

CareFirst Formulary 2

2021

This formulary is for members of an employer group with 51 or more employees OR individuals or families who have a “grandfathered” plan (purchased before the March 23, 2010 Affordable Care Act date). For your specific prescription benefit plan information, log into your account at carefirst.com.

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit carefirst.com/rx.

Introduction

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals, known as the Pharmacy and Therapeutics Committee. This committee makes sure the drugs on the formulary are safe and clinically effective.

Within the formulary, prescription drugs are divided into tiers as described below. Depending on your plan, prescription drugs fall into one of four drug tiers which determines the price you pay.

Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**.

You may search the formulary for a drug by pressing “CTRL” and “F” at the same time to prompt a search.

The second column indicates the drug tier for a covered drug.

The third column indicates any prescription guidelines a drug requires such as prior authorization (PA), step therapy (ST) or quantity limits (QL).

- **Prior Authorization** from CareFirst is required before you fill prescriptions for

certain drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.

- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

Members can view specific cost-share (copay or coinsurance) information and prescription guidelines by logging in to *My Account* at carefirst.com/myaccount and clicking on *Tools* and *Drug Pricing Tool* or by reviewing their annual summary of benefits.

Tier 0: \$0 Drugs	■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. ■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs \$	■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs \$\$	■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: Non-preferred Brand Drugs \$\$\$	■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
Tier 4: Self-Injectable Drugs \$\$\$\$	■ Self-injectable drugs (excluding insulin) are drugs that do not require professional administration. Insulin is covered at the generic, preferred brand or non-preferred brand drug tier.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL TAB 5MG	3	PA, QL (120 tabs / month); MNPA
ADDERALL TAB 7.5MG	3	PA, QL (120 tabs / month); MNPA
ADDERALL TAB 10MG	3	PA, QL (120 tabs / month); MNPA
ADDERALL TAB 12.5MG	3	PA, QL (120 tabs / month); MNPA
ADDERALL TAB 15MG	3	PA, QL (60 tabs / month); MNPA
ADDERALL TAB 20MG	3	PA, QL (60 tabs / month); MNPA
ADDERALL TAB 30MG	3	PA, QL (30 tabs / month); MNPA
ADDERALL XR CAP 5MG	1	QL (120 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 10MG	1	QL (120 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 15MG	1	QL (30 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 20MG	1	QL (30 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 25MG	1	QL (30 caps / month); Tier 1 with DAW9
ADDERALL XR CAP 30MG	1	QL (30 caps / month); Tier 1 with DAW9
ADZENYS ER SUS 1.25MG	3	PA, QL (540 mL / month); MNPA
ADZENYS XR TAB 3.1MG	3	PA, QL (60 ea / month); MNPA
ADZENYS XR TAB 6.3MG	3	PA, QL (60 ea / month); MNPA
ADZENYS XR TAB 9.4MG	3	PA, QL (60 ea / month); MNPA
ADZENYS XR TAB 12.5MG	3	PA, QL (30 ea / month); MNPA
ADZENYS XR TAB 15.7 MG	3	PA, QL (30 ea / month); MNPA
ADZENYS XR TAB 18.8MG	3	PA, QL (30 ea / month); MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

1

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine extended release susp 1.25 mg/ml</i>	1	QL (540 mL / month)
<i>amphetamine sulfate tab 5 mg</i>	1	QL (150 tabs / month)
<i>amphetamine sulfate tab 10 mg</i>	1	QL (150 tabs / month)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (120 tabs / month)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (120 tabs / month)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (120 tabs / month)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (120 tabs / month)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / month)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs / month)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs / month)
DESOXYN TAB 5MG	3	QL (180 tabs / month)
DEXEDRINE CAP 5MG CR	3	QL (150 caps / month)
DEXEDRINE CAP 10MG CR	3	QL (150 caps / month)
DEXEDRINE CAP 15MG CR	3	QL (60 caps / month)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (150 caps / month)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (150 caps / month)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps / month)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1440 mL / month)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	QL (150 tabs / month)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (150 tabs / month)
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	QL (150 tabs / month)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (150 tabs / month)
<i>dextroamphetamine sulfate tab 15 mg</i>	1	QL (60 tabs / month)
<i>dextroamphetamine sulfate tab 20 mg</i>	1	QL (60 tabs / month)
<i>dextroamphetamine sulfate tab 30 mg</i>	1	QL (30 tabs / month)
DYANAVEL XR SUS 2.5MG/ML	3	QL (300 mL / month)
EVEKEO ODT TAB 5MG	3	PA, QL (150 tabs / month); MNPA
EVEKEO ODT TAB 10MG	3	PA, QL (150 tabs / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
EVEKEO ODT TAB 15MG	3	PA, QL (60 tabs / month); MNPA
EVEKEO ODT TAB 20MG	3	PA, QL (60 tabs / month); MNPA
EVEKEO TAB 5MG	3	PA, QL (150 tabs / month); MNPA
EVEKEO TAB 10MG	3	PA, QL (150 tabs / month); MNPA
<i>methamphetamine hcl tab 5 mg</i>	1	QL (180 tabs / month)
MYDAYIS CAP 12.5MG	2	QL (60 caps / month)
MYDAYIS CAP 25MG	2	QL (60 caps / month)
MYDAYIS CAP 37.5MG	2	QL (30 caps / month)
MYDAYIS CAP 50MG	2	QL (30 caps / month)
VYVANSE CAP 10MG	2	QL (60 caps / month)
VYVANSE CAP 20MG	2	QL (60 caps / month)
VYVANSE CAP 30MG	2	QL (60 caps / month)
VYVANSE CAP 40MG	2	QL (30 caps / month)
VYVANSE CAP 50MG	2	QL (30 caps / month)
VYVANSE CAP 60MG	2	QL (30 caps / month)
VYVANSE CAP 70MG	2	QL (30 caps / month)
VYVANSE CHW 10MG	2	QL (60 tabs / month)
VYVANSE CHW 20MG	2	QL (60 tabs / month)
VYVANSE CHW 30MG	2	QL (60 tabs / month)
VYVANSE CHW 40MG	2	QL (30 tabs / month)
VYVANSE CHW 50MG	2	QL (30 tabs / month)
VYVANSE CHW 60MG	2	QL (30 tabs / month)
ZENZEDI TAB 2.5MG	3	PA, QL (150 tabs / month); MNPA
ZENZEDI TAB 7.5MG	3	PA, QL (150 tabs / month); MNPA
ZENZEDI TAB 15MG	3	PA, QL (60 tabs / month); MNPA
ZENZEDI TAB 20MG	3	PA, QL (60 tabs / month); MNPA
ZENZEDI TAB 30MG	3	PA, QL (30 tabs / month); MNPA
ANALEPTICS		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
ANTI-OBESITY AGENTS		
WEGOVY INJ 0.5MG	4	Coverage is subject to your plan/benefits

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3

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Drug Name	Drug Tier	Requirements/Limits
WEGOVY INJ 0.25MG	4	Coverage is subject to your plan/benefits
WEGOVY INJ 1.7MG	4	Coverage is subject to your plan/benefits
WEGOVY INJ 1MG	4	Coverage is subject to your plan/benefits
WEGOVY INJ 2.4MG	4	Coverage is subject to your plan/benefits
ANTI OBESITY AGENTS, INJECTABLE		
SAXENDA INJ 18MG/3ML	4	Coverage is subject to your plan/benefits
ANTI OBESITY AGENTS, ORAL		
ADIPEX-P CAP 37.5MG	3	Coverage is subject to your plan/benefits
ADIPEX-P TAB 37.5MG	3	Coverage is subject to your plan/benefits
<i>benzphetamine hcl tab 25 mg</i>	1	Coverage is subject to your plan/benefits
<i>benzphetamine hcl tab 50 mg</i>	1	Coverage is subject to your plan/benefits
<i>diethylpropion hcl tab 25 mg</i>	1	Coverage is subject to your plan/benefits
<i>diethylpropion hcl tab er 24hr 75 mg</i>	1	Coverage is subject to your plan/benefits
<i>phendimetrazine tartrate cap er 24hr 105 mg</i>	1	Coverage is subject to your plan/benefits
<i>phendimetrazine tartrate tab 35 mg</i>	1	Coverage is subject to your plan/benefits
<i>phentermine hcl cap 15 mg</i>	1	Coverage is subject to your plan/benefits
<i>phentermine hcl cap 30 mg</i>	1	Coverage is subject to your plan/benefits
<i>phentermine hcl cap 37.5 mg</i>	1	Coverage is subject to your plan/benefits
<i>phentermine hcl tab 37.5 mg</i>	1	Coverage is subject to your plan/benefits
QSYMIA CAP 3.75-23	2	Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	Coverage is subject to your plan/benefits
QSYMIA CAP 11.25-69	2	Coverage is subject to your plan/benefits

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

4

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Drug Name	Drug Tier	Requirements/Limits
QSYMIA CAP 15-92MG	2	Coverage is subject to your plan/benefits
REGIMEX TAB 25MG	3	Coverage is subject to your plan/benefits
XENICAL CAP 120MG	3	PA; MNPA; Coverage is subject to your plan/benefits

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (150 caps / month)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (150 caps / month)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (150 caps / month)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (60 caps / month)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (30 caps / month)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (30 caps / month)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (30 caps / month)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	
INTUNIV TAB 1MG	3	PA; MNPA
INTUNIV TAB 2MG	3	PA; MNPA
INTUNIV TAB 3MG	3	PA; MNPA
INTUNIV TAB 4MG	3	PA; MNPA
KAPVAY TAB 0.1 MG	3	
QELBREE CAP 100MG ER	3	
QELBREE CAP 150MG ER	3	
QELBREE CAP 200MG ER	3	
STRATTERA CAP 10MG	3	QL (150 caps / month)
STRATTERA CAP 18MG	3	QL (150 caps / month)
STRATTERA CAP 25MG	3	QL (150 caps / month)
STRATTERA CAP 40MG	3	QL (60 caps / month)
STRATTERA CAP 60MG	3	QL (30 caps / month)
STRATTERA CAP 80MG	3	QL (30 caps / month)
STRATTERA CAP 100MG	3	QL (30 caps / month)

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Drug Name	Drug Tier	Requirements/Limits
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	
STIMULANTS - MISC.		
ADHANSIA XR CAP 25MG	3	PA, QL (60 caps / month); MNPA
ADHANSIA XR CAP 35MG	3	PA, QL (60 caps / month); MNPA
ADHANSIA XR CAP 45MG	3	PA, QL (60 caps / month); MNPA
ADHANSIA XR CAP 55MG	3	PA, QL (30 caps / month); MNPA
ADHANSIA XR CAP 70MG	3	PA, QL (30 caps / month); MNPA
ADHANSIA XR CAP 85MG	3	PA, QL (30 caps / month); MNPA
APTENSIO XR CAP 10MG	3	PA, QL (60 caps / month); MNPA
APTENSIO XR CAP 15MG	3	PA, QL (60 caps / month); MNPA
APTENSIO XR CAP 20MG	3	PA, QL (60 caps / month); MNPA
APTENSIO XR CAP 30MG	3	PA, QL (60 caps / month); MNPA
APTENSIO XR CAP 40MG	3	PA, QL (30 caps / month); MNPA
APTENSIO XR CAP 50MG	3	PA, QL (30 caps / month); MNPA
APTENSIO XR CAP 60MG	3	PA, QL (30 caps / month); MNPA
<i>armodafinil tab 50 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>armodafinil tab 150 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
<i>armodafinil tab 200 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
<i>armodafinil tab 250 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
CONCERTA TAB 18MG	1	QL (60 tabs / month); Tier 1 with DAW9

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Drug Name	Drug Tier	Requirements/Limits
CONCERTA TAB 27MG	1	QL (60 tabs / month); Tier 1 with DAW9
CONCERTA TAB 36MG	1	QL (60 tabs / month); Tier 1 with DAW9
CONCERTA TAB 54MG	1	QL (30 tabs / month); Tier 1 with DAW9
COTEMPLA TAB 8.6MG	3	PA, QL (60 ea / month); MNPA
COTEMPLA TAB 17.3MG	3	PA, QL (60 ea / month); MNPA
COTEMPLA TAB 25.9MG	3	PA, QL (60 ea / month); MNPA
DAYTRANA DIS 10MG/9HR	3	PA, QL (30 patches / month); MNPA
DAYTRANA DIS 15MG/9HR	3	PA, QL (30 patches / month); MNPA
DAYTRANA DIS 20MG/9HR	3	PA, QL (30 patches / month); MNPA
DAYTRANA DIS 30MG/9HR	3	PA, QL (30 patches / month); MNPA
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	PA, QL (60 caps / month); MNPA
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	PA, QL (60 caps / month); MNPA
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	PA, QL (60 caps / month); MNPA
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	PA, QL (60 caps / month); MNPA
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	PA, QL (30 caps / month); MNPA
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	PA, QL (30 caps / month); MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

7

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Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	PA, QL (30 caps / month); MNPA
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps / month)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	PA, QL (30 caps / month); MNPA
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (150 tabs / month)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (150 tabs / month)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs / month)
FOCALIN TAB 2.5MG	3	QL (150 tabs / month)
FOCALIN TAB 5MG	3	QL (150 tabs / month)
FOCALIN TAB 10MG	3	QL (60 tabs / month)
FOCALIN XR CAP 5MG	3	PA, QL (60 caps / month); MNPA
FOCALIN XR CAP 10MG	3	PA, QL (60 caps / month); MNPA
FOCALIN XR CAP 15MG	3	PA, QL (60 caps / month); MNPA
FOCALIN XR CAP 20MG	3	PA, QL (60 caps / month); MNPA
FOCALIN XR CAP 25MG	3	PA, QL (30 caps / month); MNPA
FOCALIN XR CAP 30MG	3	PA, QL (30 caps / month); MNPA
FOCALIN XR CAP 35MG	3	PA, QL (30 caps / month); MNPA
FOCALIN XR CAP 40MG	3	PA, QL (30 caps / month); MNPA
JORNAY PM CAP 20MG ER	3	PA, QL (60 caps / month); MNPA
JORNAY PM CAP 40MG ER	3	PA, QL (60 caps / month); MNPA
JORNAY PM CAP 60MG ER	3	PA, QL (30 caps / month); MNPA
JORNAY PM CAP 80MG ER	3	PA, QL (30 caps / month); MNPA
JORNAY PM CAP 100MG ER	3	PA, QL (30 caps / month); MNPA
METHYLIN SOL 5MG/5ML	3	QL (2160 mL / month)
METHYLIN SOL 10MG/5ML	3	QL (1080 mL / month)
METHYLPHENID TAB 72MG ER	3	QL (30 tabs / month)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (30 TABLETS PER month)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (2160 mL / month)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (1080 mL / month)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (120 tabs / month)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (120 tabs / month)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (120 tabs / month)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	PA, QL (60 tabs / month); MNPA
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	PA, QL (60 tabs / month); MNPA
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	PA, QL (60 tabs / month); MNPA
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	PA, QL (60 tabs / month); MNPA
<i>modafinil tab 100 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>modafinil tab 200 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
NUVIGIL TAB 50MG	3	PA, QL (60 TABLETS PER 30 DAYS); MNPA
NUVIGIL TAB 150MG	3	PA, QL (30 TABLETS PER 30 DAYS); MNPA
NUVIGIL TAB 200MG	3	PA, QL (30 TABLETS PER 30 DAYS); MNPA
NUVIGIL TAB 250MG	3	PA, QL (30 TABLETS PER 30 DAYS); MNPA
PROVIGIL TAB 100MG	3	PA, QL (60 TABLETS PER 30 DAYS); MNPA
PROVIGIL TAB 200MG	3	PA, QL (60 TABLETS PER 30 DAYS); MNPA
QUILLICHEW CHW 20MG ER	3	QL (60 tabs / month)
QUILLICHEW CHW 30MG ER	3	QL (60 tabs / month)
QUILLICHEW CHW 40MG ER	3	QL (30 tabs / month)
QUILLIVANT SUS 25MG/5ML	3	QL (420 mL / month)
RELEXXII TAB 72MG	3	PA, QL (30 tabs / month); MNPA
RITALIN LA CAP 10MG	3	QL (60 caps / month)
RITALIN LA CAP 20MG	3	QL (60 caps / month)
RITALIN LA CAP 30MG	3	QL (60 caps / month)
RITALIN LA CAP 40MG	3	QL (30 caps / month)
RITALIN TAB 5MG	3	QL (210 tabs / month)
RITALIN TAB 10MG	3	QL (210 tabs / month)
RITALIN TAB 20MG	3	QL (120 tabs / month)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC**ALLERGENIC EXTRACTS**

ORALAIR SUB 300 IR	2	
PALFORZIA CAP ESCALAT	3	PA; MNPA
PALFORZIA CAP LEVEL 1	3	PA; MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
PALFORZIA CAP LEVEL 2	3	PA; MNPA
PALFORZIA CAP LEVEL 3	3	PA; MNPA
PALFORZIA CAP LEVEL 4	3	PA; MNPA
PALFORZIA CAP LEVEL 5	3	PA; MNPA
PALFORZIA CAP LEVEL 6	3	PA; MNPA
PALFORZIA CAP LEVEL 7	3	PA; MNPA
PALFORZIA CAP LEVEL 8	3	PA; MNPA
PALFORZIA CAP LEVEL 9	3	PA; MNPA
PALFORZIA CAP LEVEL 10	3	PA; MNPA
PALFORZIA POW LEVEL 11	3	PA; MNPA

AMEBICIDES**AMEBICIDES**

SOLOSEC GRA 2GM	3	PA; MNPA

AMINOGLYCOSIDES**AMINOGLYCOSIDES**

ARIKAYCE SUS	3	PA
BETHKIS NEB 300/4ML	2	PA, QL (56 AMPULES PER 28 DAYS)
KITABIS PAK NEB 300/5ML	3	PA, QL (56 AMPULES PER 28 DAYS); MNPA
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>tobramycin nebu soln 300 mg/4ml</i>	1	PA, QL (56 AMPULES PER 28 DAYS)
<i>tobramycin nebu soln 300 mg/5ml</i>	1	PA, QL (56 AMPULES PER 28 DAYS); MNPA

ANALGESICS - ANTI-INFLAMMATORY**ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

HUMIRA INJ 10/0.1ML	4	PA, QL (2 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 20/0.2ML	4	PA, QL (2 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA INJ 40/0.4ML	4	PA, QL (4 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA KIT 40MG/0.8	4	PA, QL (6 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEDIA INJ CROHNS	4	PA, QL (3 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ 40/0.4ML	4	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 40MG/0.8	4	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 80/0.8ML	4	PA, QL (3 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ CD/UC/HS	4	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ PS/UV	4	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT CD/UC/HS	4	PA, QL (3 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT PED UC	4	PA, QL (4 PENS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT PS/UV	4	PA, QL (3 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
<i>ANTIRHEUMATIC - ENZYME INHIBITORS</i>		
RINVOQ TAB 15MG ER	2	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ SOL 1MG/ML	2	PA, QL (240ML PER 24 DAYS)
XELJANZ TAB 5MG	2	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 10MG	2	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

15

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TAB 11MG	2	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 22MG	2	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO INJ 7.5MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 10MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 12.5MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 15MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 17.5MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 20MG	4	PA, QL (4 inj per 28 days); MNPA
RASUVO INJ 22.5MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 25MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 30MG	4	PA, QL (4 inj per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
REDITREX INJ 7.5/.3ML	4	PA, QL (4 SYRINGES PER 28 DAYS); MNPA
REDITREX INJ 10/.4ML	4	PA, QL (4 SYRINGES PER 28 DAYS); MNPA
REDITREX INJ 12.5/0.5	4	PA, QL (4 SYRINGES PER 28 DAYS); MNPA
REDITREX INJ 15/.6ML	4	PA, QL (4 SYRINGES PER 28 DAYS); MNPA
REDITREX INJ 17.5/0.7	4	PA, QL (4 SYRINGES PER 28 DAYS); MNPA
REDITREX INJ 20/.8ML	4	PA, QL (4 SYRINGES PER 28 DAYS); MNPA
REDITREX INJ 22.5/0.9	4	PA, QL (4 SYRINGES PER 28 DAYS); MNPA
REDITREX INJ 25MG/ML	4	PA, QL (4 SYRINGES PER 28 DAYS); MNPA
<i>GOLD COMPOUNDS</i>		
RIDAURA CAP 3MG	3	
<i>INTERLEUKIN-1 BLOCKERS</i>		
ARCALYST INJ 220MG	4	PA, QL (8 VIALS PER 28 DAYS)
<i>INTERLEUKIN-6 RECEPTOR INHIBITORS</i>		
KEVZARA INJ 150/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS); Must try 2 preferred agents for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS); Must try 2 preferred agents for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
<i>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</i>		
ARTHROTEC 50 TAB	3	PA; MNPA
ARTHROTEC 75 TAB	3	PA; MNPA
CELEBREX CAP 50MG	3	PA; MNPA
CELEBREX CAP 100MG	3	PA; MNPA
CELEBREX CAP 200MG	3	PA; MNPA
CELEBREX CAP 400MG	3	PA; MNPA
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
DAYPRO TAB 600MG	3	
DICLOFENAC CAP 35MG	3	PA; MNPA
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
DUEXIS TAB 800-26.6	3	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
EC-NAPROXEN TAB 375MG	1	
EC-NAPROXEN TAB 500MG	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
FELDENE CAP 10MG	3	
FELDENE CAP 20MG	3	
<i>fenoprofen calcium cap 200 mg</i>	1	PA; MNPA
<i>fenoprofen calcium cap 400 mg</i>	1	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
<i>fenoprofen calcium tab 600 mg</i>	1	PA; MNPA
FENOPROFEN CAP 200MG	3	PA; MNPA
FENORTHO CAP 200MG	3	PA; MNPA
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
INDOCIN SUP 50MG	3	PA; MNPA
INDOCIN SUS 25MG/5ML	3	PA; MNPA
<i>indomethacin cap 20 mg</i>	1	PA; MNPA
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>ketoprofen cap 25 mg</i>	1	PA; MNPA
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketoprofen cap er 24hr 200 mg</i>	1	PA; MNPA
KETOR TROMET SPR 15.75MG	3	PA; MNPA
<i>ketorolac tromethamine tab 10 mg</i>	1	
LODINE TAB 400MG	3	PA; MNPA
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	PA; MNPA
<i>meloxicam cap 5 mg</i>	1	PA; MNPA
<i>meloxicam cap 10 mg</i>	1	PA; MNPA
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
MOBIC TAB 7.5MG	3	
MOBIC TAB 15MG	3	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	PA; MNPA
<i>nabumetone tab 750 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	PA; MNPA
NALFON CAP 400MG	3	
NALFON TAB 600MG	3	
NAPRELAN TAB 375MG CR	3	PA; MNPA
NAPRELAN TAB 500MG CR	3	PA; MNPA
NAPRELAN TAB 750MG CR	3	PA; MNPA
NAPROSYN SUS 125/5ML	3	

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Drug Name	Drug Tier	Requirements/Limits
NAPROSYN TAB 500MG	3	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i>	1	PA; MNPA
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i>	1	PA; MNPA
<i>naproxen sodium tab er 24hr 750 mg (base equiv)</i>	1	PA; MNPA
<i>naproxen susp 125 mg/5ml</i>	1	PA; MNPA
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	1	PA; MNPA
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	1	PA; MNPA
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
QMIIZ ODT TAB 7.5MG	3	PA; MNPA
QMIIZ ODT TAB 15 MG	3	PA; MNPA
RELAFEN DS TAB 1000MG	3	PA; MNPA
SPRIX SPR 15.75MG	3	PA; MNPA
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
TIVORBEX CAP 20MG	3	PA; MNPA
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
VIVLODEX CAP 5MG	3	PA; MNPA
VIVLODEX CAP 10MG	3	PA; MNPA
ZIPSOR CAP 25MG	3	
ZORVOLEX CAP 18MG	3	PA; MNPA
ZORVOLEX CAP 35MG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
<i>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</i>		
OTEZLA TAB 10/20/30	2	PA, QL (55 TABLETS PER 28 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
OTEZLA TAB 30MG	2	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>PYRIMIDINE SYNTHESIS INHIBITORS</i>		
ARAVA TAB 10MG	2	
ARAVA TAB 20MG	2	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<i>SELECTIVE COSTIMULATION MODULATORS</i>		
ORENCIA CLCK INJ 125MG/ML	4	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 50/0.4ML	4	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 87.5/0.7	4	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 125MG/ML	4	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</i>		
ENBREL INJ 25/0.5ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 25MG	4	PA, QL (4 VIALS PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 50MG/ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL MINI INJ 50MG/ML	4	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

ANALGESICS - NONNARCOTIC**ANALGESIC COMBINATIONS**

ALLZITAL TAB 25-325MG	3	PA; MNPA
BUT/ASA/CAF TAB	3	PA; MNPA
<i>butalbital-acetaminophen cap 50-300 mg</i>	1	
<i>butalbital-acetaminophen tab 25-325 mg</i>	1	
<i>butalbital-acetaminophen tab 50-300 mg</i>	1	PA; MNPA
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	
<i>butalbital-acetaminophen-cafeine cap 50-300-40 mg</i>	1	PA; MNPA
<i>butalbital-acetaminophen-cafeine cap 50-325-40 mg</i>	1	PA; MNPA
<i>butalbital-acetaminophen-cafeine soln 50-325-40 mg/15ml</i>	1	
<i>butalbital-acetaminophen-cafeine tab 50-325-40 mg</i>	1	
<i>butalbital-aspirin-cafeine cap 50-325-40 mg</i>	1	
ESGIC TAB	3	
FIORICET CAP	3	PA; MNPA

SALICYLATES

<i>aspirin chew tab 81 mg</i>	0	
<i>aspirin chew tab 81 mg</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>aspirin tab delayed release 81 mg</i>	0	
<i>aspirin tab delayed release 81 mg</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>diflunisal tab 500 mg</i>	1	
<i>salsalate tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - OPIOID		
OPIOID AGONISTS		
ACTIQ LOZ 200MCG	3	PA
ACTIQ LOZ 400MCG	3	PA
ACTIQ LOZ 600MCG	3	PA
ACTIQ LOZ 800MCG	3	PA
ACTIQ LOZ 1200MCG	3	PA
ACTIQ LOZ 1600MCG	3	PA
CODEINE SULF TAB 15MG	3	PA, QL (1 tab per day)
CODEINE SULF TAB 30MG	1	PA, QL (1 tab per day)
CODEINE SULF TAB 60MG	3	PA, QL (1 tab per day)
CONZIP CAP 100MG	3	PA, QL (1 cap per day)
CONZIP CAP 200MG	3	PA, QL (1 cap per day)
CONZIP CAP 300MG	3	PA, QL (1 cap per day)
DILAUDID LIQ 1MG/ML	3	PA, QL (24 mL per day)
DILAUDID TAB 2MG	3	PA, QL (7 tabs per day)
DILAUDID TAB 4MG	3	PA, QL (6 tabs per day)
DILAUDID TAB 8MG	3	PA, QL (2 tabs per day)
DURAGESIC DIS 12MCG/HR	3	PA, QL (10 patches per month)
DURAGESIC DIS 25MCG/HR	3	PA, QL (10 patches per month)
DURAGESIC DIS 50MCG/HR	3	PA
DURAGESIC DIS 75MCG/HR	3	PA
DURAGESIC DIS 100MCG/H	3	PA
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, QL (10 patches per month)
FENTORA TAB 100MCG	3	PA
FENTORA TAB 200MCG	3	PA
FENTORA TAB 400MCG	3	PA
FENTORA TAB 600MCG	3	PA
FENTORA TAB 800MCG	3	PA
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	PA, QL (1 tab per day)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	PA, QL (1 tab per day)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	PA, QL (1 tab per day)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	PA, QL (1 tab per day)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	PA, QL (1 tab per day)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	PA, QL (1 tab per day)
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	PA, QL (1 tab per day)
HYDROMORPHON SUP 3MG	3	PA, QL (4 supps per day)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	PA, QL (24 mL per day)
<i>hydromorphone hcl tab 2 mg</i>	1	PA, QL (7 tabs per day)
<i>hydromorphone hcl tab 4 mg</i>	1	PA, QL (6 tabs per day)
<i>hydromorphone hcl tab 8 mg</i>	1	PA, QL (2 tabs per day)
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	PA, QL (1 tab per day)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	PA, QL (1 tab per day)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	PA, QL (1 tab per day)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA
HYSINGLA ER TAB 20 MG	3	PA, QL (1 tab per day); MNPA
HYSINGLA ER TAB 30 MG	3	PA, QL (1 tab per day); MNPA
HYSINGLA ER TAB 40 MG	3	PA, QL (1 tab per day); MNPA
HYSINGLA ER TAB 60 MG	3	PA, QL (1 tab per day); MNPA
HYSINGLA ER TAB 80 MG	3	PA, QL (1 tab per day); MNPA
HYSINGLA ER TAB 100 MG	3	PA; MNPA
HYSINGLA ER TAB 120 MG	3	PA; MNPA
LAZANDA SPR 100MCG	3	PA; MNPA
LAZANDA SPR 400MCG	3	PA; MNPA
<i>levorphanol tartrate tab 2 mg</i>	1	PA, QL (4 tabs per day); MNPA
<i>levorphanol tartrate tab 3 mg</i>	1	PA, QL (2 tabs per day); MNPA
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	PA
<i>meperidine hcl tab 50 mg</i>	1	PA
<i>methadone hcl conc 10 mg/ml</i>	1	QL (2 mL per day)
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (2 mL per day)
<i>methadone hcl soln 5 mg/5ml</i>	1	PA, QL (18 mL per day)
<i>methadone hcl soln 10 mg/5ml</i>	1	PA, QL (12 mL per day)
<i>methadone hcl tab 5 mg</i>	1	PA, QL (3 tabs per day)
<i>methadone hcl tab 10 mg</i>	1	PA, QL (2 Tabs per day)
<i>methadone hcl tab for oral susp 40 mg</i>	1	
METHADOSE CON 10MG/ML	3	QL (2 mL per day)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

27

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Drug Name	Drug Tier	Requirements/Limits
METHADOSE SF CON 10MG/ML	3	QL (2 mL per day)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	PA, QL (2 caps per day)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	PA, QL (2 caps per day)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	PA, QL (2 caps per day)
<i>morphine sulfate cap er 24hr 40 mg</i>	1	PA, QL (2 caps per day)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (36 mL per day)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL (27 mL per day)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (5 mL per day)
<i>morphine sulfate suppos 5 mg</i>	1	PA, QL (7 supps per day)
<i>morphine sulfate suppos 10 mg</i>	1	PA, QL (7 supps per day)
<i>morphine sulfate suppos 20 mg</i>	1	PA, QL (4 supps per day)
<i>morphine sulfate suppos 30 mg</i>	1	PA, QL (3 supps per day)
<i>morphine sulfate tab 15 mg</i>	1	PA, QL (7 tabs per day)
<i>morphine sulfate tab 30 mg</i>	1	PA, QL (3 tabs per day)
<i>morphine sulfate tab er 15 mg</i>	1	PA, QL (3 tabs per day)
<i>morphine sulfate tab er 30 mg</i>	1	PA, QL (3 tabs per day)
<i>morphine sulfate tab er 60 mg</i>	1	PA
<i>morphine sulfate tab er 100 mg</i>	1	PA
<i>morphine sulfate tab er 200 mg</i>	1	PA
MS CONTIN TAB 15MG ER	3	PA, QL (3 tabs per day)
MS CONTIN TAB 30MG ER	3	PA, QL (3 tabs per day)
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA
NUCYNTA ER TAB 50MG	2	PA, QL (2 tabs per day)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER TAB 100MG	2	PA, QL (2 tabs per day)
NUCYNTA ER TAB 150MG	2	PA
NUCYNTA ER TAB 200MG	2	PA
NUCYNTA ER TAB 250MG	2	PA
NUCYNTA TAB 50MG	2	PA, QL (4 tabs per day)
NUCYNTA TAB 75MG	2	PA, QL (3 tabs per day)
NUCYNTA TAB 100MG	2	PA, QL (2 tabs per day)
OXAYDO TAB 5MG	3	PA, QL (7 tabs per day); MNPA
OXAYDO TAB 7.5MG	3	PA, QL (7 tabs per day); MNPA
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (7 caps per day)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (3 mL per day)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA, QL (36 mL per day)
<i>oxycodone hcl tab 5 mg</i>	1	PA, QL (7 tabs per day)
<i>oxycodone hcl tab 10 mg</i>	1	PA, QL (7 tabs per day)
<i>oxycodone hcl tab 15 mg</i>	1	PA, QL (4 tabs per day)
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL (3 tabs per day)
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA, QL (4 tabs per day)
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA, QL (2 tabs per day)
OXYCODONE TAB 10MG ER	3	PA, QL (2 tabs per day)
OXYCODONE TAB 20MG ER	3	PA, QL (2 tabs per day)
OXYCODONE TAB 40MG ER	3	PA, QL (4 tabs per day)
OXYCONTIN TAB 10MG CR	3	PA, QL (2 tabs per day); MNPA
OXYCONTIN TAB 15MG CR	3	PA, QL (2 tabs per day); MNPA
OXYCONTIN TAB 20MG CR	3	PA, QL (2 tabs per day); MNPA
OXYCONTIN TAB 30MG CR	3	PA, QL (2 tabs per day); MNPA
OXYCONTIN TAB 40MG CR	3	PA, QL (4 tabs per day); MNPA
OXYCONTIN TAB 60MG CR	3	PA, QL (2 tabs per day); MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

29

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN TAB 80MG CR	3	PA, QL (2 tabs per day); MNPA
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (7 tabs per day)
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (3 tabs per day)
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	PA, QL (2 tabs per day); MNPA
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	PA, QL (2 tabs per day); MNPA
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	PA, QL (2 tabs per day); MNPA
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	PA, QL (2 tabs per day); MNPA
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	PA; MNPA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	PA; MNPA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	PA; MNPA
QDOLO SOL 5MG/ML	3	PA; MNPA
ROXICODONE TAB 5MG	3	PA, QL (7 tabs per day)
ROXICODONE TAB 15MG	3	PA, QL (4 tabs per day)
ROXICODONE TAB 30MG	3	PA, QL (2 tabs per day)
SUBSYS SPR 100MCG	2	PA
SUBSYS SPR 200MCG	2	PA
SUBSYS SPR 400MCG	2	PA
SUBSYS SPR 600MCG	2	PA
SUBSYS SPR 800MCG	2	PA
SUBSYS SPR 1200MCG	2	PA
SUBSYS SPR 1600MCG	2	PA
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (7 tabs per day)
<i>tramadol hcl tab 100 mg</i>	1	PA, QL (3 tabs per day); MNPA
<i>tramadol hcl tab er 24hr 100 mg</i>	1	PA, QL (1 tab per day)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, QL (1 tab per day)
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, QL (1 tab per day)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA
ULTRAM TAB 50MG	3	PA, QL (7 tabs per day)
XTAMPZA ER CAP 9MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 13.5MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 18MG	2	PA, QL (2 caps per day)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

30

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Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 27MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 36MG	2	PA, QL (2 caps per day)
ZOHYDRO ER CAP 10MG	3	PA, QL (2 caps per day); MNPA
ZOHYDRO ER CAP 15MG	3	PA, QL (2 caps per day); MNPA
ZOHYDRO ER CAP 20MG	3	PA, QL (2 caps per day); MNPA
ZOHYDRO ER CAP 30MG	3	PA, QL (2 caps per day); MNPA
ZOHYDRO ER CAP 40MG	3	PA, QL (2 caps per day); MNPA
ZOHYDRO ER CAP 50MG	3	PA, QL (2 caps per day); MNPA

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA, QL (90 mL per day)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	PA, QL (13 tabs per day)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	PA, QL (12 tabs per day)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	PA, QL (6 tabs per day)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	PA, QL (10 caps per day)
<i>acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg</i>	1	PA, QL (10 tabs per day)
APADAZ TAB 4.08-325	3	PA, QL (12 tabs per day); MNPA
APADAZ TAB 6.12-325	3	PA, QL (12 tabs per day); MNPA
APADAZ TAB 8.16-325	3	PA, QL (12 tabs per day); MNPA
BENZHY/ACETA TAB 4.08-325	3	PA, QL (12 tabs per day); MNPA
BENZHY/ACETA TAB 6.12-325	3	PA, QL (12 tabs per day); MNPA
BENZHY/ACETA TAB 8.16-325	3	PA, QL (12 tabs per day); MNPA
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	
FIORICET CAP CODEINE	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

31

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Drug Name	Drug Tier	Requirements/Limits
HYDRO/ACETA SOL 10-325MG	1	PA, QL (90 mL per day); MNPA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (90 mL per day)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL (8 tabs per day)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (8 tabs per day)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL (6 tabs per day)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (6 tabs per day)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL (6 tabs per day)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs per day)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL (5 tabs per day)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL (5 tabs per day)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL (5 tabs per day)
LORTAB ELX 10-300MG	3	PA, QL (68 mL per day)
<i>nalocet tab 2.5-300</i>	3	PA, QL (12 tabs per day); MNPA
<i>oxycod-apap tab 2.5-300</i>	3	PA, QL (12 tabs per day); MNPA
OXYCOD/ACETA SOL 10/300MG	3	PA, QL (30 mL per day); MNPA
OXYCOD/APAP TAB 5-300MG	3	PA, QL (12 tabs per day); MNPA
OXYCOD/APAP TAB 10-300MG	3	PA, QL (6 tabs per day); MNPA
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL (12 tabs per day)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL (12 tabs per day)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL (8 tabs per day)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs per day)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	PA, QL (12 tabs per day)
PERCOCET TAB 2.5-325	3	PA, QL (12 tabs per day); MNPA
PERCOCET TAB 5-325MG	3	PA, QL (12 tabs per day); MNPA
PERCOCET TAB 7.5-325	3	PA, QL (8 tabs per day); MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

32

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Drug Name	Drug Tier	Requirements/Limits
PERCOCET TAB 10-325MG	3	PA, QL (6 tabs per day); MNPA
PROLATE SOL 10/300MG	3	PA, QL (30 mL per day); MNPA
PROLATE TAB 5-300MG	3	PA, QL (12 tabs per day); MNPA
PROLATE TAB 7.5-300	3	PA, QL (8 tabs per day); MNPA
PROLATE TAB 10-300MG	3	PA, QL (6 tabs per day); MNPA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA, QL (8 tabs per day)
ULTRACET TAB 37.5-325	3	PA, QL (8 tabs per day)
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA, QL (60 films per month)
BELBUCA MIS 150MCG	2	PA, QL (60 films per month)
BELBUCA MIS 300MCG	2	PA, QL (60 films per month)
BELBUCA MIS 450MCG	2	PA, QL (60 films per month)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
BUNAVAIL MIS 4.2-0.7	3	
BUNAVAIL MIS 6.3-1MG	3	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	PA, QL (4 patches per month)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	PA, QL (4 patches per month)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	PA, QL (4 patches per month)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	PA
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2 BOTTLES PER MONTH)
BUTRANS DIS 5MCG/HR	3	PA, QL (4 patches per month); MNPA
BUTRANS DIS 7.5/HR	3	PA, QL (4 patches per month); MNPA
BUTRANS DIS 10MCG/HR	3	PA, QL (4 patches per month); MNPA
BUTRANS DIS 15MCG/HR	3	PA; MNPA
BUTRANS DIS 20MCG/HR	3	PA; MNPA
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA
SUBOXONE MIS 2-0.5MG	3	PA; MNPA
SUBOXONE MIS 4-1MG	3	PA; MNPA
SUBOXONE MIS 8-2MG	3	PA; MNPA
SUBOXONE MIS 12-3MG	3	PA; MNPA
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	

ANDROGENS-ANABOLIC**ANABOLIC STEROIDS**

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

ANDROGENS

ANDRODERM DIS 2MG/24HR	2	
ANDRODERM DIS 4MG/24HR	2	
ANDROGEL GEL 1%(25MG)	3	PA; MNPA
ANDROGEL GEL 1%(50MG)	3	PA; MNPA
ANDROGEL GEL 1.62%	3	PA; MNPA
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
DEPO-TESTOST INJ 100MG/ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
DEPO-TESTOST INJ 200MG/ML	4	PA
FORTESTA GEL 10MG/ACT	3	PA; MNPA
JATENZO CAP 158MG	3	PA; MNPA
JATENZO CAP 198MG	3	PA; MNPA
JATENZO CAP 237MG	3	PA; MNPA
METHITEST TAB 10MG	3	
<i>methyltestosterone cap 10 mg</i>	1	
NATESTO GEL 5.5MG	2	
TESTIM GEL 1%(50MG)	3	PA; MNPA
<i>testosterone cyp im or subcutaneous inj in oil 200 mg/ml</i>	4	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	4	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	4	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	4	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA; MNPA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA; MNPA
<i>testosterone td soln 30 mg/act</i>	1	
VOGELXO GEL 1%(50MG)	3	PA; MNPA
VOGELXO GEL PUMP 1%	3	PA; MNPA
XYOSTED INJ 50/0.5	4	PA
XYOSTED INJ 75/0.5	4	PA
XYOSTED INJ 100/0.5	4	PA

ANORECTAL AND RELATED PRODUCTS**INTRARECTAL STEROIDS**

CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
UCERIS AER 2MG/ACT	3	

RECTAL COMBINATIONS

ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
ANUSOL-HC CRE 2.5%	2	
<i>hydrocortisone acetate suppos 25 mg</i>	1	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
PROCTOCORT CRE 1%	3	
PROCTOCORT SUP 30MG	3	
VASODILATING AGENTS		
RECTIV OIN 0.4%	3	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	1	QL (336 tabs / year)
ALBENZA TAB 200MG	3	QL (336 tabs / year)
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs / year)
EMVERM CHW 100MG	2	QL (12 ea / year)
<i>ivermectin tab 3 mg</i>	1	
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs / year)
STROMECTOL TAB 3MG	3	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TAB 194MG	3	
FLAGYL CAP 375MG	3	
FLAGYL TAB 500MG	3	
IMPAVIDO CAP 50MG	3	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
PRIMSOL SOL 50MG/5ML	3	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 200MG	3	
XIFAXAN TAB 550MG	2	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
<i>*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
<i>atovaquone susp 750 mg/5ml</i>	1	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	3	
<i>nitazoxanide tab 500 mg</i>	1	
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML	3	PA, QL (450 ML / 10 days); MNPA
FIRVANQ SOL 50MG/ML	3	PA, QL (450 ML / 10 days); MNPA
VANCOCIN CAP 250MG	2	QL (80 caps / 10 days)
VANCOCIN HCL CAP 125MG	2	QL (80 caps / 10 days)
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps / 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps / 10 days)
VANCOMYCIN SOL 250/5ML	3	QL (450 ML / 10 days)
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	2	
CLEOCIN CAP 150MG	2	
CLEOCIN CAP 300MG	2	
CLEOCIN PED SOL 75MG/5ML	2	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
MONOBACTAMS		
CAYSTON INH 75MG	3	PA, QL (84 VIALS PER 28 DAYS)
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	PA
<i>linezolid tab 600 mg</i>	1	PA
SIVEXTRO TAB 200MG	3	
ZYVOX SUS 100MG/5M	3	PA
ZYVOX TAB 600MG	3	PA
PLEUROMUTILINS		
XENLETA TAB 600MG	3	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	2	
MACRODANTIN CAP 25MG	3	PA; MNPA
MACRODANTIN CAP 50MG	3	PA; MNPA
MACRODANTIN CAP 100MG	3	PA; MNPA
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
MONUROL PAK GRANULES	3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	
NITRATES		
DILATRATE SR CAP 40MG	3	

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Drug Name	Drug Tier	Requirements/Limits
GONITRO POW 400MCG	3	PA; MNPA
ISORDIL TAB 5MG	3	
ISORDIL TAB 40MG	3	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab 40 mg</i>	1	PA; MNPA
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.1MG/HR	2	
NITRO-DUR DIS 0.2MG/HR	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.4MG/HR	2	
NITRO-DUR DIS 0.6MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
NITROLINGUAL SPR PUMPSRA	3	
NITROMIST AER 400MCG	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

ANTIANXIETY AGENTS**ANTIANXIETY AGENTS - MISC.**

<i>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 7.5 mg</i>	1	
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
VISTARIL CAP 25MG	3	
VISTARIL CAP 50MG	3	

BENZODIAZEPINES

ALPRAZOLAM CON 1 MG/ML	3	
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	
<i>alprazolam orally disintegrating tab 1 mg</i>	1	
<i>alprazolam orally disintegrating tab 2 mg</i>	1	
<i>alprazolam tab 0.5 mg</i>	1	
<i>alprazolam tab 0.25 mg</i>	1	
<i>alprazolam tab 1 mg</i>	1	
<i>alprazolam tab 2 mg</i>	1	
<i>alprazolam tab er 24hr 0.5 mg</i>	1	
<i>alprazolam tab er 24hr 1 mg</i>	1	
<i>alprazolam tab er 24hr 2 mg</i>	1	
<i>alprazolam tab er 24hr 3 mg</i>	1	
ATIVAN TAB 0.5MG	2	PA; MNPA
ATIVAN TAB 1MG	2	PA; MNPA
ATIVAN TAB 2MG	2	PA; MNPA
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	
<i>clorazepate dipotassium tab 7.5 mg</i>	1	
<i>clorazepate dipotassium tab 15 mg</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg</i>	1	
<i>diazepam tab 5 mg</i>	1	
<i>diazepam tab 10 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tab 0.5 mg</i>	1	
<i>lorazepam tab 1 mg</i>	1	
<i>lorazepam tab 2 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	
TRANXENE T TAB 7.5MG	3	
VALIUM TAB 2MG	2	
VALIUM TAB 5MG	2	
VALIUM TAB 10MG	2	
XANAX TAB 0.5MG	3	PA; MNPA
XANAX TAB 0.25MG	3	PA; MNPA
XANAX TAB 1MG	3	PA; MNPA
XANAX TAB 2MG	3	PA; MNPA
XANAX XR TAB 0.5MG	3	PA; MNPA
XANAX XR TAB 1MG	3	PA; MNPA
XANAX XR TAB 2MG	3	PA; MNPA
XANAX XR TAB 3MG	3	PA; MNPA

ANTIARRHYTHMICS**ANTIARRHYTHMICS TYPE I-A**

<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
NORPACE CAP 100MG	2	PA; MNPA
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG	2	PA; MNPA
NORPACE CAP 150MG CR	2	
<i>quinidine gluconate tab er 324 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	

ANTIARRHYTHMICS TYPE I-B

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

ANTIARRHYTHMICS TYPE I-C

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

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Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
RYTHMOL SR CAP 225MG	2	
RYTHMOL SR CAP 325MG	2	
RYTHMOL SR CAP 425MG	2	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	PA
MULTAQ TAB 400MG	2	
TIKOSYN CAP 125MCG	3	PA
TIKOSYN CAP 250MCG	3	PA
TIKOSYN CAP 500MCG	3	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (240 nebulas per month)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ 30MG/ML	4	PA, QL (1 PEN PER 56 DAYS)
NUCALA INJ 100MG/ML	4	PA, QL (3 INJ PER 28 DAYS)
NUCALA INJ 100MG/ML	4	PA, QL (3 PFS PER 28 DAYS)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	3	QL (2 packages per month)
INCRUSE ELPT INH 62.5MCG	3	PA, QL (1 package per month); MNPA
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (300 nebulas per month)
LONHALA MAGN SOL 25MCG	3	PA, QL (1 package per month); MNPA
SEEBRI NEOHA CAP 15.6MCG	3	PA, QL (1 package per month); MNPA
SPIRIVA AER 1.25MCG	2	QL (1 package per month)

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA CAP HANDIHLR	2	QL (1 package per month)
SPIRIVA SPR 2.5MCG	2	QL (1 package per month)
TUDORZA PRES AER 400/ACT	3	PA, QL (1 package per month); MNPA
YUPELRI SOL	2	QL (1 package per month)
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
SINGULAIR CHW 4MG	3	PA; MNPA
SINGULAIR CHW 5MG	3	PA; MNPA
SINGULAIR GRA 4MG	3	PA; MNPA
SINGULAIR TAB 10MG	3	PA; MNPA
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
<i>zileuton tab er 12hr 600 mg</i>	1	PA; MNPA
ZYFLO TAB 600MG	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG	2	
DALIRESP TAB 500MCG	2	
STEROID INHALANTS		
ALVESCO AER 80MCG	3	PA; MNPA
ALVESCO AER 160MCG	3	PA; MNPA
ARMONAIR DIG AER 55MCG	3	PA; MNPA
ARMONAIR DIG AER 113MCG	3	PA; MNPA
ARMONAIR DIG AER 232MCG	3	PA; MNPA
ARNUITY ELPT INH 50MCG	2	
ARNUITY ELPT INH 100MCG	2	
ARNUITY ELPT INH 200MCG	2	
ASMANEX 7 AER 110MCG	3	PA; MNPA
ASMANEX 14 AER 220MCG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX 30 AER 110MCG	3	PA; MNPA
ASMANEX 30 AER 220MCG	3	PA; MNPA
ASMANEX 60 AER 220MCG	3	PA; MNPA
ASMANEX 120 AER 220MCG	3	PA; MNPA
ASMANEX HFA AER 50MCG	3	PA; MNPA
ASMANEX HFA AER 100 MCG	3	PA; MNPA
ASMANEX HFA AER 200 MCG	3	PA; MNPA
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	
<i>budesonide inhalation susp 1 mg/2ml</i>	1	
FLOVENT DISK AER 50MCG	2	
FLOVENT DISK AER 100MCG	2	
FLOVENT DISK AER 250MCG	2	
FLOVENT HFA AER 44MCG	2	
FLOVENT HFA AER 110MCG	2	
FLOVENT HFA AER 220MCG	2	
PULMICORT INH 90MCG	2	
PULMICORT INH 180MCG	2	
PULMICORT SUS 0.5MG/2	3	
PULMICORT SUS 0.25MG/2	3	
PULMICORT SUS 1MG/2ML	3	
QVAR REDIHA AER 80MCG	2	
QVAR REDIHAL AER 40MCG	2	
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR DISKU AER 250/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR DISKU AER 500/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR HFA AER 45/21	2	QL (1 package per month)
ADVAIR HFA AER 115/21	2	QL (1 package per month)
ADVAIR HFA AER 230/21	2	QL (1 package per month)
AIRDUO DGHLR INH 55-14	3	PA; MNPA
AIRDUO DGHLR INH 113-14	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
AIRDUO DGHLR INH 232-14	3	PA; MNPA
AIRDUO RESPI INH 55-14	3	PA, QL (1 package per month); MNPA
AIRDUO RESPI INH 113-14	3	PA, QL (1 package per month); MNPA
AIRDUO RESPI INH 232-14	3	PA, QL (1 package per month); MNPA
ALBUTEROL NEB 0.5%	3	PA, QL (120 ea / month)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 PKG PER MONTH)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (120 ea / month)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (360 mL / month)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (360 mL / month)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (360 mL / month)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	1	
ANORO ELLIPT AER 62.5-25	2	QL (1 package per month)
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL (60 vials per month)
BEVESPI AER 9-4.8MCG	3	PA, QL (1 package per month); MNPA
BREO ELLIPTA INH 100-25	2	QL (1 package per month)
BREO ELLIPTA INH 200-25	2	QL (1 package per month)
BREZTRI AERO AER SPHERE	2	
BROVANA NEB 15MCG	3	QL (60 vials per month)
COMBIVENT AER 20-100	3	QL (2 packages per month)
DUAKLIR AER 400/12	3	PA, QL (1 package per month); MNPA
DULERA AER 50-5MCG	3	PA, QL (1 package per month); MNPA
DULERA AER 100-5MCG	3	PA, QL (1 package per month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
DULERA AER 200-5MCG	3	PA, QL (1 package per month); MNPA
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	1	PA, QL (1 package per month); MNPA
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	1	PA, QL (1 package per month); MNPA
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	1	PA, QL (1 package per month); MNPA
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	QL (60 vials per month)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (540 nebulas per month)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (300 mL / month)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (300 mL / month)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (300 mL / month)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (90 ea / month)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers / month)
PERFOROMIST NEB 20MCG	2	QL (60 vials per month)
PROAIR DIGIH AER	3	PA, QL (2 pkg Per Month); MNPA
PROAIR HFA AER	3	PA, QL (2 PKG PER MONTH); MNPA
PROAIR RESPI AER	3	PA, QL (2 pkg Per Month); MNPA
PROVENTIL AER HFA	3	PA, QL (2 PKG PER MONTH); MNPA
SEREVENT DIS AER 50MCG	2	QL (1 package per month)
STIOLTO AER 2.5-2.5	2	QL (1 package per month)
STRIVERDI AER 2.5MCG	2	QL (1 package per month)
SYMBICORT AER 80-4.5	2	QL (1 package per month); Tier 2 with DAW9
SYMBICORT AER 160-4.5	2	QL (1 package per month); Tier 2 with DAW9
<i>terbutaline sulfate tab 2.5 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

46

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Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER ELLIPTA	2	QL (1 inhaler per month)
TRELEGY AER ELLIPTA	2	QL (1 package per month)
UTIBRON CAP NEOHALER	3	PA, QL (1 package per month); MNPA
VENTOLIN HFA AER	3	PA, QL (2 PKG PER MONTH); MNPA
XOPENEX CONC NEB 1.25/0.5	3	QL (90 ea / month)
XOPENEX HFA AER	3	PA, QL (2 inhalers / month); MNPA
XOPENEX NEB 0.31MG	3	QL (300 mL / month)
XOPENEX NEB 0.63MG	3	QL (300 mL / month)
XOPENEX NEB 1.25/3ML	3	QL (300 mL / month)

XANTHINES

ELIXOPHYLLIN ELX 80/15ML	3	
THEO-24 CAP 100MG CR	3	PA; MNPA
THEO-24 CAP 200MG CR	3	PA; MNPA
THEO-24 CAP 300MG CR	3	PA; MNPA
THEO-24 CAP 400MG ER	3	PA; MNPA
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

ANTICOAGULANTS**COUMARIN ANTICOAGULANTS**

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

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	

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Drug Name	Drug Tier	Requirements/Limits
SAVAYSA TAB 15MG	3	PA; MNPA
SAVAYSA TAB 30MG	3	PA; MNPA
SAVAYSA TAB 60MG	3	PA; MNPA
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	4	
ARIXTRA INJ 5/0.4ML	4	
ARIXTRA INJ 7.5/0.6	4	
ARIXTRA INJ 10/0.8ML	4	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	4	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	4	
<i>enoxaparin sodium inj 100 mg/ml</i>	4	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	4	
<i>enoxaparin sodium inj 150 mg/ml</i>	4	
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml</i>	4	
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml</i>	4	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	4	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	4	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	4	
FRAGMIN INJ 2500/0.2	4	
FRAGMIN INJ 5000/0.2	4	
FRAGMIN INJ 7500/0.3	4	
FRAGMIN INJ 10000/ML	4	
FRAGMIN INJ 12500UNT	4	
FRAGMIN INJ 15000UNT	4	
FRAGMIN INJ 18000UNT	4	
FRAGMIN INJ 95000UNT	4	
HEPARIN SOD INJ 5000/0.5	4	PA; MNPA
HEPARIN SOD INJ 5000/ML	4	PA; MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	4	PA
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	4	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	4	PA
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	4	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	4	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	4	PA; MNPA
LOVENOX INJ 30/0.3ML	4	
LOVENOX INJ 40/0.4ML	4	
LOVENOX INJ 60/0.6ML	4	
LOVENOX INJ 80/0.8ML	4	
LOVENOX INJ 100MG/ML	4	
LOVENOX INJ 120/0.8	4	
LOVENOX INJ 150MG/ML	4	
LOVENOX INJ 300/3ML	4	

THROMBIN INHIBITORS

PRADAXA CAP 75MG	3	PA; MNPA
PRADAXA CAP 110MG	3	PA; MNPA
PRADAXA CAP 150MG	3	PA; MNPA

ANTICONSULSANTS**AMPA GLUTAMATE RECEPTOR ANTAGONISTS**

FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	

ANTICONSULSANTS - BENZODIAZEPINES

<i>clobazam suspension 2.5 mg/ml</i>	1	
<i>clobazam tab 10 mg</i>	1	
<i>clobazam tab 20 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	
<i>clonazepam orally disintegrating tab 2 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
DIASTAT ACDL GEL 5-10MG	3	
DIASTAT ACDL GEL 12.5-20	3	
DIASTAT PED GEL 2.5M GEL	3	
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	2	
ONFI SUS 2.5MG/ML	3	PA; MNPA
ONFI TAB 10MG	3	PA; MNPA
ONFI TAB 20MG	3	PA; MNPA
SYMPAZAN MIS 5MG	3	PA; MNPA
SYMPAZAN MIS 10MG	3	PA; MNPA
SYMPAZAN MIS 20MG	3	PA; MNPA
VALTOCO SPR 5MG	2	PA, QL (5 boxes per month)
VALTOCO SPR 10MG	2	PA, QL (5 boxes per month)
VALTOCO SPR 15MG	2	PA, QL (5 boxes per month)
VALTOCO SPR 20MG	2	PA, QL (5 boxes per month)
ANTICONVULSANTS - MISC.		
APTiom TAB 200MG	3	
APTiom TAB 400MG	3	
APTiom TAB 600MG	3	
APTiom TAB 800MG	3	
BANZEL SUS 40MG/ML	3	PA; MNPA
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	

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Drug Name	Drug Tier	Requirements/Limits
BRIVIACT TAB 100MG	3	
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	PA; MNPA
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
DIACOMIT CAP 250MG	3	QL (360 CAPSULES PER 30 DAYS)
DIACOMIT CAP 500MG	3	QL (180 CAPSULES PER 30 DAYS)
DIACOMIT PAK 250MG	3	QL (360 PACKETS PER 30 DAYS)
DIACOMIT PAK 500MG	3	QL (180 PACKETS PER 30 DAYS)
EPIDIOLEX SOL 100MG/ML	3	PA, QL (800 ML PER 30 DAYS)
FINTEPLA SOL 2.2MG/ML	3	PA, QL (360ML PER 30 DAYS)
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
KEPPRA SOL 100MG/ML	3	
KEPPRA TAB 250MG	3	
KEPPRA TAB 500MG	3	
KEPPRA TAB 750MG	3	
KEPPRA TAB 1000MG	3	
KEPPRA XR TAB 500MG	3	
KEPPRA XR TAB 750MG	3	
LAMICTAL CHW 5MG	3	
LAMICTAL CHW 25MG	3	

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Drug Name	Drug Tier	Requirements/Limits
LAMICTAL KIT START 35	3	
LAMICTAL KIT START 49	3	
LAMICTAL KIT START 98	3	
LAMICTAL ODT KIT	3	
LAMICTAL ODT TAB 25MG	3	
LAMICTAL ODT TAB 50MG	3	
LAMICTAL ODT TAB 100MG	3	
LAMICTAL ODT TAB 200MG	3	
LAMICTAL TAB 25MG	3	
LAMICTAL TAB 100MG	3	
LAMICTAL TAB 150MG	3	
LAMICTAL TAB 200MG	3	
LAMICTAL XR KIT	3	
LAMICTAL XR TAB 25MG	3	
LAMICTAL XR TAB 50MG	3	
LAMICTAL XR TAB 100MG	3	
LAMICTAL XR TAB 200MG	3	
LAMICTAL XR TAB 250MG	3	
LAMICTAL XR TAB 300MG	3	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
LYRICA CAP 25MG	3	PA, QL (120 caps per month); MNPA
LYRICA CAP 50MG	3	PA, QL (120 caps per month); MNPA
LYRICA CAP 75MG	3	PA, QL (120 caps per month); MNPA
LYRICA CAP 100MG	3	PA, QL (120 caps per month); MNPA
LYRICA CAP 150MG	3	PA, QL (120 caps per month); MNPA
LYRICA CAP 200MG	3	PA, QL (90 caps per month); MNPA
LYRICA CAP 225MG	3	PA, QL (60 caps per month); MNPA
LYRICA CAP 300MG	3	PA, QL (60 caps per month); MNPA
LYRICA SOL 20MG/ML	3	PA, QL (1080 mL / month); MNPA
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	
NEURONTIN CAP 300MG	3	
NEURONTIN CAP 400MG	3	
NEURONTIN SOL 250/5ML	3	
NEURONTIN TAB 600MG	3	
NEURONTIN TAB 800MG	3	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
OXTELLAR XR TAB 150MG	2	

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Drug Name	Drug Tier	Requirements/Limits
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
<i>pregabalin cap 25 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 50 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 75 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 100 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 150 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 200 mg</i>	1	QL (90 caps per month)
<i>pregabalin cap 225 mg</i>	1	QL (60 caps per month)
<i>pregabalin cap 300 mg</i>	1	QL (60 caps per month)
<i>pregabalin soln 20 mg/ml</i>	1	QL (1080 mL / month)
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
<i>rufinamide susp 40 mg/ml</i>	1	
SPRITAM TAB 250MG	3	PA; MNPA
SPRITAM TAB 500MG	3	PA; MNPA
SPRITAM TAB 750MG	3	PA; MNPA
SPRITAM TAB 1000MG	3	PA; MNPA
TEGRETOL SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	3	
TEGRETOL-XR TAB 200MG	3	
TEGRETOL-XR TAB 400MG	3	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
<i>topiramate cap er 24hr sprinkle 25 mg</i>	1	PA; MNPA
<i>topiramate cap er 24hr sprinkle 50 mg</i>	1	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
<i>topiramate cap er 24hr sprinkle 100 mg</i>	1	PA; MNPA
<i>topiramate cap er 24hr sprinkle 150 mg</i>	1	PA; MNPA
<i>topiramate cap er 24hr sprinkle 200 mg</i>	1	PA; MNPA
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
TRILEPTAL SUS 300MG/5M	3	
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 300MG	3	
TRILEPTAL TAB 600MG	3	
TROKENDI XR CAP 25MG	2	
TROKENDI XR CAP 50MG	2	
TROKENDI XR CAP 100MG	2	
TROKENDI XR CAP 200MG	2	
VIMPAT SOL 10MG/ML	2	
VIMPAT TAB 50MG	2	
VIMPAT TAB 100MG	2	
VIMPAT TAB 150MG	2	
VIMPAT TAB 200MG	2	
ZONEGRAN CAP 25MG	3	PA; MNPA
ZONEGRAN CAP 100MG	3	PA; MNPA
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FELBATOL SUS 600/5ML	3	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 50-200MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
GABA MODULATORS		
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	PA, QL (180 PACKETS PER 30 DAYS)
<i>vigabatrin tab 500 mg</i>	1	PA, QL (180 TABLETS PER 30 DAYS)
HYDANTOINS		
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	3	
PHENYTEK CAP 200MG	3	
PHENYTEK CAP 300MG	3	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
SUCCINIMIDES		
CELONTIN CAP 300MG	3	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
VALPROIC ACID		
DEPAKOTE ER TAB 250MG	3	
DEPAKOTE ER TAB 500MG	3	
DEPAKOTE SPR CAP 125MG	3	
DEPAKOTE TAB 125MG DR	3	
DEPAKOTE TAB 250MG DR	3	
DEPAKOTE TAB 500MG DR	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	

ANTIDEPRESSANTS**ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**

<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	

ANTIDEPRESSANTS - MISC.

ALENZIN TAB 174MG	3	
ALENZIN TAB 348MG	3	
ALENZIN TAB 522MG	3	
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>bupropion hcl tab er 24hr 450 mg</i>	1	PA; MNPA
FORFIVO XL TAB 450MG	3	
<i>maprotiline hcl tab 25 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
WELLBUTRIN TAB XL 150MG	3	
WELLBUTRIN TAB XL 300MG	3	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	2	
PARNATE TAB 10MG	2	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	PA; MNPA
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>fluoxetine hcl tab 60 mg</i>	1	PA; MNPA
FLUOXETINE TAB 60MG	3	PA; MNPA
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
LEXAPRO TAB 5MG	3	PA; MNPA
LEXAPRO TAB 10MG	3	PA; MNPA
LEXAPRO TAB 20MG	3	PA; MNPA
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
PAXIL CR TAB 12.5MG	3	PA; MNPA
PAXIL CR TAB 25MG	3	PA; MNPA
PAXIL CR TAB 37.5MG	3	PA; MNPA
PAXIL SUS 10MG/5ML	3	PA; MNPA
PAXIL TAB 10MG	3	PA; MNPA
PAXIL TAB 20MG	3	PA; MNPA
PAXIL TAB 30MG	3	PA; MNPA
PAXIL TAB 40MG	3	PA; MNPA
PEXEVA TAB 10MG	3	PA; MNPA
PEXEVA TAB 20MG	3	PA; MNPA
PEXEVA TAB 30MG	3	PA; MNPA
PEXEVA TAB 40MG	3	PA; MNPA
PROZAC CAP 10MG	3	PA; MNPA
PROZAC CAP 20MG	3	PA; MNPA
PROZAC CAP 40MG	3	PA; MNPA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
ZOLOFT CON 20MG/ML	3	PA; MNPA
ZOLOFT TAB 25MG	3	PA; MNPA
ZOLOFT TAB 50MG	3	PA; MNPA
ZOLOFT TAB 100MG	3	PA; MNPA
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
VIIBRYD KIT STARTER	3	PA; MNPA
VIIBRYD TAB 10MG	3	PA; MNPA
VIIBRYD TAB 20MG	3	PA; MNPA
VIIBRYD TAB 40MG	3	PA; MNPA
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA CAP 20MG	3	PA; MNPA
CYMBALTA CAP 30MG	3	PA; MNPA
CYMBALTA CAP 60MG	3	PA; MNPA
DESVENLAFAX TAB 50MG ER	3	
DESVENLAFAX TAB 100MG ER	3	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	
DRIZALMA CAP 20MG DR	3	PA; MNPA
DRIZALMA CAP 30MG DR	3	PA; MNPA
DRIZALMA CAP 40MG DR	3	PA; MNPA
DRIZALMA CAP 60MG DR	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
EFFEXOR XR CAP 37.5MG	3	PA; MNPA
EFFEXOR XR CAP 75MG	3	PA; MNPA
EFFEXOR XR CAP 150MG	3	PA; MNPA
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	3	
PRISTIQ TAB 25MG	3	PA; MNPA
PRISTIQ TAB 50MG	3	PA; MNPA
PRISTIQ TAB 100MG	3	PA; MNPA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	1	PA; MNPA
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	1	PA; MNPA
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	1	PA; MNPA
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
ANAFRANIL CAP 25MG	2	
ANAFRANIL CAP 50MG	2	
ANAFRANIL CAP 75MG	2	
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
NORPRAMIN TAB 10MG	2	
NORPRAMIN TAB 25MG	2	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
PAMELOR CAP 10MG	2	
PAMELOR CAP 25MG	2	
PAMELOR CAP 50MG	2	
PAMELOR CAP 75MG	2	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	1	

ANTIDIABETICS**ALPHA-GLUCOSIDASE INHIBITORS**

<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	
PRECOSE TAB 25MG	2	
PRECOSE TAB 50MG	2	
PRECOSE TAB 100MG	2	

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	4	
SYMLINPEN 120 INJ 1000MCG	4	

ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-500MG	3	
ACTOPLUS MET TAB 15-850MG	3	
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	1	PA; MNPA
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	1	PA; MNPA
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	1	PA; MNPA
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	1	PA; MNPA
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	1	PA; MNPA
<i>alogliptin-pioglitazone tab 25-15 mg</i>	1	PA; MNPA
<i>alogliptin-pioglitazone tab 25-30 mg</i>	1	PA; MNPA
<i>alogliptin-pioglitazone tab 25-45 mg</i>	1	PA; MNPA
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
INVOKAMET TAB 50-500MG	3	PA; MNPA
INVOKAMET TAB 50-1000	3	PA; MNPA
INVOKAMET TAB 150-500	3	PA; MNPA
INVOKAMET TAB 150-1000	3	PA; MNPA
INVOKAMET XR TAB 50-500MG	3	PA; MNPA
INVOKAMET XR TAB 50-1000	3	PA; MNPA
INVOKAMET XR TAB 150-500	3	PA; MNPA
INVOKAMET XR TAB 150-1000	3	PA; MNPA
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
JENTADUETO TAB 2.5-500	3	PA; MNPA
JENTADUETO TAB 2.5-850	3	PA; MNPA
JENTADUETO TAB 2.5-1000	3	PA; MNPA
JENTADUETO TAB XR	3	PA; MNPA
KAZANO 12.5- TAB 500MG	3	PA; MNPA
KAZANO 12.5- TAB 1000MG	3	PA; MNPA
KOMBIGLYZ XR TAB 2.5-1000	3	PA; MNPA
KOMBIGLYZ XR TAB 5-500MG	3	PA; MNPA
KOMBIGLYZ XR TAB 5-1000MG	3	PA; MNPA
OSENI TAB 12.5-15	3	PA; MNPA
OSENI TAB 12.5-30	3	PA; MNPA
OSENI TAB 12.5-45	3	PA; MNPA
OSENI TAB 25-15MG	3	PA; MNPA
OSENI TAB 25-30MG	3	PA; MNPA
OSENI TAB 25-45MG	3	PA; MNPA
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
QTERN TAB 5-5MG	3	PA; MNPA
QTERN TAB 10-5MG	3	PA; MNPA
SEGLUROMET TAB 2.5-500	3	PA; MNPA
SEGLUROMET TAB 2.5-1000	3	PA; MNPA
SEGLUROMET TAB 7.5-500	3	PA; MNPA
SEGLUROMET TAB 7.5-1000	3	PA; MNPA
SOLIQUA INJ 100/33	4	QL (10 pens / month)
STEGLUJAN TAB 5-100MG	3	PA; MNPA
STEGLUJAN TAB 15-100MG	3	PA; MNPA
SYNJARDY TAB	2	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 25-1000	2	
TRIJARDY XR TAB	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
XULTOPHY INJ 100/3.6	4	QL (5 PENS PER MONTH)

BIGUANIDES

FORTAMET TAB 500MG	3	PA; MNPA
FORTAMET TAB 1000MG	3	PA; MNPA
GLUMETZA TAB 500MG	3	PA; MNPA
GLUMETZA TAB 1000MG	3	PA; MNPA
<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
<i>metformin hcl tab er 24hr modified release 500 mg</i>	1	PA; MNPA
<i>metformin hcl tab er 24hr modified release 1000 mg</i>	1	PA; MNPA
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	1	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	1	PA; MNPA
RIOMET SOL	3	PA; MNPA
RIOMET SOL 500/5ML	3	PA; MNPA
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
<i>diazoxide susp 50 mg/ml</i>	1	
GLUCAGEN INJ HYPOKIT	4	
<i>glucagon (rdna) for inj kit 1 mg</i>	4	
GLUCAGON EMR SOL 1MG	4	PA; MNPA
GLUCAGON KIT 1MG	4	
GVOKE HYPO 1 INJ 1MG/.2ML	4	
GVOKE HYPO 1 INJ .5/.1ML	4	
GVOKE HYPO 2 INJ 1MG/.2ML	4	
GVOKE HYPO 2 INJ .5/.1ML	4	
GVOKE PFS INJ	4	
KORLYM TAB 300MG	3	PA, QL (120 TABLETS PER 30 DAYS)
PROGLYCEM SUS 50MG/ML	3	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	1	PA; MNPA
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	1	PA; MNPA
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	1	PA; MNPA
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	
JANUVIA TAB 100MG	2	
NESINA TAB 6.25MG	3	PA; MNPA
NESINA TAB 12.5MG	3	PA; MNPA
NESINA TAB 25MG	3	PA; MNPA
ONGLYZA TAB 2.5MG	3	PA; MNPA
ONGLYZA TAB 5MG	3	PA; MNPA
TRADJENTA TAB 5MG	3	PA; MNPA
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
ADLYXIN INJ 10/20MCG	4	PA, QL (2 pens per month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
ADLYXIN INJ 20MCG	4	PA, QL (2 pens per month); MNPA
BYDUREON BC INJ 2/0.85ML	4	PA, QL (4 pens per month); MNPA
BYETTA INJ 5MCG	4	PA, QL (1 pen per month); MNPA
BYETTA INJ 10MCG	4	PA, QL (1 pen per month); MNPA
OZEMPIC INJ 2/1.5ML	4	QL (1 PEN PER MONTH)
OZEMPIC INJ 2/1.5ML	4	QL (1 PEN PER MONTH); Starter Pen
OZEMPIC INJ 4MG/3ML	4	QL (1 PEN PER MONTH)
RYBELSUS TAB 3MG	2	QL (30 tabs / month)
RYBELSUS TAB 7MG	2	QL (30 tabs / month)
RYBELSUS TAB 14MG	2	QL (30 tabs / month)
TRULICITY INJ 0.75/0.5	4	QL (4 PENS PER MONTH)
TRULICITY INJ 1.5/0.5	4	QL (4 PENS PER MONTH)
TRULICITY INJ 3/0.5	4	QL (4 PENS PER MONTH)
TRULICITY INJ 4.5/0.5	4	QL (4 PENS PER MONTH)
VICTOZA INJ 18MG/3ML	4	QL (3 PENS PER MONTH)

INSULIN

ADMELOG INJ 100U/ML	3	PA; MNPA
ADMELOG SOLO INJ 100U/ML	3	PA; MNPA
AFREZZA POW 4-8 UNIT	3	PA; MNPA
AFREZZA POW 4-8-12	3	PA; MNPA
AFREZZA POW 4UNIT	3	PA; MNPA
AFREZZA POW 8 UNIT	3	PA; MNPA
AFREZZA POW 8-12UNIT	3	PA; MNPA
AFREZZA POW 12 UNIT	3	PA; MNPA
APIDRA INJ SOLOSTAR	3	PA; MNPA
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMALOG INJ 100/ML	3	PA; MNPA
HUMALOG JR INJ 100/ML	3	PA; MNPA
HUMALOG KWIK INJ 100/ML	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIK INJ 200/ML	3	PA; MNPA
HUMALOG MIX INJ 50/50	3	PA; MNPA
HUMALOG MIX INJ 50/50KWP	3	PA; MNPA
HUMALOG MIX INJ 75/25KWP	3	PA; MNPA
HUMALOG MIX SUS 75/25	3	PA; MNPA
HUMULIN INJ 70/30	3	PA; MNPA
HUMULIN INJ 70/30KWP	3	PA; MNPA
HUMULIN N INJ U-100	3	PA; MNPA
HUMULIN N INJ U-100KWP	3	PA; MNPA
HUMULIN R INJ U-500	2	
INS ASP PROT INJ FLEXPEN	3	PA; MNPA
INSULIN ASPA INJ 70/30	3	PA; MNPA
INSULIN ASPA INJ 100/ML	3	PA; MNPA
INSULIN ASPA INJ FLEXPEN	3	PA; MNPA
INSULIN ASPA INJ PENFILL	3	PA; MNPA
INSULIN LISP INJ 100/ML	3	PA; MNPA
INSULIN LISP INJ JUNIOR	3	PA; MNPA
INSULIN LISP INJ PROTAMIN	3	PA; MNPA
LANTUS INJ 100/ML	3	PA; MNPA
LANTUS SOLOS INJ 100/ML	3	PA; MNPA
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTUOC	2	
LYUMJEV KWPN INJ 100UT/ML	3	PA; MNPA
LYUMJEV KWPN INJ 200UT/ML	3	PA; MNPA
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	PA; MNPA
NOVOLIN INJ 70/30 FP	3	PA; MNPA
NOVOLIN N INJ 100 UNIT	2	
NOVOLIN N INJ 100 UNIT	3	PA; MNPA
NOVOLIN N INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
SEMGLEE INJ 100U/ML	3	PA; MNPA
SEMGLEE SOL 100U/ML	3	PA; MNPA
TOUJEO MAX INJ 300IU/ML	2	
TOUJEO SOLO INJ 300IU/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	

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Drug Name	Drug Tier	Requirements/Limits
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
ACTOS TAB 15MG	3	PA; MNPA
ACTOS TAB 30MG	3	PA; MNPA
ACTOS TAB 45MG	3	PA; MNPA
AVANDIA TAB 2MG	3	
AVANDIA TAB 4MG	3	
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
STARLIX TAB 120MG	3	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
INVOKANA TAB 100MG	3	PA; MNPA
INVOKANA TAB 300MG	3	PA; MNPA
JARDIANCE TAB 10MG	2	
JARDIANCE TAB 25MG	2	
STEGLATRO TAB 5MG	3	PA; MNPA
STEGLATRO TAB 15MG	3	PA; MNPA
SULFONYLUREAS		
AMARYL TAB 1MG	3	
AMARYL TAB 2MG	3	
AMARYL TAB 4MG	3	
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
GLUCOTROL TAB 10MG	3	
GLUCOTROL XL TAB 2.5MG	3	

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Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
GLYNASE TAB 1.5MG	3	
GLYNASE TAB 3MG	3	
GLYNASE TAB 6MG	3	
<i>tolbutamide tab 500 mg</i>	1	

ANTIDIARRHEAL/PROBIOTIC AGENTS**ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS**

MYTESI TAB 125MG	3	PA; MNPA

ANTIDIARRHEAL/PROBIOTIC COMBINATIONS

RESTORA RX CAP 60-1.25	3	

ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
LOMOTIL TAB 2.5MG	2	
MOTOFEN TAB 1-0.025	3	PA; MNPA

ANTIDOTES AND SPECIFIC ANTAGONISTS**ANTIDOTES - CHELATING AGENTS**

CHEMET CAP 100MG	3	
<i>deferasirox granules packet 90 mg</i>	1	PA
<i>deferasirox granules packet 180 mg</i>	1	PA
<i>deferasirox granules packet 360 mg</i>	1	PA
<i>deferasirox tab 90 mg</i>	1	PA
<i>deferasirox tab 180 mg</i>	1	PA
<i>deferasirox tab 360 mg</i>	1	PA
<i>deferasirox tab for oral susp 125 mg</i>	1	PA
<i>deferasirox tab for oral susp 250 mg</i>	1	PA
<i>deferasirox tab for oral susp 500 mg</i>	1	PA
<i>deferiprone tab 500 mg</i>	1	PA
EXJADE TAB 125MG	3	PA; MNPA
EXJADE TAB 250MG	3	PA; MNPA
EXJADE TAB 500MG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
FERPRX 2-DAY TAB 1000MG	3	PA; MNPA
FERRIPROX SOL 100MG/ML	3	PA; MNPA
FERRIPROX TAB 500MG	3	PA; MNPA
FERRIPROX TAB 1000MG	3	PA; MNPA
JADENU SPRKL GRA 90MG	3	PA; MNPA
JADENU SPRKL GRA 180MG	3	PA; MNPA
JADENU SPRKL GRA 360MG	3	PA; MNPA
JADENU TAB 90MG	3	PA; MNPA
JADENU TAB 180MG	3	PA; MNPA
JADENU TAB 360MG	3	PA; MNPA
PENTETATE CA SOL 200MG/ML	3	PA; MNPA
PENTETATE ZI SOL 200MG/ML	3	PA; MNPA

ANTIDOTES AND SPECIFIC ANTAGONISTS

RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	2	QL (20 PACKETS PER 5 DAYS)

OPIOID ANTAGONISTS

<i>naloxone hcl inj 0.4 mg/ml</i>	4	
<i>naloxone hcl inj 4 mg/10ml</i>	4	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	4	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	4	
<i>naltrexone hcl tab 50 mg</i>	1	
NARCAN SPR	2	

ANTIEMETICS**5-HT3 RECEPTOR ANTAGONISTS**

ANZEMET TAB 50MG	3	QL (6 tabs / 21 days)
ANZEMET TAB 100MG	3	QL (6 tabs / 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs / 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL / 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 ea / 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs / 21 days)
SANCUSO DIS 3.1MG	2	QL (2 patches / 21 days)
SUSTOL INJ 10/0.4ML	4	PA, QL (2 injections / 21 days); MNPA
ZOFRAN TAB 4MG	3	QL (18 tabs / 21 days)

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Drug Name	Drug Tier	Requirements/Limits
ZUPLENZ MIS 4MG	3	PA, QL (18 films / 21 days); MNPA
ZUPLENZ MIS 8MG	3	PA, QL (18 films / 21 days); MNPA
ANTIEMETICS - ANTICHOLINERGIC		
MECLIZINE TAB 50MG	3	PA; MNPA
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
TIGAN CAP 300MG	3	
TRANSDERM SC DIS 1MG/3DAY	3	PA; MNPA
TRANSDERM-SC DIS 1MG/3DAY	3	PA; MNPA
<i>trimethobenzamide hcl cap 300 mg</i>	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	3	QL (2 caps / 21 days)
BONJESTA TAB 20-20MG	3	PA; MNPA
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	
<i>dronabinol cap 5 mg</i>	1	
<i>dronabinol cap 10 mg</i>	1	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
SYNDROS SOL 5MG/ML	3	PA; MNPA
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps / 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps / 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 ea / 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (6 caps / 21 days)
EMEND CAP 80MG	3	QL (4 caps / 21 days)
EMEND SUS 125MG	3	QL (6 kits / 21 days)
EMEND TRIPAC PAK 80 & 125	3	QL (6 caps / 21 days)
VARUBI TAB 90MG	3	QL (4 tabs / 21 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
BREXAFEMME TAB 150MG	3	
ANTIFUNGALS		
ANCOBON CAP 250MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ANCOBON CAP 500MG	3	
BIO-STATIN CAP 500000	3	
BIO-STATIN CAP 1000000	3	
<i>flucytosine cap 250 mg</i>	1	
<i>flucytosine cap 500 mg</i>	1	PA; MNPA
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>*nystatin oral powder*</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 186 MG	3	PA; MNPA
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 50MG	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
NOXAFIL SUS 40MG/ML	3	PA; MNPA
NOXAFIL TAB 100MG	3	PA; MNPA
<i>posaconazole tab delayed release 100 mg</i>	1	PA; MNPA
SPORANOX CAP 100MG	3	
SPORANOX CAP PULSEPAK	3	
SPORANOX SOL 10MG/ML	3	
TOLSURA CAP 65MG	3	PA; MNPA
VFEND SUS 40MG/ML	2	PA
VFEND TAB 50MG	2	PA
VFEND TAB 200MG	2	PA
<i>voriconazole for susp 40 mg/ml</i>	1	PA
<i>voriconazole tab 50 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole tab 200 mg</i>	1	PA
ANTIHIISTAMINES		
ANTIHIISTAMINES - ALKYLAMINES		
<i>dexchlorpheniramine maleate oral soln 2 mg/5ml</i>	1	PA; MNPA
ANTIHIISTAMINES - ETHANOLAMINES		
CARBINOXAMIN TAB 6MG	3	PA; MNPA
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
KARBINAL ER SUS 4MG/5ML	3	
RYVENT TAB 6MG	3	PA; MNPA
ANTIHIISTAMINES - NON-SEDATING		
CLARINEX TAB 5MG	3	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
ANTIHIISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl suppos 50 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
ANTIHIISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NEXLIZET TAB 180/10MG	2	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTIHYPERTENSIVES - MISC.		
<i>icosapent ethyl cap 1 gm</i>	1	PA; MNPA
LOVAZA CAP 1GM	3	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	1	Tier 1 with DAW9
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
FIBRIC ACID DERIVATIVES		
ANTARA CAP 30MG	3	
ANTARA CAP 90MG	3	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 50 mg</i>	1	PA; MNPA
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized cap 130 mg</i>	1	PA; MNPA
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 40 mg</i>	1	PA; MNPA
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 120 mg</i>	1	PA; MNPA
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	PA; MNPA
FENOGLIDE TAB 40MG	3	
FENOGLIDE TAB 120MG	3	PA; MNPA
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
<i>gemfibrozil tab 600 mg</i>	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOPID TAB 600MG	3	
TRICOR TAB 48MG	3	PA; MNPA
TRICOR TAB 145MG	3	PA; MNPA
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	

HMG COA REDUCTASE INHIBITORS

ALTOPREV TAB 20MG ER	3	PA; MNPA
ALTOPREV TAB 40MG ER	3	PA; MNPA
ALTOPREV TAB 60MG ER	3	PA; MNPA
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
CRESTOR TAB 5MG	0	PA; MNPA
CRESTOR TAB 10MG	0	PA; MNPA
CRESTOR TAB 20MG	3	PA; MNPA
CRESTOR TAB 40MG	3	PA; MNPA
EZALLOR SPR CAP 5MG	3	PA; MNPA
EZALLOR SPR CAP 10MG	3	PA; MNPA

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Drug Name	Drug Tier	Requirements/Limits
EZALLOR SPR CAP 20MG	3	PA; MNPA
EZALLOR SPR CAP 40MG	3	PA; MNPA
FLOLIPID SUS 20MG/5ML	3	PA; MNPA
FLOLIPID SUS 40MG/5ML	3	PA; MNPA
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
LESCOL XL TAB 80MG	0	PA; MNPA
LIPITOR TAB 10MG	0	PA; MNPA
LIPITOR TAB 20MG	0	PA; MNPA
LIPITOR TAB 40MG	3	PA; MNPA
LIPITOR TAB 80MG	3	PA; MNPA
LIVALO TAB 1MG	3	PA; MNPA
LIVALO TAB 2MG	3	PA; MNPA
LIVALO TAB 4MG	3	PA; MNPA
<i>lovastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	
ZOCOR TAB 10MG	0	
ZOCOR TAB 20MG	0	
ZOCOR TAB 40MG	0	
ZOCOR TAB 80MG	3	
ZYPITAMAG TAB 2MG	3	PA; MNPA
ZYPITAMAG TAB 4MG	3	PA; MNPA
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	
ZETIA TAB 10MG	3	PA; MNPA
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG	3	PA, QL (28 CAPSULES PER 28 DAYS)
JUXTAPID CAP 10MG	3	PA, QL (28 CAPSULES PER 28 DAYS)
JUXTAPID CAP 20MG	3	PA, QL (28 CAPSULES PER 28 DAYS)
JUXTAPID CAP 30MG	3	PA, QL (28 CAPSULES PER 28 DAYS)
NICOTINIC ACID DERIVATIVES		
<i>niacin (antihyperlipidemic) tab 500 mg</i>	1	PA; MNPA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
NIASPAN TAB 500MG ER	3	
NIASPAN TAB 750MG ER	3	
NIASPAN TAB 1000 ER	3	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ 75MG/ML	4	PA, QL (2 PENS PER MONTH)
PRALUENT INJ 150MG/ML	4	PA, QL (2 injections / month)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ALTACE CAP 1.25MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 5MG	3	
ALTACE CAP 10MG	3	
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate oral soln 1 mg/ml</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
EPANED SOL 1MG/ML	3	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
PRINIVIL TAB 20MG	3	
QBRELIS SOL 1MG/ML	3	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
VASOTEC TAB 2.5MG	3	
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSEER CAP 250MG	3	
DIBENZYLINE CAP 10MG	3	
<i>metyrosine cap 250 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TAB 4MG	3	PA; MNPA
ATACAND TAB 8MG	3	PA; MNPA
ATACAND TAB 16MG	3	PA; MNPA
ATACAND TAB 32MG	3	PA; MNPA
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
BENICAR TAB 5MG	3	PA; MNPA
BENICAR TAB 20MG	3	PA; MNPA
BENICAR TAB 40MG	3	PA; MNPA
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
COZAAR TAB 25MG	3	PA; MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
COZAAR TAB 50MG	3	PA; MNPA
COZAAR TAB 100MG	3	PA; MNPA
DIOVAN TAB 40MG	3	PA; MNPA
DIOVAN TAB 80MG	3	PA; MNPA
DIOVAN TAB 160MG	3	PA; MNPA
DIOVAN TAB 320MG	3	PA; MNPA
EDARBI TAB 40MG	3	PA; MNPA
EDARBI TAB 80MG	3	PA; MNPA
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
MICARDIS TAB 20MG	3	PA; MNPA
MICARDIS TAB 40MG	3	PA; MNPA
MICARDIS TAB 80MG	3	PA; MNPA
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	2	
CATAPRES-TTS DIS 0.2/24HR	2	
CATAPRES-TTS DIS 0.3/24HR	2	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
ATACAND HCT TAB 16-12.5	3	PA; MNPA
ATACAND HCT TAB 32-12.5	3	PA; MNPA
ATACAND HCT TAB 32-25MG	3	PA; MNPA
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
AZOR TAB 5-20MG	3	PA; MNPA
AZOR TAB 5-40MG	3	PA; MNPA
AZOR TAB 10-20MG	3	PA; MNPA
AZOR TAB 10-40MG	3	PA; MNPA
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
BENICAR HCT TAB 20-12.5	3	PA; MNPA
BENICAR HCT TAB 40-12.5	3	PA; MNPA
BENICAR HCT TAB 40-25MG	3	PA; MNPA
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
DIOVAN HCT TAB 80/12.5	3	PA; MNPA
DIOVAN HCT TAB 160-12.5	3	PA; MNPA
DIOVAN HCT TAB 160-25MG	3	PA; MNPA
DIOVAN HCT TAB 320-12.5	3	PA; MNPA
DIOVAN HCT TAB 320-25MG	3	PA; MNPA
DUTOPROL TAB 25-12.5	3	PA; MNPA
DUTOPROL TAB 50-12.5	3	PA; MNPA
DUTOPROL TAB 100-12.5	3	PA; MNPA
EDARBYCLOR TAB 40-12.5	3	PA; MNPA
EDARBYCLOR TAB 40-25MG	3	PA; MNPA
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
EXFORGE HCT TAB 5-160-12.5	3	PA; MNPA
EXFORGE HCT TAB 5-160-25	3	PA; MNPA
EXFORGE HCT TAB 10-160-12.5	3	PA; MNPA
EXFORGE HCT TAB 10-160-25	3	PA; MNPA
EXFORGE HCT TAB 10-320-25	3	PA; MNPA
EXFORGE TAB 5-160MG	3	PA; MNPA
EXFORGE TAB 5-320MG	3	PA; MNPA
EXFORGE TAB 10-160MG	3	PA; MNPA
EXFORGE TAB 10-320MG	3	PA; MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
HYZAAR TAB 50-12.5	3	PA; MNPA
HYZAAR TAB 100-12.5	3	PA; MNPA
HYZAAR TAB 100-25	3	PA; MNPA
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	2	
LOTREL CAP 5-20MG	2	
LOTREL CAP 10-20MG	2	
LOTREL CAP 10-40MG	2	
<i>methyldopa & hydrochlorothiazide tab 250-15 mg</i>	1	
<i>methyldopa & hydrochlorothiazide tab 250-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
MICARDIS HCT TAB 40/12.5	3	PA; MNPA
MICARDIS HCT TAB 80-25MG	3	PA; MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
MICARDIS HCT TAB 80/12.5	3	PA; MNPA
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
PRESTALIA TAB 3.5-2.5	3	PA; MNPA
PRESTALIA TAB 7-5MG	3	PA; MNPA
PRESTALIA TAB 14-10MG	3	PA; MNPA
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
TARKA TAB 2-180 CR	2	
TARKA TAB 2-240 CR	2	
TARKA TAB 4-240 CR	2	
TEKTURNA HCT TAB 150-12.5	2	
TEKTURNA HCT TAB 150-25MG	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
TWYNSTA TAB 40-5MG	3	
TWYNSTA TAB 40-10MG	3	
TWYNSTA TAB 80-5MG	3	
TWYNSTA TAB 80-10MG	3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
VASERETIC TAB 10-25MG	3	
ZESTORETIC TAB 10-12.5	3	PA; MNPA
ZESTORETIC TAB 20-12.5	3	PA; MNPA
ZESTORETIC TAB 20-25MG	3	PA; MNPA
ZIAC TAB 2.5/6.25	2	
ZIAC TAB 5-6.25MG	2	
ZIAC TAB 10/6.25	2	
ANTIHYPERTENSIVES - MISC.		
VECAMEYL TAB 2.5MG	3	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
INSPRA TAB 25MG	2	
INSPRA TAB 50MG	2	
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	2	
MALARONE TAB 250-100	2	
PYRIME/LEUCO CAP 12.5/2.5	3	PA; MNPA
PYRIME/LEUCO CAP 25/5MG	3	PA; MNPA
PYRIME/LEUCO CAP 25/10MG	3	PA; MNPA
PYRIME/LEUCO CAP 50/10MG	3	PA; MNPA
PYRIME/LEUCO CAP 50/20MG	3	PA; MNPA
PYRIME/LEUCO CAP 50/25MG	3	PA; MNPA
PYRIME/LEUCO CAP 75/25MG	3	PA; MNPA
ANTIMALARIALS		
ARAKODA TAB 100MG	3	PA; MNPA
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
DARAPRIM TAB 25MG	3	PA; MNPA
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
KRINTAFEL TAB 150MG	3	PA; MNPA
<i>mefloquine hcl tab 250 mg</i>	1	
PLAQUENIL TAB 200MG	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
PRIMAQUINE TAB 26.3MG	3	
<i>pyrimethamine tab 25 mg</i>	1	PA
QUALAQUIN CAP 324MG	3	
<i>quinine sulfate cap 324 mg</i>	1	

ANTIMYASTHENIC/CHOLINERGIC AGENTS**ANTIMYASTHENIC/CHOLINERGIC AGENTS**

FIRDAPSE TAB 10MG	3	PA, QL (240 TABLETS PER 30 DAYS)
GUANIDINE TAB 125MG	3	
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 30 mg</i>	1	PA; MNPA
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
RUZURGI TAB 10MG	3	PA, QL (300 TABLETS PER 30 DAYS)

ANTIMYCOBACTERIAL AGENTS**ANTIMYCOBACTERIAL AGENTS**

<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
MYAMBUTOL TAB 400MG	2	
MYCOBUTIN CAP 150MG	3	
PASER GRA 4GM	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECATOR TAB 250MG	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN TAB 2MG	0	
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
<i>cyclophosphamide cap 25 mg</i>	0	
<i>cyclophosphamide cap 50 mg</i>	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
<i>melfalan tab 2 mg</i>	0	
MYLERAN TAB 2MG	0	
TEMODAR CAP 100MG	0	PA
TEMODAR CAP 140MG	0	PA
TEMODAR CAP 180MG	0	PA
TEMODAR CAP 250MG	0	PA
<i>temozolomide cap 5 mg</i>	0	PA
<i>temozolomide cap 20 mg</i>	0	PA
<i>temozolomide cap 100 mg</i>	0	PA
<i>temozolomide cap 140 mg</i>	0	PA
<i>temozolomide cap 180 mg</i>	0	PA
<i>temozolomide cap 250 mg</i>	0	PA
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>capecitabine tab 500 mg</i>	0	PA, QL (300 TABLETS PER 30 DAYS)
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium for inj 1 gm</i>	4	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	4	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	4	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	4	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	4	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	4	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	
ONUREG TAB 200MG	0	PA, QL (14 TABLETS PER 28 DAYS)
ONUREG TAB 300MG	0	PA, QL (14 TABLETS PER 28 DAYS)
PURIXAN SUS 20MG/ML	0	PA
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	
TREXALL TAB 7.5MG	0	
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
XELODA TAB 500MG	0	PA, QL (300 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG	0	PA, QL (240 TABLETS PER 30 DAYS)
INLYTA TAB 5MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LENVIMA CAP 4MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
LENVIMA CAP 8 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 10 MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
LENVIMA CAP 12MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA CAP 14 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 18 MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA CAP 20 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 24 MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	0	PA, QL (120 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
TUKYSA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 50MG	0	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 100MG	0	PA, QL (180 TABLETS PER 30 DAYS)
VENCLEXTA TAB START PK	0	PA, QL (1 PACK EVERY 28 DAYS)
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	0	PA, QL (60 TABLETS PER 30 DAYS)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 20MG	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 30MG	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IRESSA TAB 250MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSO TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSO TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TARCEVA TAB 25MG	0	PA, QL (60 TABLETS PER 30 DAYS)
TARCEVA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TARCEVA TAB 150MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ODOMZO CAP 200MG	0	PA, QL (30 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>abiraterone acetate tab 500 mg</i>	0	PA, QL (60 TABLETS PER 30 DAYS)
<i>anastrozole tab 1 mg</i>	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
<i>bicalutamide tab 50 mg</i>	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>exemestane tab 25 mg</i>	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
<i>flutamide cap 125 mg</i>	0	
<i>letrozole tab 2.5 mg</i>	0	
<i>leuprolide acetate inj kit 5 mg/ml</i>	4	PA
LYSODREN TAB 500MG	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	
NILANDRON TAB 150MG	0	PA; MNPA
<i>nilutamide tab 150 mg</i>	0	
NUBEQA TAB 300MG	0	PA, QL (120 TABLETS PER 30 DAYS)
SOLTAMOX SOL 10MG/5ML	0	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	0	
XTANDI CAP 40MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XTANDI TAB 40MG	0	PA, QL (120 TABLETS PER 30 DAYS)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

93

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Drug Name	Drug Tier	Requirements/Limits
XTANDI TAB 80MG	0	PA, QL (60 TABLETS PER 30 DAYS)
YONSA TAB 125MG	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>ANTINEOPLASTIC - IMMUNOMODULATORS</i>		
POMALYST CAP 1MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 2MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 3MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 4MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
<i>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</i>		
AYVAKIT TAB 25MG	0	PA, QL (30 TABLETS PER 30 DAYS); MNPA
AYVAKIT TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS); MNPA
AYVAKIT TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS); MNPA
AYVAKIT TAB 200MG	0	PA, QL (30 TABLETS PER 30 DAYS); MNPA
AYVAKIT TAB 300MG	0	PA, QL (30 TABLETS PER 30 DAYS); MNPA
<i>ANTINEOPLASTIC - XPO1 INHIBITORS</i>		
XPOVIO PAK 40MG	0	PA, QL (16 TABLETS PER 28 DAYS); MNPA
XPOVIO PAK 40MG	0	PA, QL (8 TABLETS PER 28 DAYS); MNPA
XPOVIO PAK 60MG	0	PA, QL (12 TABLETS PER 28 DAYS); MNPA
XPOVIO PAK 60MG	0	PA, QL (24 TABLETS PER 28 DAYS); MNPA
XPOVIO PAK 80MG	0	PA, QL (16 TABLETS PER 28 DAYS); MNPA
XPOVIO PAK 80MG	0	PA, QL (32 TABLETS PER 28 DAYS); MNPA
XPOVIO PAK 100MG	0	PA, QL (20 TABLETS PER 28 DAYS); MNPA
<i>ANTINEOPLASTIC COMBINATIONS</i>		
INQOVI TAB 35-100MG	0	PA

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Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 PAK FEMARA	0	PA, QL (50 tabs / 28 days)
KISQALI 400 PAK FEMARA	0	PA, QL (70 tabs / 28 days)
KISQALI 600 PAK FEMARA	0	PA, QL (92 tabs / 28 days)
LONSURF TAB 15-6.14	0	PA, QL (100 TABLETS 28 DAYS)
LONSURF TAB 20-8.19	0	PA, QL (80 TABLETS 28 DAYS)

ANTINEOPLASTIC ENZYME INHIBITORS

AFINITOR DIS TAB 2MG	0	PA, QL (60 TABLETS PER 30 DAYS)
AFINITOR DIS TAB 3MG	0	PA, QL (90 TABLETS PER 30 DAYS)
AFINITOR DIS TAB 5MG	0	PA, QL (60 TABLETS PER 30 DAYS)
AFINITOR TAB 2.5MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AFINITOR TAB 5MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AFINITOR TAB 7.5MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AFINITOR TAB 10MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ALECENSA CAP 150MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
ALUNBRIG PAK	0	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 30MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ALUNBRIG TAB 90MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 180MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BALVERSA TAB 3MG	0	PA, QL (84 TABLETS PER 28 DAYS)
BALVERSA TAB 4MG	0	PA, QL (56 TABLETS PER 28 DAYS)
BALVERSA TAB 5MG	0	PA, QL (28 TABLETS PER 28 DAYS)
BOSULIF TAB 100MG	0	PA, QL (90 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

95

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF TAB 400MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BOSULIF TAB 500MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BRAFTOVI CAP 75MG	0	PA, QL (180 CAPSULES PER 30 DAYS)
BRUKINSA CAP 80MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
CABOMETYX TAB 20MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 60MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CALQUENCE CAP 100MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
CAPRELSA TAB 100MG	0	PA, QL (60 TABLETS PER 30 DAYS)
CAPRELSA TAB 300MG	0	PA, QL (30 TABLETS PER 30 DAYS)
COMETRIQ KIT 60MG	0	PA, QL (84 CAPSULES PER 28 DAYS)
COMETRIQ KIT 100MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
COMETRIQ KIT 140MG	0	PA, QL (112 CAPSULES PER 28 DAYS)
COPIKTRA CAP 15MG	0	PA, QL (56 CAPSULES PER 28 days)
COPIKTRA CAP 25MG	0	PA, QL (56 CAPSULES PER 28 days)
COTELLIC TAB 20MG	0	PA, QL (63 TABLETS 28 DAYS)
<i>everolimus tab 2.5 mg</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
<i>everolimus tab 5 mg</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
<i>everolimus tab 7.5 mg</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
GAVRETO CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS); MNPA
IBRANCE CAP 75MG	0	PA, QL (21 CAPSULES PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAP 100MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE CAP 125MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE TAB 75MG	0	PA, QL (21 TABLETS PER 28 DAYS)
IBRANCE TAB 100MG	0	PA, QL (21 TABLETS PER 28 DAYS)
IBRANCE TAB 125MG	0	PA, QL (21 TABLETS PER 28 DAYS)
ICLUSIG TAB 10MG	0	PA, QL (30 TABS PER MONTH)
ICLUSIG TAB 15MG	0	PA, QL (60 TABLETS PER 30 DAYS)
ICLUSIG TAB 30MG	0	PA, QL (30 TABS PER MONTH)
ICLUSIG TAB 45MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IDHIFA TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IDHIFA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	0	PA, QL (90 TABLETS PER 30 DAYS)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	0	PA, QL (60 TABLETS PER 30 DAYS)
IMBRUVICA CAP 70MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
IMBRUVICA CAP 140MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
IMBRUVICA TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 280MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 420MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 560MG	0	PA, QL (30 TABLETS PER 30 DAYS)
JAKAFI TAB 5MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 10MG	0	PA, QL (60 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
JAKAFI TAB 15MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 20MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 25MG	0	PA, QL (60 TABLETS PER 30 DAYS)
KISQALI TAB 200DOSE	0	PA, QL (21 TABLETS PER 28 DAYS)
KISQALI TAB 400DOSE	0	PA, QL (42 TABLETS 28 DAYS)
KISQALI TAB 600DOSE	0	PA, QL (63 TABLETS 28 DAYS)
KOSELUGO CAP 10MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
KOSELUGO CAP 25MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	0	PA, QL (180 TABLETS PER 30 DAYS)
LORBRENA TAB 25MG	0	PA, QL (90 TABLETS PER 30 DAYS)
LORBRENA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
LUMAKRAS TAB 120MG	0	PA
LYNPARZA TAB 100MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LYNPARZA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
MEKINIST TAB 0.5MG	0	PA, QL (90 TABLETS PER 30 DAYS)
MEKINIST TAB 2MG	0	PA, QL (30 TABLETS PER 30 DAYS)
MEKTOVI TAB 15MG	0	PA, QL (180 TABLETS PER 30 DAYS)
NERLYNX TAB 40MG	0	PA, QL (180 TABLETS PER 30 DAYS)
NEXAVAR TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)
NINLARO CAP 2.3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 4MG	0	PA, QL (3 CAPSULES PER 28 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

98

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Drug Name	Drug Tier	Requirements/Limits
PEMAZYRE TAB 4.5MG	0	PA, QL (14 TABLETS PER 21 DAYS); MNPA
PEMAZYRE TAB 9MG	0	PA, QL (14 TABLETS PER 21 DAYS); MNPA
PEMAZYRE TAB 13.5MG	0	PA, QL (14 TABLETS PER 21 DAYS); MNPA
PIQRAY 200MG TAB DOSE	0	PA, QL (28 TABLETS PER 28 DAYS)
PIQRAY 250MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
PIQRAY 300MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
QINLOCK TAB 50MG	0	PA, QL (90 TABLETS PER 30 DAYS); MNPA
ROZLYTREK CAP 100MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ROZLYTREK CAP 200MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
RUBRACA TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RUBRACA TAB 250MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RUBRACA TAB 300MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RYDAPT CAP 25MG	0	PA, QL (224 CAPSULES PER 28 DAYS)
SPRYCEL TAB 20MG	0	PA, QL (90 TABLETS PER 30 DAYS)
SPRYCEL TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 70MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
STIVARGA TAB 40MG	0	PA, QL (84 TABLETS PER 28 DAYS)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate cap 25 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 12.5MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 25MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 37.5MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 50MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
TAFINLAR CAP 50MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TAFINLAR CAP 75MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TAZVERIK TAB 200MG	0	PA, QL (240 TABLETS PER 30 DAYS); MNPA
TIBSOVO TAB 250MG	0	PA, QL (60 TABLETS PER 30 DAYS)
TURALIO CAP 200MG	0	PA, QL (120 CAPSULES PER 30 DAYS); MNPA
TYKERB TAB 250MG	0	PA, QL (180 TABLETS PER 30 DAYS)
VERZENIO TAB 50MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 100MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 150MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 200MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VITRAKVI CAP 25MG	0	PA, QL (180 CAPSULES PER 30 DAYS)
VITRAKVI CAP 100MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
VITRAKVI SOL 20MG/ML	0	PA, QL (300 ML PER 30 DAYS)
VOTRIENT TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

100

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Drug Name	Drug Tier	Requirements/Limits
XALKORI CAP 200MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XALKORI CAP 250MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XOSPATA TAB 40MG	0	PA, QL (90 TABLETS PER 30 DAYS)
ZEJULA CAP 100MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
ZELBORAF TAB 240MG	0	PA, QL (240 TABLETS PER 30 DAYS)
ZOLINZA CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
ZYKADIA TAB 150MG	0	PA, QL (90 TABLETS PER 30 DAYS)
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	4	PA
<i>bexarotene cap 75 mg</i>	0	PA
HYDREA CAP 500MG	0	
<i>hydroxyurea cap 500 mg</i>	0	
INTRON A INJ 10MU	4	PA
INTRON A INJ 18MU	4	PA
INTRON A INJ 25MU	4	PA
INTRON A INJ 50MU	4	PA
MATULANE CAP 50MG	0	
TARGRETIN CAP 75MG	0	PA
<i>tretinoin cap 10 mg</i>	0	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	0	
<i>leucovorin calcium tab 10 mg</i>	0	
<i>leucovorin calcium tab 15 mg</i>	0	
<i>leucovorin calcium tab 25 mg</i>	0	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	
LODOSYN TAB 25MG	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

101

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Drug Name	Drug Tier	Requirements/Limits
NOURIANZ TAB 20MG	3	PA; MNPA
NOURIANZ TAB 40MG	3	PA; MNPA
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
<i>entacapone tab 200 mg</i>	1	
ONGENTYS CAP 25MG	3	PA; MNPA
ONGENTYS CAP 50MG	3	PA; MNPA
TASMAR TAB 100MG	3	
<i>tolcapone tab 100 mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

102

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
GOCOVRI CAP 68.5MG	3	PA; MNPA
GOCOVRI CAP 137MG	3	PA; MNPA
INBRIJA CAP 42MG	2	PA, QL (300 CAPSULES PER 30 DAYS)
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
MIRAPEX TAB 0.5MG	3	
MIRAPEX TAB 0.75MG	3	
MIRAPEX TAB 0.125MG	3	
MIRAPEX TAB 1MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
OSMOLEX ER TAB	3	PA; MNPA
OSMOLEX ER TAB 129MG	3	PA; MNPA
OSMOLEX ER TAB 193MG	3	PA; MNPA
OSMOLEX ER TAB 258MG	3	PA; MNPA
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
RYTARY CAP 95MG	3	PA; MNPA
RYTARY CAP 145MG	3	PA; MNPA
RYTARY CAP 195MG	3	PA; MNPA
RYTARY CAP 245MG	3	PA; MNPA
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
XADAGO TAB 50MG	3	PA; MNPA
XADAGO TAB 100MG	3	PA; MNPA
ZELAPAR TAB 1.25MG	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	3	
LITHOBID TAB 300MG CR	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP 42MG	3	PA; MNPA
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	
GEODON CAP 60MG	3	
GEODON CAP 80MG	3	
GEODON INJ 20MG	3	
LATUDA TAB 20MG	2	
LATUDA TAB 40MG	2	
LATUDA TAB 60MG	2	
LATUDA TAB 80MG	2	
LATUDA TAB 120MG	2	
NUPLAZID CAP 34MG	3	PA
NUPLAZID TAB 10MG	3	PA
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	1	
BENZISOXAZOLES		
FANAPT PAK	3	PA; MNPA
FANAPT TAB 1MG	3	PA; MNPA
FANAPT TAB 2MG	3	PA; MNPA
FANAPT TAB 4MG	3	PA; MNPA
FANAPT TAB 6MG	3	PA; MNPA
FANAPT TAB 8MG	3	PA; MNPA
FANAPT TAB 10MG	3	PA; MNPA
FANAPT TAB 12MG	3	PA; MNPA
INVEGA SUST INJ 39/0.25	3	
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TAB 1.5MG	3	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
INVEGA TRINZ INJ 273MG	3	PA; MNPA
INVEGA TRINZ INJ 410MG	3	PA; MNPA
INVEGA TRINZ INJ 546MG	3	PA; MNPA
INVEGA TRINZ INJ 819MG	3	PA; MNPA
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
PERSERIS INJ 90MG	2	
PERSERIS INJ 120MG	2	
RISPERDAL INJ 12.5MG	3	
RISPERDAL INJ 25MG	3	
RISPERDAL INJ 37.5MG	3	
RISPERDAL INJ 50MG	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

106

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
BUTYROPHENONES		
HALDOL DECAN INJ 50MG/ML	3	
HALDOL DECAN INJ 100MG/ML	3	
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
DIBENZAPINES		
ADASUVE INH 10MG	3	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

107

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

108

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Drug Name	Drug Tier	Requirements/Limits
SECUADO DIS 3.8MG	3	PA; MNPA
SECUADO DIS 5.7MG	3	PA; MNPA
SECUADO DIS 7.6MG	3	PA; MNPA
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
SEROQUEL XR TAB 50MG	3	PA; MNPA
SEROQUEL XR TAB 150MG	3	PA; MNPA
SEROQUEL XR TAB 200MG	3	PA; MNPA
SEROQUEL XR TAB 300MG	3	PA; MNPA
SEROQUEL XR TAB 400MG	3	PA; MNPA
VERSACLOZ SUS 50MG/ML	3	
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	
ZYPREXA RELP INJ 300MG	3	
ZYPREXA RELP INJ 405MG	3	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
DIHYDROINDOLONES		
<i>molindone hcl tab 5 mg</i>	1	
<i>molindone hcl tab 10 mg</i>	1	
<i>molindone hcl tab 25 mg</i>	1	
PHENOTHIAZINES		
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
ABILIFY MYCI TAB 2MG	3	PA; MNPA
ABILIFY MYCI TAB 5MG	3	PA; MNPA
ABILIFY MYCI TAB 10MG	3	PA; MNPA
ABILIFY MYCI TAB 15MG	3	PA; MNPA
ABILIFY MYCI TAB 20MG	3	PA; MNPA
ABILIFY MYCI TAB 30MG	3	PA; MNPA
ABILIFY TAB 2MG	3	PA; MNPA
ABILIFY TAB 5MG	3	PA; MNPA
ABILIFY TAB 10MG	3	PA; MNPA
ABILIFY TAB 15MG	3	PA; MNPA
ABILIFY TAB 20MG	3	PA; MNPA
ABILIFY TAB 30MG	3	PA; MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

110

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Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
ARISTADA INJ 441MG/1.	3	
ARISTADA INJ 662MG/2	3	
ARISTADA INJ 882MG/3	3	
ARISTADA INJ 1064MG	3	QL (23.077 injections / year)
ARISTADA INJ INITIO	3	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
REXULTI TAB 1MG	3	
REXULTI TAB 2MG	3	
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
<i>formaldehyde solution 10%</i>	1	
GLUTARALDEHY SOL 25%	3	
CHLORINE ANTISEPTICS		
BENZALKONIUM SOL NF	3	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (900 ML PER 30 DAYS)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

111

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
APTIVUS CAP 250MG	3	PA, QL (120 CAPSULES PER 30 DAYS); MNPA
APTIVUS SOL	3	PA, QL (285 ML PER 28 DAYS); MNPA
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL (30 CAPSULES PER 30 DAYS)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (30 CAPSULES PER 30 DAYS)
ATRIPLA TAB	3	QL (30 TABLETS PER 30 DAYS)
BIKTARVY TAB	2	QL (30 TABLETS PER 30 DAYS)
CIMDUO TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)
COMBIVIR TAB 150-300	3	QL (60 TABLETS PER 30 DAYS)
CRIXIVAN CAP 400MG	3	QL (180 CAPSULES PER 30 DAYS)
DESCOVY TAB 200/25MG	2	PA, QL (30 TABLETS PER 30 DAYS)
DOVATO TAB 50-300MG	2	QL (30 TABLETS PER 30 DAYS)
EDURANT TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
<i>efavirenz cap 50 mg</i>	1	QL (90 CAPSULES PER 30 DAYS)
<i>efavirenz cap 200 mg</i>	1	QL (90 CAPSULES PER 30 DAYS)
<i>efavirenz tab 600 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine caps 200 mg</i>	1	QL (30 CAPSULES PER 30 DAYS)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

112

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	QL (30 TABLETS PER 30 DAYS); \$0 copay for pre exposure prophylaxis
EMTRIVA CAP 200MG	2	QL (30 CAPSULES PER 30 DAYS)
EMTRIVA SOL 10MG/ML	2	QL (680 ML PER 28 DAYS)
EPIVIR SOL 10MG/ML	3	QL (900 ML PER 30 DAYS)
EPIVIR TAB 150MG	3	QL (60 TABLETS PER 30 DAYS)
EPIVIR TAB 300MG	3	QL (30 TABLETS PER 30 DAYS)
EPZICOM TAB 600-300	3	QL (30 TABLETS PER 30 DAYS)
<i>etravirine tab 100 mg</i>	1	QL (120 TABLETS PER 30 DAYS)
<i>etravirine tab 200 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
EVOTAZ TAB 300-150	2	QL (30 TABLETS PER 30 DAYS)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (120 TABLETS PER 30 DAYS)
FUZEON INJ 90MG	4	PA, QL (60 VIALS PER 30 DAYS)
GENVOYA TAB	2	QL (30 TABLETS PER 30 DAYS)
INTELENCE TAB 25MG	2	QL (120 TABLETS PER 30 DAYS)
INTELENCE TAB 100MG	2	QL (120 TABLETS PER 30 DAYS)
INTELENCE TAB 200MG	2	QL (60 TABLETS PER 30 DAYS)
INVIRASE TAB 500MG	3	PA, QL (120 TABLETS PER 30 DAYS); MNPA
ISENTRESS CHW 25MG	2	QL (180 TABLETS PER 30 DAYS)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

113

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHW 100MG	2	QL (180 TABLETS PER 30 DAYS)
ISENTRESS HD TAB 600MG	2	QL (60 TABLETS PER 30 DAYS)
ISENTRESS POW 100MG	2	QL (60 PACKETS PER 30 DAYS)
ISENTRESS TAB 400MG	2	QL (120 TABLETS PER 30 DAYS)
JULUCA TAB 50-25MG	3	QL (30 TABLETS PER 30 DAYS)
KALETRA SOL	3	QL (1575 ML PER 28 DAYS)
KALETRA TAB 100-25MG	3	QL (240 TABLETS PER 30 DAYS)
KALETRA TAB 200-50MG	3	QL (120 TABLETS PER 30 DAYS)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (900 ML PER 30 DAYS)
<i>lamivudine tab 150 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>lamivudine tab 300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
LEXIVA SUS 50MG/ML	3	PA, QL (1575 ML PER 28 DAYS); MNPA
LEXIVA TAB 700MG	3	PA, QL (120 TABLETS PER 30 DAYS); MNPA
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (1575 ML PER 28 DAYS)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (240 TABLETS PER 30 DAYS)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (120 TABLETS PER 30 DAYS)
<i>nevirapine susp 50 mg/5ml</i>	1	QL (1200 ML PER 30 ML DAYS)
<i>nevirapine tab 200 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>nevirapine tab er 24hr 100 mg</i>	1	QL (90 TABLETS PER 30 DAYS)
<i>nevirapine tab er 24hr 400 mg</i>	1	QL (30 TABLETS PER 30 DAYS)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

114

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
NORVIR POW 100MG	2	QL (360 PACKETS PER 30 DAYS)
NORVIR SOL 80MG/ML	2	QL (480 ML PER 30 DAYS)
NORVIR TAB 100MG	2	QL (360 TABLETS PER 30 DAYS)
ODEFSEY TAB	2	QL (30 TABLETS PER 30 DAYS)
PREZCOBIX TAB 800-150	2	QL (30 TABLETS PER 30 DAYS)
PREZISTA SUS 100MG/ML	2	QL (400 ML PER 30 DAYS)
PREZISTA TAB 75MG	2	QL (300 TABLETS PER 30 DAYS)
PREZISTA TAB 150MG	2	QL (180 TABLETS PER 30 DAYS)
PREZISTA TAB 600MG	2	QL (60 TABLETS PER 30 DAYS)
PREZISTA TAB 800MG	2	QL (30 TABLETS PER 30 DAYS)
RETROVIR CAP 100MG	3	QL (180 CAPSULES PER 30 DAYS)
RETROVIR SYP 50MG/5ML	3	QL (1800 ML PER 30 DAYS)
REYATAZ CAP 150MG	3	QL (30 CAPSULES PER 30 DAYS)
REYATAZ CAP 200MG	3	QL (60 CAPSULES PER 30 DAYS)
REYATAZ CAP 300MG	3	QL (30 CAPSULES PER 30 DAYS)
REYATAZ POW 50MG	3	QL (180 PACKETS PER 30 DAYS)
<i>ritonavir tab 100 mg</i>	1	QL (360 TABLETS PER 30 DAYS)
RUKOBIA TAB 600MG ER	3	PA
SELZENTRY SOL 20MG/ML	3	QL (1840 ML PER 30 days)
SELZENTRY TAB 25MG	3	QL (240 TABLETS PER 30 DAYS)
SELZENTRY TAB 75MG	3	QL (60 TABLETS PER 30 DAYS)
SELZENTRY TAB 150MG	3	QL (60 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

115

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Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TAB 300MG	3	QL (120 TABLETS PER 30 DAYS)
<i>stavudine cap 15 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>stavudine cap 20 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>stavudine cap 30 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>stavudine cap 40 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
SUSTIVA CAP 50MG	3	QL (90 CAPSULES PER 30 DAYS)
SUSTIVA CAP 200MG	3	QL (90 CAPSULES PER 30 DAYS)
SUSTIVA TAB 600MG	3	QL (30 TABLETS PER 30 DAYS)
SYMFI LO TAB	3	QL (30 TABLETS PER 30 DAYS)
SYMFI TAB	3	QL (30 TABLETS PER 30 DAYS)
SYMTUZA TAB	2	QL (30 TABLETS PER 30 DAYS)
TEMIXYS TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
TIVICAY PD TAB 5MG	2	QL (360 TABLETS PER 30 DAYS)
TIVICAY TAB 10MG	2	QL (240 TABLETS PER 30 DAYS)
TIVICAY TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
TIVICAY TAB 50MG	2	QL (60 TABLETS PER 30 DAYS)
TRIUMEQ TAB	2	QL (30 TABLETS PER 30 DAYS)
TRIZIVIR TAB	3	QL (60 TABLETS PER 30 DAYS)
TRUVADA TAB 100-150	3	QL (30 TABLETS PER 30 DAYS)
TRUVADA TAB 133-200	3	QL (30 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
TRUVADA TAB 167-250	3	QL (30 TABLETS PER 30 DAYS)
TRUVADA TAB 200-300	3	QL (30 TABLETS PER 30 DAYS)
TYBOST TAB 150MG	3	QL (30 TABLETS PER 30 DAYS)
VIRACEPT TAB 250MG	3	PA, QL (300 TABLETS PER 30 DAYS); MNPA
VIRACEPT TAB 625MG	3	PA, QL (120 TABLETS PER 30 DAYS); MNPA
VIRAMUNE SUS 50MG/5ML	3	QL (1200 ML PER 30 ML DAYS)
VIRAMUNE XR TAB 400MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD POW 40MG/GM	3	QL (240 GM PER 30 DAYS)
VIREAD TAB 150MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 200MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 250MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 300MG	3	QL (30 TABLETS PER 30 DAYS)
ZIAGEN SOL 20MG/ML	3	QL (900 ML PER 30 DAYS)
ZIAGEN TAB 300MG	3	QL (60 TABLETS PER 30 DAYS)
<i>zidovudine cap 100 mg</i>	1	QL (180 CAPSULES PER 30 DAYS)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (1800 ML PER 30 DAYS)
<i>zidovudine tab 300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
CMV AGENTS		
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	
VALCYTE SOL 50MG/ML	3	PA, QL (1000 ML PER 30 DAYS); MNPA
VALCYTE TAB 450MG	3	PA, QL (120 tablets for 30 days); MNPA
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (1000 ML PER 30 DAYS)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

117

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Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL (120 tablets for 30 days)
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	1	
BARACLUDE SOL	2	QL (630 ml per 30 days)
<i>entecavir tab 0.5 mg</i>	1	QL (30 tabs per 30 days)
<i>entecavir tab 1 mg</i>	1	QL (30 tabs per 30 days)
EPCLUSA PAK 150-37.5	2	PA
EPCLUSA PAK 200-50MG	2	PA
EPCLUSA TAB 200-50MG	2	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	2	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	2	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG	2	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG	2	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG	2	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
<i>lamivudine tab 100 mg (hbv)</i>	1	
PEGINTRON KIT 50MCG	4	PA
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
SOVALDI PAK 150MG	3	PA, QL (28 PELLETS PER 28 DAYS)
SOVALDI PAK 200MG	3	PA, QL (28 PELLETS PER 28 DAYS)
SOVALDI TAB 200MG	3	PA, QL (28 TABLETS PER 28 DAYS)
SOVALDI TAB 400MG	3	PA, QL (28 TABLETS PER 28 DAYS)
VEMLIDY TAB 25MG	2	QL (30 TABLETS PER 30 DAYS)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

118

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Drug Name	Drug Tier	Requirements/Limits
VOSEVI TAB	2	PA, QL (28 TABLETS PER 28 DAYS); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
SITAVIG TAB 50MG	3	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
VALTREX TAB 1GM	3	PA; MNPA
VALTREX TAB 500MG	3	PA; MNPA
ZOVIRAX SUS 200/5ML	3	
INFLUENZA AGENTS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (28 caps / 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (14 caps / 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (14 caps / 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (180 mL / 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers / 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	1	
TAMIFLU CAP 30MG	3	QL (28 caps / 90 days)
TAMIFLU CAP 45MG	3	QL (14 caps / 90 days)
TAMIFLU CAP 75MG	3	QL (14 caps / 90 days)
TAMIFLU SUS 6MG/ML	3	QL (180 mL / 90 days)
XOFLUZA TAB 20MG	3	PA; MNPA
XOFLUZA TAB 40MG	3	PA; MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

119

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Drug Name	Drug Tier	Requirements/Limits
MISC. ANTIVIRALS		
FAVIPIRAVIR TAB 200MG	3	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
COREG CR CAP 10MG	3	PA; MNPA
COREG CR CAP 20MG	3	PA; MNPA
COREG CR CAP 40MG	3	PA; MNPA
COREG CR CAP 80MG	3	PA; MNPA
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	2	
BYSTOLIC TAB 5MG	2	
BYSTOLIC TAB 10MG	2	
BYSTOLIC TAB 20MG	2	
KAPSPARGO CAP 25MG	3	PA; MNPA
KAPSPARGO CAP 50MG	3	PA; MNPA
KAPSPARGO CAP 100MG	3	PA; MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

120

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Drug Name	Drug Tier	Requirements/Limits
KAPSPARGO CAP 200MG	3	PA; MNPA
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	
TOPROL XL TAB 25MG	3	PA; MNPA
TOPROL XL TAB 50MG	3	PA; MNPA
TOPROL XL TAB 100MG	3	PA; MNPA
TOPROL XL TAB 200MG	3	PA; MNPA
BETA BLOCKERS NON-SELECTIVE		
BETAPACE AF TAB 80MG	3	PA; MNPA
BETAPACE AF TAB 120MG	3	PA; MNPA
BETAPACE AF TAB 160MG	3	PA; MNPA
BETAPACE TAB 80MG	3	PA; MNPA
BETAPACE TAB 120MG	3	PA; MNPA
BETAPACE TAB 160MG	3	PA; MNPA
CORGARD TAB 20MG	3	
CORGARD TAB 40MG	3	
CORGARD TAB 80MG	3	
HEMANGEOL SOL 4.28/ML	3	
INDERAL LA CAP 60MG	3	PA; MNPA
INDERAL LA CAP 80MG	3	PA; MNPA
INDERAL LA CAP 120MG	3	PA; MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
INDERAL LA CAP 160MG	3	PA; MNPA
INDERAL XL CAP 80MG	3	PA; MNPA
INDERAL XL CAP 120MG	3	PA; MNPA
INNOPRAN XL CAP 80MG	3	PA; MNPA
INNOPRAN XL CAP 120MG	3	PA; MNPA
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
SOTYLIZE SOL 5MG/ML	3	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL BLOCKERS**CALCIUM CHANNEL BLOCKER COMBINATIONS**

CONSENSI TAB 2.5-200	3	PA; MNPA
CONSENSI TAB 5-200MG	3	PA; MNPA
CONSENSI TAB 10-200MG	3	PA; MNPA

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	1	PA; MNPA
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	1	PA; MNPA
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	1	PA; MNPA
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	1	PA; MNPA
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
KATERZIA SUS 1MG/ML	3	PA; MNPA
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
NORVASC TAB 2.5MG	3	PA; MNPA
NORVASC TAB 5MG	3	PA; MNPA
NORVASC TAB 10MG	3	PA; MNPA
NYMALIZE SOL	3	
PROCARDIA CAP 10MG	3	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
SULAR TAB 8.5MG	3	
SULAR TAB 17MG	3	
SULAR TAB 34MG	3	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
VERELAN CAP 120MG SR	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

125

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Drug Name	Drug Tier	Requirements/Limits
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	

CARDIOTONICS**CARDIAC GLYCOSIDES**

<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN TAB 0.25MG	3	PA; MNPA
LANOXIN TAB 0.125MG	3	PA; MNPA
LANOXIN TAB 0.0625MG	2	

CARDIOVASCULAR AGENTS - MISC.**CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
BIDIL TAB	2	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	

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Drug Name	Drug Tier	Requirements/Limits
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
IMPOTENCE AGENTS		
CAVERJECT IM KIT 10MCG	4	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
CAVERJECT INJ 40MCG	4	QL (6 per month); Coverage is subject to your plan/benefits
CAVERJECT KIT 20MCG	4	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
CIALIS TAB 2.5MG	3	ST, PA, QL (30 tabs per month); MNPA; Coverage is subject to your plan/benefits
CIALIS TAB 5MG	3	ST, PA, QL (30 tabs per month); MNPA; Coverage is subject to your plan/benefits
CIALIS TAB 10MG	3	PA, QL (6 TABS PER MONTH); MNPA
CIALIS TAB 20MG	3	PA, QL (6 TABS PER MONTH); MNPA
EDEX KIT 10MCG	4	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
EDEX KIT 20MCG	4	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
EDEX KIT 40MCG	4	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
LEVITRA TAB 10MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
LEVITRA TAB 20MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 125MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 250MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 500MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 1000MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 25 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
STAXYN TAB 10MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

128

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Drug Name	Drug Tier	Requirements/Limits
STENDRA TAB 50MG	3	PA, QL (6 tabs per month); MNPA
STENDRA TAB 100MG	3	PA, QL (6 tabs per month); MNPA
STENDRA TAB 200MG	3	PA, QL (6 TABS PER MONTH); MNPA
<i>tadalafil tab 2.5 mg</i>	1	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
<i>tadalafil tab 5 mg</i>	1	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
<i>tadalafil tab 10 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>tadalafil tab 20 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>vardenafil hcl tab 2.5 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>vardenafil hcl tab 5 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>vardenafil hcl tab 10 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>vardenafil hcl tab 20 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
VIAGRA TAB 25MG	3	PA, QL (6 TABS PER MONTH); MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

129

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Drug Name	Drug Tier	Requirements/Limits
VIAGRA TAB 50MG	3	PA, QL (6 TABS PER MONTH); MNPA
VIAGRA TAB 100MG	3	PA, QL (6 TABS PER MONTH); MNPA

PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG	2	PA
ORENITRAM TAB 0.125MG	2	PA
ORENITRAM TAB 1MG	2	PA
ORENITRAM TAB 2.5MG	2	PA
ORENITRAM TAB 5MG	2	PA
TYVASO REFIL SOL 0.6MG/ML	3	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO SOL 0.6MG/ML	3	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO START SOL 0.6MG/ML	3	PA, QL (28 AMPULES PER 28 DAYS)
VENTAVIS SOL 10MCG/ML	3	PA, QL (270 AMPULES PER 30 DAYS)
VENTAVIS SOL 20MCG/ML	3	PA, QL (270 AMPULES PER 30 DAYS)

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
<i>ambrisentan tab 10 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
<i>bosentan tab 62.5 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>bosentan tab 125 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
OPSUMIT TAB 10MG	2	PA, QL (30 TABLETS PER 30 DAYS)

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate for suspension 10 mg/ml</i>	1	PA, QL (224 ML PER 30 DAYS); MNPA
<i>sildenafil citrate tab 20 mg</i>	1	PA, QL (90 TABLETS PER 30 DAYS); MNPA
<i>tadalafil tab 20 mg (pah)</i>	1	PA, QL (60 TABLETS PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil tab 20 mg (pah)</i>	1	PA, QL (60 TABLETS PER 30 DAYS); Coverage is subject to your plan/benefits
<i>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</i>		
UPTRAVI TAB 200/800	2	PA, QL (1 PACK EVERY 28 DAYS)
UPTRAVI TAB 200MCG	2	PA, QL (140 TABLETS PER 28 DAYS)
UPTRAVI TAB 400MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 600MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 800MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1000MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1200MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1400MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1600MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
<i>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</i>		
ADEMPAS TAB 0.5MG	2	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1.5MG	2	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1MG	2	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 2.5MG	2	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 2MG	2	PA, QL (90 TABLETS PER 30 DAYS)
<i>SINUS NODE INHIBITORS</i>		
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
<i>TRANSTHYRETIN STABILIZERS</i>		
VYNDAMAX CAP 61MG	3	PA, QL (30 CAPSULES PER 30 DAYS)

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131

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Drug Name	Drug Tier	Requirements/Limits
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	3	
VERQUVO TAB 5MG	3	
VERQUVO TAB 10MG	3	

CEPHALOSPORINS**CEPHALOSPORINS - 1ST GENERATION**

<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
KEFLEX CAP 750MG	3	

CEPHALOSPORINS - 2ND GENERATION

<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER TAB 500MG	3	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	

CEPHALOSPORINS - 3RD GENERATION

<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	

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132

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Drug Name	Drug Tier	Requirements/Limits
<i>cefprozime proxetil tab 100 mg</i>	1	
<i>cefprozime proxetil tab 200 mg</i>	1	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 100/5ML	2	
SUPRAX SUS 200/5ML	2	
SUPRAX SUS 500/5ML	2	

CONTRACEPTIVES**COMBINATION CONTRACEPTIVES - ORAL**

BALCOLTRA TAB 0.1-20	0	
BEYAZ TAB	0	PA; MNPA
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	0	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	0	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
ESTROSTEP FE TAB	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
GENERESS FE CHW	0	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	

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133

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	0	
LO LOESTRIN TAB 1-10-10	0	
LOSEASONIQUE TAB	0	
MINASTRIN 24 CHW FE	0	PA; MNPA
MIRCETTE TAB 28 DAY	0	
NATAZIA TAB	0	PA; MNPA
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	0	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

134

Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	0	
QUARTETTE TAB	0	
SAFYRAL TAB	0	
SEASONIQUE TAB	0	PA; MNPA
TAYTULLA CAP 1MG/20MC	0	PA; MNPA
TYBLUME CHW 0.1-0.02	0	PA
YASMIN 28 TAB 3-0.03MG	0	PA; MNPA
YAZ TAB 3-0.02MG	0	PA; MNPA
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	
TWIRLA DIS 120-30	0	PA; MNPA
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring / 300 days)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	0	QL (13 rings / 300 days)
NUVARING MIS	0	PA, QL (13 rings / 300 days); MNPA
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
<i>levonorgestrel tab 1.5 mg</i>	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	0	QL (1 injection / 59 days)
DEPO-PROVERA INJ 150MG/ML	0	QL (4 injections / 300 days)
DEPO-SQ PROV INJ 104	0	QL (6 injections / 300 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

135

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (1 injection / 59 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 injections / 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	0	
ORTHO MICRON TAB 0.35MG	0	
SLYND TAB 4MG	0	PA; MNPA
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
ALKINDI SPRI CAP 0.5MG	3	PA; MNPA
ALKINDI SPRI CAP 1MG	3	PA; MNPA
ALKINDI SPRI CAP 2MG	3	PA; MNPA
ALKINDI SPRI CAP 5MG	3	PA; MNPA
<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>budesonide tab er 24hr 9 mg</i>	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
DEXABLISS TAB 1.5MG	3	PA; MNPA
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	PA; MNPA
<i>dexamethasone tab therapy pack 1.5 mg (27)</i>	1	PA; MNPA
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (49)</i>	1	PA; MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
DXEVO 11-DAY PAK 1.5MG	3	PA; MNPA
ENTOCORT EC CAP 3MG DR	3	
HEMADY TAB 20MG	3	PA; MNPA
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
MEDROL TAB 32MG	3	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
MILLIPRED TAB 5MG	3	PA; MNPA
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
ORTIKOS CAP 6MG ER	3	PA; MNPA
ORTIKOS CAP 9MG ER	3	PA; MNPA
PEDIAPRED SOL 5MG/5ML	3	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

137

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	
PREDNISON CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
RAYOS TAB 1MG	3	PA; MNPA
RAYOS TAB 2MG	3	PA; MNPA
RAYOS TAB 5MG	3	PA; MNPA
SOLU-CORTEF INJ 100MG	4	PA
SOLU-CORTEF INJ 250MG	4	PA
SOLU-CORTEF INJ 500MG	4	PA
SOLU-CORTEF INJ 1000MG	4	PA
UCERIS TAB 9MG	3	
ZCORT 7-DAY TAB 1.5MG	3	PA; MNPA
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
HYCODAN SYP 5-1.5/5	3	PA, QL (30 mL/day for 7 days per month)
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	QL (30 mL/day for 7 days per month)
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	QL (6 tablets/day for 7 days per month)
TESSALON PER CAP 100MG	2	
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	QL (60 mL/day for 7 days per month)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

138

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL (10 mL/day for 7 days per month)
NEOTUSS PLUS LIQ	3	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL (30 mL/day for 7 days per month)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	QL (30 mL/day for 7 days per month)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
TUSSICAPS CAP 10-8MG	3	QL (2 capsules/day for 7 days per month)
TUXARIN ER TAB 54.3-8MG	3	PA, QL (2 tablets/day for 7 days per month); MNPA
TUZISTRA XR SUS	3	QL (20 mL/day for 7 days per month)

MISC. RESPIRATORY INHALANTS

HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	

MUCOLYTICS

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

DERMATOLOGICALS**ACNE PRODUCTS**

ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
ABSORICA LD CAP 8MG	3	PA; MNPA
ABSORICA LD CAP 16MG	3	PA; MNPA
ABSORICA LD CAP 24MG	3	PA; MNPA
ABSORICA LD CAP 32MG	3	PA; MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ACANYA GEL 1.2-2.5%	3	PA; MNPA
ACZONE GEL 5%	3	
ACZONE GEL 7.5%	3	
<i>adapalene cream 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.3%</i>	1	PA
<i>adapalene pads 0.1%</i>	1	PA; MNPA
ADAPALENE SOL 0.1%	3	PA; MNPA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
AKLIEF CRE 0.005%	3	PA; MNPA
ALTRENO LOT 0.05%	3	PA; MNPA
AMZEEQ AER 4%	3	PA; MNPA
ARAZLO LOT 0.045%	3	
ATRALIN GEL 0.05%	3	
AZELEX CRE 20%	3	PA; MNPA
BENZ PER FOR LOT HC 7.5-1	3	PA; MNPA
BENZ PEROXID GEL 6.5%	3	PA; MNPA
BENZACLIN GEL 1-5%	3	PA; MNPA
BENZACLIN GEL 1-5%PUMP	3	PA; MNPA
BENZAMYCIN GEL 5-3%	3	
BENZEPRO AER 5.2%	3	PA; MNPA
BENZEPRO AER 9.7%	3	PA; MNPA
BENZEPRO LIQ 6.8%	3	PA; MNPA
BENZEPRO MIS 5.8%	3	PA; MNPA
<i>benzoyl peroxide foam 5.3%</i>	1	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide liq 7%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
BENZOYL PERX LIQ 6.9%	3	PA; MNPA
CLEOCIN-T LOT 1%	3	QL (60 mL / month)
CLINDAGEL GEL 1%	3	QL (75 gm / month)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	PA, QL (75 gm / month); MNPA
<i>clindamycin phosphate lotion 1%</i>	1	QL (60 mL / month)
<i>clindamycin phosphate soln 1%</i>	1	QL (60 mL / month)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

140

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
DIFFERIN CRE 0.1%	3	PA
DIFFERIN GEL 0.1%	3	PA
DIFFERIN GEL 0.3%	3	PA
DIFFERIN LOT 0.1%	3	PA; MNPA
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
ERYGEL GEL 2%	3	QL (60 mg / month)
<i>erythromycin gel 2%</i>	1	QL (60 mg / month)
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	QL (60 mL / month)
EVOCLIN AER 1%	3	
FABIOR AER 0.1%	3	PA; MNPA
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
KLARON LOT 10%	3	
ONEXTON GEL 1.2-3.75	2	
OXIAZAR CRE 4-0.1%	3	PA; MNPA
<i>resorcinol-sulfur lotion 2-5%</i>	1	
RETIN-A CRE 0.1%	3	
RETIN-A CRE 0.05%	3	
RETIN-A CRE 0.025%	3	
RETIN-A GEL 0.01%	3	
RETIN-A GEL 0.025%	3	
RETIN-A MICR GEL 0.1%	3	PA
RETIN-A MICR GEL 0.1%PUMP	3	PA
RETIN-A MICR GEL 0.04%	3	PA
RETIN-A MICR GEL 0.04%PMP	3	PA
RETIN-A MICR GEL 0.06%	3	PA
RETIN-A MICR GEL 0.08%	3	PA
RIAX AER 5.5%	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
RIAX AER 9.5%	3	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i>	1	
TAZAROTENE AER 0.1%	3	PA; MNPA
<i>tretinoin cream 0.1%</i>	1	PA
<i>tretinoin cream 0.05%</i>	1	PA
<i>tretinoin cream 0.025%</i>	1	
<i>tretinoin cream 0.025%</i>	1	PA
<i>tretinoin gel 0.01%</i>	1	PA
<i>tretinoin gel 0.05%</i>	1	PA
<i>tretinoin gel 0.025%</i>	1	
<i>tretinoin gel 0.025%</i>	1	PA
<i>tretinoin microsphere gel 0.1%</i>	1	PA
<i>tretinoin microsphere gel 0.04%</i>	1	PA
VELTIN GEL	3	PA; MNPA
WINLEVI CRE 1%	3	PA; MNPA
ZACLIR LOT 8%	3	
ZIANA GEL	3	PA; MNPA
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15%	3	PA; MNPA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine patch 1.3%</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	PA, QL (150 ml per 21 days)
FLECTOR DIS 1.3%	3	
LICART DIS 1.3%	3	PA; MNPA
PENNSAID SOL 2%	3	PA, QL (112 grams per 21 days); MNPA
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	
CENTANY OIN 2%	3	QL (30 gm / month)
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin calcium cream 2%</i>	1	PA, QL (30 gm / month); MNPA
<i>mupirocin oint 2%</i>	1	QL (30 gm / month)
NEO-SYNALAR CRE	3	PA; MNPA
XEPI CRE 1%	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

142

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Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS - TOPICAL		
<i>ciclopirox gel 0.77%</i>	1	QL (120 GM Per month)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	QL (120 GM Per month)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	QL (120 ML Per month)
<i>ciclopirox shampoo 1%</i>	1	QL (120 ML Per month)
<i>ciclopirox solution 8%</i>	1	
<i>clotrimazole soln 1%</i>	1	QL (120 mL / 25 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>econazole nitrate cream 1%</i>	1	QL (60 GM Per month)
ECOZA AER 1%	3	QL (70 GM Per month)
ERTACZO CRE 2%	3	QL (60 GM per month)
EXELDERM CRE 1%	3	QL (60 GM Per month)
EXELDERM SOL 1%	3	QL (60 ML Per month)
EXODERM LOT 25-1%	3	
EXTINA AER 2%	3	QL (100 GM Per month)
FUNGIMEZ SOL	3	PA; MNPA
HIXDEFRIMA SOL 8-1-1%	3	PA; MNPA
<i>iodoquinol-hc cream 1-1%</i>	1	
<i>iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%</i>	1	
JUBLIA SOL 10%	3	PA, QL (4 ML per 21 Days)
KERYDIN SOL 5%	3	PA, QL (4 ML per 21 Days)
<i>ketoconazole cream 2%</i>	1	QL (120 GM Per month)
<i>ketoconazole foam 2%</i>	1	PA, QL (100 GM Per month); MNPA
<i>ketoconazole shampoo 2%</i>	1	QL (120 ML Per month)
LOPROX CRE 0.77%	3	PA, QL (120 GM Per month); MNPA
LOPROX SHA 1%	3	QL (120 ML Per month)
LOPROX SUS 0.77%	3	PA, QL (120 ML Per month); MNPA
<i>luliconazole cream 1%</i>	1	PA, QL (60 GM per month); MNPA
LUZU CRE 1%	3	QL (60 GM per month)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

143

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Drug Name	Drug Tier	Requirements/Limits
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	QL (120 GM per month)
<i>naftifine hcl cream 1%</i>	1	QL (60 GM Per month)
<i>naftifine hcl cream 2%</i>	1	QL (60 GM Per month)
<i>naftifine hcl gel 1%</i>	1	QL (120 GM Per month)
NAFTIN GEL 1%	2	QL (120 GM Per month)
NAFTIN GEL 2%	2	QL (60 GM Per month)
<i>nystatin cream 100000 unit/gm</i>	1	QL (120 GM per month)
<i>nystatin oint 100000 unit/gm</i>	1	QL (120 GM per month)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120 GM per month)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	QL (90 GM Per month)
<i>oxiconazole nitrate cream 1%</i>	1	PA, QL (90 GM Per month); MNPA
OXISTAT CRE 1%	3	QL (90 GM Per month)
OXISTAT LOT 1%	3	QL (90 ML Per month)
RECURA CRE	3	PA; MNPA
<i>sulconazole nitrate cream 1%</i>	1	QL (60 GM Per month)
<i>sulconazole nitrate solution 1%</i>	1	QL (60 ML Per month)
<i>tavaborole soln 5%</i>	1	PA, QL (4 ML per 21 Days)
VUSION OIN	3	QL (120 GM per month)
XOLEGEL GEL 2%	3	PA, QL (45 GM Per month); MNPA

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

AMELUZ GEL 10%	3	PA; MNPA
CARAC CRE 0.5%	3	PA; MNPA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
EFUDEX CRE 5%	3	
FLUOROPLEX CRE 1%	3	
<i>fluorouracil cream 0.5%</i>	1	PA; MNPA
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
KLISYRI OIN 1%	3	PA; MNPA
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
PICATO GEL 0.05%	2	
PICATO GEL 0.015%	2	
ROAOXIA GEL 3-4%	3	PA; MNPA
TARGRETIN GEL 1%	3	PA
VALCHLOR GEL 0.016%	3	PA, QL (2 TUBES PER 30 DAYS)
ANTIPRURITICS - TOPICAL		
<i>doxepin hcl cream 5%</i>	1	ST, PA, QL (45 grams / month); MNPA
PRUDOXIN CRE 5%	3	ST, QL (45 grams / month)
ZONALON CRE 5%	3	ST, QL (45 grams / month)
ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>calcipotriene cream 0.005%</i>	1	PA; MNPA
<i>calcipotriene foam 0.005%</i>	1	PA; MNPA
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcitriol oint 3 mcg/gm</i>	1	PA; MNPA
COSENTYX INJ 75MG/0.5	4	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	4	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 300DOSE	4	PA, QL (2 PENS PER 28 days); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
COSENTYX PEN INJ 150MG/ML	4	PA, QL (1 PEN PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
COSENTYX PEN INJ 300DOSE	4	PA, QL (2 PENS PER 28 days); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
DOVONEX CRE 0.005%	3	
<i>methoxsalen rapid cap 10 mg</i>	1	
OXSORALEN-UL CAP 10MG	3	
SKYRIZI INJ 150DOSE	4	PA, QL (2 SYRINGES PER 12 WEEKS); Preferred for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 150MG/ML	4	PA; Preferred for Psoriasis

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

146

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN INJ 150MG/ML	4	PA; Preferred for Psoriasis
SORIATANE CAP 10MG	3	
SORIATANE CAP 25MG	3	
SORILUX AER 0.005%	3	PA; MNPA
STELARA INJ 45MG/0.5	4	PA, QL (1 SYRINGE PER 12 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
STELARA INJ 45MG/0.5	4	PA, QL (1 VIAL PER 12 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
STELARA INJ 90MG/ML	4	PA, QL (1 PFS PER 8 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

147

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Drug Name	Drug Tier	Requirements/Limits
TALTZ INJ 80MG/ML	4	PA, QL (1 INJ PER 28 DAYS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
TALTZ INJ 80MG/ML	4	PA, QL (1 PFS PER 28 DAYS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>tazarotene cream 0.1%</i>	1	
TAZORAC CRE 0.1%	3	PA; MNPA
TAZORAC CRE 0.05%	3	PA; MNPA
TAZORAC GEL 0.1%	3	PA; MNPA
TAZORAC GEL 0.05%	3	PA; MNPA
TREMFYA INJ 100MG/ML	4	PA, QL (1 PEN PER 8 WEEKS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
TREMFYA INJ 100MG/ML	4	PA, QL (1 PFS PER 8 WEEKS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
VECTICAL OIN 3MCG/GM	3	PA; MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

148

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Drug Name	Drug Tier	Requirements/Limits
ANTISEBORRHEIC PRODUCTS		
ESKATA SOL 40%	3	PA; MNPA
GLYCOLIC ACD SOL 70%	3	
<i>selenium sulfide lotion 2.5%</i>	1	
SODIUM SULFA LIQ 10% WASH	3	
ANTIVIRALS - TOPICAL		
<i>acyclovir cream 5%</i>	1	PA; MNPA
<i>acyclovir oint 5%</i>	1	
DENAVIR CRE 1%	3	
XERESE CRE 5-1%	3	
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
BURN PRODUCTS		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	
SILVADENE CRE 1%	2	
<i>silver sulfadiazine cream 1%</i>	1	
SULFAMYLON CRE 85MG/GM	3	
SULFAMYLON PAK 5%	3	
CORTICOSTEROIDS - TOPICAL		
ALA-SCALP LOT 2%	3	PA, QL (120 mL / month); MNPA
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (120 gm / month)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (120 gm / month)
<i>amcinonide cream 0.1%</i>	1	QL (120 gm / month)
<i>amcinonide lotion 0.1%</i>	1	QL (120 mL / month)
AMCINONIDE OIN 0.1%	3	QL (120 gm / month)
APEXICON E CRE 0.05%	3	PA, QL (120 gm / month); MNPA
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120 mL / month)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120 mL / month)
<i>betamethasone dipropionate oint 0.05%</i>	1	QL (120 gm / month)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

149

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate aerosol foam 0.12%</i>	1	QL (120 gm / month)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (120 gm / month)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (120 mL / month)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (120 gm / month)
BRYHALI LOT 0.01%	2	QL (120 gm / month)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	1	PA; MNPA
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	1	PA; MNPA
CAPEX SHA 0.01%	2	QL (120 mL / month)
<i>clobetasol propionate cream 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate emollient base cream 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate emulsion foam 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate foam 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate gel 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (120 mL / month)
<i>clobetasol propionate oint 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (120 mL / month)
<i>clobetasol propionate soln 0.05%</i>	1	QL (120 mL / month)
<i>clobetasol propionate spray 0.05%</i>	1	PA, QL (120 mL / month); MNPA
CLOBEX LOT 0.05%	2	QL (120 mL / month)
CLOBEX SHA 0.05%	2	QL (120 mL / month)
CLOBEX SPR 0.05%	3	PA, QL (120 mL / month); MNPA
<i>clocortolone pivalate cream 0.1%</i>	1	PA, QL (120 gm / month); MNPA
CLODERM CRE 0.1%	3	QL (120 gm / month)
CORDRAN 80X3 TAP 4MCG/CM	3	PA, QL (120 Units Per Month); MNPA
CORDRAN CRE 0.05%	3	PA, QL (120 gm / month); MNPA
CORDRAN CRE 0.025%	3	PA, QL (120 gm / month); MNPA
CORDRAN LOT 0.05%	3	PA, QL (120 mL / month); MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

150

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Drug Name	Drug Tier	Requirements/Limits
CORDRAN OIN 0.05%	3	PA, QL (120 gm / month); MNPA
CUTIVATE LOT 0.05%	3	QL (120 mL / month)
DERMA-SMOOTH OIL /FS BODY	2	QL (120 mL / month)
DERMA-SMOOTH OIL /FS SCLP	2	QL (120 mL / month)
DESONATE GEL 0.05%	3	QL (120 gm / month)
<i>desonide cream 0.05%</i>	1	QL (120 gm / month)
<i>desonide gel 0.05%</i>	1	PA, QL (120 gm / month); MNPA
<i>desonide lotion 0.05%</i>	1	QL (120 mL / month)
<i>desonide oint 0.05%</i>	1	QL (120 gm / month)
DESOWEN CRE 0.05%	2	QL (120 gm / month)
<i>desoximetasone cream 0.05%</i>	1	QL (120 gm / month)
<i>desoximetasone cream 0.25%</i>	1	QL (120 gm / month)
<i>desoximetasone gel 0.05%</i>	1	QL (120 gm / month)
<i>desoximetasone oint 0.05%</i>	1	PA, QL (120 gm / month); MNPA
<i>desoximetasone oint 0.25%</i>	1	QL (120 gm / month)
<i>desoximetasone spray 0.25%</i>	1	QL (120 mL / month)
<i>diflorasone diacetate cream 0.05%</i>	1	PA, QL (120 gm / month); MNPA
<i>diflorasone diacetate oint 0.05%</i>	1	PA, QL (120 gm / month); MNPA
DIPROLENE AF CRE 0.05%	3	QL (120 gm / month)
DIPROLENE OIN 0.05%	2	QL (120 gm / month)
DUOBRII LOT	3	
ENSTILAR AER	3	
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (120 gm / month)
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120 gm / month)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (120 mL / month)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (120 mL / month)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120 gm / month)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (120 mL / month)
<i>fluocinonide cream 0.1%</i>	1	PA, QL (120 gm / month); MNPA
<i>fluocinonide cream 0.05%</i>	1	QL (120 gm / month)
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (120 gm / month)
<i>fluocinonide gel 0.05%</i>	1	QL (120 gm / month)
<i>fluocinonide oint 0.05%</i>	1	QL (120 gm / month)
<i>fluocinonide soln 0.05%</i>	1	QL (120 mL / month)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

151

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Drug Name	Drug Tier	Requirements/Limits
<i>flurandrenolide cream 0.05%</i>	1	PA, QL (120 gm / month); MNPA
<i>flurandrenolide lotion 0.05%</i>	1	PA, QL (120 mL / month); MNPA
<i>flurandrenolide oint 0.05%</i>	1	PA, QL (120 gm / month); MNPA
<i>fluticasone propionate cream 0.05%</i>	1	QL (120 gm / month)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120 mL / month)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120 gm / month)
<i>halcinonide cream 0.1%</i>	1	PA, QL (120 gm / month); MNPA
HALOBETASOL AER 0.05%	3	PA, QL (120 gm / month); MNPA
<i>halobetasol propionate cream 0.05%</i>	1	QL (120 gm / month)
<i>halobetasol propionate oint 0.05%</i>	1	QL (120 gm / month)
HALOG CRE 0.1%	3	PA, QL (120 gm / month); MNPA
HALOG OIN 0.1%	3	PA, QL (120 gm / month); MNPA
HALOG SOL 0.1%	3	PA, QL (120 mL / month); MNPA
HC/PRAMOXINE CRE 1-2.35%	3	
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (120 gm / month)
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	1	PA, QL (120 gm / month); MNPA
<i>hydrocortisone butyrate lotion 0.1%</i>	1	PA, QL (120 mL / month); MNPA
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (120 gm / month)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (120 mL / month)
<i>hydrocortisone cream 1%</i>	1	QL (120 gm / 30 days)
<i>hydrocortisone cream 2.5%</i>	1	QL (120 gm / month)
<i>hydrocortisone lotion 2%</i>	1	PA, QL (120 mL / month); MNPA
<i>hydrocortisone lotion 2.5%</i>	1	QL (120 mL / month)
<i>hydrocortisone oint 1%</i>	1	QL (120 gm / 30 days)
<i>hydrocortisone oint 2.5%</i>	1	QL (120 gm / month)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (120 gm / month)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (120 gm / month)
IMPEKLO LOT 0.05%	3	PA, QL (120 grams / month); MNPA
IMPOYZ CRE 0.025%	3	PA, QL (120 gm / month); MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

152

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Drug Name	Drug Tier	Requirements/Limits
KENALOG AER SPRAY	3	QL (120 gm / month)
LEXETTE AER 0.05%	3	PA, QL (120 gm / month); MNPA
LOCOID LIPO CRE 0.1%	3	QL (120 gm / month)
LOCOID LOT 0.1%	3	QL (120 mL / month)
LUXIQ AER 0.12%	3	QL (120 gm / month)
<i>mometasone furoate cream 0.1%</i>	1	QL (120 gm / month)
<i>mometasone furoate oint 0.1%</i>	1	QL (120 gm / month)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120 mL / month)
OLUX AER 0.05%	3	QL (120 gm / month)
OLUX-E AER 0.05%	3	PA, QL (120 gm / month); MNPA
PANDEL CRE 0.1%	3	QL (120 gm / month)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
<i>prednicarbate cream 0.1%</i>	1	QL (120 gm / month)
<i>prednicarbate oint 0.1%</i>	1	QL (120 gm / month)
PSORCON CRE 0.05%	3	PA, QL (120 gm / month); MNPA
SERNIVO SPR	3	QL (120 mL / month)
SERNIVO SPR 0.05%	3	QL (120 mL / month)
SYNALAR CRE 0.025%	3	QL (120 gm / month)
SYNALAR OIN 0.025%	3	QL (120 gm / month)
SYNALAR SOL 0.01%	3	QL (120 mL / month)
TACLONEX OIN	3	
TACLONEX SUS	3	
TEMOVATE CRE 0.05%	2	QL (120 gm / month)
TEMOVATE OIN 0.05%	2	QL (120 gm / month)
TEXACORT SOL 2.5%	2	QL (120 mL / month)
TOPICORT CRE 0.05%	3	QL (120 gm / month)
TOPICORT CRE 0.25%	3	QL (120 gm / month)
TOPICORT GEL 0.05%	3	QL (120 gm / month)
TOPICORT OIN 0.05%	3	QL (120 gm / month)
TOPICORT OIN 0.25%	3	QL (120 gm / month)
TOPICORT SPR 0.25%	3	QL (120 mL / month)
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	1	PA, QL (120 gm / month); MNPA
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (120 gm / month)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

153

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (120 mL / month)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (120 mL / month)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide oint 0.05%</i>	1	PA, QL (120 gm / month); MNPA
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (120 gm / month)
TRIDESILON CRE 0.05%	2	QL (120 gm / month)
ULTRAVATE LOT 0.05%	3	PA, QL (120 mL / month); MNPA
VANOS CRE 0.1%	3	QL (120 gm / month)
VERDESO AER 0.05%	3	QL (120 gm / month)
WYNZORA CRE	3	PA; MNPA
ECZEMA AGENTS		
DUPIXENT INJ 100/0.67	4	PA
DUPIXENT INJ 200/1.14	4	PA, QL (2 PFS PER 28 DAYS)
DUPIXENT INJ 200MG	4	PA, QL (2 PFS PER 28 DAYS)
DUPIXENT INJ 300/2ML	4	PA, QL (2 PENS PER 28 DAYS)
DUPIXENT INJ 300/2ML	4	PA, QL (2 PFS PER 28 DAYS)
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea cream 39%</i>	1	
<i>urea lotion 40%</i>	1	
EMOLLIENTS		
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
LACTIC ACID CRE E	3	
LACTIC ACID LOT 10%	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	
IMMUNOMODULATING AGENTS - TOPICAL		
ALDARA CRE 5%	3	
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	
ZYCLARA CRE 3.75%	2	
ZYCLARA PUMP CRE 2.5%	2	
ZYCLARA PUMP CRE 3.75%	2	

Drug Name	Drug Tier	Requirements/Limits
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CRE 1%	3	ST, PA; MNPA
OXIANUJO CRE 4-0.1%	3	PA; MNPA
<i>pimecrolimus cream 1%</i>	1	ST
PROTOPIC OIN 0.1%	3	ST
PROTOPIC OIN 0.03%	3	ST
<i>tacrolimus oint 0.1%</i>	1	ST
<i>tacrolimus oint 0.03%</i>	1	ST
KERATOLYTIC/ANTIMITOTIC AGENTS		
CANTHARIDIN SOL 0.7%	3	PA; MNPA
CONDYLOX GEL 0.5%	2	
GEAMETDRAY GEL 5-2-17%	3	PA; MNPA
GORDOFILM SOL	3	
<i>podofilox soln 0.5%</i>	1	
PYROGALL ACD OIN	3	
<i>salicylic acid cream 6%</i>	3	PA
SALIMEZ FORT CRE 10%	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
ANACAINE OIN	3	
ASTERO GEL 4%	3	PA, QL (30 mL / 25 days); MNPA
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED STRM	3	
<i>ethyl chloride aerosol spray</i>	1	
<i>ethyl chloride aerosol spray</i>	3	
GEBAUERS SPR AER /STRETCH	3	
LDO PLUS GEL 4%	3	PA, QL (30 mL / 25 days); MNPA
LIDOCA/TETRA CRE 7/7%	3	PA, QL (30 gm / month); MNPA
LIDOCAINE CRE TETRACAI	3	PA, QL (30 gm / month); MNPA
<i>lidocaine hcl gel 2%</i>	1	QL (30 gm / 25 days)
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL / month)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60 mL / month)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (10 injections / month)
<i>lidocaine oint 5%</i>	1	QL (50 gm / month)
<i>lidocaine patch 5%</i>	1	QL (90 ea / month)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

155

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm / month)
LIDODERM DIS 5%	2	QL (90 ea / month)
PAIN EASE AER MD STRM	3	
PAIN EASE AER MIST	3	
PLIAGLIS CRE 7-7%	3	PA, QL (30 gm / month); MNPA
PRAMOX GEL 1%	3	PA; MNPA
SYNERA DIS 70-70MG	3	QL (2 patches / month)
ZTLIDO PAD 1.8%	3	PA, QL (90 ea / month); MNPA
MISC. TOPICAL		
BORIC ACID GRA	3	
DRYSOL SOL 20%	3	
EPICYN SPR	3	PA; MNPA
QBREXZA PAD 2.4%	3	
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	
FINACEA AER 15%	2	
FINACEA GEL 15%	3	PA; MNPA
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
MIRVASO GEL 0.33%	3	PA; MNPA
NORITATE CRE 1%	3	PA; MNPA
ORACEA CAP 40MG	1	Tier 1 with DAW9
RHOFADE CRE 1%	3	
SOOLANTRA CRE 1%	2	
ZILXI AER 1.5%	3	PA; MNPA
SCABICIDES & PEDICULICIDES		
<i>crotamiton lotion 10%</i>	1	
ELIMITE CRE 5%	2	
<i>ivermectin lotion 0.5%</i>	1	
<i>lindane shampoo 1%</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

156

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Drug Name	Drug Tier	Requirements/Limits
<i>malathion lotion 0.5%</i>	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	2	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
SULF LIME SOL	3	

TAR PRODUCTS

<i>coal tar soln 20%</i>	1	

WOUND CARE PRODUCTS

REGRANEX GEL 0.01%	3	

DIAGNOSTIC PRODUCTS**DIAGNOSTIC TESTS**

ACCU-CHEK TES AVIVA PL	0	QL (240 strips / month)
ACCU-CHEK TES COMPACT	0	QL (240 strips / month)
ACCU-CHEK TES GUIDE	0	QL (240 strips / month)
ACCU-CHEK TES SMART	0	QL (240 strips / month)
ACCUTREND TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
ADVANCE TES INTUITIO	0	PA, QL (240 strips / month); MNPA
ADVANCE TES MICRO-DW	0	PA, QL (240 strips / month); MNPA
ADVOCATE TES	0	PA, QL (240 strips / month); MNPA
ADVOCATE TES REDI-COD	0	PA, QL (240 strips / month); MNPA
ADVOCATE TES REDICODE	0	PA, QL (240 strips / month); MNPA
AGAMATRIX TES AMP	0	PA, QL (240 strips / month); MNPA
AGAMATRIX TES JAZZ	0	PA, QL (240 strips / month); MNPA
AGAMATRIX TES KEYNOTE	0	PA, QL (240 strips / month); MNPA
AGAMATRIX TES PRESTO	0	PA, QL (240 strips / month); MNPA
ASSURE 3 TES	0	PA, QL (240 strips / month); MNPA
ASSURE 4 TES	0	PA, QL (240 strips / month); MNPA
ASSURE II TES	0	PA, QL (240 strips / month); MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ASSURE II TES CHECK	0	PA, QL (240 strips / month); MNPA
ASSURE PRISM TES MULTI	0	PA, QL (240 strips / month); MNPA
ASSURE PRO TES	0	PA, QL (240 strips / month); MNPA
ASSURE TES PLATINUM	0	PA, QL (240 strips / month); MNPA
AUTOCODE TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
BIOSCANNER TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
BLOOD GLUCOS TES	0	PA, QL (240 strips / month); MNPA
BLOOD GLUCOS TES LE1	0	PA, QL (240 strips / month); MNPA
BLOOD GLUCOS TES PREMIUM	0	PA, QL (240 strips / month); MNPA
BLOOD GLUCOS TES STRIPS	0	PA, QL (240 strips / month); MNPA
CARESENS N TES	0	PA, QL (240 strips / month); MNPA
CARETOUCH MIS TST STRP	0	PA, QL (240 strips / month); MNPA
CHEMSTRIP K TES	3	
CHEMSTRIP TES UGK	3	
CLEVER CHEK TES	0	PA, QL (240 strips / month); MNPA
CLEVER CHEK TES AUTO CD	0	PA, QL (240 strips / month); MNPA
CLEVER CHEK TES TALK	0	PA, QL (240 strips / month); MNPA
CLEVER CHEK TES VOICE	0	PA, QL (240 strips / month); MNPA
CLEVER CHOIC TES MICRO	0	PA, QL (240 strips / month); MNPA
CLEVR CHOICE TES AUTO-CD	0	PA, QL (240 strips / month); MNPA
CLEVR CHOICE TES NOCODE	0	PA, QL (240 strips / month); MNPA
CONFIRM/MICR TES GLUCOSE	0	PA, QL (240 strips / month); MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
CONTOUR TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
CONTOUR TES NEXT	0	PA, QL (240 strips / month); MNPA
COOL BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
CVS ADVANCED TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
CVS GLUCOSE TES TEST STR	0	PA, QL (240 strips / month); MNPA
CVS KETONE TES CARE	3	
D-CARE BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
DIASTIX TES STRIPS	0	
DIATHRIVE MIS TEST STR	0	PA, QL (240 strips / month); MNPA
DIATHRIVE+ MIS TEST STR	0	PA, QL (240 strips / month); MNPA
DIATRUE PLUS TES STRIPS	0	PA, QL (240 strips / month); MNPA
DUO-CARE TES	0	PA, QL (240 strips / month); MNPA
EASY PLUS II TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EASY STEP TES	0	PA, QL (240 strips / month); MNPA
EASY TALK TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EASY TOUCH TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
EASY TOUCH TES STRIPS	0	PA, QL (240 strips / month); MNPA
EASY TRAK II TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EASY TRAK TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EASYGLUCO TES	0	PA, QL (240 strips / month); MNPA
EASYGLUCO TES PLUS	0	PA, QL (240 strips / month); MNPA
EASYMAX 15 TES	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
EASYMAX TES	0	PA, QL (240 strips / month); MNPA
EASYPRO PLUS TES	0	PA, QL (240 strips / month); MNPA
EASYPRO TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
ELEMENT TES	0	PA, QL (240 strips / month); MNPA
ELEMNT COMPA TES STRIPS	0	PA, QL (240 strips / month); MNPA
EMBRACE EVO TES	0	PA, QL (240 strips / month); MNPA
EMBRACE PRO TES	0	PA, QL (240 strips / month); MNPA
EMBRACE TALK TES STRIPS	0	PA, QL (240 strips / month); MNPA
EMBRACE TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EVENCARE + TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EVENCARE G2 TES	0	PA, QL (240 strips / month); MNPA
EVENCARE G3 TES	0	PA, QL (240 strips / month); MNPA
EVENCARE TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EVENCARE TES MINI	0	PA, QL (240 strips / month); MNPA
EVENCARE TES PROVIEW	0	PA, QL (240 strips / month); MNPA
EVOLUTION TES AUTOCODE	0	PA, QL (240 strips / month); MNPA
EXACTECH TES	0	PA, QL (240 strips / month); MNPA
EXACTECH TES R-S-G	0	PA, QL (240 strips / month); MNPA
FIFTY50 GLUC TES 2.0	0	PA, QL (240 strips / month); MNPA
FORA 6 MIS CONNECT	0	PA, QL (240 strips / month); MNPA
FORA BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
FORA D15G TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA D20 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA D40/G31 TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
FORA G20 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA G30/V10 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA GD20 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA GD50 TES	0	PA, QL (240 strips / month); MNPA
FORA GTEL TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA GTEL TES KETONE	3	
FORA TN'G TES TN'G VOI	0	PA, QL (240 strips / month); MNPA
FORA V10 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA V12 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA V20 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA V30A TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORACARE TES GD40	0	PA, QL (240 strips / month); MNPA
FORACARE TES PREM V10	0	PA, QL (240 strips / month); MNPA
FORACARE TES TST N GO	0	PA, QL (240 strips / month); MNPA
FORTISCARE TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FREESTYLE TES	0	PA, QL (240 strips / month); MNPA
FREESTYLE TES INSULINX	0	PA, QL (240 strips / month); MNPA
FREESTYLE TES LITE	0	PA, QL (240 strips / month); MNPA
FREESTYLE TES PREC NEO	0	PA, QL (240 strips / month); MNPA

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Drug Name	Drug Tier	Requirements/Limits
GE100 BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
GENULTIMATE TES	0	PA, QL (240 strips / month); MNPA
GHT TEST TES STRIPS	0	PA, QL (240 strips / month); MNPA
GLUCO PERFEC TES 3	0	PA, QL (240 strips / month); MNPA
GLUCOCARD 01 TES PLUS	0	PA, QL (240 strips / month); MNPA
GLUCOCARD 01 TES SENSOR	0	PA, QL (240 strips / month); MNPA
GLUCOCARD TES EXPRESSI	0	PA, QL (240 strips / month); MNPA
GLUCOCARD TES SHINE	0	PA, QL (240 strips / month); MNPA
GLUCOCARD TES VITAL	0	PA, QL (240 strips / month); MNPA
GLUCOCARD TES X-SENSOR	0	PA, QL (240 strips / month); MNPA
GLUCOCOM TES	0	PA, QL (240 strips / month); MNPA
GLUCONAVII TES STRIPS	0	PA, QL (240 strips / month); MNPA
GLUCOSE TES STRIPS	0	PA, QL (240 strips / month); MNPA
GOJJI BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
GOJJI BLOOD TES KETONE	3	
GOJJI STRIPS MIS W/LANCET	0	PA, QL (240 strips / month); MNPA
HARMONY TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
HW EMBRACE TES PRO	0	PA, QL (240 strips / month); MNPA
HW EMBRACE TES STRIPS	0	PA, QL (240 strips / month); MNPA
IGLUCOSE TES	0	PA, QL (240 strips / month); MNPA
IN TOUCH TES BLOOD	0	PA, QL (240 strips / month); MNPA
INFINITY TES BLD GLUC	0	PA, QL (240 strips / month); MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

162

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Drug Name	Drug Tier	Requirements/Limits
INFINITY TES VOICE	0	PA, QL (240 strips / month); MNPA
KETO-DIASTIX TES	3	
KETONE TES	3	
KETONE TEST TES	3	
KETOSTIX TES STRIP	3	
KROGER BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
KROGER TES	0	PA, QL (240 strips / month); MNPA
LIBERTY NEXT TES GEN	0	PA, QL (240 strips / month); MNPA
LIBERTY TES	0	PA, QL (240 strips / month); MNPA
MEIJER BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
MEIJER TES TRUETEST	0	PA, QL (240 strips / month); MNPA
MEIJER TES TRUETRAC	0	PA, QL (240 strips / month); MNPA
MICRODOT TES	0	PA, QL (240 strips / month); MNPA
MICRODOT TES XTRA	0	PA, QL (240 strips / month); MNPA
MYGLUCOHEALT TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
NEUTEK 2TEK TES STRIPS	0	PA, QL (240 strips / month); MNPA
NO CODING TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
NOVA MAX PLS TES KETONE	3	
NOVA MAX TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
ONE DROP TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
ONETOUCH TES ULTRA	0	QL (240 strips / month)
ONETOUCH TES VERIO	0	QL (240 strips / month)
OPTIUM TES	0	PA, QL (240 strips / month); MNPA
OPTIUMEZ TES	0	PA, QL (240 strips / month); MNPA
POCKETCHEM TES EZ	0	PA, QL (240 strips / month); MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
PRECISION PT TES OF CARE	0	PA, QL (240 strips / month); MNPA
PRECISION TES PCX	0	PA, QL (240 strips / month); MNPA
PRECISION TES PCX PLUS	0	PA, QL (240 strips / month); MNPA
PRECISION TES QID	0	PA, QL (240 strips / month); MNPA
PRECISION TES SOF-TACT	0	PA, QL (240 strips / month); MNPA
PRECISION TES XTRA	0	PA, QL (240 strips / month); MNPA
PRECISN XTRA TES KETONE	3	
PREMIUM BLOO MIS GLUCOSE	0	PA, QL (240 strips / month); MNPA
PRO VOICE TES V8/V9	0	PA, QL (240 strips / month); MNPA
PRODIGY NO TES CODING	0	PA, QL (240 strips / month); MNPA
PTS PANELS TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
PTS PANELS TES KETONE	3	
QUICKTEK TES	0	PA, QL (240 strips / month); MNPA
QUINTET AC TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
QUINTET TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
REFUAH PLUS TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
RELION BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
RELION PREMI TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
RELION PRIME TES	0	PA, QL (240 strips / month); MNPA
RELION PRIME TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
RELION TES KETONE	3	
RELION TES ULTIMA	0	PA, QL (240 strips / month); MNPA
RELION TRUE TES METRIX	0	PA, QL (240 strips / month); MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

164

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Drug Name	Drug Tier	Requirements/Limits
RIGHTTEST TES GS100	0	PA, QL (240 strips / month); MNPA
RIGHTTEST TES GS300	0	PA, QL (240 strips / month); MNPA
RIGHTTEST TES GS550	0	PA, QL (240 strips / month); MNPA
SMART SENSE TES TEST	0	PA, QL (240 strips / month); MNPA
SMARTEST TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
SOLUS V2 TES AUDIBLE	0	PA, QL (240 strips / month); MNPA
SUPREME TES	0	PA, QL (240 strips / month); MNPA
SURE-TEST TES EASYPLUS	0	PA, QL (240 strips / month); MNPA
TRUE FOCUS MIS BLOOD	0	PA, QL (240 strips / month); MNPA
TRUE METRIX TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
TRUETEST TES	0	PA, QL (240 strips / month); MNPA
TRUETRACK TES	0	PA, QL (240 strips / month); MNPA
TRUETRACK TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
UNISTRIP1 TES GENERIC	0	PA, QL (240 strips / month); MNPA
VERASENS TES	0	PA, QL (240 strips / month); MNPA
VIVAGUARD TES INO	0	PA, QL (240 strips / month); MNPA

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS***DIETARY MANAGEMENT PRODUCTS***

BETTERMILK15 POW GLYTACTN	3	Coverage is subject to your plan/benefits
BETTERMILK PAK GLYTACTI	3	Coverage is subject to your plan/benefits
CAMINO PRO LIQ 15PE	3	Coverage is subject to your plan/benefits
COMPLEAT LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
COMPLEAT PED LIQ ORG BLND	3	PA; Coverage is subject to your plan/benefits
CRUCIAL LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
DIABETIC TF LIQ	3	PA; Coverage is subject to your plan/benefits
DIABETISOURC LIQ	3	PA; Coverage is subject to your plan/benefits
EAA SUPPLEME POW TROPICAL	3	Coverage is subject to your plan/benefits
ENSURE PLANT LIQ CHOCOLAT	3	Coverage is subject to your plan/benefits
ENTERAGAM POW 5GM	3	PA; Coverage is subject to your plan/benefits
EO28 SPLASH LIQ ORANGE	3	PA; Coverage is subject to your plan/benefits
F.A.A. LIQ	3	PA; Coverage is subject to your plan/benefits
FIBERSOUR HN LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
FIBERSOURCE LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
FOSTEUM CAP	3	PA; Coverage is subject to your plan/benefits
FOSTEUM PLUS CAP	3	PA; Coverage is subject to your plan/benefits
GLUCERNA 1.0 LIQ CARB VAN	3	PA; Coverage is subject to your plan/benefits
GLUCERNA LIQ 1.2 CAL	3	PA; Coverage is subject to your plan/benefits
GLUCERNA SEL LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
GLYROL LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits
GLYTACTIN POW RESTOR10	3	Coverage is subject to your plan/benefits
GLYTROL LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits
HCU EXP20 PAK UNFLAVOR	3	Coverage is subject to your plan/benefits
HCU EXPRESS PAK	3	Coverage is subject to your plan/benefits

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
HOMACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
ISOSOURCE HN LIQ	3	PA; Coverage is subject to your plan/benefits
ISOSOURCE LIQ	3	PA; Coverage is subject to your plan/benefits
ISOVACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
JEVITY 1 CAL LIQ	3	PA; Coverage is subject to your plan/benefits
JEVITY 1.2 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
JEVITY 1.5 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
LANAFLEX PAK	3	Coverage is subject to your plan/benefits
LIQUID HOPE LIQ	3	PA; Coverage is subject to your plan/benefits
LOPHLEX POW	3	Coverage is subject to your plan/benefits
LORMATE CAP	3	PA; Coverage is subject to your plan/benefits
MCT PRO-CAL PAK	3	PA; Coverage is subject to your plan/benefits
NEOCATE LIQ SPLASH	3	PA; Coverage is subject to your plan/benefits
NEOKE MCT70 POW	3	PA; Coverage is subject to your plan/benefits
NEPRO LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
NOVASOURCE LIQ RENAL	3	PA; Coverage is subject to your plan/benefits
NUTRAMINE PAK	3	PA; Coverage is subject to your plan/benefits
NUTREN 1.0 LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
NUTREN 1.5 LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
NUTREN 2.0 LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
NUTREN JR LIQ	3	PA; Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
NUTREN LIQ JUNIOR	3	PA; Coverage is subject to your plan/benefits
NUTREN RENAL LIQ	3	PA; Coverage is subject to your plan/benefits
NUTRIRENAL LIQ	3	PA; Coverage is subject to your plan/benefits
OPTIMENTAL LIQ	3	PA; Coverage is subject to your plan/benefits
OSMOLITE 1 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.2 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.5 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE HN LIQ	3	PA; Coverage is subject to your plan/benefits
OSMOLITE LIQ	3	PA; Coverage is subject to your plan/benefits
OXEPA 1.5 LIQ	3	PA; Coverage is subject to your plan/benefits
OXEPA LIQ	3	PA; Coverage is subject to your plan/benefits
PEDIASURE EN LIQ /FIBER	3	PA; Coverage is subject to your plan/benefits
PEDIASURE LIQ PEPTIDE	3	PA; Coverage is subject to your plan/benefits
PEPTAMEN LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits
PEPTAMEN LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ	3	PA; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PERATIVE LIQ	3	PA; Coverage is subject to your plan/benefits
PHENACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
PHLEXY-10 POW	3	PA; Coverage is subject to your plan/benefits
PIVOT LIQ 1.5 CAL	3	PA; Coverage is subject to your plan/benefits

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
PKU EXPLORE5 POW UNFLAVOR	3	Coverage is subject to your plan/benefits
PPA/MMA POW EXPRESS	3	Coverage is subject to your plan/benefits
PRO-PHREE POW	3	Coverage is subject to your plan/benefits
PROLEEVA CAP	3	PA; Coverage is subject to your plan/benefits
PROMACTIN AA SUS PLUS	3	Coverage is subject to your plan/benefits
PROMOTE 1.0 LIQ W/ FIBER	3	PA; Coverage is subject to your plan/benefits
PROMOTE LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PROMOTE W/ LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
PROMOTE W/FB LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PROMOTE/ LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
PROSOURCE LIQ TF	3	PA; Coverage is subject to your plan/benefits
REPLETE FIBE LIQ 1 CAL	3	PA; Coverage is subject to your plan/benefits
REPLETE LIQ ULTRAPAK	3	PA; Coverage is subject to your plan/benefits
RESOURCE DIA LIQ TF	3	PA; Coverage is subject to your plan/benefits
RHEUMATE CAP	3	PA; Coverage is subject to your plan/benefits
RIBOZEL CAP	3	PA; Coverage is subject to your plan/benefits
S.O.S. 20 POW	3	Coverage is subject to your plan/benefits
S.O.S. 25 POW	3	Coverage is subject to your plan/benefits
SUPLINA LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
TOBAIKIENT CAP	3	PA; Coverage is subject to your plan/benefits
TOLEREX POW	3	PA; Coverage is subject to your plan/benefits

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
TWOCAL HN LIQ	3	PA; Coverage is subject to your plan/benefits
TYLACTIN POW BLD 20PE	3	Coverage is subject to your plan/benefits
ULTRACAL HN LIQ PLUS	3	PA; Coverage is subject to your plan/benefits
ULTRACAL LIQ	3	PA; Coverage is subject to your plan/benefits
ULTRIENT 1.5 LIQ SAFE-T	3	PA; Coverage is subject to your plan/benefits
VILACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
VITAL HN POW	3	PA; Coverage is subject to your plan/benefits
VIVONEX RTF LIQ	3	PA; Coverage is subject to your plan/benefits

NUTRITIONAL SUPPLEMENTS

ENU PRO3 POW PLUS	3	PA; MNPA
EQUACARE JR POW CHOCO	3	PA; MNPA
EQUACARE JR POW UNFLAVOR	3	PA; MNPA
EQUACARE JR POW VANILLA	3	PA; MNPA
ESSENTIAL POW CARE JR	3	PA; MNPA

DIGESTIVE AIDS**DIGESTIVE ENZYMES**

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNIT	2	
CREON CAP 24000UNIT	2	
CREON CAP 36000UNIT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNIT	3	
PANCREAZE CAP 16800UNIT	3	
PANCREAZE CAP 21000UNIT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
SUCRAID SOL 8500/ML	3	PA
VIOKACE TAB 10440	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

170

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Drug Name	Drug Tier	Requirements/Limits
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000	2	
ZENPEP CAP 40000	2	

DIURETICS**CARBONIC ANHYDRASE INHIBITORS**

<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
KEVEYIS TAB 50MG	3	PA, QL (120 TABLETS PER 30 DAYS)
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	

DIURETIC COMBINATIONS

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

LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

171

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Drug Name	Drug Tier	Requirements/Limits
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
<i>torsemide tab 5 mg</i>	1	
<i>torsemide tab 10 mg</i>	1	
<i>torsemide tab 20 mg</i>	1	
<i>torsemide tab 100 mg</i>	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	2	
ALDACTONE TAB 50MG	2	
ALDACTONE TAB 100MG	2	
<i>amiloride hcl tab 5 mg</i>	1	
CAROSPIR SUS 25MG/5ML	3	PA; MNPA
DYRENIUM CAP 50MG	3	PA; MNPA
DYRENIUM CAP 100MG	3	PA; MNPA
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
DIURIL SUS 250/5ML	3	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 1MG	3	PA, QL (240 TABLETS PER 30 DAYS); MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ISTURISA TAB 5MG	3	PA, QL (360 TABLETS PER 30 DAYS); MNPA
ISTURISA TAB 10MG	3	PA, QL (180 TABLETS PER 30 DAYS); MNPA

BONE DENSITY REGULATORS

ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
BONIVA TAB 150MG	3	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO INJ 620/2.48	4	PA, QL (1 PEN PER MONTH)
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
MIACALCIN INJ 200/ML	4	PA; MNPA
NATPARA INJ 25MCG	4	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 50MCG	4	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 75MCG	4	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 100MCG	4	PA, QL (2 CARTRIDGES PER 28 DAYS)
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
TYMLOS INJ	4	PA, QL (1PEN PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
<i>CORTICOTROPIN</i>		
ACTHAR INJ 80UNIT	4	PA, QL (35ML PER 21 DAYS)
<i>FERTILITY REGULATORS</i>		
<i>clomiphene citrate tab 50 mg</i>	1	Coverage is subject to your plan/benefits
GONAL-F INJ 450UNIT	4	PA, QL (10 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F INJ 1050UNIT	4	PA, QL (6 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 75UNIT	4	PA, QL (60 VIALS PER 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 300/0.5	4	PA, QL (15 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 450/0.75	4	PA, QL (10 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 900/1.5	4	PA, QL (7 CARTRIDGE PER 28 DAYS); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	4	PA; Coverage is subject to your plan/benefits
OVIDREL INJ	4	PA; Coverage is subject to your plan/benefits
<i>GNRH/LHRH ANTAGONISTS</i>		
CETROTIDE KIT 0.25MG	4	PA
GANIRELIX AC INJ 250/0.5	4	PA
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	4	PA
ORILISSA TAB 150MG	2	
ORILISSA TAB 200MG	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

174

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Drug Name	Drug Tier	Requirements/Limits
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	4	PA, QL (30 VIALS PER 30 DAYS)
GROWTH HORMONES		
NORDITROPIN INJ 5/1.5ML	4	PA
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
SEROSTIM INJ 4MG	4	PA
SEROSTIM INJ 5MG	4	PA
SEROSTIM INJ 6MG	4	PA
ZORBTIVE INJ 8.8MG	4	PA
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	0	
OSPHENA TAB 60MG	3	PA; MNPA
<i>raloxifene hcl tab 60 mg</i>	0	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	4	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
CARBAGLU TAB 200MG	3	PA
CARNITOR SF SOL 1GM/10ML	3	PA; MNPA
CARNITOR SOL 1GM/10ML	3	PA; MNPA
CARNITOR TAB 330MG	3	PA; MNPA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	PA, QL (120 TABLETS PER 30 DAYS)
CYSTADANE POW	3	PA
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
GALAFOLD CAP 123MG	3	PA, QL (14 CAPSULES PER 28 DAYS)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

175

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Drug Name	Drug Tier	Requirements/Limits
KUVAN POW 100MG	3	PA; MNPA
KUVAN POW 500MG	3	PA; MNPA
KUVAN TAB 100MG	3	PA; MNPA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
MYALEPT INJ 11.3MG	4	PA, QL (30 VIALS PER 30 DATA)
<i>nitisinone cap 2 mg</i>	1	PA
<i>nitisinone cap 5 mg</i>	1	PA
<i>nitisinone cap 10 mg</i>	1	PA
NITYR TAB 2MG	3	PA
NITYR TAB 5MG	3	PA
NITYR TAB 10MG	3	PA
ORFADIN CAP 2MG	2	PA
ORFADIN CAP 5MG	2	PA
ORFADIN CAP 10MG	2	PA
ORFADIN CAP 20MG	2	PA
ORFADIN SUS 4MG/ML	2	PA
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
REVCovi INJ 1.6MG/ML	4	
ROCALtrol CAP 0.5MCG	2	
ROCALtrol CAP 0.25MCG	2	
ROCALtrol SOL 1MCG/ML	2	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	PA
SENSIPAR TAB 30MG	3	PA, QL (60 TABLETS PER 30 DAYS)
SENSIPAR TAB 60MG	3	PA, QL (60 TABLETS PER 30 DAYS)
SENSIPAR TAB 90MG	3	PA, QL (120 TABLETS PER 30 DAYS)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	PA, QL (600 GRAMS PER 30 DATS)
<i>sodium phenylbutyrate tab 500 mg</i>	1	PA, QL (1200 TABLETS PER 30 DAYS)
STRENSIQ INJ 18/0.45	4	PA
STRENSIQ INJ 28/0.7ML	4	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

176

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Drug Name	Drug Tier	Requirements/Limits
STRENSIQ INJ 40MG/ML	4	PA
STRENSIQ INJ 80/0.8ML	4	PA
XURIDEN POW 2GM	3	QL (4 PACKETS PER DAY)
ZEMPLAR CAP 1MCG	2	
ZEMPLAR CAP 2MCG	2	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	3	
KERENDIA TAB 20MG	3	
POSTERIOR PITUITARY HORMONES		
DDAVP SOL 0.01%	2	
DDAVP TAB 0.1MG	2	
DDAVP TAB 0.2MG	2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
STIMATE SOL 1.5MG/ML	3	PA
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB 200MG	3	
<i>mifepristone tab 200 mg</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	PA, QL (90 AMPULES PER 30 DAYS)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	PA, QL (90 AMPULES PER 30 DAYS)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	PA, QL (45 VIALS PER 30 DAYS)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	PA, QL (90 AMPULES PER 30 DAYS)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	PA, QL (9 VIALS PER 30 DAYS)
SANDOSTATIN INJ 50MCG/ML	4	PA, QL (90 AMPULES PER 30 DAYS)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN INJ 100MCG	4	PA, QL (90 AMPULES PER 30 DAYS)
SANDOSTATIN INJ 500MCG	4	PA, QL (90 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.3MG/ML	4	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.6MG/ML	4	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.9MG/ML	4	PA, QL (60 AMPULES PER 30 DAYS)

VASOPRESSIN RECEPTOR ANTAGONISTS

JYNARQUE PAK 30-15MG	3	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 45-15MG	3	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 60-30MG	3	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 90-30MG	3	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE TAB 15MG	3	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE TAB 15MG	3	PA, QL (60 tabs / month)
JYNARQUE TAB 30MG	3	PA, QL (30 tabs / month)
SAMSCA TAB 15MG	3	PA, QL (60 tabs / month)
SAMSCA TAB 30MG	3	PA, QL (30 tabs / month)
<i>tolvaptan tab 15 mg</i>	1	PA, QL (60 tabs / month)
<i>tolvaptan tab 30 mg</i>	1	PA, QL (30 tabs / month)

ESTROGENS**ESTROGEN COMBINATIONS**

ACTIVELLA TAB 1-0.5MG	3
ANGELIQ TAB 0.5-1MG	3
ANGELIQ TAB 0.25-0.5	3
BIJUVA CAP 1-100MG	3
CLIMARA PRO DIS WEEKLY	2
COMBIPATCH DIS	2
DUAVEE TAB 0.45-20	2

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
FEMHRT TAB 0.5-2.5	3	
MYFEMBREE TAB	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
ORIAHNN CAP	2	
PREFEST TAB	3	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
ALORA DIS 0.1MG	3	
ALORA DIS 0.05MG	3	
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	3	
CLIMARA DIS 0.1MG	3	
CLIMARA DIS 0.05MG	3	
CLIMARA DIS 0.06MG	3	
CLIMARA DIS 0.025MG	3	
CLIMARA DIS 0.075MG	3	
CLIMARA DIS 0.0375MG	3	
DELESTROGEN INJ 10MG/ML	4	PA
DELESTROGEN INJ 20MG/ML	4	PA
DELESTROGEN INJ 40MG/ML	4	PA
DEPO-ESTRADI INJ 5MG/ML	4	PA
DIVIGEL GEL 0.5MG	2	
DIVIGEL GEL 0.25MG	2	
DIVIGEL GEL 0.75MG	2	
DIVIGEL GEL 1.25MG	2	
DIVIGEL GEL 1MG/GM	2	
ELESTRIN GEL 0.06%	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

179

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	4	PA
<i>estradiol valerate im in oil 40 mg/ml</i>	4	PA
ESTROGEL GEL	3	
EVAMIST SPR 1.53MG	2	
MENEST TAB 0.3MG	3	PA; MNPA
MENEST TAB 0.625MG	3	PA; MNPA
MENEST TAB 1.25MG	3	PA; MNPA
MENOSTAR DIS 14MCG	3	
MINIVELLE DIS 0.1MG	3	PA; MNPA
MINIVELLE DIS 0.05MG	3	PA; MNPA
MINIVELLE DIS 0.025MG	3	PA; MNPA
MINIVELLE DIS 0.075MG	3	PA; MNPA
MINIVELLE DIS 0.0375MG	3	PA; MNPA
PREMARIN INJ 25MG	4	PA
PREMARIN TAB 0.3MG	3	PA; MNPA
PREMARIN TAB 0.9MG	3	PA; MNPA
PREMARIN TAB 0.45MG	3	PA; MNPA
PREMARIN TAB 0.625MG	3	PA; MNPA
PREMARIN TAB 1.25MG	3	PA; MNPA
VIVELLE-DOT DIS 0.1MG	3	PA; MNPA
VIVELLE-DOT DIS 0.05MG	3	PA; MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

180

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Drug Name	Drug Tier	Requirements/Limits
VIVELLE-DOT DIS 0.025MG	3	PA; MNPA
VIVELLE-DOT DIS 0.075MG	3	PA; MNPA
VIVELLE-DOT DIS 0.0375MG	3	PA; MNPA

FLUOROQUINOLONES**FLUOROQUINOLONES**

BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	

GASTROINTESTINAL AGENTS - MISC.**5-HT4 RECEPTOR AGONISTS**

MOTEGRITY TAB 1MG	3	PA; MNPA
MOTEGRITY TAB 2MG	3	PA; MNPA

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB 3MG	3	

BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAP 50MG	3	PA
CHOLBAM CAP 250MG	3	PA

FARNESOID X RECEPTOR (FXR) AGONISTS

OICALIVA TAB 5MG	3	PA, QL (30 TABLETS PER 30 DAYS)
OICALIVA TAB 10MG	3	PA, QL (30 TABLETS PER 30 DAYS)

GALLSTONE SOLUBILIZING AGENTS

CHENODAL TAB 250MG	3	PA
URSO 250 TAB 250MG	2	
URSO FORTE TAB 500MG	2	
<i>ursodiol cap 300 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP 8MCG	3	PA; MNPA
AMITIZA CAP 24MCG	3	PA; MNPA
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
GASTROINTESTINAL STIMULANTS		
GIMOTI SPR 15MG	3	PA; MNPA
METOCLOPRAMI TAB 10MG ODT	3	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
ASACOL HD TAB 800MG	1	Tier 1 with DAW9
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
<i>balsalazide disodium cap 750 mg</i>	1	
CANASA SUP 1000MG	3	
COLAZAL CAP 750MG	3	PA; MNPA
DELZICOL CAP 400MG	3	PA; MNPA
DIPENTUM CAP 250MG	3	
LIALDA TAB 1.2GM	3	PA; MNPA
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>*mesalamine rectal enema 4 gm & cleanser wipe kit**</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

182

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Drug Name	Drug Tier	Requirements/Limits
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
ZELNORM TAB 6MG	3	PA; MNPA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan cap 12 mg</i>	1	
ENTEREG CAP 12MG	3	
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
RELISTOR INJ 8/0.4ML	4	
RELISTOR INJ 12/0.6ML	4	
RELISTOR TAB 150MG	3	
SYMPROIC TAB 0.2MG	2	
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	3	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
FOSRENOL CHW 500MG	3	PA; MNPA
FOSRENOL CHW 750MG	3	PA; MNPA
FOSRENOL CHW 1000MG	3	PA; MNPA
FOSRENOL POW 750MG	3	PA; MNPA
FOSRENOL POW 1000MG	3	PA; MNPA
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	1	PA; MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

183

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Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	1	PA; MNPA
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	1	PA; MNPA
PHOSLYRA SOL	2	
RENAGEL TAB 800MG	3	
REVELA POW 0.8GM	3	
REVELA POW 2.4GM	3	
REVELA TAB 800MG	3	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	1	
VELPHORO CHW 500MG	2	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	4	PA, QL (ONE 30-VIAL KIT PER 30 DAYS)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	3	PA, QL (90 TABLETS PER 30 DAYS)
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
ORACIT SOL	3	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
UROCIT-K 5 TAB	2	
UROCIT-K 10 TAB	2	
UROCIT-K 15 TAB	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

184

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Drug Name	Drug Tier	Requirements/Limits
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	2	PA
CYSTAGON CAP 150MG	2	PA
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG	3	PA; MNPA
PENTOSAN CAP 150MG	3	PA; MNPA
PENTOSAN CAP 200MG	3	PA; MNPA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
FLOMAX CAP 0.4MG	3	
JALYN CAP	3	PA; MNPA
PROSCAR TAB 5MG	3	
RAPAFLO CAP 4MG	3	PA; MNPA
RAPAFLO CAP 8MG	3	PA; MNPA
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
UROXATRAL TAB 10MG	3	PA; MNPA
URINARY ANALGESICS		
<i>phenazopyridine hcl tab 200 mg</i>	1	
URINARY STONE AGENTS		
LITHOSTAT TAB 250MG	3	PA; MNPA
THIOLA EC TAB 100MG	3	PA; MNPA
THIOLA EC TAB 300MG	3	PA; MNPA
<i>tiopronin tab 100 mg</i>	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
COLCRYS TAB 0.6MG	3	PA; MNPA
<i>febuxostat tab 40 mg</i>	1	
PA - Prior Authorization QL - Quantity Limits ST - Step Therapy		185

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Drug Name	Drug Tier	Requirements/Limits
<i>febuxostat tab 80 mg</i>	1	
GLOPERBA SOL 0.6/5ML	3	PA; MNPA
MITIGARE CAP 0.6MG	1	Tier 1 with DAW9
ULORIC TAB 40MG	3	PA; MNPA
ULORIC TAB 80MG	3	PA; MNPA
ZYLOPRIM TAB 100MG	3	
ZYLOPRIM TAB 300MG	3	
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ 30MG/ML	4	PA
HEMLIBRA INJ 60/0.4	4	PA
HEMLIBRA INJ 105/0.7	4	PA
HEMLIBRA INJ 150/ML	4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	4	PA, QL (45 SYRINGES PER 90 DAYS)
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	4	PA, QL (45 SYRINGES PER 90 DAYS)
COMPLEMENT INHIBITORS		
HAEGARDA INJ 2000UNIT	4	PA, QL (20 VIALS PER 30 DAYS)
HAEGARDA INJ 3000UNIT	4	PA, QL (20 VIALS PER 30 DAYS)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	3	PA, QL (60 TABLETS PER 30 DAYS); MNPA
TAVALISSE TAB 150MG	3	PA, QL (60 TABLETS PER 30 DAYS); MNPA
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ 10MG/ML	4	PA, QL (30 CARTONS (900 MG) PER 90 DAYS)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 VIALS PER 28 DAYS)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	2	
<i>anagrelide hcl cap 0.5 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

186

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Drug Name	Drug Tier	Requirements/Limits
<i>anagrelide hcl cap 1 mg</i>	1	
ASA/OMEPRAZO TAB 81-40MG	3	PA; MNPA
ASP/OMEPRAZO TAB 325-40MG	3	PA; MNPA
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
DURLAZA CAP 162.5MG	3	PA; MNPA
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
PLAVIX TAB 75MG	3	PA; MNPA
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
YOSPRALA TAB 81-40MG	3	PA; MNPA
YOSPRALA TAB 325-40MG	3	PA; MNPA
ZONTIVITY TAB 2.08MG	3	PA; MNPA

HEMATOPOIETIC AGENTS**AGENTS FOR GAUCHER DISEASE**

CERDELGA CAP 84MG	2	PA, QL (60 CAPSULES PER 30 DAYS)
<i>miglustat cap 100 mg</i>	1	PA, QL (90 CAPSULES PER 30 DAYS)
ZAVESCA CAP 100MG	3	PA, QL (90 CAPSULES PER 30 DAYS)

AGENTS FOR SICKLE CELL DISEASE

DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	3	PA, QL (180 PACKETS PER 30 DAYS)
SIKLOS TAB 100MG	3	
SIKLOS TAB 1000MG	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

187

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Drug Name	Drug Tier	Requirements/Limits
COBALAMINS		
CYANOCOBALAM SOL 2000MCG	4	PA; MNPA
<i>cyanocobalamin inj 1000 mcg/ml</i>	4	PA
NASCOBAL SPR 500MCG	3	
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i>	0	\$0 copay for women younger than 55
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	\$0 copay for women younger than 55
<i>folic acid tab 800 mcg</i>	0	\$0 copay for women younger than 55
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
DOPTelet TAB 20MG	2	PA, QL (90 tabs / month)
LEUKINE INJ 250MCG	4	PA
MULPLETA TAB 3MG	2	PA, QL (7 TABLETS PER 14 DAYS)
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
PROMACTA PAK 25MG	3	PA, QL (180 PACKETS PER 30 DAYS)
PROMACTA POW 12.5MG	3	PA, QL (120 PACKETS PER 30 DAYS)
PROMACTA TAB 12.5MG	3	PA, QL (30 TABLETS PER 30 DAYS)
PROMACTA TAB 25MG	3	PA, QL (30 TABLETS PER 30 DAYS)
PROMACTA TAB 50MG	3	PA, QL (60 TABLETS PER 30 DAYS)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

188

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Drug Name	Drug Tier	Requirements/Limits
PROMACTA TAB 75MG	3	PA, QL (60 TABLETS PER 30 DAYS)
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA
ZIEXTENZO INJ 6/0.6ML	4	PA, QL (2 SYRINGES PER 28 DAYS)

HEMATOPOIETIC MIXTURES

FERIVA TAB 21/7	3	PA; MNPA
<i>folic acid-cholecalciferol tab 1 mg-3775 unit</i>	1	PA; MNPA
FOLIC D3 CAP	3	PA; MNPA
GENICIN TAB VITA-D	3	PA; MNPA
ORTHO DF CAP 1-3775IU	3	PA; MNPA
TALIVA CAP	3	PA; MNPA

HEMOSTATICS**HEMOSTATICS - SYSTEMIC**

AMICAR SOL 0.25/ML	3	PA; MNPA
AMICAR TAB 500MG	3	
AMICAR TAB 1000MG	3	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1	
<i>aminocaproic acid tab 500 mg</i>	1	
<i>aminocaproic acid tab 1000 mg</i>	1	
LYSTEDA TAB 650MG	3	
<i>tranexamic acid tab 650 mg</i>	1	

HEMOSTATICS - TOPICAL

ARTISS SOL 2ML	3	
ARTISS SOL 4ML	3	
ARTISS SOL 10ML	3	
TACHOSIL PAD 4.8X4.8	3	
TACHOSIL PAD 9.5X4.8	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	
TISSEEL SOL 10ML	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	
SILENOR TAB 3MG	3	PA; MNPA
SILENOR TAB 6MG	3	PA; MNPA
NON-BARBITURATE HYPNOTICS		
AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	
AMBIEN TAB 10MG	3	
DORAL TAB 15MG	3	
EDLUAR SUB 5MG	3	
EDLUAR SUB 10MG	3	
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
<i>eszopiclone tab 1 mg</i>	1	
<i>eszopiclone tab 2 mg</i>	1	
<i>eszopiclone tab 3 mg</i>	1	
<i>flurazepam hcl cap 15 mg</i>	1	
<i>flurazepam hcl cap 30 mg</i>	1	
HALCION TAB 0.25MG	3	
LUNESTA TAB 1MG	3	PA; MNPA
LUNESTA TAB 2MG	3	PA; MNPA
LUNESTA TAB 3MG	3	PA; MNPA
<i>quazepam tab 15 mg</i>	1	PA; MNPA
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>temazepam cap 7.5 mg</i>	1	
<i>temazepam cap 15 mg</i>	1	
<i>temazepam cap 22.5 mg</i>	1	
<i>temazepam cap 30 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
<i>zaleplon cap 5 mg</i>	1	
<i>zaleplon cap 10 mg</i>	1	
<i>zolpidem tartrate sl tab 1.75 mg</i>	1	PA; MNPA
<i>zolpidem tartrate sl tab 3.5 mg</i>	1	PA; MNPA
<i>zolpidem tartrate tab 5 mg</i>	1	
<i>zolpidem tartrate tab 10 mg</i>	1	
<i>zolpidem tartrate tab er 6.25 mg</i>	1	
<i>zolpidem tartrate tab er 12.5 mg</i>	1	
ZOLPIMIST SPR 5MG	3	PA; MNPA
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
DAYVIGO TAB 5MG	3	PA; MNPA
DAYVIGO TAB 10MG	3	PA; MNPA
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	3	PA, QL (30 CAPSULES PER 30 DAYS)
HETLIOZ LQ SUS 4MG/ML	3	PA, QL (150 ML PER MONTH)
<i>ramelteon tab 8 mg</i>	1	
ROZEREM TAB 8MG	3	PA; MNPA
LAXATIVES		
LAXATIVE COMBINATIONS		
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	0	\$0 copay for members age 50 through 74
CLENPIQ SOL	0	
GOLYTELY SOL	3	PA; MNPA
MOVIPREP SOL	0	PA; MNPA
NULYTELY SOL LMN/LIME	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	0	PA; MNPA
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	0	PA; MNPA
SUPREP BOWEL SOL PREP KIT	0	PA; MNPA
SUTAB TAB	0	PA; MNPA
LAXATIVES - MISCELLANEOUS		
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
LACTULOSE PAK 10GM	3	PA; MNPA
<i>lactulose solution 10 gm/15ml</i>	1	
SALINE LAXATIVES		
OSMOPREP TAB 1.5GM	3	PA; MNPA
STIMULANT LAXATIVES		
CASCARA EXT SAGRADA	3	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
ERYTHROMYCINS		
E.E.S. GRAN SUS 200/5ML	3	PA; MNPA
ERYPED SUS 200/5ML	3	PA; MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

192

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Drug Name	Drug Tier	Requirements/Limits
ERYPED SUS 400/5ML	3	PA; MNPA
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin stearate tab 250 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	

FIDAXOMICIN

DIFICID SUS	2	
DIFICID TAB 200MG	2	

MEDICAL DEVICES AND SUPPLIES**CONTRACEPTIVES**

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

DIABETIC SUPPLIES

ACCU-CHEK KIT FASTCLIX	0	
ACCU-CHEK KIT SOFTCLIX	0	
ACCU-CHEK LIQ GUIDE	0	
ACCU-CHEK LIQ SMART	0	
ACCU-CHEK MIS MLTICLIX	0	
ACCU-CHEK SOL	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK SOL COMPACT	0	
ACCUTREND SOL GLUCOSE	0	
ACTI-LANCE MIS 28G	0	
ACTI-LANCE MIS LITE 28G	0	
ACTI-LANCE MIS SPEC 17G	0	
ACTI-LANCE MIS UNIV 23G	0	
ADJ LANCING MIS DEVICE	0	
ADV LANCING MIS DEVICE	0	
ADV TRAVEL MIS LANC 28G	0	
ADVANCE LIQ CONTROL	0	
ADVANCE LIQ INTUITIO	0	
ADVANCE NORM LIQ CONTROL	0	
ADVATE SAFE MIS LANC 26G	0	
ADVOCATE LIQ HIGH	0	
ADVOCATE LIQ LOW	0	
ADVOCATE MIS LANC 30G	0	
ADVOCATE MIS LANC DEV	0	
ADVOCATE MIS LANCETS	0	
ADVOCATE+ SOL REDI-COD	0	
AGAMATRIX MIS 33G	0	
AGAMATRIX SOL HIGH	0	
AGAMATRIX SOL LEVEL 2	0	
AGAMATRIX SOL LEVEL 4	0	
AGAMATRIX SOL NORM/HGH	0	
AGAMATRIX SOL NORMAL	0	
AIMSCO TWIST MIS 32G	0	
AIMSCO TWIST MIS 33G	0	
AQUALANCE MIS 30G	0	
ASSURE 3 LIQ CONTROL	0	
ASSURE 4 LIQ LEVEL1/2	0	
ASSURE CMFRT MIS 28G	0	
ASSURE DOSE SOL NORM/HGH	0	
ASSURE DOSE SOL NORMAL	0	
ASSURE II LIQ LEVEL1/2	0	
ASSURE II LIQ LEVEL 1	0	
ASSURE LANCE MIS 21G	0	
ASSURE LANCE MIS 28G	0	
ASSURE LANCE MIS LOW FLOW	0	
ASSURE LANCE MIS MICRO	0	
ASSURE LANCE MIS SAFE 25G	0	
ASSURE LANCE MIS SAFE 30G	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ASSURE PLUS MIS HIGH 18G	0	
ASSURE PLUS MIS LOW 25G	0	
ASSURE PLUS MIS MCRO 28G	0	
ASSURE PLUS MIS NORM 21G	0	
ASSURE PLUS MIS PEDIATRI	0	
ASSURE PRISM SOL LEVEL1/2	0	
ASSURE PRO LIQ LEVEL1/2	0	
AURORA LANCE MIS 30G	0	
AURORA LANCE MIS THIN 23G	0	
AUTO LANCET MIS	0	
AUTO-LANCET MIS	0	
AUTO-LANCET MIS MINI	0	
AUTOLET II KIT CLINISAF	0	
AUTOLET IMPR MIS LANC DEV	0	
AUTOLET LANC MIS DEVICE	0	
AUTOLET LITE KIT	0	
AUTOLET LITE KIT CLINISAF	0	
AUTOLET LITE KIT STARTER	0	
AUTOLET MINI MIS	0	
AUTOLET PLAT MIS 1.8MM	0	
AUTOLET PLAT MIS 2.4MM	0	
AUTOLET PLAT MIS 3.0MM	0	
AUTOLET PLUS MIS	0	
AUTOLET PLUS MIS LANC DEV	0	
BD LANCET UF MIS 30G	0	
BD LANCET UF MIS 33G	0	
BD MICROTAIN MIS LANCETS	0	
CARDIOCOM MIS LANCING	0	
CAREONE ADV MIS LANCING	0	
CAREONE LANC MIS 30G	0	
CAREONE LANC MIS THIN 23G	0	
CARESENS 30G MIS LANCETS	0	
CARESENS SOL CONTROL	0	
CARETOUCH MIS EJECTOR	0	
CARETOUCH MIS LANC 26G	0	
CARETOUCH MIS LANC 28G	0	
CARETOUCH MIS LANC 30G	0	
CARETOUCH MIS TWIST 28	0	
CARETOUCH MIS TWIST 30	0	
CARETOUCH MIS TWIST 33	0	
CLEANLET 28G MIS LANCETS	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

195

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Drug Name	Drug Tier	Requirements/Limits
CLEVER CHECK MIS	0	
CLEVER CHECK MIS 30G	0	
CLEVR CHOICE LIQ HIGH	0	
CLEVR CHOICE LIQ LOW	0	
COAGUCHEK MIS LANCETS	0	
COMFORT ASSU MIS LANC 28G	0	
COMFORT ASSU MIS LANC 33G	0	
COMFORT EZ MIS 21G	0	
COMFORT EZ MIS 23G	0	
COMFORT EZ MIS 28G	0	
COMFORT MIS LANCETS	0	
COMFORTOUCH MIS LANCET	0	
CONTOUR HIGH LIQ CONTROL	0	
CONTOUR LOW LIQ CONTROL	0	
CONTOUR NEXT SOL LEVEL 1	0	
CONTOUR NEXT SOL LEVEL 2	0	
CONTOUR NORM LIQ CONTROL	0	
CONTROL HIGH SOL UNISTRIP	0	
CONTROL LOW SOL UNISTRIP	0	
CONTROL NORM SOL EASY STP	0	
CONTROL SOL LIQ HI/MID/L	0	
CONTROL SOL LIQ HIGH/LOW	0	
CONTROL SOL LIQ LEVEL 2	0	
CONTROL SOL LIQ MID	0	
CONTROL SOL NORMAL	0	
COOL CONTROL SOL A	0	
COOL CONTROL SOL B	0	
CVS LANCETS MIS 21G	0	
CVS LANCETS MIS 30G	0	
CVS LANCETS MIS 33G	0	
CVS LANCETS MIS ORIGINAL	0	
CVS LANCETS MIS THIN 26G	0	
CVS LANCETS MIS THIN 30G	0	
CVS LANCETS MIS THIN 33G	0	
CVS LANCING MIS DEVICE	0	
DEXCOM G5 MIS RECEIVER	2	QL (1 each / year)
DEXCOM G5 MIS TRANSMIT	2	QL (1 box / 75 days)
DEXCOM G6 MIS RECEIVER	2	QL (1 each / year)
DEXCOM G6 MIS SENSOR	2	QL (3 sensors per month)
DEXCOM G6 MIS TRANSMIT	2	QL (1 box / 75 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
DIATHRIVE LIQ CONTROL	0	
DIATHRIVE MIS LANCETS	0	
DIATHRIVE MIS LANCING	0	
DIATHRIVE MIS UT 30G	0	
DIATRUE CONT SOL LEVEL 1	0	
DIATRUE CONT SOL LEVEL 2	0	
DIATRUE CONT SOL LEVEL 3	0	
DROPLET LANC MIS 30G	0	
DROPLET LANC MIS DEVICE	0	
DROPLET PERS MIS LANC 30G	0	
DUO-CARE LIQ LEVEL1/2	0	
E-Z JECT MIS 21G	0	
E-Z JECT MIS 21G COLR	0	
E-Z JECT MIS 30G	0	
E-Z JECT MIS 32G COLR	0	
E-Z JECT MIS LANC 21G	0	
E-Z JECT MIS THIN 26G	0	
E-ZJECT LANC MIS 33G	0	
EASY COMFORT MIS 30G	0	
EASY COMFORT MIS LANC/30G	0	
EASY COMFORT MIS TWIST	0	
EASY MINI MIS	0	
EASY MINI MIS EJECT	0	
EASY PLUS II SOL HIGH	0	
EASY PLUS II SOL LOW	0	
EASY TALK SOL HIGH	0	
EASY TALK SOL LOW	0	
EASY TALK SOL NORMAL	0	
EASY TOUCH MIS	0	
EASY TOUCH MIS LANC/21G	0	
EASY TOUCH MIS LANC/23G	0	
EASY TOUCH MIS LANC/26G	0	
EASY TOUCH MIS LANC/28G	0	
EASY TOUCH MIS LANC/30G	0	
EASY TOUCH MIS LANC/32G	0	
EASY TOUCH MIS LANC/33G	0	
EASY TOUCH SOL CONTROL	0	
EASY TOUCH SOL HIGH/LOW	0	
EASY TRAK II LIQ NORMAL	0	
EASY TRAK SOL HIGH	0	
EASY TRAK SOL LOW	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
EASY TRAK SOL NORMAL	0	
EASYGLUCO SOL PLUS	0	
EASYMAX 15 LIQ LEVEL2-3	0	
EASYMAX 15 SOL LEVEL 2	0	
EASYMAX LIQ NORM/HIG	0	
EASYMAX SOL NORMAL	0	
EASystEP HGH SOL CONTROL	0	
EASystEP LOW SOL CONTROL	0	
ELEMENT CONT LIQ NORMAL	0	
ELEMENT LIQ HIGH	0	
ELEMENT LIQ LOW	0	
ELEMNT COMPA SOL LEVEL 2	0	
ELEMNT COMPA SOL LEVEL 3	0	
EMBRACE CNTR LIQ HIGH	0	
EMBRACE EVO LIQ LEVEL 1	0	
EMBRACE LANC MIS /EJECTOR	0	
EMBRACE LANC MIS THIN 30G	0	
EMBRACE PRO LIQ GLUCOSE	0	
EMBRACE SOL LOW	0	
EMBRACE TALK SOL HIGH/L2	0	
EMBRACE TALK SOL LOW/L1	0	
EQL LANCETS MIS 21G COLR	0	
EQL LANCETS MIS 33G COLR	0	
EQL LANCETS MIS THIN 26G	0	
EQL LANCETS MIS THIN 30G	0	
EVENCAR MINI SOL NORMAL	0	
EVENCARE G2 SOL LOW/HIGH	0	
EVENCARE G3 SOL LOW/HIGH	0	
EVENCARE SOL LIQ LOW/HIGH	0	
EVOLUTION SOL NORMAL	0	
EZ-LETS 21G MIS LANCETS	0	
EZ-LETS 26G MIS LANCETS	0	
EZ-LETS 28G MIS LANCETS	0	
EZ-LETS 30G MIS LANCETS	0	
FASTCLIX MIS LANCETS	0	
FIFTY50 SAFE MIS LANCETS	0	
FINE 30 MIS	0	
FINGERSTIX MIS LANCETS	0	
FORA CONTROL SOL HIGH	0	
FORA CONTROL SOL LOW	0	
FORA CONTROL SOL NORMAL	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

198

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Drug Name	Drug Tier	Requirements/Limits
FORA LANCETS MIS 30G	0	
FORA MIS LANCETS	0	
FORA MIS LANCING	0	
FORACARE GDH SOL HIGH	0	
FORACARE GDH SOL LOW	0	
FORACARE GDH SOL NORMAL	0	
FORTISCARE SOL CNTL HI	0	
FORTISCARE SOL CNTL LOW	0	
FORTISCARE SOL CNTL NML	0	
FREESTY LIBR KIT 2 SENSOR	3	PA, QL (3 sensors per month); MNPA
FREESTY LIBR MIS 2 READER	3	PA, QL (1 each / year); MNPA; FREESTYLE LIBRE
FREESTYLE KIT SENSOR	3	PA, QL (3 sensors per month); MNPA
FREESTYLE LIQ CONTROL	0	
FREESTYLE MIS LANCETS	0	
FREESTYLE MIS READER	3	PA, QL (1 each / year); MNPA; FREESTYLE LIBRE
FREESTYLE MIS UNISTICK	0	
G4 PLAT PED MIS RVC/SHAR	2	QL (1 each / year)
G4 PLATINUM MIS PEDIATRC	2	QL (1 each / year)
G4 PLATINUM MIS RCV/SHAR	2	QL (1 each / year)
G4 PLATINUM MIS RECEIVER	2	QL (1 each / year)
G4 PLATINUM MIS TRANSMIT	2	QL (1 box / 75 days)
G4 SENSOR MIS	2	QL (3 sensors per month)
G5/G4 MIS SENSOR	2	QL (3 sensors per month)
GE100 CONTRL SOL NORMAL	0	
GENTEEL LANC KIT BLUE	0	
GENTEEL MIS LANCETS	0	
GENTEEL MIS NOZZLES	0	
GENTEEL PLUS MIS BLACK	0	
GENTEEL PLUS MIS BLUE	0	
GENTEEL PLUS MIS PINK	0	
GENTEEL PLUS MIS PURPLE	0	
GENTEEL PLUS MIS WHITE	0	
GENTEEL TIPS MIS BLUE	0	
GENTEEL TIPS MIS CLEAR	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
GENTEEL TIPS MIS GREEN	0	
GENTEEL TIPS MIS ORANGE	0	
GENTEEL TIPS MIS RAINBOW	0	
GENTEEL TIPS MIS VIOLET	0	
GENTEEL TIPS MIS YELLOW	0	
GENTLE-LET MIS 26G	0	
GENTLE-LET MIS 28G	0	
GENTLE-LET MIS LANCETS	0	
GENTLE-LET MIS PLATFORM	0	
GLOBAL 28G MIS LANCETS	0	
GLOBAL 30G MIS LANCETS	0	
GLOBAL LANC MIS DEVICE	0	
GLUC CONTROL LIQ NORMAL	0	
GLUC CONTROL SOL	0	
GLUC CONTROL SOL MID	0	
GLUC CONTROL SOL NORMAL	0	
GLUCOCARD 01 LIQ NORM/HGH	0	
GLUCOCARD 01 SOL NORMAL	0	
GLUCOCARD LIQ LEVEL 1	0	
GLUCOCARD SOL NORMAL	0	
GLUCOCARD SOL SHINE	0	
GLUCOCOM MIS 28G	0	
GLUCOCOM MIS 30G	0	
GLUCOCOM MIS 33G	0	
GLUCOCOM TES HIGH CON	0	
GLUCOCOM TES NORM CON	0	
GLUCOSE CONT LIQ HIGH/LOW	0	
GLUCOSE CONT SOL HIGH	0	
GLUCOSE CONT SOL NORMAL	0	
GLUCOSE CONT SOL PRECISIO	0	
GNP LANCETS MIS 21G	0	
GNP LANCETS MIS THIN	0	
GNP LANCETS MIS THIN 26G	0	
GOJJI CNTRL SOL NORMAL	0	
GOJJI LANCET MIS 30G	0	
GOJJI MIS LANC DEV	0	
GOODSENSE MIS LANC 26G	0	
GOODSENSE MIS LANC 30G	0	
GOODSENSE MIS LANC 33G	0	
GOODSENSE MIS LANC DVC	0	
HAEMOLANCE MIS HIGH FLO	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

200

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Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE MIS LOW FLOW	0	
HAEMOLANCE MIS PLUS	0	
HAEMOLANCE MIS PLUS LOW	0	
HAEMOLANCE MIS PLUS MAX	0	
HAEMOLANCE MIS PLUS PED	0	
HAEMOLANCE MIS RETRACT	0	
HC LANCING MIS DEVICE	0	
HLTHY ACCNTS MIS LANC 30G	0	
HYPOLANCE KIT LANCING	0	
IN TOUCH LAN MIS 30G	0	
IN TOUCH LAN MIS DEVICE	0	
IN TOUCH SOL GLUCOSE	0	
INCONTROL MIS LANC 28G	0	
INCONTROL MIS LANC 30G	0	
INCONTROL MIS LANC 33G	0	
INCONTROL MIS LANC DEV	0	
INFINITY SOL NORM CON	0	
INFNTY VOICE LIQ LEVEL 2	0	
KINNEY MIS LANCETS	0	
KINNEY THIN MIS LANCETS	0	
KROGER LANCE MIS	0	
KROGER LANCE MIS 26G	0	
KROGER LANCE MIS THIN	0	
KROGER LANCE MIS THIN 30G	0	
LANCET AUTO MIS INJECTOR	0	
LANCET CARRY MIS CASE	0	
LANCET DEVIC MIS 30G	0	
LANCET DEVIC MIS ADJUST	0	
LANCET MICRO MIS THIN 33G	0	
LANCET STAND MIS 21G	0	
LANCET SUPER MIS THIN 30G	0	
LANCET ULTRA MIS 28G	0	
LANCET ULTRA MIS THIN 30G	0	
LANCET WITH MIS EJECTOR	0	
LANCETS MICR MIS THIN 33G	0	
LANCETS MIS	0	
LANCETS MIS 21G	0	
LANCETS MIS 21G COLR	0	
LANCETS MIS 28G	0	
LANCETS MIS 30G	0	
LANCETS MIS 33G	0	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

201

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Drug Name	Drug Tier	Requirements/Limits
LANCETS MIS ORANGE	0	
LANCETS MIS ORIGINAL	0	
LANCETS MIS THIN	0	
LANCETS MIS THIN 26G	0	
LANCETS MIS THIN 30G	0	
LANCETS SUPR MIS THIN 28G	0	
LANCETS THIN MIS	0	
LANCETS THIN MIS 26G	0	
LANCETS ULTR MIS THIN	0	
LANCING DEVI MIS	0	
LANCING DEVI MIS 25G	0	
LANCING DEVI MIS 30G	0	
LANCING MIS DEVICE	0	
LANZO MIS LANCING	0	
LB LANCET MIS 28G	0	
LB LANCING MIS DEVICE	0	
LIFESCAN MIS UNISTIK2	0	
LITE TOUCH MIS LANC PEN	0	
LITE TOUCH MIS LANCETS	0	
LITETOUCH MIS LANCETS	0	
LONGS LANCET MIS STANDARD	0	
LONGS LANCET MIS THIN	0	
LONGS LANCET MIS ULTRA TH	0	
MEDICHOICE MIS LANCET	0	
MEDISENSE LIQ GLUC-KET	0	
MEDISENSE LIQ GLUC/KET	0	
MEDLANCE MIS 30G PLUS	0	
MEDLANCE MIS EXTR 21G	0	
MEDLANCE MIS LITE 25G	0	
MEDLANCE MIS PLUS	0	
MEDLANCE MIS PLUS 30G	0	
MEDLANCE MIS UNV 21G	0	
MEDLANCE PLS MIS 0.8MM	0	
MEDLANCE PLS MIS EXTR 21G	0	
MEDLANCE PLS MIS LITE 25G	0	
MEDLANCE PLS MIS UNIV 21G	0	
MEIJER LANCE MIS COLOR	0	
MEIJER LANCE MIS UNIV 21G	0	
MEIJER LANCE MIS UNIV 30G	0	
MEIJER LANCE MIS UNIVERSA	0	
MEIJER MIS LANCETS	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
MICRO THIN MIS LANC 33G	0	
MICRODOT CON SOL HIGH/LOW	0	
MICROLET MIS LANCETS	0	
MICROLET MIS NEXT	0	
MINI LANCING MIS DEVICE	0	
MM LANCING MIS DEVICE	0	
MM TWIST MIS LANCETS	0	
MOBILE LANCE MIS 30G	0	
MONOLET MIS LANCETS	0	
MONOLET OPD MIS LANCETS	0	
MONOLETTOR MIS LANCETS	0	
MPD SFTY LAN MIS 21G	0	
MPD SFTY LAN MIS 23G	0	
MPD SFTY LAN MIS 28G	0	
MPD SFTY LAN MIS 30G	0	
MULTI-LANCET KIT DEVICE	0	
MULTI-LANCET MIS DEVICE	0	
MYGLUCOHEALT MIS LANC 30G	0	
MYGLUCOHEALT SOL LO/NL/HI	0	
NEUTEK 2TEK SOL CONTROL	0	
NOVA MAX GLU LIQ /KET CON	0	
NOVA SAFETY MIS LANC 23G	0	
NOVA SAFETY MIS LANC 28G	0	
NOVA SURE MIS LANCETS	0	
NOVA SUREFLX MIS LANC DEV	0	
OMNIPOD KIT STARTER	2	QL (1 kit / month)
OMNIPOD MIS 5 PACK	2	QL (30 boxes / month)
ON-THE-GO MIS LANC 30G	0	
ONETOUCH DEL MIS LANC DEV	0	
ONETOUCH DEL MIS PLUS 30G	0	
ONETOUCH DEL MIS PLUS 33G	0	
ONETOUCH FP MIS LANCETS	0	
ONETOUCH MIS 30G	0	
ONETOUCH MIS LANC DEV	0	
ONETOUCH MIS LANCETS	0	
ONETOUCH SOL ULT CONT	0	
ONETOUCH SOL VERIO	0	
ONETOUCH SOL VERIO-HI	0	
ONETOUCH US MIS LANCETS	0	
PC LANCETS MIS 30G	0	
PENLET II KIT BLOOD	0	

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Drug Name	Drug Tier	Requirements/Limits
PENLET II MIS REPL CAP	0	
PERFECT 28G MIS LANCETS	0	
PERFECT 30G MIS LANCETS	0	
PHARMACY COU MIS LANCETS	0	
PIP LANCETS MIS 28G	0	
PIP LANCETS MIS 30G	0	
POCKETCHEM SOL EZ	0	
PRECISION LIQ CONTROL	0	
PRECISION LIQ GLUC/KET	0	
PRECISION LIQ NRML/MID	0	
PRESSURE ACT MIS LANCET	0	
PRESSURE ACT MIS LANCETS	0	
PRO COMFORT MIS 31G	0	
PRO COMFORT MIS LANCETS	0	
PRODIGY MIS 26G	0	
PRODIGY MIS 28G	0	
PRODIGY MIS LANC DEV	0	
PRODIGY SOL HIGH	0	
PRODIGY SOL LOW	0	
PSS SAFE LAN MIS	0	
PSS SEL LANC MIS	0	
PSS SEL PLAT MIS	0	
PX LANCETS MIS 28G	0	
PX LANCETS MIS ULT THIN	0	
QC LANCETS MIS 28G	0	
QC LANCETS MIS 30G	0	
QC LANCING MIS DEVICE	0	
QUICKTEK LIQ SOLUTION	0	
QUINTET CONT SOL HGH/NORM	0	
RA E-ZJECT MIS 28G	0	
RA E-ZJECT MIS THIN 26G	0	
RA E-ZJECT MIS THIN 28G	0	
RA E-ZJECT MIS ULT THIN	0	
RAPID-SAFE MIS LANCING	0	
READYLANCE MIS 21G	0	
READYLANCE MIS 23G	0	
READYLANCE MIS 26G	0	
READYLANCE MIS 28G	0	
READYLANCE MIS 30G	0	
REALITY MIS LANCETS	0	
REALITY TRIG MIS LANCETS	0	

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Drug Name	Drug Tier	Requirements/Limits
REFUAH PLUS SOL CONTROL	0	
RELION KIT LANCING	0	
RELION LANCE MIS THIN 26G	0	
RELION LANCE MIS THIN 30G	0	
RELION LANCI MIS DEVICE	0	
RELION MICRO MIS THIN 33G	0	
RELION ULTRA MIS THIN 30G	0	
RELION ULTRA MIS THIN PLS	0	
RIGHTTEST ALT MIS ADAPTOR	0	
RIGHTTEST LIQ HIGH CON	0	
RIGHTTEST LIQ NORM CON	0	
RIGHTTEST MIS GD500	0	
RIGHTTEST MIS GL300	0	
SAFE-T-LANCE MIS 21G	0	
SAFE-T-LANCE MIS 25G	0	
SAFE-T-LANCE MIS HI FLOW	0	
SAFE-T-LANCE MIS LOW FLOW	0	
SAFE-T-LANCE MIS NOR FLOW	0	
SAFE-T-PRO MIS LANCETS	0	
SAFE-T-PRO MIS PLUS	0	
SAFETY 21G MIS LANCETS	0	
SAFETY 23G MIS LANCETS	0	
SAFETY 28G MIS LANCETS	0	
SAFETY 30G MIS LANCETS	0	
SAFETY MIS LANCETS	0	
SAPS HEALTH MIS TWIST	0	
SAPS TWIST MIS 30G	0	
SAPSCARE MIS TWIST	0	
SB LANCETS MIS THIN	0	
SB LANCETS MIS ULTR THN	0	
SELECT-LITE KIT DEV/LANC	0	
SELECT-LITE MIS LANC DEV	0	
SHOPKO LANC MIS DEVICE	0	
SIDE BUTTON MIS SAFETY	0	
SIMPLE DIAG MIS LANCING	0	
SINGLE-LET MIS 23G	0	
SM LANCETS MIS 33G	0	
SM TRUEDRAW MIS LANC DEV	0	
SMART SENSE MIS LANC 21G	0	
SMART SENSE MIS LANC 26G	0	
SMART SENSE MIS LANC 30G	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
SMART SENSE MIS LANC 33G	0	
SMARTEST MIS LANCETS	0	
SMARTEST SOL CONTROL	0	
SOFTCLIX MIS LANCETS	0	
SOLUS V2 MIS LANC 28G	0	
SOLUS V2 MIS LANC 30G	0	
SOLUS V2 MIS LANC DEV	0	
SOLUS V2 SOL HIGH	0	
SOLUS V2 SOL LOW	0	
STERILANCE MIS 1.8MM	0	
STERILANCE MIS TL 28G	0	
STERILANCE MIS TL 30G	0	
STERILANCE MIS TL 32G	0	
SUPER THIN MIS LANC 28G	0	
SUPER THIN MIS LANCETS	0	
SUPREME II LIQ HIGH/LOW	0	
SURE COMFORT MIS LANC 18G	0	
SURE COMFORT MIS LANC 21G	0	
SURE COMFORT MIS LANC 23G	0	
SURE COMFORT MIS LANC 30G	0	
SURE COMFORT MIS LANC PEN	0	
SURE COMFORT MIS LANCETS	0	
SURE-LANCE MIS 26G	0	
SURE-LANCE MIS LANCETS	0	
SURE-PEN MIS	0	
SURE-TOUCH MIS UNV LANC	0	
SUREFLEX MIS LANCETS	0	
SURELITE MIS LANCETS	0	
SURESTEP GLU SOL	0	
SURESTEP GLU SOL HIGH/LOW	0	
SURESTEP PRO TES HIGH CON	0	
SURESTEP PRO TES LOW CON	0	
SURESTEP PRO TES NORM CON	0	
SURESTEP SOL CONTROL	0	
TAI DOC SOL NORM CON	0	
TECHLITE AST MIS LANCETS	0	
TECHLITE MIS LANC 30G	0	
TECHLITE MIS LANCETS	0	
TGT LANCET MIS 26G	0	
TGT LANCET MIS 30G	0	
TGT LANCET MIS 33G	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
TGT LANCING MIS DEVICE	0	
THIN LANCETS MIS	0	
THIN LANCETS MIS 26G	0	
THIN LANCETS MIS 30G	0	
THINLETS GP MIS 26G	0	
TOPCARE MIS LANC 33G	0	
TRAVEL LANCE MIS 30G	0	
TRAVEL LANCE MIS ADV 28G	0	
TRUE METRIX SOL LEVEL 1	0	
TRUE METRIX SOL LEVEL 2	0	
TRUE METRIX SOL LEVEL 3	0	
TRUECONTROL LIQ LEVEL 0	0	
TRUECONTROL LIQ LEVEL 1	0	
TRUEDRAW MIS LANC DEV	0	
TRUPLUS LANC MIS 26G	0	
TRUPLUS LANC MIS 28G	0	
TRUPLUS LANC MIS 30G	0	
TRUPLUS LANC MIS 33G	0	
ULTI-LANCE MIS CLR TIP	0	
ULTILET MIS 26G	0	
ULTILET MIS 28G	0	
ULTILET MIS 30G	0	
ULTILET MIS 33G	0	
ULTILET MIS LANCETS	0	
ULTILET MIS SAFETY	0	
ULTILET SAFE MIS 21G	0	
ULTRA THIN MIS 28G	0	
ULTRA THIN MIS 30G	0	
ULTRA THIN MIS 31G	0	
ULTRA THIN MIS 33G	0	
ULTRA THIN MIS LAN 31G	0	
ULTRA THIN MIS LANC 28G	0	
ULTRA THIN MIS LANC 30G	0	
ULTRA THIN MIS LANCETS	0	
UNILET CMFR MIS TCH 28G	0	
UNILET CMFR MIS TCH 30G	0	
UNILET EX II MIS 28G	0	
UNILET EXCEL MIS 23G	0	
UNILET G.P MIS SUPR 23G	0	
UNILET G.P. MIS 21G	0	
UNILET GP 28 MIS ULT THIN	0	

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Drug Name	Drug Tier	Requirements/Limits
UNILET LANC MIS 33G	0	
UNILET LANCE MIS 21G	0	
UNILET LANCE MIS 28G	0	
UNILET LANCE MIS 33G	0	
UNILET LANCT MIS 28G	0	
UNILET LANCT MIS 30G	0	
UNILET LANCT MIS 33G	0	
UNILET MICRO MIS 33G	0	
UNILET MIS 21G	0	
UNILET SUPER MIS 23G	0	
UNILET SUPER MIS G.P. 23G	0	
UNISTIK 1 MIS 2.4MM	0	
UNISTIK 1 MIS 3.0MM	0	
UNISTIK 2 MIS	0	
UNISTIK 2 MIS 1.8MM	0	
UNISTIK 2 MIS 2.4MM	0	
UNISTIK 2 MIS COMFORT	0	
UNISTIK 2 MIS EXTRA	0	
UNISTIK 2 MIS NEONATAL	0	
UNISTIK 2 MIS NORMAL	0	
UNISTIK 2 MIS SUPER	0	
UNISTIK 3 MIS 1.8MM	0	
UNISTIK 3 MIS COMFORT	0	
UNISTIK 3 MIS EXTRA	0	
UNISTIK 3 MIS GENT 30G	0	
UNISTIK 3 MIS NEONATAL	0	
UNISTIK 3 MIS NORMAL	0	
UNISTIK 3 MIS XTR 21G	0	
UNISTIK CZT MIS COMFORT	0	
UNISTIK CZT MIS NORMAL	0	
UNISTIK II MIS LANCETS	0	
UNISTIK PRO MIS LANC 21G	0	
UNISTIK PRO MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 30G	0	
UNISTIK TOUC MIS LANC 21G	0	
UNISTIK TOUC MIS LANC 23G	0	
UNISTIK TOUC MIS LANC 28G	0	
UNISTIK TOUC MIS LANC 30G	0	
UNITSTIK PRO MIS LANC 25G	0	
UNIVERSAL 1 MIS 33G	0	

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Drug Name	Drug Tier	Requirements/Limits
UNIVERSAL 1 MIS LANC 26G	0	
UNIVERSAL 1 MIS LANC 30G	0	
V-GO 20 KIT	2	QL (1 kit / month)
V-GO 30 KIT	2	QL (1 kit / month)
V-GO 40 KIT	2	QL (1 kit / month)
VANTAGE LANC MIS DEVICE	0	
VERASENS LIQ LEVEL 1	0	
VIVAGUARD LIQ CONTROL	0	
VIVAGUARD MIS 30G	0	
VIVAGUARD MIS LANCING	0	
MISC. DEVICES		
ALCOH-GLOVE PAD CONTOURE	0	
ALCOHOL PAD	0	
ALCOHOL PAD 70%	0	
ALCOHOL PAD PREP	0	
ALCOHOL PAD SWABSTIC	0	
ALCOHOL PREP PAD	0	
ALCOHOL PREP PAD 70%	0	
ALCOHOL PREP PAD MED 70%	0	
ALCOHOL PREP PAD PADS 70%	0	
ALCOHOL SWAB PAD	0	
ALCOHOL SWAB PAD 70%	0	
ALCOHOL SWAB PAD EX-THICK	0	
ALCOHOL WIPE PAD	0	
APLICARE ALC PAD SWABSTIC	0	
BD SWAB BFLY PAD SNGL USE	0	
CARETOUCH PAD ALCOHOL	0	
CURITY PREP PAD ALCOHOL	0	
CURITY SWABS PAD ALCOHOL	0	
EASY COMFORT PAD ALCOHOL	0	
FIFTY50 PREP PAD PADS	0	
GLOBAL PREP PAD PADS	0	
GNP ALCOHOL PAD SWABS	0	
HM STERILE PAD ALCHOL	0	
INCONTROL PAD ALCOHOL	0	
PREP PADS PAD	0	
PRO COMFORT PAD ALCOHOL	0	
PURE COMFORT PAD	0	
QC ALCOHOL PAD SWABS	0	
REALITY SWAB PAD	0	
SAPS CARE PAD ALCOHOL	0	

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Drug Name	Drug Tier	Requirements/Limits
SAPS HEALTH PAD ALCOHOL	0	
SB ALCOHOL PAD PREP	0	
SM ALCOHOL PAD PREP	0	
ULTICARE PAD ALCOHOL	0	
ULTILET PAD ALCOHOL	0	
WEBCOL PREP PAD LARGE	0	
WEBCOL PREP PAD MEDIUM	0	
PARENTERAL THERAPY SUPPLIES		
BD U-500 MIS 31GX6MM	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	PA; MNPA
BD ULTRAFINE PEN NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
COMFORT EZ MIS 31GX5/16	0	PA; MNPA
HM INSULIN S MIS 0.3/31G	0	PA; MNPA
HM INSULIN S MIS 1ML/30G	0	PA; MNPA
INSULIN SRYG MIS 1ML/32G	0	PA; MNPA
SYRINGE MIS 0.5/30G	0	PA; MNPA
1ML SYRINGE MIS 29G	0	PA; MNPA
1ML SYRINGE MIS 30G	0	PA; MNPA
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS FLOW-VU	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER KIT ACTION	3	
AEROCHAMBER MIS CHAMBER	3	
AEROCHAMBER MIS FLOSIGNA	3	
AEROCHAMBER MIS MV	3	
AEROCHAMBER MIS PLUS	3	
AEROVENT MIS PLUS	3	
BREATHE EASE MIS LG MASK	3	
BREATHE EASE MIS MED MASK	3	
BREATHE EASE MIS SM MASK	3	
COMPACT SPAC MIS CHAMBER	3	
COMPACT SPAC MIS LG MASK	3	
COMPACT SPAC MIS MD MASK	3	
COMPACT SPAC MIS SM MASK	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

210

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Drug Name	Drug Tier	Requirements/Limits
EASIVENT MIS	3	
EASIVENT MIS MASK LG	3	
EASIVENT MIS MASK MED	3	
EASIVENT MIS MASK SM	3	
FLEXICHAMBER MIS	3	
FLEXICHAMBER MIS MASK LRG	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS ADLT LG	3	
HOLD CHAMBER MIS MEDIUM	3	
HOLD CHAMBER MIS SMALL	3	
INSPIRACHAMB MIS LARGE	3	
INSPIRACHAMB MIS MEDIUM	3	
INSPIRACHAMB MIS MOUTHPC	3	
INSPIRACHAMB MIS SMALL	3	
INSPIREASE MIS DD SYST	3	
INSPIREASE MIS RES BAG	3	
MICROCHAMBER MIS	3	
OPTICHAMBER MIS DIA MD	3	
OPTICHAMBER MIS DIA SM	3	
OPTICHAMBER MIS DIAMOND	3	
POCKET CHAMB MIS	3	
POCKET SPACE MIS	3	
RITEFLO MIS	3	
TRUZONE PEAK MIS FLOW MTR	3	

MIGRAINE PRODUCTS***CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***

AIMOVIG INJ 70MG/ML	4	ST, QL (2 pens / month)
AIMOVIG INJ 140MG/ML	4	ST, QL (1 pen / month)
AJOVY INJ 225/1.5	4	ST, QL (3 pens / 75 days)
EMGALITY INJ 100MG/ML	4	ST, QL (3 syringes / month)
EMGALITY INJ 120MG/ML	4	ST, QL (2 pens / 25 days); Loading Dose: 2 injectors per month; Maintenance Dose: 1 injector per month

Drug Name	Drug Tier	Requirements/Limits
EMGALITY INJ 120MG/ML	4	ST, QL (2 syringes / 25 days); Loading Dose: 2 syringes per month; Maintenance Dose: 1 syringe per month
NURTEC TAB 75MG ODT	2	
UBRELVY TAB 50MG	2	
UBRELVY TAB 100MG	2	
MIGRAINE COMBINATIONS		
CAFERGOT TAB 1-100MG	3	PA; MNPA
<i>ergotamine w/ caffeine suppos 2-100 mg</i>	1	PA; MNPA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	PA; MNPA
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	1	PA, QL (9 tabs per month); MNPA
TREXIMET TAB 85-500MG	3	PA, QL (9 tabs per month); MNPA
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	4	PA, QL (8 per month); MNPA
ERGOMAR SUB 2MG	3	
MIGRANAL SPR 4MG/ML	4	QL (8 per month)
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POW 50MG	3	PA; MNPA
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 TABS PER MONTH)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 TABS PER MONTH)
AMERGE TAB 1MG	3	QL (12 TABS PER MONTH)
AMERGE TAB 2.5MG	3	QL (12 TABS PER MONTH)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 TABS PER MONTH)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 TABS PER MONTH)
FROVA TAB 2.5MG	3	QL (18 tablets per month)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tablets per month)
IMITREX INJ 4MG/0.5	4	QL (18 syringes per month)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

212

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Drug Name	Drug Tier	Requirements/Limits
IMITREX INJ 4MG/0.5	4	QL (6 UNITS PER MONTH)
IMITREX INJ 6MG/0.5	4	QL (12 cartridges per month)
IMITREX INJ 6MG/0.5	4	QL (6 UNITS PER MONTH)
IMITREX SPR 5MG/ACT	3	QL (4 packages per month)
IMITREX SPR 20MG/ACT	3	QL (12 UNITS PER MONTH)
IMITREX TAB 25MG	3	QL (12 TABS PER MONTH)
IMITREX TAB 50MG	3	QL (12 TABS PER MONTH)
IMITREX TAB 100MG	3	QL (12 TABS PER MONTH)
MAXALT TAB 10MG	3	PA, QL (18 tabs / month); MNPA
MAXALT-MLT TAB 10MG	3	PA, QL (18 tabs / month); MNPA
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 TABS PER MONTH)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 TABS PER MONTH)
ONZETRA XSAI MIS 11MG	2	QL (16 nosepieces / month)
RELPAK TAB 20MG	3	QL (12 TABS PER MONTH)
RELPAK TAB 40MG	3	QL (12 TABS PER MONTH)
REYVOW TAB 50MG	2	ST, QL (4 tablets per month)
REYVOW TAB 100MG	2	ST, QL (8 tablets per month)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs / month)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs / month)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tablets per month)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs / month)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (4 packages per month)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 UNITS PER MONTH)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (6 UNITS PER MONTH)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	4	QL (6 UNITS PER MONTH)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	4	QL (6 UNITS PER MONTH)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	4	QL (18 syringes per month)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	QL (12 cartridges per month)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	4	QL (12 syringes per month)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 TABS PER MONTH)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 TABS PER MONTH)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 TABS PER MONTH)
TOSYMRA SOL 10MG	3	PA, QL (3 packages per month); MNPA
ZEMBRACE SYM INJ 3/0.5ML	4	QL (24 injections / month)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	1	QL (12 UNITS PER MONTH)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 UNITS PER MONTH)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 TABS PER MONTH)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 TABS PER MONTH)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 TABS PER MONTH)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 TABS PER MONTH)
ZOMIG SPR 2.5MG	2	QL (12 UNITS PER MONTH)
ZOMIG SPR 5MG	2	QL (12 UNITS PER MONTH)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

214

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Drug Name	Drug Tier	Requirements/Limits
ZOMIG TAB 2.5MG	3	QL (12 TABS PER MONTH)
ZOMIG TAB 5MG	3	QL (12 TABS PER MONTH)
ZOMIG ZMT TAB 2.5 MG	3	QL (12 TABS PER MONTH)
ZOMIG ZMT TAB 5MG ODT	3	QL (12 TABS PER MONTH)

MINERALS & ELECTROLYTES**FLUORIDE**

<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	0	
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i>	0	
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	

POTASSIUM

K-TAB TAB 8MEQ CR	3	
K-TAB TAB 10MEQ CR	2	
K-TAB TAB 20MEQ	3	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	

MISCELLANEOUS THERAPEUTIC CLASSES**CHELATING AGENTS**

CUPRIMINE CAP 250MG	3	PA; MNPA
DEPEN TITRA TAB 250MG	3	
<i>penicillamine cap 250 mg</i>	1	
<i>penicillamine tab 250 mg</i>	1	
SYPRINE CAP 250MG	3	PA; MNPA
<i>trientine hcl cap 250 mg</i>	1	

IMMUNOMODULATORS

REVLIMID CAP 2.5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 10MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 15MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 20MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
REVLIMID CAP 25MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
THALOMID CAP 50MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 100MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 150MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
THALOMID CAP 200MG	0	PA, QL (56 CAPSULES PER 28 DAYS)

IMMUNOSUPPRESSIVE AGENTS

<i>azathioprine tab 50 mg</i>	1	
AZATHIOPRINE TAB 75 MG	1	
AZATHIOPRINE TAB 100 MG	1	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

216

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tab 0.5 mg</i>	1	
<i>everolimus tab 0.25 mg</i>	1	
<i>everolimus tab 0.75 mg</i>	1	
IMURAN TAB 50MG	2	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
POTASSIUM REMOVING AGENTS		
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>*sodium polystyrene sulfonate powder**</i>	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	3	PA, QL (120 CAPSULES PER 30 DAYS)
ZOKINVY CAP 75MG	3	PA, QL (120 CAPSULES PER 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	4	PA, QL (4 INJ PER 28 DAYS)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
PERIDEX SOL 0.12%	3	
DENTAL PRODUCTS		
NAFRINSE DLY SOL /NEUTRAL	3	
NAFRINSE SOL DAILY	3	
NAFRINSE WK SOL 0.2%	3	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>stannous fluoride conc 0.63%</i>	1	
<i>stannous fluoride gel 0.4%</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	1	
EVOXAC CAP 30MG	2	
NUMOISYN LOZ	3	
ORAFATE PST 10%	3	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
PROTHELIAL PST 10%	3	
SALAGEN TAB 5MG	2	
SALAGEN TAB 7.5MG	2	
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
<i>*b-complex w/ c & folic acid tab 1 mg***</i>	1	PA; MNPA
<i>*b-complex w/ c & folic acid tab 5 mg***</i>	1	PA; MNPA
<i>*b-complex w/ c & folic acid tab***</i>	1	PA; MNPA
FOLIC-K CAP	3	PA; MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

218

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Drug Name	Drug Tier	Requirements/Limits
MULTIPLE VITAMINS W/ MINERALS		
<i>*multiple vitamins w/ minerals cap**</i>	1	PA; MNPA
MULTIVITAMINS		
GENICIN TAB VITA-Q	3	PA; MNPA
PRENATAL VITAMINS		
ATABEX EC TAB 29-1MG	3	PA; MNPA
ATABEX OB TAB 29-1MG	3	PA; MNPA
AZESCHEW CHW 13-1MG	3	PA; MNPA
AZESCO TAB 13-1MG	3	PA; MNPA
C-NATE DHA CAP 28-1-200	3	PA; MNPA
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
CO-NATAL FA TAB 29-1MG	3	PA; MNPA
CONCEPT DHA CAP	3	PA; MNPA
CONCEPT OB CAP	3	PA; MNPA
DUET DHA 400 MIS 25-1-400	3	PA; MNPA
DUET DHA MIS BALANCED	3	PA; MNPA
ENBRACE HR CAP	3	PA; MNPA
JENLIVA CAP	3	PA; MNPA
KOSHR PRENAT TAB 30-1MG	3	PA; MNPA
M-NATAL PLUS TAB	3	PA; MNPA
MYNATAL CAP	3	PA; MNPA
MYNATAL PLUS TAB	3	PA; MNPA
MYNATAL-Z TAB	3	PA; MNPA
NATACHEW CHW	3	PA; MNPA
NATALVIT TAB 75-1MG	3	PA; MNPA
NEEVO DHA CAP 27-1.13	3	PA; MNPA
NEONATAL 19 TAB	3	PA; MNPA
NEONATAL FE TAB	3	PA; MNPA
NEONATAL PLS TAB 27-1MG	3	PA; MNPA
NEONATAL TAB COMPLETE	3	PA; MNPA
NEONATAL TAB COMPLTE	3	PA; MNPA
NEONATAL/DHA MIS	3	PA; MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

219

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Drug Name	Drug Tier	Requirements/Limits
NESTABS DHA PAK	3	PA; MNPA
NESTABS ONE CAP	3	PA; MNPA
NESTABS TAB	3	PA; MNPA
NIVA-PLUS TAB	3	PA; MNPA
O-CAL TAB PRENATAL	3	PA; MNPA
OB COMPLETE CAP ONE	3	PA; MNPA
OB COMPLETE CAP PETITE	3	PA; MNPA
OB COMPLETE TAB	3	PA; MNPA
OB COMPLETE TAB PREMIER	3	PA; MNPA
OB COMPLETE/ CAP DHA	3	PA; MNPA
OBSTETRIX EC TAB	3	PA; MNPA
OBSTETRIX PAK DHA	3	PA; MNPA
OBSTETR X ONE CAP 38-1-225	3	PA; MNPA
ONE VITE TAB 1MG PLUS	3	PA; MNPA
PNV TAB 20-1 TAB	3	PA; MNPA
PNV TABS TAB 29-1MG	3	PA; MNPA
PNV-DHA CAP DOCUSATE	3	PA; MNPA
PNV-OMEGA CAP	3	PA; MNPA
PREGENNA TAB	3	PA; MNPA
PREMESISRX TAB	3	PA; MNPA
PRENA1 CHW	3	PA; MNPA
PRENA1 PEARL CAP	3	PA; MNPA
PRENA 1 TRUE MIS	3	PA; MNPA
PRENAISSANCE CAP	3	PA; MNPA
PRENAISSANCE CAP PLUS	3	PA; MNPA
PRENARA CAP PRENATAL	3	PA; MNPA
<i>*prenat w/o a w/feum-methfol-fa-dha cap 27-0.6-0.4-300 mg**</i>	1	
PRENATABS FA TAB 29-1MG	3	PA; MNPA
PRENATAL 19 CHW 29-1MG	3	PA; MNPA
PRENATAL 19 TAB 29-1MG	3	PA; MNPA
PRENATAL TAB 27-1MG	3	PA; MNPA
PRENATAL VIT TAB LOW IRON	3	PA; MNPA
<i>*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***</i>	1	
<i>*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa tab 28-1 mg***</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

220

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Drug Name	Drug Tier	Requirements/Limits
<i>*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***</i>	1	
PRENATAL+FE TAB 29-1MG	3	PA; MNPA
PRENATAL-U CAP 106.5-1	3	PA; MNPA
PRENATE AM TAB 1MG	3	PA; MNPA
PRENATE CAP ENHANCE	3	PA; MNPA
PRENATE CAP ESSENT	3	PA; MNPA
PRENATE CAP PIXIE	3	PA; MNPA
PRENATE CAP RESTORE	3	PA; MNPA
PRENATE CHW 0.6-0.4	3	PA; MNPA
PRENATE DHA CAP	3	PA; MNPA
PRENATE MINI CAP	3	PA; MNPA
PRENATE TAB ELITE	3	PA; MNPA
PRENATRIX TAB	3	PA; MNPA
PRENATRYL TAB	3	PA; MNPA
PRENATVITE TAB COMPLETE	3	PA; MNPA
PRENATVITE TAB PLUS	3	PA; MNPA
PRENATVITE TAB RX	3	PA; MNPA
PREPLUS TAB 27-1MG	3	PA; MNPA
PRETAB TAB 29-1MG	3	PA; MNPA
PRIMACARE CAP	3	PA; MNPA
PROVIDA OB CAP	3	PA; MNPA
REDICHEW RX CHW	3	PA; MNPA
RELNATE DHA CAP	3	PA; MNPA
SE-NATAL 19 CHW	3	PA; MNPA
SE-NATAL 19 TAB	3	PA; MNPA
SELECT-OB CHW	3	PA; MNPA
SELECT-OB+ PAK DHA	3	PA; MNPA
TARON-PREX CAP	3	PA; MNPA
THRIVITE RX TAB 29-1MG	3	PA; MNPA
TRICARE PRE CAP 27-1-500	3	PA; MNPA
TRICARE TAB PRENATAL	3	PA; MNPA
TRINAZ TAB 12-1MG	3	PA; MNPA
TRISTART DHA CAP	3	PA; MNPA
TRISTART ONE CAP 35-1-215	3	PA; MNPA
VINATE DHA CAP 27-1.13	3	PA; MNPA
VINATE II TAB	3	PA; MNPA
VINATE ONE TAB	3	PA; MNPA
VIRT-C DHA CAP	3	PA; MNPA
VIRT-NATE CAP DHA	3	PA; MNPA
VIRT-PN DHA CAP	3	PA; MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

221

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Drug Name	Drug Tier	Requirements/Limits
VIRT-PN PLUS CAP	3	PA; MNPA
VITAFOL CAP ULTRA	3	PA; MNPA
VITAFOL CHW GUMMIES	3	PA; MNPA
VITAFOL FE+ CAP	3	PA; MNPA
VITAFOL STRP MIS 1MG	3	PA; MNPA
VITAFOL-NANO TAB	3	PA; MNPA
VITAFOL-OB PAK +DHA	3	PA; MNPA
VITAFOL-OB TAB 65-1MG	3	PA; MNPA
VITAFOL-ONE CAP	3	PA; MNPA
VITAMEDMD CAP ONE RX	3	PA; MNPA
VITAPEARL CAP	3	PA; MNPA
VITATHELY TAB	3	PA; MNPA
VITATRUE MIS	3	PA; MNPA
VIVA DHA CAP	3	PA; MNPA
VP-PNV-DHA CAP	3	PA; MNPA
WESTAB PLUS TAB 27-1MG	3	PA; MNPA
WESTGEL DHA CAP	3	PA; MNPA
ZALVIT TAB 13-1MG	3	PA; MNPA

VITAMIN MIXTURES

NICOMIDE TAB	3	PA; MNPA

MUSCULOSKELETAL THERAPY AGENTS**CENTRAL MUSCLE RELAXANTS**

AMRIX CAP 15MG	3	PA; MNPA
AMRIX CAP 30MG	3	PA; MNPA
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 250 mg</i>	1	PA, QL (90 tablets per month); MNPA
<i>carisoprodol tab 350 mg</i>	1	QL (90 tablets per month)
<i>carisoprodol tab 350 mg</i>	1	PA, QL (90 tablets per month); MNPA
CHLORZOXAZON TAB 250MG	3	PA; MNPA
<i>chlorzoxazone tab 375 mg</i>	1	PA; MNPA
<i>chlorzoxazone tab 500 mg</i>	1	PA; MNPA
<i>chlorzoxazone tab 750 mg</i>	1	PA; MNPA
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i>	1	PA; MNPA
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i>	1	PA; MNPA
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 7.5 mg</i>	1	PA; MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>metaxalone tab 400 mg</i>	1	PA; MNPA
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	PA; MNPA
<i>methocarbamol tab 750 mg</i>	1	PA; MNPA
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
OZOBAX SOL 5MG/5ML	3	PA; MNPA
SKELAXIN TAB 800MG	2	
SOMA TAB 250MG	3	QL (90 tablets per month)
SOMA TAB 350MG	3	QL (90 tablets per month)
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	
<i>DIRECT MUSCLE RELAXANTS</i>		
DANTRIUIM CAP 25MG	2	
DANTRIUIM CAP 50MG	2	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<i>MUSCLE RELAXANT COMBINATIONS</i>		
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	1	QL (90 tablets per month)
NORGESIC TAB FORTE	3	PA; MNPA
<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i>	1	PA; MNPA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
<i>NASAL AGENT COMBINATIONS</i>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	
DYMISTA SPR 137-50	3	
<i>NASAL AGENTS - MISC.</i>		
NOZIN NASAL MIS SANITIZE	0	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

223

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Drug Name	Drug Tier	Requirements/Limits
NASAL ANESTHETICS		
COCAINE HCL SOL 40MG/ML	3	PA; MNPA
GOPRELTO SOL 40MG/ML	3	PA; MNPA
NUMBRINO SOL 40MG/ML	3	PA; MNPA
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	
PATANASE SPR 0.6%	3	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NASAL STEROIDS		
BECONASE AQ SUS 0.042%	3	PA; MNPA
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	
NASONEX SPR 50MCG/AC	3	
OMNARIS SPR	3	PA; MNPA
QNASL AER 80MCG	3	PA; MNPA
QNASL CHILD SPR 40MCG	3	PA; MNPA
XHANCE MIS 93MCG	3	
ZETONNA AER 37MCG	3	PA; MNPA
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RILUTEK TAB 50MG	3	
<i>riluzole tab 50 mg</i>	1	
TIGLUTIK SUS 50/10ML	3	PA; MNPA
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	3	PA, QL (2 bottles (120 mg) per 24 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT MIS 5MG OP	3	PA; MNPA
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETIMOL SOL 0.5%	2	PA; MNPA
BETIMOL SOL 0.25%	2	PA; MNPA
BETOPTIC-S SUS 0.25% OP	2	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 22.3-6.8	3	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
ISTALOL SOL 0.5% OP	3	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
TIM/BRIM/DOR SOL	3	PA; MNPA
TIM/DORZ/LAT SOL	3	PA; MNPA
TIMOL/BRIM SOL DORZ/LAT	3	PA; MNPA
TIMOL/LATAN SOL	3	PA; MNPA
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
TIMOPTIC OCU SOL 0.5% OP	3	PA; MNPA
TIMOPTIC OCU SOL 0.25% OP	3	PA; MNPA
TIMOPTIC SOL 0.5% OP	3	
TIMOPTIC SOL 0.25% OP	3	
TIMOPTIC-XE SOL 0.5% OP	3	
TIMOPTIC-XE SOL 0.25% OP	3	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 0.01%	3	PA; MNPA
ATROPINE SUL SOL 1% OP	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

225

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Drug Name	Drug Tier	Requirements/Limits
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 2%</i>	1	
ISOPTO ATROP SOL 1% OP	3	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
TROP-CYC-PE DRO 1-1-2.5	3	PA; MNPA
TROP-PHENYL SOL 1-2.5%	3	PA; MNPA
TROP/CYC/PE/ SOL KETO/PRO	3	PA; MNPA
TROP/CYC/PE/ SOL KETOROLA	3	PA; MNPA
TROP/CYCL/PE SOL KETOROLA	3	PA; MNPA
MIOTICS		
ISOPTO CARP SOL 1% OP	3	
ISOPTO CARP SOL 2% OP	3	
ISOPTO CARP SOL 4% OP	3	
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
BRIMO/DORZO SOL 0.15-2%	3	PA; MNPA
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1%	3	PA; MNPA
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
BLEPH-10 SOL 10% OP	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
CILOXAN OIN 0.3% OP	2	PA; MNPA
CILOXAN SOL 0.3% OP	3	PA; MNPA
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
KLARITY-A DRO 1%	3	PA; MNPA
<i>levofloxacin ophth soln 0.5%</i>	1	
MITOSOL KIT 0.2MG	3	
MOXEZA SOL 0.5%	3	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	PA; MNPA
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	PA; MNPA
MOXIFLOXACIN SOL 0.5%	3	PA; MNPA
NATACYN SUS 5% OP	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX DRO 0.3% OP	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POLYTRIM SOL OP	3	
POVIDONE IOD SOL 5%	3	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	3	
TOBREX SOL 0.3% OP	3	
<i>trifluridine ophth soln 1%</i>	1	
VANCOMYCIN SOL 10MG/ML	3	PA; MNPA
VIGAMOX DRO 0.5%	3	
ZIRGAN GEL 0.15%	3	PA; MNPA
ZYMAXID SOL 0.5%	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC IMMUNOMODULATORS		
CEQUA SOL 0.09%	3	PA; MNPA
RESTASIS EMU 0.05%	2	
RESTASIS MUL EMU 0.05%	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	2	
ROCKLATAN DRO	2	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5%	3	
ALCAINE SOL 0.5% OP	3	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	3	PA, QL (16 CARTONS PER 56 days - ONE TIME TREATMENT)
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA VIS SOL 0.146-20	3	PA; MNPA
PHOTREXA/PHO SOL VISC KIT	3	PA; MNPA
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	3	PA; MNPA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
DUREZOL EMU 0.05%	2	
EYSUVIS DRO 0.25%	3	PA; MNPA
FLAREX SUS 0.1% OP	3	PA; MNPA
<i>fluorometholone ophth susp 0.1%</i>	1	
FML FORTE SUS 0.25% OP	2	PA; MNPA
FML LIQUIFLM SUS 0.1% OP	3	PA; MNPA
FML OIN 0.1% OP	2	PA; MNPA
INVELTYS SUS 1%	3	PA; MNPA
KLARITY-L DRO 0.2%	3	PA; MNPA
KLARITY-L DRO 0.5%	3	PA; MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

228

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Drug Name	Drug Tier	Requirements/Limits
LOTEMAX GEL 0.5%	3	PA; MNPA
LOTEMAX OIN 0.5%	3	PA; MNPA
LOTEMAX SM GEL 0.38%	3	PA; MNPA
LOTEMAX SUS 0.5%	3	PA; MNPA
<i>loteprednol etabonate ophth gel 0.5%</i>	1	PA; MNPA
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXIDEX SUS 0.1% OP	2	PA; MNPA
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED FORTE SUS 1% OP	3	PA; MNPA
PRED MILD SUS 0.12% OP	2	PA; MNPA
PRED MOXIFLO SOL 1-0.5%	3	PA; MNPA
PRED MOXIFLO SUS BROMFEN	3	PA; MNPA
PRED SOD PHO SOL 1% OP	3	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
PRED-GATI SUS 1-0.5%	3	PA; MNPA
PRED-GATIFL- SUS BROMFENA	3	PA; MNPA
PRED/NEPAFEN DRO 1-0.1%	3	PA; MNPA
PREDNI/MOXI/ DRO NEPAFENA	3	PA; MNPA
PREDNI/MOXIF DRO 1-0.5%	3	PA; MNPA
<i>prednisolone acetate ophth susp 1%</i>	1	
PREDNISOLONE SOL MOX-BROM	3	PA; MNPA
PREDNISOLONE SUS 1%	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	PA; MNPA
TOBRADEX SUS 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	3	PA; MNPA
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
MEMBRANEBLUE SOL 0.15%	3	
VISIONBLUE SOL 0.06%	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

229

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ACUVAIL SOL 0.45%	2	PA; MNPA
ALOCRI SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
AZOPT SUS 1% OP	3	
BEPREVE DRO 1.5%	3	PA; MNPA
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
BROMSITE DRO 0.075%	3	PA; MNPA
CHONDROITIN SOL	3	PA; MNPA
<i>cromolyn sodium ophth soln 4%</i>	1	
CYSTADROPS SOL 0.37%	3	PA, QL (4 BOTTLES PER 28 DAYS); MNPA
CYSTARAN SOL 0.44%	3	PA, QL (4 BOTTLES PER 28 DAYS)
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
DORZOLAMIDE SOL 2%	3	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
LASTACFT SOL 0.25%	2	PA; MNPA
NEVANAC SUS 0.1%	2	PA; MNPA
PROLENSA SOL 0.07%	2	
TRUSOPT SOL 2% OP	3	
UPNEEQ SOL 0.1%	3	PA; MNPA
ZERVIA DRO 0.24%	3	PA; MNPA
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	1	PA; MNPA
<i>latanoprost ophth soln 0.005%</i>	1	
LUMIGAN SOL 0.01%	2	
TRAVATAN Z DRO 0.004%	3	PA; MNPA
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
VYZULTA SOL 0.024%	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

230

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Drug Name	Drug Tier	Requirements/Limits
XALATAN SOL 0.005%	3	
XELPROS EMU 0.005%	3	PA; MNPA
ZIOPTAN DRO 0.0015%	2	

OTIC AGENTS**OTIC AGENTS - MISCELLANEOUS**

<i>acetic acid otic soln 2%</i>	1	

OTIC ANTI-INFECTIVES

CETRAXAL SOL 0.2%	3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	

OTIC COMBINATIONS

CIPRO HC SUS OTIC	3	PA; MNPA
CIPRODEX SUS 0.3-0.1%	3	PA; MNPA
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	1	PA; MNPA
CORTISPORIN SUS -TC OTIC	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTOVEL DRO	3	PA; MNPA

OTIC STEROIDS

DERMOTIC OIL 0.01%	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	

OXYTOCICS**ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING**

CERVIDIL VAG MIS 10MG INS	3	
PREPIDIL GEL 0.5MG/3G	3	
PROSTIN E2 SUP 20MG	3	

OXYTOCICS

<i>methylergonovine maleate tab 0.2 mg</i>	1	PA, QL (120 tablets per month)

PENICILLINS**AMINOPENICILLINS**

<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
NATURAL PENICILLINS		
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	1	
PA - Prior Authorization QL - Quantity Limits ST - Step Therapy		

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Drug Name	Drug Tier	Requirements/Limits
<i>dicloxacillin sodium cap 500 mg</i>	1	
PROGESTINS		
PROGESTINS		
<i>AYGESTIN TAB 5MG</i>	3	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	PA
<i>progesterone cap 200 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	PA
<i>progesterone im in oil 50 mg/ml</i>	4	
<i>PROMETRIUM CAP 100MG</i>	3	PA; MNPA
<i>PROMETRIUM CAP 200MG</i>	3	PA; MNPA
<i>PROVERA TAB 2.5MG</i>	3	
<i>PROVERA TAB 5MG</i>	3	
<i>PROVERA TAB 10MG</i>	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<i>LUCEMYRA TAB 0.18MG</i>	3	PA; MNPA
ANTI-CATALECTIC AGENTS		
<i>XYREM SOL 500MG/ML</i>	3	PA
<i>XYWAV SOL 0.5GM/ML</i>	3	PA, QL (540 ML (270 GRAMS) PER 30 DAYS); MNPA
ANTIDEMENTIA AGENTS		
<i>ARICEPT TAB 5MG</i>	3	
<i>ARICEPT TAB 10MG</i>	3	
<i>ARICEPT TAB 23MG</i>	3	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMENDA XR CAP 7MG	3	
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMENDA XR CAP TITRATIO	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
RAZADYNE ER CAP 8MG	3	
RAZADYNE ER CAP 16MG	3	
RAZADYNE ER CAP 24MG	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
SYMBYAX CAP 6-50MG	3	
SYMBYAX CAP 12-50MG	3	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
VYLEESI INJ 1.75/0.3	4	PA; MNPA
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	2	PA, QL (60 TABLETS PER 30 DAYS)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

235

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TAB 9MG	2	PA, QL (120 TABLETS PER 30 DAYS)
AUSTEDO TAB 12MG	2	PA, QL (120 TABLETS PER 30 DAYS)
INGREZZA CAP 40-80MG	2	PA
INGREZZA CAP 40MG	2	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 60MG	2	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 80MG	2	PA, QL (30 CAPSULES PER 30 DAYS)
<i>tetrabenazine tab 12.5 mg</i>	1	PA, QL (120 TABLETS PER 30 DAYS)
<i>tetrabenazine tab 25 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	3	PA, QL (60 TABLETS PER 30 DAYS)
AUBAGIO TAB 7MG	2	PA, QL (30 TABLETS PER 30 DAYS)
AUBAGIO TAB 14MG	2	PA, QL (30 TABLETS PER 30 DAYS)
BETASERON INJ 0.3MG	4	PA, QL (14 KITS PER 28 DAYS); MNPA
COPAXONE INJ 20MG/ML	4	PA, QL (30 SYRINGES PER 30 DAYS)
COPAXONE INJ 40MG/ML	4	PA, QL (12 SYRINGES PER 28 DAYS)
<i>dalfampridine tab er 12hr 10 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	PA, QL (14 CAPSULES PER 28 DAYS)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	PA, QL (60 CAPSULES PER 30 DAYS)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	PA, QL (60 CAPSULES PER 30 DAYS)
GILENYA CAP 0.5MG	2	PA, QL (30 CAPSULES PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	4	PA, QL (30 SYRINGES PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	4	PA, QL (12 SYRINGES PER 28 DAYS)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

236

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Drug Name	Drug Tier	Requirements/Limits
KESIMPTA INJ 20/.4ML	4	PA, QL (1 PEN PER 28 DAYS)
MAVENCLAD PAK 10MG(4)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(5)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(6)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(7)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(8)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(9)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(10)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAYZENT PAK STARTER	2	PA, QL (12 TABLETS PER 5 DAYS)
MAYZENT TAB 0.25MG	2	PA, QL (112 TABLETS PER 28 DAYS)
MAYZENT TAB 2MG	2	PA, QL (30 TABLETS PER 30 DAYS)
PONVORY TAB 20MG	3	PA, QL (30 tabs per month); MNPA
PONVORY TAB STARTER	3	PA, QL (1 Pack (14 tabs) for 14 days); MNPA
REBIF INJ 22/0.5	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF INJ 44/0.5	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 INJ PER 28 DAYS)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 INJ PER 28 DAYS)
REBIF REBIDO INJ TITRATN	4	PA, QL (12 INJ PER 28 DAYS)
REBIF TITRTN INJ PACK	4	PA, QL (12 SYRINGES PER 28 DAYS)
VUMERITY CAP 231MG	2	PA, QL (120 CAPSULES PER 30 DAYS)
ZEPOSIA 7DAY CAP STR PACK	2	PA, QL (7 TABLETS PER 7 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

237

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Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA CAP .92MG	2	PA, QL (30 TABLETS PER 30 DAYS)
ZEPOSIA CAP STR KIT	2	PA, QL (37 TABLETS PER 37 DAYS)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE TAB 300MG	2	
GRALISE TAB 600MG	2	
LYRICA CR TAB 82.5MG	3	PA, QL (60 tabs / month); MNPA
LYRICA CR TAB 165MG	3	PA, QL (60 tabs / month); MNPA
LYRICA CR TAB 330MG	3	PA, QL (60 tabs / month); MNPA
<i>pregabalin tab er 24hr 82.5 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>pregabalin tab er 24hr 165 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>pregabalin tab er 24hr 330 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	1	PA; MNPA
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	1	PA; MNPA
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB 300MG ER	3	PA; MNPA
HORIZANT TAB 600MG ER	3	PA; MNPA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	
CHANTIX PAK 0.5& 1MG	0	
CHANTIX PAK 1MG	0	
CHANTIX TAB 0.5MG	0	
CHANTIX TAB 1MG	0	
NICODERM CQ DIS 7MG/24HR	0	OTC; \$0 limited to 2 treatment cycles/year

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

238

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Drug Name	Drug Tier	Requirements/Limits
NICODERM CQ DIS 14MG/24H	0	OTC; \$0 limited to 2 treatment cycles/year
NICODERM CQ DIS 21MG/24H	0	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG	0	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG CINN	0	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG MINT	0	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 2MG ORIG	0	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 2MGFRUIT	0	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG	0	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG CINN	0	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG MINT	0	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 4MG ORIG	0	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE GUM 4MGFRUIT	0	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE LOZ 2MG MINT	0	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE LOZ 4MG MINT	0	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE ST GUM 2MG MINT	0	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE ST GUM 2MG ORIG	0	OTC; \$0 limited to 2 treatment cycles/year
NICORETTE ST GUM 4MG ORIG	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	0	
NICOTROL NS SPR 10MG/ML	0	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	4	PA, QL (4 PFS PER 28 DAYS)
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP 7.5MG	3	
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	1	PA; MNPA
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK 25MG	3	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO PAK 50MG	3	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO PAK 75MG	3	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI GRA 100-125	3	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI GRA 150-188	3	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI TAB 100-125	3	PA, QL (112 TABLETS PER 28 DAYS)
ORKAMBI TAB 200-125	3	PA, QL (112 TABLETS PER 28 DAYS)
PULMOZYME SOL 1MG/ML	3	PA, QL (60 AMPULES PER 30 DAYS)
SYMDEKO TAB 50-75MG	3	PA, QL (56 TABLETS PER 28 DAYS)
SYMDEKO TAB 100-150	3	PA, QL (56 TABLETS PER 28 DAYS)
TRIKAFTA TAB	3	PA, QL (84 TABLETS PER 28 DAYS)
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	2	PA, QL (270 CAPSULES PER 30 DAYS)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

240

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Drug Name	Drug Tier	Requirements/Limits
ESBRIET TAB 267MG	2	PA, QL (270 TABLETS PER 30 DAYS)
ESBRIET TAB 801MG	2	PA, QL (90 TABLETS PER 30 DAYS)
OFEV CAP 100MG	2	PA, QL (60 CAPSULES PER 30 DAYS)
OFEV CAP 150MG	2	PA, QL (60 CAPSULES PER 30 DAYS)

SULFONAMIDES**SULFONAMIDES**

SULFADIAZINE TAB 500MG	3	

TETRACYCLINES**AMINOMETHYLCYCLINES**

NUZYRA TAB 150MG	3	

TETRACYCLINES

ACTICLATE TAB 75MG	3	PA; MNPA
ACTICLATE TAB 150MG	3	PA; MNPA
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
DORYX MPC TAB 120MG	3	PA; MNPA
DORYX TAB 50MG	3	PA; MNPA
DORYX TAB 80MG	3	PA; MNPA
DORYX TAB 200MG	3	PA; MNPA
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 50 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab 75 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab 150 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab delayed release 50 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab delayed release 75 mg</i>	1	
<i>doxycycline hyclate tab delayed release 80 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab delayed release 100 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab delayed release 150 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate tab delayed release 200 mg</i>	1	PA; MNPA
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 75 mg</i>	1	PA; MNPA
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate cap 150 mg</i>	1	PA; MNPA
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	PA; MNPA
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	PA; MNPA
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl cap er 24hr 45 mg (base equivalent)</i>	1	PA; MNPA
<i>minocycline hcl cap er 24hr 90 mg (base equivalent)</i>	1	PA; MNPA
<i>minocycline hcl cap er 24hr 135 mg (base equivalent)</i>	1	PA; MNPA
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>minocycline hcl tab er 24hr 45 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 55 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 65 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 80 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 90 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 105 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 115 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 135 mg</i>	1	PA; MNPA
MINOLIRA TAB 105MG	3	PA; MNPA
MINOLIRA TAB 135MG	3	PA; MNPA
SEYSARA TAB 60MG	3	PA; MNPA
SEYSARA TAB 100MG	3	PA; MNPA
SEYSARA TAB 150MG	3	PA; MNPA
SOLODYN TAB 55MG	3	
SOLODYN TAB 65MG	3	

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Drug Name	Drug Tier	Requirements/Limits
SOLODYN TAB 80MG	3	
SOLODYN TAB 105MG	3	
SOLODYN TAB 115MG	3	
TARGADOX TAB 50MG	3	PA; MNPA
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	2	
VIBRAMYCIN SYP 50MG/5ML	2	
XIMINO CAP 45MG ER	3	PA; MNPA
XIMINO CAP 90MG ER	3	PA; MNPA
XIMINO CAP 135MG ER	3	PA; MNPA

THYROID AGENTS**ANTITHYROID AGENTS**

<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
TAPAZOLE TAB 5MG	2	
TAPAZOLE TAB 10MG	2	

THYROID HORMONES

ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
CYTOMEL TAB 5MCG	3	PA; MNPA
CYTOMEL TAB 25MCG	3	PA; MNPA
CYTOMEL TAB 50MCG	3	PA; MNPA
LEVOTHYROXIN CAP 13MCG	1	PA; MNPA
LEVOTHYROXIN CAP 25MCG	1	PA; MNPA
LEVOTHYROXIN CAP 50MCG	1	PA; MNPA
LEVOTHYROXIN CAP 75MCG	1	PA; MNPA
LEVOTHYROXIN CAP 88MCG	1	PA; MNPA
LEVOTHYROXIN CAP 100MCG	1	PA; MNPA
LEVOTHYROXIN CAP 112MCG	1	PA; MNPA
LEVOTHYROXIN CAP 125MCG	1	PA; MNPA
LEVOTHYROXIN CAP 137MCG	1	PA; MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
LEVOTHYROXIN CAP 150MCG	1	PA; MNPA
LEVOTHYROXIN CAP 175MCG	1	PA; MNPA
LEVOTHYROXIN CAP 200MCG	1	PA; MNPA
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
NATURE THROI TAB 162.5MG	3	PA; MNPA
NATURE-THROI TAB 16.25MG	3	PA; MNPA
NATURE-THROI TAB 32.5MG	3	PA; MNPA
NATURE-THROI TAB 48.75MG	3	PA; MNPA
NATURE-THROI TAB 65MG	3	PA; MNPA
NATURE-THROI TAB 81.25MG	3	PA; MNPA
NATURE-THROI TAB 97.5MG	3	PA; MNPA
NATURE-THROI TAB 113.75MG	3	PA; MNPA
NATURE-THROI TAB 130MG	3	PA; MNPA
NATURE-THROI TAB 146.25MG	3	PA; MNPA
NATURE-THROI TAB 195MG	3	PA; MNPA
NATURE-THROI TAB 260MG	3	PA; MNPA
NATURE-THROI TAB 325MG	3	PA; MNPA
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

244

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
<i>thyroid tab 15 mg (1/4 grain)</i>	1	
<i>thyroid tab 30 mg (1/2 grain)</i>	1	
<i>thyroid tab 60 mg (1 grain)</i>	1	
<i>thyroid tab 90 mg (1 1/2 grain)</i>	1	
<i>thyroid tab 120 mg (2 grain)</i>	1	
TIROSINT CAP 13MCG	3	PA; MNPA
TIROSINT CAP 25MCG	3	PA; MNPA
TIROSINT CAP 50MCG	3	PA; MNPA
TIROSINT CAP 75MCG	3	PA; MNPA
TIROSINT CAP 88MCG	3	PA; MNPA
TIROSINT CAP 100MCG	3	PA; MNPA
TIROSINT CAP 112MCG	3	PA; MNPA
TIROSINT CAP 125MCG	3	PA; MNPA
TIROSINT CAP 137MCG	3	PA; MNPA
TIROSINT CAP 150MCG	3	PA; MNPA
TIROSINT CAP 175MCG	3	PA; MNPA
TIROSINT CAP 200	3	PA; MNPA
TIROSINT-SOL SOL 13MCG/ML	3	PA; MNPA
TIROSINT-SOL SOL 25MCG/ML	3	PA; MNPA
TIROSINT-SOL SOL 50MCG/ML	3	PA; MNPA
TIROSINT-SOL SOL 75MCG/ML	3	PA; MNPA
TIROSINT-SOL SOL 88MCG/ML	3	PA; MNPA
TIROSINT-SOL SOL 100MCG	3	PA; MNPA
TIROSINT-SOL SOL 112MCG	3	PA; MNPA
TIROSINT-SOL SOL 125MCG	3	PA; MNPA
TIROSINT-SOL SOL 137MCG	3	PA; MNPA
TIROSINT-SOL SOL 150MCG	3	PA; MNPA
TIROSINT-SOL SOL 175MCG	3	PA; MNPA
TIROSINT-SOL SOL 200MCG	3	PA; MNPA
WESTHROID TAB 32.5MG	3	PA; MNPA
WESTHROID TAB 65MG	3	PA; MNPA
WESTHROID TAB 97.5MG	3	PA; MNPA
WESTHROID TAB 130MG	3	PA; MNPA
WESTHROID TAB 195MG	3	PA; MNPA
WP THYROID TAB 16.25MG	3	PA; MNPA
WP THYROID TAB 32.5MG	3	PA; MNPA
WP THYROID TAB 48.75MG	3	PA; MNPA
WP THYROID TAB 65MG	3	PA; MNPA
WP THYROID TAB 81.25MG	3	PA; MNPA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
WP THYROID TAB 97.5MG	3	PA; MNPA
WP THYROID TAB 113.75MG	3	PA; MNPA
WP THYROID TAB 130MG	3	PA; MNPA

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**ANTISPASMODICS**

ANASPAZ TAB 0.125MG	2	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	PA; MNPA
CUVPOSA SOL 1MG/5ML	3	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
GLYCATE TAB 1.5MG	3	PA; MNPA
GLYCOPYRROL INJ 0.2MG/ML	4	PA; MNPA
GLYCOPYRROL INJ 0.4/2ML	4	PA; MNPA
GLYCOPYRROLA TAB 1.5MG	3	PA; MNPA
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	PA; MNPA
LEVBIID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	2	
LEVSIN/SL SUB 0.125MG	2	
LIBRAX CAP 5-2.5MG	3	PA; MNPA
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
SYMAX DUOTAB TAB	3	

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 40 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

246

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Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
<i>nizatidine oral soln 15 mg/ml</i>	1	
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
CARAFATE SUS 1GM/10ML	3	PA; MNPA
CARAFATE TAB 1GM	3	PA; MNPA
<i>sucralfate susp 1 gm/10ml</i>	1	PA; MNPA
<i>sucralfate tab 1 gm</i>	1	
PROTON PUMP INHIBITORS		
ACIPHEX SPR CAP 5MG	3	PA, QL (90 caps / year); MNPA
ACIPHEX SPR CAP 10MG	3	PA, QL (90 caps / year); MNPA
ACIPHEX TAB 20MG	3	PA, QL (90 tabs / year); MNPA
DEXILANT CAP 30MG DR	2	QL (90 caps / year)
DEXILANT CAP 60MG DR	2	QL (90 caps / year)
ESOMEPRAZOLE CAP 49.3MG	3	PA, QL (90 caps / year); MNPA
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps / year)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps / year)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets / year)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets / year)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets / year)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps / year)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps / year)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	1	QL (90 ea / year)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	1	QL (90 ea / year)
NEXIUM CAP 20MG	3	PA, QL (90 caps / year); MNPA
NEXIUM CAP 40MG	3	PA, QL (90 caps / year); MNPA
NEXIUM GRA 2.5MG DR	3	PA, QL (90 packets / year); MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

247

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Drug Name	Drug Tier	Requirements/Limits
NEXIUM GRA 5MG DR	3	PA, QL (90 packets / year); MNPA
NEXIUM GRA 10MG DR	3	PA, QL (90 packets / year); MNPA
NEXIUM GRA 20MG DR	3	PA, QL (90 packets / year); MNPA
NEXIUM GRA 40MG DR	3	PA, QL (90 packets / year); MNPA
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps / year)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps / year)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps / year)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs / year)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs / year)
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	1	PA, QL (90 packets / year); MNPA
PREVACID CAP 15MG DR	3	PA, QL (90 caps / year); MNPA
PREVACID CAP 30MG DR	3	PA, QL (90 caps / year); MNPA
PREVACID TAB 15MG STB	3	PA, QL (90 ea / year); MNPA
PREVACID TAB 30MG STB	3	PA, QL (90 ea / year); MNPA
PRILOSEC POW 2.5MG	3	PA, QL (90 packets / year); MNPA
PRILOSEC POW 10MG	3	PA, QL (90 packets / year); MNPA
PROTONIX PAK 40MG	3	PA, QL (90 packets / year); MNPA
PROTONIX TAB 20MG	3	PA, QL (90 tabs / year); MNPA
PROTONIX TAB 40MG	3	PA, QL (90 tabs / year); MNPA
RABEPRAZOLE CAP 10MG DR	3	QL (90 caps / year)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs / year)
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	2	
CYTOTEC TAB 200MCG	2	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

248

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Drug Name	Drug Tier	Requirements/Limits
ULCER THERAPY COMBINATIONS		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	
HELIDAC MIS THERAPY	3	PA; MNPA
OMECLAMOX- MIS PAK	3	
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	1	PA, QL (90 caps / year); MNPA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	1	PA, QL (90 caps / year); MNPA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	1	PA, QL (90 packets / year); MNPA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	1	PA, QL (90 packets / year); MNPA
PYLERA CAP	2	
TALICIA CAP	3	
ZEGERID CAP 20-1100	3	PA, QL (90 caps / year); MNPA
ZEGERID CAP 40-1100	3	PA, QL (90 caps / year); MNPA
ZEGERID POW 20-1680	3	PA, QL (90 packets / year); MNPA
ZEGERID POW 40-1680	3	PA, QL (90 packets / year); MNPA

URINARY ANTISPASMODICS**URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
DETROL LA CAP 2MG	3	PA; MNPA
DETROL LA CAP 4MG	3	PA; MNPA
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
ENABLEX TAB 7.5MG	3	PA; MNPA
GELNIQUE GEL 10%	3	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
OXYTROL DIS 3.9MG/24	3	PA; MNPA
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
<i>tropium chloride cap er 24hr 60 mg</i>	1	
<i>tropium chloride tab 20 mg</i>	1	
VESICARE LS SUS 5MG/5ML	3	
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ SUS 8MG/ML	2	
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	1	
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA SUP 6.5MG	3	PA; MNPA
SPERMICIDES		
ENCARE SUP 100MG	0	
GYNOL II GEL 3%	0	
<i>nonoxynol-9 gel 4%</i>	0	
SHUR-SEAL GEL 2%	0	
TODAY SPONGE MIS	0	
VCF VAGINAL AER CONTRACP	0	
VCF VAGINAL MIS CONTRACP	0	
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	2	
CLEOCIN SUP 100MG	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

250

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
NUVESSA GEL 1.3%	3	PA; MNPA
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
ESTRING MIS 2MG	3	PA; MNPA
FEMRING MIS 0.1MG/24	3	PA; MNPA
FEMRING MIS 0.05/24H	3	PA; MNPA
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
PREMARIN VAG CRE 0.625MG	3	PA; MNPA
VAGIFEM TAB 10MCG	1	Tier 1 with DAW9
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN INJ 1MG/ML	3	
ADRENALIN INJ 30/30ML	3	
AUVI-Q INJ 0.1MG	3	PA, QL (3 pens / 300 days); MNPA
AUVI-Q INJ 0.3MG	3	PA, QL (6 pens / 300 days); MNPA
AUVI-Q INJ 0.15MG	3	PA, QL (3 pens / 300 days); MNPA
EPINEPHR PRO KIT 1MG/ML	3	PA, QL (6 kits / 300 days); MNPA
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	1	
EPINEPHRINE KIT 1MG/ML	3	PA, QL (6 kits / 300 days); MNPA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

251

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Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (6 pens / 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL (6 pens / 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (3 pens / 300 days)
EPINPHEPHRIN KIT SNAP-V	3	PA, QL (6 kits / 300 days); MNPA
EPIPEN 2-PAK INJ 0.3MG	2	QL (6 pens / 300 days)
EPIPEN-JR INJ 0.15MG	2	QL (6 pens / 300 days)
SYMJEPI INJ 0.3MG	2	QL (3 syringes / 300 days)
SYMJEPI INJ 0.15MG	2	QL (6 syringes / 300 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa cap 100 mg</i>	1	PA, QL (90 CAPSULES PER 30 DAYS)
<i>droxidopa cap 200 mg</i>	1	PA, QL (180 CAPSULES PER 30 DAYS)
<i>droxidopa cap 300 mg</i>	1	PA, QL (180 CAPSULES PER 30 DAYS)
VASOPRESSORS		
EPINEPHRINE INJ 0.2MG	3	
EPINEPHRINE INJ 1MG/10ML	3	
EPINEPHRINE INJ 1MG/ML	3	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
DRISDOL CAP 50000UNT	3	
ERGOCAL CAP 2500UNIT	3	PA; MNPA
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
MEPHYTON TAB 5MG	3	
<i>phytonadione tab 5 mg</i>	1	

Index

*		
*b-complex w/ c & folic acid tab***	218	ABILIFY MYCI TAB 30MG 110
*b-complex w/ c & folic acid tab 1 mg***	218	ABILIFY MYCI TAB 5MG 110
*b-complex w/ c & folic acid tab 5 mg***	218	ABILIFY TAB 10MG 110
*mesalamine rectal enema 4 gm & cleanser wipe kit**	182	ABILIFY TAB 15MG 110
*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***	37	ABILIFY TAB 20MG 110
*multiple vitamins w/ minerals cap**	219	ABILIFY TAB 2MG 110
nystatin oral powder	73	ABILIFY TAB 30MG 110
*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***	220	ABILIFY TAB 5MG 110
*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***	220	abiraterone acetate tab 250 mg 93
*prenatal vit w/ fe fumarate-fa tab 28-1 mg***	220	abiraterone acetate tab 500 mg 93
*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg***	220	ABSORICA CAP 10MG 139
*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***	221	ABSORICA CAP 20MG 139
*prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg**	220	ABSORICA CAP 25MG 139
*sodium polystyrene sulfonate powder**	217	ABSORICA CAP 30MG 139
1		ABSORICA CAP 35MG 139
1ML SYRINGE MIS 29G	210	ABSORICA CAP 40MG 139
1ML SYRINGE MIS 30G	210	ABSORICA LD CAP 16MG 139
A		ABSORICA LD CAP 24MG 139
abacavir sulfate-lamivudine tab 600-300 mg	111	ABSORICA LD CAP 32MG 139
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	112	ABSORICA LD CAP 8MG 139
abacavir sulfate soln 20 mg/ml (base equiv)	111	acamprosate calcium tab delayed release 333 mg 233
abacavir sulfate tab 300 mg (base equiv)	111	ACANYA GEL 1.2-2.5% 140
ABILIFY MAIN INJ 300MG	110	acarbose tab 100 mg 63
ABILIFY MAIN INJ 400MG	110	acarbose tab 25 mg 63
ABILIFY MYCI TAB 10MG	110	acarbose tab 50 mg 63
ABILIFY MYCI TAB 15MG	110	ACCOLATE TAB 10MG 43
ABILIFY MYCI TAB 20MG	110	ACCOLATE TAB 20MG 43
ABILIFY MYCI TAB 2MG	110	ACCU-CHEK KIT FASTCLIX 193
		ACCU-CHEK KIT SOFTCLIX 193
		ACCU-CHEK LIQ GUIDE 193
		ACCU-CHEK LIQ SMART 193
		ACCU-CHEK MIS MLTICLIX 193
		ACCU-CHEK SOL 193
		ACCU-CHEK SOL COMPACT 194
		ACCU-CHEK TES AVIVA PL 157
		ACCU-CHEK TES COMPACT 157
		ACCU-CHEK TES GUIDE 157
		ACCU-CHEK TES SMART 157
		ACCUPRIL TAB 10MG 78
		ACCUPRIL TAB 20MG 79
		ACCUPRIL TAB 40MG 79
		ACCUPRIL TAB 5MG 78
		ACCURETIC TAB 10-12.5 82

ACCURETIC TAB 20-12.5.....	82	ACTONEL TAB 150MG	173
ACCURETIC TAB 20-25MG	82	ACTONEL TAB 35MG	173
ACCUTREND SOL GLUCOSE	194	ACTOPLUS MET TAB 15-500MG.....	63
ACCUTREND TES GLUCOSE	157	ACTOPLUS MET TAB 15-850MG	63
<i>acebutolol hcl cap 200 mg</i>	<i>120</i>	ACTOS TAB 15MG	69
<i>acebutolol hcl cap 400 mg</i>	<i>120</i>	ACTOS TAB 30MG	69
<i>acetaminophen-caffeine-</i>		ACTOS TAB 45MG	69
<i> dihydrocodeine cap 320.5-30-16 mg</i>		ACULAR LS SOL 0.4%	230
<i> </i>	<i>31</i>	ACULAR SOL 0.5% OP	230
<i>acetaminophen-caffeine-</i>		ACUVAIL SOL 0.45%	230
<i> dihydrocodeine tab 325-30-16 mg .</i>	<i>31</i>	<i>acyclovir cap 200 mg</i>	<i>119</i>
<i>acetaminophen w/ codeine soln 120-12</i>		<i>acyclovir cream 5%</i>	<i>149</i>
<i> mg/5ml.....</i>	<i>31</i>	<i>acyclovir oint 5%</i>	<i>149</i>
<i>acetaminophen w/ codeine tab 300-15</i>		<i>acyclovir susp 200 mg/5ml</i>	<i>119</i>
<i> mg</i>	<i>31</i>	<i>acyclovir tab 400 mg</i>	<i>119</i>
<i>acetaminophen w/ codeine tab 300-30</i>		<i>acyclovir tab 800 mg</i>	<i>119</i>
<i> mg</i>	<i>31</i>	ACZONE GEL 5%.....	140
<i>acetaminophen w/ codeine tab 300-60</i>		ACZONE GEL 7.5%	140
<i> mg</i>	<i>31</i>	<i>adapalene-benzoyl peroxide gel 0.1-</i>	
<i>acetazolamide cap er 12hr 500 mg .</i>	<i>171</i>	<i> 2.5%</i>	<i>140</i>
<i>acetazolamide tab 125 mg.....</i>	<i>171</i>	<i>adapalene cream 0.1%</i>	<i>140</i>
<i>acetazolamide tab 250 mg.....</i>	<i>171</i>	<i>adapalene gel 0.1%.....</i>	<i>140</i>
<i>acetic acid otic soln 2%.....</i>	<i>231</i>	<i>adapalene gel 0.3%.....</i>	<i>140</i>
<i>acetylcysteine inhal soln 10%</i>	<i>139</i>	<i>adapalene pads 0.1%</i>	<i>140</i>
<i>acetylcysteine inhal soln 20%</i>	<i>139</i>	ADAPALENE SOL 0.1%.....	140
ACIPHEX SPR CAP 10MG	247	ADASUVE INH 10MG.....	107
ACIPHEX SPR CAP 5MG	247	ADDERALL TAB 10MG.....	1
ACIPHEX TAB 20MG.....	247	ADDERALL TAB 12.5MG	1
<i>acitretin cap 10 mg</i>	<i>145</i>	ADDERALL TAB 15MG.....	1
<i>acitretin cap 17.5 mg.....</i>	<i>145</i>	ADDERALL TAB 20MG.....	1
<i>acitretin cap 25 mg</i>	<i>145</i>	ADDERALL TAB 30MG.....	1
ACTHAR INJ 80UNIT	174	ADDERALL TAB 5MG.....	1
ACTICLATE TAB 150MG.....	241	ADDERALL TAB 7.5MG.....	1
ACTICLATE TAB 75MG.....	241	ADDERALL XR CAP 10MG	1
ACTI-LANCE MIS 28G	194	ADDERALL XR CAP 15MG	1
ACTI-LANCE MIS LITE 28G	194	ADDERALL XR CAP 20MG	1
ACTI-LANCE MIS SPEC 17G	194	ADDERALL XR CAP 25MG	1
ACTI-LANCE MIS UNIV 23G	194	ADDERALL XR CAP 30MG	1
ACTIMMUNE INJ 2MU/0.5	101	ADDERALL XR CAP 5MG.....	1
ACTIQ LOZ 1200MCG	25	<i>adefovir dipivoxil tab 10 mg.....</i>	<i>118</i>
ACTIQ LOZ 1600MCG	25	ADEMPAS TAB 0.5MG.....	131
ACTIQ LOZ 200MCG	25	ADEMPAS TAB 1.5MG.....	131
ACTIQ LOZ 400MCG	25	ADEMPAS TAB 1MG	131
ACTIQ LOZ 600MCG	25	ADEMPAS TAB 2.5MG.....	131
ACTIQ LOZ 800MCG	25	ADEMPAS TAB 2MG	131
ACTIVELLA TAB 1-0.5MG.....	178	ADHANSIA XR CAP 25MG	6

ADHANSIA XR CAP 35MG.....6	AERCHMBR PLS MIS FLOW-VU 210
ADHANSIA XR CAP 45MG.....6	AERCHMBR PLS MIS LRG MASK.....210
ADHANSIA XR CAP 55MG.....6	AERCHMBR PLS MIS MED MASK 210
ADHANSIA XR CAP 70MG.....6	AERCHMBR PLS MIS SM MASK 210
ADHANSIA XR CAP 85MG.....6	AERCHMBR Z- MIS STAT PLS 210
ADIPEX-P CAP 37.5MG 4	AEROCHAMBER KIT ACTION 210
ADIPEX-P TAB 37.5MG 4	AEROCHAMBER MIS CHAMBER.....210
ADJ LANCING MIS DEVICE.....194	AEROCHAMBER MIS FLOSIGNA 210
ADLYXIN INJ 10/20MCG.....66	AEROCHAMBER MIS MV 210
ADLYXIN INJ 20MCG.....67	AEROCHAMBER MIS PLUS.....210
ADMELOG INJ 100U/ML 67	AEROVENT MIS PLUS 210
ADMELOG SOLO INJ 100U/ML.....67	AFINITOR DIS TAB 2MG.....95
ADRENALIN INJ 1MG/ML 251	AFINITOR DIS TAB 3MG.....95
ADRENALIN INJ 30/30ML.....251	AFINITOR DIS TAB 5MG.....95
ADRENALIN SOL 1:1000.....224	AFINITOR TAB 10MG 95
ADVAIR DISKU AER 100/50.....44	AFINITOR TAB 2.5MG 95
ADVAIR DISKU AER 250/50.....44	AFINITOR TAB 5MG 95
ADVAIR DISKU AER 500/50.....44	AFINITOR TAB 7.5MG 95
ADVAIR HFA AER 115/21 44	AFREZZA POW 12 UNIT.....67
ADVAIR HFA AER 230/21 44	AFREZZA POW 4-8-12 67
ADVAIR HFA AER 45/21 44	AFREZZA POW 4-8 UNIT 67
ADVANCE LIQ CONTROL.....194	AFREZZA POW 4UNIT 67
ADVANCE LIQ INTUITIO 194	AFREZZA POW 8-12UNIT 67
ADVANCE NORM LIQ CONTROL 194	AFREZZA POW 8 UNIT 67
ADVANCE TES INTUITIO.....157	AGAMATRIX MIS 33G.....194
ADVANCE TES MICRO-DW 157	AGAMATRIX SOL HIGH.....194
ADVATE SAFE MIS LANC 26G 194	AGAMATRIX SOL LEVEL 2 194
ADV LANCING MIS DEVICE 194	AGAMATRIX SOL LEVEL 4 194
ADVOCATE+ SOL REDI-COD 194	AGAMATRIX SOL NORM/HGH 194
ADVOCATE LIQ HIGH 194	AGAMATRIX SOL NORMAL 194
ADVOCATE LIQ LOW 194	AGAMATRIX TES AMP.....157
ADVOCATE MIS LANC 30G 194	AGAMATRIX TES JAZZ 157
ADVOCATE MIS LANC DEV.....194	AGAMATRIX TES KEYNOTE 157
ADVOCATE MIS LANCETS 194	AGAMATRIX TES PRESTO 157
ADVOCATE TES 157	AGRYLIN CAP 0.5MG.....186
ADVOCATE TES REDI-COD 157	AIMOVIG INJ 140MG/ML 211
ADVOCATE TES REDICODE 157	AIMOVIG INJ 70MG/ML 211
ADV TRAVEL MIS LANC 28G.....194	AIMSCO TWIST MIS 32G 194
ADZENYS ER SUS 1.25MG.....1	AIMSCO TWIST MIS 33G 194
ADZENYS XR TAB 12.5MG.....1	AIRDUO DGHLR INH 113-14 44
ADZENYS XR TAB 15.7 MG.....1	AIRDUO DGHLR INH 232-14 45
ADZENYS XR TAB 18.8MG.....1	AIRDUO DGHLR INH 55-14.....44
ADZENYS XR TAB 3.1MG.....1	AIRDUO RESPI INH 113-14 45
ADZENYS XR TAB 6.3MG.....1	AIRDUO RESPI INH 232-14 45
ADZENYS XR TAB 9.4MG.....1	AIRDUO RESPI INH 55-14 45
AEMCOLO TAB 194MG 36	AJOVY INJ 225/1.5 211

AKLIEF CRE 0.005%	140	ALECENSA CAP 150MG	95
AKTEN GEL 3.5%	228	<i>alendronate sodium oral soln 70</i>	
AKYNZEO CAP 300-0.5	72	<i>mg/75ml</i>	173
ALA-SCALP LOT 2%	149	<i>alendronate sodium tab 10 mg</i>	173
<i>albendazole tab 200 mg</i>	36	<i>alendronate sodium tab 35 mg</i>	173
ALBENZA TAB 200MG	36	<i>alendronate sodium tab 5 mg</i>	173
ALBUTEROL NEB 0.5%	45	<i>alendronate sodium tab 70 mg</i>	173
<i>albuterol sulfate inhal aero 108</i>		<i>alfuzosin hcl tab er 24hr 10 mg</i>	185
<i>mcg/act (90mcg base equiv)</i>	45	ALINIA SUS 100/5ML	37
<i>albuterol sulfate soln nebu 0.083%</i>		ALINIA TAB 500MG	37
<i>(2.5 mg/3ml)</i>	45	<i>aliskiren fumarate tab 150 mg (base</i>	
<i>albuterol sulfate soln nebu 0.5% (5</i>		<i>equivalent)</i>	87
<i>mg/ml)</i>	45	<i>aliskiren fumarate tab 300 mg (base</i>	
<i>albuterol sulfate soln nebu 0.63</i>		<i>equivalent)</i>	88
<i>mg/3ml (base equiv)</i>	45	ALKERAN TAB 2MG	90
<i>albuterol sulfate soln nebu 1.25</i>		ALKINDI SPRI CAP 0.5MG	136
<i>mg/3ml (base equiv)</i>	45	ALKINDI SPRI CAP 1MG	136
<i>albuterol sulfate syrup 2 mg/5ml</i>	45	ALKINDI SPRI CAP 2MG	136
<i>albuterol sulfate tab 2 mg</i>	45	ALKINDI SPRI CAP 5MG	136
<i>albuterol sulfate tab 4 mg</i>	45	<i>allopurinol tab 100 mg</i>	185
<i>albuterol sulfate tab er 12hr 4 mg ...</i>	45	<i>allopurinol tab 300 mg</i>	185
<i>albuterol sulfate tab er 12hr 8 mg ...</i>	45	ALLZITAL TAB 25-325MG	24
ALCAINE SOL 0.5% OP	228	<i>almotriptan malate tab 12.5 mg</i>	212
<i>alclometasone dipropionate cream</i>		<i>almotriptan malate tab 6.25 mg</i>	212
<i>0.05%</i>	149	ALOCRIIL SOL 2%	230
<i>alclometasone dipropionate oint 0.05%</i>		<i>alogliptin benzoate tab 12.5 mg (base</i>	
<i>.....</i>	149	<i>equiv)</i>	66
ALCOH-GLOVE PAD CONTOURE	209	<i>alogliptin benzoate tab 25 mg (base</i>	
ALCOHOL PAD	209	<i>equiv)</i>	66
ALCOHOL PAD 70%	209	<i>alogliptin benzoate tab 6.25 mg (base</i>	
ALCOHOL PAD PREP	209	<i>equiv)</i>	66
ALCOHOL PAD SWABSTIC	209	<i>alogliptin-metformin hcl tab 12.5-1000</i>	
ALCOHOL PREP PAD	209	<i>mg</i>	63
ALCOHOL PREP PAD 70%	209	<i>alogliptin-metformin hcl tab 12.5-500</i>	
ALCOHOL PREP PAD MED 70%	209	<i>mg</i>	63
ALCOHOL PREP PAD PADS 70%	209	<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	
ALCOHOL SWAB PAD	209	<i>.....</i>	63
ALCOHOL SWAB PAD 70%	209	<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	
ALCOHOL SWAB PAD EX-THICK	209	<i>.....</i>	63
ALCOHOL WIPE PAD	209	<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	
ALDACTAZIDE TAB 25/25	171	<i>.....</i>	63
ALDACTAZIDE TAB 50/50	171	<i>alogliptin-pioglitazone tab 25-15 mg .</i>	63
ALDACTONE TAB 100MG	172	<i>alogliptin-pioglitazone tab 25-30 mg .</i>	63
ALDACTONE TAB 25MG	172	<i>alogliptin-pioglitazone tab 25-45 mg .</i>	63
ALDACTONE TAB 50MG	172	ALOMIDE SOL 0.1% OP	230
ALDARA CRE 5%	154	ALORA DIS 0.025MG	179

ALORA DIS 0.05MG	179	AMARYL TAB 2MG	69
ALORA DIS 0.075MG	179	AMARYL TAB 4MG	69
ALORA DIS 0.1MG	179	AMBIEN CR TAB 12.5MG	190
<i>alose tron hcl tab 0.5 mg (base equiv)</i>		AMBIEN CR TAB 6.25MG	190
.....	183	AMBIEN TAB 10MG	190
<i>alose tron hcl tab 1 mg (base equiv)</i>	183	AMBIEN TAB 5MG	190
ALPHAGAN P SOL 0.1%	226	<i>ambrisentan tab 10 mg</i>	130
ALPHAGAN P SOL 0.15%	226	<i>ambrisentan tab 5 mg</i>	130
ALPRAZOLAM CON 1 MG/ML	40	<i>amcinonide cream 0.1%</i>	149
<i>alprazolam orally disintegrating tab</i>		<i>amcinonide lotion 0.1%</i>	149
<i>0.25 mg</i>	40	AMCINONIDE OIN 0.1%	149
<i>alprazolam orally disintegrating tab 0.5</i>		AMELUZ GEL 10%	144
<i>mg</i>	40	AMERGE TAB 1MG	212
<i>alprazolam orally disintegrating tab 1</i>		AMERGE TAB 2.5MG	212
<i>mg</i>	40	AMICAR SOL 0.25/ML	189
<i>alprazolam orally disintegrating tab 2</i>		AMICAR TAB 1000MG	189
<i>mg</i>	40	AMICAR TAB 500MG	189
<i>alprazolam tab 0.25 mg</i>	40	<i>amiloride & hydrochlorothiazide tab 5-</i>	
<i>alprazolam tab 0.5 mg</i>	40	<i>50 mg</i>	171
<i>alprazolam tab 1 mg</i>	40	<i>amiloride hcl tab 5 mg</i>	172
<i>alprazolam tab 2 mg</i>	40	<i>aminocaproic acid oral soln 0.25 gm/ml</i>	
<i>alprazolam tab er 24hr 0.5 mg</i>	40	.....	189
<i>alprazolam tab er 24hr 1 mg</i>	40	<i>aminocaproic acid tab 1000 mg</i>	189
<i>alprazolam tab er 24hr 2 mg</i>	40	<i>aminocaproic acid tab 500 mg</i>	189
<i>alprazolam tab er 24hr 3 mg</i>	40	<i>amiodarone hcl tab 100 mg</i>	42
ALREX SUS 0.2%	228	<i>amiodarone hcl tab 200 mg</i>	42
ALTABAX OIN 1%	142	<i>amiodarone hcl tab 400 mg</i>	42
ALTACE CAP 1.25MG	79	AMITIZA CAP 24MCG	182
ALTACE CAP 10MG	79	AMITIZA CAP 8MCG	182
ALTACE CAP 2.5MG	79	<i>amitriptyline hcl tab 100 mg</i>	62
ALTACE CAP 5MG	79	<i>amitriptyline hcl tab 10 mg</i>	62
ALTOPREV TAB 20MG ER	76	<i>amitriptyline hcl tab 150 mg</i>	62
ALTOPREV TAB 40MG ER	76	<i>amitriptyline hcl tab 25 mg</i>	62
ALTOPREV TAB 60MG ER	76	<i>amitriptyline hcl tab 50 mg</i>	62
ALTRENO LOT 0.05%	140	<i>amitriptyline hcl tab 75 mg</i>	62
ALUNBRIG PAK	95	<i>amlodipine besylate-atorvastatin</i>	
ALUNBRIG TAB 180MG	95	<i>calcium tab 10-10 mg</i>	126
ALUNBRIG TAB 30MG	95	<i>amlodipine besylate-atorvastatin</i>	
ALUNBRIG TAB 90MG	95	<i>calcium tab 10-20 mg</i>	126
ALVESCO AER 160MCG	43	<i>amlodipine besylate-atorvastatin</i>	
ALVESCO AER 80MCG	43	<i>calcium tab 10-40 mg</i>	126
<i>alvimopan cap 12 mg</i>	183	<i>amlodipine besylate-atorvastatin</i>	
<i>amantadine hcl cap 100 mg</i>	102	<i>calcium tab 10-80 mg</i>	126
<i>amantadine hcl soln 50 mg/5ml</i>	102	<i>amlodipine besylate-atorvastatin</i>	
<i>amantadine hcl tab 100 mg</i>	102	<i>calcium tab 2.5-10 mg</i>	126
AMARYL TAB 1MG	69		

<i>amlodipine besylate-atorvastatin</i>		
<i>calcium tab 2.5-20 mg</i>	.....	126
<i>amlodipine besylate-atorvastatin</i>		
<i>calcium tab 2.5-40 mg</i>	.....	126
<i>amlodipine besylate-atorvastatin</i>		
<i>calcium tab 5-10 mg</i>	.....	126
<i>amlodipine besylate-atorvastatin</i>		
<i>calcium tab 5-20 mg</i>	.....	126
<i>amlodipine besylate-atorvastatin</i>		
<i>calcium tab 5-40 mg</i>	.....	126
<i>amlodipine besylate-atorvastatin</i>		
<i>calcium tab 5-80 mg</i>	.....	126
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>10-20 mg</i>	.....	82
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>10-40 mg</i>	.....	82
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>2.5-10 mg</i>	.....	82
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>5-10 mg</i>	.....	82
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>5-20 mg</i>	.....	82
<i>amlodipine besylate-benazepril hcl cap</i>		
<i>5-40 mg</i>	.....	82
<i>amlodipine besylate-olmesartan</i>		
<i>medoxomil tab 10-20 mg</i>	.....	82
<i>amlodipine besylate-olmesartan</i>		
<i>medoxomil tab 10-40 mg</i>	.....	82
<i>amlodipine besylate-olmesartan</i>		
<i>medoxomil tab 5-20 mg</i>	.....	82
<i>amlodipine besylate-olmesartan</i>		
<i>medoxomil tab 5-40 mg</i>	.....	82
<i>amlodipine besylate tab 10 mg (base</i>		
<i>equivalent)</i>	.....	123
<i>amlodipine besylate tab 2.5 mg (base</i>		
<i>equivalent)</i>	.....	122
<i>amlodipine besylate tab 5 mg (base</i>		
<i>equivalent)</i>	.....	123
<i>amlodipine besylate-valsartan tab 10-</i>		
<i>160 mg</i>	.....	83
<i>amlodipine besylate-valsartan tab 10-</i>		
<i>320 mg</i>	.....	83
<i>amlodipine besylate-valsartan tab 5-</i>		
<i>160 mg</i>	.....	83
<i>amlodipine besylate-valsartan tab 5-</i>		
<i>320 mg</i>	.....	83
<i>amlodipine-valsartan-</i>		
<i>hydrochlorothiazide tab 10-160-12.5</i>		
<i>mg</i>	.....	83
<i>amlodipine-valsartan-</i>		
<i>hydrochlorothiazide tab 10-160-25</i>		
<i>mg</i>	.....	83
<i>amlodipine-valsartan-</i>		
<i>hydrochlorothiazide tab 10-320-25</i>		
<i>mg</i>	.....	83
<i>amlodipine-valsartan-</i>		
<i>hydrochlorothiazide tab 5-160-12.5</i>		
<i>mg</i>	.....	83
<i>amlodipine-valsartan-</i>		
<i>hydrochlorothiazide tab 5-160-25 mg</i>		
	.....	83
<i>amoxapine tab 100 mg</i>	.....	62
<i>amoxapine tab 150 mg</i>	.....	62
<i>amoxapine tab 25 mg</i>	.....	62
<i>amoxapine tab 50 mg</i>	.....	62
<i>amoxicillin (trihydrate) cap 250 mg</i>		231
<i>amoxicillin (trihydrate) cap 500 mg</i>		231
<i>amoxicillin (trihydrate) chew tab 125</i>		
<i>mg</i>	.....	232
<i>amoxicillin (trihydrate) chew tab 250</i>		
<i>mg</i>	.....	232
<i>amoxicillin (trihydrate) for susp 125</i>		
<i>mg/5ml</i>	.....	232
<i>amoxicillin (trihydrate) for susp 200</i>		
<i>mg/5ml</i>	.....	232
<i>amoxicillin (trihydrate) for susp 250</i>		
<i>mg/5ml</i>	.....	232
<i>amoxicillin (trihydrate) for susp 400</i>		
<i>mg/5ml</i>	.....	232
<i>amoxicillin (trihydrate) tab 500 mg</i>		232
<i>amoxicillin (trihydrate) tab 875 mg</i>		232
<i>amoxicillin & k clavulanate chew tab</i>		
<i>200-28.5 mg</i>	.....	232
<i>amoxicillin & k clavulanate chew tab</i>		
<i>400-57 mg</i>	.....	232
<i>amoxicillin & k clavulanate for susp</i>		
<i>200-28.5 mg/5ml</i>	.....	232
<i>amoxicillin & k clavulanate for susp</i>		
<i>250-62.5 mg/5ml</i>	.....	232
<i>amoxicillin & k clavulanate for susp</i>		
<i>400-57 mg/5ml</i>	.....	232

<i>amoxicillin & k clavulanate for susp</i>		ANCOBON CAP 500MG.....	73
600-42.9 mg/5ml	232	ANDRODERM DIS 2MG/24HR.....	34
<i>amoxicillin & k clavulanate tab 250-125</i>		ANDRODERM DIS 4MG/24HR.....	34
mg	232	ANDROGEL GEL 1.62%	34
<i>amoxicillin & k clavulanate tab 500-125</i>		ANDROGEL GEL 1%(25MG)	34
mg	232	ANDROGEL GEL 1%(50MG)	34
<i>amoxicillin & k clavulanate tab 875-125</i>		ANGELIQ TAB 0.25-0.5	178
mg	232	ANGELIQ TAB 0.5-1MG	178
<i>amoxicillin & k clavulanate tab er 12hr</i>		ANNOVERA MIS	135
1000-62.5 mg.....	232	ANORO ELLIPT AER 62.5-25	45
<i>amoxicillin cap-clarithro tab-lansopraz</i>		ANTARA CAP 30MG	75
<i>cap dr therapy pack</i>	249	ANTARA CAP 90MG	75
<i>amphetamine-dextroamphetamine tab</i>		ANUSOL-HC CRE 2.5%	36
10 mg	2	ANZEMET TAB 100MG.....	71
<i>amphetamine-dextroamphetamine tab</i>		ANZEMET TAB 50MG	71
12.5 mg.....	2	APADAZ TAB 4.08-325.....	31
<i>amphetamine-dextroamphetamine tab</i>		APADAZ TAB 6.12-325.....	31
15 mg	2	APADAZ TAB 8.16-325.....	31
<i>amphetamine-dextroamphetamine tab</i>		APEXICON E CRE 0.05%.....	149
20 mg	2	APIDRA INJ SOLOSTAR	67
<i>amphetamine-dextroamphetamine tab</i>		APLENZIN TAB 174MG	57
30 mg	2	APLENZIN TAB 348MG	57
<i>amphetamine-dextroamphetamine tab</i>		APLENZIN TAB 522MG	57
5 mg	2	APLICARE ALC PAD SWABSTIC.....	209
<i>amphetamine-dextroamphetamine tab</i>		<i>apraclonidine hcl ophth soln 0.5%</i>	
7.5 mg	2	(base equivalent)	226
<i>amphetamine extended release susp</i>		<i>aprepitant capsule 125 mg</i>	72
1.25 mg/ml.....	2	<i>aprepitant capsule 40 mg.....</i>	72
<i>amphetamine sulfate tab 10 mg</i>	2	<i>aprepitant capsule 80 mg.....</i>	72
<i>amphetamine sulfate tab 5 mg</i>	2	<i>aprepitant capsule therapy pack 80 &</i>	
<i>ampicillin cap 500 mg</i>	232	<i>125 mg.....</i>	72
AMPYRA TAB 10MG.....	236	APRISO CAP 0.375GM.....	182
AMRIX CAP 15MG.....	222	APTENSIO XR CAP 10MG.....	6
AMRIX CAP 30MG.....	222	APTENSIO XR CAP 15MG.....	6
AMZEEQ AER 4%	140	APTENSIO XR CAP 20MG.....	6
ANACAINE OIN	155	APTENSIO XR CAP 30MG.....	6
ANAFRANIL CAP 25MG	62	APTENSIO XR CAP 40MG.....	6
ANAFRANIL CAP 50MG	62	APTENSIO XR CAP 50MG.....	6
ANAFRANIL CAP 75MG	62	APTENSIO XR CAP 60MG.....	6
<i>anagrelide hcl cap 0.5 mg</i>	186	APTIOM TAB 200MG	50
<i>anagrelide hcl cap 1 mg</i>	187	APTIOM TAB 400MG	50
ANALPRAM-HC CRE 1-1%.....	35	APTIOM TAB 600MG	50
ANALPRAM-HC LOT 2.5%	35	APTIOM TAB 800MG	50
ANASPAZ TAB 0.125MG	246	APTIVUS CAP 250MG	112
<i>anastrozole tab 1 mg.....</i>	93	APTIVUS SOL.....	112
ANCOBON CAP 250MG	72	AQUALANCE MIS 30G	194

ARAKODA TAB 100MG	88	ARMONAIR DIG AER 232MCG	43
ARANESP INJ 100MCG	188	ARMONAIR DIG AER 55MCG	43
ARANESP INJ 10MCG	188	ARMOUR THYRO TAB 120MG.....	243
ARANESP INJ 150MCG	188	ARMOUR THYRO TAB 15MG	243
ARANESP INJ 200MCG	188	ARMOUR THYRO TAB 180MG.....	243
ARANESP INJ 25MCG	188	ARMOUR THYRO TAB 240MG.....	243
ARANESP INJ 300MCG	188	ARMOUR THYRO TAB 300MG.....	243
ARANESP INJ 40MCG	188	ARMOUR THYRO TAB 30MG	243
ARANESP INJ 500MCG	188	ARMOUR THYRO TAB 60MG	243
ARANESP INJ 60MCG	188	ARMOUR THYRO TAB 90MG	243
ARAVA TAB 10MG	21	ARNUITY ELPT INH 100MCG	43
ARAVA TAB 20MG	21	ARNUITY ELPT INH 200MCG	43
ARAZLO LOT 0.045%.....	140	ARNUITY ELPT INH 50MCG	43
ARCALYST INJ 220MG.....	17	AROMASIN TAB 25MG.....	93
<i>arformoterol tartrate soln nebu 15</i>		ARTHROTEC 50 TAB	18
<i>mcg/2ml (base equiv).....</i>	<i>45</i>	ARTHROTEC 75 TAB	18
ARICEPT TAB 10MG	233	ARTISS SOL 10ML	189
ARICEPT TAB 23MG	233	ARTISS SOL 2ML.....	189
ARICEPT TAB 5MG.....	233	ARTISS SOL 4ML.....	189
ARIKAYCE SUS	11	ASA/OMEPRAZO TAB 81-40MG.....	187
ARIMIDEX TAB 1MG	93	ASACOL HD TAB 800MG.....	182
<i>aripiprazole orally disintegrating tab 10</i>		<i>asenapine maleate sl tab 10 mg (base</i>	
<i>mg</i>	<i>111</i>	<i>equiv)</i>	<i>107</i>
<i>aripiprazole orally disintegrating tab 15</i>		<i>asenapine maleate sl tab 2.5 mg (base</i>	
<i>mg</i>	<i>111</i>	<i>equiv)</i>	<i>107</i>
<i>aripiprazole oral solution 1 mg/ml...</i>	<i>111</i>	<i>asenapine maleate sl tab 5 mg (base</i>	
<i>aripiprazole tab 10 mg</i>	<i>111</i>	<i>equiv)</i>	<i>107</i>
<i>aripiprazole tab 15 mg</i>	<i>111</i>	ASMANEX 120 AER 220MCG	44
<i>aripiprazole tab 20 mg</i>	<i>111</i>	ASMANEX 14 AER 220MCG	43
<i>aripiprazole tab 2 mg.....</i>	<i>111</i>	ASMANEX 30 AER 110MCG	44
<i>aripiprazole tab 30 mg</i>	<i>111</i>	ASMANEX 30 AER 220MCG	44
<i>aripiprazole tab 5 mg.....</i>	<i>111</i>	ASMANEX 60 AER 220MCG	44
ARISTADA INJ 1064MG	111	ASMANEX 7 AER 110MCG.....	43
ARISTADA INJ 441MG/1.....	111	ASMANEX HFA AER 100 MCG	44
ARISTADA INJ 662MG/2.....	111	ASMANEX HFA AER 200 MCG	44
ARISTADA INJ 882MG/3.....	111	ASMANEX HFA AER 50MCG.....	44
ARISTADA INJ INITIO	111	ASP/OMEPRAZO TAB 325-40MG	187
ARIXTRA INJ 10/0.8ML	48	<i>aspirin chew tab 81 mg.....</i>	<i>24</i>
ARIXTRA INJ 2.5/0.5	48	<i>aspirin-dipyridamole cap er 12hr 25-</i>	
ARIXTRA INJ 5/0.4ML	48	<i>200 mg</i>	<i>187</i>
ARIXTRA INJ 7.5/0.6	48	<i>aspirin tab delayed release 81 mg</i>	<i>24</i>
<i>armodafinil tab 150 mg</i>	<i>6</i>	ASSURE 3 LIQ CONTROL	194
<i>armodafinil tab 200 mg</i>	<i>6</i>	ASSURE 3 TES	157
<i>armodafinil tab 250 mg</i>	<i>6</i>	ASSURE 4 LIQ LEVEL1/2	194
<i>armodafinil tab 50 mg</i>	<i>6</i>	ASSURE 4 TES	157
ARMONAIR DIG AER 113MCG	43	ASSURE CMFRT MIS 28G.....	194

ASSURE DOSE SOL NORM/HGH.....	194	ATIVAN TAB 0.5MG	40
ASSURE DOSE SOL NORMAL.....	194	ATIVAN TAB 1MG	40
ASSURE II LIQ LEVEL 1	194	ATIVAN TAB 2MG	40
ASSURE II LIQ LEVEL1/2	194	<i>atomoxetine hcl cap 100 mg (base</i>	
ASSURE II TES.....	157	<i>equiv)</i>	5
ASSURE II TES CHECK	158	<i>atomoxetine hcl cap 10 mg (base</i>	
ASSURE LANCE MIS 21G	194	<i>equiv)</i>	5
ASSURE LANCE MIS 28G	194	<i>atomoxetine hcl cap 18 mg (base</i>	
ASSURE LANCE MIS LOW FLOW	194	<i>equiv)</i>	5
ASSURE LANCE MIS MICRO	194	<i>atomoxetine hcl cap 25 mg (base</i>	
ASSURE LANCE MIS SAFE 25G	194	<i>equiv)</i>	5
ASSURE LANCE MIS SAFE 30G	194	<i>atomoxetine hcl cap 40 mg (base</i>	
ASSURE PLUS MIS HIGH 18G.....	195	<i>equiv)</i>	5
ASSURE PLUS MIS LOW 25G.....	195	<i>atomoxetine hcl cap 60 mg (base</i>	
ASSURE PLUS MIS MCRO 28G.....	195	<i>equiv)</i>	5
ASSURE PLUS MIS NORM 21G.....	195	<i>atomoxetine hcl cap 80 mg (base</i>	
ASSURE PLUS MIS PEDIATRI	195	<i>equiv)</i>	5
ASSURE PRISM SOL LEVEL1/2.....	195	<i>atorvastatin calcium tab 10 mg (base</i>	
ASSURE PRISM TES MULTI	158	<i>equivalent).....</i>	76
ASSURE PRO LIQ LEVEL1/2	195	<i>atorvastatin calcium tab 20 mg (base</i>	
ASSURE PRO TES	158	<i>equivalent).....</i>	76
ASSURE TES PLATINUM.....	158	<i>atorvastatin calcium tab 40 mg (base</i>	
ASTERO GEL 4%	155	<i>equivalent).....</i>	76
ATABEX EC TAB 29-1MG	219	<i>atorvastatin calcium tab 80 mg (base</i>	
ATABEX OB TAB 29-1MG	219	<i>equivalent).....</i>	76
ATACAND HCT TAB 16-12.5.....	83	<i>atovaquone-proguanil hcl tab 250-100</i>	
ATACAND HCT TAB 32-12.5.....	83	<i>mg</i>	88
ATACAND HCT TAB 32-25MG	83	<i>atovaquone-proguanil hcl tab 62.5-25</i>	
ATACAND TAB 16MG	80	<i>mg</i>	88
ATACAND TAB 32MG	80	<i>atovaquone susp 750 mg/5ml.....</i>	37
ATACAND TAB 4MG	80	ATRALIN GEL 0.05%.....	140
ATACAND TAB 8MG	80	ATRIPLA TAB	112
<i>atazanavir sulfate cap 150 mg (base</i>		ATROPINE SUL SOL 0.01%	225
<i>equiv)</i>	112	ATROPINE SUL SOL 1% OP.....	225
<i>atazanavir sulfate cap 200 mg (base</i>		ATROVENT HFA AER 17MCG	42
<i>equiv)</i>	112	AUBAGIO TAB 14MG	236
<i>atazanavir sulfate cap 300 mg (base</i>		AUBAGIO TAB 7MG.....	236
<i>equiv)</i>	112	AUGMENTIN SUS 125/5ML.....	232
ATELVIA TAB	173	AUGMENTIN SUS 250/5ML.....	232
<i>atenolol & chlorthalidone tab 100-25</i>		AUGMENTIN SUS ES-600.....	232
<i>mg</i>	83	AUGMENTIN TAB 500MG	232
<i>atenolol & chlorthalidone tab 50-25 mg</i>		AURORA LANCE MIS 30G.....	195
<i>.....</i>	83	AURORA LANCE MIS THIN 23G.....	195
<i>atenolol tab 100 mg</i>	120	AURYXIA TAB 210MG	183
<i>atenolol tab 25 mg</i>	120	AUSTEDO TAB 12MG.....	236
<i>atenolol tab 50 mg</i>	120	AUSTEDO TAB 6MG	235

AUSTEDO TAB 9MG	236	AZELEX CRE 20%	140
AUTOCODE TES BLD GLUC	158	AZESCHEW CHW 13-1MG	219
AUTO LANCET MIS.....	195	AZESCO TAB 13-1MG.....	219
AUTO-LANCET MIS	195	AZILECT TAB 0.5MG	105
AUTO-LANCET MIS MINI.....	195	AZILECT TAB 1MG	105
AUTOLET II KIT CLINISAF.....	195	<i>azithromycin for susp 100 mg/5ml..</i>	192
AUTOLET IMPR MIS LANC DEV	195	<i>azithromycin for susp 200 mg/5ml..</i>	192
AUTOLET LANC MIS DEVICE	195	<i>azithromycin powd pack for susp 1 gm</i>	192
AUTOLET LITE KIT	195	.....	192
AUTOLET LITE KIT CLINISAF.....	195	<i>azithromycin tab 250 mg.....</i>	192
AUTOLET LITE KIT STARTER	195	<i>azithromycin tab 500 mg.....</i>	192
AUTOLET MINI MIS.....	195	<i>azithromycin tab 600 mg.....</i>	192
AUTOLET PLAT MIS 1.8MM.....	195	AZOPT SUS 1% OP	230
AUTOLET PLAT MIS 2.4MM.....	195	AZOR TAB 10-20MG	83
AUTOLET PLAT MIS 3.0MM.....	195	AZOR TAB 10-40MG	83
AUTOLET PLUS MIS	195	AZOR TAB 5-20MG	83
AUTOLET PLUS MIS LANC DEV	195	AZOR TAB 5-40MG	83
AUVI-Q INJ 0.15MG	251	AZULFIDINE TAB 500MG	182
AUVI-Q INJ 0.1MG.....	251	AZULFIDINE TAB 500MG EN	182
AUVI-Q INJ 0.3MG.....	251	B	
AVALIDE TAB 150-12.5.....	83	<i>bacitracin ophth oint 500 unit/gm...</i>	226
AVALIDE TAB 300-12.5.....	83	<i>bacitracin-polymyxin b ophth oint...</i>	226
AVANDIA TAB 2MG.....	69	<i>bacitracin-polymyxin-neomycin-hc</i>	
AVANDIA TAB 4MG.....	69	<i>ophth oint 1%.....</i>	228
AVAPRO TAB 150MG.....	80	<i>baclofen tab 10 mg.....</i>	222
AVAPRO TAB 300MG.....	80	<i>baclofen tab 20 mg.....</i>	222
AVAPRO TAB 75MG	80	<i>baclofen tab 5 mg</i>	222
AVODART CAP 0.5MG.....	185	BACTRIM DS TAB 800-160	37
AYGESTIN TAB 5MG.....	233	BACTRIM TAB 400-80MG.....	37
AYVAKIT TAB 100MG	94	BALCOLTRA TAB 0.1-20	133
AYVAKIT TAB 200MG	94	<i>balsalazide disodium cap 750 mg ...</i>	182
AYVAKIT TAB 25MG.....	94	BALVERSA TAB 3MG	95
AYVAKIT TAB 300MG	94	BALVERSA TAB 4MG	95
AYVAKIT TAB 50MG.....	94	BALVERSA TAB 5MG	95
AZASITE SOL 1%	226	BANZEL SUS 40MG/ML	50
AZATHIOPRINE TAB 100 MG	216	BANZEL TAB 200MG	50
<i>azathioprine tab 50 mg</i>	216	BANZEL TAB 400MG	50
AZATHIOPRINE TAB 75 MG.....	216	BAQSIMI ONE POW 3MG/DOSE	66
<i>azelaic acid gel 15%</i>	156	BAQSIMI TWO POW 3MG/DOSE	66
<i>azelastine hcl-fluticasone prop nasal</i>		BARACLUDE SOL.....	118
<i>spray 137-50 mcg/act.....</i>	223	BASAGLAR INJ 100UNIT.....	67
<i>azelastine hcl nasal spray 0.1% (137</i>		BAXDELA TAB 450MG	181
<i>mcg/spray).....</i>	224	BD LANCET UF MIS 30G	195
<i>azelastine hcl nasal spray 0.15%</i>		BD LANCET UF MIS 33G	195
<i>(205.5 mcg/spray).....</i>	224	BD MICROTAIN MIS LANCETS	195
<i>azelastine hcl ophth soln 0.05%</i>	230	BD SWAB BFLY PAD SNGL USE.....	209

BD U-500 MIS 31GX6MM.....	210	BENZHY/ACETA TAB 6.12-325	31
BD ULTRAFINE INSULIN		BENZHY/ACETA TAB 8.16-325	31
SYRINGES/NEEDLES	210	BENZNIDAZOLE TAB 100MG	36
BD ULTRAFINE PEN NEEDLES.....	210	BENZNIDAZOLE TAB 12.5MG	36
BECONASE AQ SUS 0.042%	224	<i>benzonatate cap 100 mg</i>	138
BELBUCA MIS 150MCG	33	<i>benzonatate cap 150 mg</i>	138
BELBUCA MIS 300MCG	33	<i>benzonatate cap 200 mg</i>	138
BELBUCA MIS 450MCG	33	<i>benzoyl peroxide-erythromycin gel 5-</i>	
BELBUCA MIS 600MCG	33	<i>3%</i>	140
BELBUCA MIS 750MCG	33	<i>benzoyl peroxide foam 5.3%.....</i>	140
BELBUCA MIS 75MCG	33	<i>benzoyl peroxide foam 9.8%.....</i>	140
BELBUCA MIS 900MCG	33	<i>benzoyl peroxide-hydrocortisone lotion</i>	
BELLA/OPIUM SUP 16.2-30	246	<i>5-0.5%</i>	140
BELLA/OPIUM SUP 16.2-60	246	<i>benzoyl peroxide liq 7%</i>	140
BELSOMRA TAB 10MG.....	191	BENZOYL PERX LIQ 6.9%	140
BELSOMRA TAB 15MG.....	191	BENZ PER FOR LOT HC 7.5-1	140
BELSOMRA TAB 20MG.....	191	BENZ PEROXID GEL 6.5%	140
BELSOMRA TAB 5MG	191	<i>benzphetamine hcl tab 25 mg.....</i>	4
<i>benazepril & hydrochlorothiazide tab</i>		<i>benzphetamine hcl tab 50 mg.....</i>	4
<i>10-12.5 mg</i>	83	<i>benztropine mesylate tab 0.5 mg ...</i>	102
<i>benazepril & hydrochlorothiazide tab</i>		<i>benztropine mesylate tab 1 mg</i>	102
<i>20-12.5 mg</i>	83	<i>benztropine mesylate tab 2 mg</i>	102
<i>benazepril & hydrochlorothiazide tab</i>		BEPREVE DRO 1.5%	230
<i>20-25 mg</i>	83	BESIVANCE SUS 0.6%	226
<i>benazepril & hydrochlorothiazide tab 5-</i>		BETADINE SOL 5% OP	226
<i>6.25 mg.....</i>	83	<i>betamethasone dipropionate</i>	
<i>benazepril hcl tab 10 mg.....</i>	79	<i>augmented cream 0.05%</i>	149
<i>benazepril hcl tab 20 mg.....</i>	79	<i>betamethasone dipropionate</i>	
<i>benazepril hcl tab 40 mg.....</i>	79	<i>augmented gel 0.05%.....</i>	149
<i>benazepril hcl tab 5 mg.....</i>	79	<i>betamethasone dipropionate</i>	
BENICAR HCT TAB 20-12.5.....	83	<i>augmented lotion 0.05%</i>	149
BENICAR HCT TAB 40-12.5.....	83	<i>betamethasone dipropionate</i>	
BENICAR HCT TAB 40-25MG.....	83	<i>augmented oint 0.05%.....</i>	149
BENICAR TAB 20MG	80	<i>betamethasone dipropionate cream</i>	
BENICAR TAB 40MG	80	<i>0.05%</i>	149
BENICAR TAB 5MG	80	<i>betamethasone dipropionate lotion</i>	
BENLYSTA INJ 200MG/ML.....	218	<i>0.05%</i>	149
BENZAACLIN GEL 1-5%	140	<i>betamethasone dipropionate oint</i>	
BENZAACLIN GEL 1-5%PUMP.....	140	<i>0.05%</i>	149
BENZALKONIUM SOL NF.....	111	<i>betamethasone valerate aerosol foam</i>	
BENZAMYCIN GEL 5-3%.....	140	<i>0.12%</i>	150
BENZEPRO AER 5.2%	140	<i>betamethasone valerate cream 0.1%</i>	
BENZEPRO AER 9.7%	140	<i>(base equivalent)</i>	150
BENZEPRO LIQ 6.8%	140	<i>betamethasone valerate lotion 0.1%</i>	
BENZEPRO MIS 5.8%.....	140	<i>(base equivalent)</i>	150
BENZHY/ACETA TAB 4.08-325	31		

<i>betamethasone valerate oint 0.1%</i> (base equivalent)	150	BLEPHAMIDE OIN S.O.P.	228
BETAPACE AF TAB 120MG	121	BLEPHAMIDE SUS OP.....	228
BETAPACE AF TAB 160MG	121	BLOOD GLUCOS TES.....	158
BETAPACE AF TAB 80MG	121	BLOOD GLUCOS TES LE1.....	158
BETAPACE TAB 120MG.....	121	BLOOD GLUCOS TES PREMIUM.....	158
BETAPACE TAB 160MG.....	121	BLOOD GLUCOS TES STRIPS	158
BETAPACE TAB 80MG.....	121	BONIVA TAB 150MG	173
BETASERON INJ 0.3MG	236	BONJESTA TAB 20-20MG	72
<i>betaxolol hcl ophth soln 0.5%</i>	225	BORIC ACID GRA	156
<i>betaxolol hcl tab 10 mg</i>	120	<i>bosentan tab 125 mg</i>	130
<i>betaxolol hcl tab 20 mg</i>	120	<i>bosentan tab 62.5 mg</i>	130
<i>bethanechol chloride tab 10 mg</i>	250	BOSULIF TAB 100MG.....	95
<i>bethanechol chloride tab 25 mg</i>	250	BOSULIF TAB 400MG.....	96
<i>bethanechol chloride tab 50 mg</i>	250	BOSULIF TAB 500MG.....	96
<i>bethanechol chloride tab 5 mg</i>	250	BRAFTOVI CAP 75MG.....	96
BETHKIS NEB 300/4ML	11	BREATHE EASE MIS LG MASK	210
BETIMOL SOL 0.25%	225	BREATHE EASE MIS MED MASK.....	210
BETIMOL SOL 0.5%	225	BREATHE EASE MIS SM MASK.....	210
BETOPTIC-S SUS 0.25% OP.....	225	BREO ELLIPTA INH 100-25	45
BETTERMILK15 POW GLYTACTN	165	BREO ELLIPTA INH 200-25	45
BETTERMILK PAK GLYTACTI.....	165	BREXAFEMME TAB 150MG	72
BEVESPI AER 9-4.8MCG	45	BREZTRI AERO AER SPHERE.....	45
<i>bexarotene cap 75 mg</i>	101	BRILINTA TAB 60MG.....	187
BEYAZ TAB.....	133	BRILINTA TAB 90MG.....	187
<i>bicalutamide tab 50 mg</i>	93	BRIMO/DORZO SOL 0.15-2%	226
BIDIL TAB	126	<i>brimonidine tartrate ophth soln 0.15%</i>	226
BIJUVA CAP 1-100MG	178	<i>brimonidine tartrate ophth soln 0.2%</i>	226
BIKTARVY TAB.....	112	<i>brinzolamide ophth susp 1%</i>	230
BILTRICIDE TAB 600MG.....	36	BRISDELLE CAP 7.5MG.....	240
<i>bimatoprost ophth soln 0.03%</i>	230	BRIVIACT SOL 10MG/ML	50
BINOSTO TAB 70MG	173	BRIVIACT TAB 100MG.....	51
BIOSCANNER TES GLUCOSE	158	BRIVIACT TAB 10MG	50
BIO-STATIN CAP 1000000.....	73	BRIVIACT TAB 25MG	50
BIO-STATIN CAP 500000	73	BRIVIACT TAB 50MG	50
<i>bisacodyl tab & peg 3350-kcl-sod</i> <i>bicarb-nacl for soln kit</i>	191	BRIVIACT TAB 75MG	50
<i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i>	84	<i>bromfenac sodium ophth soln 0.09%</i> (base equiv) (once-daily).....	230
<i>bisoprolol & hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i>	83	<i>bromocriptine mesylate cap 5 mg (base</i> <i>equivalent)</i>	102
<i>bisoprolol & hydrochlorothiazide tab 5-</i> <i>6.25 mg</i>	84	<i>bromocriptine mesylate tab 2.5 mg</i> (base equivalent)	102
<i>bisoprolol fumarate tab 10 mg</i>	120	BROMSITE DRO 0.075%.....	230
<i>bisoprolol fumarate tab 5 mg</i>	120	BROVANA NEB 15MCG	45
BLEPH-10 SOL 10% OP	226	BRUKINSA CAP 80MG	96

BRYHALI LOT 0.01%.....	150	<i>bupropion hcl tab er 12hr 100 mg</i>	57
<i>budesonide delayed release particles</i>		<i>bupropion hcl tab er 12hr 150 mg</i>	57
<i>cap 3 mg.....</i>	136	<i>bupropion hcl tab er 12hr 200 mg</i>	57
<i>budesonide inhalation susp 0.25</i>		<i>bupropion hcl tab er 24hr 150 mg</i>	57
<i>mg/2ml.....</i>	44	<i>bupropion hcl tab er 24hr 300 mg</i>	57
<i>budesonide inhalation susp 0.5 mg/2ml</i>		<i>bupropion hcl tab er 24hr 450 mg</i>	57
.....	44	<i>buspirone hcl tab 10 mg</i>	39
<i>budesonide inhalation susp 1 mg/2ml</i>		<i>buspirone hcl tab 15 mg</i>	39
.....	44	<i>buspirone hcl tab 30 mg</i>	39
<i>budesonide tab er 24hr 9 mg</i>	136	<i>buspirone hcl tab 5 mg</i>	39
<i>bumetanide tab 0.5 mg</i>	171	<i>buspirone hcl tab 7.5 mg</i>	39
<i>bumetanide tab 1 mg.....</i>	171	BUT/ASA/CAF TAB.....	24
<i>bumetanide tab 2 mg.....</i>	171	<i>butalbital-acetaminophen-caffeine cap</i>	
BUMEX TAB 0.5MG	171	50-300-40 mg	24
BUNAVAIL MIS 4.2-0.7	33	<i>butalbital-acetaminophen-caffeine cap</i>	
BUNAVAIL MIS 6.3-1MG.....	33	50-325-40 mg	24
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>butalbital-acetaminophen-caffeine soln</i>	
12-3 mg (base equiv)	33	50-325-40 mg/15ml	24
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>butalbital-acetaminophen-caffeine tab</i>	
2-0.5 mg (base equiv)	33	50-325-40 mg	24
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>butalbital-acetaminophen-caff w/ cod</i>	
4-1 mg (base equiv)	33	cap 50-300-40-30 mg.....	31
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>butalbital-acetaminophen-caff w/ cod</i>	
8-2 mg (base equiv)	33	cap 50-325-40-30 mg.....	31
<i>buprenorphine hcl-naloxone hcl sl tab</i>		<i>butalbital-acetaminophen cap 50-300</i>	
2-0.5 mg (base equiv)	33	mg	24
<i>buprenorphine hcl-naloxone hcl sl tab</i>		<i>butalbital-acetaminophen tab 25-325</i>	
8-2 mg (base equiv)	33	mg	24
<i>buprenorphine hcl sl tab 2 mg (base</i>		<i>butalbital-acetaminophen tab 50-300</i>	
equiv).....	33	mg	24
<i>buprenorphine hcl sl tab 8 mg (base</i>		<i>butalbital-acetaminophen tab 50-325</i>	
equiv).....	33	mg	24
<i>buprenorphine td patch weekly 10</i>		<i>butalbital-aspirin-caffeine cap 50-325-</i>	
mcg/hr	34	40 mg.....	24
<i>buprenorphine td patch weekly 15</i>		<i>butalbital-aspirin-caff w/ codeine cap</i>	
mcg/hr	34	50-325-40-30 mg.....	31
<i>buprenorphine td patch weekly 20</i>		<i>butorphanol tartrate nasal soln 10</i>	
mcg/hr	34	mg/ml	34
<i>buprenorphine td patch weekly 5</i>		BUTRANS DIS 10MCG/HR.....	34
mcg/hr	33	BUTRANS DIS 15MCG/HR.....	34
<i>buprenorphine td patch weekly 7.5</i>		BUTRANS DIS 20MCG/HR.....	34
mcg/hr	34	BUTRANS DIS 5MCG/HR	34
<i>bupropion hcl (smoking deterrent) tab</i>		BUTRANS DIS 7.5/HR.....	34
er 12hr 150 mg	238	BYDUREON BC INJ 2/0.85ML	67
<i>bupropion hcl tab 100 mg</i>	57	BYETTA INJ 10MCG	67
<i>bupropion hcl tab 75 mg</i>	57	BYETTA INJ 5MCG	67

BYSTOLIC TAB 10MG	120
BYSTOLIC TAB 2.5MG	120
BYSTOLIC TAB 20MG	120
BYSTOLIC TAB 5MG	120

C	
<i>cabergoline tab 0.5 mg</i>	177
CABOMETYX TAB 20MG.....	96
CABOMETYX TAB 40MG.....	96
CABOMETYX TAB 60MG.....	96
CADUET TAB 10-10MG	127
CADUET TAB 10-20MG	127
CADUET TAB 10-40MG	127
CADUET TAB 10-80MG	127
CADUET TAB 5-10MG.....	126
CADUET TAB 5-20MG.....	126
CADUET TAB 5-40MG.....	127
CADUET TAB 5-80MG.....	127
CAFERGOT TAB 1-100MG	212
<i>caffeine citrate oral soln 60 mg/3ml</i> <i>(10 mg/ml base equiv)</i>	3
CALAN SR TAB 120MG	123
CALAN SR TAB 180MG	123
CALAN SR TAB 240MG	123
<i>calcipotriene-betamethasone</i> <i>dipropionate oint 0.005-0.064%</i> ..	150
<i>calcipotriene-betamethasone</i> <i>dipropionate susp 0.005-0.064%</i> ..	150
<i>calcipotriene cream 0.005%</i>	145
<i>calcipotriene foam 0.005%</i>	145
<i>calcipotriene oint 0.005%</i>	145
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	145
<i>calcitonin (salmon) nasal soln 200</i> <i>unit/act</i>	173
<i>calcitriol cap 0.25 mcg</i>	175
<i>calcitriol cap 0.5 mcg</i>	175
<i>calcitriol oint 3 mcg/gm</i>	145
<i>calcitriol oral soln 1 mcg/ml</i>	175
<i>calcium acetate (phosphate binder) cap</i> <i>667 mg (169 mg ca)</i>	183
CALQUENCE CAP 100MG	96
CAMBIA POW 50MG	212
CAMINO PRO LIQ 15PE	165
CANASA SUP 1000MG	182
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	84
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	84
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> ..	84
<i>candesartan cilexetil tab 16 mg</i>	80
<i>candesartan cilexetil tab 32 mg</i>	80
<i>candesartan cilexetil tab 4 mg</i>	80
<i>candesartan cilexetil tab 8 mg</i>	80
CANTHARIDIN SOL 0.7%.....	155
<i>capecitabine tab 150 mg</i>	90
<i>capecitabine tab 500 mg</i>	90
CAPEX SHA 0.01%	150
CAPLYTA CAP 42MG	105
CAPRELSA TAB 100MG.....	96
CAPRELSA TAB 300MG.....	96
<i>captopril & hydrochlorothiazide tab 25-</i> <i>15 mg</i>	84
<i>captopril & hydrochlorothiazide tab 25-</i> <i>25 mg</i>	84
<i>captopril & hydrochlorothiazide tab 50-</i> <i>15 mg</i>	84
<i>captopril & hydrochlorothiazide tab 50-</i> <i>25 mg</i>	84
<i>captopril tab 100 mg</i>	79
<i>captopril tab 12.5 mg</i>	79
<i>captopril tab 25 mg</i>	79
<i>captopril tab 50 mg</i>	79
CARAC CRE 0.5%	144
CARAFATE SUS 1GM/10ML	247
CARAFATE TAB 1GM	247
CARBAGLU TAB 200MG	175
<i>carbamazepine cap er 12hr 100 mg</i> ..	51
<i>carbamazepine cap er 12hr 200 mg</i> ..	51
<i>carbamazepine cap er 12hr 300 mg</i> ..	51
<i>carbamazepine chew tab 100 mg</i>	51
<i>carbamazepine susp 100 mg/5ml</i>	51
<i>carbamazepine tab 200 mg</i>	51
<i>carbamazepine tab er 12hr 100 mg</i> ..	51
<i>carbamazepine tab er 12hr 200 mg</i> ..	51
<i>carbamazepine tab er 12hr 400 mg</i> ..	51
CARBATROL CAP 100MG	51
CARBATROL CAP 200MG	51

CARBATROL CAP 300MG	51	CARDIZEM TAB 120MG	123
<i>carbidopa & levodopa orally</i>		CARDIZEM TAB 30MG	123
<i>disintegrating tab 10-100 mg</i>	102	CARDIZEM TAB 60MG	123
<i>carbidopa & levodopa orally</i>		CARDURA TAB 1MG	81
<i>disintegrating tab 25-100 mg</i>	102	CARDURA TAB 2MG	81
<i>carbidopa & levodopa orally</i>		CARDURA TAB 4MG	81
<i>disintegrating tab 25-250 mg</i>	102	CARDURA TAB 8MG	81
<i>carbidopa & levodopa tab 10-100 mg</i>		CARDURA XL TAB 4MG	185
<i>.....</i>	102	CARDURA XL TAB 8MG	185
<i>carbidopa & levodopa tab 25-100 mg</i>		CAREONE ADV MIS LANCING	195
<i>.....</i>	102	CAREONE LANC MIS 30G	195
<i>carbidopa & levodopa tab 25-250 mg</i>		CAREONE LANC MIS THIN 23G	195
<i>.....</i>	102	CARESENS 30G MIS LANCETS	195
<i>carbidopa & levodopa tab er 25-100</i>		CARESENS N TES	158
<i>mg</i>	102	CARESENS SOL CONTROL	195
<i>carbidopa & levodopa tab er 50-200</i>		CARETOUCH MIS EJECTOR	195
<i>mg</i>	102	CARETOUCH MIS LANC 26G	195
<i>carbidopa-levodopa-entacapone tabs</i>		CARETOUCH MIS LANC 28G	195
<i>12.5-50-200 mg</i>	102	CARETOUCH MIS LANC 30G	195
<i>carbidopa-levodopa-entacapone tabs</i>		CARETOUCH MIS TST STRP	158
<i>18.75-75-200 mg</i>	102	CARETOUCH MIS TWIST 28	195
<i>carbidopa-levodopa-entacapone tabs</i>		CARETOUCH MIS TWIST 30	195
<i>25-100-200 mg</i>	102	CARETOUCH MIS TWIST 33	195
<i>carbidopa-levodopa-entacapone tabs</i>		CARETOUCH PAD ALCOHOL	209
<i>31.25-125-200 mg</i>	103	<i>carisoprodol tab 250 mg</i>	222
<i>carbidopa-levodopa-entacapone tabs</i>		<i>carisoprodol tab 350 mg</i>	222
<i>37.5-150-200 mg</i>	103	<i>carisoprodol w/ aspirin & codeine tab</i>	
<i>carbidopa-levodopa-entacapone tabs</i>		<i>200-325-16 mg</i>	223
<i>50-200-200 mg</i>	103	CARNITOR SF SOL 1GM/10ML	175
<i>carbidopa tab 25 mg</i>	101	CARNITOR SOL 1GM/10ML	175
<i>carbinoxamine maleate soln 4 mg/5ml</i>		CARNITOR TAB 330MG	175
<i>.....</i>	74	CAROSPIR SUS 25MG/5ML	172
<i>carbinoxamine maleate tab 4 mg</i>	74	<i>carteolol hcl ophth soln 1%</i>	225
CARBINOXAMIN TAB 6MG	74	<i>carvedilol phosphate cap er 24hr 10</i>	
CARDIOCOM MIS LANCING	195	<i>mg</i>	120
CARDIZEM CD CAP 120MG/24	123	<i>carvedilol phosphate cap er 24hr 20</i>	
CARDIZEM CD CAP 180MG/24	123	<i>mg</i>	120
CARDIZEM CD CAP 240MG/24	123	<i>carvedilol phosphate cap er 24hr 40</i>	
CARDIZEM CD CAP 300MG/24	123	<i>mg</i>	120
CARDIZEM CD CAP 360MG/24	123	<i>carvedilol phosphate cap er 24hr 80</i>	
CARDIZEM LA TAB 120MG	123	<i>mg</i>	120
CARDIZEM LA TAB 180MG	123	<i>carvedilol tab 12.5 mg</i>	120
CARDIZEM LA TAB 240MG	123	<i>carvedilol tab 25 mg</i>	120
CARDIZEM LA TAB 300MG/24	123	<i>carvedilol tab 3.125 mg</i>	120
CARDIZEM LA TAB 360MG	123	<i>carvedilol tab 6.25 mg</i>	120
CARDIZEM LA TAB 420MG/24	123	CASCARA EXT SAGRADA	192

CASODEX TAB 50MG	93	CELEXA TAB 20MG	58
CATAPRES-TTS DIS 0.1/24HR.....	81	CELEXA TAB 40MG	58
CATAPRES-TTS DIS 0.2/24HR.....	81	CELONTIN CAP 300MG.....	56
CATAPRES-TTS DIS 0.3/24HR.....	81	CENTANY OIN 2%	142
CAVERJECT IM KIT 10MCG	127	<i>cephalexin cap 250 mg</i>	132
CAVERJECT INJ 40MCG	127	<i>cephalexin cap 500 mg</i>	132
CAVERJECT KIT 20MCG	127	<i>cephalexin cap 750 mg</i>	132
CAYA DPR	193	<i>cephalexin for susp 125 mg/5ml.....</i>	132
CAYSTON INH 75MG.....	38	<i>cephalexin for susp 250 mg/5ml.....</i>	132
<i>cefaclor cap 250 mg</i>	132	<i>cephalexin tab 250 mg</i>	132
<i>cefaclor cap 500 mg</i>	132	<i>cephalexin tab 500 mg</i>	132
CEFACLOR ER TAB 500MG	132	CEQUA SOL 0.09%	228
<i>cefaclor for susp 125 mg/5ml.....</i>	132	CERDELGA CAP 84MG	187
<i>cefaclor for susp 250 mg/5ml.....</i>	132	CERVIDIL VAG MIS 10MG INS.....	231
<i>cefaclor for susp 375 mg/5ml.....</i>	132	CETRAXAL SOL 0.2%	231
<i>cefadroxil cap 500 mg</i>	132	CETROTIDE KIT 0.25MG.....	174
<i>cefadroxil for susp 250 mg/5ml.....</i>	132	<i>cevimeline hcl cap 30 mg</i>	218
<i>cefadroxil for susp 500 mg/5ml.....</i>	132	CHANTIX PAK 0.5& 1MG.....	238
<i>cefadroxil tab 1 gm</i>	132	CHANTIX PAK 1MG	238
<i>cefdinir cap 300 mg</i>	132	CHANTIX TAB 0.5MG	238
<i>cefdinir for susp 125 mg/5ml.....</i>	132	CHANTIX TAB 1MG	238
<i>cefdinir for susp 250 mg/5ml.....</i>	132	CHEMET CAP 100MG.....	70
<i>cefixime cap 400 mg</i>	132	CHEMSTRIP K TES	158
<i>cefixime for susp 100 mg/5ml.....</i>	132	CHEMSTRIP TES UGK.....	158
<i>cefixime for susp 200 mg/5ml.....</i>	132	CHENODAL TAB 250MG.....	181
<i>cefpodoxime proxetil for susp 100</i>		<i>chlordiazepoxide-amitriptyline tab 10-</i>	
<i>mg/5ml.....</i>	132	<i>25 mg.....</i>	235
<i>cefpodoxime proxetil for susp 50</i>		<i>chlordiazepoxide-amitriptyline tab 5-</i>	
<i>mg/5ml.....</i>	132	<i>12.5 mg.....</i>	235
<i>cefpodoxime proxetil tab 100 mg....</i>	133	<i>chlordiazepoxide hcl cap 10 mg.....</i>	40
<i>cefpodoxime proxetil tab 200 mg....</i>	133	<i>chlordiazepoxide hcl cap 25 mg.....</i>	40
<i>cefprozil for susp 125 mg/5ml.....</i>	132	<i>chlordiazepoxide hcl cap 5 mg.....</i>	40
<i>cefprozil for susp 250 mg/5ml.....</i>	132	<i>chlordiazepoxide hcl-clidinium bromide</i>	
<i>cefprozil tab 250 mg</i>	132	<i>cap 5-2.5 mg.....</i>	246
<i>cefprozil tab 500 mg</i>	132	<i>chlorhexidine gluconate soln 0.12%</i>	218
<i>cefuroxime axetil tab 250 mg.....</i>	132	<i>chloroquine phosphate tab 250 mg...</i>	88
<i>cefuroxime axetil tab 500 mg.....</i>	132	<i>chloroquine phosphate tab 500 mg...</i>	88
CELEBREX CAP 100MG.....	18	<i>chlorpromazine hcl tab 100 mg.....</i>	109
CELEBREX CAP 200MG.....	18	<i>chlorpromazine hcl tab 10 mg.....</i>	109
CELEBREX CAP 400MG.....	18	<i>chlorpromazine hcl tab 200 mg.....</i>	109
CELEBREX CAP 50MG	18	<i>chlorpromazine hcl tab 25 mg.....</i>	109
<i>celecoxib cap 100 mg</i>	18	<i>chlorpromazine hcl tab 50 mg.....</i>	109
<i>celecoxib cap 200 mg</i>	18	<i>chlorthalidone tab 25 mg.....</i>	172
<i>celecoxib cap 400 mg</i>	18	<i>chlorthalidone tab 50 mg.....</i>	172
<i>celecoxib cap 50 mg</i>	18	<i>chlorzoxazone tab 375 mg.....</i>	222
CELEXA TAB 10MG	58	<i>chlorzoxazone tab 500 mg.....</i>	222

<i>chlorzoxazone tab 750 mg</i>	222	<i>ciprofloxacin-fluocinolone aceton (pf)</i>	
CHLORZOAZON TAB 250MG.....	222	<i>otic soln 0.3-0.025%</i>	231
CHOLBAM CAP 250MG.....	181	<i>ciprofloxacin hcl ophth soln 0.3% (base</i>	
CHOLBAM CAP 50MG	181	<i>equivalent)</i>	227
<i>cholestyramine light powder 4 gm/dose</i>		<i>ciprofloxacin hcl otic soln 0.2% (base</i>	
.....	75	<i>equivalent)</i>	231
<i>cholestyramine light powder packets 4</i>		<i>ciprofloxacin hcl tab 100 mg (base</i>	
<i>gm</i>	75	<i>equiv)</i>	181
<i>cholestyramine powder 4 gm/dose</i> ...	75	<i>ciprofloxacin hcl tab 250 mg (base</i>	
<i>cholestyramine powder packets 4 gm</i> 75		<i>equiv)</i>	181
<i>choline fenofibrate cap dr 135 mg</i>		<i>ciprofloxacin hcl tab 500 mg (base</i>	
<i>(fenofibric acid equiv)</i>	75	<i>equiv)</i>	181
<i>choline fenofibrate cap dr 45 mg</i>		<i>ciprofloxacin hcl tab 750 mg (base</i>	
<i>(fenofibric acid equiv)</i>	75	<i>equiv)</i>	181
CHONDROITIN SOL	230	CIPRO HC SUS OTIC	231
CIALIS TAB 10MG.....	127	CIPRO TAB 250MG	181
CIALIS TAB 2.5MG.....	127	CIPRO TAB 500MG	181
CIALIS TAB 20MG.....	127	<i>citalopram hydrobromide oral soln 10</i>	
CIALIS TAB 5MG	127	<i>mg/5ml</i>	58
<i>ciclopirox gel 0.77%</i>	143	<i>citalopram hydrobromide tab 10 mg</i>	
<i>ciclopirox olamine cream 0.77% (base</i>		<i>(base equiv)</i>	58
<i>equiv)</i>	143	<i>citalopram hydrobromide tab 20 mg</i>	
<i>ciclopirox olamine susp 0.77% (base</i>		<i>(base equiv)</i>	58
<i>equiv)</i>	143	<i>citalopram hydrobromide tab 40 mg</i>	
<i>ciclopirox shampoo 1%</i>	143	<i>(base equiv)</i>	58
<i>ciclopirox solution 8%</i>	143	CITRANATAL CAP HARMONY	219
<i>cilostazol tab 100 mg</i>	187	CITRANATAL CAP MEDLEY	219
<i>cilostazol tab 50 mg</i>	187	CITRANATAL MIS	219
CILOXAN OIN 0.3% OP	227	CITRANATAL MIS 90 DHA	219
CILOXAN SOL 0.3% OP	227	CITRANATAL MIS B-CALM.....	219
CIMDUO TAB 300-300.....	112	CITRANATAL PAK ASSURE	219
<i>cimetidine hcl soln 300 mg/5ml</i>	246	CITRANATAL PAK DHA	219
<i>cimetidine tab 300 mg</i>	246	CITRANATAL TAB BLOOM	219
<i>cimetidine tab 400 mg</i>	246	CITRANATAL TAB RX.....	219
<i>cimetidine tab 800 mg</i>	246	CLARINEX-D TAB 2.5-120.....	138
<i>cinacalcet hcl tab 30 mg (base equiv)</i>		CLARINEX TAB 5MG	74
.....	175	<i>clarithromycin for susp 125 mg/5ml</i> 192	
<i>cinacalcet hcl tab 60 mg (base equiv)</i>		<i>clarithromycin for susp 250 mg/5ml</i> 192	
.....	175	<i>clarithromycin tab 250 mg</i>	192
<i>cinacalcet hcl tab 90 mg (base equiv)</i>		<i>clarithromycin tab 500 mg</i>	192
.....	175	<i>clarithromycin tab er 24hr 500 mg</i> ..	192
CIPRO (10%) SUS 500MG/5	181	CLEANLET 28G MIS LANCETS.....	195
CIPRO (5%) SUS 250MG/5	181	<i>clemastine fumarate tab 2.68 mg</i>	74
CIPRODEX SUS 0.3-0.1%	231	CLENPIQ SOL.....	191
<i>ciprofloxacin-dexamethasone otic susp</i>		CLEOCIN CAP 150MG.....	37
<i>0.3-0.1%</i>	231	CLEOCIN CAP 300MG.....	37

CLEOCIN CAP 75MG	37	<i>clobazam tab 10 mg</i>	49
CLEOCIN CRE 2% VAG	250	<i>clobazam tab 20 mg</i>	49
CLEOCIN PED SOL 75MG/5ML	37	<i>clobetasol propionate cream 0.05%</i>	150
CLEOCIN SUP 100MG	250	<i>clobetasol propionate emollient base</i>	
CLEOCIN-T LOT 1%	140	<i>cream 0.05%</i>	150
CLEVER CHECK MIS	196	<i>clobetasol propionate emulsion foam</i>	
CLEVER CHECK MIS 30G	196	<i>0.05%</i>	150
CLEVER CHEK TES	158	<i>clobetasol propionate foam 0.05%</i>	150
CLEVER CHEK TES AUTO CD	158	<i>clobetasol propionate gel 0.05%</i>	150
CLEVER CHEK TES TALK	158	<i>clobetasol propionate lotion 0.05%</i>	150
CLEVER CHEK TES VOICE	158	<i>clobetasol propionate oint 0.05%</i>	150
CLEVER CHOIC TES MICRO	158	<i>clobetasol propionate shampoo 0.05%</i>	
CLEVR CHOICE LIQ HIGH	196	<i>.....</i>	150
CLEVR CHOICE LIQ LOW	196	<i>clobetasol propionate soln 0.05%</i>	150
CLEVR CHOICE TES AUTO-CD	158	<i>clobetasol propionate spray 0.05%</i>	150
CLEVR CHOICE TES NOCODE	158	CLOBEX LOT 0.05%	150
CLIMARA DIS 0.025MG	179	CLOBEX SHA 0.05%	150
CLIMARA DIS 0.0375MG	179	CLOBEX SPR 0.05%	150
CLIMARA DIS 0.05MG	179	<i>clocortolone pivalate cream 0.1%</i>	150
CLIMARA DIS 0.06MG	179	CLODERM CRE 0.1%	150
CLIMARA DIS 0.075MG	179	<i>clomiphene citrate tab 50 mg</i>	174
CLIMARA DIS 0.1MG	179	<i>clomipramine hcl cap 25 mg</i>	62
CLIMARA PRO DIS WEEKLY	178	<i>clomipramine hcl cap 50 mg</i>	62
CLINDAGEL GEL 1%	140	<i>clomipramine hcl cap 75 mg</i>	62
<i>clindamycin hcl cap 150 mg</i>	37	<i>clonazepam orally disintegrating tab</i>	
<i>clindamycin hcl cap 300 mg</i>	38	<i>0.125 mg</i>	49
<i>clindamycin hcl cap 75 mg</i>	37	<i>clonazepam orally disintegrating tab</i>	
<i>clindamycin palmitate hcl for soln 75</i>		<i>0.25 mg</i>	49
<i>mg/5ml (base equiv)</i>	38	<i>clonazepam orally disintegrating tab</i>	
<i>clindamycin phosphate-benzoyl</i>		<i>0.5 mg</i>	49
<i>peroxide gel 1.2-2.5%</i>	141	<i>clonazepam orally disintegrating tab 1</i>	
<i>clindamycin phosphate-benzoyl</i>		<i>mg</i>	49
<i>peroxide gel 1-5%</i>	141	<i>clonazepam orally disintegrating tab 2</i>	
<i>clindamycin phosphate foam 1%</i>	140	<i>mg</i>	49
<i>clindamycin phosphate gel 1%</i>	140	<i>clonazepam tab 0.5 mg</i>	50
<i>clindamycin phosphate lotion 1%</i>	140	<i>clonazepam tab 1 mg</i>	50
<i>clindamycin phosphate soln 1%</i>	140	<i>clonazepam tab 2 mg</i>	50
<i>clindamycin phosphate swab 1%</i>	141	<i>clonidine hcl tab 0.1 mg</i>	81
<i>clindamycin phosphate-tretinoin gel</i>		<i>clonidine hcl tab 0.2 mg</i>	81
<i>1.2-0.025%</i>	141	<i>clonidine hcl tab 0.3 mg</i>	81
<i>clindamycin phosphate vaginal cream</i>		<i>clonidine hcl tab er 12hr 0.1 mg</i>	5
<i>2%</i>	251	<i>clonidine td patch weekly 0.1 mg/24hr</i>	
<i>clindamycin phosph-benzoyl peroxide</i>		<i>.....</i>	81
<i>(refrig) gel 1.2 (1)-5%</i>	140	<i>clonidine td patch weekly 0.2 mg/24hr</i>	
CLINDESSE CRE 2%	251	<i>.....</i>	81
<i>clobazam suspension 2.5 mg/ml</i>	49		

<i>clonidine td patch weekly 0.3 mg/24hr</i>		<i>colesevelam hcl packet for susp 3.75</i>	
.....81		<i>gm</i>	75
<i>clopidogrel bisulfate tab 300 mg (base</i>		<i>colesevelam hcl tab 625 mg</i>	75
<i>equiv)</i>	187	COLESTID FLA GRA 5/7.5GM	75
<i>clopidogrel bisulfate tab 75 mg (base</i>		COLESTID FLA GRA 5GM	75
<i>equiv)</i>	187	COLESTID GRA 5GM	75
<i>clorazepate dipotassium tab 15 mg</i> ..	40	COLESTID POW 5GM	75
<i>clorazepate dipotassium tab 3.75 mg</i>	40	COLESTID TAB 1GM	75
<i>clorazepate dipotassium tab 7.5 mg</i> ..	40	<i>colestipol hcl granule packets 5 gm</i> ..	75
<i>clotrimazole soln 1%</i>	143	<i>colestipol hcl granules 5 gm</i>	75
<i>clotrimazole troche 10 mg</i>	218	<i>colestipol hcl tab 1 gm</i>	75
<i>clotrimazole w/ betamethasone cream</i>		COMBIGAN SOL 0.2/0.5%	225
<i>1-0.05%</i>	143	COMBIPATCH DIS.....	178
<i>clotrimazole w/ betamethasone lotion</i>		COMBIVENT AER 20-100	45
<i>1-0.05%</i>	143	COMBIVIR TAB 150-300	112
<i>clozapine orally disintegrating tab 100</i>		COMETRIQ KIT 100MG.....	96
<i>mg</i>	108	COMETRIQ KIT 140MG.....	96
<i>clozapine orally disintegrating tab 12.5</i>		COMETRIQ KIT 60MG	96
<i>mg</i>	107	COMFORT ASSU MIS LANC 28G.....	196
<i>clozapine orally disintegrating tab 150</i>		COMFORT ASSU MIS LANC 33G.....	196
<i>mg</i>	108	COMFORT EZ MIS 21G	196
<i>clozapine orally disintegrating tab 200</i>		COMFORT EZ MIS 23G	196
<i>mg</i>	108	COMFORT EZ MIS 28G	196
<i>clozapine orally disintegrating tab 25</i>		COMFORT EZ MIS 31GX5/16.....	210
<i>mg</i>	108	COMFORT MIS LANCETS.....	196
<i>clozapine tab 100 mg</i>	108	COMFORTOUCH MIS LANCET	196
<i>clozapine tab 200 mg</i>	108	COMPACT SPAC MIS CHAMBER.....	210
<i>clozapine tab 25 mg</i>	108	COMPACT SPAC MIS LG MASK.....	210
<i>clozapine tab 50 mg</i>	108	COMPACT SPAC MIS MD MASK.....	210
CLOZARIL TAB 100MG	108	COMPACT SPAC MIS SM MASK	210
CLOZARIL TAB 200MG	108	COMPLEAT LIQ CLS SYS	165
CLOZARIL TAB 25MG	108	COMPLEAT PED LIQ ORG BLND	166
CLOZARIL TAB 50MG	108	COMTAN TAB 200MG	102
C-NATE DHA CAP 28-1-200	219	CO-NATAL FA TAB 29-1MG	219
COAGUCHEK MIS LANCETS.....	196	CONCEPT DHA CAP.....	219
<i>coal tar soln 20%</i>	157	CONCEPT OB CAP.....	219
COARTEM TAB 20-120MG.....	88	CONCERTA TAB 18MG	6
COCAINE HCL SOL 40MG/ML.....	224	CONCERTA TAB 27MG	7
CODEINE SULF TAB 15MG	25	CONCERTA TAB 36MG	7
CODEINE SULF TAB 30MG	25	CONCERTA TAB 54MG	7
CODEINE SULF TAB 60MG	25	CONDYLOX GEL 0.5%	155
COLAZAL CAP 750MG	182	CONFIRM/MICR TES GLUCOSE	158
<i>colchicine tab 0.6 mg</i>	185	CONJUPRI TAB 2.5MG.....	123
<i>colchicine w/ probenecid tab 0.5-500</i>		CONJUPRI TAB 5MG.....	123
<i>mg</i>	185	CONSENSI TAB 10-200MG.....	122
COLCRYST TAB 0.6MG	185	CONSENSI TAB 2.5-200	122

CONSENSI TAB 5-200MG	122	CORTEF TAB 20MG	136
CONTOUR HIGH LIQ CONTROL	196	CORTEF TAB 5MG	136
CONTOUR LOW LIQ CONTROL	196	CORTENEMA ENE 100MG	35
CONTOUR NEXT SOL LEVEL 1	196	CORTIFOAM AER 90MG	35
CONTOUR NEXT SOL LEVEL 2	196	CORTISPORIN SUS -TC OTIC	231
CONTOUR NORM LIQ CONTROL	196	COSENTYX INJ 150MG/ML	145
CONTOUR TES BLD GLUC	159	COSENTYX INJ 300DOSE	146
CONTOUR TES NEXT	159	COSENTYX INJ 75MG/0.5	145
CONTROL HIGH SOL UNISTRIP	196	COSENTYX PEN INJ 150MG/ML	146
CONTROL LOW SOL UNISTRIP	196	COSENTYX PEN INJ 300DOSE	146
CONTROL NORM SOL EASY STP	196	COSOPT PF SOL 2%-0.5%	225
CONTROL SOL LIQ HI/MID/L	196	COSOPT SOL 22.3-6.8	225
CONTROL SOL LIQ HIGH/LOW	196	COTELLIC TAB 20MG	96
CONTROL SOL LIQ LEVEL 2	196	COTEMPLA TAB 17.3MG	7
CONTROL SOL LIQ MID	196	COTEMPLA TAB 25.9MG	7
CONTROL SOL NORMAL	196	COTEMPLA TAB 8.6MG	7
CONZIP CAP 100MG	25	COZAAR TAB 100MG	81
CONZIP CAP 200MG	25	COZAAR TAB 25MG	80
CONZIP CAP 300MG	25	COZAAR TAB 50MG	81
COOL BLOOD TES GLUCOSE	159	CREON CAP 12000UNT	170
COOL CONTROL SOL A	196	CREON CAP 24000UNT	170
COOL CONTROL SOL B	196	CREON CAP 3000UNIT	170
COPAXONE INJ 20MG/ML	236	CREON CAP 36000UNT	170
COPAXONE INJ 40MG/ML	236	CREON CAP 6000UNIT	170
COPIKTRA CAP 15MG	96	CRESEMBA CAP 186 MG	73
COPIKTRA CAP 25MG	96	CRESTOR TAB 10MG	76
CORDRAN 80X3 TAP 4MCG/CM	150	CRESTOR TAB 20MG	76
CORDRAN CRE 0.025%	150	CRESTOR TAB 40MG	76
CORDRAN CRE 0.05%	150	CRESTOR TAB 5MG	76
CORDRAN LOT 0.05%	150	CRINONE GEL 4% VAG	251
CORDRAN OIN 0.05%	151	CRINONE GEL 8% VAG	251
COREG CR CAP 10MG	120	CRIXIVAN CAP 400MG	112
COREG CR CAP 20MG	120	<i>cromolyn sodium ophth soln 4%</i>	230
COREG CR CAP 40MG	120	<i>cromolyn sodium oral conc 100 mg/5ml</i>	
COREG CR CAP 80MG	120	<i>.....</i>	182
COREG TAB 12.5MG	120	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	
COREG TAB 25MG	120	<i>.....</i>	42
COREG TAB 3.125MG	120	<i>crotamiton lotion 10%</i>	156
COREG TAB 6.25MG	120	CRUCIAL LIQ UNFLAVOR	166
CORGARD TAB 20MG	121	CUPRIMINE CAP 250MG	216
CORGARD TAB 40MG	121	CURITY PREP PAD ALCOHOL	209
CORGARD TAB 80MG	121	CURITY SWABS PAD ALCOHOL	209
CORLANOR SOL 5MG/5ML	131	CUTIVATE LOT 0.05%	151
CORLANOR TAB 5MG	131	CUVPOSA SOL 1MG/5ML	246
CORLANOR TAB 7.5MG	131	CVS ADVANCED TES GLUCOSE	159
CORTEF TAB 10MG	136	CVS GLUCOSE TES TEST STR	159

CVS KETONE TES CARE	159	CYSTAGON CAP 50MG.....	185
CVS LANCETS MIS 21G	196	CYSTARAN SOL 0.44%.....	230
CVS LANCETS MIS 30G	196	CYTOMEL TAB 25MCG	243
CVS LANCETS MIS 33G	196	CYTOMEL TAB 50MCG	243
CVS LANCETS MIS ORIGINAL.....	196	CYTOMEL TAB 5MCG.....	243
CVS LANCETS MIS THIN 26G	196	CYTOTEC TAB 100MCG.....	248
CVS LANCETS MIS THIN 30G	196	CYTOTEC TAB 200MCG.....	248
CVS LANCETS MIS THIN 33G	196	D	
CVS LANCING MIS DEVICE	196	<i>dalfampridine tab er 12hr 10 mg</i>	236
<i>cyanocobalamin inj 1000 mcg/ml</i> ...	188	DALIRESP TAB 250MCG	43
CYANOCOBALAM SOL 2000MCG	188	DALIRESP TAB 500MCG	43
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i>		<i>danazol cap 100 mg</i>	34
.....	222	<i>danazol cap 200 mg</i>	34
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i>		<i>danazol cap 50 mg</i>	34
.....	222	DANTRIUM CAP 25MG.....	223
<i>cyclobenzaprine hcl tab 10 mg</i>	223	DANTRIUM CAP 50MG.....	223
<i>cyclobenzaprine hcl tab 5 mg</i>	222	<i>dantrolene sodium cap 100 mg</i>	223
<i>cyclobenzaprine hcl tab 7.5 mg</i>	222	<i>dantrolene sodium cap 25 mg</i>	223
CYCLOGYL SOL 0.5% OP	226	<i>dantrolene sodium cap 50 mg</i>	223
CYCLOGYL SOL 1% OP	226	<i>dapsone gel 5%</i>	141
CYCLOGYL SOL 2% OP.....	226	<i>dapsone gel 7.5%</i>	141
CYCLOMYDRIL SOL OP	226	<i>dapsone tab 100 mg</i>	37
<i>cyclopentolate hcl ophth soln 0.5%</i>	226	<i>dapsone tab 25 mg</i>	37
<i>cyclopentolate hcl ophth soln 1%</i> ...	226	DARAPRIM TAB 25MG.....	88
<i>cyclopentolate hcl ophth soln 2%</i> ...	226	<i>darifenacin hydrobromide tab er 24hr</i>	
<i>cyclophosphamide cap 25 mg</i>	90	15 mg (base equiv)	249
<i>cyclophosphamide cap 50 mg</i>	90	<i>darifenacin hydrobromide tab er 24hr</i>	
CYCLOPHOSPH TAB 25MG	90	7.5 mg (base equiv)	249
CYCLOPHOSPH TAB 50MG	90	DAYPRO TAB 600MG.....	18
<i>cycloserine cap 250 mg</i>	89	DAYTRANA DIS 10MG/9HR.....	7
CYCLOSET TAB 0.8MG	66	DAYTRANA DIS 15MG/9HR.....	7
<i>cyclosporine cap 100 mg</i>	216	DAYTRANA DIS 20MG/9HR.....	7
<i>cyclosporine cap 25 mg</i>	216	DAYTRANA DIS 30MG/9HR.....	7
<i>cyclosporine modified cap 100 mg</i> ..	216	DAYVIGO TAB 10MG	191
<i>cyclosporine modified cap 25 mg</i>	216	DAYVIGO TAB 5MG.....	191
<i>cyclosporine modified cap 50 mg</i>	216	D-CARE BLOOD TES GLUCOSE	159
<i>cyclosporine modified oral soln 100</i>		DDAVP SOL 0.01%	177
<i>mg/ml</i>	216	DDAVP TAB 0.1MG	177
CYMBALTA CAP 20MG	60	DDAVP TAB 0.2MG	177
CYMBALTA CAP 30MG	60	<i>deferasirox granules packet 180 mg</i> .	70
CYMBALTA CAP 60MG	60	<i>deferasirox granules packet 360 mg</i> .	70
<i>cyproheptadine hcl syrup 2 mg/5ml</i> ..	74	<i>deferasirox granules packet 90 mg</i> ...	70
<i>cyproheptadine hcl tab 4 mg</i>	74	<i>deferasirox tab 180 mg</i>	70
CYSTADANE POW	175	<i>deferasirox tab 360 mg</i>	70
CYSTADROPS SOL 0.37%	230	<i>deferasirox tab 90 mg</i>	70
CYSTAGON CAP 150MG	185	<i>deferasirox tab for oral susp 125 mg</i> 70	

<i>deferasirox tab for oral susp 250 mg</i>	70
<i>deferasirox tab for oral susp 500 mg</i>	70
<i>deferiprone tab 500 mg</i>	70
DELESTROGEN INJ 10MG/ML	179
DELESTROGEN INJ 20MG/ML	179
DELESTROGEN INJ 40MG/ML	179
DELZICOL CAP 400MG	182
<i>demeclocycline hcl tab 150 mg</i>	241
<i>demeclocycline hcl tab 300 mg</i>	241
DEMSEER CAP 250MG	80
DENAVIR CRE 1%	149
DEPAKOTE ER TAB 250MG.....	56
DEPAKOTE ER TAB 500MG.....	56
DEPAKOTE SPR CAP 125MG.....	56
DEPAKOTE TAB 125MG DR	56
DEPAKOTE TAB 250MG DR	56
DEPAKOTE TAB 500MG DR	56
DEPEN TITRA TAB 250MG.....	216
DEPO-ESTRADI INJ 5MG/ML	179
DEPO-PROVERA INJ 150MG/ML	135
DEPO-SQ PROV INJ 104	135
DEPO-TESTOST INJ 100MG/ML	34
DEPO-TESTOST INJ 200MG/ML	35
DERMA-SMOOTH OIL /FS BODY.....	151
DERMA-SMOOTH OIL /FS SCLP	151
DERMOTIC OIL 0.01%	231
DESCOVY TAB 200/25MG	112
<i>desipramine hcl tab 100 mg</i>	62
<i>desipramine hcl tab 10 mg</i>	62
<i>desipramine hcl tab 150 mg</i>	62
<i>desipramine hcl tab 25 mg</i>	62
<i>desipramine hcl tab 50 mg</i>	62
<i>desipramine hcl tab 75 mg</i>	62
<i>desloratadine tab 5 mg</i>	74
<i>desloratadine tab orally disintegrating</i> <i>2.5 mg</i>	74
<i>desloratadine tab orally disintegrating</i> <i>5 mg</i>	74
<i>desmopressin acetate nasal spray soln</i> <i>0.01%</i>	177
<i>desmopressin acetate nasal spray soln</i> <i>0.01% (refrigerated)</i>	177
<i>desmopressin acetate tab 0.1 mg</i> ...	177
<i>desmopressin acetate tab 0.2 mg</i> ...	177
<i>desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	133
<i>desogest-ethin est tab 0.1-</i> <i>0.025/0.125-0.025/0.15-0.025mg-</i> <i>mg</i>	133
<i>desogestrel & ethinyl estradiol tab 0.15</i> <i>mg-30 mcg</i>	133
DESONATE GEL 0.05%.....	151
<i>desonide cream 0.05%</i>	151
<i>desonide gel 0.05%</i>	151
<i>desonide lotion 0.05%</i>	151
<i>desonide oint 0.05%</i>	151
DESOWEN CRE 0.05%	151
<i>desoximetasone cream 0.05%</i>	151
<i>desoximetasone cream 0.25%</i>	151
<i>desoximetasone gel 0.05%</i>	151
<i>desoximetasone oint 0.05%</i>	151
<i>desoximetasone oint 0.25%</i>	151
<i>desoximetasone spray 0.25%</i>	151
DESODYN TAB 5MG.....	2
<i>desvenlafaxine succinate tab er 24hr</i> <i>100 mg (base equiv)</i>	60
<i>desvenlafaxine succinate tab er 24hr</i> <i>25 mg (base equiv)</i>	60
<i>desvenlafaxine succinate tab er 24hr</i> <i>50 mg (base equiv)</i>	60
DESVENLAFAX TAB 100MG ER	60
DESVENLAFAX TAB 50MG ER	60
DETROL LA CAP 2MG	249
DETROL LA CAP 4MG	249
DETROL TAB 1MG.....	249
DETROL TAB 2MG.....	249
DEXABLISS TAB 1.5MG	136
DEXAMETHASON CON 1MG/ML.....	136
<i>dexamethasone elixir 0.5 mg/5ml</i> ...136	
<i>dexamethasone sodium phosphate</i> <i>ophth soln 0.1%</i>	228
<i>dexamethasone soln 0.5 mg/5ml</i> ...136	
<i>dexamethasone tab 0.5 mg</i>	136
<i>dexamethasone tab 0.75 mg</i>	136
<i>dexamethasone tab 1.5 mg</i>	136
<i>dexamethasone tab 1 mg</i>	136
<i>dexamethasone tab 2 mg</i>	136
<i>dexamethasone tab 4 mg</i>	136
<i>dexamethasone tab 6 mg</i>	136
<i>dexamethasone tab therapy pack 1.5</i> <i>mg (21)</i>	136

<i>dexamethasone tab therapy pack 1.5 mg (27)</i>	136	<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	136	<i>dextroamphetamine sulfate tab 10 mg</i> 2	
<i>dexamethasone tab therapy pack 1.5 mg (49)</i>	136	<i>dextroamphetamine sulfate tab 15 mg</i> 2	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	137	<i>dextroamphetamine sulfate tab 2.5 mg</i>	2
<i>dexchlorpheniramine maleate oral soln 2 mg/5ml</i>	74	<i>dextroamphetamine sulfate tab 20 mg</i> 2	
DEXCOM G5 MIS RECEIVER	196	<i>dextroamphetamine sulfate tab 30 mg</i> 2	
DEXCOM G5 MIS TRANSMIT.....	196	<i>dextroamphetamine sulfate tab 5 mg</i> .2	
DEXCOM G6 MIS RECEIVER	196	<i>dextroamphetamine sulfate tab 7.5 mg</i>	2
DEXCOM G6 MIS SENSOR	196	DIABETIC TF LIQ.....	166
DEXCOM G6 MIS TRANSMIT.....	196	DIABETISOURC LIQ	166
DEXEDRINE CAP 10MG CR	2	DIACOMIT CAP 250MG.....	51
DEXEDRINE CAP 15MG CR	2	DIACOMIT CAP 500MG.....	51
DEXEDRINE CAP 5MG CR	2	DIACOMIT PAK 250MG.....	51
DEXILANT CAP 30MG DR	247	DIACOMIT PAK 500MG.....	51
DEXILANT CAP 60MG DR	247	DIASTAT ACDL GEL 12.5-20	50
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	7	DIASTAT ACDL GEL 5-10MG	50
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	7	DIASTAT PED GEL 2.5M GEL.....	50
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	7	DIASTIX TES STRIPS	159
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	7	DIATHRIVE+ MIS TEST STR.....	159
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	7	DIATHRIVE LIQ CONTROL.....	197
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	8	DIATHRIVE MIS LANCETS.....	197
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	8	DIATHRIVE MIS LANCING.....	197
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	7	DIATHRIVE MIS TEST STR	159
<i>dexmethylphenidate hcl tab 10 mg</i>	8	DIATHRIVE MIS UT 30G	197
<i>dexmethylphenidate hcl tab 2.5 mg</i>	8	DIATRUE CONT SOL LEVEL 1	197
<i>dexmethylphenidate hcl tab 5 mg</i>	8	DIATRUE CONT SOL LEVEL 2	197
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	2	DIATRUE CONT SOL LEVEL 3	197
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	2	DIATRUE PLUS TES STRIPS	159
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	<i>diazepam conc 5 mg/ml</i>	40
		<i>diazepam oral soln 1 mg/ml</i>	40
		<i>diazepam rectal gel delivery system 10 mg</i>	50
		<i>diazepam rectal gel delivery system 2.5 mg</i>	50
		<i>diazepam rectal gel delivery system 20 mg</i>	50
		<i>diazepam tab 10 mg</i>	40
		<i>diazepam tab 2 mg</i>	40
		<i>diazepam tab 5 mg</i>	40
		<i>diazoxide susp 50 mg/ml</i>	66
		DIBENZYLINE CAP 10MG.....	80
		DICLEGIS TAB 10-10MG	72
		DICLOFENAC CAP 35MG.....	18

<i>diclofenac epolamine patch 1.3% ...</i>	142	<i>dihydroergotamine mesylate nasal</i>	
<i>diclofenac potassium tab 50 mg</i>	18	<i>spray 4 mg/ml</i>	212
<i>diclofenac sodium (actinic keratoses)</i>		DILANTIN-125 SUS 125/5ML	56
<i>gel 3%</i>	144	DILANTIN CAP 100MG	56
<i>diclofenac sodium ophth soln 0.1%.</i>	230	DILANTIN CAP 30MG	56
<i>diclofenac sodium soln 1.5%</i>	142	DILANTIN CHW 50MG	56
<i>diclofenac sodium tab delayed release</i>		DILATRATE SR CAP 40MG	38
<i>25 mg</i>	18	DILAUDID LIQ 1MG/ML	25
<i>diclofenac sodium tab delayed release</i>		DILAUDID TAB 2MG	25
<i>50 mg</i>	18	DILAUDID TAB 4MG	25
<i>diclofenac sodium tab delayed release</i>		DILAUDID TAB 8MG	25
<i>75 mg</i>	18	<i>diltiazem hcl cap er 12hr 120 mg....</i>	123
<i>diclofenac sodium tab er 24hr 100 mg</i>		<i>diltiazem hcl cap er 12hr 60 mg</i>	123
<i>.....</i>	18	<i>diltiazem hcl cap er 12hr 90 mg</i>	123
<i>diclofenac w/ misoprostol tab delayed</i>		<i>diltiazem hcl cap er 24hr 120 mg....</i>	123
<i>release 50-0.2 mg</i>	18	<i>diltiazem hcl cap er 24hr 180 mg....</i>	123
<i>diclofenac w/ misoprostol tab delayed</i>		<i>diltiazem hcl cap er 24hr 240 mg....</i>	123
<i>release 75-0.2 mg</i>	18	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>dicloxacillin sodium cap 250 mg</i>	232	<i>120 mg</i>	123
<i>dicloxacillin sodium cap 500 mg</i>	233	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>dicyclomine hcl cap 10 mg</i>	246	<i>180 mg</i>	123
<i>dicyclomine hcl oral soln 10 mg/5ml</i>		<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>.....</i>	246	<i>240 mg</i>	123
<i>dicyclomine hcl tab 20 mg</i>	246	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diethylpropion hcl tab 25 mg</i>	4	<i>300 mg</i>	123
<i>diethylpropion hcl tab er 24hr 75 mg..</i>	4	<i>diltiazem hcl coated beads cap er 24hr</i>	
DIFFERIN CRE 0.1%	141	<i>360 mg</i>	123
DIFFERIN GEL 0.1%	141	<i>diltiazem hcl coated beads tab er 24hr</i>	
DIFFERIN GEL 0.3%	141	<i>180 mg</i>	123
DIFFERIN LOT 0.1%	141	<i>diltiazem hcl coated beads tab er 24hr</i>	
DIFICID SUS	193	<i>240 mg</i>	124
DIFICID TAB 200MG	193	<i>diltiazem hcl coated beads tab er 24hr</i>	
<i>diflorasone diacetate cream 0.05%.</i>	151	<i>300 mg</i>	124
<i>diflorasone diacetate oint 0.05%</i>	151	<i>diltiazem hcl coated beads tab er 24hr</i>	
DIFLUCAN SUS 10MG/ML	73	<i>360 mg</i>	124
DIFLUCAN SUS 40MG/ML	73	<i>diltiazem hcl coated beads tab er 24hr</i>	
DIFLUCAN TAB 100MG	73	<i>420 mg</i>	124
DIFLUCAN TAB 150MG	73	<i>diltiazem hcl extended release beads</i>	
DIFLUCAN TAB 200MG	73	<i>cap er 24hr 120 mg</i>	124
DIFLUCAN TAB 50MG	73	<i>diltiazem hcl extended release beads</i>	
<i>diflunisal tab 500 mg</i>	24	<i>cap er 24hr 180 mg</i>	124
<i>difluprednate ophth emulsion 0.05%</i>		<i>diltiazem hcl extended release beads</i>	
<i>.....</i>	228	<i>cap er 24hr 240 mg</i>	124
<i>digoxin oral soln 0.05 mg/ml</i>	126	<i>diltiazem hcl extended release beads</i>	
<i>digoxin tab 125 mcg (0.125 mg)</i>	126	<i>cap er 24hr 300 mg</i>	124
<i>digoxin tab 250 mcg (0.25 mg)</i>	126		

<i>diltiazem hcl extended release beads</i>		<i>divalproex sodium tab delayed release</i>	
cap er 24hr 360 mg	124	500 mg	57
<i>diltiazem hcl extended release beads</i>		<i>divalproex sodium tab er 24 hr 250 mg</i>	
cap er 24hr 420 mg	124	.....	57
<i>diltiazem hcl tab 120 mg</i>	124	<i>divalproex sodium tab er 24 hr 500 mg</i>	
<i>diltiazem hcl tab 30 mg</i>	124	.....	57
<i>diltiazem hcl tab 60 mg</i>	124	DIVIGEL GEL 0.25MG.....	179
<i>diltiazem hcl tab 90 mg</i>	124	DIVIGEL GEL 0.5MG	179
<i>dimethyl fumarate capsule delayed</i>		DIVIGEL GEL 0.75MG.....	179
<i>release 120 mg</i>	236	DIVIGEL GEL 1.25MG.....	179
<i>dimethyl fumarate capsule delayed</i>		DIVIGEL GEL 1MG/GM	179
<i>release 240 mg</i>	236	<i>dofetilide cap 125 mcg (0.125 mg) ...</i>	42
<i>dimethyl fumarate capsule dr starter</i>		<i>dofetilide cap 250 mcg (0.25 mg)</i>	42
<i>pack 120 mg & 240 mg</i>	236	<i>dofetilide cap 500 mcg (0.5 mg)</i>	42
DIOVAN HCT TAB 160-12.5	84	<i>donepezil hydrochloride orally</i>	
DIOVAN HCT TAB 160-25MG	84	<i>disintegrating tab 10 mg</i>	233
DIOVAN HCT TAB 320-12.5	84	<i>donepezil hydrochloride orally</i>	
DIOVAN HCT TAB 320-25MG	84	<i>disintegrating tab 5 mg</i>	233
DIOVAN HCT TAB 80/12.5.....	84	<i>donepezil hydrochloride tab 10 mg</i> .	234
DIOVAN TAB 160MG.....	81	<i>donepezil hydrochloride tab 23 mg</i> .	234
DIOVAN TAB 320MG.....	81	<i>donepezil hydrochloride tab 5 mg</i> ...	233
DIOVAN TAB 40MG.....	81	DOPTelet TAB 20MG.....	188
DIOVAN TAB 80MG.....	81	DORAL TAB 15MG	190
DIPENTUM CAP 250MG.....	182	DORYX MPC TAB 120MG.....	241
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		DORYX TAB 200MG.....	241
<i>mg/5ml.....</i>	70	DORYX TAB 50MG	241
<i>diphenoxylate w/ atropine tab 2.5-</i>		DORYX TAB 80MG	241
<i>0.025 mg</i>	70	<i>dorzolamide hcl ophth soln 2%</i>	230
DIPROLENE AF CRE 0.05%	151	<i>dorzolamide hcl-timolol maleate ophth</i>	
DIPROLENE OIN 0.05%	151	<i>sol 22.3-6.8 mg/ml pf</i>	225
<i>dipyridamole tab 25 mg</i>	187	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>dipyridamole tab 50 mg</i>	187	<i>soln 22.3-6.8 mg/ml</i>	225
<i>dipyridamole tab 75 mg</i>	187	DORZOLAMIDE SOL 2%	230
<i>disopyramide phosphate cap 100 mg</i>	41	DOVATO TAB 50-300MG.....	112
<i>disopyramide phosphate cap 150 mg</i>	41	DOVONEX CRE 0.005%	146
<i>disulfiram tab 250 mg</i>	233	<i>doxazosin mesylate tab 1 mg</i>	82
<i>disulfiram tab 500 mg</i>	233	<i>doxazosin mesylate tab 2 mg</i>	82
DITROPAN XL TAB 10MG	249	<i>doxazosin mesylate tab 4 mg</i>	82
DITROPAN XL TAB 5MG	249	<i>doxazosin mesylate tab 8 mg</i>	82
DIURIL SUS 250/5ML.....	172	<i>doxepin hcl (sleep) tab 3 mg (base</i>	
<i>divalproex sodium cap delayed release</i>		<i>equiv)</i>	190
<i>sprinkle 125 mg</i>	57	<i>doxepin hcl (sleep) tab 6 mg (base</i>	
<i>divalproex sodium tab delayed release</i>		<i>equiv)</i>	190
<i>125 mg</i>	57	<i>doxepin hcl cap 100 mg</i>	62
<i>divalproex sodium tab delayed release</i>		<i>doxepin hcl cap 10 mg</i>	62
<i>250 mg</i>	57	<i>doxepin hcl cap 150 mg</i>	62

<i>doxepin hcl cap 25 mg</i>	62	<i>doxylamine-pyridoxine tab delayed</i>	
<i>doxepin hcl cap 50 mg</i>	62	<i>release 10-10 mg</i>	72
<i>doxepin hcl cap 75 mg</i>	62	DRISDOL CAP 50000UNT.....	252
<i>doxepin hcl conc 10 mg/ml</i>	62	DRIZALMA CAP 20MG DR	60
<i>doxepin hcl cream 5%</i>	145	DRIZALMA CAP 30MG DR	60
<i>doxercalciferol cap 0.5 mcg</i>	175	DRIZALMA CAP 40MG DR	60
<i>doxercalciferol cap 1 mcg</i>	175	DRIZALMA CAP 60MG DR	60
<i>doxercalciferol cap 2.5 mcg</i>	175	<i>dronabinol cap 10 mg</i>	72
<i>doxycycline hyclate cap 100 mg</i>	241	<i>dronabinol cap 2.5 mg</i>	72
<i>doxycycline hyclate cap 50 mg</i>	241	<i>dronabinol cap 5 mg</i>	72
<i>doxycycline hyclate tab 100 mg</i>	241	DROPLET LANC MIS 30G	197
<i>doxycycline hyclate tab 150 mg</i>	241	DROPLET LANC MIS DEVICE	197
<i>doxycycline hyclate tab 20 mg</i>	241	DROPLET PERS MIS LANC 30G	197
<i>doxycycline hyclate tab 50 mg</i>	241	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>doxycycline hyclate tab 75 mg</i>	241	<i>0.02 mg</i>	133
<i>doxycycline hyclate tab delayed release</i>		<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>100 mg</i>	241	<i>0.03 mg</i>	133
<i>doxycycline hyclate tab delayed release</i>		<i>drospirenone-ethinyl estrad-</i>	
<i>150 mg</i>	241	<i>levomefolate tab 3-0.02-0.451 mg</i>	
<i>doxycycline hyclate tab delayed release</i>		.....	133
<i>200 mg</i>	242	<i>drospirenone-ethinyl estrad-</i>	
<i>doxycycline hyclate tab delayed release</i>		<i>levomefolate tab 3-0.03-0.451 mg</i>	
<i>50 mg</i>	241	.....	133
<i>doxycycline hyclate tab delayed release</i>		DROXIA CAP 200MG	187
<i>75 mg</i>	241	DROXIA CAP 300MG	187
<i>doxycycline hyclate tab delayed release</i>		DROXIA CAP 400MG	187
<i>80 mg</i>	241	<i>droxidopa cap 100 mg</i>	252
<i>doxycycline monohydrate cap 100 mg</i>		<i>droxidopa cap 200 mg</i>	252
.....	242	<i>droxidopa cap 300 mg</i>	252
<i>doxycycline monohydrate cap 150 mg</i>		DRYSOL SOL 20%	156
.....	242	DUAKLIR AER 400/12	45
<i>doxycycline monohydrate cap 50 mg</i>		DUAVEE TAB 0.45-20.....	178
.....	242	DUETACT TAB 30-2MG.....	63
<i>doxycycline monohydrate cap 75 mg</i>		DUETACT TAB 30-4MG.....	63
.....	242	DUET DHA 400 MIS 25-1-400	219
<i>doxycycline monohydrate for susp 25</i>		DUET DHA MIS BALANCED	219
<i>mg/5ml</i>	242	DUEXIS TAB 800-26.6	18
<i>doxycycline monohydrate tab 100 mg</i>		DULERA AER 100-5MCG.....	45
.....	242	DULERA AER 200-5MCG.....	46
<i>doxycycline monohydrate tab 150 mg</i>		DULERA AER 50-5MCG.....	45
.....	242	<i>duloxetine hcl enteric coated pellets</i>	
<i>doxycycline monohydrate tab 50 mg</i>		<i>cap 20 mg (base eq)</i>	61
.....	242	<i>duloxetine hcl enteric coated pellets</i>	
<i>doxycycline monohydrate tab 75 mg</i>		<i>cap 30 mg (base eq)</i>	61
.....	242	<i>duloxetine hcl enteric coated pellets</i>	
		<i>cap 40 mg (base eq)</i>	61

<i>duloxetine hcl enteric coated pellets</i>	
cap 60 mg (base eq).....	61
DUOBRII LOT.....	151
DUO-CARE LIQ LEVEL1/2	197
DUO-CARE TES	159
DUPIXENT INJ 100/0.67	154
DUPIXENT INJ 200/1.14	154
DUPIXENT INJ 200MG	154
DUPIXENT INJ 300/2ML.....	154
DURAGESIC DIS 100MCG/H	25
DURAGESIC DIS 12MCG/HR	25
DURAGESIC DIS 25MCG/HR	25
DURAGESIC DIS 50MCG/HR	25
DURAGESIC DIS 75MCG/HR	25
DUREZOL EMU 0.05%.....	228
DURLAZA CAP 162.5MG	187
<i>dutasteride cap 0.5 mg</i>	185
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
<i>mg</i>	185
DUTOPROL TAB 100-12.5	84
DUTOPROL TAB 25-12.5	84
DUTOPROL TAB 50-12.5	84
DXEVO 11-DAY PAK 1.5MG	137
DYANAVAL XR SUS 2.5MG/ML.....	2
DYMISTA SPR 137-50	223
DYRENIUM CAP 100MG	172
DYRENIUM CAP 50MG	172
E	
E.E.S. GRAN SUS 200/5ML	192
EAA SUPPLEME POW TROPICAL	166
EASIVENT MIS	211
EASIVENT MIS MASK LG	211
EASIVENT MIS MASK MED	211
EASIVENT MIS MASK SM	211
EASY COMFORT MIS 30G.....	197
EASY COMFORT MIS LANC/30G	197
EASY COMFORT MIS TWIST	197
EASY COMFORT PAD ALCOHOL.....	209
EASYGLUCO SOL PLUS	198
EASYGLUCO TES	159
EASYGLUCO TES PLUS	159
EASYMAX 15 LIQ LEVEL2-3.....	198
EASYMAX 15 SOL LEVEL 2	198
EASYMAX 15 TES	159
EASYMAX LIQ NORM/HIG	198
EASYMAX SOL NORMAL.....	198

EASYMAX TES	160
EASY MINI MIS	197
EASY MINI MIS EJECT	197
EASY PLUS II SOL HIGH	197
EASY PLUS II SOL LOW	197
EASY PLUS II TES BLD GLUC.....	159
EASYPRO PLUS TES	160
EASYPRO TES BLD GLUC	160
EASYPSTEP HGH SOL CONTROL	198
EASYPSTEP LOW SOL CONTROL	198
EASY STEP TES	159
EASY TALK SOL HIGH	197
EASY TALK SOL LOW	197
EASY TALK SOL NORMAL.....	197
EASY TALK TES BLD GLUC.....	159
EASY TOUCH MIS	197
EASY TOUCH MIS LANC/21G.....	197
EASY TOUCH MIS LANC/23G.....	197
EASY TOUCH MIS LANC/26G.....	197
EASY TOUCH MIS LANC/28G.....	197
EASY TOUCH MIS LANC/30G.....	197
EASY TOUCH MIS LANC/32G.....	197
EASY TOUCH MIS LANC/33G.....	197
EASY TOUCH SOL CONTROL	197
EASY TOUCH SOL HIGH/LOW	197
EASY TOUCH TES GLUCOSE.....	159
EASY TOUCH TES STRIPS	159
EASY TRAK II LIQ NORMAL.....	197
EASY TRAK II TES BLD GLUC	159
EASY TRAK SOL HIGH	197
EASY TRAK SOL LOW	197
EASY TRAK SOL NORMAL	198
EASY TRAK TES BLD GLUC	159
EC-NAPROSYN TAB 375MG	18
EC-NAPROSYN TAB 500MG	18
EC-NAPROXEN TAB 375MG.....	18
EC-NAPROXEN TAB 500MG.....	18
<i>econazole nitrate cream 1%</i>	143
ECOZA AER 1%.....	143
EDARBI TAB 40MG	81
EDARBI TAB 80MG	81
EDARBYCLOR TAB 40-12.5	84
EDARBYCLOR TAB 40-25MG	84
EDECRIN TAB 25MG	171
EDEX KIT 10MCG	127
EDEX KIT 20MCG	127

EDEX KIT 40MCG	128	EMBRACE PRO TES	160
EDLUAR SUB 10MG.....	190	EMBRACE SOL LOW	198
EDLUAR SUB 5MG	190	EMBRACE TALK SOL HIGH/L2.....	198
EDURANT TAB 25MG.....	112	EMBRACE TALK SOL LOW/L1.....	198
<i>efavirenz cap 200 mg</i>	<i>112</i>	EMBRACE TALK TES STRIPS.....	160
<i>efavirenz cap 50 mg</i>	<i>112</i>	EMBRACE TES BLD GLUC.....	160
<i>efavirenz-emtricitabine-tenofovir df tab</i>		EMCYT CAP 140MG.....	93
<i>600-200-300 mg</i>	<i>112</i>	EMEND CAP 80MG.....	72
<i>efavirenz-lamivudine-tenofovir df tab</i>		EMEND SUS 125MG.....	72
<i>400-300-300 mg</i>	<i>112</i>	EMEND TRIPAC PAK 80 & 125	72
<i>efavirenz-lamivudine-tenofovir df tab</i>		EMGALITY INJ 100MG/ML	211
<i>600-300-300 mg</i>	<i>112</i>	EMGALITY INJ 120MG/ML.....	211, 212
<i>efavirenz tab 600 mg.....</i>	<i>112</i>	EMSAM DIS 12MG/24H	58
EFFEXOR XR CAP 150MG.....	61	EMSAM DIS 6MG/24HR	58
EFFEXOR XR CAP 37.5MG.....	61	EMSAM DIS 9MG/24HR	58
EFFEXOR XR CAP 75MG	61	<i>emtricitabine caps 200 mg.....</i>	<i>112</i>
EFFIENT TAB 10MG	187	<i>emtricitabine-tenofovir disoproxil</i>	
EFFIENT TAB 5MG	187	<i>fumarate tab 100-150 mg.....</i>	<i>113</i>
EFUDEX CRE 5%	144	<i>emtricitabine-tenofovir disoproxil</i>	
EGRIFTA SV INJ 2MG	175	<i>fumarate tab 133-200 mg.....</i>	<i>113</i>
ELEMENT CONT LIQ NORMAL	198	<i>emtricitabine-tenofovir disoproxil</i>	
ELEMENT LIQ HIGH	198	<i>fumarate tab 167-250 mg.....</i>	<i>113</i>
ELEMENT LIQ LOW	198	<i>emtricitabine-tenofovir disoproxil</i>	
ELEMENT TES	160	<i>fumarate tab 200-300 mg.....</i>	<i>113</i>
ELEMNT COMPA SOL LEVEL 2.....	198	EMTRIVA CAP 200MG.....	113
ELEMNT COMPA SOL LEVEL 3.....	198	EMTRIVA SOL 10MG/ML	113
ELEMNT COMPA TES STRIPS	160	EMVERM CHW 100MG.....	36
ELESTRIN GEL 0.06%	179	ENABLEX TAB 7.5MG	249
<i>eletriptan hydrobromide tab 20 mg</i>		<i>enalapril maleate & hydrochlorothiazide</i>	
<i>(base equivalent)</i>	<i>212</i>	<i>tab 10-25 mg</i>	<i>84</i>
<i>eletriptan hydrobromide tab 40 mg</i>		<i>enalapril maleate & hydrochlorothiazide</i>	
<i>(base equivalent)</i>	<i>212</i>	<i>tab 5-12.5 mg</i>	<i>84</i>
ELIDEL CRE 1%	155	<i>enalapril maleate oral soln 1 mg/ml..</i>	<i>79</i>
ELIMITE CRE 5%.....	156	<i>enalapril maleate tab 10 mg</i>	<i>79</i>
ELIQUIS ST P TAB 5MG.....	47	<i>enalapril maleate tab 2.5 mg</i>	<i>79</i>
ELIQUIS TAB 2.5MG	47	<i>enalapril maleate tab 20 mg</i>	<i>79</i>
ELIQUIS TAB 5MG.....	47	<i>enalapril maleate tab 5 mg.....</i>	<i>79</i>
ELIXOPHYLLIN ELX 80/15ML.....	47	ENBRACE HR CAP	219
ELLA TAB 30MG	135	ENBREL INJ 25/0.5ML.....	22
ELMIRON CAP 100MG	185	ENBREL INJ 25MG.....	23
EMBRACE CNTR LIQ HIGH	198	ENBREL INJ 50MG/ML.....	23
EMBRACE EVO LIQ LEVEL 1	198	ENBREL MINI INJ 50MG/ML	23
EMBRACE EVO TES	160	ENBREL SRCLK INJ 50MG/ML.....	24
EMBRACE LANC MIS /EJECTOR.....	198	ENCARE SUP 100MG	250
EMBRACE LANC MIS THIN 30G.....	198	ENDARI POW 5GM	187
EMBRACE PRO LIQ GLUCOSE	198	ENDOMETRIN SUP 100MG	251

<i>enoxaparin sodium inj 100 mg/ml</i> 48	EPINEPHR PRO KIT 1MG/ML.....251
<i>enoxaparin sodium inj 120 mg/0.8ml</i> 48	EPINPHEPHRIN KIT SNAP-V 252
<i>enoxaparin sodium inj 150 mg/ml</i> 48	EPIPEN 2-PAK INJ 0.3MG.....252
<i>enoxaparin sodium inj 300 mg/3ml</i> ..48	EPIPEN-JR INJ 0.15MG.....252
<i>enoxaparin sodium inj 30 mg/0.3ml</i> .48	EPIVIR SOL 10MG/ML 113
<i>enoxaparin sodium inj 40 mg/0.4ml</i> .48	EPIVIR TAB 150MG.....113
<i>enoxaparin sodium subcutaneous soln</i>	EPIVIR TAB 300MG.....113
<i>60 mg/0.6ml</i> 48	<i>eplerenone tab 25 mg</i> 88
<i>enoxaparin sodium subcutaneous soln</i>	<i>eplerenone tab 50 mg</i> 88
<i>80 mg/0.8ml</i> 48	EPZICOM TAB 600-300 113
ENSTILAR AER 151	EQL LANCETS MIS 21G COLR 198
ENSURE PLANT LIQ CHOCOLAT 166	EQL LANCETS MIS 33G COLR.....198
<i>entacapone tab 200 mg</i> 102	EQL LANCETS MIS THIN 26G 198
<i>entecavir tab 0.5 mg</i> 118	EQL LANCETS MIS THIN 30G 198
<i>entecavir tab 1 mg</i> 118	EQUACARE JR POW CHOCO 170
ENTERAGAM POW 5GM 166	EQUACARE JR POW UNFLAVOR.....170
ENTEREG CAP 12MG 183	EQUACARE JR POW VANILLA.....170
ENTOCORT EC CAP 3MG DR.....137	EQUETRO CAP 100MG 105
ENTRESTO TAB 24-26MG 127	EQUETRO CAP 200MG 105
ENTRESTO TAB 49-51MG 127	EQUETRO CAP 300MG 105
ENTRESTO TAB 97-103MG.....127	ERGOCAL CAP 2500UNIT.....252
ENU PRO3 POW PLUS.....170	<i>ergocalciferol cap 1.25 mg (50000 unit)</i>
EO28 SPLASH LIQ ORANGE 166	252
EPANED SOL 1MG/ML 79	<i>ergoloid mesylates tab 1 mg</i> 238
EPCLUSA PAK 150-37.5.....118	ERGOMAR SUB 2MG 212
EPCLUSA PAK 200-50MG 118	<i>ergotamine w/ caffeine suppos 2-100</i>
EPCLUSA TAB 200-50MG 118	<i>mg</i> 212
EPCLUSA TAB 400-100.....118	<i>ergotamine w/ caffeine tab 1-100 mg</i>
EPICYN SPR.....156	212
EPIDIOLEX SOL 100MG/ML.....51	ERIVEDGE CAP 150MG.....92
EPIDUO FORTE GEL 0.3-2.5% 141	ERLEADA TAB 60MG 93
EPIDUO GEL 0.1-2.5% 141	<i>erlotinib hcl tab 100 mg (base</i>
EPIFOAM AER 1%.....151	<i>equivalent)</i> 92
<i>epinastine hcl ophth soln 0.05%</i> 230	<i>erlotinib hcl tab 150 mg (base</i>
EPINEPHRINE INJ 0.2MG 252	<i>equivalent)</i> 92
EPINEPHRINE INJ 1MG/10ML 252	<i>erlotinib hcl tab 25 mg (base</i>
EPINEPHRINE INJ 1MG/ML.....252	<i>equivalent)</i> 92
<i>epinephrine inj 30 mg/30ml (1 mg/ml)</i>	ERTACZO CRE 2% 143
<i>(1:1000)</i> 251	ERYGEL GEL 2%.....141
EPINEPHRINE KIT 1MG/ML 251	ERYPED SUS 200/5ML.....192
<i>epinephrine solution auto-injector 0.15</i>	ERYPED SUS 400/5ML.....193
<i>mg/0.15ml (1:1000)</i> 252	<i>erythromycin ethylsuccinate for susp</i>
<i>epinephrine solution auto-injector 0.15</i>	<i>200 mg/5ml</i> 193
<i>mg/0.3ml (1:2000)</i> 252	<i>erythromycin ethylsuccinate for susp</i>
<i>epinephrine solution auto-injector 0.3</i>	<i>400 mg/5ml</i> 193
<i>mg/0.3ml (1:1000)</i> 252	

<i>erythromycin ethylsuccinate tab 400 mg</i>	193	ESTRACE TAB 2MG	179
<i>erythromycin gel 2%</i>	141	ESTRACE VAG CRE 0.01%	251
<i>erythromycin ophth oint 5 mg/gm</i> ..	227	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	179
<i>erythromycin pads 2%</i>	141	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	179
<i>erythromycin soln 2%</i>	141	<i>estradiol tab 0.5 mg</i>	180
<i>erythromycin stearate tab 250 mg</i> ..	193	<i>estradiol tab 1 mg</i>	180
<i>erythromycin tab 250 mg</i>	193	<i>estradiol tab 2 mg</i>	180
<i>erythromycin tab 500 mg</i>	193	<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	180
<i>erythromycin tab delayed release 250 mg</i>	193	<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	180
<i>erythromycin tab delayed release 333 mg</i>	193	<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	180
<i>erythromycin tab delayed release 500 mg</i>	193	<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	180
<i>erythromycin w/ delayed release particles cap 250 mg</i>	193	<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	180
ESBRIET CAP 267MG	240	<i>estradiol td patch weekly 0.025 mg/24hr</i>	180
ESBRIET TAB 267MG	241	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	180
ESBRIET TAB 801MG	241	<i>estradiol td patch weekly 0.05 mg/24hr</i>	180
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	58	<i>estradiol td patch weekly 0.06 mg/24hr</i>	180
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	58	<i>estradiol td patch weekly 0.075 mg/24hr</i>	180
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	58	<i>estradiol td patch weekly 0.1 mg/24hr</i>	180
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	58	<i>estradiol vaginal cream 0.1 mg/gm</i> ..	251
ESGIC TAB	24	<i>estradiol valerate im in oil 20 mg/ml</i>	180
ESKATA SOL 40%	149	<i>estradiol valerate im in oil 40 mg/ml</i>	180
ESOMEPRAZOLE CAP 49.3MG	247	ESTRING MIS 2MG	251
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	247	ESTROGEL GEL	180
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	247	ESTROSTEP FE TAB	133
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	247	<i>eszopiclone tab 1 mg</i>	190
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	247	<i>eszopiclone tab 2 mg</i>	190
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	247	<i>eszopiclone tab 3 mg</i>	190
ESSENTIAL POW CARE JR	170	<i>ethacrynic acid tab 25 mg</i>	171
<i>estazolam tab 1 mg</i>	190	<i>ethambutol hcl tab 100 mg</i>	89
<i>estazolam tab 2 mg</i>	190	<i>ethambutol hcl tab 400 mg</i>	89
ESTRACE TAB 0.5MG	179	<i>ethosuximide cap 250 mg</i>	56
ESTRACE TAB 1MG	179		

<i>ethosuximide soln 250 mg/5ml</i>	56	EVOLUTION SOL NORMAL.....	198
ETHYL CHLOR AER FN STRM	155	EVOLUTION TES AUTOCODE	160
ETHYL CHLOR AER MED STRM.....	155	EVOTAZ TAB 300-150	113
<i>ethyl chloride aerosol spray</i>	155	EVOXAC CAP 30MG.....	218
<i>ethynodiol diacetate & ethinyl estradiol</i>		EVRYSDI SOL	224
<i>tab 1 mg-35 mcg</i>	133	EXACTECH TES	160
<i>ethynodiol diacetate & ethinyl estradiol</i>		EXACTECH TES R-S-G.....	160
<i>tab 1 mg-50 mcg</i>	133	EXELDERM CRE 1%	143
<i>etodolac cap 200 mg</i>	18	EXELDERM SOL 1%	143
<i>etodolac cap 300 mg</i>	18	EXELON DIS 13.3/24	234
<i>etodolac tab 400 mg</i>	18	EXELON DIS 4.6MG/24	234
<i>etodolac tab 500 mg</i>	18	EXELON DIS 9.5MG/24	234
<i>etodolac tab er 24hr 400 mg</i>	18	<i>exemestane tab 25 mg</i>	93
<i>etodolac tab er 24hr 500 mg</i>	18	EXFORGE HCT TAB 10-160-12.5	84
<i>etodolac tab er 24hr 600 mg</i>	18	EXFORGE HCT TAB 10-160-25	84
<i>etonogestrel-ethinyl estradiol va ring</i>		EXFORGE HCT TAB 10-320-25	84
<i>0.120-0.015 mg/24hr</i>	135	EXFORGE HCT TAB 5-160-12.5	84
<i>etoposide cap 50 mg</i>	101	EXFORGE HCT TAB 5-160-25	84
<i>etravirine tab 100 mg</i>	113	EXFORGE TAB 10-160MG	84
<i>etravirine tab 200 mg</i>	113	EXFORGE TAB 10-320MG	84
EUCRISA OIN 2%.....	156	EXFORGE TAB 5-160MG.....	84
EVAMIST SPR 1.53MG.....	180	EXFORGE TAB 5-320MG.....	84
EVEKEO ODT TAB 10MG	2	EXJADE TAB 125MG	70
EVEKEO ODT TAB 15MG	3	EXJADE TAB 250MG	70
EVEKEO ODT TAB 20MG	3	EXJADE TAB 500MG	70
EVEKEO ODT TAB 5MG	2	EXODERM LOT 25-1%.....	143
EVEKEO TAB 10MG	3	EXTINA AER 2%.....	143
EVEKEO TAB 5MG	3	EYSUVIS DRO 0.25%.....	228
EVENCARE + TES BLD GLUC.....	160	EZALLOR SPR CAP 10MG.....	76
EVENCARE G2 SOL LOW/HIGH	198	EZALLOR SPR CAP 20MG.....	77
EVENCARE G2 TES	160	EZALLOR SPR CAP 40MG.....	77
EVENCARE G3 SOL LOW/HIGH	198	EZALLOR SPR CAP 5MG	76
EVENCARE G3 TES	160	<i>ezetimibe-simvastatin tab 10-10 mg</i>	74
EVENCARE SOL LIQ LOW/HIGH	198	<i>ezetimibe-simvastatin tab 10-20 mg</i>	74
EVENCARE TES BLD GLUC	160	<i>ezetimibe-simvastatin tab 10-40 mg</i>	74
EVENCARE TES MINI.....	160	<i>ezetimibe-simvastatin tab 10-80 mg</i>	74
EVENCARE TES PROVIEW	160	<i>ezetimibe tab 10 mg</i>	78
EVENCAR MINI SOL NORMAL	198	E-ZJECT LANC MIS 33G.....	197
<i>everolimus tab 0.25 mg</i>	217	E-Z JECT MIS 21G	197
<i>everolimus tab 0.5 mg</i>	217	E-Z JECT MIS 21G COLR.....	197
<i>everolimus tab 0.75 mg</i>	217	E-Z JECT MIS 30G	197
<i>everolimus tab 2.5 mg</i>	96	E-Z JECT MIS 32G COLR.....	197
<i>everolimus tab 5 mg</i>	96	E-Z JECT MIS LANC 21G.....	197
<i>everolimus tab 7.5 mg</i>	96	E-Z JECT MIS THIN 26G	197
EVISTA TAB 60MG.....	175	EZ-LETS 21G MIS LANCETS	198
EVOCLIN AER 1%.....	141	EZ-LETS 26G MIS LANCETS	198

EZ-LETS 28G MIS LANCETS	198
EZ-LETS 30G MIS LANCETS	198
F	
F.A.A. LIQ	166
FABIOR AER 0.1%	141
<i>famciclovir tab 125 mg</i>	119
<i>famciclovir tab 250 mg</i>	119
<i>famciclovir tab 500 mg</i>	119
<i>famotidine for susp 40 mg/5ml</i>	246
<i>famotidine tab 40 mg</i>	246
FANAPT PAK	106
FANAPT TAB 10MG	106
FANAPT TAB 12MG	106
FANAPT TAB 1MG	106
FANAPT TAB 2MG	106
FANAPT TAB 4MG	106
FANAPT TAB 6MG	106
FANAPT TAB 8MG	106
FARESTON TAB 60MG	93
FARXIGA TAB 10MG	69
FARXIGA TAB 5MG	69
FASENRA PEN INJ 30MG/ML	42
FASTCLIX MIS LANCETS	198
FAVIPIRAVIR TAB 200MG	120
FC2 FEMALE MIS CONDOM	193
FC FEMALE MIS CONDOM	193
<i>febuxostat tab 40 mg</i>	185
<i>febuxostat tab 80 mg</i>	186
<i>felbamate susp 600 mg/5ml</i>	55
<i>felbamate tab 400 mg</i>	55
<i>felbamate tab 600 mg</i>	55
FELBATOL SUS 600/5ML	55
FELBATOL TAB 400MG	55
FELBATOL TAB 600MG	55
FELDENE CAP 10MG	18
FELDENE CAP 20MG	18
<i>felodipine tab er 24hr 10 mg</i>	124
<i>felodipine tab er 24hr 2.5 mg</i>	124
<i>felodipine tab er 24hr 5 mg</i>	124
FEMARA TAB 2.5MG	93
FEMCAP MIS 22MM	193
FEMCAP MIS 26MM	193
FEMCAP MIS 30MM	193
FEMHRT TAB 0.5-2.5	179
FEMRING MIS 0.05/24H	251
FEMRING MIS 0.1MG/24	251

<i>fenofibrate cap 150 mg</i>	75
<i>fenofibrate cap 50 mg</i>	75
<i>fenofibrate micronized cap 130 mg</i>	76
<i>fenofibrate micronized cap 134 mg</i>	76
<i>fenofibrate micronized cap 200 mg</i>	76
<i>fenofibrate micronized cap 43 mg</i>	75
<i>fenofibrate micronized cap 67 mg</i>	75
<i>fenofibrate tab 120 mg</i>	76
<i>fenofibrate tab 145 mg</i>	76
<i>fenofibrate tab 160 mg</i>	76
<i>fenofibrate tab 40 mg</i>	76
<i>fenofibrate tab 48 mg</i>	76
<i>fenofibrate tab 54 mg</i>	76
<i>fenofibric acid tab 105 mg</i>	76
<i>fenofibric acid tab 35 mg</i>	76
FENOGLIDE TAB 120MG	76
FENOGLIDE TAB 40MG	76
<i>fenopropfen calcium cap 200 mg</i>	18
<i>fenopropfen calcium cap 400 mg</i>	18
<i>fenopropfen calcium tab 600 mg</i>	19
FENOPROFEN CAP 200MG	19
FENORTHO CAP 200MG	19
<i>fantanyl citrate buccal tab 100 mcg</i> (base equiv)	25
<i>fantanyl citrate buccal tab 200 mcg</i> (base equiv)	25
<i>fantanyl citrate buccal tab 400 mcg</i> (base equiv)	25
<i>fantanyl citrate buccal tab 600 mcg</i> (base equiv)	25
<i>fantanyl citrate buccal tab 800 mcg</i> (base equiv)	25
<i>fantanyl citrate lozenge on a handle</i> 1200 mcg	26
<i>fantanyl citrate lozenge on a handle</i> 1600 mcg	26
<i>fantanyl citrate lozenge on a handle</i> 200 mcg	25
<i>fantanyl citrate lozenge on a handle</i> 400 mcg	25
<i>fantanyl citrate lozenge on a handle</i> 600 mcg	25
<i>fantanyl citrate lozenge on a handle</i> 800 mcg	26
<i>fantanyl td patch 72hr 100 mcg/hr</i>	26
<i>fantanyl td patch 72hr 12 mcg/hr</i>	26

<i>fentanyl td patch 72hr 25 mcg/hr</i> 26	<i>flavoxate hcl tab 100 mg</i> 250
<i>fentanyl td patch 72hr 37.5 mcg/hr</i> ..26	<i>flecainide acetate tab 100 mg</i> 41
<i>fentanyl td patch 72hr 50 mcg/hr</i> 26	<i>flecainide acetate tab 150 mg</i> 41
<i>fentanyl td patch 72hr 62.5 mcg/hr</i> ..26	<i>flecainide acetate tab 50 mg</i> 41
<i>fentanyl td patch 72hr 75 mcg/hr</i> 26	FLECTOR DIS 1.3% 142
<i>fentanyl td patch 72hr 87.5 mcg/hr</i> ..26	FLEXICHAMBER MIS 211
FENTORA TAB 100MCG 26	FLEXICHAMBER MIS MASK LRG 211
FENTORA TAB 200MCG 26	FLEXICHAMBER MIS MASK SM 211
FENTORA TAB 400MCG 26	FLOLIPID SUS 20MG/5ML.....77
FENTORA TAB 600MCG 26	FLOLIPID SUS 40MG/5ML.....77
FENTORA TAB 800MCG 26	FLOMAX CAP 0.4MG.....185
FERIVA TAB 21/7 189	FLOVENT DISK AER 100MCG 44
FERPRX 2-DAY TAB 1000MG 71	FLOVENT DISK AER 250MCG 44
FERRIPROX SOL 100MG/ML.....71	FLOVENT DISK AER 50MCG 44
FERRIPROX TAB 1000MG 71	FLOVENT HFA AER 110MCG.....44
FERRIPROX TAB 500MG 71	FLOVENT HFA AER 220MCG.....44
FETZIMA CAP 120MG.....61	FLOVENT HFA AER 44MCG.....44
FETZIMA CAP 20MG.....61	<i>fluconazole for susp 10 mg/ml</i> 73
FETZIMA CAP 40MG.....61	<i>fluconazole for susp 40 mg/ml</i> 73
FETZIMA CAP 80MG.....61	<i>fluconazole tab 100 mg</i> 73
FETZIMA CAP TITRATIO 61	<i>fluconazole tab 150 mg</i> 73
FIASP FLEX INJ TOUCH 67	<i>fluconazole tab 200 mg</i> 73
FIASP INJ 100/ML 67	<i>fluconazole tab 50 mg</i> 73
FIASP PENFIL INJ U-100 67	<i>flucytosine cap 250 mg</i> 73
FIBERSOURCE LIQ CLS SYS.....166	<i>flucytosine cap 500 mg</i> 73
FIBERSOUR HN LIQ CLS SYS.....166	<i>fludrocortisone acetate tab 0.1 mg</i> .138
FIBRICOR TAB 105MG 76	<i>flunisolide nasal soln 25 mcg/act</i>
FIBRICOR TAB 35MG 76	(0.025%) 224
FIFTY50 GLUC TES 2.0.....160	<i>fluocinolone acetonide (otic) oil 0.01%</i>
FIFTY50 PREP PAD PADS 209	231
FIFTY50 SAFE MIS LANCETS 198	<i>fluocinolone acetonide cream 0.01%</i>
FINACEA AER 15% 156	151
FINACEA GEL 15% 156	<i>fluocinolone acetonide cream 0.025%</i>
<i>finasteride tab 5 mg</i> 185	151
FINE 30 MIS 198	<i>fluocinolone acetonide oil 0.01% (body</i>
FINGERSTIX MIS LANCETS 198	<i>oil)</i> 151
FINTEPLA SOL 2.2MG/ML 51	<i>fluocinolone acetonide oil 0.01% (scalp</i>
FIORICET CAP 24	<i>oil)</i> 151
FIORICET CAP CODEINE.....31	<i>fluocinolone acetonide oint 0.025%</i> 151
FIRAZYR INJ 30MG/3ML 186	<i>fluocinolone acetonide soln 0.01%</i> ..151
FIRDAPSE TAB 10MG 89	<i>fluocinonide cream 0.05%</i> 151
FIRVANQ SOL 25MG/ML.....37	<i>fluocinonide cream 0.1%</i> 151
FIRVANQ SOL 50MG/ML.....37	<i>fluocinonide emulsified base cream</i>
FLAGYL CAP 375MG.....36	0.05% 151
FLAGYL TAB 500MG.....36	<i>fluocinonide gel 0.05%</i> 151
FLAREX SUS 0.1% OP 228	<i>fluocinonide oint 0.05%</i> 151

<i>fluocinonide soln 0.05%</i>	151	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluorometholone ophth susp 0.1%</i> ..	228	<i>55-14 mcg/act</i>	46
FLUOROPLEX CRE 1%	144	<i>fluvastatin sodium cap 20 mg (base</i>	
<i>fluorouracil cream 0.5%</i>	144	<i>equivalent)</i>	77
<i>fluorouracil cream 5%</i>	144	<i>fluvastatin sodium cap 40 mg (base</i>	
<i>fluorouracil soln 2%</i>	144	<i>equivalent)</i>	77
<i>fluorouracil soln 5%</i>	144	<i>fluvastatin sodium tab er 24 hr 80 mg</i>	
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	238	<i>(base equivalent)</i>	77
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	238	<i>fluvoxamine maleate cap er 24hr 100</i>	
<i>fluoxetine hcl cap 10 mg</i>	58	<i>mg</i>	59
<i>fluoxetine hcl cap 20 mg</i>	58	<i>fluvoxamine maleate cap er 24hr 150</i>	
<i>fluoxetine hcl cap 40 mg</i>	59	<i>mg</i>	59
<i>fluoxetine hcl cap delayed release 90</i>		<i>fluvoxamine maleate tab 100 mg</i>	59
<i>mg</i>	59	<i>fluvoxamine maleate tab 25 mg</i>	59
<i>fluoxetine hcl solution 20 mg/5ml</i>	59	<i>fluvoxamine maleate tab 50 mg</i>	59
<i>fluoxetine hcl tab 10 mg</i>	59	FML FORTE SUS 0.25% OP	228
<i>fluoxetine hcl tab 20 mg</i>	59	FML LIQUIFLM SUS 0.1% OP	228
<i>fluoxetine hcl tab 60 mg</i>	59	FML OIN 0.1% OP	228
FLUOXETINE TAB 60MG	59	FOCALIN TAB 10MG	8
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> ..	109	FOCALIN TAB 2.5MG	8
<i>fluphenazine hcl oral conc 5 mg/ml</i> ..	110	FOCALIN TAB 5MG	8
<i>fluphenazine hcl tab 10 mg</i>	110	FOCALIN XR CAP 10MG	8
<i>fluphenazine hcl tab 1 mg</i>	110	FOCALIN XR CAP 15MG	8
<i>fluphenazine hcl tab 2.5 mg</i>	110	FOCALIN XR CAP 20MG	8
<i>fluphenazine hcl tab 5 mg</i>	110	FOCALIN XR CAP 25MG	8
<i>flurandrenolide cream 0.05%</i>	152	FOCALIN XR CAP 30MG	8
<i>flurandrenolide lotion 0.05%</i>	152	FOCALIN XR CAP 35MG	8
<i>flurandrenolide oint 0.05%</i>	152	FOCALIN XR CAP 40MG	8
<i>flurazepam hcl cap 15 mg</i>	190	FOCALIN XR CAP 5MG	8
<i>flurazepam hcl cap 30 mg</i>	190	<i>folic acid cap 0.8 mg</i>	188
<i>flurbiprofen sodium ophth soln 0.03%</i>		<i>folic acid-cholecalciferol tab 1 mg-3775</i>	
.....	230	<i>unit</i>	189
<i>flurbiprofen tab 100 mg</i>	19	<i>folic acid tab 1 mg</i>	188
<i>flurbiprofen tab 50 mg</i>	19	<i>folic acid tab 400 mcg</i>	188
<i>flutamide cap 125 mg</i>	93	<i>folic acid tab 800 mcg</i>	188
<i>fluticasone propionate cream 0.05%</i>		FOLIC D3 CAP	189
.....	152	FOLIC-K CAP	218
<i>fluticasone propionate lotion 0.05%</i> ..	152	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluticasone propionate nasal susp 50</i>		<i>10 mg/0.8ml</i>	48
<i>mcg/act</i>	224	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluticasone propionate oint 0.005%</i> ..	152	<i>2.5 mg/0.5ml</i>	48
<i>fluticasone-salmeterol aer powder ba</i>		<i>fondaparinux sodium subcutaneous inj</i>	
<i>113-14 mcg/act</i>	46	<i>5 mg/0.4ml</i>	48
<i>fluticasone-salmeterol aer powder ba</i>		<i>fondaparinux sodium subcutaneous inj</i>	
<i>232-14 mcg/act</i>	46	<i>7.5 mg/0.6ml</i>	48
		FORA 6 MIS CONNECT	160

FORA BLOOD TES GLUCOSE	160	<i>fosinopril sodium & hydrochlorothiazide</i>	
FORACARE GDH SOL HIGH	199	<i>tab 10-12.5 mg.....</i>	85
FORACARE GDH SOL LOW	199	<i>fosinopril sodium & hydrochlorothiazide</i>	
FORACARE GDH SOL NORMAL.....	199	<i>tab 20-12.5 mg.....</i>	85
FORACARE TES GD40	161	<i>fosinopril sodium tab 10 mg</i>	79
FORACARE TES PREM V10	161	<i>fosinopril sodium tab 20 mg</i>	79
FORACARE TES TST N GO.....	161	<i>fosinopril sodium tab 40 mg</i>	79
FORA CONTROL SOL HIGH	198	FOSRENOL CHW 1000MG	183
FORA CONTROL SOL LOW.....	198	FOSRENOL CHW 500MG	183
FORA CONTROL SOL NORMAL	198	FOSRENOL CHW 750MG	183
FORA D15G TES BLD GLUC.....	161	FOSRENOL POW 1000MG	183
FORA D20 TES BLD GLUC.....	161	FOSRENOL POW 750MG	183
FORA D40/G31 TES GLUCOSE.....	161	FOSTEUM CAP.....	166
FORA G20 TES BLD GLUC.....	161	FOSTEUM PLUS CAP.....	166
FORA G30/V10 TES BLD GLUC	161	FRAGMIN INJ 10000/ML.....	48
FORA GD20 TES BLD GLUC.....	161	FRAGMIN INJ 12500UNT	48
FORA GD50 TES.....	161	FRAGMIN INJ 15000UNT	48
FORA GTEL TES BLD GLUC	161	FRAGMIN INJ 18000UNT	48
FORA GTEL TES KETONE	161	FRAGMIN INJ 2500/0.2	48
FORA LANCETS MIS 30G	199	FRAGMIN INJ 5000/0.2	48
FORA MIS LANCETS.....	199	FRAGMIN INJ 7500/0.3	48
FORA MIS LANCING.....	199	FRAGMIN INJ 95000UNT	48
FORA TN'G TES TN'G VOI	161	FREESTYLE KIT SENSOR.....	199
FORA V10 TES BLD GLUC	161	FREESTYLE LIQ CONTROL.....	199
FORA V12 TES BLD GLUC	161	FREESTYLE MIS LANCETS.....	199
FORA V20 TES BLD GLUC	161	FREESTYLE MIS READER	199
FORA V30A TES BLD GLUC	161	FREESTYLE MIS UNISTICK.....	199
FORFIVO XL TAB 450MG	57	FREESTYLE TES.....	161
<i>formaldehyde solution 10%</i>	111	FREESTYLE TES INSULINX.....	161
<i>formoterol fumarate soln nebu 20</i>		FREESTYLE TES LITE	161
<i>mcg/2ml</i>	46	FREESTYLE TES PREC NEO	161
FORTAMET TAB 1000MG	65	FREESTY LIBR KIT 2 SENSOR.....	199
FORTAMET TAB 500MG	65	FREESTY LIBR MIS 2 READER	199
FORTEO INJ 620/2.48	173	FROVA TAB 2.5MG.....	212
FORTESTA GEL 10MG/ACT.....	35	<i>frovatriptan succinate tab 2.5 mg (base</i>	
FORTISCARE SOL CNTL HI.....	199	<i>equivalent)</i>	212
FORTISCARE SOL CNTL LOW	199	FUNGIMEZ SOL.....	143
FORTISCARE SOL CNTL NML.....	199	<i>furosemide oral soln 10 mg/ml.....</i>	171
FORTISCARE TES BLD GLUC	161	<i>furosemide oral soln 8 mg/ml</i>	171
FOSAMAX + D TAB 70-2800	173	<i>furosemide tab 20 mg.....</i>	172
FOSAMAX + D TAB 70-5600	173	<i>furosemide tab 40 mg.....</i>	172
FOSAMAX TAB 70MG	173	<i>furosemide tab 80 mg.....</i>	172
<i>fosamprenavir calcium tab 700 mg</i>		FUZEON INJ 90MG.....	113
<i>(base equiv)</i>	113	FYCOMPA SUS 0.5MG/ML	49
<i>fosfomycin tromethamine powd pack 3</i>		FYCOMPA TAB 10MG.....	49
<i>gm (base equivalent).....</i>	38	FYCOMPA TAB 12MG.....	49

FYCOMPA TAB 2MG	49
FYCOMPA TAB 4MG	49
FYCOMPA TAB 6MG	49
FYCOMPA TAB 8MG	49

G	
G4 PLATINUM MIS PEDIATRC.....	199
G4 PLATINUM MIS RCV/SHAR	199
G4 PLATINUM MIS RECEIVER.....	199
G4 PLATINUM MIS TRANSMIT	199
G4 PLAT PED MIS RVC/SHAR	199
G4 SENSOR MIS.....	199
G5/G4 MIS SENSOR	199
<i>gabapentin cap 100 mg</i>	51
<i>gabapentin cap 300 mg</i>	51
<i>gabapentin cap 400 mg</i>	51
<i>gabapentin oral soln 250 mg/5ml</i>	51
<i>gabapentin tab 600 mg</i>	51
<i>gabapentin tab 800 mg</i>	51
GABITRIL TAB 12MG	56
GABITRIL TAB 16MG	56
GABITRIL TAB 2MG	56
GABITRIL TAB 4MG	56
GALAFOLD CAP 123MG	175
<i>galantamine hydrobromide cap er 24hr</i> <i>16 mg</i>	234
<i>galantamine hydrobromide cap er 24hr</i> <i>24 mg</i>	234
<i>galantamine hydrobromide cap er 24hr</i> <i>8 mg</i>	234
<i>galantamine hydrobromide oral soln 4</i> <i>mg/ml</i>	234
<i>galantamine hydrobromide tab 12 mg</i>	234
<i>galantamine hydrobromide tab 4 mg</i>	234
<i>galantamine hydrobromide tab 8 mg</i>	234
<i>ganirelix acetate soln prefilled syringe</i> <i>250 mcg/0.5ml</i>	174
GANIRELIX AC INJ 250/0.5.....	174
GASTROCROM CON 100/5ML	182
<i>gatifloxacin ophth soln 0.5%</i>	227
GATTEX KIT 5MG	184
GAVRETO CAP 100MG.....	96
GE100 BLOOD TES GLUCOSE.....	162
GE100 CONTRL SOL NORMAL.....	199
GEAMETDRAY GEL 5-2-17%	155
GEBAUERS SPR AER /STRETCH	155
GELFILM MIS OP	229
GELNIQUE GEL 10%	249
<i>gemfibrozil tab 600 mg</i>	76
GENERESS FE CHW	133
GENICIN TAB VITA-D.....	189
GENICIN TAB VITA-Q.....	219
<i>gentamicin sulfate cream 0.1%</i>	142
<i>gentamicin sulfate oint 0.1%</i>	142
<i>gentamicin sulfate ophth oint 0.3%</i>	227
<i>gentamicin sulfate ophth soln 0.3%</i>	227
GENTEEL LANC KIT BLUE.....	199
GENTEEL MIS LANCETS.....	199
GENTEEL MIS NOZZLES	199
GENTEEL PLUS MIS BLACK	199
GENTEEL PLUS MIS BLUE	199
GENTEEL PLUS MIS PINK.....	199
GENTEEL PLUS MIS PURPLE	199
GENTEEL PLUS MIS WHITE	199
GENTEEL TIPS MIS BLUE	199
GENTEEL TIPS MIS CLEAR	199
GENTEEL TIPS MIS GREEN.....	200
GENTEEL TIPS MIS ORANGE	200
GENTEEL TIPS MIS RAINBOW	200
GENTEEL TIPS MIS VIOLET	200
GENTEEL TIPS MIS YELLOW	200
GENTLE-LET MIS 26G	200
GENTLE-LET MIS 28G	200
GENTLE-LET MIS LANCETS	200
GENTLE-LET MIS PLATFORM	200
GENULTIMATE TES	162
GENVOYA TAB	113
GEODON CAP 20MG.....	105
GEODON CAP 40MG.....	105
GEODON CAP 60MG.....	105
GEODON CAP 80MG.....	105
GEODON INJ 20MG.....	105
GHT TEST TES STRIPS	162
GILENYA CAP 0.5MG.....	236
GILOTRIF TAB 20MG	92
GILOTRIF TAB 30MG	92
GILOTRIF TAB 40MG	92
GIMOTI SPR 15MG	182
<i>glatiramer acetate soln prefilled syringe</i> <i>20 mg/ml</i>	236

<i>glatiramer acetate soln prefilled syringe</i>		GLUCOCOM MIS 30G	200
<i>40 mg/ml</i>	236	GLUCOCOM MIS 33G	200
GLEOSTINE CAP 100MG	90	GLUCOCOM TES	162
GLEOSTINE CAP 10MG	90	GLUCOCOM TES HIGH CON	200
GLEOSTINE CAP 40MG	90	GLUCOCOM TES NORM CON	200
<i>glimepiride tab 1 mg</i>	69	GLUCONAVII TES STRIPS	162
<i>glimepiride tab 2 mg</i>	69	GLUCO PERFEC TES 3	162
<i>glimepiride tab 4 mg</i>	69	GLUCOSE CONT LIQ HIGH/LOW	200
<i>glipizide-metformin hcl tab 2.5-250 mg</i>		GLUCOSE CONT SOL HIGH	200
.....	63	GLUCOSE CONT SOL NORMAL	200
<i>glipizide-metformin hcl tab 2.5-500 mg</i>		GLUCOSE CONT SOL PRECISIO	200
.....	64	GLUCOSE TES STRIPS	162
<i>glipizide-metformin hcl tab 5-500 mg</i>	64	GLUCOTROL TAB 10MG	69
<i>glipizide tab 10 mg</i>	69	GLUCOTROL XL TAB 10MG	70
<i>glipizide tab 5 mg</i>	69	GLUCOTROL XL TAB 2.5MG	69
<i>glipizide tab er 24hr 10 mg</i>	69	GLUCOTROL XL TAB 5MG	70
<i>glipizide tab er 24hr 2.5 mg</i>	69	GLUMETZA TAB 1000MG	65
<i>glipizide tab er 24hr 5 mg</i>	69	GLUMETZA TAB 500MG	65
GLOBAL 28G MIS LANCETS	200	GLUTARALDEHY SOL 25%	111
GLOBAL 30G MIS LANCETS	200	<i>glyburide-metformin tab 1.25-250 mg</i>	
GLOBAL LANC MIS DEVICE	200	.....	64
GLOBAL PREP PAD PADS	209	<i>glyburide-metformin tab 2.5-500 mg</i>	64
GLOPERBA SOL 0.6/5ML	186	<i>glyburide-metformin tab 5-500 mg ..</i>	64
GLUCAGEN INJ HYPOKIT	66	<i>glyburide micronized tab 1.5 mg</i>	70
<i>glucagon (rdna) for inj kit 1 mg</i>	66	<i>glyburide micronized tab 3 mg</i>	70
GLUCAGON EMR SOL 1MG	66	<i>glyburide micronized tab 6 mg</i>	70
GLUCAGON KIT 1MG	66	<i>glyburide tab 1.25 mg</i>	70
GLUC CONTROL LIQ NORMAL	200	<i>glyburide tab 2.5 mg</i>	70
GLUC CONTROL SOL	200	<i>glyburide tab 5 mg</i>	70
GLUC CONTROL SOL MID	200	GLYCATE TAB 1.5MG	246
GLUC CONTROL SOL NORMAL	200	GLYCOLIC ACD SOL 70%	149
GLUCERNA 1.0 LIQ CARB VAN	166	GLYCOPYRROLA TAB 1.5MG	246
GLUCERNA LIQ 1.2 CAL	166	<i>glycopyrrolate tab 1 mg</i>	246
GLUCERNA SEL LIQ VANILLA	166	<i>glycopyrrolate tab 2 mg</i>	246
GLUCOCARD 01 LIQ NORM/HGH	200	GLYCOPYRROL INJ 0.2MG/ML	246
GLUCOCARD 01 SOL NORMAL	200	GLYCOPYRROL INJ 0.4/2ML	246
GLUCOCARD 01 TES PLUS	162	GLYNASE TAB 1.5MG	70
GLUCOCARD 01 TES SENSOR	162	GLYNASE TAB 3MG	70
GLUCOCARD LIQ LEVEL 1	200	GLYNASE TAB 6MG	70
GLUCOCARD SOL NORMAL	200	GLYROL LIQ PREBIO1	166
GLUCOCARD SOL SHINE	200	GLYTACTIN POW RESTOR10	166
GLUCOCARD TES EXPRESSI	162	GLYTROL LIQ PREBIO1	166
GLUCOCARD TES SHINE	162	GLYXAMBI TAB 10-5 MG	64
GLUCOCARD TES VITAL	162	GLYXAMBI TAB 25-5 MG	64
GLUCOCARD TES X-SENSOR	162	GNP ALCOHOL PAD SWABS	209
GLUCOCOM MIS 28G	200	GNP LANCETS MIS 21G	200

GNP LANCETS MIS THIN.....	200	GUANIDINE TAB 125MG.....	89
GNP LANCETS MIS THIN 26G	200	GVOKE HYPO 1 INJ .5/.1ML	66
GOCOVRI CAP 137MG	103	GVOKE HYPO 1 INJ 1MG/.2ML.....	66
GOCOVRI CAP 68.5MG	103	GVOKE HYPO 2 INJ .5/.1ML	66
GOJJI BLOOD TES GLUCOSE	162	GVOKE HYPO 2 INJ 1MG/.2ML.....	66
GOJJI BLOOD TES KETONE	162	GVOKE PFS INJ	66
GOJJI CNTRL SOL NORMAL	200	GYNAZOLE-1 CRE 2%	251
GOJJI LANCET MIS 30G.....	200	GYNOL II GEL 3%	250
GOJJI MIS LANC DEV	200	H	
GOJJI STRIPS MIS W/LANCET	162	HAEGARDA INJ 2000UNIT	186
GOLYTELY SOL.....	191	HAEGARDA INJ 3000UNIT	186
GONAL-F INJ 1050UNIT	174	HAEMOLANCE MIS HIGH FLO	200
GONAL-F INJ 450UNIT	174	HAEMOLANCE MIS LOW FLOW	201
GONAL-F RFF INJ 300/0.5	174	HAEMOLANCE MIS PLUS.....	201
GONAL-F RFF INJ 450/0.75.....	174	HAEMOLANCE MIS PLUS LOW	201
GONAL-F RFF INJ 75UNIT	174	HAEMOLANCE MIS PLUS MAX.....	201
GONAL-F RFF INJ 900/1.5	174	HAEMOLANCE MIS PLUS PED	201
GONITRO POW 400MCG.....	39	HAEMOLANCE MIS RETRACT	201
GOODSENSE MIS LANC 26G	200	<i>halcinonide cream 0.1%</i>	152
GOODSENSE MIS LANC 30G	200	HALCION TAB 0.25MG.....	190
GOODSENSE MIS LANC 33G	200	HALDOL DECAN INJ 100MG/ML	107
GOODSENSE MIS LANC DVC	200	HALDOL DECAN INJ 50MG/ML.....	107
GOPRELTO SOL 40MG/ML.....	224	HALOBETASOL AER 0.05%	152
GORDOFILM SOL.....	155	<i>halobetasol propionate cream 0.05%</i>	
GRALISE TAB 300MG	238	.....	152
GRALISE TAB 600MG	238	<i>halobetasol propionate oint 0.05%</i>	152
<i>granisetron hcl tab 1 mg</i>	71	HALOG CRE 0.1%.....	152
<i>griseofulvin microsize susp 125 mg/5ml</i>		HALOG OIN 0.1%.....	152
.....	73	HALOG SOL 0.1%.....	152
<i>griseofulvin microsize tab 500 mg</i>	73	<i>haloperidol decanoate im soln 100</i>	
<i>griseofulvin ultramicrosize tab 125 mg</i>		<i>mg/ml</i>	107
.....	73	<i>haloperidol decanoate im soln 50</i>	
<i>griseofulvin ultramicrosize tab 250 mg</i>		<i>mg/ml</i>	107
.....	73	<i>haloperidol lactate oral conc 2 mg/ml</i>	
<i>guaifenesin-codeine soln 100-10</i>		.....	107
<i>mg/5ml</i>	138	<i>haloperidol tab 0.5 mg</i>	107
<i>guanfacine hcl tab 1 mg</i>	82	<i>haloperidol tab 10 mg</i>	107
<i>guanfacine hcl tab 2 mg</i>	82	<i>haloperidol tab 1 mg</i>	107
<i>guanfacine hcl tab er 24hr 1 mg (base</i>		<i>haloperidol tab 20 mg</i>	107
<i>equiv)</i>	5	<i>haloperidol tab 2 mg</i>	107
<i>guanfacine hcl tab er 24hr 2 mg (base</i>		<i>haloperidol tab 5 mg</i>	107
<i>equiv)</i>	5	HARMONY TES BLD GLUC.....	162
<i>guanfacine hcl tab er 24hr 3 mg (base</i>		HARVONI PAK.....	118
<i>equiv)</i>	5	HARVONI PAK 45-200MG	118
<i>guanfacine hcl tab er 24hr 4 mg (base</i>		HARVONI TAB 45-200MG	118
<i>equiv)</i>	5	HARVONI TAB 90-400MG	118

HC/PRAMOXINE CRE 1-2.35%.....	152	HUMIRA INJ 20/0.2ML	12
HC LANCING MIS DEVICE	201	HUMIRA INJ 40/0.4ML	12
HCU EXP20 PAK UNFLAVOR	166	HUMIRA KIT 40MG/0.8	12
HCU EXPRESS PAK	166	HUMIRA PEDIA INJ CROHNS	12
HELIDAC MIS THERAPY	249	HUMIRA PEN INJ 40/0.4ML.....	13
HEMADY TAB 20MG	137	HUMIRA PEN INJ 40MG/0.8	13
HEMANGEOL SOL 4.28/ML	121	HUMIRA PEN INJ 80/0.8ML.....	13
HEMLIBRA INJ 105/0.7	186	HUMIRA PEN INJ CD/UC/HS.....	13
HEMLIBRA INJ 150/ML	186	HUMIRA PEN INJ PS/UV	14
HEMLIBRA INJ 30MG/ML	186	HUMIRA PEN KIT CD/UC/HS	14
HEMLIBRA INJ 60/0.4	186	HUMIRA PEN KIT PED UC	14
HEPARIN SOD INJ 5000/0.5	48	HUMIRA PEN KIT PS/UV	14
HEPARIN SOD INJ 5000/ML	48	HUMULIN INJ 70/30	68
<i>heparin sodium (porcine) inj 10000</i>		HUMULIN INJ 70/30KWP	68
<i>unit/ml</i>	49	HUMULIN N INJ U-100	68
<i>heparin sodium (porcine) inj 1000</i>		HUMULIN N INJ U-100KWP	68
<i>unit/ml</i>	49	HUMULIN R INJ U-500	68
<i>heparin sodium (porcine) inj 20000</i>		HW EMBRACE TES PRO	162
<i>unit/ml</i>	49	HW EMBRACE TES STRIPS.....	162
<i>heparin sodium (porcine) inj 5000</i>		HYCAMTIN CAP 0.25MG.....	101
<i>unit/ml</i>	49	HYCAMTIN CAP 1MG	101
<i>heparin sodium (porcine) pf inj 5000</i>		HYCODAN SYP 5-1.5/5.....	138
<i>unit/0.5ml.....</i>	49	<i>hydralazine hcl tab 100 mg</i>	88
HETLIOZ CAP 20MG.....	191	<i>hydralazine hcl tab 10 mg</i>	88
HETLIOZ LQ SUS 4MG/ML	191	<i>hydralazine hcl tab 25 mg</i>	88
HIPREX TAB 1GM	38	<i>hydralazine hcl tab 50 mg</i>	88
HIXDEFRIMA SOL 8-1-1%	143	HYDREA CAP 500MG.....	101
HLTHY ACCNTS MIS LANC 30G.....	201	HYDRO/ACETA SOL 10-325MG.....	32
HM INSULIN S MIS 0.3/31G.....	210	<i>hydrochlorothiazide cap 12.5 mg</i>	172
HM INSULIN S MIS 1ML/30G.....	210	<i>hydrochlorothiazide tab 12.5 mg</i>	172
HM STERILE PAD ALCHOL.....	209	<i>hydrochlorothiazide tab 25 mg</i>	172
HOLD CHAMBER MIS ADLT LG.....	211	<i>hydrochlorothiazide tab 50 mg</i>	172
HOLD CHAMBER MIS MEDIUM.....	211	<i>hydrocodone-acetaminophen soln 7.5-</i>	
HOLD CHAMBER MIS SMALL	211	<i>325 mg/15ml.....</i>	32
HOMACTIN AA LIQ PLUS.....	167	<i>hydrocodone-acetaminophen tab 10-</i>	
HORIZANT TAB 300MG ER.....	238	<i>300 mg.....</i>	32
HORIZANT TAB 600MG ER.....	238	<i>hydrocodone-acetaminophen tab 10-</i>	
HUMALOG INJ 100/ML	67	<i>325 mg.....</i>	32
HUMALOG JR INJ 100/ML	67	<i>hydrocodone-acetaminophen tab 5-300</i>	
HUMALOG KWIK INJ 100/ML.....	67	<i>mg</i>	32
HUMALOG KWIK INJ 200/ML.....	68	<i>hydrocodone-acetaminophen tab 5-325</i>	
HUMALOG MIX INJ 50/50	68	<i>mg</i>	32
HUMALOG MIX INJ 50/50KWP.....	68	<i>hydrocodone-acetaminophen tab 7.5-</i>	
HUMALOG MIX INJ 75/25KWP.....	68	<i>300 mg.....</i>	32
HUMALOG MIX SUS 75/25.....	68	<i>hydrocodone-acetaminophen tab 7.5-</i>	
HUMIRA INJ 10/0.1ML	11	<i>325 mg.....</i>	32

<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	26	<i>hydrocortisone butyrate lotion 0.1%</i>	152
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	26	<i>hydrocortisone butyrate oint 0.1%..</i>	152
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	26	<i>hydrocortisone butyrate soln 0.1% .</i>	152
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	26	<i>hydrocortisone cream 1%.....</i>	152
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	26	<i>hydrocortisone cream 2.5%</i>	152
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	26	<i>hydrocortisone enema 100 mg/60ml.</i>	35
<i>hydrocodone bitartrate tab er 24hr deter 100 mg.....</i>	27	<i>hydrocortisone lotion 2.5%.....</i>	152
<i>hydrocodone bitartrate tab er 24hr deter 120 mg.....</i>	27	<i>hydrocortisone lotion 2%.....</i>	152
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	26	<i>hydrocortisone oint 1%</i>	152
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	26	<i>hydrocortisone oint 2.5%</i>	152
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	26	<i>hydrocortisone perianal cream 1% ...</i>	36
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	26	<i>hydrocortisone perianal cream 2.5%.</i>	36
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	26	<i>hydrocortisone tab 10 mg.....</i>	137
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	32	<i>hydrocortisone tab 20 mg.....</i>	137
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	32	<i>hydrocortisone tab 5 mg</i>	137
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	32	<i>hydrocortisone valerate cream 0.2%</i>	152
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	138	<i>hydrocortisone valerate oint 0.2% ..</i>	152
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	138	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	231
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	139	<i>hydromorphone hcl liqd 1 mg/ml.....</i>	27
<i>hydrocortisone acetate suppos 25 mg</i>	36	<i>hydromorphone hcl tab 2 mg.....</i>	27
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	36	<i>hydromorphone hcl tab 4 mg.....</i>	27
<i>hydrocortisone butyrate cream 0.1%</i>	152	<i>hydromorphone hcl tab 8 mg.....</i>	27
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	152	<i>hydromorphone hcl tab er 24hr 12 mg</i>	27
		<i>hydromorphone hcl tab er 24hr 16 mg</i>	27
		<i>hydromorphone hcl tab er 24hr 32 mg</i>	27
		<i>hydromorphone hcl tab er 24hr 8 mg</i>	27
		<i>HYDROMORPHON SUP 3MG</i>	27
		<i>hydroxychloroquine sulfate tab 200 mg</i>	88
		<i>hydroxyurea cap 500 mg.....</i>	101
		<i>hydroxyzine hcl syrup 10 mg/5ml....</i>	40
		<i>hydroxyzine hcl tab 10 mg</i>	40
		<i>hydroxyzine hcl tab 25 mg</i>	40
		<i>hydroxyzine hcl tab 50 mg</i>	40
		<i>hydroxyzine pamoate cap 100 mg ...</i>	40
		<i>hydroxyzine pamoate cap 25 mg.....</i>	40
		<i>hydroxyzine pamoate cap 50 mg.....</i>	40
		<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	246

<i>hyoscyamine sulfate sl tab 0.125 mg</i>	246	<i>imatinib mesylate tab 100 mg (base equivalent)</i>	97
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	246	<i>imatinib mesylate tab 400 mg (base equivalent)</i>	97
<i>hyoscyamine sulfate tab 0.125 mg</i>	246	IMBRUVICA CAP 140MG	97
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	246	IMBRUVICA CAP 70MG	97
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	246	IMBRUVICA TAB 140MG	97
HYPERSAL NEB 3.5%	139	IMBRUVICA TAB 280MG	97
HYPERSAL NEB 7%	139	IMBRUVICA TAB 420MG	97
HYPOLANCE KIT LANCING	201	IMBRUVICA TAB 560MG	97
HYSINGLA ER TAB 100 MG	27	<i>imipramine hcl tab 10 mg</i>	62
HYSINGLA ER TAB 120 MG	27	<i>imipramine hcl tab 25 mg</i>	62
HYSINGLA ER TAB 20 MG	27	<i>imipramine hcl tab 50 mg</i>	62
HYSINGLA ER TAB 30 MG	27	<i>imipramine pamoate cap 100 mg</i>	62
HYSINGLA ER TAB 40 MG	27	<i>imipramine pamoate cap 125 mg</i>	62
HYSINGLA ER TAB 60 MG	27	<i>imipramine pamoate cap 150 mg</i>	62
HYSINGLA ER TAB 80 MG	27	<i>imipramine pamoate cap 75 mg</i>	62
HYZAAR TAB 100-12.5	85	<i>imiquimod cream 3.75%</i>	154
HYZAAR TAB 100-25	85	<i>imiquimod cream 5%</i>	154
HYZAAR TAB 50-12.5	85	IMITREX INJ 4MG/0.5	212, 213
I		IMITREX INJ 6MG/0.5	213
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	173	IMITREX SPR 20MG/ACT	213
IBRANCE CAP 100MG	97	IMITREX SPR 5MG/ACT	213
IBRANCE CAP 125MG	97	IMITREX TAB 100MG	213
IBRANCE CAP 75MG	96	IMITREX TAB 25MG	213
IBRANCE TAB 100MG	97	IMITREX TAB 50MG	213
IBRANCE TAB 125MG	97	IMPAVIDO CAP 50MG	36
IBRANCE TAB 75MG	97	IMPEKLO LOT 0.05%	152
<i>ibuprofen susp 100 mg/5ml</i>	19	IMPOYZ CRE 0.025%	152
<i>ibuprofen tab 400 mg</i>	19	IMURAN TAB 50MG	217
<i>ibuprofen tab 600 mg</i>	19	IMVEXXY MAIN SUP 10MCG	251
<i>ibuprofen tab 800 mg</i>	19	IMVEXXY MAIN SUP 4MCG	251
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	186	IMVEXXY STRT SUP 10MCG	251
ICLUSIG TAB 10MG	97	IMVEXXY STRT SUP 4MCG	251
ICLUSIG TAB 15MG	97	INBRIJA CAP 42MG	103
ICLUSIG TAB 30MG	97	INCONTROL MIS LANC 28G	201
ICLUSIG TAB 45MG	97	INCONTROL MIS LANC 30G	201
<i>icosapent ethyl cap 1 gm</i>	75	INCONTROL MIS LANC 33G	201
IDHIFA TAB 100MG	97	INCONTROL MIS LANC DEV	201
IDHIFA TAB 50MG	97	INCONTROL PAD ALCOHOL	209
IGLUCOSE TES	162	INCRELEX INJ 40MG/4ML	175
ILEVRO DRO 0.3% OP	230	INCRUSE ELPT INH 62.5MCG	42
		<i>indapamide tab 1.25 mg</i>	172
		<i>indapamide tab 2.5 mg</i>	172
		INDERAL LA CAP 120MG	121
		INDERAL LA CAP 160MG	122

INDERAL LA CAP 60MG	121	IN TOUCH TES BLOOD	162
INDERAL LA CAP 80MG	121	INTRAROSA SUP 6.5MG	250
INDERAL XL CAP 120MG.....	122	INTRON A INJ 10MU	101
INDERAL XL CAP 80MG	122	INTRON A INJ 18MU	101
INDOCIN SUP 50MG	19	INTRON A INJ 25MU	101
INDOCIN SUS 25MG/5ML	19	INTRON A INJ 50MU	101
<i>indomethacin cap 20 mg</i>	19	INTUNIV TAB 1MG	5
<i>indomethacin cap 25 mg</i>	19	INTUNIV TAB 2MG	5
<i>indomethacin cap 50 mg</i>	19	INTUNIV TAB 3MG	5
<i>indomethacin cap er 75 mg</i>	19	INTUNIV TAB 4MG	5
INFINITY SOL NORM CON.....	201	INVEGA SUST INJ 117/0.75	106
INFINITY TES BLD GLUC	162	INVEGA SUST INJ 156MG/ML.....	106
INFINITY TES VOICE.....	163	INVEGA SUST INJ 234/1.5.....	106
INFNTY VOICE LIQ LEVEL 2	201	INVEGA SUST INJ 39/0.25.....	106
INGREZZA CAP 40-80MG.....	236	INVEGA SUST INJ 78/0.5ML.....	106
INGREZZA CAP 40MG	236	INVEGA TAB 1.5MG	106
INGREZZA CAP 60MG	236	INVEGA TAB 3MG	106
INGREZZA CAP 80MG	236	INVEGA TAB 6MG	106
INLYTA TAB 1MG.....	91	INVEGA TAB 9MG	106
INLYTA TAB 5MG.....	91	INVEGA TRINZ INJ 273MG.....	106
INNOPRAN XL CAP 120MG	122	INVEGA TRINZ INJ 410MG.....	106
INNOPRAN XL CAP 80MG.....	122	INVEGA TRINZ INJ 546MG.....	106
INQOVI TAB 35-100MG.....	94	INVEGA TRINZ INJ 819MG.....	106
INS ASP PROT INJ FLEXPEN.....	68	INVELTYS SUS 1%	228
INSPIRACHAMB MIS LARGE	211	INVIRASE TAB 500MG.....	113
INSPIRACHAMB MIS MEDIUM.....	211	INVOKAMET TAB 150-1000	64
INSPIRACHAMB MIS MOUTHPE	211	INVOKAMET TAB 150-500	64
INSPIRACHAMB MIS SMALL	211	INVOKAMET TAB 50-1000	64
INSPIREASE MIS DD SYST.....	211	INVOKAMET TAB 50-500MG	64
INSPIREASE MIS RES BAG.....	211	INVOKAMET XR TAB 150-1000.....	64
INSPIRA TAB 25MG	88	INVOKAMET XR TAB 150-500	64
INSPIRA TAB 50MG	88	INVOKAMET XR TAB 50-1000	64
INSULIN ASPA INJ 100/ML	68	INVOKAMET XR TAB 50-500MG.....	64
INSULIN ASPA INJ 70/30	68	INVOKANA TAB 100MG	69
INSULIN ASPA INJ FLEXPEN	68	INVOKANA TAB 300MG	69
INSULIN ASPA INJ PENFILL	68	<i>iodoquinol-hc cream 1-1%</i>	143
INSULIN LISP INJ 100/ML	68	<i>iodoquinol-hydrocortisone in aloe</i>	
INSULIN LISP INJ JUNIOR	68	<i>vehicle cream 1-1.9%</i>	143
INSULIN LISP INJ PROTAMIN	68	IOPIDINE SOL 1% OP	226
INSULIN SRYG MIS 1ML/32G	210	<i>ipratropium-albuterol nebu soln 0.5-</i>	
INTELENCE TAB 100MG.....	113	<i>2.5(3) mg/3ml</i>	46
INTELENCE TAB 200MG.....	113	<i>ipratropium bromide inhal soln 0.02%</i>	
INTELENCE TAB 25MG	113	.....	42
IN TOUCH LAN MIS 30G	201	<i>ipratropium bromide nasal soln 0.03%</i>	
IN TOUCH LAN MIS DEVICE	201	<i>(21 mcg/spray)</i>	224
IN TOUCH SOL GLUCOSE	201		

<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	224	ISTALOL SOL 0.5% OP	225
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	85	ISTURISA TAB 10MG	173
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	85	ISTURISA TAB 1MG	172
<i>irbesartan tab 150 mg</i>	81	ISTURISA TAB 5MG	173
<i>irbesartan tab 300 mg</i>	81	<i>itraconazole cap 100 mg</i>	73
<i>irbesartan tab 75 mg</i>	81	<i>itraconazole oral soln 10 mg/ml</i>	73
IRESSA TAB 250MG.....	92	<i>ivermectin lotion 0.5%</i>	156
ISENTRESS CHW 100MG	114	<i>ivermectin tab 3 mg</i>	36
ISENTRESS CHW 25MG	113	J	
ISENTRESS HD TAB 600MG	114	JADENU SPRKL GRA 180MG.....	71
ISENTRESS POW 100MG	114	JADENU SPRKL GRA 360MG.....	71
ISENTRESS TAB 400MG	114	JADENU SPRKL GRA 90MG	71
<i>isoniazid syrup 50 mg/5ml</i>	89	JADENU TAB 180MG	71
<i>isoniazid tab 100 mg</i>	89	JADENU TAB 360MG	71
<i>isoniazid tab 300 mg</i>	89	JADENU TAB 90MG.....	71
ISOPTO ATROP SOL 1% OP	226	JAKAFI TAB 10MG	97
ISOPTO CARP SOL 1% OP	226	JAKAFI TAB 15MG	98
ISOPTO CARP SOL 2% OP	226	JAKAFI TAB 20MG	98
ISOPTO CARP SOL 4% OP	226	JAKAFI TAB 25MG	98
ISORDIL TAB 40MG	39	JAKAFI TAB 5MG.....	97
ISORDIL TAB 5MG.....	39	JALYN CAP.....	185
<i>isosorbide dinitrate tab 10 mg</i>	39	JANUMET TAB 50-1000	64
<i>isosorbide dinitrate tab 20 mg</i>	39	JANUMET TAB 50-500MG	64
<i>isosorbide dinitrate tab 30 mg</i>	39	JANUMET XR TAB 100-1000.....	64
<i>isosorbide dinitrate tab 40 mg</i>	39	JANUMET XR TAB 50-1000	64
<i>isosorbide dinitrate tab 5 mg</i>	39	JANUMET XR TAB 50-500MG.....	64
<i>isosorbide mononitrate tab 10 mg</i>	39	JANUVIA TAB 100MG.....	66
<i>isosorbide mononitrate tab 20 mg</i>	39	JANUVIA TAB 25MG.....	66
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	39	JANUVIA TAB 50MG.....	66
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	39	JARDIANCE TAB 10MG	69
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	39	JARDIANCE TAB 25MG	69
ISOSOURCE HN LIQ.....	167	JATENZO CAP 158MG	35
ISOSOURCE LIQ.....	167	JATENZO CAP 198MG	35
<i>isotretinoin cap 10 mg</i>	141	JATENZO CAP 237MG	35
<i>isotretinoin cap 20 mg</i>	141	JENLIVA CAP	219
<i>isotretinoin cap 30 mg</i>	141	JENTADUETO TAB 2.5-1000.....	64
<i>isotretinoin cap 40 mg</i>	141	JENTADUETO TAB 2.5-500	64
ISOVACTIN AA LIQ PLUS	167	JENTADUETO TAB 2.5-850	64
<i>isradipine cap 2.5 mg</i>	124	JENTADUETO TAB XR.....	64
<i>isradipine cap 5 mg</i>	124	JEVITY 1.2 LIQ CAL	167
		JEVITY 1.5 LIQ CAL	167
		JEVITY 1 CAL LIQ	167
		JORNAY PM CAP 100MG ER	8
		JORNAY PM CAP 20MG ER	8
		JORNAY PM CAP 40MG ER	8
		JORNAY PM CAP 60MG ER	8

JORNAY PM CAP 80MG ER	8	<i>ketoconazole tab 200 mg</i>	73
JUBLIA SOL 10%.....	143	KETO-DIASTIX TES.....	163
JULUCA TAB 50-25MG.....	114	KETONE TES.....	163
JUXTAPID CAP 10MG	78	KETONE TEST TES	163
JUXTAPID CAP 20MG	78	<i>ketoprofen cap 25 mg</i>	19
JUXTAPID CAP 30MG	78	<i>ketoprofen cap 50 mg</i>	19
JUXTAPID CAP 5MG.....	78	<i>ketoprofen cap 75 mg</i>	19
JYNARQUE PAK 30-15MG.....	178	<i>ketoprofen cap er 24hr 200 mg</i>	19
JYNARQUE PAK 45-15MG.....	178	<i>ketorolac tromethamine ophth soln</i>	
JYNARQUE PAK 60-30MG.....	178	0.4%	230
JYNARQUE PAK 90-30MG.....	178	<i>ketorolac tromethamine ophth soln</i>	
JYNARQUE TAB 15MG	178	0.5%	230
JYNARQUE TAB 30MG	178	<i>ketorolac tromethamine tab 10 mg</i> ...	19
K		KETOR TROMET SPR 15.75MG	19
KALBITOR INJ 10MG/ML.....	186	KETOSTIX TES STRIP.....	163
KALETRA SOL	114	KEVEYIS TAB 50MG	171
KALETRA TAB 100-25MG	114	KEVZARA INJ 150/1.14	17
KALETRA TAB 200-50MG	114	KEVZARA INJ 200/1.14	17
KALYDECO PAK 25MG	240	KINNEY MIS LANCETS.....	201
KALYDECO PAK 50MG	240	KINNEY THIN MIS LANCETS	201
KALYDECO PAK 75MG	240	KISQALI 200 PAK FEMARA.....	95
KAPSPARGO CAP 100MG	120	KISQALI 400 PAK FEMARA.....	95
KAPSPARGO CAP 200MG	121	KISQALI 600 PAK FEMARA.....	95
KAPSPARGO CAP 25MG	120	KISQALI TAB 200DOSE	98
KAPSPARGO CAP 50MG	120	KISQALI TAB 400DOSE	98
KAPVAY TAB 0.1 MG.....	5	KISQALI TAB 600DOSE	98
KARBINAL ER SUS 4MG/5ML.....	74	KITABIS PAK NEB 300/5ML	11
KATERZIA SUS 1MG/ML	124	KLARITY-A DRO 1%.....	227
KAZANO 12.5- TAB 1000MG	64	KLARITY-L DRO 0.2%	228
KAZANO 12.5- TAB 500MG.....	64	KLARITY-L DRO 0.5%	228
KEFLEX CAP 750MG.....	132	KLARON LOT 10%	141
KENALOG AER SPRAY	153	KLISYRI OIN 1%	144
KEPPRA SOL 100MG/ML	51	KLONOPIN TAB 0.5MG	50
KEPPRA TAB 1000MG.....	51	KLONOPIN TAB 1MG	50
KEPPRA TAB 250MG	51	KLONOPIN TAB 2MG	50
KEPPRA TAB 500MG	51	KOMBIGLYZ XR TAB 2.5-1000.....	64
KEPPRA TAB 750MG	51	KOMBIGLYZ XR TAB 5-1000MG	64
KEPPRA XR TAB 500MG.....	51	KOMBIGLYZ XR TAB 5-500MG.....	64
KEPPRA XR TAB 750MG.....	51	KORLYM TAB 300MG.....	66
KERENDIA TAB 10MG.....	177	KOSELUGO CAP 10MG	98
KERENDIA TAB 20MG.....	177	KOSELUGO CAP 25MG	98
KERYDIN SOL 5%.....	143	KOSHR PRENAT TAB 30-1MG	219
KESIMPTA INJ 20/.4ML	237	K-PHOS TAB NO 2	184
<i>ketoconazole cream 2%</i>	143	KRINTAFEL TAB 150MG.....	88
<i>ketoconazole foam 2%</i>	143	KRISTALOSE PAK 10GM	192
<i>ketoconazole shampoo 2%</i>	143	KRISTALOSE PAK 20GM	192

KROGER BLOOD TES GLUCOSE	163
KROGER LANCE MIS	201
KROGER LANCE MIS 26G.....	201
KROGER LANCE MIS THIN	201
KROGER LANCE MIS THIN 30G.....	201
KROGER TES	163
K-TAB TAB 10MEQ CR.....	215
K-TAB TAB 20MEQ.....	215
K-TAB TAB 8MEQ CR.....	215
KUVAN POW 100MG	176
KUVAN POW 500MG	176
KUVAN TAB 100MG.....	176

L	
<i>labetalol hcl tab 100 mg</i>	120
<i>labetalol hcl tab 200 mg</i>	120
<i>labetalol hcl tab 300 mg</i>	120
LACRISERT MIS 5MG OP	225
<i>lactic acid (ammonium lactate) cream</i> <i>12%</i>	154
LACTIC ACID CRE E	154
LACTIC ACID LOT 10%	154
<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i>	183
LACTULOSE PAK 10GM.....	192
<i>lactulose solution 10 gm/15ml</i>	192
LAMICTAL CHW 25MG.....	51
LAMICTAL CHW 5MG	51
LAMICTAL KIT START 35	52
LAMICTAL KIT START 49	52
LAMICTAL KIT START 98	52
LAMICTAL ODT KIT.....	52
LAMICTAL ODT TAB 100MG	52
LAMICTAL ODT TAB 200MG	52
LAMICTAL ODT TAB 25MG	52
LAMICTAL ODT TAB 50MG	52
LAMICTAL TAB 100MG	52
LAMICTAL TAB 150MG	52
LAMICTAL TAB 200MG	52
LAMICTAL TAB 25MG	52
LAMICTAL XR KIT.....	52
LAMICTAL XR TAB 100MG	52
LAMICTAL XR TAB 200MG	52
LAMICTAL XR TAB 250MG	52
LAMICTAL XR TAB 25MG	52
LAMICTAL XR TAB 300MG	52
LAMICTAL XR TAB 50MG	52
<i>lamivudine oral soln 10 mg/ml</i>	114
<i>lamivudine tab 100 mg (hbv)</i>	118
<i>lamivudine tab 150 mg</i>	114
<i>lamivudine tab 300 mg</i>	114
<i>lamivudine-zidovudine tab 150-300 mg</i>	114
<i>lamotrigine orally disintegrating tab</i> <i>100 mg</i>	52
<i>lamotrigine orally disintegrating tab</i> <i>200 mg</i>	52
<i>lamotrigine orally disintegrating tab 25</i> <i>mg</i>	52
<i>lamotrigine orally disintegrating tab 50</i> <i>mg</i>	52
<i>lamotrigine tab 100 mg</i>	52
<i>lamotrigine tab 150 mg</i>	52
<i>lamotrigine tab 200 mg</i>	52
<i>lamotrigine tab 25 mg</i>	52
<i>lamotrigine tab 25 mg (42) & 100 mg</i> <i>(7) starter kit</i>	52
<i>lamotrigine tab 35 x 25 mg starter kit</i>	52
<i>lamotrigine tab 84 x 25 mg & 14 x 100</i> <i>mg starter kit</i>	52
<i>lamotrigine tab chewable dispersible 25</i> <i>mg</i>	52
<i>lamotrigine tab chewable dispersible 5</i> <i>mg</i>	52
<i>lamotrigine tab disint 25 (14) & 50 mg</i> <i>(14) & 100 mg (7) kit</i>	52
<i>lamotrigine tab er 24hr 100 mg</i>	52
<i>lamotrigine tab er 24hr 200 mg</i>	53
<i>lamotrigine tab er 24hr 250 mg</i>	53
<i>lamotrigine tab er 24hr 25 mg</i>	52
<i>lamotrigine tab er 24hr 300 mg</i>	53
<i>lamotrigine tab er 24hr 50 mg</i>	52
LAMPIT TAB 120MG.....	37
LAMPIT TAB 30MG.....	37
LANAFLEX PAK.....	167
LANCET AUTO MIS INJECTOR.....	201
LANCET CARRY MIS CASE.....	201
LANCET DEVIC MIS 30G.....	201
LANCET DEVIC MIS ADJUST.....	201
LANCET MICRO MIS THIN 33G	201
LANCETS MICR MIS THIN 33G.....	201
LANCETS MIS	201

LANCETS MIS 21G.....	201	LASIX TAB 40MG.....	172
LANCETS MIS 21G COLR	201	LASIX TAB 80MG.....	172
LANCETS MIS 28G.....	201	LASTACRAFT SOL 0.25%.....	230
LANCETS MIS 30G.....	201	<i>latanoprost ophth soln 0.005%</i>	230
LANCETS MIS 33G.....	201	LATUDA TAB 120MG	105
LANCETS MIS ORANGE.....	202	LATUDA TAB 20MG	105
LANCETS MIS ORIGINAL	202	LATUDA TAB 40MG	105
LANCETS MIS THIN	202	LATUDA TAB 60MG	105
LANCETS MIS THIN 26G.....	202	LATUDA TAB 80MG	105
LANCETS MIS THIN 30G.....	202	LAZANDA SPR 100MCG	27
LANCETS SUPR MIS THIN 28G	202	LAZANDA SPR 400MCG	27
LANCET STAND MIS 21G	201	LB LANCET MIS 28G	202
LANCETS THIN MIS	202	LB LANCING MIS DEVICE	202
LANCETS THIN MIS 26G.....	202	LDO PLUS GEL 4%	155
LANCETS ULTR MIS THIN	202	<i>leflunomide tab 10 mg</i>	21
LANCET SUPER MIS THIN 30G.....	201	<i>leflunomide tab 20 mg</i>	21
LANCET ULTRA MIS 28G.....	201	LENVIMA CAP 10 MG	91
LANCET ULTRA MIS THIN 30G.....	201	LENVIMA CAP 12MG	91
LANCET WITH MIS EJECTOR	201	LENVIMA CAP 14 MG	91
LANCING DEVI MIS	202	LENVIMA CAP 18 MG	91
LANCING DEVI MIS 25G.....	202	LENVIMA CAP 20 MG	91
LANCING DEVI MIS 30G.....	202	LENVIMA CAP 24 MG	91
LANCING MIS DEVICE.....	202	LENVIMA CAP 4MG	91
LANOXIN TAB 0.0625MG	126	LENVIMA CAP 8 MG	91
LANOXIN TAB 0.125MG	126	LESCOL XL TAB 80MG.....	77
LANOXIN TAB 0.25MG.....	126	<i>letrozole tab 2.5 mg</i>	93
<i>lansoprazole cap delayed release 15</i>		<i>leucovorin calcium tab 10 mg.....</i>	101
<i>mg</i>	247	<i>leucovorin calcium tab 15 mg.....</i>	101
<i>lansoprazole cap delayed release 30</i>		<i>leucovorin calcium tab 25 mg.....</i>	101
<i>mg</i>	247	<i>leucovorin calcium tab 5 mg</i>	101
<i>lansoprazole tab delayed release orally</i>		LEUKERAN TAB 2MG.....	90
<i>disintegrating 15 mg</i>	247	LEUKINE INJ 250MCG	188
<i>lansoprazole tab delayed release orally</i>		<i>leuprolide acetate inj kit 5 mg/ml</i>	93
<i>disintegrating 30 mg</i>	247	<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i>	
<i>lanthanum carbonate chew tab 1000</i>		<i>(base equiv)</i>	46
<i>mg (elemental)</i>	184	<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i>	
<i>lanthanum carbonate chew tab 500 mg</i>		<i>(base equiv)</i>	46
<i>(elemental).....</i>	183	<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>	
<i>lanthanum carbonate chew tab 750 mg</i>		<i>(base equiv)</i>	46
<i>(elemental).....</i>	184	<i>levalbuterol hcl soln nebu conc 1.25</i>	
LANTUS INJ 100/ML	68	<i>mg/0.5ml (base equiv)</i>	46
LANTUS SOLOS INJ 100/ML.....	68	<i>levalbuterol tartrate inhal aerosol 45</i>	
LANZO MIS LANCING.....	202	<i>mcg/act (base equiv)</i>	46
<i>lapatinib ditosylate tab 250 mg (base</i>		LEVBIID TAB 0.375 ER	246
<i>equiv).....</i>	98	LEVEMIR INJ	68
LASIX TAB 20MG.....	172	LEVEMIR INJ FLEXTouc	68

<i>levetiracetam oral soln 100 mg/ml</i> ...53	LEVOTHYROXIN CAP 175MCG 244
<i>levetiracetam tab 1000 mg</i> 53	LEVOTHYROXIN CAP 200MCG 244
<i>levetiracetam tab 250 mg</i> 53	LEVOTHYROXIN CAP 25MCG 243
<i>levetiracetam tab 500 mg</i> 53	LEVOTHYROXIN CAP 50MCG 243
<i>levetiracetam tab 750 mg</i> 53	LEVOTHYROXIN CAP 75MCG 243
<i>levetiracetam tab er 24hr 500 mg</i> 53	LEVOTHYROXIN CAP 88MCG 243
<i>levetiracetam tab er 24hr 750 mg</i> 53	<i>levothyroxine sodium tab 100 mcg</i> .244
LEVITRA TAB 10MG 128	<i>levothyroxine sodium tab 112 mcg</i> .244
LEVITRA TAB 20MG 128	<i>levothyroxine sodium tab 125 mcg</i> .244
<i>levobunolol hcl ophth soln 0.5%</i> 225	<i>levothyroxine sodium tab 137 mcg</i> .244
<i>levocarnitine oral soln 1 gm/10ml</i>	<i>levothyroxine sodium tab 150 mcg</i> .244
<i>(10%)</i> 176	<i>levothyroxine sodium tab 175 mcg</i> .244
<i>levocarnitine tab 330 mg</i> 176	<i>levothyroxine sodium tab 200 mcg</i> .244
<i>levocetirizine dihydrochloride soln 2.5</i>	<i>levothyroxine sodium tab 25 mcg</i> ...244
<i>mg/5ml (0.5 mg/ml)</i> 74	<i>levothyroxine sodium tab 300 mcg</i> .244
<i>levofloxacin ophth soln 0.5%</i> 227	<i>levothyroxine sodium tab 50 mcg</i> ...244
<i>levofloxacin oral soln 25 mg/ml</i> 181	<i>levothyroxine sodium tab 75 mcg</i> ...244
<i>levofloxacin tab 250 mg</i> 181	<i>levothyroxine sodium tab 88 mcg</i> ...244
<i>levofloxacin tab 500 mg</i> 181	LEVSIN/SL SUB 0.125MG 246
<i>levofloxacin tab 750 mg</i> 181	LEVSIN TAB 0.125MG 246
<i>levonor-eth est tab 0.15-</i>	LEVULAN KERA SOL 20% 144
<i>0.02/0.025/0.03 mg &eth est 0.01</i>	LEXAPRO TAB 10MG 59
<i>mg</i> 133	LEXAPRO TAB 20MG 59
<i>levonorgestrel & ethinyl estradiol (91-</i>	LEXAPRO TAB 5MG.....59
<i>day) tab 0.15-0.03 mg</i> 133	LEXETTE AER 0.05%.....153
<i>levonorgestrel & ethinyl estradiol tab</i>	LEXIVA SUS 50MG/ML.....114
<i>0.15 mg-30 mcg</i> 134	LEXIVA TAB 700MG 114
<i>levonorgestrel & ethinyl estradiol tab</i>	LIALDA TAB 1.2GM 182
<i>0.1 mg-20 mcg</i> 133	LIBERTY NEXT TES GEN 163
<i>levonorgestrel-eth estra tab 0.05-</i>	LIBERTY TES 163
<i>30/0.075-40/0.125-30mg-mcg</i> 134	LIBRAX CAP 5-2.5MG 246
<i>levonorgestrel-ethinyl estradiol</i>	LICART DIS 1.3%.....142
<i>(continuous) tab 90-20 mcg</i> 134	LIDOCA/TETRA CRE 7/7% 155
<i>levonorgestrel tab 1.5 mg</i> 135	LIDOCAINE CRE TETRACAI 155
<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>	<i>lidocaine hcl gel 2%</i> 155
<i>eth est tab 0.01mg(7)</i> 133	<i>lidocaine hcl laryngotracheal soln 4%</i>
<i>levonorg-eth est tab 0.15-0.03mg(84)</i>	218
<i>& eth est tab 0.01mg(7)</i> 133	<i>lidocaine hcl soln 4%</i> 155
<i>levorphanol tartrate tab 2 mg</i> 27	<i>lidocaine hcl urethral/mucosal gel 2%</i>
<i>levorphanol tartrate tab 3 mg</i> 27	155
LEVOTHYROXIN CAP 100MCG 243	<i>lidocaine hcl urethral/mucosal gel</i>
LEVOTHYROXIN CAP 112MCG 243	<i>prefilled syringe 2%</i> 155
LEVOTHYROXIN CAP 125MCG 243	<i>lidocaine hcl viscous soln 2%</i> 218
LEVOTHYROXIN CAP 137MCG 243	<i>lidocaine oint 5%</i> 155
LEVOTHYROXIN CAP 13MCG 243	<i>lidocaine patch 5%</i> 155
LEVOTHYROXIN CAP 150MCG 244	

<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
.....	156
LIDODERM DIS 5%.....	156
LIFESCAN MIS UNISTIK2.....	202
<i>lindane shampoo 1%</i>	156
<i>linezolid for susp 100 mg/5ml</i>	38
<i>linezolid tab 600 mg</i>	38
LINZESS CAP 145MCG	183
LINZESS CAP 290MCG	183
LINZESS CAP 72MCG.....	183
<i>liothyronine sodium tab 25 mcg</i>	244
<i>liothyronine sodium tab 50 mcg</i>	244
<i>liothyronine sodium tab 5 mcg</i>	244
LIPITOR TAB 10MG.....	77
LIPITOR TAB 20MG.....	77
LIPITOR TAB 40MG.....	77
LIPITOR TAB 80MG.....	77
LIPOFEN CAP 150MG	76
LIPOFEN CAP 50MG.....	76
LIQUID HOPE LIQ.....	167
<i>lisinopril & hydrochlorothiazide tab 10-</i>	
<i>12.5 mg</i>	85
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>12.5 mg</i>	85
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>25 mg</i>	85
<i>lisinopril tab 10 mg</i>	79
<i>lisinopril tab 2.5 mg</i>	79
<i>lisinopril tab 20 mg</i>	79
<i>lisinopril tab 30 mg</i>	79
<i>lisinopril tab 40 mg</i>	79
<i>lisinopril tab 5 mg</i>	79
LITETOUCH MIS LANCETS	202
LITE TOUCH MIS LANCETS	202
LITE TOUCH MIS LANC PEN	202
<i>lithium carbonate cap 150 mg</i>	105
<i>lithium carbonate cap 300 mg</i>	105
<i>lithium carbonate cap 600 mg</i>	105
<i>lithium carbonate tab 300 mg</i>	105
<i>lithium carbonate tab er 300 mg</i>	105
<i>lithium carbonate tab er 450 mg</i>	105
LITHIUM SOL 8MEQ/5ML	105
LITHOBID TAB 300MG CR.....	105
LITHOSTAT TAB 250MG.....	185
LIVALO TAB 1MG	77
LIVALO TAB 2MG	77
LIVALO TAB 4MG	77
LOCOID LIPO CRE 0.1%.....	153
LOCOID LOT 0.1%.....	153
LODINE TAB 400MG	19
LODOSYN TAB 25MG	101
LOKELMA PAK 10GM	217
LOKELMA PAK 5GM.....	217
LO LOESTRIN TAB 1-10-10	134
LOMOTIL TAB 2.5MG	70
LONGS LANCET MIS STANDARD	202
LONGS LANCET MIS THIN.....	202
LONGS LANCET MIS ULTRA TH.....	202
LONHALA MAGN SOL 25MCG	42
LONSURF TAB 15-6.14.....	95
LONSURF TAB 20-8.19.....	95
LOPHLEX POW	167
LOPID TAB 600MG	76
<i>lopinavir-ritonavir soln 400-100</i>	
<i>mg/5ml (80-20 mg/ml)</i>	114
<i>lopinavir-ritonavir tab 100-25 mg</i> ...	114
<i>lopinavir-ritonavir tab 200-50 mg</i> ...	114
LOPRESSOR TAB 100MG	121
LOPRESSOR TAB 50MG	121
LOPROX CRE 0.77%	143
LOPROX SHA 1%.....	143
LOPROX SUS 0.77%	143
<i>lorazepam conc 2 mg/ml</i>	40
<i>lorazepam tab 0.5 mg</i>	41
<i>lorazepam tab 1 mg</i>	41
<i>lorazepam tab 2 mg</i>	41
LORBRENA TAB 100MG	98
LORBRENA TAB 25MG.....	98
LORMATE CAP.....	167
LORTAB ELX 10-300MG.....	32
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-12.5 mg</i>	
.....	85
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-25 mg</i>	85
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 50-12.5 mg</i>	
.....	85
<i>losartan potassium tab 100 mg</i>	81
<i>losartan potassium tab 25 mg</i>	81
<i>losartan potassium tab 50 mg</i>	81
LOSEASONIQUE TAB.....	134

LOTEMAX GEL 0.5%	229	LUZU CRE 1%.....	143
LOTEMAX OIN 0.5%	229	LYNPARZA TAB 100MG.....	98
LOTEMAX SM GEL 0.38%	229	LYNPARZA TAB 150MG.....	98
LOTEMAX SUS 0.5%	229	LYRICA CAP 100MG	53
LOTENSIN HCT TAB 10-12.5	85	LYRICA CAP 150MG	53
LOTENSIN HCT TAB 20-12.5	85	LYRICA CAP 200MG	53
LOTENSIN HCT TAB 20-25MG	85	LYRICA CAP 225MG	53
LOTENSIN TAB 10MG.....	79	LYRICA CAP 25MG.....	53
LOTENSIN TAB 20MG.....	79	LYRICA CAP 300MG	53
LOTENSIN TAB 40MG.....	79	LYRICA CAP 50MG.....	53
<i>loteprednol etabonate ophth gel 0.5%</i>		LYRICA CAP 75MG.....	53
.....	229	LYRICA CR TAB 165MG	238
<i>loteprednol etabonate ophth susp 0.5%</i>		LYRICA CR TAB 330MG	238
.....	229	LYRICA CR TAB 82.5MG	238
LOTREL CAP 10-20MG	85	LYRICA SOL 20MG/ML	53
LOTREL CAP 10-40MG	85	LYSODREN TAB 500MG	93
LOTREL CAP 5-10MG	85	LYSTEDA TAB 650MG.....	189
LOTREL CAP 5-20MG	85	LYUMJEV KWPN INJ 100UT/ML	68
LOTRONEX TAB 0.5MG.....	183	LYUMJEV KWPN INJ 200UT/ML	68
LOTRONEX TAB 1MG.....	183	M	
<i>lovastatin tab 10 mg</i>	77	MACROBID CAP 100MG.....	38
<i>lovastatin tab 20 mg</i>	77	MACRODANTIN CAP 100MG.....	38
<i>lovastatin tab 40 mg</i>	77	MACRODANTIN CAP 25MG.....	38
LOVAZA CAP 1GM	75	MACRODANTIN CAP 50MG.....	38
LOVENOX INJ 100MG/ML.....	49	<i>mafenide acetate packet for topical</i>	
LOVENOX INJ 120/0.8	49	<i>soln 5% (50 gm)</i>	149
LOVENOX INJ 150MG/ML.....	49	MALARONE TAB 250-100.....	88
LOVENOX INJ 30/0.3ML	49	MALARONE TAB 62.5-25	88
LOVENOX INJ 300/3ML	49	<i>malathion lotion 0.5%</i>	157
LOVENOX INJ 40/0.4ML	49	<i>maprotiline hcl tab 25 mg</i>	57
LOVENOX INJ 60/0.6ML	49	<i>maprotiline hcl tab 50 mg</i>	58
LOVENOX INJ 80/0.8ML	49	<i>maprotiline hcl tab 75 mg</i>	58
<i>loxapine succinate cap 10 mg</i>	108	MARINOL CAP 10MG.....	72
<i>loxapine succinate cap 25 mg</i>	108	MARINOL CAP 2.5MG.....	72
<i>loxapine succinate cap 50 mg</i>	108	MARINOL CAP 5MG.....	72
<i>loxapine succinate cap 5 mg</i>	108	MARPLAN TAB 10MG.....	58
<i>lubiprostone cap 24 mcg</i>	182	MATULANE CAP 50MG	101
<i>lubiprostone cap 8 mcg</i>	182	MAVENCLAD PAK 10MG(10).....	237
LUCEMYRA TAB 0.18MG	233	MAVENCLAD PAK 10MG(4)	237
<i>luliconazole cream 1%</i>	143	MAVENCLAD PAK 10MG(5)	237
LUMAKRAS TAB 120MG.....	98	MAVENCLAD PAK 10MG(6)	237
LUMIGAN SOL 0.01%.....	230	MAVENCLAD PAK 10MG(7)	237
LUNESTA TAB 1MG	190	MAVENCLAD PAK 10MG(8)	237
LUNESTA TAB 2MG	190	MAVENCLAD PAK 10MG(9)	237
LUNESTA TAB 3MG	190	MAXALT-MLT TAB 10MG	213
LUXIQ AER 0.12%	153	MAXALT TAB 10MG.....	213

MAXIDEX SUS 0.1% OP	229	<i>megestrol acetate tab 40 mg</i>	93
MAXITROL OIN 0.1% OP	229	MEIJER BLOOD TES GLUCOSE	163
MAXITROL SUS 0.1% OP	229	MEIJER LANCE MIS COLOR	202
MAXZIDE-25 TAB	171	MEIJER LANCE MIS UNIV 21G	202
MAXZIDE TAB 75-50	171	MEIJER LANCE MIS UNIV 30G	202
MAYZENT PAK STARTER	237	MEIJER LANCE MIS UNIVERSA	202
MAYZENT TAB 0.25MG	237	MEIJER MIS LANCETS	202
MAYZENT TAB 2MG	237	MEIJER TES TRUETEST	163
MCT PRO-CAL PAK	167	MEIJER TES TRUETRAC	163
MECLIZINE TAB 50MG	72	MEKINIST TAB 0.5MG	98
<i>meclofenamate sodium cap 100 mg</i> ..	19	MEKINIST TAB 2MG	98
<i>meclofenamate sodium cap 50 mg</i> ..	19	MEKTOVI TAB 15MG	98
MEDICHOICE MIS LANCET	202	<i>meloxicam cap 10 mg</i>	19
MEDISENSE LIQ GLUC/KET	202	<i>meloxicam cap 5 mg</i>	19
MEDISENSE LIQ GLUC-KET	202	<i>meloxicam tab 15 mg</i>	19
MEDLANCE MIS 30G PLUS	202	<i>meloxicam tab 7.5 mg</i>	19
MEDLANCE MIS EXTR 21G	202	<i>melphalan tab 2 mg</i>	90
MEDLANCE MIS LITE 25G	202	<i>memantine hcl cap er 24hr 14 mg</i> ..	234
MEDLANCE MIS PLUS	202	<i>memantine hcl cap er 24hr 21 mg</i> ..	234
MEDLANCE MIS PLUS 30G	202	<i>memantine hcl cap er 24hr 28 mg</i> ..	234
MEDLANCE MIS UNV 21G	202	<i>memantine hcl cap er 24hr 7 mg</i>	234
MEDLANCE PLS MIS 0.8MM	202	<i>memantine hcl oral solution 2 mg/ml</i>	234
MEDLANCE PLS MIS EXTR 21G	202	<i>memantine hcl tab 10 mg</i>	234
MEDLANCE PLS MIS LITE 25G	202	<i>memantine hcl tab 28 x 5 mg & 21 x</i> <i>10 mg titration pack</i>	234
MEDROL TAB 16MG	137	<i>memantine hcl tab 5 mg</i>	234
MEDROL TAB 2MG	137	MEMBRANEBLUE SOL 0.15%	229
MEDROL TAB 32MG	137	MENEST TAB 0.3MG	180
MEDROL TAB 4MG	137	MENEST TAB 0.625MG	180
MEDROL TAB 8MG	137	MENEST TAB 1.25MG	180
<i>medroxyprogesterone acetate im susp</i> <i>150 mg/ml</i>	136	MENOPUR INJ 75UNIT	174
<i>medroxyprogesterone acetate im susp</i> <i>prefilled syr 150 mg/ml</i>	136	MENOSTAR DIS 14MCG	180
<i>medroxyprogesterone acetate tab 10</i> <i>mg</i>	233	<i>meperidine hcl oral soln 50 mg/5ml</i> ..	27
<i>medroxyprogesterone acetate tab 2.5</i> <i>mg</i>	233	<i>meperidine hcl tab 50 mg</i>	27
<i>medroxyprogesterone acetate tab 5 mg</i>	233	MEPHYTON TAB 5MG	252
<i>mefenamic acid cap 250 mg</i>	19	<i>meprobamate tab 200 mg</i>	40
<i>mefloquine hcl tab 250 mg</i>	88	<i>meprobamate tab 400 mg</i>	40
<i>megestrol acetate susp 40 mg/ml</i>	93	MEPRON SUS	37
<i>megestrol acetate susp 625 mg/5ml</i>	233	<i>mercaptopurine tab 50 mg</i>	90
<i>megestrol acetate tab 20 mg</i>	93	<i>mesalamine cap dr 400 mg</i>	182
		<i>mesalamine cap er 24hr 0.375 gm</i> ..	182
		<i>mesalamine enema 4 gm</i>	182
		<i>mesalamine suppos 1000 mg</i>	182
		<i>mesalamine tab delayed release 1.2</i> <i>gm</i>	182

MESNEX TAB 400MG.....	101	<i>methotrexate sodium inj pf 1000</i>	
MESTINON SOL 60MG/5ML.....	89	<i>mg/40ml (25 mg/ml)</i>	90
MESTINON TAB 60MG.....	89	<i>methotrexate sodium inj pf 250</i>	
MESTINON TAB TIMESPAN	89	<i>mg/10ml (25 mg/ml)</i>	90
<i>metaxalone tab 400 mg</i>	223	<i>methotrexate sodium inj pf 50 mg/2ml</i>	
<i>metaxalone tab 800 mg</i>	223	<i>(25 mg/ml)</i>	90
<i>metformin hcl oral soln 500 mg/5ml .</i>	65	<i>methotrexate sodium tab 2.5 mg (base</i>	
<i>metformin hcl tab 1000 mg</i>	65	<i>equiv).....</i>	91
<i>metformin hcl tab 500 mg</i>	65	<i>methoxsalen rapid cap 10 mg</i>	146
<i>metformin hcl tab 850 mg</i>	65	<i>methscopolamine bromide tab 2.5 mg</i>	
<i>metformin hcl tab er 24hr 500 mg....</i>	65	<i>.....</i>	246
<i>metformin hcl tab er 24hr 750 mg....</i>	65	<i>methscopolamine bromide tab 5 mg</i>	
<i>metformin hcl tab er 24hr modified</i>		<i>.....</i>	246
<i>release 1000 mg</i>	65	<i>methyldopa & hydrochlorothiazide tab</i>	
<i>metformin hcl tab er 24hr modified</i>		<i>250-15 mg</i>	85
<i>release 500 mg</i>	65	<i>methyldopa & hydrochlorothiazide tab</i>	
<i>metformin hcl tab er 24hr osmotic</i>		<i>250-25 mg</i>	85
<i>1000 mg</i>	66	<i>methyldopa tab 250 mg</i>	82
<i>metformin hcl tab er 24hr osmotic 500</i>		<i>methyldopa tab 500 mg</i>	82
<i>mg</i>	65	<i>methylergonovine maleate tab 0.2 mg</i>	
<i>methadone hcl conc 10 mg/ml</i>	27	<i>.....</i>	231
<i>methadone hcl soln 10 mg/5ml</i>	27	METHYLIN SOL 10MG/5ML	8
<i>methadone hcl soln 5 mg/5ml</i>	27	METHYLIN SOL 5MG/5ML	8
<i>methadone hcl tab 10 mg</i>	27	<i>methylphenidate hcl cap er 10 mg (cd)</i>	
<i>methadone hcl tab 5 mg</i>	27	<i>.....</i>	9
<i>methadone hcl tab for oral susp 40 mg</i>		<i>methylphenidate hcl cap er 20 mg (cd)</i>	
<i>.....</i>	27	<i>.....</i>	9
METHADOSE CON 10MG/ML	27	<i>methylphenidate hcl cap er 24hr 10 mg</i>	
METHADOSE SF CON 10MG/ML	28	<i>(la)</i>	9
<i>methamphetamine hcl tab 5 mg</i>	3	<i>methylphenidate hcl cap er 24hr 10 mg</i>	
<i>methazolamide tab 25 mg</i>	171	<i>(xr)</i>	9
<i>methazolamide tab 50 mg</i>	171	<i>methylphenidate hcl cap er 24hr 15 mg</i>	
<i>methenamine hippurate tab 1 gm</i>	38	<i>(xr)</i>	9
<i>methenamine mandelate tab 0.5 gm</i>	38	<i>methylphenidate hcl cap er 24hr 20 mg</i>	
<i>methenamine mandelate tab 1 gm</i>	38	<i>(la)</i>	9
<i>methimazole tab 10 mg</i>	243	<i>methylphenidate hcl cap er 24hr 20 mg</i>	
<i>methimazole tab 5 mg</i>	243	<i>(xr)</i>	9
METHITEST TAB 10MG.....	35	<i>methylphenidate hcl cap er 24hr 30 mg</i>	
<i>methocarbamol tab 500 mg</i>	223	<i>(la)</i>	9
<i>methocarbamol tab 750 mg</i>	223	<i>methylphenidate hcl cap er 24hr 30 mg</i>	
<i>methotrexate sodium for inj 1 gm</i>	90	<i>(xr)</i>	9
<i>methotrexate sodium inj 250 mg/10ml</i>		<i>methylphenidate hcl cap er 24hr 40 mg</i>	
<i>(25 mg/ml)</i>	90	<i>(la)</i>	9
<i>methotrexate sodium inj 50 mg/2ml</i>		<i>methylphenidate hcl cap er 24hr 40 mg</i>	
<i>(25 mg/ml)</i>	90	<i>(xr)</i>	9

<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i> 9	<i>metoclopramide hcl tab 5 mg (base equivalent)</i> 182
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i> 9	METOCLOPRAMI TAB 10MG ODT.....182
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i> 9	<i>metolazone tab 10 mg</i> 172
<i>methylphenidate hcl cap er 30 mg (cd)</i> 9	<i>metolazone tab 2.5 mg</i> 172
<i>methylphenidate hcl cap er 40 mg (cd)</i> 9	<i>metolazone tab 5 mg</i> 172
<i>methylphenidate hcl cap er 50 mg (cd)</i> 9	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> 85
<i>methylphenidate hcl cap er 60 mg (cd)</i> 9	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> 85
<i>methylphenidate hcl chew tab 10 mg</i> ..9	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> 85
<i>methylphenidate hcl chew tab 2.5 mg</i> ..9	<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> 121
<i>methylphenidate hcl chew tab 5 mg</i> ...9	<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> 121
<i>methylphenidate hcl soln 10 mg/5ml</i> ..9	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> 121
<i>methylphenidate hcl soln 5 mg/5ml</i> 9	<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> 121
<i>methylphenidate hcl tab 10 mg</i> 9	<i>metoprolol tartrate tab 100 mg</i> 121
<i>methylphenidate hcl tab 20 mg</i> 9	<i>metoprolol tartrate tab 25 mg</i> 121
<i>methylphenidate hcl tab 5 mg</i> 9	<i>metoprolol tartrate tab 37.5 mg</i> 121
<i>methylphenidate hcl tab er 10 mg</i> 9	<i>metoprolol tartrate tab 50 mg</i> 121
<i>methylphenidate hcl tab er 20 mg</i> 9	<i>metoprolol tartrate tab 75 mg</i> 121
<i>methylphenidate hcl tab er 24hr 18 mg</i> 10	METROCREAM CRE 0.75% 156
<i>methylphenidate hcl tab er 24hr 27 mg</i> 10	METROGEL GEL 1% 156
<i>methylphenidate hcl tab er 24hr 36 mg</i> 10	METROLOTION LOT 0.75% 156
<i>methylphenidate hcl tab er 24hr 54 mg</i> 10	<i>metronidazole cap 375 mg</i> 36
METHYLPHENID TAB 72MG ER 8	<i>metronidazole cream 0.75%</i> 156
<i>methylprednisolone tab 16 mg</i> 137	<i>metronidazole gel 0.75%</i> 156
<i>methylprednisolone tab 32 mg</i> 137	<i>metronidazole gel 1%</i> 156
<i>methylprednisolone tab 4 mg</i> 137	<i>metronidazole lotion 0.75%</i> 156
<i>methylprednisolone tab 8 mg</i> 137	<i>metronidazole tab 250 mg</i> 36
<i>methylprednisolone tab therapy pack 4 mg (21)</i> 137	<i>metronidazole tab 500 mg</i> 36
<i>methyltestosterone cap 10 mg</i> 35	<i>metronidazole vaginal gel 0.75%</i> 251
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i> 182	<i>metyrosine cap 250 mg</i> 80
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> 182	<i>mexiletine hcl cap 150 mg</i> 41
<i>metoclopramide hcl tab 10 mg (base equivalent)</i> 182	<i>mexiletine hcl cap 200 mg</i> 41
	<i>mexiletine hcl cap 250 mg</i> 41
	MIACALCIN INJ 200/ML.....173
	MICARDIS HCT TAB 40/12.5.....85
	MICARDIS HCT TAB 80/12.5.....86
	MICARDIS HCT TAB 80-25MG 85
	MICARDIS TAB 20MG 81
	MICARDIS TAB 40MG 81

MICARDIS TAB 80MG	81	<i>minocycline hcl tab er 24hr 115 mg</i>	242
<i>miconazole nitrate vaginal suppos</i>	200	<i>minocycline hcl tab er 24hr 135 mg</i>	242
<i>mg</i>	251	<i>minocycline hcl tab er 24hr 45 mg</i> ..	242
<i>miconazole-zinc oxide-white</i>		<i>minocycline hcl tab er 24hr 55 mg</i> ..	242
<i>petrolatum oint 0.25-15-81.35%</i>	.144	<i>minocycline hcl tab er 24hr 65 mg</i> ..	242
MICROCHAMBER MIS	211	<i>minocycline hcl tab er 24hr 80 mg</i> ..	242
MICRODOT CON SOL HIGH/LOW	203	<i>minocycline hcl tab er 24hr 90 mg</i> ..	242
MICRODOT TES	163	MINOLIRA TAB 105MG	242
MICRODOT TES XTRA	163	MINOLIRA TAB 135MG	242
MICROLET MIS LANCETS	203	<i>minoxidil tab 10 mg</i>	88
MICROLET MIS NEXT	203	<i>minoxidil tab 2.5 mg</i>	88
MICRO THIN MIS LANC 33G.....	203	MIRAPEX ER TAB 0.375MG	103
<i>midodrine hcl tab 10 mg</i>	252	MIRAPEX ER TAB 0.75MG	103
<i>midodrine hcl tab 2.5 mg</i>	252	MIRAPEX ER TAB 1.5MG	103
<i>midodrine hcl tab 5 mg</i>	252	MIRAPEX ER TAB 2.25MG	103
MIFEPREX TAB 200MG	177	MIRAPEX ER TAB 3.75MG	103
<i>mifepristone tab 200 mg</i>	177	MIRAPEX ER TAB 3MG.....	103
<i>miglitol tab 100 mg</i>	63	MIRAPEX ER TAB 4.5MG	103
<i>miglitol tab 25 mg</i>	63	MIRAPEX TAB 0.125MG	103
<i>miglitol tab 50 mg</i>	63	MIRAPEX TAB 0.5MG	103
<i>miglustat cap 100 mg</i>	187	MIRAPEX TAB 0.75MG.....	103
MIGRANAL SPR 4MG/ML.....	212	MIRAPEX TAB 1MG	103
MILLIPRED TAB 5MG.....	137	MIRCETTE TAB 28 DAY.....	134
MINASTRIN 24 CHW FE.....	134	<i>mirtazapine orally disintegrating tab 15</i>	
MINI LANCING MIS DEVICE	203	<i>mg</i>	57
MINIPRESS CAP 1MG.....	82	<i>mirtazapine orally disintegrating tab 30</i>	
MINIPRESS CAP 2MG.....	82	<i>mg</i>	57
MINIPRESS CAP 5MG.....	82	<i>mirtazapine orally disintegrating tab 45</i>	
MINIVELLE DIS 0.025MG.....	180	<i>mg</i>	57
MINIVELLE DIS 0.0375MG	180	<i>mirtazapine tab 15 mg</i>	57
MINIVELLE DIS 0.05MG	180	<i>mirtazapine tab 30 mg</i>	57
MINIVELLE DIS 0.075MG.....	180	<i>mirtazapine tab 45 mg</i>	57
MINIVELLE DIS 0.1MG	180	<i>mirtazapine tab 7.5 mg</i>	57
<i>minocycline hcl cap 100 mg</i>	242	MIRVASO GEL 0.33%.....	156
<i>minocycline hcl cap 50 mg</i>	242	<i>misoprostol tab 100 mcg</i>	248
<i>minocycline hcl cap 75 mg</i>	242	<i>misoprostol tab 200 mcg</i>	248
<i>minocycline hcl cap er 24hr 135 mg</i>		MITIGARE CAP 0.6MG	186
<i>(base equivalent)</i>	242	MITOSOL KIT 0.2MG.....	227
<i>minocycline hcl cap er 24hr 45 mg</i>		MM LANCING MIS DEVICE	203
<i>(base equivalent)</i>	242	MM TWIST MIS LANCETS.....	203
<i>minocycline hcl cap er 24hr 90 mg</i>		M-NATAL PLUS TAB	219
<i>(base equivalent)</i>	242	MOBIC TAB 15MG	19
<i>minocycline hcl tab 100 mg</i>	242	MOBIC TAB 7.5MG	19
<i>minocycline hcl tab 50 mg</i>	242	MOBILE LANCE MIS 30G.....	203
<i>minocycline hcl tab 75 mg</i>	242	<i>modafinil tab 100 mg</i>	10
<i>minocycline hcl tab er 24hr 105 mg</i>	242	<i>modafinil tab 200 mg</i>	10

<i>moexipril hcl tab 15 mg</i>	79	<i>morphine sulfate oral soln 10 mg/5ml</i>	28
<i>moexipril hcl tab 7.5 mg</i>	79	<i>morphine sulfate oral soln 20 mg/5ml</i>	28
<i>molindone hcl tab 10 mg</i>	109	<i>morphine sulfate suppos 10 mg</i>	28
<i>molindone hcl tab 25 mg</i>	109	<i>morphine sulfate suppos 20 mg</i>	28
<i>molindone hcl tab 5 mg</i>	109	<i>morphine sulfate suppos 30 mg</i>	28
<i>mometasone furoate cream 0.1%</i> ...	153	<i>morphine sulfate suppos 5 mg</i>	28
<i>mometasone furoate nasal susp 50</i> <i>mcg/act</i>	224	<i>morphine sulfate tab 15 mg</i>	28
<i>mometasone furoate oint 0.1%</i>	153	<i>morphine sulfate tab 30 mg</i>	28
<i>mometasone furoate solution 0.1%</i> <i>(lotion)</i>	153	<i>morphine sulfate tab er 100 mg</i>	28
MONOLET MIS LANCETS	203	<i>morphine sulfate tab er 15 mg</i>	28
MONOLET OPD MIS LANCETS	203	<i>morphine sulfate tab er 200 mg</i>	28
MONOLETTOR MIS LANCETS	203	<i>morphine sulfate tab er 30 mg</i>	28
<i>montelukast sodium chew tab 4 mg</i> <i>(base equiv)</i>	43	<i>morphine sulfate tab er 60 mg</i>	28
<i>montelukast sodium chew tab 5 mg</i> <i>(base equiv)</i>	43	MOTEGRITY TAB 1MG	181
<i>montelukast sodium oral granules</i> <i>packet 4 mg (base equiv)</i>	43	MOTEGRITY TAB 2MG	181
<i>montelukast sodium tab 10 mg (base</i> <i>equiv)</i>	43	MOTOFEN TAB 1-0.025	70
MONUROL PAK GRANULES	38	MOVANTIK TAB 12.5MG	183
<i>morphine sulfate beads cap er 24hr</i> <i>120 mg</i>	28	MOVANTIK TAB 25MG	183
<i>morphine sulfate beads cap er 24hr 30</i> <i>mg</i>	28	MOVIPREP SOL	191
<i>morphine sulfate beads cap er 24hr 45</i> <i>mg</i>	28	MOXEZA SOL 0.5%	227
<i>morphine sulfate beads cap er 24hr 60</i> <i>mg</i>	28	<i>moxifloxacin hcl ophth soln 0.5% (base</i> <i>eq) (2 times daily)</i>	227
<i>morphine sulfate beads cap er 24hr 75</i> <i>mg</i>	28	<i>moxifloxacin hcl ophth soln 0.5% (base</i> <i>equiv)</i>	227
<i>morphine sulfate beads cap er 24hr 90</i> <i>mg</i>	28	<i>moxifloxacin hcl tab 400 mg (base</i> <i>equiv)</i>	181
<i>morphine sulfate cap er 24hr 100 mg</i>	28	MOXIFLOXACIN SOL 0.5%	227
<i>morphine sulfate cap er 24hr 10 mg</i> .	28	MPD SFTY LAN MIS 21G	203
<i>morphine sulfate cap er 24hr 20 mg</i> .	28	MPD SFTY LAN MIS 23G	203
<i>morphine sulfate cap er 24hr 30 mg</i> .	28	MPD SFTY LAN MIS 28G	203
<i>morphine sulfate cap er 24hr 40 mg</i> .	28	MPD SFTY LAN MIS 30G	203
<i>morphine sulfate cap er 24hr 50 mg</i> .	28	MS CONTIN TAB 100MG ER	28
<i>morphine sulfate cap er 24hr 60 mg</i> .	28	MS CONTIN TAB 15MG ER	28
<i>morphine sulfate cap er 24hr 80 mg</i> .	28	MS CONTIN TAB 200MG ER	28
<i>morphine sulfate oral soln 100 mg/5ml</i> <i>(20 mg/ml)</i>	28	MS CONTIN TAB 30MG ER	28
		MS CONTIN TAB 60MG ER	28
		MULPLETA TAB 3MG	188
		MULTAQ TAB 400MG	42
		MULTI-LANCET KIT DEVICE	203
		MULTI-LANCET MIS DEVICE	203
		<i>mupirocin calcium cream 2%</i>	142
		<i>mupirocin oint 2%</i>	142
		MUSE SUP 1000MCG	128
		MUSE SUP 125MCG	128

MUSE SUP 250MCG	128	NALFON TAB 600MG	19
MUSE SUP 500MCG	128	<i>nalocet tab 2.5-300</i>	32
MYALEPT INJ 11.3MG	176	<i>naloxone hcl inj 0.4 mg/ml</i>	71
MYAMBUTOL TAB 400MG	89	<i>naloxone hcl inj 4 mg/10ml</i>	71
MYCOBUTIN CAP 150MG	89	<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	71
<i>mycophenolate mofetil cap 250 mg</i>	217	<i>naloxone hcl soln prefilled syringe 2</i> <i>mg/2ml</i>	71
<i>mycophenolate mofetil for oral susp</i> <i>200 mg/ml</i>	217	<i>naltrexone hcl tab 50 mg</i>	71
<i>mycophenolate mofetil tab 500 mg</i>	217	NAMENDA TAB 10MG	234
<i>mycophenolate sodium tab dr 180 mg</i> <i>(mycophenolic acid equiv)</i>	217	NAMENDA TAB 5-10MG	234
<i>mycophenolate sodium tab dr 360 mg</i> <i>(mycophenolic acid equiv)</i>	217	NAMENDA TAB 5MG	234
MYDAYIS CAP 12.5MG	3	NAMENDA XR CAP 14MG	234
MYDAYIS CAP 25MG	3	NAMENDA XR CAP 21MG	234
MYDAYIS CAP 37.5MG	3	NAMENDA XR CAP 28MG	234
MYDAYIS CAP 50MG	3	NAMENDA XR CAP 7MG	234
MYFEMBREE TAB	179	NAMENDA XR CAP TITRATIO	234
MYGLUCOHEALT MIS LANC 30G	203	NAMZARIC CAP	234
MYGLUCOHEALT SOL LO/NL/HI	203	NAMZARIC CAP 14-10MG	234
MYGLUCOHEALT TES BLD GLUC	163	NAMZARIC CAP 21-10MG	234
MYLERAN TAB 2MG	90	NAMZARIC CAP 28-10MG	234
MYNATAL CAP	219	NAMZARIC CAP 7-10MG	234
MYNATAL PLUS TAB	219	NAPRELAN TAB 375MG CR.....	19
MYNATAL-Z TAB	219	NAPRELAN TAB 500MG CR.....	19
MYRBETRIQ SUS 8MG/ML	250	NAPRELAN TAB 750MG CR.....	19
MYRBETRIQ TAB 25MG	250	NAPROSYN SUS 125/5ML	19
MYRBETRIQ TAB 50MG	250	NAPROSYN TAB 500MG	20
MYSOLINE TAB 250MG	53	<i>naproxen-esomeprazole magnesium</i> <i>tab dr 375-20 mg</i>	20
MYSOLINE TAB 50MG	53	<i>naproxen-esomeprazole magnesium</i> <i>tab dr 500-20 mg</i>	20
MYTESI TAB 125MG	70	<i>naproxen sodium tab 275 mg</i>	20
N		<i>naproxen sodium tab 550 mg</i>	20
<i>nabumetone tab 500 mg</i>	19	<i>naproxen sodium tab er 24hr 375 mg</i> <i>(base equiv)</i>	20
<i>nabumetone tab 750 mg</i>	19	<i>naproxen sodium tab er 24hr 500 mg</i> <i>(base equiv)</i>	20
<i>nadolol tab 20 mg</i>	122	<i>naproxen sodium tab er 24hr 750 mg</i> <i>(base equiv)</i>	20
<i>nadolol tab 40 mg</i>	122	<i>naproxen susp 125 mg/5ml</i>	20
<i>nadolol tab 80 mg</i>	122	<i>naproxen tab 250 mg</i>	20
NAFRINSE DLY SOL /NEUTRAL	218	<i>naproxen tab 375 mg</i>	20
NAFRINSE SOL DAILY	218	<i>naproxen tab 500 mg</i>	20
NAFRINSE WK SOL 0.2%	218	<i>naproxen tab ec 375 mg</i>	20
<i>naftifine hcl cream 1%</i>	144	<i>naproxen tab ec 500 mg</i>	20
<i>naftifine hcl cream 2%</i>	144		
<i>naftifine hcl gel 1%</i>	144		
NAFTIN GEL 1%	144		
NAFTIN GEL 2%	144		
NALFON CAP 400MG	19		

<i>naratriptan hcl tab 1 mg (base equiv)</i>	
.....	213
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	
.....	213
NARCAN SPR.....	71
NARDIL TAB 15MG.....	58
NASCOBAL SPR 500MCG.....	188
NASONEX SPR 50MCG/AC.....	224
NATACHEW CHW.....	219
NATACYN SUS 5% OP.....	227
NATALVIT TAB 75-1MG.....	219
NATAZIA TAB.....	134
<i>nateglinide tab 120 mg</i>	69
<i>nateglinide tab 60 mg</i>	69
NATESTO GEL 5.5MG.....	35
NATPARA INJ 100MCG.....	173
NATPARA INJ 25MCG.....	173
NATPARA INJ 50MCG.....	173
NATPARA INJ 75MCG.....	173
NATROBA SUS 0.9%.....	157
NATURE-THROI TAB 113.75MG.....	244
NATURE-THROI TAB 130MG.....	244
NATURE-THROI TAB 146.25MG.....	244
NATURE-THROI TAB 16.25MG.....	244
NATURE THROI TAB 162.5MG.....	244
NATURE-THROI TAB 195MG.....	244
NATURE-THROI TAB 260MG.....	244
NATURE-THROI TAB 32.5MG.....	244
NATURE-THROI TAB 325MG.....	244
NATURE-THROI TAB 48.75MG.....	244
NATURE-THROI TAB 65MG.....	244
NATURE-THROI TAB 81.25MG.....	244
NATURE-THROI TAB 97.5MG.....	244
NAYZILAM SPR 5MG.....	50
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	121
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	121
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	121
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	121
NEEVO DHA CAP 27-1.13.....	219
<i>nefazodone hcl tab 100 mg</i>	60
<i>nefazodone hcl tab 150 mg</i>	60
<i>nefazodone hcl tab 200 mg</i>	60
<i>nefazodone hcl tab 250 mg</i>	60
<i>nefazodone hcl tab 50 mg</i>	60
NEOCATE LIQ SPLASH.....	167
NEOKE MCT70 POW.....	167
<i>neomycin-bacitrac zn-polymyx</i>	
5(3.5)mg-400unt-10000unt op oin	
.....	227
<i>neomycin-polymy-gramicid op sol</i>	
1.75-10000-0.025mg-unt-mg/ml.	227
<i>neomycin-polymyxin-dexamethasone</i>	
ophth oint 0.1%.....	229
<i>neomycin-polymyxin-dexamethasone</i>	
ophth susp 0.1%.....	229
<i>neomycin-polymyxin-hc ophth susp</i>	229
<i>neomycin-polymyxin-hc otic soln 1%</i>	
.....	231
<i>neomycin-polymyxin-hc otic susp 3.5</i>	
mg/ml-10000 unit/ml-1%.....	231
<i>neomycin sulfate tab 500 mg</i>	11
NEONATAL/DHA MIS.....	219
NEONATAL 19 TAB.....	219
NEONATAL FE TAB.....	219
NEONATAL PLS TAB 27-1MG.....	219
NEONATAL TAB COMPLETE.....	219
NEONATAL TAB COMPLTE.....	219
NEORAL CAP 100MG.....	217
NEORAL CAP 25MG.....	217
NEORAL SOL 100MG/ML.....	217
NEO-SYNALAR CRE.....	142
NEOTUSS PLUS LIQ.....	139
NEPRO LIQ VANILLA.....	167
NERLYNX TAB 40MG.....	98
NESINA TAB 12.5MG.....	66
NESINA TAB 25MG.....	66
NESINA TAB 6.25MG.....	66
NESTABS DHA PAK.....	220
NESTABS ONE CAP.....	220
NESTABS TAB.....	220
NEUPRO DIS 1MG/24HR.....	103
NEUPRO DIS 2MG/24HR.....	103
NEUPRO DIS 3MG/24HR.....	103
NEUPRO DIS 4MG/24HR.....	103
NEUPRO DIS 6MG/24HR.....	103
NEUPRO DIS 8MG/24HR.....	103
NEURONTIN CAP 100MG.....	53
NEURONTIN CAP 300MG.....	53

NEURONTIN CAP 400MG	53	NICORETTE GUM 4MG MINT.....	239
NEURONTIN SOL 250/5ML.....	53	NICORETTE GUM 4MG ORIG	239
NEURONTIN TAB 600MG	53	NICORETTE LOZ 2MG MINT	239
NEURONTIN TAB 800MG	53	NICORETTE LOZ 4MG MINT	239
NEUTEK 2TEK SOL CONTROL	203	NICORETTE ST GUM 2MG MINT	239
NEUTEK 2TEK TES STRIPS.....	163	NICORETTE ST GUM 2MG ORIG	239
NEVANAC SUS 0.1%.....	230	NICORETTE ST GUM 4MG ORIG.....	239
<i>nevirapine susp 50 mg/5ml</i>	<i>114</i>	<i>nicotine polacrilex gum 2 mg</i>	<i>239</i>
<i>nevirapine tab 200 mg</i>	<i>114</i>	<i>nicotine polacrilex gum 4 mg</i>	<i>239</i>
<i>nevirapine tab er 24hr 100 mg</i>	<i>114</i>	<i>nicotine polacrilex lozenge 2 mg</i>	<i>239</i>
<i>nevirapine tab er 24hr 400 mg</i>	<i>114</i>	<i>nicotine polacrilex lozenge 4 mg</i>	<i>239</i>
NEXAVAR TAB 200MG.....	98	<i>nicotine td patch 24hr 14 mg/24hr</i>	<i>240</i>
NEXIUM CAP 20MG	247	<i>nicotine td patch 24hr 21 mg/24hr</i>	<i>240</i>
NEXIUM CAP 40MG	247	<i>nicotine td patch 24hr 7 mg/24hr</i>	<i>240</i>
NEXIUM GRA 10MG DR	248	NICOTROL INH.....	240
NEXIUM GRA 2.5MG DR	247	NICOTROL NS SPR 10MG/ML	240
NEXIUM GRA 20MG DR	248	<i>nifedipine cap 10 mg</i>	<i>124</i>
NEXIUM GRA 40MG DR	248	<i>nifedipine cap 20 mg</i>	<i>124</i>
NEXIUM GRA 5MG DR	248	<i>nifedipine tab er 24hr 30 mg.....</i>	<i>124</i>
NEXLETOL TAB 180MG.....	74	<i>nifedipine tab er 24hr 60 mg.....</i>	<i>124</i>
NEXLIZET TAB 180/10MG.....	75	<i>nifedipine tab er 24hr 90 mg.....</i>	<i>124</i>
<i>niacin (antihyperlipidemic) tab 500 mg</i>	<i>78</i>	<i>nifedipine tab er 24hr osmotic release</i>	<i>124</i>
<i>niacin tab er 1000 mg</i>	<i>78</i>	<i>30 mg.....</i>	<i>124</i>
<i>(antihyperlipidemic).....</i>	<i>78</i>	<i>nifedipine tab er 24hr osmotic release</i>	<i>124</i>
<i>niacin tab er 500 mg</i>	<i>78</i>	<i>60 mg.....</i>	<i>124</i>
<i>(antihyperlipidemic).....</i>	<i>78</i>	<i>nifedipine tab er 24hr osmotic release</i>	<i>125</i>
<i>niacin tab er 750 mg</i>	<i>78</i>	<i>90 mg.....</i>	<i>125</i>
<i>(antihyperlipidemic).....</i>	<i>78</i>	NILANDRON TAB 150MG	93
NIASPAN TAB 1000 ER.....	78	<i>nilutamide tab 150 mg.....</i>	<i>93</i>
NIASPAN TAB 500MG ER.....	78	<i>nimodipine cap 30 mg.....</i>	<i>125</i>
NIASPAN TAB 750MG ER.....	78	NINLARO CAP 2.3MG	98
<i>nicardipine hcl cap 20 mg</i>	<i>124</i>	NINLARO CAP 3MG.....	98
<i>nicardipine hcl cap 30 mg</i>	<i>124</i>	NINLARO CAP 4MG.....	98
NICODERM CQ DIS 14MG/24H	239	<i>nisoldipine tab er 24hr 17 mg</i>	<i>125</i>
NICODERM CQ DIS 21MG/24H	239	<i>nisoldipine tab er 24hr 20 mg</i>	<i>125</i>
NICODERM CQ DIS 7MG/24HR.....	238	<i>nisoldipine tab er 24hr 25.5 mg.....</i>	<i>125</i>
NICOMIDE TAB	222	<i>nisoldipine tab er 24hr 30 mg</i>	<i>125</i>
NICORETTE GUM 2MG.....	239	<i>nisoldipine tab er 24hr 34 mg</i>	<i>125</i>
NICORETTE GUM 2MG CINN.....	239	<i>nisoldipine tab er 24hr 40 mg</i>	<i>125</i>
NICORETTE GUM 2MGFRUIT	239	<i>nisoldipine tab er 24hr 8.5 mg</i>	<i>125</i>
NICORETTE GUM 2MG MINT.....	239	<i>nitazoxanide tab 500 mg.....</i>	<i>37</i>
NICORETTE GUM 2MG ORIG	239	<i>nitisinone cap 10 mg</i>	<i>176</i>
NICORETTE GUM 4MG.....	239	<i>nitisinone cap 2 mg</i>	<i>176</i>
NICORETTE GUM 4MG CINN.....	239	<i>nitisinone cap 5 mg</i>	<i>176</i>
NICORETTE GUM 4MGFRUIT	239	NITRO-BID OIN 2%.....	39
		NITRO-DUR DIS 0.1MG/HR.....	39

NITRO-DUR DIS 0.2MG/HR.....	39	<i>nonoxynol-9 gel 4%</i>	250
NITRO-DUR DIS 0.3MG/HR.....	39	NORDITROPIN INJ 10/1.5ML.....	175
NITRO-DUR DIS 0.4MG/HR.....	39	NORDITROPIN INJ 15/1.5ML.....	175
NITRO-DUR DIS 0.6MG/HR.....	39	NORDITROPIN INJ 30/3ML.....	175
NITRO-DUR DIS 0.8MG/HR.....	39	NORDITROPIN INJ 5/1.5ML.....	175
<i>nitrofurantoin macrocrystalline cap 100</i>		<i>norelgestromin-ethinyl estradiol td</i>	
<i>mg</i>	38	<i>ptwk 150-35 mcg/24hr.....</i>	135
<i>nitrofurantoin macrocrystalline cap 25</i>		<i>norethindrone & ethinyl estradiol-fe</i>	
<i>mg</i>	38	<i>chew tab 0.4 mg-35 mcg.....</i>	134
<i>nitrofurantoin macrocrystalline cap 50</i>		<i>norethindrone & ethinyl estradiol-fe</i>	
<i>mg</i>	38	<i>chew tab 0.8 mg-25 mcg.....</i>	134
<i>nitrofurantoin monohydrate</i>		<i>norethindrone & ethinyl estradiol tab</i>	
<i>macrocrystalline cap 100 mg</i>	38	<i>0.4 mg-35 mcg</i>	134
<i>nitrofurantoin susp 25 mg/5ml.....</i>	38	<i>norethindrone & ethinyl estradiol tab</i>	
<i>nitroglycerin sl tab 0.3 mg</i>	39	<i>0.5 mg-35 mcg</i>	134
<i>nitroglycerin sl tab 0.4 mg</i>	39	<i>norethindrone & ethinyl estradiol tab 1</i>	
<i>nitroglycerin sl tab 0.6 mg</i>	39	<i>mg-35 mcg.....</i>	134
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>		<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>.....</i>	39	<i>tab 1.5 mg-30 mcg.....</i>	134
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>		NORETHINDRONE ACE & ETHINYL	
<i>.....</i>	39	ESTRADIOL-FE TAB 1.5 MG-30 MCG	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>		<i>.....</i>	134
<i>.....</i>	39	<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>		<i>tab 1 mg-20 mcg.....</i>	134
<i>.....</i>	39	NORETHINDRONE ACE & ETHINYL	
<i>nitroglycerin tl soln 0.4 mg/spray (400</i>		ESTRADIOL-FE TAB 1 MG-20 MCG	
<i>mcg/spray)</i>	39	<i>.....</i>	134
NITROLINGUAL SPR PUMPSRA	39	<i>norethindrone ace & ethinyl estradiol</i>	
NITROMIST AER 400MCG	39	<i>tab 1.5 mg-30 mcg.....</i>	134
NITROSTAT SUB 0.3MG	39	NORETHINDRONE ACE & ETHINYL	
NITROSTAT SUB 0.4MG	39	ESTRADIOL TAB 1.5 MG-30 MCG .	134
NITROSTAT SUB 0.6MG	39	<i>norethindrone ace & ethinyl estradiol</i>	
NITYR TAB 10MG.....	176	<i>tab 1 mg-20 mcg.....</i>	134
NITYR TAB 2MG	176	NORETHINDRONE ACE & ETHINYL	
NITYR TAB 5MG	176	ESTRADIOL TAB 1 MG-20 MCG....	134
NIVA-PLUS TAB.....	220	<i>norethindrone ace-eth estradiol-fe</i>	
NIVESTYM INJ 300/0.5.....	188	<i>chew tab 1 mg-20 mcg (24).....</i>	134
NIVESTYM INJ 300MCG	188	<i>norethindrone ace-ethinyl estradiol-fe</i>	
NIVESTYM INJ 480/0.8.....	188	<i>cap 1 mg-20 mcg (24)</i>	134
NIVESTYM INJ 480MCG	188	<i>norethindrone ace-ethinyl estradiol-fe</i>	
<i>nizatidine cap 150 mg</i>	247	<i>tab 1 mg-20 mcg (24).....</i>	135
<i>nizatidine cap 300 mg</i>	247	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>nizatidine oral soln 15 mg/ml.....</i>	247	<i>tab 0.5 mg-2.5 mcg</i>	179
NOCDURNA SUB 27.7MCG	177	<i>norethindrone acetate-ethinyl estradiol</i>	
NOCDURNA SUB 55.3MCG	177	<i>tab 1 mg-5 mcg</i>	179
NO CODING TES BLD GLUC	163	<i>norethindrone acetate tab 5 mg</i>	233

<i>norethindrone ac-ethinyl estrad-fe tab</i>		NOVOLIN N INJ 100 UNIT.....	68
1-20/1-30/1-35 mg-mcg	134	NOVOLIN N INJ U-100	68
<i>norethindrone-eth estradiol tab 0.5-</i>		NOVOLOG INJ 100/ML	68
35/0.75-35/1-35 mg-mcg	135	NOVOLOG INJ FLEXPEN	68
<i>norethindrone-eth estradiol tab 0.5-</i>		NOVOLOG INJ PENFILL	68
35/1-35/0.5-35 mg-mcg	135	NOVOLOG MIX INJ 70/30	68
<i>norethindrone tab 0.35 mg</i>	136	NOVOLOG MIX INJ FLEXPEN	68
NORGESIC TAB FORTE	223	NOXAFIL SUS 40MG/ML	73
<i>norgestimate & ethinyl estradiol tab</i>		NOXAFIL TAB 100MG.....	73
0.25 mg-35 mcg	135	NOZIN NASAL MIS SANITIZE	223
<i>norgestimate-eth estrad tab 0.18-</i>		NUBEQA TAB 300MG	93
25/0.215-25/0.25-25 mg-mcg	135	NUCALA INJ 100MG/ML.....	42
<i>norgestimate-eth estrad tab 0.18-</i>		NUCYNTA ER TAB 100MG	29
35/0.215-35/0.25-35 mg-mcg	135	NUCYNTA ER TAB 150MG	29
<i>norgestrel & ethinyl estradiol tab 0.3</i>		NUCYNTA ER TAB 200MG	29
mg-30 mcg.....	135	NUCYNTA ER TAB 250MG	29
NORITATE CRE 1%	156	NUCYNTA ER TAB 50MG.....	28
NORPACE CAP 100MG.....	41	NUCYNTA TAB 100MG.....	29
NORPACE CAP 100MG CR.....	41	NUCYNTA TAB 50MG	29
NORPACE CAP 150MG.....	41	NUCYNTA TAB 75MG	29
NORPACE CAP 150MG CR.....	41	NUDEXTA CAP 20-10MG	238
NORPRAMIN TAB 10MG.....	62	NULYTELY SOL LMN/LIME	191
NORPRAMIN TAB 25MG.....	62	NUMBRINO SOL 40MG/ML	224
<i>nortriptyline hcl cap 10 mg</i>	62	NUMOISYN LOZ	218
<i>nortriptyline hcl cap 25 mg</i>	62	NUPLAZID CAP 34MG	105
<i>nortriptyline hcl cap 50 mg</i>	63	NUPLAZID TAB 10MG.....	105
<i>nortriptyline hcl cap 75 mg</i>	63	NURTEC TAB 75MG ODT.....	212
<i>nortriptyline hcl soln 10 mg/5ml</i>	63	NUTRAMINE PAK	167
NORVASC TAB 10MG	125	NUTREN 1.0 LIQ UNFLAVOR.....	167
NORVASC TAB 2.5MG	125	NUTREN 1.5 LIQ FIBER	167
NORVASC TAB 5MG	125	NUTREN 2.0 LIQ VANILLA.....	167
NORVIR POW 100MG	115	NUTREN JR LIQ.....	167
NORVIR SOL 80MG/ML.....	115	NUTREN LIQ JUNIOR.....	168
NORVIR TAB 100MG	115	NUTREN RENAL LIQ.....	168
NOURIANZ TAB 20MG	102	NUTRIRENAL LIQ.....	168
NOURIANZ TAB 40MG	102	NUVARING MIS	135
NOVA MAX GLU LIQ /KET CON	203	NUVESSA GEL 1.3%	251
NOVA MAX PLS TES KETONE.....	163	NUVIGIL TAB 150MG	10
NOVA MAX TES GLUCOSE.....	163	NUVIGIL TAB 200MG	10
NOVA SAFETY MIS LANC 23G.....	203	NUVIGIL TAB 250MG	10
NOVA SAFETY MIS LANC 28G.....	203	NUVIGIL TAB 50MG.....	10
NOVASOURCE LIQ RENAL.....	167	NUZYRA TAB 150MG.....	241
NOVA SUREFLX MIS LANC DEV.....	203	NYMALIZE SOL.....	125
NOVA SURE MIS LANCETS	203	<i>nystatin cream 100000 unit/gm</i>	144
NOVOLIN INJ 70/30	68	<i>nystatin oint 100000 unit/gm</i>	144
NOVOLIN INJ 70/30 FP	68	<i>nystatin susp 100000 unit/ml</i>	218

<i>nystatin tab 500000 unit</i>	73	<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	235
<i>nystatin topical powder 100000</i> <i>unit/gm</i>	144	<i>olanzapine for im inj 10 mg</i>	108
<i>nystatin-triamcinolone cream 100000-</i> <i>0.1 unit/gm-%</i>	144	<i>olanzapine orally disintegrating tab 10</i> <i>mg</i>	108
<i>nystatin-triamcinolone oint 100000-0.1</i> <i>unit/gm-%</i>	144	<i>olanzapine orally disintegrating tab 15</i> <i>mg</i>	108
O		<i>olanzapine orally disintegrating tab 20</i> <i>mg</i>	108
OB COMPLETE/ CAP DHA.....	220	<i>olanzapine orally disintegrating tab 5</i> <i>mg</i>	108
OB COMPLETE CAP ONE	220	<i>olanzapine tab 10 mg</i>	108
OB COMPLETE CAP PETITE.....	220	<i>olanzapine tab 15 mg</i>	108
OB COMPLETE TAB	220	<i>olanzapine tab 2.5 mg</i>	108
OB COMPLETE TAB PREMIER.....	220	<i>olanzapine tab 20 mg</i>	108
OBSTETRIX EC TAB	220	<i>olanzapine tab 5 mg</i>	108
OBSTETRIX PAK DHA.....	220	<i>olanzapine tab 7.5 mg</i>	108
OBSTETRIX ONE CAP 38-1-225	220	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i>	86
OALIVA TAB 10MG.....	181	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5</i> <i>mg</i>	86
OALIVA TAB 5MG	181	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i>	86
O-CAL TAB PRENATAL.....	220	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i>	86
<i>octreotide acetate inj 1000 mcg/ml (1</i> <i>mg/ml)</i>	177	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i>	86
<i>octreotide acetate inj 100 mcg/ml (0.1</i> <i>mg/ml)</i>	177	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i>	86
<i>octreotide acetate inj 200 mcg/ml (0.2</i> <i>mg/ml)</i>	177	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .86	
<i>octreotide acetate inj 500 mcg/ml (0.5</i> <i>mg/ml)</i>	177	<i>olmesartan medoxomil tab 20 mg</i> ...	81
<i>octreotide acetate inj 50 mcg/ml (0.05</i> <i>mg/ml)</i>	177	<i>olmesartan medoxomil tab 40 mg</i>	81
OCUFLOX DRO 0.3% OP.....	227	<i>olmesartan medoxomil tab 5 mg</i>	81
ODEFSEY TAB	115	<i>olopatadine hcl nasal soln 0.6%</i>	224
ODOMZO CAP 200MG	92	OLUX AER 0.05%	153
OFEV CAP 100MG.....	241	OLUX-E AER 0.05%	153
OFEV CAP 150MG.....	241		
<i>ofloxacin ophth soln 0.3%</i>	227		
<i>ofloxacin otic soln 0.3%</i>	231		
<i>ofloxacin tab 300 mg</i>	181		
<i>ofloxacin tab 400 mg</i>	181		
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	235		
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	235		
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	235		
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	235		

OMECLAMOX- MIS PAK	249	ONFI TAB 20MG	50
<i>omega-3-acid ethyl esters cap 1 gm</i>	75	ONGENTYS CAP 25MG	102
<i>omeprazole cap delayed release 10 mg</i>	248	ONGENTYS CAP 50MG	102
<i>omeprazole cap delayed release 20 mg</i>	248	ONGLYZA TAB 2.5MG	66
<i>omeprazole cap delayed release 40 mg</i>	248	ONGLYZA TAB 5MG	66
<i>omeprazole-sodium bicarbonate cap</i> <i>20-1100 mg</i>	249	ON-THE-GO MIS LANC 30G	203
<i>omeprazole-sodium bicarbonate cap</i> <i>40-1100 mg</i>	249	ONUREG TAB 200MG	91
<i>omeprazole-sodium bicarbonate powd</i> <i>pack for susp 20-1680 mg</i>	249	ONUREG TAB 300MG	91
<i>omeprazole-sodium bicarbonate powd</i> <i>pack for susp 40-1680 mg</i>	249	ONZETRA XSAI MIS 11MG	213
OMNARIS SPR	224	OPSUMIT TAB 10MG	130
OMNIFLEX DPR	193	OPTICHAMBER MIS DIA MD	211
OMNIPOD KIT STARTER	203	OPTICHAMBER MIS DIAMOND	211
OMNIPOD MIS 5 PACK	203	OPTICHAMBER MIS DIA SM	211
<i>ondansetron hcl oral soln 4 mg/5ml</i>	71	OPTIMENTAL LIQ	168
<i>ondansetron hcl tab 24 mg</i>	71	OPTIUMESZ TES	163
<i>ondansetron hcl tab 4 mg</i>	71	OPTIUM TES	163
<i>ondansetron hcl tab 8 mg</i>	71	ORACEA CAP 40MG	156
<i>ondansetron orally disintegrating tab 4</i> <i>mg</i>	71	ORACIT SOL	184
<i>ondansetron orally disintegrating tab 8</i> <i>mg</i>	71	ORAFATE PST 10%	218
ONE DROP TES BLD GLUC	163	ORALAIR SUB 300 IR	10
ONETOUCH DEL MIS LANC DEV	203	ORAPRED ODT TAB 10MG	137
ONETOUCH DEL MIS PLUS 30G	203	ORAPRED ODT TAB 15MG	137
ONETOUCH DEL MIS PLUS 33G	203	ORAPRED ODT TAB 30MG	137
ONETOUCH FP MIS LANCETS	203	ORAVIG TAB 50MG	218
ONETOUCH MIS 30G	203	ORENCIA CLCK INJ 125MG/ML	21
ONETOUCH MIS LANC DEV	203	ORENCIA INJ 125MG/ML	22
ONETOUCH MIS LANCETS	203	ORENCIA INJ 50/0.4ML	22
ONETOUCH SOL ULT CONT	203	ORENCIA INJ 87.5/0.7	22
ONETOUCH SOL VERIO	203	ORENITRAM TAB 0.125MG	130
ONETOUCH TES ULTRA	163	ORENITRAM TAB 0.25MG	130
ONETOUCH TES VERIO	163	ORENITRAM TAB 1MG	130
ONETOUCH US MIS LANCETS	203	ORENITRAM TAB 2.5MG	130
ONE VITE TAB 1MG PLUS	220	ORENITRAM TAB 5MG	130
ONEXTON GEL 1.2-3.75	141	ORFADIN CAP 10MG	176
ONFI SUS 2.5MG/ML	50	ORFADIN CAP 20MG	176
ONFI TAB 10MG	50	ORFADIN CAP 2MG	176
		ORFADIN CAP 5MG	176
		ORFADIN SUS 4MG/ML	176
		ORIAHNN CAP	179
		ORILISSA TAB 150MG	174
		ORILISSA TAB 200MG	174
		ORKAMBI GRA 100-125	240
		ORKAMBI GRA 150-188	240
		ORKAMBI TAB 100-125	240
		ORKAMBI TAB 200-125	240

<i>orphenadrine citrate tab er 12hr 100 mg</i>	223	<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	53
<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i>	223	<i>oxcarbazepine tab 150 mg</i>	53
ORTHO DF CAP 1-3775IU	189	<i>oxcarbazepine tab 300 mg</i>	53
ORTHO MICRON TAB 0.35MG	136	<i>oxcarbazepine tab 600 mg</i>	53
ORTIKOS CAP 6MG ER	137	OXEPA 1.5 LIQ	168
ORTIKOS CAP 9MG ER	137	OXEPA LIQ	168
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	119	OXERVATE SOL 20MCG/ML	228
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	119	OXIANUJO CRE 4-0.1%	155
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	119	OXIAZAR CRE 4-0.1%	141
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	119	<i>oxiconazole nitrate cream 1%</i>	144
OSENI TAB 12.5-15	64	OXISTAT CRE 1%	144
OSENI TAB 12.5-30	64	OXISTAT LOT 1%	144
OSENI TAB 12.5-45	64	OXSORALEN-UL CAP 10MG	146
OSENI TAB 25-15MG	64	OXTELLAR XR TAB 150MG	53
OSENI TAB 25-30MG	64	OXTELLAR XR TAB 300MG	54
OSENI TAB 25-45MG	64	OXTELLAR XR TAB 600MG	54
OSMOLEX ER TAB	103	<i>oxybutynin chloride syrup 5 mg/5ml</i>	249
OSMOLEX ER TAB 129MG	103	<i>oxybutynin chloride tab 5 mg</i>	249
OSMOLEX ER TAB 193MG	103	<i>oxybutynin chloride tab er 24hr 10 mg</i>	249
OSMOLEX ER TAB 258MG	103	<i>oxybutynin chloride tab er 24hr 15 mg</i>	250
OSMOLITE 1.2 LIQ CAL	168	<i>oxybutynin chloride tab er 24hr 5 mg</i>	249
OSMOLITE 1.5 LIQ CAL	168	OXYCOD/ACETA SOL 10/300MG	32
OSMOLITE 1 LIQ CAL	168	OXYCOD/APAP TAB 10-300MG	32
OSMOLITE HN LIQ	168	OXYCOD/APAP TAB 5-300MG	32
OSMOLITE LIQ	168	<i>oxycod-apap tab 2.5-300</i>	32
OSMOPREP TAB 1.5GM	192	<i>oxycodone-aspirin tab 4.8355-325 mg</i>	32
OSPHERA TAB 60MG	175	<i>oxycodone hcl cap 5 mg</i>	29
OTEZLA TAB 10/20/30	21	<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	29
OTEZLA TAB 30MG	21	<i>oxycodone hcl soln 5 mg/5ml</i>	29
OTOVEL DRO	231	<i>oxycodone hcl tab 10 mg</i>	29
OVIDE LOT 0.5%	157	<i>oxycodone hcl tab 15 mg</i>	29
OVIDREL INJ	174	<i>oxycodone hcl tab 20 mg</i>	29
<i>oxandrolone tab 10 mg</i>	34	<i>oxycodone hcl tab 30 mg</i>	29
<i>oxandrolone tab 2.5 mg</i>	34	<i>oxycodone hcl tab 5 mg</i>	29
<i>oxaprozin tab 600 mg</i>	20	<i>oxycodone hcl tab er 12hr deter 10 mg</i>	29
OXAYDO TAB 5MG	29	<i>oxycodone hcl tab er 12hr deter 15 mg</i>	29
OXAYDO TAB 7.5MG	29		
<i>oxazepam cap 10 mg</i>	41		
<i>oxazepam cap 15 mg</i>	41		
<i>oxazepam cap 30 mg</i>	41		

<i>oxycodone hcl tab er 12hr deter 20 mg</i> 29	PALFORZIA CAP LEVEL 10 11
<i>oxycodone hcl tab er 12hr deter 30 mg</i> 29	PALFORZIA CAP LEVEL 2 11
<i>oxycodone hcl tab er 12hr deter 40 mg</i> 29	PALFORZIA CAP LEVEL 3 11
<i>oxycodone hcl tab er 12hr deter 60 mg</i> 29	PALFORZIA CAP LEVEL 4 11
<i>oxycodone hcl tab er 12hr deter 80 mg</i> 29	PALFORZIA CAP LEVEL 5 11
OXYCODONE TAB 10MG ER 29	PALFORZIA CAP LEVEL 6 11
OXYCODONE TAB 20MG ER 29	PALFORZIA CAP LEVEL 7 11
OXYCODONE TAB 40MG ER 29	PALFORZIA CAP LEVEL 8 11
<i>oxycodone w/ acetaminophen tab 10- 325 mg</i> 32	PALFORZIA CAP LEVEL 9 11
<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i> 32	PALFORZIA POW LEVEL 11 11
<i>oxycodone w/ acetaminophen tab 5- 325 mg</i> 32	<i>paliperidone tab er 24hr 1.5 mg</i> 106
<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i> 32	<i>paliperidone tab er 24hr 3 mg</i> 106
OXYCONTIN TAB 10MG CR 29	<i>paliperidone tab er 24hr 6 mg</i> 106
OXYCONTIN TAB 15MG CR 29	<i>paliperidone tab er 24hr 9 mg</i> 106
OXYCONTIN TAB 20MG CR 29	PAMELOR CAP 10MG 63
OXYCONTIN TAB 30MG CR 29	PAMELOR CAP 25MG 63
OXYCONTIN TAB 40MG CR 29	PAMELOR CAP 50MG 63
OXYCONTIN TAB 60MG CR 29	PAMELOR CAP 75MG 63
OXYCONTIN TAB 80MG CR 30	PANCREAZE CAP 10500UNT 170
<i>oxymorphone hcl tab 10 mg</i> 30	PANCREAZE CAP 16800UNT 170
<i>oxymorphone hcl tab 5 mg</i> 30	PANCREAZE CAP 21000UNT 170
<i>oxymorphone hcl tab er 12hr 10 mg</i> .30	PANCREAZE CAP 2600UNIT 170
<i>oxymorphone hcl tab er 12hr 15 mg</i> .30	PANCREAZE CAP 37000 170
<i>oxymorphone hcl tab er 12hr 20 mg</i> .30	PANCREAZE CAP 4200UNIT 170
<i>oxymorphone hcl tab er 12hr 30 mg</i> .30	PANDEL CRE 0.1% 153
<i>oxymorphone hcl tab er 12hr 40 mg</i> .30	PANRETIN GEL 0.1% 144
<i>oxymorphone hcl tab er 12hr 5 mg</i> ...30	<i>pantoprazole sodium ec tab 20 mg</i> (base equiv) 248
<i>oxymorphone hcl tab er 12hr 7.5 mg</i> 30	<i>pantoprazole sodium ec tab 40 mg</i> (base equiv) 248
OXYTROL DIS 3.9MG/24.....250	<i>pantoprazole sodium for delayed release susp packet 40 mg</i> 248
OZEMPIC INJ 2/1.5ML.....67	<i>paricalcitol cap 1 mcg</i> 176
OZEMPIC INJ 4MG/3ML.....67	<i>paricalcitol cap 2 mcg</i> 176
OZOBAX SOL 5MG/5ML 223	<i>paricalcitol cap 4 mcg</i> 176
P	PARLODEL CAP 5MG 103
PAIN EASE AER MD STRM.....156	PARLODEL TAB 2.5MG.....103
PAIN EASE AER MIST 156	PARNATE TAB 10MG 58
PALFORZIA CAP ESCALAT.....10	<i>paromomycin sulfate cap 250 mg</i> 11
PALFORZIA CAP LEVEL 1 10	<i>paroxetine hcl oral susp 10 mg/5ml</i> (base equiv) 59
	<i>paroxetine hcl tab 10 mg</i> 59
	<i>paroxetine hcl tab 20 mg</i> 59
	<i>paroxetine hcl tab 30 mg</i> 59
	<i>paroxetine hcl tab 40 mg</i> 59
	<i>paroxetine hcl tab er 24hr 12.5 mg</i> ..59

<i>paroxetine hcl tab er 24hr 25 mg</i> 59	PENTETATE ZI SOL 200MG/ML.....71
<i>paroxetine hcl tab er 24hr 37.5 mg</i> ..59	PENTOSAN CAP 150MG 185
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i> 240	PENTOSAN CAP 200MG 185
PASER GRA 4GM 89	<i>pentoxifylline tab er 400 mg</i> 186
PATANASE SPR 0.6% 224	PEPCID TAB 40MG 247
PAXIL CR TAB 12.5MG 59	PEPTAMEN LIQ PREBIO1.....168
PAXIL CR TAB 25MG 59	PEPTAMEN LIQ UNFLAVOR.....168
PAXIL CR TAB 37.5MG 59	PEPTINEX DT LIQ 168
PAXIL SUS 10MG/5ML.....59	PEPTINEX DT LIQ VANILLA 168
PAXIL TAB 10MG.....59	PERATIVE LIQ 168
PAXIL TAB 20MG.....59	PERCOCET TAB 10-325MG.....33
PAXIL TAB 30MG.....59	PERCOCET TAB 2.5-325 32
PAXIL TAB 40MG.....59	PERCOCET TAB 5-325MG 32
PC LANCETS MIS 30G 203	PERCOCET TAB 7.5-325 32
PEDIAPRED SOL 5MG/5ML 137	PERFECT 28G MIS LANCETS.....204
PEDIASURE EN LIQ /FIBER 168	PERFECT 30G MIS LANCETS.....204
PEDIASURE LIQ PEPTIDE.....168	PERFOROMIST NEB 20MCG 46
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> 191	PERIDEX SOL 0.12% 218
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i> 191	<i>perindopril erbumine tab 2 mg</i> 79
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> 192	<i>perindopril erbumine tab 4 mg</i> 79
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> 192	<i>perindopril erbumine tab 8 mg</i> 79
PEGINTRON KIT 50MCG 118	<i>permethrin cream 5%</i> 157
PEMAZYRE TAB 13.5MG 99	<i>perphenazine-amitriptyline tab 2-10 mg</i> 235
PEMAZYRE TAB 4.5MG 99	<i>perphenazine-amitriptyline tab 2-25 mg</i> 235
PEMAZYRE TAB 9MG.....99	<i>perphenazine-amitriptyline tab 4-10 mg</i> 235
<i>penicillamine cap 250 mg</i> 216	<i>perphenazine-amitriptyline tab 4-25 mg</i> 235
<i>penicillamine tab 250 mg</i> 216	<i>perphenazine-amitriptyline tab 4-50 mg</i> 235
<i>penicillin v potassium for soln 125 mg/5ml</i> 232	<i>perphenazine tab 16 mg</i> 110
<i>penicillin v potassium for soln 250 mg/5ml</i> 232	<i>perphenazine tab 2 mg</i> 110
<i>penicillin v potassium tab 250 mg</i> ...232	<i>perphenazine tab 4 mg</i> 110
<i>penicillin v potassium tab 500 mg</i> ...232	<i>perphenazine tab 8 mg</i> 110
PENLET II KIT BLOOD 203	PERSERIS INJ 120MG 106
PENLET II MIS REPL CAP 204	PERSERIS INJ 90MG 106
PENNSAID SOL 2%.....142	PERTZYE CAP 16000U 170
PENTASA CAP 250MG CR.....183	PERTZYE CAP 24000U 170
PENTASA CAP 500MG CR.....183	PERTZYE CAP 4000UNIT.....170
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i> 34	PERTZYE CAP 8000UNIT.....170
PENTETATE CA SOL 200MG/ML 71	PEXEVA TAB 10MG 59
	PEXEVA TAB 20MG 59
	PEXEVA TAB 30MG 59
	PEXEVA TAB 40MG 59

PHARMACY COU MIS LANCETS	204	<i>pimecrolimus cream 1%</i>	155
PHENACTIN AA LIQ PLUS.....	168	<i>pimozide tab 1 mg</i>	238
<i>phenazopyridine hcl tab 200 mg</i>	185	<i>pimozide tab 2 mg</i>	238
<i>phendimetrazine tartrate cap er 24hr</i>		<i>pindolol tab 10 mg</i>	122
<i>105 mg</i>	4	<i>pindolol tab 5 mg</i>	122
<i>phendimetrazine tartrate tab 35 mg</i> ...	4	<i>pioglitazone hcl-glimepiride tab 30-2</i>	
<i>phenelzine sulfate tab 15 mg</i>	58	<i>mg</i>	64
<i>phenobarbital elixir 20 mg/5ml</i>	190	<i>pioglitazone hcl-glimepiride tab 30-4</i>	
<i>phenobarbital tab 100 mg</i>	190	<i>mg</i>	64
<i>phenobarbital tab 15 mg</i>	190	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>phenobarbital tab 16.2 mg</i>	190	<i>500 mg</i>	64
<i>phenobarbital tab 30 mg</i>	190	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>phenobarbital tab 32.4 mg</i>	190	<i>850 mg</i>	64
<i>phenobarbital tab 60 mg</i>	190	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	
<i>phenobarbital tab 64.8 mg</i>	190	.....	69
<i>phenobarbital tab 97.2 mg</i>	190	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	
<i>phenoxybenzamine hcl cap 10 mg</i> ...	80	.....	69
<i>phentermine hcl cap 15 mg</i>	4	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	
<i>phentermine hcl cap 30 mg</i>	4	.....	69
<i>phentermine hcl cap 37.5 mg</i>	4	PIP LANCETS MIS 28G	204
<i>phentermine hcl tab 37.5 mg</i>	4	PIP LANCETS MIS 30G	204
<i>phenylephrine hcl ophth soln 10%</i> ..	226	PIQRAY 200MG TAB DOSE.....	99
<i>phenylephrine hcl ophth soln 2.5%</i> ..	226	PIQRAY 250MG TAB DOSE.....	99
PHENYTEK CAP 200MG	56	PIQRAY 300MG TAB DOSE.....	99
PHENYTEK CAP 300MG	56	<i>piroxicam cap 10 mg</i>	20
<i>phenytoin chew tab 50 mg</i>	56	<i>piroxicam cap 20 mg</i>	20
<i>phenytoin sodium extended cap 100</i>		PIVOT LIQ 1.5 CAL	168
<i>mg</i>	56	PKU EXPLORE5 POW UNFLAVOR	169
<i>phenytoin sodium extended cap 200</i>		PLAQUENIL TAB 200MG	88
<i>mg</i>	56	PLAVIX TAB 75MG	187
<i>phenytoin sodium extended cap 300</i>		PLENVU SOL	192
<i>mg</i>	56	PLIAGLIS CRE 7-7%	156
<i>phenytoin susp 125 mg/5ml</i>	56	PNV-DHA CAP DOCUSATE.....	220
PHLEXY-10 POW.....	168	PNV-OMEGA CAP	220
PHOSLYRA SOL	184	PNV TAB 20-1 TAB	220
PHOSPHOLINE SOL 0.125%OP	226	PNV TABS TAB 29-1MG	220
PHOTREXA/PHO SOL VISC KIT	228	POCKET CHAMB MIS	211
PHOTREXA VIS SOL 0.146-20	228	POCKETCHEM SOL EZ	204
<i>phytonadione tab 5 mg</i>	252	POCKETCHEM TES EZ	163
PICATO GEL 0.015%.....	145	POCKET SPACE MIS	211
PICATO GEL 0.05%	145	<i>podofilox soln 0.5%</i>	155
<i>pilocarpine hcl ophth soln 1%</i>	226	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>pilocarpine hcl ophth soln 2%</i>	226	<i>10000 unit/ml-0.1%</i>	227
<i>pilocarpine hcl ophth soln 4%</i>	226	POLYTRIM SOL OP	227
<i>pilocarpine hcl tab 5 mg</i>	218	POMALYST CAP 1MG.....	94
<i>pilocarpine hcl tab 7.5 mg</i>	218	POMALYST CAP 2MG.....	94

POMALYST CAP 3MG.....	94	<i>pramipexole dihydrochloride tab 0.25</i>	
POMALYST CAP 4MG.....	94	<i>mg</i>	103
PONVORY TAB 20MG.....	237	<i>pramipexole dihydrochloride tab 0.5</i>	
PONVORY TAB STARTER.....	237	<i>mg</i>	103
<i>posaconazole tab delayed release 100</i>		<i>pramipexole dihydrochloride tab 0.75</i>	
<i>mg</i>	73	<i>mg</i>	103
<i>pot & sod citrates w/ cit ac soln 550-</i>		<i>pramipexole dihydrochloride tab 1.5</i>	
<i>500-334 mg/5ml</i>	184	<i>mg</i>	103
<i>potassium chloride cap er 10 meq</i> ..	215	<i>pramipexole dihydrochloride tab 1 mg</i>	
<i>potassium chloride cap er 8 meq</i>	215	.....	103
<i>potassium chloride microencapsulated</i>		<i>pramipexole dihydrochloride tab er</i>	
<i>crys er tab 10 meq</i>	215	<i>24hr 0.375 mg</i>	104
<i>potassium chloride microencapsulated</i>		<i>pramipexole dihydrochloride tab er</i>	
<i>crys er tab 15 meq</i>	215	<i>24hr 0.75 mg</i>	103
<i>potassium chloride microencapsulated</i>		<i>pramipexole dihydrochloride tab er</i>	
<i>crys er tab 20 meq</i>	215	<i>24hr 1.5 mg</i>	104
<i>potassium chloride oral soln 10% (20</i>		<i>pramipexole dihydrochloride tab er</i>	
<i>meq/15ml)</i>	215	<i>24hr 2.25 mg</i>	104
<i>potassium chloride oral soln 20% (40</i>		<i>pramipexole dihydrochloride tab er</i>	
<i>meq/15ml)</i>	215	<i>24hr 3.75 mg</i>	104
<i>potassium chloride powder packet 20</i>		<i>pramipexole dihydrochloride tab er</i>	
<i>meq</i>	215	<i>24hr 3 mg</i>	104
<i>potassium chloride tab er 10 meq</i> ...	215	<i>pramipexole dihydrochloride tab er</i>	
<i>potassium chloride tab er 20 meq</i>		<i>24hr 4.5 mg</i>	104
<i>(1500 mg)</i>	216	PRAMOSONE CRE 1-1%	153
<i>potassium chloride tab er 8 meq (600</i>		PRAMOSONE LOT 1%.....	153
<i>mg)</i>	215	PRAMOSONE LOT 2.5%	153
<i>potassium citrate & citric acid powder</i>		PRAMOX GEL 1%.....	156
<i>pack 3300-1002 mg</i>	184	<i>prasugrel hcl tab 10 mg (base equiv)</i>	
<i>potassium citrate & citric acid soln</i>		.....	187
<i>1100-334 mg/5ml</i>	184	<i>prasugrel hcl tab 5 mg (base equiv)</i>	187
<i>potassium citrate tab er 10 meq (1080</i>		<i>pravastatin sodium tab 10 mg</i>	77
<i>mg)</i>	184	<i>pravastatin sodium tab 20 mg</i>	77
<i>potassium citrate tab er 15 meq (1620</i>		<i>pravastatin sodium tab 40 mg</i>	77
<i>mg)</i>	184	<i>pravastatin sodium tab 80 mg</i>	77
<i>potassium citrate tab er 5 meq (540</i>		<i>praziquantel tab 600 mg</i>	36
<i>mg)</i>	184	<i>prazosin hcl cap 1 mg</i>	82
POVIDONE IOD SOL 5%.....	227	<i>prazosin hcl cap 2 mg</i>	82
PPA/MMA POW EXPRESS	169	<i>prazosin hcl cap 5 mg</i>	82
PRADAXA CAP 110MG.....	49	PRECISION LIQ CONTROL.....	204
PRADAXA CAP 150MG.....	49	PRECISION LIQ GLUC/KET	204
PRADAXA CAP 75MG.....	49	PRECISION LIQ NRML/MID	204
PRALUENT INJ 150MG/ML	78	PRECISION PT TES OF CARE	164
PRALUENT INJ 75MG/ML	78	PRECISION TES PCX	164
<i>pramipexole dihydrochloride tab 0.125</i>		PRECISION TES PCX PLUS	164
<i>mg</i>	103	PRECISION TES QID	164

PRECISION TES SOF-TACT	164	<i>prednisone tab 20 mg</i>	138
PRECISION TES XTRA	164	<i>prednisone tab 50 mg</i>	138
PRECISN XTRA TES KETONE	164	<i>prednisone tab 5 mg</i>	138
PRECOSE TAB 100MG	63	<i>prednisone tab therapy pack 10 mg</i>	
PRECOSE TAB 25MG	63	(21)	138
PRECOSE TAB 50MG	63	<i>prednisone tab therapy pack 10 mg</i>	
PRED/NEPAFEN DRO 1-0.1%	229	(48)	138
PRED FORTE SUS 1% OP	229	<i>prednisone tab therapy pack 5 mg (21)</i>	
PRED-GATIFL- SUS BROMFENA	229	.....	138
PRED-GATI SUS 1-0.5%	229	<i>prednisone tab therapy pack 5 mg (48)</i>	
PRED-G S.O.P OIN OP	229	.....	138
PRED-G SUS OP	229	PRED SOD PHO SOL 1% OP	229
PRED MILD SUS 0.12% OP	229	PREFEST TAB	179
PRED MOXIFLO SOL 1-0.5%	229	<i>pregabalin cap 100 mg</i>	54
PRED MOXIFLO SUS BROMFEN	229	<i>pregabalin cap 150 mg</i>	54
PREDNI/MOXI/ DRO NEPAFENA	229	<i>pregabalin cap 200 mg</i>	54
PREDNI/MOXIF DRO 1-0.5%	229	<i>pregabalin cap 225 mg</i>	54
<i>prednicarbate cream 0.1%</i>	153	<i>pregabalin cap 25 mg</i>	54
<i>prednicarbate oint 0.1%</i>	153	<i>pregabalin cap 300 mg</i>	54
<i>prednisolone acetate ophth susp 1%</i>		<i>pregabalin cap 50 mg</i>	54
.....	229	<i>pregabalin cap 75 mg</i>	54
<i>prednisolone sodium phosphate oral</i>		<i>pregabalin soln 20 mg/ml</i>	54
<i>soln 25 mg/5ml (base eq)</i>	137	<i>pregabalin tab er 24hr 165 mg</i>	238
<i>prednisolone sod phos orally disintegr</i>		<i>pregabalin tab er 24hr 330 mg</i>	238
<i>tab 10 mg (base eq)</i>	137	<i>pregabalin tab er 24hr 82.5 mg</i>	238
<i>prednisolone sod phos orally disintegr</i>		PREGENNA TAB	220
<i>tab 15 mg (base eq)</i>	137	PREMARIN INJ 25MG	180
<i>prednisolone sod phos orally disintegr</i>		PREMARIN TAB 0.3MG	180
<i>tab 30 mg (base eq)</i>	137	PREMARIN TAB 0.45MG	180
<i>prednisolone sod phosphate oral soln</i>		PREMARIN TAB 0.625MG	180
<i>10 mg/5ml (base equiv)</i>	137	PREMARIN TAB 0.9MG	180
<i>prednisolone sod phosphate oral soln</i>		PREMARIN TAB 1.25MG	180
<i>15 mg/5ml (base equiv)</i>	137	PREMARIN VAG CRE 0.625MG	251
<i>prednisolone sod phosphate oral soln</i>		PREMESISRX TAB	220
<i>20 mg/5ml (base equiv)</i>	137	PREMIUM BLOO MIS GLUCOSE	164
<i>prednisolone sod phosph oral soln 6.7</i>		PREMPHASE TAB	179
<i>mg/5ml (5 mg/5ml base)</i>	137	PREMPRO TAB	179
PREDNISOLONE SOL MOX-BROM	229	PREMPRO TAB 0.3-1.5	179
PREDNISOLONE SUS 1%	229	PREMPRO TAB 0.45-1.5	179
<i>prednisolone syrup 15 mg/5ml (usp</i>		PREMPRO TAB 0.625-5	179
<i>solution equivalent)</i>	138	PRENA1 CHW	220
PREDNISONE CON 5MG/ML	138	PRENA1 PEARL CAP	220
<i>prednisone oral soln 5 mg/5ml</i>	138	PRENA 1 TRUE MIS	220
<i>prednisone tab 10 mg</i>	138	PRENAISSANCE CAP	220
<i>prednisone tab 1 mg</i>	138	PRENAISSANCE CAP PLUS	220
<i>prednisone tab 2.5 mg</i>	138	PRENARA CAP PRENATAL	220

PRENATABS FA TAB 29-1MG	220	PRIMACARE CAP.....	221
PRENATAL+FE TAB 29-1MG	221	<i>primaquine phosphate tab 26.3 mg (15</i>	
PRENATAL 19 CHW 29-1MG	220	<i>mg base)</i>	89
PRENATAL 19 TAB 29-1MG	220	PRIMAQUINE TAB 26.3MG	89
PRENATAL TAB 27-1MG.....	220	<i>primidone tab 250 mg</i>	54
PRENATAL-U CAP 106.5-1	221	<i>primidone tab 50 mg</i>	54
PRENATAL VIT TAB LOW IRON	220	PRIMSOL SOL 50MG/5ML	36
PRENATE AM TAB 1MG	221	PRINIVIL TAB 20MG	79
PRENATE CAP ENHANCE.....	221	PRISTIQ TAB 100MG	61
PRENATE CAP ESSENT	221	PRISTIQ TAB 25MG	61
PRENATE CAP PIXIE.....	221	PRISTIQ TAB 50MG	61
PRENATE CAP RESTORE	221	PROAIR DIGIH AER	46
PRENATE CHW 0.6-0.4	221	PROAIR HFA AER	46
PRENATE DHA CAP	221	PROAIR RESPI AER.....	46
PRENATE MINI CAP.....	221	<i>probenecid tab 500 mg</i>	186
PRENATE TAB ELITE	221	PROCARDIA CAP 10MG	125
PRENATRIX TAB	221	PROCARDIA XL TAB 30MG CR	125
PRENATRYL TAB	221	PROCARDIA XL TAB 60MG CR	125
PRENATVITE TAB COMPLETE.....	221	PROCARDIA XL TAB 90MG CR	125
PRENATVITE TAB PLUS	221	<i>prochlorperazine maleate tab 10 mg</i>	
PRENATVITE TAB RX.....	221	<i>(base equivalent)</i>	110
PREPIDIL GEL 0.5MG/3G	231	<i>prochlorperazine maleate tab 5 mg</i>	
PREPLUS TAB 27-1MG.....	221	<i>(base equivalent)</i>	110
PREP PADS PAD	209	<i>prochlorperazine suppos 25 mg</i>	110
PRESSURE ACT MIS LANCET	204	PRO COMFORT MIS 31G	204
PRESSURE ACT MIS LANCETS	204	PRO COMFORT MIS LANCETS	204
PRESTALIA TAB 14-10MG	86	PRO COMFORT PAD ALCOHOL	209
PRESTALIA TAB 3.5-2.5	86	PROCORT CRE	36
PRESTALIA TAB 7-5MG	86	PROCTOCORT CRE 1%.....	36
PRETAB TAB 29-1MG	221	PROCTOCORT SUP 30MG	36
PRETOMANID TAB 200MG	89	PROCTOFOAM AER HC 1%.....	36
PREVACID CAP 15MG DR.....	248	PRODIGY MIS 26G.....	204
PREVACID CAP 30MG DR.....	248	PRODIGY MIS 28G.....	204
PREVACID TAB 15MG STB	248	PRODIGY MIS LANC DEV	204
PREVACID TAB 30MG STB	248	PRODIGY NO TES CODING.....	164
PREVYMIS TAB 240MG	117	PRODIGY SOL HIGH.....	204
PREVYMIS TAB 480MG	117	PRODIGY SOL LOW.....	204
PREZCOBIX TAB 800-150	115	<i>progesterone cap 100 mg</i>	233
PREZISTA SUS 100MG/ML	115	<i>progesterone cap 200 mg</i>	233
PREZISTA TAB 150MG	115	<i>progesterone im in oil 50 mg/ml....</i>	233
PREZISTA TAB 600MG	115	PROGLYCEM SUS 50MG/ML	66
PREZISTA TAB 75MG	115	PROLATE SOL 10/300MG.....	33
PREZISTA TAB 800MG	115	PROLATE TAB 10-300MG.....	33
PRIFTIN TAB 150MG.....	89	PROLATE TAB 5-300MG	33
PRILOSEC POW 10MG	248	PROLATE TAB 7.5-300	33
PRILOSEC POW 2.5MG	248	PROLEEVA CAP	169

PROLENSA SOL 0.07%	230	<i>propranolol hcl oral soln 20 mg/5ml</i>	122
PROMACTA PAK 25MG	188	<i>propranolol hcl oral soln 40 mg/5ml</i>	122
PROMACTA POW 12.5MG	188	<i>propranolol hcl tab 10 mg</i>	122
PROMACTA TAB 12.5MG	188	<i>propranolol hcl tab 20 mg</i>	122
PROMACTA TAB 25MG	188	<i>propranolol hcl tab 40 mg</i>	122
PROMACTA TAB 50MG	188	<i>propranolol hcl tab 60 mg</i>	122
PROMACTA TAB 75MG	189	<i>propranolol hcl tab 80 mg</i>	122
PROMACTIN AA SUS PLUS	169	<i>propylthiouracil tab 50 mg</i>	243
<i>promethazine & phenylephrine syrup</i>		PROSCAR TAB 5MG	185
6.25-5 mg/5ml	139	PROSOURCE LIQ TF	169
<i>promethazine-dm syrup 6.25-15</i>		PROSTIN E2 SUP 20MG	231
mg/5ml	139	PROTHELIAL PST 10%	218
<i>promethazine hcl suppos 12.5 mg</i>	74	PROTONIX PAK 40MG	248
<i>promethazine hcl suppos 25 mg</i>	74	PROTONIX TAB 20MG	248
<i>promethazine hcl suppos 50 mg</i>	74	PROTONIX TAB 40MG	248
<i>promethazine hcl syrup 6.25 mg/5ml</i>	74	PROTOPIC OIN 0.03%	155
<i>promethazine hcl tab 12.5 mg</i>	74	PROTOPIC OIN 0.1%	155
<i>promethazine hcl tab 25 mg</i>	74	<i>protriptyline hcl tab 10 mg</i>	63
<i>promethazine hcl tab 50 mg</i>	74	<i>protriptyline hcl tab 5 mg</i>	63
<i>promethazine-phenylephrine-codeine</i>		PROVENTIL AER HFA	46
<i>syrup 6.25-5-10 mg/5ml</i>	139	PROVERA TAB 10MG	233
<i>promethazine w/ codeine syrup 6.25-</i>		PROVERA TAB 2.5MG	233
<i>10 mg/5ml</i>	139	PROVERA TAB 5MG	233
PROMETRIUM CAP 100MG	233	PROVIDA OB CAP	221
PROMETRIUM CAP 200MG	233	PROVIGIL TAB 100MG	10
PROMOTE/ LIQ FIBER	169	PROVIGIL TAB 200MG	10
PROMOTE 1.0 LIQ W/ FIBER	169	PRO VOICE TES V8/V9	164
PROMOTE LIQ VANILLA	169	PROZAC CAP 10MG	59
PROMOTE W/FB LIQ VANILLA	169	PROZAC CAP 20MG	59
PROMOTE W/ LIQ FIBER	169	PROZAC CAP 40MG	59
<i>propafenone hcl cap er 12hr 225 mg</i>	41	PRUDOXIN CRE 5%	145
<i>propafenone hcl cap er 12hr 325 mg</i>	41	<i>pseudoephed-bromphen-dm syrup 30-</i>	
<i>propafenone hcl cap er 12hr 425 mg</i>	41	<i>2-10 mg/5ml</i>	139
<i>propafenone hcl tab 150 mg</i>	42	PSORCON CRE 0.05%	153
<i>propafenone hcl tab 225 mg</i>	42	PSS SAFE LAN MIS	204
<i>propafenone hcl tab 300 mg</i>	42	PSS SEL LANC MIS	204
<i>proparacaine hcl ophth soln 0.5%</i> ...	228	PSS SEL PLAT MIS	204
PRO-PHREE POW	169	PTS PANELS TES GLUCOSE	164
<i>propranolol & hydrochlorothiazide tab</i>		PTS PANELS TES KETONE	164
40-25 mg	86	PULMICORT INH 180MCG	44
<i>propranolol & hydrochlorothiazide tab</i>		PULMICORT INH 90MCG	44
80-25 mg	86	PULMICORT SUS 0.25MG/2	44
<i>propranolol hcl cap er 24hr 120 mg</i>	122	PULMICORT SUS 0.5MG/2	44
<i>propranolol hcl cap er 24hr 160 mg</i>	122	PULMICORT SUS 1MG/2ML	44
<i>propranolol hcl cap er 24hr 60 mg</i> ..	122	PULMOZYME SOL 1MG/ML	240
<i>propranolol hcl cap er 24hr 80 mg</i> ..	122	PURE COMFORT PAD	209

PURIXAN SUS 20MG/ML.....	91
PX LANCETS MIS 28G	204
PX LANCETS MIS ULT THIN.....	204
PYLERA CAP.....	249
<i>pyrazinamide tab 500 mg.....</i>	<i>89</i>
<i>pyridostigmine bromide oral soln 60</i>	
<i>mg/5ml.....</i>	<i>89</i>
<i>pyridostigmine bromide tab 30 mg ...</i>	<i>89</i>
<i>pyridostigmine bromide tab 60 mg ...</i>	<i>89</i>
<i>pyridostigmine bromide tab er 180 mg</i>	
<i>.....</i>	<i>89</i>
PYRIME/LEUCO CAP 12.5/2.5.....	88
PYRIME/LEUCO CAP 25/10MG.....	88
PYRIME/LEUCO CAP 25/5MG.....	88
PYRIME/LEUCO CAP 50/10MG.....	88
PYRIME/LEUCO CAP 50/20MG.....	88
PYRIME/LEUCO CAP 50/25MG.....	88
PYRIME/LEUCO CAP 75/25MG.....	88
<i>pyrimethamine tab 25 mg</i>	<i>89</i>
PYROGALL ACD OIN.....	155
Q	
QBRELIS SOL 1MG/ML	79
QBREXZA PAD 2.4%	156
QC ALCOHOL PAD SWABS	209
QC LANCETS MIS 28G.....	204
QC LANCETS MIS 30G.....	204
QC LANCING MIS DEVICE.....	204
QDOLO SOL 5MG/ML	30
QELBREE CAP 100MG ER	5
QELBREE CAP 150MG ER	5
QELBREE CAP 200MG ER	5
QINLOCK TAB 50MG.....	99
QMIIZ ODT TAB 15 MG	20
QMIIZ ODT TAB 7.5MG	20
QNASL AER 80MCG.....	224
QNASL CHILD SPR 40MCG.....	224
QSYMIA CAP 11.25-69.....	4
QSYMIA CAP 15-92MG.....	5
QSYMIA CAP 3.75-23	4
QSYMIA CAP 7.5-46MG.....	4
QTERN TAB 10-5MG	65
QTERN TAB 5-5MG.....	65
QUALAQUIN CAP 324MG	89
QUARTETTE TAB	135
<i>quazepam tab 15 mg.....</i>	<i>190</i>
QUDEXY XR CAP 100/24HR	54

QUDEXY XR CAP 150/24HR	54
QUDEXY XR CAP 200/24HR	54
QUDEXY XR CAP 25/24HR	54
QUDEXY XR CAP 50/24HR	54
QUESTRAN POW 4GM	75
QUESTRAN POW 4GM LITE	75
<i>quetiapine fumarate tab 100 mg</i>	<i>108</i>
<i>quetiapine fumarate tab 200 mg</i>	<i>108</i>
<i>quetiapine fumarate tab 25 mg</i>	<i>108</i>
<i>quetiapine fumarate tab 300 mg</i>	<i>108</i>
<i>quetiapine fumarate tab 400 mg</i>	<i>108</i>
<i>quetiapine fumarate tab 50 mg</i>	<i>108</i>
<i>quetiapine fumarate tab er 24hr 150</i>	
<i>mg</i>	<i>108</i>
<i>quetiapine fumarate tab er 24hr 200</i>	
<i>mg</i>	<i>108</i>
<i>quetiapine fumarate tab er 24hr 300</i>	
<i>mg</i>	<i>108</i>
<i>quetiapine fumarate tab er 24hr 400</i>	
<i>mg</i>	<i>108</i>
<i>quetiapine fumarate tab er 24hr 50 mg</i>	
<i>.....</i>	<i>108</i>
QUICKTEK LIQ SOLUTION	204
QUICKTEK TES.....	164
QUILLICHEW CHW 20MG ER.....	10
QUILLICHEW CHW 30MG ER.....	10
QUILLICHEW CHW 40MG ER.....	10
QUILLIVANT SUS 25MG/5ML.....	10
<i>quinapril hcl tab 10 mg</i>	<i>79</i>
<i>quinapril hcl tab 20 mg</i>	<i>80</i>
<i>quinapril hcl tab 40 mg</i>	<i>80</i>
<i>quinapril hcl tab 5 mg.....</i>	<i>79</i>
<i>quinapril-hydrochlorothiazide tab 10-</i>	
<i>12.5 mg.....</i>	<i>86</i>
<i>quinapril-hydrochlorothiazide tab 20-</i>	
<i>12.5 mg.....</i>	<i>86</i>
<i>quinapril-hydrochlorothiazide tab 20-25</i>	
<i>mg</i>	<i>86</i>
<i>quinidine gluconate tab er 324 mg ...</i>	<i>41</i>
<i>quinidine sulfate tab 200 mg</i>	<i>41</i>
<i>quinidine sulfate tab 300 mg</i>	<i>41</i>
<i>quinine sulfate cap 324 mg</i>	<i>89</i>
QUINTET AC TES BLD GLUC.....	164
QUINTET CONT SOL HGH/NORM.....	204
QUINTET TES BLD GLUC.....	164
QVAR REDIHA AER 80MCG	44

QVAR REDIHAL AER 40MCG.....	44	REALITY MIS LANCETS.....	204
R		REALITY SWAB PAD.....	209
RABEPRAZOLE CAP 10MG DR.....	248	REALITY TRIG MIS LANCETS.....	204
<i>rabeprazole sodium ec tab 20 mg</i> ...	248	REBIF INJ 22/0.5	237
RADIOGARDASE CAP 0.5GM	71	REBIF INJ 44/0.5	237
RA E-ZJECT MIS 28G	204	REBIF REBIDO INJ 22/0.5.....	237
RA E-ZJECT MIS THIN 26G	204	REBIF REBIDO INJ 44/0.5.....	237
RA E-ZJECT MIS THIN 28G	204	REBIF REBIDO INJ TITRATN.....	237
RA E-ZJECT MIS ULT THIN.....	204	REBIF TITRTN INJ PACK	237
<i>raloxifene hcl tab 60 mg</i>	175	RECTIV OIN 0.4%	36
<i>ramelteon tab 8 mg</i>	191	RECURA CRE	144
<i>ramipril cap 1.25 mg</i>	80	REDICHEW RX CHW.....	221
<i>ramipril cap 10 mg</i>	80	REDITREX INJ 10/.4ML	17
<i>ramipril cap 2.5 mg</i>	80	REDITREX INJ 12.5/0.5.....	17
<i>ramipril cap 5 mg</i>	80	REDITREX INJ 15/.6ML	17
RANEXA TAB 1000MG.....	38	REDITREX INJ 17.5/0.7.....	17
RANEXA TAB 500MG.....	38	REDITREX INJ 20/.8ML	17
<i>ranolazine tab er 12hr 1000 mg</i>	38	REDITREX INJ 22.5/0.9.....	17
<i>ranolazine tab er 12hr 500 mg</i>	38	REDITREX INJ 25MG/ML.....	17
RAPAFLO CAP 4MG	185	REDITREX INJ 7.5/.3ML	17
RAPAFLO CAP 8MG	185	REFUAH PLUS SOL CONTROL	205
RAPID-SAFE MIS LANCING	204	REFUAH PLUS TES BLD GLUC.....	164
<i>rasagiline mesylate tab 0.5 mg (base</i> <i>equiv)</i>	105	REGIMEX TAB 25MG.....	5
<i>rasagiline mesylate tab 1 mg (base</i> <i>equiv)</i>	105	REGLAN TAB 10MG.....	182
RASUVO INJ 10MG	16	REGLAN TAB 5MG.....	182
RASUVO INJ 12.5MG	16	REGRANEX GEL 0.01%.....	157
RASUVO INJ 15MG	16	RELAFEN DS TAB 1000MG.....	20
RASUVO INJ 17.5MG	16	RELENZA MIS DISKHALE	119
RASUVO INJ 20MG	16	RELEXXII TAB 72MG.....	10
RASUVO INJ 22.5MG	16	RELION BLOOD TES GLUCOSE	164
RASUVO INJ 25MG	16	RELION KIT LANCING	205
RASUVO INJ 30MG	16	RELION LANCE MIS THIN 26G.....	205
RASUVO INJ 7.5MG	16	RELION LANCE MIS THIN 30G.....	205
RAYOS TAB 1MG	138	RELION LANCI MIS DEVICE	205
RAYOS TAB 2MG	138	RELION MICRO MIS THIN 33G.....	205
RAYOS TAB 5MG	138	RELION PREMI TES GLUCOSE	164
RAZADYNE ER CAP 16MG	234	RELION PRIME TES.....	164
RAZADYNE ER CAP 24MG	234	RELION PRIME TES GLUCOSE	164
RAZADYNE ER CAP 8MG	234	RELION TES KETONE	164
READYLANCE MIS 21G	204	RELION TES ULTIMA.....	164
READYLANCE MIS 23G	204	RELION TRUE TES METRIX.....	164
READYLANCE MIS 26G	204	RELION ULTRA MIS THIN 30G.....	205
READYLANCE MIS 28G	204	RELION ULTRA MIS THIN PLS.....	205
READYLANCE MIS 30G	204	RELISTOR INJ 12/0.6ML.....	183
		RELISTOR INJ 8/0.4ML.....	183
		RELISTOR TAB 150MG	183

RELNATE DHA CAP	221	REVLIMID CAP 10MG	216
RELPAK TAB 20MG	213	REVLIMID CAP 15MG	216
RELPAK TAB 40MG	213	REVLIMID CAP 2.5MG	216
REMERON SLTB TAB 15MG	57	REVLIMID CAP 20MG	216
REMERON SLTB TAB 30MG	57	REVLIMID CAP 25MG	216
REMERON SLTB TAB 45MG	57	REVLIMID CAP 5MG	216
REMERON TAB 15MG	57	REXULTI TAB 0.25MG	111
REMERON TAB 30MG	57	REXULTI TAB 0.5MG	111
RENAGEL TAB 800MG	184	REXULTI TAB 1MG	111
REVELA POW 0.8GM	184	REXULTI TAB 2MG	111
REVELA POW 2.4GM	184	REXULTI TAB 3MG	111
REVELA TAB 800MG.....	184	REXULTI TAB 4MG	111
<i>repaglinide tab 0.5 mg</i>	69	REYATAZ CAP 150MG.....	115
<i>repaglinide tab 1 mg</i>	69	REYATAZ CAP 200MG.....	115
<i>repaglinide tab 2 mg</i>	69	REYATAZ CAP 300MG.....	115
REPLETE FIBE LIQ 1 CAL	169	REYATAZ POW 50MG	115
REPLETE LIQ ULTRAPAK	169	REYVOW TAB 100MG	213
<i>resorcinol-sulfur lotion 2-5%</i>	141	REYVOW TAB 50MG	213
RESOURCE DIA LIQ TF	169	RHEUMATE CAP.....	169
RESTASIS EMU 0.05%	228	RHOFADE CRE 1%.....	156
RESTASIS MUL EMU 0.05%	228	RHOPRESSA SOL 0.02%.....	228
RESTORA RX CAP 60-1.25	70	RIAX AER 5.5%.....	141
RESTORIL CAP 15MG	190	RIAX AER 9.5%.....	142
RESTORIL CAP 22.5MG	190	<i>ribavirin cap 200 mg</i>	118
RESTORIL CAP 30MG	190	<i>ribavirin tab 200 mg</i>	118
RESTORIL CAP 7.5MG	190	RIBOZEL CAP.....	169
RETACRIT INJ 10000UNT.....	189	RIDAURA CAP 3MG.....	17
RETACRIT INJ 20000UNI	189	<i>rifabutin cap 150 mg</i>	89
RETACRIT INJ 2000UNIT	189	<i>rifampin cap 150 mg</i>	89
RETACRIT INJ 3000UNIT	189	<i>rifampin cap 300 mg</i>	89
RETACRIT INJ 40000UNT.....	189	RIGHTEST ALT MIS ADAPTOR	205
RETACRIT INJ 4000UNIT	189	RIGHTEST LIQ HIGH CON.....	205
RETIN-A CRE 0.025%	141	RIGHTEST LIQ NORM CON.....	205
RETIN-A CRE 0.05%	141	RIGHTEST MIS GD500	205
RETIN-A CRE 0.1%.....	141	RIGHTEST MIS GL300	205
RETIN-A GEL 0.01%	141	RIGHTEST TES GS100.....	165
RETIN-A GEL 0.025%	141	RIGHTEST TES GS300.....	165
RETIN-A MICR GEL 0.04%	141	RIGHTEST TES GS550.....	165
RETIN-A MICR GEL 0.04%PMP	141	RILUTEK TAB 50MG	224
RETIN-A MICR GEL 0.06%	141	<i>riluzole tab 50 mg</i>	224
RETIN-A MICR GEL 0.08%	141	<i>rimantadine hydrochloride tab 100 mg</i>	119
RETIN-A MICR GEL 0.1%.....	141	RINVOQ TAB 15MG ER.....	15
RETIN-A MICR GEL 0.1%PUMP	141	RIOMET SOL.....	66
RETROVIR CAP 100MG	115	RIOMET SOL 500/5ML.....	66
RETROVIR SYP 50MG/5ML	115	<i>risedronate sodium tab 150 mg</i>	173
REVCIVI INJ 1.6MG/ML	176		

<i>risedronate sodium tab 30 mg</i>	173	<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	235
<i>risedronate sodium tab 35 mg</i>	173	<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	235
<i>risedronate sodium tab 5 mg</i>	173	<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	235
<i>risedronate sodium tab delayed release 35 mg</i>	173	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	235
RISPERDAL INJ 12.5MG	106	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	235
RISPERDAL INJ 25MG	106	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	235
RISPERDAL INJ 37.5MG	106	<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	213
RISPERDAL INJ 50MG	106	<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	213
RISPERDAL SOL 1MG/ML.....	107	<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	213
RISPERDAL TAB 0.5MG	107	<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	213
RISPERDAL TAB 1MG	107	ROAOXIA GEL 3-4%	145
RISPERDAL TAB 2MG	107	ROCALTROL CAP 0.25MCG.....	176
RISPERDAL TAB 3MG	107	ROCALTROL CAP 0.5MCG	176
RISPERDAL TAB 4MG	107	ROCALTROL SOL 1MCG/ML.....	176
<i>risperidone orally disintegrating tab 0.25 mg</i>	107	ROCKLATAN DRO	228
<i>risperidone orally disintegrating tab 0.5 mg</i>	107	<i>ropinirole hydrochloride tab 0.25 mg</i>	104
<i>risperidone orally disintegrating tab 1 mg</i>	107	<i>ropinirole hydrochloride tab 0.5 mg</i>	104
<i>risperidone orally disintegrating tab 2 mg</i>	107	<i>ropinirole hydrochloride tab 1 mg</i> ...	104
<i>risperidone orally disintegrating tab 3 mg</i>	107	<i>ropinirole hydrochloride tab 2 mg</i> ...	104
<i>risperidone orally disintegrating tab 4 mg</i>	107	<i>ropinirole hydrochloride tab 3 mg</i> ...	104
<i>risperidone soln 1 mg/ml</i>	107	<i>ropinirole hydrochloride tab 4 mg</i> ...	104
<i>risperidone tab 0.25 mg</i>	107	<i>ropinirole hydrochloride tab 5 mg</i> ...	104
<i>risperidone tab 0.5 mg</i>	107	<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	104
<i>risperidone tab 1 mg</i>	107	<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	104
<i>risperidone tab 2 mg</i>	107	<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	104
<i>risperidone tab 3 mg</i>	107	<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	104
<i>risperidone tab 4 mg</i>	107	<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	104
RITALIN LA CAP 10MG	10	<i>rosuvastatin calcium tab 10 mg</i>	77
RITALIN LA CAP 20MG	10	<i>rosuvastatin calcium tab 20 mg</i>	77
RITALIN LA CAP 30MG	10	<i>rosuvastatin calcium tab 40 mg</i>	77
RITALIN LA CAP 40MG	10		
RITALIN TAB 10MG	10		
RITALIN TAB 20MG	10		
RITALIN TAB 5MG	10		
RITEFLO MIS	211		
<i>ritonavir tab 100 mg</i>	115		
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	235		

<i>rosuvastatin calcium tab 5 mg</i>	77	<i>salsalate tab 500 mg</i>	24
ROWASA KIT 4GM	183	<i>salsalate tab 750 mg</i>	24
ROXICODONE TAB 15MG.....	30	SAMSCA TAB 15MG	178
ROXICODONE TAB 30MG.....	30	SAMSCA TAB 30MG	178
ROXICODONE TAB 5MG	30	SANCUSO DIS 3.1MG	71
ROZEREM TAB 8MG	191	SANDIMMUNE CAP 100MG.....	217
ROZLYTREK CAP 100MG.....	99	SANDIMMUNE CAP 25MG.....	217
ROZLYTREK CAP 200MG.....	99	SANDIMMUNE SOL 100MG/ML.....	217
RUBRACA TAB 200MG.....	99	SANDOSTATIN INJ 100MCG	178
RUBRACA TAB 250MG.....	99	SANDOSTATIN INJ 500MCG	178
RUBRACA TAB 300MG.....	99	SANDOSTATIN INJ 50MCG/ML.....	177
<i>rufinamide susp 40 mg/ml</i>	54	SANTYL OIN 250/GM	154
RUKOBIA TAB 600MG ER.....	115	SAPHRIS SUB 10MG	108
RUZURGI TAB 10MG.....	89	SAPHRIS SUB 2.5MG	108
RYBELSUS TAB 14MG	67	SAPHRIS SUB 5MG	108
RYBELSUS TAB 3MG	67	<i>sapropterin dihydrochloride powder</i>	
RYBELSUS TAB 7MG	67	<i>packet 100 mg</i>	176
RYDAPT CAP 25MG	99	<i>sapropterin dihydrochloride powder</i>	
RYTARY CAP 145MG.....	104	<i>packet 500 mg</i>	176
RYTARY CAP 195MG.....	104	<i>sapropterin dihydrochloride tab 100 mg</i>	
RYTARY CAP 245MG.....	104	.....	176
RYTARY CAP 95MG	104	SAPSCARE MIS TWIST	205
RYTHMOL SR CAP 225MG	42	SAPS CARE PAD ALCOHOL.....	209
RYTHMOL SR CAP 325MG	42	SAPS HEALTH MIS TWIST.....	205
RYTHMOL SR CAP 425MG	42	SAPS HEALTH PAD ALCOHOL	210
RYVENT TAB 6MG.....	74	SAPS TWIST MIS 30G	205
S		SAVAYSA TAB 15MG	48
S.O.S. 20 POW	169	SAVAYSA TAB 30MG	48
S.O.S. 25 POW	169	SAVAYSA TAB 60MG	48
SAFE-T-LANCE MIS 21G	205	SAVELLA MIS TITR PAK	235
SAFE-T-LANCE MIS 25G	205	SAVELLA TAB 100MG	235
SAFE-T-LANCE MIS HI FLOW.....	205	SAVELLA TAB 12.5MG	235
SAFE-T-LANCE MIS LOW FLOW	205	SAVELLA TAB 25MG.....	235
SAFE-T-LANCE MIS NOR FLOW.....	205	SAVELLA TAB 50MG.....	235
SAFE-T-PRO MIS LANCETS	205	SAXENDA INJ 18MG/3ML	4
SAFE-T-PRO MIS PLUS	205	SB ALCOHOL PAD PREP.....	210
SAFETY 21G MIS LANCETS	205	SB LANCETS MIS THIN.....	205
SAFETY 23G MIS LANCETS	205	SB LANCETS MIS ULTR THN.....	205
SAFETY 28G MIS LANCETS	205	<i>scopolamine td patch 72hr 1 mg/3days</i>	
SAFETY 30G MIS LANCETS	205	.....	72
SAFETY MIS LANCETS	205	SEASONIQUE TAB	135
SAFYRAL TAB.....	135	SECUADO DIS 3.8MG.....	109
SALAGEN TAB 5MG.....	218	SECUADO DIS 5.7MG.....	109
SALAGEN TAB 7.5MG	218	SECUADO DIS 7.6MG.....	109
<i>salicylic acid cream 6%</i>	155	SEEBRI NEOHA CAP 15.6MCG	42
SALIMEZ FORT CRE 10%.....	155	SEGLUROMET TAB 2.5-1000	65

SEGLUROMET TAB 2.5-500.....65	<i>sevelamer carbonate tab 800 mg ...184</i>
SEGLUROMET TAB 7.5-1000.....65	<i>sevelamer hcl tab 400 mg 184</i>
SEGLUROMET TAB 7.5-500.....65	<i>sevelamer hcl tab 800 mg 184</i>
SELECT-LITE KIT DEV/LANC 205	SEYSARA TAB 100MG 242
SELECT-LITE MIS LANC DEV 205	SEYSARA TAB 150MG 242
SELECT-OB+ PAK DHA.....221	SEYSARA TAB 60MG 242
SELECT-OB CHW 221	SFROWASA ENE 4GM.....183
<i>selegiline hcl cap 5 mg 105</i>	SHOPKO LANC MIS DEVICE 205
<i>selegiline hcl tab 5 mg 105</i>	SHUR-SEAL GEL 2% 250
<i>selenium sulfide lotion 2.5% 149</i>	SIDE BUTTON MIS SAFETY 205
SELZENTRY SOL 20MG/ML.....115	SIGNIFOR INJ 0.3MG/ML.....178
SELZENTRY TAB 150MG 115	SIGNIFOR INJ 0.6MG/ML.....178
SELZENTRY TAB 25MG 115	SIGNIFOR INJ 0.9MG/ML.....178
SELZENTRY TAB 300MG 116	SIKLOS TAB 1000MG 187
SELZENTRY TAB 75MG 115	SIKLOS TAB 100MG.....187
SEMGLEE INJ 100U/ML 68	<i>sildenafil citrate for suspension 10</i>
SEMGLEE SOL 100U/ML 68	<i>mg/ml.....130</i>
SE-NATAL 19 CHW 221	<i>sildenafil citrate tab 100 mg 128</i>
SE-NATAL 19 TAB.....221	<i>sildenafil citrate tab 20 mg 130</i>
SENSIPAR TAB 30MG.....176	<i>sildenafil citrate tab 25 mg 128</i>
SENSIPAR TAB 60MG.....176	<i>sildenafil citrate tab 50 mg 128</i>
SENSIPAR TAB 90MG.....176	SILENOR TAB 3MG 190
SEREVENT DIS AER 50MCG 46	SILENOR TAB 6MG 190
SERNIVO SPR 153	<i>silodosin cap 4 mg.....185</i>
SERNIVO SPR 0.05% 153	<i>silodosin cap 8 mg.....185</i>
SEROQUEL TAB 100MG 109	SILVADENE CRE 1% 149
SEROQUEL TAB 200MG 109	<i>silver sulfadiazine cream 1%.....149</i>
SEROQUEL TAB 25MG 109	SIMBRINZA SUS 1-0.2% 226
SEROQUEL TAB 300MG 109	SIMPLE DIAG MIS LANCING.....205
SEROQUEL TAB 400MG 109	<i>simvastatin tab 10 mg 77</i>
SEROQUEL TAB 50MG.....109	<i>simvastatin tab 20 mg 78</i>
SEROQUEL XR TAB 150MG 109	<i>simvastatin tab 40 mg 78</i>
SEROQUEL XR TAB 200MG 109	<i>simvastatin tab 5 mg.....77</i>
SEROQUEL XR TAB 300MG 109	<i>simvastatin tab 80 mg 78</i>
SEROQUEL XR TAB 400MG 109	SINEMET TAB 10-100MG 104
SEROQUEL XR TAB 50MG 109	SINEMET TAB 25-100MG 104
SEROSTIM INJ 4MG 175	SINGLE-LET MIS 23G.....205
SEROSTIM INJ 5MG 175	SINGULAIR CHW 4MG.....43
SEROSTIM INJ 6MG 175	SINGULAIR CHW 5MG.....43
<i>sertraline hcl oral concentrate for</i>	SINGULAIR GRA 4MG 43
<i>solution 20 mg/ml 59</i>	SINGULAIR TAB 10MG 43
<i>sertraline hcl tab 100 mg 60</i>	<i>sirolimus oral soln 1 mg/ml 217</i>
<i>sertraline hcl tab 25 mg 60</i>	<i>sirolimus tab 0.5 mg.....217</i>
<i>sertraline hcl tab 50 mg 60</i>	<i>sirolimus tab 1 mg.....217</i>
<i>sevelamer carbonate packet 0.8 gm184</i>	<i>sirolimus tab 2 mg.....217</i>
<i>sevelamer carbonate packet 2.4 gm184</i>	SIRTURO TAB 100MG 89

SIRTURO TAB 20MG	89	SOLODYN TAB 105MG.....	243
SITAVIG TAB 50MG	119	SOLODYN TAB 115MG.....	243
SIVEXTRO TAB 200MG.....	38	SOLODYN TAB 55MG	242
SKELAXIN TAB 800MG	223	SOLODYN TAB 65MG	242
SKYRIZI INJ 150DOSE	146	SOLODYN TAB 80MG	243
SKYRIZI INJ 150MG/ML.....	146	SOLOSEC GRA 2GM.....	11
SKYRIZI PEN INJ 150MG/ML	147	SOLTAMOX SOL 10MG/5ML	93
SLYND TAB 4MG.....	136	SOLU-CORTEF INJ 1000MG.....	138
SM ALCOHOL PAD PREP	210	SOLU-CORTEF INJ 100MG	138
SMARTEST MIS LANCETS	206	SOLU-CORTEF INJ 250MG	138
SMARTEST SOL CONTROL	206	SOLU-CORTEF INJ 500MG	138
SMARTEST TES BLD GLUC	165	SOLUS V2 MIS LANC 28G	206
SMART SENSE MIS LANC 21G	205	SOLUS V2 MIS LANC 30G	206
SMART SENSE MIS LANC 26G	205	SOLUS V2 MIS LANC DEV	206
SMART SENSE MIS LANC 30G	205	SOLUS V2 SOL HIGH	206
SMART SENSE MIS LANC 33G	206	SOLUS V2 SOL LOW	206
SMART SENSE TES TEST	165	SOLUS V2 TES AUDIBLE.....	165
SM LANCETS MIS 33G.....	205	SOMA TAB 250MG	223
SM TRUEDRAW MIS LANC DEV.....	205	SOMA TAB 350MG	223
<i>sodium chloride soln nebu 0.9%.....</i>	<i>139</i>	SOOLANTRA CRE 1%	156
<i>sodium chloride soln nebu 10%.....</i>	<i>139</i>	SORIATANE CAP 10MG.....	147
<i>sodium chloride soln nebu 3%.....</i>	<i>139</i>	SORIATANE CAP 25MG.....	147
<i>sodium chloride soln nebu 7%.....</i>	<i>139</i>	SORILUX AER 0.005%	147
<i>sodium citrate & citric acid soln 500-</i>		<i>sotalol hcl (afib/af) tab 120 mg</i>	<i>122</i>
<i>334 mg/5ml.....</i>	<i>184</i>	<i>sotalol hcl (afib/af) tab 160 mg</i>	<i>122</i>
<i>sodium fluoride chew tab 0.25 mg f</i>		<i>sotalol hcl (afib/af) tab 80 mg</i>	<i>122</i>
<i>(from 0.55 mg naf).....</i>	<i>215</i>	<i>sotalol hcl tab 120 mg</i>	<i>122</i>
<i>sodium fluoride chew tab 0.5 mg f</i>		<i>sotalol hcl tab 160 mg</i>	<i>122</i>
<i>(from 1.1 mg naf)</i>	<i>215</i>	<i>sotalol hcl tab 240 mg</i>	<i>122</i>
<i>sodium fluoride gel 1.1% (0.5% f)..</i>	<i>218</i>	<i>sotalol hcl tab 80 mg</i>	<i>122</i>
<i>sodium fluoride soln 0.125 mg/drop f</i>		SOTYLIZE SOL 5MG/ML.....	122
<i>(0.275 mg/drop naf)</i>	<i>215</i>	SOVALDI PAK 150MG.....	118
<i>sodium fluoride soln 0.5 mg/ml f (from</i>		SOVALDI PAK 200MG.....	118
<i>1.1 mg/ml naf).....</i>	<i>215</i>	SOVALDI TAB 200MG.....	118
<i>sodium fluoride tab 0.5 mg f (from 1.1</i>		SOVALDI TAB 400MG.....	118
<i>mg naf).....</i>	<i>215</i>	<i>spinosad susp 0.9%.....</i>	<i>157</i>
<i>sodium phenylbutyrate oral powder 3</i>		SPIRIVA AER 1.25MCG.....	42
<i>gm/teaspoonful</i>	<i>176</i>	SPIRIVA CAP HANDIHLR	43
<i>sodium phenylbutyrate tab 500 mg.</i>	<i>176</i>	SPIRIVA SPR 2.5MCG	43
<i>sodium polystyrene sulfonate oral susp</i>		<i>spironolactone & hydrochlorothiazide</i>	
<i>15 gm/60ml.....</i>	<i>217</i>	<i>tab 25-25 mg.....</i>	<i>171</i>
SODIUM SULFA LIQ 10% WASH	149	<i>spironolactone tab 100 mg</i>	<i>172</i>
SOFTCLIX MIS LANCETS.....	206	<i>spironolactone tab 25 mg</i>	<i>172</i>
<i>solifenacin succinate tab 10 mg</i>	<i>250</i>	<i>spironolactone tab 50 mg</i>	<i>172</i>
<i>solifenacin succinate tab 5 mg</i>	<i>250</i>	SPORANOX CAP 100MG	73
SOLQUA INJ 100/33	65	SPORANOX CAP PULSEPAK.....	73

SPORANOX SOL 10MG/ML.....	73	STRATTERA CAP 18MG	5
SPRAVATO SOL 56MG DOS.....	58	STRATTERA CAP 25MG	5
SPRAVATO SOL 84MG DOS.....	58	STRATTERA CAP 40MG	5
SPRITAM TAB 1000MG.....	54	STRATTERA CAP 60MG	5
SPRITAM TAB 250MG.....	54	STRATTERA CAP 80MG	5
SPRITAM TAB 500MG.....	54	STRENSIQ INJ 18/0.45.....	176
SPRITAM TAB 750MG.....	54	STRENSIQ INJ 28/0.7ML	176
SPRIX SPR 15.75MG.....	20	STRENSIQ INJ 40MG/ML	177
SPRYCEL TAB 100MG.....	99	STRENSIQ INJ 80/0.8ML	177
SPRYCEL TAB 140MG.....	99	STRIVERDI AER 2.5MCG	46
SPRYCEL TAB 20MG	99	STROMECTOL TAB 3MG.....	36
SPRYCEL TAB 50MG	99	SUBOXONE MIS 12-3MG	34
SPRYCEL TAB 70MG	99	SUBOXONE MIS 2-0.5MG	34
SPRYCEL TAB 80MG	99	SUBOXONE MIS 4-1MG	34
STALEVO 100 TAB.....	104	SUBOXONE MIS 8-2MG	34
STALEVO 125 TAB.....	104	SUBSYS SPR 100MCG.....	30
STALEVO 150 TAB.....	104	SUBSYS SPR 1200MCG	30
STALEVO 200 TAB.....	104	SUBSYS SPR 1600MCG	30
STALEVO 50 TAB.....	104	SUBSYS SPR 200MCG	30
STALEVO 75 TAB.....	104	SUBSYS SPR 400MCG	30
<i>stannous fluoride conc 0.63%</i>	218	SUBSYS SPR 600MCG	30
<i>stannous fluoride gel 0.4%</i>	218	SUBSYS SPR 800MCG.....	30
STARLIX TAB 120MG	69	SUCRAID SOL 8500/ML.....	170
<i>stavudine cap 15 mg</i>	116	<i>sucralfate susp 1 gm/10ml</i>	247
<i>stavudine cap 20 mg</i>	116	<i>sucralfate tab 1 gm</i>	247
<i>stavudine cap 30 mg</i>	116	SULAR TAB 17MG.....	125
<i>stavudine cap 40 mg</i>	116	SULAR TAB 34MG.....	125
STAXYN TAB 10MG.....	128	SULAR TAB 8.5MG.....	125
STEGLATRO TAB 15MG	69	<i>sulconazole nitrate cream 1%</i>	144
STEGLATRO TAB 5MG.....	69	<i>sulconazole nitrate solution 1%</i>	144
STEGLUJAN TAB 15-100MG	65	<i>sulfacetamide sodium lotion 10%</i> (<i>acne</i>).....	142
STEGLUJAN TAB 5-100MG.....	65	<i>sulfacetamide sodium ophth oint 10%</i>	227
STELARA INJ 45MG/0.5.....	147	<i>sulfacetamide sodium ophth soln 10%</i>	227
STELARA INJ 90MG/ML	147	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	229
STENDRA TAB 100MG	129	<i>sulfacetamide sodium w/ sulfur</i> <i>cleansing pad 10-4%</i>	142
STENDRA TAB 200MG	129	<i>sulfacetamide sodium w/ sulfur</i> <i>emulsion 10-1%</i>	142
STENDRA TAB 50MG.....	129	SULFADIAZINE TAB 500MG	241
STERILANCE MIS 1.8MM	206	<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	37
STERILANCE MIS TL 28G.....	206		
STERILANCE MIS TL 30G.....	206		
STERILANCE MIS TL 32G.....	206		
STIMATE SOL 1.5MG/ML	177		
STIOLTO AER 2.5-2.5	46		
STIVARGA TAB 40MG	99		
STRATTERA CAP 100MG	5		
STRATTERA CAP 10MG	5		

<i>sulfamethoxazole-trimethoprim tab</i>		SUPRAX CHW 200MG	133
400-80 mg	37	SUPRAX SUS 100/5ML	133
<i>sulfamethoxazole-trimethoprim tab</i>		SUPRAX SUS 200/5ML	133
800-160 mg	37	SUPRAX SUS 500/5ML	133
SULFAMYLON CRE 85MG/GM.....	149	SUPREME II LIQ HIGH/LOW	206
SULFAMYLON PAK 5%.....	149	SUPREME TES	165
<i>sulfasalazine tab 500 mg</i>	183	SUPREP BOWEL SOL PREP KIT	192
<i>sulfasalazine tab delayed release 500</i>		SURE COMFORT MIS LANC 18G	206
mg	183	SURE COMFORT MIS LANC 21G	206
SULF LIME SOL	157	SURE COMFORT MIS LANC 23G	206
<i>sulindac tab 150 mg</i>	20	SURE COMFORT MIS LANC 30G	206
<i>sulindac tab 200 mg</i>	20	SURE COMFORT MIS LANCETS	206
<i>sumatriptan-naproxen sodium tab 85-</i>		SURE COMFORT MIS LANC PEN	206
500 mg	212	SUREFLEX MIS LANCETS	206
<i>sumatriptan nasal spray 20 mg/act.</i>	214	SURE-LANCE MIS 26G.....	206
<i>sumatriptan nasal spray 5 mg/act ..</i>	214	SURE-LANCE MIS LANCETS	206
<i>sumatriptan succinate inj 6 mg/0.5ml</i>		SURELITE MIS LANCETS.....	206
.....	214	SURE-PEN MIS	206
<i>sumatriptan succinate solution auto-</i>		SURESTEP GLU SOL.....	206
injector 4 mg/0.5ml	214	SURESTEP GLU SOL HIGH/LOW	206
<i>sumatriptan succinate solution auto-</i>		SURESTEP PRO TES HIGH CON	206
injector 6 mg/0.5ml	214	SURESTEP PRO TES LOW CON	206
<i>sumatriptan succinate solution</i>		SURESTEP PRO TES NORM CON	206
cartridge 4 mg/0.5ml	214	SURESTEP SOL CONTROL.....	206
<i>sumatriptan succinate solution</i>		SURE-TEST TES EASYPLUS	165
cartridge 6 mg/0.5ml	214	SURE-TOUCH MIS UNV LANC	206
<i>sumatriptan succinate solution prefilled</i>		SUSTIVA CAP 200MG	116
syringe 6 mg/0.5ml	214	SUSTIVA CAP 50MG.....	116
<i>sumatriptan succinate tab 100 mg</i> ..	214	SUSTIVA TAB 600MG	116
<i>sumatriptan succinate tab 25 mg</i>	214	SUSTOL INJ 10/0.4ML	71
<i>sumatriptan succinate tab 50 mg</i>	214	SUTAB TAB.....	192
<i>sunitinib malate cap 12.5 mg (base</i>		SUTENT CAP 12.5MG	100
equivalent)	99	SUTENT CAP 25MG	100
<i>sunitinib malate cap 25 mg (base</i>		SUTENT CAP 37.5MG	100
equivalent)	100	SUTENT CAP 50MG	100
<i>sunitinib malate cap 37.5 mg (base</i>		SYMAX DUOTAB TAB.....	246
equivalent)	100	SYMBICORT AER 160-4.5	46
<i>sunitinib malate cap 50 mg (base</i>		SYMBICORT AER 80-4.5.....	46
equivalent)	100	SYMBYAX CAP 12-50MG	235
SUNOSI TAB 150MG.....	6	SYMBYAX CAP 3-25MG.....	235
SUNOSI TAB 75MG	6	SYMBYAX CAP 6-25MG.....	235
SUPER THIN MIS LANC 28G	206	SYMBYAX CAP 6-50MG.....	235
SUPER THIN MIS LANCETS	206	SYMDEKO TAB 100-150	240
SUPLENA LIQ VANILLA.....	169	SYMDEKO TAB 50-75MG	240
SUPRAX CAP 400MG	133	SYMFI LO TAB.....	116
SUPRAX CHW 100MG.....	133	SYMFI TAB	116

SYMJEPI INJ 0.15MG.....	252	<i>tacrolimus oint 0.03%</i>	155
SYMJEPI INJ 0.3MG	252	<i>tacrolimus oint 0.1%</i>	155
SYMLINPEN 60 INJ 1000MCG.....	63	<i>tadalafil tab 10 mg</i>	129
SYMLNPEN 120 INJ 1000MCG	63	<i>tadalafil tab 2.5 mg</i>	129
SYMPAZAN MIS 10MG.....	50	<i>tadalafil tab 20 mg</i>	129
SYMPAZAN MIS 20MG.....	50	<i>tadalafil tab 20 mg (pah)</i>	130, 131
SYMPAZAN MIS 5MG	50	<i>tadalafil tab 5 mg</i>	129
SYMPROIC TAB 0.2MG	183	TAFINLAR CAP 50MG	100
SYMTUZA TAB.....	116	TAFINLAR CAP 75MG	100
SYNALAR CRE 0.025%	153	TAGRISSO TAB 40MG	92
SYNALAR OIN 0.025%	153	TAGRISSO TAB 80MG	92
SYNALAR SOL 0.01%.....	153	TAI DOC SOL NORM CON	206
SYNAREL SOL 2MG/ML.....	175	TAKHZYRO INJ 300/2ML.....	186
SYNDROS SOL 5MG/ML.....	72	TALICIA CAP.....	249
SYNERA DIS 70-70MG	156	TALIVA CAP	189
SYNJARDY TAB	65	TALTZ INJ 80MG/ML	148
SYNJARDY TAB 12.5-500.....	65	TAMIFLU CAP 30MG	119
SYNJARDY TAB 5-1000MG.....	65	TAMIFLU CAP 45MG	119
SYNJARDY TAB 5-500MG.....	65	TAMIFLU CAP 75MG	119
SYNJARDY XR TAB	65	TAMIFLU SUS 6MG/ML	119
SYNJARDY XR TAB 10-1000.....	65	<i>tamoxifen citrate tab 10 mg (base</i> <i>equivalent)</i>	93
SYNJARDY XR TAB 25-1000.....	65	<i>tamoxifen citrate tab 20 mg (base</i> <i>equivalent)</i>	93
SYNJARDY XR TAB 5-1000MG.....	65	<i>tamsulosin hcl cap 0.4 mg</i>	185
SYNTHROID TAB 100MCG.....	244	TAPAZOLE TAB 10MG.....	243
SYNTHROID TAB 112MCG.....	244	TAPAZOLE TAB 5MG	243
SYNTHROID TAB 125MCG.....	244	TARCEVA TAB 100MG	92
SYNTHROID TAB 137MCG.....	244	TARCEVA TAB 150MG	92
SYNTHROID TAB 150MCG.....	244	TARCEVA TAB 25MG	92
SYNTHROID TAB 175MCG.....	244	TARGADOX TAB 50MG	243
SYNTHROID TAB 200MCG.....	245	TARGRETIN CAP 75MG.....	101
SYNTHROID TAB 25MCG	244	TARGRETIN GEL 1%	145
SYNTHROID TAB 300MCG.....	245	TARKA TAB 2-180 CR	86
SYNTHROID TAB 50MCG	244	TARKA TAB 2-240 CR	86
SYNTHROID TAB 75MCG	244	TARKA TAB 4-240 CR	86
SYNTHROID TAB 88MCG	244	TARON-PREX CAP.....	221
SYPRINE CAP 250MG	216	TASMAR TAB 100MG.....	102
SYRINGE MIS 0.5/30G	210	<i>tavaborole soln 5%</i>	144
T		TAVALISSE TAB 100MG.....	186
TABLOID TAB 40MG	91	TAVALISSE TAB 150MG.....	186
TACHOSIL PAD 4.8X4.8.....	189	TAYTULLA CAP 1MG/20MC.....	135
TACHOSIL PAD 9.5X4.8.....	189	TAZAROTENE AER 0.1%.....	142
TACLONEX OIN	153	<i>tazarotene cream 0.1%</i>	148
TACLONEX SUS.....	153	TAZORAC CRE 0.05%	148
<i>tacrolimus cap 0.5 mg</i>	217	TAZORAC CRE 0.1%	148
<i>tacrolimus cap 1 mg</i>	217		
<i>tacrolimus cap 5 mg</i>	217		

TAZORAC GEL 0.05%	148	<i>temozolomide cap 180 mg</i>	90
TAZORAC GEL 0.1%	148	<i>temozolomide cap 20 mg</i>	90
TAZVERIK TAB 200MG	100	<i>temozolomide cap 250 mg</i>	90
TECHLITE AST MIS LANCETS	206	<i>temozolomide cap 5 mg</i>	90
TECHLITE MIS LANC 30G.....	206	<i>tenofovir disoproxil fumarate tab 300</i>	
TECHLITE MIS LANCETS	206	<i>mg</i>	116
TEGRETOL SUS 100/5ML.....	54	TENORETIC TAB 100	87
TEGRETOL TAB 200MG	54	TENORETIC TAB 50	87
TEGRETOL-XR TAB 100MG	54	TENORMIN TAB 100MG	121
TEGRETOL-XR TAB 200MG	54	TENORMIN TAB 25MG	121
TEGRETOL-XR TAB 400MG	54	TENORMIN TAB 50MG	121
TEGSEDI INJ 284/1.5.....	240	<i>terazosin hcl cap 10 mg (base</i>	
TEKTURN HCT TAB 150-12.5	86	<i>equivalent)</i>	82
TEKTURN HCT TAB 150-25MG.....	86	<i>terazosin hcl cap 1 mg (base</i>	
TEKTURN HCT TAB 300-12.5	86	<i>equivalent)</i>	82
TEKTURN HCT TAB 300-25MG.....	86	<i>terazosin hcl cap 2 mg (base</i>	
TEKTURN TAB 150MG	88	<i>equivalent)</i>	82
TEKTURN TAB 300MG	88	<i>terazosin hcl cap 5 mg (base</i>	
<i>telmisartan-amlodipine tab 40-10 mg</i>		<i>equivalent)</i>	82
.....	86	<i>terbinafine hcl tab 250 mg</i>	73
<i>telmisartan-amlodipine tab 40-5 mg</i>	86	<i>terbutaline sulfate tab 2.5 mg</i>	46
<i>telmisartan-amlodipine tab 80-10 mg</i>		<i>terbutaline sulfate tab 5 mg</i>	47
.....	86	<i>terconazole vaginal cream 0.4%.....</i>	251
<i>telmisartan-amlodipine tab 80-5 mg</i>	86	<i>terconazole vaginal cream 0.8%.....</i>	251
<i>telmisartan-hydrochlorothiazide tab 40-</i>		<i>terconazole vaginal suppos 80 mg ..</i>	251
<i>12.5 mg</i>	86	TESSALON PER CAP 100MG	138
<i>telmisartan-hydrochlorothiazide tab 80-</i>		TESTIM GEL 1%(50MG)	35
<i>12.5 mg</i>	87	<i>testosterone cyp im or subcutaneous</i>	
<i>telmisartan-hydrochlorothiazide tab 80-</i>		<i>inj in oil 200 mg/ml</i>	35
<i>25 mg</i>	87	<i>testosterone cypionate im inj in oil 100</i>	
<i>telmisartan tab 20 mg</i>	81	<i>mg/ml</i>	35
<i>telmisartan tab 40 mg</i>	81	<i>testosterone cypionate im inj in oil 200</i>	
<i>telmisartan tab 80 mg</i>	81	<i>mg/ml</i>	35
<i>temazepam cap 15 mg</i>	191	<i>testosterone enanthate im inj in oil 200</i>	
<i>temazepam cap 22.5 mg</i>	191	<i>mg/ml</i>	35
<i>temazepam cap 30 mg</i>	191	<i>testosterone td gel 10mg/act (2%)...</i>	35
<i>temazepam cap 7.5 mg</i>	191	<i>testosterone td gel 12.5 mg/act (1%)</i>	
TEMIXYS TAB 300-300	116	.....	35
TEMODAR CAP 100MG	90	<i>testosterone td gel 20.25 mg/1.25gm</i>	
TEMODAR CAP 140MG	90	<i>(1.62%)</i>	35
TEMODAR CAP 180MG	90	<i>testosterone td gel 20.25 mg/act</i>	
TEMODAR CAP 250MG	90	<i>(1.62%)</i>	35
TEMOVATE CRE 0.05%.....	153	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	
TEMOVATE OIN 0.05%.....	153	.....	35
<i>temozolomide cap 100 mg</i>	90	<i>testosterone td gel 40.5 mg/2.5gm</i>	
<i>temozolomide cap 140 mg</i>	90	<i>(1.62%)</i>	35

<i>testosterone td gel 50 mg/5gm (1%)</i>	35	<i>tiagabine hcl tab 16 mg</i>	56
<i>testosterone td soln 30 mg/act</i>	35	<i>tiagabine hcl tab 2 mg</i>	56
<i>tetrabenazine tab 12.5 mg</i>	236	<i>tiagabine hcl tab 4 mg</i>	56
<i>tetrabenazine tab 25 mg</i>	236	TIAZAC CAP 120MG/24	125
<i>tetracaine hcl ophth soln 0.5%</i>	228	TIAZAC CAP 180MG/24	125
<i>tetracycline hcl cap 250 mg</i>	243	TIAZAC CAP 240MG/24	125
<i>tetracycline hcl cap 500 mg</i>	243	TIAZAC CAP 300MG/24	125
TEXACORT SOL 2.5%	153	TIAZAC CAP 360MG/24	125
TGT LANCET MIS 26G	206	TIAZAC CAP 420MG/24	125
TGT LANCET MIS 30G	206	TIBSOVO TAB 250MG	100
TGT LANCET MIS 33G	206	TIGAN CAP 300MG	72
TGT LANCING MIS DEVICE	207	TIGLUTIK SUS 50/10ML	224
THALOMID CAP 100MG	216	TIKOSYN CAP 125MCG	42
THALOMID CAP 150MG	216	TIKOSYN CAP 250MCG	42
THALOMID CAP 200MG	216	TIKOSYN CAP 500MCG	42
THALOMID CAP 50MG	216	TIM/BRIM/DOR SOL	225
THEO-24 CAP 100MG CR	47	TIM/DORZ/LAT SOL	225
THEO-24 CAP 200MG CR	47	TIMOL/BRIM SOL DORZ/LAT	225
THEO-24 CAP 300MG CR	47	TIMOL/LATAN SOL	225
THEO-24 CAP 400MG ER	47	<i>timolol maleate ophth gel forming soln</i>	
<i>theophylline soln 80 mg/15ml</i>	47	0.25%	225
<i>theophylline tab er 12hr 300 mg</i>	47	<i>timolol maleate ophth gel forming soln</i>	
<i>theophylline tab er 12hr 450 mg</i>	47	0.5%	225
<i>theophylline tab er 24hr 400 mg</i>	47	<i>timolol maleate ophth soln 0.25%</i>	225
<i>theophylline tab er 24hr 600 mg</i>	47	<i>timolol maleate ophth soln 0.5%</i>	225
THIN LANCETS MIS	207	<i>timolol maleate ophth soln 0.5%</i>	
THIN LANCETS MIS 26G	207	(once-daily)	225
THIN LANCETS MIS 30G	207	<i>timolol maleate preservative free ophth</i>	
THINLETS GP MIS 26G	207	<i>soln 0.5%</i>	225
THIOLA EC TAB 100MG	185	<i>timolol maleate tab 10 mg</i>	122
THIOLA EC TAB 300MG	185	<i>timolol maleate tab 20 mg</i>	122
<i>thioridazine hcl tab 100 mg</i>	110	<i>timolol maleate tab 5 mg</i>	122
<i>thioridazine hcl tab 10 mg</i>	110	TIMOPTIC OCU SOL 0.25% OP	225
<i>thioridazine hcl tab 25 mg</i>	110	TIMOPTIC OCU SOL 0.5% OP	225
<i>thioridazine hcl tab 50 mg</i>	110	TIMOPTIC SOL 0.25% OP	225
<i>thiothixene cap 10 mg</i>	111	TIMOPTIC SOL 0.5% OP	225
<i>thiothixene cap 1 mg</i>	111	TIMOPTIC-XE SOL 0.25% OP	225
<i>thiothixene cap 2 mg</i>	111	TIMOPTIC-XE SOL 0.5% OP	225
<i>thiothixene cap 5 mg</i>	111	<i>tinidazole tab 250 mg</i>	36
THRIVITE RX TAB 29-1MG	221	<i>tinidazole tab 500 mg</i>	36
<i>thyroid tab 120 mg (2 grain)</i>	245	<i>tiopronin tab 100 mg</i>	185
<i>thyroid tab 15 mg (1/4 grain)</i>	245	TIROSINT CAP 100MCG	245
<i>thyroid tab 30 mg (1/2 grain)</i>	245	TIROSINT CAP 112MCG	245
<i>thyroid tab 60 mg (1 grain)</i>	245	TIROSINT CAP 125MCG	245
<i>thyroid tab 90 mg (1 1/2 grain)</i>	245	TIROSINT CAP 137MCG	245
<i>tiagabine hcl tab 12 mg</i>	56	TIROSINT CAP 13MCG	245

TIROSINT CAP 150MCG.....	245	<i>tobramycin nebu soln 300 mg/4ml ...</i>	11
TIROSINT CAP 175MCG.....	245	<i>tobramycin nebu soln 300 mg/5ml ...</i>	11
TIROSINT CAP 200	245	<i>tobramycin ophth soln 0.3%</i>	227
TIROSINT CAP 25MCG	245	TOBREX OIN 0.3% OP.....	227
TIROSINT CAP 50MCG	245	TOBREX SOL 0.3% OP	227
TIROSINT CAP 75MCG	245	TODAY SPONGE MIS	250
TIROSINT CAP 88MCG	245	<i>tolbutamide tab 500 mg.....</i>	70
TIROSINT-SOL SOL 100MCG.....	245	<i>tolcapone tab 100 mg</i>	102
TIROSINT-SOL SOL 112MCG.....	245	TOLEREX POW	169
TIROSINT-SOL SOL 125MCG.....	245	<i>tolmetin sodium cap 400 mg</i>	20
TIROSINT-SOL SOL 137MCG.....	245	<i>tolmetin sodium tab 600 mg</i>	20
TIROSINT-SOL SOL 13MCG/ML	245	TOLSURA CAP 65MG.....	73
TIROSINT-SOL SOL 150MCG.....	245	<i>tolterodine tartrate cap er 24hr 2 mg</i>	
TIROSINT-SOL SOL 175MCG.....	245	.....	250
TIROSINT-SOL SOL 200MCG.....	245	<i>tolterodine tartrate cap er 24hr 4 mg</i>	
TIROSINT-SOL SOL 25MCG/ML	245	.....	250
TIROSINT-SOL SOL 50MCG/ML	245	<i>tolterodine tartrate tab 1 mg</i>	250
TIROSINT-SOL SOL 75MCG/ML	245	<i>tolterodine tartrate tab 2 mg</i>	250
TIROSINT-SOL SOL 88MCG/ML	245	<i>tolvaptan tab 15 mg</i>	178
TISSEEL KIT 10ML.....	189	<i>tolvaptan tab 30 mg</i>	178
TISSEEL KIT 2ML	189	TOPAMAX SPR CAP 15MG.....	54
TISSEEL KIT 4ML	189	TOPAMAX SPR CAP 25MG.....	54
TISSEEL SOL 10ML.....	189	TOPAMAX TAB 100MG.....	54
TISSEEL SOL 2ML.....	189	TOPAMAX TAB 200MG.....	54
TISSEEL SOL 4ML.....	189	TOPAMAX TAB 25MG	54
TIVICAY PD TAB 5MG.....	116	TOPAMAX TAB 50MG	54
TIVICAY TAB 10MG.....	116	TOPCARE MIS LANC 33G	207
TIVICAY TAB 25MG.....	116	TOPICORT CRE 0.05%	153
TIVICAY TAB 50MG.....	116	TOPICORT CRE 0.25%	153
TIVORBEX CAP 20MG	20	TOPICORT GEL 0.05%	153
<i>tizanidine hcl cap 2 mg (base</i>		TOPICORT OIN 0.05%	153
<i>equivalent)</i>	223	TOPICORT OIN 0.25%	153
<i>tizanidine hcl cap 4 mg (base</i>		TOPICORT SPR 0.25%	153
<i>equivalent)</i>	223	<i>topiramate cap er 24hr sprinkle 100</i>	
<i>tizanidine hcl cap 6 mg (base</i>		<i>mg</i>	55
<i>equivalent)</i>	223	<i>topiramate cap er 24hr sprinkle 150</i>	
<i>tizanidine hcl tab 2 mg (base</i>		<i>mg</i>	55
<i>equivalent)</i>	223	<i>topiramate cap er 24hr sprinkle 200</i>	
<i>tizanidine hcl tab 4 mg (base</i>		<i>mg</i>	55
<i>equivalent)</i>	223	<i>topiramate cap er 24hr sprinkle 25 mg</i>	
TOBAIKIENT CAP.....	169	.....	54
TOBRADEX OIN 0.3-0.1%.....	229	<i>topiramate cap er 24hr sprinkle 50 mg</i>	
TOBRADEX ST SUS 0.3-0.05	229	.....	54
TOBRADEX SUS 0.3-0.1%	229	<i>topiramate sprinkle cap 15 mg.....</i>	55
<i>tobramycin-dexamethasone ophth susp</i>		<i>topiramate sprinkle cap 25 mg.....</i>	55
<i>0.3-0.1%</i>	229	<i>topiramate tab 100 mg</i>	55

<i>topiramate tab 200 mg</i>	55	TRANXENE T TAB 7.5MG	41
<i>topiramate tab 25 mg</i>	55	<i>tranylcypromine sulfate tab 10 mg</i> ...	58
<i>topiramate tab 50 mg</i>	55	TRAVATAN Z DRO 0.004%.....	230
TOPROL XL TAB 100MG	121	TRAVEL LANCE MIS 30G.....	207
TOPROL XL TAB 200MG.....	121	TRAVEL LANCE MIS ADV 28G	207
TOPROL XL TAB 25MG.....	121	<i>travoprost ophth soln 0.004%</i>	
TOPROL XL TAB 50MG.....	121	(benzalkonium free) (bak free)....	230
<i>toremifene citrate tab 60 mg (base</i>		<i>trazodone hcl tab 100 mg</i>	60
<i>equivalent)</i>	93	<i>trazodone hcl tab 150 mg</i>	60
<i>toremide tab 100 mg</i>	172	<i>trazodone hcl tab 300 mg</i>	60
<i>toremide tab 10 mg</i>	172	<i>trazodone hcl tab 50 mg</i>	60
<i>toremide tab 20 mg</i>	172	TRECATOR TAB 250MG	89
<i>toremide tab 5 mg</i>	172	TRELEGY AER ELLIPTA	47
TOSYMRA SOL 10MG	214	TREMFYA INJ 100MG/ML	148
TOUJEO MAX INJ 300IU/ML	68	TRESIBA FLEX INJ 100UNIT	68
TOUJEO SOLO INJ 300IU/ML	68	TRESIBA FLEX INJ 200UNIT.....	68
TOVIAZ TAB 4MG	250	TRESIBA INJ 100UNIT	69
TOVIAZ TAB 8MG	250	<i>tretinoin cap 10 mg</i>	101
TRADJENTA TAB 5MG	66	<i>tretinoin cream 0.025%</i>	142
<i>tramadol-acetaminophen tab 37.5-325</i>		<i>tretinoin cream 0.05%</i>	142
<i>mg</i>	33	<i>tretinoin cream 0.1%</i>	142
<i>tramadol hcl tab 100 mg</i>	30	<i>tretinoin gel 0.01%</i>	142
<i>tramadol hcl tab 50 mg</i>	30	<i>tretinoin gel 0.025%</i>	142
<i>tramadol hcl tab er 24hr 100 mg</i>	30	<i>tretinoin gel 0.05%</i>	142
<i>tramadol hcl tab er 24hr 200 mg</i>	30	<i>tretinoin microsphere gel 0.04%</i> ...	142
<i>tramadol hcl tab er 24hr 300 mg</i>	30	<i>tretinoin microsphere gel 0.1%</i>	142
<i>tramadol hcl tab er 24hr biphasic</i>		TREXALL TAB 10MG.....	91
<i>release 100 mg</i>	30	TREXALL TAB 15MG.....	91
<i>tramadol hcl tab er 24hr biphasic</i>		TREXALL TAB 5MG	91
<i>release 200 mg</i>	30	TREXALL TAB 7.5MG.....	91
<i>tramadol hcl tab er 24hr biphasic</i>		TREXIMET TAB 85-500MG	212
<i>release 300 mg</i>	30	<i>triamcinolone acetone aerosol soln</i>	
<i>trandolapril tab 1 mg</i>	80	<i>0.147 mg/gm</i>	153
<i>trandolapril tab 2 mg</i>	80	<i>triamcinolone acetone cream 0.025%</i>	
<i>trandolapril tab 4 mg</i>	80	.....	153
<i>trandolapril-verapamil hcl tab er 1-240</i>		<i>triamcinolone acetone cream 0.1%</i>	
<i>mg</i>	87	.....	153
<i>trandolapril-verapamil hcl tab er 2-180</i>		<i>triamcinolone acetone cream 0.5%</i>	
<i>mg</i>	87	.....	153
<i>trandolapril-verapamil hcl tab er 2-240</i>		<i>triamcinolone acetone dental paste</i>	
<i>mg</i>	87	<i>0.1%</i>	218
<i>trandolapril-verapamil hcl tab er 4-240</i>		<i>triamcinolone acetone lotion 0.025%</i>	
<i>mg</i>	87	.....	154
<i>tranexamic acid tab 650 mg</i>	189	<i>triamcinolone acetone lotion 0.1%</i>	
TRANSDERM SC DIS 1MG/3DAY	72	.....	154
TRANSDERM-SC DIS 1MG/3DAY.....	72		

<i>triamcinolone acetonide oint 0.025%</i>	TRILIPIX CAP 45MG.....	76
.....154	<i>trimethobenzamide hcl cap 300 mg</i> ..	72
<i>triamcinolone acetonide oint 0.05%</i>	<i>trimethoprim tab 100 mg</i>	36
154	<i>trimipramine maleate cap 100 mg</i>	63
<i>triamcinolone acetonide oint 0.1%</i> ..	<i>trimipramine maleate cap 25 mg</i>	63
154	<i>trimipramine maleate cap 50 mg</i>	63
<i>triamterene & hydrochlorothiazide cap</i>	TRINAZ TAB 12-1MG	221
<i>37.5-25 mg</i>	TRINTELLIX TAB 10MG	60
171	TRINTELLIX TAB 20MG	60
<i>triamterene & hydrochlorothiazide tab</i>	TRINTELLIX TAB 5MG	60
<i>37.5-25 mg</i>	TRISTART DHA CAP	221
171	TRISTART ONE CAP 35-1-215	221
<i>triamterene & hydrochlorothiazide tab</i>	TRIUMEQ TAB	116
<i>75-50 mg</i>	TRIZIVIR TAB	116
171	TROKENDI XR CAP 100MG.....	55
<i>triamterene cap 100 mg</i>	TROKENDI XR CAP 200MG.....	55
172	TROKENDI XR CAP 25MG	55
<i>triamterene cap 50 mg</i>	TROKENDI XR CAP 50MG	55
172	TROP/CYC/PE/ SOL KETO/PRO	226
<i>triazolam tab 0.125 mg</i>	TROP/CYC/PE/ SOL KETOROLA.....	226
191	TROP/CYCL/PE SOL KETOROLA	226
<i>triazolam tab 0.25 mg</i>	TROP-CYC-PE DRO 1-1-2.5	226
191	TROP-PHENYL SOL 1-2.5%	226
TRIBENZOR20- TAB 5-12.5MG	<i>tropium chloride cap er 24hr 60 mg</i>	
87	.....	250
TRIBENZOR40- TAB 10-12.5.....	<i>tropium chloride tab 20 mg</i>	250
87	TRUECONTROL LIQ LEVEL 0.....	207
TRIBENZOR40- TAB 10-25MG.....	TRUECONTROL LIQ LEVEL 1.....	207
87	TRUEDRAW MIS LANC DEV	207
TRIBENZOR40- TAB 5-12.5MG.....	TRUE FOCUS MIS BLOOD	165
87	TRUE METRIX SOL LEVEL 1.....	207
TRIBENZOR40- TAB 5-25MG.....	TRUE METRIX SOL LEVEL 2.....	207
87	TRUE METRIX SOL LEVEL 3.....	207
TRICARE PRE CAP 27-1-500.....	TRUE METRIX TES GLUCOSE.....	165
221	TRUETEST TES.....	165
TRICARE TAB PRENATAL	TRUETRACK TES	165
221	TRUETRACK TES BLD GLUC	165
TRICOR TAB 145MG	TRULANCE TAB 3MG	181
76	TRULICITY INJ 0.75/0.5	67
TRICOR TAB 48MG	TRULICITY INJ 1.5/0.5.....	67
76	TRULICITY INJ 3/0.5	67
TRIDESILON CRE 0.05%	TRULICITY INJ 4.5/0.5.....	67
154	TRUPLUS LANC MIS 26G	207
<i>trientine hcl cap 250 mg</i>	TRUPLUS LANC MIS 28G	207
216	TRUPLUS LANC MIS 30G	207
<i>trifluoperazine hcl tab 10 mg (base</i>	TRUPLUS LANC MIS 33G	207
<i>equivalent)</i>		
110		
<i>trifluoperazine hcl tab 1 mg (base</i>		
<i>equivalent)</i>		
110		
<i>trifluoperazine hcl tab 2 mg (base</i>		
<i>equivalent)</i>		
110		
<i>trifluoperazine hcl tab 5 mg (base</i>		
<i>equivalent)</i>		
110		
<i>trifluridine ophth soln 1%</i>		
227		
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>		
.....		
102		
<i>trihexyphenidyl hcl tab 2 mg</i>		
102		
<i>trihexyphenidyl hcl tab 5 mg</i>		
102		
TRIJDY XR TAB		
65		
TRIKAF TA TAB		
240		
TRILEPTAL SUS 300MG/5M.....		
55		
TRILEPTAL TAB 150MG		
55		
TRILEPTAL TAB 300MG		
55		
TRILEPTAL TAB 600MG		
55		
TRILIPIX CAP 135MG		
76		

TRUSOPT SOL 2% OP	230	ULTRACAL LIQ	170
TRUVADA TAB 100-150	116	ULTRACET TAB 37.5-325.....	33
TRUVADA TAB 133-200	116	ULTRAM TAB 50MG	30
TRUVADA TAB 167-250	117	ULTRA THIN MIS 28G	207
TRUVADA TAB 200-300	117	ULTRA THIN MIS 30G	207
TRUZONE PEAK MIS FLOW MTR.....	211	ULTRA THIN MIS 31G	207
TUDORZA PRES AER 400/ACT	43	ULTRA THIN MIS 33G	207
TUKYSA TAB 150MG	92	ULTRA THIN MIS LAN 31G	207
TUKYSA TAB 50MG	91	ULTRA THIN MIS LANC 28G	207
TURALIO CAP 200MG	100	ULTRA THIN MIS LANC 30G	207
TURPENTINE SOL SPIRITS	155	ULTRA THIN MIS LANCETS	207
TUSSICAPS CAP 10-8MG	139	ULTRAVATE LOT 0.05%.....	154
TUXARIN ER TAB 54.3-8MG	139	ULTRIENT 1.5 LIQ SAFE-T	170
TUZISTRA XR SUS	139	UNILET CMFR MIS TCH 28G	207
TWIRLA DIS 120-30	135	UNILET CMFR MIS TCH 30G	207
TWOCAL HN LIQ.....	170	UNILET EXCEL MIS 23G	207
TWYNSTA TAB 40-10MG	87	UNILET EX II MIS 28G	207
TWYNSTA TAB 40-5MG	87	UNILET G.P. MIS 21G.....	207
TWYNSTA TAB 80-10MG	87	UNILET G.P MIS SUPR 23G	207
TWYNSTA TAB 80-5MG	87	UNILET GP 28 MIS ULT THIN	207
TYBLUME CHW 0.1-0.02	135	UNILET LANCE MIS 21G	208
TYBOST TAB 150MG	117	UNILET LANCE MIS 28G	208
TYKERB TAB 250MG	100	UNILET LANCE MIS 33G	208
TYLACTIN POW BLD 20PE	170	UNILET LANC MIS 33G	208
TYMLOS INJ.....	173	UNILET LANCT MIS 28G	208
TYVASO REFIL SOL 0.6MG/ML.....	130	UNILET LANCT MIS 30G	208
TYVASO SOL 0.6MG/ML.....	130	UNILET LANCT MIS 33G	208
TYVASO START SOL 0.6MG/ML.....	130	UNILET MICRO MIS 33G.....	208
U		UNILET MIS 21G	208
UBRELVY TAB 100MG.....	212	UNILET SUPER MIS 23G	208
UBRELVY TAB 50MG	212	UNILET SUPER MIS G.P. 23G	208
UCERIS AER 2MG/ACT	35	UNISTIK 1 MIS 2.4MM	208
UCERIS TAB 9MG	138	UNISTIK 1 MIS 3.0MM	208
ULORIC TAB 40MG	186	UNISTIK 2 MIS	208
ULORIC TAB 80MG	186	UNISTIK 2 MIS 1.8MM	208
ULTICARE PAD ALCOHOL.....	210	UNISTIK 2 MIS 2.4MM	208
ULTI-LANCE MIS CLR TIP	207	UNISTIK 2 MIS COMFORT.....	208
ULTILET MIS 26G	207	UNISTIK 2 MIS EXTRA	208
ULTILET MIS 28G	207	UNISTIK 2 MIS NEONATAL.....	208
ULTILET MIS 30G	207	UNISTIK 2 MIS NORMAL.....	208
ULTILET MIS 33G	207	UNISTIK 2 MIS SUPER	208
ULTILET MIS LANCETS	207	UNISTIK 3 MIS 1.8MM	208
ULTILET MIS SAFETY	207	UNISTIK 3 MIS COMFORT.....	208
ULTILET PAD ALCOHOL	210	UNISTIK 3 MIS EXTRA	208
ULTILET SAFE MIS 21G	207	UNISTIK 3 MIS GENT 30G	208
ULTRACAL HN LIQ PLUS	170	UNISTIK 3 MIS NEONATAL.....	208

UNISTIK 3 MIS NORMAL.....	208	VALCYTE TAB 450MG	117
UNISTIK 3 MIS XTR 21G	208	<i>valganciclovir hcl for soln 50 mg/ml</i>	
UNISTIK CZT MIS COMFORT	208	<i>(base equiv)</i>	117
UNISTIK CZT MIS NORMAL.....	208	<i>valganciclovir hcl tab 450 mg (base</i>	
UNISTIK II MIS LANCETS	208	<i>equivalent)</i>	118
UNISTIK PRO MIS LANC 21G.....	208	VALIUM TAB 10MG	41
UNISTIK PRO MIS LANC 28G.....	208	VALIUM TAB 2MG.....	41
UNISTIK SAFE MIS LANC 28G	208	VALIUM TAB 5MG.....	41
UNISTIK SAFE MIS LANC 30G	208	<i>valproate sodium oral soln 250 mg/5ml</i>	
UNISTIK TOUC MIS LANC 21G	208	<i>(base equiv)</i>	57
UNISTIK TOUC MIS LANC 23G	208	<i>valproic acid cap 250 mg.....</i>	57
UNISTIK TOUC MIS LANC 28G	208	<i>valsartan-hydrochlorothiazide tab 160-</i>	
UNISTIK TOUC MIS LANC 30G	208	<i>12.5 mg.....</i>	87
UNISTRIP1 TES GENERIC	165	<i>valsartan-hydrochlorothiazide tab 160-</i>	
UNITSTIK PRO MIS LANC 25G.....	208	<i>25 mg.....</i>	87
UNIVERSAL 1 MIS 33G.....	208	<i>valsartan-hydrochlorothiazide tab 320-</i>	
UNIVERSAL 1 MIS LANC 26G	209	<i>12.5 mg.....</i>	87
UNIVERSAL 1 MIS LANC 30G	209	<i>valsartan-hydrochlorothiazide tab 320-</i>	
UPNEEQ SOL 0.1%	230	<i>25 mg.....</i>	87
UPTRAVI TAB 1000MCG	131	<i>valsartan-hydrochlorothiazide tab 80-</i>	
UPTRAVI TAB 1200MCG	131	<i>12.5 mg.....</i>	87
UPTRAVI TAB 1400MCG	131	<i>valsartan tab 160 mg</i>	81
UPTRAVI TAB 1600MCG	131	<i>valsartan tab 320 mg</i>	81
UPTRAVI TAB 200/800	131	<i>valsartan tab 40 mg</i>	81
UPTRAVI TAB 200MCG	131	<i>valsartan tab 80 mg</i>	81
UPTRAVI TAB 400MCG	131	VALTOCO SPR 10MG.....	50
UPTRAVI TAB 600MCG	131	VALTOCO SPR 15MG.....	50
UPTRAVI TAB 800MCG	131	VALTOCO SPR 20MG.....	50
<i>urea cream 39%</i>	154	VALTOCO SPR 5MG	50
<i>urea lotion 40%</i>	154	VALTREX TAB 1GM	119
UROCIT-K 10 TAB	184	VALTREX TAB 500MG.....	119
UROCIT-K 15 TAB	184	VANCOCIN CAP 250MG	37
UROCIT-K 5 TAB	184	VANCOCIN HCL CAP 125MG.....	37
UROXATRAL TAB 10MG	185	<i>vancomycin hcl cap 125 mg (base</i>	
URSO 250 TAB 250MG	181	<i>equivalent).....</i>	37
<i>ursodiol cap 300 mg</i>	181	<i>vancomycin hcl cap 250 mg (base</i>	
<i>ursodiol tab 250 mg</i>	182	<i>equivalent).....</i>	37
<i>ursodiol tab 500 mg</i>	182	VANCOMYCIN SOL 10MG/ML.....	227
URSO FORTE TAB 500MG	181	VANCOMYCIN SOL 250/5ML	37
UTIBRON CAP NEOHALER.....	47	VANOS CRE 0.1%.....	154
V		VANTAGE LANC MIS DEVICE	209
VAGIFEM TAB 10MCG	251	<i>ardenafil hcl orally disintegrating tab</i>	
<i>valacyclovir hcl tab 1 gm</i>	119	<i>10 mg.....</i>	129
<i>valacyclovir hcl tab 500 mg</i>	119	<i>ardenafil hcl tab 10 mg.....</i>	129
VALCHLOR GEL 0.016%	145	<i>ardenafil hcl tab 2.5 mg.....</i>	129
VALCYTE SOL 50MG/ML	117	<i>ardenafil hcl tab 20 mg.....</i>	129

<i>varденаfil hcl tab 5 mg</i>	129	<i>venlafaxine hcl tab er 24hr 75 mg</i>	
VARUBI TAB 90MG	72	(base equivalent)	61
VASCEPA CAP 0.5GM	75	VENTAVIS SOL 10MCG/ML.....	130
VASCEPA CAP 1GM.....	75	VENTAVIS SOL 20MCG/ML.....	130
VASERETIC TAB 10-25MG	87	VENTOLIN HFA AER.....	47
VASOTEC TAB 10MG.....	80	<i>verapamil hcl cap er 24hr 100 mg</i> ..	125
VASOTEC TAB 2.5MG.....	80	<i>verapamil hcl cap er 24hr 120 mg</i> ..	125
VASOTEC TAB 20MG.....	80	<i>verapamil hcl cap er 24hr 180 mg</i> ..	125
VASOTEC TAB 5MG	80	<i>verapamil hcl cap er 24hr 200 mg</i> ..	125
VCF VAGINAL AER CONTRACP	250	<i>verapamil hcl cap er 24hr 240 mg</i> ..	125
VCF VAGINAL MIS CONTRACP	250	<i>verapamil hcl cap er 24hr 300 mg</i> ..	125
VECAMEYL TAB 2.5MG	87	<i>verapamil hcl cap er 24hr 360 mg</i> ..	125
VECTICAL OIN 3MCG/GM.....	148	<i>verapamil hcl tab 120 mg</i>	125
VELPHORO CHW 500MG	184	<i>verapamil hcl tab 40 mg</i>	125
VELTASSA POW 16.8GM.....	217	<i>verapamil hcl tab 80 mg</i>	125
VELTASSA POW 25.2GM.....	217	<i>verapamil hcl tab er 120 mg</i>	125
VELTASSA POW 8.4GM.....	217	<i>verapamil hcl tab er 180 mg</i>	125
VELTIN GEL.....	142	<i>verapamil hcl tab er 240 mg</i>	125
VEMLIDY TAB 25MG.....	118	VERASENS LIQ LEVEL 1	209
VENCLEXTA TAB 100MG.....	92	VERASENS TES	165
VENCLEXTA TAB 10MG	92	VERDESO AER 0.05%	154
VENCLEXTA TAB 50MG	92	VEREGEN OIN 15%	142
VENCLEXTA TAB START PK.....	92	VERELAN CAP 120MG SR.....	125
<i>venlafaxine hcl cap er 24hr 150 mg</i>		VERELAN CAP 180MG SR.....	126
(base equivalent)	61	VERELAN CAP 240MG SR.....	126
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>		VERELAN CAP 360MG SR.....	126
(base equivalent)	61	VERELAN PM CAP 100MG ER	126
<i>venlafaxine hcl cap er 24hr 75 mg</i>		VERELAN PM CAP 200MG ER	126
(base equivalent)	61	VERELAN PM CAP 300MG ER	126
<i>venlafaxine hcl tab 100 mg (base</i>		VERQUVO TAB 10MG	132
<i>equivalent)</i>	61	VERQUVO TAB 2.5MG	132
<i>venlafaxine hcl tab 25 mg (base</i>		VERQUVO TAB 5MG	132
<i>equivalent)</i>	61	VERSACLOZ SUS 50MG/ML.....	109
<i>venlafaxine hcl tab 37.5 mg (base</i>		VERZENIO TAB 100MG.....	100
<i>equivalent)</i>	61	VERZENIO TAB 150MG.....	100
<i>venlafaxine hcl tab 50 mg (base</i>		VERZENIO TAB 200MG.....	100
<i>equivalent)</i>	61	VERZENIO TAB 50MG.....	100
<i>venlafaxine hcl tab 75 mg (base</i>		VESICARE LS SUS 5MG/5ML	250
<i>equivalent)</i>	61	VESICARE TAB 10MG	250
<i>venlafaxine hcl tab er 24hr 150 mg</i>		VESICARE TAB 5MG.....	250
(base equivalent)	61	VFEND SUS 40MG/ML	73
<i>venlafaxine hcl tab er 24hr 225 mg</i>		VFEND TAB 200MG.....	73
(base equivalent)	61	VFEND TAB 50MG	73
<i>venlafaxine hcl tab er 24hr 37.5 mg</i>		V-GO 20 KIT.....	209
(base equivalent)	61	V-GO 30 KIT.....	209
		V-GO 40 KIT.....	209

VIAGRA TAB 100MG	130	VITAFOL CAP ULTRA	222
VIAGRA TAB 25MG	129	VITAFOL CHW GUMMIES	222
VIAGRA TAB 50MG	130	VITAFOL FE+ CAP.....	222
VIBERZI TAB 100MG.....	183	VITAFOL-NANO TAB.....	222
VIBERZI TAB 75MG	183	VITAFOL-OB PAK +DHA	222
VIBRAMYCIN CAP 100MG	243	VITAFOL-OB TAB 65-1MG.....	222
VIBRAMYCIN SUS 25MG/5ML.....	243	VITAFOL-ONE CAP.....	222
VIBRAMYCIN SYP 50MG/5ML.....	243	VITAFOL STRP MIS 1MG.....	222
VICTOZA INJ 18MG/3ML	67	VITAL HN POW.....	170
<i>vigabatrin powd pack 500 mg</i>	56	VITAMEDMD CAP ONE RX	222
<i>vigabatrin tab 500 mg</i>	56	VITAPEARL CAP.....	222
VIGAMOX DRO 0.5%	227	VITATHELY TAB.....	222
VIIBRYD KIT STARTER.....	60	VITATRUE MIS	222
VIIBRYD TAB 10MG	60	VITRAKVI CAP 100MG.....	100
VIIBRYD TAB 20MG	60	VITRAKVI CAP 25MG.....	100
VIIBRYD TAB 40MG	60	VITRAKVI SOL 20MG/ML	100
VILACTIN AA LIQ PLUS.....	170	VIVA DHA CAP	222
VIMOVO TAB 375-20MG.....	20	VIVAGUARD LIQ CONTROL	209
VIMOVO TAB 500-20MG.....	20	VIVAGUARD MIS 30G.....	209
VIMPAT SOL 10MG/ML	55	VIVAGUARD MIS LANCING.....	209
VIMPAT TAB 100MG	55	VIVAGUARD TES INO.....	165
VIMPAT TAB 150MG	55	VIVELLE-DOT DIS 0.025MG	181
VIMPAT TAB 200MG	55	VIVELLE-DOT DIS 0.0375MG	181
VIMPAT TAB 50MG	55	VIVELLE-DOT DIS 0.05MG	180
VINATE DHA CAP 27-1.13.....	221	VIVELLE-DOT DIS 0.075MG	181
VINATE II TAB	221	VIVELLE-DOT DIS 0.1MG.....	180
VINATE ONE TAB.....	221	VIVLODEX CAP 10MG	20
VIOKACE TAB 10440.....	170	VIVLODEX CAP 5MG	20
VIOKACE TAB 20880.....	171	VIVONEX RTF LIQ.....	170
VIRACEPT TAB 250MG	117	VOGELXO GEL 1%(50MG)	35
VIRACEPT TAB 625MG	117	VOGELXO GEL PUMP 1%	35
VIRAMUNE SUS 50MG/5ML.....	117	<i>voriconazole for susp 40 mg/ml</i>	73
VIRAMUNE XR TAB 400MG.....	117	<i>voriconazole tab 200 mg</i>	74
VIREAD POW 40MG/GM.....	117	<i>voriconazole tab 50 mg</i>	73
VIREAD TAB 150MG.....	117	VOSEVI TAB	119
VIREAD TAB 200MG.....	117	VOTRIENT TAB 200MG	100
VIREAD TAB 250MG.....	117	VP-PNV-DHA CAP	222
VIREAD TAB 300MG.....	117	VRAYLAR CAP 1.5-3MG	105
VIRT-C DHA CAP	221	VRAYLAR CAP 1.5MG	105
VIRT-NATE CAP DHA.....	221	VRAYLAR CAP 3MG	106
VIRT-PN DHA CAP	221	VRAYLAR CAP 4.5MG	106
VIRT-PN PLUS CAP	222	VRAYLAR CAP 6MG	106
VISIONBLUE SOL 0.06%	229	VUMERITY CAP 231MG.....	237
VISTARIL CAP 25MG.....	40	VUSION OIN.....	144
VISTARIL CAP 50MG.....	40	VYLEESI INJ 1.75/0.3	235
VISTOGARD PAK 10GM	71	VYNDAMAX CAP 61MG	131

VYTORIN TAB 10-10MG	75	WESTHROID TAB 32.5MG	245
VYTORIN TAB 10-20MG	75	WESTHROID TAB 65MG	245
VYTORIN TAB 10-40MG	75	WESTHROID TAB 97.5MG	245
VYTORIN TAB 10-80MG	75	WIDE-SEAL DPR KIT 60	193
VYVANSE CAP 10MG	3	WIDE-SEAL DPR KIT 65	193
VYVANSE CAP 20MG	3	WIDE-SEAL DPR KIT 70	193
VYVANSE CAP 30MG	3	WIDE-SEAL DPR KIT 75	193
VYVANSE CAP 40MG	3	WIDE-SEAL DPR KIT 80	193
VYVANSE CAP 50MG	3	WIDE-SEAL DPR KIT 85	193
VYVANSE CAP 60MG	3	WIDE-SEAL DPR KIT 90	193
VYVANSE CAP 70MG	3	WIDE-SEAL DPR KIT 95	193
VYVANSE CHW 10MG	3	WINLEVI CRE 1%	142
VYVANSE CHW 20MG	3	WP THYROID TAB 113.75MG	246
VYVANSE CHW 30MG	3	WP THYROID TAB 130MG	246
VYVANSE CHW 40MG	3	WP THYROID TAB 16.25MG	245
VYVANSE CHW 50MG	3	WP THYROID TAB 32.5MG	245
VYVANSE CHW 60MG	3	WP THYROID TAB 48.75MG	245
VYZULTA SOL 0.024%	230	WP THYROID TAB 65MG	245
W		WP THYROID TAB 81.25MG	245
<i>warfarin sodium tab 10 mg</i>	47	WP THYROID TAB 97.5MG	246
<i>warfarin sodium tab 1 mg</i>	47	WYNZORA CRE	154
<i>warfarin sodium tab 2.5 mg</i>	47	X	
<i>warfarin sodium tab 2 mg</i>	47	XADAGO TAB 100MG	105
<i>warfarin sodium tab 3 mg</i>	47	XADAGO TAB 50MG	105
<i>warfarin sodium tab 4 mg</i>	47	XALATAN SOL 0.005%	231
<i>warfarin sodium tab 5 mg</i>	47	XALKORI CAP 200MG	101
<i>warfarin sodium tab 6 mg</i>	47	XALKORI CAP 250MG	101
<i>warfarin sodium tab 7.5 mg</i>	47	XANAX TAB 0.25MG	41
WEGOVY INJ 0.25MG	4	XANAX TAB 0.5MG	41
WEGOVY INJ 0.5MG	3	XANAX TAB 1MG	41
WEGOVY INJ 1.7MG	4	XANAX TAB 2MG	41
WEGOVY INJ 1MG	4	XANAX XR TAB 0.5MG	41
WEGOVY INJ 2.4MG	4	XANAX XR TAB 1MG	41
WELCHOL PAK 3.75GM	75	XANAX XR TAB 2MG	41
WELCHOL TAB 625MG	75	XANAX XR TAB 3MG	41
WELLBUTRIN TAB 100MG SR	58	XARELTO STAR TAB 15/20MG	48
WELLBUTRIN TAB 150MG SR	58	XARELTO TAB 10MG	48
WELLBUTRIN TAB 200MG SR	58	XARELTO TAB 15MG	48
WELLBUTRIN TAB XL 150MG	58	XARELTO TAB 2.5MG	48
WELLBUTRIN TAB XL 300MG	58	XARELTO TAB 20MG	48
WESTAB PLUS TAB 27-1MG	222	XATMEP SOL 2.5MG/ML	91
WESTGEL DHA CAP	222	XCOPRI PAK 100-150	55
WESTHROID TAB 130MG	245	XCOPRI PAK 12.5-25	55
WESTHROID TAB 195MG	245	XCOPRI PAK 150-200	55
		XCOPRI PAK 50-100MG	55
		XCOPRI PAK 50-200MG	55

XCOPRI TAB 100MG	55	XTAMPZA ER CAP 36MG	31
XCOPRI TAB 150MG	56	XTAMPZA ER CAP 9MG.....	30
XCOPRI TAB 200MG	56	XTANDI CAP 40MG	93
XCOPRI TAB 50MG	55	XTANDI TAB 40MG	93
XELJANZ SOL 1MG/ML	15	XTANDI TAB 80MG	94
XELJANZ TAB 10MG.....	15	XULTOPHY INJ 100/3.6	65
XELJANZ TAB 5MG	15	XURIDEN POW 2GM.....	177
XELJANZ XR TAB 11MG.....	16	XYOSTED INJ 100/0.5.....	35
XELJANZ XR TAB 22MG.....	16	XYOSTED INJ 50/0.5	35
XELODA TAB 150MG.....	91	XYOSTED INJ 75/0.5	35
XELODA TAB 500MG.....	91	XYREM SOL 500MG/ML.....	233
XELPROS EMU 0.005%.....	231	XYWAV SOL 0.5GM/ML.....	233
XENICAL CAP 120MG.....	5	Y	
XENLETA TAB 600MG.....	38	YASMIN 28 TAB 3-0.03MG	135
XEPI CRE 1%.....	142	YAZ TAB 3-0.02MG.....	135
XERAC-AC SOL 6.25%	156	YONSA TAB 125MG	94
XERESE CRE 5-1%	149	YOSPRALA TAB 325-40MG	187
XERMELO TAB 250MG	184	YOSPRALA TAB 81-40MG.....	187
XHANCE MIS 93MCG.....	224	YUPELRI SOL.....	43
XIFAXAN TAB 200MG.....	36	Z	
XIFAXAN TAB 550MG.....	36	ZACLIR LOT 8%	142
XIGDUO XR TAB 10-1000	65	<i>zafirlukast tab 10 mg</i>	43
XIGDUO XR TAB 10-500MG	65	<i>zafirlukast tab 20 mg</i>	43
XIGDUO XR TAB 2.5-1000.....	65	<i>zaleplon cap 10 mg</i>	191
XIGDUO XR TAB 5-1000MG	65	<i>zaleplon cap 5 mg</i>	191
XIGDUO XR TAB 5-500MG.....	65	ZALVIT TAB 13-1MG	222
XIIDRA DRO 5%	228	ZANAFLEX CAP 2MG	223
XIMINO CAP 135MG ER.....	243	ZANAFLEX CAP 4MG	223
XIMINO CAP 45MG ER.....	243	ZANAFLEX CAP 6MG	223
XIMINO CAP 90MG ER.....	243	ZANAFLEX TAB 4MG	223
XOFLUZA TAB 20MG	119	ZARONTIN CAP 250MG	56
XOFLUZA TAB 40MG	119	ZARONTIN SOL 250/5ML.....	56
XOLEGEL GEL 2%.....	144	ZAVESCA CAP 100MG	187
XOPENEX CONC NEB 1.25/0.5	47	ZCORT 7-DAY TAB 1.5MG.....	138
XOPENEX HFA AER.....	47	ZEGERID CAP 20-1100.....	249
XOPENEX NEB 0.31MG.....	47	ZEGERID CAP 40-1100.....	249
XOPENEX NEB 0.63MG.....	47	ZEGERID POW 20-1680	249
XOPENEX NEB 1.25/3ML	47	ZEGERID POW 40-1680	249
XOSPATA TAB 40MG	101	ZEJULA CAP 100MG	101
XPOVIO PAK 100MG	94	ZELAPAR TAB 1.25MG.....	105
XPOVIO PAK 40MG.....	94	ZELBORAF TAB 240MG.....	101
XPOVIO PAK 60MG.....	94	ZELNORM TAB 6MG	183
XPOVIO PAK 80MG.....	94	ZEMBRACE SYM INJ 3/0.5ML.....	214
XTAMPZA ER CAP 13.5MG	30	ZEMPLAR CAP 1MCG	177
XTAMPZA ER CAP 18MG	30	ZEMPLAR CAP 2MCG.....	177
XTAMPZA ER CAP 27MG	31	ZENPEP CAP 10000UNT.....	171

ZENPEP CAP 15000UNT.....	171	ZIRGAN GEL 0.15%.....	227
ZENPEP CAP 20000UNT.....	171	ZITHROMAX POW 1GM PAK	192
ZENPEP CAP 25000.....	171	ZITHROMAX SUS 100/5ML.....	192
ZENPEP CAP 3000UNIT	171	ZITHROMAX SUS 200/5ML.....	192
ZENPEP CAP 40000.....	171	ZITHROMAX TAB 250MG	192
ZENPEP CAP 5000UNIT	171	ZITHROMAX TAB 500MG	192
ZENZEDI TAB 15MG	3	ZITHROMAX TAB TRI-PAK.....	192
ZENZEDI TAB 2.5MG	3	ZITHROMAX TAB Z-PAK	192
ZENZEDI TAB 20MG	3	ZOCOR TAB 10MG.....	78
ZENZEDI TAB 30MG	3	ZOCOR TAB 20MG.....	78
ZENZEDI TAB 7.5MG	3	ZOCOR TAB 40MG.....	78
ZEPOSIA 7DAY CAP STR PACK	237	ZOCOR TAB 80MG.....	78
ZEPOSIA CAP .92MG.....	238	ZOFRAN TAB 4MG	71
ZEPOSIA CAP STR KIT	238	ZOHYDRO ER CAP 10MG	31
ZERVIAE DRO 0.24%	230	ZOHYDRO ER CAP 15MG	31
ZESTORETIC TAB 10-12.5	87	ZOHYDRO ER CAP 20MG	31
ZESTORETIC TAB 20-12.5	87	ZOHYDRO ER CAP 30MG	31
ZESTORETIC TAB 20-25MG	87	ZOHYDRO ER CAP 40MG	31
ZESTRIL TAB 10MG	80	ZOHYDRO ER CAP 50MG	31
ZESTRIL TAB 2.5MG	80	ZOKINVY CAP 50MG	217
ZESTRIL TAB 20MG	80	ZOKINVY CAP 75MG	217
ZESTRIL TAB 30MG	80	ZOLINZA CAP 100MG.....	101
ZESTRIL TAB 40MG	80	<i>zolmitriptan nasal spray 2.5 mg/spray</i>	
ZESTRIL TAB 5MG.....	80	<i>unit</i>	214
ZETIA TAB 10MG	78	<i>zolmitriptan nasal spray 5 mg/spray</i>	
ZETONNA AER 37MCG.....	224	<i>unit</i>	214
ZIAC TAB 10/6.25	87	<i>zolmitriptan orally disintegrating tab</i>	
ZIAC TAB 2.5/6.25	87	<i>2.5 mg</i>	214
ZIAC TAB 5-6.25MG	87	<i>zolmitriptan orally disintegrating tab 5</i>	
ZIAGEN SOL 20MG/ML	117	<i>mg</i>	214
ZIAGEN TAB 300MG	117	<i>zolmitriptan tab 2.5 mg.....</i>	214
ZIANA GEL	142	<i>zolmitriptan tab 5 mg</i>	214
<i>zidovudine cap 100 mg</i>	117	ZOLOFT CON 20MG/ML.....	60
<i>zidovudine syrup 10 mg/ml</i>	117	ZOLOFT TAB 100MG	60
<i>zidovudine tab 300 mg.....</i>	117	ZOLOFT TAB 25MG.....	60
ZIEXTENZO INJ 6/0.6ML	189	ZOLOFT TAB 50MG.....	60
<i>zileuton tab er 12hr 600 mg</i>	43	<i>zolpidem tartrate sl tab 1.75 mg</i>	191
ZILXI AER 1.5%.....	156	<i>zolpidem tartrate sl tab 3.5 mg</i>	191
ZIOPTAN DRO 0.0015%	231	<i>zolpidem tartrate tab 10 mg</i>	191
<i>ziprasidone hcl cap 20 mg</i>	106	<i>zolpidem tartrate tab 5 mg</i>	191
<i>ziprasidone hcl cap 40 mg</i>	106	<i>zolpidem tartrate tab er 12.5 mg....</i>	191
<i>ziprasidone hcl cap 60 mg</i>	106	<i>zolpidem tartrate tab er 6.25 mg....</i>	191
<i>ziprasidone hcl cap 80 mg</i>	106	ZOLPIMIST SPR 5MG	191
<i>ziprasidone mesylate for inj 20 mg</i>		ZOMIG SPR 2.5MG	214
<i>(base equivalent)</i>	106	ZOMIG SPR 5MG	214
ZIPSOR CAP 25MG	20	ZOMIG TAB 2.5MG	215

ZOMIG TAB 5MG	215	ZYCLARA PUMP CRE 2.5%	154
ZOMIG ZMT TAB 2.5 MG.....	215	ZYCLARA PUMP CRE 3.75%	154
ZOMIG ZMT TAB 5MG ODT	215	ZYFLO TAB 600MG	43
ZONALON CRE 5%	145	ZYKADIA TAB 150MG	101
ZONEGRAN CAP 100MG	55	ZYLET SUS 0.5-0.3%	229
ZONEGRAN CAP 25MG	55	ZYLOPRIM TAB 100MG	186
<i>zonisamide cap 100 mg</i>	55	ZYLOPRIM TAB 300MG	186
<i>zonisamide cap 25 mg</i>	55	ZYMAXID SOL 0.5%	227
<i>zonisamide cap 50 mg</i>	55	ZYPITAMAG TAB 2MG	78
ZONTIVITY TAB 2.08MG	187	ZYPITAMAG TAB 4MG	78
ZORBTIVE INJ 8.8MG.....	175	ZYPREXA INJ 10MG	109
ZORVOLEX CAP 18MG.....	20	ZYPREXA RELP INJ 210MG.....	109
ZORVOLEX CAP 35MG.....	20	ZYPREXA RELP INJ 300MG	109
ZOVIRAX CRE 5%	149	ZYPREXA RELP INJ 405MG.....	109
ZOVIRAX OIN 5%.....	149	ZYPREXA TAB 10MG	109
ZOVIRAX SUS 200/5ML.....	119	ZYPREXA TAB 15MG	109
ZTLIDO PAD 1.8%.....	156	ZYPREXA TAB 2.5MG	109
ZUBSOLV SUB 0.7-0.18	34	ZYPREXA TAB 20MG	109
ZUBSOLV SUB 1.4-0.36	34	ZYPREXA TAB 5MG	109
ZUBSOLV SUB 11.4-2.9	34	ZYPREXA TAB 7.5MG	109
ZUBSOLV SUB 2.9-0.71	34	ZYPREXA ZYDI TAB 10MG.....	109
ZUBSOLV SUB 5.7-1.4	34	ZYPREXA ZYDI TAB 15MG.....	109
ZUBSOLV SUB 8.6-2.1	34	ZYPREXA ZYDI TAB 20MG.....	109
ZUPLENZ MIS 4MG	72	ZYPREXA ZYDI TAB 5MG	109
ZUPLENZ MIS 8MG.....	72	ZYVOX SUS 100MG/5M	38
ZYCLARA CRE 3.75%	154	ZYVOX TAB 600MG.....	38

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SUM5471-1S (9/21)—For Fully-Insured Plans Only

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
 - ☐ Qualified sign language interpreters
 - ☐ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - ☐ Qualified interpreters
 - ☐ Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 8894 Baltimore, Maryland 21224
Email Address	civilrightscoordinator@carefirst.com
Telephone Number	410-528-7820
Fax Number	410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ከፍተኛ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፤ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésẹ ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèfẹ. Àwọn omọ-egbé gbòdò pe nóm̀bà fòò̀nù tò wà lẹ̀yìn kààdì ìdánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjìròrò títí a ó fi sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pọ̀ mọ̀ ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawang ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsɔ̀-wùdù (Bassa) Tò Dùù Cáò! Bǝ nìà kɛ bá nyo bǝ kɛ m̃ gbo kpá bó nì fùà-fúá-tiĩn nyɛɛ jè dyí. Bǝ nìà kɛ bédé wé jéé bǝ bǝ m̃ kɛ dɛ wa mó m̃ kɛ nyuɛɛ nyu hwè bǝ wé bǝa kɛ zi. ɔ m̃ nì kpé bǝ m̃ kɛ bǝ nìà kɛ kɛ gbo-kpá-kpá m̃ móɛ dyé dɛ nì bídí-wùdù mú bǝ m̃ kɛ se wídí dò péè. Kpooò nyo bǝ m̃ dǝ fúùn-nòbà nìà dɛ waa I.D. káàè dɛín nyɛ. Nyo tòò séín m̃ dǝ nòbà nìà kɛ: 855-258-6518, kɛ m̃ m̃ fò tee bǝ wa kɛ m̃ gbo cǝ bǝ m̃ kɛ nòbà m̃à 0 kɛ dyi pàdàin hwè. ɔ jǝ kɛ nyo dò dyi m̃ gǝ jǝin, po wudu m̃ mó poɛ dyie, kɛ nyo dò mu bó nìin bǝ ɔ kɛ nì wuduò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. Ọ nwere ike inwe ụbọchị ndị dị mkpa, i nwere ike ime ihe tupu ụfọdụ ụbọchị njedebe. I nwere ikike inweta ozi na enyemaka a n'asụsụ gi na akwughị ugwo ọ bụla. Ndị otu kwesiri ikpo akara ekwentị di n'azụ nke kaadi njirimara ha. Ndị ozo niile nwere ike ikpo 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnọchite anya zara, kwuo asụsụ i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyííligíí da yókeedgo t'áá doo bee e'e'aahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóó níká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóó náánáta' éi koji' dahódoonih 855-258-6518 dóó yii diiłts'ííł yałtí'ígíí t'áá níléljį áádóó éi bikéé'dóó naasbaqas bił adidiilchil. Áká'anidaalwó'ígíí neidiitąągo, saad bee yániłt'í'ígíí yii diikił dóó ata' halne'é lá níká'ádoowoł.