inj 1mg/0.2	5	PA
leuprolide inj 22.5mg	5	PA
leuprolide kit 14 day	5	PA
leuprolide kit 1mg/0.2	5	PA
LUTRATE DEPO INJ 22.5MG ***leuprolide acetate (3 month) for inj 22.5 mg***	5	PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	PA
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	4	PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	4	PA
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	4	PA
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	4	PA
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	4	PA
ORILISSA TAB 150MG ***elagolix sodium tab 150 mg***	4	PA; QL; Maximum of 1 tablet per day.
ORILISSA TAB 200MG ***elagolix sodium tab 200 mg***	4	PA; QL; Maximum of 2 tablets per day.
SIGNIFOR INJ 0.3MG/ML ***pasireotide diaspartate inj 0.3 mg/ml***	5	PA; QL; SP; Maximum of 2 ml per day.
SIGNIFOR INJ 0.6MG/ML ***pasireotide diaspartate inj 0.6 mg/ml***	5	PA; QL; SP; Maximum of 2 ml per day.
SIGNIFOR INJ 0.9MG/ML ***pasireotide diaspartate inj 0.9 mg/ml***	5	PA; QL; SP; Maximum of 2 ml per day.
SOMAVERT INJ 10MG ***pegvisomant for inj 10 mg (as protein)***	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 15MG ***pegvisomant for inj 15 mg (as protein)***	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 20MG ***pegvisomant for inj 20 mg (as protein)***	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 25MG ***pegvisomant for inj 25 mg (as protein)***	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 30MG ***pegvisomant for inj 30 mg (as protein)***	5	PA; QL; SP; Maximum of 1 vial per day.
SYNAREL SOL 2MG/ML ***nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)***	3	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tab 10mg	2	
methimazole tab 5mg	2	

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propylthiour tab 50mg	2	
Immunological Agents		
Angioedema Agents		
HAEGARDA INJ 2000UNIT ***c1 esterase inhibitor (human) for subcutaneous inj 2000 unit***	5	PA; QL; SP; Maximum of 24 vials per 28 days.
HAEGARDA INJ 3000UNIT ***c1 esterase inhibitor (human) for subcutaneous inj 3000 unit***	5	PA; QL; SP; Maximum of 16 vials per 28 days.
ICATIBANT INJ 30MG/3ML ***icatibant acetate subcutaneous soln pref syr 30 mg/3ml***	4	PA; QL; Maximum of 3 syringes (9 ml) per day.
Immune Suppressants		
ADALIMU-ADAZ INJ 10/0.1ML ***adalimumab-adaz soln prefilled syringe 10 mg/0.1ml***	5	PA; QL; Maximum of 2 syringes (0.2 ml) per 28 days.
ADALIMU-ADAZ INJ 20/0.2ML ***adalimumab-adaz soln prefilled syringe 20 mg/0.2ml***	5	PA; QL; Maximum of 2 syringes (0.4 ml) per 28 days.
ADALIMU-ADAZ INJ 20/0.2ML ***adalimumab-adaz soln prefilled syringe 20 mg/0.2ml***	5	PA; QL; Maximum of 2 syringes (0.4 ml) per 28 days.
ADALIMU-ADAZ INJ 40/0.4ML ***adalimumab-adaz soln auto-injector 40 mg/0.4ml***	5	PA; QL; Maximum of 2 pens (0.8 ml) per 28 days.
ADALIMU-ADAZ INJ 40/0.4ML ***adalimumab-adaz soln prefilled syringe 40 mg/0.4ml***	5	PA; QL; Maximum of 2 syringes (0.8 ml) per 28 days.
ADALIMU-ADAZ INJ 80/0.8ML ***adalimumab-adaz soln auto-injector 80 mg/0.8ml***	5	PA; QL; Maximum of 2 pens (1.6 ml) per 28 days.
ADALIMU-ADBM KIT 10/0.2ML ***adalimumab-adbm prefilled syringe kit 10 mg/0.2ml***	5	PA; QL; Maximum of 2 syringes per 28 days.
ADALIMU-ADBM KIT 20/0.4ML ***adalimumab-adbm prefilled syringe kit 20 mg/0.4ml***	5	PA; QL; Maximum of 2 syringes per 28 days.
ADALIMU-ADBM KIT 40/0.4ML ***adalimumab-adbm auto-injector kit 40 mg/0.4ml***	5	PA
ADALIMU-ADBM KIT 40/0.4ML ***adalimumab-adbm auto-injector kit 40 mg/0.4ml***	5	PA
ADALIMU-ADBM KIT 40/0.4ML ***adalimumab-adbm auto-injector kit 40 mg/0.4ml***	5	PA; QL; Maximum of 1 kit (2 pens) per 28 days.
ADALIMU-ADBM KIT 40/0.4ML ***adalimumab-adbm prefilled syringe kit 40 mg/0.4ml***	5	PA; QL; Maximum of 1 kit (2 syringes) per 28 days.
ADALIMU-ADBM KIT 40/0.8ML ***adalimumab-adbm auto-injector kit 40 mg/0.8ml***	5	PA
ADALIMU-ADBM KIT 40/0.8ML ***adalimumab-adbm auto-injector kit 40 mg/0.8ml***	5	PA
ADALIMU-ADBM KIT 40/0.8ML ***adalimumab-adbm auto-injector kit 40 mg/0.8ml***	5	PA; QL; Maximum of 2 pens per 28 days.
ADALIMU-ADBM KIT 40/0.8ML ***adalimumab-adbm prefilled syringe kit 40 mg/0.8ml***	5	PA; QL; Maximum of 2 syringes per 28 days.
AMJEVITA INJ 20/0.2ML ***adalimumab-atto soln prefilled syringe 20 mg/0.2ml***	5	PA; QL; Maximum of 2 syringes per 28 days.
AMJEVITA INJ 40/0.4ML ***adalimumab-atto soln auto-injector 40 mg/0.4ml***	5	PA; QL; Maximum of 2 pens per 28 days.
AMJEVITA INJ 40/0.4ML ***adalimumab-atto soln prefilled syringe 40 mg/0.4ml***	5	PA; QL; Maximum of 2 syringes per 28 days.
AMJEVITA INJ 80/0.8ML ***adalimumab-atto soln auto-injector 80 mg/0.8ml***	5	PA; QL; Maximum of 2 pens per 28 days.
azathioprine tab 50mg	2	
CIMZIA INJ 200MG/ML ***certolizumab pegol prefilled syringe kit 200 mg/ml***	5	PA; QL; Maximum of 1 kit per 28 days.
CIMZIA KIT 200MG ***certolizumab pegol for inj kit 2 x 200 mg***	5	PA; QL; Maximum of 1 kit per 28 days.
CIMZIA PREFL KIT 200MG/ML ***certolizumab pegol prefilled syringe kit 200 mg/ml***	5	PA; QL; Maximum of 1 kit per 28 days.

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CIMZIA START KIT 200MG/ML ***certolizumab pegol prefilled syringe kit 200 mg/ml***	5	PA
cyclosporine cap 100mg md	2	
cyclosporine cap 100mg	4	
cyclosporine cap 25mg mod	2	
cyclosporine cap 25mg	4	
cyclosporine cap 50mg mod	2	
cyclosporine sol modified	3	
GENGRAF CAP 100MG ***cyclosporine modified cap 100 mg***	2	
GENGRAF CAP 25MG ***cyclosporine modified cap 25 mg***	2	
GENGRAF SOL 100MG/ML ***cyclosporine modified oral soln 100 mg/ml***	3	
HADLIMA INJ 40/0.4ML ***adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml***	5	PA; QL; Maximum of 6 syringes (2.4 ml) per 28 days.
HADLIMA INJ 40/0.8ML ***adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml***	5	PA; QL; Maximum of 2 syringes (1.6 ml) per 28 days.
HADLIMA PUSH INJ 40/0.4ML ***adalimumab-bwwd soln auto-injector 40 mg/0.4ml***	5	PA; QL; Maximum of 6 pens (2.4 ml) per 28 days.
HADLIMA PUSH INJ 40/0.8ML ***adalimumab-bwwd soln auto-injector 40 mg/0.8ml***	5	PA; QL; Maximum of 2 pens (1.6 ml) per 28 days.
methotrexate inj 1gm	2	
methotrexate inj 1gm/40ml	2	
methotrexate inj 250 mg/10ml (25 mg/ml)	2	
methotrexate inj 50 mg/2ml (25 mg/ml)	2	
methotrexate inj 50 mg/2ml (25 mg/ml)	2	
methotrexate inj pf 1000 mg/40ml (25 mg/ml)	2	
methotrexate inj pf 250 mg/10ml (25 mg/ml)	2	
methotrexate inj pf 50 mg/2ml (25 mg/ml)	2	
methotrexate tab 2.5mg	2	
mycophenolate cap 250mg	2	
mycophenolate sus 200mg/ml	4	
mycophenolate tab 500mg	2	
mycophenolic tab 180mg dr	4	
mycophenolic tab 360mg dr	4	
OLUMIANT TAB 1MG ***baricitinib tab 1 mg***	5	PA; QL; Maximum of 1 tablet per day.
OLUMIANT TAB 2MG ***baricitinib tab 2 mg***	5	PA; QL; Maximum of 1 tablet per day.
OLUMIANT TAB 4MG ***baricitinib tab 4 mg***	5	PA; QL; Maximum of 1 tablet per day.
SANDIMMUNE SOL 100MG/ML ***cyclosporine oral soln 100 mg/ml***	5	
SIMPONI INJ 100MG/ML ***golimumab subcutaneous soln auto-injector 100 mg/ml***	5	PA; QL; Maximum of 1 ml per 28 days.
SIMPONI INJ 100MG/ML ***golimumab subcutaneous soln prefilled syringe 100 mg/ml***	5	PA; QL; Maximum of 1 ml per 28 days.
SIMPONI INJ 50/0.5ML ***golimumab subcutaneous soln auto-injector 50 mg/0.5ml***	5	PA; QL; Maximum of 0.5 ml per 28 days.
SIMPONI INJ 50/0.5ML ***golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml***	5	PA; QL; Maximum of 0.5 ml per 28 days.
sirolimus sol 1mg/ml	5	
sirolimus tab 0.5mg	4	

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sirolimus tab 1mg	4	
sirolimus tab 2mg	4	
SKYRIZI INJ 150MG/ML ***risankizumab-rzaa soln prefilled syringe 150 mg/ml***	5	PA; QL; Maximum 1mL (1 prefilled syringe) per 84 days.
SKYRIZI INJ 180/1.2 ***risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml***	5	PA; QL; Maximum of 1.2 mL (1 cartridge) per 56 days.
SKYRIZI INJ 360/2.4 ***risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml***	5	PA; QL; Maximum of 2.4 mL (1 cartridge) per 56 days.
SKYRIZI PEN INJ 150MG/ML ***risankizumab-rzaa soln auto-injector 150 mg/ml***	5	PA; QL; Maximum 1mL (1 auto-injector) per 84 days.
tacrolimus cap 0.5 mg	2	
tacrolimus cap 1 mg	2	
tacrolimus cap 5 mg	2	
XELJANZ SOL 1MG/ML ***tofacitinib citrate oral soln 1 mg/ml (base equivalent)***	5	PA; QL; Maximum of 10 ml per day.
XELJANZ TAB 10MG ***tofacitinib citrate tab 10 mg (base equivalent)***	5	PA; QL; Maximum of 2 tablets per day.
XELJANZ TAB 5MG ***tofacitinib citrate tab 5 mg (base equivalent)***	5	PA; QL; Maximum of 2 tablets per day.
XELJANZ XR TAB 11MG ***tofacitinib citrate tab er 24hr 11 mg (base equivalent)***	5	PA; QL; Maximum of 1 tablet per day.
XELJANZ XR TAB 22MG ***tofacitinib citrate tab er 24hr 22 mg (base equivalent)***	5	PA; QL; Maximum of 1 tablet per day.
Immunological Agents, Other		
SKYRIZI INJ 55/0.37 ***risankizumab-rzaa soln prefilled syringe 55 mg/0.37ml***	5	PA; QL; Maximum 0.37mL (1 prefilled syringe) per 84 days.
TOFACITINIB SOL 1MG/ML ***tofacitinib citrate oral soln 1 mg/ml***	5	PA; QL; Maximum of 10 ml per day.
TOFACITINIB TAB 10MG ***tofacitinib citrate tab 10 mg***	5	PA; QL; Maximum of 2 tablets per day.
TOFACITINIB TAB 11MG ER ***tofacitinib citrate tab er 24hr 11 mg***	5	PA; QL; Maximum of 1 tablet per day.
TOFACITINIB TAB 22MG ER ***tofacitinib citrate tab er 24hr 22 mg***	5	PA; QL; Maximum of 1 tablet per day.
TOFACITINIB TAB 5MG ***tofacitinib citrate tab 5 mg***	5	PA; QL; Maximum of 2 tablets per day.
Immunomodulators		
ACTEMRA INJ 162/0.9 ***tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml***	5	PA; QL; Maximum of 3.6 ml per 28 days.
ACTEMRA INJ ACTPEN ***tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml***	5	PA; QL; Maximum of 3.6 ml per 28 days.
ACTIMMUNE INJ 2MU/0.5 ***interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)***	5	PA; QL; SP; Maximum of 13 ml per 30 days.
AVTOZMA INJ 162/0.9 ***tocilizumab-anoh subcutaneous soln auto-inj 162 mg/0.9 ml***	5	PA; QL; Maximum of 3.6 ml per 28 days.
AVTOZMA INJ 162/0.9 ***tocilizumab-anoh subcutaneous soln pref syr 162 mg/0.9 ml***	5	PA; QL; Maximum of 3.6 ml per 28 days.
leflunomide tab 10mg	2	
leflunomide tab 20mg	2	
OTEZLA TAB 10/20 ***apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg***	5	PA; QL; Maximum of 55 tablets per year.
OTEZLA TAB 10/20/30 ***apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg***	5	PA; QL; Maximum of 55 tablets per year.
OTEZLA TAB 20MG ***apremilast tab 20 mg***	5	PA; QL; Maximum of 2 tablets per day.
OTEZLA TAB 30MG ***apremilast tab 30 mg***	5	PA; QL; Maximum of 2 tablets per day.
OTEZLA/XR TAB 28 DAY ***apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg***	5	PA; QL; Maximum of 41 tablets per year.
OTEZLA XR TAB 75MG ***apremilast tab er 24hr 75 mg***	5	PA; QL; Maximum of 1 tablet per day.

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RINVOQ LQ SOL 1MG/ML ***upadacitinib oral soln 1 mg/ml***	5	PA; QL; Maximum of 12 ml per day.
RINVOQ TAB 15MG ER ***upadacitinib tab er 24hr 15 mg***	5	PA; QL; Maximum of 1 tablet per day.
RINVOQ TAB 30MG ER ***upadacitinib tab er 24hr 30 mg***	5	PA; QL; Maximum of 1 tablet per day.
RINVOQ TAB 45MG ER ***upadacitinib tab er 24hr 45 mg***	5	PA; QL; Maximum of 1 tablet per day.
TYENNE INJ 162/0.9 ***tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml***	5	PA; QL; Maximum of 3.6 ml per 28 days.
TYENNE INJ 162MG ***tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml***	5	PA; QL; Maximum of 3.6 ml per 28 days.
Immunosuppressants		
CIMZIA 2-SYR KIT 200MG/ML ***certolizumab pegol prefilled syringe kit 200 mg/ml***	5	PA; QL; Maximum of 1 kit per 28 days.
CIMZIA 1-SYR INJ 200MG/ML ***certolizumab pegol prefilled syringe kit 200 mg/ml***	5	PA; QL; Maximum of 1 kit per 28 days.
Vaccines		
ABRYSVO INJ ***rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml***	1	QL; 1 vaccination dose (1 injection) per day.
ABRYSVO INJ 120MCG ***rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml***	1	QL; 1 vaccination dose (1 injection) per day.
ACTHIB INJ ***haemophilus b polysaccharide conjugate vaccine for inj***	1	QL; 1 vaccination dose (1 injection) per day.
ADACEL INJ ***tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
ADACEL INJ ***tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
AFLURIA INJ 2025-26 ***influenza virus vaccine split im susp***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
AFLURIA INJ 2025-26 ***influenza virus vaccine split pf susp pref syringe 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
AREXVY INJ 120MCG ***rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml***	1	QL; 1 vaccination dose (1 injection) per day. $0 Copay for members 50 years of age or older.
BEXSERO INJ ***meningococcal vac b (recomb omv adjuv) inj prefilled syringe***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 Copay for members 10 years of age or older.
BEYFORTUS INJ 100MG/ML ***nirsevimab-alip im soln prefilled syringe 100 mg/ml***	1	QL; 1 vaccination dose (2 ml) per day. $0 copay for members 19 months of age or younger.
BEYFORTUS INJ 50/0.5ML ***nirsevimab-alip im soln prefilled syringe 50 mg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 19 months of age or younger.
BOOSTRIX INJ ***tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
BOOSTRIX INJ ***tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
CAPVAXIVE INJ 0.5ML ***pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 19 years of age or older.
COMIRNATY 5- INJ 11/25-26 ***covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml***	1	QL; 1 vaccination dose (0.3 ml) per day. $0 copay for members between ages of 5 to 11 years.
COMIRNATY INJ 30/.3ML ***covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml***	1	QL; 1 vaccination dose (0.3 ml) per day. $0 copay for members 12 years of age or older.
DAPTACEL INJ ***diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
DENGVAXIA SUS ***dengue virus vaccine live tetravalent for subcutaneous susp***	1	QL; 1 vaccination dose (1 injection) per day. $0 copay for members between ages of 9 to 16 years.
ENFLONSIA INJ 105MG ***clesrovimab-cfor im soln prefilled syringe 105 mg/0.7ml***	1	QL; 1 vaccination dose (0.7 ml) per day. $0 copay for members between ages of 0 to 7 months.

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ENGERIX-B INJ 10/0.5ML ***hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
ENGERIX-B INJ 20MCG/ML ***hepatitis b vaccine (recombinant) susp 20 mcg/ml***	1	QL; 1 vaccination dose (2 ml) per day.
ENGERIX-B INJ 20MCG/ML ***hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml***	1	QL; 1 vaccination dose (2 ml) per day.
FLUAD INJ 2025-26 ***influenza vac type a&b surface ant adj susp pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 18 years of age or older.
FLUAD INJ 2026-27 ***influenza vac type a&b surface ant adj susp pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 18 years of age or older.
FLUARIX INJ 2025-26 ***influenza virus vaccine split pf susp pref syringe 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLUARIX INJ 2026-27 ***influenza virus vaccine split pf susp pref syringe 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLUBLOK INJ 2025-26 ***influenza virus vacc recombinant ha pf soln pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day .$0 copay for members 9 years of age or older.
FLUBLOK INJ 2026-27 ***influenza virus vacc recombinant ha pf soln pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day .$0 copay for members 9 years of age or older.
FLUCELVAX INJ 2025-26 ***influenza virus vac tiss-cult subunit im susp***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLUCELVAX INJ 2025-26 ***influenza virus vac tiss-cult subunit susp pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLUCELVAX INJ 2026-27 ***influenza virus vac tiss-cult subunit susp pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLULAVAL INJ 2025-26 ***influenza virus vaccine split pf susp pref syringe 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLULAVAL INJ 2026-27 ***influenza virus vaccine split pf susp pref syringe 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLUMIST NASA LIQ 2025-26 ***influenza virus vaccine live intranasal liquid***	1	QL; 1 vaccination dose (0.2 ml) per day. $0 copay for members between ages of 2 to 49 years.
FLUMIST NASAL LIQUID 2026-27 ***influenza virus vaccine live intranasal liquid***	1	QL; 1 vaccination dose (0.2 ml) per day. $0 copay for members between ages of 2 to 49 years.
FLUZONE HD INJ 2025-26 ***influenza virus vac split high-dose pf susp pref syr 0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 18 years of age or older.
FLUZONE HD INJ 2026-27 ***influenza virus vac split high-dose pf susp pref syr 0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 18 years of age or older.
FLUZONE INJ 2025-26 ***influenza virus vaccine split im susp***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLUZONE INJ 2025-26 ***influenza virus vaccine split pf susp pref syringe 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLUZONE INJ 2026-27 ***influenza virus vaccine split im susp***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLUZONE INJ 2026-27 ***influenza virus vaccine split pf susp pref syringe 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.

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GARDASIL 9 INJ ***human papillomavirus (hpv) 9-valent recomb vac im susp***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members between ages of 9 to 45 years.
GARDASIL 9 INJ ***human papillomavirus (hpv) 9-valent recomb vac susp pref syr***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members between ages of 9 to 45 years.
HAVRIX INJ 1440UNIT ***hepatitis a vaccine susp prefilled syr 1440 el unit/ml***	1	QL; Maximum of 2 vaccines per lifetime.
HAVRIX INJ 720UNIT ***hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml***	1	QL; Maximum of 2 vaccines per lifetime.
HEPLISAV-B INJ 20/0.5ML ***hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 18 years of age or older.
HIBERIX SOL 10MCG ***haemophilus b polysaccharide conjugate vac for inj 10 mcg***	1	QL; 1 vaccination dose (1 injection) per day.
INFANRIX INJ ***diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
IPOL INJ INACTIVE ***poliovirus vaccine, ipv inj susp***	1	QL; 1 vaccination dose (0.5 ml) per day.
JYNNEOS INJ ***smallpox & monkeypox vac, live, non-replicating inj 0.5 ml***	1	QL; 1 vaccination dose (0.5ml) per day. $0 copay for members 18 years of age or older.
KINRIX INJ ***diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
M-M-R II INJ ***measles-mumps-rubella virus vaccines for inj soln***	1	QL; 1 vaccination dose (1 injection) per day.
MENQUADFI INJ ***meningococcal (a, c, y, and w-135) tetanus conjugate vaccine***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 Copay for members 2 months of age or older.
MENVEO INJ ***meningococcal (a, c, y, and w-135) oligo conj vac for inj***	1	QL; 1 vaccination dose (1 injection) per day. $0 Copay for members 2 months of age or older.
MENVEO SOL ***meningococcal (a, c, y, and w-135) oligo conj vac im soln***	1	QL; 1 vaccination dose (1 injection) per day. $0 Copay for members 2 months of age or older.
MNEXSPIKE INJ 2025-26 ***covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml***	1	QL; 1 vaccination dose (0.2 ml) per day. $0 copay for members 12 years of age or older.
MRESVIA INJ 50MCG ***rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.$0 Copay for members 50 years of age or older.
NUVAXOVID INJ 2025-26 ***covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 12 years of age or older.
PEDIARIX INJ 0.5ML ***diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 years of age or younger.
PEDVAX HIB INJ ***haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
PEDVAXHIB INJ ***7.5mcg haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
PENBRAYA INJ ***meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj***	1	QL; 1 vaccination dose (1 injection) per day. $0 Copay for members 10 years of age or older.
PENMENVY INJ ***meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj***	1	QL; 1 vaccination dose (1 injection) per day. $0 Copay for members 10 years of age or older.
PENTACEL INJ ***diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp***	1	QL; 1 vaccination dose (1 injection) per day. $0 copay for members 4 years of age or younger.
PNEUMOVAX 23 INJ 25/0.5 ***pneumococcal vaccine polyvalent inj soln 25 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
PNEUMOVAX 23 INJ 25/0.5 ***pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
PREHEVBRIO SUS 10MCG/ML ***hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml***	1	QL; 1 vaccination dose (1 ml) per day. $0 copay for members 18 years of age or older.

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PREVNAR 20 INJ ***pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 1 month of age or older.
PRIORIX INJ ***measles-mumps-rubella virus vaccines for subcutaneous susp***	1	QL; 1 vaccination dose (1 injection) per day.
PROQUAD INJ ***measles-mumps-rubella-varicella virus vaccines for susp***	1	QL; 1 vaccination dose (1 injection) per day. $0 copay for members between ages of 1 to 12 years.
QUADRACEL INJ 0.5ML ***diph-tetanus tox ad-acell pert & polio virus, ipv vac inj***	1	QL; 1 vaccination dose (0.5 ml) per day.
QUADRACEL INJ 0.5ML ***diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
RECOMBIVA HB INJ 10MCG/ML ***hepatitis b vaccine (recombinant) susp 10 mcg/ml***	1	QL; 1 vaccination dose (1 ml) per day.
RECOMBIVA HB INJ 10MCG/ML ***hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml***	1	QL; 1 vaccination dose (1 ml) per day.
RECOMBIVA HB INJ 5MCG/0.5 ***hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
RECOMBIVA HB INJ 5MCG/0.5 ***hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
RECOMBIVA-HB INJ 40MCG/ML ***hepatitis b vaccine (recombinant) susp 40 mcg/ml***	1	QL; 1 vaccination dose (1 ml) per day.
ROTARIX SUS ***rotavirus vaccine, live oral susp***	1	QL; 1 vaccination dose (1.5 ml) per day. $0 copay for members 8 months of age or younger.
ROTATEQ SOL ***rotavirus vaccine, live oral pentavalent soln***	1	QL; 1 vaccination dose (2 ml) per day. $0 copay for members 8 months of age or younger.
SHINGRIX INJ 50/0.5ML ***zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml***	1	QL; 1 vaccination dose (1 injection) per day. $0 Copay for members 19 years of age or older.
SPIKEVAX INJ 2025-26 ***covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml***	1	QL; 1 vaccination dose (0.25 ml) per day. $0 copay for members between ages of 6 months to 11 years.
SPIKEVAX INJ 2025-26 ***covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 12 years of age or older.
TENIVAC INJ 5-2LF ***tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
TRUMENBA INJ ***meningococcal group b vac (recomb) im susp prefilled syr***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 Copay for members 10 years of age or older.
TWINRIX INJ ***hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml***	1	QL; 1 vaccination dose (1 ml) per day.
VAQTA INJ 25/0.5ML ***hepatitis a vaccine inj susp 25 unit/0.5ml***	1	QL; Maximum of 2 vaccines per lifetime.
VAQTA INJ 25/0.5ML ***hepatitis a vaccine susp prefilled syr 25 unit/0.5ml***	1	QL; Maximum of 2 vaccines per lifetime.
VAQTA INJ 50UNT/ML ***hepatitis a vaccine inj susp 50 unit/ml***	1	QL; Maximum of 2 vaccines per lifetime.
VAQTA INJ 50UNT/ML ***hepatitis a vaccine susp prefilled syr 50 unit/ml***	1	QL; Maximum of 2 vaccines per lifetime.
VARIVAX INJ ***varicella virus vac live for inj 1350 pfu/0.5ml***	1	QL; 1 vaccination dose (1 injection) per day.
VAXELIS INJ ***diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 4 years of age or younger.
VAXELIS INJ ***diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 4 years of age or younger.
VAXNEUVANCE INJ ***pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 1 month of age or older.
Inflammatory Bowel Disease Agents		
Aminosalicylates		
BALSALAZIDE CAP 750MG ***balsalazide disodium cap 750 mg***	3	

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Drug name	Tier	Coverage Requirements and Limits
DIPENTUM CAP 250MG ***olsalazine sodium cap 250 mg***	4	
mesalamine cap 0.375gm	3	QL; Maximum of 4 capsules per day.
mesalamine ene 4gm	4	QL; Maximum of 1 bottle (60 ml) per day.
mesalamine kit 4gm	4	QL; Maximum of 4 kits (28 bottles) per 28 days.
mesalamine sup 1000mg	4	QL; Maximum of 1 suppository per day.
mesalamine tab 1.2gm	3	QL; Maximum of 4 tablets per day.
Glucocorticoids		
ANALPRAM-HC LOT 2.5% ***hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%***	4	
budesonide cap 3mg dr	4	
CORTIFOAM AER 90MG ***hydrocortisone acetate perianal foam 10% (90 mg/dose)***	3	
HC PRAMOXINE CRE 1-1% ***hydrocortisone acetate w/ pramoxine perianal cream 1-1%***	3	
hydrocortisone enema 100 mg/60ml	3	
hydrocortisone perianal cream 2.5%	2	
procto-med cre hc 2.5%	2	
Sulfonamides		
sulfasalazin tab 500mg dr	2	
sulfasalazin tab 500mg	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sol 70/75ml	3	
alendronate tab 10mg	2	QL; Maximum of 1 tablet per day.
alendronate tab 35mg	2	QL; Maximum of 8 tablets per 28 days.
alendronate tab 70mg	2	QL; Maximum of 4 tablets per 28 days.
calcitonin spr 200/act	2	QL; Maximum of 1 bottle per 28 days.
calcitriol cap 0.25mcg	2	
calcitriol cap 0.5mcg	2	
calcitriol sol 1mcg/ml	3	
cinacalcet tab 30mg	3	PA; QL; Maximum of 2 tablets per day.
cinacalcet tab 60mg	3	PA; QL; Maximum of 2 tablets per day.
cinacalcet tab 90mg	3	PA; QL; Maximum of 4 tablets per day.
doxercalcif cap 0.5mcg	4	
doxercalcif cap 1mcg	4	
doxercalcif cap 2.5mcg	4	
ibandronate tab 150mg	2	QL; Maximum of 1 tablet per 28 days.
paricalcitol cap 1 mcg	3	
paricalcitol cap 2 mcg	3	
paricalcitol cap 4 mcg	3	
risedronate tab 150mg	3	QL; Maximum of 1 tablet per 30 days.
risedronate tab 30mg	3	QL; Maximum of 1 tablet per day.
risedronate tab 35mg	3	QL; Maximum of 4 tablets per 28 days.
risedronate tab 5mg	3	QL; Maximum of 1 tablet per day.

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TYMLOS INJ ***abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml***	5	PA; QL; Maximum of 1.56 ml per 30 days.
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
alcohol prep pad	1	
BD GLUCOSE CHW 5GM ***glucose chew tab 5 gm***	3	
CAYA DPR ****diaphragm arc-spring******	1	
CHEMSTRIP K TES ***acetone (urine) test strip***	1	
CHEMSTRIP TES MICRAL ***albumin (urine) test strip***	1	
COMFORT TOUC MIS 31GX4MM ***insulin pen needle 31 g x 4 mm (1/6" or 5/32")***	1	
COMFORT TOUC MIS 32GX8MM ***insulin pen needle 32 g x 8 mm (1/3" or 5/16")***	1	
COMFORT TOUC MIS 33GX1/4" ***insulin pen needle 33 g x 6 mm (1/4" or 15/64")***	1	
COMFORT TOUC MIS 33GX3/16 ***insulin pen needle 33 g x 5 mm (1/5" or 3/16")***	1	
COMFORT TOUC MIS 33GX5/32 ***insulin pen needle 33 g x 4 mm (1/6" or 5/32")***	1	
condoms mis	1	QL; Maximum of 36 condoms per month.
CONTOUR KIT NEXT ****blood glucose monitoring kit w/ device******	1	QL; Maximum of 1 device per year.
CONTOUR KIT NEXT EZ ****blood glucose monitoring kit w/ device******	1	QL; Maximum of 1 device per year.
CONTOUR NEXT KIT GEN ****blood glucose monitoring kit w/ device******	1	QL; Maximum of 1 device per year.
CONTOUR NEXT KIT ONE ****blood glucose monitoring kit w/ device******	1	QL; Maximum of 1 device per year.
CONTOUR PLUS KIT BLUE ****blood glucose monitoring kit w/ device******	1	QL; Maximum of 1 device per year.
CONTOUR PLUS TES BLD GLUC ***glucose blood test strip***	1	QL; Maximum of 100 strips per month.
CONTOUR TES NEXT ***glucose blood test strip***	1	QL; Maximum of 100 strips per month.
COUNT-A-DOSE MIS ****insulin administration supplies - misc******	1	
DEXCOM G6 MIS RECEIVER ****continuous glucose system receiver******	4	PA; QL; Maximum of 1 receiver per year.
DEXCOM G6 MIS SENSOR ****continuous glucose system sensor******	4	PA; QL; Maximum of 3 sensors per 30 days.
DEXCOM G6 MIS TRANSMIT ****continuous glucose system transmitter******	4	PA; QL; Maximum of 1 transmitter per 90 days.
DEXCOM G7 MIS 15 DAY ****continuous glucose system sensor******	4	PA; QL; Maximum of 2 sensors per 30 days.
DEXCOM G7 MIS RECEIVER ****continuous glucose system receiver******	4	PA; QL; Maximum of 1 receiver per year.
DEXCOM G7 MIS SENSOR ****continuous glucose system sensor******	4	PA; QL; Maximum of 3 sensors per 30 days.
DIASCREEN MIS 1G ****urine glucose monitoring supplies******	1	
DIASTIX TES STRIPS ***glucose urine test-(glucose oxidase) strip***	1	
DROPLET MICR MIS 34GX9/64 ***insulin pen needle 34 g x 3.5 mm (9/64")***	1	
DUREX MIS REALFEEL ***condoms non-latex lubricated***	1	QL; Maximum of 36 condoms per month.
DUREX MIS TROPICAL ***condoms latex lubricated***	1	QL; Maximum of 36 condoms per month.
EASY COMFORT MIS 29GX4MM ***insulin pen needle 29 g x 4 mm (1/6" or 5/32")***	1	
EASY TOUCH MIS 30G ***insulin pen needle 30 g x 6 mm (1/4" or 15/64")***	1	
ergoloid mes tab 1mg oral	4	
ethy alcohol sol 70% rub	1	
FC2 FEMALE MIS CONDOM ****condoms - female******	1	QL; Maximum of 36 condoms per month.
FEMCAP MIS 22MM ***cervical cap 22 mm***	1	

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FEMCAP MIS 26MM ***cervical cap 26 mm***	1	
FEMCAP MIS 30MM ***cervical cap 30 mm***	1	
FLEXICHAMBER MIS MASK SM ****spacer/aerosol-holding chamber supplies - masks******	2	QL; Maximum of 2 spacers per 180 days.
FREE LIBRE2 KIT PLUS/SEN ****continuous glucose system sensor******	4	PA; QL; Maximum of 2 sensors per 28 days.
FREE LIBRE3 KIT PLUS/SEN ****continuous glucose system sensor******	4	PA; QL; Maximum of 2 sensors per 28 days.
FREESTY LIBR KIT 2 SENSOR ****continuous glucose system sensor******	4	PA; QL; Maximum of 2 sensors per 28 days.
FREESTY LIBR KIT 3 SENSOR ****continuous glucose system sensor******	4	PA; QL; Maximum of 2 sensors per 28 days.
FREESTY LIBR KIT SENSOR ****continuous glucose system sensor******	4	PA; QL; Maximum of 2 sensors per 28 days.
FREESTY LIBR MIS 2 READER ****continuous glucose system receiver******	4	PA; QL; Maximum of 1 receiver per year.
FREESTY LIBR MIS 3 READER ****continuous glucose system receiver******	4	PA; QL; Maximum of 1 receiver per year.
FREESTY LIBR MIS READER ****continuous glucose system receiver******	4	PA; QL; Maximum of 1 receiver per year.
FREESTYLE MIS READER ****continuous glucose system receiver******	4	PA; QL; Maximum of 1 receiver per year.
gauze pad 2"x2"	3	
glucose bits chw 1gm	3	
glucose chew tab 4 gm raspbery	3	
glucose gel 15gm/33g	3	
glucose gel 40%	3	
GNP GLUCOSE CHW 2GM ***glucose chew tab 2 gm (carb equiv)***	3	
hydrogen peroxide soln 3%	1	
ins syr u500 mis 0.5/31g	1	
INSPIREASE MIS DD SYST ****spacer/aerosol-holding chambers - device******	2	QL; Maximum of 2 spacers per 180 days.
INSPIREASE MIS RES BAG ****spacer/aerosol-holding chamber supplies - bags******	2	QL; Maximum of 2 spacers per 180 days.
INSTA-GLUCOS GEL 77.4% ***glucose gel 77.4%***	3	
insulin pen needle 30 g x 8 mm (1/3" or 5/16")		
insulin syringe/needle u-100 0.3 ml 29 x 1/2"	1	
insulin syringe/needle u-100 0.3 ml 30 x 1/2"	1	
insulin syringe/needle u-100 0.3 ml 30 x 5/16"	1	
insulin syringe/needle u-100 0.3 ml 31 x 15/64"	1	
insulin syringe/needle u-100 0.3 ml 31 x 5/16"	1	
insulin syringe/needle u-100 0.5 ml 32 x 5/16"	1	
insulin syringe/needle u-100 1 ml 27 x 5/8"	1	
insulin syringe/needle u-100 1 ml 28 x 1/2"	1	
insulin syringe/needle u-100 1 ml 28 x 5/16"	1	
insulin syringe/needle u-100 1 ml 29 x 1/2"	1	
insulin syringe/needle u-100 1 ml 29 x 5/16"	1	
insulin syringe/needle u-100 1 ml 30 x 1/2"	1	
insulin syringe/needle u-100 1 ml 30 x 5/16"	1	
insulin syringe/needle u-100 1 ml 31 x 15/64"	1	
insulin syringe/needle u-100 1 ml 31 x 5/16"	1	
insulin syringe/needle u-100 1 ml 32 x 5/16"	1	
insulin syringe/needle u-100 1/2 ml 28 x 1/2"	1	
insulin syringe/needle u-100 1/2 ml 29 x 1/2"	1	

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insulin syringe/needle u-100 1/2 ml 30 x 1/2"	1	
insulin syringe/needle u-100 1/2 ml 30 x 5/16"	1	
insulin syringe/needle u-100 1/2 ml 31 x 15/64"	1	
insulin syringe/needle u-100 1/2 ml 31 x 5/16"	1	
isop alcohol sol 70% rub	1	
KETO-DIASTIX TES ****urine glucose-ketones test strips******	1	
LAGEVRIO CAP 200MG ***molnupiravir cap 200 mg***	4	QL; Maximum of 40 tablets (1 treatment course) per 30 days.
MASK VORTEX/ MIS FROG ****spacer/aerosol-holding chamber supplies - masks******	2	QL; Maximum of 2 spacers per 180 days.
MAXICOMFORT MIS 27GX1/2 ***insulin syringe/needle u-100 1/2 ml 27 x 1/2"***	1	
MAXICOMFORT MIS 27GX1/2" ***insulin syringe/needle u-100 1 ml 27 x 1/2"***	1	
METHYLERGON TAB 0.2MG ***methylergonovine maleate tab 0.2 mg***	4	QL; Maximum of 28 tablets per year.
NEEDLE COLLE MIS DISPOSAL ****sharps container - misc******	1	
NOVOFINE MIS 32GX6MM ***insulin pen needle 32 g x 6 mm (1/4" or 15/64")***	1	
NOVOFINE PLS MIS 32GX4MM ***insulin pen needle 32 g x 4 mm (1/6" or 5/32")***	1	
OMNIFLEX DPR ****diaphragms******	1	
OMNIPOD 5 DX KIT INT G7G6 ****insulin infusion disposable pump kit******	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 DX MIS POD G7G6 ****insulin infusion disposable pump reservoir******	4	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 DX MIS POD G7G6 ****insulin infusion disposable pump reservoir******	4	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 G7 KIT INTRO ****insulin infusion disposable pump kit******	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 G7 MIS PODS ****insulin infusion disposable pump reservoir******	4	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 L2 KIT INTRO G6 ****insulin infusion disposable pump kit******	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 L2 MIS PODS G6 ****insulin infusion disposable pump reservoir******	4	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 LIB KIT INTRO ***insulin infusion disposable pump kit***	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 LIB MIS PODS ***insulin infusion disposable pump reservoir***	4	PA; QL; Maximum of 10 pods per 30 days.
PAXLOVID PAK ***nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak***	4	QL; Maximum of 11 tablets (1 treatment course) per 30 days.
PAXLOVID TAB 150-100 ***nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak***	4	QL; Maximum of 20 tablets (1 treatment course) per 30 days.
PAXLOVID TAB 300-100 ***nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak***	4	QL; Maximum of 30 tablets (1 treatment course) per 30 days.
pen needle mis 29gx1/2"	1	
pen needle mis 29gx3/16	1	
pen needle mis 29gx5/16	1	
pen needles mis 29gx1/2"	1	
pen needles mis 31gx1/4"	1	
pen needles mis 31gx3/16	1	
pen needles mis 31gx5/16	1	
pentips mis 29gx12mm	1	
pentips mis 31gx5mm	1	
pentips mis 31gx8mm	1	
pentips mis 32gx4mm	1	

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Drug name	Tier	Coverage Requirements and Limits
PHEXX GEL ***lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%***	1	QL; Maximum of 180 grams (36 packets) per month.
PHEXXI GEL ***lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%***	1	QL; Maximum of 180 grams (36 packets) per month.
PRECISN XTRA TES KETONE ***ketone blood test strip***	1	
QUICK TOUCH MIS 33GX8MM ***insulin pen needle 33 g x 8 mm (1/3" or 5/16")***	1	
RA URINARY TES TRACT IN ****urinary tract infection (uti) test strip******	3	
RADIOGARDASE CAP 0.5GM ***prussian blue insoluble cap 0.5 gm***	5	
TRUEPLS GLUC GEL 15/32ML ***glucose gel 15 gm/32ml***	3	
TRUEPLUS CHW GLUCOSE ***glucose chew tab 4 gm (rounded)***	3	
ULTICARE MIS 30GX3/16 ***insulin pen needle 30 g x 5 mm (1/5" or 3/16")***	1	
UTI HOME TES TEST ****urinary tract infection (uti) test******	3	
WIDE-SEAL DPR KIT 60 ***diaphragm wide seal 60 mm***	1	
WIDE-SEAL DPR KIT 65 ***diaphragm wide seal 65 mm***	1	
WIDE-SEAL DPR KIT 70 ***diaphragm wide seal 70 mm***	1	
WIDE-SEAL DPR KIT 75 ***diaphragm wide seal 75 mm***	1	
WIDE-SEAL DPR KIT 80 ***diaphragm wide seal 80 mm***	1	
WIDE-SEAL DPR KIT 85 ***diaphragm wide seal 85 mm***	1	
WIDE-SEAL DPR KIT 90 ***diaphragm wide seal 90 mm***	1	
WIDE-SEAL DPR KIT 95 ***diaphragm wide seal 95 mm***	1	
Ophthalmic Agents		
Aminoglycosides		
gentamicin sol 0.3% op	2	
neo/poly/gra sol op	2	
tobra/dexame sus 0.3-0.1%	3	
tobramycin sol 0.3% op	2	
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN GEL 0.15% ***ganciclovir ophth gel 0.15%***	4	
Antibacterials, Other		
bacit/polymy oin op	2	
bacitracin oin op	3	
BETADINE SOL 5% OP ***povidone-iodine ophth soln 5%***	4	
neo/bac/poly oin op	2	
neo/poly/bac oin /hc 1%op	3	
neo/poly/dex oin 0.1% op	2	
neo/poly/dex sus 0.1% op	2	
neo/poly/hc sus op	3	
polymyxin b/ sol trimethp	2	
Antifungals		
NATACYN SUS 5% OP ***natamycin ophth susp 5%***	4	
Antiherpetic Agents		
trifluridine sol 1% op	3	
Macrolides		
AZASITE SOL 1% ***azithromycin ophth soln 1%***	4	

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erythromycin oin 5mg/gm	2	$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
Ophthalmic Agents, Other		
AKTEN GEL 3.5% OP ***lidocaine hcl ophth gel 3.5%***	4	
ALTACAINE SOL 0.5% OP ***tetracaine hcl ophth soln 0.5%***	2	
atropine sul sol 1% op	2	
cyclomydril sol op	4	
cyclopentol sol 1% op	2	
MITOSOL KIT 0.2MG ***mitomycin for ophth soln kit 0.2 mg***	4	
proparacaine sol 0.5% op	2	
sulf/pred na sol op	2	
tetracaine ophthalmic soln 0.5% op	2	
ZYLET SUS 0.5-0.3% ***loteprednol etabonate-tobramycin ophth susp 0.5-0.3%***	4	
Ophthalmic Anti-allergy Agents		
ALOCRIL SOL 2% ***nedocromil sodium ophth soln 2%***	4	
ALOMIDE SOL 0.1% OP ***lodoxamide tromethamine ophth soln 0.1%***	4	
ALTAFRIN SOL 10% OP ***phenylephrine hcl ophth soln 10%***	2	
ALTAFRIN SOL 2.5% OP ***phenylephrine hcl ophth soln 2.5%***	2	
azelastine dro 0.05%	2	
bepotastine dro 1.5% op	4	QL; Maximum of 5 ml per 25 days.
ciprofloxacn sol 0.3% op	2	
cromolyn sod sol 4% op	2	
epinastine hcl ophth soln 0.05%	2	QL; Maximum of 5 ml per 25 days.
LASTACAFT SOL 0.25% ***alcaftadine ophth soln 0.25%***	4	QL; Maximum of 3 ml per 30 days.
phenylephrine sol 10% op	2	
phenylephrine sol 2.5% op	2	
Ophthalmic Anti-inflammatories		
bromfenac dro 0.09% op	3	QL; Maximum of 1.7 ml per 17 days.
cyclosporine emu 0.05% op	4	PA; QL; Maximum of 2 vials per day.
dexameth pho sol 0.1% op	2	
diclofenac sol 0.1% op	2	
difluprednat emu 0.05%	4	
fluorometholone ophth susp 0.1%	2	
flurbiprofen sol 0.03% op	2	
INVELTYS SUS 1% ***loteprednol etabonate ophth susp 1%***	4	QL; Maximum of 2.8 ml per 7 days.
ketorolac sol 0.4% op	2	
ketorolac sol 0.5% op	2	
LOTEMAX OIN 0.5% ***loteprednol etabonate ophth oint 0.5%***	4	
LOTEMAX SM GEL 0.38% ***loteprednol etabonate ophth gel 0.38%***	4	QL; Maximum of 5 grams per prescription.
LOTEPREDNOL SUS 0.5% ***loteprednol etabonate ophth susp 0.5%***	4	QL; Maximum of 5 ml per prescription.
pred sod pho sol 1% op	2	
prednisolone sus 1% op	2	

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Ophthalmic Antiglaucoma Agents		
apraclonidin sol 0.5% op	2	
betaxolol sol 0.5% op	2	
brimo/timolo sol 0.2/0.5%	3	QL; Maximum of 5 ml per 25 days.
brimonidine sol 0.15% op	2	QL; Maximum of 30 ml per 30 days.
brimonidine sol 0.2% op	2	QL; Maximum of 30 ml per 30 days.
brinzolamide sus 1% op	3	QL; Maximum of 10 ml per 30 days.
brinzolamide sus 1%	3	QL; Maximum of 10 ml per 30 days.
dorzol/timol sol 2-0.5%op	2	QL; Maximum of 10 ml per 30 days.
dorzol/timol sol 2%-0.5%	3	QL; Maximum of 60 vials per 30 days.
dorzolamide sol 2% op	2	
iopidine sol 1% op	4	
levobunolol sol 0.5% op	2	
phospholine sol 0.125%op	3	
pilocarpine sol 1% op	2	
pilocarpine sol 2% op	2	
pilocarpine sol 4% op	2	
SIMBRINZA SUS 1-0.2% ***brinzolamide-brimonidine tartrate ophth susp 1-0.2%***	4	QL; Maximum of 8 ml per 30 days.
timolol maleate ophth soln 0.25%	2	
timolol maleate ophth soln 0.5% (once-daily)	3	
timolol maleate ophth soln 0.5%	2	
timolol ophth soln 0.5%	3	QL; Maximum of 5 ml per 25 days.
Ophthalmic Beta-Adrenergic Blocking Agents		
timolol maleate ophth soln 0.5% (once-daily)	3	
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost sol 0.01% op		
latanoprost sol 0.005%	2	
LUMIGAN SOL 0.01% OP ***bimatoprost ophth soln 0.01%***	3	QL; Maximum of 5 ml per 30 days.
tafluprost sol 0.0015%	4	QL; Maximum of 30 vials per 30 days.
travoprost dro 0.004%	3	QL; Maximum of 2.5 ml per 25 days.
Quinolones		
carteolol sol 1% op	2	
gatifloxacin sol 0.5%	3	
levofloxacin sol 0.5%	2	
levofloxacin sol 1.5%	2	
moxifloxacin sol 0.5%	2	
ofloxacin dro 0.3% op	2	
Sulfonamides		
sulfacet sod oin 10% op	2	
sulfacet sod sol 10% op	2	
Otic Agents		
Otic Agents		
acetic acid sol 2% otic	2	

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cipro/dexa sus 0.3-0.1%	4	
cipro/fluoc dro pf	4	
ciprofloxacn sol 0.2%	3	
cortisporin sus -tc otic	4	
flac oil 0.01%	3	
fluocin acet oil ear 0.01%	3	
fluocinolone acetonide (otic) oil 0.01%	3	
hydrocortisone w/ acetic acid otic soln 1-2%	3	
neo/poly/hc sol 1% otic	2	
neo/poly/hc sus 1% otic susp 3.5 mg/ml-10000 unit/ml-1%	2	
ofloxacin dro 0.3%otic	2	
OTOVEL DRO ***ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%***	4	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO AER 160MCG ***ciclesonide inhal aerosol 160 mcg/act***	4	QL; Maximum of 6 inhalers (36.6 grams) per prescription.
ALVESCO AER 80MCG ***ciclesonide inhal aerosol 80 mcg/act***	4	QL; Maximum of 3 inhalers (18.3 grams) per prescription.
ARNUITY ELPT INH 100MCG ***fluticasone furoate aerosol powder breath activ 100 mcg/act***	3	QL; Maximum of 3 inhalers (90 blisters) per prescription.
ARNUITY ELPT INH 200MCG ***fluticasone furoate aerosol powder breath activ 200 mcg/act***	3	QL; Maximum of 3 inhalers (90 blisters) per prescription.
ARNUITY ELPT INH 50MCG ***fluticasone furoate aerosol powder breath activ 50 mcg/act***	3	QL; Maximum of 3 inhalers (90 blisters) per prescription.
ASMANEX 120 AER 220MCG ***mometasone furoate inhal powd 220 mcg/act (breath activated)***	3	QL; Maximum of 3 inhalers per prescription.
ASMANEX 14 AER 220MCG ***mometasone furoate inhal powd 220 mcg/act (breath activated)***	3	QL; Maximum of 6 inhalers per prescription.
ASMANEX 30 AER 110MCG ***mometasone furoate inhal powd 110 mcg/act (breath activated)***	3	QL; Maximum of 6 inhalers per prescription.
ASMANEX 30 AER 220MCG ***mometasone furoate inhal powd 220 mcg/act (breath activated)***	3	QL; Maximum of 3 inhalers per prescription.
ASMANEX 60 AER 220MCG ***mometasone furoate inhal powd 220 mcg/act (breath activated)***	3	QL; Maximum of 3 inhalers per prescription.
ASMANEX HFA AER 100 MCG ***mometasone furoate inhal aerosol suspension 100 mcg/act***	3	QL; Maximum of 3 inhalers (39 grams) per prescription.
ASMANEX HFA AER 200 MCG ***mometasone furoate inhal aerosol suspension 200 mcg/act***	3	QL; Maximum of 3 inhalers (39 grams) per prescription.
ASMANEX HFA AER 50MCG ***mometasone furoate inhal aerosol suspension 50 mcg/act***	3	QL; Maximum of 3 inhalers (39 grams) per prescription.
BEVESPI AER 9-4.8MCG ***glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act***	3	QL; Maximum of 3 inhalers (32.1 grams) per prescription.
BREYNA AER 160/4.5 ***budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act***	4	QL; Maximum of 3 inhalers per prescription.
BREYNA AER 80/4.5 ***budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act***	4	QL; Maximum of 3 inhalers per prescription.
budes/formot aer 160-4.5	4	QL; Maximum of 3 inhalers per prescription.
budes/formot aer 80-4.5	4	QL; Maximum of 3 inhalers per prescription.
budesonide sus 0.25mg/2	3	QL; Maximum of 360 ml per prescription.
budesonide sus 0.5mg/2	3	QL; Maximum of 360 ml per prescription.
budesonide sus 1mg/2ml	3	QL; Maximum of 180 ml per prescription.

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Drug name	Tier	Coverage Requirements and Limits
flunisolide nasal soln 25 mcg/act (0.025%)	3	
fluticasone spr 50mcg	2	QL; Maximum of 16 grams per 30 days.
fluticasone-salmeterol aer powder ba 100-50 mcg/act	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
fluticasone-salmeterol aer powder ba 113-14 mcg/act	3	QL; Maximum of 3 inhalers per prescription.
fluticasone-salmeterol aer powder ba 232-14 mcg/act	3	QL; Maximum of 3 inhalers per prescription.
fluticasone-salmeterol aer powder ba 250-50 mcg/act	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
fluticasone-salmeterol aer powder ba 500-50 mcg/act	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
fluticasone-salmeterol aer powder ba 55-14 mcg/act	3	QL; Maximum of 3 inhalers per prescription.
mometasone spr 50mcg	3	QL; Maximum of 17 grams per 30 days.
QVAR REDIHA AER 80MCG ***beclomethasone diprop hfa breath act inh aer 80 mcg/act***	3	QL; Maximum of 6 inhalers (63.6 grams) per prescription.
QVAR REDIHAL AER 40MCG ***beclomethasone diprop hfa breath act inh aer 40 mcg/act***	3	QL; Maximum of 6 inhalers (63.6 grams) per prescription.
WIXELA INHUB AER 100/50 ***fluticasone-salmeterol aer powder ba 100-50 mcg/act***	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
WIXELA INHUB AER 250/50 ***fluticasone-salmeterol aer powder ba 250-50 mcg/act***	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
WIXELA INHUB AER 500/50 ***fluticasone-salmeterol aer powder ba 500-50 mcg/act***	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
Antihistamines		
azelastine spr 0.1%	2	QL; Maximum of 30 ml per 25 day.
carbinoxamin sol 4mg/5ml	2	
carbinoxamin tab 4mg	2	
clemastine tab 2.68mg	2	
cyproheptad syp 2mg/5ml	2	
cyproheptad tab 4mg	2	
desloratadin tab 5mg	3	
levocetirizi sol 2.5/5ml	3	
levocetirizi tab 5mg	2	QL; Maximum of 1 tablet per day.
olopatadine spr 0.6%	3	QL; Maximum of 30.5 grams per 30 days.
prometh vc syp 6.25-5/5	2	
prometh/pe sol 6.25-5/5	2	
promethazine sol 12.5/10	2	
promethazine sol 6.25/5ml	2	
promethazine sup 12.5mg	3	QL; Maximum of 6 suppositories per day.
promethazine sup 25mg	3	QL; Maximum of 4 suppositories per day.
promethazine tab 12.5mg	2	
promethazine tab 25mg	2	
promethazine tab 50mg	2	
Antihistamines		
diphenhydram elx 12.5/5ml	2	
Antileukotrienes		
montelukast chw 4mg	2	QL; Maximum of 1 tablet per day.
montelukast chw 5mg	2	QL; Maximum of 1 tablet per day.

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Drug name	Tier	Coverage Requirements and Limits
montelukast gra 4mg	2	QL; Maximum of 1 packet per day.
montelukast tab 10mg	2	QL; Maximum of 1 tablet per day.
zafirlukast tab 10mg	3	QL; Maximum of 2 tablets per day.
zafirlukast tab 20mg	3	QL; Maximum of 2 tablets per day.
zileuton er tab 600mg	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA AER 17MCG ***ipratropium bromide hfa inhal aerosol 17 mcg/act***	4	QL; Maximum of 6 inhalers per prescription; SM..
BREZTRI AERO AER SPHERE ***budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act***	3	QL; Maximum of 3 inhalers (32.1 grams) per prescription; SM.
BREZTRI AERO AER SPHERE ***budesonide-glycopyrrolate-formoterol aers 160-18-4.8 mcg/act.***	3	QL; Maximum of 3 inhalers (32.1 grams) per prescription; SM.
INCRUSE ELPT INH 62.5MCG ***umeclidinium br aero powd breath act 62.5 mcg/act (base eq)***	3	QL; Maximum of 3 inhalers (90 blisters) per prescription; SM.
ipratropium bromide hfa inhal aerosol 17mcg/act	4	QL; Maximum of 6 inhalers per prescription; SM.
ipratropium sol 0.02%inh	2	SM
ipratropium spr 0.03%	2	SM
ipratropium spr 0.06%	2	SM
ipratropium/ sol albuter	2	SM
SPIRIVA RESP AER 1.25MCG ***tiotropium bromide inhal aerosol 1.25 mcg/act***	3	QL; Maximum of 3 inhalers (12 grams) per prescription; SM.
SPIRIVA RESP AER 2.5MCG ***tiotropium bromide inhal aerosol 2.5 mcg/act***	3	QL; Maximum of 3 inhalers (12 grams) per prescription; SM.
SPIRIVA RESP AER 2.5MCG ***tiotropium bromide inhal aerosol 2.5 mcg/act***	3	QL; Maximum of 3 inhalers (12 grams) per prescription; SM.
STIOLTO AER 2.5-2.5 ***tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act***	3	QL; Maximum of 3 inhalers (12 grams) per prescription; SM.
tiotropium bromide inhal cap 18 mcg	3	QL; Maximum of 90 capsules per prescription; SM.
TRELEGY AER 100MCG ***fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act***	3	QL; Maximum of 3 inhalers (180 blisters) per prescription; SM.
TRELEGY AER 200MCG ***fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act***	3	QL; Maximum of 3 inhalers (180 blisters) per prescription; SM.
Bronchodilators, Sympathomimetic		
albuterol aer hfa	1	
albuterol neb 0.083%	1	
albuterol neb 0.5%	1	
albuterol neb 0.63mg/3	1	
albuterol neb 1.25mg/3	1	
albuterol syp 2mg/5ml	3	
albuterol syp 8mg/20ml	3	
albuterol tab 2mg	3	
albuterol tab 4mg	3	
arformoterol neb 15/2ml	4	QL; Maximum of 180 vials (360ml) per prescription; SM..
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	QL; Maximum of 4 pens (2 boxes) per 30 days.
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	QL; Maximum of 4 pens (2 boxes) per 30 days.

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epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	QL; Maximum of 4 pens (2 boxes) per 30 days.
formoterol neb 20/2ml	4	QL; Maximum of 180 vials (360ml) per prescription; SM..
levalbuterol neb 0.31mg	3	QL; Maximum of 1620 ml per prescription;SM.
levalbuterol neb 0.63mg	3	QL; Maximum of 1620 ml per prescription: SM..
levalbuterol neb 1.25/0.5	3	QL; Maximum of 270 vials per prescription; SM..
levalbuterol neb 1.25mg	3	QL; Maximum of 810 ml per prescription; SM.
STRIVERDI AER 2.5MCG ***olodaterol hcl inhal aerosol soln 2.5 mcg/act***	3	QL; Maximum of 3 inhalers (12 grams) per prescription; SM
SYMJEPI INJ 0.15MG ***epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)***	1	QL; Maximum of 4 syringes per 30 days.
SYMJEPI INJ 0.3MG ***epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)***	1	QL; Maximum of 4 syringes per 30 days.
terbutaline tab 2.5mg	4	
terbutaline tab 5mg	4	
VENTOLIN HFA AER ***albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)***	1	
Cystic Fibrosis Agents		
ORKAMBI GRA 100-125 ***lumacaftor-ivacaftor granules packet 100-125 mg***	5	PA; QL; Maximum of 56 packets per 28 days.
ORKAMBI GRA 150-188 ***lumacaftor-ivacaftor granules packet 150-188 mg***	5	PA; QL; Maximum of 56 packets per 28 days.
ORKAMBI GRA 75-94MG ***lumacaftor-ivacaftor granules packet 75-94 mg***	5	PA; QL; Maximum of 56 packets per 28 days.
ORKAMBI TAB 100-125 ***lumacaftor-ivacaftor tab 100-125 mg***	5	PA; QL; Maximum of 112 tablets per 28 days.
ORKAMBI TAB 200-125 ***lumacaftor-ivacaftor tab 200-125 mg***	5	PA; QL; Maximum of 112 tablets per 28 days.
PULMOZYME SOL 1MG/ML ***dornase alfa inhal soln 2.5 mg/2.5ml***	5	PA; QL; Maximum of 2 ampules (5 ml) per day.
tobramycin neb 300/5ml	5	PA; QL; Maximum of 2 ampules (10 ml) per day.
Mast Cell Stabilizers		
cromolyn sod neb 20mg/2ml	3	
Phosphodiesterase Inhibitors, Airways Disease		
elixophyllin elx 80/15ml	3	
roflumilast tab 250mcg	4	QL; Maximum of 1 tablet per day.
roflumilast tab 500mcg	4	QL; Maximum of 1 tablet per day.
THEO-24 CAP 100MG CR ***theophylline cap er 24hr 100 mg***	4	
THEO-24 CAP 200MG CR ***theophylline cap er 24hr 200 mg***	4	
THEO-24 CAP 300MG CR ***theophylline cap er 24hr 300 mg***	4	
THEO-24 CAP 400MG ER ***theophylline cap er 24hr 400 mg***	4	
theophylline elx 80/15ml	3	
theophylline sol 80/15ml	3	
theophylline tab 100mg er	2	
theophylline tab 200mg er	2	
theophylline tab 300mg er	2	
theophylline tab 400mg er	2	
theophylline tab 450mg er	2	
theophylline tab 600mg er	2	

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Drug name	Tier	Coverage Requirements and Limits
Pulmonary Antihypertensives		
ADEMPAS TAB 0.5MG ***riociguat tab 0.5 mg***	5	PA; QL; Maximum of 3 tablets per day.
ADEMPAS TAB 1.5MG ***riociguat tab 1.5 mg***	5	PA; QL; Maximum of 3 tablets per day.
ADEMPAS TAB 1MG ***riociguat tab 1 mg***	5	PA; QL; Maximum of 3 tablets per day.
ADEMPAS TAB 2.5MG ***riociguat tab 2.5 mg***	5	PA; QL; Maximum of 3 tablets per day.
ADEMPAS TAB 2MG ***riociguat tab 2 mg***	5	PA; QL; Maximum of 3 tablets per day.
ALYQ TAB 20MG ***tadalafil tab 20 mg (pah)***	5	PA; QL; Maximum of 2 tablets per day.
ambrisentan tab 10mg	5	PA; QL; Maximum of 1 tablet per day.
ambrisentan tab 5mg	5	PA; QL; Maximum of 1 tablet per day.
bosentan tab 125mg	5	PA; QL; Maximum of 2 tablets per day.
bosentan tab 62.5mg	5	PA; QL; Maximum of 2 tablets per day.
MACITENTAN TAB 10MG ***macitentan tab 10 mg***	5	PA; QL; SP; Maximum of 1 tablet per day.
OPSUMIT TAB 10MG ***macitentan tab 10 mg***	5	PA; QL; SP; Maximum of 1 tablet per day.
ORENITRAM TAB 0.125MG ***treprostinil diolamine tab er 0.125 mg***	5	PA; QL; Maximum of 6 tablets per day.
ORENITRAM TAB 0.25MG ***treprostinil diolamine tab er 0.25 mg***	5	PA; QL; Maximum of 6 tablets per day.
ORENITRAM TAB 1MG ***treprostinil diolamine tab er 1 mg***	5	PA; QL; Maximum of 6 tablets per day.
ORENITRAM TAB 2.5MG ***treprostinil diolamine tab er 2.5 mg***	5	PA; QL; Maximum of 6 tablets per day.
ORENITRAM TAB 5MG ***treprostinil diolamine tab er 5 mg***	5	PA; QL; Maximum of 6 tablets per day.
ORENITRAM TAB MONTH 1 ***treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg***	5	PA; QL; Maximum of 1 titration kit per year.
ORENITRAM TAB MONTH 2 ***treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg***	5	PA; QL; Maximum of 1 titration kit per year.
ORENITRAM TAB MONTH 3 ***treprostinil tab er titr pk(mo3)126x0.125mg&42 x0.25mg&84x1mg***	5	PA; QL; Maximum of 1 titration kit per year.
sildenafil sus 10mg/ml	5	PA; QL; Maximum of 6 ml per day.
sildenafil tab 20mg	4	PA; QL; Maximum of 3 tablets per day.
tadalafil tab 20mg	5	PA; QL; Maximum of 2 tablets per day.
TYVASO DPI POW 16-32-48 ***treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg***	5	PA; QL; SP; Maximum of 252 cartridges (1 kit) per year.
TYVASO DPI POW 16-32MCG ***treprostinil inh powder 112 x 16mcg & 84 x 32mcg***	5	PA; QL; Maximum of 196 cartridges (1 kit) per year.
TYVASO DPI POW 16MCG ***treprostinil inh powder 16 mcg/cartridge***	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 32MCG ***treprostinil inh powder 32 mcg/cartridge***	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 48MCG ***treprostinil inh powder 48 mcg/cartridge***	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 48-80MCG ***treprostinil inh powder 112 x 48mcg & 112 x 80mcg***	5	PA; QL; SP; Maximum of 224 cartridges (1 kit) per 28 days.
TYVASO DPI POW 64MCG ***treprostinil inh powder 64 mcg/cartridge***	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 80MCG ***treprostinil inh powder 80 mcg/cartridge***	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW MAIN KIT ***treprostinil inh powder 112 x 32mcg & 112 x 64mcg***	5	PA; QL; SP; Maximum of 224 cartridges (1 kit) per 28 days.
TYVASO DPI POW MAIN KIT ***treprostinil inh powder 112 x 48mcg & 112 x 64mcg***	5	PA; QL; SP; Maximum of 224 cartridges (1 kit) per 28 days.
TYVASO RF KT SOL 0.6MG/ML ***treprostinil inhalation solution 0.6 mg/ml***	5	PA; QL; SP; Maximum of 4 ampules (11.6 ml) per day.

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Drug name	Tier	Coverage Requirements and Limits
TYVASO SOL 0.6MG/ML ***treprostinil inhalation solution 0.6 mg/ml***	5	PA; QL; SP; Maximum of 4 ampules (11.6 ml) per day.
TYVASO ST KT SOL 0.6MG/ML ***treprostinil inhalation solution 0.6 mg/ml***	5	PA; QL; SP; Maximum of 4 ampules (11.6 ml) per day.
UPTRAVI PACK TAB 200/800 ***selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)***	5	PA; QL; Maximum of 200 tablets per year.
UPTRAVI TAB 100MCG ***selexipag tab 100 mcg***	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 150MCG ***selexipag tab 150 mcg***	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 1000MCG ***selexipag tab 1000 mcg***	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 1200MCG ***selexipag tab 1200 mcg***	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 1400MCG ***selexipag tab 1400 mcg***	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 1600MCG ***selexipag tab 1600 mcg***	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 200MCG ***selexipag tab 200 mcg***	5	PA; QL; Maximum of 5 tablets per day.
UPTRAVI TAB 400MCG ***selexipag tab 400 mcg***	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 600MCG ***selexipag tab 600 mcg***	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 800MCG ***selexipag tab 800 mcg***	5	PA; QL; Maximum of 2 tablets per day.
VENTAVIS SOL 10MCG/ML ***iloprost inhalation solution 10 mcg/ml***	5	PA; QL; SP; Maximum of 7 ml per day.
VENTAVIS SOL 20MCG/ML ***iloprost inhalation solution 20 mcg/ml***	5	PA; QL; SP; Maximum of 3 ml per day.
Pulmonary Fibrosis Agents		
NINTEDANIB CAP 100MG ***nintedanib esylate cap 100 mg***		
NINTEDANIB CAP 150MG ***nintedanib esylate cap 150 mg***		
OFEV CAP 100MG ***nintedanib esylate cap 100 mg (base equivalent)***	5	PA; QL; Maximum of 2 capsules per day.
OFEV CAP 150MG ***nintedanib esylate cap 150 mg (base equivalent)***	5	PA; QL; Maximum of 2 capsules per day.
pirfenidone cap 267mg	4	PA; QL; Maximum of 9 capsules per day.
pirfenidone tab 267mg	4	PA; QL; Maximum of 9 tablets per day.
pirfenidone tab 534mg	4	PA; QL; Maximum of 3 tablets per day.
pirfenidone tab 801mg	4	PA; QL; Maximum of 3 tablets per day.
Respiratory Tract Agents, Other		
ACETYLCYST SOL 10% ***acetylcysteine inhal soln 10%***	2	
ACETYLCYST SOL 20% ***acetylcysteine inhal soln 20%***	2	
AIRSUPRA AER 90-80MCG ***albuterol-budesonide inhalation aerosol 90-80 mcg/act***	4	
benzonatate cap 100mg	2	
benzonatate cap 200mg	2	
bpm-pse-dm syp 2-30-10	2	
BREZTRI AERO AER 9MCG ***budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act***	3	QL; Maximum of 3 inhalers (32.1 grams) per prescription.
BREZTRI AERO AER 18MCG ***budesonide-glycopyrrolate-formoterol aers 160-18-4.8 mcg/act***	3	QL; Maximum of 3 inhalers (32.1 grams) per prescription.
brom/pse/dm syp 2-30-10	2	
gg/codeine sol 100-10/5	2	PA; QL; Maximum of 360 ml per 30 days.
GILTUSS TAB 10-388MG ***phenylephrine-guaifenesin tab 10-388 mg***	4	
hydroc/homat tab 5-1.5mg	2	PA; QL; Maximum of 12 tablets per day.
hydrocod/hom sol 5-1.5/5	2	PA; QL; Maximum of 12 ml per day.
hydrocod/hom syp 5-1.5/5	2	PA; QL; Maximum of 12 ml per day.
hydromet syp 5-1.5/5	2	PA; QL; Maximum of 12 ml per day.

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HYPERSAL NEB 3.5% ***sodium chloride soln nebu 3.5%***	3	
HYPERSAL NEB 7% ***sodium chloride soln nebu 7%***	3	
NEBUSAL NEB 3% ***sodium chloride soln nebu 3%***	3	
NEBUSAL NEB 6% ***sodium chloride soln nebu 6%***	3	
prometh/cod sol 6.25-10	2	PA; QL; Maximum of 36 ml per day.
promethazine sol dm	2	
promethazine syp dm	2	
PULMOSAL NEB 7% ***sodium chloride soln nebu 7%***	3	
sod chloride neb 0.9%	2	
sod chloride neb 10%	2	
sod chloride neb 3%	2	
sod chloride neb 7%	2	
XOLAIR INJ 150MG/ML ***omalizumab subcutaneous soln auto-injector 150 mg/ml***	5	PA; QL; Maximum of 4ml (4 pens) per 28 days.
XOLAIR INJ 150MG/ML ***omalizumab subcutaneous soln prefilled syringe 150 mg/ml***	5	PA; QL; Maximum of 4ml (4 syringes) per 28 days.
XOLAIR INJ 300/2ML ***omalizumab subcutaneous soln auto-injector 300 mg/2ml***	5	PA; QL; Maximum of 4ml (4 pens) per 28 days.
XOLAIR INJ 300/2ML ***omalizumab subcutaneous soln prefilled syringe 300 mg/2ml***	5	PA; QL; Maximum of 4ml (4 syringes) per 28 days.
XOLAIR INJ 75/0.5 ***omalizumab subcutaneous soln auto-injector 75 mg/0.5ml***	5	PA; QL; Maximum of 1ml (2 pens) per 28 days.
XOLAIR INJ 75/0.5 ***omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml***	5	PA; QL; Maximum of 1ml (2 syringes) per 28 days.
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
baclofen tab 10mg	2	
baclofen tab 20mg	2	
baclofen tab 5mg	2	
carisoprodol tab 350mg	2	QL; Maximum of 4 tablets per day.
chlorzoxazon tab 500mg	3	
cyclobenzapr tab 10mg	2	
cyclobenzapr tab 5mg	2	
cyclobenzapr tab 7.5mg	2	
dantrolene cap 100mg	3	
dantrolene cap 25mg	3	
dantrolene cap 50mg	3	
metaxalone tab 800mg	3	
methocarbam tab 500mg	2	
methocarbam tab 750mg	2	
orphenadrine tab 100mg er	2	
tizanidine cap 2mg	3	
tizanidine cap 4mg	3	
tizanidine cap 6mg	3	
tizanidine tab 2mg	2	
tizanidine tab 4mg	2	

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Drug name	Tier	Coverage Requirements and Limits
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone tab 1mg	2	QL; Maximum of 1 tablet per day.
eszopiclone tab 2mg	2	QL; Maximum of 1 tablet per day.
eszopiclone tab 3mg	2	QL; Maximum of 1 tablet per day.
flurazepam cap 15mg	2	QL; Maximum of 1 capsule per day.
flurazepam cap 30mg	2	QL; Maximum of 1 capsule per day.
temazepam cap 15mg	2	QL; Maximum of 1 capsule per day.
temazepam cap 22.5mg	2	QL; Maximum of 1 capsule per day.
temazepam cap 30mg	2	QL; Maximum of 1 capsule per day.
temazepam cap 7.5mg	2	QL; Maximum of 1 capsule per day.
zaleplon cap 10mg	2	QL; Maximum of 2 capsules per day.
zaleplon cap 5mg	2	QL; Maximum of 1 capsule per day.
zolpidem er tab 12.5mg	3	QL; Maximum of 1 tablet per day.
zolpidem er tab 6.25mg	3	QL; Maximum of 1 tablet per day.
zolpidem tab 10mg	2	QL; Maximum of 1 tablet per day.
zolpidem tab 5mg	2	QL; Maximum of 1 tablet per day.
Sleep Disorders, Other		
armodafinil tab 150mg	3	QL; Maximum of 1 tablet per day.
armodafinil tab 200mg	3	QL; Maximum of 1 tablet per day.
armodafinil tab 250mg	3	QL; Maximum of 1 tablet per day.
armodafinil tab 50mg	3	QL; Maximum of 2 tablets per day.
BELSOMRA TAB 10MG ***suvorexant tab 10 mg***	4	QL; Maximum of 1 tablet per day.
BELSOMRA TAB 15MG ***suvorexant tab 15 mg***	4	QL; Maximum of 1 tablet per day.
BELSOMRA TAB 20MG ***suvorexant tab 20 mg***	4	QL; Maximum of 1 tablet per day.
BELSOMRA TAB 5MG ***suvorexant tab 5 mg***	4	QL; Maximum of 1 tablet per day.
doxepin tab 3mg	4	QL; Maximum of 1 tablet per day.
doxepin tab 6mg	4	QL; Maximum of 1 tablet per day.
modafinil tab 100mg	2	QL; Maximum of 1 tablet per day.
modafinil tab 200mg	2	QL; Maximum of 2 tablets per day.
ramelteon tab 8mg	4	QL; Maximum of 1 tablet per day.
sodium oxybate oral solution 500 mg/ml	5	PA; QL; SP; Maximum of 18 ml per day.
SUNOSI TAB 150MG ***solriamfetol hcl tab 150 mg (base equiv)***	4	PA; QL; Maximum of 1 tablet per day.
SUNOSI TAB 75MG ***solriamfetol hcl tab 75 mg (base equiv)***	4	PA; QL; Maximum of 1 tablet per day.
tasimelteon cap 20mg	5	PA; QL; Maximum of 1 capsule per day.
Vaccines		
Vaccines		
TDVAX INJ 2-2 LF ***tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.

KEY: **CM** ..... Orally administered anti-cancer medication
PA..... Prior authorization required
QL ..... Quantity limit
SM..... Cost-share cap by state mandate applies when condition appropriate
SP..... Specialty medication

Index

abacavir sol 20mg/ml 50
abacavir sulfate-lamivudine tab 600-300 mg 50
abacavir tab 300mg 50
abigale lo tab 0.5-0.1 93
abigale tab 1-0.5mg 93
abiraterone tab 250mg 38
abiraterone tab 500mg 38
ABRYSVO INJ 120MCG ***rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml*** 109
ABRYSVO INJ ***rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml*** 109
acampro cal tab 333mg 20
acarbose tab 25mg 56
acarbose tab 50mg 56
acarbose tab 100mg 56
accu-chek kit guide 55
accu-chek kit guide me 55
accu-chek test strips guide 55
accutane cap 10mg 79
accutane cap 20mg 79
accutane cap 30mg 79
accutane cap 40mg 79
acebutolol cap 200mg 67
acebutolol cap 400mg 67
acetazolamid cap 500mg er 72
acetazolamid tab 125mg 72
acetazolamid tab 250mg 72
acetic acid sol 2% otic 119
ACETYLCYST SOL 10% ***acetylcysteine inhal soln 10%*** 125
ACETYLCYST SOL 20% ***acetylcysteine inhal soln 20%*** 125
acitretin cap 10mg 79
acitretin cap 17.5mg 79
acitretin cap 25mg 79
ACTEMRA INJ 162/0.9 ***tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml*** 108
ACTEMRA INJ ACTPEN ***tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml*** 108
ACTHIB INJ ***haemophilus b polysaccharide conjugate vaccine for inj*** 109
ACTIMMUNE INJ 2MU/0.5 ***interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*** 108
acyclovir cap 200mg 53
acyclovir oin 5% 53
acyclovir sus 200/5ml 53
acyclovir sus 800/20ml 53
acyclovir tab 400mg 53
acyclovir tab 800mg 53
ADACEL INJ ***tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml*** 109
ADACEL INJ ***tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml*** 109
ADALIMU-ADAZ INJ 10/0.1ML ***adalimumab-adaz soln prefilled syringe 10 mg/0.1ml*** 106
ADALIMU-ADAZ INJ 20/0.2ML ***adalimumab-adaz soln prefilled syringe 20 mg/0.2ml*** 106
ADALIMU-ADAZ INJ 20/0.2ML ***adalimumab-adaz soln prefilled syringe 20 mg/0.2ml*** 106
ADALIMU-ADAZ INJ 40/0.4ML ***adalimumab-adaz soln auto-injector 40 mg/0.4ml*** 106
ADALIMU-ADAZ INJ 40/0.4ML ***adalimumab-adaz soln prefilled syringe 40 mg/0.4ml*** 106
ADALIMU-ADAZ INJ 80/0.8ML ***adalimumab-adaz soln auto-injector 80 mg/0.8ml*** 106
ADALIMU-ADBM KIT 10/0.2ML ***adalimumab-adbm prefilled syringe kit 10 mg/0.2ml*** 106
ADALIMU-ADBM KIT 20/0.4ML ***adalimumab-adbm prefilled syringe kit 20 mg/0.4ml*** 106
ADALIMU-ADBM KIT 40/0.4ML ***adalimumab-adbm auto-injector kit 40 mg/0.4ml*** 106
ADALIMU-ADBM KIT 40/0.4ML ***adalimumab-adbm auto-injector kit 40 mg/0.4ml*** 106
ADALIMU-ADBM KIT 40/0.4ML ***adalimumab-adbm auto-injector kit 40 mg/0.4ml*** 106
ADALIMU-ADBM KIT 40/0.4ML ***adalimumab-adbm prefilled syringe kit 40 mg/0.4ml*** 106
ADALIMU-ADBM KIT 40/0.8ML ***adalimumab-adbm auto-injector kit 40 mg/0.8ml*** 106
ADALIMU-ADBM KIT 40/0.8ML ***adalimumab-adbm auto-injector kit 40 mg/0.8ml*** 106
ADALIMU-ADBM KIT 40/0.8ML ***adalimumab-adbm auto-injector kit 40 mg/0.8ml*** 106
ADALIMU-ADBM KIT 40/0.8ML ***adalimumab-adbm prefilled syringe kit 40 mg/0.8ml*** 106
adapalene cre 0.1% 79
adapalene gel 0.1% 79
adapalene gel 0.3% 79
adapalene gel 0.3% pmp 79
adefov dipiv tab 10mg 49
ADEMPAS TAB 0.5MG ***riociguat tab 0.5 mg*** 124
ADEMPAS TAB 1.5MG ***riociguat tab 1.5 mg*** 124
ADEMPAS TAB 1MG ***riociguat tab 1 mg*** 124
ADEMPAS TAB 2.5MG ***riociguat tab 2.5 mg*** 124
ADEMPAS TAB 2MG ***riociguat tab 2 mg*** 124
afirmelle tab 0.1-0.02 93
AFLURIA INJ 2025-26 ***influenza virus vaccine split im susp*** 109
AFLURIA INJ 2025-26 ***influenza virus vaccine split pf susp pref syringe 0.5 ml*** 109
aftera tab 1.5mg 100
afterpill tab 1.5mg 100
aimovig inj 70mg/ml 36
aimovig inj 140mg/ml 36
AIRSUPRA AER 90-80MCG ***albuterol-budesonide inhalation aerosol 90-80 mcg/act*** 125
AKTEN GEL 3.5% OP ***lidocaine hcl ophth gel 3.5%*** 118
albendazole tab 200mg 44
albuterol aer hfa 122
albuterol neb 0.5% 122
albuterol neb 0.63mg/3 122
albuterol neb 0.083% 122
albuterol neb 1.25mg/3 122
albuterol syp 2mg/5ml 122
albuterol syp 8mg/20ml 122
albuterol tab 2mg 122
albuterol tab 4mg 122
alclometason cre 0.05% 89
alclometason oin 0.05% 89
alcohol prep pad 114
ALDACTONE TAB 25MG ***spironolactone tab 25 mg*** 72
ALDACTONE TAB 50MG ***spironolactone tab 50 mg*** 72
ALDACTONE TAB 100MG ***spironolactone tab 100 mg*** 72
ALECENSA CAP 150MG ***alectinib hcl cap 150 mg (base equivalent)*** 40
alendronate sol 70/75ml 113
alendronate tab 10mg 113
alendronate tab 35mg 113
alendronate tab 70mg 113
alfuzosin tab 10mg er 87
ALINIA SUS 100/5ML ***nitazoxanide for susp 100 mg/5ml*** 44
allopurinol tab 100mg 35
allopurinol tab 300mg 35

almotrip mal tab 6.25mg 36
almotrip mal tab 12.5mg..... 36
almotriptan tab 6.25mg 36
almotriptan tab 12.5mg..... 36
ALOCRIL SOL 2% ***nedocromil sodium ophth soln 2%*** 118
ALOMIDE SOL 0.1% OP ***lodoxamide tromethamine ophth soln 0.1%*** 118
alora dis 0.1mg 93
alora dis 0.025mg 93
alora dis 0.075mg 93
alosetron tab 0.5mg 85
alosetron tab 1mg 85
alprazolam con 1 mg/ml..... 54
alprazolam tab 0.5mg 54
alprazolam tab 0.5mg er..... 54
alprazolam tab 0.5mg od 54
alprazolam tab 0.5mg xr..... 55
alprazolam tab 0.25mg 54
alprazolam tab 0.25 odt 54
alprazolam tab 1mg..... 54
alprazolam tab 1mg er..... 54
alprazolam tab 1mg odt 54
alprazolam tab 1mg xr 55
alprazolam tab 2mg 54
alprazolam tab 2mg er..... 54
alprazolam tab 2mg odt 54
alprazolam tab 2mg xr..... 55
alprazolam tab 3mg er..... 54
alprazolam tab 3mg xr..... 55
ALTACAINE SOL 0.5% OP ***tetracaine hcl ophth soln 0.5%*** 118
ALTAFRIN SOL 2.5% OP ***phenylephrine hcl ophth soln 2.5%*** ...118
ALTAFRIN SOL 10% OP ***phenylephrine hcl ophth soln 10%*** ...118
altavera tab 93
ALVESCO AER 80MCG ***ciclesonide inhal aerosol 80 mcg/act*** 120
ALVESCO AER 160MCG ***ciclesonide inhal aerosol 160 mcg/act*** 120
alvimopan cap 12mg..... 84
alyacen tab 1/35 93
alyacen tab 7/7/7 93
ALYQ TAB 20MG ***tadalafil tab 20 mg (pah)*** 124
amabelz tab 0.5-0.1..... 93
amabelz tab 1-0.5mg 93
amantadine cap 100mg 45
amantadine sol 50mg/5ml 45
amantadine sol 100/10ml 45
amantadine tab 100mg..... 45
ambrisentan tab 5mg..... 124
ambrisentan tab 10mg 124
amcinonide cream 0.1% 89
amcinonide lotion 0.1%..... 89
amcinonide oint 0.1%..... 89
amethyst tab 90-20mcg..... 93
amiloride & hydrochlorothiazide tab 5-50 mg 71
amiloride tab 5mg 72
aminocapr ac tab 500mg 63
aminocapr ac tab 1000mg 63
aminocaproic sol 0.25/ml..... 63
amiodarone tab 100mg 66
amiodarone tab 200mg 66
amiodarone tab 400mg 66
amitriptylin tab 10mg..... 32
amitriptylin tab 25mg 32
amitriptylin tab 50mg 32
amitriptylin tab 75mg 32
amitriptylin tab 100mg 32
amitriptylin tab 150mg 32
AMJEVITA INJ 20/0.2ML ***adalimumab-atto soln prefilled syringe 20 mg/0.2ml*** 106
AMJEVITA INJ 40/0.4ML ***adalimumab-atto soln auto-injector 40 mg/0.4ml*** 106
AMJEVITA INJ 40/0.4ML ***adalimumab-atto soln prefilled syringe 40 mg/0.4ml*** 106
AMJEVITA INJ 80/0.8ML ***adalimumab-atto soln auto-injector 80 mg/0.8ml*** 106
amlod/benazp cap 2.5-10mg..... 65
amlod/benazp cap 5-10mg 65
amlod/benazp cap 5-20mg 65
amlod/benazp cap 5-40mg 65
amlod/benazp cap 10-20mg 65
amlod/benazp cap 10-40mg 65
Amlodipine besylate/olmesartan tab 5-20mg..... 69
Amlodipine besylate/olmesartan tab 5-40mg..... 69
Amlodipine besylate/olmesartan tab 10-20mg..... 69
Amlodipine besylate/olmesartan tab 10-40mg 69
amlodipine tab 2.5mg 69
amlodipine tab 5mg 69
amlodipine tab 10mg 69
amlod/valsar tab 5-160mg 64
amlod/valsar tab 5-320mg 64
amlod/valsar tab 10-160mg 64
amlod/valsar tab 10-320mg..... 64
ammonium lac cre 12% 79
amnesteem cap 10mg..... 79
amnesteem cap 20mg..... 79
amnesteem cap 30mg..... 79
amnesteem cap 40mg 79
amoxapine tab 25mg 32
amoxapine tab 50mg..... 32
amoxapine tab 100mg..... 32
amoxapine tab 150mg..... 32
amoxicillin cap 250mg..... 24
amoxicillin cap 500mg 24
amoxicillin chw 125mg..... 24
amoxicillin chw 250mg 24
amoxicillin & k clavulanate chew tab 200-28.5 mg..... 24
amoxicillin & k clavulanate chew tab 400-57 mg 24
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 24
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 24
amoxicillin & k clavulanate for susp 400-57 mg/5ml..... 24
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml..... 24
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml..... 24
amoxicillin & k clavulanate tab 250-125 mg..... 24
amoxicillin & k clavulanate tab 500-125 mg..... 24
amoxicillin & k clavulanate tab 875-125 mg..... 24
amoxicillin sus 125/5ml..... 24
amoxicillin sus 200/5ml 24
amoxicillin sus 250/5ml 24
amoxicillin sus 400/5ml 24
amoxicillin tab 500mg..... 24
amoxicillin tab 875mg 24
amphetamine tab 5mg..... 75
amphetamine tab 10mg..... 75
amphet/dextr cap 5mg er..... 75
amphet/dextr cap 10mg er..... 75
amphet/dextr cap 15mg er..... 75
amphet/dextr cap 20mg er 75
amphet/dextr cap 25mg er..... 75
amphet/dextr cap 30mg er 75
amphet/dextr tab 5mg..... 75
amphet/dextr tab 7.5mg..... 75
amphet/dextr tab 10mg..... 75
amphet/dextr tab 12.5mg 75
amphet/dextr tab 15mg..... 75
amphet/dextr tab 20mg..... 75
amphet/dextr tab 30mg 75
ampicillin cap 500mg 24
anagrelide cap 0.5mg..... 62
anagrelide cap 1mg..... 62
ANALPRAM-HC LOT 2.5% ***hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%*** 113
anastrozole tab 1mg 40
androgel gel 1.62%..... 92
ANNOVERA MIS ***segesterone acetate-ethinyl estradiol va ring 0.15-0.013 mg/24hr*** 93

ANZEMET TAB 50MG ***dolasetron mesylate tab 50 mg*** 34
apap-caffein cap dihydroc 18
apap/codeine sol 120-12/5 18
apap/codeine sol 300-30mg 18
apap/codeine tab 300-15mg 18
apap/codeine tab 300-30mg 18
apap/codeine tab 300-60mg 18
apomorphine inj 30mg/3ml 45
apraclonidin sol 0.5% op 119
aprepitant cap 40mg 34
aprepitant cap 80mg 34
aprepitant cap 125mg 34
aprepitant pak 125 & 80 34
apri tab 93
APTIVUS CAP 250MG ***tipranavir cap 250 mg*** 52
aranelle tab 93
ARANESP INJ 10MCG ***darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml*** 62
ARANESP INJ 25MCG ***darbepoetin alfa soln inj 25 mcg/ml*** 62
ARANESP INJ 25MCG ***darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml*** 62
ARANESP INJ 40MCG ***darbepoetin alfa soln inj 40 mcg/ml*** 62
ARANESP INJ 40MCG ***darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml*** 62
ARANESP INJ 60MCG ***darbepoetin alfa soln inj 60 mcg/ml*** 62
ARANESP INJ 60MCG ***darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml*** 62
ARANESP INJ 100MCG ***darbepoetin alfa soln inj 100 mcg/ml*** 62
ARANESP INJ 100MCG ***darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml*** 62
ARANESP INJ 150MCG ***darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml*** 62
ARANESP INJ 200MCG ***darbepoetin alfa soln inj 200 mcg/ml*** 62
ARANESP INJ 200MCG ***darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml*** 62
ARANESP INJ 300MCG ***darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml*** 62
ARANESP INJ 500MCG ***darbepoetin alfa soln prefilled syringe 500 mcg/ml*** 62
AREXVY INJ 120MCG ***rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml*** 109
arformoterol neb 15/2ml 122
aripiprazole sol 1mg/ml 47
aripiprazole tab 2mg 47
aripiprazole tab 5mg 47
aripiprazole tab 10mg 47
aripiprazole tab 15mg 47
aripiprazole tab 20mg 47
aripiprazole tab 30mg 47
armodafinil tab 50mg 127
armodafinil tab 150mg 127
armodafinil tab 200mg 127
armodafinil tab 250mg 127
ARMOUR THYRO TAB 15MG ***thyroid tab 15 mg (1/4 grain)*** 102
ARMOUR THYRO TAB 30MG ***thyroid tab 30 mg (1/2 grain)*** 102
ARMOUR THYRO TAB 60MG ***thyroid tab 60 mg (1 grain)*** 102
ARMOUR THYRO TAB 90MG ***thyroid tab 90 mg (1 1/2 grain)*** 102
ARMOUR THYRO TAB 120MG ***thyroid tab 120 mg (2 grain)*** 102
ARMOUR THYRO TAB 180MG ***thyroid tab 180 mg (3 grain)*** 102
ARMOUR THYRO TAB 240MG ***thyroid tab 240 mg (4 grain)*** 102
ARMOUR THYRO TAB 300MG ***thyroid tab 300 mg (5 grain)*** 102
ARNUITY ELPT INH 50MCG ***fluticasone furoate aerosol powder breath activ 50 mcg/act*** 120
ARNUITY ELPT INH 100MCG ***fluticasone furoate aerosol powder breath activ 100 mcg/act*** 120
ARNUITY ELPT INH 200MCG ***fluticasone furoate aerosol powder breath activ 200 mcg/act*** 120
asa/dipyrida cap 25-200mg 63
ascomp/cod cap 30mg 18
asenapine sub 2.5mg 47
asenapine sub 5mg 47
asenapine sub 10mg 47
ashlyna tab 93
ASMANEX 14 AER 220MCG ***mometasone furoate inhal powd 220 mcg/act (breath activated)*** 120
ASMANEX 30 AER 110MCG ***mometasone furoate inhal powd 110 mcg/act (breath activated)*** 120
ASMANEX 30 AER 220MCG ***mometasone furoate inhal powd 220 mcg/act (breath activated)*** 120
ASMANEX 60 AER 220MCG ***mometasone furoate inhal powd 220 mcg/act (breath activated)*** 120
ASMANEX 120 AER 220MCG ***mometasone furoate inhal powd 220 mcg/act (breath activated)*** 120
ASMANEX HFA AER 50MCG ***mometasone furoate inhal aerosol suspension 50 mcg/act*** 120
ASMANEX HFA AER 100 MCG ***mometasone furoate inhal aerosol suspension 100 mcg/act*** 120
ASMANEX HFA AER 200 MCG ***mometasone furoate inhal aerosol suspension 200 mcg/act*** 120
aspirin low chw 81mg 15
aspirin low tab 81mg ec 15
ATABEX EC TAB 29-1MG ****prenatal vit w/ dss-iron carbonyl-fa tab dr 29-1 mg****** 83
ATABEX OB TAB 29-1MG ****prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg****** 83
atazanavir cap 150mg 52
atazanavir cap 200mg 52
atazanavir cap 300mg 52
atenol/chlor tab 50-25mg 67
atenol/chlor tab 100-25mg 67
atenolol tab 25mg 67
atenolol tab 50mg 67
atenolol tab 100mg 67
atomoxetine cap 10mg 76
atomoxetine cap 18mg 76
atomoxetine cap 25mg 76
atomoxetine cap 40mg 76
atomoxetine cap 60mg 76
atomoxetine cap 80mg 76
atomoxetine cap 100mg 76
atorvastatin tab 10mg 73
atorvastatin tab 20mg 73
atorvastatin tab 40mg 73
atorvastatin tab 80mg 73
atovaq/progu tab 62.5-25 44
atovaq/progu tab 250-100 44
atovaquone sus 750/5ml 44
atropine sul sol 1% op 118
ATROVENT HFA AER 17MCG ***ipratropium bromide hfa inhal aerosol 17 mcg/act*** 122
aubra eq tab 0.1-0.02 94
aurovela 24 tab fe 1/20 94
aurovela fe tab 1.5/30 94
aurovela fe tab 1/20 94
aurovela tab 1.5/30 94
aurovela tab 1/20 94
AUSTEDO TAB 6MG ***deutetrabenazine tab 6 mg*** 77
AUSTEDO TAB 9MG ***deutetrabenazine tab 9 mg*** 77
AUSTEDO TAB 12MG ***deutetrabenazine tab 12 mg*** 77
AUSTEDO XR TAB 6MG ***deutetrabenazine tab er 24hr 6 mg*** .. 77
AUSTEDO XR TAB 12MG ***deutetrabenazine tab er 24hr 12 mg*** . 77
AUSTEDO XR TAB 18MG ***deutetrabenazine tab er 24hr 18 mg*** . 77
AUSTEDO XR TAB 24MG ***deutetrabenazine tab er 24hr 24 mg*** . 77

AUSTEDO XR TAB 30MG ER ***deutetrabenazine tab er 24hr 30 mg*** . 77
AUSTEDO XR TAB 36MG ER ***deutetrabenazine tab er 24hr 36 mg*** . 77
AUSTEDO XR TAB 42MG ER ***deutetrabenazine tab er 24hr 42 mg*** . 77
AUSTEDO XR TAB 48MG ER ***deutetrabenazine tab er 24hr 48 mg*** . 77
AUSTEDO XR TAB TITR KIT ***deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg*** 77
AUSTEDO XR TAB TITR KIT ***deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg*** 77
autopen mis 1-21unit 55
averi tab 94
aviane tab 94
AVONEX PEN KIT 30MCG ***interferon beta-1a im auto-injector kit 30 mcg/0.5ml*** 78
AVONEX PREFL KIT 30MCG ***interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml*** 78
Avtozma inj 162/0.9 ***tocilizumab-anoh subcutaneous soln auto-inj 162 mg/0.9 ml*** 108
Avtozma inj 162/0.9 ***tocilizumab-anoh subcutaneous soln pref syr 162 mg/0.9 ml*** 108
ayuna tab. 94
AZASITE SOL 1% ***azithromycin ophth soln 1%*** 117
azathioprine tab 50mg 106
azelaic acid gel 15% 79
azelastine dro 0.05% 118
azelastine spr 0.1% 121
azithromycin for susp 100 mg/5ml 24
azithromycin for susp 200 mg/5ml . . . 24
azithromycin powd pack for susp 1 gm 24
azithromycin tab 250 mg 24
azithromycin tab 250 mg 24
azithromycin tab 250 mg 24
azithromycin tab 500 mg. 24
azithromycin tab 500 mg. 24
azithromycin tab 600 mg. 23
azurette tab 94
bacit/polymy oin op 117
bacitracin oin op 117
baclofen tab 5mg 126
baclofen tab 10mg 126
baclofen tab 20mg 126
bac tab 18
BALSALAZIDE CAP 750MG ***balsalazide disodium cap 750 mg*** 112
balziva tab. 94
baqsimi one pow 3mg/dose 58
baqsimi two pow 3mg/dose 58
BARACLUDE SOL ***entecavir oral soln 0.05 mg/ml*** 49
basaglar inj 100unit 59
BAXDELA TAB 450MG ***delafloxacin meglumine tab 450 mg (base equiv)*** . 23
BD GLUCOSE CHW 5GM ***glucose chew tab 5 gm*** 114
BELSOMRA TAB 5MG ***suvorexant tab 5 mg*** 127
BELSOMRA TAB 10MG ***suvorexant tab 10 mg*** 127
BELSOMRA TAB 15MG ***suvorexant tab 15 mg*** 127
BELSOMRA TAB 20MG ***suvorexant tab 20 mg*** 127
benazep/hctz tab 5-6.25mg. 65
benazep/hctz tab 10-12.5. 65
benazep/hctz tab 20-12.5 65
benazep/hctz tab 20-25mg 65
benazepril tab 5mg 65
benazepril tab 10mg. 65
benazepril tab 20mg. 65
benazepril tab 40mg 65
benznidazole tab 12.5mg 44
benznidazole tab 100mg 44
benzonatate cap 100mg. 125
benzonatate cap 200mg 125
benzoyl peroxide-erythromycin gel 5-3% 79
benztropine tab 0.5mg 45
benztropine tab 1mg 45
benztropine tab 2mg 45
bepotastine dro 1.5% op 118
BETADINE SOL 5% OP ***povidone-iodine ophth soln 5%*** 117
beta diprop cre 0.05% 89
beta diprop gel 0.05%. 89
beta diprop lot 0.05% 89
beta diprop oin 0.05% 89
betaine anhy pow 87
betameth dip cre 0.05% 89
betameth dip lot 0.05%. 89
betameth dip oin 0.05% 89
betameth val cre 0.1% 89
betameth val lot 0.1% 89
betameth val oin 0.1% 89
BETASERON INJ 0.3MG ***interferon beta-1b for inj kit 0.3 mg*** 78
betaxolol sol 0.5% op 119
betaxolol tab 10mg 67
betaxolol tab 20mg 67
bethanechol tab 5mg. 88
bethanechol tab 10mg 88
bethanechol tab 25mg 88
bethanechol tab 50mg 88
BEVESPI AER 9-4.8MCG ***glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act*** 120
bexarotene cap 75mg 44
bexarotene gel 1% 44
BEXSERO INJ ***meningococcal vac b (recomb omv adjuv) inj prefilled syringe*** 109
BEYFORTUS INJ 50/0.5ML ***nirsevimab-alip im soln prefilled syringe 50 mg/0.5ml*** 109
BEYFORTUS INJ 100MG/ML ***nirsevimab-alip im soln prefilled syringe 100 mg/ml*** 109
bicalutamide tab 50mg 38
BIJUVA CAP 0.5-100 ***estradiol-progesterone cap 0.5-100 mg*** 94
BIKTARVY TAB ***bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg*** 50
BIKTARVY TAB ***bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg*** 50
bimatoprost sol 0.01% op 119
bisacodyl tab 5mg ec 85
bisoprl/hctz tab 2.5/6.25. 67
bisoprl/hctz tab 5-6.25mg. 67
bisoprl/hctz tab 10/6.25 67
bisoprol fum tab 2.5mg 67
bisoprol fum tab 5mg. 68
bisoprol fum tab 10mg 67
blisovi 24 tab fe 1/20. 94
blisovi fe tab 1.5/30 94
blisovi fe tab 1/20 94
BOOSTRIX INJ ***tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml*** 109
BOOSTRIX INJ ***tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml*** 109
bosentan tab 62.5mg 124
bosentan tab 125mg. 124
bosulif cap 50mg 40
bosulif cap 100mg 40
bosulif tab 100mg 41
bosulif tab 400mg 41
bosulif tab 500mg 41
BOSUTINIB TAB 100MG ***bosutinib tab 100 mg*** 41
BOSUTINIB TAB 400MG ***bosutinib tab 400 mg*** 41
BOSUTINIB TAB 500MG ***bosutinib tab 500 mg*** 41
bpm-pse-dm syp 2-30-10 125
BREYNA AER 80/4.5 ***budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act*** 120
BREYNA AER 160/4.5 ***budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act*** 120
BREZTRI AERO AER 9MCG ***budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act*** . 125

BREZTRI AERO AER 18MCG ***budesonide-glycopyrrolate-formoterol aers 160-18-4.8 mcg/act*** 125
BREZTRI AERO AER SPHERE ***budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act*** . 122
BREZTRI AERO AER SPHERE ***budesonide-glycopyrrolate-formoterol aers 160-18-4.8 mcg/act.*** 122
briellyn tab 94
brimonidine gel 0.33% 79
brimonidine sol 0.2% op 119
brimonidine sol 0.15% op 119
brimo/timolo sol 0.2/0.5% 119
brinzolamide sus 1% 119
brinzolamide sus 1% op 119
brivaracetam sol 10mg/ml 26
brivaracetam tab 10mg 26
brivaracetam tab 25mg 26
brivaracetam tab 50mg 26
brivaracetam tab 75mg 26
brivaracetam tab 100mg 26
bromfenac dro 0.09% op 118
bromocriptin cap 5mg 45
bromocriptin tab 2.5mg 45
brom/pse/dm syp 2-30-10 125
BRUKINSA CAP 80MG ***zanubrutinib cap 80 mg*** 41
BRUKINSA TAB 160MG ***zanubrutinib tab 160 mg*** 41
budes/formot aer 80-4.5 120
budes/formot aer 160-4.5 120
budesonide cap 3mg dr 113
budesonide sus 0.5mg/2 120
budesonide sus 0.25mg/2 120
budesonide sus 1mg/2ml 120
bumetanide tab 0.5mg 72
bumetanide tab 1mg 72
bumetanide tab 2mg 72
bupren/nalox mis 2-0.5mg 20
bupren/nalox mis 4-1mg 20
bupren/nalox mis 8-2mg 20
bupren/nalox mis 12-3mg 20
bupren/nalox sub 2-0.5mg 20
bupren/nalox sub 8-2mg 20
buprenorphin sub 2mg 20
buprenorphin sub 8mg 20
bupropion tab 75mg 30
bupropion tab 100mg 30
bupropion tab 100mg sr 30
bupropion tab 150mg sr 21
bupropion tab 150mg sr 30
bupropion tab 150mg xl 30
bupropion tab 200mg sr 30
bupropion tab 300mg xl 30
buspirone tab 5mg 54
buspirone tab 7.5mg 54
buspirone tab 10mg 54
buspirone tab 15mg 54
buspirone tab 30mg 54
butal/apap tab 50-325mg 19
butalb/aceta tab 50-300mg 19
but/apap/caf cap 18
but/apap/caf cap 18
but/apap/caf cap codeine 18
but/apap/caf cap codeine 18
but/apap/caf tab 18
but/asa/caf/ cap codeine 19
but/asa/caff cap 19
bydureon bc inj 2/0.85ml 56
cabergoline tab 0.5mg 91
CABOMETYX TAB 20MG ***cabozantinib s-malate tab 20 mg (base equivalent)*** 41
CABOMETYX TAB 40MG ***cabozantinib s-malate tab 40 mg (base equivalent)*** 41
CABOMETYX TAB 60MG ***cabozantinib s-malate tab 60 mg (base equivalent)*** 41
caffeine cit sol 20mg/ml 77
caffeine cit sol 60mg/3ml 77
calc acetate cap 667mg 82
calc acetate tab 667mg 83
calcipotriene-betamethasone dipropionate oint 0.005-0.064% 79
calcipotriene-betamethasone dipropionate susp 0.005-0.064% 79
calcipotriene cream 0.005% 79
calcipotriene oint 0.005% 79
calcipotrien sol 0.005% 79
calcitonin spr 200/act 113
calcitriol cap 0.5mcg 113
calcitriol cap 0.25mcg 113
calcitriol oin 3mcg/gm 79
calcitriol sol 1mcg/ml 113
CALQUENCE TAB 100MG ***acalabrutinib maleate tab 100 mg*** . . . 41
CAMCEVI INJ 42MG ***leuprolide mesylate (6 month) emulsion prefilled syr 42 mg*** 105
camila tab 0.35mg 100
camrese lo tab 94
camrese tab 94
candesa/hctz tab 16-12.5 64
candesa/hctz tab 32-12.5 64
candesa/hctz tab 32-25mg 64
candesartan tab 4mg 64
candesartan tab 8mg 64
candesartan tab 16mg 64
candesartan tab 32mg 64
capecitabine tab 150mg 39
capecitabine tab 500mg 39
CAPRELSA TAB 100MG ***vandetanib tab 100 mg*** 41
CAPRELSA TAB 300MG ***vandetanib tab 300 mg*** 41
captopr/hctz tab 25-15mg 65
captopr/hctz tab 25-25mg 65
captopr/hctz tab 50-15mg 65
captopr/hctz tab 50-25mg 65
captopril tab 12.5mg 65
captopril tab 25mg 65
captopril tab 50mg 65
captopril tab 100mg 65
CAPVAXIVE INJ 0.5ML ***pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml*** 109
carbamazepin cap 100mg er 28
carbamazepin cap 200mg er 28
carbamazepin cap 300mg er 28
carbamazepin chw 100mg 28
carbamazepin sus 100/5ml 28
carbamazepin sus 200/10ml 28
carbamazepin tab 100mg er 28
carbamazepin tab 200mg 28
carbamazepin tab 200mg er 28
carbamazepin tab 400mg er 28
carbidopa tab 25mg 46
carbinoxamin sol 4mg/5ml 121
carbinoxamin tab 4mg 121
carb/levo 50 tab /entacap 45
carb/levo 75 tab /entacap 45
carb/levo100 tab /entacap 46
carb/levo125 tab /entacap 46
carb/levo150 tab /entacap 46
carb/levo200 tab /entacap 46
carb/levo er tab 25-100mg 45
carb/levo er tab 50-200mg 45
carb/levo tab 10-100mg 45
carb/levo tab 10-100mg 45
carb/levo tab 25-100mg 45
carb/levo tab 25-100mg 45
carb/levo tab 25-250mg 46
carb/levo tab 25-250mg 46
carglumic tab 200mg 81
carisoprodol tab 350mg 126
CAROSPIR SUS 25MG/5ML ***spironolactone susp 25 mg/5ml*** 72
carteolol sol 1% op 119
CARTIA XT CAP 120/24HR ***diltiazem hcl coated beads cap er 24hr 120 mg*** . 69
CARTIA XT CAP 180/24HR ***diltiazem hcl coated beads cap er 24hr 180 mg*** . 69
CARTIA XT CAP 240/24HR ***diltiazem hcl coated beads cap er 24hr 240 mg*** . 69
CARTIA XT CAP 300/24HR ***diltiazem hcl coated beads cap er 24hr 300 mg*** 69
carvedilol tab 3.125mg 68

carvedilol tab 6.25mg ... 68
carvedilol tab 12.5mg ... 68
carvedilol tab 25mg ... 68
CAYA DPR ***diaphragm arc-spring*** ... 114
cdp/amitrip tab 5-12.5mg ... 30
cdp/amitrip tab 10-25mg ... 30
cefaclor cap 250 mg ... 23
cefaclor cap 500 mg ... 23
cefaclor monohydrate tab er 12hr 500 mg ... 23
cefadroxil cap 500 mg ... 23
cefadroxil for susp 250 mg/5ml ... 23
cefadroxil for susp 500 mg/5ml ... 23
cefadroxil tab 1 gm ... 23
cefdinir cap 300 mg ... 23
cefdinir for susp 125 mg/5ml ... 23
cefdinir for susp 250 mg/5ml ... 23
cefixime cap 400 mg ... 23
cefixime for susp 100 mg/5ml ... 23
cefixime for susp 200 mg/5ml ... 23
cefpodoxime proxetil for susp 50 mg/5ml ... 23
cefpodoxime proxetil tab 100 mg ... 23
cefpodoxime proxetil tab 200 mg ... 23
cefpodoxime proxetil tab 200 mg ... 23
cefprozil for susp 125 mg/5ml ... 23
cefprozil for susp 250 mg/5ml ... 23
cefprozil tab 250 mg ... 23
cefprozil tab 500 mg ... 23
cefuroxime axetil tab 250 mg ... 23
cefuroxime axetil tab 500 mg ... 23
celecoxib cap 50mg ... 15
celecoxib cap 100mg ... 15
celecoxib cap 200mg ... 15
celecoxib cap 400mg ... 15
cephalexin cap 250 mg ... 23
cephalexin cap 500 mg ... 24
cephalexin for susp 125 mg/5ml ... 24
cephalexin for susp 250 mg/5ml ... 24
cevimeline cap 30mg ... 79
CHANTIX PAK 1MG ***varenicline tartrate tab 1 mg (base equiv)*** ... 21
CHANTIX TAB 0.5& 1MG ***varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack*** ... 21
CHANTIX TAB 0.5MG ***varenicline tartrate tab 0.5 mg (base equiv)*** ... 21
chantix tab 1mg ... 21
charlotte 24 chw fe 1/20 ... 94
chateal eq tab 0.15/30 ... 94
CHEMET CAP 100MG ***succimer cap 100 mg*** ... 82
CHEMSTRIP K TES ***acetone (urine) test strip*** ... 114
CHEMSTRIP TES MICRAL ***albumin (urine) test strip*** ... 114
chlordiazep cap 5mg ... 54
chlordiazep cap 10mg ... 54
chlordiazep cap 25mg ... 54
chlorhex glu sol 0.12% ... 79
chloroquine tab 250mg ... 44
chloroquine tab 500mg ... 44
chlorpromaz tab 10mg ... 46
chlorpromaz tab 25mg ... 46
chlorpromaz tab 50mg ... 46
chlorpromaz tab 100mg ... 46
chlorpromaz tab 200mg ... 46
chlorthalid tab 25mg ... 72
chlorthalid tab 50mg ... 72
chlorzoxazon tab 500mg ... 126
cholestyram pow 4gm ... 74
cholestyram pow 4gm lite ... 74
CICLODAN SOL 8% ***ciclopirox solution 8%*** ... 34
ciclopirox gel 0.77% ... 34
ciclopirox olamine cream 0.77% ... 34
ciclopirox olamine susp 0.77% ... 34
ciclopirox shampoo 1% ... 34
ciclopirox solution 8% ... 34
cilostazol tab 50mg ... 63
cilostazol tab 100mg ... 63
CIMDUO TAB 300-300 ***lamivudine-tenofovir disoproxil fumarate tab 300-300 mg*** ... 50
cimetidine sol 300/5ml ... 85
cimetidine tab 200mg ... 85
cimetidine tab 300mg ... 85
cimetidine tab 400mg ... 85
cimetidine tab 400mg ... 85
cimetidine tab 800mg ... 85
CIMZIA 1-SYR INJ 200MG/ML ***certolizumab pegol prefilled syringe kit 200 mg/ml*** ... 109
CIMZIA 2-SYR KIT 200MG/ML ***certolizumab pegol prefilled syringe kit 200 mg/ml*** ... 109
CIMZIA INJ 200MG/ML ***certolizumab pegol prefilled syringe kit 200 mg/ml*** ... 106
CIMZIA KIT 200MG ***certolizumab pegol for inj kit 2 x 200 mg*** ... 106
CIMZIA PREFL KIT 200MG/ML ***certolizumab pegol prefilled syringe kit 200 mg/ml*** ... 106
CIMZIA START KIT 200MG/ML ***certolizumab pegol prefilled syringe kit 200 mg/ml*** ... 107
cinacalcet tab 30mg ... 113
cinacalcet tab 60mg ... 113
cinacalcet tab 90mg ... 113
cipro/dexa sus 0.3-0.1% ... 120
ciprofloxacin hcl tab 100 mg (base equiv) ... 25
ciprofloxacin hcl tab 250 mg (base equiv) ... 25
ciprofloxacin hcl tab 500 mg (base equiv) ... 25
ciprofloxacin hcl tab 750 mg (base equiv) ... 25
ciprofloxacn sol 0.2% ... 120
ciprofloxacn sol 0.3% op ... 118
cipro/fluoc dro pf ... 120
citalopram sol 10mg/5ml ... 31
citalopram sol 20/10ml ... 31
citalopram tab 10mg ... 31
citalopram tab 20mg ... 31
citalopram tab 40mg ... 31
CITROMA SOL LEMONY ***magnesium citrate soln*** ... 85
claravis cap 10mg ... 79
claravis cap 20mg ... 79
claravis cap 30mg ... 79
claravis cap 40mg ... 79
clarithromycin for susp 125 mg/5ml ... 24
clarithromycin for susp 250 mg/5ml ... 24
clarithromycin tab 250 mg ... 24
clarithromycin tab 500 mg ... 25
clarithromycin tab er 24hr 500 mg ... 25
CLEARLAX POW ***polyethylene glycol 3350 oral powder 17 gm/scoop*** ... 85
clemastine tab 2.68mg ... 121
CLENPIQ SOL ***sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml*** ... 85
CLIMARA DIS 0.1MG ***estradiol td patch weekly 0.1 mg/24hr*** ... 94
CLIMARA DIS 0.05MG ***estradiol td patch weekly 0.05 mg/24hr*** ... 94
CLIMARA DIS 0.06MG ***estradiol td patch weekly 0.06 mg/24hr*** ... 94
CLIMARA DIS 0.025MG ***estradiol td patch weekly 0.025 mg/24hr*** ... 94
CLIMARA DIS 0.075MG ***estradiol td patch weekly 0.075 mg/24hr*** ... 94
CLIMARA DIS 0.0375MG ***estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)*** ... 94
CLIMARA PRO DIS WEEKLY ***estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day*** ... 94
clindacin kit etz 1% ... 80
clindacin-p pad 1% ... 80
clindamy/ben gel 1.2-5% ... 80
clindamycin hcl cap 75 mg ... 22
clindamycin hcl cap 150 mg ... 22
clindamycin hcl cap 300 mg ... 22
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) ... 22
clindamycin phosphate gel 1% (once-daily) ... 80
clindamycin phosphate gel 1% (twice-daily) ... 80

clindamycin phosphate lotion 1% 80
clindamycin phosphate soln 1% 80
clindamycin phosphate swab 1% 80
clindamycin phosphate vaginal cream 2% 22
clobazam sus 2.5mg/ml 27
clobazam tab 10mg 27
clobazam tab 20mg 27
clobetasol propionate cream 0.05% .. 89
clobetasol propionate emollient base cream 0.05% 89
clobetasol propionate gel 0.05% 89
clobetasol propionate oint 0.05% 89
clobetasol propionate soln 0.05% 89
clocortolone cre 0.1% 89
clomid tab 50 mg 94
clomiphene tab 50mg 92
clomipramine cap 25mg 32
clomipramine cap 50mg 32
clomipramine cap 75mg 32
clonazepam tab 0.5mg 54
clonazepam tab 1mg 54
clonazepam tab 2mg 55
clonazep odt tab 0.5mg 54
clonazep odt tab 0.25mg 54
clonazep odt tab 0.125mg 54
clonazep odt tab 1mg 54
clonazep odt tab 2mg 54
clonidine dis 0.1/24hr 63
clonidine dis 0.2/24hr 63
clonidine dis 0.3/24hr 63
clonidine tab 0.1mg 63
clonidine tab 0.1mg er 76
clonidine tab 0.2mg 63
clonidine tab 0.3mg 63
clopidogrel tab 75mg 63
clopidogrel tab 300mg 63
cloraz dipot tab 3.75mg 55
cloraz dipot tab 7.5mg 55
cloraz dipot tab 15mg 55
clotrimazole tro 10mg 34
clotrim/beta cre diprop 34
clotrim/beta lot diprop 34
clozapine tab 12.5/odt 48
clozapine tab 25mg 48
clozapine tab 25mg odt 48
clozapine tab 50mg 48
clozapine tab 100mg 48
clozapine tab 100/odt 48
clozapine tab 150/odt 48
clozapine tab 200mg 48
clozapine tab 200/odt 48
codeine sulfate tab 15 mg 19
codeine sulfate tab 30 mg 19
codeine sulfate tab 60 mg 19
colchicine tab 0.6mg 35
colesevelam pak 3.75gm 74
colesevelam tab 625mg 74
colestipol gra 5gm 74
colestipol tab 1gm 74
COMBIVIR TAB 150-300 ***lamivudine-zidovudine tab 150-300 mg*** 50
COMETRIQ KIT 60MG ***cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*** 41
COMETRIQ KIT 100MG ***cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*** 41
COMETRIQ KIT 140MG ***cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*** 41
COMFORT TOUC MIS 31GX4MM ***insulin pen needle 31 g x 4 mm (1/6" or 5/32")*** 114
COMFORT TOUC MIS 32GX8MM ***insulin pen needle 32 g x 8 mm (1/3" or 5/16")*** 114
COMFORT TOUC MIS 33GX1/4" ***insulin pen needle 33 g x 6 mm (1/4" or 15/64")*** 114
COMFORT TOUC MIS 33GX3/16 ***insulin pen needle 33 g x 5 mm (1/5" or 3/16")*** 114
COMFORT TOUC MIS 33GX5/32 ***insulin pen needle 33 g x 4 mm (1/6" or 5/32")*** 114
COMIRNATY 5- INJ 11/25-26 ***covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml*** 109
COMIRNATY INJ 30/.3ML ***covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml*** 109
COMPLERA TAB ***emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg*** 50
COMPLETENATE CHW ****prenatal vit w/ fe fumarate-fa chew tab 29-1 mg****** 83
COMPLETE NAT PAK DHA ****prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk***** 83
CO-NATAL FA TAB 29-1MG ****prenatal vit w/ fe fumarate-fa tab 29-1 mg******. 83
condoms mis 114
conj estrogn tab 0.3mg 94
conj estrogn tab 0.9mg 94
conj estrogn tab 0.45mg 94
conj estrogn tab 0.625mg 94
conj estrogn tab 1.25mg 94
CONSTULOSE SOL 10GM/15 ***lactulose solution 10 gm/15ml*** 85
CONTOUR KIT NEXT ****blood glucose monitoring kit w/ device****** 114
CONTOUR KIT NEXT EZ ****blood glucose monitoring kit w/ device****** 114
CONTOUR NEXT KIT GEN ****blood glucose monitoring kit w/ device****** 114
contour next kit one 55
CONTOUR NEXT KIT ONE ****blood glucose monitoring kit w/ device****** 114
CONTOUR PLUS KIT BLUE ****blood glucose monitoring kit w/ device****** 114
CONTOUR PLUS TES BLD GLUC ***glucose blood test strip*** 114
CONTOUR TES NEXT ***glucose blood test strip*** 114
CORLANOR SOL 5MG/5ML ***ivabradine hcl oral soln 5 mg/5ml*** ... 71
CORTIFOAM AER 90MG ***hydrocortisone acetate perianal foam 10% (90 mg/dose)*** 113
cortisporin sus -tc otic 120
COTELLIC TAB 20MG ***cobimetinib fumarate tab 20 mg (base equivalent)*** 41
COUNT-A-DOSE MIS ****insulin administration supplies - misc***** 114
CREON CAP 3000UNIT ***pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit*** 87
CREON CAP 6000UNIT ***pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit*** 87
CREON CAP 12000UNT ***pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit*** 87
CREON CAP 24000UNT ***pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit*** 87
CREON CAP 36000UNT ***pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit*** 87
CROMOLYN SOD CON 100/5ML ***cromolyn sodium oral conc 100 mg/5ml*** 84
cromolyn sod neb 20mg/2ml 123
cromolyn sod sol 4% op 118
CROTAN LOT 10% ***crotamiton lotion 10%*** 44
cryselle-28 tab 28 tabs 94
curae tab 1.5mg 100
CVS PURELAX POW ***polyethylene glycol 3350 oral powder 17 gm/scoop*** 85
cyanocobalam inj 1000mcg 83
cyanocobalam inj 10000mcg 83
cyanocobalam inj 30000mcg 83
cyanocobalam sol 2000mcg 83
cyclobenzapr tab 5mg 126
cyclobenzapr tab 7.5mg 126
cyclobenzapr tab 10mg 126
cyclomydril sol op 118
cyclopentol sol 1% op 118
cyclophosph cap 25mg 38
cyclophosph cap 50mg 38
cyclophosph tab 25mg 38
cyclophosph tab 50mg 38
cycloserine cap 250mg 37
cyclosporine cap 25mg 107

cyclosporine cap 25mg mod 107
cyclosporine cap 50mg mod 107
cyclosporine cap 100mg 107
cyclosporine cap 100mg md 107
cyclosporine emu 0.05% op 118
cyclosporine sol modified 107
cyproheptad syp 2mg/5ml 121
cyproheptad tab 4mg 121
cyred eq tab 94
CYSTAGON CAP 50MG ***cysteamine bitartrate cap 50 mg*** 87
CYSTAGON CAP 150MG ***cysteamine bitartrate cap 150 mg*** 87
dabigatran cap 75mg 60
dabigatran cap 110mg 60
dabigatran cap 150mg 60
dalfampridin tab 10mg er 78
danazol cap 50mg 92
danazol cap 100mg 92
danazol cap 200mg 92
dantrolene cap 25mg 126
dantrolene cap 50mg 126
dantrolene cap 100mg 126
DAPAGLIFLOZI TAB 5MG ***dapagliflozin tab 5 mg*** 71
DAPAGLIFLOZI TAB 10MG ***dapagliflozin tab 10 mg*** 71
DAPAG/MET ER TAB 5-500MG ***dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg*** 71
DAPAG/MET ER TAB 5-1000MG ***dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg*** 56
DAPAG/MET ER TAB 10-500MG ***dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg*** 71
DAPAG/MET ER TAB 10-1000 ***dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg*** 56
dapsone tab 25mg 37
dapsone tab 100mg 37
DAPTACEL INJ ***diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml*** ... 109
darifenacin tab 7.5mg er 88
darifenacin tab 15mg er 88
darunavir tab 600mg 52
darunavir tab 800mg 52
dasatinib tab 20mg 41
dasatinib tab 50mg 41
dasatinib tab 70mg 41
dasatinib tab 80mg 41
dasatinib tab 100mg 41
dasatinib tab 140mg 41
dasetta tab 1/35 94
dasetta tab 7/7/7 94
DAYBUE SOL 200MG/ML ***trofinetide oral soln 200 mg/ml*** 77
daysee tab 94
deblitane tab 0.35mg 100
deferasirox granules packet 90 mg ... 82
deferasirox granules packet 180 mg .. 82
deferasirox granules packet 360 mg .. 82
deferasirox tab 90mg 82
deferasirox tab 125mg 82
deferasirox tab 180mg 82
deferasirox tab 250mg 82
deferasirox tab 360mg 82
deferasirox tab 500mg 82
delestrogen inj 10mg/ml 94
delestrogen inj 20mg/ml 94
delestrogen inj 40mg/ml 94
DELSTRIGO TAB ***doravirine-lamivudine-tenofovir df tab 100-300-300 mg*** 50
delyla tab 0.1-0.02 94
demeclocycline hcl tab 150 mg 25
demeclocycline hcl tab 300 mg 25
DENGVAXIA SUS ***dengue virus vaccine live tetravalent for subcutaneous susp*** 109
depo-estradi inj 5mg/ml 95
DEPO-PROVERA INJ 150MG/ML ***medroxyprogesterone acetate im susp 150 mg/ml*** 100
DEPO-PROVERA INJ 150MG/ML ***medroxyprogesterone acetate im susp prefilled syr 150 mg/ml*** 100
DEPO-SQ PROV INJ 104 ***medroxyprogesterone acetate susp pref syr 104 mg/0.65ml*** 100
DEPO-TESTOST INJ 100MG/ML ***testosterone cypionate im inj in oil 100 mg/ml*** 92
DEPO-TESTOST INJ 200MG/ML ***testosterone cypionate im inj in oil 200 mg/ml*** 92
DESCOVY TAB 120-15MG ***emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg*** 50
DESCOVY TAB 200/25MG ***emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg*** 49
desipramine tab 10mg 33
desipramine tab 25mg 33
desipramine tab 50mg 33
desipramine tab 75mg 33
desipramine tab 100mg 32
desipramine tab 150mg 33
desloratadin tab 5mg 121
desmopressin inj 4mcg/ml 91
desmopressin inj 4mcg/ml (preservative free) 91
desmopressin inj 40/10ml 91
desmopressin spr 0.01% 91
desmopressin tab 0.1mg 92
desmopressin tab 0.2mg 92
deso/ethinyl tab estradio 95
desonide cream 0.05% 89
desonide lotion 0.05% 89
desonide oint 0.05% 89
desoximetasone cream 0.05% 89
desoximetasone cream 0.25% 89
desoximetasone gel 0.05% 89
desoximetasone oint 0.05% 89
desoximetasone oint 0.25% 89
desoximetasone spray 0.25% 89
desvenlafax tab 25mg er 31
desvenlafax tab 50mg er 31
desvenlafax tab 100mg er 31
dexamethasone conc 1 mg/ml 89
dexamethasone elixir 0.5 mg/5ml 89
dexamethasone soln 0.5 mg/5ml 89
dexamethasone tab 0.5 mg 89
dexamethasone tab 0.75 mg 89
dexamethasone tab 1.5 mg 89
dexamethasone tab 1 mg 89
dexamethasone tab 2 mg 90
dexamethasone tab 4 mg 90
dexamethasone tab 6 mg 90
dexameth pho sol 0.1% op 118
DEXCOM G6 MIS RECEIVER ***continuous glucose system receiver*** 114
DEXCOM G6 MIS SENSOR ***continuous glucose system sensor*** 114
DEXCOM G6 MIS TRANSMIT ***continuous glucose system transmitter*** 114
DEXCOM G7 MIS 15 DAY ***continuous glucose system sensor*** 114
DEXCOM G7 MIS RECEIVER ***continuous glucose system receiver*** 114
DEXCOM G7 MIS SENSOR ***continuous glucose system sensor*** 114
dexmethylphenidate hcl cap er 24 hr 5 mg 76
dexmethylphenidate hcl cap er 24 hr 10 mg 76
dexmethylphenidate hcl cap er 24 hr 15 mg 76
dexmethylphenidate hcl cap er 24 hr 20 mg 76
dexmethylphenidate hcl cap er 24 hr 25 mg 76
dexmethylphenidate hcl cap er 24 hr 30 mg 76
dexmethylphenidate hcl cap er 24 hr 35 mg 76
dexmethylphenidate hcl cap er 24 hr 40 mg 76
dexmethylphenidate hcl tab 2.5 mg .. 76
dexmethylphenidate hcl tab 5 mg 76

dexmethylphenidate hcl tab 10 mg ... 76
dextroamphetamine sulfate cap er 24hr 5 mg ... 75
dextroamphetamine sulfate cap er 24hr 10 mg ... 75
dextroamphetamine sulfate cap er 24hr 15 mg ... 75
dextroamphetamine sulfate oral solution 5 mg/5ml ... 75
dextroamphetamine sulfate tab 5 mg 75
dextroamphetamine sulfate tab 10 mg ... 75
DIACOMIT CAP 250MG ***stiripentol cap 250 mg*** ... 26
DIACOMIT CAP 500MG ***stiripentol cap 500 mg*** ... 26
DIACOMIT PAK 250MG ***stiripentol packet 250 mg*** ... 26
DIACOMIT PAK 500MG ***stiripentol packet 500 mg*** ... 26
DIASCREEN MIS 1G ****urine glucose monitoring supplies****** ... 114
DIASTIX TES STRIPS ***glucose urine test-(glucose oxidase) strip.*** ... 114
diazepam con 5mg/ml ... 55
diazepam con 25mg/5ml ... 55
diazepam gel 2.5mg ... 27
diazepam gel 10mg ... 27
diazepam gel 20mg ... 27
diazepam sol 5mg/5ml ... 55
diazepam tab 2mg ... 55
diazepam tab 5mg ... 55
diazepam tab 10mg ... 55
diazoxide sus 50mg/ml ... 58
diclofenac gel 1% ... 15
diclofenac gel 3% ... 39
diclofenac sol 0.1% op ... 118
diclofenac tab 25mg dr ... 15
diclofenac tab 50mg dr ... 15
diclofenac tab 75mg dr ... 15
diclofenac tab 100mg er ... 15
diclofenac w/ misoprostol tab delayed release 50-0.2 mg ... 15
diclofenac w/ misoprostol tab delayed release 75-0.2 mg ... 15
diclofen pot tab 50mg ... 15
dicloxacillin sodium cap 250 mg ... 24
dicloxacillin sodium cap 500 mg ... 24
dicyclomine cap 10mg ... 84
dicyclomine sol 10mg/5ml ... 84
dicyclomine tab 20mg ... 84
diflorasone cre 0.05% ... 90
diflunisal tab 500mg ... 15
difluprednat emu 0.05% ... 118
digoxin oral soln 0.05 mg/ml ... 71
digoxin sol 50mcg/ml ... 71
digoxin tab 62.5 mcg (0.0625 mg) ... 71
digoxin tab 125 mcg (0.125 mg) ... 71
digoxin tab 250 mcg (0.25 mg) ... 36
DILANTIN CAP 30MG ***phenytoin sodium extended cap 30 mg*** ... 28
diltiazem er tab 180mg ... 69
diltiazem er tab 240mg ... 69
diltiazem er tab 300mg ... 69
diltiazem er tab 360mg ... 69
diltiazem er tab 420mg ... 69
diltiazem hcl cap er 12hr 60 mg ... 69
diltiazem hcl cap er 12hr 90 mg ... 69
diltiazem hcl cap er 12hr 120 mg ... 69
diltiazem hcl cap er 24hr 120 mg ... 69
diltiazem hcl cap er 24hr 180 mg ... 69
diltiazem hcl cap er 24hr 240 mg ... 69
diltiazem hcl coated beads cap er 24hr 120 mg ... 69
diltiazem hcl coated beads cap er 24hr 180 mg ... 69
diltiazem hcl coated beads cap er 24hr 240 mg ... 69
diltiazem hcl coated beads cap er 24hr 300 mg ... 69
diltiazem hcl coated beads cap er 24hr 360 mg ... 69
diltiazem hcl coated beads cap er 24hr 360 mg ... 69
diltiazem hcl extended release beads cap er 24hr 120 mg ... 69
diltiazem hcl extended release beads cap er 24hr 180 mg ... 69
diltiazem hcl extended release beads cap er 24hr 240 mg ... 69
diltiazem hcl extended release beads cap er 24hr 300 mg ... 69
diltiazem hcl extended release beads cap er 24hr 360 mg ... 69
diltiazem hcl extended release beads cap er 24hr 420 mg ... 69
diltiazem tab 30mg ... 69
diltiazem tab 60mg ... 70
diltiazem tab 90mg ... 70
diltiazem tab 120mg ... 69
diltiazem tab 120mg er ... 69
diltiazem tab 240mg er ... 69
diltiazem tab 300mg er ... 69
diltiazem tab 360mg er ... 70
DILT-XR CAP 120MG ***diltiazem hcl cap er 24hr 120 mg*** ... 69
DILT-XR CAP 180MG ***diltiazem hcl cap er 24hr 180 mg*** ... 69
DILT-XR CAP 240MG ***diltiazem hcl cap er 24hr 240 mg*** ... 69
dimethyl fumarate capsule delayed release 120 mg ... 78
dimethyl fumarate capsule delayed release 240 mg ... 78
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg ... 78
DIPENTUM CAP 250MG ***olsalazine sodium cap 250 mg*** ... 113
diphen/atrop liq 2.5/5 ... 84
diphen/atrop tab 2.5mg ... 84
diphenhydram elx 12.5/5ml ... 121
dipyridamole tab 25mg ... 63
dipyridamole tab 50mg ... 63
dipyridamole tab 75mg ... 63
disopyramide cap 100mg ... 66
disopyramide cap 150mg ... 66
disulfiram tab 250mg ... 20
disulfiram tab 500mg ... 20
DIURIL SUS 250/5ML ***chlorothiazide susp 250 mg/5ml.*** ... 72
divalproex cap 125mg dr ... 27
divalproex cap 125mg dr ... 27
divalproex tab 125mg dr ... 27
divalproex tab 250mg dr ... 27
divalproex tab 250mg er ... 27
divalproex tab 500mg dr ... 27
divalproex tab 500mg er ... 27
divigel gel 0.5mg ... 95
divigel gel 0.25mg ... 95
divigel gel 0.75mg ... 95
divigel gel 1.25mg ... 95
divigel gel 1mg/gm ... 95
DODEX INJ ***cyanocobalamin inj 1000 mcg/ml*** ... 83
dofetilide cap 125mcg ... 66
dofetilide cap 250mcg ... 66
dofetilide cap 500mcg ... 67
dolishale tab 90-20mcg ... 95
donepezil tab 5mg ... 29
donepezil tab 10mg ... 29
donepezil tab odt 5mg ... 29
donepezil tab odt 10mg ... 29
dorzolamide sol 2% op ... 119
dorzol/timol sol 2%-0.5% ... 119
dorzol/timol sol 2-0.5%op ... 119
dotti dis 0.1mg ... 95
dotti dis 0.05mg ... 95
dotti dis 0.025mg ... 95
dotti dis 0.075mg ... 95
dotti dis 0.0375mg ... 95
DOVATO TAB 50-300MG ***dolutegravir sodium-lamivudine tab 50-300 mg (base eq)*** ... 50
doxazosin tab 1mg ... 64
doxazosin tab 2mg ... 64
doxazosin tab 4mg ... 64
doxazosin tab 8mg ... 64
doxepin hcl cap 10mg ... 33
doxepin hcl cap 25mg ... 33
doxepin hcl cap 50mg ... 33
doxepin hcl cap 75mg ... 33
doxepin hcl cap 100mg ... 33

doxepin hcl cap 150mg 33
doxepin hcl con 10mg/ml 33
doxepin hcl cre 5% 80
doxepin tab 3mg 127
doxepin tab 6mg 127
doxercalcif cap 0.5mcg 113
doxercalcif cap 1mcg 113
doxercalcif cap 2.5mcg 113
doxycycline hyclate cap 50 mg 25
doxycycline hyclate cap 100 mg 25
doxycycline hyclate tab 20 mg 25
doxycycline hyclate tab 100 mg 25
doxycycline monohydrate cap 50 mg. 25
doxycycline monohydrate cap 100 mg 25
doxycycline monohydrate for susp 25 mg/5ml 25
doxycycline monohydrate tab 50 mg . 26
doxycycline monohydrate tab 50 mg . 26
doxycycline monohydrate tab 75 mg . 26
doxycycline monohydrate tab 75 mg . 26
doxycycline monohydrate tab 100 mg 25
doxycycline monohydrate tab 150 mg 26
doxycycline monohydrate tab 150 mg 26
dronabinol cap 2.5mg 34
dronabinol cap 5mg 34
dronabinol cap 10mg 34
DROPLET MICR MIS 34GX9/64 ***insulin pen needle 34 g x 3.5 mm (9/64")*** 114
dros/eth est tab levomefo 95
dros/eth est tab levomefo 95
drospirenone tab ethy est 95
drospir/ethi tab 3-0.02mg 95
drospir/ethi tab 3-0.03mg 95
DROXIA CAP 200MG ***hydroxyurea cap 200 mg*** 39
DROXIA CAP 300MG ***hydroxyurea cap 300 mg*** 39
DROXIA CAP 400MG ***hydroxyurea cap 400 mg*** 39
DUAVEE TAB 0.45-20 ***conjugated estrogens-bazedoxifene tab 0.45-20 mg*** 95
duloxetine cap 20mg dr 77
duloxetine cap 30mg dr 78
duloxetine cap 60mg dr 78
DUOPA SUS 4.63-20 ***carbidopa-levodopa enteral susp 4.63-20 mg/ml*** 46
DUPIXENT INJ 200/1.14 ***dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml*** 80
DUPIXENT INJ 200MG ***dupilumab subcutaneous soln auto-injector 200 mg/1.14ml*** 80
DUPIXENT INJ 300/2ML ***dupilumab subcutaneous soln auto-injector 300 mg/2ml*** 80
DUPIXENT INJ 300/2ML ***dupilumab subcutaneous soln prefilled syringe 300 mg/2ml*** 80
DUREX MIS REALFEEL ***condoms non-latex lubricated*** 114
DUREX MIS TROPICAL ***condoms latex lubricated*** 114
dutasteride cap 0.5mg 88
dutast/tamsu cap 0.5-0.4 88
dutast/tamsu cap 0.5-0.4 88
EASY COMFORT MIS 29GX4MM ***insulin pen needle 29 g x 4 mm (1/6" or 5/32")*** 114
EASY TOUCH MIS 30G ***insulin pen needle 30 g x 6 mm (1/4" or 15/64")*** 114
ec-naproxen tab 375mg 15
ec-naproxen tab 500mg 15
econazole cre 1% 34
econtra os tab 1.5mg 100
EDURANT PED TAB 2.5MG ***rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)*** 50
EDURANT TAB 25MG ***rilpivirine hcl tab 25 mg (base equivalent)*** 50
efavir/emtri tab tenofovi 50
efavirenz cap 50mg 50
efavirenz cap 200mg 50
efavirenz tab 600mg 50
efavir/lamiv tab tenofovi 50
efavir/lamiv tab tenofovi 50
EFFER-K TAB 10MEQ ***potassium bicarbonate-citric acid effer tab 10 meq*** 81
EFFER-K TAB 20MEQ ***potassium bicarbonate-citric acid effer tab 20 meq*** 81
EFFER-K TAB 25MEQ EF ***potassium bicarbonate effer tab 25 meq*** 81
ELESTRIN GEL 0.06% ***estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)*** 95
eletriptan tab 20mg 36
eletriptan tab 40mg 36
ELIGARD INJ 7.5MG ***leuprolide acetate for subcutaneous inj kit 7.5 mg*** 105
ELIGARD INJ 22.5MG ***leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg*** 105
ELIGARD INJ 30MG ***leuprolide acetate (4 month) for subcutaneous inj kit 30 mg*** 105
ELIGARD INJ 45MG ***leuprolide acetate (6 month) for subcutaneous inj kit 45 mg*** 105
elinest tab 95
ELIQUIS CAP 0.15MG ***apixaban cap sprinkle 0.15 mg*** 60
ELIQUIS ST P TAB 5MG ***apixaban tab starter pack 5 mg*** 60
ELIQUIS TAB 0.5MG ***apixaban tab for oral susp 0.5 mg*** 60
ELIQUIS TAB 1.5MG ***apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg)*** 60
ELIQUIS TAB 2.5MG ***apixaban tab 2.5 mg*** 60
ELIQUIS TAB 2MG ***apixaban tab for oral susp pack 4 x 0.5 mg (2 mg)*** 60
ELIQUIS TAB 5MG ***apixaban tab 5 mg*** 60
elixophyllin elx 80/15ml 123
ella tab 30mg 100
ELMIRON CAP 100MG ***pentosan polysulfate sodium caps 100 mg*** 88
eltrombopag pow 12.5mg 62
eltrombopag pow 25mg 62
eltrombopag tab 12.5mg 62
eltrombopag tab 25mg 62
eltrombopag tab 50mg 62
eltrombopag tab 75mg 62
eluryng mis 95
EMCYT CAP 140MG ***estramustine phosphate sodium cap 140 mg*** 39
EMGALITY INJ 100MG/ML ***galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml*** 36
EMGALITY INJ 120MG/ML ***galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml*** 36
EMGALITY INJ 120MG/ML ***galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml*** 36
EMSAM DIS 6MG/24HR ***selegiline td patch 24hr 6 mg/24hr*** 31
EMSAM DIS 9MG/24HR ***selegiline td patch 24hr 9 mg/24hr*** 31
EMSAM DIS 12MG/24H ***selegiline td patch 24hr 12 mg/24hr*** 31
emtricitabin cap 200mg 51
emtric/rilpi tab tenof df 51
emtriva cap 200mg 51
emtriva sol 10mg/ml 51
emtr/ten df tab 100-150 50
emtr/ten df tab 133-200 50
emtr/ten df tab 167-250 50
emtr/tenofov tab 200-300 51
emzahh tab 0.35mg 100
enalapr/hctz tab 5-12.5mg 65
enalapr/hctz tab 10-25mg 65
enalapril tab 2.5mg 66
enalapril tab 5mg 66
enalapril tab 10mg 65
enalapril tab 20mg 66
ENCARE SUP 100MG ***nonoxynol-9 vaginal suppos 100 mg*** 88
endocet tab 2.5-325 19
endocet tab 5-325mg 19
endocet tab 7.5-325 19
endocet tab 10-325mg 19

ENFLONSIA INJ 105MG ***clesrovimab-cfor im soln prefilled syringe 105 mg/0.7ml*** 109
ENGERIX-B INJ 10/0.5ML ***hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml*** 110
ENGERIX-B INJ 20MCG/ML ***hepatitis b vaccine (recombinant) susp 20 mcg/ml*** 110
ENGERIX-B INJ 20MCG/ML ***hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml*** 110
enilloring mis 95
enoxaparin inj 30/0.3ml 60
enoxaparin inj 40/0.4ml 60
enoxaparin inj 60/0.6ml 60
enoxaparin inj 80/0.8ml 60
enoxaparin inj 80mg/0.8 60
enoxaparin inj 100mg/ml 60
enoxaparin inj 120/0.8 60
enoxaparin inj 150mg/ml 60
enoxaparin inj 300/3ml 60
enpresse-28 tab 95
enskyce tab 95
entacapone tab 200mg 45
entecavir tab 0.5mg 49
entecavir tab 1mg 49
ENTRESTO CAP 6-6MG ***sacubitril-valsartan sprinkle cap 6-6 mg*** 71
ENTRESTO CAP 15-16MG ***sacubitril-valsartan sprinkle cap 15-16 mg*** 71
enulose sol 10gm/15 85
EPIDIOLEX SOL 100MG/ML ***cannabidiol soln 100 mg/ml*** 26
epinastine hcl ophth soln 0.05% 118
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) 123
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) 122
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 122
EPITOL TAB 200MG ***carbamazepine tab 200 mg*** 28
EPIVIR SOL 10MG/ML ***lamivudine oral soln 10 mg/ml*** 51
EPIVIR TAB 150MG ***lamivudine tab 150 mg*** 51
EPIVIR TAB 300MG ***lamivudine tab 300 mg*** 51
eplerenone tab 25mg 72
eplerenone tab 50mg 72
EPZICOM TAB 600-300 ***abacavir sulfate-lamivudine tab 600-300 mg*** . 51
ERGOCALCIFER CAP 1.25MG ***ergocalciferol cap 1.25 mg (50000 unit)*** 83
ergoloid mes tab 1mg oral 114
ergomar sub 2mg 36
ergot/caffen tab 1-100mg 36
ERLEADA TAB 60MG ***apalutamide tab 60 mg*** 38
ERLEADA TAB 240MG ***apalutamide tab 240 mg*** 38
erlotinib tab 25mg 41
erlotinib tab 100mg 41
erlotinib tab 150mg 41
errin tab 0.35mg 100
ERYTHROCIN TAB 250MG ***erythromycin stearate tab 250 mg*** ... 25
erythromycin ethylsuccinate for susp 200 mg/5ml 25
erythromycin ethylsuccinate for susp 400 mg/5ml 25
erythromycin ethylsuccinate tab 400 mg 25
erythromycin gel 2% 80
erythromycin oin 5mg/gm 118
erythromycin pads 2% 80
erythromycin sol 2% 80
erythromycin tab 250 mg 25
erythromycin tab 250 mg 25
erythromycin tab 500 mg 25
erythromycin tab 500 mg 25
erythromycin tab delayed release 250 mg 25
erythromycin tab delayed release 333 mg 25
erythromycin tab delayed release 500 mg 25
erythromycin w/ delayed release particles cap 250 mg 25
escitalopram sol 5mg/5ml 31
escitalopram sol 10/10ml 31
escitalopram tab 5mg 31
escitalopram tab 10mg 31
escitalopram tab 20mg 31
ESKATA SOL 40% ***hydrogen peroxide soln 40%*** 80
eslicarbazepine acetate tab 200 mg .. 29
eslicarbazepine acetate tab 400 mg .. 29
eslicarbazepine acetate tab 600 mg .. 29
eslicarbazepine acetate tab 800 mg .. 29
esomepra mag cap 20mg dr 86
esomepra mag cap 40mg dr 86
estarylla tab 0.25-35 95
estazolam tab 1mg 55
estazolam tab 2mg 55
estrace tab 0.5mg 95
estrace tab 1mg 95
estrace tab 2mg 95
estradiol gel 0.5mg 95
estradiol gel 0.25mg 95
estradiol gel 0.75mg 95
estradiol gel 1.25mg 95
estradiol gel 1mg/gm 95
estradiol tab 0.5mg 95
estradiol tab 1mg 95
estradiol tab 2mg 96
estradiol tab 10mcg 95
estradiol td patch twice weekly 0.1 mg/24hr 96
estradiol td patch twice weekly 0.05 mg/24hr 96
estradiol td patch twice weekly 0.025 mg/24hr 96
estradiol td patch twice weekly 0.075 mg/24hr 96
estradiol td patch twice weekly 0.0375 mg/24hr 96
estradiol td patch weekly 0.1 mg/24hr 96
estradiol td patch weekly 0.05 mg/24hr 96
estradiol td patch weekly 0.06 mg/24hr 96
estradiol td patch weekly 0.025 mg/24hr 96
estradiol td patch weekly 0.075 mg/24hr 96
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) 96
estradiol vaginal cream 0.01% 96
estrad val inj 10mg/ml 95
estrad val inj 20mg/ml 95
estrad val inj 40mg/ml 95
estra/noreth tab 0.5-0.1 95
estra/noreth tab 1-0.5mg 95
ESTRING MIS 7.5/24HR ***estradiol vaginal ring 2 mg (7.5 mcg/24hrs)*** 96
estrogel gel 0.06% 96
eszopiclone tab 1mg 127
eszopiclone tab 2mg 127
eszopiclone tab 3mg 127
ethacrynic tab acd 25mg 72
ethambutol tab 100mg 37
ethambutol tab 400mg 37
ethosuximide cap 250mg 26
ethosuximide sol 250/5ml 26
ethy alcohol sol 70% rub 114
ethy eth est tab 1-35 96
ethynodiol tab 1-50 96
etodolac cap 200mg 15
etodolac cap 300mg 15
etodolac er tab 400mg 15
etodolac er tab 500mg 15
etodolac er tab 600mg 15
etodolac tab 400mg 15
etodolac tab 500mg 15
etonogestrel mis ethy est 96
etoposide cap 50mg 40
etravirine tab 100mg 50
etravirine tab 200mg 50
euthyrox tab 25mcg 102
euthyrox tab 50mcg 102

euthyrox tab 75mcg 102
euthyrox tab 88mcg 102
euthyrox tab 100mcg 102
euthyrox tab 112mcg 102
euthyrox tab 125mcg 102
euthyrox tab 137mcg 102
euthyrox tab 150mcg 102
euthyrox tab 175mcg 102
euthyrox tab 200mcg 102
EVAMIST SPR 1.53MG ***estradiol transdermal spray 1.53 mg/spray*** 101
everolimus tab 2.5mg 41
everolimus tab 5mg 41
everolimus tab 7.5mg 41
everolimus tab 10mg 41
EVOTAZ TAB 300-150 ***atazanavir sulfate-cobicistat tab 300-150 mg*** 52
EXELDERM CRE 1% ***sulconazole nitrate cream 1%*** 34
EXELDERM SOL 1% ***sulconazole nitrate solution 1%*** 34
exemestane tab 25mg 40
ezetimibe-simvastatin tab 10-10 mg 74
ezetimibe-simvastatin tab 10-20 mg 74
ezetimibe-simvastatin tab 10-40 mg 74
ezetimibe-simvastatin tab 10-80 mg 74
ezetimibe tab 10 mg 74
FA-8 CAP 800MCG ***folic acid cap 0.8 mg*** 83
falmina tab 96
famciclovir tab 125mg 53
famciclovir tab 250mg 53
famciclovir tab 500mg 53
famotidine sus 40mg/5ml 85
famotidine tab 20mg 85
famotidine tab 40mg 85
farxiga tab 5mg 56
farxiga tab 10mg 56
FC2 FEMALE MIS CONDOM ****condoms - female****** 114
febuxostat tab 40mg 35
febuxostat tab 80mg 36
feirza tab 1.5/30 96
feirza tab 1/20 96
felbamate sus 600/5ml 28
felbamate tab 400mg 28
felbamate tab 600mg 28
felodipine tab 2.5mg er 70
felodipine tab 5mg er 70
felodipine tab 10mg er 70
FEMCAP MIS 22MM ***cervical cap 22 mm*** 114
FEMCAP MIS 26MM ***cervical cap 26 mm*** 115
FEMCAP MIS 30MM ***cervical cap 30 mm*** 115
femlyv tab 1/0.02mg 96
fenofibrate cap 67mg 73
fenofibrate cap 134mg 73
fenofibrate cap 200mg 73
fenofibrate tab 48mg 73
fenofibrate tab 54mg 73
fenofibrate tab 145mg 73
fenofibrate tab 160mg 73
fenoprofen tab 600mg 15
fentanyl citrate lozenge on a handle 200 mcg 16
fentanyl citrate lozenge on a handle 400 mcg 16
fentanyl citrate lozenge on a handle 600 mcg 16
fentanyl citrate lozenge on a handle 800 mcg 16
fentanyl citrate lozenge on a handle 1200 mcg 16
fentanyl citrate lozenge on a handle 1600 mcg 16
fentanyl dis 12mcg/hr 16
fentanyl dis 25mcg/hr 16
fentanyl dis 50mcg/hr 16
fentanyl dis 75mcg/hr 16
fentanyl dis 100mcg/h 16
ferric citrate tab 210mg 83
fesoterodine tab 4mg er 88
fesoterodine tab 8mg er 88
FETZIMA CAP 20MG ***levomilnacipran hcl cap er 24hr 20 mg (base equivalent)*** 31
FETZIMA CAP 40MG ***levomilnacipran hcl cap er 24hr 40 mg (base equivalent)*** 31
FETZIMA CAP 80MG ***levomilnacipran hcl cap er 24hr 80 mg (base equivalent)*** 31
FETZIMA CAP 120MG ***levomilnacipran hcl cap er 24hr 120 mg (base equivalent)*** 31
finasteride tab 5mg 88
fingolimod cap 0.5mg 78
finzala chw fe 1/20 96
flac oil 0.01% 120
flavoxate tab 100mg 88
flecainide tab 50mg 67
flecainide tab 100mg 67
flecainide tab 150mg 67
FLEXICHAMBER MIS MASK SM ****spacer/aerosol-holding chamber supplies - masks****** 115
FLUAD INJ 2025-26 ***influenza vac type a&b surface ant adj susp pref syr 0.5 ml*** 110
FLUAD INJ 2026-27 ***influenza vac type a&b surface ant adj susp pref syr 0.5 ml*** 110
FLUARIX INJ 2025-26 ***influenza virus vaccine split pf susp pref syringe 0.5 ml*** 110
FLUARIX INJ 2026-27 ***influenza virus vaccine split pf susp pref syringe 0.5 ml*** 110
FLUBLOK INJ 2025-26 ***influenza virus vacc recombinant ha pf soln pref syr 0.5 ml*** 110
FLUBLOK INJ 2026-27 ***influenza virus vacc recombinant ha pf soln pref syr 0.5 ml*** 110
FLUCELVAX INJ 2025-26 ***influenza virus vac tiss-cult subunit im susp*** 110
FLUCELVAX INJ 2025-26 ***influenza virus vac tiss-cult subunit susp pref syr 0.5 ml*** 110
FLUCELVAX INJ 2026-27 ***influenza virus vac tiss-cult subunit susp pref syr 0.5 ml*** 110
fluconazole sus 10mg/ml 34
fluconazole sus 40mg/ml 34
fluconazole tab 50mg 34
fluconazole tab 100mg 34
fluconazole tab 150mg 34
fluconazole tab 200mg 34
flucytosine cap 250mg 34
flucytosine cap 500mg 34
fludrocort tab 0.1mg 90
FLULAVAL INJ 2025-26 ***influenza virus vaccine split pf susp pref syringe 0.5 ml*** 110
FLULAVAL INJ 2026-27 ***influenza virus vaccine split pf susp pref syringe 0.5 ml*** 110
FLUMIST NASA LIQ 2025-26 ***influenza virus vaccine live intranasal liquid*** 110
FLUMIST NASAL LIQUID 2026-27 ***influenza virus vaccine live intranasal liquid*** 110
flunisolide nasal soln 25 mcg/act (0.025%) 121
fluocin acet oil 0.01% body 90
fluocin acet oil 0.01% scalp 90
fluocin acet oil ear 0.01% 120
fluocin acet oin 0.025% 90
fluocin acet sol 0.01% 90
fluocinolone acetonide cream 0.01% 90
fluocinolone acetonide cream 0.025% 90
fluocinolone acetonide (otic) oil 0.01% 120
fluocinonide cream 0.05% 90
fluocinonide emulsified base cream 0.05% 90
fluocinonide gel 0.05% 90
fluocinonide oint 0.05% 90
fluocinonide soln 0.05% 90
fluorometholone ophth susp 0.1% 118
fluorouracil cream 0.5% 39

fluorouracil cream 5% 39
fluorouracil soln 2% 39
fluorouracil soln 5% 39
fluoxetine cap 10mg 31
fluoxetine cap 20mg 31
fluoxetine cap 40mg 31
fluoxetine cap 90mg dr 31
fluoxetine sol 20mg/5ml 31
fluoxetine tab 10mg 31
fluoxetine tab 20mg 31
fluphenazine con 5mg/ml 46
fluphenazine elx 2.5/5ml 46
fluphenazine tab 1mg 46
fluphenazine tab 2.5mg 46
fluphenazine tab 5mg 46
fluphenazine tab 10mg 46
flurandrenol lot 0.05% 90
flurazepam cap 15mg 127
flurazepam cap 30mg 127
flurbiprofen sol 0.03% op 118
flurbiprofen tab 100mg 15
fluticasone cre 0.05% 90
fluticasone oin 0.005% 90
fluticasone-salmeterol aer powder ba 55-14 mcg/act 121
fluticasone-salmeterol aer powder ba 100-50 mcg/act 121
fluticasone-salmeterol aer powder ba 113-14 mcg/act 121
fluticasone-salmeterol aer powder ba 232-14 mcg/act 121
fluticasone-salmeterol aer powder ba 250-50 mcg/act 121
fluticasone-salmeterol aer powder ba 500-50 mcg/act 121
fluticasone spr 50mcg 121
fluvastatin cap 20mg 73
fluvastatin cap 40mg 73
fluvoxamine cap 100mg er 31
fluvoxamine cap 150mg er 31
fluvoxamine tab 25mg 31
fluvoxamine tab 50mg 31
fluvoxamine tab 100mg 31
FLUZONE HD INJ 2025-26 ***influenza virus vac split high-dose pf susp pref syr 0.5ml*** 110
FLUZONE HD INJ 2026-27 ***influenza virus vac split high-dose pf susp pref syr 0.5ml*** 110
FLUZONE INJ 2025-26 ***influenza virus vaccine split im susp*** 110
FLUZONE INJ 2025-26 ***influenza virus vaccine split pf susp pref syringe 0.5 ml*** 110
FLUZONE INJ 2026-27 ***influenza virus vaccine split im susp*** 110
FLUZONE INJ 2026-27 ***influenza virus vaccine split pf susp pref syringe 0.5 ml*** 110
folic acid tab 1mg 83
folic acid tab 400mcg 83
folic acid tab 800mcg 83
folic acid tab 1000mcg 83
FOLIVANE-OB CAP ****prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg****** 83
FOLLISTIM AQ INJ 300UNIT ***follitropin beta inj 300 unit/0.36ml*** 91
FOLLISTIM AQ INJ 600UNIT ***follitropin beta inj 600 unit/0.72ml*** 91
FOLLISTIM AQ INJ 900UNIT ***follitropin beta inj 900 unit/1.08ml*** 91
fondaparinux inj 2.5/0.5 61
fondaparinux inj 5/0.4ml 61
fondaparinux inj 7.5/0.6 61
fondaparinux inj 10/0.8ml 60
formoterol neb 20/2ml 123
FORTESTA GEL 10MG/ACT ***testosterone td gel 10mg/act (2%)*** 92
fosamprenavir calcium tab 700 mg 52
fosfomycin tromethamine powd pack 3 gm ( ) 22
fosinop/hctz tab 10/12.5 66
fosinop/hctz tab 20/12.5 66
fosinopril tab 10mg 66
fosinopril tab 20mg 66
fosinopril tab 40mg 66
FOSRENOL POW 750MG ***lanthanum carbonate oral powder pack 750 mg (elemental)*** 83
FOSRENOL POW 1000MG ***lanthanum carbonate oral powder pack 1000 mg (elemental)*** 83
FRAGMIN INJ 2500/0.2 ***dalteparin sodium soln prefilled syr 2500 unit/0.2ml*** 61
FRAGMIN INJ 2500/ML ***dalteparin sodium subcutaneous soln 10000 unit/4ml*** 61
FRAGMIN INJ 5000/0.2 ***dalteparin sodium soln prefilled syr 5000 unit/0.2ml*** 61
FRAGMIN INJ 7500/0.3 ***dalteparin sodium soln prefilled syr 7500 unit/0.3ml*** 61
FRAGMIN INJ 10000/ML ***dalteparin sodium soln prefilled syr 10000 unit/ml*** 61
FRAGMIN INJ 12500UNT ***dalteparin sodium soln prefilled syr 12500 unit/0.5ml*** 61
FRAGMIN INJ 15000UNT ***dalteparin sodium soln prefilled syr 15000 unit/0.6ml*** 61
FRAGMIN INJ 18000UNT ***dalteparin sodium soln prefilled syr 18000 unit/0.72ml*** 61
FRAGMIN INJ 95000UNT ***dalteparin sodium subcutaneous soln 95000 unit/3.8ml*** 61
FREE LIBRE2 KIT PLUS/SEN ****continuous glucose system sensor****** 115
FREE LIBRE3 KIT PLUS/SEN ****continuous glucose system sensor****** 115
FREESTYLE MIS READER ****continuous glucose system receiver****** 115
FREESTY LIBR KIT 2 SENSOR ****continuous glucose system sensor****** 115
FREESTY LIBR KIT 3 SENSOR ****continuous glucose system sensor****** 115
FREESTY LIBR KIT SENSOR ****continuous glucose system sensor****** 115
FREESTY LIBR MIS 2 READER ****continuous glucose system receiver****** 115
FREESTY LIBR MIS 3 READER ****continuous glucose system receiver****** 115
FREESTY LIBR MIS READER ****continuous glucose system receiver****** 115
furosemide sol 10mg/ml 72
furosemide sol 40mg/5ml 72
furosemide tab 20mg 72
furosemide tab 40mg 72
furosemide tab 80mg 72
FUZEON INJ 90MG ***enfuvirtide for inj 90 mg*** 52
fyavolv tab 0.5-2.5 96
fyavolv tab 1-5 96
FYCOMPA SUS 0.5MG/ML ***perampanel susp 0.5 mg/ml*** 28
gabapentin cap 100mg 27
gabapentin cap 300mg 27
gabapentin cap 400mg 27
gabapentin sol 250/5ml 27
gabapentin sol 300/6ml 28
gabapentin tab 600mg 27
gabapentin tab 800mg 27
galantamine cap 8mg er 29
galantamine cap 16mg er 29
galantamine cap 24mg er 29
galantamine sol 4mg/ml 29
galantamine tab 4mg 29
galantamine tab 8mg 29
galantamine tab 12mg 29
galbriela chw 96
gallifrey tab 5mg 100
GALZIN CAP 25MG ***zinc acetate cap 25 mg (elemental zinc)*** 81

GALZIN CAP 50MG ***zinc acetate cap 50 mg (elemental zinc)*** 81
ganirelix ac inj 250/0.5 105
GARDASIL 9 INJ ***human papillomavirus (hpv) 9-valent recomb vac im susp*** 111
GARDASIL 9 INJ ***human papillomavirus (hpv) 9-valent recomb vac susp pref syr*** 111
gatifloxacin sol 0.5% 119
gauze pad 2"x2" 115
GAVILAX POW ***polyethylene glycol 3350 oral powder 17 gm/scoop*** 85
GAVILYTE-C SOL ***peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm*** 85
GAVILYTE-G SOL ***peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm*** 86
gefitinib tab 250mg 41
gemfibrozil tab 600mg 73
gemmily cap 1/20 96
GENERLAC SOL 10/15ML ***lactulose (encephalopathy) solution 10 gm/15ml*** 86
GENERLAC SOL 10GM/15 ***lactulose (encephalopathy) solution 10 gm/15ml*** 86
GENGRAF CAP 25MG ***cyclosporine modified cap 25 mg*** 107
GENGRAF CAP 100MG ***cyclosporine modified cap 100 mg*** 107
GENGRAF SOL 100MG/ML ***cyclosporine modified oral soln 100 mg/ml*** 107
gentamicin sol 0.3% op 117
gentamicin sulfate cream 0.1% 22
gentamicin sulfate oint 0.1% 22
GENTLELAX POW ***polyethylene glycol 3350 oral powder 17 gm/scoop*** 86
GENVOYA TAB ***elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg*** 49
gg/codeine sol 100-10/5 125
GILOTRIF TAB 20MG ***afatinib dimaleate tab 20 mg (base equivalent)*** 41
GILOTRIF TAB 30MG ***afatinib dimaleate tab 30 mg (base equivalent)*** 41
GILOTRIF TAB 40MG ***afatinib dimaleate tab 40 mg (base equivalent)*** 41
GILTUSS TAB 10-388MG ***phenylephrine-guaifenesin tab 10-388 mg*** 125
glatiramer inj 20mg/ml 78
glatiramer inj 40mg/ml 78
glatopa inj 20mg/ml 78
glatopa inj 40mg/ml 78
GLEOSTINE CAP 10MG ***lomustine cap 10 mg*** 38
GLEOSTINE CAP 40MG ***lomustine cap 40 mg*** 38
GLEOSTINE CAP 100MG ***lomustine cap 100 mg*** 38
glimepiride tab 1mg 56
glimepiride tab 2mg 56
glimepiride tab 4mg 56
glipizide er tab 2.5mg 56
glipizide er tab 5mg 56
glipizide er tab 10mg 56
glipizide tab 2.5mg 56
glipizide tab 5mg 56
glipizide tab 10mg 56
glip/metform tab 2.5-250 56
glip/metform tab 2.5-250m 56
glip/metform tab 2.5-500 56
glip/metform tab 2.5-500m 56
glip/metform tab 5-500mg 56
glucagon emr sol 1mg 56
glucagon inj 1mg 58
glucagon inj 1mg 58
glucose bits chw 1gm 115
glucose chew tab 4 gm raspbery 115
glucose gel 15gm/33g 115
glucose gel 40% 115
glyb/metform tab 1.25-250 56
glyb/metform tab 2.5-500 56
glyb/metform tab 5-500mg 56
glyburide tab 1.25 mg 57
glyburide tab 2.5 mg 57
glyburide tab 5 mg 57
glyburid mcr tab 1.5mg 57
glyburid mcr tab 3mg 57
glyburid mcr tab 6mg 57
GLYCOLAX POW 3350 NF ***polyethylene glycol 3350 oral powder 17 gm/scoop*** 86
glycopyrrol tab 1mg 84
glycopyrrol tab 2mg 84
glydo gel 2% 20
GNP GLUCOSE CHW 2GM ***glucose chew tab 2 gm (carb equiv)*** 115
granisetron tab 1mg 34
griseofulvin sus 125/5ml 35
griseofulvin tab micr 500 35
griseofulvin tab ultr 125 35
griseofulvin tab ultr 250 35
guanfacine tab 1mg 64
guanfacine tab 1mg er 76
guanfacine tab 2mg 64
guanfacine tab 2mg er 76
guanfacine tab 3mg er 76
guanfacine tab 4mg er 76
GVOKE HYPO 1 INJ 0.5/.1ML ***glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml*** 58
GVOKE HYPO 1 INJ 1/0.2ML ***glucagon subcutaneous solution auto-injector 1 mg/0.2ml*** 59
GVOKE HYPO 2 INJ 0.5/.1ML ***glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml*** 59
GVOKE HYPO 2 INJ 1/0.2ML ***glucagon subcutaneous solution auto-injector 1 mg/0.2ml*** 59
GVOKE KIT SOL 1/0.2ML ***glucagon subcutaneous soln 1 mg/0.2ml*** 59
GVOKE PFS INJ 0.5/.1ML ***glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml*** 59
GVOKE PFS INJ 1/0.2ML ***glucagon subcutaneous soln pref syringe 1 mg/0.2ml*** 59
GYNAZOLE-1 CRE 2% ***butoconazole nitrate (one dose) vaginal cream 2%*** . 35
GYNOL II GEL 3% ***nonoxynol-9 gel 3%*** 88
HADLIMA INJ 40/0.4ML ***adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml*** 107
HADLIMA INJ 40/0.8ML ***adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml*** 107
HADLIMA PUSH INJ 40/0.4ML ***adalimumab-bwwd soln auto-injector 40 mg/0.4ml*** 107
HADLIMA PUSH INJ 40/0.8ML ***adalimumab-bwwd soln auto-injector 40 mg/0.8ml*** 107
HAEGARDA INJ 2000UNIT ***c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*** 106
HAEGARDA INJ 3000UNIT ***c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*** 106
hailey 24 tab fe 96
hailey fe tab 1.5/30 96
hailey fe tab 1/20 96
hailey tab 1.5/30 96
halobetasol cre 0.05% 90
halobetasol oin 0.05% 90
haloette mis 96
haloperidol con 2mg/ml 46
haloperidol tab 0.5mg 46
haloperidol tab 1mg 46
haloperidol tab 2mg 46
haloperidol tab 5mg 46
haloperidol tab 10mg 46
haloperidol tab 20mg 46
HAVRIX INJ 720UNIT ***hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml*** 111
HAVRIX INJ 1440UNIT ***hepatitis a vaccine susp prefilled syr 1440 el unit/ml*** 111

HC PRAMOXINE CRE 1-1% ***hydrocortisone acetate w/ pramoxine perianal cream 1-1%*** 113
heather tab 0.35mg 100
heparin sodium (porcine) inj 1000 unit/ml 61
heparin sodium (porcine) inj 1000 unit/ml 61
heparin sodium (porcine) inj 1000 unit/ml 61
heparin sodium (porcine) inj 5000 unit/ml 61
heparin sodium (porcine) inj 5000 unit/ml 61
heparin sodium (porcine) inj 10000 unit/ml 61
heparin sodium (porcine) inj 20000 unit/ml 61
heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml 61
heparin sodium (porcine) pf inj 1000 unit/ml 61
heparin sodium (porcine) pf inj 5000 unit/0.5ml 61
heparin sodium (porcine) pf inj 5000 unit/ml 61
HEPLISAV-B INJ 20/0.5ML ***hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml*** 111
her style tab 1.5mg 100
HIBERIX SOL 10MCG ***haemophilus b polysaccharide conjugate vac for inj 10 mcg*** 111
HUMALOG INJ 100/ML ***insulin lispro soln cartridge 100 unit/ml*** 59
HUMALOG JR INJ 100/ML ***insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)*** 59
HUMALOG KWIK INJ 100/ML ***insulin lispro soln pen-injector 100 unit/ml (1 unit dial)*** 59
HUMALOG KWIK INJ 200/ML ***insulin lispro soln pen-injector 200 unit/ml*** .. 59
HUMALOG MIX INJ 50/50 ***insulin lispro protamine & lispro inj 100 unit/ml (50-50)*** 59
HUMALOG MIX INJ 50/50KWP ***insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)*** 59
HUMALOG MIX INJ 75/25KWP ***insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)*** 59
HUMALOG MIX SUS 75/25 ***insulin lispro prot & lispro inj 100 unit/ml (75-25)*** 59
HUMATIN CAP 250MG ***paromomycin sulfate cap 250 mg*** 22
HUMULIN INJ 70/30 ***insulin nph isophane & regular human inj 100 unit/ml (70-30)*** 59
HUMULIN INJ 70/30KWP ***insulin nph & regular susp pen-inj 100 unit/ml (70-30)*** 59
HUMULIN N INJ U-100 ***insulin nph (human) (isophane) inj 100 unit/ml*** .. 59
HUMULIN N INJ U-100KWP ***insulin nph (human) (isophane) susp pen-injector 100 unit/ml*** 59
HUMULIN R INJ U-100 ***insulin regular (human) inj 100 unit/ml*** 59
HUMULIN R INJ U-500 ***insulin regular (human) inj 500 unit/ml*** 59
HUMULIN R INJ U-500 ***insulin regular (human) soln pen-injector 500 unit/ml*** 59
hycamtin cap 0.25mg 40
hycamtin cap 1mg 40
hydralazine tab 10mg 74
hydralazine tab 25mg 74
hydralazine tab 50mg 74
hydralazine tab 100mg 74
hydro/aceta sol 10-325mg 19
hydro/apap sol 10-300 mg/15ml 19
hydrochlorot tab 12.5mg 72
hydrochlorot tab 25mg 72
hydrochlorot tab 50mg 73
hydroc/homat tab 5-1.5mg 125
hydroco/apap sol 7.5-325 19
hydroco/apap tab 2.5-325 19
hydroco/apap tab 5-325mg 19
hydroco/apap tab 7.5-325 19
hydroco/apap tab 10-325mg 19
hydrocod/hom sol 5-1.5/5 125
hydrocod/hom syp 5-1.5/5 125
hydrocodone cap 10mg er 16
hydrocodone cap 15mg er 16
hydrocodone cap 20mg er 17
hydrocodone cap 30mg er 17
hydrocodone cap 40mg er 17
hydrocodone cap 50mg er 17
hydrocodone-ibuprofen tab 5-200 mg 19
hydrocodone-ibuprofen tab 7.5-200 mg 19
hydrocodone-ibuprofen tab 10-200 mg 19
hydrocortisone butyrate cream 0.1% .. 90
hydrocortisone butyrate hydrophilic lipo base cream 0.1% 90
hydrocortisone butyrate oint 0.1% 90
hydrocortisone butyrate soln 0.1% 90
hydrocortisone cream 2.5% 90
hydrocortisone enema 100 mg/60ml 113
hydrocortisone lotion 2.5% 90
hydrocortisone oint 1% 90
hydrocortisone oint 2.5% 90
hydrocortisone perianal cream 2.5% .. 113
hydrocortisone tab 5 mg 90
hydrocortisone tab 10 mg 90
hydrocortisone tab 20 mg 90
hydrocortisone valerate cream 0.2% .. 90
hydrocortisone valerate oint 0.2% 90
hydrocortisone w/ acetic acid otic soln 1-2% 120
hydrogen peroxide soln 3% 115
hydromet syp 5-1.5/5 125
hydromorphone liq 1mg/ml 19
hydromorphon tab 2mg 19
hydromorphon tab 4mg 19
hydromorphon tab 8mg 19
hydromorphon tab 8mg er 17
hydromorphon tab 12mg er 17
hydromorphon tab 16mg er 17
hydromorphon tab 32mg er 17
hydroxychlor tab 100mg 44
hydroxychlor tab 200mg 44
hydroxyurea cap 500mg 39
hydroxyz hcl syp 10mg/5ml 54
hydroxyz hcl tab 10mg 54
hydroxyz hcl tab 25mg 54
hydroxyz hcl tab 50mg 54
hydroxyzine sol 50/25ml 54
hydroxyz pam cap 25mg 54
hydroxyz pam cap 50mg 54
hydroxyz pam cap 100mg 54
HYPERSAL NEB 3.5% ***sodium chloride soln nebu 3.5%*** 126
HYPERSAL NEB 7% ***sodium chloride soln nebu 7%*** 126
ibandronate tab 150mg 113
IBRANCE CAP 75MG ***palbociclib cap 75 mg*** 41
IBRANCE CAP 100MG ***palbociclib cap 100 mg*** 41
IBRANCE CAP 125MG ***palbociclib cap 125 mg*** 41
IBRANCE TAB 75MG ***palbociclib tab 75 mg*** 42
IBRANCE TAB 100MG ***palbociclib tab 100 mg*** 42
IBRANCE TAB 125MG ***palbociclib tab 125 mg*** 42
ibuprofen tab 400mg 15
ibuprofen tab 600mg 15
ibuprofen tab 800mg 15
ibu tab 400mg 15
ibu tab 600mg 15
ibu tab 800mg 15
ICATIBANT INJ 30MG/3ML ***icatibant acetate subcutaneous soln pref syr 30 mg/3ml*** 106
iclevia tab 96
ICLUSIG TAB 10MG ***ponatinib hcl tab 10 mg*** 42
ICLUSIG TAB 15MG ***ponatinib hcl tab 15 mg*** 42
ICLUSIG TAB 30MG ***ponatinib hcl tab 30 mg*** 42

ICLUSIG TAB 45MG ***ponatinib hcl tab 45 mg*** 42
icosapent cap 0.5gm 74
icosapent cap 1gm 74
IDHIFA TAB 50MG ***enasidenib mesylate tab 50 mg (base equivalent)*** 42
IDHIFA TAB 100MG ***enasidenib mesylate tab 100 mg (base equivalent)*** 42
IDVYNSO TAB 100-0.25 ***doravirine-islatravir tab 100-0.25 mg*** 52
ihealth liq control 56
imatinib mes tab 100mg 42
imatinib mes tab 400mg 42
IMBRUVICA CAP 70MG ***ibrutinib cap 70 mg*** 42
IMBRUVICA CAP 140MG ***ibrutinib cap 140 mg*** 42
IMBRUVICA SUS 70MG/ML ***ibrutinib oral susp 70 mg/ml*** 42
IMBRUVICA TAB 140MG ***ibrutinib tab 140 mg*** 42
IMBRUVICA TAB 280MG ***ibrutinib tab 280 mg*** 42
IMBRUVICA TAB 420MG ***ibrutinib tab 420 mg*** 42
imipram hcl tab 10mg 33
imipram hcl tab 25mg 33
imipram hcl tab 50mg 33
imipram pam cap 75mg 33
imipram pam cap 100mg 33
imipram pam cap 125mg 33
imipram pam cap 150mg 33
imiquimod cre 5% 80
INATAL GT TAB ****prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg****** 83
incassia tab 0.35mg 100
INCRELEX INJ 40MG/4ML ***mecasermin inj 40 mg/4ml (10 mg/ml)*** 92
INCRUSE ELPT INH 62.5MCG ***umeclidinium br aero powd breath act 62.5 mcg/act (base eq)*** 122
indapamide tab 1.25mg 73
indapamide tab 2.5mg 73
indomethacin cap 25mg 15
indomethacin cap 50mg 15
indomethacin cap 75mg er 15
INFANRIX INJ ***diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml*** ... 111
INGREZZA CAP 40-80MG ***valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)*** 77
INGREZZA CAP 40MG ***valbenazine tosylate cap 40 mg*** 77
INGREZZA CAP 40MG ***valbenazine tosylate capsule sprinkle 40 mg*** 77
INGREZZA CAP 60MG ***valbenazine tosylate cap 60 mg*** 77
INGREZZA CAP 60MG ***valbenazine tosylate capsule sprinkle 60 mg*** 77
INGREZZA CAP 80MG ***valbenazine tosylate cap 80 mg*** 77
INGREZZA CAP 80MG ***valbenazine tosylate capsule sprinkle 80 mg*** 77
INLYTA TAB 1MG ***axitinib tab 1 mg*** 42
INLYTA TAB 5MG ***axitinib tab 5 mg*** ... 42
INS DEGL FLX INJ 100UNIT ***insulin degludec soln pen-injector 100 unit/ml*** 59
INS DEGL FLX INJ 200UNIT ***insulin degludec soln pen-injector 200 unit/ml*** 59
INSPIREASE MIS DD SYST ****spacer/ aerosol-holding chambers - device****** 115
INSPIREASE MIS RES BAG ****spacer/ aerosol-holding chamber supplies - bags****** 115
ins syr u500 mis 0.5/31g 115
INSTA-GLUCOS GEL 77.4% ***glucose gel 77.4%*** 115
INSULIN ASPA INJ 70/30 ***insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)*** 59
INSULIN DEGL INJ 100UNIT ***insulin degludec inj 100 unit/ml*** 59
INSULIN LISP INJ 100/ML ***insulin lispro inj soln 100 unit/ml*** 59
INSULIN LISP INJ 100/ML ***insulin lispro soln pen-injector 100 unit/ml (1 unit dial)*** 59
INSULIN LISP INJ JUNIOR ***insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)*** 59
INSULIN LISP INJ PROTAMIN ***insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)*** 60
insulin pen needle 30 g x 8 mm (1/3" or 5/16") 115
insulin syringe/needle u-100 0.3 ml 29 x 1/2" 115
insulin syringe/needle u-100 0.3 ml 30 x 1/2" 115
insulin syringe/needle u-100 0.3 ml 30 x 5/16" 115
insulin syringe/needle u-100 0.3 ml 31 x 5/16" 115
insulin syringe/needle u-100 0.3 ml 31 x 15/64" 115
insulin syringe/needle u-100 0.5 ml 32 x 5/16" 115
insulin syringe/needle u-100 1/2 ml 28 x 1/2" 115
insulin syringe/needle u-100 1/2 ml 29 x 1/2" 115
insulin syringe/needle u-100 1/2 ml 30 x 1/2" 116
insulin syringe/needle u-100 1/2 ml 30 x 5/16" 116
insulin syringe/needle u-100 1/2 ml 31 x 5/16" 116
insulin syringe/needle u-100 1/2 ml 31 x 15/64" 116
insulin syringe/needle u-100 1 ml 27 x 5/8" 115
insulin syringe/needle u-100 1 ml 28 x 1/2" 115
insulin syringe/needle u-100 1 ml 28 x 5/16" 115
insulin syringe/needle u-100 1 ml 29 x 1/2" 115
insulin syringe/needle u-100 1 ml 29 x 5/16" 115
insulin syringe/needle u-100 1 ml 30 x 1/2" 115
insulin syringe/needle u-100 1 ml 30 x 5/16" 115
insulin syringe/needle u-100 1 ml 31 x 5/16" 115
insulin syringe/needle u-100 1 ml 31 x 15/64" 115
insulin syringe/needle u-100 1 ml 32 x 5/16" 115
INTELENCE TAB 25MG ***etravirine tab 25 mg*** 50
INTELENCE TAB 100MG ***etravirine tab 100 mg*** 50
INTELENCE TAB 200MG ***etravirine tab 200 mg*** 50
introvale tab 96
INVELTYS SUS 1% ***loteprednol etabonate ophth susp 1%*** 118
iopidine sol 1% op 119
IPOL INJ INACTIVE ***poliovirus vaccine, ipv inj susp*** 111
IPRATROPIUM AER 17MCG ***ipratropium bromide hfa inhal aerosol 17mcg/act*** 122
ipratropium sol 0.02%inh 122
ipratropium/ sol albuter 122
ipratropium spr 0.03% 122
ipratropium spr 0.06% 122
irbesar/hctz tab 150-12.5 64
irbesar/hctz tab 300-12.5 64
irbesartan tab 75mg 64
irbesartan tab 150mg 64
irbesartan tab 300mg 64
ISENTRESS CHW 25MG ***raltegravir potassium chew tab 25 mg*** 49
ISENTRESS CHW 100MG ***raltegravir potassium chew tab 100 mg*** 49
ISENTRESS HD TAB 600MG ***raltegravir potassium tab 600 mg*** ... 49
ISENTRESS POW 100MG ***raltegravir potassium packet for susp 100 mg*** ... 49
ISENTRESS TAB 400MG ***raltegravir potassium tab 400 mg*** 49
isibloom tab 96
isoniazid syp 50mg/5ml 37
isoniazid tab 100mg 37
isoniazid tab 300mg 37

isop alcohol sol 70% rub 116
isoso/hydral tab 20-37.5 71
isosorb din tab 5mg 75
isosorb din tab 10mg 74
isosorb din tab 20mg 74
isosorb din tab 30mg 74
isosorb mono tab 10mg 75
isosorb mono tab 20mg 75
isosorb mono tab 30mg er 75
isosorb mono tab 60mg er 75
isosorb mono tab 120mg er 75
isotretinoin cap 10mg 80
isotretinoin cap 20mg 80
isotretinoin cap 30mg 80
isotretinoin cap 40mg 80
isradipine cap 2.5mg 70
isradipine cap 5mg 70
itraconazole cap 100mg 35
itraconazole sol 10mg/ml 35
itraconazole sol 100/10ml 35
ivabradine tab 5mg 71
ivabradine tab 7.5mg 71
ivermectin cre 1% 80
ivermectin lot 0.5% 44
ivermectin tab 3mg 44
jaimiess tab 96
JAKAFI TAB 5MG ***ruxolitinib phosphate tab 5 mg (base equivalent)*** 42
JAKAFI TAB 10MG ***ruxolitinib phosphate tab 10 mg (base equivalent)*** 42
JAKAFI TAB 15MG ***ruxolitinib phosphate tab 15 mg (base equivalent)*** 42
JAKAFI TAB 20MG ***ruxolitinib phosphate tab 20 mg (base equivalent)*** 42
JAKAFI TAB 25MG ***ruxolitinib phosphate tab 25 mg (base equivalent)*** 42
JAKAFI XR TAB 11MG ***ruxolitinib phosphate tab er 24hr 11 mg*** 42
JAKAFI XR TAB 22MG ***ruxolitinib phosphate tab er 24hr 22 mg*** 42
JAKAFI XR TAB 33MG ***ruxolitinib phosphate tab er 24hr 33 mg*** 42
JAKAFI XR TAB 44MG ***ruxolitinib phosphate tab er 24hr 44 mg*** 42
JAKAFI XR TAB 55MG ***ruxolitinib phosphate tab er 24hr 55 mg*** 42
JANTOVEN TAB 1MG ***warfarin sodium tab 1 mg*** 61
JANTOVEN TAB 2.5MG ***warfarin sodium tab 2.5 mg*** 61
JANTOVEN TAB 2MG ***warfarin sodium tab 2 mg*** 61
JANTOVEN TAB 3MG ***warfarin sodium tab 3 mg*** 61
JANTOVEN TAB 4MG ***warfarin sodium tab 4 mg*** 61
JANTOVEN TAB 5MG ***warfarin sodium tab 5 mg*** 61
JANTOVEN TAB 6MG ***warfarin sodium tab 6 mg*** 61
JANTOVEN TAB 7.5MG ***warfarin sodium tab 7.5 mg*** 61
JANTOVEN TAB 10MG ***warfarin sodium tab 10 mg*** 61
JARDIANCE TAB 10MG ***empagliflozin tab 10 mg*** 57
JARDIANCE TAB 25MG ***empagliflozin tab 25 mg*** 57
jasmiel tab 3-0.02mg 96
JATENZO CAP 158MG ***testosterone undecanoate cap 158 mg*** 92
JATENZO CAP 198MG ***testosterone undecanoate cap 198 mg*** 92
JATENZO CAP 237MG ***testosterone undecanoate cap 237 mg*** 92
jencycla tab 0.35mg 100
JENTADUETO TAB 2.5-500 ***linagliptin-metformin hcl tab 2.5-500 mg*** 57
JENTADUETO TAB 2.5-850 ***linagliptin-metformin hcl tab 2.5-850 mg*** 57
JENTADUETO TAB 2.5-1000 ***linagliptin-metformin hcl tab 2.5-1000 mg*** 57
JENTADUETO TAB XR ***linagliptin-metformin hcl tab er 24hr 2.5-1000 mg*** 57
JENTADUETO TAB XR ***linagliptin-metformin hcl tab er 24hr 5-1000 mg*** 57
jinteli tab 1mg-5mcg 96
jolessa tab 96
joyeaux tab 0.1-20 96
juleber tab 96
JULUCA TAB 50-25MG ***dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)*** 50
junel 1.5/30 tab 96
junel 1/20 tab 96
junel fe 24 tab 1/20 97
junel fe tab 1.5/30 97
junel fe tab 1/20 97
JYNNEOS INJ ***smallpox & monkeypox vac, live, non-replicating inj 0.5 ml*** 111
kaitlib fe chw 97
KALETRA SOL ***lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)*** 53
KALETRA TAB 100-25MG ***lopinavir-ritonavir tab 100-25 mg*** 53
KALETRA TAB 200-50MG ***lopinavir-ritonavir tab 200-50 mg*** 53
kalliga tab 97
kariva tab 28 day 97
kelnor 1/50 tab 97
kelnor tab 1/35 97
ketoconazole cream 2% 35
ketoconazole shampoo 2% 35
ketoconazole tab 200mg 35
KETO-DIASTIX TES ****urine glucose-ketones test strips****** 116
ketoprofen cap 25mg 15
ketoprofen cap 50mg 15
ketoprofen cap 200mg er 15
ketorolac sol 0.4% op 118
ketorolac sol 0.5% op 118
ketorolac tab 10mg 15
KINRIX INJ ***diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml*** 111
KISQALI 200 PAK FEMARA ***ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk*** 39
KISQALI 400 PAK FEMARA ***ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk*** 39
KISQALI 600 PAK FEMARA ***ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk*** 39
KISQALI TAB 200DOSE ***ribociclib succinate tab pack 200 mg daily dose*** 39
KISQALI TAB 400DOSE ***ribociclib succinate tab pack 400 mg daily dose (200 mg tab)*** 39
KISQALI TAB 600DOSE ***ribociclib succinate tab pack 600 mg daily dose (200 mg tab)*** 39
klayesta pow 100000 35
klor-con 8 tab 8meq er 81
klor-con 10 tab 10meq er 81
klor-con/ef tab 25meq 81
klor-con m10 tab 10meq er 81
klor-con m15 tab 15meq er 81
klor-con m20 tab 20meq er 81
klor-con pak 20meq 81
KLOXXADO SPR 8MG ***naloxone hcl nasal spray 8 mg/0.1ml*** 21
KRISTALOSE PAK 10GM ***lactulose oral crystal packet 10 gm*** 86
KRISTALOSE PAK 20GM ***lactulose oral crystal packet 20 gm*** 86
kurvelo tab 0.15/30 97
KYZATREX CAP 100MG ***testosterone undecanoate cap 100 mg*** 92
KYZATREX CAP 150MG ***testosterone undecanoate cap 150 mg*** 92
KYZATREX CAP 200MG ***testosterone undecanoate cap 200 mg*** 92
labetalol tab 100mg 68
labetalol tab 200mg 68
labetalol tab 300mg 68
labetalol tab 400mg 68
lacosamide sol 10mg/ml 29
lacosamide sol 50/5ml 29

lacosamide sol 50mg/5ml..... 29
lacosamide sol 100/10ml..... 29
lacosamide sol 150/15ml..... 29
lacosamide sol 200/20ml..... 29
lacosamide tab 50mg..... 29
lacosamide tab 100mg..... 29
lacosamide tab 150mg..... 29
lacosamide tab 200mg..... 29
lactulose pak 10gm..... 86
lactulose pak 20gm..... 86
lactulose sol 10/15ml..... 86
lactulose sol 10gm/15..... 86
lactulose sol 10gm/15..... 86
lactulose sol 20/30ml..... 86
LAGEVRIO CAP 200MG ***molnupiravir cap 200 mg*****.....**116
lamivudine sol 10mg/ml.....51
lamivudine sol 300/30ml.....51
lamivudine tab 100mg..... 49
lamivudine tab 150mg.....51
lamivudine tab 300mg.....51
lamivud/zido tab 150-300.....51
lamotrigine chw 5mg..... 28
lamotrigine chw 25mg..... 28
lamotrigine tab 25mg..... 28
lamotrigine tab 100mg..... 28
lamotrigine tab 150mg..... 28
lamotrigine tab 200mg..... 28
lancet devic mis adjust..... 56
lancets mis..... 56
lansopr/amox pak /clarith..... 84
lansoprazole cap 15mg dr..... 86
lansoprazole cap 30mg dr..... 86
lanthanum chw 500mg..... 83
lanthanum chw 750mg..... 83
lanthanum chw 1000mg..... 83
lapatinib tab 250mg..... 42
larin 24 tab fe 1/20..... 97
larin fe tab 1.5/30..... 97
larin fe tab 1/20..... 97
larin tab 1.5/30..... 97
larin tab 1/20..... 97
LASTACAFT SOL 0.25% ***alcaftadine ophth soln 0.25%*****.....**118
latanoprost sol 0.005%..... 119
layolis fe chw..... 97
ledip-sofosb tab 90-400mg..... 49
leena tab..... 97
leflunomide tab 10mg.....108
leflunomide tab 20mg.....108
lenalidomide cap 2.5mg..... 38
lenalidomide cap 5mg..... 38
lenalidomide cap 10mg..... 38
lenalidomide cap 15mg..... 38
lenalidomide cap 20mg..... 38
lenalidomide cap 25mg..... 38
LENVIMA CAP 4MG ***lenvatinib cap therapy pack 4 mg (4 mg daily dose).*** 42
LENVIMA CAP 8 MG ***lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)*****.....** 42
LENVIMA CAP 10 MG ***lenvatinib cap therapy pack 10 mg (10 mg daily dose)*****.....** 42
LENVIMA CAP 12MG ***lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)*****.....** 42
LENVIMA CAP 14 MG ***lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)*****.....** 42
LENVIMA CAP 18 MG ***lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)*****.....** 42
LENVIMA CAP 20 MG ***lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)*****.....** 42
LENVIMA CAP 24 MG ***lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)*****.....** 42
lessina tab..... 97
letrozole tab 2.5mg..... 40
leucovor ca tab 5mg..... 40
leucovor ca tab 10mg..... 39
leucovor ca tab 15mg..... 39
leucovor ca tab 25mg..... 39
LEUKERAN TAB 2MG ***chlorambucil tab 2 mg*****.....** 38
LEUKINE INJ 250MCG ***sargramostim lyophilized for inj 250 mcg*****.....** 62
leuprolide inj 1mg/0.2.....105
leuprolide inj 14 day.....105
leuprolide inj 22.5mg.....105
leuprolide kit 1mg/0.2.....105
leuprolide kit 14 day.....105
levalbuterol neb 0.31mg..... 123
levalbuterol neb 0.63mg..... 123
levalbuterol neb 1.25/0.5..... 123
levalbuterol neb 1.25mg..... 123
LEVEMIR INJ FLEXPEN ***insulin detemir soln pen-injector 100 unit/ml***60
LEVEMIR INJ ***insulin detemir inj 100 unit/ml*****.....** 60
levetiraceta sol 100mg/ml..... 26
levetiraceta sol 500/5ml..... 26
levetiraceta tab 250mg..... 26
levetiraceta tab 500mg..... 26
levetiraceta tab 500mg er..... 26
levetiraceta tab 750mg..... 26
levetiraceta tab 750mg er..... 26
levetiraceta tab 1000mg..... 26
levobunolol sol 0.5% op..... 119
levocarnitin sol 1gm/10ml.....81
levocarnitin tab 330mg.....81
levocetirizi sol 2.5/5ml.....121
levocetirizi tab 5mg.....121
levo-eth est tab 90-20mcg..... 97
levofloxacin oral soln 25 mg/ml..... 25
levofloxacin sol 0.5%..... 119
levofloxacin sol 1.5%..... 119
levofloxacin tab 250mg..... 25
levofloxacin tab 500mg..... 25
levofloxacin tab 750mg..... 25
levonest tab..... 97
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg. 97
levonor/ethi tab..... 97
levonor/ethi tab 0.1-0.02..... 97
levonor/ethi tab 0.1-20..... 97
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg..... 97
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg..... 97
levonorgestr tab 1.5mg.....100
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)..... 97
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7).. 97
levora-28 tab 0.15/30..... 97
levorphanol tab 2mg.....17
levorphanol tab 3mg.....17
levothyroxin tab 25mcg.....103
levothyroxin tab 50mcg.....103
levothyroxin tab 75mcg.....103
levothyroxin tab 88mcg.....103
levothyroxin tab 100mcg.....102
levothyroxin tab 112mcg.....102
levothyroxin tab 125mcg.....102
levothyroxin tab 137mcg.....102
levothyroxin tab 150mcg.....102
levothyroxin tab 175mcg.....102
levothyroxin tab 200mcg.....102
levothyroxin tab 300mcg.....103
levo-t tab 25mcg.....102
levo-t tab 50mcg.....102
levo-t tab 75mcg.....102
levo-t tab 88mcg.....102
levo-t tab 100mcg.....102
levo-t tab 112mcg.....102
levo-t tab 125mcg.....102
levo-t tab 137mcg.....102
levo-t tab 150mcg.....102
levo-t tab 175mcg.....102
levo-t tab 200mcg.....102
levo-t tab 300 mcg.....102
levoxyl tab 25mcg.....103
levoxyl tab 50mcg.....103
levoxyl tab 75mcg.....103
levoxyl tab 88mcg.....103
levoxyl tab 100mcg.....103

levoxyl tab 112mcg ... 103
levoxyl tab 125mcg ... 103
levoxyl tab 137mcg ... 103
levoxyl tab 150mcg ... 103
levoxyl tab 175mcg ... 103
levoxyl tab 200mcg ... 103
LEXIVA SUS 50MG/ML ***fosamprenavir calcium susp 50 mg/ml*** ... 53
LEXIVA TAB 700MG ***fosamprenavir calcium tab 700 mg*** ... 53
lidocaine dis 5% patch ... 20
lidocaine gel 2% jelly ... 20
lidocaine gel 2% jelly ... 20
lidocaine hcl laryngotracheal soln 4% ... 20
lidocaine hcl soln 4% ... 20
lidocaine sol 2% oral ... 20
lidocaine sol 2% visc ... 20
lido/prilocn cre 2.5-2.5% ... 20
linezolid for susp 100 mg/5ml ... 22
linezolid tab 600mg ... 22
LINZESS CAP 72MCG ***linaclotide cap 72 mcg*** ... 85
LINZESS CAP 145MCG ***linaclotide cap 145 mcg*** ... 85
LINZESS CAP 290MCG ***linaclotide cap 290 mcg*** ... 85
liomny tab 5mcg ... 103
liomny tab 25mcg ... 103
liomny tab 50mcg ... 103
liothyronine tab 5mcg ... 103
liothyronine tab 25mcg ... 103
liothyronine tab 50mcg ... 103
lisdexamfeta cap 10mg ... 75
lisdexamfeta cap 20mg ... 75
lisdexamfeta cap 30mg ... 76
lisdexamfeta cap 40mg ... 76
lisdexamfeta cap 50mg ... 76
lisdexamfeta cap 60mg ... 76
lisdexamfeta cap 70mg ... 76
lisinop/hctz tab 20-12.5 ... 66
lisinop/hctz tab 20-25mg ... 66
lisinopril tab 2.5mg ... 66
lisinopril tab 5mg ... 66
lisinopril tab 10mg ... 66
lisinopril tab 20mg ... 66
lisinopril tab 30mg ... 66
lisinopril tab 40mg ... 66
lithium carb cap 150mg ... 55
lithium carb cap 300mg ... 55
lithium carb cap 600mg ... 55
lithium carb tab 300mg ... 55
lithium carb tab 300mg er ... 55
lithium carb tab 450mg er ... 55
lithium sol 8meq/5ml ... 55
lofexidine tab 0.18mg ... 20
lojaimiess tab ... 97
LOKELMA PAK 5GM ***sodium zirconium cyclosilicate for susp packet 5 gm*** ... 82
LOKELMA PAK 10GM ***sodium zirconium cyclosilicate for susp packet 10 gm*** ... 82
lo loestrin tab 1-10-10 ... 97
LONSURF TAB 15-6.14 ***trifluridine-tipiracil tab 15-6.14 mg*** ... 40
LONSURF TAB 20-8.19 ***trifluridine-tipiracil tab 20-8.19 mg*** ... 40
loperamide cap 2mg ... 84
lopin/riton tab 100-25mg ... 53
lopin/riton tab 200-50mg ... 53
lorazepam con 2mg/ml ... 55
lorazepam tab 0.5mg ... 55
lorazepam tab 1mg ... 55
lorazepam tab 2mg ... 55
LORBRENA TAB 25MG ***lorlatinib tab 25 mg*** ... 43
LORBRENA TAB 100MG ***lorlatinib tab 100 mg*** ... 43
loryna tab 3-0.02mg ... 97
losartan/hct tab 50-12.5 ... 64
losartan/hct tab 100-12.5 ... 64
losartan/hct tab 100-25 ... 64
losartan pot tab 25mg ... 64
losartan pot tab 50mg ... 64
losartan pot tab 100mg ... 64
LOTEMAX OIN 0.5% ***loteprednol etabonate ophth oint 0.5%*** ... 118
LOTEMAX SM GEL 0.38% ***loteprednol etabonate ophth gel 0.38%*** ... 118
LOTEPREDNOL SUS 0.5% ***loteprednol etabonate ophth susp 0.5%*** ... 118
lovastatin tab 10mg ... 73
lovastatin tab 20mg ... 73
lovastatin tab 40mg ... 73
low-ogestrel tab ... 97
loxapine cap 5mg ... 46
loxapine cap 10mg ... 46
loxapine cap 25mg ... 46
loxapine cap 50mg ... 46
lo-zumandimi tab 3-0.02mg ... 97
lubiprostone cap 8mcg ... 85
lubiprostone cap 24mcg ... 85
LUCEMYRA TAB 0.18MG ***lofexidine hcl tab 0.18 mg ( )*** ... 20
luizza 1/20 tab ... 97
luizza tab 1.5/30 ... 97
luliconazole cre 1% ... 35
LUMIGAN SOL 0.01% OP ***bimatoprost ophth soln 0.01%*** ... 119
lurasidone tab 20mg ... 47
lurasidone tab 40mg ... 47
lurasidone tab 60mg ... 47
lurasidone tab 80mg ... 47
lurasidone tab 120mg ... 47
lutera tab ... 97
LUTRATE DEPO INJ 22.5MG ***leuprolide acetate (3 month) for inj 22.5 mg*** ... 105
lyleq tab 0.35mg ... 100
lyllana dis 0.1mg ... 97
lyllana dis 0.05mg ... 97
lyllana dis 0.025mg ... 97
lyllana dis 0.075mg ... 97
lyllana dis 0.0375mg ... 97
LYNPARZA TAB 100MG ***olaparib tab 100 mg*** ... 43
LYNPARZA TAB 150MG ***olaparib tab 150 mg*** ... 43
LYSODREN TAB 500MG ***mitotane tab 500 mg*** ... 105
lyza tab 0.35mg ... 100
MACITENTAN TAB 10MG ***macitentan tab 10 mg*** ... 124
mafenide acetate packet for topical soln 5% (50 gm) ... 22
mag citrate sol lemon ... 86
malathion lot 0.5% ... 44
maraviroc tab 150mg ... 52
maraviroc tab 300mg ... 52
marlissa tab 0.15/30 ... 97
MARPLAN TAB 10MG ***isocarboxazid tab 10 mg*** ... 31
MASK VORTEX/ MIS FROG ***spacer/ aerosol-holding chamber supplies - masks*** ... 116
MATULANE CAP 50MG ***procarbazine hcl cap 50 mg*** ... 38
MATZIM LA TAB 180MG/24 ***diltiazem hcl tab er 24hr 180 mg*** ... 70
MATZIM LA TAB 240MG/24 ***diltiazem hcl tab er 24hr 240 mg*** ... 70
MATZIM LA TAB 300MG/24 ***diltiazem hcl tab er 24hr 300 mg*** ... 70
MATZIM LA TAB 360MG/24 ***diltiazem hcl tab er 24hr 360 mg*** ... 70
MATZIM LA TAB 420MG/24 ***diltiazem hcl tab er 24hr 420 mg*** ... 70
MAVYRET PAK 50-20MG ***glecaprevir-pibrentasvir pellet pack 50-20 mg*** ... 49
MAVYRET TAB 100-40MG ***glecaprevir-pibrentasvir tab 100-40 mg*** ... 49
MAXICOMFORT MIS 27GX1/2 ***insulin syringe/needle u-100 1/2 ml 27 x 1/2"*** 116
MAXICOMFORT MIS 27GX1/2" ***insulin syringe/needle u-100 1 ml 27 x 1/2"*** ... 116
meclizine tab 25mg ... 33
meclizine tab 50mg ... 33
meclofen sod cap 50mg ... 16

meclofen sod cap 100mg 15
medroxypr ac inj 150mg/ml 101
medroxypr ac inj 150mg/ml prefilled syr 101
medroxypr ac tab 2.5mg 101
medroxypr ac tab 5mg 101
medroxypr ac tab 10mg 101
mefenam acid cap 250mg 16
mefloquine tab 250mg 44
megestrol ac sus 40mg/ml 101
megestrol ac sus 400/10ml 101
megestrol ac sus 400mg/10 101
megestrol ac sus 800mg/20 101
megestrol ac tab 20mg 101
megestrol ac tab 40mg 101
megestrol sus 625mg/5m 101
MEKINIST SOL 0.05/ML ***trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)*** 43
MEKINIST TAB 0.5MG ***trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)*** 43
MEKINIST TAB 2MG ***trametinib dimethyl sulfoxide tab 2 mg (base equivalent)*** 43
meleya tab 0.35mg 101
meloxicam tab 7.5mg 16
meloxicam tab 15mg 16
memantine hc sol 2mg/ml 30
memantine sol 2mg/ml 30
MEMANTINE SOL 10MG/5ML ***memantine hcl oral solution 2mg/ml*** . 30
memantine tab hcl 5mg 30
memantine tab hcl 10mg 30
memant titra pak 5-10mg 30
menest tab 0.3mg 97
menest tab 0.625mg 98
menest tab 1.25mg 98
menest tab 2.5mg 98
MENOPUR INJ 75UNIT ***menotropins for subcutaneous inj 75 unit*** 92
menostar dis 14mcg 98
MENQUADFI INJ ***meningococcal (a, c, y, and w-135) tetanus conjugate vaccine*** 111
MENVEO INJ ***meningococcal (a, c, y, and w-135) oligo conj vac for inj*** 111
MENVEO SOL ***meningococcal (a, c, y, and w-135) oligo conj vac im soln*** .. 111
meprobamate tab 200mg 54
meprobamate tab 400mg 54
mercaptopur tab 50mg 39
merzee cap 1/20 98
mesalamine cap 0.375gm 113
mesalamine ene 4gm 113
mesalamine kit 4gm 113
mesalamine sup 1000mg 113
mesalamine tab 1.2gm 113
mesna tab 400mg 44
metaxalone tab 800mg 126
metformin sol 500/5ml 57
metformin tab 500mg 57
metformin tab 500mg er 57
metformin tab 750mg er 57
metformin tab 850mg 57
metformin tab 1000mg 57
methadone con 10mg/ml 17
methadone sol 5mg/5ml 17
methadone sol 10mg/5ml 17
methadone tab 5mg 17
methadone tab 10mg 17
methamphetam tab 5mg 76
methazolamid tab 25mg 72
methazolamid tab 50mg 72
methenamine hippurate tab 1 gm 22
methimazole tab 5mg 105
methimazole tab 10mg 105
METHITEST TAB 10MG ***methyltestosterone oral tab 10 mg*** .. 92
methocarbam tab 500mg 126
methocarbam tab 750mg 126
methotrexate inj 1gm 107
methotrexate inj 1gm/40ml 107
methotrexate inj 50 mg/2ml (25 mg/ml) 107
methotrexate inj 50 mg/2ml (25 mg/ml) 107
methotrexate inj 250 mg/10ml (25 mg/ml) 107
methotrexate inj pf 50 mg/2ml (25 mg/ml) 107
methotrexate inj pf 250 mg/10ml (25 mg/ml) 107
methotrexate inj pf 1000 mg/40ml (25 mg/ml) 107
methotrexate tab 2.5mg 107
methoxsalen cap 10mg 80
methscopolam tab 2.5mg 84
methscopolam tab 5mg 84
methsuximide cap 300mg 26
methyldopa tab 250mg 64
methyldopa tab 500mg 64
METHYLERGON TAB 0.2MG ***methylergonovine maleate tab 0.2 mg*** 116
methylphenid cap 10mg cd 76
methylphenid cap 10mg la 76
methylphenid cap 20mg cd 76
methylphenid cap 20mg la 76
methylphenid cap 30mg cd 76
methylphenid cap 30mg la 76
methylphenid cap 40mg cd 76
methylphenid cap 40mg la 76
methylphenid cap 50mg cd 76
methylphenid cap 60mg cd 76
methylphenid cap 60mg la 76
methylphenid cap 60mg la 76
methylphenid chw 2.5mg 77
methylphenid chw 5mg 77
methylphenid chw 10mg 76
methylphenid sol 5mg/5ml 77
methylphenid sol 10mg/5ml 77
methylphenid tab 5mg 77
methylphenid tab 10mg 77
methylphenid tab 10mg er 77
methylphenid tab 18mg osm 77
methylphenid tab 20mg 77
methylphenid tab 20mg er 77
methylphenid tab 27mg osm 77
methylphenid tab 36mg osm 77
methylphenid tab 54mg osm 77
methylpred tab 4mg 90
methylpred tab 4mg 90
methylpred tab 8mg 90
methylpred tab 16mg 90
methylpred tab 32mg 90
methyltestos cap 10mg 92
metoclopram sol 5mg/5ml 33
metoclopram sol 10/10ml 33
metoclopram tab 5mg 33
metoclopram tab 10mg 33
metolazone tab 2.5mg 73
metolazone tab 5mg 73
metolazone tab 10mg 73
metoprl/hctz tab 50-25mg 68
metoprl/hctz tab 100-25mg 68
metoprl/hctz tab 100-50mg 68
metoprolol succinate tab 25mg er 68
metoprolol succinate tab 50mg er 68
metoprolol succinate tab 100mg er ... 68
metoprolol succinate tab 200mg er .. 68
metoprolol tartrate tab 25mg 68
metoprolol tartrate tab 50mg 68
metoprolol tartrate tab 100mg 68
metronidazole cream 0.75% 80
metronidazole gel 0.75% 80
metronidazole lotion 0.75% 80
metronidazole tab 250 mg 22
metronidazole tab 500 mg 22
metronidazole vaginal gel 0.75% 22
mexiletine cap 150mg 67
mexiletine cap 200mg 67
mexiletine cap 250mg 67
mibelas 24 chw fe 98
miconazole 3 sup 200mg 35
microgestin tab 1.5/30 98
microgestin tab 1/20 98

microgestin tab fe1.5/30 98
microgestin tab fe 1/20..... 98
midodrine tab 2.5mg 64
midodrine tab 5mg 64
midodrine tab 10mg 64
MIFEPREX TAB 200MG ***mifepristone tab 200 mg*** 92
mifepristone tab 200mg 92
MIGERGOT SUP 2/100 ***ergotamine w/ caffeine suppos 2-100 mg*** 36
miglitol tab 25mg..... 57
miglitol tab 50mg..... 57
miglitol tab 100mg..... 57
mili tab 0.25/35 98
MILNACIPRAN MIS TITR PAK ***milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak***..... 78
MILNACIPRAN TAB 12.5MG ***milnacipran hcl tab 12.5 mg***..... 78
MILNACIPRAN TAB 25MG ***milnacipran hcl tab 25 mg*** 78
MILNACIPRAN TAB 50MG ***milnacipran hcl tab 50 mg*** 78
MILNACIPRAN TAB 100MG ***milnacipran hcl tab 100 mg*** 78
milophene tab 50mg 92
mimvey tab 1-0.5mg..... 98
minivelle dis 0.1mg..... 98
minivelle dis 0.05mg..... 98
minivelle dis 0.025mg 98
minivelle dis 0.075mg..... 98
minivelle dis 0.0375mg 98
minocycline hcl cap 50 mg..... 26
minocycline hcl cap 75 mg 26
minocycline hcl cap 100 mg..... 26
minoxidil tab 2.5mg.....74
minoxidil tab 10mg 74
minzoya tab 0.1-20..... 98
MIRALAX POW 3350 NF ***polyethylene glycol 3350 oral powder 17 gm/scoop*** 86
mirtazapine tab 7.5mg..... 30
mirtazapine tab 15mg 30
mirtazapine tab 15mg odt..... 30
mirtazapine tab 30mg..... 30
mirtazapine tab 30mg odt 30
mirtazapine tab 45mg..... 30
mirtazapine tab 45mg odt 30
misoprostol tab 100mcg..... 86
misoprostol tab 200mcg 86
MITOSOL KIT 0.2MG ***mitomycin for ophth soln kit 0.2 mg***.....118
M-M-R II INJ ***measles-mumps-rubella virus vaccines for inj soln***.....111
M-NATAL PLUS TAB ****prenatal vit w/ fe fumarate-fa tab 27-1 mg****** 83
MNEXSPIKE INJ 2025-26 ***covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml***.....111
modafinil tab 100mg 127
modafinil tab 200mg 127
moexipril tab 7.5mg..... 66
moexipril tab 15mg 66
mometasone cream 0.1%..... 90
mometasone ointment 0.1% 90
mometasone sol 0.1%..... 90
mometasone spr 50mcg 121
mono-linyah tab 0.25-35 98
montelukast chw 4mg.....121
montelukast chw 5mg.....121
montelukast gra 4mg..... 122
montelukast tab 10mg 122
morphine sul sol 10/0.5ml 19
morphine sul sol 10mg/5ml 19
morphine sul sol 20mg/5ml.....19
morphine sul sol 20mg/ml 19
morphine sul sol 100/5ml 19
morphine sul tab 15mg 19
morphine sul tab 15mg er 17
morphine sul tab 30mg.....19
morphine sul tab 30mg er.....17
morphine sul tab 60mg er.....17
morphine sul tab 100mg er.....17
morphine sul tab 200mg er 17
MOUNJARO INJ 2.5/0.5 ***tirzepatide soln auto-injector 2.5 mg/0.5ml***..... 57
MOUNJARO INJ 5MG/0.5 ***tirzepatide soln auto-injector 5 mg/0.5ml***..... 57
MOUNJARO INJ 7.5/0.5 ***tirzepatide soln auto-injector 7.5 mg/0.5ml***..... 57
MOUNJARO INJ 10MG/0.5 ***tirzepatide soln auto-injector 10 mg/0.5ml***..... 57
MOUNJARO INJ 12.5/0.5 ***tirzepatide soln auto-injector 12.5 mg/0.5ml***..... 57
MOUNJARO INJ 15MG/0.5 ***tirzepatide soln auto-injector 15 mg/0.5ml***..... 57
moxifloxacin sol 0.5%..... 119
moxifloxacin tab 400mg 25
MRESVIA INJ 50MCG ***rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml***.....111
MULTAQ TAB 400MG ***dronedarone hcl tab 400 mg (base equivalent)***.... 67
mupirocin calcium cream 2%.....22
mupirocin oint 2%.....22
MYALEPT INJ 11.3MG ***metreleptin for subcutaneous inj 11.3 mg***..... 87
my choice tab 1.5mg.....101
mycophenolate cap 250mg 107
mycophenolate sus 200mg/ml..... 107
mycophenolate tab 500mg 107
mycophenolic tab 180mg dr 107
mycophenolic tab 360mg dr 107
myleran tab 2mg..... 38
my way tab 1.5mg.....101
nabumetone tab 500mg 16
nabumetone tab 750mg 16
nadolol tab 20mg..... 68
nadolol tab 40mg..... 68
nadolol tab 80mg..... 68
naftifine cre hcl 1%..... 35
naftifine cre hcl 2% 35
naloxone hcl inj 0.4 mg/ml 21
naloxone hcl inj 4 mg/10ml.....21
naloxone hcl inj 4 mg/10ml.....21
naloxone hcl soln cartridge 0.4 mg/ml.21
naloxone hcl soln prefilled syringe 0.4 mg/ml 21
naloxone hcl soln prefilled syringe 2 mg/2ml.....21
naloxone hcl spr 4mg.....21
naloxone spr 4mg.....21
naltrexone tab 50mg 20
naproxen dr tab 375mg.....16
naproxen dr tab 500mg 16
naproxen sod tab 275mg 16
naproxen sod tab 550mg.....16
naproxen sus 125/5ml 16
naproxen tab 250mg 16
naproxen tab 375mg.....16
naproxen tab 500mg 16
naratriptan tab 1mg 36
naratriptan tab 2.5mg 36
NARCAN SPR 4MG ***naloxone hcl nasal spray 4 mg/0.1ml***.....21
NATACYN SUS 5% OP ***natamycin ophth susp 5%***.....117
natazia tab 98
nateglinide tab 60mg 57
nateglinide tab 120mg..... 57
NATESTO GEL 5.5MG ***testosterone nasal gel 5.5 mg/act***..... 92
NAYZILAM SPR 5MG ***midazolam nasal spray soln 5 mg/0.1 ml***..... 27
nebivolol tab 2.5mg..... 68
nebivolol tab 5mg..... 68
nebivolol tab 10mg 68
nebivolol tab 20mg 68
NEBUSAL NEB 3% ***sodium chloride soln nebu 3%***..... 126
NEBUSAL NEB 6% ***sodium chloride soln nebu 6%*** 126
necon tab 0.5/35..... 98
NEEDLE COLLE MIS DISPOSAL ****sharps container - misc****** 116
nefazodone tab 50mg..... 32
nefazodone tab 100mg.....31

nefazodone tab 150mg 31
nefazodone tab 200mg 32
nefazodone tab 250mg 32
neo/bac/poly oin op 117
neomycin sulfate tab 500 mg 22
NEONATAL PLS TAB 27-1MG ***prenatal vit w/ fe fumarate-fa tab 27-1 mg*** 83
NEONATAL TAB COMPLTE ***prenatal vit w/ fe fumarate-fa tab 27-1 mg*** 83
NEONATAL TAB PLUS ***prenatal vit w/ fe fumarate-fa tab 27-1 mg*** 83
neo/poly/bac oin /hc 1%op 117
neo/poly/dex oin 0.1% op 117
neo/poly/dex sus 0.1% op 117
neo/poly/gra sol op 117
neo/poly/hc sol 1% otic 120
neo/poly/hc sus 1% otic susp 3.5 mg/ml-10000 unit/ml-1% 120
neo/poly/hc sus op 117
NEO-SYNALAR CRE ***neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%*** 22
NEO-SYNALAR KIT ***neomycin-fluocinolone cream 0.5-0.025% & emollient cr kit*** 22
NEULASTA INJ 6MG/0.6M ***pegfilgrastim soln prefilled syringe 6 mg/0.6ml*** 62
NEULASTA INJ 6MG/0.6M ***pegfilgrastim soln prefill syr/ infusion dev 6 mg/0.6ml*** 62
NEULASTA ***neulasta inj 4/0.4ml*** 62
NEUPRO DIS 2MG/24HR ***rotigotine td patch 24hr 2 mg/24hr*** 45
nevirapine sus 50mg/5ml 50
nevirapine tab 200mg 50
nevirapine tab 400mg er 50
new day tab 1.5mg 101
NEXTSTELLIS TAB 3-14.2MG ***drospirenone-estetrol tab 3-14.2 mg*** 98
niacin er tab 500mg 74
niacin er tab 750mg 74
niacin er tab 1000mg 74
niacin tab 500mg 74
niacin tab 500mg er 74
niacor tab 500mg 74
nicardipine cap 20mg 70
nicardipine cap 30mg 70
NICODERM CQ DIS 7MG/24HR ***nicotine td patch 24hr 7 mg/24hr*** 21
NICODERM CQ DIS 14MG/24H ***nicotine td patch 24hr 14 mg/24hr*** 21
NICODERM CQ DIS 21MG/24H ***nicotine td patch 24hr 21 mg/24hr*** 21
NICORETTE GUM 2MG ***nicotine polacrilex gum 2 mg*** 21
NICORETTE GUM 4MG ***nicotine polacrilex gum 4 mg*** 21
NICORETTE LOZ 2MG MINT ***nicotine polacrilex lozenge 2 mg*** 21
NICORETTE LOZ 4MG MINT ***nicotine polacrilex lozenge 4 mg*** 21
nicotine dis 7mg/24hr 21
nicotine gum 2mg 22
nicotine gum 4mg 22
nicotine loz 2mg mint 22
nicotine loz 4mg mint 22
nicotine sys kit transder 22
nicotine td dis 14mg/24h 22
nicotine td dis 21mg/24h 22
NICOTROL NS SPR 10MG/ML ***nicotine nasal spray 10 mg/ml (0.5 mg/spray)*** 22
nifedipine cap 10mg 70
nifedipine cap 20mg 70
nifedipine tab er 24hr 30 mg 70
nifedipine tab er 24hr 60 mg 70
nifedipine tab er 24hr 90 mg 70
nifedipine tab er 24hr osmotic release 30 mg 70
nifedipine tab er 24hr osmotic release 60 mg 70
nifedipine tab er 24hr osmotic release 90 mg 70
nikki tab 3-0.02mg 98
nilutamide tab 150mg 38
nimodipine cap 30mg 70
NINTEDANIB CAP 100MG ***nintedanib esylate cap 100 mg*** 125
NINTEDANIB CAP 150MG ***nintedanib esylate cap 150 mg*** 125
nisoldipine tab 8.5mg er 70
nisoldipine tab 17mg er 70
nisoldipine tab 20mg er 70
nisoldipine tab 25.5mg 70
nisoldipine tab 30mg er 70
nisoldipine tab 34mg er 70
nisoldipine tab 40mg er 70
nitazoxanide tab 500mg 44
NITRO-BID OIN 2% ***nitroglycerin oint 2%*** 75
NITRO-DUR DIS 0.3MG/HR ***nitroglycerin td patch 24hr 0.3 mg/hr*** 75
NITRO-DUR DIS 0.8MG/HR ***nitroglycerin td patch 24hr 0.8 mg/hr*** 75
nitrofurantoin macrocrystalline cap 25 mg 22
nitrofurantoin macrocrystalline cap 50 mg 22
nitrofurantoin macrocrystalline cap 100 mg 22
nitrofurantoin monohydrate macrocrystalline cap 100 mg 22
nitrofurantoin susp 25 mg/5ml 22
nitrofurantoin susp 25 mg/5ml 22
nitroglycer dis 0.1mg/hr 75
nitroglycer dis 0.2mg/hr 75
nitroglycer dis 0.4mg/hr 75
nitroglycer dis 0.6mg/hr 75
nitroglycerin oin 2% 75
nitroglyceri oin 0.4% 75
nitroglyceri sub 0.6mg 75
nitroglycern sub 0.3mg 75
nitroglycern sub 0.4mg 75
NIVA-PLUS TAB ***prenatal vit w/ fe fumarate-fa tab 27-1 mg*** 83
NIVA THYROID TAB 15MG ***thyroid tab 15 mg (1/4 grain)*** 103
NIVA THYROID TAB 30MG ***thyroid tab 30 mg (1/2 grain)*** 103
NIVA THYROID TAB 60MG ***thyroid tab 60 mg (1 grain)*** 103
NIVA THYROID TAB 90MG ***thyroid tab 90 mg (1 1/2 grain)*** 103
NIVA THYROID TAB 120MG ***thyroid tab 120 mg (2 grain)*** 103
nizatidine cap 150mg 85
nizatidine cap 300mg 85
nora-be tab 0.35mg 101
NORDITROPIN INJ 5/1.5ML ***somatropin solution pen-injector 5 mg/1.5ml*** 92
NORDITROPIN INJ 10/1.5ML ***somatropin solution pen-injector 10 mg/1.5ml*** 92
NORDITROPIN INJ 15/1.5ML ***somatropin solution pen-injector 15 mg/1.5ml*** 92
NORDITROPIN INJ 30/3ML ***somatropin solution pen-injector 30 mg/3ml*** 92
nore/eth/fer cap 1/20 98
nore/eth/fer chw 0.4mg-35 98
norelge/ethi dis 150/35 98
nor/est/ff tab 1.5/30 98
noreth/ethin chw fe 98
noreth/ethin chw fe 1/20 98
noreth/ethin tab 0.5-2.5 98
noreth/ethin tab 1.5/30 98
noreth/ethin tab 1/20 98
noreth/ethin tab 1mg-5mcg 98
noreth/ethin tab fe 98
noreth/ethin tab fe 1/20 98
norethin ace tab 5mg 101
norethindron tab 0.35mg 101
norgest/ethi tab 0.25/35 98
norgest/ethi tab estradio 98
norlyroc tab 0.35mg 101
NORPACE CAP 100MG CR ***disopyramide phosphate cap er 12hr 100 mg*** 67
NORPACE CAP 150MG CR ***disopyramide phosphate cap er 12hr 150 mg*** 67

nortrel tab 0.5/35 98
nortrel tab 1/35 98
nortrel tab 7/7/7 98
nortriptylin cap 10mg..... 33
nortriptylin cap 25mg..... 33
nortriptylin cap 50mg 33
nortriptylin cap 75mg..... 33
nortriptylin sol 10mg/5ml 33
NORVIR POW 100MG ***ritonavir powder packet 100 mg*** 53
NORVIR TAB 100MG ***ritonavir tab 100 mg*** 53
NOVOFINE MIS 32GX6MM ***insulin pen needle 32 g x 6 mm (1/4" or 15/64")*** 116
NOVOFINE PLS MIS 32GX4MM ***insulin pen needle 32 g x 4 mm (1/6" or 5/32")***.....116
NOVOLOG INJ FLEXPEN ***insulin aspart soln pen-injector 100 unit/ml*** . 60
NOVOLOG INJ FLEX REL ***insulin aspart soln pen-injector 100 unit/ml*** . 60
NOVOLOG INJ PENFILL ***insulin aspart soln cartridge 100 unit/ml*** 60
NOVOLOG MIX INJ 70/30 ***insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)*** 60
NOVOLOG MIX INJ FLEXPEN ***insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)*** 60
NOVOLOG MIX INJ FLEX REL ***insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)*** 60
NOVOLOG RELI INJ 70/30 ***insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)*** 60
novopen echo mis 56
np thyroid tab 15mg 103
np thyroid tab 30mg..... 103
np thyroid tab 60mg..... 103
np thyroid tab 90mg..... 103
np thyroid tab 120mg..... 103
NUBEQA TAB 300MG ***darolutamide tab 300 mg*** 38
NUCYNTA ER TAB 50MG ***tapentadol hcl tab er 12hr 50 mg***.....17
NUCYNTA ER TAB 100MG ***tapentadol hcl tab er 12hr 100 mg*** 17
NUCYNTA ER TAB 150MG ***tapentadol hcl tab er 12hr 150 mg***.....17
NUCYNTA ER TAB 200MG ***tapentadol hcl tab er 12hr 200 mg*** 17
NUCYNTA ER TAB 250MG ***tapentadol hcl tab er 12hr 250 mg*** 17
NUVAXOVID INJ 2025-26 ***covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml***.....111
nyamyc pow 100000..... 35
nylia tab 1/35..... 98
nylia tab 7/7/7..... 98
NYMALIZE SOL ***nimodipine oral soln 6 mg/ml*** 70
nystatin cre 100000 35
nystatin oin 100000 35
nystatin oin 100000u 35
nystatin pow 100000 35
nystatin sus 100000 35
nystatin tab 500000..... 35
nystat/triam cream 35
nystat/triam ointment..... 35
nystop pow 100000..... 35
OCALIVA TAB 5MG ***obeticholic acid tab 5 mg***..... 87
OCALIVA TAB 10MG ***obeticholic acid tab 10 mg***..... 87
ocella tab 3-0.03mg 98
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)..... 105
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)..... 105
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) 105
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) 105
octreotide acetate inj 1000 mcg/ml (1 mg/ml)..... 105
octreotide acetate subcutaneous soln pref syr 50 mcg/ml 105
octreotide acetate subcutaneous soln pref syr 100 mcg/ml 105
octreotide acetate subcutaneous soln pref syr 500 mcg/ml..... 105
ODEFSEY TAB ***emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg*** 50
OFEV CAP 100MG ***nintedanib esylate cap 100 mg (base equivalent)***125
OFEV CAP 150MG ***nintedanib esylate cap 150 mg (base equivalent)***125
ofloxacin dro 0.3% op..... 119
ofloxacin dro 0.3%otic 120
ofloxacin tab 300 mg..... 25
ofloxacin tab 400 mg..... 25
olanza/fluox cap 3-25mg..... 30
olanza/fluox cap 6-25mg..... 30
olanza/fluox cap 6-50mg 30
olanza/fluox cap 12-25mg..... 30
olanza/fluox cap 12-50mg..... 30
olanzapine tab 2.5mg..... 47
olanzapine tab 5mg..... 47
olanzapine tab 5mg odt 47
olanzapine tab 7.5mg 47
olanzapine tab 10mg 47
olanzapine tab 10mg odt..... 47
olanzapine tab 15mg..... 47
olanzapine tab 15mg odt 47
olanzapine tab 20mg 47
olanzapine tab 20mg odt..... 47
olmesa medox tab 5mg 65
olmesa medox tab 20mg..... 64
olmesa medox tab 40mg..... 65
olm med/hctz tab 20-12.5..... 64
olm med/hctz tab 40-12.5..... 64
olm med/hctz tab 40-25mg..... 64
olopatadine spr 0.6% 121
OLUMIANT TAB 1MG ***baricitinib tab 1 mg***..... 107
OLUMIANT TAB 2MG ***baricitinib tab 2 mg***..... 107
OLUMIANT TAB 4MG ***baricitinib tab 4 mg***..... 107
omega-3-acid cap 1gm.....74
omeprazole cap 10mg..... 86
omeprazole cap 20mg..... 87
omeprazole cap 40mg 87
OMNIFLEX DPR ****diaphragms****** 116
OMNIPOD 5 DX KIT INT G7G6 ****insulin infusion disposable pump kit****** 116
OMNIPOD 5 DX MIS POD G7G6 ****insulin infusion disposable pump reservoir****** 116
OMNIPOD 5 DX MIS POD G7G6 ****insulin infusion disposable pump reservoir****** 116
OMNIPOD 5 G7 KIT INTRO ****insulin infusion disposable pump kit****** 116
OMNIPOD 5 G7 MIS PODS ****insulin infusion disposable pump reservoir****** 116
OMNIPOD 5 L2 KIT INTRO G6 ****insulin infusion disposable pump kit****** 116
OMNIPOD 5 L2 MIS PODS G6 ****insulin infusion disposable pump reservoir****** 116
OMNIPOD 5 LIB KIT INTRO ***insulin infusion disposable pump kit*** 116
OMNIPOD 5 LIB MIS PODS ***insulin infusion disposable pump reservoir*** ..116
OMNITROPE INJ 5/1.5ML ***somatropin solution cartridge 5 mg/1.5ml*** 92
OMNITROPE INJ 5.8MG ***somatropin for inj 5.8 mg***..... 92
OMNITROPE INJ 10/1.5ML ***somatropin solution cartridge 10 mg/1.5ml*** 92
ondansetron sol 4mg/5ml..... 34
ondansetron tab 4mg 34
ondansetron tab 4mg odt..... 34
ondansetron tab 8mg 34
ondansetron tab 8mg odt..... 34
ondansetron tab 24mg 34
ONE VITE TAB 1MG PLUS ****prenatal vit w/ fe fumarate-fa tab 27-1 mg****** 83
opcicon tab 1.5mg 101
opill tab 0.075mg 101

opium tin 10mg/ml 84
OPSUMIT TAB 10MG ***macitentan tab 10 mg*** 124
option 2 tab 1.5mg 101
OPVEE SPR 2.7/0.1 ***nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)*** 21
ORENITRAM TAB 0.25MG ***treprostinil diolamine tab er 0.25 mg*** 124
ORENITRAM TAB 0.125MG ***treprostinil diolamine tab er 0.125 mg*** 124
ORENITRAM TAB 1MG ***treprostinil diolamine tab er 1 mg*** 124
ORENITRAM TAB 2.5MG ***treprostinil diolamine tab er 2.5 mg*** 124
ORENITRAM TAB 5MG ***treprostinil diolamine tab er 5 mg*** 124
ORENITRAM TAB MONTH 1 ***treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg*** 124
ORENITRAM TAB MONTH 2 ***treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg*** 124
ORENITRAM TAB MONTH 3 ***treprostinil tab er titr pk(mo3)126x 0.125mg&42x0.25mg&84x1mg*** 124
ORILISSA TAB 150MG ***elagolix sodium tab 150 mg*** 105
ORILISSA TAB 200MG ***elagolix sodium tab 200 mg*** 105
ORKAMBI GRA 75-94MG ***lumacaftor-ivacaftor granules packet 75-94 mg*** 123
ORKAMBI GRA 100-125 ***lumacaftor-ivacaftor granules packet 100-125 mg*** 123
ORKAMBI GRA 150-188 ***lumacaftor-ivacaftor granules packet 150-188 mg*** 123
ORKAMBI TAB 100-125 ***lumacaftor-ivacaftor tab 100-125 mg*** 123
ORKAMBI TAB 200-125 ***lumacaftor-ivacaftor tab 200-125 mg*** 123
orphenadrine tab 100mg er 126
orquidea tab 0.35mg 101
oseltamivir cap 30mg 53
oseltamivir cap 45mg 53
oseltamivir cap 75mg 53
oseltamivir sus 6mg/ml 53
OSPHENA TAB 60MG ***ospemifene tab 60 mg*** 101
OTEZLA TAB 10/20/30 ***apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*** 108
OTEZLA TAB 10/20 ***apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg*** 108
OTEZLA TAB 20MG ***apremilast tab 20 mg*** 108
OTEZLA TAB 30MG ***apremilast tab 30 mg*** 108
OTEZLA/XR TAB 28 DAY ***apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg*** 108
OTEZLA XR TAB 75MG ***apremilast tab er 24hr 75 mg*** 108
OTOVEL DRO ***ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%*** 120
oxaprozin tab 600mg 16
oxazepam cap 10mg 55
oxazepam cap 15mg 55
oxazepam cap 30mg 55
oxcarbazepine sus 300/5ml 29
oxcarbazepine tab 150mg 29
oxcarbazepine tab 300mg 29
oxcarbazepine tab 600mg 29
oxybutynin sol 5mg/5ml 88
oxybutynin tab 5mg 88
oxybutynin tab 5mg er 88
oxybutynin tab 10mg er 88
oxybutynin tab 15mg er 88
oxycod/apap tab 2.5-325 19
oxycod/apap tab 5-325mg 19
oxycod/apap tab 7.5-325 19
oxycod/apap tab 10-325mg 19
oxycodone cap 5mg 19
oxycodone con 100/5ml 19
oxycodone sol 5mg/5ml 20
oxycodone tab 5mg 20
oxycodone tab 10mg 20
oxycodone tab 15mg 20
oxycodone tab 20mg 20
oxycodone tab 30mg 20
oxymorphone tab 5mg er 18
oxymorphone tab 7.5mg er 18
oxymorphone tab 10mg er 17
oxymorphone tab 15mg er 17
oxymorphone tab 20mg er 17
oxymorphone tab 30mg er 17
oxymorphone tab 40mg er 18
oxymorphone tab hcl 5mg 20
oxymorphone tab hcl 10mg 20
OZEMPIC INJ 2MG/3ML ***semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)*** 57
OZEMPIC INJ 4MG/3ML ***semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)*** 57
OZEMPIC INJ 8MG/3ML ***semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)*** 57
OZEMPIC TAB 1.5MG ***semaglutide tab 1.5 mg*** 57
OZEMPIC TAB 4MG ***semaglutide tab 4 mg*** 57
OZEMPIC TAB 9MG ***semaglutide tab 9 mg*** 57
paliperidone tab er 1.5mg 47
paliperidone tab er 3mg 47
paliperidone tab er 6mg 47
paliperidone tab er 9mg 47
pantoprazole tab 20mg 87
pantoprazole tab 40mg 87
paricalcitol cap 1 mcg 113
paricalcitol cap 2 mcg 113
paricalcitol cap 4 mcg 113
paroxetin er tab 12.5mg 32
paroxetin er tab 37.5mg 32
paroxetine sus 10mg/5ml 32
paroxetine tab 10mg 32
paroxetine tab 20mg 32
paroxetine tab 25mg er 32
paroxetine tab 30mg 30
paroxetine tab 40mg 30
PAXLOVID PAK ***nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak*** 116
PAXLOVID TAB 150-100 ***nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak*** 116
PAXLOVID TAB 300-100 ***nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak*** 116
PEDIARIX INJ 0.5ML ***diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr*** 111
PEDVAXHIB INJ ***7.5mcg haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml*** 111
PEDVAX HIB INJ ***haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml*** 111
peg-3350/kcl sol /sodium 86
peg-3350 sol electrol 86
PEGASYS INJ 180MCG/M ***peginterferon alfa-2a inj 180 mcg/ml*** 49
PEGASYS INJ ***peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml*** 49
peg/nasul/c/ sol nacl/pot 86
PELLIX SOL 0.005% ***calcipotriene soln 0.005% (50 mcg/ml)*** 81
PENBRAYA INJ ***meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj*** 111
penicillamin cap 250mg 88
penicillamin tab 250mg 88
penicillin v potassium for soln 125 mg/5ml 24
penicillin v potassium for soln 250 mg/5ml 24
penicillin v potassium tab 250 mg 24
penicillin v potassium tab 500 mg 24
PENMENVY INJ ***meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj*** 111
pen needle mis 29gx1/2" 116
pen needle mis 29gx3/16 116

pen needle mis 29gx5/16 116
pen needles mis 29gx1/2" 116
pen needles mis 31gx1/4" 116
pen needles mis 31gx3/16 116
pen needles mis 31gx5/16 116
PENTACEL INJ ***diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp*** 111
pentamidine inh 300mg 44
pentaz/nalox tab 50-0.5mg 20
pentips mis 29gx12mm 116
pentips mis 31gx5mm 116
pentips mis 31gx8mm 116
pentips mis 32gx4mm 116
pentoxifylli tab 400mg er 74
Perampanel tab 2mg 26
Perampanel tab 4mg 26
Perampanel tab 6mg 26
Perampanel tab 8mg 26
Perampanel tab 10mg 26
Perampanel tab 12mg 26
perindopril tab 2mg 66
perindopril tab 4mg 66
perindopril tab 8mg 66
periogard sol 0.12% 79
permethrin cre 5% 44
perphen/amit tab 2-10mg 30
perphen/amit tab 2-25mg 30
perphen/amit tab 4-10mg 30
perphen/amit tab 4-25mg 30
perphen/amit tab 4-50mg 30
perphenazine tab 2mg 33
perphenazine tab 4mg 33
perphenazine tab 8mg 33
perphenazine tab 16mg 33
phenazopyridine hcl tab 100 mg 88
phenazopyridine hcl tab 200 mg 88
phenazo tab 200mg 88
phenelzine sulfate tab 15 mg 31
phenobarb elx 20mg/5ml 27
phenobarb elx 30/7.5ml 27
phenobarb elx 60/15ml 27
phenobarb sol 20mg/5ml 27
phenobarb tab 15mg 27
phenobarb tab 16.2mg 27
phenobarb tab 30mg 27
phenobarb tab 32.4mg 27
phenobarb tab 60mg 27
phenobarb tab 64.8mg 27
phenobarb tab 97.2mg 27
phenobarb tab 100mg 27
phenoxybenzamine cap 10mg 64
phenylephrine sol 2.5% op 118
phenylephrine sol 10% op 118
PHENYTEK CAP 200MG ***phenytoin sodium extended cap 200 mg*** 29
PHENYTEK CAP 300MG ***phenytoin sodium extended cap 300 mg*** 29
phenytoin chw 50mg 29
phenytoin ex cap 100mg 29
phenytoin ex cap 200mg 29
phenytoin ex cap 300mg 29
phenytoin sus 125/5ml 29
PHEXX GEL ***lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%*** 117
PHEXXI GEL ***lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%*** 117
philith tab 0.4-35 99
phospholine sol 0.125%op 119
phytonadione tab 5mg 83
PIFELTRO TAB 100MG ***doravirine tab 100 mg*** 50
pilocarpine sol 1% op 119
pilocarpine sol 2% op 119
pilocarpine sol 4% op 119
pilocarpine tab 5mg 79
pilocarpine tab 7.5mg 79
pimecrolimus cre 1% 80
pimozide tab 1mg 46
pimozide tab 2mg 46
pimtrea tab 99
pindolol tab 5mg 68
pindolol tab 10mg 68
pioglita/met tab 15-500mg 57
pioglita/met tab 15-850mg 57
pioglitazone tab 15mg 57
pioglitazone tab 30mg 58
pioglitazone tab 45mg 58
PIQRAY 200MG TAB DOSE ***alpelisib tab therapy pack 200 mg daily dose*** 40
PIQRAY 250MG TAB DOSE ***alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)*** 40
PIQRAY 300MG TAB DOSE ***alpelisib tab pack 300 mg daily dose (2x150 mg tab)*** 40
pirfenidone cap 267mg 125
pirfenidone tab 267mg 125
pirfenidone tab 534mg 125
pirfenidone tab 801mg 125
piroxicam cap 10mg 16
piroxicam cap 20mg 16
PLAN B TAB 1.5MG ***levonorgestrel tab 1.5 mg*** 101
PLENVU SOL ***peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm*** 86
plerixafor inj 24/1.2ml 62
PNEUMOVAX 23 INJ 25/0.5 ***pneumococcal vaccine polyvalent inj soln 25 mcg/0.5ml*** 111
PNEUMOVAX 23 INJ 25/0.5 ***pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml*** 111
PNV 27-CA/FE TAB /FA ****prenatal vit w/ fe fumarate-fa tab 60-1 mg****** 83
PNV-DHA CAP DOCUSATE ****prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg**** 83
podofilox gel 0.5% 80
podofilox sol 0.5% 80
polyeth glyc pow 3350 nf 86
polymyxin b/ sol trimethp 117
POMALYST CAP 1MG ***pomalidomide cap 1 mg*** 39
POMALYST CAP 2MG ***pomalidomide cap 2 mg*** 39
POMALYST CAP 3MG ***pomalidomide cap 3 mg*** 39
POMALYST CAP 4MG ***pomalidomide cap 4 mg*** 39
portia-28 tab 99
posaconazole tab 100mg dr 35
potassium citrate er tab 1080mg 82
pot chloride cap 8meq er 82
pot chloride cap 10meq er 82
pot chloride pow 20meq 82
pot chloride sol 10% 82
pot chloride sol 20% 82
pot chloride tab 8meq er 82
pot chloride tab 10meq er 82
pot chloride tab 15meq er 82
pot chloride tab 20meq er 82
pot citra er tab 540mg 82
pot citra er tab 1080mg 82
pot citrate er tab 1620mg 82
pot cl micro tab 10meq cr 82
pot cl micro tab 15meq er 82
pot cl micro tab 20meq er 82
pramipexole tab 0.5mg 45
pramipexole tab 0.25mg 45
pramipexole tab 0.75mg 45
pramipexole tab 0.125mg 45
pramipexole tab 1.5mg 45
pramipexole tab 1mg 45
prasugrel tab 5mg 63
prasugrel tab 10mg 63
pravastatin tab 10mg 73
pravastatin tab 20mg 73
pravastatin tab 40mg 73
pravastatin tab 80mg 73
praziquantel tab 600mg 44
prazosin hcl cap 1mg 64
prazosin hcl cap 2mg 64
prazosin hcl cap 5mg 64
PRECISN XTRA TES KETONE ***ketone blood test strip*** 117
prednisolone sol 10mg/5ml 91

prednisolone sol 15mg/5ml 91
prednisolone sol 15mg/5ml 91
prednisolone sol 20mg/5ml 91
prednisolone sol 25mg/5ml 91
prednisolone sus 1% op 118
prednisolone tab 5mg 91
prednisolone tab 10mg odt 91
prednisolone tab 15mg odt.....91
prednisolone tab 30mg odt 91
prednisone con 5mg/ml 91
prednisone sol 5mg/5ml 91
prednisone tab 1mg 91
prednisone tab 2.5mg 91
prednisone tab 5mg 91
prednisone tab 10mg 91
prednisone tab 20mg.....91
prednisone tab 50mg.....91
prednisone tab therapy pack 5 mg (21)91
prednisone tab therapy pack 5 mg (48).....91
prednisone tab therapy pack 10 mg (21) 91
prednisone tab therapy pack 10 mg (48).....91
pred sod pho sol 1% op 118
pred sod pho sol 5mg/5ml 90
pregabalin cap 25mg 78
pregabalin cap 50mg..... 78
pregabalin cap 75mg 78
pregabalin cap 100mg..... 78
pregabalin cap 150mg..... 78
pregabalin cap 200mg 78
pregabalin cap 225mg..... 78
pregabalin cap 300mg 78
PREGNYL INJ 10000UNT ***chorionic gonadotropin for im inj 10000 unit*** ... 92
PREHEVBRIO SUS 10MCG/ML ***hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml*** 111
PREMARIN TAB 0.3MG ***estrogens, conjugated tab 0.3 mg*** 99
PREMARIN TAB 0.9MG ***estrogens, conjugated tab 0.9 mg*** 99
PREMARIN TAB 0.45MG ***estrogens, conjugated tab 0.45 mg*** 99
PREMARIN TAB 0.625MG ***estrogens, conjugated tab 0.625 mg*** 99
PREMARIN TAB 1.25MG ***estrogens, conjugated tab 1.25 mg*** 99
PREMARIN VAG CRE 0.625MG ***estrogens, conjugated vaginal cream 0.625 mg/gm*** 99
PRENATABS FA ***prenatabs fa tab 29-1 mg*** 83
PRENATAL 19 TAB 29-1MG ****prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg****** 84
PRENATAL PLS MIS MV + DHA ****prenat w/ fe fum-fa tab 27-1 mg & omega 3 cap 312 mg pak**** 84
prenatal tab 27-1mg 84
PRENATAL TAB PLUS ****prenatal vit w/ fe fumarate-fa tab 27-1 mg****** 84
PRENATAL-U CAP 106.5-1 ****prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg****** 84
PRENATRIX TAB ****prenatal vit w/ fe fumarate-fa tab 27-1 mg****** 84
PRENATRYL TAB ****prenatal vit w/ fe fumarate-fa tab 27-1 mg****** 84
PREPIDIL GEL 0.5MG/3G ***dinoprostone cervical gel 0.5 mg/3gm***92
PREVALITE POW 4GM ***cholestyramine light powder 4 gm/ dose*** 74
PREVALITE POW 4GM PK ***cholestyramine light powder packets 4 gm*** 74
PREVNAR 20 INJ ***pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml*** 112
PREZCOBIX TAB 675/150 ***darunavir-cobicistat tab 675-150 mg*** 53
PREZCOBIX TAB 800-150 ***darunavir-cobicistat tab 800-150 mg*** 53
PREZISTA SUS 100MG/ML ***darunavir oral susp 100 mg/ml*** 53
PREZISTA TAB 75MG ***darunavir tab 75 mg*** 53
PREZISTA TAB 150MG ***darunavir tab 150 mg*** 53
PREZISTA TAB 600MG ***darunavir tab 600 mg*** 53
PREZISTA TAB 800MG ***darunavir tab 800 mg*** 53
priftin tab 150mg 37
primaquine tab 26.3mg..... 44
primidone tab 50mg..... 27
primidone tab 125mg..... 27
primidone tab 250mg 27
PRIORIX INJ ***measles-mumps-rubella virus vaccines for subcutaneous susp*** 112
proben/colch tab 500-0.5 36
probenecid tab 500mg..... 36
prochlorper sup 25mg..... 33
prochlorper tab 5mg 34
prochlorper tab 10mg 33
procto-med cre hc 2.5% 113
prodigy auto kit monitor..... 56
prodigy auto mis system..... 56
prodigy kit no coding 56
prodigy no tes coding 56
prodigy pocket kit meter 56
prodigy voice kit meter..... 56
progesterone cap 100mg.....101
progesterone cap 200mg 101
progesterone inj 50mg/ml 101
promethazine sol 6.25/5ml..... 34
promethazine sol 6.25/5ml.....121
promethazine sol 12.5/10 121
promethazine sol dm 126
promethazine sup 12.5mg 121
promethazine sup 25mg 121
promethazine syp dm 126
promethazine tab 12.5mg 121
promethazine tab 25mg.....121
promethazine tab 50mg.....121
prometh/cod sol 6.25-10 126
prometh/pe sol 6.25-5/5 121
prometh vc syp 6.25-5/5.....121
prometrium cap 100mg 101
prometrium cap 200mg.....101
propafenone cap 225mg er 67
propafenone cap 325mg er 67
propafenone cap 425mg er 67
propafenone tab 150mg..... 67
propafenone tab 225mg..... 67
propafenone tab 300mg 67
proparacaine sol 0.5% op 118
propranolol cap 60mg er..... 68
propranolol cap 80mg er..... 68
propranolol cap 120mg er..... 68
propranolol cap 160mg er..... 68
propranolol sol 20mg/5ml..... 68
propranolol sol 40mg/5ml 68
propranolol tab 10mg..... 68
propranolol tab 20mg 68
propranolol tab 40mg 68
propranolol tab 60mg 68
propranolol tab 80mg 68
propylthiour tab 50mg 106
PROQUAD INJ ***measles-mumps-rubella-varicella virus vaccines for susp*** 112
protriptylin tab 5mg 33
protriptylin tab 10mg 33
provera tab 2.5mg 101
provera tab 5mg 101
provera tab 10mg 101
PROVIDA OB CAP ****prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg****** 84
PRURADIK LOT 10% ***crotamiton lotion 10%*** 81
PULMOSAL NEB 7% ***sodium chloride soln nebu 7%*** 126
PULMOZYME SOL 1MG/ML ***dornase alfa inhal soln 2.5 mg/2.5ml*** 123
pyrazinamide tab 500mg..... 37
pyridostigmi solution 60mg/5ml 37
pyridostigmi tab er 180mg 37
pyridostigm tab 60mg..... 37

pyrimethamin tab 25mg 44
QUADRACEL INJ 0.5ML ***diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml*** 112
QUADRACEL INJ 0.5ML ***diph-tetanus tox ad-acell pert & polio virus, ipv vac inj*** 112
quazepam tab 15mg 55
quetiapine tab 25mg 48
quetiapine tab 50mg 48
quetiapine tab 50mg er 48
quetiapine tab 100mg 47
quetiapine tab 150mg 47
quetiapine tab 150mg er 47
quetiapine tab 200mg 47
quetiapine tab 200mg er 47
quetiapine tab 300mg 48
quetiapine tab 300mg er 48
quetiapine tab 400mg 48
quetiapine tab 400mg er 48
QUICK TOUCH MIS 33GX8MM ***insulin pen needle 33 g x 8 mm (1/3" or 5/16")*** 117
quinapril-hydrochlorothiazide tab 10-12.5 mg 66
quinapril-hydrochlorothiazide tab 20-12.5 mg 66
quinapril-hydrochlorothiazide tab 20-25 mg 66
quinapril tab 5mg 66
quinapril tab 10mg 66
quinapril tab 20mg 66
quinapril tab 40mg 66
quinidine gl tab 324mg cr 67
quinidine gl tab 324mg er 67
quinidine su tab 200mg 67
quinidine su tab 300mg 67
quinine sulf cap 324mg 44
QULIPTA TAB 10MG ***atogepant tab 10 mg*** 36
QULIPTA TAB 30MG ***atogepant tab 30 mg*** 36
QULIPTA TAB 60MG ***atogepant tab 60 mg*** 36
QVAR REDIHA AER 80MCG ***beclomethasone diprop hfa breath act inh aer 80 mcg/act*** 121
QVAR REDIHAL AER 40MCG ***beclomethasone diprop hfa breath act inh aer 40 mcg/act*** 121
rabeprazole tab 20mg 87
RADIOGARDASE CAP 0.5GM ***prussian blue insoluble cap 0.5 gm*** 117
raloxifene tab 60mg 102
ramelteon tab 8mg 127
ramipril cap 1.25mg 66
ramipril cap 2.5mg 66
ramipril cap 5mg 66
ramipril cap 10mg 66
ranolazine tab 500mg er 71
ranolazine tab 1000mg 71
rasagiline tab 0.5mg 46
rasagiline tab 1mg 46
RA URINARY TES TRACT IN ****urinary tract infection (uti) test strip****** 117
react tab 1.5mg 101
reclipsen tab 99
RECOMBIVA HB INJ 5MCG/0.5 ***hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml*** 112
RECOMBIVA HB INJ 5MCG/0.5 ***hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml*** 112
RECOMBIVA HB INJ 10MCG/ML ***hepatitis b vaccine (recombinant) susp 10 mcg/ml*** 112
RECOMBIVA HB INJ 10MCG/ML ***hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml*** 112
RECOMBIVA-HB INJ 40MCG/ML ***hepatitis b vaccine (recombinant) susp 40 mcg/ml*** 112
RECOTHROM SOL 5000UNIT ***thrombin (recombinant) for soln 5000 unit*** 63
RECOTHROM SOL 20000UNT ***thrombin (recombinant) for soln 20000 unit*** 63
REGRANEX GEL 0.01% ***becaplermin gel 0.01%*** 80
RELENZA MIS DISKHALE ***zanamivir aerosol powder breath activated 5 mg/act*** 53
RELISTOR INJ 8/0.4ML ***methylnaltrexone bromide soln pref syr 8 mg/0.4ml*** 85
RELISTOR INJ 12/0.6ML ***methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)*** 84
RELISTOR INJ 12/0.6ML ***methylnaltrexone bromide soln pref syr 12 mg/0.6ml*** 84
repaglinide tab 0.5mg 58
repaglinide tab 1mg 58
repaglinide tab 2mg 58
REPATHA INJ 140MG/ML ***evolocumab subcutaneous soln prefilled syringe 140 mg/ml*** 74
REPATHA PUSH INJ 420/3.5 ***evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml*** 74
REPATHA SURE INJ 140MG/ML ***evolocumab subcutaneous soln auto-injector 140 mg/ml*** 74
RETACRIT INJ 2000UNIT ***epoetin alfa-epbx inj 2000 unit/ml*** 63
RETACRIT INJ 3000UNIT ***epoetin alfa-epbx inj 3000 unit/ml*** 63
RETACRIT INJ 4000UNIT ***epoetin alfa-epbx inj 4000 unit/ml*** 63
RETACRIT INJ 10000UNT ***epoetin alfa-epbx inj 10000 unit/ml*** 63
RETACRIT INJ 20000UNI ***epoetin alfa-epbx inj 20000 unit/ml*** 63
RETACRIT INJ 40000UNT ***epoetin alfa-epbx inj 40000 unit/ml*** 63
RETROVIR CAP 100MG ***zidovudine cap 100 mg*** 51
RETROVIR SYP 50MG/5ML ***zidovudine syrup 10 mg/ml*** 51
REXTOVY SPR 4/0.25ML ***naloxone hcl nasal spray 4 mg/0.25ml*** 21
REYATAZ CAP 200MG ***atazanavir sulfate cap 200 mg*** 53
REYATAZ CAP 300MG ***atazanavir sulfate cap 300 mg*** 53
REYATAZ POW 50MG ***atazanavir sulfate oral powder packet 50 mg*** 53
REZENOPY SPRAY 10MG ***naloxone hcl nasal spray 10 mg/0.11ml*** 21
REZVOGLAR INJ 100UT/ML ***insulin glargine-aglr soln pen-injector 100 unit/ml*** 60
ribavirin cap 200mg 49
ribavirin tab 200mg 49
rifabutin cap 150mg 37
rifampin cap 150mg 37
rifampin cap 300mg 37
Rifapentine tab 150mg 37
RILPIVIRINE TAB 25MG 50
riluzole tab 50mg 77
rimantadine tab 100mg 53
RINVOQ LQ SOL 1MG/ML ***upadacitinib oral soln 1 mg/ml*** 109
RINVOQ TAB 15MG ER ***upadacitinib tab er 24hr 15 mg*** 109
RINVOQ TAB 30MG ER ***upadacitinib tab er 24hr 30 mg*** 109
RINVOQ TAB 45MG ER ***upadacitinib tab er 24hr 45 mg*** 109
risedronate tab 5mg 113
risedronate tab 30mg 113
risedronate tab 35mg 113
risedronate tab 150mg 113
risperidone sol 1mg/ml 48
risperidone tab 0.5mg 48
risperidone tab 0.5mg odt 48
risperidone tab 0.25mg 48
risperidone tab 0.25 odt 48
risperidone tab 1mg 48
risperidone tab 1mg odt 48
risperidone tab 2mg 48
risperidone tab 2mg odt 48
risperidone tab 3mg 48
risperidone tab 3mg odt 48
risperidone tab 4mg 48
risperidone tab 4mg odt 48
ritonavir tab 100mg 53

rivaroxaban sus 1mg/ml 61
rivaroxaban tab 2.5mg 61
rivastigmine cap 1.5mg 29
rivastigmine cap 3mg 29
rivastigmine cap 4.5mg 30
rivastigmine cap 6mg 30
rivastigmine dis 4.6mg/24 30
rivastigmine dis 9.5mg/24 30
rivastigmine dis 13.3/24 30
rivelsa tab 99
rizatriptan tab 5mg 36
rizatriptan tab 5mg odt 36
rizatriptan tab 10mg 36
rizatriptan tab 10mg odt 36
roflumilast tab 250mcg 123
roflumilast tab 500mcg 123
ropinirole tab 0.5mg 45
ropinirole tab 0.25mg 45
ropinirole tab 1mg 45
ropinirole tab 2mg 45
ropinirole tab 3mg 45
ropinirole tab 4mg 45
ropinirole tab 5mg 45
rosuvastatin tab 5mg 73
rosuvastatin tab 10mg 73
rosuvastatin tab 20mg 73
rosuvastatin tab 40mg 73
rosyrah tab 99
ROTARIX SUS ***rotavirus vaccine, live oral susp*** 112
ROTATEQ SOL ***rotavirus vaccine, live oral pentavalent soln*** 112
ROWEEPRA TAB 500MG ***levetiracetam tab 500 mg*** 26
ROZLYTREK CAP 100MG ***entrectinib cap 100 mg*** 40
ROZLYTREK CAP 200MG ***entrectinib cap 200 mg*** 40
ROZLYTREK PAK 50MG ***entrectinib pellet pack 50 mg*** 40
rufinamide sus 40mg/ml 29
rufinamide tab 200mg 29
rufinamide tab 400mg 29
RUKOBIA TAB 600MG ER ***fostemsavir tromethamine tab er 12hr 600 mg*** 52
RYBELSUS TAB 3MG ***semaglutide tab 3 mg*** 58
RYBELSUS TAB 7MG ***semaglutide tab 7 mg*** 58
RYBELSUS TAB 14MG ***semaglutide tab 14 mg*** 58
sacubitril-valsartan tab 24-26 mg 71
sacubitril-valsartan tab 49-51 mg 71
sacubitril-valsartan tab 97-103 mg 72
salsalate tab 500 mg 16
salsalate tab 750 mg 16
SANDIMMUNE SOL 100MG/ML ***cyclosporine oral soln 100 mg/ml*** 107
sapropterin pow 100mg 87
sapropterin pow 500mg 87
sapropterin tab 100mg 87
SAVELLA MIS TITR PAK ***milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak*** 78
SAVELLA TAB 12.5MG ***milnacipran hcl tab 12.5 mg*** 78
SAVELLA TAB 25MG ***milnacipran hcl tab 25 mg*** 78
SAVELLA TAB 50MG ***milnacipran hcl tab 50 mg*** 78
SAVELLA TAB 100MG ***milnacipran hcl tab 100 mg*** 78
saxagliptin tab 2.5mg 58
saxagliptin tab 5mg 58
scopolamine dis 1mg/3day 34
select-lite kit dev/lanc 56
selegiline cap 5mg 46
selegiline tab 5mg 46
selenium sulfide lotion 2.5% 80
SELZENTRY SOL 20MG/ML ***maraviroc oral soln 20 mg/ml*** 52
SELZENTRY TAB 25MG ***maraviroc tab 25 mg*** 52
SELZENTRY TAB 75MG ***maraviroc tab 75 mg*** 52
SELZENTRY TAB 150MG ***maraviroc tab 150 mg*** 52
SELZENTRY TAB 300MG ***maraviroc tab 300 mg*** 52
SE-NATAL 19 CHW ***prenatal vit w/ fe fumarate-fa chew tab 29-1 mg**** 84
SE-NATAL 19 TAB ***prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg**** 84
sertraline con 20mg/ml 32
sertraline tab 25mg 32
sertraline tab 50mg 32
sertraline tab 100mg 32
setlakin tab 99
sevelamer carbonate packet 0.8 gm 83
sevelamer carbonate packet 2.4 gm 83
sevelamer carbonate tab 800 mg 83
sharobel tab 0.35mg 101
shewise tab 1.5mg 101
SHINGRIX INJ 50/0.5ML ***zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml*** 112
SIGNIFOR INJ 0.3MG/ML ***pasireotide diaspartate inj 0.3 mg/ml*** 105
SIGNIFOR INJ 0.6MG/ML ***pasireotide diaspartate inj 0.6 mg/ml*** 105
SIGNIFOR INJ 0.9MG/ML ***pasireotide diaspartate inj 0.9 mg/ml*** 105
sildenafil sus 10mg/ml 124
sildenafil tab 20mg 124
silodosin cap 4mg 88
silodosin cap 8mg 88
silver sulfadiazine cream 1% 23
silver sulfadiazine cream 1% 23
SIMBRINZA SUS 1-0.2% ***brinzolamide-brimonidine tartrate ophth susp 1-0.2%*** 119
simliya tab 28 day 99
simpesse tab 99
SIMPONI INJ 50/0.5ML ***golimumab subcutaneous soln auto-injector 50 mg/0.5ml*** 107
SIMPONI INJ 50/0.5ML ***golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml*** 107
SIMPONI INJ 100MG/ML ***golimumab subcutaneous soln auto-injector 100 mg/ml*** 107
SIMPONI INJ 100MG/ML ***golimumab subcutaneous soln prefilled syringe 100 mg/ml*** 107
simvastatin tab 5mg 74
simvastatin tab 10mg 73
simvastatin tab 20mg 74
simvastatin tab 40mg 74
simvastatin tab 80mg 74
sirolimus sol 1mg/ml 107
sirolimus tab 0.5mg 107
sirolimus tab 1mg 108
sirolimus tab 2mg 108
SIRTURO TAB 20MG ***bedaquiline fumarate tab 20 mg (base equiv)*** 37
SIRTURO TAB 100MG ***bedaquiline fumarate tab 100 mg (base equiv)*** 37
SIVEXTRO TAB 200MG ***tedizolid phosphate tab 200 mg*** 23
SKYRIZI INJ 55/0.37 ***risankizumab-rzaa soln prefilled syringe 55 mg/0.37ml*** 108
SKYRIZI INJ 150MG/ML ***risankizumab-rzaa soln prefilled syringe 150 mg/ml*** 108
SKYRIZI INJ 180/1.2 ***risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml*** 108
SKYRIZI INJ 360/2.4 ***risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml*** 108
SKYRIZI PEN INJ 150MG/ML ***risankizumab-rzaa soln auto-injector 150 mg/ml*** 108
SLYND TAB 4MG ***drospirenone tab 4 mg*** 101
sod chloride neb 0.9% 126
sod chloride neb 3% 126
sod chloride neb 7% 126
sod chloride neb 10% 126
sod fluoride chw 0.5mg f 82

sod fluoride chw 0.25mg f 82
sod fluoride dro 0.5mg/ml 82
sod fluoride tab 0.5mg f 82
sod fluoride tab 1mg f 82
sodium fluoride chew tab 0.5 mg 82
sodium fluoride chew tab 0.25 mg 82
sodium fluoride chew tab 1 mg 82
sodium oxybate oral solution 500 mg/ml 127
sodium polystyrene sulfonate powder 82
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 86
sofosbuvir-velpatasvir tab 400-100 mg 49
solifenacin tab 5mg 88
solifenacin tab 10mg 88
SOLIQUA INJ 100/33 ***insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml*** 60
SOMAVERT INJ 10MG ***pegvisomant for inj 10 mg (as protein)*** 105
SOMAVERT INJ 15MG ***pegvisomant for inj 15 mg (as protein)*** 105
SOMAVERT INJ 20MG ***pegvisomant for inj 20 mg (as protein)*** 105
SOMAVERT INJ 25MG ***pegvisomant for inj 25 mg (as protein)*** 105
SOMAVERT INJ 30MG ***pegvisomant for inj 30 mg (as protein)*** 105
sorafenib tab 200mg 43
sotalol af tab 80mg 67
sotalol af tab 120mg 67
sotalol af tab 160mg 67
sotalol hcl tab 80mg 67
sotalol hcl tab 120mg 67
sotalol hcl tab 160mg 67
sotalol hcl tab 240mg 67
SOTYLIZE SOL 5MG/ML ***sotalol hcl oral solution 5 mg/ml*** 67
SOVALDI PAK 150MG ***sofosbuvir pellet pack 150 mg*** 49
SOVALDI PAK 200MG ***sofosbuvir pellet pack 200 mg*** 49
SOVALDI TAB 200MG ***sofosbuvir tab 200 mg*** 49
SOVALDI TAB 400MG ***sofosbuvir tab 400 mg*** 49
SPIKEVAX INJ 2025-26 ***covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml*** 112
SPIKEVAX INJ 2025-26 ***covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml*** 112
spinosad susp 0.9% 44
SPIRIVA RESP AER 1.25MCG ***tiotropium bromide inhal aerosol 1.25 mcg/act*** 122
SPIRIVA RESP AER 2.5MCG ***tiotropium bromide inhal aerosol 2.5 mcg/act*** 122
SPIRIVA RESP AER 2.5MCG ***tiotropium bromide inhal aerosol 2.5 mcg/act*** 122
spironolactone & hydrochlorothiazide tab 25-25 mg 72
spironolactone susp 25 mg/5ml 72
spironolactone tab 25 mg 72
spironolactone tab 50 mg 72
spironolactone tab 100 mg 72
SPRAVATO SOL 56MG DOS ***esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)*** 30
SPRAVATO SOL 84MG DOS ***esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)*** 31
sprintec 28 tab 28 day 99
sronyx tab 99
STEQEYMA INJ 45/0.5ML ***ustekinumab-stba soln prefilled syringe 45 mg/0.5ml*** 80
STEQEYMA INJ 90MG/ML ***ustekinumab-stba soln prefilled syringe 90 mg/ml*** 80
STIOLTO AER 2.5-2.5 ***tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act*** 122
STIVARGA TAB 40MG ***regorafenib tab 40 mg*** 43
st joseph chw low 81mg 16
STRIBILD TAB ***elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg*** 49
STRIVERDI AER 2.5MCG ***olodaterol hcl inhal aerosol soln 2.5 mcg/act*** 123
SUBOXONE MIS 2-0.5MG ***buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)*** 20
SUBOXONE MIS 4-1MG ***buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)*** 21
SUBOXONE MIS 8-2MG ***buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)*** 21
SUBOXONE MIS 12-3MG ***buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)*** 20
SUBVENITE TAB 25MG ***lamotrigine tab 25 mg*** 28
SUBVENITE TAB 100MG ***lamotrigine tab 100 mg*** 28
SUBVENITE TAB 150MG ***lamotrigine tab 150 mg*** 28
SUBVENITE TAB 200MG ***lamotrigine tab 200 mg*** 28
sucralfate sus 1gm/10ml 86
sucralfate tab 1gm 86
sulconazole cre 1% 35
sulconazole sol 1% 35
sulfacetamid lot 10% 80
sulfacet sod oin 10% op 119
sulfacet sod sol 10% op 119
sulfadiazine tab 500mg 25
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 25
sulfamethoxazole-trimethoprim tab 400-80 mg 25
sulfamethoxazole-trimethoprim tab 800-160 mg 25
SULFAMYLON CRE 85MG/GM ***mafenide acetate cream 85 mg/gm*** 23
sulfasalazin tab 500mg 113
sulfasalazin tab 500mg dr 113
sulfatrim pd sus 200-40/5 25
sulf/pred na sol op 118
sulindac tab 150mg 16
sulindac tab 200mg 16
sumatriptan-naproxen sodium tab 85-500 mg 37
sumatriptan nasal spray 5 mg/act 36
sumatriptan nasal spray 20 mg/act 36
sumatriptan succinate inj 6 mg/0.5ml 36
sumatriptan succinate inj 6 mg/0.5ml 36
sumatriptan succinate inj 6 mg/0.5ml 37
sumatriptan succinate solution auto-injector 4 mg/0.5ml 37
sumatriptan succinate solution auto-injector 6 mg/0.5ml 37
sumatriptan succinate solution auto-injector 6 mg/0.5ml 37
sumatriptan succinate solution cartridge 4 mg/0.5ml 37
sumatriptan succinate solution cartridge 6 mg/0.5ml 37
sumatriptan tab 25mg 37
sumatriptan tab 50mg 37
sumatriptan tab 100mg 37
sunitinib cap 12.5mg 43
sunitinib cap 25mg 43
sunitinib cap 37.5mg 43
sunitinib cap 50mg 43
SUNLENCA TAB 300MG ***lenacapavir sodium tab 300 mg*** 52
SUNLENCA TAB 300MG ***lenacapavir sodium tab therapy pack 4 x 300 mg*** 52
SUNLENCA TAB 300MG ***lenacapavir sodium tab therapy pack 5 x 300 mg*** 52
SUNOSI TAB 75MG ***solriamfetol hcl tab 75 mg (base equiv)*** 127
SUNOSI TAB 150MG ***solriamfetol hcl tab 150 mg (base equiv)*** 127
syeda tab 3-0.03mg 99
SYMFI LO TAB ***efavirenz-lamivudine-tenofovir df tab 400-300-300 mg*** 50
SYMFI TAB ***efavirenz-lamivudine-tenofovir df tab 600-300-300 mg*** 50
SYMJEPI INJ 0.3MG ***epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)*** 123

SYMJEPI INJ 0.15MG ***epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)*** 123
SYMPROIC TAB 0.2MG ***naldemedine tosylate tab 0.2 mg (base equivalent)*** 85
SYMTUZA TAB ***darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg*** 53
SYNAREL SOL 2MG/ML ***nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)***. 105
SYNJARDY TAB 5-500MG ***empagliflozin-metformin hcl tab 5-500 mg*** 58
SYNJARDY TAB 5-1000MG ***empagliflozin-metformin hcl tab 5-1000 mg*** 58
SYNJARDY TAB 12.5-500 ***empagliflozin-metformin hcl tab 12.5-500 mg*** 58
SYNJARDY TAB ***empagliflozin-metformin hcl tab 12.5-1000 mg*** 58
SYNJARDY XR TAB 5-1000MG ***empagliflozin-metformin hcl tab er 24hr 5-1000 mg*** 58
SYNJARDY XR TAB 10-1000 ***empagliflozin-metformin hcl tab er 24hr 10-1000 mg*** 58
SYNJARDY XR TAB 25-1000 ***empagliflozin-metformin hcl tab er 24hr 25-1000 mg*** 58
SYNJARDY XR TAB ***empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg*** 58
SYNRIBO INJ 3.5MG ***omacetaxine mepesuccinate for inj 3.5 mg*** 40
SYNTHROID TAB 25MCG ***levothyroxine sodium tab 25 mcg***. . . 103
SYNTHROID TAB 50MCG ***levothyroxine sodium tab 50 mcg*** . . 103
SYNTHROID TAB 75MCG ***levothyroxine sodium tab 75 mcg***. . . 103
SYNTHROID TAB 88MCG ***levothyroxine sodium tab 88 mcg*** . . 104
SYNTHROID TAB 100MCG ***levothyroxine sodium tab 100 mcg*** . 103
SYNTHROID TAB 112MCG ***levothyroxine sodium tab 112 mcg***. . 103
SYNTHROID TAB 125MCG ***levothyroxine sodium tab 125 mcg***. . 103
SYNTHROID TAB 137MCG ***levothyroxine sodium tab 137 mcg***. . 103
SYNTHROID TAB 150MCG ***levothyroxine sodium tab 150 mcg*** . 103
SYNTHROID TAB 175MCG ***levothyroxine sodium tab 175 mcg***. . 103
SYNTHROID TAB 200MCG ***levothyroxine sodium tab 200 mcg*** . 103
SYNTHROID TAB 300MCG ***levothyroxine sodium tab 300 mcg*** . 103
TABLOID TAB 40MG ***thioguanine tab 40 mg*** 39
tacrolimus cap 0.5 mg 108
tacrolimus cap 1 mg 108
tacrolimus cap 5 mg 108
tacrolimus oint 0.1% 80
tacrolimus oint 0.03%. 80
tadalafil tab 2.5mg 88
tadalafil tab 5mg. 88
tadalafil tab 20mg 124
TAFINLAR CAP 50MG ***dabrafenib mesylate cap 50 mg (base equivalent)***43
TAFINLAR CAP 75MG ***dabrafenib mesylate cap 75 mg (base equivalent)***43
TAFINLAR TAB 10MG ***dabrafenib mesylate tab for oral susp 10 mg*** 43
tafluprost sol 0.0015% 119
TAGRISSO TAB 40MG ***osimertinib mesylate tab 40 mg (base equivalent)***43
TAGRISSO TAB 80MG ***osimertinib mesylate tab 80 mg (base equivalent)***43
TAKE ACTION TAB 1.5MG ***levonorgestrel tab 1.5 mg*** 101
TALTZ INJ 20/0.25 ***ixekizumab subcutaneous soln prefilled syringe 20 mg/0.25ml***. 80
TALTZ INJ 40/0.5ML ***ixekizumab subcutaneous soln prefilled syringe 40 mg/0.5ml***. 80
TALTZ INJ 80MG/ML ***ixekizumab subcutaneous soln auto-injector 80 mg/ml***. 81
TALTZ INJ 80MG/ML ***ixekizumab subcutaneous soln prefilled syringe 80 mg/ml***. 81
TALZENNA CAP 0.1MG ***talazoparib tosylate cap 0.1 mg (base equivalent)*** 40
TALZENNA CAP 0.5MG ***talazoparib tosylate cap 0.5 mg (base equivalent)***40
TALZENNA CAP 0.25MG ***talazoparib tosylate cap 0.25 mg (base equivalent)*** 40
TALZENNA CAP 0.35MG ***talazoparib tosylate cap 0.35 mg (base equivalent)*** 40
TALZENNA CAP 0.75MG ***talazoparib tosylate cap 0.75 mg (base equivalent)*** 40
TALZENNA CAP 1MG ***talazoparib tosylate cap 1 mg (base equivalent)***. . 40
tamoxifen tab 10mg 39
tamoxifen tab 20mg. 39
tamsulosin cap 0.4mg 88
tarina 24 fe tab. 99
tarina fe tab 1/20 eq 99
TARON-C DHA CAP ****prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg******. 84
tasimelteon cap 20mg. 127
Tavaborole Sol 5%. 35
taysofy cap 1/20 99
tazarotene cream 0.1%. 81
tazarotene gel 0.1% 81
tazarotene gel 0.05% 81
TAZTIA XT CAP 120MG/24 ***diltiazem hcl extended release beads cap er 24hr 120 mg*** 70
TAZTIA XT CAP 180MG/24 ***diltiazem hcl extended release beads cap er 24hr 180 mg*** 70
TAZTIA XT CAP 240MG/24 ***diltiazem hcl extended release beads cap er 24hr 240 mg*** 70
TAZTIA XT CAP 300MG ER ***diltiazem hcl extended release beads cap er 24hr 300 mg*** 70
TAZTIA XT CAP 360MG/24 ***diltiazem hcl extended release beads cap er 24hr 360 mg*** 70
TDVAX INJ 2-2 LF ***tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml***. 127
telmisartan-hydrochlorothiazide tab 40-12.5 mg 65
telmisartan-hydrochlorothiazide tab 80-12.5 mg 65
telmisartan-hydrochlorothiazide tab 80-25 mg. 65
telmisartan tab 20mg 65
telmisartan tab 40mg 65
telmisartan tab 80mg 65
temazepam cap 7.5mg. 127
temazepam cap 15mg 127
temazepam cap 22.5mg 127
temazepam cap 30mg 127
temozolomide cap 5mg 38
temozolomide cap 20mg. 38
temozolomide cap 100mg 38
temozolomide cap 140mg 38
temozolomide cap 180mg 38
temozolomide cap 250mg 38
TENCON TAB 50-325MG ***butalbital-acetaminophen tab 50-325 mg*** 20
TENIVAC INJ 5-2LF ***tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml***. 112
tenofovir tab 300mg. 51
terazosin cap 1mg 88
terazosin cap 2mg 88
terazosin cap 5mg 88
terazosin cap 10mg 88
terbinafine tab 250mg. 35
terbutaline tab 2.5mg. 123
terbutaline tab 5mg 123
terconazole vaginal cream 0.4%. 35
terconazole vaginal cream 0.8%. 35
terconazole vaginal suppos 80 mg. . . . 35
teriflunomid tab 7mg. 78
teriflunomid tab 14mg. 78
TESTIM GEL 1%(50MG) ***testosterone td gel 50 mg/5gm (1%)***. 92
testost cyp inj 100mg/ml 92

testost cyp inj 200mg/ml 93
testost cyp inj 200mg/ml 93
testost enan inj 200mg/ml 93
testosterone gel pump 1% 93
testosterone sol 30mg/act 93
testosterone td gel 10mg/act (2%) 93
testosterone td gel 20.25 mg/1.25gm (1.62%) 93
testosterone td gel 20.25 mg/act (1.62%) 93
testosterone td gel 20.25 mg/act (1.62%) 93
testosterone td gel 25 mg/2.5gm (1%) 93
testosterone td gel 40.5 mg/2.5gm (1.62%) 93
testosterone td gel 50 mg/5gm (1%) .. 93
tetrabenazin tab 12.5mg 77
tetrabenazin tab 25mg 77
tetracaine ophthalmic soln 0.5% op ...118
tetracycline cap 250mg 26
tetracycline cap 500mg 26
thalomid cap 50mg 39
thalomid cap 100mg 39
thalomid cap 150mg 39
thalomid cap 200mg 39
THEO-24 CAP 100MG CR ***theophylline cap er 24hr 100 mg*** 123
THEO-24 CAP 200MG CR ***theophylline cap er 24hr 200 mg*** 123
THEO-24 CAP 300MG CR ***theophylline cap er 24hr 300 mg*** 123
THEO-24 CAP 400MG ER ***theophylline cap er 24hr 400 mg*** 123
theophylline elx 80/15ml 123
theophylline sol 80/15ml 123
theophylline tab 100mg er 123
theophylline tab 200mg er 123
theophylline tab 300mg er 123
theophylline tab 400mg er 123
theophylline tab 450mg er 123
theophylline tab 600mg er 123
thioridazine tab 10mg 46
thioridazine tab 25mg 46
thioridazine tab 50mg 46
thioridazine tab 100mg 46
thiothixene cap 1mg 47
thiothixene cap 2mg 47
thiothixene cap 5mg 47
thiothixene cap 10mg 47
THRIVE GUM 2MG MINT ***nicotine polacrilex gum 2 mg*** 22
THRIVITE RX TAB 29-1MG ****prenatal vit w/ iron carbonyl-fa tab 29-1 mg******84
thrombin-jmi kit 5000unit 63
thrombin-jmi kit 20000unt 63
thrombin-jmi sol 5000unit 63
thrombin-jmi sol 20000unt 63
thrombin kit 5000unit 63
THYQUIDITY SOL 100/5ML ***levothyroxine sodium oral solution 100 mcg/5ml*** 104
THYQUIDITY SOL 100MCG ***levothyroxine sodium oral solution 100 mcg/5ml*** 104
thyroid tab 15mg 104
thyroid tab 30mg 104
thyroid tab 60mg 104
thyroid tab 90mg 104
thyroid tab 120mg 104
TIADYLT CAP 120MG/24 ***diltiazem hcl extended release beads cap er 24hr 120 mg*** 70
TIADYLT CAP 180MG/24 ***diltiazem hcl extended release beads cap er 24hr 180 mg*** 70
TIADYLT CAP 240MG/24 ***diltiazem hcl extended release beads cap er 24hr 240 mg*** 71
TIADYLT CAP 300MG/24 ***diltiazem hcl extended release beads cap er 24hr 300 mg*** 71
TIADYLT CAP 360MG/24 ***diltiazem hcl extended release beads cap er 24hr 360 mg*** 71
TIADYLT CAP 420MG/24 ***diltiazem hcl extended release beads cap er 24hr 420 mg*** 71
tiagabine tab 2mg 27
tiagabine tab 4mg 27
tiagabine tab 12mg 27
tiagabine tab 16mg 27
ticagrelor tab 60mg 63
ticagrelor tab 90mg 63
tilia fe tab 99
timolol maleate ophth soln 0.5% 119
timolol maleate ophth soln 0.5% (once-daily) 119
timolol maleate ophth soln 0.5% (once-daily) 119
timolol maleate ophth soln 0.25% 119
timolol maleate tab 5 mg 68
timolol maleate tab 10 mg 68
timolol maleate tab 20 mg 68
timolol ophth soln 0.5% 119
tinidazole tab 250mg 23
tinidazole tab 500mg 23
tiotropium bromide inhal cap 18 mcg 122
TIROSINT-SOL SOL 13MCG/ML ***levothyroxine sodium oral solution 13 mcg/ml*** 104
TIROSINT-SOL SOL 25MCG/ML ***levothyroxine sodium oral solution 25 mcg/ml*** 104
TIROSINT-SOL SOL 37.5/ML ***levothyroxine sodium oral solution 37.5 mcg/ml*** 104
TIROSINT-SOL SOL 44MCG/ML ***levothyroxine sodium oral solution 44 mcg/ml*** 104
TIROSINT-SOL SOL 50MCG/ML ***levothyroxine sodium oral solution 50 mcg/ml*** 104
TIROSINT-SOL SOL 62.5/ML ***levothyroxine sodium oral solution 62.5 mcg/ml*** 104
TIROSINT-SOL SOL 75MCG/ML ***levothyroxine sodium oral solution 75 mcg/ml*** 104
TIROSINT-SOL SOL 88MCG/ML ***levothyroxine sodium oral solution 88 mcg/ml*** 104
TIROSINT-SOL SOL 100MCG ***levothyroxine sodium oral solution 100 mcg/ml*** 104
TIROSINT-SOL SOL 112MCG ***levothyroxine sodium oral solution 112 mcg/ml*** 104
TIROSINT-SOL SOL 125MCG ***levothyroxine sodium oral solution 125 mcg/ml*** 104
TIROSINT-SOL SOL 137MCG ***levothyroxine sodium oral solution 137 mcg/ml*** 104
TIROSINT-SOL SOL 150MCG ***levothyroxine sodium oral solution 150 mcg/ml*** 104
TIROSINT-SOL SOL 175MCG ***levothyroxine sodium oral solution 175 mcg/ml*** 104
TIROSINT-SOL SOL 200MCG ***levothyroxine sodium oral solution 200 mcg/ml*** 104
TIVICAY PD TAB 5MG ***dolutegravir sodium tab for oral susp 5 mg*** 49
TIVICAY TAB 10MG ***dolutegravir sodium tab 10 mg*** 49
TIVICAY TAB 25MG ***dolutegravir sodium tab 25 mg*** 49
TIVICAY TAB 50MG ***dolutegravir sodium tab 50 mg*** 49
tizanidine cap 2mg 126
tizanidine cap 4mg 126
tizanidine cap 6mg 126
tizanidine tab 2mg 126
tizanidine tab 4mg 126
TLANDO CAP 112.5 MG ***testosterone undecanoate cap 112.5 mg*** 93
tobra/dexame sus 0.3-0.1% 117
tobramycin neb 300/5ml 123
tobramycin sol 0.3% op 117
TODAY SPONGE MIS ***nonoxynol-9 vaginal sponge 1000 mg*** 88
TOFACITINIB SOL 1MG/ML ***tofacitinib citrate oral soln 1 mg/ml*** 108
TOFACITINIB TAB 5MG ***tofacitinib citrate tab 5 mg*** 108
TOFACITINIB TAB 10MG ***tofacitinib citrate tab 10 mg*** 108

TOFACITINIB TAB 11MG ER ***tofacitinib citrate tab er 24hr 11 mg*** 108
TOFACITINIB TAB 22MG ER ***tofacitinib citrate tab er 24hr 22 mg*** 108
tolcapone tab 100mg 45
tolmetin sod cap 400mg 16
tolmetin sod tab 600mg 16
tolterodine cap 2mg er 88
tolterodine cap 4mg er 88
tolterodine tab 1mg 88
tolterodine tab 2mg 88
tolvaptan tab 15mg 82
tolvaptan tab 30mg 82
topiramate cap 15mg 28
topiramate cap 25mg 28
topiramate cap 50mg 28
topiramate tab 25mg 28
topiramate tab 50mg 28
topiramate tab 100mg 28
topiramate tab 200mg 28
toremifene tab 60mg 39
torsemide tab 5mg 72
torsemide tab 10mg 72
torsemide tab 20mg 72
torsemide tab 100mg 72
TRADJENTA TAB 5MG ***linagliptin tab 5 mg*** 58
tramadol-acetaminophen tab 37.5-325 mg 16
tramadol hcl tab 50 mg 18
tramadol hcl tab er 24hr 100 mg 18
tramadol hcl tab er 24hr 200 mg 18
tramadol hcl tab er 24hr 300 mg 18
tramadol hcl tab er 24hr biphasic release 100 mg 18
tramadol hcl tab er 24hr biphasic release 200 mg 18
tramadol hcl tab er 24hr biphasic release 300 mg 18
trandolapril tab 1mg 66
trandolapril tab 2mg 66
trandolapril tab 4mg 66
tranex acid tab 650mg 63
tranylcyprom tab 10mg 31
travoprost dro 0.004% 119
trazodone tab 50mg 32
trazodone tab 100mg 32
trazodone tab 150mg 32
trazodone tab 300mg 32
TRECATOR TAB 250MG ***ethionamide tab 250 mg*** 38
TRELEGY AER 100MCG ***fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act*** 122
TRELEGY AER 200MCG ***fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act*** 122
TRESIBA FLEX INJ 100UNIT ***insulin degludec soln pen-injector 100 unit/ml*** 60
TRESIBA FLEX INJ 200UNIT ***insulin degludec soln pen-injector 200 unit/ml*** 60
TRESIBA INJ 100UNIT ***insulin degludec inj 100 unit/ml*** 60
tretinoin cap 10mg 44
tretinoin cre 0.1% 81
tretinoin cre 0.05% 81
tretinoin cre 0.025% 81
triamcinolon cre 0.1% 91
triamcinolon cre 0.5% 91
triamcinolon cre 0.025% 91
triamcinolon lot 0.1% 91
triamcinolon lot 0.025% 91
triamcinolon oin 0.1% 91
triamcinolon oin 0.5% 91
triamcinolon oin 0.025% 91
triamcinolon pst 0.1% 79
triamcinolon pst den 0.1% 79
triamterene & hydrochlorothiazide cap 37.5-25 mg 72
triamterene & hydrochlorothiazide tab 37.5-25 mg 72
triamterene & hydrochlorothiazide tab 75-50 mg 72
triazolam tab 0.25mg 55
triazolam tab 0.125mg 55
TRICARE TAB PRENATAL ****prenatal vit w/ fe fumarate-fa tab 27-1 mg****** 84
triderm cre 0.5% 91
TRIENTINE CAP 250MG ***trientine hcl cap 250 mg*** 82
tri-estaryll tab 99
trifluoperaz tab 1mg 47
trifluoperaz tab 2mg 47
trifluoperaz tab 5mg 47
trifluoperaz tab 10mg 47
trifluridine sol 1% op 117
trihexyphen sol 0.4mg/ml 45
Trihexyphen Sol 2mg/5ml 45
trihexyphen tab 2mg 45
trihexyphen tab 5mg 45
tri-legest tab fe 99
tri-linyah tab 99
TRILITAS GEL 0.1% ***tazarotene gel 0.1%*** 79
tri-lo-mili tab 99
tri-lo tab estaryll 99
tri-lo- tab marzia 99
tri-lo- tab sprintec 99
trimethobenz cap 300mg 34
trimethoprim tab 100mg 23
tri-mili tab 99
trimipramine cap 25mg 33
trimipramine cap 50mg 33
trimipramine cap 100mg 33
TRINATAL RX TAB 1 ****prenatal vit w/ fe fumarate-fa tab 60-1 mg****** 84
TRINATE TAB ****prenatal vit w/ fe fumarate-fa tab 28-1 mg****** 84
tri-sprintec tab 99
TRIUMEQ PD TAB ***abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg*** 49
TRIUMEQ TAB ***abacavir-dolutegravir-lamivudine tab 600-50-300 mg*** 49
trivora-28 tab 99
tri-vylibra tab 99
tri-vylibra tab lo 99
trospium chl cap 60mg er 89
trospium cl tab 20mg 89
true metrix sol level 1 56
true metrix sol level 2 56
true metrix sol level 3 56
TRUEPLS GLUC GEL 15/32ML ***glucose gel 15 gm/32ml*** 117
TRUEPLUS CHW GLUCOSE ***glucose chew tab 4 gm (rounded)*** 117
TRULICITY INJ 0.75/0.5 ***dulaglutide soln auto-injector 0.75 mg/0.5ml*** 58
TRULICITY INJ 1.5/0.5 ***dulaglutide soln auto-injector 1.5 mg/0.5ml*** 58
TRULICITY INJ 3/0.5 ***dulaglutide soln auto-injector 3 mg/0.5ml*** 58
TRULICITY INJ 4.5/0.5 ***dulaglutide soln auto-injector 4.5 mg/0.5ml*** 58
TRUMENBA INJ ***meningococcal group b vac (recomb) im susp prefilled syr*** 112
TRUQAP PAK 160MG ***capivasertib tab therapy pack 160 mg*** 43
TRUQAP PAK 200MG ***capivasertib tab therapy pack 200 mg*** 43
TRUQAP TAB 160MG ***capivasertib tab 160 mg*** 43
TRUQAP TAB 200MG ***capivasertib tab 200 mg*** 43
TRUVADA TAB 100-150 ***emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg*** 51
TRUVADA TAB 133-200 ***emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg*** 51
TRUVADA TAB 167-250 ***emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg*** 51
TRUVADA TAB 200-300 ***emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg*** 51
TUKYSA TAB 50MG ***tucatinib tab 50 mg*** 43
TUKYSA TAB 150MG ***tucatinib tab 150 mg*** 43

TURALIO CAP 125MG ***pexidartinib hcl cap 125 mg (base equivalent)*** 43
turqoz tab 99
TWINRIX INJ ***hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml*** 112
TWIRLA DIS 120-30 ***levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr*** 99
TYBLUME CHW 0.1-0.02 ***levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg*** 99
TYBOST TAB 150MG ***cobicistat tab 150 mg*** 49
tydemy tab 99
TYENNE INJ 162/0.9 ***tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml*** 109
TYENNE INJ 162MG ***tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml*** 109
TYMLOS INJ ***abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml*** 114
TYVASO DPI POW 16-32-48 ***treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg*** 124
TYVASO DPI POW 16-32MCG ***treprostinil inh powder 112 x 16mcg & 84 x 32mcg*** 124
TYVASO DPI POW 16MCG ***treprostinil inh powder 16 mcg/ cartridge*** 124
TYVASO DPI POW 32MCG ***treprostinil inh powder 32 mcg/ cartridge*** 124
TYVASO DPI POW 48-80MCG ***treprostinil inh powder 112 x 48mcg & 112 x 80mcg*** 124
TYVASO DPI POW 48MCG ***treprostinil inh powder 48 mcg/ cartridge*** 124
TYVASO DPI POW 64MCG ***treprostinil inh powder 64 mcg/ cartridge*** 124
TYVASO DPI POW 80MCG ***treprostinil inh powder 80 mcg/ cartridge*** 124
TYVASO DPI POW MAIN KIT ***treprostinil inh powder 112 x 32mcg & 112 x 64mcg*** 124
TYVASO DPI POW MAIN KIT ***treprostinil inh powder 112 x 48mcg & 112 x 64mcg*** 124
TYVASO RF KT SOL 0.6MG/ML ***treprostinil inhalation solution 0.6 mg/ml*** 124
TYVASO SOL 0.6MG/ML ***treprostinil inhalation solution 0.6 mg/ml*** 125
TYVASO ST KT SOL 0.6MG/ML ***treprostinil inhalation solution 0.6 mg/ml*** 125
UBRELVY TAB 50MG ***ubrogepant tab 50 mg*** 36
UBRELVY TAB 100MG ***ubrogepant tab 100 mg*** 36
ULTICARE MIS 30GX3/16 ***insulin pen needle 30 g x 5 mm (1/5" or 3/16")*** ...117
UNDECATREX CAP 200MG ***testosterone undecanoate cap 200 mg*** 93
unithroid tab 25mcg 104
unithroid tab 50mcg 104
unithroid tab 75mcg 104
unithroid tab 88mcg 105
unithroid tab 100mcg 104
unithroid tab 112mcg 104
unithroid tab 125mcg 104
unithroid tab 137mcg 104
unithroid tab 150mcg 104
unithroid tab 175mcg 104
unithroid tab 200mcg 104
unithroid tab 300mcg 104
UPTRAVI PACK TAB 200/800 ***selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)*** 125
UPTRAVI TAB 100MCG ***selexipag tab 100 mcg*** 125
UPTRAVI TAB 150MCG ***selexipag tab 150 mcg*** 125
UPTRAVI TAB 200MCG ***selexipag tab 200 mcg*** 125
UPTRAVI TAB 400MCG ***selexipag tab 400 mcg*** 125
UPTRAVI TAB 600MCG ***selexipag tab 600 mcg*** 125
UPTRAVI TAB 800MCG ***selexipag tab 800 mcg*** 125
UPTRAVI TAB 1000MCG ***selexipag tab 1000 mcg*** 125
UPTRAVI TAB 1200MCG ***selexipag tab 1200 mcg*** 125
UPTRAVI TAB 1400MCG ***selexipag tab 1400 mcg*** 125
UPTRAVI TAB 1600MCG ***selexipag tab 1600 mcg*** 125
ursodiol cap 300mg 85
ursodiol tab 250mg 85
ursodiol tab 500mg 85
UTI HOME TES TEST ****urinary tract infection (uti) test****** 117
valacyclovir tab 1gm 54
valacyclovir tab 500mg 54
VALCHLOR GEL 0.016% ***mechlorethamine hcl gel 0.016% (base equivalent)*** 38
valganciclov sol 50mg/ml 48
valganciclov tab 450mg 48
valproic acd cap 250mg 28
valproic acd sol 250/5ml 28
valproic acd sol 500/10ml 28
valsartan-hydrochlorothiazide tab 80-12.5 mg 65
valsartan-hydrochlorothiazide tab 160-12.5 mg 65
valsartan-hydrochlorothiazide tab 160-25 mg 65
valsartan-hydrochlorothiazide tab 320-12.5 mg 65
valsartan-hydrochlorothiazide tab 320-25 mg 65
valsartan tab 40 mg 65
valsartan tab 80 mg 65
valsartan tab 160 mg 65
valsartan tab 320 mg 65
valtya 1/35 tab 99
valtya 1/50 tab 99
vancomycin cap 125mg 23
vancomycin cap 250mg 23
vancomycin sol 25mg/ml 23
vancomycin sol 50mg/ml 23
vancomycin sol 250/5ml 23
vandazole gel 0.75% 23
VAQTA INJ 25/0.5ML ***hepatitis a vaccine inj susp 25 unit/0.5ml*** 112
VAQTA INJ 25/0.5ML ***hepatitis a vaccine susp prefilled syr 25 unit/0.5ml*** 112
VAQTA INJ 50UNT/ML ***hepatitis a vaccine inj susp 50 unit/ml*** 112
VAQTA INJ 50UNT/ML ***hepatitis a vaccine susp prefilled syr 50 unit/ml*** .112
varenicline tab 0.5& 1mg 22
varenicline tab 0.5mg 22
varenicline tab 1mg 22
VARIVAX INJ ***varicella virus vac live for inj 1350 pfu/0.5ml*** 112
VARUBI TAB 90MG ***rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)*** . 34
VAXELIS INJ ***diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp*** 112
VAXELIS INJ ***diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr*** 112
VAXNEUVANCE INJ ***pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml*** 112
VCF VAGINAL GEL CONTRACE ***nonoxynol-9 gel 4%*** 89
VCF VAGINAL MIS CONTRACP ***nonoxynol-9 film 28%*** 89
velivet pak 99
VELPHORO CHW 500MG ***sucroferric oxyhydroxide chew tab 500 mg*** 83
VEMLIDY TAB 25MG ***tenofovir alafenamide fumarate tab 25 mg*** 49
VENCLEXTA TAB 10MG ***venetoclax tab 10 mg*** 43
VENCLEXTA TAB 50MG ***venetoclax tab 50 mg*** 43
VENCLEXTA TAB 100MG ***venetoclax tab 100 mg*** 43

VENCLEXTA TAB START PK ***venetoclax tab therapy starter pack 10 & 50 & 100 mg*** 43
venlafaxine cap 37.5 er 32
venlafaxine cap 75mg er 32
venlafaxine cap 150mg er 32
venlafaxine tab 25mg 32
venlafaxine tab 37.5mg 32
venlafaxine tab 50mg 32
venlafaxine tab 75mg 32
venlafaxine tab 100mg 32
VENTAVIS SOL 10MCG/ML ***iloprost inhalation solution 10 mcg/ml*** 125
VENTAVIS SOL 20MCG/ML ***iloprost inhalation solution 20 mcg/ml*** 125
VENTOLIN HFA AER ***albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)*** 123
verapamil cap 100mg er 71
verapamil cap 120mg er 71
verapamil cap 120mg sr 71
verapamil cap 180mg er 71
verapamil cap 180mg sr 71
verapamil cap 200mg er 71
verapamil cap 240mg er 71
verapamil cap 240mg sr 71
verapamil cap 300mg er 71
verapamil cap 360mg sr 71
verapamil tab 40mg 71
verapamil tab 80mg 71
verapamil tab 120mg 71
verapamil tab 120mg er 71
verapamil tab 180mg er 71
verapamil tab 240mg er 71
VERZENIO TAB 50MG ***abemaciclib tab 50 mg*** 40
VERZENIO TAB 100MG ***abemaciclib tab 100 mg*** 40
VERZENIO TAB 150MG ***abemaciclib tab 150 mg*** 40
VERZENIO TAB 200MG ***abemaciclib tab 200 mg*** 40
vestura tab 3-0.02mg 100
VIBERZI TAB 75MG ***eluxadoline tab 75 mg*** 85
VIBERZI TAB 100MG ***eluxadoline tab 100 mg*** 85
vienva tab 0.1-20 100
vigabatrin pak 500mg 28
vigabatrin tab 500mg 28
VIGPODER POW 500MG ***vigabatrin powd pack 500 mg*** 28
vilazodone tab 10mg 32
vilazodone tab 20mg 32
vilazodone tab 40mg 32
viorele tab 100
VIRACEPT TAB 250MG ***nelfinavir mesylate tab 250 mg*** 53
VIRACEPT TAB 625MG ***nelfinavir mesylate tab 625 mg*** 53
VIREAD POW 40MG/GM ***tenofovir disoproxil fumarate oral powder 40 mg/gm*** 51
VIREAD TAB 150MG ***tenofovir disoproxil fumarate tab 150 mg*** 51
VIREAD TAB 200MG ***tenofovir disoproxil fumarate tab 200 mg*** 52
VIREAD TAB 250MG ***tenofovir disoproxil fumarate tab 250 mg*** 52
VIREAD TAB 300MG ***tenofovir disoproxil fumarate tab 300 mg*** 52
vitamin d cap 1.25mg 84
vitamin d cap 50000unt 84
VITATHELY TAB ****prenatal vit w/ fe fumarate-fa tab 27-1 mg****** 84
VITRAKVI CAP 25MG ***larotrectinib sulfate cap 25 mg (base equivalent)*** 43
VITRAKVI CAP 100MG ***larotrectinib sulfate cap 100 mg (base equivalent)*** 43
VITRAKVI SOL 20MG/ML ***larotrectinib sulfate oral soln 20 mg/ml (base equivalent)*** 43
vivelle-dot dis 0.1mg 100
vivelle-dot dis 0.05mg 100
vivelle-dot dis 0.025mg 100
vivelle-dot dis 0.075mg 100
vivelle-dot dis 0.0375mg 100
VOGELXO GEL 1%(50MG) ***testosterone td gel 50 mg/5gm (1%).*** 93
VOGELXO GEL PUMP 1% ***testosterone td gel 12.5 mg/act (1%).*** 93
volnea tab 100
voriconazole sus 40mg/ml 35
voriconazole tab 50mg 35
voriconazole tab 200mg 35
vraylar cap 1.5mg 48
vraylar cap 3mg 48
vraylar cap 4.5mg 48
vraylar cap 6mg 48
vyfemla tab 0.4-35 100
vylibra tab 0.25-35 100
warfarin tab 1mg 61
warfarin tab 2.5mg 61
warfarin tab 2mg 61
warfarin tab 3mg 62
warfarin tab 4mg 62
warfarin tab 5mg 62
warfarin tab 6mg 62
warfarin tab 7.5mg 62
warfarin tab 10mg 61
wera tab 0.5/35 100
WESNATAL DHA PAK COMPLETE ****prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk***** 84
WESTAB PLUS TAB 27-1MG ****prenatal vit w/ fe fumarate-fa tab 27-1 mg******. 84
WEZLANA INJ 45/0.5ML ***ustekinumab-auub inj 45 mg/0.5ml*** .. 81
WEZLANA INJ 45/0.5ML ***ustekinumab-auub soln prefilled syringe 45 mg/0.5ml*** 81
WEZLANA INJ 90MG/ML ***ustekinumab-auub soln prefilled syringe 90 mg/ml*** 81
WIDE-SEAL DPR KIT 60 ***diaphragm wide seal 60 mm*** 117
WIDE-SEAL DPR KIT 65 ***diaphragm wide seal 65 mm*** 117
WIDE-SEAL DPR KIT 70 ***diaphragm wide seal 70 mm*** 117
WIDE-SEAL DPR KIT 75 ***diaphragm wide seal 75 mm*** 117
WIDE-SEAL DPR KIT 80 ***diaphragm wide seal 80 mm*** 117
WIDE-SEAL DPR KIT 85 ***diaphragm wide seal 85 mm*** 117
WIDE-SEAL DPR KIT 90 ***diaphragm wide seal 90 mm*** 117
WIDE-SEAL DPR KIT 95 ***diaphragm wide seal 95 mm*** 117
WIXELA INHUB AER 100/50 ***fluticasone-salmeterol aer powder ba 100-50 mcg/act*** 121
WIXELA INHUB AER 250/50 ***fluticasone-salmeterol aer powder ba 250-50 mcg/act*** 121
WIXELA INHUB AER 500/50 ***fluticasone-salmeterol aer powder ba 500-50 mcg/act*** 121
wymzya fe chw 0.4mg-35 100
xarah fe tab 100
XARELTO STAR TAB 15/20MG ***rivaroxaban tab starter therapy pack 15 mg & 20 mg*** 62
XARELTO SUS 1MG/ML ***rivaroxaban for susp 1 mg/ml*** 62
XARELTO TAB 2.5MG ***rivaroxaban tab 2.5 mg*** 62
XARELTO TAB 10MG ***rivaroxaban tab 10 mg*** 62
XARELTO TAB 15MG ***rivaroxaban tab 15 mg*** 62
XARELTO TAB 20MG ***rivaroxaban tab 20 mg*** 62
XELJANZ SOL 1MG/ML ***tofacitinib citrate oral soln 1 mg/ml (base equivalent)*** 108
XELJANZ TAB 5MG ***tofacitinib citrate tab 5 mg (base equivalent)*** .. 108
XELJANZ TAB 10MG ***tofacitinib citrate tab 10 mg (base equivalent)*** . 108
XELJANZ XR TAB 11MG ***tofacitinib citrate tab er 24hr 11 mg (base equivalent)*** 108
XELJANZ XR TAB 22MG ***tofacitinib citrate tab er 24hr 22 mg (base equivalent)*** 108
xelria fe chw 0.4mg-35 100

XEPI CRE 1% ***ozenoxacin cream 1%*** . . . 23
XIFAXAN TAB 200MG ***rifaximin tab 200 mg*** 23
XIFAXAN TAB 550MG ***rifaximin tab 550 mg*** 23
XIGDUO XR TAB 2.5-1000 ***dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg*** 58
XIGDUO XR TAB 5-500MG ***dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg*** 58
XIGDUO XR TAB 5-1000MG ***dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg*** 58
XIGDUO XR TAB 10-500MG ***dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg*** 58
XIGDUO XR TAB 10-1000 ***dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg*** 58
XOLAIR INJ 75/0.5 ***omalizumab subcutaneous soln auto-injector 75 mg/0.5ml*** 126
XOLAIR INJ 75/0.5 ***omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml*** 126
XOLAIR INJ 150MG/ML ***omalizumab subcutaneous soln auto-injector 150 mg/ml*** 126
XOLAIR INJ 150MG/ML ***omalizumab subcutaneous soln prefilled syringe 150 mg/ml*** 126
XOLAIR INJ 300/2ML ***omalizumab subcutaneous soln auto-injector 300 mg/2ml*** 126
XOLAIR INJ 300/2ML ***omalizumab subcutaneous soln prefilled syringe 300 mg/2ml*** 126
XOSPATA TAB 40MG ***gilteritinib fumarate tablet 40 mg (base equivalent)*** 43
XTAMPZA ER CAP 9MG ***oxycodone cap er 12hr abuse-deterrent 9 mg*** 18
XTAMPZA ER CAP 13.5MG ***oxycodone cap er 12hr abuse-deterrent 13.5 mg*** 18
XTAMPZA ER CAP 18MG ***oxycodone cap er 12hr abuse-deterrent 18 mg*** . . . 18
XTAMPZA ER CAP 27MG ***oxycodone cap er 12hr abuse-deterrent 27 mg*** . . 18
XTAMPZA ER CAP 36MG ***oxycodone cap er 12hr abuse-deterrent 36 mg*** . . 18
XTANDI CAP 40MG ***enzalutamide cap 40 mg*** 38
XTANDI TAB 40MG ***enzalutamide tab 40 mg*** 38
XTANDI TAB 80MG ***enzalutamide tab 80 mg*** 38
xulane dis 150-35 100
XULTOPHY INJ 100/3.6 ***insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml*** 60
XYOSTED INJ 50/0.5ML ***testosterone enanthate solution auto-injector 50 mg/0.5ml*** 93
XYOSTED INJ 75/0.5ML ***testosterone enanthate solution auto-injector 75 mg/0.5ml*** 93
XYOSTED INJ 100/0.5 ***testosterone enanthate solution auto-injector 100 mg/0.5ml*** 93
XYVONA TAB 2MG ***levorphanol tartrate tab 2 mg*** 18
XYVONA TAB 3MG ***levorphanol tartrate tab 3 mg*** 18
YESINTEK INJ 45/0.5ML ***ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml*** 81
YESINTEK INJ 45/0.5ML ***ustekinumab-kfce subcutaneous soln 45 mg/0.5ml*** 81
YESINTEK INJ 90MG/ML ***ustekinumab-kfce soln prefilled syringe 90 mg/ml*** 81
YEZTUGO TAB 300MG ***lenacapavir sodium tab 300 mg*** 52
YOSPRALA TAB 81-40MG ***aspirin-omeprazole tab delayed release 81-40 mg*** 63
YOSPRALA TAB 325-40MG ***aspirin-omeprazole tab delayed release 325-40 mg*** 63
YULITHIRA TAB 2.5MG ***everolimus tab 2.5 mg*** 43
YULITHIRA TAB 5MG ***everolimus tab 5 mg*** 44
YULITHIRA TAB 7.5MG ***everolimus tab 7.5 mg*** 44
YULITHIRA TAB 10MG ***everolimus tab 10 mg*** 44
yuvafem tab 10mcg 100
zafemy dis 150/35 100
zafirlukast tab 10mg 122
zafirlukast tab 20mg 122
zaleplon cap 5mg 127
zaleplon cap 10mg 127
ZARXIO INJ 300/0.5 ***filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml*** . 63
ZARXIO INJ 480/0.8 ***filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml*** 63
ZEGALOGUE INJ 0.6/0.6 ***dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml*** 59
ZEGALOGUE INJ 0.6/0.6 ***dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml*** 59
ZELBORAF TAB 240MG ***vemurafenib tab 240 mg*** 44
ZELVYSIA POW 100MG ***sapropterin dihydrochloride powder packet 100 mg*** 87
ZELVYSIA POW 500MG ***sapropterin dihydrochloride powder packet 500 mg*** 87
zenatane cap 10mg 81
zenatane cap 20mg 81
zenatane cap 30mg 81
zenatane cap 40mg 81
ZENPEP CAP 3000UNIT ***pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit*** 87
ZENPEP CAP 5000UNIT ***pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit*** 87
ZENPEP CAP 10000UNT ***pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit*** 87
ZENPEP CAP 15000UNT ***pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit*** 87
ZENPEP CAP 20000UNT ***pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit*** 87
ZENPEP CAP 25000UNT ***pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit*** 87
ZENPEP CAP 40000UNT ***pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit*** 87
ZENPEP CAP 60000UNT ***pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit*** 87
ZEPATIER TAB 50-100MG ***elbasvir-grazoprevir tab 50-100 mg*** 49
ZEPOSIA 7 DAY CAP STR PACK ***ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg*** 79
ZEPOSIA CAP 0.92MG ***ozanimod hcl cap 0.92 mg*** 78
ZEPOSIA CAP STR KIT ***ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg*** 78
ZIAGEN SOL 20MG/ML ***abacavir sulfate soln 20 mg/ml*** 52
ZIAGEN TAB 300MG ***abacavir sulfate tab 300 mg*** 52
zidovudine cap 100mg 52
zidovudine syp 50mg/5ml 52
zidovudine tab 300mg 52
zileuton er tab 600mg 122
ZIMHI SOL ***naloxone hcl soln prefilled syringe 5 mg/0.5ml*** 21
ziprasidone cap 20mg 48
ziprasidone cap 40mg 48
ziprasidone cap 60mg 48
ziprasidone cap 80mg 48
ZIRGAN GEL 0.15% ***ganciclovir ophth gel 0.15%*** 117
ZOLINZA CAP 100MG ***vorinostat cap 100 mg*** 40
zolmitriptan spr 2.5mg 37
zolmitriptan spr 5mg 37
zolmitriptan tab 2.5 mg 37
zolmitriptan tab 2.5mg 37
zolmitriptan tab 5mg 37

zolmitriptan tab 5mg odt..... 37
zolpidem er tab 6.25mg 127
zolpidem er tab 12.5mg..... 127
zolpidem tab 5mg 127
zolpidem tab 10mg 127
zonisamide cap 25mg 27
zonisamide cap 50mg 27
zonisamide cap 100mg..... 27
zovia 1/35 tab 100
ZUBSOLV SUB 0.7-0.18 ***buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq)*****.....**.21
ZUBSOLV SUB 1.4-0.36 ***buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)*****.....**.21
ZUBSOLV SUB 2.9-0.71 ***buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)*****.....**.21
ZUBSOLV SUB 5.7-1.4 ***buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)*** **.....**.21
ZUBSOLV SUB 8.6-2.1 ***buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)*** **.....**.21
ZUBSOLV SUB 11.4-2.9 ***buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq)*****.....**.21
zumandimine tab 3-0.03mg.....100
ZURNAI INJ 1.5/0.5 ***nalmefene hcl soln auto-injector 1.5 mg/0.5ml (base equiv)*** **.....**.21
ZYDELIG TAB 100MG ***idelalisib tab 100 mg*** **.....** 44
ZYDELIG TAB 150MG ***idelalisib tab 150 mg*** **.....** 44
ZYKADIA TAB 150MG ***ceritinib tab 150 mg*** **.....** 44
ZYLET SUS 0.5-0.3% ***loteprednol etabonate-tobramycin ophth susp 0.5-0.3%*****.....**.118

Language Assistance Services

1-877-265-9199, TTY 711

English: Translation services and interpreters are available at no cost to you. If you need help, please call the number above or the Member Services number on your health plan ID card.

Spanish: Hay servicios de traducción e interpretación disponibles sin costo para usted. Si necesita ayuda, llame al número anterior o al número de Servicios para Miembros que figura en la tarjeta de identificación de su plan de salud.

Chinese: 翻译服务和口译员免费供您使用。如果您需要帮助，请拨打上述号码或拨打您健康计划 ID 卡上的会员服务号码。

Vietnamese: Dịch vụ dịch thuật và thông dịch viên được cung cấp miễn phí cho quý vị. Nếu quý vị cần trợ giúp, vui lòng gọi số ở trên hoặc số bộ phận Dịch vụ Thành viên trên thẻ ID chương trình sức khỏe của quý vị.

Korean: 번역 서비스와 통역사는 비용 부담 없이 이용하실 수 있습니다. 도움이 필요하신 경우, 전술한 번호 또는 의료 플랜 ID 카드에 기재된 가입자 서비스 번호로 전화하십시오.

Arabic: تتوفر خدمات الترجمة والمترجمون الفوريون لك مجانًا. إذا كنت بحاجة إلى المساعدة، فيُرجى الاتصال بالرقم أعلاه أو رقم خدمات الأعضاء الموجود على بطاقة معرف الخطة الصحية الخاصة بك.

French Creole: Sèvis tradiksyon ak entèprèt disponib pou ou gratis. Si w bezwen èd, tanpri rele nimewo ki anwo a oswa nimewo Sèvis Manm ki sou kat idantite (ID) plan sante w la.

Tagalog: Ang mga serbisyo sa pagsasalin at mga tagapagsalin ay magagamit mo nang walang bayad. Kung kailangan mo ng tulong, mangyaring tawagan ang numero sa itaas o ang numero ng mga Serbisyo sa Miyembro na nasa iyong ID kard ng planong pangkalusugan.

French: Les services de traduction et d'interprétation vous sont fournis gratuitement. Si vous avez besoin d'aide, veuillez appeler le numéro ci-dessus ou le numéro de services aux membres figurant sur votre carte d'assurance maladie.

Russian: Вам доступны бесплатные услуги перевода и устные переводчики. Если вам нужна помощь, позвоните по указанному выше номеру или по номеру отдела обслуживания участников, указанному на вашей идентификационной карте программы страхования здоровья.

Polish: Mogą Państwo bezpłatnie skorzystać z usługi tłumaczenia pisemnego lub ustnego. Jeśli potrzebują Państwo pomocy, należy zadzwonić pod numer podany powyżej lub numer usług dla członków podany na karcie identyfikacyjnej członka planu ubezpieczenia zdrowotnego.



German: Übersetzungsdienste und Dolmetscher stehen Ihnen kostenlos zur Verfügung. Wenn Sie Hilfe benötigen, rufen Sie bitte die oben genannte Nummer oder die Nummer des Mitgliederservices auf Ihrer Versichertenkarte an.

Gujarati: અનુવાદ સેવાઓ અને દુભાષિયા તમારા માટે નિઃશુલ્ક ઉપલબ્ધ છે. જો તમને મદદની જરૂર હોય, તો કૃપા કરીને ઉપરના નંબર પર અથવા તમારા હેલ્થ પ્લાન આઈડી કાર્ડ પરના સભ્ય સેવાઓ નંબર પર કૉલ કરો.

Urdu: آپ کے لیے بغیر کسی فیس یا اخراجات کے ترجمہ کی خدمات اور ترجمان دستیاب ہیں۔ اگر آپ کو مدد کی ضرورت ہو، تو برائے مہربانی اوپر دیئے گئے نمبر یا اپنے ہیلتھ پلان آئی ڈی کارڈ پر موجود Member Services کے نمبر پر کال کریں۔

Portuguese: Você tem à disposição serviços gratuitos de tradução e intérpretes. Caso precise de ajuda, ligue para o número acima ou para o número de Atendimento a Membros exibido em seu cartão de identificação do plano de saúde.

Japanese: 翻訳サービスと通訳サービスを利用できます。サポートが必要な場合は、上記の電話番号か、保険プラン ID カードのメンバーサービス番号に電話してください。

Hindi: अनुवाद सेवाएँ और दुभाषिए आपके लिए निःशुल्क उपलब्ध हैं। यदि आपको सहायता की आवश्यकता है, तो कृपया अपने स्वास्थ्य योजना आईडी कार्ड पर ऊपर दिए गए नंबर या सदस्य सेवा नंबर पर कॉल करें।

Persian: خدمات ترجمه کتبی و شفاهی به صورت رایگان برای شما فراهم است. اگر به کمک نیاز دارید، با شماره تلفن بالا یا شماره تلفن خدمات مشتری درج شده روی کارت شناسایی برنامه درمانی خود تماس بگیرید.

Amharic: የትርጉም አገልግሎቶች እና አስተርጓሚዎች ለእርስዎ ያለ ምንም ወጪ ይገኛሉ። እርዳታ ከፈለጉ፣ እባክዎን ከላይ ባለው ቁጥር ወይም በጤና እቅድ መታወቂያ ካርድዎ ላይ ባለው የአባላት አገልግሎት ቁጥር ይደውሉ።

Italian: Sono disponibili gratuitamente servizi di traduzione e interpreti. Se hai bisogno di aiuto, chiama il numero sopra oppure il numero di assistenza presente sulla tua tessera sanitaria.

Pennsylvania Dutch: Wann du Deitsch schwetzscht un Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Wann du Hilf brauchscht, ruf die Nummer drowwe uff odder die Nummer fer Member Services as uf dei Health Plan ID Card is.

Navajo: Naaltsoos hazaad bee hadilnééh bee áka'anída'awo'í dóó ata' dahalne'í t'áá jiik'eh ná hóló. Shika'adoowoł nínízingo, t'áá shǫǫdí hódahdi námboo bikí'ágíí doodago Bił Ha'dít'éhí Bika'aná'awo' nits'íís bee ha'dít'éhí ID ninaaltsoos nitł'izí bąąh námboo bikí'ágíí bee hodíilnih.

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Phone: Toll-free **1-800-368-1019**, **1-800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

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