



Illinois Individual and Family Plans 2026 Prescription Drug List

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 All previous versions of this PDL are no longer in effect.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

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

Updated 6/1/2026

Formulary by health product name

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

2025 Health product name	SBC document
UHC BRONZE COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070023-01.en.2026.pdf
UHC BRONZE COPAY FOCUS+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080006-01.en.2026.pdf
UHC BRONZE ESSENTIAL (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070030-01.en.2026.pdf
UHC BRONZE STANDARD (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070021-01.en.2026.pdf
UHC BRONZE VALUE (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070018-01.en.2026.pdf
UHC BRONZE VALUE+ (RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080003-01.en.2026.pdf
UHC BRONZE-A COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070023-02.en.2026.pdf
UHC BRONZE-A COPAY FOCUS+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080006-02.en.2026.pdf
UHC BRONZE-A ESSENTIAL (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070030-02.en.2026.pdf
UHC BRONZE-A STANDARD (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070021-02.en.2026.pdf
UHC BRONZE-A VALUE (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070018-02.en.2026.pdf
UHC BRONZE-A VALUE+ (RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080003-02.en.2026.pdf
UHC BRONZE-B COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070023-03.en.2026.pdf
UHC BRONZE-B COPAY FOCUS+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080006-03.en.2026.pdf
UHC BRONZE-B ESSENTIAL (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070030-03.en.2026.pdf
UHC BRONZE-B STANDARD (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070021-03.en.2026.pdf
UHC BRONZE-B VALUE (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070018-03.en.2026.pdf
UHC BRONZE-B VALUE+ (RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080003-03.en.2026.pdf
UHC BRONZE-X COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070023-00.en.2026.pdf
UHC BRONZE-X COPAY FOCUS+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080006-00.en.2026.pdf
UHC BRONZE-X ESSENTIAL (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070030-00.en.2026.pdf
UHC BRONZE-X STANDARD (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070021-00.en.2026.pdf
UHC BRONZE-X VALUE (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070018-00.en.2026.pdf
UHC BRONZE-X VALUE+ (RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080003-00.en.2026.pdf
UHC GOLD ADVANTAGE (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070034-01.en.2026.pdf
UHC GOLD ADVANTAGE+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080008-01.en.2026.pdf
UHC GOLD COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070027-01.en.2026.pdf
UHC GOLD STANDARD (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070012-01.en.2026.pdf
UHC GOLD-A ADVANTAGE (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070034-02.en.2026.pdf
UHC GOLD-A ADVANTAGE+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080008-02.en.2026.pdf
UHC GOLD-A COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070027-02.en.2026.pdf
UHC GOLD-A STANDARD (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070012-02.en.2026.pdf
UHC GOLD-B ADVANTAGE (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070034-03.en.2026.pdf
UHC GOLD-B ADVANTAGE+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080008-03.en.2026.pdf
UHC GOLD-B COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070027-03.en.2026.pdf
UHC GOLD-B STANDARD (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070012-03.en.2026.pdf
UHC GOLD-X ADVANTAGE (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070034-00.en.2026.pdf
UHC GOLD-X ADVANTAGE+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080008-00.en.2026.pdf
UHC GOLD-X COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070027-00.en.2026.pdf
UHC GOLD-X STANDARD (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070012-00.en.2026.pdf
UHC SILVER ADVANTAGE (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070025-01.en.2026.pdf
UHC SILVER ADVANTAGE+ (RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080001-01.en.2026.pdf
UHC SILVER COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070013-01.en.2026.pdf
UHC SILVER COPAY FOCUS+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080007-01.en.2026.pdf
UHC SILVER STANDARD (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070017-01.en.2026.pdf

2025 Health product name	SBC document
UHC SILVER STANDARD+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080004-01.en.2026.pdf
UHC SILVER-A ADVANTAGE (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070025-02.en.2026.pdf
UHC SILVER-A ADVANTAGE+ (RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080001-02.en.2026.pdf
UHC SILVER-A COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070013-02.en.2026.pdf
UHC SILVER-A COPAY FOCUS+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080007-02.en.2026.pdf
UHC SILVER-A STANDARD (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070017-02.en.2026.pdf
UHC SILVER-A STANDARD+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080004-02.en.2026.pdf
UHC SILVER-B ADVANTAGE (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070025-03.en.2026.pdf
UHC SILVER-B ADVANTAGE+ (RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080001-03.en.2026.pdf
UHC SILVER-B COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070013-03.en.2026.pdf
UHC SILVER-B COPAY FOCUS+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080007-03.en.2026.pdf
UHC SILVER-B STANDARD (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070017-03.en.2026.pdf
UHC SILVER-B STANDARD+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080004-03.en.2026.pdf
UHC SILVER-C ADVANTAGE (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070025-06.en.2026.pdf
UHC SILVER-C ADVANTAGE+ (RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080001-06.en.2026.pdf
UHC SILVER-C COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070013-06.en.2026.pdf
UHC SILVER-C COPAY FOCUS+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080007-06.en.2026.pdf
UHC SILVER-C STANDARD (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070017-06.en.2026.pdf
UHC SILVER-C STANDARD+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080004-06.en.2026.pdf
UHC SILVER-D ADVANTAGE (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070025-05.en.2026.pdf
UHC SILVER-D ADVANTAGE+ (RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080001-05.en.2026.pdf
UHC SILVER-D COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070013-05.en.2026.pdf
UHC SILVER-D COPAY FOCUS+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080007-05.en.2026.pdf
UHC SILVER-D STANDARD (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070017-05.en.2026.pdf
UHC SILVER-D STANDARD+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080004-05.en.2026.pdf
UHC SILVER-E ADVANTAGE (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070025-04.en.2026.pdf
UHC SILVER-E ADVANTAGE+ (RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080001-04.en.2026.pdf
UHC SILVER-E COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070013-04.en.2026.pdf
UHC SILVER-E COPAY FOCUS+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080007-04.en.2026.pdf
UHC SILVER-E STANDARD (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070017-04.en.2026.pdf
UHC SILVER-E STANDARD+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080004-04.en.2026.pdf
UHC SILVER-X ADVANTAGE (NO REFERRALS) (OFF-EXCHANGE ONLY)	https://www.uhc.com/ifp/sbc.42529IL0070032-00.en.2026.pdf
UHC SILVER-X ADVANTAGE (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070025-00.en.2026.pdf
UHC SILVER-X ADVANTAGE+ (RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080001-00.en.2026.pdf
UHC SILVER-X COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070013-00.en.2026.pdf
UHC SILVER-X COPAY FOCUS (NO REFERRALS) (OFF-EXCHANGE ONLY)	https://www.uhc.com/ifp/sbc.42529IL0070033-00.en.2026.pdf
UHC SILVER-X COPAY FOCUS+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080007-00.en.2026.pdf
UHC SILVER-X STANDARD (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070017-00.en.2026.pdf
UHC SILVER-X STANDARD (NO REFERRALS) (OFF-EXCHANGE ONLY)	https://www.uhc.com/ifp/sbc.42529IL0070031-00.en.2026.pdf
UHC SILVER-X STANDARD+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080004-00.en.2026.pdf

Table of contents

Formulary by health product name	2
Understand your medication options.....	5
How do I use my PDL?	7
What are tiers?	8
When does the PDL change?.....	8
Utilization Management programs.....	9
Your right to request access to a non-formulary drug.....	10
Urgent requests.....	10
External review.....	10
Expedited external review.....	10
Requesting a prior authorization.....	11
How do I locate and fill a prescription through a retail network pharmacy?	11
Prescription delivery options	11
How do I locate and fill a prescription through the mail order pharmacy?.....	12
E-prescribe.....	12
Ordering prescriptions for home delivery	12
How do I get updated information about my pharmacy benefit?	12
Table of Contents of Prescription Drug List	13
Index	126

Understand your medication options

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

How do I use my PDL?

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

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

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

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

Example:

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

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

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

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

What are tiers?

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

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

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

Your drug list has the following tiers:

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

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

When does the PDL change?

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

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

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

Utilization Management programs

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

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

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

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

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

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

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

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

What medications are covered under my medical benefit?

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

Your right to request access to a non-formulary drug

This plan must cover all medically necessary Prescription Drug Products.

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

Urgent requests

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

External review

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

Expedited external review

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

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

Requesting a prior authorization exception

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

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

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

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

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

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

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

Prescription delivery options

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

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

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

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

How do I get updated information about my pharmacy benefit?

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

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

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

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

Questions



Review your policy for more information about your pharmacy benefit.



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

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

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



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

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

Learn more

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

State of Illinois

Table of Contents of Prescription Drug List

Analgesics.....	15
Anesthetics	20
Anti-Addiction/Substance Abuse Treatment Agents.....	20
Antibacterials	22
Anticonvulsants.....	26
Antidementia Agents	29
Antidepressants	30
Antiemetics	33
Antifungals.....	34
Antigout Agents	35
Antimigraine Agents.....	35
Antimyasthenic Agents.....	37
Antimycobacterials.....	37
Antineoplastics	37
Antiparasitics	43
Antiparkinson Agents.....	44
Antipsychotics	45
Antivirals	48
Anxiolytics.....	53
Benzodiazepines.....	54
Bipolar Agents	54
Blood Glucose Monitoring.....	55
Blood Glucose Regulators.....	55
Blood Products/Modifiers/Volume Expanders.....	59
Cardiovascular Agents.....	63
Central Nervous System Agents.....	74
Dental and Oral Agents.....	78
Dermatological Agents.....	78
Electrolytes/Minerals/Metals/Vitamins.....	80
Gastrointestinal Agents	83
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	86
Genitourinary Agents.....	86
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal).....	88
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary).....	90
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins).....	91
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers).....	91

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	101
Hormonal Agents, Suppressant (Adrenal)	104
Hormonal Agents, Suppressant (Pituitary)	104
Hormonal Agents, Suppressant (Thyroid).....	104
Immunological Agents	105
Inflammatory Bowel Disease Agents	111
Metabolic Bone Disease Agents.....	111
Miscellaneous Therapeutic Agents	112
Ophthalmic Agents.....	115
Otic Agents	118
Respiratory Tract/Pulmonary Agents	118
Skeletal Muscle Relaxants	124
Sleep Disorder Agents.....	125
Vaccines.....	125

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug name	Tier	Coverage Requirements and Limits
<i>cephalexin cap 500 mg</i>	2	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	2	
Beta-lactam, Penicillins		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin cap 250mg</i>	2	
<i>amoxicillin cap 500mg</i>	2	
<i>amoxicillin chw 125mg</i>	2	
<i>amoxicillin chw 250mg</i>	2	
<i>amoxicillin sus 125/5ml</i>	2	
<i>amoxicillin sus 200/5ml</i>	2	
<i>amoxicillin sus 250/5ml</i>	2	
<i>amoxicillin sus 400/5ml</i>	2	
<i>amoxicillin tab 500mg</i>	2	
<i>amoxicillin tab 875mg</i>	2	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	2	
<i>penicillin v potassium tab 500 mg</i>	2	
Macrolides		
<i>ampicillin cap 500mg</i>	2	
<i>azithromycin for susp 100 mg/5ml</i>	2	
<i>azithromycin for susp 200 mg/5ml</i>	2	
<i>azithromycin powd pack for susp 1 gm</i>	2	
<i>azithromycin tab 250 mg</i>	2	
<i>azithromycin tab 250 mg</i>	2	
<i>azithromycin tab 250 mg</i>	2	
<i>azithromycin tab 500 mg</i>	2	
<i>azithromycin tab 500 mg</i>	2	
<i>clarithromycin for susp 125 mg/5ml</i>	4	
<i>clarithromycin for susp 250 mg/5ml</i>	4	
<i>clarithromycin tab 250 mg</i>	2	

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

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

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

Drug name	Tier	Coverage Requirements and Limits
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>tetracycline cap 250mg</i>	2	
<i>tetracycline cap 500mg</i>	2	
Anticonvulsants		
DIACOMIT CAP 250MG <i>stiripentol cap 250 mg</i>	5	PA; QL; Maximum of 12 capsules per day.
DIACOMIT CAP 500MG <i>stiripentol cap 500 mg</i>	5	PA; QL; Maximum of 6 capsules per day.
DIACOMIT PAK 250MG <i>stiripentol packet 250 mg</i>	5	PA; QL; Maximum of 12 packets per day.
DIACOMIT PAK 500MG <i>stiripentol packet 500 mg</i>	5	PA; QL; Maximum of 6 packets per day.
Anticonvulsants, Other		
EPIDIOLEX SOL 100MG/ML <i>cannabidiol soln 100 mg/ml</i>	5	PA
<i>levetiraceta sol 100mg/ml</i>	2	
<i>levetiraceta sol 500/5ml</i>	2	
<i>levetiraceta tab 1000mg</i>	2	
<i>levetiraceta tab 250mg</i>	2	
<i>levetiraceta tab 500mg er</i>	2	
<i>levetiraceta tab 500mg</i>	2	
<i>levetiraceta tab 750mg er</i>	2	
<i>levetiraceta tab 750mg</i>	2	
ROWEEPRA TAB 500MG <i>levetiracetam tab 500 mg</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide cap 250mg</i>	3	
<i>ethosuximide sol 250/5ml</i>	3	
<i>methsuximide cap 300mg</i>	3	
<i>zonisamide cap 100mg</i>	2	
<i>zonisamide cap 25mg</i>	2	
<i>zonisamide cap 50mg</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam sus 2.5mg/ml</i>	4	PA; QL; Maximum of 16 ml per day.
<i>clobazam tab 10mg</i>	4	PA; QL; Maximum of 2 tablets per day.
<i>clobazam tab 20mg</i>	4	PA; QL; Maximum of 2 tablets per day.
<i>diazepam gel 10mg</i>	3	QL; Maximum of 5 packages per 30 days.
<i>diazepam gel 2.5mg</i>	3	QL; Maximum of 5 packages per 30 days.
<i>diazepam gel 20mg</i>	3	QL; Maximum of 5 packages per 30 days.
<i>divalproex cap 125mg dr</i>	2	
<i>divalproex cap 125mg dr</i>	2	

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

Drug name	Tier	Coverage Requirements and Limits
<i>divalproex tab 125mg dr</i>	2	
<i>divalproex tab 250mg dr</i>	2	
<i>divalproex tab 250mg er</i>	2	
<i>divalproex tab 500mg dr</i>	2	
<i>divalproex tab 500mg er</i>	2	
<i>gabapentin cap 100mg</i>	2	
<i>gabapentin cap 300mg</i>	2	
<i>gabapentin cap 400mg</i>	2	
<i>gabapentin sol 250/5ml</i>	2	
<i>gabapentin tab 600mg</i>	2	
<i>gabapentin tab 800mg</i>	2	
NAYZILAM SPR 5MG <i>midazolam nasal spray soln 5 mg/0.1 ml</i>	4	PA; QL; Maximum of 10 devices per 30 days.
<i>phenobarb elx 20mg/5ml</i>	2	
<i>phenobarb elx 30/7.5ml</i>	2	
<i>phenobarb elx 60/15ml</i>	2	
<i>phenobarb sol 20mg/5ml</i>	2	
<i>phenobarb tab 100mg</i>	2	
<i>phenobarb tab 15mg</i>	2	
<i>phenobarb tab 16.2mg</i>	2	
<i>phenobarb tab 30mg</i>	2	
<i>phenobarb tab 32.4mg</i>	2	
<i>phenobarb tab 60mg</i>	2	
<i>phenobarb tab 64.8mg</i>	2	
<i>phenobarb tab 97.2mg</i>	2	
<i>primidone tab 125mg</i>	2	
<i>primidone tab 250mg</i>	2	
<i>primidone tab 50mg</i>	2	
<i>tiagabine tab 12mg</i>	4	
<i>tiagabine tab 16mg</i>	4	
<i>tiagabine tab 2mg</i>	4	
<i>tiagabine tab 4mg</i>	4	
<i>valproic acd cap 250mg</i>	2	
<i>valproic acd sol 250/5ml</i>	2	
<i>valproic acd sol 500/10ml</i>	2	
<i>vigabatrin pak 500mg</i>	5	PA; QL; Maximum of 6 packets per day.
<i>vigabatrin tab 500mg</i>	5	PA; QL; Maximum of 6 tablets per day.
VIGPODER POW 500MG <i>vigabatrin powd pack 500 mg</i>	5	PA; QL; Maximum of 6 packets per day.
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>gabapentin sol 300/6ml</i>	2	
Glutamate Reducing Agents		
<i>felbamate sus 600/5ml</i>	4	
<i>felbamate tab 400mg</i>	4	
<i>felbamate tab 600mg</i>	4	

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

Drug name	Tier	Coverage Requirements and Limits
FYCOMPA SUS 0.5MG/ML <i>perampanel susp 0.5 mg/ml</i>	4	PA; QL; Maximum of 24 ml per day.
<i>lamotrigine chw 25mg</i>	2	
<i>lamotrigine chw 5mg</i>	2	
<i>lamotrigine tab 100mg</i>	2	
<i>lamotrigine tab 150mg</i>	2	
<i>lamotrigine tab 200mg</i>	2	
<i>lamotrigine tab 25mg</i>	2	
SUBVENITE TAB 100MG <i>lamotrigine tab 100 mg</i>	2	
SUBVENITE TAB 150MG <i>lamotrigine tab 150 mg</i>	2	
SUBVENITE TAB 200MG <i>lamotrigine tab 200 mg</i>	2	
SUBVENITE TAB 25MG <i>lamotrigine tab 25 mg</i>	2	
<i>topiramate cap 15mg</i>	3	
<i>topiramate cap 25mg</i>	3	
<i>topiramate cap 50mg</i>	3	
<i>topiramate tab 100mg</i>	2	
<i>topiramate tab 200mg</i>	2	
<i>topiramate tab 25mg</i>	2	
<i>topiramate tab 50mg</i>	2	
Sodium Channel Agents		
<i>carbamazepin cap 100mg er</i>	3	
<i>carbamazepin cap 200mg er</i>	3	
<i>carbamazepin cap 300mg er</i>	3	
<i>carbamazepin chw 100mg</i>	2	
<i>carbamazepin sus 100/5ml</i>	3	
<i>carbamazepin sus 200/10ml</i>	3	
<i>carbamazepin tab 100mg er</i>	3	
<i>carbamazepin tab 200mg er</i>	3	
<i>carbamazepin tab 200mg</i>	2	
<i>carbamazepin tab 400mg er</i>	3	
DILANTIN CAP 30MG <i>phenytoin sodium extended cap 30 mg</i>	4	
EPITOL TAB 200MG <i>carbamazepine tab 200 mg</i>	2	
<i>eslicarbazepine acetate tab 200 mg</i>	4	PA; QL; Maximum of 1 tablet per day.
<i>eslicarbazepine acetate tab 400 mg</i>	4	PA; QL; Maximum of 1 tablet per day.
<i>eslicarbazepine acetate tab 600 mg</i>	4	PA; QL; Maximum of 2 tablets per day.
<i>eslicarbazepine acetate tab 800 mg</i>	4	PA; QL; Maximum of 2 tablets per day.
<i>lacosamide sol 100/10ml</i>	4	PA; QL; Maximum of 40 ml per day.
<i>lacosamide sol 10mg/ml</i>	4	PA; QL; Maximum of 40 ml per day.
<i>lacosamide sol 150/15ml</i>	4	PA; QL; Maximum of 40 ml per day.
<i>lacosamide sol 200/20ml</i>	4	PA; QL; Maximum of 40 ml per day.
<i>lacosamide sol 50/5ml</i>	4	PA; QL; Maximum of 40 ml per day.
<i>lacosamide sol 50mg/5ml</i>	4	PA; QL; Maximum of 40 ml per day.
<i>lacosamide tab 100mg</i>	2	QL; Maximum of 2 tablets per day.
<i>lacosamide tab 150mg</i>	2	QL; Maximum of 2 tablets per day.

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

Drug name	Tier	Coverage Requirements and Limits
<i>lacosamide tab 200mg</i>	2	QL; Maximum of 2 tablets per day.
<i>lacosamide tab 50mg</i>	2	QL; Maximum of 2 tablets per day.
<i>oxcarbazepine sus 300/5ml</i>	4	
<i>oxcarbazepine tab 150mg</i>	2	
<i>oxcarbazepine tab 300mg</i>	2	
<i>oxcarbazepine tab 600mg</i>	2	
PHENYTEK CAP 200MG <i>phenytoin sodium extended cap 200 mg</i>	2	
PHENYTEK CAP 300MG <i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin chw 50mg</i>	2	
<i>phenytoin ex cap 100mg</i>	2	
<i>phenytoin ex cap 200mg</i>	2	
<i>phenytoin ex cap 300mg</i>	2	
<i>phenytoin sus 125/5ml</i>	2	
<i>rufinamide sus 40mg/ml</i>	4	PA
<i>rufinamide tab 200mg</i>	4	PA
<i>rufinamide tab 400mg</i>	4	PA
Antidementia Agents		
Cholinesterase Inhibitors		
<i>donepezil tab 10mg</i>	2	QL; Maximum of 2 tablets per day.
<i>donepezil tab 5mg</i>	2	QL; Maximum of 1 tablet per day.
<i>donepezil tab odt 10mg</i>	2	QL; Maximum of 2 tablets per day.
<i>donepezil tab odt 5mg</i>	2	QL; Maximum of 1 tablet per day.
<i>galantamine cap 16mg er</i>	3	QL; Maximum of 1 capsule per day.
<i>galantamine cap 24mg er</i>	3	QL; Maximum of 1 capsule per day.
<i>galantamine cap 8mg er</i>	3	QL; Maximum of 1 capsule per day.
<i>galantamine sol 4mg/ml</i>	4	QL; Maximum of 2 bottles (200 ml) per 30 days.
<i>galantamine tab 12mg</i>	3	QL; Maximum of 2 tablets per day.
<i>galantamine tab 4mg</i>	3	QL; Maximum of 2 tablets per day.
<i>galantamine tab 8mg</i>	3	QL; Maximum of 2 tablets per day.
<i>rivastigmine cap 1.5mg</i>	2	QL; Maximum of 2 capsules per day.
<i>rivastigmine cap 3mg</i>	2	QL; Maximum of 2 capsules per day.
<i>rivastigmine cap 4.5mg</i>	2	QL; Maximum of 2 capsules per day.
<i>rivastigmine cap 6mg</i>	2	QL; Maximum of 2 capsules per day.
<i>rivastigmine dis 13.3/24</i>	4	QL; Maximum of 1 patch per day.
<i>rivastigmine dis 4.6mg/24</i>	4	QL; Maximum of 1 patch per day.
<i>rivastigmine dis 9.5mg/24</i>	4	QL; Maximum of 1 patch per day.
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memant titra pak 5-10mg</i>	2	QL; Maximum of 1 pack per year.
<i>memantine hc sol 2mg/ml</i>	4	QL; Maximum of 10 ml per day.
<i>memantine sol 2mg/ml</i>	4	QL; Maximum of 10 ml per day.
<i>memantine sol 10mg/5ml</i>	4	QL; Maximum of 10 ml per day.
<i>memantine tab hcl 10mg</i>	2	QL; Maximum of 2 tablets per day.
<i>memantine tab hcl 5mg</i>	2	QL; Maximum of 3 tablets per day.

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

Drug name	Tier	Coverage Requirements and Limits
Antidepressants		
Antidepressants, Other		
<i>bupropion tab 100mg sr</i>	2	
<i>bupropion tab 100mg</i>	2	
<i>bupropion tab 150mg sr</i>	2	
<i>bupropion tab 150mg xl</i>	2	QL; Maximum of 1 tablet per day.
<i>bupropion tab 200mg sr</i>	2	
<i>bupropion tab 300mg xl</i>	2	QL; Maximum of 1 tablet per day.
<i>bupropion tab 75mg</i>	2	
<i>cdp/ amitrip tab 10-25mg</i>	3	
<i>cdp/ amitrip tab 5-12.5mg</i>	3	
<i>mirtazapine tab 15mg odt</i>	3	
<i>mirtazapine tab 15mg</i>	2	
<i>mirtazapine tab 30mg odt</i>	3	
<i>mirtazapine tab 30mg</i>	2	
<i>mirtazapine tab 45mg odt</i>	3	
<i>mirtazapine tab 45mg</i>	2	
<i>mirtazapine tab 7.5mg</i>	2	
<i>olanza/ fluox cap 12-25mg</i>	4	QL; Maximum of 1 capsule per day.
<i>olanza/ fluox cap 12-50mg</i>	4	QL; Maximum of 1 capsule per day.
<i>olanza/ fluox cap 3-25mg</i>	4	QL; Maximum of 1 capsule per day.
<i>olanza/ fluox cap 6-25mg</i>	4	QL; Maximum of 1 capsule per day.
<i>olanza/ fluox cap 6-50mg</i>	4	QL; Maximum of 1 capsule per day.
<i>paroxetine tab 30mg</i>	2	
<i>paroxetine tab 40mg</i>	2	
<i>perphen/ amit tab 2-10mg</i>	3	
<i>perphen/ amit tab 2-25mg</i>	3	
<i>perphen/ amit tab 4-10mg</i>	3	
<i>perphen/ amit tab 4-25mg</i>	3	
<i>perphen/ amit tab 4-50mg</i>	3	
SPRAVATO SOL 56MG DOS <i>esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)</i>	5	PA; QL; Maximum of 4 kits per 28 days.
SPRAVATO SOL 84MG DOS <i>esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)</i>	5	PA; QL; Maximum of 4 kits per 28 days.
Monoamine Oxidase Inhibitors		
EMSAM DIS 12MG/24H <i>selegiline td patch 24hr 12 mg/24hr</i>	4	PA; QL; Maximum of 1 patch per day.
EMSAM DIS 6MG/24HR <i>selegiline td patch 24hr 6 mg/24hr</i>	4	PA; QL; Maximum of 1 patch per day.
EMSAM DIS 9MG/24HR <i>selegiline td patch 24hr 9 mg/24hr</i>	4	PA; QL; Maximum of 1 patch per day.
MARPLAN TAB 10MG <i>isocarboxazid tab 10 mg</i>	4	
<i>phenelzine sulfate tab 15 mg</i>	2	
<i>tranylcyprom tab 10mg</i>	4	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitor/ Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram sol 10mg/5ml</i>	3	
<i>citalopram sol 20/10ml</i>	3	

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

Drug name	Tier	Coverage Requirements and Limits
<i>citalopram tab 10mg</i>	1	
<i>citalopram tab 20mg</i>	1	
<i>citalopram tab 40mg</i>	1	
<i>desvenlafax tab 100mg er</i>	3	QL; Maximum of 4 tablets per day.
<i>desvenlafax tab 25mg er</i>	3	QL; Maximum of 1 tablet per day.
<i>desvenlafax tab 50mg er</i>	3	QL; Maximum of 1 tablet per day.
<i>escitalopram sol 10/10ml</i>	3	
<i>escitalopram sol 5mg/5ml</i>	3	
<i>escitalopram tab 10mg</i>	1	
<i>escitalopram tab 20mg</i>	1	
<i>escitalopram tab 5mg</i>	1	
FETZIMA CAP 120MG <i>levomilnacipran hcl cap er 24hr 120 mg (base equivalent)</i>	4	QL; Maximum of 1 capsule per day.
FETZIMA CAP 20MG <i>levomilnacipran hcl cap er 24hr 20 mg (base equivalent)</i>	4	QL; Maximum of 1 capsule per day.
FETZIMA CAP 40MG <i>levomilnacipran hcl cap er 24hr 40 mg (base equivalent)</i>	4	QL; Maximum of 1 capsule per day.
FETZIMA CAP 80MG <i>levomilnacipran hcl cap er 24hr 80 mg (base equivalent)</i>	4	QL; Maximum of 1 capsule per day.
<i>fluoxetine cap 10mg</i>	1	
<i>fluoxetine cap 20mg</i>	1	
<i>fluoxetine cap 40mg</i>	1	
<i>fluoxetine cap 90mg dr</i>	3	QL; Maximum of 4 capsules per 28 days.
<i>fluoxetine sol 20mg/5ml</i>	2	
<i>fluoxetine tab 10mg</i>	3	QL; Maximum of 1 tablet per day.
<i>fluoxetine tab 20mg</i>	3	QL; Maximum of 1 tablet per day.
<i>fluvoxamine cap 100mg er</i>	4	QL; Maximum of 2 capsules per day.
<i>fluvoxamine cap 150mg er</i>	4	QL; Maximum of 2 capsules per day.
<i>fluvoxamine tab 100mg</i>	2	
<i>fluvoxamine tab 25mg</i>	2	
<i>fluvoxamine tab 50mg</i>	2	
<i>nefazodone tab 100mg</i>	3	
<i>nefazodone tab 150mg</i>	3	
<i>nefazodone tab 200mg</i>	3	
<i>nefazodone tab 250mg</i>	3	
<i>nefazodone tab 50mg</i>	3	
<i>paroxetine er tab 12.5mg</i>	3	QL; Maximum of 1 tablet per day.
<i>paroxetine er tab 37.5mg</i>	3	QL; Maximum of 2 tablets per day.
<i>paroxetine sus 10mg/5ml</i>	4	
<i>paroxetine tab 10mg</i>	2	
<i>paroxetine tab 20mg</i>	2	
<i>paroxetine tab 25mg er</i>	3	QL; Maximum of 2 tablets per day.
<i>sertraline con 20mg/ml</i>	2	
<i>sertraline tab 100mg</i>	1	
<i>sertraline tab 25mg</i>	1	

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

Drug name	Tier	Coverage Requirements and Limits
<i>sertraline tab 50mg</i>	1	
<i>trazodone tab 100mg</i>	2	
<i>trazodone tab 150mg</i>	2	
<i>trazodone tab 300mg</i>	2	
<i>trazodone tab 50mg</i>	2	
<i>venlafaxine cap 150mg er</i>	2	
<i>venlafaxine cap 37.5 er</i>	2	
<i>venlafaxine cap 75mg er</i>	2	
<i>venlafaxine tab 100mg</i>	2	
<i>venlafaxine tab 25mg</i>	2	
<i>venlafaxine tab 37.5mg</i>	2	
<i>venlafaxine tab 50mg</i>	2	
<i>venlafaxine tab 75mg</i>	2	
<i>vilazodone tab 10mg</i>	4	QL; Maximum of 1 tablet per day.
<i>vilazodone tab 20mg</i>	4	QL; Maximum of 1 tablet per day.
<i>vilazodone tab 40mg</i>	4	QL; Maximum of 1 tablet per day.
Tricyclics		
<i>amitriptylin tab 100mg</i>	2	
<i>amitriptylin tab 10mg</i>	2	
<i>amitriptylin tab 150mg</i>	2	
<i>amitriptylin tab 25mg</i>	2	
<i>amitriptylin tab 50mg</i>	2	
<i>amitriptylin tab 75mg</i>	2	
<i>amoxapine tab 100mg</i>	2	
<i>amoxapine tab 150mg</i>	2	
<i>amoxapine tab 25mg</i>	2	
<i>amoxapine tab 50mg</i>	2	
<i>clomipramine cap 25mg</i>	4	
<i>clomipramine cap 50mg</i>	4	
<i>clomipramine cap 75mg</i>	4	
<i>desipramine tab 100mg</i>	3	
<i>desipramine tab 10mg</i>	3	
<i>desipramine tab 150mg</i>	3	
<i>desipramine tab 25mg</i>	3	
<i>desipramine tab 50mg</i>	3	
<i>desipramine tab 75mg</i>	3	
<i>doxepin hcl cap 100mg</i>	2	
<i>doxepin hcl cap 10mg</i>	2	
<i>doxepin hcl cap 150mg</i>	2	
<i>doxepin hcl cap 25mg</i>	2	
<i>doxepin hcl cap 50mg</i>	2	
<i>doxepin hcl cap 75mg</i>	2	
<i>doxepin hcl con 10mg/ml</i>	2	

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

Drug name	Tier	Coverage Requirements and Limits
<i>imipram hcl tab 10mg</i>	2	
<i>imipram hcl tab 25mg</i>	2	
<i>imipram hcl tab 50mg</i>	2	
<i>imipram pam cap 100mg</i>	4	
<i>imipram pam cap 125mg</i>	4	
<i>imipram pam cap 150mg</i>	4	
<i>imipram pam cap 75mg</i>	4	
<i>nortriptylin cap 10mg</i>	2	
<i>nortriptylin cap 25mg</i>	2	
<i>nortriptylin cap 50mg</i>	2	
<i>nortriptylin cap 75mg</i>	2	
<i>nortriptylin sol 10mg/5ml</i>	3	
<i>protriptylin tab 10mg</i>	3	
<i>protriptylin tab 5mg</i>	3	
<i>trimipramine cap 100mg</i>	4	
<i>trimipramine cap 25mg</i>	4	
<i>trimipramine cap 50mg</i>	4	
Antiemetics		
Antiemetics, Other		
<i>meclizine tab 25mg</i>	2	
<i>meclizine tab 50mg</i>	3	
<i>metoclopram sol 10/10ml</i>	2	
<i>metoclopram sol 5mg/5ml</i>	2	
<i>metoclopram tab 10mg</i>	2	
<i>metoclopram tab 5mg</i>	2	
<i>perphenazine tab 16mg</i>	2	
<i>perphenazine tab 2mg</i>	2	
<i>perphenazine tab 4mg</i>	2	
<i>perphenazine tab 8mg</i>	2	
<i>prochlorper sup 25mg</i>	3	
<i>prochlorper tab 10mg</i>	2	
<i>prochlorper tab 5mg</i>	2	
<i>promethazine sol 6.25/5ml</i>	2	
<i>scopolamine dis 1mg/3day</i>	3	
<i>trimethobenz cap 300mg</i>	2	
Emetogenic Therapy Adjuncts		
ANZEMET TAB 50MG <i>dolasetron mesylate tab 50 mg</i>	4	QL; Maximum of 5 tablets per 30 days.
<i>aprepitant cap 125mg</i>	3	QL; Maximum of 2 capsules per 28 days.
<i>aprepitant cap 40mg</i>	3	QL; Maximum of 1 capsule per 30 days.
<i>aprepitant cap 80mg</i>	3	QL; Maximum of 4 capsules per 28 days.
<i>aprepitant pak 125 & 80</i>	3	QL; Maximum of 6 capsules (2 packs) per 28 days.
<i>dronabinol cap 10mg</i>	4	
<i>dronabinol cap 2.5mg</i>	4	

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

Drug name	Tier	Coverage Requirements and Limits
<i>dronabinol cap 5mg</i>	4	
<i>granisetron tab 1mg</i>	3	QL; Maximum of 2 tablets per day.
<i>ondansetron sol 4mg/5ml</i>	2	
<i>ondansetron tab 24mg</i>	2	
<i>ondansetron tab 4mg odt</i>	2	
<i>ondansetron tab 4mg</i>	2	
<i>ondansetron tab 8mg odt</i>	2	
<i>ondansetron tab 8mg</i>	2	
VARUBI TAB 90MG <i>rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)</i>	4	QL; Maximum of 4 tablets per 28 days.
Antifungals		
Antifungals		
CICLODAN SOL 8% <i>ciclopirox solution 8%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox olamine cream 0.77%</i>	2	
<i>ciclopirox olamine susp 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	2	
<i>ciclopirox solution 8%</i>	2	
<i>clotrim/beta cre diprop</i>	2	QL; Maximum of 15 grams per 30 days.
<i>clotrim/beta lot diprop</i>	3	
<i>clotrimazole tro 10mg</i>	2	
<i>econazole cre 1%</i>	3	QL; Maximum of 90 grams per 30 days.
EXELDERM CRE 1% <i>sulconazole nitrate cream 1%</i>	4	
EXELDERM SOL 1% <i>sulconazole nitrate solution 1%</i>	4	
<i>fluconazole sus 10mg/ml</i>	2	
<i>fluconazole sus 40mg/ml</i>	2	
<i>fluconazole tab 100mg</i>	2	
<i>fluconazole tab 150mg</i>	2	
<i>fluconazole tab 200mg</i>	2	
<i>fluconazole tab 50mg</i>	2	
<i>flucytosine cap 250mg</i>	4	
<i>flucytosine cap 500mg</i>	4	
<i>griseofulvin sus 125/5ml</i>	3	
<i>griseofulvin tab micr 500</i>	3	
<i>griseofulvin tab ultr 125</i>	3	
<i>griseofulvin tab ultr 250</i>	3	
GYNAZOLE-1 CRE 2% <i>butoconazole nitrate (one dose) vaginal cream 2%</i>	4	
<i>itraconazole cap 100mg</i>	4	QL; Maximum of 4 capsules per day.
<i>itraconazole sol 100/10ml</i>	4	QL; Maximum of 1800 ml per year.
<i>itraconazole sol 10mg/ml</i>	4	QL; Maximum of 1800 ml per year.
<i>ketoconazole cream 2%</i>	2	QL; Maximum of 90 grams per 30 days.
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tab 200mg</i>	2	
<i>klayesta pow 100000</i>	2	QL; Maximum of 120 grams per 30 days.

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

Drug name	Tier	Coverage Requirements and Limits
<i>luliconazole cre 1%</i>	4	QL; Maximum of 60 grams per 28 days.
<i>miconazole 3 sup 200mg</i>	2	
<i>naftifine cre hcl 1%</i>	4	
<i>naftifine cre hcl 2%</i>	4	
<i>nyamyc pow 100000</i>	2	QL; Maximum of 120 grams per 30 days.
<i>nystat/triam cream</i>	2	
<i>nystat/triam ointment</i>	2	
<i>nystatin cre 100000</i>	2	
<i>nystatin oin 100000</i>	2	
<i>nystatin oin 100000u</i>	2	
<i>nystatin pow 100000</i>	2	QL; Maximum of 120 grams per 30 days.
<i>nystatin sus 100000</i>	2	
<i>nystatin tab 500000</i>	2	
<i>nystop pow 100000</i>	2	QL; Maximum of 120 grams per 30 days.
<i>posaconazole tab 100mg dr</i>	3	QL; Maximum of 6 tablets per day.
<i>sulconazole cre 1%</i>	4	
<i>sulconazole sol 1%</i>	4	
<i>terbinafine tab 250mg</i>	2	QL; Maximum of 90 tablets per year.
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	3	
<i>voriconazole sus 40mg/ml</i>	4	
<i>voriconazole tab 200mg</i>	4	QL; Maximum of 1 tablet per day.
<i>voriconazole tab 50mg</i>	4	QL; Maximum of 4 tablets per day.
Antigout Agents		
Antigout Agents		
<i>allopurinol tab 100mg</i>	2	
<i>allopurinol tab 300mg</i>	2	
<i>colchicine tab 0.6mg</i>	2	QL; Maximum of 4 tablets per day.
<i>febuxostat tab 40mg</i>	2	QL; Maximum of 1 tablet per day.
<i>febuxostat tab 80mg</i>	2	QL; Maximum of 1 tablet per day.
<i>proben/colch tab 500-0.5</i>	2	
<i>probenecid tab 500mg</i>	2	
Antimigraine Agents		
Antimigraine Agents		
UBRELVY TAB 100MG <i>ubrogepant tab 100 mg</i>	3	PA; QL; Maximum of 16 tablets per 30 days.
UBRELVY TAB 50MG <i>ubrogepant tab 50 mg</i>	3	PA; QL; Maximum of 16 tablets per 30 days.
Ergot Alkaloids		
<i>digoxin tab 250 mcg (0.25 mg)</i>	4	QL; Maximum of 24 ampules (24 ml) per 28 days.
<i>ergomar sub 2mg</i>	4	QL; Maximum of 20 tablets per 28 days.
<i>ergot/caffen tab 1-100mg</i>	4	
MIGERGOT SUP 2/100 <i>ergotamine w/ caffeine suppos 2-100 mg</i>	4	

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

Drug name	Tier	Coverage Requirements and Limits
Prophylactic		
<i>aimovig inj 140mg/ml</i>	3	PA; QL; Maximum of 1 pen (1 ml) per 30 days.
<i>aimovig inj 70mg/ml</i>	3	PA; QL; Maximum of 2 pens (2 ml) per 30 days.
EMGALITY INJ 100MG/ML <i>galcanezumab-gnlm subcutaneous soln pre-filled syr 100 mg/ml</i>	3	PA; QL; Maximum of 3 syringes or pens (3 ml) per 30 days.
EMGALITY INJ 120MG/ML <i>galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml</i>	3	PA; QL; Maximum of 2 syringes or pens (2 ml) per 30 days.
EMGALITY INJ 120MG/ML <i>galcanezumab-gnlm subcutaneous soln pre-filled syr 120 mg/ml</i>	3	PA; QL; Maximum of 2 syringes or pens (2 ml) per 30 days.
Serotonin (5-HT) 1b/1d Receptor Agonists		
<i>almotrip mal tab 12.5mg</i>	3	QL; Maximum of 12 tablets per 30 days.
<i>almotrip mal tab 6.25mg</i>	3	QL; Maximum of 12 tablets per 30 days.
<i>almotriptan tab 12.5mg</i>	3	QL; Maximum of 12 tablets per 30 days.
<i>almotriptan tab 6.25mg</i>	3	QL; Maximum of 12 tablets per 30 days.
<i>eletriptan tab 20mg</i>	3	QL; Maximum of 12 tablets per 30 days.
<i>eletriptan tab 40mg</i>	3	QL; Maximum of 12 tablets per 30 days.
<i>naratriptan tab 1mg</i>	2	QL; Maximum of 12 tablets per 30 days.
<i>naratriptan tab 2.5mg</i>	2	QL; Maximum of 12 tablets per 30 days.
<i>rizatriptan tab 10mg odt</i>	2	QL; Maximum of 12 tablets per 30 days.
<i>rizatriptan tab 10mg</i>	2	QL; Maximum of 12 tablets per 30 days.
<i>rizatriptan tab 5mg odt</i>	2	QL; Maximum of 12 tablets per 30 days.
<i>rizatriptan tab 5mg</i>	2	QL; Maximum of 12 tablets per 30 days.
<i>sumatriptan nasal spray 20 mg/act</i>	4	QL; Maximum of 12 devices per 30 days.
<i>sumatriptan nasal spray 5 mg/act</i>	4	QL; Maximum of 12 devices per 30 days.
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL; Maximum of 12 injections (6 ml) per 30 days.
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL; Maximum of 12 injections (6 ml) per 30 days.
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL; Maximum of 12 injections (6 ml) per 30 days.
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	4	QL; Maximum of 12 injections (6 ml) per 30 days.
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	4	QL; Maximum of 12 injections (6 ml) per 30 days.
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	4	QL; Maximum of 12 injections (6 ml) per 30 days.
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	4	QL; Maximum of 12 injections (6 ml) per 30 days.
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	QL; Maximum of 12 injections (6 ml) per 30 days.
<i>sumatriptan tab 100mg</i>	2	QL; Maximum of 12 tablets per 30 days.
<i>sumatriptan tab 25mg</i>	2	QL; Maximum of 12 tablets per 30 days.
<i>sumatriptan tab 50mg</i>	2	QL; Maximum of 12 tablets per 30 days.
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	4	QL; Maximum of 9 tablets per 30 days.
<i>zolmitriptan spr 2.5mg</i>	4	QL; Maximum of 18 devices per 30 days.
<i>zolmitriptan spr 5mg</i>	4	QL; Maximum of 12 devices per 30 days.
<i>zolmitriptan tab 2.5 mg</i>	3	QL; Maximum of 12 tablets per 30 days.

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

Drug name	Tier	Coverage Requirements and Limits
<i>zolmitriptan tab 2.5mg</i>	3	QL; Maximum of 12 tablets per 30 days.
<i>zolmitriptan tab 5mg odt</i>	3	QL; Maximum of 12 tablets per 30 days.
<i>zolmitriptan tab 5mg</i>	3	QL; Maximum of 12 tablets per 30 days.
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigm tab 60mg</i>	2	
<i>pyridostigmi solution 60mg/5ml</i>	4	
<i>pyridostigmi tab er 180mg</i>	4	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tab 100mg</i>	2	
<i>dapsone tab 25mg</i>	2	
<i>rifabutin cap 150mg</i>	4	
Antituberculars		
<i>cycloserine cap 250mg</i>	4	
<i>ethambutol tab 100mg</i>	2	
<i>ethambutol tab 400mg</i>	2	
<i>isoniazid syp 50mg/5ml</i>	4	
<i>isoniazid tab 100mg</i>	2	
<i>isoniazid tab 300mg</i>	2	
<i>priftin tab 150mg</i>	3	
<i>pyrazinamide tab 500mg</i>	3	
<i>rifampin cap 150mg</i>	2	
<i>rifampin cap 300mg</i>	2	
SIRTURO TAB 100MG <i>bedaquiline fumarate tab 100 mg (base equiv)</i>	5	PA
SIRTURO TAB 20MG <i>bedaquiline fumarate tab 20 mg (base equiv)</i>	5	PA
TRECTOR TAB 250MG <i>ethionamide tab 250 mg</i>	3	
Antineoplastics		
Alkylating Agents		
<i>cyclophosph cap 25mg</i>	4	CM
<i>cyclophosph cap 50mg</i>	4	CM
<i>cyclophosph tab 25mg</i>	4	CM
<i>cyclophosph tab 50mg</i>	4	CM
GLEOSTINE CAP 100MG <i>lomustine cap 100 mg</i>	5	SP; CM
GLEOSTINE CAP 10MG <i>lomustine cap 10 mg</i>	5	SP; CM
GLEOSTINE CAP 40MG <i>lomustine cap 40 mg</i>	5	SP; CM
LEUKERAN TAB 2MG <i>chlorambucil tab 2 mg</i>	4	CM
MATULANE CAP 50MG <i>procarbazine hcl cap 50 mg</i>	5	SP; CM
<i>melfalan tab 2mg</i>	4	CM
<i>myleran tab 2mg</i>	4	CM
<i>temozolomide cap 100mg</i>	5	SP; CM
<i>temozolomide cap 140mg</i>	5	SP; CM
<i>temozolomide cap 180mg</i>	5	SP; CM

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

Drug name	Tier	Coverage Requirements and Limits
<i>temozolomide cap 20mg</i>	5	SP; CM
<i>temozolomide cap 250mg</i>	5	SP; CM
<i>temozolomide cap 5mg</i>	5	SP; CM
VALCHLOR GEL 0.016% <i>mechlorethamine hcl gel 0.016% (base equivalent)</i>	5	PA; QL; SP; Maximum of 60 grams per 30 days.
Antiandrogens		
<i>abiraterone tab 250mg</i>	5	PA; QL; Maximum of 4 tablets per day; CM.
<i>abiraterone tab 500mg</i>	5	PA; QL; Maximum of 4 tablets per day; CM.
<i>bicalutamide tab 50mg</i>	2	CM
ERLEADA TAB 240MG <i>apalutamide tab 240 mg</i>	5	PA; QL; Maximum of 1 tablet per day; CM
ERLEADA TAB 60MG <i>apalutamide tab 60 mg</i>	5	PA; QL; Maximum of 4 tablets per day; CM.
<i>nilutamide tab 150mg</i>	5	CM
NUBEQA TAB 300MG <i>darolutamide tab 300 mg</i>	5	PA; QL; Maximum of 4 tablets per day; CM.
XTANDI CAP 40MG <i>enzalutamide cap 40 mg</i>	5	PA; QL; SP; Maximum of 4 capsules per day; CM.
XTANDI TAB 40MG <i>enzalutamide tab 40 mg</i>	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
XTANDI TAB 80MG <i>enzalutamide tab 80 mg</i>	5	PA; QL; SP; Maximum of 2 tablets per day; CM.
Antiangiogenic Agents		
<i>lenalidomide cap 10mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
<i>lenalidomide cap 15mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
<i>lenalidomide cap 2.5mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
<i>lenalidomide cap 20mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
<i>lenalidomide cap 25mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
<i>lenalidomide cap 5mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
POMALYST CAP 1MG <i>pomalidomide cap 1 mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
POMALYST CAP 2MG <i>pomalidomide cap 2 mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
POMALYST CAP 3MG <i>pomalidomide cap 3 mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
POMALYST CAP 4MG <i>pomalidomide cap 4 mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
<i>thalomid cap 100mg</i>	5	PA; QL; Maximum of 1 capsule per day; CM.
<i>thalomid cap 150mg</i>	5	PA; QL; Maximum of 2 capsules per day; CM.
<i>thalomid cap 200mg</i>	5	PA; QL; Maximum of 2 capsules per day; CM.
<i>thalomid cap 50mg</i>	5	PA; QL; Maximum of 1 capsule per day; CM.
Antiestrogens/Modifiers		
EMCYT CAP 140MG <i>estramustine phosphate sodium cap 140 mg</i>	4	CM
<i>tamoxifen tab 10mg</i>	2	CM
<i>tamoxifen tab 20mg</i>	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention; CM.

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

Drug name	Tier	Coverage Requirements and Limits
toremifene tab 60mg	4	CM
Antimetabolites		
capecitabine tab 150mg	5	CM
capecitabine tab 500mg	5	CM
DROXIA CAP 200MG hydroxyurea cap 200 mg	4	CM
DROXIA CAP 300MG hydroxyurea cap 300 mg	4	CM
DROXIA CAP 400MG hydroxyurea cap 400 mg	4	CM
hydroxyurea cap 500mg	2	CM
mercaptopur tab 50mg	2	CM
TABLOID TAB 40MG thioguanine tab 40 mg	5	CM
Antineoplastics, Other		
diclofenac gel 3%	4	QL; Maximum of 100 grams per 30 days.
fluorouracil cream 0.5%	4	QL; Maximum of 30 grams per 30 days.
fluorouracil cream 5%	2	QL; Maximum of 40 grams per 30 days.
fluorouracil soln 2%	2	
fluorouracil soln 5%	2	
KISQALI 200 PAK FEMARA ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA; QL; Maximum of 1 pack (49 tablets) per 28 days; CM.
KISQALI 400 PAK FEMARA ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA; QL; Maximum of 1 pack (70 tablets) per 28 days; CM.
KISQALI 600 PAK FEMARA ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA; QL; Maximum of 1 pack (91 tablets) per 28 days; CM.
KISQALI TAB 200DOSE ribociclib succinate tab pack 200 mg daily dose	5	PA; QL; Maximum of 1 tablet per day; CM.
KISQALI TAB 400DOSE ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA; QL; Maximum of 2 tablets per day; CM.
KISQALI TAB 600DOSE ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA; QL; Maximum of 3 tablets per day; CM.
leucovor ca tab 10mg	2	CM
leucovor ca tab 15mg	2	CM
leucovor ca tab 25mg	2	CM
leucovor ca tab 5mg	2	CM
LONSURF TAB 15-6.14 trifluridine-tipiracil tab 15-6.14 mg	5	PA; QL; SP; Maximum of 10 tablets per day; CM.
LONSURF TAB 20-8.19 trifluridine-tipiracil tab 20-8.19 mg	5	PA; QL; SP; Maximum of 8 tablets per day; CM.
PIQRAY 200MG TAB DOSE alpelisib tab therapy pack 200 mg daily dose	5	PA; QL; Maximum of 1 tablet per day; CM.
PIQRAY 250MG TAB DOSE alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	PA; QL; Maximum of 2 tablets per day; CM.
PIQRAY 300MG TAB DOSE alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	PA; QL; Maximum of 2 tablets per day; CM.
ROZLYTREK CAP 100MG entrectinib cap 100 mg	5	PA; QL; Maximum of 5 capsules per day; CM.
ROZLYTREK CAP 200MG entrectinib cap 200 mg	5	PA; QL; Maximum of 3 capsules per day; CM.
ROZLYTREK PAK 50MG entrectinib pellet pack 50 mg	5	PA; QL; Maximum of 12 packets per day; CM.
SYNRIBO INJ 3.5MG omacetaxine mepesuccinate for inj 3.5 mg	5	QL; Maximum of 28 vials per 30 days; CM.
VERZENIO TAB 100MG abemaciclib tab 100 mg	5	PA; QL; Maximum of 2 tablets per day; CM.
VERZENIO TAB 150MG abemaciclib tab 150 mg	5	PA; QL; Maximum of 2 tablets per day; CM.

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

Drug name	Tier	Coverage Requirements and Limits
VERZENIO TAB 200MG <i>abemaciclib tab 200 mg</i>	5	PA; QL; Maximum of 2 tablets per day; CM.
VERZENIO TAB 50MG <i>abemaciclib tab 50 mg</i>	5	PA; QL; Maximum of 2 tablets per day; CM.
ZOLINZA CAP 100MG <i>vorinostat cap 100 mg</i>	5	QL; Maximum of 4 capsules per day; CM.
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tab 1mg</i>	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention; CM.
<i>exemestane tab 25mg</i>	4	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention; CM.
<i>letrozole tab 2.5mg</i>	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention; CM.
Enzyme Inhibitors		
<i>etoposide cap 50mg</i>	5	CM
<i>hycamtin cap 0.25mg</i>	5	PA; QL; Maximum of 6 capsules per day; CM.
<i>hycamtin cap 1mg</i>	5	PA; QL; Maximum of 6 capsules per day; CM.
TALZENNA CAP 0.1MG <i>talazoparib tosylate cap 0.1 mg (base equivalent)</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
TALZENNA CAP 0.25MG <i>talazoparib tosylate cap 0.25 mg (base equivalent)</i>	5	PA; QL; SP; Maximum of 3 capsules per day; CM.
TALZENNA CAP 0.35MG <i>talazoparib tosylate cap 0.35 mg (base equivalent)</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
TALZENNA CAP 0.5MG <i>talazoparib tosylate cap 0.5 mg (base equivalent)</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
TALZENNA CAP 0.75MG <i>talazoparib tosylate cap 0.75 mg (base equivalent)</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
TALZENNA CAP 1MG <i>talazoparib tosylate cap 1 mg (base equivalent)</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
Molecular Target Inhibitors		
ALECENSA CAP 150MG <i>alectinib hcl cap 150 mg (base equivalent)</i>	5	PA; QL; Maximum of 8 capsules per day; CM.
<i>bosulif cap 100mg</i>	5	PA; QL; SP; Maximum of 6 capsules per day; CM.
<i>bosulif cap 50mg</i>	5	PA; QL; SP; Maximum of 11 capsules per day; CM.
<i>bosulif tab 100mg</i>	5	PA; QL; SP; Maximum of 6 tablets per day; CM.
<i>bosulif tab 400mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
<i>bosulif tab 500mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
BRUKINSA CAP 80MG <i>zanubrutinib cap 80 mg</i>	5	PA; QL; Maximum of 4 capsules per day; CM.
BRUKINSA TAB 160MG <i>zanubrutinib tab 160 mg</i>	5	PA; QL; Maximum of 2 tablets per day; CM.
CABOMETYX TAB 20MG <i>cabozantinib s-malate tab 20 mg (base equivalent)</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
CABOMETYX TAB 40MG <i>cabozantinib s-malate tab 40 mg (base equivalent)</i>	5	PA; QL; SP; Maximum of 2 tablets per day; CM.
CABOMETYX TAB 60MG <i>cabozantinib s-malate tab 60 mg (base equivalent)</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
CALQUENCE TAB 100MG <i>acalabrutinib maleate tab 100 mg</i>	5	PA; QL; Maximum of 2 tablets per day; CM.
CAPRELSA TAB 100MG <i>vandetanib tab 100 mg</i>	5	PA; QL; SP; Maximum of 2 tablets per day; CM.
CAPRELSA TAB 300MG <i>vandetanib tab 300 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM.

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

Drug name	Tier	Coverage Requirements and Limits
COMETRIQ KIT 100MG <i>cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit</i>	5	PA; QL; SP; Maximum of 2 capsules per day; CM.
COMETRIQ KIT 140MG <i>cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit</i>	5	PA; QL; SP; Maximum of 4 capsules per day; CM.
COMETRIQ KIT 60MG <i>cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit</i>	5	PA; QL; SP; Maximum of 3 capsules per day; CM.
COTELLIC TAB 20MG <i>cobimetinib fumarate tab 20 mg (base equivalent)</i>	5	PA; QL; SP; Maximum of 3 tablets per day; CM.
<i>dasatinib tab 100mg</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
<i>dasatinib tab 140mg</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
<i>dasatinib tab 20mg</i>	5	PA; QL; Maximum of 3 tablets per day; CM.
<i>dasatinib tab 50mg</i>	5	PA; QL; Maximum of 3 tablets per day; CM.
<i>dasatinib tab 70mg</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
<i>dasatinib tab 80mg</i>	5	PA; QL; Maximum of 2 tablets per day; CM.
<i>erlotinib tab 100mg</i>	5	QL; SP; Maximum of 1 tablet per day; CM.
<i>erlotinib tab 150mg</i>	5	QL; SP; Maximum of 1 tablet per day; CM.
<i>erlotinib tab 25mg</i>	5	QL; SP; Maximum of 3 tablets per day; CM.
<i>everolimus tab 10mg</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
<i>everolimus tab 2.5mg</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
<i>everolimus tab 5mg</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
<i>everolimus tab 7.5mg</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
<i>gefitinib tab 250mg</i>	5	PA; QL; Maximum of 2 tablets per day; CM.
GILOTRIF TAB 20MG <i>afatinib dimaleate tab 20 mg (base equivalent)</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
GILOTRIF TAB 30MG <i>afatinib dimaleate tab 30 mg (base equivalent)</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
GILOTRIF TAB 40MG <i>afatinib dimaleate tab 40 mg (base equivalent)</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
IBRANCE CAP 100MG <i>palbociclib cap 100 mg</i>	5	PA; QL; Maximum of 1 capsule per day; CM.
IBRANCE CAP 125MG <i>palbociclib cap 125 mg</i>	5	PA; QL; Maximum of 1 capsule per day; CM.
IBRANCE CAP 75MG <i>palbociclib cap 75 mg</i>	5	PA; QL; Maximum of 1 capsule per day; CM.
IBRANCE TAB 100MG <i>palbociclib tab 100 mg</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
IBRANCE TAB 125MG <i>palbociclib tab 125 mg</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
IBRANCE TAB 75MG <i>palbociclib tab 75 mg</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
ICLUSIG TAB 10MG <i>ponatinib hcl tab 10 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
ICLUSIG TAB 15MG <i>ponatinib hcl tab 15 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
ICLUSIG TAB 30MG <i>ponatinib hcl tab 30 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
ICLUSIG TAB 45MG <i>ponatinib hcl tab 45 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
IDHIFA TAB 100MG <i>enasidenib mesylate tab 100 mg (base equivalent)</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
IDHIFA TAB 50MG <i>enasidenib mesylate tab 50 mg (base equivalent)</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
<i>imatinib mes tab 100mg</i>	5	QL; Maximum of 3 tablets per day; CM.
<i>imatinib mes tab 400mg</i>	5	QL; Maximum of 3 tablets per day; CM.
IMBRUVICA CAP 140MG <i>ibrutinib cap 140 mg</i>	5	PA; QL; Maximum of 4 capsules per day; CM.
IMBRUVICA CAP 70MG <i>ibrutinib cap 70 mg</i>	5	PA; QL; Maximum of 1 capsule per day; CM.
IMBRUVICA SUS 70MG/ML <i>ibrutinib oral susp 70 mg/ml</i>	5	PA; QL; Maximum of 8 ml per day; CM.
IMBRUVICA TAB 140MG <i>ibrutinib tab 140 mg</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
IMBRUVICA TAB 280MG <i>ibrutinib tab 280 mg</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
IMBRUVICA TAB 420MG <i>ibrutinib tab 420 mg</i>	5	PA; QL; Maximum of 1 tablet per day; CM.

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

Drug name	Tier	Coverage Requirements and Limits
INLYTA TAB 1MG <i>axitinib tab 1 mg</i>	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
INLYTA TAB 5MG <i>axitinib tab 5 mg</i>	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
JAKAFI TAB 10MG <i>ruxolitinib phosphate tab 10 mg (base equivalent)</i>	5	PA; QL; Maximum of 2 tablets per day; CM.
JAKAFI TAB 15MG <i>ruxolitinib phosphate tab 15 mg (base equivalent)</i>	5	PA; QL; Maximum of 2 tablets per day; CM.
JAKAFI TAB 20MG <i>ruxolitinib phosphate tab 20 mg (base equivalent)</i>	5	PA; QL; Maximum of 2 tablets per day; CM.
JAKAFI TAB 25MG <i>ruxolitinib phosphate tab 25 mg (base equivalent)</i>	5	PA; QL; Maximum of 2 tablets per day; CM.
JAKAFI TAB 5MG <i>ruxolitinib phosphate tab 5 mg (base equivalent)</i>	5	PA; QL; Maximum of 2 tablets per day; CM.
<i>lapatinib tab 250mg</i>	5	PA; QL; Maximum of 6 tablets per day; CM.
LENVIMA CAP 10 MG <i>lenvatinib cap therapy pack 10 mg (10 mg daily dose)</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
LENVIMA CAP 12MG <i>lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)</i>	5	PA; QL; SP; Maximum of 3 capsules per day; CM.
LENVIMA CAP 14 MG <i>lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)</i>	5	PA; QL; SP; Maximum of 2 capsules per day; CM.
LENVIMA CAP 18 MG <i>lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)</i>	5	PA; QL; SP; Maximum of 3 capsules per day; CM.
LENVIMA CAP 20 MG <i>lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)</i>	5	PA; QL; SP; Maximum of 2 capsules per day; CM.
LENVIMA CAP 24 MG <i>lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)</i>	5	PA; QL; SP; Maximum of 3 capsules per day; CM.
LENVIMA CAP 4MG <i>lenvatinib cap therapy pack 4 mg (4 mg daily dose)</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
LENVIMA CAP 8 MG <i>lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)</i>	5	PA; QL; SP; Maximum of 2 capsules per day; CM.
LORBRENA TAB 100MG <i>lorlatinib tab 100 mg</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
LORBRENA TAB 25MG <i>lorlatinib tab 25 mg</i>	5	PA; QL; Maximum of 3 tablets per day; CM.
LYNPARZA TAB 100MG <i>olaparib tab 100 mg</i>	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
LYNPARZA TAB 150MG <i>olaparib tab 150 mg</i>	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
MEKINIST SOL 0.05/ML <i>trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)</i>	5	PA; QL; Maximum of 40ml per day; CM.
MEKINIST TAB 0.5MG <i>trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)</i>	5	PA; QL; Maximum of 2 tablets per day; CM.
MEKINIST TAB 2MG <i>trametinib dimethyl sulfoxide tab 2 mg (base equivalent)</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
<i>sorafenib tab 200mg</i>	5	PA; QL; Maximum of 4 tablets per day; CM.
STIVARGA TAB 40MG <i>regorafenib tab 40 mg</i>	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
<i>sunitinib cap 12.5mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
<i>sunitinib cap 25mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
<i>sunitinib cap 37.5mg</i>	5	PA; QL; SP; Maximum of 2 capsules per day; CM.
<i>sunitinib cap 50mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
TAFINLAR CAP 50MG <i>dabrafenib mesylate cap 50 mg (base equivalent)</i>	5	PA; QL; Maximum of 4 capsules per day; CM.
TAFINLAR CAP 75MG <i>dabrafenib mesylate cap 75 mg (base equivalent)</i>	5	PA; QL; Maximum of 4 capsules per day; CM.
TAFINLAR TAB 10MG <i>dabrafenib mesylate tab for oral susp 10 mg</i>	5	PA; QL; Maximum of 30 Tablets per day; CM.

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

Drug name	Tier	Coverage Requirements and Limits
TAGRISSO TAB 40MG <i>osimertinib mesylate tab 40 mg (base equivalent)</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
TAGRISSO TAB 80MG <i>osimertinib mesylate tab 80 mg (base equivalent)</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
TRUQAP PAK 160MG <i>capivasertib tab therapy pack 160 mg</i>	5	PA; QL; Maximum of 1 pack (64 tablets) per 28 days; CM.
TRUQAP PAK 200MG <i>capivasertib tab therapy pack 200 mg</i>	5	PA; QL; Maximum of 1 pack (64 tablets) per 28 days; CM.
TRUQAP TAB 160MG <i>capivasertib tab 160 mg</i>	5	PA; QL; Maximum of 64 tablets per 28 days; CM.
TRUQAP TAB 200MG <i>capivasertib tab 200 mg</i>	5	PA; QL; Maximum of 64 tablets per 28 days; CM.
TUKYSA TAB 150MG <i>tucatinib tab 150 mg</i>	5	PA; QL; Maximum of 4 tablets per day; CM.
TUKYSA TAB 50MG <i>tucatinib tab 50 mg</i>	5	PA; QL; Maximum of 12 tablets per day; CM.
TURALIO CAP 125MG <i>pepidartinib hcl cap 125 mg (base equivalent)</i>	5	PA; QL; SP; Maximum of 4 capsules per day; CM.
VENCLEXTA TAB 100MG <i>venetoclax tab 100 mg</i>	5	PA; QL; Maximum of 6 tablets per day; CM.
VENCLEXTA TAB 10MG <i>venetoclax tab 10 mg</i>	5	PA; QL; Maximum of 2 tablets per day; CM.
VENCLEXTA TAB 50MG <i>venetoclax tab 50 mg</i>	5	PA; QL; Maximum of 1 tablet per day; CM.
VENCLEXTA TAB START PK <i>venetoclax tab therapy starter pack 10 & 50 & 100 mg</i>	5	PA; QL; Maximum of 42 tablets per year; CM.
VITRAKVI CAP 100MG <i>larotrectinib sulfate cap 100 mg (base equivalent)</i>	5	PA; QL; Maximum of 4 capsules per day; CM.
VITRAKVI CAP 25MG <i>larotrectinib sulfate cap 25 mg (base equivalent)</i>	5	PA; QL; Maximum of 6 capsules per day; CM.
VITRAKVI SOL 20MG/ML <i>larotrectinib sulfate oral soln 20 mg/ml (base equivalent)</i>	5	PA; QL; Maximum of 20 ml per day; CM.
XOSPATA TAB 40MG <i>gilteritinib fumarate tablet 40 mg (base equivalent)</i>	5	PA; QL; Maximum of 3 tablets per day; CM.
ZELBORAF TAB 240MG <i>vemurafenib tab 240 mg</i>	5	PA; QL; SP; Maximum of 8 tablets per day; CM.
ZYDELIG TAB 100MG <i>idelalisib tab 100 mg</i>	5	PA; QL; SP; Maximum of 2 tablets per day; CM.
ZYDELIG TAB 150MG <i>idelalisib tab 150 mg</i>	5	PA; QL; SP; Maximum of 2 tablets per day; CM.
ZYKADIA TAB 150MG <i>ceritinib tab 150 mg</i>	5	PA; QL; SP; Maximum of 3 tablets per day; CM.
Retinoids		
<i>bexarotene cap 75mg</i>	5	CM
<i>bexarotene gel 1%</i>	5	QL; Maximum of 60 grams per 30 days.
<i>tretinoin cap 10mg</i>	5	QL; Maximum of 9 capsules per day; CM.
Treatment Adjuncts		
<i>mesna tab 400mg</i>	5	CM
Antiparasitics		
Anthelmintics		
<i>albendazole tab 200mg</i>	4	QL; Maximum of 16 tablets per day.
<i>ivermectin lot 0.5%</i>	4	QL; Maximum of 117 grams per 30 days.
<i>ivermectin tab 3mg</i>	2	PA; QL; Maximum of 20 tablets per 90 days.
<i>praziquantel tab 600mg</i>	4	
Antiprotozoals		
ALINIA SUS 100/5ML <i>nitazoxanide for susp 100 mg/5ml</i>	3	QL; Maximum of 2 ml per day.
<i>atovaq/progu tab 250-100</i>	3	
<i>atovaq/progu tab 62.5-25</i>	3	

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

Drug name	Tier	Coverage Requirements and Limits
<i>atovaquone sus 750/5ml</i>	4	
<i>benznidazole tab 100mg</i>	3	QL; Maximum of 4 tablets per day.
<i>benznidazole tab 12.5mg</i>	3	QL; Maximum of 12 tablets per day.
<i>chloroquine tab 250mg</i>	2	QL; Maximum of 2 tablets per day.
<i>chloroquine tab 500mg</i>	2	QL; Maximum of 2 tablets per day.
<i>hydroxychlor tab 100mg</i>	2	QL; Maximum of 2 tablets per day.
<i>hydroxychlor tab 200mg</i>	2	QL; Maximum of 3 tablets per day.
<i>mefloquine tab 250mg</i>	2	
<i>nitazoxanide tab 500mg</i>	3	QL; Maximum of 6 tablets per 30 days.
<i>pentamidine inh 300mg</i>	3	QL; Maximum of 1 vial (300 mg) per 28 days.
<i>primaquine tab 26.3mg</i>	2	
<i>pyrimethamin tab 25mg</i>	5	PA
<i>quinine sulf cap 324mg</i>	3	
Pediculicides/Scabicides		
CROTAN LOT 10% <i>crotamiton lotion 10%</i>	4	
<i>malathion lot 0.5%</i>	4	
<i>permethrin cre 5%</i>	2	
<i>spinosad susp 0.9%</i>	4	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine tab 0.5mg</i>	2	
<i>benztropine tab 1mg</i>	2	
<i>benztropine tab 2mg</i>	2	
<i>trihexyphen sol 0.4mg/ml</i>	2	
<i>trihexyphen tab 2mg</i>	2	
<i>trihexyphen tab 5mg</i>	2	
Antiparkinson Agents, Other		
<i>amantadine cap 100mg</i>	2	
<i>amantadine sol 100/10ml</i>	2	
<i>amantadine sol 50mg/5ml</i>	2	
<i>amantadine tab 100mg</i>	2	
<i>entacapone tab 200mg</i>	3	
<i>tolcapone tab 100mg</i>	4	QL; Maximum of 6 tablets per day.
Dopamine Agonists		
<i>apomorphine inj 30mg/3ml</i>	5	QL; Maximum of 3 ml per day.
<i>bromocriptin cap 5mg</i>	4	
<i>bromocriptin tab 2.5mg</i>	3	
<i>carb/levo 50 tab /entacap</i>	4	
<i>carb/levo 75 tab /entacap</i>	4	
NEUPRO DIS 2MG/24HR <i>rotigotine td patch 24hr 2 mg/24hr</i>	4	
<i>pramipexole tab 0.125mg</i>	2	
<i>pramipexole tab 0.25mg</i>	2	
<i>pramipexole tab 0.5mg</i>	2	

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

Drug name	Tier	Coverage Requirements and Limits
<i>pramipexole tab 0.75mg</i>	2	
<i>pramipexole tab 1.5mg</i>	2	
<i>pramipexole tab 1mg</i>	2	
<i>ropinirole tab 0.25mg</i>	2	
<i>ropinirole tab 0.5mg</i>	2	
<i>ropinirole tab 1mg</i>	2	
<i>ropinirole tab 2mg</i>	2	
<i>ropinirole tab 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 5mg</i>	2	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
<i>carb/levo er tab 25-100mg</i>	2	
<i>carb/levo er tab 50-200mg</i>	2	
<i>carb/levo tab 10-100mg</i>	2	
<i>carb/levo tab 10-100mg</i>	3	
<i>carb/levo tab 25-100mg</i>	2	
<i>carb/levo tab 25-100mg</i>	3	
<i>carb/levo tab 25-250mg</i>	2	
<i>carb/levo tab 25-250mg</i>	3	
<i>carb/levo100 tab /entacap</i>	4	
<i>carb/levo125 tab /entacap</i>	4	
<i>carb/levo150 tab /entacap</i>	4	
<i>carb/levo200 tab /entacap</i>	4	
<i>carbidopa tab 25mg</i>	4	
DUOPA SUS 4.63-20 <i>carbidopa-levodopa enteral susp 4.63-20 mg/ml</i>	5	PA
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline tab 0.5mg</i>	4	
<i>rasagiline tab 1mg</i>	4	
<i>selegiline cap 5mg</i>	3	
<i>selegiline tab 5mg</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromaz tab 100mg</i>	2	
<i>chlorpromaz tab 10mg</i>	2	
<i>chlorpromaz tab 200mg</i>	2	
<i>chlorpromaz tab 25mg</i>	2	
<i>chlorpromaz tab 50mg</i>	2	
<i>fluphenazine con 5mg/ml</i>	3	
<i>fluphenazine elx 2.5/5ml</i>	3	
<i>fluphenazine tab 10mg</i>	3	
<i>fluphenazine tab 1mg</i>	3	
<i>fluphenazine tab 2.5mg</i>	3	
<i>fluphenazine tab 5mg</i>	3	

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

Drug name	Tier	Coverage Requirements and Limits
<i>haloperidol con 2mg/ml</i>	2	
<i>haloperidol tab 0.5mg</i>	2	
<i>haloperidol tab 10mg</i>	2	
<i>haloperidol tab 1mg</i>	2	
<i>haloperidol tab 20mg</i>	2	
<i>haloperidol tab 2mg</i>	2	
<i>haloperidol tab 5mg</i>	2	
<i>loxapine cap 10mg</i>	2	
<i>loxapine cap 25mg</i>	2	
<i>loxapine cap 50mg</i>	2	
<i>loxapine cap 5mg</i>	2	
<i>pimozide tab 1mg</i>	3	
<i>pimozide tab 2mg</i>	3	
<i>thioridazine tab 100mg</i>	2	
<i>thioridazine tab 10mg</i>	2	
<i>thioridazine tab 25mg</i>	2	
<i>thioridazine tab 50mg</i>	2	
<i>thiothixene cap 10mg</i>	2	
<i>thiothixene cap 1mg</i>	2	
<i>thiothixene cap 2mg</i>	2	
<i>thiothixene cap 5mg</i>	2	
<i>trifluoperaz tab 10mg</i>	2	
<i>trifluoperaz tab 1mg</i>	2	
<i>trifluoperaz tab 2mg</i>	2	
<i>trifluoperaz tab 5mg</i>	2	
2nd Generation/Atypical		
<i>aripiprazole sol 1mg/ml</i>	4	QL; Maximum of 25 ml per day.
<i>aripiprazole tab 10mg</i>	2	QL; Maximum of 1 tablet per day.
<i>aripiprazole tab 15mg</i>	2	QL; Maximum of 1 tablet per day.
<i>aripiprazole tab 20mg</i>	2	QL; Maximum of 1 tablet per day.
<i>aripiprazole tab 2mg</i>	2	QL; Maximum of 1 tablet per day.
<i>aripiprazole tab 30mg</i>	2	QL; Maximum of 1 tablet per day.
<i>aripiprazole tab 5mg</i>	2	QL; Maximum of 1 tablet per day.
<i>asenapine sub 10mg</i>	4	QL; Maximum of 2 tablets per day.
<i>asenapine sub 2.5mg</i>	4	QL; Maximum of 2 tablets per day.
<i>asenapine sub 5mg</i>	4	QL; Maximum of 2 tablets per day.
<i>lurasidone tab 120mg</i>	2	QL; Maximum of 1 tablet per day.
<i>lurasidone tab 20mg</i>	2	QL; Maximum of 1 tablet per day.
<i>lurasidone tab 40mg</i>	2	QL; Maximum of 1 tablet per day.
<i>lurasidone tab 60mg</i>	2	QL; Maximum of 1 tablet per day.
<i>lurasidone tab 80mg</i>	2	QL; Maximum of 2 tablets per day.
<i>olanzapine tab 10mg odt</i>	3	QL; Maximum of 2 tablets per day.
<i>olanzapine tab 10mg</i>	2	QL; Maximum of 2 tablets per day.

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

Drug name	Tier	Coverage Requirements and Limits
<i>olanzapine tab 15mg odt</i>	3	QL; Maximum of 1 tablet per day.
<i>olanzapine tab 15mg</i>	2	QL; Maximum of 1 tablet per day.
<i>olanzapine tab 2.5mg</i>	2	QL; Maximum of 2 tablets per day.
<i>olanzapine tab 20mg odt</i>	3	QL; Maximum of 1 tablet per day.
<i>olanzapine tab 20mg</i>	2	QL; Maximum of 1 tablet per day.
<i>olanzapine tab 5mg odt</i>	3	QL; Maximum of 2 tablets per day.
<i>olanzapine tab 5mg</i>	2	QL; Maximum of 2 tablets per day.
<i>olanzapine tab 7.5mg</i>	2	QL; Maximum of 2 tablets per day.
<i>paliperidone tab er 1.5mg</i>	4	QL; Maximum of 1 tablet per day.
<i>paliperidone tab er 3mg</i>	4	QL; Maximum of 1 tablet per day.
<i>paliperidone tab er 6mg</i>	4	QL; Maximum of 2 tablets per day.
<i>paliperidone tab er 9mg</i>	4	QL; Maximum of 1 tablet per day.
<i>quetiapine tab 100mg</i>	2	QL; Maximum of 3 tablets per day.
<i>quetiapine tab 150mg er</i>	3	QL; Maximum of 1 tablet per day.
<i>quetiapine tab 150mg</i>	2	QL; Maximum of 3 tablets per day.
<i>quetiapine tab 200mg er</i>	3	QL; Maximum of 1 tablet per day.
<i>quetiapine tab 200mg</i>	2	QL; Maximum of 3 tablets per day.
<i>quetiapine tab 25mg</i>	2	QL; Maximum of 4 tablets per day.
<i>quetiapine tab 300mg er</i>	3	QL; Maximum of 2 tablets per day.
<i>quetiapine tab 300mg</i>	2	QL; Maximum of 2 tablets per day.
<i>quetiapine tab 400mg er</i>	3	QL; Maximum of 2 tablets per day.
<i>quetiapine tab 400mg</i>	2	QL; Maximum of 2 tablets per day.
<i>quetiapine tab 50mg er</i>	3	QL; Maximum of 2 tablets per day.
<i>quetiapine tab 50mg</i>	2	QL; Maximum of 3 tablets per day.
<i>risperidone sol 1mg/ml</i>	2	
<i>risperidone tab 0.25 odt</i>	3	
<i>risperidone tab 0.25mg</i>	2	
<i>risperidone tab 0.5mg odt</i>	3	
<i>risperidone tab 0.5mg</i>	2	
<i>risperidone tab 1mg odt</i>	3	
<i>risperidone tab 1mg</i>	2	
<i>risperidone tab 2mg odt</i>	3	
<i>risperidone tab 2mg</i>	2	
<i>risperidone tab 3mg odt</i>	3	
<i>risperidone tab 3mg</i>	2	
<i>risperidone tab 4mg odt</i>	3	
<i>risperidone tab 4mg</i>	2	
<i>vraylar cap 1.5mg</i>	4	QL; Maximum of 1 capsule per day.
<i>vraylar cap 3mg</i>	4	QL; Maximum of 1 capsule per day.
<i>vraylar cap 4.5mg</i>	4	QL; Maximum of 1 capsule per day.
<i>vraylar cap 6mg</i>	4	QL; Maximum of 1 capsule per day.
<i>ziprasidone cap 20mg</i>	3	QL; Maximum of 2 capsules per day.
<i>ziprasidone cap 40mg</i>	3	QL; Maximum of 2 capsules per day.

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

Drug name	Tier	Coverage Requirements and Limits
<i>ziprasidone cap 60mg</i>	3	QL; Maximum of 2 capsules per day.
<i>ziprasidone cap 80mg</i>	3	QL; Maximum of 2 capsules per day.
Treatment-Resistant		
<i>clozapine tab 100/odt</i>	4	QL; Maximum of 9 tablets per day.
<i>clozapine tab 100mg</i>	2	
<i>clozapine tab 12.5/odt</i>	4	QL; Maximum of 2 tablets per day.
<i>clozapine tab 150/odt</i>	4	QL; Maximum of 6 tablets per day.
<i>clozapine tab 200/odt</i>	4	QL; Maximum of 4 tablets per day.
<i>clozapine tab 200mg</i>	2	
<i>clozapine tab 25mg odt</i>	4	QL; Maximum of 3 tablets per day.
<i>clozapine tab 25mg</i>	2	
<i>clozapine tab 50mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>valganciclov sol 50mg/ml</i>	4	QL; Maximum of 36 ml per day.
<i>valganciclov tab 450mg</i>	2	QL; Maximum of 4 tablets per day.
Anti-hepatitis B (HBV) Agents		
<i>adefov dipiv tab 10mg</i>	5	
BARACLUDE SOL <i>entecavir oral soln 0.05 mg/ml</i>	5	
<i>entecavir tab 0.5mg</i>	3	
<i>entecavir tab 1mg</i>	3	
<i>lamivudine tab 100mg</i>	3	
VEMLIDY TAB 25MG <i>tenofovir alafenamide fumarate tab 25 mg</i>	5	QL; Maximum of 1 tablet per day.
Anti-hepatitis C (HCV) Agents		
<i>ledip-sofosb tab 90-400mg</i>	4	PA; QL; Maximum of 1 tablet per day.
MAVYRET PAK 50-20MG <i>glecaprevir-pibrentasvir pellet pack 50-20 mg</i>	4	PA; QL; Maximum of 5 packs per day.
MAVYRET TAB 100-40MG <i>glecaprevir-pibrentasvir tab 100-40 mg</i>	4	PA; QL; Maximum of 3 tablets per day.
PEGASYS INJ <i>peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml</i>	5	PA; QL; Maximum of 2 ml per 28 days.
PEGASYS INJ 180MCG/M <i>peginterferon alfa-2a inj 180 mcg/ml</i>	5	PA; QL; Maximum of 4 ml per 28 days.
<i>ribavirin cap 200mg</i>	3	
<i>ribavirin tab 200mg</i>	3	
<i>sofosbuvir-velpatasvir tab 400-100 mg</i>	4	PA; QL; Maximum of 1 tablet per day.
SOVALDI PAK 150MG <i>sofosbuvir pellet pack 150 mg</i>	5	PA; QL; Maximum of 1 carton (28 packets) per 28 days.
SOVALDI PAK 200MG <i>sofosbuvir pellet pack 200 mg</i>	5	PA; QL; Maximum of 2 cartons (56 packets) per 28 days.
SOVALDI TAB 200MG <i>sofosbuvir tab 200 mg</i>	5	PA; QL; Maximum of 2 tablets per day.
SOVALDI TAB 400MG <i>sofosbuvir tab 400 mg</i>	5	PA; QL; Maximum of 1 tablet per day.
ZEPATIER TAB 50-100MG <i>elbasvir-grazoprevir tab 50-100 mg</i>	5	PA; QL; Maximum of 1 tablet per day.
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
DESCOVY TAB 200/25MG <i>emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg</i>	4	QL; Maximum of 1 tablet per day. \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.

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

Drug name	Tier	Coverage Requirements and Limits
GENVOYA TAB <i>elvitegrav-cobic-emtricitab-tenofof af tab 150-150-200-10 mg</i>	4	QL; Maximum of 1 tablet per day; SM.
ISENTRESS CHW 100MG <i>raltegravir potassium chew tab 100 mg</i>	4	PA; QL; Maximum of 6 tablets per day; SM.
ISENTRESS CHW 25MG <i>raltegravir potassium chew tab 25 mg</i>	4	PA; QL; Maximum of 6 tablets per day; SM.
ISENTRESS HD TAB 600MG <i>raltegravir potassium tab 600 mg</i>	4	PA; QL; Maximum of 2 tablets per day; SM.
ISENTRESS POW 100MG <i>raltegravir potassium packet for susp 100 mg</i>	4	QL; Maximum of 2 packets per day; SM.
ISENTRESS TAB 400MG <i>raltegravir potassium tab 400 mg</i>	4	PA; QL; Maximum of 2 tablets per day; SM.
STRIBILD TAB <i>elvitegrav-cobic-emtricitab-tenofovd f tab 150-150-200-300 mg</i>	4	PA; QL; Maximum of 1 tablet per day; SM.
TIVICAY PD TAB 5MG <i>dolutegravir sodium tab for oral susp 5 mg</i>	4	PA; QL; Maximum of 6 tablets per day; SM.
TIVICAY TAB 10MG <i>dolutegravir sodium tab 10 mg</i>	4	QL; Maximum of 1 tablet per day; SM.
TIVICAY TAB 25MG <i>dolutegravir sodium tab 25 mg</i>	4	QL; Maximum of 1 tablet per day; SM.
TIVICAY TAB 50MG <i>dolutegravir sodium tab 50 mg</i>	4	QL; Maximum of 2 tablets per day; SM.
TRIUMEQ PD TAB <i>abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg</i>	4	PA; QL; Maximum of 6 tablets per day; SM.
TRIUMEQ TAB <i>abacavir-dolutegravir-lamivudine tab 600-50-300 mg</i>	4	QL; Maximum of 1 tablet per day; SM.
TYBOST TAB 150MG <i>cobicistat tab 150 mg</i>	4	QL; Maximum of 1 tablet per day; SM.
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TAB <i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	4	PA; QL; Maximum of 1 tablet per day; SM.
DELSTRIGO TAB <i>doravirine-lamivudine-tenofovir df tab 100-300-300 mg</i>	4	PA; QL; Maximum of 1 tablet per day; SM.
DOVATO TAB 50-300MG <i>dolutegravir sodium-lamivudine tab 50-300 mg (base eq)</i>	4	QL; Maximum of 1 tablet per day; SM.
EDURANT PED TAB 2.5MG <i>rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)</i>	4	QL; Maximum of 6 tablets per day; SM.
EDURANT TAB 25MG <i>rilpivirine hcl tab 25 mg (base equivalent)</i>	4	QL; Maximum of 1 tablet per day; SM.
<i>efavir/emtri tab tenofovi</i>	2	QL; Maximum of 1 tablet per day; SM.
<i>efavir/lamiv tab tenofovi</i>	3	QL; Maximum of 1 tablet per day; SM.
<i>efavir/lamiv tab tenofovi</i>	2	QL; Maximum of 1 tablet per day; SM.
<i>efavirenz cap 200mg</i>	2	QL; Maximum of 3 capsules per day; SM.
<i>efavirenz cap 50mg</i>	2	QL; Maximum of 3 capsules per day; SM.
<i>efavirenz tab 600mg</i>	2	QL; Maximum of 1 tablet per day; SM.
<i>etravirine tab 100mg</i>	4	QL; Maximum of 2 tablets per day; SM.
<i>etravirine tab 200mg</i>	4	QL; Maximum of 2 tablets per day; SM.
INTELENCE TAB 100MG <i>etravirine tab 100 mg</i>	4	PA; QL; Maximum of 2 tablets per day; SM.
INTELENCE TAB 200MG <i>etravirine tab 200 mg</i>	4	PA; QL; Maximum of 2 tablets per day; SM.
INTELENCE TAB 25MG <i>etravirine tab 25 mg</i>	4	QL; Maximum of 4 tablets per day; SM.
JULUCA TAB 50-25MG <i>dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)</i>	4	QL; Maximum of 1 tablet per day; SM.
<i>nevirapine sus 50mg/5ml</i>	2	QL; Maximum of 40 ml per day; SM.
<i>nevirapine tab 200mg</i>	2	QL; Maximum of 2 tablets per day; SM.
<i>nevirapine tab 400mg er</i>	2	QL; Maximum of 1 tablet per day; SM.
ODEFSEY TAB <i>emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg</i>	4	QL; Maximum of 1 tablet per day; SM.
PIFELTRO TAB 100MG <i>doravirine tab 100 mg</i>	4	PA; QL; Maximum of 1 tablet per day; SM.
RILPIVIRINE TAB 25MG	4	QL; Maximum of 1 tablet per day; SM.
SYMFI LO TAB <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	4	PA; QL; Maximum of 1 tablet per day; SM.
SYMFI TAB <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	4	PA; QL; Maximum of 1 tablet per day; SM.

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

Drug name	Tier	Coverage Requirements and Limits
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sol 20mg/ml</i>	3	QL; Maximum of 32 ml per day; SM.
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	QL; Maximum of 1 tablet per day; SM.
<i>abacavir tab 300mg</i>	2	QL; Maximum of 2 tablets per day; SM.
BIKTARVY TAB <i>bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg</i>	4	QL; Maximum of 1 tablet per day; SM.
BIKTARVY TAB <i>bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg</i>	4	QL; Maximum of 1 tablet per day; SM.
CIMDUO TAB 300-300 <i>lamivudine-tenofovir disoproxil fumarate tab 300-300 mg</i>	4	PA; QL; Maximum of 1 tablet per day; SM.
COMBIVIR TAB 150-300 <i>lamivudine-zidovudine tab 150-300 mg</i>	4	PA; QL; Maximum of 2 tablets per day; SM.
DESCOVY TAB 120-15MG <i>emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg</i>	4	PA; QL; Maximum of 1 tablet per day; SM.
<i>emtr/ten df tab 100-150</i>	2	QL; Maximum of 1 tablet per day; SM.
<i>emtr/ten df tab 133-200</i>	2	QL; Maximum of 1 tablet per day; SM.
<i>emtr/ten df tab 167-250</i>	2	QL; Maximum of 1 tablet per day; SM.
<i>emtr/tenofov tab 200-300</i>	2	QL; Maximum of 1 tablet per day. \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
<i>emtric/rilpi tab tenof df</i>	4	QL; Maximum of 1 tablet per day; SM.
<i>emtricitabin cap 200mg</i>	3	QL; Maximum of 1 capsule per day; SM.
<i>emtriva cap 200mg</i>	4	PA; QL; Maximum of 1 capsule per day; SM.
<i>emtriva sol 10mg/ml</i>	4	PA; QL; Maximum of 5 bottles (850 ml) per 30 days; SM.
EPIVIR SOL 10MG/ML <i>lamivudine oral soln 10 mg/ml</i>	4	PA; QL; Maximum of 32 ml per day; SM.
EPIVIR TAB 150MG <i>lamivudine tab 150 mg</i>	4	PA; QL; Maximum of 2 tablets per day; SM.
EPIVIR TAB 300MG <i>lamivudine tab 300 mg</i>	4	PA; QL; Maximum of 1 tablet per day; SM.
EPZICOM TAB 600-300 <i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	PA; QL; Maximum of 1 tablet per day; SM.
<i>lamivid/zido tab 150-300</i>	2	QL; Maximum of 2 tablets per day; SM.
<i>lamivudine sol 10mg/ml</i>	2	QL; Maximum of 32 ml per day; SM.
<i>lamivudine sol 300/30ml</i>	2	QL; Maximum of 32 ml per day; SM.
<i>lamivudine tab 150mg</i>	2	QL; Maximum of 2 tablets per day; SM.
<i>lamivudine tab 300mg</i>	2	QL; Maximum of 1 tablet per day; SM.
RETROVIR CAP 100MG <i>zidovudine cap 100 mg</i>	4	PA; QL; Maximum of 6 capsules per day; SM.
RETROVIR SYP 50MG/5ML <i>zidovudine syrup 10 mg/ml</i>	4	PA; QL; Maximum of 64 ml per day; SM.
<i>tenofovir tab 300mg</i>	2	QL; Maximum of 1 tablet per day. \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
TRUVADA TAB 100-150 <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	4	PA; QL; Maximum of 1 tablet per day; SM.
TRUVADA TAB 133-200 <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	4	PA; QL; Maximum of 1 tablet per day; SM.
TRUVADA TAB 167-250 <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	4	PA; QL; Maximum of 1 tablet per day; SM.

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

Drug name	Tier	Coverage Requirements and Limits
TRUVADA TAB 200-300 emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	4	PA; QL; Maximum of 1 tablet per day.\$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
VIREAD POW 40MG/GM tenofovir disoproxil fumarate oral powder 40 mg/gm	4	PA; QL; Maximum of 4 bottles (240 grams) per 30 days.\$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
VIREAD TAB 150MG tenofovir disoproxil fumarate tab 150 mg	4	PA; QL; Maximum of 1 tablet per day.\$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
VIREAD TAB 200MG tenofovir disoproxil fumarate tab 200 mg	4	PA; QL; Maximum of 1 tablet per day.\$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
VIREAD TAB 250MG tenofovir disoproxil fumarate tab 250 mg	4	PA; QL; Maximum of 1 tablet per day.\$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
VIREAD TAB 300MG tenofovir disoproxil fumarate tab 300 mg	4	PA; QL; Maximum of 1 tablet per day.\$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
ZIAGEN SOL 20MG/ML abacavir sulfate soln 20 mg/ml	4	PA; QL; Maximum of 32 ml per day; SM.
ZIAGEN TAB 300MG abacavir sulfate tab 300 mg	4	PA; QL; Maximum of 2 tablets per day; SM.
zidovudine cap 100mg	2	QL; Maximum of 6 capsules per day; SM.
zidovudine syp 50mg/5ml	2	QL; Maximum of 64 ml per day; SM.
zidovudine tab 300mg	2	QL; Maximum of 2 tablets per day; SM.
Anti-HIV Agents, Other		
FUZEON INJ 90MG enfuvirtide for inj 90 mg	5	QL; Maximum of 2 vials per day; SM.
maraviroc tab 150mg	2	QL; Maximum of 2 tablets per day; SM.
maraviroc tab 300mg	2	QL; Maximum of 4 tablets per day; SM.
RUKOBIA TAB 600MG ER fostemsavir tromethamine tab er 12hr 600 mg	4	PA; QL; Maximum of 2 tablets per day; SM.
SELZENTRY SOL 20MG/ML maraviroc oral soln 20 mg/ml	4	QL; Maximum of 8 bottles (1840 ml) per 30 days; SM.
SELZENTRY TAB 150MG maraviroc tab 150 mg	4	PA; QL; Maximum of 2 tablets per day; SM.
SELZENTRY TAB 25MG maraviroc tab 25 mg	4	QL; Maximum of 4 tablets per day; SM.
SELZENTRY TAB 300MG maraviroc tab 300 mg	4	PA; QL; Maximum of 4 tablets per day; SM.
SELZENTRY TAB 75MG maraviroc tab 75 mg	4	QL; Maximum of 2 tablets per day; SM.
SUNLENCA TAB 300MG lenacapavir sodium tab 300 mg	4	PA; QL; Maximum of 5 tablets per year; SM.

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

Drug name	Tier	Coverage Requirements and Limits
SUNLENCA TAB 300MG <i>lenacapavir sodium tab therapy pack 4 x 300 mg</i>	4	PA; QL; Maximum of 4 tablets (1 pack) per year; SM.
SUNLENCA TAB 300MG <i>lenacapavir sodium tab therapy pack 5 x 300 mg</i>	4	PA; QL; Maximum of 5 tablets (1 pack) per year; SM.
YEZTUGO TAB 300MG <i>lenacapavir sodium tab 300 mg</i>	1	QL; Maximum of 4 tablets per year; SM.
Anti-HIV Agents, Protease Inhibitors		
APTIVUS CAP 250MG <i>tipranavir cap 250 mg</i>	4	QL; Maximum of 4 capsules per day; SM.
<i>atazanavir cap 150mg</i>	2	QL; Maximum of 1 capsule per day; SM.
<i>atazanavir cap 200mg</i>	2	QL; Maximum of 2 capsules per day; SM.
<i>atazanavir cap 300mg</i>	2	QL; Maximum of 1 capsule per day; SM.
<i>darunavir tab 600mg</i>	2	QL; Maximum of 2 tablets per day; SM.
<i>darunavir tab 800mg</i>	2	QL; Maximum of 1 tablet per day; SM.
EVOTAZ TAB 300-150 <i>atazanavir sulfate-cobicistat tab 300-150 mg</i>	4	QL; Maximum of 1 tablet per day; SM.
<i>fosamprenavir calcium tab 700 mg</i>	4	QL; Maximum of 4 tablets per day; SM.
KALETRA SOL <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	PA; QL; Maximum of 2 bottles (320 ml) per 30 days; SM.
KALETRA TAB 100-25MG <i>lopinavir-ritonavir tab 100-25 mg</i>	4	PA; QL; Maximum of 2 tablets per day; SM.
KALETRA TAB 200-50MG <i>lopinavir-ritonavir tab 200-50 mg</i>	4	PA; QL; Maximum of 4 tablets per day; SM.
LEXIVA SUS 50MG/ML <i>fosamprenavir calcium susp 50 mg/ml</i>	4	QL; Maximum of 60 ml per day; SM.
LEXIVA TAB 700MG <i>fosamprenavir calcium tab 700 mg</i>	4	PA; QL; Maximum of 4 tablets per day; SM.
<i>lopin/riton tab 100-25mg</i>	2	QL; Maximum of 2 tablets per day; SM.
<i>lopin/riton tab 200-50mg</i>	2	QL; Maximum of 4 tablets per day; SM.
NORVIR POW 100MG <i>ritonavir powder packet 100 mg</i>	4	QL; Maximum of 12 packets per day; SM.
NORVIR TAB 100MG <i>ritonavir tab 100 mg</i>	4	PA; QL; Maximum of 12 tablets per day; SM.
PREZCOBIX TAB 675/150 <i>darunavir-cobicistat tab 675-150 mg</i>	4	QL; Maximum of 1 tablet per day; SM.
PREZCOBIX TAB 800-150 <i>darunavir-cobicistat tab 800-150 mg</i>	4	QL; Maximum of 1 tablet per day; SM.
PREZISTA SUS 100MG/ML <i>darunavir oral susp 100 mg/ml</i>	4	QL; Maximum of 2 bottles (400 ml) per 30 days; SM.
PREZISTA TAB 150MG <i>darunavir tab 150 mg</i>	4	PA; QL; Maximum of 6 tablets per day; SM.
PREZISTA TAB 600MG <i>darunavir tab 600 mg</i>	4	PA; QL; Maximum of 2 tablets per day; SM.
PREZISTA TAB 75MG <i>darunavir tab 75 mg</i>	4	PA; QL; Maximum of 2 tablets per day; SM.
PREZISTA TAB 800MG <i>darunavir tab 800 mg</i>	4	PA; QL; Maximum of 1 tablet per day; SM.
REYATAZ CAP 200MG <i>atazanavir sulfate cap 200 mg</i>	4	PA; QL; Maximum of 2 capsules per day; SM.
REYATAZ CAP 300MG <i>atazanavir sulfate cap 300 mg</i>	4	PA; QL; Maximum of 1 capsule per day; SM.
REYATAZ POW 50MG <i>atazanavir sulfate oral powder packet 50 mg</i>	4	QL; Maximum of 6 packets per day; SM.
<i>ritonavir tab 100mg</i>	2	QL; Maximum of 12 tablets per day; SM.
SYM TUZA TAB <i>darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg</i>	4	PA; QL; Maximum of 1 tablet per day; SM.
VIRACEPT TAB 250MG <i>nelfinavir mesylate tab 250 mg</i>	4	QL; Maximum of 10 tablets per day; SM.
VIRACEPT TAB 625MG <i>nelfinavir mesylate tab 625 mg</i>	4	QL; Maximum of 4 tablets per day; SM.
Anti-influenza Agents		
<i>oseltamivir cap 30mg</i>	2	QL; Maximum of 2 capsules per day.
<i>oseltamivir cap 45mg</i>	2	QL; Maximum of 2 capsules per day.
<i>oseltamivir cap 75mg</i>	2	QL; Maximum of 2 capsules per day.
<i>oseltamivir sus 6mg/ml</i>	2	QL; Maximum of 26 ml per day.

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

Drug name	Tier	Coverage Requirements and Limits
RELENZA MIS DISKHALE <i>zanamivir aerosol powder breath activated 5 mg/act</i>	4	QL; Maximum of 3 inhalers (60 blisters) per 30 days.
<i>rimantadine tab 100mg</i>	3	
Antitherpetic Agents		
<i>acyclovir cap 200mg</i>	2	
<i>acyclovir oin 5%</i>	3	QL; Maximum of 1 tube (30 grams) per 30 days.
<i>acyclovir sus 200/5ml</i>	2	
<i>acyclovir sus 800/20ml</i>	2	
<i>acyclovir tab 400mg</i>	2	
<i>acyclovir tab 800mg</i>	2	
<i>famciclovir tab 125mg</i>	2	QL; Maximum of 2 tablets per day.
<i>famciclovir tab 250mg</i>	2	QL; Maximum of 2 tablets per day.
<i>famciclovir tab 500mg</i>	2	QL; Maximum of 3 tablets per day.
<i>valacyclovir tab 1gm</i>	2	QL; Maximum of 4 tablets per day.
<i>valacyclovir tab 500mg</i>	2	QL; Maximum of 2 tablets per day.
Anxiolytics		
Anxiolytics, Other		
<i>bupirone tab 10mg</i>	2	
<i>bupirone tab 15mg</i>	2	
<i>bupirone tab 30mg</i>	2	
<i>bupirone tab 5mg</i>	2	
<i>bupirone tab 7.5mg</i>	2	
<i>hydroxyz hcl syp 10mg/5ml</i>	2	
<i>hydroxyz hcl tab 10mg</i>	2	
<i>hydroxyz hcl tab 25mg</i>	2	
<i>hydroxyz hcl tab 50mg</i>	2	
<i>hydroxyz pam cap 100mg</i>	2	
<i>hydroxyz pam cap 25mg</i>	2	
<i>hydroxyz pam cap 50mg</i>	2	
<i>hydroxyzine sol 50/25ml</i>	2	
<i>meprobamate tab 200mg</i>	4	
<i>meprobamate tab 400mg</i>	4	
Benzodiazepines		
<i>alprazolam con 1 mg/ml</i>	3	QL; Maximum of 10 ml per day.
<i>alprazolam tab 0.25 odt</i>	3	QL; Maximum of 4 tablets per day.
<i>alprazolam tab 0.25mg</i>	2	QL; Maximum of 4 tablets per day.
<i>alprazolam tab 0.5mg er</i>	3	QL; Maximum of 1 tablet per day.
<i>alprazolam tab 0.5mg od</i>	3	QL; Maximum of 4 tablets per day.
<i>alprazolam tab 0.5mg</i>	2	QL; Maximum of 4 tablets per day.
<i>alprazolam tab 1mg er</i>	3	QL; Maximum of 1 tablet per day.
<i>alprazolam tab 1mg odt</i>	3	QL; Maximum of 4 tablets per day.
<i>alprazolam tab 1mg</i>	2	QL; Maximum of 4 tablets per day.
<i>alprazolam tab 2mg er</i>	3	QL; Maximum of 5 tablets per day.

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

Drug name	Tier	Coverage Requirements and Limits
<i>alprazolam tab 2mg odt</i>	3	QL; Maximum of 5 tablets per day.
<i>alprazolam tab 2mg</i>	2	QL; Maximum of 5 tablets per day.
<i>alprazolam tab 3mg er</i>	3	QL; Maximum of 3 tablets per day.
<i>chlordiazep cap 10mg</i>	2	
<i>chlordiazep cap 25mg</i>	2	
<i>chlordiazep cap 5mg</i>	2	
<i>clonazep odt tab 0.125mg</i>	3	QL; Maximum of 4 tablets per day.
<i>clonazep odt tab 0.25mg</i>	3	QL; Maximum of 4 tablets per day.
<i>clonazep odt tab 0.5mg</i>	3	QL; Maximum of 4 tablets per day.
<i>clonazep odt tab 1mg</i>	3	QL; Maximum of 4 tablets per day.
<i>clonazep odt tab 2mg</i>	3	QL; Maximum of 10 tablets per day.
<i>clonazepam tab 0.5mg</i>	2	QL; Maximum of 4 tablets per day.
<i>clonazepam tab 1mg</i>	2	QL; Maximum of 4 tablets per day.
<i>clonazepam tab 2mg</i>	2	QL; Maximum of 10 tablets per day.
<i>cloraz dipot tab 15mg</i>	3	QL; Maximum of 6 tablets per day.
<i>cloraz dipot tab 3.75mg</i>	3	QL; Maximum of 24 tablets per day.
<i>cloraz dipot tab 7.5mg</i>	3	QL; Maximum of 12 tablets per day.
<i>diazepam con 25mg/5ml</i>	2	QL; Maximum of 8 ml per day.
<i>diazepam con 5mg/ml</i>	2	QL; Maximum of 8 ml per day.
<i>diazepam sol 5mg/5ml</i>	2	
<i>diazepam tab 10mg</i>	2	QL; Maximum of 4 tablets per day.
<i>diazepam tab 2mg</i>	2	QL; Maximum of 4 tablets per day.
<i>diazepam tab 5mg</i>	2	QL; Maximum of 4 tablets per day.
<i>estazolam tab 1mg</i>	2	QL; Maximum of 1 tablet per day.
<i>estazolam tab 2mg</i>	2	QL; Maximum of 1 tablet per day.
<i>lorazepam con 2mg/ml</i>	2	QL; Maximum of 5 ml per day.
<i>lorazepam tab 0.5mg</i>	2	QL; Maximum of 4 tablets per day.
<i>lorazepam tab 1mg</i>	2	QL; Maximum of 4 tablets per day.
<i>lorazepam tab 2mg</i>	2	QL; Maximum of 5 tablets per day.
<i>oxazepam cap 10mg</i>	2	
<i>oxazepam cap 15mg</i>	2	
<i>oxazepam cap 30mg</i>	2	
<i>quazepam tab 15mg</i>	4	
<i>triazolam tab 0.125mg</i>	2	QL; Maximum of 1 tablet per day.
<i>triazolam tab 0.25mg</i>	2	QL; Maximum of 2 tablets per day.
Benzodiazepines		
<i>alprazolam tab 0.5mg xr</i>	3	QL; Maximum of 1 tablet per day.
<i>alprazolam tab 1mg xr</i>	3	QL; Maximum of 1 tablet per day.
<i>alprazolam tab 2mg xr</i>	3	QL; Maximum of 5 tablets per day.
<i>alprazolam tab 3mg xr</i>	3	QL; Maximum of 3 tablets per day.
Bipolar Agents		
Mood Stabilizers		
<i>lithium carb cap 150mg</i>	2	

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

Drug name	Tier	Coverage Requirements and Limits
<i>lithium carb cap 300mg</i>	2	
<i>lithium carb cap 600mg</i>	2	
<i>lithium carb tab 300mg er</i>	2	
<i>lithium carb tab 300mg</i>	2	
<i>lithium carb tab 450mg er</i>	2	
<i>lithium sol 8meq/5ml</i>	2	
Blood Glucose Monitoring		
Blood Glucose Monitoring		
<i>accu-chek kit guide me</i>	3	QL; Maximum of 1 device per year.
<i>accu-chek kit guide</i>	3	QL; Maximum of 1 device per year.
<i>accu-chek test strips guide</i>	3	QL; Maximum of 100 strips per month.
<i>autopen mis 1-21unit</i>	1	
<i>contour next kit one</i>	1	QL; Maximum of 1 device per year.
<i>ihealth liq control</i>	1	QL; Maximum of 2 boxes per year.
<i>lancet devic mis adjust</i>	1	
<i>lancets mis</i>	1	
<i>novopen echo mis</i>	1	
<i>prodigy auto kit monitor</i>	4	PA; QL; Maximum of 1 device per year.
<i>prodigy auto mis system</i>	4	PA; QL; Maximum of 1 device per year.
<i>prodigy kit no coding</i>	4	PA; QL; Maximum of 1 device per year.
<i>prodigy no tes coding</i>	4	PA; QL; Maximum of 100 strips per month.
<i>prodigy pocket kit meter</i>	4	PA; QL; Maximum of 1 device per year.
<i>prodigy voice kit meter</i>	4	PA; QL; Maximum of 1 device per year.
<i>select-lite kit dev/lanc</i>	1	QL; Maximum of 1 device per year.
<i>true metrix sol level 1</i>	1	QL; Maximum of 2 boxes per year.
<i>true metrix sol level 2</i>	1	QL; Maximum of 2 boxes per year.
<i>true metrix sol level 3</i>	1	QL; Maximum of 2 boxes per year.
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tab 100mg</i>	2	QL; Maximum of 3 tablets per day.
<i>acarbose tab 25mg</i>	2	QL; Maximum of 12 tablets per day.
<i>acarbose tab 50mg</i>	2	QL; Maximum of 6 tablets per day.
<i>bydureon bc inj 2/0.85ml</i>	3	PA; QL; Maximum of 4 pens (3.4 ml) per 28 days.
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>farxiga tab 10mg</i>	3	QL; Maximum of 1 tablet per day.
<i>farxiga tab 5mg</i>	3	QL; Maximum of 1 tablet per day.
<i>glimepiride tab 1mg</i>	1	QL; Maximum of 8 tablets per day.
<i>glimepiride tab 2mg</i>	1	QL; Maximum of 4 tablets per day.
<i>glimepiride tab 4mg</i>	1	QL; Maximum of 2 tablets per day.
<i>glip/metform tab 2.5-250</i>	3	QL; Maximum of 8 tablets per day.
<i>glip/metform tab 2.5-250m</i>	3	QL; Maximum of 8 tablets per day.

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

Drug name	Tier	Coverage Requirements and Limits
<i>glip/metform tab 2.5-500</i>	3	QL; Maximum of 4 tablets per day.
<i>glip/metform tab 2.5-500m</i>	3	QL; Maximum of 4 tablets per day.
<i>glip/metform tab 5-500mg</i>	3	QL; Maximum of 4 tablets per day.
<i>glipizide er tab 10mg</i>	1	QL; Maximum of 2 tablets per day.
<i>glipizide er tab 2.5mg</i>	1	QL; Maximum of 8 tablets per day.
<i>glipizide er tab 5mg</i>	1	QL; Maximum of 4 tablets per day.
<i>glipizide tab 10mg</i>	1	QL; Maximum of 4 tablets per day.
<i>glipizide tab 2.5mg</i>	1	QL; Maximum of 8 tablets per day.
<i>glipizide tab 5mg</i>	1	QL; Maximum of 8 tablets per day.
<i>glucagon emr sol 1mg</i>	1	QL; Maximum of 2 kits per 30 days.
<i>glyb/metform tab 1.25-250</i>	2	QL; Maximum of 8 tablets per day.
<i>glyb/metform tab 2.5-500</i>	2	QL; Maximum of 4 tablets per day.
<i>glyb/metform tab 5-500mg</i>	2	QL; Maximum of 4 tablets per day.
<i>glyburid mcr tab 1.5mg</i>	2	QL; Maximum of 8 tablets per day.
<i>glyburid mcr tab 3mg</i>	2	QL; Maximum of 4 tablets per day.
<i>glyburid mcr tab 6mg</i>	2	QL; Maximum of 2 tablets per day.
<i>glyburide tab 1.25 mg</i>	2	QL; Maximum of 16 tablets per day.
<i>glyburide tab 2.5 mg</i>	2	QL; Maximum of 8 tablets per day.
<i>glyburide tab 5 mg</i>	2	QL; Maximum of 4 tablets per day.
JARDIANCE TAB 10MG <i>empagliflozin tab 10 mg</i>	3	QL; Maximum of 1 tablet per day.
JARDIANCE TAB 25MG <i>empagliflozin tab 25 mg</i>	3	QL; Maximum of 1 tablet per day.
JENTADUETO TAB 2.5-1000 <i>linagliptin-metformin hcl tab 2.5-1000 mg</i>	3	QL; Maximum of 2 tablets per day.
JENTADUETO TAB 2.5-500 <i>linagliptin-metformin hcl tab 2.5-500 mg</i>	3	QL; Maximum of 2 tablets per day.
JENTADUETO TAB 2.5-850 <i>linagliptin-metformin hcl tab 2.5-850 mg</i>	3	QL; Maximum of 2 tablets per day.
JENTADUETO TAB XR <i>linagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	3	QL; Maximum of 2 tablets per day.
JENTADUETO TAB XR <i>linagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>metformin sol 500/5ml</i>	4	QL; Maximum of 25.5 ml per day.
<i>metformin tab 1000mg</i>	1	QL; Maximum of 2.5 tablets per day.
<i>metformin tab 500mg er</i>	1	QL; Maximum of 4 tablets per day.
<i>metformin tab 500mg</i>	1	QL; Maximum of 5 tablets per day.
<i>metformin tab 750mg er</i>	1	QL; Maximum of 2 tablets per day.
<i>metformin tab 850mg</i>	1	QL; Maximum of 3 tablets per day.
<i>miglitol tab 100mg</i>	3	QL; Maximum of 3 tablets per day.
<i>miglitol tab 25mg</i>	3	QL; Maximum of 12 tablets per day.
<i>miglitol tab 50mg</i>	3	QL; Maximum of 6 tablets per day.
MOUNJARO INJ 10MG/0.5 <i>tirzepatide soln auto-injector 10 mg/0.5ml</i>	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 12.5/0.5 <i>tirzepatide soln auto-injector 12.5 mg/0.5ml</i>	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 15MG/0.5 <i>tirzepatide soln auto-injector 15 mg/0.5ml</i>	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 2.5/0.5 <i>tirzepatide soln auto-injector 2.5 mg/0.5ml</i>	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 5MG/0.5 <i>tirzepatide soln auto-injector 5 mg/0.5ml</i>	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.

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

Drug name	Tier	Coverage Requirements and Limits
MOUNJARO INJ 7.5/0.5 <i>tirzepatide soln auto-injector 7.5 mg/0.5ml</i>	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
<i>nateglinide tab 120mg</i>	3	QL; Maximum of 3 tablets per day.
<i>nateglinide tab 60mg</i>	3	QL; Maximum of 6 tablets per day.
OZEMPIC INJ 2MG/3ML <i>semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)</i>	3	PA; QL; Maximum of 1 pen (3 ml) per 28 days.
OZEMPIC INJ 4MG/3ML <i>semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)</i>	3	PA; QL; Maximum of 1 pen (3 ml) per 28 days.
OZEMPIC INJ 8MG/3ML <i>semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)</i>	3	PA; QL; Maximum of 1 pen (3 ml) per 28 days.
OZEMPIC TAB 1.5MG <i>semaglutide tab 1.5 mg</i>	3	PA; QL; Maximum of 1 tablet per day.
OZEMPIC TAB 4MG <i>semaglutide tab 4 mg</i>	3	PA; QL; Maximum of 1 tablet per day.
OZEMPIC TAB 9MG <i>semaglutide tab 9 mg</i>	3	PA; QL; Maximum of 1 tablet per day.
<i>pioglit/met tab 15-500mg</i>	3	QL; Maximum of 3 tablets per day.
<i>pioglit/met tab 15-850mg</i>	3	QL; Maximum of 3 tablets per day.
<i>pioglitazone tab 15mg</i>	1	QL; Maximum of 3 tablets per day.
<i>pioglitazone tab 30mg</i>	1	QL; Maximum of 1 tablet per day.
<i>pioglitazone tab 45mg</i>	1	QL; Maximum of 1 tablet per day.
<i>repaglinide tab 0.5mg</i>	2	QL; Maximum of 32 tablets per day.
<i>repaglinide tab 1mg</i>	2	QL; Maximum of 16 tablets per day.
<i>repaglinide tab 2mg</i>	2	QL; Maximum of 8 tablets per day.
RYBELSUS TAB 14MG <i>semaglutide tab 14 mg</i>	3	PA; QL; Maximum of 1 tablet per day.
RYBELSUS TAB 3MG <i>semaglutide tab 3 mg</i>	3	PA; QL; Maximum of 1 tablet per day.
RYBELSUS TAB 7MG <i>semaglutide tab 7 mg</i>	3	PA; QL; Maximum of 1 tablet per day.
<i>saxagliptin tab 2.5mg</i>	3	QL; Maximum of 1 tablet per day.
<i>saxagliptin tab 5mg</i>	3	QL; Maximum of 1 tablet per day.
SYNJARDY TAB <i>empagliflozin-metformin hcl tab 12.5-1000 mg</i>	3	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 12.5-500 <i>empagliflozin-metformin hcl tab 12.5-500 mg</i>	3	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 5-1000MG <i>empagliflozin-metformin hcl tab 5-1000 mg</i>	3	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 5-500MG <i>empagliflozin-metformin hcl tab 5-500 mg</i>	3	QL; Maximum of 2 tablets per day.
SYNJARDY XR TAB <i>empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg</i>	3	QL; Maximum of 2 tablets per day.
SYNJARDY XR TAB 10-1000 <i>empagliflozin-metformin hcl tab er 24hr 10-1000 mg</i>	3	QL; Maximum of 1 tablet per day.
SYNJARDY XR TAB 25-1000 <i>empagliflozin-metformin hcl tab er 24hr 25-1000 mg</i>	3	QL; Maximum of 1 tablet per day.
SYNJARDY XR TAB 5-1000MG <i>empagliflozin-metformin hcl tab er 24hr 5-1000 mg</i>	3	QL; Maximum of 2 tablets per day.
TRADJENTA TAB 5MG <i>linagliptin tab 5 mg</i>	3	QL; Maximum of 1 tablet per day.
TRULICITY INJ 0.75/0.5 <i>dulaglutide soln auto-injector 0.75 mg/0.5ml</i>	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
TRULICITY INJ 1.5/0.5 <i>dulaglutide soln auto-injector 1.5 mg/0.5ml</i>	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
TRULICITY INJ 3/0.5 <i>dulaglutide soln auto-injector 3 mg/0.5ml</i>	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
TRULICITY INJ 4.5/0.5 <i>dulaglutide soln auto-injector 4.5 mg/0.5ml</i>	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
XIGDUO XR TAB 10-1000 <i>dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg</i>	3	QL; Maximum of 1 tablet per day.
XIGDUO XR TAB 10-500MG <i>dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg</i>	3	QL; Maximum of 1 tablet per day.

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

Drug name	Tier	Coverage Requirements and Limits
XIGDUO XR TAB 2.5-1000 <i>dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg</i>	3	QL; Maximum of 2 tablets per day.
XIGDUO XR TAB 5-1000MG <i>dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg</i>	3	QL; Maximum of 2 tablets per day.
XIGDUO XR TAB 5-500MG <i>dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg</i>	3	QL; Maximum of 1 tablet per day.
Glycemic Agents		
<i>baqsimi one pow 3mg/dose</i>	1	QL; Maximum of 2 intranasal devices per month.
<i>baqsimi two pow 3mg/dose</i>	1	QL; Maximum of 2 intranasal devices per month.
<i>diazoxide sus 50mg/ml</i>	4	
<i>glucagon inj 1mg</i>	1	QL; Maximum of 2 devices per month.
<i>glucagon inj 1mg</i>	1	QL; Maximum of 2 devices per month.
GVOKE HYPO 1 INJ 0.5/.1ML <i>glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml</i>	1	QL; Maximum of 0.2 ml per 30 days.
GVOKE HYPO 1 INJ 1/0.2ML <i>glucagon subcutaneous solution auto-injector 1 mg/0.2ml</i>	1	QL; Maximum of 0.4 ml per 30 days.
GVOKE HYPO 2 INJ 0.5/.1ML <i>glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml</i>	1	QL; Maximum of 0.2 ml per 30 days.
GVOKE HYPO 2 INJ 1/0.2ML <i>glucagon subcutaneous solution auto-injector 1 mg/0.2ml</i>	1	QL; Maximum of 0.4 ml per 30 days.
GVOKE KIT SOL 1/0.2ML <i>glucagon subcutaneous soln 1 mg/0.2ml</i>	1	QL; Maximum of 2 kits (0.4 ml) per 30 days.
GVOKE PFS INJ 0.5/.1ML <i>glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml</i>	1	QL; Maximum of 0.2 ml per 30 days.
GVOKE PFS INJ 1/0.2ML <i>glucagon subcutaneous soln pref syringe 1 mg/0.2ml</i>	1	QL; Maximum of 0.4 ml per 30 days.
ZEGALOGUE INJ 0.6/0.6 <i>dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml</i>	1	QL; Maximum of 1.2 ml (2 pens) per month.
ZEGALOGUE INJ 0.6/0.6 <i>dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml</i>	1	QL; Maximum of 1.2 ml (2 syringes) per month.
Insulins		
<i>basaglar inj 100unit</i>	1	QL; Maximum of 1.5 ml per day.
HUMALOG INJ 100/ML <i>insulin lispro soln cartridge 100 unit/ml</i>	1	QL; Maximum of 1.5 ml per day.
HUMALOG JR INJ 100/ML <i>insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)</i>	1	QL; Maximum of 1.5 ml per day.
HUMALOG KWIK INJ 100/ML <i>insulin lispro soln pen-injector 100 unit/ml (1 unit dial)</i>	1	QL; Maximum of 1.5 ml per day.
HUMALOG KWIK INJ 200/ML <i>insulin lispro soln pen-injector 200 unit/ml</i>	1	QL; Maximum of 1.5 ml per day.
HUMALOG MIX INJ 50/50 <i>insulin lispro protamine & lispro inj 100 unit/ml (50-50)</i>	1	QL; Maximum of 1 ml per day.
HUMALOG MIX INJ 50/50KWP <i>insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)</i>	1	QL; Maximum of 1.5 ml per day.
HUMALOG MIX INJ 75/25KWP <i>insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)</i>	1	QL; Maximum of 1.5 ml per day.
HUMALOG MIX SUS 75/25 <i>insulin lispro prot & lispro inj 100 unit/ml (75-25)</i>	1	QL; Maximum of 1 ml per day.
HUMULIN INJ 70/30 <i>insulin nph isophane & regular human inj 100 unit/ml (70-30)</i>	1	QL; Maximum of 1 ml per day.
HUMULIN INJ 70/30KWP <i>insulin nph & regular susp pen-inj 100 unit/ml (70-30)</i>	1	QL; Maximum of 1.5 ml per day.
HUMULIN N INJ U-100 <i>insulin nph (human) (isophane) inj 100 unit/ml</i>	1	QL; Maximum of 1 ml per day.
HUMULIN N INJ U-100KWP <i>insulin nph (human) (isophane) susp pen-injector 100 unit/ml</i>	1	QL; Maximum of 1.5 ml per day.

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

Drug name	Tier	Coverage Requirements and Limits
HUMULIN R INJ U-100 <i>insulin regular (human) inj 100 unit/ml</i>	1	QL; Maximum of 1 ml per day.
HUMULIN R INJ U-500 <i>insulin regular (human) inj 500 unit/ml</i>	1	QL; Maximum of 0.66 ml per day.
HUMULIN R INJ U-500 <i>insulin regular (human) soln pen-injector 500 unit/ml</i>	1	QL; Maximum of 0.2 ml per day.
INS DEGL FLX INJ 100UNIT <i>insulin degludec soln pen-injector 100 unit/ml</i>	1	QL; Maximum of 1.5 ml per day.
INS DEGL FLX INJ 200UNIT <i>insulin degludec soln pen-injector 200 unit/ml</i>	1	QL; Maximum of 1.5 ml per day.
INSULIN ASPA INJ 70/30 <i>insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)</i>	1	QL; Maximum of 1 ml per day.
INSULIN DEGL INJ 100UNIT <i>insulin degludec inj 100 unit/ml</i>	1	QL; Maximum of 1 ml per day.
INSULIN LISP INJ 100/ML <i>insulin lispro inj soln 100 unit/ml</i>	1	QL; Maximum of 1 ml per day.
INSULIN LISP INJ 100/ML <i>insulin lispro soln pen-injector 100 unit/ml (1 unit dial)</i>	1	QL; Maximum of 1.5 ml per day.
INSULIN LISP INJ JUNIOR <i>insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)</i>	1	QL; Maximum of 1.5 ml per day.
INSULIN LISP INJ PROTAMIN <i>insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)</i>	1	QL; Maximum of 1.5 ml per day.
LEVEMIR INJ <i>insulin detemir inj 100 unit/ml</i>	1	QL; Maximum of 1 ml per day.
LEVEMIR INJ FLEXPEN <i>insulin detemir soln pen-injector 100 unit/ml</i>	1	QL; Maximum of 1.5 ml per day.
NOVOLOG INJ FLEX REL <i>insulin aspart soln pen-injector 100 unit/ml</i>	1	QL; Maximum of 1.5 ml per day.
NOVOLOG INJ FLEXPEN <i>insulin aspart soln pen-injector 100 unit/ml</i>	1	QL; Maximum of 1.5 ml per day.
NOVOLOG INJ PENFILL <i>insulin aspart soln cartridge 100 unit/ml</i>	1	QL; Maximum of 1.5 ml per day.
NOVOLOG MIX INJ 70/30 <i>insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)</i>	1	QL; Maximum of 1 ml per day.
NOVOLOG MIX INJ FLEX REL <i>insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)</i>	1	QL; Maximum of 1.5 ml per day.
NOVOLOG MIX INJ FLEXPEN <i>insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)</i>	1	QL; Maximum of 1.5 ml per day.
NOVOLOG RELI INJ 70/30 <i>insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)</i>	1	QL; Maximum of 1 ml per day.
REZVOGLAR INJ 100UT/ML <i>insulin glargine-aglr soln pen-injector 100 unit/ml</i>	1	QL; Maximum of 1.5 ml per day.
SOLIQUA INJ 100/33 <i>insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml</i>	3	QL; Maximum of 6 pens (18 ml) per 30 days.
TRESIBA FLEX INJ 100UNIT <i>insulin degludec soln pen-injector 100 unit/ml</i>	1	QL; Maximum of 1.5 ml per day.
TRESIBA FLEX INJ 200UNIT <i>insulin degludec soln pen-injector 200 unit/ml</i>	1	QL; Maximum of 1.5 ml per day.
TRESIBA INJ 100UNIT <i>insulin degludec inj 100 unit/ml</i>	1	QL; Maximum of 1 ml per day.
XULTOPHY INJ 100/3.6 <i>insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml</i>	3	QL; Maximum of 5 pens (15 ml) per 30 days.
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran cap 110mg</i>	3	QL; Maximum of 2 capsules per day.
<i>dabigatran cap 150mg</i>	3	QL; Maximum of 2 capsules per day.
<i>dabigatran cap 75mg</i>	3	QL; Maximum of 2 capsules per day.
ELIQUIS CAP 0.15MG <i>apixaban cap sprinkle 0.15 mg</i>	3	QL; Maximum of 2 capsules per day.
ELIQUIS ST P TAB 5MG <i>apixaban tab starter pack 5 mg</i>	3	QL; Maximum of 1 pack per year.
ELIQUIS TAB 0.5MG <i>apixaban tab for oral susp 0.5 mg</i>	3	QL; Maximum of 4 tablets per day.
ELIQUIS TAB 1.5MG <i>apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg)</i>	3	QL; Maximum of 12 tablets (4 packs) per day.
ELIQUIS TAB 2.5MG <i>apixaban tab 2.5 mg</i>	3	QL; Maximum of 2 tablets per day.

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

Drug name	Tier	Coverage Requirements and Limits
ELIQUIS TAB 2MG <i>apixaban tab for oral susp pack 4 x 0.5 mg (2 mg)</i>	3	QL; Maximum of 16 tablets (4 packs) per day.
ELIQUIS TAB 5MG <i>apixaban tab 5 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>enoxaparin inj 100mg/ml</i>	3	QL; Maximum of 2 syringes (2 ml) per day.
<i>enoxaparin inj 120/0.8</i>	3	QL; Maximum of 2 syringes (1.6 ml) per day.
<i>enoxaparin inj 150mg/ml</i>	3	QL; Maximum of 2 syringes (2 ml) per day.
<i>enoxaparin inj 30/0.3ml</i>	3	QL; Maximum of 2 syringes (0.6 ml) per day.
<i>enoxaparin inj 300/3ml</i>	3	QL; Maximum of 1 vial (3 ml) per day.
<i>enoxaparin inj 40/0.4ml</i>	3	QL; Maximum of 2 syringes (0.8 ml) per day.
<i>enoxaparin inj 60/0.6ml</i>	3	QL; Maximum of 2 syringes (1.2 ml) per day.
<i>enoxaparin inj 80/0.8ml</i>	3	QL; Maximum of 2 syringes (1.6 ml) per day.
<i>enoxaparin inj 80mg/0.8</i>	3	QL; Maximum of 2 syringes (1.6 ml) per day.
<i>fondaparinux inj 10/0.8ml</i>	4	QL; Maximum of 24 ml per 30 days.
<i>fondaparinux inj 2.5/0.5</i>	4	QL; Maximum of 15 ml per 30 days.
<i>fondaparinux inj 5/0.4ml</i>	4	QL; Maximum of 12 ml per 30 days.
<i>fondaparinux inj 7.5/0.6</i>	4	QL; Maximum of 18 ml per 30 days.
FRAGMIN INJ 10000/ML <i>dalteparin sodium soln prefilled syr 10000 unit/ml</i>	5	QL; Maximum of 30 ml per 30 days.
FRAGMIN INJ 12500UNT <i>dalteparin sodium soln prefilled syr 12500 unit/0.5ml</i>	5	QL; Maximum of 15 ml per 30 days.
FRAGMIN INJ 15000UNT <i>dalteparin sodium soln prefilled syr 15000 unit/0.6ml</i>	5	QL; Maximum of 18 ml per 30 days.
FRAGMIN INJ 18000UNT <i>dalteparin sodium soln prefilled syr 18000 unit/0.72ml</i>	5	QL; Maximum of 21.6 ml per 30 days.
FRAGMIN INJ 2500/0.2 <i>dalteparin sodium soln prefilled syr 2500 unit/0.2ml</i>	5	QL; Maximum of 6 ml per 30 days.
FRAGMIN INJ 2500/ML <i>dalteparin sodium subcutaneous soln 10000 unit/4ml</i>	5	QL; Maximum of 4 ml per day.
FRAGMIN INJ 5000/0.2 <i>dalteparin sodium soln prefilled syr 5000 unit/0.2ml</i>	5	QL; Maximum of 6 ml per 30 days.
FRAGMIN INJ 7500/0.3 <i>dalteparin sodium soln prefilled syr 7500 unit/0.3ml</i>	5	QL; Maximum of 9 ml per 30 days.
FRAGMIN INJ 95000UNT <i>dalteparin sodium subcutaneous soln 95000 unit/3.8ml</i>	5	QL; Maximum of 22.8 ml per 30 days.
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml</i>	2	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	2	
<i>heparin sodium (porcine) pf inj 5000 unit/ml</i>	2	
JANTOVEN TAB 10MG <i>warfarin sodium tab 10 mg</i>	2	
JANTOVEN TAB 1MG <i>warfarin sodium tab 1 mg</i>	2	
JANTOVEN TAB 2.5MG <i>warfarin sodium tab 2.5 mg</i>	2	

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

Drug name	Tier	Coverage Requirements and Limits
JANTOVEN TAB 2MG <i>warfarin sodium tab 2 mg</i>	2	
JANTOVEN TAB 3MG <i>warfarin sodium tab 3 mg</i>	2	
JANTOVEN TAB 4MG <i>warfarin sodium tab 4 mg</i>	2	
JANTOVEN TAB 5MG <i>warfarin sodium tab 5 mg</i>	2	
JANTOVEN TAB 6MG <i>warfarin sodium tab 6 mg</i>	2	
JANTOVEN TAB 7.5MG <i>warfarin sodium tab 7.5 mg</i>	2	
<i>rivaroxaban sus 1mg/ml</i>	3	QL; Maximum of 20 ml per day.
<i>rivaroxaban tab 2.5mg</i>	3	QL; Maximum of 2 tablets per day.
<i>warfarin tab 10mg</i>	2	
<i>warfarin tab 1mg</i>	2	
<i>warfarin tab 2.5mg</i>	2	
<i>warfarin tab 2mg</i>	2	
<i>warfarin tab 3mg</i>	2	
<i>warfarin tab 4mg</i>	2	
<i>warfarin tab 5mg</i>	2	
<i>warfarin tab 6mg</i>	2	
<i>warfarin tab 7.5mg</i>	2	
XARELTO STAR TAB 15/20MG <i>rivaroxaban tab starter therapy pack 15 mg & 20 mg</i>	3	QL; Maximum of 1 pack (51 tablets) per year.
XARELTO SUS 1MG/ML <i>rivaroxaban for susp 1 mg/ml</i>	3	QL; Maximum of 20 ml per day.
XARELTO TAB 10MG <i>rivaroxaban tab 10 mg</i>	3	QL; Maximum of 1 tablet per day.
XARELTO TAB 15MG <i>rivaroxaban tab 15 mg</i>	3	QL; Maximum of 2 tablets per day.
XARELTO TAB 2.5MG <i>rivaroxaban tab 2.5 mg</i>	3	QL; Maximum of 2 tablets per day.
XARELTO TAB 20MG <i>rivaroxaban tab 20 mg</i>	3	QL; Maximum of 1 tablet per day.
Blood Formation Modifiers		
<i>anagrelide cap 0.5mg</i>	4	
<i>anagrelide cap 1mg</i>	4	
ARANESP INJ 100MCG <i>darbepoetin alfa soln inj 100 mcg/ml</i>	5	QL; Maximum of 2 ml per 28 days.
ARANESP INJ 100MCG <i>darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml</i>	5	QL; Maximum of 1 ml per 28 days.
ARANESP INJ 10MCG <i>darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml</i>	5	QL; Maximum of 1.6 ml per 28 days.
ARANESP INJ 150MCG <i>darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml</i>	5	QL; Maximum of 0.6 ml per 28 days.
ARANESP INJ 200MCG <i>darbepoetin alfa soln inj 200 mcg/ml</i>	5	QL; Maximum of 4 ml per 28 days.
ARANESP INJ 200MCG <i>darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml</i>	5	QL; Maximum of 1.6 ml per 28 days.
ARANESP INJ 25MCG <i>darbepoetin alfa soln inj 25 mcg/ml</i>	5	QL; Maximum of 4 ml per 28 days.
ARANESP INJ 25MCG <i>darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml</i>	5	QL; Maximum of 1.68 ml per 28 days.
ARANESP INJ 300MCG <i>darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml</i>	5	QL; Maximum of 1.2 ml per 28 days.
ARANESP INJ 40MCG <i>darbepoetin alfa soln inj 40 mcg/ml</i>	5	QL; Maximum of 4 ml per 28 days.
ARANESP INJ 40MCG <i>darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml</i>	5	QL; Maximum of 1.6 ml per 28 days.
ARANESP INJ 500MCG <i>darbepoetin alfa soln prefilled syringe 500 mcg/ml</i>	5	QL; Maximum of 2 ml per 28 days.
ARANESP INJ 60MCG <i>darbepoetin alfa soln inj 60 mcg/ml</i>	5	QL; Maximum of 4 ml per 28 days.
ARANESP INJ 60MCG <i>darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml</i>	5	QL; Maximum of 1.2 ml per 28 days.

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

Drug name	Tier	Coverage Requirements and Limits
<i>eltrombopag pow 12.5mg</i>	5	PA; QL; Maximum of 6 packets per day.
<i>eltrombopag pow 25mg</i>	5	PA; QL; Maximum of 6 packets per day.
<i>eltrombopag tab 12.5mg</i>	5	PA; QL; Maximum of 1 tablet per day.
<i>eltrombopag tab 25mg</i>	5	PA; QL; Maximum of 1 tablet per day.
<i>eltrombopag tab 50mg</i>	5	PA; QL; Maximum of 2 tablets per day.
<i>eltrombopag tab 75mg</i>	5	PA; QL; Maximum of 2 tablets per day.
LEUKINE INJ 250MCG <i>sargramostim lyophilized for inj 250 mcg</i>	5	
NEULASTA <i>neulasta inj 4/0.4ml</i>	5	
NEULASTA INJ 6MG/0.6M <i>pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6ml</i>	5	
NEULASTA INJ 6MG/0.6M <i>pegfilgrastim soln prefilled syringe 6 mg/0.6ml</i>	5	
<i>plerixafor inj 24/1.2ml</i>	5	
RETACRIT INJ 10000UNT <i>epoetin alfa-epbx inj 10000 unit/ml</i>	5	QL; Maximum of 8 ml per 21 days.
RETACRIT INJ 20000UNI <i>epoetin alfa-epbx inj 20000 unit/ml</i>	5	QL; Maximum of 4 ml per 21 days.
RETACRIT INJ 2000UNIT <i>epoetin alfa-epbx inj 2000 unit/ml</i>	5	QL; Maximum of 12 ml per 21 days.
RETACRIT INJ 3000UNIT <i>epoetin alfa-epbx inj 3000 unit/ml</i>	5	QL; Maximum of 12 ml per 21 days.
RETACRIT INJ 40000UNT <i>epoetin alfa-epbx inj 40000 unit/ml</i>	5	QL; Maximum of 4 ml per 21 days.
RETACRIT INJ 4000UNIT <i>epoetin alfa-epbx inj 4000 unit/ml</i>	5	QL; Maximum of 12 ml per 21 days.
ZARXIO INJ 300/0.5 <i>filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml</i>	5	
ZARXIO INJ 480/0.8 <i>filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml</i>	5	
Hemostasis Agents		
<i>aminocapr ac tab 1000mg</i>	4	
<i>aminocapr ac tab 500mg</i>	4	
<i>aminocaproic sol 0.25/ml</i>	4	
RECOTHROM SOL 20000UNT <i>thrombin (recombinant) for soln 20000 unit</i>	4	
RECOTHROM SOL 5000UNIT <i>thrombin (recombinant) for soln 5000 unit</i>	4	
<i>thrombin kit 5000unit</i>	4	
<i>thrombin-jmi kit 20000unt</i>	4	
<i>thrombin-jmi kit 5000unit</i>	4	
<i>thrombin-jmi sol 20000unt</i>	4	
<i>thrombin-jmi sol 5000unit</i>	4	
<i>tranex acid tab 650mg</i>	3	QL; Maximum of 6 tablets per day.
Platelet Modifying Agents		
<i>asa/dipyrida cap 25-200mg</i>	4	QL; Maximum of 2 capsules per day.
<i>cilostazol tab 100mg</i>	2	
<i>cilostazol tab 50mg</i>	2	
<i>clopidogrel tab 300mg</i>	2	QL; Maximum of 1 tablet per day.
<i>clopidogrel tab 75mg</i>	2	QL; Maximum of 4 tablets per day.
<i>dipyridamole tab 25mg</i>	2	
<i>dipyridamole tab 50mg</i>	2	
<i>dipyridamole tab 75mg</i>	2	
<i>prasugrel tab 10mg</i>	2	QL; Maximum of 1 tablet per day.
<i>prasugrel tab 5mg</i>	2	QL; Maximum of 1 tablet per day.
<i>ticagrelor tab 60mg</i>	4	QL; Maximum of 2 tablets per day.

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

Drug name	Tier	Coverage Requirements and Limits
<i>ticagrelor tab 90mg</i>	4	QL; Maximum of 2 tablets per day.
YOSPRALA TAB 325-40MG <i>aspirin-omeprazole tab delayed release 325-40 mg</i>	3	QL; Maximum of 1 tablet per day.
YOSPRALA TAB 81-40MG <i>aspirin-omeprazole tab delayed release 81-40 mg</i>	3	QL; Maximum of 1 tablet per day.
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine dis 0.1/24hr</i>	3	
<i>clonidine dis 0.2/24hr</i>	3	
<i>clonidine dis 0.3/24hr</i>	3	
<i>clonidine tab 0.1mg</i>	2	
<i>clonidine tab 0.2mg</i>	2	
<i>clonidine tab 0.3mg</i>	2	
<i>guanfacine tab 1mg</i>	2	QL; Maximum of 2 tablets per day.
<i>guanfacine tab 2mg</i>	2	QL; Maximum of 2 tablets per day.
<i>methyldopa tab 250mg</i>	2	
<i>methyldopa tab 500mg</i>	2	
<i>midodrine tab 10mg</i>	2	
<i>midodrine tab 2.5mg</i>	2	
<i>midodrine tab 5mg</i>	2	
Alpha-adrenergic Blocking Agents		
<i>doxazosin tab 1mg</i>	2	
<i>doxazosin tab 2mg</i>	2	
<i>doxazosin tab 4mg</i>	2	
<i>doxazosin tab 8mg</i>	2	
<i>phenoxybenzamine cap 10mg</i>	4	
<i>prazosin hcl cap 1mg</i>	2	
<i>prazosin hcl cap 2mg</i>	2	
<i>prazosin hcl cap 5mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>amlod/valsar tab 10-160mg</i>	3	QL; Maximum of 1 tablet per day.
<i>amlod/valsar tab 10-320mg</i>	3	QL; Maximum of 1 tablet per day.
<i>amlod/valsar tab 5-160mg</i>	3	QL; Maximum of 1 tablet per day.
<i>amlod/valsar tab 5-320mg</i>	3	QL; Maximum of 1 tablet per day.
<i>candes/hctz tab 16-12.5</i>	3	QL; Maximum of 1 tablet per day.
<i>candes/hctz tab 32-12.5</i>	3	QL; Maximum of 1 tablet per day.
<i>candes/hctz tab 32-25mg</i>	3	QL; Maximum of 1 tablet per day.
<i>candesartan tab 16mg</i>	3	QL; Maximum of 1 tablet per day.
<i>candesartan tab 32mg</i>	3	QL; Maximum of 1 tablet per day.
<i>candesartan tab 4mg</i>	3	QL; Maximum of 1 tablet per day.
<i>candesartan tab 8mg</i>	3	QL; Maximum of 3 tablets per day.
<i>irbesar/hctz tab 150-12.5</i>	2	QL; Maximum of 1 tablet per day.
<i>irbesar/hctz tab 300-12.5</i>	2	QL; Maximum of 1 tablet per day.
<i>irbesartan tab 150mg</i>	2	QL; Maximum of 1 tablet per day.
<i>irbesartan tab 300mg</i>	2	QL; Maximum of 1 tablet per day.

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

Drug name	Tier	Coverage Requirements and Limits
<i>irbesartan tab 75mg</i>	2	QL; Maximum of 3 tablets per day.
<i>losartan pot tab 100mg</i>	1	QL; Maximum of 1 tablet per day.
<i>losartan pot tab 25mg</i>	1	QL; Maximum of 2 tablets per day.
<i>losartan pot tab 50mg</i>	1	QL; Maximum of 2 tablets per day.
<i>losartan/hct tab 100-12.5</i>	1	QL; Maximum of 1 tablet per day.
<i>losartan/hct tab 100-25</i>	1	QL; Maximum of 1 tablet per day.
<i>losartan/hct tab 50-12.5</i>	1	QL; Maximum of 2 tablets per day.
<i>olm med/hctz tab 20-12.5</i>	2	QL; Maximum of 1 tablet per day.
<i>olm med/hctz tab 40-12.5</i>	2	QL; Maximum of 1 tablet per day.
<i>olm med/hctz tab 40-25mg</i>	2	QL; Maximum of 1 tablet per day.
<i>olmesa medox tab 20mg</i>	2	QL; Maximum of 1 tablet per day.
<i>olmesa medox tab 40mg</i>	2	QL; Maximum of 1 tablet per day.
<i>olmesa medox tab 5mg</i>	2	QL; Maximum of 2 tablets per day.
<i>telmisartan tab 20mg</i>	3	QL; Maximum of 1 tablet per day.
<i>telmisartan tab 40mg</i>	3	QL; Maximum of 1 tablet per day.
<i>telmisartan tab 80mg</i>	3	QL; Maximum of 1 tablet per day.
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>valsartan tab 160 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>valsartan tab 320 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>valsartan tab 40 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>valsartan tab 80 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	QL; Maximum of 1 tablet per day.
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>amlod/benazp cap 10-20mg</i>	2	QL; Maximum of 1 capsule per day.
<i>amlod/benazp cap 10-40mg</i>	2	QL; Maximum of 1 capsule per day.
<i>amlod/benazp cap 2.5-10mg</i>	2	QL; Maximum of 1 capsule per day.
<i>amlod/benazp cap 5-10mg</i>	2	QL; Maximum of 1 capsule per day.
<i>amlod/benazp cap 5-20mg</i>	2	QL; Maximum of 1 capsule per day.
<i>amlod/benazp cap 5-40mg</i>	2	QL; Maximum of 1 capsule per day.
<i>benazep/hctz tab 10-12.5</i>	3	QL; Maximum of 1 tablet per day.
<i>benazep/hctz tab 20-12.5</i>	3	QL; Maximum of 1 tablet per day.
<i>benazep/hctz tab 20-25mg</i>	3	QL; Maximum of 1 tablet per day.
<i>benazep/hctz tab 5-6.25mg</i>	3	QL; Maximum of 1 tablet per day.
<i>benazepril tab 10mg</i>	2	QL; Maximum of 2 tablets per day.
<i>benazepril tab 20mg</i>	2	QL; Maximum of 2 tablets per day.
<i>benazepril tab 40mg</i>	2	QL; Maximum of 2 tablets per day.
<i>benazepril tab 5mg</i>	2	QL; Maximum of 2 tablets per day.

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

Drug name	Tier	Coverage Requirements and Limits
<i>captopr/hctz tab 25-15mg</i>	3	QL; Maximum of 3 tablets per day.
<i>captopr/hctz tab 25-25mg</i>	3	QL; Maximum of 2 tablets per day.
<i>captopr/hctz tab 50-15mg</i>	3	QL; Maximum of 3 tablets per day.
<i>captopr/hctz tab 50-25mg</i>	3	QL; Maximum of 2 tablets per day.
<i>captopril tab 100mg</i>	2	QL; Maximum of 4 tablets per day.
<i>captopril tab 12.5mg</i>	2	QL; Maximum of 3 tablets per day.
<i>captopril tab 25mg</i>	2	QL; Maximum of 3 tablets per day.
<i>captopril tab 50mg</i>	2	QL; Maximum of 9 tablets per day.
<i>enalapr/hctz tab 10-25mg</i>	2	QL; Maximum of 2 tablets per day.
<i>enalapr/hctz tab 5-12.5mg</i>	2	QL; Maximum of 1 tablet per day.
<i>enalapril tab 10mg</i>	2	QL; Maximum of 2 tablets per day.
<i>enalapril tab 2.5mg</i>	2	QL; Maximum of 2 tablets per day.
<i>enalapril tab 20mg</i>	2	QL; Maximum of 2 tablets per day.
<i>enalapril tab 5mg</i>	2	QL; Maximum of 2 tablets per day.
<i>fosinop/hctz tab 10/12.5</i>	3	QL; Maximum of 4 tablets per day.
<i>fosinop/hctz tab 20/12.5</i>	3	QL; Maximum of 4 tablets per day.
<i>fosinopril tab 10mg</i>	2	QL; Maximum of 2 tablets per day.
<i>fosinopril tab 20mg</i>	2	QL; Maximum of 2 tablets per day.
<i>fosinopril tab 40mg</i>	2	QL; Maximum of 2 tablets per day.
<i>lisinop/hctz tab 20-12.5</i>	1	QL; Maximum of 4 tablets per day.
<i>lisinop/hctz tab 20-25mg</i>	1	QL; Maximum of 2 tablets per day.
<i>lisinopril tab 10mg</i>	1	QL; Maximum of 2 tablets per day.
<i>lisinopril tab 2.5mg</i>	1	QL; Maximum of 2 tablets per day.
<i>lisinopril tab 20mg</i>	1	QL; Maximum of 2 tablets per day.
<i>lisinopril tab 30mg</i>	1	QL; Maximum of 2 tablets per day.
<i>lisinopril tab 40mg</i>	1	QL; Maximum of 2 tablets per day.
<i>lisinopril tab 5mg</i>	1	QL; Maximum of 2 tablets per day.
<i>moexipril tab 15mg</i>	2	QL; Maximum of 2 tablets per day.
<i>moexipril tab 7.5mg</i>	2	QL; Maximum of 2 tablets per day.
<i>perindopril tab 2mg</i>	2	QL; Maximum of 2 tablets per day.
<i>perindopril tab 4mg</i>	2	QL; Maximum of 2 tablets per day.
<i>perindopril tab 8mg</i>	2	QL; Maximum of 2 tablets per day.
<i>quinapril tab 10mg</i>	2	QL; Maximum of 2 tablets per day.
<i>quinapril tab 20mg</i>	2	QL; Maximum of 2 tablets per day.
<i>quinapril tab 40mg</i>	2	QL; Maximum of 2 tablets per day.
<i>quinapril tab 5mg</i>	2	QL; Maximum of 2 tablets per day.
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>ramipril cap 1.25mg</i>	2	QL; Maximum of 2 capsules per day.
<i>ramipril cap 10mg</i>	2	QL; Maximum of 2 capsules per day.
<i>ramipril cap 2.5mg</i>	2	QL; Maximum of 2 capsules per day.
<i>ramipril cap 5mg</i>	2	QL; Maximum of 2 capsules per day.

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

Drug name	Tier	Coverage Requirements and Limits
<i>trandolapril tab 1mg</i>	2	QL; Maximum of 1 tablet per day.
<i>trandolapril tab 2mg</i>	2	QL; Maximum of 1 tablet per day.
<i>trandolapril tab 4mg</i>	2	QL; Maximum of 2 tablets per day.
Antiarrhythmics		
<i>amiodarone tab 100mg</i>	2	
<i>amiodarone tab 200mg</i>	2	
<i>amiodarone tab 400mg</i>	2	
<i>disopyramide cap 100mg</i>	3	
<i>disopyramide cap 150mg</i>	3	
<i>dofetilide cap 125mcg</i>	4	QL; Maximum of 2 capsules per day.
<i>dofetilide cap 250mcg</i>	4	QL; Maximum of 2 capsules per day.
<i>dofetilide cap 500mcg</i>	4	QL; Maximum of 2 capsules per day.
<i>flecainide tab 100mg</i>	2	
<i>flecainide tab 150mg</i>	2	
<i>flecainide tab 50mg</i>	2	
<i>mexiletine cap 150mg</i>	3	
<i>mexiletine cap 200mg</i>	3	
<i>mexiletine cap 250mg</i>	3	
MULTAQ TAB 400MG <i>dronedarone hcl tab 400 mg (base equivalent)</i>	4	PA; QL; Maximum of 2 tablets per day.
NORPACE CAP 100MG CR <i>disopyramide phosphate cap er 12hr 100 mg</i>	3	
NORPACE CAP 150MG CR <i>disopyramide phosphate cap er 12hr 150 mg</i>	3	
<i>propafenone cap 225mg er</i>	4	
<i>propafenone cap 325mg er</i>	4	
<i>propafenone cap 425mg er</i>	4	
<i>propafenone tab 150mg</i>	2	
<i>propafenone tab 225mg</i>	2	
<i>propafenone tab 300mg</i>	2	
<i>quinidine gl tab 324mg cr</i>	2	
<i>quinidine gl tab 324mg er</i>	2	
<i>quinidine su tab 200mg</i>	2	
<i>quinidine su tab 300mg</i>	2	
<i>sotalol af tab 120mg</i>	2	
<i>sotalol af tab 160mg</i>	2	
<i>sotalol af tab 80mg</i>	2	
<i>sotalol hcl tab 120mg</i>	2	
<i>sotalol hcl tab 160mg</i>	2	
<i>sotalol hcl tab 240mg</i>	2	
<i>sotalol hcl tab 80mg</i>	2	
SOTYLIZE SOL 5MG/ML <i>sotalol hcl oral solution 5 mg/ml</i>	4	PA
Beta-adrenergic Blocking Agents		
<i>acebutolol cap 200mg</i>	2	
<i>acebutolol cap 400mg</i>	2	
<i>atenol/chlor tab 100-25mg</i>	2	

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

Drug name	Tier	Coverage Requirements and Limits
<i>atenol/chlor tab 50-25mg</i>	2	
<i>atenolol tab 100mg</i>	2	
<i>atenolol tab 25mg</i>	2	
<i>atenolol tab 50mg</i>	2	
<i>betaxolol tab 10mg</i>	2	
<i>betaxolol tab 20mg</i>	2	
<i>bisoprl/hctz tab 10/6.25</i>	2	QL; Maximum of 2 tablets per day.
<i>bisoprl/hctz tab 2.5/6.25</i>	2	QL; Maximum of 2 tablets per day.
<i>bisoprl/hctz tab 5-6.25mg</i>	2	QL; Maximum of 2 tablets per day.
<i>bisoprol fum tab 10mg</i>	2	
<i>bisoprol fum tab 2.5mg</i>	2	
<i>bisoprol fum tab 5mg</i>	2	
<i>carvedilol tab 12.5mg</i>	1	
<i>carvedilol tab 25mg</i>	1	
<i>carvedilol tab 3.125mg</i>	1	
<i>carvedilol tab 6.25mg</i>	1	
<i>labetalol tab 100mg</i>	2	
<i>labetalol tab 200mg</i>	2	
<i>labetalol tab 300mg</i>	2	
<i>labetalol tab 400mg</i>	2	
<i>metoprl/hctz tab 100-25mg</i>	3	
<i>metoprl/hctz tab 100-50mg</i>	3	
<i>metoprl/hctz tab 50-25mg</i>	3	
<i>metoprolol succinate tab 100mg er</i>	1	
<i>metoprolol succinate tab 200mg er</i>	1	
<i>metoprolol succinate tab 25mg er</i>	1	
<i>metoprolol succinate tab 50mg er</i>	1	
<i>metoprolol tartrate tab 100mg</i>	1	
<i>metoprolol tartrate tab 25mg</i>	1	
<i>metoprolol tartrate tab 50mg</i>	1	
<i>nadolol tab 20mg</i>	2	
<i>nadolol tab 40mg</i>	2	
<i>nadolol tab 80mg</i>	2	
<i>nebivolol tab 10mg</i>	2	QL; Maximum of 1 tablet per day.
<i>nebivolol tab 2.5mg</i>	2	QL; Maximum of 1 tablet per day.
<i>nebivolol tab 20mg</i>	2	QL; Maximum of 2 tablets per day.
<i>nebivolol tab 5mg</i>	2	QL; Maximum of 1 tablet per day.
<i>pindolol tab 10mg</i>	2	
<i>pindolol tab 5mg</i>	2	
<i>propranolol cap 120mg er</i>	2	
<i>propranolol cap 160mg er</i>	2	
<i>propranolol cap 60mg er</i>	2	
<i>propranolol cap 80mg er</i>	2	

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

Drug name	Tier	Coverage Requirements and Limits
<i>propranolol sol 20mg/5ml</i>	2	
<i>propranolol sol 40mg/5ml</i>	2	
<i>propranolol tab 10mg</i>	2	
<i>propranolol tab 20mg</i>	2	
<i>propranolol tab 40mg</i>	2	
<i>propranolol tab 60mg</i>	2	
<i>propranolol tab 80mg</i>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	2	
<i>timolol maleate tab 5 mg</i>	2	
Calcium Channel Blocking Agents		
<i>amlodipine tab 10mg</i>	1	
<i>amlodipine tab 2.5mg</i>	1	
<i>amlodipine tab 5mg</i>	1	
CARTIA XT CAP 120/24HR <i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
CARTIA XT CAP 180/24HR <i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
CARTIA XT CAP 240/24HR <i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
CARTIA XT CAP 300/24HR <i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
DILT-XR CAP 120MG <i>diltiazem hcl cap er 24hr 120 mg</i>	2	
DILT-XR CAP 180MG <i>diltiazem hcl cap er 24hr 180 mg</i>	2	
DILT-XR CAP 240MG <i>diltiazem hcl cap er 24hr 240 mg</i>	2	
<i>diltiazem er tab 180mg</i>	3	
<i>diltiazem er tab 240mg</i>	3	
<i>diltiazem er tab 300mg</i>	3	
<i>diltiazem er tab 360mg</i>	3	
<i>diltiazem er tab 420mg</i>	3	
<i>diltiazem hcl cap er 12hr 120 mg</i>	3	
<i>diltiazem hcl cap er 12hr 60 mg</i>	3	
<i>diltiazem hcl cap er 12hr 90 mg</i>	3	
<i>diltiazem hcl cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	

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

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

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

Drug name	Tier	Coverage Requirements and Limits
TAZTIA XT CAP 300MG ER <i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
TAZTIA XT CAP 360MG/24 <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
TIADYLT CAP 120MG/24 <i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
TIADYLT CAP 180MG/24 <i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
TIADYLT CAP 240MG/24 <i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
TIADYLT CAP 300MG/24 <i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
TIADYLT CAP 360MG/24 <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
TIADYLT CAP 420MG/24 <i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>verapamil cap 100mg er</i>	3	
<i>verapamil cap 120mg er</i>	3	
<i>verapamil cap 120mg sr</i>	3	
<i>verapamil cap 180mg er</i>	3	
<i>verapamil cap 180mg sr</i>	3	
<i>verapamil cap 200mg er</i>	3	
<i>verapamil cap 240mg er</i>	3	
<i>verapamil cap 240mg sr</i>	3	
<i>verapamil cap 300mg er</i>	3	
<i>verapamil cap 360mg sr</i>	3	
<i>verapamil tab 120mg er</i>	2	
<i>verapamil tab 120mg</i>	2	
<i>verapamil tab 180mg er</i>	2	
<i>verapamil tab 240mg er</i>	2	
<i>verapamil tab 40mg</i>	2	
<i>verapamil tab 80mg</i>	2	
Cardiovascular Agents, Other		
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
CORLANOR SOL 5MG/5ML <i>ivabradine hcl oral soln 5 mg/5ml</i>	4	PA; QL; Maximum of 15 ml per day.
DAPAGLIFLOZI TAB 5MG <i>dapagliflozin tab 5 mg</i>	3	QL; Maximum of 1 tablet per day.
DAPAGLIFLOZI TAB 10MG <i>dapagliflozin tab 10 mg</i>	3	QL; Maximum of 1 tablet per day.
DAPAG/MET ER TAB 5-500MG <i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i>	3	QL; Maximum of 1 tablet per day.
DAPAG/MET ER TAB 10-500MG <i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>digoxin oral soln 0.05 mg/ml</i>	4	
<i>digoxin sol 50mcg/ml</i>	3	
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	2	
ENTRESTO CAP 15-16MG <i>sacubitril-valsartan sprinkle cap 15-16 mg</i>	4	PA; QL; Maximum of 8 capsules per day.
ENTRESTO CAP 6-6MG <i>sacubitril-valsartan sprinkle cap 6-6 mg</i>	4	PA; QL; Maximum of 8 capsules per day.
<i>isoso/hydral tab 20-37.5</i>	3	QL; Maximum of 6 tablets per day.

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

Drug name	Tier	Coverage Requirements and Limits
<i>ivabradine tab 5mg</i>	4	PA; QL; Maximum of 2 tablets per day.
<i>ivabradine tab 7.5mg</i>	4	PA; QL; Maximum of 2 tablets per day.
<i>ranolazine tab 1000mg</i>	4	QL; Maximum of 2 tablets per day.
<i>ranolazine tab 500mg er</i>	4	QL; Maximum of 2 tablets per day.
<i>sacubitril-valsartan tab 24-26 mg</i>	4	PA; QL; Maximum of 2 tablets per day.
<i>sacubitril-valsartan tab 49-51 mg</i>	4	PA; QL; Maximum of 2 tablets per day.
<i>sacubitril-valsartan tab 97-103 mg</i>	4	PA; QL; Maximum of 2 tablets per day.
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	2	
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamid cap 500mg er</i>	3	
<i>acetazolamid tab 125mg</i>	3	
<i>acetazolamid tab 250mg</i>	3	
<i>methazolamid tab 25mg</i>	4	
<i>methazolamid tab 50mg</i>	4	
Diuretics, Loop		
<i>bumetanide tab 0.5mg</i>	2	
<i>bumetanide tab 1mg</i>	2	
<i>bumetanide tab 2mg</i>	2	
<i>ethacrynic tab acd 25mg</i>	4	
<i>furosemide sol 10mg/ml</i>	2	
<i>furosemide sol 40mg/5ml</i>	2	
<i>furosemide tab 20mg</i>	1	
<i>furosemide tab 40mg</i>	1	
<i>furosemide tab 80mg</i>	1	
<i>torseamide tab 100mg</i>	2	
<i>torseamide tab 10mg</i>	2	
<i>torseamide tab 20mg</i>	2	
<i>torseamide tab 5mg</i>	2	
Diuretics, Potassium-sparing		
ALDACTONE TAB 100MG <i>spironolactone tab 100 mg</i>	4	
ALDACTONE TAB 25MG <i>spironolactone tab 25 mg</i>	4	
ALDACTONE TAB 50MG <i>spironolactone tab 50 mg</i>	4	
<i>amiloride tab 5mg</i>	2	
CAROSPIR SUS 25MG/5ML <i>spironolactone susp 25 mg/5ml</i>	4	
<i>eplerenone tab 25mg</i>	3	
<i>eplerenone tab 50mg</i>	3	
<i>spironolactone susp 25 mg/5ml</i>	4	
<i>spironolactone tab 100 mg</i>	2	
<i>spironolactone tab 25 mg</i>	2	

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

Drug name	Tier	Coverage Requirements and Limits
<i>spironolactone tab 50 mg</i>	2	
Diuretics, Thiazide		
<i>chlorthalid tab 25mg</i>	2	
<i>chlorthalid tab 50mg</i>	2	
DIURIL SUS 250/5ML <i>chlorothiazide susp 250 mg/5ml</i>	3	
<i>hydrochlorot tab 12.5mg</i>	1	
<i>hydrochlorot tab 25mg</i>	1	
<i>hydrochlorot tab 50mg</i>	1	
<i>indapamide tab 1.25mg</i>	2	
<i>indapamide tab 2.5mg</i>	2	
<i>metolazone tab 10mg</i>	2	
<i>metolazone tab 2.5mg</i>	2	
<i>metolazone tab 5mg</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate cap 134mg</i>	2	
<i>fenofibrate cap 200mg</i>	2	
<i>fenofibrate cap 67mg</i>	2	
<i>fenofibrate tab 145mg</i>	2	
<i>fenofibrate tab 160mg</i>	2	
<i>fenofibrate tab 48mg</i>	2	
<i>fenofibrate tab 54mg</i>	2	
<i>gemfibrozil tab 600mg</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin tab 10mg</i>	1	QL; Maximum of 1 tablet per day.
<i>atorvastatin tab 20mg</i>	1	QL; Maximum of 1 tablet per day.
<i>atorvastatin tab 40mg</i>	1	QL; Maximum of 1 tablet per day.
<i>atorvastatin tab 80mg</i>	1	QL; Maximum of 1 tablet per day.
<i>fluvastatin cap 20mg</i>	3	QL; Maximum of 1 capsule per day.\$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
<i>fluvastatin cap 40mg</i>	3	QL; Maximum of 2 capsules per day.\$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
<i>lovastatin tab 10mg</i>	2	QL; Maximum of 1 tablet per day. \$0 Copay for members between ages 40 to 75 years.
<i>lovastatin tab 20mg</i>	2	QL; Maximum of 1 tablet per day. \$0 Copay for members between ages 40 to 75 years.
<i>lovastatin tab 40mg</i>	2	QL; Maximum of 2 tablets per day. \$0 Copay for members between ages 40 to 75 years.
<i>pravastatin tab 10mg</i>	2	QL; Maximum of 1 tablet per day.\$0 Copay for members between ages 40 to 75 years.
<i>pravastatin tab 20mg</i>	2	QL; Maximum of 1 tablet per day.\$0 Copay for members between ages 40 to 75 years.
<i>pravastatin tab 40mg</i>	2	QL; Maximum of 1 tablet per day.\$0 Copay for members between ages 40 to 75 years.
<i>pravastatin tab 80mg</i>	2	QL; Maximum of 1 tablet per day.\$0 Copay for members between ages 40 to 75 years.

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

Drug name	Tier	Coverage Requirements and Limits
<i>rosuvastatin tab 10mg</i>	2	QL; Maximum of 1 tablet per day. \$0 Copay for members between ages 40 to 75 years.
<i>rosuvastatin tab 20mg</i>	2	QL; Maximum of 1 tablet per day.
<i>rosuvastatin tab 40mg</i>	2	QL; Maximum of 1 tablet per day.
<i>rosuvastatin tab 5mg</i>	2	QL; Maximum of 1 tablet per day. \$0 Copay for members between ages 40 to 75 years.
<i>simvastatin tab 10mg</i>	1	QL; Maximum of 1 tablet per day.
<i>simvastatin tab 20mg</i>	1	QL; Maximum of 1 tablet per day.
<i>simvastatin tab 40mg</i>	1	QL; Maximum of 1 tablet per day.
<i>simvastatin tab 5mg</i>	1	QL; Maximum of 1 tablet per day.
<i>simvastatin tab 80mg</i>	1	QL; Maximum of 1 tablet per day.
Dyslipidemics, Other		
<i>cholestyram pow 4gm lite</i>	3	
<i>cholestyram pow 4gm</i>	3	
<i>colesevelam pak 3.75gm</i>	3	
<i>colesevelam tab 625mg</i>	3	
<i>colestipol gra 5gm</i>	3	
<i>colestipol tab 1gm</i>	2	
<i>ezetimibe tab 10 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>ezetimibe-simvastatin tab 10-10 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>ezetimibe-simvastatin tab 10-20 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>ezetimibe-simvastatin tab 10-40 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>ezetimibe-simvastatin tab 10-80 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>icosapent cap 0.5gm</i>	4	PA
<i>icosapent cap 1gm</i>	4	PA
<i>niacin er tab 1000mg</i>	3	
<i>niacin er tab 500mg</i>	3	
<i>niacin er tab 750mg</i>	3	
<i>niacin tab 500mg er</i>	3	
<i>niacin tab 500mg</i>	3	
<i>niacor tab 500mg</i>	3	
<i>omega-3-acid cap 1gm</i>	2	PA; QL; Maximum of 4 capsules per day.
<i>pentoxifylli tab 400mg er</i>	2	
PREVALITE POW 4GM <i>cholestyramine light powder 4 gm/dose</i>	3	
PREVALITE POW 4GM PK <i>cholestyramine light powder packets 4 gm</i>	3	
REPATHA INJ 140MG/ML <i>evolocumab subcutaneous soln prefilled syringe 140 mg/ml</i>	4	PA; QL; Maximum of 3 syringes (3 ml) per 28 days.
REPATHA PUSH INJ 420/3.5 <i>evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml</i>	4	PA; QL; Maximum of 1 cartridge (3.5 ml) per 28 days.
REPATHA SURE INJ 140MG/ML <i>evolocumab subcutaneous soln auto-injector 140 mg/ml</i>	4	PA; QL; Maximum of 3 pens (3 ml) per 28 days.
Vasodilators, Direct-acting Arterial		
<i>hydralazine tab 100mg</i>	2	
<i>hydralazine tab 10mg</i>	2	
<i>hydralazine tab 25mg</i>	2	

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

Drug name	Tier	Coverage Requirements and Limits
<i>hydralazine tab 50mg</i>	2	
<i>minoxidil tab 10mg</i>	2	
<i>minoxidil tab 2.5mg</i>	2	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorb din tab 10mg</i>	2	
<i>isosorb din tab 20mg</i>	2	
<i>isosorb din tab 30mg</i>	2	
<i>isosorb din tab 5mg</i>	2	
<i>isosorb mono tab 10mg</i>	2	
<i>isosorb mono tab 120mg er</i>	2	
<i>isosorb mono tab 20mg</i>	2	
<i>isosorb mono tab 30mg er</i>	2	
<i>isosorb mono tab 60mg er</i>	2	
NITRO-BID OIN 2% <i>nitroglycerin oint 2%</i>	3	
NITRO-DUR DIS 0.3MG/HR <i>nitroglycerin td patch 24hr 0.3 mg/hr</i>	4	
NITRO-DUR DIS 0.8MG/HR <i>nitroglycerin td patch 24hr 0.8 mg/hr</i>	4	
<i>nitroglycer dis 0.1mg/hr</i>	2	
<i>nitroglycer dis 0.2mg/hr</i>	2	
<i>nitroglycer dis 0.4mg/hr</i>	2	
<i>nitroglycer dis 0.6mg/hr</i>	2	
<i>nitroglyceri oin 0.4%</i>	4	QL; Maximum of 30 grams per 30 days.
<i>nitroglycerin oin 2%</i>	3	
<i>nitroglyceri sub 0.6mg</i>	2	
<i>nitroglycer sub 0.3mg</i>	2	
<i>nitroglycer sub 0.4mg</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphet/dextr cap 10mg er</i>	3	PA; QL; Maximum of 2 capsules per day.
<i>amphet/dextr cap 15mg er</i>	3	PA; QL; Maximum of 2 capsules per day.
<i>amphet/dextr cap 20mg er</i>	3	PA; QL; Maximum of 2 capsules per day.
<i>amphet/dextr cap 25mg er</i>	3	PA; QL; Maximum of 2 capsules per day.
<i>amphet/dextr cap 30mg er</i>	3	PA; QL; Maximum of 2 capsules per day.
<i>amphet/dextr cap 5mg er</i>	3	PA; QL; Maximum of 2 capsules per day.
<i>amphet/dextr tab 10mg</i>	2	PA; QL; Maximum of 2 tablets per day.
<i>amphet/dextr tab 12.5mg</i>	2	PA; QL; Maximum of 2 tablets per day.
<i>amphet/dextr tab 15mg</i>	2	PA; QL; Maximum of 2 tablets per day.
<i>amphet/dextr tab 20mg</i>	2	PA; QL; Maximum of 3 tablets per day.
<i>amphet/dextr tab 30mg</i>	2	PA; QL; Maximum of 2 tablets per day.
<i>amphet/dextr tab 5mg</i>	2	PA; QL; Maximum of 2 tablets per day.
<i>amphet/dextr tab 7.5mg</i>	2	PA; QL; Maximum of 2 tablets per day.
<i>amphetamine tab 10mg</i>	4	PA
<i>amphetamine tab 5mg</i>	4	PA
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	3	PA; QL; Maximum of 6 capsules per day.

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

Drug name	Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	3	PA; QL; Maximum of 4 capsules per day.
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	3	PA; QL; Maximum of 3 capsules per day.
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	3	PA
<i>dextroamphetamine sulfate tab 10 mg</i>	2	PA; QL; Maximum of 6 tablets per day.
<i>dextroamphetamine sulfate tab 5 mg</i>	2	PA; QL; Maximum of 6 tablets per day.
<i>lisdexamfeta cap 10mg</i>	4	PA; QL; Maximum of 1 capsule per day.
<i>lisdexamfeta cap 20mg</i>	4	PA; QL; Maximum of 1 capsule per day.
<i>lisdexamfeta cap 30mg</i>	4	PA; QL; Maximum of 1 capsule per day.
<i>lisdexamfeta cap 40mg</i>	4	PA; QL; Maximum of 1 capsule per day.
<i>lisdexamfeta cap 50mg</i>	4	PA; QL; Maximum of 1 capsule per day.
<i>lisdexamfeta cap 60mg</i>	4	PA; QL; Maximum of 1 capsule per day.
<i>lisdexamfeta cap 70mg</i>	4	PA; QL; Maximum of 1 capsule per day.
<i>methamphetamine tab 5mg</i>	4	PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine cap 100mg</i>	3	QL; Maximum of 1 capsule per day.
<i>atomoxetine cap 10mg</i>	3	QL; Maximum of 2 capsules per day.
<i>atomoxetine cap 18mg</i>	3	QL; Maximum of 2 capsules per day.
<i>atomoxetine cap 25mg</i>	3	QL; Maximum of 2 capsules per day.
<i>atomoxetine cap 40mg</i>	3	QL; Maximum of 2 capsules per day.
<i>atomoxetine cap 60mg</i>	3	QL; Maximum of 1 capsule per day.
<i>atomoxetine cap 80mg</i>	3	QL; Maximum of 1 capsule per day.
<i>clonidine tab 0.1mg er</i>	3	
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>dexmethylphenidate hcl tab 10 mg</i>	2	PA; QL; Maximum of 2 tablets per day.
<i>dexmethylphenidate hcl tab 2.5 mg</i>	2	PA; QL; Maximum of 2 tablets per day.
<i>dexmethylphenidate hcl tab 5 mg</i>	2	PA; QL; Maximum of 2 tablets per day.
<i>guanfacine tab 1mg er</i>	2	QL; Maximum of 1 tablet per day.
<i>guanfacine tab 2mg er</i>	2	QL; Maximum of 1 tablet per day.
<i>guanfacine tab 3mg er</i>	2	QL; Maximum of 2 tablets per day.
<i>guanfacine tab 4mg er</i>	2	QL; Maximum of 1 tablet per day.
<i>methylphenid cap 10mg cd</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>methylphenid cap 10mg la</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>methylphenid cap 20mg cd</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>methylphenid cap 20mg la</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>methylphenid cap 30mg cd</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>methylphenid cap 30mg la</i>	3	PA; QL; Maximum of 1 capsule per day.

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

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

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

Drug name	Tier	Coverage Requirements and Limits
INGREZZA CAP 60MG <i>valbenazine tosylate capsule sprinkle 60 mg</i>	5	PA; QL; Maximum of 1 capsule per day.
INGREZZA CAP 80MG <i>valbenazine tosylate cap 80 mg</i>	5	PA; QL; Maximum of 1 capsule per day.
INGREZZA CAP 80MG <i>valbenazine tosylate capsule sprinkle 80 mg</i>	5	PA; QL; Maximum of 1 capsule per day.
<i>riluzole tab 50mg</i>	4	
<i>tetrabenazin tab 12.5mg</i>	4	PA; QL; Maximum of 3 tablets per day.
<i>tetrabenazin tab 25mg</i>	4	
Fibromyalgia Agents		
<i>duloxetine cap 20mg dr</i>	2	QL; Maximum of 2 capsules per day.
<i>duloxetine cap 30mg dr</i>	2	QL; Maximum of 3 capsules per day.
<i>duloxetine cap 60mg dr</i>	2	QL; Maximum of 2 capsules per day.
MILNACIPRAN TAB 12.5MG <i>milnacipran hcl tab 12.5 mg</i>	4	QL; Maximum of 2 tablets per day.
MILNACIPRAN TAB 25MG <i>milnacipran hcl tab 25 mg</i>	4	QL; Maximum of 2 tablets per day.
MILNACIPRAN TAB 50MG <i>milnacipran hcl tab 50 mg</i>	4	QL; Maximum of 2 tablets per day.
MILNACIPRAN TAB 100MG <i>milnacipran hcl tab 100 mg</i>	4	QL; Maximum of 2 tablets per day.
MILNACIPRAN MIS TITR PAK <i>milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak</i>	4	QL; Maximum of 55 tablets (1 pack) per year.
<i>pregabalin cap 100mg</i>	2	QL; Maximum of 3 capsules per day.
<i>pregabalin cap 150mg</i>	2	QL; Maximum of 3 capsules per day.
<i>pregabalin cap 200mg</i>	2	QL; Maximum of 3 capsules per day.
<i>pregabalin cap 225mg</i>	2	QL; Maximum of 2 capsules per day.
<i>pregabalin cap 25mg</i>	2	QL; Maximum of 3 capsules per day.
<i>pregabalin cap 300mg</i>	2	QL; Maximum of 2 capsules per day.
<i>pregabalin cap 50mg</i>	2	QL; Maximum of 3 capsules per day.
<i>pregabalin cap 75mg</i>	2	QL; Maximum of 3 capsules per day.
SAVELLA MIS TITR PAK <i>milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak</i>	4	QL; Maximum of 55 tablets (1 pack) per year.
SAVELLA TAB 100MG <i>milnacipran hcl tab 100 mg</i>	4	QL; Maximum of 2 tablets per day.
SAVELLA TAB 12.5MG <i>milnacipran hcl tab 12.5 mg</i>	4	QL; Maximum of 2 tablets per day.
SAVELLA TAB 25MG <i>milnacipran hcl tab 25 mg</i>	4	QL; Maximum of 2 tablets per day.
SAVELLA TAB 50MG <i>milnacipran hcl tab 50 mg</i>	4	QL; Maximum of 2 tablets per day.
Multiple Sclerosis Agents		
AVONEX PEN KIT 30MCG <i>interferon beta-1a im auto-injector kit 30 mcg/0.5ml</i>	5	PA; QL; Maximum of 1 kit per 28 days.
AVONEX PREFL KIT 30MCG <i>interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml</i>	5	PA; QL; Maximum of 1 kit per 28 days.
BETASERON INJ 0.3MG <i>interferon beta-1b for inj kit 0.3 mg</i>	5	PA; QL; Maximum of 1 kit (15 vials) per 30 days.
<i>dalfampridin tab 10mg er</i>	4	PA; QL; Maximum of 2 tablets per day.
<i>dimethyl fumarate capsule delayed release 120 mg</i>	4	PA; QL; Maximum of 2 capsules per day.
<i>dimethyl fumarate capsule delayed release 240 mg</i>	4	PA; QL; Maximum of 2 capsules per day.
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	PA; QL; Maximum of 60 tablets (1 pack) per year.
<i>fingolimod cap 0.5mg</i>	5	PA; QL; Maximum of 1 pack (30 capsules) per 30 days.
<i>glatiramer inj 20mg/ml</i>	4	PA; QL; Maximum of 1 syringe (1 ml) per day.
<i>glatiramer inj 40mg/ml</i>	4	PA; QL; Maximum of 12 syringes (12 ml) per 28 days.

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

Drug name	Tier	Coverage Requirements and Limits
<i>glatopa inj 20mg/ml</i>	4	PA; QL; Maximum of 1 syringe (1 ml) per day.
<i>glatopa inj 40mg/ml</i>	4	PA; QL; Maximum of 12 syringes (12 ml) per 28 days.
<i>teriflunomid tab 14mg</i>	5	PA; QL; Maximum of 1 tablet per day.
<i>teriflunomid tab 7mg</i>	5	PA; QL; Maximum of 1 tablet per day.
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline cap 30mg</i>	4	
<i>chlorhex glu sol 0.12%</i>	2	
<i>perio gard sol 0.12%</i>	2	
<i>pilocarpine tab 5mg</i>	3	
<i>pilocarpine tab 7.5mg</i>	3	
<i>triamcinolon pst 0.1%</i>	2	
<i>triamcinolon pst den 0.1%</i>	2	
Dermatological Agents		
Dermatological Agents		
<i>acutane cap 10mg</i>	4	
<i>acutane cap 20mg</i>	4	
<i>acutane cap 30mg</i>	4	
<i>acutane cap 40mg</i>	4	
<i>acitretin cap 10mg</i>	4	
<i>acitretin cap 17.5mg</i>	4	
<i>acitretin cap 25mg</i>	4	
<i>adapalene cre 0.1%</i>	4	PA; QL; Maximum of 45 grams per 30 days.
<i>adapalene gel 0.1%</i>	4	PA; QL; Maximum of 45 grams per 30 days.
<i>adapalene gel 0.3% pmp</i>	4	PA; QL; Maximum of 45 grams per 30 days.
<i>adapalene gel 0.3%</i>	4	PA; QL; Maximum of 45 grams per 30 days.
<i>ammonium lac cre 12%</i>	2	
<i>amneesteem cap 10mg</i>	4	
<i>amneesteem cap 20mg</i>	4	
<i>amneesteem cap 30mg</i>	4	
<i>amneesteem cap 40mg</i>	4	
<i>azelaic acid gel 15%</i>	4	QL; Maximum of 50 grams per 30 days.
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	3	QL; Maximum of 46.6 grams per 30 days.
<i>brimonidine gel 0.33%</i>	4	QL; Maximum of 30 grams per 30 days.
<i>calcipotrien sol 0.005%</i>	3	QL; Maximum of 60 ml per 30 days.
<i>calcipotriene cream 0.005%</i>	4	QL; Maximum of 120 grams per 30 days.
<i>calcipotriene oint 0.005%</i>	4	QL; Maximum of 120 grams per 30 days.
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	4	QL; Maximum of 400 grams per 30 days.
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	4	QL; Maximum of 400 grams per 30 days.
<i>calcitriol oin 3mcg/gm</i>	4	QL; Maximum of 100 grams per 30 days.
<i>claravis cap 10mg</i>	4	
<i>claravis cap 20mg</i>	4	
<i>claravis cap 30mg</i>	4	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug name	Tier	Coverage Requirements and Limits
<i>testost cyp inj 200mg/ml</i>	2	PA
<i>testost cyp inj 200mg/ml</i>	2	PA
<i>testost enan inj 200mg/ml</i>	2	PA
<i>testosterone gel pump 1%</i>	4	PA; QL; Maximum of 300 grams (4 canisters) per month.
<i>testosterone sol 30mg/act</i>	4	PA; QL; Maximum of 2 bottles (180 ml) per 30 days.
<i>testosterone td gel 10mg/act (2%)</i>	4	PA; QL; Maximum of 120 grams (2 canisters) per month.
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	4	PA; QL; Maximum of 375 grams per 30 days.
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	3	PA; QL; Maximum of 150 grams (2 canisters) per month.
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	3	PA; QL; Maximum of 150 grams (2 canisters) per month.
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	4	PA; QL; Maximum of 2.5 grams (1 unit) per day.
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	4	PA; QL; Maximum of 5 grams (2 units) per day.
<i>testosterone td gel 50 mg/5gm (1%)</i>	3	PA; QL; Maximum of 10 grams (2 units) per day.
TLANDO CAP 112.5 MG <i>testosterone undecanoate cap 112.5 mg</i>	4	PA; QL; Maximum of 4 capsules per day.
UNDECATREX CAP 200MG <i>testosterone undecanoate cap 200 mg</i>	4	PA; QL; Maximum of 4 capsules per day.
VOGELXO GEL 1%(50MG) <i>testosterone td gel 50 mg/5gm (1%)</i>	4	PA; QL; Maximum of 10 grams (2 units) per day.
VOGELXO GEL PUMP 1% <i>testosterone td gel 12.5 mg/act (1%)</i>	4	PA; QL; Maximum of 300 grams (4 canisters) per month.
XYOSTED INJ 100/0.5 <i>testosterone enanthate solution auto-injector 100 mg/0.5ml</i>	4	PA
XYOSTED INJ 50/0.5ML <i>testosterone enanthate solution auto-injector 50 mg/0.5ml</i>	4	PA
XYOSTED INJ 75/0.5ML <i>testosterone enanthate solution auto-injector 75 mg/0.5ml</i>	4	PA
Estrogens		
<i>abigale lo tab 0.5-0.1</i>	3	
<i>abigale tab 1-0.5mg</i>	3	
<i>afirmelle tab 0.1-0.02</i>	1	
<i>alora dis 0.025mg</i>	4	PA; QL; Maximum of 8 patches per 28 days.
<i>alora dis 0.075mg</i>	4	PA; QL; Maximum of 8 patches per 28 days.
<i>alora dis 0.1mg</i>	4	PA; QL; Maximum of 8 patches per 28 days.
<i>altavera tab</i>	1	
<i>alyacen tab 1/35</i>	1	
<i>alyacen tab 7/7/7</i>	1	
<i>amabelz tab 0.5-0.1</i>	3	
<i>amabelz tab 1-0.5mg</i>	3	
<i>amethyst tab 90-20mcg</i>	1	
ANNOVERA MIS <i>segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr</i>	1	QL; Maximum of 1 ring per year.
<i>apri tab</i>	1	
<i>aranelle tab</i>	1	

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

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

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

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

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

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

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

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

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

Drug name	Tier	Coverage Requirements and Limits
<i>menest tab 0.3mg</i>	4	PA
<i>menest tab 0.625mg</i>	4	PA
<i>menest tab 1.25mg</i>	4	PA
<i>menest tab 2.5mg</i>	4	PA
<i>menostar dis 14mcg</i>	4	PA; QL; Maximum of 4 patches per 28 days.
<i>merzee cap 1/20</i>	1	
<i>mibelas 24 chw fe</i>	1	
<i>microgestin tab 1.5/30</i>	1	
<i>microgestin tab 1/20</i>	1	
<i>microgestin tab fe 1/20</i>	1	
<i>microgestin tab fe1.5/30</i>	1	
<i>mili tab 0.25/35</i>	1	
<i>mimvey tab 1-0.5mg</i>	3	
<i>minivelle dis 0.025mg</i>	4	PA; QL; Maximum of 8 patches per 28 days.
<i>minivelle dis 0.0375mg</i>	4	PA; QL; Maximum of 8 patches per 28 days.
<i>minivelle dis 0.05mg</i>	4	PA; QL; Maximum of 8 patches per 28 days.
<i>minivelle dis 0.075mg</i>	4	PA; QL; Maximum of 8 patches per 28 days.
<i>minivelle dis 0.1mg</i>	4	PA; QL; Maximum of 8 patches per 28 days.
<i>minzoya tab 0.1-20</i>	1	
<i>mono-lynyah tab 0.25-35</i>	1	
<i>natazia tab</i>	1	
<i>necon tab 0.5/35</i>	1	
NEXTSTELLIS TAB 3-14.2MG <i>drospirenone-estetrol tab 3-14.2 mg</i>	1	
<i>nikki tab 3-0.02mg</i>	1	
<i>nor/est/ff tab 1.5/30</i>	1	
<i>nore/eth/fer cap 1/20</i>	1	
<i>nore/eth/fer chw 0.4mg-35</i>	1	
<i>norelge/ethi dis 150/35</i>	1	
<i>noreth/ethin chw fe 1/20</i>	1	
<i>noreth/ethin chw fe</i>	1	
<i>noreth/ethin tab 0.5-2.5</i>	3	
<i>noreth/ethin tab 1.5/30</i>	1	
<i>noreth/ethin tab 1/20</i>	1	
<i>noreth/ethin tab 1mg-5mcg</i>	3	
<i>noreth/ethin tab fe 1/20</i>	1	
<i>noreth/ethin tab fe</i>	1	
<i>norgest/ethi tab 0.25/35</i>	1	
<i>norgest/ethi tab estradio</i>	1	
<i>nortrel tab 0.5/35</i>	1	
<i>nortrel tab 1/35</i>	1	
<i>nortrel tab 7/7/7</i>	1	
<i>nylia tab 1/35</i>	1	
<i>nylia tab 7/7/7</i>	1	

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug name	Tier	Coverage Requirements and Limits
<i>unithroid tab 88mcg</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN TAB 500MG <i>mitotane tab 500 mg</i>	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
CAMCEVI INJ 42MG <i>leuprolide mesylate (6 month) emulsion prefilled syr 42 mg</i>	5	PA
ELIGARD INJ 22.5MG <i>leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg</i>	5	PA
ELIGARD INJ 30MG <i>leuprolide acetate (4 month) for subcutaneous inj kit 30 mg</i>	5	PA
ELIGARD INJ 45MG <i>leuprolide acetate (6 month) for subcutaneous inj kit 45 mg</i>	5	PA
ELIGARD INJ 75MG <i>leuprolide acetate for subcutaneous inj kit 7.5 mg</i>	5	PA
<i>ganirelix ac inj 250/0.5</i>	5	PA
<i>leuprolide inj 14 day</i>	5	PA
<i>leuprolide inj 1mg/0.2</i>	5	PA
<i>leuprolide inj 22.5mg</i>	5	PA
<i>leuprolide kit 14 day</i>	5	PA
<i>leuprolide kit 1mg/0.2</i>	5	PA
LUTRATE DEPO INJ 22.5MG <i>leuprolide acetate (3 month) for inj 22.5 mg</i>	5	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	4	PA
ORLISSA TAB 150MG <i>elagolix sodium tab 150 mg</i>	4	PA; QL; Maximum of 1 tablet per day.
ORLISSA TAB 200MG <i>elagolix sodium tab 200 mg</i>	4	PA; QL; Maximum of 2 tablets per day.
SIGNIFOR INJ 0.3MG/ML <i>pasireotide diaspertate inj 0.3 mg/ml</i>	5	PA; QL; SP; Maximum of 2 ml per day.
SIGNIFOR INJ 0.6MG/ML <i>pasireotide diaspertate inj 0.6 mg/ml</i>	5	PA; QL; SP; Maximum of 2 ml per day.
SIGNIFOR INJ 0.9MG/ML <i>pasireotide diaspertate inj 0.9 mg/ml</i>	5	PA; QL; SP; Maximum of 2 ml per day.
SOMAVERT INJ 10MG <i>pegvisomant for inj 10 mg (as protein)</i>	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 15MG <i>pegvisomant for inj 15 mg (as protein)</i>	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 20MG <i>pegvisomant for inj 20 mg (as protein)</i>	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 25MG <i>pegvisomant for inj 25 mg (as protein)</i>	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 30MG <i>pegvisomant for inj 30 mg (as protein)</i>	5	PA; QL; SP; Maximum of 1 vial per day.
SYNAREL SOL 2MG/ML <i>nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)</i>	3	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole tab 10mg</i>	2	
<i>methimazole tab 5mg</i>	2	

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

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

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

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

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

Drug name	Tier	Coverage Requirements and Limits
sirolimus tab 1mg	4	
sirolimus tab 2mg	4	
SKYRIZI INJ 150MG/ML risankizumab-rzaa soln prefilled syringe 150 mg/ml	5	PA; QL; Maximum 1mL (1 prefilled syringe) per 84 days.
SKYRIZI INJ 180/1.2 risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml	5	PA; QL; Maximum of 1.2 mL (1 cartridge) per 56 days.
SKYRIZI INJ 360/2.4 risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	5	PA; QL; Maximum of 2.4 mL (1 cartridge) per 56 days.
SKYRIZI PEN INJ 150MG/ML risankizumab-rzaa soln auto-injector 150 mg/ml	5	PA; QL; Maximum 1mL (1 auto-injector) per 84 days.
tacrolimus cap 0.5 mg	2	
tacrolimus cap 1 mg	2	
tacrolimus cap 5 mg	2	
XELJANZ SOL 1MG/ML tofacitinib citrate oral soln 1 mg/ml (base equivalent)	5	PA; QL; Maximum of 10 ml per day.
XELJANZ TAB 10MG tofacitinib citrate tab 10 mg (base equivalent)	5	PA; QL; Maximum of 2 tablets per day.
XELJANZ TAB 5MG tofacitinib citrate tab 5 mg (base equivalent)	5	PA; QL; Maximum of 2 tablets per day.
XELJANZ XR TAB 11MG tofacitinib citrate tab er 24hr 11 mg (base equivalent)	5	PA; QL; Maximum of 1 tablet per day.
XELJANZ XR TAB 22MG tofacitinib citrate tab er 24hr 22 mg (base equivalent)	5	PA; QL; Maximum of 1 tablet per day.
Immunomodulators		
ACTEMRA INJ 162/0.9 tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	5	PA; QL; Maximum of 3.6 ml per 28 days.
ACTEMRA INJ ACTPEN tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	5	PA; QL; Maximum of 3.6 ml per 28 days.
ACTIMMUNE INJ 2MU/0.5 interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	5	PA; QL; SP; Maximum of 13 ml per 30 days.
AVTOZMA INJ 162/0.9 tocilizumab-anoh subcutaneous soln auto-inj 162 mg/0.9 ml	5	PA; QL; Maximum of 3.6 ml per 28 days.
AVTOZMA INJ 162/0.9 tocilizumab-anoh subcutaneous soln pref syr 162 mg/0.9 ml	5	PA; QL; Maximum of 3.6 ml per 28 days.
leflunomide tab 10mg	2	
leflunomide tab 20mg	2	
OTEZLA TAB 10/20 apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	5	PA; QL; Maximum of 55 tablets per year.
OTEZLA TAB 10/20/30 apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	5	PA; QL; Maximum of 55 tablets per year.
OTEZLA TAB 20MG apremilast tab 20 mg	5	PA; QL; Maximum of 2 tablets per day.
OTEZLA TAB 30MG apremilast tab 30 mg	5	PA; QL; Maximum of 2 tablets per day.
OTEZLA/XR TAB 28 DAY apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg	5	PA; QL; Maximum of 41 tablets per year.
OTEZLA XR TAB 75MG apremilast tab er 24hr 75 mg	5	PA; QL; Maximum of 1 tablet per day.
RINVOQ LQ SOL 1MG/ML upadacitinib oral soln 1 mg/ml	5	PA; QL; Maximum of 12 ml per day.
RINVOQ TAB 15MG ER upadacitinib tab er 24hr 15 mg	5	PA; QL; Maximum of 1 tablet per day.
RINVOQ TAB 30MG ER upadacitinib tab er 24hr 30 mg	5	PA; QL; Maximum of 1 tablet per day.
RINVOQ TAB 45MG ER upadacitinib tab er 24hr 45 mg	5	PA; QL; Maximum of 1 tablet per day.
TYENNE INJ 162/0.9 tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	5	PA; QL; Maximum of 3.6 ml per 28 days.
TYENNE INJ 162MG tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	5	PA; QL; Maximum of 3.6 ml per 28 days.

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

Drug name	Tier	Coverage Requirements and Limits
Vaccines		
ABRYSVO INJ <i>rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml</i>	1	QL; 1 vaccination dose (1 injection) per day.
ABRYSVO INJ 120MCG <i>rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml</i>	1	QL; 1 vaccination dose (1 injection) per day.
ACTHIB INJ <i>haemophilus b polysaccharide conjugate vaccine for inj</i>	1	QL; 1 vaccination dose (1 injection) per day.
ADACEL INJ <i>tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day.
ADACEL INJ <i>tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day.
AFLURIA INJ 2025-26 <i>influenza virus vaccine split im susp</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 6 months of age or older.
AFLURIA INJ 2025-26 <i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 6 months of age or older.
AREXVY INJ 120MCG <i>rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml</i>	1	QL; 1 vaccination dose (1 injection) per day. \$0 Copay for members 50 years of age or older.
BEXSERO INJ <i>meningococcal vac b (recomb omv adjuv) inj prefilled syringe</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 Copay for members 10 years of age or older.
BEYFORTUS INJ 100MG/ML <i>nirsevimab-alip im soln prefilled syringe 100 mg/ml</i>	1	QL; 1 vaccination dose (2 ml) per day. \$0 copay for members 19 months of age or younger.
BEYFORTUS INJ 50/0.5ML <i>nirsevimab-alip im soln prefilled syringe 50 mg/0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 19 months of age or younger.
BOOSTRIX INJ <i>tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day.
BOOSTRIX INJ <i>tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day.
CAPVAXIVE INJ 0.5ML <i>pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 19 years of age or older.
COMIRNATY 5- INJ 11/25-26 <i>covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml</i>	1	QL; 1 vaccination dose (0.3 ml) per day. \$0 copay for members between ages of 5 to 11 years.
COMIRNATY INJ 30/.3ML <i>covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml</i>	1	QL; 1 vaccination dose (0.3 ml) per day. \$0 copay for members 12 years of age or older.
DAPTACEL INJ <i>diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day.
DENGVAIXIA SUS <i>dengue virus vaccine live tetravalent for subcutaneous susp</i>	1	QL; 1 vaccination dose (1 injection) per day. \$0 copay for members between ages of 9 to 16 years.
ENFLONZIA INJ 105MG <i>clesrovimab-cfor im soln prefilled syringe 105 mg/0.7ml</i>	1	QL; 1 vaccination dose (0.7 ml) per day. \$0 copay for members between ages of 0 to 7 months.
ENGERIX-B INJ 10/0.5ML <i>hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day.
ENGERIX-B INJ 20MCG/ML <i>hepatitis b vaccine (recombinant) susp 20 mcg/ml</i>	1	QL; 1 vaccination dose (2 ml) per day.
ENGERIX-B INJ 20MCG/ML <i>hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml</i>	1	QL; 1 vaccination dose (2 ml) per day.
FLUAD INJ 2025-26 <i>influenza vac type a&b surface ant adj susp pref syr 0.5 ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 18 years of age or older.
FLUARIX INJ 2025-26 <i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 6 months of age or older.
FLUBLOK INJ 2025-26 <i>influenza virus vacc recombinant ha pf soln pref syr 0.5 ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 9 years of age or older.

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

Drug name	Tier	Coverage Requirements and Limits
FLUCELVAX INJ 2025-26 <i>influenza virus vac tiss-cult subunit im susp</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 6 months of age or older.
FLUCELVAX INJ 2025-26 <i>influenza virus vac tiss-cult subunit susp pref syr 0.5 ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 6 months of age or older.
FLULAVAL INJ 2025-26 <i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 6 months of age or older.
FLUMIST NASA LIQ 2025-26 <i>influenza virus vaccine live intranasal liquid</i>	1	QL; 1 vaccination dose (0.2 ml) per day. \$0 copay for members between ages of 2 to 49 years.
FLUZONE HD INJ 2025-26 <i>influenza virus vac split high-dose pf susp pref syr 0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 18 years of age or older.
FLUZONE INJ 2025-26 <i>influenza virus vaccine split im susp</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 6 months of age or older.
FLUZONE INJ 2025-26 <i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 6 months of age or older.
GARDASIL 9 INJ <i>human papillomavirus (hpv) 9-valent recomb vac im susp</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members between ages of 9 to 45 years.
GARDASIL 9 INJ <i>human papillomavirus (hpv) 9-valent recomb vac susp pref syr</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members between ages of 9 to 45 years.
HAVRIX INJ 1440UNIT <i>hepatitis a vaccine susp prefilled syr 1440 el unit/ml</i>	1	QL; Maximum of 2 vaccines per lifetime.
HAVRIX INJ 720UNIT <i>hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml</i>	1	QL; Maximum of 2 vaccines per lifetime.
HEPLISAV-B INJ 20/0.5ML <i>hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 18 years of age or older.
HIBERIX SOL 10MCG <i>haemophilus b polysaccharide conjugate vac for inj 10 mcg</i>	1	QL; 1 vaccination dose (1 injection) per day.
INFANRIX INJ <i>diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day.
IPOP INJ INACTIVE <i>poliovirus vaccine, ipv inj susp</i>	1	QL; 1 vaccination dose (0.5 ml) per day.
JYNNEOS INJ <i>smallpox & monkeypox vac, live, non-replicating inj 0.5 ml</i>	1	QL; 1 vaccination dose (0.5ml) per day. \$0 copay for members 18 years of age or older.
KINRIX INJ <i>diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day.
M-M-R II INJ <i>measles-mumps-rubella virus vaccines for inj soln</i>	1	QL; 1 vaccination dose (1 injection) per day.
MENQUADFI INJ <i>meningococcal (a, c, y, and w-135) tetanus conjugate vaccine</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 Copay for members 2 months of age or older.
MENVEO INJ <i>meningococcal (a, c, y, and w-135) oligo conj vac for inj</i>	1	QL; 1 vaccination dose (1 injection) per day. \$0 Copay for members 2 months of age or older.
MENVEO SOL <i>meningococcal (a, c, y, and w-135) oligo conj vac im soln</i>	1	QL; 1 vaccination dose (1 injection) per day. \$0 Copay for members 2 months of age or older.
MNEXSPIKE INJ 2025-26 <i>covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml</i>	1	QL; 1 vaccination dose (0.2 ml) per day. \$0 copay for members 12 years of age or older.
MRESVIA INJ 50MCG <i>rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 Copay for members 50 years of age or older.
NUVAXOVID INJ 2025-26 <i>covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 12 years of age or older.

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

Drug name	Tier	Coverage Requirements and Limits
PEDIARIX INJ 0.5ML <i>diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 6 years of age or younger.
PEDVAX HIB INJ <i>haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day.
PENBRAYA INJ <i>meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj</i>	1	QL; 1 vaccination dose (1 injection) per day. \$0 Copay for members 10 years of age or older.
PENMENVY INJ <i>meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj</i>	1	QL; 1 vaccination dose (1 injection) per day. \$0 Copay for members 10 years of age or older.
PENTACEL INJ <i>diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp</i>	1	QL; 1 vaccination dose (1 injection) per day. \$0 copay for members 4 years of age or younger.
PNEUMOVAX 23 INJ 25/0.5 <i>pneumococcal vaccine polyvalent inj soln 25 mcg/0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day.
PNEUMOVAX 23 INJ 25/0.5 <i>pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day.
PREHEVBRIO SUS 10MCG/ML <i>hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml</i>	1	QL; 1 vaccination dose (1 ml) per day. \$0 copay for members 18 years of age or older.
PREVNAR 13 INJ <i>pneumococcal 13-valent conjugate vaccine inj</i>	1	QL; 1 vaccination dose (0.5 ml) per day.
PREVNAR 20 INJ <i>pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 1 month of age or older.
PRIORIX INJ <i>measles-mumps-rubella virus vaccines for subcutaneous susp</i>	1	QL; 1 vaccination dose (1 injection) per day.
PROQUAD INJ <i>measles-mumps-rubella-varicella virus vaccines for susp</i>	1	QL; 1 vaccination dose (1 injection) per day. \$0 copay for members between ages of 1 to 12 years.
QUADRACEL INJ 0.5ML <i>diph-tetanus tox ad-acell pert & polio virus, ipv vac inj</i>	1	QL; 1 vaccination dose (0.5 ml) per day.
QUADRACEL INJ 0.5ML <i>diph-tetanus-acell pert-polio, ipv vac susp pref syr 0.5 ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day.
RECOMBIVA HB INJ 10MCG/ML <i>hepatitis b vaccine (recombinant) susp 10 mcg/ml</i>	1	QL; 1 vaccination dose (1 ml) per day.
RECOMBIVA HB INJ 10MCG/ML <i>hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml</i>	1	QL; 1 vaccination dose (1 ml) per day.
RECOMBIVA HB INJ 5MCG/0.5 <i>hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day.
RECOMBIVA HB INJ 5MCG/0.5 <i>hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day.
RECOMBIVA-HB INJ 40MCG/ML <i>hepatitis b vaccine (recombinant) susp 40 mcg/ml</i>	1	QL; 1 vaccination dose (1 ml) per day.
ROTARIX SUS <i>rotavirus vaccine, live oral susp</i>	1	QL; 1 vaccination dose (1.5 ml) per day. \$0 copay for members 8 months of age or younger.
ROTATEQ SOL <i>rotavirus vaccine, live oral pentavalent soln</i>	1	QL; 1 vaccination dose (2 ml) per day. \$0 copay for members 8 months of age or younger.
SHINGRIX INJ 50/0.5ML <i>zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml</i>	1	QL; 1 vaccination dose (1 injection) per day. \$0 Copay for members 19 years of age or older.
SPIKEVAX INJ 2025-26 <i>covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml</i>	1	QL; 1 vaccination dose (0.25 ml) per day. \$0 copay for members between ages of 6 months to 11 years.
SPIKEVAX INJ 2025-26 <i>covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 12 years of age or older.
TENIVAC INJ 5-2LF <i>tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day.

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

Drug name	Tier	Coverage Requirements and Limits
TRUMENBA INJ <i>meningococcal group b vac (recomb) im susp prefilled syr</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 Copay for members 10 years of age or older.
TWINRIX INJ <i>hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml</i>	1	QL; 1 vaccination dose (1 ml) per day.
VAQTA INJ 25/0.5ML <i>hepatitis a vaccine inj susp 25 unit/0.5ml</i>	1	QL; Maximum of 2 vaccines per lifetime.
VAQTA INJ 25/0.5ML <i>hepatitis a vaccine susp prefilled syr 25 unit/0.5ml</i>	1	QL; Maximum of 2 vaccines per lifetime.
VAQTA INJ 50UNT/ML <i>hepatitis a vaccine inj susp 50 unit/ml</i>	1	QL; Maximum of 2 vaccines per lifetime.
VAQTA INJ 50UNT/ML <i>hepatitis a vaccine susp prefilled syr 50 unit/ml</i>	1	QL; Maximum of 2 vaccines per lifetime.
VARIVAX INJ <i>varicella virus vac live for inj 1350 pfu/0.5ml</i>	1	QL; 1 vaccination dose (1 injection) per day.
VAXELIS INJ <i>diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 4 years of age or younger.
VAXELIS INJ <i>diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 4 years of age or younger.
VAXNEUVANCE INJ <i>pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml</i>	1	QL; 1 vaccination dose (0.5 ml) per day. \$0 copay for members 1 month of age or older.
Inflammatory Bowel Disease Agents		
Aminosalicylates		
BALSALAZIDE CAP 750MG <i>balsalazide disodium cap 750 mg</i>	3	
DIPENTUM CAP 250MG <i>olsalazine sodium cap 250 mg</i>	4	
<i>mesalamine cap 0.375gm</i>	3	QL; Maximum of 4 capsules per day.
<i>mesalamine ene 4gm</i>	4	QL; Maximum of 1 bottle (60 ml) per day.
<i>mesalamine kit 4gm</i>	4	QL; Maximum of 4 kits (28 bottles) per 28 days.
<i>mesalamine sup 1000mg</i>	4	QL; Maximum of 1 suppository per day.
<i>mesalamine tab 1.2gm</i>	3	QL; Maximum of 4 tablets per day.
Glucocorticoids		
ANALPRAM-HC LOT 2.5% <i>hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%</i>	4	
<i>budesonide cap 3mg dr</i>	4	
CORTIFOAM AER 90MG <i>hydrocortisone acetate perianal foam 10% (90 mg/dose)</i>	3	
HC PRAMOXINE CRE 1-1% <i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	3	
<i>hydrocortisone enema 100 mg/60ml</i>	3	
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>procto-med cre hc 2.5%</i>	2	
Sulfonamides		
<i>sulfasalazin tab 500mg dr</i>	2	
<i>sulfasalazin tab 500mg</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sol 70/75ml</i>	3	
<i>alendronate tab 10mg</i>	2	QL; Maximum of 1 tablet per day.
<i>alendronate tab 35mg</i>	2	QL; Maximum of 8 tablets per 28 days.
<i>alendronate tab 70mg</i>	2	QL; Maximum of 4 tablets per 28 days.
<i>calcitonin spr 200/act</i>	2	QL; Maximum of 1 bottle per 28 days.
<i>calcitriol cap 0.25mcg</i>	2	

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

Drug name	Tier	Coverage Requirements and Limits
<i>calcitriol cap 0.5mcg</i>	2	
<i>calcitriol sol 1mcg/ml</i>	3	
<i>cinacalcet tab 30mg</i>	3	PA; QL; Maximum of 2 tablets per day.
<i>cinacalcet tab 60mg</i>	3	PA; QL; Maximum of 2 tablets per day.
<i>cinacalcet tab 90mg</i>	3	PA; QL; Maximum of 4 tablets per day.
<i>doxercalcif cap 0.5mcg</i>	4	
<i>doxercalcif cap 1mcg</i>	4	
<i>doxercalcif cap 2.5mcg</i>	4	
<i>ibandronate tab 150mg</i>	2	QL; Maximum of 1 tablet per 28 days.
<i>paricalcitol cap 1 mcg</i>	3	
<i>paricalcitol cap 2 mcg</i>	3	
<i>paricalcitol cap 4 mcg</i>	3	
<i>risedronate tab 150mg</i>	3	QL; Maximum of 1 tablet per 30 days.
<i>risedronate tab 30mg</i>	3	QL; Maximum of 1 tablet per day.
<i>risedronate tab 35mg</i>	3	QL; Maximum of 4 tablets per 28 days.
<i>risedronate tab 5mg</i>	3	QL; Maximum of 1 tablet per day.
TYMLOS INJ <i>abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml</i>	5	PA; QL; Maximum of 1.56 ml per 30 days.
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>alcohol prep pad</i>	1	
BD GLUCOSE CHW 5GM <i>glucose chew tab 5 gm</i>	3	
CAYA DPR <i>*diaphragm arc-spring***</i>	1	
CHEMSTRIP K TES <i>acetone (urine) test strip</i>	1	
CHEMSTRIP TES MICRAL <i>albumin (urine) test strip</i>	1	
COMFORT TOUC MIS 31GX4MM <i>insulin pen needle 31 g x 4 mm (1/6" or 5/32")</i>	1	
COMFORT TOUC MIS 32GX8MM <i>insulin pen needle 32 g x 8 mm (1/3" or 5/16")</i>	1	
COMFORT TOUC MIS 33GX1/4" <i>insulin pen needle 33 g x 6 mm (1/4" or 15/64")</i>	1	
COMFORT TOUC MIS 33GX3/16 <i>insulin pen needle 33 g x 5 mm (1/5" or 3/16")</i>	1	
COMFORT TOUC MIS 33GX5/32 <i>insulin pen needle 33 g x 4 mm (1/6" or 5/32")</i>	1	
<i>condoms mis</i>	1	QL; Maximum of 36 condoms per month.
CONTOUR KIT NEXT <i>*blood glucose monitoring kit w/ device***</i>	1	QL; Maximum of 1 device per year.
CONTOUR KIT NEXT EZ <i>*blood glucose monitoring kit w/ device***</i>	1	QL; Maximum of 1 device per year.
CONTOUR NEXT KIT GEN <i>*blood glucose monitoring kit w/ device***</i>	1	QL; Maximum of 1 device per year.
CONTOUR NEXT KIT ONE <i>*blood glucose monitoring kit w/ device***</i>	1	QL; Maximum of 1 device per year.
CONTOUR PLUS KIT BLUE <i>*blood glucose monitoring kit w/ device***</i>	1	QL; Maximum of 1 device per year.
CONTOUR PLUS TES BLD GLUC <i>glucose blood test strip</i>	1	QL; Maximum of 100 strips per month.
CONTOUR TES NEXT <i>glucose blood test strip</i>	1	QL; Maximum of 100 strips per month.
COUNT-A-DOSE MIS <i>*insulin administration supplies - misc***</i>	1	
DEXCOM G6 MIS RECEIVER <i>*continuous glucose system receiver***</i>	4	PA; QL; Maximum of 1 receiver per year.
DEXCOM G6 MIS SENSOR <i>*continuous glucose system sensor***</i>	4	PA; QL; Maximum of 3 sensors per 30 days.

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

Drug name	Tier	Coverage Requirements and Limits
DEXCOM G6 MIS TRANSMIT <i>*continuous glucose system transmitter***</i>	4	PA; QL; Maximum of 1 transmitter per 90 days.
DEXCOM G7 MIS 15 DAY <i>*continuous glucose system sensor***</i>	4	PA; QL; Maximum of 2 sensors per 30 days.
DEXCOM G7 MIS RECEIVER <i>*continuous glucose system receiver***</i>	4	PA; QL; Maximum of 1 receiver per year.
DEXCOM G7 MIS SENSOR <i>*continuous glucose system sensor***</i>	4	PA; QL; Maximum of 3 sensors per 30 days.
DIASCREEN MIS 1G <i>*urine glucose monitoring supplies***</i>	1	
DIASTIX TES STRIPS <i>glucose urine test-(glucose oxidase) strip</i>	1	
DROPLET MICR MIS 34GX9/64 <i>insulin pen needle 34 g x 3.5 mm (9/64")</i>	1	
DUREX MIS REALFEEL <i>condoms non-latex lubricated</i>	1	QL; Maximum of 36 condoms per month.
DUREX MIS TROPICAL <i>condoms latex lubricated</i>	1	QL; Maximum of 36 condoms per month.
EASY COMFORT MIS 29GX4MM <i>insulin pen needle 29 g x 4 mm (1/6" or 5/32")</i>	1	
EASY TOUCH MIS 30G <i>insulin pen needle 30 g x 6 mm (1/4" or 15/64")</i>	1	
<i>ergoloid mes tab 1mg oral</i>	4	
<i>ethy alcohol sol 70% rub</i>	1	
FC2 FEMALE MIS CONDOM <i>*condoms - female***</i>	1	QL; Maximum of 36 condoms per month.
FEMCAP MIS 22MM <i>cervical cap 22 mm</i>	1	
FEMCAP MIS 26MM <i>cervical cap 26 mm</i>	1	
FEMCAP MIS 30MM <i>cervical cap 30 mm</i>	1	
FLEXICHAMBER MIS MASK SM <i>*spacer/aerosol-holding chamber supplies - masks***</i>	2	QL; Maximum of 2 spacers per 180 days.
FREE LIBRE2 KIT PLUS/SEN <i>*continuous glucose system sensor***</i>	4	PA; QL; Maximum of 2 sensors per 28 days.
FREE LIBRE3 KIT PLUS/SEN <i>*continuous glucose system sensor***</i>	4	PA; QL; Maximum of 2 sensors per 28 days.
FREESTY LIBR KIT 2 SENSOR <i>*continuous glucose system sensor***</i>	4	PA; QL; Maximum of 2 sensors per 28 days.
FREESTY LIBR KIT 3 SENSOR <i>*continuous glucose system sensor***</i>	4	PA; QL; Maximum of 2 sensors per 28 days.
FREESTY LIBR KIT SENSOR <i>*continuous glucose system sensor***</i>	4	PA; QL; Maximum of 2 sensors per 28 days.
FREESTY LIBR MIS 2 READER <i>*continuous glucose system receiver***</i>	4	PA; QL; Maximum of 1 receiver per year.
FREESTY LIBR MIS 3 READER <i>*continuous glucose system receiver***</i>	4	PA; QL; Maximum of 1 receiver per year.
FREESTY LIBR MIS READER <i>*continuous glucose system receiver***</i>	4	PA; QL; Maximum of 1 receiver per year.
FREESTYLE MIS READER <i>*continuous glucose system receiver***</i>	4	PA; QL; Maximum of 1 receiver per year.
<i>gauze pad 2"x2"</i>	3	
<i>glucose bits chw 1gm</i>	3	
<i>glucose chew tab 4 gm raspberry</i>	3	
<i>glucose gel 15gm/33g</i>	3	
<i>glucose gel 40%</i>	3	
GNP GLUCOSE CHW 2GM <i>glucose chew tab 2 gm (carb equiv)</i>	3	
<i>hydrogen peroxide soln 3%</i>	1	
<i>ins syr u500 mis 0.5/31g</i>	1	
INSPIREASE MIS DD SYST <i>*spacer/aerosol-holding chambers - device***</i>	2	QL; Maximum of 2 spacers per 180 days.
INSPIREASE MIS RES BAG <i>*spacer/aerosol-holding chamber supplies - bags***</i>	2	QL; Maximum of 2 spacers per 180 days.
INSTA-GLUCOS GEL 77.4% <i>glucose gel 77.4%</i>	3	
<i>insulin syringe/needle u-100 0.3 ml 29 x 1/2"</i>	1	
<i>insulin syringe/needle u-100 0.3 ml 30 x 1/2"</i>	1	
<i>insulin syringe/needle u-100 0.3 ml 30 x 5/16"</i>	1	

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

Drug name	Tier	Coverage Requirements and Limits
<i>insulin syringe/needle u-100 0.3 ml 31 x 15/64"</i>	1	
<i>insulin syringe/needle u-100 0.3 ml 31 x 5/16"</i>	1	
<i>insulin syringe/needle u-100 0.5 ml 32 x 5/16"</i>	1	
<i>insulin syringe/needle u-100 1 ml 27 x 5/8"</i>	1	
<i>insulin syringe/needle u-100 1 ml 28 x 1/2"</i>	1	
<i>insulin syringe/needle u-100 1 ml 28 x 5/16"</i>	1	
<i>insulin syringe/needle u-100 1 ml 29 x 1/2"</i>	1	
<i>insulin syringe/needle u-100 1 ml 29 x 5/16"</i>	1	
<i>insulin syringe/needle u-100 1 ml 30 x 1/2"</i>	1	
<i>insulin syringe/needle u-100 1 ml 30 x 5/16"</i>	1	
<i>insulin syringe/needle u-100 1 ml 31 x 15/64"</i>	1	
<i>insulin syringe/needle u-100 1 ml 31 x 5/16"</i>	1	
<i>insulin syringe/needle u-100 1 ml 32 x 5/16"</i>	1	
<i>insulin syringe/needle u-100 1/2 ml 28 x 1/2"</i>	1	
<i>insulin syringe/needle u-100 1/2 ml 29 x 1/2"</i>	1	
<i>insulin syringe/needle u-100 1/2 ml 30 x 1/2"</i>	1	
<i>insulin syringe/needle u-100 1/2 ml 30 x 5/16"</i>	1	
<i>insulin syringe/needle u-100 1/2 ml 31 x 15/64"</i>	1	
<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	1	
<i>isop alcohol sol 70% rub</i>	1	
KETO-DIASTIX TES <i>*urine glucose-ketones test strips***</i>	1	
LAGEVIRIO CAP 200MG <i>molnupiravir cap 200 mg</i>	4	QL; Maximum of 40 tablets (1 treatment course) per 30 days.
MASK VORTEX/ MIS FROG <i>*spacer/aerosol-holding chamber supplies - masks***</i>	2	QL; Maximum of 2 spacers per 180 days.
MAXICOMFORT MIS 27GX1/2 <i>insulin syringe/needle u-100 1/2 ml 27 x 1/2"</i>	1	
MAXICOMFORT MIS 27GX1/2" <i>insulin syringe/needle u-100 1 ml 27 x 1/2"</i>	1	
METHYLERGON TAB 0.2MG <i>methylergonovine maleate tab 0.2 mg</i>	4	QL; Maximum of 28 tablets per year.
NEEDLE COLLE MIS DISPOSAL <i>*sharps container - misc***</i>	1	
NOVOFINE AUT MIS 30GX8MM <i>insulin pen needle 30 g x 8 mm (1/3" or 5/16")</i>	1	
NOVOFINE MIS 32GX6MM <i>insulin pen needle 32 g x 6 mm (1/4" or 15/64")</i>	1	
NOVOFINE PLS MIS 32GX4MM <i>insulin pen needle 32 g x 4 mm (1/6" or 5/32")</i>	1	
OMNIFLEX DPR <i>*diaphragms***</i>	1	
OMNIPOD 5 DX KIT INT G7G6 <i>*insulin infusion disposable pump kit***</i>	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 DX MIS POD G7G6 <i>*insulin infusion disposable pump reservoir***</i>	4	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 DX MIS POD G7G6 <i>*insulin infusion disposable pump reservoir***</i>	4	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 G7 KIT INTRO <i>*insulin infusion disposable pump kit***</i>	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 G7 MIS PODS <i>*insulin infusion disposable pump reservoir***</i>	4	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 L2 KIT INTRO G6 <i>*insulin infusion disposable pump kit***</i>	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 L2 MIS PODS G6 <i>*insulin infusion disposable pump reservoir***</i>	4	PA; QL; Maximum of 10 pods per 30 days.
PAXLOVID PAK <i>nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak</i>	4	QL; Maximum of 11 tablets (1 treatment course) per 30 days.

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

Drug name	Tier	Coverage Requirements and Limits
PAXLOVID TAB 150-100 <i>nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak</i>	4	QL; Maximum of 20 tablets (1 treatment course) per 30 days.
PAXLOVID TAB 300-100 <i>nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak</i>	4	QL; Maximum of 30 tablets (1 treatment course) per 30 days.
<i>pen needle mis 29gx1/2"</i>	1	
<i>pen needle mis 29gx3/16</i>	1	
<i>pen needle mis 29gx5/16</i>	1	
<i>pen needles mis 29gx1/2"</i>	1	
<i>pen needles mis 31gx1/4"</i>	1	
<i>pen needles mis 31gx3/16</i>	1	
<i>pen needles mis 31gx5/16</i>	1	
<i>pentips mis 29gx12mm</i>	1	
<i>pentips mis 31gx5mm</i>	1	
<i>pentips mis 31gx8mm</i>	1	
<i>pentips mis 32gx4mm</i>	1	
PHEXX GEL <i>lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%</i>	1	QL; Maximum of 180 grams (36 packets) per month.
PHEXXI GEL <i>lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%</i>	1	QL; Maximum of 180 grams (36 packets) per month.
PRECISN XTRA TES KETONE <i>ketone blood test strip</i>	1	
QUICK TOUCH MIS 33GX8MM <i>insulin pen needle 33 g x 8 mm (1/3" or 5/16")</i>	1	
RA URINARY TES TRACT IN <i>*urinary tract infection (uti) test strip***</i>	3	
RADIOGARDASE CAP 0.5GM <i>prussian blue insoluble cap 0.5 gm</i>	5	
TRUEPLS GLUC GEL 15/32ML <i>glucose gel 15 gm/32ml</i>	3	
TRUEPLUS CHW GLUCOSE <i>glucose chew tab 4 gm (rounded)</i>	3	
ULTICARE MIS 30GX3/16 <i>insulin pen needle 30 g x 5 mm (1/5" or 3/16")</i>	1	
UTI HOME TES TEST <i>*urinary tract infection (uti) test***</i>	3	
WIDE-SEAL DPR KIT 60 <i>diaphragm wide seal 60 mm</i>	1	
WIDE-SEAL DPR KIT 65 <i>diaphragm wide seal 65 mm</i>	1	
WIDE-SEAL DPR KIT 70 <i>diaphragm wide seal 70 mm</i>	1	
WIDE-SEAL DPR KIT 75 <i>diaphragm wide seal 75 mm</i>	1	
WIDE-SEAL DPR KIT 80 <i>diaphragm wide seal 80 mm</i>	1	
WIDE-SEAL DPR KIT 85 <i>diaphragm wide seal 85 mm</i>	1	
WIDE-SEAL DPR KIT 90 <i>diaphragm wide seal 90 mm</i>	1	
WIDE-SEAL DPR KIT 95 <i>diaphragm wide seal 95 mm</i>	1	
Ophthalmic Agents		
Aminoglycosides		
<i>gentamicin sol 0.3% op</i>	2	
<i>neo/poly/gra sol op</i>	2	
<i>tobra/dexame sus 0.3-0.1%</i>	3	
<i>tobramycin sol 0.3% op</i>	2	
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN GEL 0.15% <i>ganciclovir ophth gel 0.15%</i>	4	
Antibacterials, Other		
<i>bacit/polymy oin op</i>	2	

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

Drug name	Tier	Coverage Requirements and Limits
bacitracin oin op	3	
BETADINE SOL 5% OP povidone-iodine ophth soln 5%	4	
neo/bac/poly oin op	2	
neo/poly/bac oin /hc 1%op	3	
neo/poly/dex oin 0.1% op	2	
neo/poly/dex sus 0.1% op	2	
neo/poly/hc sus op	3	
polymyxin b/ sol trimethp	2	
Antifungals		
NATACYN SUS 5% OP natamycin ophth susp 5%	4	
Antiherpetic Agents		
trifluridine sol 1% op	3	
Macrolides		
AZASITE SOL 1% azithromycin ophth soln 1%	4	
erythromycin oin 5mg/gm	2	\$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
Ophthalmic Agents, Other		
AKTEN GEL 3.5% OP lidocaine hcl ophth gel 3.5%	4	
ALTACAINE SOL 0.5% OP tetracaine hcl ophth soln 0.5%	2	
atropine sul sol 1% op	2	
cyclomydril sol op	4	
cyclopentol sol 1% op	2	
MITOSOL KIT 0.2MG mitomycin for ophth soln kit 0.2 mg	4	
proparacaine sol 0.5% op	2	
sulf/pred na sol op	2	
tetracaine ophthalmic soln 0.5% op	2	
ZYLET SUS 0.5-0.3% loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	4	
Ophthalmic Anti-allergy Agents		
ALOCRI SOL 2% nedocromil sodium ophth soln 2%	4	
ALOMIDE SOL 0.1% OP loxamide tromethamine ophth soln 0.1%	4	
ALTAFRIN SOL 10% OP phenylephrine hcl ophth soln 10%	2	
ALTAFRIN SOL 2.5% OP phenylephrine hcl ophth soln 2.5%	2	
azelastine dro 0.05%	2	
bepotastine dro 1.5% op	4	QL; Maximum of 5 ml per 25 days.
ciprofloxacin sol 0.3% op	2	
cromolyn sod sol 4% op	2	
epinastine hcl ophth soln 0.05%	2	QL; Maximum of 5 ml per 25 days.
LASTACFT SOL 0.25% alcaftadine ophth soln 0.25%	4	QL; Maximum of 3 ml per 30 days.
phenylephrine sol 10% op	2	
phenylephrine sol 2.5% op	2	
Ophthalmic Anti-inflammatories		
bromfenac dro 0.09% op	3	QL; Maximum of 1.7 ml per 17 days.
cyclosporine emu 0.05% op	4	PA; QL; Maximum of 2 vials per day.

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

Drug name	Tier	Coverage Requirements and Limits
<i>dexameth pho sol 0.1% op</i>	2	
<i>diclofenac sol 0.1% op</i>	2	
<i>difluprednat emu 0.05%</i>	4	
<i>fluorometholone ophth susp 0.1%</i>	2	
<i>flurbiprofen sol 0.03% op</i>	2	
INVELTYS SUS 1% <i>loteprednol etabonate ophth susp 1%</i>	4	QL; Maximum of 2.8 ml per 7 days.
<i>ketorolac sol 0.4% op</i>	2	
<i>ketorolac sol 0.5% op</i>	2	
LOTEMAX OIN 0.5% <i>loteprednol etabonate ophth oint 0.5%</i>	4	
LOTEMAX SM GEL 0.38% <i>loteprednol etabonate ophth gel 0.38%</i>	4	QL; Maximum of 5 grams per prescription.
LOTEPREDNOL SUS 0.5% <i>loteprednol etabonate ophth susp 0.5%</i>	4	QL; Maximum of 5 ml per prescription.
<i>pred sod pho sol 1% op</i>	2	
<i>prednisolone sus 1% op</i>	2	
Ophthalmic Antiglaucoma Agents		
<i>apraclonidin sol 0.5% op</i>	2	
<i>betaxolol sol 0.5% op</i>	2	
<i>brimo/timolo sol 0.2/0.5%</i>	3	QL; Maximum of 5 ml per 25 days.
<i>brimonidine sol 0.15% op</i>	2	QL; Maximum of 30 ml per 30 days.
<i>brimonidine sol 0.2% op</i>	2	QL; Maximum of 30 ml per 30 days.
<i>brinzolamide sus 1% op</i>	3	QL; Maximum of 10 ml per 30 days.
<i>brinzolamide sus 1%</i>	3	QL; Maximum of 10 ml per 30 days.
<i>dorzol/timol sol 2-0.5%op</i>	2	QL; Maximum of 10 ml per 30 days.
<i>dorzol/timol sol 2%-0.5%</i>	3	QL; Maximum of 60 vials per 30 days.
<i>dorzolamide sol 2% op</i>	2	
<i>iopidine sol 1% op</i>	4	
<i>levobunolol sol 0.5% op</i>	2	
<i>phospholine sol 0.125%op</i>	3	
<i>pilocarpine sol 1% op</i>	2	
<i>pilocarpine sol 2% op</i>	2	
<i>pilocarpine sol 4% op</i>	2	
SIMBRINZA SUS 1-0.2% <i>brinzolamide-brimonidine tartrate ophth susp 1-0.2%</i>	4	QL; Maximum of 8 ml per 30 days.
<i>timolol maleate ophth soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	3	
<i>timolol maleate ophth soln 0.5%</i>	2	
<i>timolol ophth soln 0.5%</i>	3	QL; Maximum of 5 ml per 25 days.
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	3	
Ophthalmic Prostaglandin and Prostaglandin Analogs		
<i>bimatoprost sol 0.01% op</i>	3	QL; Maximum of 10 ml per 30 days.
<i>latanoprost sol 0.005%</i>	2	
LUMIGAN SOL 0.01% OP <i>bimatoprost ophth soln 0.01%</i>	3	QL; Maximum of 5 ml per 30 days.
<i>tafluprost sol 0.0015%</i>	4	QL; Maximum of 30 vials per 30 days.
<i>travoprost dro 0.004%</i>	3	QL; Maximum of 2.5 ml per 25 days.

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

Drug name	Tier	Coverage Requirements and Limits
Quinolones		
<i>carteolol sol 1% op</i>	2	
<i>gatifloxacin sol 0.5%</i>	3	
<i>levofloxacin sol 0.5%</i>	2	
<i>levofloxacin sol 1.5%</i>	2	
<i>moxifloxacin sol 0.5%</i>	2	
<i>ofloxacin dro 0.3% op</i>	2	
Sulfonamides		
<i>sulfacet sod oin 10% op</i>	2	
<i>sulfacet sod sol 10% op</i>	2	
Otic Agents		
Otic Agents		
<i>acetic acid sol 2% otic</i>	2	
<i>cipro/dexa sus 0.3-0.1%</i>	4	
<i>cipro/fluoc dro pf</i>	4	
<i>ciprofloxacin sol 0.2%</i>	3	
<i>cortisporin sus -tc otic</i>	4	
<i>flac oil 0.01%</i>	3	
<i>fluocin acet oil ear 0.01%</i>	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	3	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	3	
<i>neo/poly/hc sol 1% otic</i>	2	
<i>neo/poly/hc sus 1% otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin dro 0.3%otic</i>	2	
OTOVEL DRO <i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	4	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO AER 160MCG <i>ciclesonide inhal aerosol 160 mcg/act</i>	4	QL; Maximum of 6 inhalers (36.6 grams) per prescription.
ALVESCO AER 80MCG <i>ciclesonide inhal aerosol 80 mcg/act</i>	4	QL; Maximum of 3 inhalers (18.3 grams) per prescription.
ARNUITY ELPT INH 100MCG <i>fluticasone furoate aerosol powder breath activ 100 mcg/act</i>	3	QL; Maximum of 3 inhalers (90 blisters) per prescription.
ARNUITY ELPT INH 200MCG <i>fluticasone furoate aerosol powder breath activ 200 mcg/act</i>	3	QL; Maximum of 3 inhalers (90 blisters) per prescription.
ARNUITY ELPT INH 50MCG <i>fluticasone furoate aerosol powder breath activ 50 mcg/act</i>	3	QL; Maximum of 3 inhalers (90 blisters) per prescription.
ASMANEX 120 AER 220MCG <i>mometasone furoate inhal powd 220 mcg/act (breath activated)</i>	3	QL; Maximum of 3 inhalers per prescription.
ASMANEX 14 AER 220MCG <i>mometasone furoate inhal powd 220 mcg/act (breath activated)</i>	3	QL; Maximum of 6 inhalers per prescription.
ASMANEX 30 AER 110MCG <i>mometasone furoate inhal powd 110 mcg/act (breath activated)</i>	3	QL; Maximum of 6 inhalers per prescription.
ASMANEX 30 AER 220MCG <i>mometasone furoate inhal powd 220 mcg/act (breath activated)</i>	3	QL; Maximum of 3 inhalers per prescription.
ASMANEX 60 AER 220MCG <i>mometasone furoate inhal powd 220 mcg/act (breath activated)</i>	3	QL; Maximum of 3 inhalers per prescription.
ASMANEX HFA AER 100 MCG <i>mometasone furoate inhal aerosol suspension 100 mcg/act</i>	3	QL; Maximum of 3 inhalers (39 grams) per prescription.

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

Drug name	Tier	Coverage Requirements and Limits
ASMANEX HFA AER 200 MCG <i>mometasone furoate inhal aerosol suspension 200 mcg/act</i>	3	QL; Maximum of 3 inhalers (39 grams) per prescription.
ASMANEX HFA AER 50MCG <i>mometasone furoate inhal aerosol suspension 50 mcg/act</i>	3	QL; Maximum of 3 inhalers (39 grams) per prescription.
BEVESPI AER 9-4.8MCG <i>glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act</i>	3	QL; Maximum of 3 inhalers (32.1 grams) per prescription.
BREYNA AER 160/4.5 <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	4	QL; Maximum of 3 inhalers per prescription.
BREYNA AER 80/4.5 <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	4	QL; Maximum of 3 inhalers per prescription.
<i>budes/formot aer 160-4.5</i>	4	QL; Maximum of 3 inhalers per prescription.
<i>budes/formot aer 80-4.5</i>	4	QL; Maximum of 3 inhalers per prescription.
<i>budesonide sus 0.25mg/2</i>	3	QL; Maximum of 360 ml per prescription.
<i>budesonide sus 0.5mg/2</i>	3	QL; Maximum of 360 ml per prescription.
<i>budesonide sus 1mg/2ml</i>	3	QL; Maximum of 180 ml per prescription.
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	
<i>fluticasone spr 50mcg</i>	2	QL; Maximum of 16 grams per 30 days.
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	3	QL; Maximum of 3 inhalers per prescription.
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	3	QL; Maximum of 3 inhalers per prescription.
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	3	QL; Maximum of 3 inhalers per prescription.
<i>mometasone spr 50mcg</i>	3	QL; Maximum of 17 grams per 30 days.
QVAR REDIHA AER 80MCG <i>beclomethasone diprop hfa breath act inh aer 80 mcg/act</i>	3	QL; Maximum of 6 inhalers (63.6 grams) per prescription.
QVAR REDIHAL AER 40MCG <i>beclomethasone diprop hfa breath act inh aer 40 mcg/act</i>	3	QL; Maximum of 6 inhalers (63.6 grams) per prescription.
WIXELA INHUB AER 100/50 <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
WIXELA INHUB AER 250/50 <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
WIXELA INHUB AER 500/50 <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
Antihistamines		
<i>azelastine spr 0.1%</i>	2	QL; Maximum of 30 ml per 25 day.
<i>carbinoxamin sol 4mg/5ml</i>	2	
<i>carbinoxamin tab 4mg</i>	2	
<i>clemastine tab 2.68mg</i>	2	
<i>cyproheptad syp 2mg/5ml</i>	2	
<i>cyproheptad tab 4mg</i>	2	
<i>desloratadin tab 5mg</i>	3	
<i>levocetirizi sol 2.5/5ml</i>	3	
<i>levocetirizi tab 5mg</i>	2	QL; Maximum of 1 tablet per day.
<i>olopatadine spr 0.6%</i>	3	QL; Maximum of 30.5 grams per 30 days.
<i>prometh vc syp 6.25-5/5</i>	2	

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

Drug name	Tier	Coverage Requirements and Limits
<i>prometh/pe sol 6.25-5/5</i>	2	
<i>promethazine sol 12.5/10</i>	2	
<i>promethazine sol 6.25/5ml</i>	2	
<i>promethazine sup 12.5mg</i>	3	QL; Maximum of 6 suppositories per day.
<i>promethazine sup 25mg</i>	3	QL; Maximum of 4 suppositories per day.
<i>promethazine tab 12.5mg</i>	2	
<i>promethazine tab 25mg</i>	2	
<i>promethazine tab 50mg</i>	2	
Antihistamines		
<i>diphenhydram elx 12.5/5ml</i>	2	
Antileukotrienes		
<i>montelukast chw 4mg</i>	2	QL; Maximum of 1 tablet per day.
<i>montelukast chw 5mg</i>	2	QL; Maximum of 1 tablet per day.
<i>montelukast gra 4mg</i>	2	QL; Maximum of 1 packet per day.
<i>montelukast tab 10mg</i>	2	QL; Maximum of 1 tablet per day.
<i>zafirlukast tab 10mg</i>	3	QL; Maximum of 2 tablets per day.
<i>zafirlukast tab 20mg</i>	3	QL; Maximum of 2 tablets per day.
<i>zileuton er tab 600mg</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA AER 17MCG <i>ipratropium bromide hfa inhal aerosol 17 mcg/act</i>	4	QL; Maximum of 6 inhalers per prescription.
BREZTRI AERO AER SPHERE <i>budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act</i>	3	QL; Maximum of 3 inhalers (32.1 grams) per prescription.
INCRUSE ELPT INH 62.5MCG <i>umeclidinium br aero powd breath act 62.5 mcg/act (base eq)</i>	3	QL; Maximum of 3 inhalers (90 blisters) per prescription.
<i>ipratropium bromide hfa inhal aerosol 17mcg/act</i>	4	QL; Maximum of 6 inhalers per prescription.
<i>ipratropium sol 0.02%inh</i>	2	
<i>ipratropium spr 0.03%</i>	2	
<i>ipratropium spr 0.06%</i>	2	
<i>ipratropium/ sol albuter</i>	2	
SPIRIVA RESP AER 1.25MCG <i>tiotropium bromide inhal aerosol 1.25 mcg/act</i>	3	QL; Maximum of 3 inhalers (12 grams) per prescription.
SPIRIVA RESP AER 2.5MCG <i>tiotropium bromide inhal aerosol 2.5 mcg/act</i>	3	QL; Maximum of 3 inhalers (12 grams) per prescription.
SPIRIVA RESP AER 2.5MCG <i>tiotropium bromide inhal aerosol 2.5 mcg/act</i>	3	QL; Maximum of 3 inhalers (12 grams) per prescription.
STIOLTO AER 2.5-2.5 <i>tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act</i>	3	QL; Maximum of 3 inhalers (12 grams) per prescription.
<i>tiotropium bromide inhal cap 18 mcg</i>	3	QL; Maximum of 90 capsules per prescription.
TRELEGY AER 100MCG <i>fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act</i>	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
TRELEGY AER 200MCG <i>fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act</i>	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
Bronchodilators, Sympathomimetic		
<i>albuterol aer hfa</i>	1	
<i>albuterol neb 0.083%</i>	1	

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

Drug name	Tier	Coverage Requirements and Limits
<i>albuterol neb 0.5%</i>	1	
<i>albuterol neb 0.63mg/3</i>	1	
<i>albuterol neb 1.25mg/3</i>	1	
<i>albuterol syp 2mg/5ml</i>	3	
<i>albuterol syp 8mg/20ml</i>	3	
<i>albuterol tab 2mg</i>	3	
<i>albuterol tab 4mg</i>	3	
<i>arformoterol neb 15/2ml</i>	4	QL; Maximum of 180 vials (360ml) per prescription.
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL; Maximum of 4 pens (2 boxes) per 30 days.
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL; Maximum of 4 pens (2 boxes) per 30 days.
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL; Maximum of 4 pens (2 boxes) per 30 days.
<i>formoterol neb 20/2ml</i>	4	QL; Maximum of 180 vials (360ml) per prescription.
<i>levalbuterol neb 0.31mg</i>	3	QL; Maximum of 1620 ml per prescription.
<i>levalbuterol neb 0.63mg</i>	3	QL; Maximum of 1620 ml per prescription.
<i>levalbuterol neb 1.25/0.5</i>	3	QL; Maximum of 270 vials per prescription.
<i>levalbuterol neb 1.25mg</i>	3	QL; Maximum of 810 ml per prescription.
STRIVERDI AER 2.5MCG <i>olodaterol hcl inhal aerosol soln 2.5 mcg/act</i>	3	QL; Maximum of 3 inhalers (12 grams) per prescription.
SYMJEPI INJ 0.15MG <i>epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)</i>	1	QL; Maximum of 4 syringes per 30 days.
SYMJEPI INJ 0.3MG <i>epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)</i>	1	QL; Maximum of 4 syringes per 30 days.
<i>terbutaline tab 2.5mg</i>	4	
<i>terbutaline tab 5mg</i>	4	
VENTOLIN HFA AER <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	
Cystic Fibrosis Agents		
ORKAMBI GRA 100-125 <i>lumacaftor-ivacaftor granules packet 100-125 mg</i>	5	PA; QL; Maximum of 56 packets per 28 days.
ORKAMBI GRA 150-188 <i>lumacaftor-ivacaftor granules packet 150-188 mg</i>	5	PA; QL; Maximum of 56 packets per 28 days.
ORKAMBI GRA 75-94MG <i>lumacaftor-ivacaftor granules packet 75-94 mg</i>	5	PA; QL; Maximum of 56 packets per 28 days.
ORKAMBI TAB 100-125 <i>lumacaftor-ivacaftor tab 100-125 mg</i>	5	PA; QL; Maximum of 112 tablets per 28 days.
ORKAMBI TAB 200-125 <i>lumacaftor-ivacaftor tab 200-125 mg</i>	5	PA; QL; Maximum of 112 tablets per 28 days.
PULMOZYME SOL 1MG/ML <i>dornase alfa inhal soln 2.5 mg/2.5ml</i>	5	PA; QL; Maximum of 2 ampules (5 ml) per day.
<i>tobramycin neb 300/5ml</i>	5	PA; QL; Maximum of 2 ampules (10 ml) per day.
Mast Cell Stabilizers		
<i>cromolyn sod neb 20mg/2ml</i>	3	
Phosphodiesterase Inhibitors, Airways Disease		
<i>elixophyllin elx 80/15ml</i>	3	
<i>roflumilast tab 250mcg</i>	4	QL; Maximum of 1 tablet per day.
<i>roflumilast tab 500mcg</i>	4	QL; Maximum of 1 tablet per day.
THEO-24 CAP 100MG CR <i>theophylline cap er 24hr 100 mg</i>	4	

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

Drug name	Tier	Coverage Requirements and Limits
THEO-24 CAP 200MG CR <i>theophylline cap er 24hr 200 mg</i>	4	
THEO-24 CAP 300MG CR <i>theophylline cap er 24hr 300 mg</i>	4	
THEO-24 CAP 400MG ER <i>theophylline cap er 24hr 400 mg</i>	4	
<i>theophylline elx 80/15ml</i>	3	
<i>theophylline sol 80/15ml</i>	3	
<i>theophylline tab 100mg er</i>	2	
<i>theophylline tab 200mg er</i>	2	
<i>theophylline tab 300mg er</i>	2	
<i>theophylline tab 400mg er</i>	2	
<i>theophylline tab 450mg er</i>	2	
<i>theophylline tab 600mg er</i>	2	
Pulmonary Antihypertensives		
ADEMPAS TAB 0.5MG <i>riociguat tab 0.5 mg</i>	5	PA; QL; Maximum of 3 tablets per day.
ADEMPAS TAB 1.5MG <i>riociguat tab 1.5 mg</i>	5	PA; QL; Maximum of 3 tablets per day.
ADEMPAS TAB 1MG <i>riociguat tab 1 mg</i>	5	PA; QL; Maximum of 3 tablets per day.
ADEMPAS TAB 2.5MG <i>riociguat tab 2.5 mg</i>	5	PA; QL; Maximum of 3 tablets per day.
ADEMPAS TAB 2MG <i>riociguat tab 2 mg</i>	5	PA; QL; Maximum of 3 tablets per day.
ALYQ TAB 20MG <i>tadalafil tab 20 mg (pah)</i>	5	PA; QL; Maximum of 2 tablets per day.
<i>ambrisentan tab 10mg</i>	5	PA; QL; Maximum of 1 tablet per day.
<i>ambrisentan tab 5mg</i>	5	PA; QL; Maximum of 1 tablet per day.
<i>bosentan tab 125mg</i>	5	PA; QL; Maximum of 2 tablets per day.
<i>bosentan tab 62.5mg</i>	5	PA; QL; Maximum of 2 tablets per day.
OPSUMIT TAB 10MG <i>macitentan tab 10 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day.
ORENITRAM TAB 0.125MG <i>treprostinil diolamine tab er 0.125 mg</i>	5	PA; QL; Maximum of 6 tablets per day.
ORENITRAM TAB 0.25MG <i>treprostinil diolamine tab er 0.25 mg</i>	5	PA; QL; Maximum of 6 tablets per day.
ORENITRAM TAB 1MG <i>treprostinil diolamine tab er 1 mg</i>	5	PA; QL; Maximum of 6 tablets per day.
ORENITRAM TAB 2.5MG <i>treprostinil diolamine tab er 2.5 mg</i>	5	PA; QL; Maximum of 6 tablets per day.
ORENITRAM TAB 5MG <i>treprostinil diolamine tab er 5 mg</i>	5	PA; QL; Maximum of 6 tablets per day.
ORENITRAM TAB MONTH 1 <i>treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg</i>	5	PA; QL; Maximum of 1 titration kit per year.
ORENITRAM TAB MONTH 2 <i>treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg</i>	5	PA; QL; Maximum of 1 titration kit per year.
ORENITRAM TAB MONTH 3 <i>treprostinil tab er titr pk(mo3)126x0.125mg&42 x0.25mg&84x1mg</i>	5	PA; QL; Maximum of 1 titration kit per year.
<i>sildenafil sus 10mg/ml</i>	5	PA; QL; Maximum of 6 ml per day.
<i>sildenafil tab 20mg</i>	4	PA; QL; Maximum of 3 tablets per day.
<i>tadalafil tab 20mg</i>	5	PA; QL; Maximum of 2 tablets per day.
TYVASO DPI POW 16-32-48 <i>treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg</i>	5	PA; QL; SP; Maximum of 252 cartridges (1 kit) per year.
TYVASO DPI POW 16-32MCG <i>treprostinil inh powder 112 x 16mcg & 84 x 32mcg</i>	5	PA; QL; Maximum of 196 cartridges (1 kit) per year.
TYVASO DPI POW 16MCG <i>treprostinil inh powder 16 mcg/cartridge</i>	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 32MCG <i>treprostinil inh powder 32 mcg/cartridge</i>	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 48MCG <i>treprostinil inh powder 48 mcg/cartridge</i>	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.

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

Drug name	Tier	Coverage Requirements and Limits
TYVASO DPI POW 64MCG <i>treprostinil inh powder 64 mcg/cartridge</i>	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 80MCG <i>treprostinil inh powder 80 mcg/cartridge</i>	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW MAIN KIT <i>treprostinil inh powder 112 x 32mcg & 112 x 64mcg</i>	5	PA; QL; SP; Maximum of 224 cartridges (1 kit) per 28 days.
TYVASO DPI POW MAIN KIT <i>treprostinil inh powder 112 x 48mcg & 112 x 64mcg</i>	5	PA; QL; SP; Maximum of 224 cartridges (1 kit) per 28 days.
TYVASO RF KT SOL 0.6MG/ML <i>treprostinil inhalation solution 0.6 mg/ml</i>	5	PA; QL; SP; Maximum of 4 ampules (11.6 ml) per day.
TYVASO SOL 0.6MG/ML <i>treprostinil inhalation solution 0.6 mg/ml</i>	5	PA; QL; SP; Maximum of 4 ampules (11.6 ml) per day.
TYVASO ST KT SOL 0.6MG/ML <i>treprostinil inhalation solution 0.6 mg/ml</i>	5	PA; QL; SP; Maximum of 4 ampules (11.6 ml) per day.
UPTRAVI PACK TAB 200/800 <i>selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)</i>	5	PA; QL; Maximum of 200 tablets per year.
UPTRAVI TAB 1000MCG <i>selexipag tab 1000 mcg</i>	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 1200MCG <i>selexipag tab 1200 mcg</i>	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 1400MCG <i>selexipag tab 1400 mcg</i>	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 1600MCG <i>selexipag tab 1600 mcg</i>	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 200MCG <i>selexipag tab 200 mcg</i>	5	PA; QL; Maximum of 5 tablets per day.
UPTRAVI TAB 400MCG <i>selexipag tab 400 mcg</i>	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 600MCG <i>selexipag tab 600 mcg</i>	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 800MCG <i>selexipag tab 800 mcg</i>	5	PA; QL; Maximum of 2 tablets per day.
VENTAVIS SOL 10MCG/ML <i>iloprost inhalation solution 10 mcg/ml</i>	5	PA; QL; SP; Maximum of 7 ml per day.
VENTAVIS SOL 20MCG/ML <i>iloprost inhalation solution 20 mcg/ml</i>	5	PA; QL; SP; Maximum of 3 ml per day.
Pulmonary Fibrosis Agents		
<i>nintedanib esylate cap 100 mg</i>	5	PA; QL; Maximum of 2 capsules per day.
<i>nintedanib esylate cap 150 mg</i>	5	PA; QL; Maximum of 2 capsules per day.
OFEV CAP 100MG <i>nintedanib esylate cap 100 mg</i>	5	PA; QL; Maximum of 2 capsules per day.
OFEV CAP 150MG <i>nintedanib esylate cap 150 mg</i>	5	PA; QL; Maximum of 2 capsules per day.
<i>pirfenidone cap 267mg</i>	4	PA; QL; Maximum of 9 capsules per day.
<i>pirfenidone tab 267mg</i>	4	PA; QL; Maximum of 9 tablets per day.
<i>pirfenidone tab 534mg</i>	4	PA; QL; Maximum of 3 tablets per day.
<i>pirfenidone tab 801mg</i>	4	PA; QL; Maximum of 3 tablets per day.
Respiratory Tract Agents, Other		
ACETYLCYST SOL 10% <i>acetylcysteine inhal soln 10%</i>	2	
ACETYLCYST SOL 20% <i>acetylcysteine inhal soln 20%</i>	2	
<i>benzonatate cap 100mg</i>	2	
<i>benzonatate cap 200mg</i>	2	
<i>bpm-pse-dm syp 2-30-10</i>	2	
<i>brom/pse/dm syp 2-30-10</i>	2	
<i>gg/codeine sol 100-10/5</i>	2	PA; QL; Maximum of 360 ml per 30 days.
GILTUSS TAB 10-388MG <i>phenylephrine-guaifenesin tab 10-388 mg</i>	4	
<i>hydroc/homat tab 5-1.5mg</i>	2	PA; QL; Maximum of 12 tablets per day.
<i>hydrocod/hom sol 5-1.5/5</i>	2	PA; QL; Maximum of 12 ml per day.
<i>hydrocod/hom syp 5-1.5/5</i>	2	PA; QL; Maximum of 12 ml per day.

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

Drug name	Tier	Coverage Requirements and Limits
hydromet syp 5-1.5/5	2	PA; QL; Maximum of 12 ml per day.
HYPERSAL NEB 3.5% sodium chloride soln nebu 3.5%	3	
HYPERSAL NEB 7% sodium chloride soln nebu 7%	3	
NEBUSAL NEB 3% sodium chloride soln nebu 3%	3	
NEBUSAL NEB 6% sodium chloride soln nebu 6%	3	
prometh/cod sol 6.25-10	2	PA; QL; Maximum of 36 ml per day.
promethazine sol dm	2	
promethazine syp dm	2	
PULMOSAL NEB 7% sodium chloride soln nebu 7%	3	
sod chloride neb 0.9%	2	
sod chloride neb 10%	2	
sod chloride neb 3%	2	
sod chloride neb 7%	2	
XOLAIR INJ 150MG/ML omalizumab subcutaneous soln auto-injector 150 mg/ml	5	PA; QL; Maximum of 4ml (4 pens) per 28 days.
XOLAIR INJ 150MG/ML omalizumab subcutaneous soln prefilled syringe 150 mg/ml	5	PA; QL; Maximum of 4ml (4 syringes) per 28 days.
XOLAIR INJ 300/2ML omalizumab subcutaneous soln auto-injector 300 mg/2ml	5	PA; QL; Maximum of 4ml (4 pens) per 28 days.
XOLAIR INJ 300/2ML omalizumab subcutaneous soln prefilled syringe 300 mg/2ml	5	PA; QL; Maximum of 4ml (4 syringes) per 28 days.
XOLAIR INJ 75/0.5 omalizumab subcutaneous soln auto-injector 75 mg/0.5ml	5	PA; QL; Maximum of 1ml (2 pens) per 28 days.
XOLAIR INJ 75/0.5 omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	PA; QL; Maximum of 1ml (2 syringes) per 28 days.
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
baclofen tab 10mg	2	
baclofen tab 20mg	2	
baclofen tab 5mg	2	
carisoprodol tab 350mg	2	QL; Maximum of 4 tablets per day.
chlorzoxazon tab 500mg	3	
cyclobenzapr tab 10mg	2	
cyclobenzapr tab 5mg	2	
cyclobenzapr tab 7.5mg	2	
dantrolene cap 100mg	3	
dantrolene cap 25mg	3	
dantrolene cap 50mg	3	
metaxalone tab 800mg	3	
methocarbam tab 500mg	2	
methocarbam tab 750mg	2	
orphenadrine tab 100mg er	2	
tizanidine cap 2mg	3	
tizanidine cap 4mg	3	
tizanidine cap 6mg	3	
tizanidine tab 2mg	2	

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

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

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

Index

abacavir sol 20mg/ml.....	50	acyclovir tab 800mg.....	53	ADEMPAS TAB 0.5MG riociguat tab 0.5 mg	122
abacavir sulfate-lamivudine tab 600-300 mg	50	ADACEL INJ tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml ...	108	ADEMPAS TAB 1.5MG riociguat tab 1.5 mg	122
abacavir tab 300mg	50	ADACEL INJ tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	108	ADEMPAS TAB 1MG riociguat tab 1 mg	122
abigale lo tab 0.5-0.1.....	92	ADALIMU-ADAZ INJ 10/0.1ML adalimumab-adaz soln prefilled syringe 10 mg/0.1ml	105	ADEMPAS TAB 2.5MG riociguat tab 2.5 mg	122
abigale tab 1-0.5mg.....	92	ADALIMU-ADAZ INJ 20/0.2ML adalimumab-adaz soln prefilled syringe 20 mg/0.2ml	105	ADEMPAS TAB 2MG riociguat tab 2 mg	122
abiraterone tab 250mg.....	38	ADALIMU-ADAZ INJ 20/0.2ML adalimumab-adaz soln prefilled syringe 20 mg/0.2ml	105	afirmelle tab 0.1-0.02.....	92
abiraterone tab 500mg.....	38	ADALIMU-ADAZ INJ 20/0.2ML adalimumab-adaz soln prefilled syringe 20 mg/0.2ml	105	AFLURIA INJ 2025-26 influenza virus vaccine split im susp	108
ABRYSVO INJ 120MCG rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	108	ADALIMU-ADAZ INJ 40/0.4ML adalimumab-adaz soln auto-injector 40 mg/0.4ml	105	AFLURIA INJ 2025-26 influenza virus vaccine split pf susp pref syringe 0.5 ml	108
ABRYSVO INJ rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	108	ADALIMU-ADAZ INJ 40/0.4ML adalimumab-adaz soln prefilled syringe 40 mg/0.4ml	105	aftera tab 1.5mg	99
acampro cal tab 333mg	20	ADALIMU-ADAZ INJ 80/0.8ML adalimumab-adaz soln auto-injector 80 mg/0.8ml	105	afterpill tab 1.5mg	99
acarbose tab 25mg	55	ADALIMU-ADAZ INJ 40/0.4ML adalimumab-adaz soln auto-injector 40 mg/0.4ml	105	aimovig inj 70mg/ml.....	36
acarbose tab 50mg	55	ADALIMU-ADAZ INJ 40/0.4ML adalimumab-adaz soln prefilled syringe 40 mg/0.4ml	105	aimovig inj 140mg/ml.....	36
acarbose tab 100mg.....	55	ADALIMU-ADAZ INJ 80/0.8ML adalimumab-adaz soln auto-injector 80 mg/0.8ml	105	AKTEN GEL 3.5% OP lidocaine hcl opth gel 3.5%	116
accu-chek kit guide.....	55	ADALIMU-ADBKIT 10/0.2ML adalimumab-adbm prefilled syringe kit 10 mg/0.2ml	105	albendazole tab 200mg	43
accu-chek kit guide me.....	55	ADALIMU-ADBKIT 20/0.4ML adalimumab-adbm prefilled syringe kit 20 mg/0.4ml	105	albuterol aer hfa	120
accu-chek test strips guide.....	55	ADALIMU-ADBKIT 40/0.4ML adalimumab-adbm auto-injector kit 40 mg/0.4ml	105	albuterol neb 0.5%	121
accutane cap 10mg.....	78	ADALIMU-ADBKIT 40/0.4ML adalimumab-adbm auto-injector kit 40 mg/0.4ml	105	albuterol neb 0.63mg/3	121
accutane cap 20mg	78	ADALIMU-ADBKIT 40/0.4ML adalimumab-adbm auto-injector kit 40 mg/0.4ml	105	albuterol neb 0.083%	120
accutane cap 30mg	78	ADALIMU-ADBKIT 40/0.4ML adalimumab-adbm auto-injector kit 40 mg/0.4ml	105	albuterol neb 1.25mg/3.....	121
accutane cap 40mg	78	ADALIMU-ADBKIT 40/0.8ML adalimumab-adbm auto-injector kit 40 mg/0.8ml	105	albuterol syp 2mg/5ml	121
acebutolol cap 200mg	66	ADALIMU-ADBKIT 40/0.8ML adalimumab-adbm auto-injector kit 40 mg/0.8ml	105	albuterol syp 8mg/20ml.....	121
acebutolol cap 400mg	66	ADALIMU-ADBKIT 40/0.8ML adalimumab-adbm auto-injector kit 40 mg/0.8ml	105	albuterol tab 2mg.....	121
acetazolamid cap 500mg er	71	ADALIMU-ADBKIT 40/0.8ML adalimumab-adbm auto-injector kit 40 mg/0.8ml	105	albuterol tab 4mg.....	121
acetazolamid tab 125mg	71	ADALIMU-ADBKIT 40/0.8ML adalimumab-adbm auto-injector kit 40 mg/0.8ml	105	alclometason cre 0.05%	88
acetazolamid tab 250mg.....	71	ADALIMU-ADBKIT 40/0.8ML adalimumab-adbm auto-injector kit 40 mg/0.8ml	105	alclometason oin 0.05%	88
acetic acid sol 2% otic	118	ADALIMU-ADBKIT 40/0.8ML adalimumab-adbm auto-injector kit 40 mg/0.8ml	105	alcohol prep pad.....	112
ACETYLCYST SOL 10% acetylcysteine inhal soln 10%	123	ADALIMU-ADBKIT 40/0.8ML adalimumab-adbm auto-injector kit 40 mg/0.8ml	105	ALDACTONE TAB 25MG spironolactone tab 25 mg	71
ACETYLCYST SOL 20% acetylcysteine inhal soln 20%	123	ADALIMU-ADBKIT 40/0.8ML adalimumab-adbm auto-injector kit 40 mg/0.8ml	105	ALDACTONE TAB 50MG spironolactone tab 50 mg	71
acitretin cap 10mg.....	78	ADALIMU-ADBKIT 40/0.8ML adalimumab-adbm auto-injector kit 40 mg/0.8ml	105	ALDACTONE TAB 100MG spironolactone tab 100 mg	71
acitretin cap 17.5mg	78	ADALIMU-ADBKIT 40/0.8ML adalimumab-adbm auto-injector kit 40 mg/0.8ml	105	ALECENSA CAP 150MG alectinib hcl cap 150 mg (base equivalent)	40
acitretin cap 25mg.....	78	ADALIMU-ADBKIT 40/0.8ML adalimumab-adbm auto-injector kit 40 mg/0.8ml	105	alendronate sol 70/75ml	111
ACTEMRA INJ 162/0.9 tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	107	ADALIMU-ADBKIT 40/0.8ML adalimumab-adbm auto-injector kit 40 mg/0.8ml	105	alendronate tab 10mg	111
ACTEMRA INJ ACTPEN tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	107	ADALIMU-ADBKIT 40/0.8ML adalimumab-adbm auto-injector kit 40 mg/0.8ml	105	alendronate tab 35mg.....	111
ACTHIB INJ haemophilus b polysaccharide conjugate vaccine for inj	108	ADALIMU-ADBKIT 40/0.8ML adalimumab-adbm auto-injector kit 40 mg/0.8ml	105	alendronate tab 70mg.....	111
ACTIMMUNE INJ 2MU/0.5 interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml) ...	107	ADALIMU-ADBKIT 40/0.8ML adalimumab-adbm auto-injector kit 40 mg/0.8ml	105	alfuzosin tab 10mg er.....	86
acyclovir cap 200mg.....	53	ADALIMU-ADBKIT 40/0.8ML adalimumab-adbm auto-injector kit 40 mg/0.8ml	105	ALINIA SUS 100/5ML nitazoxanide for susp 100 mg/5ml	43
acyclovir oin 5%.....	53	adapalene cre 0.1%	78	allopurinol tab 100mg	35
acyclovir sus 200/5ml	53	adapalene gel 0.1%.....	78	allopurinol tab 300mg.....	35
acyclovir sus 800/20ml.....	53	adapalene gel 0.3%	78	almotrip mal tab 6.25mg	36
acyclovir tab 400mg.....	53	adapalene gel 0.3% pmp.....	78	almotrip mal tab 12.5mg.....	36
		adefov dipiv tab 10mg	48	almotriptan tab 6.25mg	36

apraclonidin sol 0.5% op.....	117	ARMOUR THYRO TAB 15MG thyroid tab 15 mg (1/4 grain)	101	ATABEX OB TAB 29-1MG *prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg***	82
aprepitant cap 40mg.....	33	ARMOUR THYRO TAB 30MG thyroid tab 30 mg (1/2 grain)	101	atazanavir cap 150mg.....	52
aprepitant cap 80mg.....	33	ARMOUR THYRO TAB 60MG thyroid tab 60 mg (1 grain)	101	atazanavir cap 200mg.....	52
aprepitant cap 125mg.....	33	ARMOUR THYRO TAB 90MG thyroid tab 90 mg (1 1/2 grain)	101	atazanavir cap 300mg.....	52
aprepitant pak 125 & 80.....	33	ARMOUR THYRO TAB 120MG thyroid tab 120 mg (2 grain)	101	atenol/chlor tab 50-25mg.....	67
apri tab.....	92	ARMOUR THYRO TAB 180MG thyroid tab 180 mg (3 grain)	101	atenol/chlor tab 100-25mg.....	66
APTIVUS CAP 250MG tipranavir cap 250 mg	52	ARMOUR THYRO TAB 240MG thyroid tab 240 mg (4 grain)	101	atenolol tab 25mg.....	67
aranelle tab.....	92	ARMOUR THYRO TAB 300MG thyroid tab 300 mg (5 grain)	101	atenolol tab 50mg.....	67
ARANESP INJ 10MCG darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	61	ARNUITY ELPT INH 50MCG fluticasone furoate aerosol powder breath activ 50 mcg/act	118	atenolol tab 100mg.....	67
ARANESP INJ 25MCG darbepoetin alfa soln inj 25 mcg/ml	61	ARNUITY ELPT INH 100MCG fluticasone furoate aerosol powder breath activ 100 mcg/act	118	atomoxetine cap 10mg.....	75
ARANESP INJ 25MCG darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	61	ARNUITY ELPT INH 200MCG fluticasone furoate aerosol powder breath activ 200 mcg/act	118	atomoxetine cap 18mg.....	75
ARANESP INJ 40MCG darbepoetin alfa soln inj 40 mcg/ml	61	asa/dipyrida cap 25-200mg.....	62	atomoxetine cap 25mg.....	75
ARANESP INJ 40MCG darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	61	ascomp/cod cap 30mg.....	18	atomoxetine cap 40mg.....	75
ARANESP INJ 60MCG darbepoetin alfa soln inj 60 mcg/ml	61	asenapine sub 2.5mg.....	46	atomoxetine cap 60mg.....	75
ARANESP INJ 60MCG darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	61	asenapine sub 5mg.....	46	atomoxetine cap 80mg.....	75
ARANESP INJ 100MCG darbepoetin alfa soln inj 100 mcg/ml	61	asenapine sub 10mg.....	46	atomoxetine cap 100mg.....	75
ARANESP INJ 100MCG darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	61	ashlyna tab.....	93	atorvastatin tab 10mg.....	72
ARANESP INJ 150MCG darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	61	ASMANEX 14 AER 220MCG mometasone furoate inhal powd 220 mcg/act (breath activated)	118	atorvastatin tab 20mg.....	72
ARANESP INJ 200MCG darbepoetin alfa soln inj 200 mcg/ml	61	ASMANEX 30 AER 110MCG mometasone furoate inhal powd 110 mcg/act (breath activated)	118	atorvastatin tab 40mg.....	72
ARANESP INJ 200MCG darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	61	ASMANEX 30 AER 220MCG mometasone furoate inhal powd 220 mcg/act (breath activated)	118	atorvastatin tab 80mg.....	72
ARANESP INJ 300MCG darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	61	ASMANEX 60 AER 220MCG mometasone furoate inhal powd 220 mcg/act (breath activated)	118	atovaq/progu tab 62.5-25.....	43
ARANESP INJ 500MCG darbepoetin alfa soln prefilled syringe 500 mcg/ml	61	ASMANEX 120 AER 220MCG mometasone furoate inhal powd 220 mcg/act (breath activated)	118	atovaq/progu tab 250-100.....	43
AREXVY INJ 120MCG rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	108	ASMANEX HFA AER 50MCG mometasone furoate inhal aerosol suspension 50 mcg/act	119	atovaquone sus 750/5ml.....	44
arformoterol neb 15/2ml.....	121	ASMANEX HFA AER 100 MCG mometasone furoate inhal aerosol suspension 100 mcg/act	118	atropine sul sol 1% op.....	116
aripiprazole sol 1mg/ml.....	46	ASMANEX HFA AER 200 MCG mometasone furoate inhal aerosol suspension 200 mcg/act	119	ATROVENT HFA AER 17MCG ipratropium bromide hfa inhal aerosol 17 mcg/act	120
aripiprazole tab 2mg.....	46	aspirin low chw 81mg.....	15	aubra eq tab 0.1-0.02.....	93
aripiprazole tab 5mg.....	46	aspirin low tab 81mg ec.....	15	aurovela 24 tab fe 1/20.....	93
aripiprazole tab 10mg.....	46	ATABEX EC TAB 29-1MG *prenatal vit w/ dss-iron carbonyl-fa tab dr 29-1 mg***	82	aurovela fe tab 1.5/30.....	93
aripiprazole tab 15mg.....	46			aurovela fe tab 1/20.....	93
aripiprazole tab 20mg.....	46			aurovela tab 1.5/30.....	93
aripiprazole tab 30mg.....	46			aurovela tab 1/20.....	93
armodafinil tab 50mg.....	125			AUSTEDO TAB 6MG deutetrabenazine tab 6 mg	76
armodafinil tab 150mg.....	125			AUSTEDO TAB 9MG deutetrabenazine tab 9 mg	76
armodafinil tab 200mg.....	125			AUSTEDO TAB 12MG deutetrabenazine tab 12 mg	76
armodafinil tab 250mg.....	125			AUSTEDO XR TAB 6MG deutetrabenazine tab er 24hr 6 mg ..	76
				AUSTEDO XR TAB 12MG deutetrabenazine tab er 24hr 12 mg .	76
				AUSTEDO XR TAB 18MG deutetrabenazine tab er 24hr 18 mg .	76
				AUSTEDO XR TAB 24MG deutetrabenazine tab er 24hr 24 mg .	76
				AUSTEDO XR TAB 30MG ER deutetrabenazine tab er 24hr 30 mg .	76
				AUSTEDO XR TAB 36MG ER deutetrabenazine tab er 24hr 36 mg .	76
				AUSTEDO XR TAB 42MG ER deutetrabenazine tab er 24hr 42 mg .	76
				AUSTEDO XR TAB 48MG ER deutetrabenazine tab er 24hr 48 mg .	76

AUSTEDO XR TAB TITR KIT deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg	76	BELSOMRA TAB 10MG suvorexant tab 10 mg	125	BEYFORTUS INJ 100MG/ML nirsevimab-alip im soln prefilled syringe 100 mg/ml	108
AUSTEDO XR TAB TITR KIT deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	76	BELSOMRA TAB 15MG suvorexant tab 15 mg	125	bicalutamide tab 50mg.....	38
autopen mis 1-21unit.....	55	BELSOMRA TAB 20MG suvorexant tab 20 mg	125	BIJUVA CAP 0.5-100 estradiol- progesterone cap 0.5-100 mg	93
averi tab.....	93	benazep/hctz tab 5-6.25mg.....	64	BIKTARVY TAB bictegravir- emtricitabine-tenofovir af tab 30- 120-15 mg	50
aviane tab.....	93	benazep/hctz tab 10-12.5.....	64	BIKTARVY TAB bictegravir- emtricitabine-tenofovir af tab 50- 200-25 mg	50
AVONEX PEN KIT 30MCG interferon beta-1a im auto-injector kit 30 mcg/0.5ml	77	benazep/hctz tab 20-12.5.....	64	bimatoprost sol 0.01% op.....	117
AVONEX PREFL KIT 30MCG interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	77	benazep/hctz tab 20-25mg.....	64	bisacodyl tab 5mg ec.....	84
Avtozma inj 162/0.9 tocilizumab- anoh subcutaneous soln auto-inj 162 mg/0.9 ml	107	benazepril tab 5mg.....	64	bisoprl/hctz tab 2.5/6.25.....	67
Avtozma inj 162/0.9 tocilizumab- anoh subcutaneous soln pref syr 162 mg/0.9 ml	107	benazepril tab 10mg.....	64	bisoprl/hctz tab 5-6.25mg.....	67
ayuna tab.....	93	benazepril tab 20mg.....	64	bisoprl/hctz tab 10/6.25.....	67
AZASITE SOL 1% azithromycin ophth soln 1%	116	benazepril tab 40mg.....	64	bisoprol fum tab 2.5mg.....	67
azathioprine tab 50mg.....	105	benznidazole tab 12.5mg.....	44	bisoprol fum tab 5mg.....	67
azelaic acid gel 15%.....	78	benznidazole tab 100mg.....	44	bisoprol fum tab 10mg.....	67
azelastine dro 0.05%.....	116	benzonatate cap 100mg.....	123	blisovi 24 tab fe 1/20.....	93
azelastine spr 0.1%.....	119	benzonatate cap 200mg.....	123	blisovi fe tab 1.5/30.....	93
azithromycin for susp 100 mg/5ml....	24	benzoyl peroxide-erythromycin gel 5-3%.....	78	blisovi fe tab 1/20.....	93
azithromycin for susp 200 mg/5ml....	24	benztropine tab 0.5mg.....	44	BOOSTRIX INJ tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf- mcg/0.5ml	108
azithromycin powd pack for susp 1 gm	24	benztropine tab 1mg.....	44	BOOSTRIX INJ tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf- mcg/0.5ml	108
azithromycin tab 250 mg.....	24	benztropine tab 2mg.....	44	bosentan tab 62.5mg.....	122
azithromycin tab 250 mg.....	24	bepotastine dro 1.5% op.....	116	bosentan tab 125mg.....	122
azithromycin tab 250 mg.....	24	BETADINE SOL 5% OP povidone- iodine ophth soln 5%	116	bosulif cap 50mg.....	40
azithromycin tab 500 mg.....	24	beta diprop cre 0.05%.....	88	bosulif cap 100mg.....	40
azithromycin tab 500 mg.....	24	beta diprop gel 0.05%.....	88	bosulif tab 100mg.....	40
azithromycin tab 500 mg.....	24	beta diprop lot 0.05%.....	88	bosulif tab 400mg.....	40
azithromycin tab 500 mg.....	24	beta diprop oin 0.05%.....	88	bosulif tab 500mg.....	40
azithromycin tab 600 mg.....	23	betaine anhy pow.....	86	bpm-pse-dm syp 2-30-10.....	123
azurette tab.....	93	betameth dip cre 0.05%.....	88	BREYNA AER 80/4.5 budesonide- formoterol fumarate dihyd aerosol 80-4.5 mcg/act	119
bacit/polymy oin op.....	115	betameth dip lot 0.05%.....	88	BREYNA AER 160/4.5 budesonide- formoterol fumarate dihyd aerosol 160-4.5 mcg/act	119
bacitracin oin op.....	116	betameth dip oin 0.05%.....	88	BREZTRI AERO AER SPHERE budesonide-glycopyrrolate- formoterol aers 160-9-4.8 mcg/act .	120
baclofen tab 5mg.....	124	betameth val cre 0.1%.....	88	briellyn tab.....	93
baclofen tab 10mg.....	124	betameth val lot 0.1%.....	88	brimonidine gel 0.33%.....	78
baclofen tab 20mg.....	124	betameth val oin 0.1%.....	88	brimonidine sol 0.2% op.....	117
bac tab.....	18	BETASERON INJ 0.3MG interferon beta-1b for inj kit 0.3 mg	77	brimonidine sol 0.15% op.....	117
BALSALAZIDE CAP 750MG balsalazide disodium cap 750 mg	111	betaxolol sol 0.5% op.....	117	brimo/timolo sol 0.2/0.5%.....	117
balziva tab.....	93	betaxolol tab 10mg.....	67	brinzolamide sus 1%.....	117
baqsimi one pow 3mg/dose.....	58	betaxolol tab 20mg.....	67	brinzolamide sus 1% op.....	117
baqsimi two pow 3mg/dose.....	58	bethanechol tab 5mg.....	87	bromfenac dro 0.09% op.....	116
BARACLUDE SOL entecavir oral soln 0.05 mg/ml	48	bethanechol tab 10mg.....	87	bromocriptin cap 5mg.....	44
basaglar inj 100unit.....	58	bethanechol tab 25mg.....	87	bromocriptin tab 2.5mg.....	44
BAXDELA TAB 450MG delafloxacin meglumine tab 450 mg (base equiv) .	23	bethanechol tab 50mg.....	87	brom/pse/dm syp 2-30-10.....	123
BD GLUCOSE CHW 5GM glucose chew tab 5 gm	112	BEVESPI AER 9-4.8MCG glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act	119		
BELSOMRA TAB 5MG suvorexant tab 5 mg	125	bexarotene cap 75mg.....	43		
		bexarotene gel 1%.....	43		
		BEXSERO INJ meningococcal vac b (recomb omv adjuv) inj prefilled syringe	108		
		BEYFORTUS INJ 50/0.5ML nirsevimab-alip im soln prefilled syringe 50 mg/0.5ml	108		

BRUKINSA CAP 80MG zanubrutinib cap 80 mg	40	calc acetate cap 667mg	81	carbidopa tab 25mg	45
BRUKINSA TAB 160MG zanubrutinib tab 160 mg	40	calc acetate tab 667mg	81	carbinoxamin sol 4mg/5ml	119
budes/formot aer 80-4.5	119	calcipotriene-betamethasone dipropionate oint 0.005-0.064%	78	carbinoxamin tab 4mg	119
budes/formot aer 160-4.5	119	calcipotriene-betamethasone dipropionate susp 0.005-0.064%	78	carb/levo 50 tab /entacap	44
budesonide cap 3mg dr	111	calcipotriene cream 0.005%	78	carb/levo 75 tab /entacap	44
budesonide sus 0.5mg/2	119	calcipotriene oint 0.005%	78	carb/levo100 tab /entacap	45
budesonide sus 0.25mg/2	119	calcipotrien sol 0.005%	78	carb/levo125 tab /entacap	45
budesonide sus 1mg/2ml	119	calcitonin spr 200/act	111	carb/levo150 tab /entacap	45
bumetanide tab 0.5mg	71	calcitriol cap 0.5mcg	112	carb/levo200 tab /entacap	45
bumetanide tab 1mg	71	calcitriol cap 0.25mcg	111	carb/levo er tab 25-100mg	45
bumetanide tab 2mg	71	calcitriol oin 3mcg/gm	78	carb/levo er tab 50-200mg	45
bupren/nalox mis 2-0.5mg	20	calcitriol sol 1mcg/ml	112	carb/levo tab 10-100mg	45
bupren/nalox mis 4-1mg	20	CALQUENCE TAB 100MG acalabrutinib maleate tab 100 mg ...	40	carb/levo tab 10-100mg	45
bupren/nalox mis 8-2mg	20	CAMCEVI INJ 42MG leuprolide mesylate (6 month) emulsion prefilled syr 42 mg	104	carb/levo tab 25-100mg	45
bupren/nalox mis 12-3mg	20	camila tab 0.35mg	99	carb/levo tab 25-250mg	45
bupren/nalox sub 2-0.5mg	20	camrese lo tab	93	carb/levo tab 25-250mg	45
bupren/nalox sub 8-2mg	20	camrese tab	93	carglumic tab 200mg	80
buprenorphin sub 2mg	20	candesa/hctz tab 16-12.5	63	carisoprodol tab 350mg	124
buprenorphin sub 8mg	20	candesa/hctz tab 32-12.5	63	CAROSPIR SUS 25MG/5ML spironolactone susp 25 mg/5ml	71
bupropion tab 75mg	30	candesa/hctz tab 32-25mg	63	carteolol sol 1% op	118
bupropion tab 100mg	30	candesartan tab 4mg	63	CARTIA XT CAP 120/24HR diltiazem hcl coated beads cap er 24hr 120 mg .	68
bupropion tab 100mg sr	30	candesartan tab 8mg	63	CARTIA XT CAP 180/24HR diltiazem hcl coated beads cap er 24hr 180 mg .	68
bupropion tab 150mg sr	21	candesartan tab 16mg	63	CARTIA XT CAP 240/24HR diltiazem hcl coated beads cap er 24hr 240 mg .	68
bupropion tab 150mg sr	30	candesartan tab 32mg	63	CARTIA XT CAP 300/24HR diltiazem hcl coated beads cap er 24hr 300 mg .	68
bupropion tab 150mg xl	30	capecitabine tab 150mg	39	carvedilol tab 3.125mg	67
bupropion tab 200mg sr	30	capecitabine tab 500mg	39	carvedilol tab 6.25mg	67
bupropion tab 300mg xl	30	CAPRELSA TAB 100MG vandetanib tab 100 mg	40	carvedilol tab 12.5mg	67
buspirone tab 5mg	53	CAPRELSA TAB 300MG vandetanib tab 300 mg	40	carvedilol tab 25mg	67
buspirone tab 7.5mg	53	captopr/hctz tab 25-15mg	65	CAYA DPR *diaphragm arc-spring*** .	112
buspirone tab 10mg	53	captopr/hctz tab 25-25mg	65	cdp/amitrip tab 5-12.5mg	30
buspirone tab 15mg	53	captopr/hctz tab 50-15mg	65	cdp/amitrip tab 10-25mg	30
buspirone tab 30mg	53	captopr/hctz tab 50-25mg	65	cefaclor cap 250 mg	23
butal/apap tab 50-325mg	19	captopril tab 12.5mg	65	cefaclor cap 500 mg	23
butalb/aceta tab 50-300mg	19	captopril tab 25mg	65	cefaclor monohydrate tab er 12hr 500 mg	23
but/apap/caf cap	18	captopril tab 50mg	65	cefadroxil cap 500 mg	23
but/apap/caf cap	18	captopril tab 100mg	65	cefadroxil for susp 250 mg/5ml	23
but/apap/caf cap codeine	18	CAPVAXIVE INJ 0.5ML pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml	108	cefadroxil for susp 500 mg/5ml	23
but/apap/caf cap codeine	18	carbamazepin cap 100mg er	28	cefadroxil tab 1 gm	23
but/apap/caf tab	18	carbamazepin cap 200mg er	28	cefdinir cap 300 mg	23
but/asa/caf/ cap codeine	19	carbamazepin cap 300mg er	28	cefdinir for susp 125 mg/5ml	23
but/asa/caff cap	19	carbamazepin chw 100mg	28	cefdinir for susp 250 mg/5ml	23
bydureon bc inj 2/0.85ml	55	carbamazepin sus 100/5ml	28	cefixime cap 400 mg	23
cabergoline tab 0.5mg	90	carbamazepin sus 200/10ml	28	cefixime for susp 100 mg/5ml	23
CABOMETYX TAB 20MG cabozantinib s-malate tab 20 mg (base equivalent)	40	carbamazepin tab 100mg er	28	cefixime for susp 200 mg/5ml	23
CABOMETYX TAB 40MG cabozantinib s-malate tab 40 mg (base equivalent)	40	carbamazepin tab 200mg	28	cefpodoxime proxetil for susp 50 mg/5ml	23
CABOMETYX TAB 60MG cabozantinib s-malate tab 60 mg (base equivalent)	40	carbamazepin tab 200mg er	28	cefpodoxime proxetil tab 100 mg	23
caffeine cit sol 20mg/ml	76	carbamazepin tab 200mg er	28	cefpodoxime proxetil tab 200 mg	23
caffeine cit sol 60mg/3ml	76	carbamazepin tab 400mg er	28		

cefprozil for susp 125 mg/5ml.....	23	CIMDUO TAB 300-300 lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	50	CLIMARA DIS 0.1MG estradiol td patch weekly 0.1 mg/24hr	93
cefprozil for susp 250 mg/5ml	23	cimetidine sol 300/5ml.....	84	CLIMARA DIS 0.05MG estradiol td patch weekly 0.05 mg/24hr	93
cefprozil tab 250 mg.....	23	cimetidine tab 200mg.....	84	CLIMARA DIS 0.06MG estradiol td patch weekly 0.06 mg/24hr	93
cefprozil tab 500 mg	23	cimetidine tab 300mg.....	84	CLIMARA DIS 0.025MG estradiol td patch weekly 0.025 mg/24hr	93
cefuroxime axetil tab 250 mg	23	cimetidine tab 400mg.....	84	CLIMARA DIS 0.075MG estradiol td patch weekly 0.075 mg/24hr	93
cefuroxime axetil tab 500 mg	23	cimetidine tab 400mg.....	84	CLIMARA DIS 0.0375MG estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	93
celecoxib cap 50mg	15	cimetidine tab 800mg.....	84	CLIMARA PRO DIS WEEKLY estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	93
celecoxib cap 100mg.....	15	CIMZIA INJ 200MG/ML certolizumab pegol prefilled syringe kit 200 mg/ml	105	clindacin kit etz 1%.....	79
celecoxib cap 200mg.....	15	CIMZIA KIT 200MG certolizumab pegol for inj kit 2 x 200 mg	105	clindacin-p pad 1%.....	79
celecoxib cap 400mg.....	15	CIMZIA PREFL KIT 200MG/ML certolizumab pegol prefilled syringe kit 200 mg/ml	105	clindamy/ben gel 1.2-5%.....	79
cephalexin cap 250 mg.....	23	CIMZIA START KIT 200MG/ML certolizumab pegol prefilled syringe kit 200 mg/ml	106	clindamycin hcl cap 75 mg	22
cephalexin cap 500 mg.....	24	cinacalcet tab 30mg.....	112	clindamycin hcl cap 150 mg	22
cephalexin for susp 125 mg/5ml	24	cinacalcet tab 60mg.....	112	clindamycin hcl cap 300 mg	22
cephalexin for susp 250 mg/5ml.....	24	cinacalcet tab 90mg.....	112	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	22
cevimeline cap 30mg.....	78	cipro/dexa sus 0.3-0.1%.....	118	clindamycin phosphate gel 1% (once-daily)	79
CHANTIX PAK 1MG varenicline tartrate tab 1 mg (base equiv)	21	ciprofloxacin hcl tab 100 mg (base equiv).....	25	clindamycin phosphate gel 1% (twice-daily).....	79
CHANTIX TAB 0.5& 1MG varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	21	ciprofloxacin hcl tab 250 mg (base equiv).....	25	clindamycin phosphate lotion 1%	79
CHANTIX TAB 0.5MG varenicline tartrate tab 0.5 mg (base equiv)	21	ciprofloxacin hcl tab 500 mg (base equiv).....	25	clindamycin phosphate soln 1%	79
chantix tab 1mg.....	21	ciprofloxacin hcl tab 750 mg (base equiv).....	25	clindamycin phosphate swab 1%	79
charlotte 24 chw fe 1/20.....	93	ciprofloxacin sol 0.2%	118	clindamycin phosphate vaginal cream 2%.....	22
chateal eq tab 0.15/30.....	93	ciprofloxacin sol 0.3% op	116	clobazam sus 2.5mg/ml	26
CHEMET CAP 100MG succimer cap 100 mg	81	cipro/fluoc dro pf.....	118	clobazam tab 10mg.....	26
CHEMSTRIP K TES acetone (urine) test strip	112	citalopram sol 10mg/5ml.....	30	clobazam tab 20mg	26
CHEMSTRIP TES MICRAL albumin (urine) test strip	112	citalopram sol 20/10ml	30	clobetasol propionate cream 0.05% ..	88
chlordiazep cap 5mg	54	citalopram tab 10mg	31	clobetasol propionate emollient base cream 0.05%.....	88
chlordiazep cap 10mg	54	citalopram tab 20mg	31	clobetasol propionate gel 0.05%	88
chlordiazep cap 25mg	54	citalopram tab 40mg.....	31	clobetasol propionate oint 0.05%	88
chlorhex glu sol 0.12%.....	78	CITROMA SOL LEMONY magnesium citrate soln	84	clobetasol propionate soln 0.05%.....	88
chloroquine tab 250mg	44	claravis cap 10mg.....	78	clocortolone cre 0.1%.....	88
chloroquine tab 500mg	44	claravis cap 20mg.....	78	clomid tab 50 mg	93
chlorpromaz tab 10mg	45	claravis cap 30mg.....	78	clomiphene tab 50mg.....	91
chlorpromaz tab 25mg	45	claravis cap 40mg	79	clomipramine cap 25mg.....	32
chlorpromaz tab 50mg	45	clarithromycin for susp 125 mg/5ml ..	24	clomipramine cap 50mg	32
chlorpromaz tab 100mg.....	45	clarithromycin for susp 250 mg/5ml..	24	clomipramine cap 75mg.....	32
chlorpromaz tab 200mg.....	45	clarithromycin tab 250 mg	24	clonazepam tab 0.5mg	54
chlorthalid tab 25mg	72	clarithromycin tab 500 mg	25	clonazepam tab 1mg	54
chlorthalid tab 50mg	72	clarithromycin tab er 24hr 500 mg....	25	clonazepam tab 2mg	54
chlorzoxazon tab 500mg	124	CLEARLAX POW polyethylene glycol 3350 oral powder 17 gm/scoop	84	clonazep odt tab 0.5mg	54
cholestyram pow 4gm	73	clemastine tab 2.68mg	119	clonazep odt tab 0.25mg.....	54
cholestyram pow 4gm lite.....	73	CLENPIQ SOL sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml	84	clonazep odt tab 0.125mg.....	54
CICLODAN SOL 8% ciclopirox solution 8%	34			clonazep odt tab 1mg.....	54
ciclopirox gel 0.77%.....	34			clonazep odt tab 2mg	54
ciclopirox olamine cream 0.77%.....	34			clonidine dis 0.1/24hr.....	63
ciclopirox olamine susp 0.77%	34			clonidine dis 0.2/24hr.....	63
ciclopirox shampoo 1%	34				
ciclopirox solution 8%	34				
cilostazol tab 50mg.....	62				
cilostazol tab 100mg.....	62				

clonidine dis 0.3/24hr.....	63	COMIRNATY INJ 30/.3ML covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	108	CROMOLYN SOD CON 100/5ML cromolyn sodium oral conc 100 mg/5ml	83
clonidine tab 0.1mg.....	63	COMPLERA TAB emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg	49	cromolyn sod neb 20mg/2ml.....	121
clonidine tab 0.1mg er.....	75	COMPLETENATE CHW *prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***	82	cromolyn sod sol 4% op.....	116
clonidine tab 0.2mg.....	63	COMPLETE NAT PAK DHA *prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk**	82	CROTAN LOT 10% crotamiton lotion 10%	44
clonidine tab 0.3mg.....	63	CO-NATAL FA TAB 29-1MG *prenatal vit w/ fe fumarate-fa tab 29-1 mg***	82	cryselle-28 tab 28 tabs.....	93
clopidogrel tab 75mg.....	62	condoms mis.....	112	curae tab 1.5mg.....	99
clopidogrel tab 300mg.....	62	conj estrogn tab 0.3mg.....	93	CVS PURELAX POW polyethylene glycol 3350 oral powder 17 gm/scoop	84
cloraz dipot tab 3.75mg.....	54	conj estrogn tab 0.9mg.....	93	cyanocobalam inj 1000mcg.....	82
cloraz dipot tab 7.5mg.....	54	conj estrogn tab 0.45mg.....	93	cyanocobalam inj 10000mcg.....	82
cloraz dipot tab 15mg.....	54	conj estrogn tab 0.625mg.....	93	cyanocobalam sol 2000mcg.....	82
clotrimazole tro 10mg.....	34	conj estrogn tab 1.25mg.....	93	cyclobenzapr tab 5mg.....	124
clotrim/beta cre diprop.....	34	CONSTULOSE SOL 10GM/15 lactulose solution 10 gm/15ml	84	cyclobenzapr tab 7.5mg.....	124
clotrim/beta lot diprop.....	34	CONTOUR KIT NEXT *blood glucose monitoring kit w/ device***	112	cyclobenzapr tab 10mg.....	124
clozapine tab 12.5/odt.....	48	CONTOUR KIT NEXT EZ *blood glucose monitoring kit w/ device***	112	cyclomydril sol op.....	116
clozapine tab 25mg.....	48	CONTOUR NEXT KIT GEN *blood glucose monitoring kit w/ device***	112	cyclopentol sol 1% op.....	116
clozapine tab 25mg odt.....	48	contour next kit one.....	55	cyclophosph cap 25mg.....	37
clozapine tab 50mg.....	48	CONTOUR NEXT KIT ONE *blood glucose monitoring kit w/ device***	112	cyclophosph cap 50mg.....	37
clozapine tab 100mg.....	48	CONTOUR PLUS KIT BLUE *blood glucose monitoring kit w/ device***	112	cyclophosph tab 25mg.....	37
clozapine tab 100/odt.....	48	CONTOUR PLUS TES BLD GLUC glucose blood test strip	112	cyclophosph tab 50mg.....	37
clozapine tab 150/odt.....	48	CONTOUR TES NEXT glucose blood test strip	112	cycloserine cap 250mg.....	37
clozapine tab 200mg.....	48	CORLANOR SOL 5MG/5ML ivabradine hcl oral soln 5 mg/5ml	70	cyclosporine cap 25mg.....	106
clozapine tab 200/odt.....	48	CORTIFOAM AER 90MG hydrocortisone acetate perianal foam 10% (90 mg/dose)	111	cyclosporine cap 25mg mod.....	106
codeine sulfate tab 15 mg.....	19	cortisporin sus -tc otic.....	118	cyclosporine cap 50mg mod.....	106
codeine sulfate tab 30 mg.....	19	COTELLIC TAB 20MG cobimetinib fumarate tab 20 mg (base equivalent) 41		cyclosporine cap 100mg.....	106
codeine sulfate tab 60 mg.....	19	COUNT-A-DOSE MIS *insulin administration supplies - misc***	112	cyclosporine cap 100mg md.....	106
colchicine tab 0.6mg.....	35	CREON CAP 3000UNIT pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	86	cyclosporine emu 0.05% op.....	116
colesevelam pak 3.75gm.....	73	CREON CAP 6000UNIT pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	86	cyclosporine sol modified.....	106
colesevelam tab 625mg.....	73	CREON CAP 12000UNT pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	86	cyproheptad syp 2mg/5ml.....	119
colestipol gra 5gm.....	73	CREON CAP 24000UNT pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	86	cyproheptad tab 4mg.....	119
colestipol tab 1gm.....	73	CREON CAP 36000UNT pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	86	cyred eq tab.....	93
COMBIVIR TAB 150-300 lamivudine-zidovudine tab 150-300 mg	50			CYSTAGON CAP 50MG cysteamine bitartrate cap 50 mg	86
COMETRIQ KIT 60MG cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	41			CYSTAGON CAP 150MG cysteamine bitartrate cap 150 mg	86
COMETRIQ KIT 100MG cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	41			dabigatran cap 75mg.....	59
COMETRIQ KIT 140MG cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	41			dabigatran cap 110mg.....	59
COMFORT TOUC MIS 31GX4MM insulin pen needle 31 g x 4 mm (1/6" or 5/32")	112			dabigatran cap 150mg.....	59
COMFORT TOUC MIS 32GX8MM insulin pen needle 32 g x 8 mm (1/3" or 5/16")	112			dalfampridin tab 10mg er.....	77
COMFORT TOUC MIS 33GX1/4" insulin pen needle 33 g x 6 mm (1/4" or 15/64")	112			danazol cap 50mg.....	91
COMFORT TOUC MIS 33GX3/16 insulin pen needle 33 g x 5 mm (1/5" or 3/16")	112			danazol cap 100mg.....	91
COMFORT TOUC MIS 33GX5/32 insulin pen needle 33 g x 4 mm (1/6" or 5/32")	112			danazol cap 200mg.....	91
COMIRNATY 5- INJ 11/25-26 covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	108			dantrolene cap 25mg.....	124

DAPAG/MET ER TAB 5-1000MG dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	55	DEPO-SQ PROV INJ 104 medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	99	DEXCOM G6 MIS SENSOR *continuous glucose system sensor***	112
DAPAG/MET ER TAB 10-500MG dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	70	DEPO-TESTOST INJ 100MG/ML testosterone cypionate im inj in oil 100 mg/ml	91	DEXCOM G6 MIS TRANSMIT *continuous glucose system transmitter***	113
DAPAG/MET ER TAB 10-1000 dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	55	DEPO-TESTOST INJ 200MG/ML testosterone cypionate im inj in oil 200 mg/ml	91	DEXCOM G7 MIS 15 DAY *continuous glucose system sensor***	113
dapsone tab 25mg	37	DESCOVY TAB 120-15MG emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg 50		DEXCOM G7 MIS RECEIVER *continuous glucose system receiver***	113
dapsone tab 100mg	37	DESCOVY TAB 200/25MG emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg 48		DEXCOM G7 MIS SENSOR *continuous glucose system sensor***	113
DAPTACEL INJ diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml ...	108	desipramine tab 10mg	32	dexmethylphenidate hcl cap er 24 hr 5 mg	75
darifenacin tab 7.5mg er	87	desipramine tab 25mg	32	dexmethylphenidate hcl cap er 24 hr 10 mg	75
darifenacin tab 15mg er	87	desipramine tab 50mg	32	dexmethylphenidate hcl cap er 24 hr 15 mg	75
darunavir tab 600mg	52	desipramine tab 75mg	32	dexmethylphenidate hcl cap er 24 hr 20 mg	75
darunavir tab 800mg	52	desipramine tab 100mg	32	dexmethylphenidate hcl cap er 24 hr 25 mg	75
dasatinib tab 20mg	41	desipramine tab 150mg	32	dexmethylphenidate hcl cap er 24 hr 30 mg	75
dasatinib tab 50mg	41	desloratadin tab 5mg	119	dexmethylphenidate hcl cap er 24 hr 35 mg	75
dasatinib tab 70mg	41	desmopressin inj 4mcg/ml	90	dexmethylphenidate hcl cap er 24 hr 40 mg	75
dasatinib tab 80mg	41	desmopressin inj 4mcg/ml (preservative free)	90	dexmethylphenidate hcl cap er 24 hr 40 mg	75
dasatinib tab 100mg	41	desmopressin inj 40/10ml	90	dexmethylphenidate hcl cap er 24 hr 40 mg	75
dasatinib tab 140mg	41	desmopressin spr 0.01%	90	dexmethylphenidate hcl cap er 24 hr 40 mg	75
dasetta tab 1/35	93	desmopressin tab 0.1mg	91	dexmethylphenidate hcl cap er 24 hr 40 mg	75
dasetta tab 7/7/7	93	desmopressin tab 0.2mg	91	dexmethylphenidate hcl tab 2.5 mg ..	75
DAYBUE SOL 200MG/ML trofinetide oral soln 200 mg/ml	76	deso/ethinyl tab estradio	94	dexmethylphenidate hcl tab 5 mg	75
daysee tab	93	desonide cream 0.05%	88	dexmethylphenidate hcl tab 10 mg ...	75
deblitane tab 0.35mg	99	desonide lotion 0.05%	88	dextroamphetamine sulfate cap er 24hr 5 mg	75
deferasirox granules packet 90 mg ...	81	desonide oint 0.05%	88	dextroamphetamine sulfate cap er 24hr 10 mg	74
deferasirox granules packet 180 mg ...	81	desoximetasone cream 0.05%	88	dextroamphetamine sulfate cap er 24hr 15 mg	75
deferasirox granules packet 360 mg ...	81	desoximetasone cream 0.25%	88	dextroamphetamine sulfate oral solution 5 mg/5ml	75
deferasirox tab 90mg	81	desoximetasone gel 0.05%	88	dextroamphetamine sulfate tab 5 mg	75
deferasirox tab 125mg	81	desoximetasone oint 0.05%	88	dextroamphetamine sulfate tab 10 mg	75
deferasirox tab 180mg	81	desoximetasone oint 0.25%	88	DIACOMIT CAP 250MG stiripentol cap 250 mg	26
deferasirox tab 250mg	81	desoximetasone spray 0.25%	88	DIACOMIT CAP 500MG stiripentol cap 500 mg	26
deferasirox tab 360mg	81	desvenlafax tab 25mg er	31	DIACOMIT PAK 250MG stiripentol packet 250 mg	26
deferasirox tab 500mg	81	desvenlafax tab 50mg er	31	DIACOMIT PAK 500MG stiripentol packet 500 mg	26
delestrogen inj 10mg/ml	93	desvenlafax tab 100mg er	31	DIASCREEN MIS 1G *urine glucose monitoring supplies***	113
delestrogen inj 20mg/ml	93	dexamethasone conc 1 mg/ml	88	DIASTIX TES STRIPS glucose urine test-(glucose oxidase) strip	113
delestrogen inj 40mg/ml	93	dexamethasone elixir 0.5 mg/5ml	88	diazepam con 5mg/ml	54
DELSTRIGO TAB doravirine- lamivudine-tenofovir df tab 100- 300-300 mg	49	dexamethasone soln 0.5 mg/5ml	88	diazepam con 25mg/5ml	54
delyla tab 0.1-0.02	94	dexamethasone tab 0.5 mg	88	diazepam gel 2.5mg	26
demeclocycline hcl tab 150 mg	25	dexamethasone tab 0.75 mg	88	diazepam gel 10mg	26
demeclocycline hcl tab 300 mg	25	dexamethasone tab 1.5 mg	88		
DENGVAXIA SUS dengue virus vaccine live tetravalent for subcutaneous susp	108	dexamethasone tab 1 mg	88		
depo-estradi inj 5mg/ml	94	dexamethasone tab 2 mg	89		
DEPO-PROVERA INJ 150MG/ML medroxyprogesterone acetate im susp 150 mg/ml	99	dexamethasone tab 4 mg	89		
DEPO-PROVERA INJ 150MG/ML medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	99	dexamethasone tab 6 mg	89		
		dexameth pho sol 0.1% op	117		
		DEXCOM G6 MIS RECEIVER *continuous glucose system receiver***	112		

diazepam gel 20mg.....	26	diltiazem hcl extended release beads cap er 24hr 120 mg	68	DODEX INJ cyanocobalamin inj 1000 mcg/ml	82
diazepam sol 5mg/5ml	54	diltiazem hcl extended release beads cap er 24hr 180 mg	68	dofetilide cap 125mcg	66
diazepam tab 2mg.....	54	diltiazem hcl extended release beads cap er 24hr 240 mg	68	dofetilide cap 250mcg	66
diazepam tab 5mg.....	54	diltiazem hcl extended release beads cap er 24hr 300 mg	68	dofetilide cap 500mcg	66
diazepam tab 10mg.....	54	diltiazem hcl extended release beads cap er 24hr 360 mg	68	dolishale tab 90-20mcg	94
diazoxide sus 50mg/ml.....	58	diltiazem hcl extended release beads cap er 24hr 420 mg	69	donepezil tab 5mg.....	29
diclofenac gel 1%.....	15	diltiazem tab 30mg.....	69	donepezil tab 10mg.....	29
diclofenac gel 3%	39	diltiazem tab 60mg.....	69	donepezil tab odt 5mg	29
diclofenac sol 0.1% op	117	diltiazem tab 90mg.....	69	donepezil tab odt 10mg	29
diclofenac tab 25mg dr.....	15	diltiazem tab 120mg.....	69	dorzolamide sol 2% op.....	117
diclofenac tab 50mg dr.....	15	diltiazem tab 120mg er	69	dorzol/timol sol 2%-0.5%	117
diclofenac tab 75mg dr.....	15	diltiazem tab 240mg er.....	69	dorzol/timol sol 2-0.5%op	117
diclofenac tab 100mg er.....	15	diltiazem tab 300mg er.....	69	dotti dis 0.1mg	94
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	15	diltiazem tab 360mg er.....	69	dotti dis 0.05mg	94
diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....	15	DILT-XR CAP 120MG diltiazem hcl cap er 24hr 120 mg	68	dotti dis 0.025mg	94
diclofen pot tab 50mg.....	15	DILT-XR CAP 180MG diltiazem hcl cap er 24hr 180 mg	68	dotti dis 0.075mg	94
dicloxacillin sodium cap 250 mg	24	DILT-XR CAP 240MG diltiazem hcl cap er 24hr 240 mg	68	dotti dis 0.0375mg.....	94
dicloxacillin sodium cap 500 mg	24	dimethyl fumarate capsule delayed release 120 mg.....	77	DOVATO TAB 50-300MG dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	49
dicyclomine cap 10mg.....	83	dimethyl fumarate capsule delayed release 240 mg.....	77	doxazosin tab 1mg.....	63
dicyclomine sol 10mg/5ml	83	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	77	doxazosin tab 2mg.....	63
dicyclomine tab 20mg.....	83	DIPENTUM CAP 250MG olsalazine sodium cap 250 mg	111	doxazosin tab 4mg.....	63
diflorasone cre 0.05%.....	89	diphen/atrop liq 2.5/5	83	doxazosin tab 8mg.....	63
diflunisal tab 500mg.....	15	diphen/atrop tab 2.5mg	83	doxepin hcl cap 10mg	32
difluprednat emu 0.05%.....	117	diphenhydram elx 12.5/5ml	120	doxepin hcl cap 25mg	32
digoxin oral soln 0.05 mg/ml	70	dipyridamole tab 25mg.....	62	doxepin hcl cap 50mg	32
digoxin sol 50mcg/ml	70	dipyridamole tab 50mg	62	doxepin hcl cap 75mg	32
digoxin tab 62.5 mcg (0.0625 mg)	70	dipyridamole tab 75mg.....	62	doxepin hcl cap 100mg.....	32
digoxin tab 125 mcg (0.125 mg).....	70	disopyramide cap 100mg	66	doxepin hcl cap 150mg.....	32
digoxin tab 250 mcg (0.25 mg).....	35	disopyramide cap 150mg.....	66	doxepin hcl con 10mg/ml	32
DILANTIN CAP 30MG phenytoin sodium extended cap 30 mg	28	disulfiram tab 250mg.....	20	doxepin hcl cre 5%.....	79
diltiazem er tab 180mg.....	68	disulfiram tab 500mg	20	doxepin tab 3mg.....	125
diltiazem er tab 240mg.....	68	DIURIL SUS 250/5ML chlorothiazide susp 250 mg/5ml	72	doxepin tab 6mg.....	125
diltiazem er tab 300mg.....	68	divalproex cap 125mg dr	26	doxercalcif cap 0.5mcg.....	112
diltiazem er tab 360mg.....	68	divalproex cap 125mg dr	26	doxercalcif cap 1mcg.....	112
diltiazem er tab 420mg.....	68	divalproex tab 125mg dr.....	27	doxercalcif cap 2.5mcg.....	112
diltiazem hcl cap er 12hr 60 mg	68	divalproex tab 250mg dr	27	doxycycline hyclate cap 50 mg.....	25
diltiazem hcl cap er 12hr 90 mg	68	divalproex tab 250mg er.....	27	doxycycline hyclate cap 100 mg	25
diltiazem hcl cap er 12hr 120 mg	68	divalproex tab 500mg dr	27	doxycycline hyclate tab 20 mg	25
diltiazem hcl cap er 24hr 120 mg.....	68	divalproex tab 500mg er	27	doxycycline hyclate tab 100 mg.....	25
diltiazem hcl cap er 24hr 180 mg.....	68	divigel gel 0.5mg.....	94	doxycycline monohydrate cap 50 mg. 25	
diltiazem hcl cap er 24hr 240 mg.....	68	divigel gel 0.25mg	94	doxycycline monohydrate cap 100 mg 25	
diltiazem hcl coated beads cap er 24hr 120 mg.....	68	divigel gel 0.75mg	94	doxycycline monohydrate for susp 25 mg/5ml	25
diltiazem hcl coated beads cap er 24hr 180 mg.....	68	divigel gel 1.25mg.....	94	doxycycline monohydrate tab 50 mg . 26	
diltiazem hcl coated beads cap er 24hr 240 mg.....	68	divigel gel 1mg/gm	94	doxycycline monohydrate tab 50 mg . 26	
diltiazem hcl coated beads cap er 24hr 300 mg	68			doxycycline monohydrate tab 75 mg . 26	
diltiazem hcl coated beads cap er 24hr 360 mg	68			doxycycline monohydrate tab 75 mg . 26	
diltiazem hcl coated beads cap er 24hr 360 mg	68			doxycycline monohydrate tab 100 mg 25	
				doxycycline monohydrate tab 150 mg 26	
				doxycycline monohydrate tab 150 mg 26	
				dronabinol cap 2.5mg.....	33
				dronabinol cap 5mg	34

dronabinol cap 10mg	33	efavir/lamiv tab tenofovi	49	EMGALITY INJ 120MG/ML	
DROPLET MICR MIS 34GX9/64		efavir/lamiv tab tenofovi	49	galcanezumab-gnlm subcutaneous	
insulin pen needle 34 g x 3.5 mm		EFFER-K TAB 10MEQ potassium		soln prefilled syr 120 mg/ml	36
(9/64")	113	bicarbonate-citric acid effer tab 10		EMSAM DIS 6MG/24HR selegiline td	
dros/eth est tab levomefo	94	meq	80	patch 24hr 6 mg/24hr	30
dros/eth est tab levomefo	94	EFFER-K TAB 20MEQ potassium		EMSAM DIS 9MG/24HR selegiline td	
drospirenone tab ethy est	94	bicarbonate-citric acid effer tab 20		patch 24hr 9 mg/24hr	30
drospir/ethi tab 3-0.02mg	94	meq	80	EMSAM DIS 12MG/24H selegiline td	
drospir/ethi tab 3-0.03mg	94	EFFER-K TAB 25MEQ EF potassium		patch 24hr 12 mg/24hr	30
DROXIA CAP 200MG hydroxyurea		bicarbonate effer tab 25 meq	80	emtricitabin cap 200mg	50
cap 200 mg	39	ELESTRIN GEL 0.06% estradiol gel		emtric/rilpi tab tenof df	50
DROXIA CAP 300MG hydroxyurea		0.06% (0.52 mg/0.87 gm metered-		emtriva cap 200mg	50
cap 300 mg	39	dose pump)	94	emtriva sol 10mg/ml	50
DROXIA CAP 400MG hydroxyurea		eletriptan tab 20mg	36	emtr/ten df tab 100-150	50
cap 400 mg	39	eletriptan tab 40mg	36	emtr/ten df tab 133-200	50
DUAVEE TAB 0.45-20 conjugated		ELIGARD INJ 7.5MG leuprolide		emtr/ten df tab 167-250	50
estrogens-bazedoxifene tab 0.45-20		acetate for subcutaneous inj kit 7.5		emtr/tenofov tab 200-300	50
mg	94	mg	104	emzahn tab 0.35mg	99
duloxetine cap 20mg dr	77	ELIGARD INJ 22.5MG leuprolide		enalapr/hctz tab 5-12.5mg	65
duloxetine cap 30mg dr	77	acetate (3 month) for subcutaneous		enalapr/hctz tab 10-25mg	65
duloxetine cap 60mg dr	77	inj kit 22.5mg	104	enalapril tab 2.5mg	65
DUOPA SUS 4.63-20 carbidopa-		ELIGARD INJ 30MG leuprolide		enalapril tab 5mg	65
levodopa enteral susp 4.63-20 mg/ml	45	acetate (4 month) for subcutaneous		enalapril tab 10mg	65
DUPIXENT INJ 200/1.14 dupilumab		inj kit 30 mg	104	enalapril tab 20mg	65
subcutaneous soln prefilled syringe		ELIGARD INJ 45MG leuprolide		ENCARE SUP 100MG nonoxynol-9	
200 mg/1.14ml	79	acetate (6 month) for subcutaneous		vaginal suppos 100 mg	87
DUPIXENT INJ 200MG dupilumab		inj kit 45 mg	104	endocet tab 2.5-325	19
subcutaneous soln auto-injector		elinest tab	94	endocet tab 5-325mg	19
200 mg/1.14ml	79	ELIQUIS CAP 0.15MG apixaban cap		endocet tab 7.5-325	19
DUPIXENT INJ 300/2ML dupilumab		sprinkle 0.15 mg	59	endocet tab 10-325mg	19
subcutaneous soln auto-injector		ELIQUIS ST P TAB 5MG apixaban tab		ENFLONIA INJ 105MG	
300 mg/2ml	79	starter pack 5 mg	59	clesrovimab-cfor im soln prefilled	
DUPIXENT INJ 300/2ML dupilumab		ELIQUIS TAB 0.5MG apixaban tab		syringe 105 mg/0.7ml	108
subcutaneous soln prefilled syringe		for oral susp 0.5 mg	59	ENGERIX-B INJ 10/0.5ML hepatitis	
300 mg/2ml	79	ELIQUIS TAB 1.5MG apixaban tab		b vaccine (recombinant) susp pref	
DUREX MIS REALFEEL condoms		for oral susp pack 3 x 0.5 mg (1.5 mg)	59	syr 10 mcg/0.5ml	108
non-latex lubricated	113	ELIQUIS TAB 2.5MG apixaban tab		ENGERIX-B INJ 20MCG/ML	
DUREX MIS TROPICAL condoms		2.5 mg	59	hepatitis b vaccine (recombinant)	
latex lubricated	113	ELIQUIS TAB 2MG apixaban tab for		susp 20 mcg/ml	108
dutasteride cap 0.5mg	87	oral susp pack 4 x 0.5 mg (2 mg)	60	ENGERIX-B INJ 20MCG/ML	
dutast/tamsu cap 0.5-0.4	87	ELIQUIS TAB 5MG apixaban tab 5 mg	60	hepatitis b vaccine (recombinant)	
dutast/tamsu cap 0.5-0.4	87	elixophyllin elx 80/15ml	121	susp pref syr 20 mcg/ml	108
EASY COMFORT MIS 29GX4MM		ella tab 30mg	99	ENGERIX-B INJ 20MCG/ML	
insulin pen needle 29 g x 4 mm (1/6"		ELMIRON CAP 100MG pentosan		hepatitis b vaccine (recombinant)	
or 5/32")	113	polysulfate sodium caps 100 mg	87	susp pref syr 20 mcg/ml	108
EASY TOUCH MIS 30G insulin pen		eltrombopag pow 12.5mg	62	enilloring mis	94
needle 30 g x 6 mm (1/4" or 15/64")	113	eltrombopag pow 25mg	62	enoxaparin inj 30/0.3ml	60
ec-naproxen tab 375mg	15	eltrombopag tab 12.5mg	62	enoxaparin inj 40/0.4ml	60
ec-naproxen tab 500mg	15	eltrombopag tab 25mg	62	enoxaparin inj 60/0.6ml	60
econazole cre 1%	34	eltrombopag tab 50mg	62	enoxaparin inj 80/0.8ml	60
econtra os tab 1.5mg	99	eltrombopag tab 75mg	62	enoxaparin inj 80mg/0.8	60
EDURANT PED TAB 2.5MG rilpivirine		eluryng mis	94	enoxaparin inj 100mg/ml	60
hcl tab for oral susp 2.5 mg (base		EMCYT CAP 140MG estramustine		enoxaparin inj 120/0.8	60
equivalent)	49	phosphate sodium cap 140 mg	38	enoxaparin inj 150mg/ml	60
EDURANT TAB 25MG rilpivirine hcl		EMGALITY INJ 100MG/ML		enoxaparin inj 300/3ml	60
tab 25 mg (base equivalent)	49	galcanezumab-gnlm subcutaneous		enpresse-28 tab	94
efavir/emtri tab tenofovi	49	soln prefilled syr 100 mg/ml	36	enskyce tab	94
efavirenz cap 50mg	49	EMGALITY INJ 120MG/ML		entacapone tab 200mg	44
efavirenz cap 200mg	49	galcanezumab-gnlm subcutaneous		entecavir tab 0.5mg	48
efavirenz tab 600mg	49	soln auto-injector 120 mg/ml	36	entecavir tab 1mg	48

ENTRESTO CAP 6-6MG sacubitril-valsartan sprinkle cap 6-6 mg	70	erythromycin tab delayed release 333 mg	25	estradiol val inj 40mg/ml	94
ENTRESTO CAP 15-16MG sacubitril-valsartan sprinkle cap 15-16 mg	70	erythromycin tab delayed release 500 mg	25	estra/noreth tab 0.5-0.1	94
enulose sol 10gm/15	84	erythromycin w/ delayed release particles cap 250 mg	25	estra/noreth tab 1-0.5mg	94
EPIDIOLEX SOL 100MG/ML cannabidiol soln 100 mg/ml	26	escitalopram sol 5mg/5ml	31	ESTRING MIS 7.5/24HR estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	95
epinastine hcl ophth soln 0.05%	116	escitalopram sol 10/10ml	31	estrogel gel 0.06%	95
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	121	escitalopram tab 5mg	31	eszopiclone tab 1mg	125
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	121	escitalopram tab 10mg	31	eszopiclone tab 2mg	125
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	121	escitalopram tab 20mg	31	eszopiclone tab 3mg	125
EPITOL TAB 200MG carbamazepine tab 200 mg	28	ESKATA SOL 40% hydrogen peroxide soln 40%	79	ethacrynic tab acid 25mg	71
EPIVIR SOL 10MG/ML lamivudine oral soln 10 mg/ml	50	eslicarbazepine acetate tab 200 mg	28	ethambutol tab 100mg	37
EPIVIR TAB 150MG lamivudine tab 150 mg	50	eslicarbazepine acetate tab 400 mg	28	ethambutol tab 400mg	37
EPIVIR TAB 300MG lamivudine tab 300 mg	50	eslicarbazepine acetate tab 600 mg	28	ethosuximide cap 250mg	26
eplerenone tab 25mg	71	eslicarbazepine acetate tab 800 mg	28	ethosuximide sol 250/5ml	26
eplerenone tab 50mg	71	esomepra mag cap 20mg dr	85	ethy alcohol sol 70% rub	113
EPZICOM TAB 600-300 abacavir sulfate-lamivudine tab 600-300 mg	50	esomepra mag cap 40mg dr	85	ethy eth est tab 1-35	95
ERGOCALCIFER CAP 1.25MG ergocalciferol cap 1.25 mg (50000 unit)	82	estarylla tab 0.25-35	94	ethynodiol tab 1-50	95
ergoloid mes tab 1mg oral	113	estazolam tab 1mg	54	etodolac cap 200mg	15
ergomar sub 2mg	35	estazolam tab 2mg	54	etodolac cap 300mg	15
ergot/caffen tab 1-100mg	35	estrace tab 0.5mg	94	etodolac er tab 400mg	15
ERLEADA TAB 60MG apalutamide tab 60 mg	38	estrace tab 1mg	94	etodolac er tab 500mg	15
ERLEADA TAB 240MG apalutamide tab 240 mg	38	estrace tab 2mg	94	etodolac er tab 600mg	15
erlotinib tab 25mg	41	estradiol gel 0.5mg	94	etodolac tab 400mg	15
erlotinib tab 100mg	41	estradiol gel 0.25mg	94	etodolac tab 500mg	15
erlotinib tab 150mg	41	estradiol gel 0.75mg	94	etogestrel mis ethy est	95
errin tab 0.35mg	99	estradiol gel 1.25mg	94	etoposide cap 50mg	40
ERYTHROCIN TAB 250MG erythromycin stearate tab 250 mg	25	estradiol gel 1mg/gm	94	etravirine tab 100mg	49
erythromycin ethylsuccinate for susp 200 mg/5ml	25	estradiol tab 0.5mg	94	etravirine tab 200mg	49
erythromycin ethylsuccinate for susp 400 mg/5ml	25	estradiol tab 1mg	95	euthyrox tab 25mcg	101
erythromycin ethylsuccinate tab 400 mg	25	estradiol tab 2mg	95	euthyrox tab 50mcg	101
erythromycin gel 2%	79	estradiol tab 10mcg	94	euthyrox tab 75mcg	101
erythromycin oin 5mg/gm	116	estradiol td patch twice weekly 0.1 mg/24hr	95	euthyrox tab 88mcg	101
erythromycin pads 2%	79	estradiol td patch twice weekly 0.025 mg/24hr	95	euthyrox tab 100mcg	101
erythromycin sol 2%	79	estradiol td patch twice weekly 0.075 mg/24hr	95	euthyrox tab 112mcg	101
erythromycin tab 250 mg	25	estradiol td patch twice weekly 0.0375 mg/24hr	95	euthyrox tab 125mcg	101
erythromycin tab 250 mg	25	estradiol td patch weekly 0.1 mg/24hr	95	euthyrox tab 137mcg	101
erythromycin tab 500 mg	25	estradiol td patch weekly 0.05 mg/24hr	95	euthyrox tab 150mcg	101
erythromycin tab 500 mg	25	estradiol td patch weekly 0.06 mg/24hr	95	euthyrox tab 175mcg	101
erythromycin tab delayed release 250 mg	25	estradiol td patch weekly 0.025 mg/24hr	95	euthyrox tab 200mcg	101
		estradiol td patch weekly 0.075 mg/24hr	95	EVAMIST SPR 1.53MG estradiol transdermal spray 1.53 mg/spray	100
		estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	95	everolimus tab 2.5mg	41
		estradiol vaginal cream 0.01%	95	everolimus tab 5mg	41
		estradiol inj 10mg/ml	94	everolimus tab 7.5mg	41
		estradiol inj 20mg/ml	94	everolimus tab 10mg	41
				EVOTAZ TAB 300-150 atazanavir sulfate-cobicistat tab 300-150 mg	52
				EXELDERM CRE 1% sulconazole nitrate cream 1%	34
				EXELDERM SOL 1% sulconazole nitrate solution 1%	34
				exemestane tab 25mg	40
				ezetimibe-simvastatin tab 10-10 mg	73
				ezetimibe-simvastatin tab 10-20 mg	73
				ezetimibe-simvastatin tab 10-40 mg	73
				ezetimibe-simvastatin tab 10-80 mg	73

ezetimibe tab 10 mg	73	fesoterodine tab 4mg er	87	fluocin acet sol 0.01%	89
FA-8 CAP 800MCG folic acid cap 0.8 mg	82	fesoterodine tab 8mg er	87	fluocinolone acetone cream 0.01%	89
falmina tab	95	FETZIMA CAP 20MG		fluocinolone acetone cream 0.025%	89
famciclovir tab 125mg	53	levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	31	fluocinolone acetone (otic) oil 0.01%	118
famciclovir tab 250mg	53	FETZIMA CAP 40MG		fluocinonide cream 0.05%	89
famciclovir tab 500mg	53	levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	31	fluocinonide emulsified base cream 0.05%	89
famotidine sus 40mg/5ml	84	FETZIMA CAP 80MG		fluocinonide gel 0.05%	89
famotidine tab 20mg	84	levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	31	fluocinonide oint 0.05%	89
famotidine tab 40mg	84	FETZIMA CAP 120MG		fluocinonide soln 0.05%	89
farxiga tab 5mg	55	levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	31	fluorometholone ophth susp 0.1%	117
farxiga tab 10mg	55	finasteride tab 5mg	87	fluorouracil cream 0.5%	39
FC2 FEMALE MIS CONDOM *condoms - female***	113	fingolimod cap 0.5mg	77	fluorouracil cream 5%	39
febuxostat tab 40mg	35	finzala chw fe 1/20	95	fluorouracil soln 2%	39
febuxostat tab 80mg	35	flac oil 0.01%	118	fluorouracil soln 5%	39
feirza tab 1.5/30	95	flavoxate tab 100mg	87	fluoxetine cap 10mg	31
feirza tab 1/20	95	flecainide tab 50mg	66	fluoxetine cap 20mg	31
felbamate sus 600/5ml	27	flecainide tab 100mg	66	fluoxetine cap 40mg	31
felbamate tab 400mg	27	flecainide tab 150mg	66	fluoxetine cap 90mg dr	31
felbamate tab 600mg	27	FLEXICHAMBER MIS MASK SM *spacer/aerosol-holding chamber supplies - masks***	113	fluoxetine sol 20mg/5ml	31
felodipine tab 2.5mg er	69	FLUAD INJ 2025-26 influenza vac type a&b surface ant adj susp pref syr 0.5 ml	108	fluoxetine tab 10mg	31
felodipine tab 5mg er	69	FLUARIX INJ 2025-26 influenza virus vaccine split pf susp pref syringe 0.5 ml	108	fluoxetine tab 20mg	31
felodipine tab 10mg er	69	FLUBLOK INJ 2025-26 influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	108	fluphenazine con 5mg/ml	45
FEMCAP MIS 22MM cervical cap 22 mm	113	FLUCELVAX INJ 2025-26 influenza virus vac tiss-cult subunit im susp	109	fluphenazine elx 2.5/5ml	45
FEMCAP MIS 26MM cervical cap 26 mm	113	FLUCELVAX INJ 2025-26 influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	109	fluphenazine tab 1mg	45
FEMCAP MIS 30MM cervical cap 30 mm	113	fluconazole sus 10mg/ml	34	fluphenazine tab 2.5mg	45
femlyv tab 1/0.02mg	95	fluconazole sus 40mg/ml	34	fluphenazine tab 5mg	45
fenofibrate cap 67mg	72	fluconazole tab 50mg	34	fluphenazine tab 10mg	45
fenofibrate cap 134mg	72	fluconazole tab 100mg	34	flurandrenol lot 0.05%	89
fenofibrate cap 200mg	72	fluconazole tab 150mg	34	flurazepam cap 15mg	125
fenofibrate tab 48mg	72	fluconazole tab 200mg	34	flurazepam cap 30mg	125
fenofibrate tab 54mg	72	flucytosine cap 250mg	34	furbiprofen sol 0.03% op	117
fenofibrate tab 145mg	72	flucytosine cap 500mg	34	furbiprofen tab 100mg	15
fenofibrate tab 160mg	72	fludrocort tab 0.1mg	89	fluticasone cre 0.05%	89
fenoprofen tab 600mg	15	FLULAVAL INJ 2025-26 influenza virus vaccine split pf susp pref syringe 0.5 ml	109	fluticasone oin 0.005%	89
fentanyl citrate lozenge on a handle 200 mcg	16	FLUMIST NASA LIQ 2025-26 influenza virus vaccine live intranasal liquid	109	fluticasone-salmeterol aer powder ba 55-14 mcg/act	119
fentanyl citrate lozenge on a handle 400 mcg	16	flunisolide nasal soln 25 mcg/act (0.025%)	119	fluticasone-salmeterol aer powder ba 100-50 mcg/act	119
fentanyl citrate lozenge on a handle 600 mcg	16	fluocin acet oil 0.01% body	89	fluticasone-salmeterol aer powder ba 113-14 mcg/act	119
fentanyl citrate lozenge on a handle 800 mcg	16	fluocin acet oil 0.01% scalp	89	fluticasone-salmeterol aer powder ba 232-14 mcg/act	119
fentanyl citrate lozenge on a handle 1200 mcg	16	fluocin acet oil ear 0.01%	118	fluticasone-salmeterol aer powder ba 250-50 mcg/act	119
fentanyl citrate lozenge on a handle 1600 mcg	16	fluocin acet oin 0.025%	89	fluticasone-salmeterol aer powder ba 500-50 mcg/act	119
fentanyl dis 12mcg/hr	16			fluticasone spr 50mcg	119
fentanyl dis 25mcg/hr	16			fluvastatin cap 20mg	72
fentanyl dis 50mcg/hr	16			fluvastatin cap 40mg	72
fentanyl dis 75mcg/hr	16			fluvoxamine cap 100mg er	31
fentanyl dis 100mcg/h	16			fluvoxamine cap 150mg er	31
ferric citrate tab 210mg	82			fluvoxamine tab 25mg	31

FLUZONE HD INJ 2025-26 influenza virus vac split high-dose pf susp pref syr 0.5ml	109	FRAGMIN INJ 15000UNT dalteparin sodium soln prefilled syr 15000 unit/0.6ml	60	galantamine tab 12mg	29
FLUZONE INJ 2025-26 influenza virus vaccine split im susp	109	FRAGMIN INJ 18000UNT dalteparin sodium soln prefilled syr 18000 unit/0.72ml	60	galbriela chw	95
FLUZONE INJ 2025-26 influenza virus vaccine split pf susp pref syringe 0.5 ml	109	FRAGMIN INJ 95000UNT dalteparin sodium subcutaneous soln 95000 unit/3.8ml	60	gallifrey tab 5mg	99
folic acid tab 1mg	82	FREE LIBRE2 KIT PLUS/SEN *continuous glucose system sensor***	113	GALZIN CAP 25MG zinc acetate cap 25 mg (elemental zinc)	80
folic acid tab 400mcg	82	FREE LIBRE3 KIT PLUS/SEN *continuous glucose system sensor***	113	GALZIN CAP 50MG zinc acetate cap 50 mg (elemental zinc)	80
folic acid tab 800mcg	82	FREESTYLE MIS READER *continuous glucose system receiver***	113	ganirelix ac inj 250/0.5	104
folic acid tab 1000mcg	82	FREESTY LIBR KIT 2 SENSOR *continuous glucose system sensor***	113	GARDASIL 9 INJ human papillomavirus (hpv) 9-valent recomb vac im susp	109
FOLIVANE-OB CAP *prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg*** ..	82	FREESTY LIBR KIT 3 SENSOR *continuous glucose system sensor***	113	GARDASIL 9 INJ human papillomavirus (hvp) 9-valent recomb vac susp pref syr	109
FOLLISTIM AQ INJ 300UNIT follitropin beta inj 300 unit/0.36ml ..	90	FREESTY LIBR KIT SENSOR *continuous glucose system sensor***	113	gatifloxacin sol 0.5%	118
FOLLISTIM AQ INJ 600UNIT follitropin beta inj 600 unit/0.72ml ..	90	FREESTY LIBR MIS 2 READER *continuous glucose system receiver***	113	gauze pad 2"x2"	113
FOLLISTIM AQ INJ 900UNIT follitropin beta inj 900 unit/1.08ml ..	90	FREESTY LIBR MIS 3 READER *continuous glucose system receiver***	113	GAVILAX POW polyethylene glycol 3350 oral powder 17 gm/scoop	84
fondaparinux inj 2.5/0.5	60	FREEZY LIBR MIS READER *continuous glucose system receiver***	113	GAVILYTE-C SOL peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	84
fondaparinux inj 5/0.4ml	60	furosemide sol 10mg/ml	71	GAVILYTE-G SOL peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 85	85
fondaparinux inj 7.5/0.6	60	furosemide sol 40mg/5ml	71	gefitinib tab 250mg	41
fondaparinux inj 10/0.8ml	60	furosemide tab 20mg	71	gemfibrozil tab 600mg	72
formoterol neb 20/2ml	121	furosemide tab 40mg	71	gemmily cap 1/20	95
FORTESTA GEL 10MG/ACT testosterone td gel 10mg/act (2%) ..	91	furosemide tab 80mg	71	GENERLAC SOL 10/15ML lactulose (encephalopathy) solution 10 gm/15ml	85
fosamprenavir calcium tab 700 mg ..	52	FUZEON INJ 90MG enfuvirtide for inj 90 mg	51	GENERLAC SOL 10GM/15 lactulose (encephalopathy) solution 10 gm/15ml	85
fosfomycin tromethamine powd pack 3 gm ()	22	fyavolv tab 0.5-2.5	95	GENGRAF CAP 25MG cyclosporine modified cap 25 mg	106
fosinop/hctz tab 10/12.5	65	fyavolv tab 1-5	95	GENGRAF CAP 100MG cyclosporine modified cap 100 mg	106
fosinop/hctz tab 20/12.5	65	FYCOMPA SUS 0.5MG/ML perampanel susp 0.5 mg/ml	28	GENGRAF SOL 100MG/ML cyclosporine modified oral soln 100 mg/ml	106
fosinopril tab 10mg	65	gabapentin cap 100mg	27	gentamicin sol 0.3% op	115
fosinopril tab 20mg	65	gabapentin cap 300mg	27	gentamicin sulfate cream 0.1%	22
fosinopril tab 40mg	65	gabapentin cap 400mg	27	gentamicin sulfate oint 0.1%	22
FOSRENOL POW 750MG lanthanum carbonate oral powder pack 750 mg (elemental)	82	gabapentin sol 250/5ml	27	GENTLELAX POW polyethylene glycol 3350 oral powder 17 gm/scoop 85	85
FOSRENOL POW 1000MG lanthanum carbonate oral powder pack 1000 mg (elemental)	82	gabapentin sol 300/6ml	27	GENVOYA TAB elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	49
FRAGMIN INJ 2500/0.2 dalteparin sodium soln prefilled syr 2500 unit/0.2ml	60	gabapentin tab 600mg	27	gg/codeine sol 100-10/5	123
FRAGMIN INJ 2500/ML dalteparin sodium subcutaneous soln 10000 unit/4ml	60	gabapentin tab 800mg	27	GILOTRIF TAB 20MG afatinib dimaleate tab 20 mg (base equivalent)	41
FRAGMIN INJ 5000/0.2 dalteparin sodium soln prefilled syr 5000 unit/0.2ml	60	galantamine cap 8mg er	29	GILOTRIF TAB 30MG afatinib dimaleate tab 30 mg (base equivalent)	41
FRAGMIN INJ 7500/0.3 dalteparin sodium soln prefilled syr 7500 unit/0.3ml	60	galantamine cap 16mg er	29	GILOTRIF TAB 40MG afatinib dimaleate tab 40 mg (base equivalent)	41
FRAGMIN INJ 10000/ML dalteparin sodium soln prefilled syr 10000 unit/ml	60	galantamine cap 24mg er	29	GILTUSS TAB 10-388MG phenylephrine-guaifenesin tab 10-388 mg	123
FRAGMIN INJ 12500UNT dalteparin sodium soln prefilled syr 12500 unit/0.5ml	60	galantamine sol 4mg/ml	29	glatiramer inj 20mg/ml	77
		galantamine tab 4mg	29		
		galantamine tab 8mg	29		

glatiramer inj 40mg/ml.....	77	guanfacine tab 3mg er	75	HAVRIX INJ 1440UNIT hepatitis a vaccine susp prefilled syr 1440 el unit/ml	109
glatopa inj 20mg/ml.....	78	guanfacine tab 4mg er	75	HC PRAMOXINE CRE 1-1% hydrocortisone acetate w/ pramoxine perianal cream 1-1%	111
glatopa inj 40mg/ml.....	78	GVOKE HYPO 1 INJ 0.5/1ML glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	58	heather tab 0.35mg.....	99
GLEOSTINE CAP 10MG lomustine cap 10 mg	37	GVOKE HYPO 1 INJ 1/0.2ML glucagon subcutaneous solution auto-injector 1 mg/0.2ml	58	heparin sodium (porcine) inj 1000 unit/ml	60
GLEOSTINE CAP 40MG lomustine cap 40 mg	37	GVOKE HYPO 2 INJ 0.5/1ML glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	58	heparin sodium (porcine) inj 1000 unit/ml	60
GLEOSTINE CAP 100MG lomustine cap 100 mg	37	GVOKE HYPO 2 INJ 1/0.2ML glucagon subcutaneous solution auto-injector 1 mg/0.2ml	58	heparin sodium (porcine) inj 1000 unit/ml	60
glimepiride tab 1mg	55	GVOKE KIT SOL 1/0.2ML glucagon subcutaneous soln 1 mg/0.2ml	58	heparin sodium (porcine) inj 5000 unit/ml	60
glimepiride tab 2mg	55	GVOKE PFS INJ 0.5/1ML glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml	58	heparin sodium (porcine) inj 5000 unit/ml	60
glimepiride tab 4mg	55	GVOKE PFS INJ 1/0.2ML glucagon subcutaneous soln pref syringe 1 mg/0.2ml	58	heparin sodium (porcine) inj 10000 unit/ml	60
glipizide er tab 2.5mg.....	56	GYNAZOLE-1 CRE 2% butoconazole nitrate (one dose) vaginal cream 2% .	34	heparin sodium (porcine) inj 20000 unit/ml	60
glipizide er tab 5mg.....	56	GYNOL II GEL 3% nonoxynol-9 gel 3%	87	heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml.....	60
glipizide er tab 10mg	56	HADLIMA INJ 40/0.4ML adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml	106	heparin sodium (porcine) pf inj 1000 unit/ml	60
glipizide tab 2.5mg.....	56	HADLIMA INJ 40/0.8ML adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml	106	heparin sodium (porcine) pf inj 5000 unit/0.5ml	60
glipizide tab 5mg	56	HADLIMA PUSH INJ 40/0.4ML adalimumab-bwwd soln auto-injector 40 mg/0.4ml	106	HEPLISAV-B INJ 20/0.5ML hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	109
glipizide tab 10mg	56	HADLIMA PUSH INJ 40/0.8ML adalimumab-bwwd soln auto-injector 40 mg/0.8ml	106	her style tab 1.5mg.....	99
glip/metform tab 2.5-250	55	HAEGARDA INJ 2000UNIT c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	105	HIBERIX SOL 10MCG haemophilus b polysaccharide conjugate vac for inj 10 mcg	109
glip/metform tab 2.5-250m	55	HAEGARDA INJ 3000UNIT c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	105	HUMALOG INJ 100/ML insulin lispro soln cartridge 100 unit/ml	58
glip/metform tab 2.5-500	56	hailey 24 tab fe.....	95	HUMALOG JR INJ 100/ML insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	58
glip/metform tab 2.5-500m.....	56	hailey fe tab 1.5/30.....	95	HUMALOG KWIK INJ 100/ML insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	58
glip/metform tab 5-500mg	56	hailey fe tab 1/20	95	HUMALOG KWIK INJ 200/ML insulin lispro soln pen-injector 200 unit/ml ..	58
glip/metform tab 5-500mg	56	hailey tab 1.5/30	95	HUMALOG MIX INJ 50/50 insulin lispro protamine & lispro inj 100 unit/ml (50-50)	58
glucose emr sol 1mg	56	halobetasol cre 0.05%	89	HUMALOG MIX INJ 50/50KWP insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	58
glucose inj 1mg.....	58	halobetasol oin 0.05%	89	HUMALOG MIX INJ 75/25KWP insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	58
glucose inj 1mg.....	58	haloette mis.....	95	HUMALOG MIX SUS 75/25 insulin lispro prot & lispro inj 100 unit/ml (75-25)	58
glucose bits chw 1gm.....	113	haloperidol con 2mg/ml.....	46	HUMATIN CAP 250MG paromomycin sulfate cap 250 mg	22
glucose chew tab 4 gm raspbery.....	113	haloperidol tab 0.5mg	46	HUMULIN INJ 70/30 insulin nph isophane & regular human inj 100 unit/ml (70-30)	58
glucose gel 15gm/33g	113	haloperidol tab 1mg	46		
glucose gel 40%.....	113	haloperidol tab 2mg	46		
glyb/metform tab 1.25-250.....	56	haloperidol tab 2mg	46		
glyb/metform tab 2.5-500.....	56	haloperidol tab 5mg.....	46		
glyb/metform tab 5-500mg.....	56	haloperidol tab 10mg.....	46		
glyburide tab 1.25 mg.....	56	haloperidol tab 20mg.....	46		
glyburide tab 2.5 mg.....	56	HAVRIX INJ 720UNIT hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml	109		
glyburide tab 5 mg.....	56				
glyburid mcr tab 1.5mg	56				
glyburid mcr tab 3mg.....	56				
glyburid mcr tab 6mg	56				
GLYCOLAX POW 3350 NF polyethylene glycol 3350 oral powder 17 gm/scoop	85				
glycopyrrol tab 1mg.....	83				
glycopyrrol tab 2mg	83				
glydo gel 2%.....	20				
GNP GLUCOSE CHW 2GM glucose chew tab 2 gm (carb equiv)	113				
granisetron tab 1mg	34				
griseofulvin sus 125/5ml.....	34				
griseofulvin tab micr 500.....	34				
griseofulvin tab ultr 125.....	34				
griseofulvin tab ultr 250	34				
guanfacine tab 1mg	63				
guanfacine tab 1mg er.....	75				
guanfacine tab 2mg	63				
guanfacine tab 2mg er	75				

HUMULIN INJ 70/30KWP insulin nph & regular susp pen-inj 100 unit/ml (70-30)	58	hydrocortisone tab 10 mg	89	ICLUSIG TAB 15MG ponatinib hcl tab 15 mg	41
HUMULIN N INJ U-100 insulin nph (human) (isophane) inj 100 unit/ml ..	58	hydrocortisone tab 20 mg	89	ICLUSIG TAB 30MG ponatinib hcl tab 30 mg	41
HUMULIN N INJ U-100KWP insulin nph (human) (isophane) susp pen-injector 100 unit/ml	58	hydrocortisone valerate cream 0.2% ..	89	ICLUSIG TAB 45MG ponatinib hcl tab 45 mg	41
HUMULIN R INJ U-100 insulin regular (human) inj 100 unit/ml	59	hydrocortisone valerate oint 0.2%	89	icosapent cap 0.5gm	73
HUMULIN R INJ U-500 insulin regular (human) inj 500 unit/ml	59	hydrocortisone w/ acetic acid otic soln 1-2%	118	icosapent cap 1gm	73
HUMULIN R INJ U-500 insulin regular (human) soln pen-injector 500 unit/ml	59	hydrogen peroxide soln 3%	113	IDHIFA TAB 50MG enasidenib mesylate tab 50 mg (base equivalent)	41
hycamtin cap 0.25mg	40	hydromet syp 5-1.5/5	124	IDHIFA TAB 100MG enasidenib mesylate tab 100 mg (base equivalent)	41
hycamtin cap 1mg	40	hydromorphone liq 1mg/ml	19	ihealth liq control	55
hydralazine tab 10mg	73	hydromorphon tab 2mg	19	imatinib mes tab 100mg	41
hydralazine tab 25mg	73	hydromorphon tab 4mg	19	imatinib mes tab 400mg	41
hydralazine tab 50mg	74	hydromorphon tab 8mg	19	IMBRUVICA CAP 70MG ibrutinib cap 70 mg	41
hydralazine tab 100mg	73	hydromorphon tab 8mg er	17	IMBRUVICA CAP 140MG ibrutinib cap 140 mg	41
hydro/aceta sol 10-325mg	19	hydromorphon tab 12mg er	17	IMBRUVICA SUS 70MG/ML ibrutinib oral susp 70 mg/ml	41
hydro/apap sol 10-300 mg/15ml	19	hydromorphon tab 16mg er	17	IMBRUVICA TAB 140MG ibrutinib tab 140 mg	41
hydrochlorot tab 12.5mg	72	hydromorphon tab 32mg er	17	IMBRUVICA TAB 280MG ibrutinib tab 280 mg	41
hydrochlorot tab 25mg	72	hydroxychlor tab 100mg	44	IMBRUVICA TAB 420MG ibrutinib tab 420 mg	41
hydrochlorot tab 50mg	72	hydroxychlor tab 200mg	44	imipram hcl tab 10mg	33
hydroc/homat tab 5-1.5mg	123	hydroxyurea cap 500mg	39	imipram hcl tab 25mg	33
hydroco/apap sol 7.5-325	19	hydroxyz hcl syp 10mg/5ml	53	imipram hcl tab 50mg	33
hydroco/apap tab 2.5-325	19	hydroxyz hcl tab 10mg	53	imipram pam cap 75mg	33
hydroco/apap tab 5-325mg	19	hydroxyz hcl tab 25mg	53	imipram pam cap 100mg	33
hydroco/apap tab 7.5-325	19	hydroxyz hcl tab 50mg	53	imipram pam cap 125mg	33
hydroco/apap tab 10-325mg	19	hydroxyzine sol 50/25ml	53	imipram pam cap 150mg	33
hydrocod/hom sol 5-1.5/5	123	hydroxyz pam cap 25mg	53	imiquimod cre 5%	79
hydrocod/hom syp 5-1.5/5	123	hydroxyz pam cap 50mg	53	INATAL GT TAB *prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***	82
hydrocodone cap 10mg er	16	hydroxyz pam cap 100mg	53	incassia tab 0.35mg	99
hydrocodone cap 15mg er	16	HYPERSAL NEB 3.5% sodium chloride soln nebu 3.5%	124	INCRELEX INJ 40MG/4ML mecasermin inj 40 mg/4ml (10 mg/ml)	91
hydrocodone cap 20mg er	17	HYPERSAL NEB 7% sodium chloride soln nebu 7%	124	INCRUSE ELPT INH 62.5MCG umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	120
hydrocodone cap 30mg er	17	ibandronate tab 150mg	112	indapamide tab 1.25mg	72
hydrocodone cap 40mg er	17	IBRANCE CAP 75MG palbociclib cap 75 mg	41	indapamide tab 2.5mg	72
hydrocodone cap 50mg er	17	IBRANCE CAP 100MG palbociclib cap 100 mg	41	indomethacin cap 25mg	15
hydrocodone-ibuprofen tab 5-200 mg	19	IBRANCE CAP 125MG palbociclib cap 125 mg	41	indomethacin cap 50mg	15
hydrocodone-ibuprofen tab 7.5-200 mg	19	IBRANCE TAB 75MG palbociclib tab 75 mg	41	indomethacin cap 75mg er	15
hydrocodone-ibuprofen tab 10-200 mg	19	IBRANCE TAB 100MG palbociclib tab 100 mg	41	INFANRIX INJ diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml ..	109
hydrocortisone butyrate cream 0.1% ..	89	IBRANCE TAB 125MG palbociclib tab 125 mg	41	INGREZZA CAP 40-80MG valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	76
hydrocortisone butyrate hydrophilic lipo base cream 0.1%	89	ibuprofen tab 400mg	15	INGREZZA CAP 40MG valbenazine tosylate cap 40 mg	76
hydrocortisone butyrate oint 0.1%	89	ibuprofen tab 600mg	15	INGREZZA CAP 40MG valbenazine tosylate capsule sprinkle 40 mg	76
hydrocortisone butyrate soln 0.1%	89	ibuprofen tab 800mg	15		
hydrocortisone cream 2.5%	89	ibu tab 400mg	15		
hydrocortisone enema 100 mg/60ml	111	ibu tab 600mg	15		
hydrocortisone lotion 2.5%	89	ibu tab 800mg	15		
hydrocortisone oint 1%	89	ICATIBANT INJ 30MG/3ML icatibant acetate subcutaneous soln pref syr 30 mg/3ml	105		
hydrocortisone oint 2.5%	89	iclevia tab	95		
hydrocortisone perianal cream 2.5% ..	111	ICLUSIG TAB 10MG ponatinib hcl tab 10 mg	41		
hydrocortisone tab 5 mg	89				

INGREZZA CAP 60MG valbenazine tosylate cap 60 mg	76	insulin syringe/needle u-100 1/2 ml 31 x 15/64"	114	isop alcohol sol 70% rub	114
INGREZZA CAP 60MG valbenazine tosylate capsule sprinkle 60 mg	77	insulin syringe/needle u-100 1 ml 27 x 5/8"	114	iso/hydral tab 20-375	70
INGREZZA CAP 80MG valbenazine tosylate cap 80 mg	77	insulin syringe/needle u-100 1 ml 28 x 1/2"	114	isosorb din tab 5mg	74
INGREZZA CAP 80MG valbenazine tosylate capsule sprinkle 80 mg	77	insulin syringe/needle u-100 1 ml 28 x 5/16"	114	isosorb din tab 10mg	74
INLYTA TAB 1MG axitinib tab 1 mg ...	42	insulin syringe/needle u-100 1 ml 29 x 1/2"	114	isosorb din tab 20mg	74
INLYTA TAB 5MG axitinib tab 5 mg ...	42	insulin syringe/needle u-100 1 ml 29 x 5/16"	114	isosorb din tab 30mg	74
INS DEGL FLX INJ 100UNIT insulin degludec soln pen-injector 100 unit/ml	59	insulin syringe/needle u-100 1 ml 30 x 1/2"	114	isosorb mono tab 10mg	74
INS DEGL FLX INJ 200UNIT insulin degludec soln pen-injector 200 unit/ml	59	insulin syringe/needle u-100 1 ml 30 x 5/16"	114	isosorb mono tab 20mg	74
INSPIREASE MIS DD SYST *spacer/aerosol-holding chambers - device*** 113		insulin syringe/needle u-100 1 ml 31 x 5/16"	114	isosorb mono tab 30mg er	74
INSPIREASE MIS RES BAG *spacer/aerosol-holding chamber supplies - bags***	113	insulin syringe/needle u-100 1 ml 31 x 15/64"	114	isosorb mono tab 60mg er	74
ins syr u500 mis 0.5/31g	113	insulin syringe/needle u-100 1 ml 32 x 5/16"	114	isosorb mono tab 120mg er	74
INSTA-GLUCOS GEL 77.4% glucose gel 77.4%	113	INTELENCE TAB 25MG etravirine tab 25 mg	49	isotretinoin cap 10mg	79
INSULIN ASPA INJ 70/30 insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	59	INTELENCE TAB 100MG etravirine tab 100 mg	49	isotretinoin cap 20mg	79
INSULIN DEGL INJ 100UNIT insulin degludec inj 100 unit/ml	59	INTELENCE TAB 200MG etravirine tab 200 mg	49	isotretinoin cap 30mg	79
INSULIN LISP INJ 100/ML insulin lispro inj soln 100 unit/ml	59	introvale tab	95	isotretinoin cap 40mg	79
INSULIN LISP INJ 100/ML insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	59	INVELTYS SUS 1% loteprednol etabonate ophth susp 1%	117	isradipine cap 2.5mg	69
INSULIN LISP INJ JUNIOR insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	59	iopidine sol 1% op	117	isradipine cap 5mg	69
INSULIN LISP INJ PROTAMIN insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	59	IPOL INJ INACTIVE poliovirus vaccine, ipv inj susp	109	itraconazole cap 100mg	34
insulin syringe/needle u-100 0.3 ml 29 x 1/2"	113	IPRATROPIUM AER 17MCG ipratropium bromide hfa inhal aerosol 17mcg/act	120	itraconazole sol 10mg/ml	34
insulin syringe/needle u-100 0.3 ml 30 x 1/2"	113	ipratropium sol 0.02% inh	120	itraconazole sol 100/10ml	34
insulin syringe/needle u-100 0.3 ml 30 x 5/16"	113	ipratropium/ sol albuter	120	ivabradine tab 5mg	71
insulin syringe/needle u-100 0.3 ml 31 x 5/16"	114	ipratropium spr 0.03%	120	ivabradine tab 7.5mg	71
insulin syringe/needle u-100 0.3 ml 31 x 15/64"	114	ipratropium spr 0.06%	120	ivermectin cre 1%	79
insulin syringe/needle u-100 0.5 ml 32 x 5/16"	114	irbesar/hctz tab 150-12.5	63	ivermectin lot 0.5%	43
insulin syringe/needle u-100 1/2 ml 28 x 1/2"	114	irbesar/hctz tab 300-12.5	63	ivermectin tab 3mg	43
insulin syringe/needle u-100 1/2 ml 29 x 1/2"	114	irbesartan tab 75mg	64	jaimiess tab	95
insulin syringe/needle u-100 1/2 ml 30 x 1/2"	114	irbesartan tab 150mg	63	JAKAFI TAB 5MG ruxolitinib phosphate tab 5 mg (base equivalent) 42	
insulin syringe/needle u-100 1/2 ml 30 x 5/16"	114	irbesartan tab 300mg	63	JAKAFI TAB 10MG ruxolitinib phosphate tab 10 mg (base equivalent)	42
insulin syringe/needle u-100 1/2 ml 31 x 5/16"	114	ISENTRESS CHW 25MG raltegravir potassium chew tab 25 mg	49	JAKAFI TAB 15MG ruxolitinib phosphate tab 15 mg (base equivalent)	42
		ISENTRESS CHW 100MG raltegravir potassium chew tab 100 mg	49	JAKAFI TAB 20MG ruxolitinib phosphate tab 20 mg (base equivalent)	42
		ISENTRESS HD TAB 600MG raltegravir potassium tab 600 mg ...	49	JAKAFI TAB 25MG ruxolitinib phosphate tab 25 mg (base equivalent)	42
		ISENTRESS POW 100MG raltegravir potassium packet for susp 100 mg ...	49	JANTOVEN TAB 1MG warfarin sodium tab 1 mg	60
		ISENTRESS TAB 400MG raltegravir potassium tab 400 mg	49	JANTOVEN TAB 2.5MG warfarin sodium tab 2.5 mg	60
		isibloom tab	95	JANTOVEN TAB 2MG warfarin sodium tab 2 mg	61
		isoniazid syp 50mg/5ml	37	JANTOVEN TAB 3MG warfarin sodium tab 3 mg	61
		isoniazid tab 100mg	37	JANTOVEN TAB 4MG warfarin sodium tab 4 mg	61
		isoniazid tab 300mg	37	JANTOVEN TAB 5MG warfarin sodium tab 5 mg	61
				JANTOVEN TAB 6MG warfarin sodium tab 6 mg	61
				JANTOVEN TAB 7.5MG warfarin sodium tab 7.5 mg	61
				JANTOVEN TAB 10MG warfarin sodium tab 10 mg	60

JARDIANCE TAB 10MG empagliflozin tab 10 mg	56	ketoprofen cap 200mg er	15	lactulose pak 10gm	85
JARDIANCE TAB 25MG empagliflozin tab 25 mg	56	ketorolac sol 0.4% op	117	lactulose pak 20gm.....	85
jasmiel tab 3-0.02mg	95	ketorolac sol 0.5% op	117	lactulose sol 10/15ml	85
JATENZO CAP 158MG testosterone undecanoate cap 158 mg	91	ketorolac tab 10mg	15	lactulose sol 10gm/15.....	85
JATENZO CAP 198MG testosterone undecanoate cap 198 mg	91	KINRIX INJ diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml ..	109	lactulose sol 10gm/15.....	85
JATENZO CAP 237MG testosterone undecanoate cap 237 mg	91	KISQALI 200 PAK FEMARA ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	39	lactulose sol 20/30ml.....	85
jencycla tab 0.35mg	99	KISQALI 400 PAK FEMARA ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	39	LAGEVRIO CAP 200MG molnupiravir cap 200 mg	114
JENTADUETO TAB 2.5-500 linagliptin-metformin hcl tab 2.5-500 mg	56	KISQALI 600 PAK FEMARA ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	39	lamivudine sol 10mg/ml	50
JENTADUETO TAB 2.5-850 linagliptin-metformin hcl tab 2.5-850 mg	56	KISQALI TAB 200DOSE ribociclib succinate tab pack 200 mg daily dose 39		lamivudine sol 300/30ml.....	50
JENTADUETO TAB 2.5-1000 linagliptin-metformin hcl tab 2.5-1000 mg	56	KISQALI TAB 400DOSE ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	39	lamivudine tab 100mg.....	48
JENTADUETO TAB XR linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	56	KISQALI TAB 600DOSE ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	39	lamivudine tab 150mg.....	50
JENTADUETO TAB XR linagliptin-metformin hcl tab er 24hr 5-1000 mg 56		klayesta pow 100000	34	lamivudine tab 300mg	50
jinteli tab 1mg-5mcg.....	95	klor-con 8 tab 8meq er	80	lamivud/zido tab 150-300.....	50
jolessa tab.....	95	klor-con 10 tab 10meq er.....	80	lamotrigine chw 5mg.....	28
joyeaux tab 0.1-20	95	klor-con/ef tab 25meq	80	lamotrigine chw 25mg.....	28
juleber tab.....	95	klor-con m10 tab 10meq er.....	80	lamotrigine tab 25mg	28
JULUCA TAB 50-25MG dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	49	klor-con m15 tab 15meq er.....	80	lamotrigine tab 100mg.....	28
junel 1.5/30 tab	95	klor-con m20 tab 20meq er	80	lamotrigine tab 150mg	28
junel 1/20 tab	96	klor-con pak 20meq	80	lamotrigine tab 200mg.....	28
junel fe 24 tab 1/20	96	KLOXXADO SPR 8MG naloxone hcl nasal spray 8 mg/0.1ml	21	lancet devic mis adjust	55
junel fe tab 1.5/30.....	96	KRISTALOSE PAK 10GM lactulose oral crystal packet 10 gm	85	lancets mis	55
junel fe tab 1/20	96	KRISTALOSE PAK 20GM lactulose oral crystal packet 20 gm	85	lansopr/amox pak /clarith	83
JYNNEOS INJ smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	109	kurvelo tab 0.15/30	96	lansoprazole cap 15mg dr	85
kaitlib fe chw	96	KYZATREX CAP 100MG testosterone undecanoate cap 100 mg	91	lansoprazole cap 30mg dr.....	85
KALETRA SOL lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) 52		KYZATREX CAP 150MG testosterone undecanoate cap 150 mg	91	lanthanum chw 500mg.....	82
KALETRA TAB 100-25MG lopinavir-ritonavir tab 100-25 mg	52	KYZATREX CAP 200MG testosterone undecanoate cap 200 mg	91	lanthanum chw 750mg.....	82
KALETRA TAB 200-50MG lopinavir-ritonavir tab 200-50 mg	52	labetalol tab 100mg	67	lanthanum chw 1000mg.....	82
kalliga tab	96	labetalol tab 200mg.....	67	lapatinib tab 250mg	42
kariva tab 28 day.....	96	labetalol tab 300mg.....	67	larin 24 tab fe 1/20.....	96
kelnor 1/50 tab.....	96	labetalol tab 400mg.....	67	larin fe tab 1.5/30	96
kelnor tab 1/35.....	96	lacosamide sol 10mg/ml.....	28	larin fe tab 1/20.....	96
ketoconazole cream 2%	34	lacosamide sol 50/5ml	28	larin tab 1.5/30	96
ketoconazole shampoo 2%.....	34	lacosamide sol 50mg/5ml.....	28	larin tab 1/20.....	96
ketoconazole tab 200mg.....	34	lacosamide sol 100/10ml	28	LASTACFT SOL 0.25% alcaftadine ophth soln 0.25%	116
KETO-DIASTIX TES *urine glucose-ketones test strips***	114	lacosamide sol 150/15ml	28	latanoprost sol 0.005%	117
ketoprofen cap 25mg.....	15	lacosamide sol 200/20ml.....	28	layolis fe chw	96
ketoprofen cap 50mg	15	lacosamide tab 50mg	29	ledip-sofosb tab 90-400mg.....	48
		lacosamide tab 100mg	28	leena tab	96
		lacosamide tab 150mg	28	leflunomide tab 10mg	107
		lacosamide tab 200mg.....	29	leflunomide tab 20mg.....	107
				lenalidomide cap 2.5mg.....	38
				lenalidomide cap 5mg.....	38
				lenalidomide cap 10mg.....	38
				lenalidomide cap 15mg.....	38
				lenalidomide cap 20mg	38
				lenalidomide cap 25mg	38
				LENVIMA CAP 4MG lenvatinib cap therapy pack 4 mg (4 mg daily dose) 42	
				LENVIMA CAP 8 MG lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	42
				LENVIMA CAP 10 MG lenvatinib cap therapy pack 10 mg (10 mg daily dose)	42

LENVIMA CAP 12MG lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	42	levofloxacin tab 750mg	25	LEXIVA SUS 50MG/ML fosamprenavir calcium susp 50 mg/ml	52
LENVIMA CAP 14 MG lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	42	levonest tab	96	LEXIVA TAB 700MG fosamprenavir calcium tab 700 mg	52
LENVIMA CAP 18 MG lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	42	levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg.	96	lidocaine dis 5% patch	20
LENVIMA CAP 20 MG lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	42	levonor/ethi tab	96	lidocaine gel 2% jelly	20
LENVIMA CAP 24 MG lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	42	levonor/ethi tab 0.1-0.02	96	lidocaine gel 2% jelly	20
lessina tab	96	levonor/ethi tab 0.1-20	96	lidocaine hcl laryngotracheal soln 4%.	20
letrozole tab 2.5mg	40	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	96	lidocaine hcl soln 4%	20
leucovor ca tab 5mg	39	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	96	lidocaine sol 2% oral	20
leucovor ca tab 10mg	39	levonorgestr tab 1.5mg	99	lidocaine sol 2% visc	20
leucovor ca tab 15mg	39	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	96	lido/prilocn cre 2.5-2.5%	20
leucovor ca tab 25mg	39	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) ..	96	linezolid for susp 100 mg/5ml	22
LEUKERAN TAB 2MG chlorambucil tab 2 mg	37	levora-28 tab 0.15/30	96	linezolid tab 600mg	22
LEUKINE INJ 250MCG sargramostim lyophilized for inj 250 mcg	62	levorphanol tab 2mg	17	LINZESS CAP 72MCG linaclotide cap 72 mcg	84
leuprolide inj 1mg/0.2	104	levorphanol tab 3mg	17	LINZESS CAP 145MCG linaclotide cap 145 mcg	84
leuprolide inj 14 day	104	levothyroxin tab 25mcg	102	LINZESS CAP 290MCG linaclotide cap 290 mcg	84
leuprolide inj 22.5mg	104	levothyroxin tab 50mcg	102	liomny tab 5mcg	102
leuprolide kit 1mg/0.2	104	levothyroxin tab 75mcg	102	liomny tab 25mcg	102
leuprolide kit 14 day	104	levothyroxin tab 88mcg	102	liomny tab 50mcg	102
levalbuterol neb 0.31mg	121	levothyroxin tab 100mcg	101	liothyronine tab 5mcg	102
levalbuterol neb 0.63mg	121	levothyroxin tab 112mcg	101	liothyronine tab 25mcg	102
levalbuterol neb 1.25/0.5	121	levothyroxin tab 125mcg	101	liothyronine tab 50mcg	102
levalbuterol neb 1.25mg	121	levothyroxin tab 137mcg	101	lisdexamfeta cap 10mg	75
LEVEMIR INJ FLEXPEN insulin detemir soln pen-injector 100 unit/ml	59	levothyroxin tab 150mcg	101	lisdexamfeta cap 20mg	75
LEVEMIR INJ insulin detemir inj 100 unit/ml	59	levothyroxin tab 175mcg	101	lisdexamfeta cap 30mg	75
levetiraceta sol 100mg/ml	26	levothyroxin tab 200mcg	101	lisdexamfeta cap 40mg	75
levetiraceta sol 500/5ml	26	levothyroxin tab 300mcg	102	lisdexamfeta cap 50mg	75
levetiraceta tab 250mg	26	levo-t tab 25mcg	101	lisdexamfeta cap 60mg	75
levetiraceta tab 500mg	26	levo-t tab 50mcg	101	lisdexamfeta cap 70mg	75
levetiraceta tab 500mg er	26	levo-t tab 75mcg	101	lisinop/hctz tab 20-12.5	65
levetiraceta tab 750mg	26	levo-t tab 88mcg	101	lisinop/hctz tab 20-25mg	65
levetiraceta tab 750mg er	26	levo-t tab 100mcg	101	lisinopril tab 2.5mg	65
levetiraceta tab 1000mg	26	levo-t tab 112mcg	101	lisinopril tab 5mg	65
levobunolol sol 0.5% op	117	levo-t tab 125mcg	101	lisinopril tab 10mg	65
levocarnitin sol 1gm/10ml	80	levo-t tab 137mcg	101	lisinopril tab 20mg	65
levocarnitin tab 330mg	80	levo-t tab 150mcg	101	lisinopril tab 30mg	65
levocetirizi sol 2.5/5ml	119	levo-t tab 175mcg	101	lisinopril tab 40mg	65
levocetirizi tab 5mg	119	levo-t tab 200mcg	101	lithium carb cap 150mg	54
levo-eth est tab 90-20mcg	96	levo-t tab 300 mcg	101	lithium carb cap 300mg	55
levofloxacin oral soln 25 mg/ml	25	levoxyl tab 25mcg	102	lithium carb cap 600mg	55
levofloxacin sol 0.5%	118	levoxyl tab 50mcg	102	lithium carb tab 300mg	55
levofloxacin sol 1.5%	118	levoxyl tab 75mcg	102	lithium carb tab 300mg er	55
levofloxacin tab 250mg	25	levoxyl tab 88mcg	102	lithium carb tab 450mg er	55
levofloxacin tab 500mg	25	levoxyl tab 100mcg	102	lithium sol 8meq/5ml	55
		levoxyl tab 112mcg	102	lofexidine tab 0.18mg	20
		levoxyl tab 125mcg	102	lojaimiess tab	96
		levoxyl tab 137mcg	102	LOKELMA PAK 5GM sodium zirconium cyclosilicate for susp packet 5 gm	81
		levoxyl tab 150mcg	102	LOKELMA PAK 10GM sodium zirconium cyclosilicate for susp packet 10 gm	81
		levoxyl tab 175mcg	102		
		levoxyl tab 200mcg	102		

lo loestrin tab 1-10-10.....	96	LUTRATE DEPO INJ 22.5MG		medroxypr ac tab 10mg	100
LONSURF TAB 15-6.14 trifluridine-tipiracil tab 15-6.14 mg	39	leuprolide acetate (3 month) for inj 22.5 mg	104	mefenam acid cap 250mg	16
LONSURF TAB 20-8.19 trifluridine-tipiracil tab 20-8.19 mg	39	lyleq tab 0.35mg	99	mefloquine tab 250mg	44
loperamide cap 2mg.....	83	lyllana dis 0.1mg	96	megestrol ac sus 40mg/ml	100
lopin/riton tab 100-25mg.....	52	lyllana dis 0.05mg.....	96	megestrol ac sus 400/10ml	100
lopin/riton tab 200-50mg	52	lyllana dis 0.025mg	96	megestrol ac sus 400mg/10.....	100
lorazepam con 2mg/ml.....	54	lyllana dis 0.075mg.....	96	megestrol ac sus 800mg/20	100
lorazepam tab 0.5mg	54	lyllana dis 0.0375mg	96	megestrol ac tab 20mg.....	100
lorazepam tab 1mg	54	LYNPARZA TAB 100MG olaparib tab 100 mg	42	megestrol ac tab 40mg.....	100
lorazepam tab 2mg	54	LYNPARZA TAB 150MG olaparib tab 150 mg	42	megestrol ac tab 40mg.....	100
LORBRENA TAB 25MG lorlatinib tab 25 mg	42	LYSODREN TAB 500MG mitotane tab 500 mg	104	megestrol sus 625mg/5m	100
LORBRENA TAB 100MG lorlatinib tab 100 mg	42	lyza tab 0.35mg	100	MEKINIST SOL 0.05/ML trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	42
loryna tab 3-0.02mg	96	mafenide acetate packet for topical soln 5% (50 gm).....	22	MEKINIST TAB 0.5MG trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	42
losartan/hct tab 50-12.5.....	64	mag citrate sol lemon	85	MEKINIST TAB 2MG trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	42
losartan/hct tab 100-12.5.....	64	malathion lot 0.5%	44	meleya tab 0.35mg	100
losartan/hct tab 100-25	64	maraviroc tab 150mg	51	meloxicam tab 7.5mg.....	16
losartan pot tab 25mg	64	maraviroc tab 300mg.....	51	meloxicam tab 15mg	16
losartan pot tab 50mg.....	64	marlissa tab 0.15/30	96	melphalan tab 2mg	37
losartan pot tab 100mg	64	MARPLAN TAB 10MG isocarboxazid tab 10 mg	30	memantine hc sol 2mg/ml	29
LOTEMAX OIN 0.5% loteprednol etabonate ophth oint 0.5%	117	MASK VORTEX/ MIS FROG *spacer/aerosol-holding chamber supplies - masks***	114	memantine sol 2mg/ml.....	29
LOTEMAX SM GEL 0.38% loteprednol etabonate ophth gel 0.38%	117	MATULANE CAP 50MG procarbazine hcl cap 50 mg	37	MEMANTINE SOL 10MG/5ML memantine hcl oral solution 2mg/ml .	29
LOTEPREDNOL SUS 0.5% loteprednol etabonate ophth susp 0.5%	117	MATZIM LA TAB 180MG/24 diltiazem hcl tab er 24hr 180 mg	69	memantine tab hcl 5mg	29
lovastatin tab 10mg.....	72	MATZIM LA TAB 240MG/24 diltiazem hcl tab er 24hr 240 mg	69	memantine tab hcl 10mg.....	29
lovastatin tab 20mg	72	MATZIM LA TAB 300MG/24 diltiazem hcl tab er 24hr 300 mg	69	memant titra pak 5-10mg	29
lovastatin tab 40mg	72	MATZIM LA TAB 360MG/24 diltiazem hcl tab er 24hr 360 mg	69	menest tab 0.3mg	97
low-ogestrel tab	96	MATZIM LA TAB 420MG/24 diltiazem hcl tab er 24hr 420 mg	69	menest tab 0.625mg.....	97
loxapine cap 5mg	46	MAVYRET PAK 50-20MG glecaprevir-pibrentasvir pellet pack 50-20 mg	48	menest tab 1.25mg	97
loxapine cap 10mg.....	46	MAVYRET TAB 100-40MG glecaprevir-pibrentasvir tab 100-40 mg	48	menest tab 2.5mg	97
loxapine cap 25mg.....	46	MAXICOMFORT MIS 27GX1/2 insulin syringe/needle u-100 1/2 ml 27 x 1/2" 114		MENOPUR INJ 75UNIT menotropins for subcutaneous inj 75 unit	91
loxapine cap 50mg	46	MAXICOMFORT MIS 27GX1/2" insulin syringe/needle u-100 1 ml 27 x 1/2"	114	menostar dis 14mcg	97
lo-zumandimi tab 3-0.02mg.....	96	meclizine tab 25mg.....	33	MENQUADFI INJ meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	109
lubiprostone cap 8mcg.....	84	meclizine tab 50mg	33	MENVEO INJ meningococcal (a, c, y, and w-135) oligo conj vac for inj	109
lubiprostone cap 24mcg.....	84	meclofen sod cap 50mg.....	16	MENVEO SOL meningococcal (a, c, y, and w-135) oligo conj vac im soln .	109
LUCEMYRA TAB 0.18MG lofexidine hcl tab 0.18 mg ()	20	meclofen sod cap 100mg	15	meprobamate tab 200mg.....	53
luizza 1/20 tab	96	medroxypr ac inj 150mg/ml	100	meprobamate tab 400mg.....	53
luizza tab 1.5/30.....	96	medroxypr ac inj 150mg/ml prefilled syr	100	mercaptapur tab 50mg	39
luliconazole cre 1%.....	35	medroxypr ac tab 2.5mg.....	100	merzee cap 1/20	97
LUMIGAN SOL 0.01% OP bimatoprost ophth soln 0.01%	117	medroxypr ac tab 5mg	100	mesalamine cap 0.375gm	111
lurasidone tab 20mg.....	46			mesalamine ene 4gm.....	111
lurasidone tab 40mg	46			mesalamine kit 4gm.....	111
lurasidone tab 60mg	46			mesalamine sup 1000mg.....	111
lurasidone tab 80mg	46			mesalamine tab 1.2gm.....	111
lurasidone tab 120mg	46			mesna tab 400mg	43
lutera tab.....	96			metaxalone tab 800mg	124

metformin tab 500mg er.....	56	methylphenid chw 5mg	76	MIFEPREX TAB 200MG mifepristone tab 200 mg	91
metformin tab 750mg er.....	56	methylphenid chw 10mg	76	mifepristone tab 200mg	91
metformin tab 850mg.....	56	methylphenid sol 5mg/5ml	76	MIGERGOT SUP 2/100 ergotamine w/ caffeine suppos 2-100 mg	35
metformin tab 1000mg	56	methylphenid sol 10mg/5ml	76	miglitol tab 25mg.....	56
methadone con 10mg/ml	17	methylphenid tab 5mg	76	miglitol tab 50mg.....	56
methadone sol 5mg/5ml.....	17	methylphenid tab 10mg.....	76	miglitol tab 100mg.....	56
methadone sol 10mg/5ml.....	17	methylphenid tab 10mg er.....	76	mili tab 0.25/35	97
methadone tab 5mg.....	17	methylphenid tab 18mg osm.....	76	MILNACIPRAN MIS TITR PAK	
methadone tab 10mg	17	methylphenid tab 20mg.....	76	milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	77
methamphetamine tab 5mg	75	methylphenid tab 20mg er.....	76	MILNACIPRAN TAB 12.5MG	
methazolamid tab 25mg	71	methylphenid tab 27mg osm.....	76	milnacipran hcl tab 12.5 mg	77
methazolamid tab 50mg	71	methylphenid tab 36mg osm	76	MILNACIPRAN TAB 25MG	
methenamine hippurate tab 1 gm	22	methylphenid tab 54mg osm	76	milnacipran hcl tab 25 mg	77
methimazole tab 5mg	104	methylpred tab 4mg.....	89	MILNACIPRAN TAB 50MG	
methimazole tab 10mg.....	104	methylpred tab 4mg.....	89	milnacipran hcl tab 50 mg	77
METHITEST TAB 10MG		methylpred tab 8mg.....	89	MILNACIPRAN TAB 100MG	
methyltestosterone oral tab 10 mg ..	91	methylpred tab 16mg.....	89	milnacipran hcl tab 100 mg	77
methocarbam tab 500mg.....	124	methylpred tab 32mg	89	milophene tab 50mg	91
methocarbam tab 750mg.....	124	methyltestos cap 10mg.....	91	mimvey tab 1-0.5mg.....	97
methotrexate inj 1gm.....	106	metoclopram sol 5mg/5ml.....	33	minivelle dis 0.1mg.....	97
methotrexate inj 1gm/40ml	106	metoclopram sol 10/10ml	33	minivelle dis 0.05mg.....	97
methotrexate inj 50 mg/2ml (25 mg/ml)	106	metoclopram tab 5mg	33	minivelle dis 0.025mg	97
methotrexate inj 50 mg/2ml (25 mg/ml)	106	metoclopram tab 10mg	33	minivelle dis 0.075mg.....	97
methotrexate inj 250 mg/10ml (25 mg/ml)	106	metolazone tab 2.5mg.....	72	minivelle dis 0.0375mg	97
methotrexate inj pf 50 mg/2ml (25 mg/ml)	106	metolazone tab 5mg	72	minocycline hcl cap 50 mg	26
methotrexate inj pf 250 mg/10ml (25 mg/ml)	106	metolazone tab 10mg	72	minocycline hcl cap 75 mg	26
methotrexate inj pf 1000 mg/40ml (25 mg/ml)	106	metoprl/hctz tab 50-25mg.....	67	minocycline hcl cap 100 mg.....	26
methotrexate tab 2.5mg.....	106	metoprl/hctz tab 100-25mg.....	67	minoxidil tab 2.5mg.....	74
methoxsalen cap 10mg.....	79	metoprol succinate tab 25mg er....	67	minoxidil tab 10mg	74
methscopolam tab 2.5mg	83	metoprol succinate tab 50mg er....	67	minzoya tab 0.1-20.....	97
methscopolam tab 5mg.....	83	metoprol succinate tab 100mg er... 67		MIRALAX POW 3350 NF	
methsuximide cap 300mg	26	metoprolol succinate tab 200mg er .. 67		polyethylene glycol 3350 oral powder 17 gm/scoop	85
methyl dopa tab 250mg	63	metoprolol tartrate tab 25mg.....	67	mirtazapine tab 7.5mg	30
methyl dopa tab 500mg	63	metoprolol tartrate tab 50mg.....	67	mirtazapine tab 15mg	30
METHYLERGON TAB 0.2MG		metoprolol tartrate tab 100mg	67	mirtazapine tab 15mg odt.....	30
methylergonovine maleate tab 0.2 mg	114	metronidazole cream 0.75%.....	79	mirtazapine tab 30mg.....	30
methylphenid cap 10mg cd	75	metronidazole gel 0.75%.....	79	mirtazapine tab 30mg odt	30
methylphenid cap 10mg la	75	metronidazole lotion 0.75%	79	mirtazapine tab 30mg odt	30
methylphenid cap 20mg cd.....	75	metronidazole tab 250 mg	22	mirtazapine tab 45mg.....	30
methylphenid cap 20mg la.....	75	metronidazole tab 500 mg.....	22	mirtazapine tab 45mg odt	30
methylphenid cap 30mg cd.....	75	metronidazole vaginal gel 0.75%.....	22	misoprostol tab 100mcg.....	85
methylphenid cap 30mg la.....	75	mexiletine cap 150mg	66	misoprostol tab 200mcg	85
methylphenid cap 40mg cd.....	76	mexiletine cap 200mg.....	66	MITOSOL KIT 0.2MG mitomycin for ophth soln kit 0.2 mg	116
methylphenid cap 40mg la.....	76	mexiletine cap 250mg.....	66	M-M-R II INJ measles-mumps-rubella virus vaccines for inj soln	109
methylphenid cap 50mg cd.....	76	mibelas 24 chw fe.....	97	M-NATAL PLUS TAB *prenatal vit w/ fe fumarate-fa tab 27-1 mg***	82
methylphenid cap 60mg cd.....	76	miconazole 3 sup 200mg.....	35	MNEXSPIKE INJ 2025-26 covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml	109
methylphenid cap 60mg la.....	76	microgestin tab 1.5/30.....	97	modafinil tab 100mg	125
methylphenid cap 60mg la.....	76	microgestin tab 1/20	97	modafinil tab 200mg.....	125
methylphenid chw 2.5mg.....	76	microgestin tab fe1.5/30	97	moexipril tab 7.5mg.....	65
		microgestin tab fe 1/20.....	97	moexipril tab 15mg	65
		midodrine tab 2.5mg	63		
		midodrine tab 5mg	63		
		midodrine tab 10mg.....	63		

mometasone cream 0.1%.....	89	nadolol tab 20mg.....	67	NEONATAL PLS TAB 27-1MG	
mometasone ointment 0.1%.....	89	nadolol tab 40mg.....	67	*prenatal vit w/ fe fumarate-fa tab	
mometasone sol 0.1%.....	89	nadolol tab 80mg.....	67	27-1 mg***	82
mometasone spr 50mcg.....	119	naftifine cre hcl 1%.....	35	NEONATAL TAB COMPLTE *prenatal	
mono-lynyah tab 0.25-35.....	97	naftifine cre hcl 2%.....	35	vit w/ fe fumarate-fa tab 27-1 mg***	82
montelukast chw 4mg.....	120	naloxone hcl inj 0.4 mg/ml.....	21	NEONATAL TAB PLUS *prenatal vit	
montelukast chw 5mg.....	120	naloxone hcl inj 4 mg/10ml.....	21	w/ fe fumarate-fa tab 27-1 mg***	82
montelukast gra 4mg.....	120	naloxone hcl inj 4 mg/10ml.....	21	neo/poly/bac oin /hc 1%op.....	116
montelukast tab 10mg.....	120	naloxone hcl soln cartridge 0.4 mg/ml.....	21	neo/poly/dex oin 0.1% op.....	116
morphine sul sol 10/0.5ml.....	19	naloxone hcl soln prefilled syringe		neo/poly/dex sus 0.1% op.....	116
morphine sul sol 10mg/5ml.....	19	0.4 mg/ml.....	21	neo/poly/gra sol op.....	115
morphine sul sol 20mg/5ml.....	19	naloxone hcl soln prefilled syringe 2		neo/poly/hc sol 1% otic.....	118
morphine sul sol 20mg/ml.....	19	mg/2ml.....	21	neo/poly/hc sus 1% otic susp 3.5 mg/	
morphine sul sol 100/5ml.....	19	naloxone hcl spr 4mg.....	21	ml-10000 unit/ml-1%.....	118
morphine sul tab 15mg.....	19	naloxone spr 4mg.....	21	neo/poly/hc sus op.....	116
morphine sul tab 15mg er.....	17	naltrexone tab 50mg.....	20	NEO-SYNALAR CRE neomycin	
morphine sul tab 30mg.....	19	naproxen dr tab 375mg.....	16	sulfate-fluocinolone acetonide	
morphine sul tab 30mg er.....	17	naproxen dr tab 500mg.....	16	cream 0.5-0.025%	22
morphine sul tab 60mg er.....	17	naproxen sod tab 275mg.....	16	NEO-SYNALAR KIT *neomycin-	
morphine sul tab 100mg er.....	17	naproxen sod tab 550mg.....	16	fluocinolone cream 0.5-0.025% &	
morphine sul tab 200mg er.....	17	naproxen sus 125/5ml.....	16	emollient cr kit*	22
MOUNJARO INJ 2.5/0.5 tirzepatide		naproxen tab 250mg.....	16	NEULASTA INJ 6MG/0.6M	
soln auto-injector 2.5 mg/0.5ml	56	naproxen tab 375mg.....	16	pegfilgrastim soln prefilled syringe	
MOUNJARO INJ 5MG/0.5		naproxen tab 500mg.....	16	6 mg/0.6ml	62
tirzepatide soln auto-injector 5		naratriptan tab 1mg.....	36	NEULASTA INJ 6MG/0.6M	
mg/0.5ml	56	naratriptan tab 2.5mg.....	36	pegfilgrastim soln prefill syr/	
MOUNJARO INJ 7.5/0.5 tirzepatide		NARCAN SPR 4MG naloxone hcl		infusion dev 6 mg/0.6ml	62
soln auto-injector 7.5 mg/0.5ml	57	nasal spray 4 mg/0.1ml	21	NEULASTA neulasta inj 4/0.4ml	62
MOUNJARO INJ 10MG/0.5		NATACYN SUS 5% OP natamycin		NEUPRO DIS 2MG/24HR rotigotine	
tirzepatide soln auto-injector 10		ophth susp 5%	116	td patch 24hr 2 mg/24hr	44
mg/0.5ml	56	natazia tab.....	97	nevirapine sus 50mg/5ml.....	49
MOUNJARO INJ 12.5/0.5 tirzepatide		nateglinide tab 60mg.....	57	nevirapine tab 200mg.....	49
soln auto-injector 12.5 mg/0.5ml	56	nateglinide tab 120mg.....	57	nevirapine tab 400mg er.....	49
MOUNJARO INJ 15MG/0.5		NATESTO GEL 5.5MG testosterone		new day tab 1.5mg.....	100
tirzepatide soln auto-injector 15		nasal gel 5.5 mg/act	91	NEXTSTELLIS TAB 3-14.2MG	
mg/0.5ml	56	NAYZILAM SPR 5MG midazolam		drosiprenone-estetrol tab 3-14.2 mg	97
moxifloxacin sol 0.5%.....	118	nasal spray soln 5 mg/0.1 ml	27	niacin er tab 500mg.....	73
moxifloxacin tab 400mg.....	25	neбиволол tab 2.5mg.....	67	niacin er tab 750mg.....	73
MRESVIA INJ 50MCG rsv mrna		neбиволол tab 5mg.....	67	niacin er tab 1000mg.....	73
pre-f vaccine im susp pref syr 50		neбиволол tab 10mg.....	67	niacin tab 500mg.....	73
mcg/0.5ml	109	neбиволол tab 20mg.....	67	niacin tab 500mg er.....	73
MULTAQ TAB 400MG dronedarone		NEBUSAL NEB 3% sodium chloride		niacor tab 500mg.....	73
hcl tab 400 mg (base equivalent)	66	soln nebu 3%	124	nicardipine cap 20mg.....	69
mupirocin calcium cream 2%.....	22	NEBUSAL NEB 6% sodium chloride		nicardipine cap 30mg.....	69
mupirocin oint 2%.....	22	soln nebu 6%	124	NICODERM CQ DIS 7MG/24HR	
MYALEPT INJ 11.3MG metreleptin		necon tab 0.5/35.....	97	nicotine td patch 24hr 7 mg/24hr	21
for subcutaneous inj 11.3 mg	86	NEEDLE COLLE MIS DISPOSAL		NICODERM CQ DIS 14MG/24H	
my choice tab 1.5mg.....	100	*sharps container - misc***	114	nicotine td patch 24hr 14 mg/24hr	21
mycophenolate cap 250mg.....	106	nefazodone tab 50mg.....	31	NICODERM CQ DIS 21MG/24H	
mycophenolate sus 200mg/ml.....	106	nefazodone tab 100mg.....	31	nicotine td patch 24hr 21 mg/24hr	21
mycophenolate tab 500mg.....	106	nefazodone tab 150mg.....	31	NICORETTE GUM 2MG nicotine	
mycophenolic tab 180mg dr.....	106	nefazodone tab 200mg.....	31	polacrilex gum 2 mg	21
mycophenolic tab 360mg dr.....	106	nefazodone tab 250mg.....	31	NICORETTE GUM 4MG nicotine	
myleran tab 2mg.....	37	neo/bac/poly oin op.....	116	polacrilex gum 4 mg	21
my way tab 1.5mg.....	100	neomycin sulfate tab 500 mg.....	22	NICORETTE LOZ 2MG MINT nicotine	
nabumetone tab 500mg.....	16			polacrilex lozenge 2 mg	21
nabumetone tab 750mg.....	16			NICORETTE LOZ 4MG MINT nicotine	
				polacrilex lozenge 4 mg	21
				nicotine dis 7mg/24hr.....	21

nicotine gum 2mg	22	nitroglyceri sub 0.6mg	74	nortriptylin cap 50mg	33
nicotine gum 4mg	22	nitroglycerin sub 0.3mg	74	nortriptylin cap 75mg	33
nicotine loz 2mg mint	22	nitroglycerin sub 0.4mg	74	nortriptylin sol 10mg/5ml	33
nicotine loz 4mg mint	22	NIVA-PLUS TAB *prenatal vit w/ fe fumarate-fa tab 27-1 mg***	82	NORVIR POW 100MG ritonavir powder packet 100 mg	52
nicotine sys kit transder	22	NIVA THYROID TAB 15MG thyroid tab 15 mg (1/4 grain)	102	NORVIR TAB 100MG ritonavir tab 100 mg	52
nicotine td dis 14mg/24h	22	NIVA THYROID TAB 30MG thyroid tab 30 mg (1/2 grain)	102	NOVOFINE AUT MIS 30GX8MM insulin pen needle 30 g x 8 mm (1/3" or 5/16")	114
nicotine td dis 21mg/24h	22	NIVA THYROID TAB 60MG thyroid tab 60 mg (1 grain)	102	NOVOFINE MIS 32GX6MM insulin pen needle 32 g x 6 mm (1/4" or 15/64")	114
NICOTROL NS SPR 10MG/ML nicotine nasal spray 10 mg/ml (0.5 mg/spray)	22	NIVA THYROID TAB 90MG thyroid tab 90 mg (1 1/2 grain)	102	NOVOFINE PLS MIS 32GX4MM insulin pen needle 32 g x 4 mm (1/6" or 5/32")	114
nifedipine cap 10mg	69	NIVA THYROID TAB 120MG thyroid tab 120 mg (2 grain)	102	NOVOLOG INJ FLEXPEN insulin aspart soln pen-injector 100 unit/ml	59
nifedipine cap 20mg	69	nizatidine cap 150mg	84	NOVOLOG INJ FLEX REL insulin aspart soln pen-injector 100 unit/ml	59
nifedipine tab er 24hr 30 mg	69	nizatidine cap 300mg	84	NOVOLOG INJ PENFILL insulin aspart soln cartridge 100 unit/ml	59
nifedipine tab er 24hr 60 mg	69	nora-be tab 0.35mg	100	NOVOLOG MIX INJ 70/30 insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	59
nifedipine tab er 24hr 90 mg	69	NORDITROPIN INJ 5/1.5ML somatropin solution pen-injector 5 mg/1.5ml	91	NOVOLOG MIX INJ FLEXPEN insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	59
nifedipine tab er 24hr osmotic release 30 mg	69	NORDITROPIN INJ 10/1.5ML somatropin solution pen-injector 10 mg/1.5ml	91	NOVOLOG MIX INJ FLEX REL insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	59
nifedipine tab er 24hr osmotic release 60 mg	69	NORDITROPIN INJ 15/1.5ML somatropin solution pen-injector 15 mg/1.5ml	91	NOVOLOG MIX INJ FLEX REL insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	59
nifedipine tab er 24hr osmotic release 90 mg	69	NORDITROPIN INJ 30/3ML somatropin solution pen-injector 30 mg/3ml	91	NOVOLOG RELI INJ 70/30 insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	59
nikki tab 3-0.02mg	97	nore/eth/fer cap 1/20	97	novopen echo mis	55
nilutamide tab 150mg	38	nore/eth/fer chw 0.4mg-35	97	np thyroid tab 15mg	102
nimodipine cap 30mg	69	norelge/ethi dis 150/35	97	np thyroid tab 30mg	102
NINTEDANIB CAP 100MG nintedanib esylate cap 100 mg	123	nor/est/ff tab 1.5/30	97	np thyroid tab 60mg	102
NINTEDANIB CAP 150MG nintedanib esylate cap 150 mg	123	noreth/ethin chw fe	97	np thyroid tab 90mg	102
nisoldipine tab 8.5mg er	69	noreth/ethin chw fe 1/20	97	np thyroid tab 120mg	102
nisoldipine tab 17mg er	69	noreth/ethin tab 0.5-2.5	97	NUBEQA TAB 300MG darolutamide tab 300 mg	38
nisoldipine tab 20mg er	69	noreth/ethin tab 1.5/30	97	NUCYNTA ER TAB 50MG tapentadol hcl tab er 12hr 50 mg	17
nisoldipine tab 25.5mg	69	noreth/ethin tab 1/20	97	NUCYNTA ER TAB 100MG tapentadol hcl tab er 12hr 100 mg	17
nisoldipine tab 30mg er	69	noreth/ethin tab 1mg-5mcg	97	NUCYNTA ER TAB 150MG tapentadol hcl tab er 12hr 150 mg	17
nisoldipine tab 34mg er	69	noreth/ethin tab fe	97	NUCYNTA ER TAB 200MG tapentadol hcl tab er 12hr 200 mg	17
nisoldipine tab 40mg er	69	noreth/ethin tab fe 1/20	97	NUCYNTA ER TAB 250MG tapentadol hcl tab er 12hr 250 mg	17
nitazoxanide tab 500mg	44	norethin ace tab 5mg	100	NUVAXOVID INJ 2025-26 covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml	109
NITRO-BID OIN 2% nitroglycerin oint 2%	74	norethindron tab 0.35mg	100	nyamyc pow 100000	35
NITRO-DUR DIS 0.3MG/HR nitroglycerin td patch 24hr 0.3 mg/hr	74	norgest/ethi tab 0.25/35	97	nylia tab 1/35	97
NITRO-DUR DIS 0.8MG/HR nitroglycerin td patch 24hr 0.8 mg/hr	74	norgest/ethi tab estradio	97	nylia tab 7/7/7	97
nitrofurantoin macrocrystalline cap 25 mg	22	norlyroc tab 0.35mg	100	NYMALIZE SOL nimodipine oral soln 6 mg/ml	69
nitrofurantoin macrocrystalline cap 50 mg	22	NORPACE CAP 100MG CR disopyramide phosphate cap er 12hr 100 mg	66	nystatin cre 100000	35
nitrofurantoin macrocrystalline cap 100 mg	22	NORPACE CAP 150MG CR disopyramide phosphate cap er 12hr 150 mg	66		
nitrofurantoin monohydrate macrocrystalline cap 100 mg	22	nortrel tab 0.5/35	97		
nitrofurantoin susp 25 mg/5ml	22	nortrel tab 1/35	97		
nitrofurantoin susp 25 mg/5ml	22	nortrel tab 7/7/7	97		
nitroglycer dis 0.1mg/hr	74	nortriptylin cap 10mg	33		
nitroglycer dis 0.2mg/hr	74	nortriptylin cap 25mg	33		
nitroglycer dis 0.4mg/hr	74				
nitroglycer dis 0.6mg/hr	74				
nitroglycerin oin 2%	74				
nitroglyceri oin 0.4%	74				

nystatin oin 100000	35	olm med/hctz tab 20-12.5	64	ORENITRAM TAB 0.25MG	
nystatin oin 100000u	35	olm med/hctz tab 40-12.5	64	treprostinil diolamine tab er 0.25 mg	122
nystatin pow 100000	35	olm med/hctz tab 40-25mg	64	ORENITRAM TAB 0.125MG	
nystatin sus 100000	35	olopatadine spr 0.6%	119	treprostinil diolamine tab er 0.125 mg	122
nystatin tab 500000	35	OLUMIANT TAB 1MG baricitinib tab 1 mg	106	ORENITRAM TAB 1MG treprostinil diolamine tab er 1 mg	122
nystat/triam cream	35	OLUMIANT TAB 2MG baricitinib tab 2 mg	106	ORENITRAM TAB 2.5MG treprostinil diolamine tab er 2.5 mg	122
nystat/triam ointment	35	OLUMIANT TAB 4MG baricitinib tab 4 mg	106	ORENITRAM TAB 5MG treprostinil diolamine tab er 5 mg	122
nystop pow 100000	35	omega-3-acid cap 1gm	73	ORENITRAM TAB MONTH 1	
OCALIVA TAB 5MG obeticholic acid tab 5 mg	86	omeprazole cap 10mg	85	treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg	122
OCALIVA TAB 10MG obeticholic acid tab 10 mg	86	omeprazole cap 20mg	86	ORENITRAM TAB MONTH 2	
ocella tab 3-0.03mg	98	omeprazole cap 40mg	86	treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg	122
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	104	OMNIFLEX DPR *diaphragms***	114	ORENITRAM TAB MONTH 3	
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	104	OMNIPOD 5 DX KIT INT G7G6 *insulin infusion disposable pump kit***	114	treprostinil tab er titr pk(mo3)126x 0.125mg&42x0.25mg&84x1mg	122
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	104	OMNIPOD 5 DX MIS POD G7G6 *insulin infusion disposable pump reservoir***	114	ORLISSA TAB 150MG elagolix sodium tab 150 mg	104
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	104	OMNIPOD 5 DX MIS POD G7G6 *insulin infusion disposable pump reservoir***	114	ORLISSA TAB 200MG elagolix sodium tab 200 mg	104
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	104	OMNIPOD 5 G7 KIT INTRO *insulin infusion disposable pump kit***	114	ORKAMBI GRA 75-94MG lumacaftor-ivacaftor granules packet 75-94 mg	121
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	104	OMNIPOD 5 G7 MIS PODS *insulin infusion disposable pump reservoir***	114	ORKAMBI GRA 100-125 lumacaftor-ivacaftor granules packet 100-125 mg	121
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	104	OMNIPOD 5 L2 KIT INTRO G6 *insulin infusion disposable pump kit***	114	ORKAMBI GRA 150-188 lumacaftor-ivacaftor granules packet 150-188 mg	121
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	104	OMNIPOD 5 L2 MIS PODS G6 *insulin infusion disposable pump reservoir***	114	ORKAMBI TAB 100-125 lumacaftor-ivacaftor tab 100-125 mg	121
ODEFSEY TAB emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	49	OMNITROPE INJ 5/1.5ML somatropin solution cartridge 5 mg/1.5ml	91	ORKAMBI TAB 200-125 lumacaftor-ivacaftor tab 200-125 mg	121
OFEV CAP 100MG nintedanib esylate cap 100 mg (base equivalent)	123	OMNITROPE INJ 5.8MG somatropin for inj 5.8 mg	91	orphenadrine tab 100mg er	124
OFEV CAP 150MG nintedanib esylate cap 150 mg (base equivalent)	123	OMNITROPE INJ 10/1.5ML somatropin solution cartridge 10 mg/1.5ml	91	orquidea tab 0.35mg	100
ofloxacin dro 0.3% op	118	ondansetron sol 4mg/5ml	34	oseltamivir cap 30mg	52
ofloxacin dro 0.3%otic	118	ondansetron tab 4mg	34	oseltamivir cap 45mg	52
ofloxacin tab 300 mg	25	ondansetron tab 4mg odt	34	oseltamivir cap 75mg	52
ofloxacin tab 400 mg	25	ondansetron tab 8mg	34	oseltamivir sus 6mg/ml	52
olanza/fluox cap 3-25mg	30	ondansetron tab 8mg odt	34	OSPHENA TAB 60MG ospemifene tab 60 mg	100
olanza/fluox cap 6-25mg	30	ondansetron tab 24mg	34	OTEZLA TAB 10/20/30 apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	107
olanza/fluox cap 6-50mg	30	ONE VITE TAB 1MG PLUS *prenatal vit w/ fe fumarate-fa tab 27-1 mg***	82	OTEZLA TAB 10/20 apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	107
olanza/fluox cap 12-25mg	30	opcicon tab 1.5mg	100	OTEZLA TAB 20MG apremilast tab 20 mg	107
olanza/fluox cap 12-50mg	30	opill tab 0.075mg	100	OTEZLA TAB 30MG apremilast tab 30 mg	107
olanzapine tab 2.5mg	47	opium tin 10mg/ml	83	OTEZLA/XR TAB 28 DAY apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg	107
olanzapine tab 5mg	47	OPSUMIT TAB 10MG macitentan tab 10 mg	122	OTEZLA XR TAB 75MG apremilast tab er 24hr 75 mg	107
olanzapine tab 5mg odt	47	option 2 tab 1.5mg	100		
olanzapine tab 7.5mg	47	OPVEE SPR 2.7/0.1 nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	21		
olanzapine tab 10mg	46				
olanzapine tab 10mg odt	46				
olanzapine tab 15mg	47				
olanzapine tab 15mg odt	47				
olanzapine tab 20mg	47				
olanzapine tab 20mg odt	47				
olmesa medox tab 5mg	64				
olmesa medox tab 20mg	64				
olmesa medox tab 40mg	64				

OTOVEL DRO ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%	118	pantoprazole tab 40mg	86	pentaz/nalox tab 50-0.5mg	20
oxaprozin tab 600mg.....	16	paricalcitol cap 1 mcg	112	pentips mis 29gx12mm.....	115
oxazepam cap 10mg.....	54	paricalcitol cap 2 mcg	112	pentips mis 31gx5mm	115
oxazepam cap 15mg.....	54	paricalcitol cap 4 mcg	112	pentips mis 31gx8mm	115
oxazepam cap 30mg	54	paroxetin er tab 12.5mg	31	pentoxifylli tab 400mg er	73
oxcarbazepine sus 300/5ml.....	29	paroxetin er tab 37.5mg.....	31	perindopril tab 2mg	65
oxcarbazepine tab 150mg.....	29	paroxetine sus 10mg/5ml	31	perindopril tab 4mg	65
oxcarbazepine tab 300mg	29	paroxetine tab 10mg.....	31	perindopril tab 8mg	65
oxcarbazepine tab 600mg	29	paroxetine tab 20mg	31	perigard sol 0.12%	78
oxybutynin sol 5mg/5ml.....	87	paroxetine tab 25mg er.....	31	permethrin cre 5%	44
oxybutynin tab 5mg	87	paroxetine tab 30mg	30	perphen/amit tab 2-10mg.....	30
oxybutynin tab 5mg er.....	87	paroxetine tab 40mg	30	perphen/amit tab 2-25mg.....	30
oxybutynin tab 10mg er	87	PAXLOVID PAK nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	114	perphen/amit tab 4-10mg.....	30
oxybutynin tab 15mg er	87	PAXLOVID TAB 150-100 nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	115	perphen/amit tab 4-25mg	30
oxycod/apap tab 2.5-325	19	PAXLOVID TAB 300-100 nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	115	perphen/amit tab 4-50mg	30
oxycod/apap tab 5-325mg	19	PEDIARIX INJ 0.5ML diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	110	perphenazine tab 2mg	33
oxycod/apap tab 7.5-325	19	PEDVAX HIB INJ haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	110	perphenazine tab 4mg	33
oxycod/apap tab 10-325mg	19	peg-3350/kcl sol /sodium	85	perphenazine tab 8mg	33
oxycodone cap 5mg	19	peg-3350 sol electrol	85	perphenazine tab 16mg	33
oxycodone con 100/5ml.....	19	PEGASYS INJ 180MCG/M peginterferon alfa-2a inj 180 mcg/ml	48	phenazopyridine hcl tab 100 mg	87
oxycodone sol 5mg/5ml.....	20	PEGASYS INJ peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	48	phenazopyridine hcl tab 200 mg.....	87
oxycodone con 100/5ml.....	19	peg/nasul/c/ sol nacl/pot	85	phenazo tab 200mg	87
oxycodone tab 5mg	20	PENBRAYA INJ meningococcal acwy (tet conj)-mening b (rcmb) vacc for inj	110	phenelzine sulfate tab 15 mg.....	30
oxycodone tab 10mg	20	penicillamin cap 250mg	87	phenobarb elx 20mg/5ml	27
oxycodone tab 15mg	20	penicillamin tab 250mg	87	phenobarb elx 30/7.5ml	27
oxycodone tab 20mg	20	penicillin v potassium for soln 125 mg/5ml.....	24	phenobarb sol 20mg/5ml	27
oxycodone tab 30mg.....	20	penicillin v potassium for soln 250 mg/5ml.....	24	phenobarb tab 15mg	27
oxymorphone tab 5mg er	18	penicillin v potassium tab 250 mg	24	phenobarb tab 16.2mg	27
oxymorphone tab 7.5mg er.....	18	penicillin v potassium tab 500 mg	24	phenobarb tab 30mg.....	27
oxymorphone tab 10mg er	17	PENMENVY INJ meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj	110	phenobarb tab 32.4mg	27
oxymorphone tab 15mg er	17	pen needle mis 29gx1/2"	115	phenobarb tab 60mg.....	27
oxymorphone tab 20mg er.....	17	pen needle mis 29gx3/16.....	115	phenobarb tab 64.8mg.....	27
oxymorphone tab 30mg er.....	17	pen needle mis 29gx5/16.....	115	phenobarb tab 97.2mg.....	27
oxymorphone tab 40mg er.....	18	pen needles mis 29gx1/2"	115	phenobarb tab 100mg.....	27
oxymorphone tab hcl 5mg	20	pen needles mis 31gx1/4".....	115	phenoxybenzamine cap 10mg	63
oxymorphone tab hcl 10mg	20	pen needles mis 31gx3/16	115	phenylephrine sol 2.5% op.....	116
OZEMPIC INJ 2MG/3ML semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)	57	pen needles mis 31gx5/16	115	phenylephrine sol 10% op	116
OZEMPIC INJ 4MG/3ML semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	57	PENTACEL INJ diph-ac per-tet tox ad-poliiov-haemoph b poly vac for im susp	110	PHENYTEK CAP 200MG phenytoin sodium extended cap 200 mg	29
OZEMPIC INJ 8MG/3ML semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	57	pentamidine inh 300mg.....	44	PHENYTEK CAP 300MG phenytoin sodium extended cap 300 mg	29
OZEMPIC TAB 1.5MG semaglutide tab 1.5 mg	57			phenytoin chw 50mg.....	29
OZEMPIC TAB 4MG semaglutide tab 4 mg	57			phenytoin ex cap 100mg	29
OZEMPIC TAB 9MG semaglutide tab 9 mg	57			phenytoin ex cap 200mg.....	29
paliperidone tab er 1.5mg	47			phenytoin ex cap 300mg.....	29
paliperidone tab er 3mg.....	47			phenytoin sus 125/5ml	29
paliperidone tab er 6mg.....	47			PHEXX GEL lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	115
paliperidone tab er 9mg.....	47			PHEXXI GEL lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	115
pantoprazole tab 20mg	86			philith tab 0.4-35.....	98

PIFELTRO TAB 100MG doravirine tab 100 mg	49	POMALYST CAP 4MG pomalidomide cap 4 mg	38	prednisone tab 50mg.....	90
pilocarpine sol 1% op.....	117	portia-28 tab.....	98	prednisone tab therapy pack 5 mg (21)	90
pilocarpine sol 2% op	117	posaconazole tab 100mg dr.....	35	prednisone tab therapy pack 5 mg (48).....	90
pilocarpine sol 4% op	117	potassium citrate er tab 1080mg	81	prednisone tab therapy pack 10 mg (21)	90
pilocarpine tab 5mg	78	pot chloride cap 8meq er.....	81	prednisone tab therapy pack 10 mg (48).....	90
pilocarpine tab 7.5mg.....	78	pot chloride cap 10meq er	80	pred sod pho sol 1% op	117
pimecrolimus cre 1%.....	79	pot chloride cap 20meq	81	pred sod pho sol 5mg/5ml	89
pimozide tab 1mg.....	46	pot chloride pow 20meq	81	pregabalin cap 25mg	77
pimozide tab 2mg	46	pot chloride sol 10%.....	81	pregabalin cap 50mg.....	77
pimtrea tab	98	pot chloride sol 20%	81	pregabalin cap 75mg	77
pindolol tab 5mg.....	67	pot chloride tab 8meq er.....	81	pregabalin cap 100mg.....	77
pindolol tab 10mg	67	pot chloride tab 10meq er.....	81	pregabalin cap 150mg	77
pioglit/met tab 15-500mg	57	pot chloride tab 15meq er.....	81	pregabalin cap 200mg	77
pioglit/met tab 15-850mg	57	pot chloride tab 20meq er.....	81	pregabalin cap 225mg.....	77
pioglitazone tab 15mg.....	57	pot citra er tab 540mg	81	pregabalin cap 300mg	77
pioglitazone tab 30mg	57	pot citra er tab 540mg	81	PREGNYL INJ 10000UNT chorionic gonadotropin for im inj 10000 unit. ...	91
pioglitazone tab 45mg	57	pot citrate er tab 1620mg	81	PREHEVBRIO SUS 10MCG/ML hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	110
PIQRAY 200MG TAB DOSE alpelisib tab therapy pack 200 mg daily dose .	39	pot cl micro tab 10meq cr	81	PREMARIN TAB 0.3MG estrogens, conjugated tab 0.3 mg	98
PIQRAY 250MG TAB DOSE alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	39	pot cl micro tab 15meq er	81	PREMARIN TAB 0.9MG estrogens, conjugated tab 0.9 mg	98
PIQRAY 300MG TAB DOSE alpelisib tab pack 300 mg daily dose (2x150 mg tab)	39	pot cl micro tab 20meq er.....	81	PREMARIN TAB 0.45MG estrogens, conjugated tab 0.45 mg	98
pirfenidone cap 267mg.....	123	pramipexole tab 0.5mg.....	44	PREMARIN TAB 0.625MG estrogens, conjugated tab 0.625 mg	98
pirfenidone tab 267mg	123	pramipexole tab 0.25mg	44	PREMARIN TAB 1.25MG estrogens, conjugated tab 1.25 mg	98
pirfenidone tab 534mg.....	123	pramipexole tab 0.75mg.....	45	PREMARIN VAG CRE 0.625MG estrogens, conjugated vaginal cream 0.625 mg/gm	98
pirfenidone tab 801mg.....	123	pramipexole tab 1.5mg	45	PRENATABS FA prenatabs fa tab 29-1 mg	82
piroxicam cap 10mg	16	pramipexole tab 0.125mg	44	PRENATAL 19 TAB 29-1MG *prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg***	83
piroxicam cap 20mg.....	16	pramipexole tab 1.5mg	45	PRENATAL PLS MIS MV + DHA *prenat w/ fe fum-fa tab 27-1 mg & omega 3 cap 312 mg pak*	83
PLAN B TAB 1.5MG levonorgestrel tab 1.5 mg	100	pramipexole tab 1mg	45	PRENATAL TAB PLUS *prenatal vit w/ fe fumarate-fa tab 27-1 mg***	83
PLENVU SOL peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm	85	prasugrel tab 5mg	62	PRENATAL-U CAP 106.5-1 *prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg***	83
plerixafor inj 24/1.2ml.....	62	prasugrel tab 10mg.....	62	PRENATRIX TAB *prenatal vit w/ fe fumarate-fa tab 27-1 mg***	83
PNEUMOVAX 23 INJ 25/0.5 pneumococcal vaccine polyvalent inj soln 25 mcg/0.5ml	110	pravastatin tab 5mg	72	PRENATRYL TAB *prenatal vit w/ fe fumarate-fa tab 27-1 mg***	83
PNEUMOVAX 23 INJ 25/0.5 pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml	110	pravastatin tab 10mg	72	PREPIDIL GEL 0.5MG/3G dinoprostone cervical gel 0.5 mg/3gm 91	
PNV 27-CA/FE TAB /FA *prenatal vit w/ fe fumarate-fa tab 60-1 mg***	82	pravastatin tab 20mg.....	72	PREVALITE POW 4GM cholestyramine light powder 4 gm/ dose	73
PNV-DHA CAP DOCUSATE *prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg*	82	pravastatin tab 40mg.....	72		
podofilox gel 0.5%	79	pravastatin tab 80mg.....	72		
podofilox sol 0.5%.....	79	praziquantel tab 600mg.....	43		
polyeth glyc pow 3350 nf.....	85	prazosin hcl cap 1mg	63		
polymyxin b/ sol trimethp.....	116	prazosin hcl cap 2mg	63		
POMALYST CAP 1MG pomalidomide cap 1 mg	38	prazosin hcl cap 5mg	63		
POMALYST CAP 2MG pomalidomide cap 2 mg	38	PRECISN XTRA TES KETONE ketone blood test strip	115		
POMALYST CAP 3MG pomalidomide cap 3 mg	38	prednisolone sol 10mg/5ml	90		
		prednisolone sol 15mg/5ml	90		
		prednisolone sol 15mg/5ml	90		
		prednisolone sol 20mg/5ml	90		
		prednisolone sol 25mg/5ml	90		
		prednisolone sus 1% op.....	117		
		prednisolone tab 5mg	90		
		prednisolone tab 10mg odt	90		
		prednisolone tab 15mg odt.....	90		
		prednisolone tab 30mg odt	90		
		prednisone con 5mg/ml.....	90		
		prednisone sol 5mg/5ml	90		
		prednisone tab 1mg	90		
		prednisone tab 2.5mg	90		
		prednisone tab 5mg	90		
		prednisone tab 10mg	90		
		prednisone tab 20mg.....	90		

PREVALITE POW 4GM PK cholestyramine light powder packets 4 gm	73	prometrium cap 100mg	100	quetiapine tab 200mg er.....	47
PREVNAR 13 INJ pneumococcal 13-valent conjugate vaccine inj	110	prometrium cap 200mg.....	100	quetiapine tab 300mg.....	47
PREVNAR 20 INJ pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	110	propafenone cap 225mg er	66	quetiapine tab 300mg er.....	47
PREZCOBIX TAB 675/150 darunavir- cobicistat tab 675-150 mg	52	propafenone cap 325mg er	66	quetiapine tab 400mg.....	47
PREZCOBIX TAB 800-150 darunavir- cobicistat tab 800-150 mg	52	propafenone cap 425mg er	66	quetiapine tab 400mg er.....	47
PREZISTA SUS 100MG/ML darunavir oral susp 100 mg/ml	52	propafenone tab 150mg.....	66	QUICK TOUCH MIS 33GX8MM insulin pen needle 33 g x 8 mm (1/3" or 5/16")	115
PREZISTA TAB 75MG darunavir tab 75 mg	52	propafenone tab 225mg.....	66	quinapril-hydrochlorothiazide tab 10-12.5 mg.....	65
PREZISTA TAB 150MG darunavir tab 150 mg	52	propafenone tab 300mg	66	quinapril-hydrochlorothiazide tab 20-12.5 mg	65
PREZISTA TAB 600MG darunavir tab 600 mg	52	propracaine sol 0.5% op.....	116	quinapril-hydrochlorothiazide tab 20-25 mg	65
PREZISTA TAB 800MG darunavir tab 800 mg	52	propranolol cap 60mg er.....	67	quinapril tab 5mg.....	65
priftin tab 150mg	37	propranolol cap 80mg er.....	67	quinapril tab 10mg.....	65
primaquine tab 26.3mg.....	44	propranolol cap 120mg er	67	quinapril tab 20mg	65
primidone tab 50mg.....	27	propranolol cap 160mg er	67	quinapril tab 40mg	65
primidone tab 125mg.....	27	propranolol sol 20mg/5ml.....	68	quinidine gl tab 324mg cr	66
primidone tab 250mg	27	propranolol sol 40mg/5ml	68	quinidine gl tab 324mg er	66
PRIORIX INJ measles-mumps- rubella virus vaccines for subcutaneous susp	110	propranolol tab 10mg.....	68	quinidine su tab 200mg	66
proben/colch tab 500-0.5	35	propranolol tab 20mg	68	quinidine su tab 300mg	66
probenecid tab 500mg.....	35	propranolol tab 40mg	68	quinine sulf cap 324mg.....	44
prochlorper sup 25mg	33	propranolol tab 60mg	68	QVAR REDIHA AER 80MCG beclomethasone diprop hfa breath act inh aer 80 mcg/act	119
prochlorper tab 5mg	33	propranolol tab 80mg	68	QVAR REDIHAL AER 40MCG beclomethasone diprop hfa breath act inh aer 40 mcg/act	119
prochlorper tab 10mg	33	propylthiour tab 50mg	105	rabeprazole tab 20mg	86
procto-med cre hc 2.5%	111	PROQUAD INJ measles-mumps- rubella-varicella virus vaccines for susp	110	RADIOGARDASE CAP 0.5GM prussian blue insoluble cap 0.5 gm ..	115
prodigy auto kit monitor.....	55	protriptilin tab 5mg	33	raloxifene tab 60mg	101
prodigy auto mis system.....	55	protriptilin tab 10mg	33	ramelteon tab 8mg	125
prodigy kit no coding	55	provera tab 2.5mg	100	ramipril cap 1.25mg.....	65
prodigy no tes coding	55	provera tab 5mg	100	ramipril cap 2.5mg.....	65
prodigy pocket kit meter	55	provera tab 10mg.....	100	ramipril cap 5mg.....	65
prodigy voice kit meter	55	PROVIDA OB CAP *prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg**	83	ramipril cap 10mg.....	65
progesterone cap 100mg.....	100	PRURADIK LOT 10% crotamiton lotion 10%	80	ranolazine tab 500mg er	71
progesterone cap 200mg	100	PULMOSAL NEB 7% sodium chloride soln nebu 7%	124	ranolazine tab 1000mg.....	71
progesterone inj 50mg/ml	100	PULMOZYME SOL 1MG/ML dornase alfa inhal soln 2.5 mg/2.5ml	121	rasagiline tab 0.5mg	45
promethazine sol 6.25/5ml.....	33	pyrazinamide tab 500mg.....	37	rasagiline tab 1mg	45
promethazine sol 6.25/5ml.....	120	pyridostigmi solution 60mg/5ml	37	RA URINARY TES TRACT IN *urinary tract infection (uti) test strip***	115
promethazine sol 12.5/10	120	pyridostigmi tab er 180mg	37	react tab 1.5mg	100
promethazine sol dm	124	pyridostigm tab 60mg.....	37	reclipsen tab	98
promethazine sup 12.5mg	120	pyrimethamin tab 25mg.....	44	RECOMBIVA HB INJ 5MCG/0.5 hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	110
promethazine sup 25mg	120	QUADRACEL INJ 0.5ML diph- tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	110	RECOMBIVA HB INJ 5MCG/0.5 hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml	110
promethazine syp dm	124	QUADRACEL INJ 0.5ML diph- tetanus tox ad-acell pert & polio virus, ipv vac inj	110	RECOMBIVA HB INJ 10MCG/ML hepatitis b vaccine (recombinant) susp 10 mcg/ml	110
promethazine tab 12.5mg	120	quazepam tab 15mg.....	54	RECOMBIVA HB INJ 10MCG/ML hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml	110
promethazine tab 25mg.....	120	quetiapine tab 25mg	47		
promethazine tab 25mg.....	120	quetiapine tab 50mg	47		
promethazine tab 50mg.....	120	quetiapine tab 50mg er	47		
promethazine tab 50mg.....	120	quetiapine tab 100mg.....	47		
prometh/cod sol 6.25-10	124	quetiapine tab 150mg.....	47		
prometh/pe sol 6.25-5/5	120	quetiapine tab 150mg er	47		
prometh vc syp 6.25-5/5.....	119	quetiapine tab 200mg.....	47		

selegiline cap 5mg.....	45	SIMPONI INJ 100MG/ML		SOMAVERT INJ 15MG pegvisomant for inj 15 mg (as protein)	104
selegiline tab 5mg	45	golimumab subcutaneous soln prefilled syringe 100 mg/ml	106	SOMAVERT INJ 20MG pegvisomant for inj 20 mg (as protein)	104
selenium sulfide lotion 2.5%.....	79	simvastatin tab 5mg.....	73	SOMAVERT INJ 25MG pegvisomant for inj 25 mg (as protein)	104
SELZENTRY SOL 20MG/ML		simvastatin tab 10mg.....	73	SOMAVERT INJ 30MG pegvisomant for inj 30 mg (as protein)	104
maraviroc oral soln 20 mg/ml	51	simvastatin tab 20mg	73	sorafenib tab 200mg	42
SELZENTRY TAB 25MG maraviroc tab 25 mg	51	simvastatin tab 40mg	73	sotalol af tab 80mg	66
SELZENTRY TAB 75MG maraviroc tab 75 mg	51	simvastatin tab 80mg	73	sotalol af tab 120mg	66
SELZENTRY TAB 150MG maraviroc tab 150 mg	51	sirolimus sol 1mg/ml.....	106	sotalol af tab 160mg.....	66
SELZENTRY TAB 300MG maraviroc tab 300 mg	51	sirolimus tab 0.5mg.....	106	sotalol hcl tab 80mg.....	66
SE-NATAL 19 CHW *prenatal vit w/ fe fumarate-fa chew tab 29-1 mg*** .	83	sirolimus tab 1mg	107	sotalol hcl tab 120mg.....	66
SE-NATAL 19 TAB *prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg*** .	83	sirolimus tab 2mg.....	107	sotalol hcl tab 160mg.....	66
sertraline con 20mg/ml	31	SIRTURO TAB 20MG bedaquiline fumarate tab 20 mg (base equiv)	37	sotalol hcl tab 240mg.....	66
sertraline tab 25mg.....	31	SIRTURO TAB 100MG bedaquiline fumarate tab 100 mg (base equiv) ...	37	SOTYLIZE SOL 5MG/ML sotalol hcl oral solution 5 mg/ml	66
sertraline tab 50mg.....	32	SIVEXTRO TAB 200MG tedizolid phosphate tab 200 mg	23	SOVALDI PAK 150MG sofosbuvir pellet pack 150 mg	48
sertraline tab 100mg	31	SKYRIZI INJ 150MG/ML		SOVALDI PAK 200MG sofosbuvir pellet pack 200 mg	48
setlakin tab.....	98	risankizumab-rzaa soln prefilled syringe 150 mg/ml	107	SOVALDI TAB 200MG sofosbuvir tab 200 mg	48
sevelamer carbonate packet 0.8 gm..	82	SKYRIZI INJ 180/1.2 risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml	107	SOVALDI TAB 400MG sofosbuvir tab 400 mg	48
sevelamer carbonate packet 2.4 gm..	82	SKYRIZI INJ 360/2.4 risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	107	SPIKEVAX INJ 2025-26 covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml	110
sevelamer carbonate tab 800 mg.....	82	SKYRIZI PEN INJ 150MG/ML		SPIKEVAX INJ 2025-26 covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	110
sharobel tab 0.35mg.....	100	risankizumab-rzaa soln auto-injector 150 mg/ml	107	spinosad susp 0.9%	44
shewise tab 1.5mg	100	SLYND TAB 4MG drospirenone tab 4 mg	100	SPIRIVA RESP AER 1.25MCG	
SHINGRIX INJ 50/0.5ML zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	110	sod chloride neb 0.9%	124	tiotropium bromide inhal aerosol 1.25 mcg/act	120
SIGNIFOR INJ 0.3MG/ML		sod chloride neb 3%	124	SPIRIVA RESP AER 2.5MCG	
pasireotide diaspertate inj 0.3 mg/ml	104	sod chloride neb 7%	124	tiotropium bromide inhal aerosol 2.5 mcg/act	120
SIGNIFOR INJ 0.6MG/ML		sod chloride neb 10%	124	SPIRIVA RESP AER 2.5MCG	
pasireotide diaspertate inj 0.6 mg/ml	104	sod fluoride chw 0.5mg f	81	tiotropium bromide inhal aerosol 2.5 mcg/act	120
SIGNIFOR INJ 0.9MG/ML		sod fluoride chw 0.25mg f	81	SPIRIVA RESP AER 2.5MCG	
pasireotide diaspertate inj 0.9 mg/ml	104	sod fluoride dro 0.5mg/ml.....	81	tiotropium bromide inhal aerosol 2.5 mcg/act	120
sildenafil sus 10mg/ml.....	122	sod fluoride tab 0.5mg f	81	spironolactone & hydrochlorothiazide tab 25-25 mg	71
sildenafil tab 20mg	122	sod fluoride tab 1mg f	81	spironolactone susp 25 mg/5ml	71
silodosin cap 4mg	87	sodium fluoride chew tab 0.5 mg	81	spironolactone tab 25 mg	71
silodosin cap 8mg	87	sodium fluoride chew tab 0.25 mg	81	spironolactone tab 50 mg	72
silver sulfadiazine cream 1%	23	sodium fluoride chew tab 1 mg.....	81	spironolactone tab 100 mg.....	71
silver sulfadiazine cream 1%	23	sodium oxybate oral solution 500 mg/ml.....	125	SPRAVATO SOL 56MG DOS	
SIMBRINZA SUS 1-0.2%		sodium polystyrene sulfonate powder .81		esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	30
brinzolamide-brimonidine tartrate ophth susp 1-0.2%	117	sod sulfate-pot sulf-mg sulf oral sol 175-3.13-1.6 gm/177ml.....	85	SPRAVATO SOL 84MG DOS	
simliya tab 28 day.....	98	sofosbuvir-velpatasvir tab 400-100 mg.....	48	esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)	30
simpesse tab.....	98	solifenacin tab 5mg.....	87	sprintec 28 tab 28 day	98
SIMPONI INJ 50/0.5ML golimumab subcutaneous soln auto-injector 50 mg/0.5ml	106	solifenacin tab 10mg	87	sronyx tab	98
SIMPONI INJ 50/0.5ML golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml	106	SOLQUA INJ 100/33 insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	59	STEQEYMA INJ 45/0.5ML	
SIMPONI INJ 100MG/ML		SOMAVERT INJ 10MG pegvisomant for inj 10 mg (as protein)	104	ustekinumab-stba soln prefilled syringe 45 mg/0.5ml	79
golimumab subcutaneous soln auto-injector 100 mg/ml	106				

STEQEYMA INJ 90MG/ML ustekinumab-stba soln prefilled syringe 90 mg/ml	79	sumatriptan succinate inj 6 mg/0.5ml	36	SYNJARDY XR TAB 5-1000MG empagliflozin-metformin hcl tab er 24hr 5-1000 mg	57
STIOLTO AER 2.5-2.5 tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	120	sumatriptan succinate inj 6 mg/0.5ml	36	SYNJARDY XR TAB 10-1000 empagliflozin-metformin hcl tab er 24hr 10-1000 mg	57
STIVARGA TAB 40MG regorafenib tab 40 mg	42	sumatriptan succinate solution auto-injector 4 mg/0.5ml	36	SYNJARDY XR TAB 25-1000 empagliflozin-metformin hcl tab er 24hr 25-1000 mg	57
st joseph chw low 81mg.....	16	sumatriptan succinate solution auto-injector 6 mg/0.5ml	36	SYNJARDY XR TAB empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	57
STRIBILD TAB elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	49	sumatriptan succinate solution cartridge 4 mg/0.5ml	36	SYNRIBO INJ 3.5MG omacetaxine mepesuccinate for inj 3.5 mg	39
STRIVERDI AER 2.5MCG olodaterol hcl inhal aerosol soln 2.5 mcg/act	121	sumatriptan succinate solution cartridge 6 mg/0.5ml	36	SYNTHROID TAB 25MCG levothyroxine sodium tab 25 mcg ..	102
SUBOXONE MIS 2-0.5MG buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	20	sumatriptan tab 25mg	36	SYNTHROID TAB 50MCG levothyroxine sodium tab 50 mcg ..	102
SUBOXONE MIS 4-1MG buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	21	sumatriptan tab 50mg	36	SYNTHROID TAB 75MCG levothyroxine sodium tab 75 mcg ..	102
SUBOXONE MIS 8-2MG buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	21	sumatriptan tab 100mg	36	SYNTHROID TAB 88MCG levothyroxine sodium tab 88 mcg ..	103
SUBOXONE MIS 12-3MG buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	20	sunitinib cap 12.5mg	42	SYNTHROID TAB 100MCG levothyroxine sodium tab 100 mcg .	102
SUBVENITE TAB 25MG lamotrigine tab 25 mg	28	sunitinib cap 25mg	42	SYNTHROID TAB 112MCG levothyroxine sodium tab 112 mcg ..	102
SUBVENITE TAB 100MG lamotrigine tab 100 mg	28	sunitinib cap 37.5mg	42	SYNTHROID TAB 125MCG levothyroxine sodium tab 125 mcg ..	102
SUBVENITE TAB 150MG lamotrigine tab 150 mg	28	sunitinib cap 50mg	42	SYNTHROID TAB 137MCG levothyroxine sodium tab 137 mcg ..	102
SUBVENITE TAB 200MG lamotrigine tab 200 mg	28	SUNLENCA TAB 300MG lenacapavir sodium tab 300 mg	51	SYNTHROID TAB 150MCG levothyroxine sodium tab 150 mcg .	102
sucralfate sus 1gm/10ml	85	SUNLENCA TAB 300MG lenacapavir sodium tab therapy pack 4 x 300 mg	52	SYNTHROID TAB 175MCG levothyroxine sodium tab 175 mcg ..	102
sucralfate tab 1gm	85	SUNLENCA TAB 300MG lenacapavir sodium tab therapy pack 5 x 300 mg	52	SYNTHROID TAB 200MCG levothyroxine sodium tab 200 mcg .	102
sulconazole cre 1%	35	SUNOSI TAB 75MG solriamfetol hcl tab 75 mg (base equiv)	125	SYNTHROID TAB 300MCG levothyroxine sodium tab 300 mcg .	102
sulconazole sol 1%	35	SUNOSI TAB 150MG solriamfetol hcl tab 150 mg (base equiv)	125	TABLOID TAB 40MG thioguanine tab 40 mg	39
sulfacetamid lot 10%	79	syeda tab 3-0.03mg	98	tacrolimus cap 0.5 mg	107
sulfacet sod oin 10% op	118	SYMFI LO TAB efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	49	tacrolimus cap 1 mg	107
sulfacet sod sol 10% op	118	SYMFI TAB efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	49	tacrolimus cap 5 mg	107
sulfadiazine tab 500mg	25	SYMJEPI INJ 0.3MG epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)	121	tacrolimus oint 0.1%	79
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	25	SYMJEPI INJ 0.15MG epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)	121	tacrolimus oint 0.03%	79
sulfamethoxazole-trimethoprim tab 400-80 mg	25	SYMPROIC TAB 0.2MG naldemedine tosylate tab 0.2 mg (base equivalent)	84	tadalafil tab 2.5mg	87
sulfamethoxazole-trimethoprim tab 800-160 mg	25	SYMPTUZA TAB darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	52	tadalafil tab 5mg	87
SULFAMYLON CRE 85MG/GM mafenide acetate cream 85 mg/gm ..	23	SYNAREL SOL 2MG/ML nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	104	tadalafil tab 20mg	122
sulfasalazin tab 500mg	111	SYNJARDY TAB 5-500MG empagliflozin-metformin hcl tab 5-500 mg	57	TAFINLAR CAP 50MG dabrafenib mesylate cap 50 mg (base equivalent) ..	42
sulfasalazin tab 500mg dr	111	SYNJARDY TAB 5-1000MG empagliflozin-metformin hcl tab 5-1000 mg	57	TAFINLAR CAP 75MG dabrafenib mesylate cap 75 mg (base equivalent) ..	42
sulfatrim pd sus 200-40/5	25	SYNJARDY TAB 12.5-500 empagliflozin-metformin hcl tab 12.5-500 mg	57	TAFINLAR TAB 10MG dabrafenib mesylate tab for oral susp 10 mg	42
sulf/pred na sol op	116	SYNJARDY TAB empagliflozin-metformin hcl tab 12.5-1000 mg	57	tafluprost sol 0.0015%	117
sulindac tab 150mg	16	TAGRISSO TAB 40MG osimertinib mesylate tab 40 mg (base equivalent) ..	43	TAGRISSO TAB 80MG osimertinib mesylate tab 80 mg (base equivalent) ..	43
sulindac tab 200mg	16	TAKE ACTION TAB 1.5MG levonorgestrel tab 1.5 mg	100		
sumatriptan-naproxen sodium tab 85-500 mg	36				
sumatriptan nasal spray 5 mg/act	36				
sumatriptan nasal spray 20 mg/act ...	36				

TALTZ INJ 20/0.25 ixekizumab subcutaneous soln prefilled syringe 20 mg/0.25ml	79	telmisartan-hydrochlorothiazide tab 80-25 mg.....	64	tetracycline cap 500mg.....	26
TALTZ INJ 40/0.5ML ixekizumab subcutaneous soln prefilled syringe 40 mg/0.5ml	80	telmisartan tab 20mg.....	64	thalamid cap 50mg.....	38
TALTZ INJ 80MG/ML ixekizumab subcutaneous soln auto-injector 80 mg/ml	80	telmisartan tab 40mg.....	64	thalamid cap 100mg.....	38
TALTZ INJ 80MG/ML ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	80	telmisartan tab 80mg.....	64	thalamid cap 150mg.....	38
TALZENNA CAP 0.1MG talazoparib tosylate cap 0.1 mg (base equivalent) 40		temazepam cap 7.5mg.....	125	thalamid cap 200mg.....	38
TALZENNA CAP 0.5MG talazoparib tosylate cap 0.5 mg (base equivalent) 40		temazepam cap 15mg.....	125	THEO-24 CAP 100MG CR theophylline cap er 24hr 100 mg	121
TALZENNA CAP 0.25MG talazoparib tosylate cap 0.25 mg (base equivalent)	40	temazepam cap 22.5mg.....	125	THEO-24 CAP 200MG CR theophylline cap er 24hr 200 mg	122
TALZENNA CAP 0.35MG talazoparib tosylate cap 0.35 mg (base equivalent)	40	temazepam cap 30mg.....	125	THEO-24 CAP 300MG CR theophylline cap er 24hr 300 mg	122
TALZENNA CAP 0.75MG talazoparib tosylate cap 0.75 mg (base equivalent)	40	temozolomide cap 5mg.....	38	THEO-24 CAP 400MG ER theophylline cap er 24hr 400 mg	122
TALZENNA CAP 1MG talazoparib tosylate cap 1 mg (base equivalent) ..	40	temozolomide cap 20mg.....	38	theophylline elx 80/15ml.....	122
tamoxifen tab 10mg.....	38	temozolomide cap 100mg.....	37	theophylline sol 80/15ml.....	122
tamoxifen tab 20mg.....	38	temozolomide cap 140mg.....	37	theophylline tab 100mg er.....	122
tamsulosin cap 0.4mg.....	87	temozolomide cap 180mg.....	37	theophylline tab 200mg er.....	122
tarina 24 fe tab.....	98	temozolomide cap 250mg.....	38	theophylline tab 300mg er.....	122
tarina fe tab 1/20 eq.....	98	TENCON TAB 50-325MG butalbital-acetaminophen tab 50-325 mg	20	theophylline tab 400mg er.....	122
TARON-C DHA CAP *prenatal w/fe fumaric acid poly -fa-omega 3 cap 35-1 mg***	83	TENIVAC INJ 5-2LF tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml	110	theophylline tab 450mg er.....	122
tasimelteon cap 20mg.....	125	tenofovir tab 300mg.....	50	theophylline tab 600mg er.....	122
taysofy cap 1/20.....	98	terazosin cap 1mg.....	87	thioridazine tab 10mg.....	46
tazarotene cream 0.1%.....	80	terazosin cap 2mg.....	87	thioridazine tab 25mg.....	46
tazarotene gel 0.1%.....	80	terazosin cap 5mg.....	87	thioridazine tab 50mg.....	46
tazarotene gel 0.05%.....	80	terazosin cap 10mg.....	87	thioridazine tab 100mg.....	46
TAZTIA XT CAP 120MG/24 diltiazem hcl extended release beads cap er 24hr 120 mg	69	terbutaline tab 250mg.....	35	thiothixene cap 1mg.....	46
TAZTIA XT CAP 180MG/24 diltiazem hcl extended release beads cap er 24hr 180 mg	69	terbutaline tab 2.5mg.....	121	thiothixene cap 2mg.....	46
TAZTIA XT CAP 240MG/24 diltiazem hcl extended release beads cap er 24hr 240 mg	69	terbutaline tab 5mg.....	121	thiothixene cap 5mg.....	46
TAZTIA XT CAP 300MG ER diltiazem hcl extended release beads cap er 24hr 300 mg	70	terconazole vaginal cream 0.4%.....	35	thiothixene cap 10mg.....	46
TAZTIA XT CAP 360MG/24 diltiazem hcl extended release beads cap er 24hr 360 mg	70	terconazole vaginal cream 0.8%.....	35	THRIVE GUM 2MG MINT nicotine polacrilex gum 2 mg	22
TDVAX INJ 2-2 LF tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	125	terconazole vaginal suppos 80 mg.....	35	THRIVITE RX TAB 29-1MG *prenatal vit w/ iron carbonyl-fa tab 29-1 mg*** 83	
telmisartan-hydrochlorothiazide tab 40-12.5 mg.....	64	teriflunomid tab 7mg.....	78	thrombin-jmi kit 5000unit.....	62
telmisartan-hydrochlorothiazide tab 80-12.5 mg.....	64	teriflunomid tab 14mg.....	78	thrombin-jmi kit 20000unt.....	62
		TESTIM GEL 1%(50MG) testosterone td gel 50 mg/5gm (1%)	91	thrombin-jmi sol 5000unit.....	62
		testost cyp inj 100mg/ml.....	91	thrombin-jmi sol 20000unt.....	62
		testost cyp inj 200mg/ml.....	92	thrombin kit 5000unit.....	62
		testost cyp inj 200mg/ml.....	92	THYQUIDITY SOL 100/5ML levothyroxine sodium oral solution 100 mcg/5ml	103
		testost enan inj 200mg/ml.....	92	THYQUIDITY SOL 100MCG levothyroxine sodium oral solution 100 mcg/5ml	103
		testosterone gel pump 1%.....	92	thyroid tab 15mg.....	103
		testosterone sol 30mg/act.....	92	thyroid tab 30mg.....	103
		testosterone td gel 10mg/act (2%)....	92	thyroid tab 60mg.....	103
		testosterone td gel 20.25 mg/1.25gm (1.62%).....	92	thyroid tab 90mg.....	103
		testosterone td gel 20.25 mg/act (1.62%).....	92	thyroid tab 120mg.....	103
		testosterone td gel 20.25 mg/act (1.62%).....	92	TIADYLT CAP 120MG/24 diltiazem hcl extended release beads cap er 24hr 120 mg	70
		testosterone td gel 25 mg/2.5gm (1%) 92		TIADYLT CAP 180MG/24 diltiazem hcl extended release beads cap er 24hr 180 mg	70
		testosterone td gel 40.5 mg/2.5gm (1.62%).....	92	TIADYLT CAP 240MG/24 diltiazem hcl extended release beads cap er 24hr 240 mg	70
		testosterone td gel 50 mg/5gm (1%)..	92		
		tetrabenazin tab 12.5mg.....	77		
		tetrabenazin tab 25mg.....	77		
		tetracaine ophthalmic soln 0.5% op..	116		
		tetracycline cap 250mg.....	26		

TIADYLT CAP 300MG/24 diltiazem hcl extended release beads cap er 24hr 300 mg	70	TIROSINT-SOL SOL 125MCG levothyroxine sodium oral solution 125 mcg/ml	103	tramadol-acetaminophen tab 375-325 mg	16
TIADYLT CAP 360MG/24 diltiazem hcl extended release beads cap er 24hr 360 mg	70	TIROSINT-SOL SOL 137MCG levothyroxine sodium oral solution 137 mcg/ml	103	tramadol hcl tab 50 mg	18
TIADYLT CAP 420MG/24 diltiazem hcl extended release beads cap er 24hr 420 mg	70	TIROSINT-SOL SOL 150MCG levothyroxine sodium oral solution 150 mcg/ml	103	tramadol hcl tab er 24hr 100 mg	18
tiagabine tab 2mg	27	TIROSINT-SOL SOL 175MCG levothyroxine sodium oral solution 175 mcg/ml	103	tramadol hcl tab er 24hr 200 mg	18
tiagabine tab 4mg	27	TIROSINT-SOL SOL 200MCG levothyroxine sodium oral solution 200 mcg/ml	103	tramadol hcl tab er 24hr 300 mg	18
tiagabine tab 12mg	27	TIVICAY PD TAB 5MG dolutegravir sodium tab for oral susp 5 mg	49	tramadol hcl tab er 24hr biphasic release 100 mg	18
tiagabine tab 16mg	27	TIVICAY TAB 10MG dolutegravir sodium tab 10 mg	49	tramadol hcl tab er 24hr biphasic release 200 mg	18
ticagrelor tab 60mg	62	TIVICAY TAB 25MG dolutegravir sodium tab 25 mg	49	tramadol hcl tab er 24hr biphasic release 300 mg	18
ticagrelor tab 90mg	63	TIVICAY TAB 50MG dolutegravir sodium tab 50 mg	49	trandolapril tab 1mg	66
tilia fe tab	98	tizanidine cap 2mg	124	trandolapril tab 2mg	66
timolol maleate ophth soln 0.5%	117	tizanidine cap 4mg	124	trandolapril tab 4mg	66
timolol maleate ophth soln 0.5% (once-daily)	117	tizanidine cap 6mg	124	tranex acid tab 650mg	62
timolol maleate ophth soln 0.5% (once-daily)	117	tizanidine tab 2mg	124	tranylcyprom tab 10mg	30
timolol maleate ophth soln 0.25%	117	tizanidine tab 4mg	125	travoprost dro 0.004%	117
timolol maleate tab 5 mg	68	TLANDO CAP 112.5 MG testosterone undecanoate cap 112.5 mg	92	trazodone tab 50mg	32
timolol maleate tab 10 mg	68	tobra/dexame sus 0.3-0.1%	115	trazodone tab 100mg	32
timolol maleate tab 20 mg	68	tobramycin neb 300/5ml	121	trazodone tab 150mg	32
timolol ophth soln 0.5%	117	tobramycin sol 0.3% op	115	trazodone tab 300mg	32
tinidazole tab 250mg	23	TODAY SPONGE MIS nonoxynol-9 vaginal sponge 1000 mg	87	TRECTOR TAB 250MG ethionamide tab 250 mg	37
tinidazole tab 500mg	23	tolcapone tab 100mg	44	TRELEGY AER 100MCG fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	120
tiotropium bromide inhal cap 18 mcg	120	tolmetin sod cap 400mg	16	TRELEGY AER 200MCG fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	120
TIROSINT-SOL SOL 13MCG/ML levothyroxine sodium oral solution 13 mcg/ml	103	tolmetin sod tab 600mg	16	TRESIBA FLEX INJ 100UNIT insulin degludec soln pen-injector 100 unit/ml	59
TIROSINT-SOL SOL 25MCG/ML levothyroxine sodium oral solution 25 mcg/ml	103	tolterodine cap 2mg er	87	TRESIBA FLEX INJ 200UNIT insulin degludec soln pen-injector 200 unit/ml	59
TIROSINT-SOL SOL 375/ML levothyroxine sodium oral solution 375 mcg/ml	103	tolterodine cap 4mg er	87	TRESIBA INJ 100UNIT insulin degludec inj 100 unit/ml	59
TIROSINT-SOL SOL 44MCG/ML levothyroxine sodium oral solution 44 mcg/ml	103	tolterodine tab 1mg	87	tretinoin cap 10mg	43
TIROSINT-SOL SOL 50MCG/ML levothyroxine sodium oral solution 50 mcg/ml	103	tolterodine tab 2mg	87	tretinoin cre 0.1%	80
TIROSINT-SOL SOL 62.5/ML levothyroxine sodium oral solution 62.5 mcg/ml	103	tolvaptan tab 15mg	81	tretinoin cre 0.05%	80
TIROSINT-SOL SOL 75MCG/ML levothyroxine sodium oral solution 75 mcg/ml	103	tolvaptan tab 30mg	81	tretinoin cre 0.025%	80
TIROSINT-SOL SOL 88MCG/ML levothyroxine sodium oral solution 88 mcg/ml	103	topiramate cap 15mg	28	triamcinolon cre 0.1%	90
TIROSINT-SOL SOL 100MCG levothyroxine sodium oral solution 100 mcg/ml	103	topiramate cap 25mg	28	triamcinolon cre 0.5%	90
TIROSINT-SOL SOL 112MCG levothyroxine sodium oral solution 112 mcg/ml	103	topiramate cap 50mg	28	triamcinolon cre 0.025%	90
		topiramate tab 25mg	28	triamcinolon lot 0.1%	90
		topiramate tab 50mg	28	triamcinolon lot 0.025%	90
		topiramate tab 100mg	28	triamcinolon oin 0.1%	90
		topiramate tab 200mg	28	triamcinolon oin 0.5%	90
		toremifene tab 60mg	39	triamcinolon oin 0.025%	90
		torsemidate tab 5mg	71	triamcinolon pst 0.1%	78
		torsemidate tab 10mg	71	triamcinolon pst den 0.1%	78
		torsemidate tab 20mg	71	triamterene & hydrochlorothiazide cap 37.5-25 mg	71
		torsemidate tab 100mg	71	triamterene & hydrochlorothiazide tab 37.5-25 mg	71
		TRADJENTA TAB 5MG linagliptin tab 5 mg	57	triamterene & hydrochlorothiazide tab 75-50 mg	71

triazolam tab 0.25mg	54	TRULICITY INJ 4.5/0.5 dulaglutide soln auto-injector 4.5 mg/0.5ml	57	TYVASO DPI POW 32MCG treprostinil inh powder 32 mcg/cartridge	122
triazolam tab 0.125mg	54	TRUMENBA INJ meningococcal group b vac (recomb) im susp prefilled syr	111	TYVASO DPI POW 48MCG treprostinil inh powder 48 mcg/cartridge	122
TRICARE TAB PRENATAL *prenatal vit w/ fe fumarate-fa tab 27-1 mg***	83	TRUQAP PAK 160MG capivasertib tab therapy pack 160 mg	43	TYVASO DPI POW 64MCG treprostinil inh powder 64 mcg/cartridge	123
triderm cre 0.5%	90	TRUQAP PAK 200MG capivasertib tab therapy pack 200 mg	43	TYVASO DPI POW 80MCG treprostinil inh powder 80 mcg/cartridge	123
TRIENTINE CAP 250MG trientine hcl cap 250 mg	81	TRUQAP TAB 160MG capivasertib tab 160 mg	43	TYVASO DPI POW MAIN KIT treprostinil inh powder 112 x 32mcg & 112 x 64mcg	123
tri-estaryll tab	98	TRUQAP TAB 200MG capivasertib tab 200 mg	43	TYVASO DPI POW MAIN KIT treprostinil inh powder 112 x 48mcg & 112 x 64mcg	123
trifluoperaz tab 1mg	46	TRUVADA TAB 100-150 emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	50	TYVASO RF KT SOL 0.6MG/ML treprostinil inhalation solution 0.6 mg/ml	123
trifluoperaz tab 2mg	46	TRUVADA TAB 133-200 emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	50	TYVASO SOL 0.6MG/ML treprostinil inhalation solution 0.6 mg/ml	123
trifluoperaz tab 5mg	46	TRUVADA TAB 167-250 emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	50	TYVASO ST KT SOL 0.6MG/ML treprostinil inhalation solution 0.6 mg/ml	123
trifluoperaz tab 10mg	46	TRUVADA TAB 200-300 emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	51	UBRELVY TAB 50MG ubrogepant tab 50 mg	35
trifluridine sol 1% op	116	TUKYSA TAB 50MG tucatinib tab 50 mg	43	UBRELVY TAB 100MG ubrogepant tab 100 mg	35
trihexyphen sol 0.4mg/ml	44	TURALIO CAP 125MG pexidartinib hcl cap 125 mg (base equivalent)	43	ULTICARE MIS 30GX3/16 insulin pen needle 30 g x 5 mm (1/5" or 3/16")	115
trihexyphen tab 2mg	44	turqoz tab	98	UNDECATREX CAP 200MG testosterone undecanoate cap 200 mg	92
trihexyphen tab 5mg	44	TWINRIX INJ hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	111	unithroid tab 25mcg	103
tri-legest tab fe	98	TWIRLA DIS 120-30 levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr	98	unithroid tab 50mcg	103
tri-linyah tab	98	TYBLUME CHW 0.1-0.02 levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	98	unithroid tab 75mcg	103
tri-lo-mili tab	98	TYBOST TAB 150MG cobicistat tab 150 mg	49	unithroid tab 88mcg	104
tri-lo tab estaryll	98	tydemy tab	98	unithroid tab 100mcg	103
tri-lo- tab marzia	98	TYENNE INJ 162/0.9 tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	107	unithroid tab 112mcg	103
tri-lo- tab sprintec	98	TYENNE INJ 162MG tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	107	unithroid tab 125mcg	103
trimethobenz cap 300mg	33	TYMLOS INJ abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	112	unithroid tab 137mcg	103
trimethoprim tab 100mg	23	TYVASO DPI POW 16-32-48 treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg	122	unithroid tab 150mcg	103
tri-mili tab	98	TYVASO DPI POW 16-32MCG treprostinil inh powder 112 x 16mcg & 84 x 32mcg	122	unithroid tab 175mcg	103
trimipramine cap 25mg	33	TYVASO DPI POW 16MCG treprostinil inh powder 16 mcg/cartridge	122	unithroid tab 200mcg	103
trimipramine cap 50mg	33			unithroid tab 300mcg	103
trimipramine cap 100mg	33			UPTRAVI PACK TAB 200/800 selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	123
TRINATAL RX TAB 1 *prenatal vit w/ fe fumarate-fa tab 60-1 mg***	83			UPTRAVI TAB 200MCG selexipag tab 200 mcg	123
TRINATE TAB *prenatal vit w/ fe fumarate-fa tab 28-1 mg***	83			UPTRAVI TAB 400MCG selexipag tab 400 mcg	123
tri-sprintec tab	98			UPTRAVI TAB 600MCG selexipag tab 600 mcg	123
TRIUMEQ PD TAB abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	49			UPTRAVI TAB 800MCG selexipag tab 800 mcg	123
TRIUMEQ TAB abacavir-dolutegravir-lamivudine tab 600-50-300 mg	49			UPTRAVI TAB 1000MCG selexipag tab 1000 mcg	123
trivora-28 tab	98				
tri-vylibra tab	98				
tri-vylibra tab lo	98				
tropium chl cap 60mg er	88				
tropium cl tab 20mg	88				
true metrix sol level 1	55				
true metrix sol level 2	55				
true metrix sol level 3	55				
TRUEPLS GLUC GEL 15/32ML glucose gel 15 gm/32ml	115				
TRUEPLUS CHW GLUCOSE glucose chew tab 4 gm (rounded)	115				
TRULICITY INJ 0.75/0.5 dulaglutide soln auto-injector 0.75 mg/0.5ml	57				
TRULICITY INJ 1.5/0.5 dulaglutide soln auto-injector 1.5 mg/0.5ml	57				
TRULICITY INJ 3/0.5 dulaglutide soln auto-injector 3 mg/0.5ml	57				

UPTRAVI TAB 1200MCG selexipag tab 1200 mcg	123	VARUBI TAB 90MG rolapitant hcl tab therapy pack 2 x 90 mg (base equiv) .	34	verapamil tab 240mg er	70
UPTRAVI TAB 1400MCG selexipag tab 1400 mcg	123	VAXELIS INJ diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	111	VERZENIO TAB 50MG abemaciclib tab 50 mg	40
UPTRAVI TAB 1600MCG selexipag tab 1600 mcg	123	VAXELIS INJ diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	111	VERZENIO TAB 100MG abemaciclib tab 100 mg	39
ursodiol cap 300mg	84	VAXNEUVANCE INJ pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	111	VERZENIO TAB 150MG abemaciclib tab 150 mg	39
ursodiol tab 250mg	84	VCF VAGINAL GEL CONTRACE nonoxynol-9 gel 4%	88	VERZENIO TAB 200MG abemaciclib tab 200 mg	40
ursodiol tab 500mg	84	VCF VAGINAL MIS CONTRACP nonoxynol-9 film 28%	88	vestura tab 3-0.02mg	99
UTI HOME TES TEST *urinary tract infection (uti) test***	115	velivet pak.	99	VIBERZI TAB 75MG eluxadoline tab 75 mg	84
valacyclovir tab 1gm	53	VELPHORO CHW 500MG sucoferric oxyhydroxide chew tab 500 mg	82	VIBERZI TAB 100MG eluxadoline tab 100 mg	84
valacyclovir tab 500mg	53	VEMLIDY TAB 25MG tenofovir alafenamide fumarate tab 25 mg	48	vienva tab 0.1-20	99
VALCHLOR GEL 0.016% mechlorethamine hcl gel 0.016% (base equivalent)	38	VENCLEXTA TAB 10MG venetoclax tab 10 mg	43	vigabatrin pak 500mg	27
valganciclov sol 50mg/ml	48	VENCLEXTA TAB 50MG venetoclax tab 50 mg	43	vigabatrin tab 500mg	27
valganciclov tab 450mg	48	VENCLEXTA TAB 100MG venetoclax tab 100 mg	43	VIGPODER POW 500MG vigabatrin powd pack 500 mg	27
valproic acd cap 250mg	27	VENCLEXTA TAB START PK venetoclax tab therapy starter pack 10 & 50 & 100 mg	43	vilazodone tab 10mg	32
valproic acd sol 250/5ml	27	venlafaxine cap 37.5 er	32	vilazodone tab 20mg	32
valproic acd sol 500/10ml	27	venlafaxine cap 75mg er	32	vilazodone tab 40mg	32
valsartan-hydrochlorothiazide tab 80-12.5 mg	64	venlafaxine cap 150mg er	32	viorele tab	99
valsartan-hydrochlorothiazide tab 160-12.5 mg	64	venlafaxine tab 25mg	32	VIRACEPT TAB 250MG nelfinavir mesylate tab 250 mg	52
valsartan-hydrochlorothiazide tab 160-25 mg	64	venlafaxine tab 37.5mg	32	VIRACEPT TAB 625MG nelfinavir mesylate tab 625 mg	52
valsartan-hydrochlorothiazide tab 320-12.5 mg	64	venlafaxine tab 50mg	32	VIREAD POW 40MG/GM tenofovir disoproxil fumarate oral powder 40 mg/gm	51
valsartan-hydrochlorothiazide tab 320-25 mg	64	venlafaxine tab 75mg	32	VIREAD TAB 150MG tenofovir disoproxil fumarate tab 150 mg	51
valsartan tab 40 mg	64	venlafaxine tab 100mg	32	VIREAD TAB 200MG tenofovir disoproxil fumarate tab 200 mg	51
valsartan tab 80 mg	64	VENTAVIS SOL 10MCG/ML iloprost inhalation solution 10 mcg/ml	123	VIREAD TAB 250MG tenofovir disoproxil fumarate tab 250 mg	51
valsartan tab 160 mg	64	VENTAVIS SOL 20MCG/ML iloprost inhalation solution 20 mcg/ml	123	VIREAD TAB 300MG tenofovir disoproxil fumarate tab 300 mg	51
valsartan tab 320 mg	64	VENTOLIN HFA AER albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	121	vitamin d cap 1.25mg	83
valtya 1/35 tab	98	verapamil cap 100mg er	70	vitamin d cap 50000unt	83
valtya 1/50 tab	98	verapamil cap 120mg er	70	VITATHELY TAB *prenatal vit w/ fe fumarate-fa tab 27-1 mg***	83
vancomycin cap 125mg	23	verapamil cap 120mg sr	70	VITRAKVI CAP 25MG larotrectinib sulfate cap 25 mg (base equivalent) .	43
vancomycin cap 250mg	23	verapamil cap 180mg er	70	VITRAKVI CAP 100MG larotrectinib sulfate cap 100 mg (base equivalent) .	43
vancomycin sol 25mg/ml	23	verapamil cap 180mg sr	70	VITRAKVI SOL 20MG/ML larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	43
vancomycin sol 50mg/ml	23	verapamil cap 200mg er	70	vivelle-dot dis 0.1mg	99
vancomycin sol 250/5ml	23	verapamil cap 240mg er	70	vivelle-dot dis 0.05mg	99
vandazole gel 0.75%	23	verapamil cap 240mg sr	70	vivelle-dot dis 0.025mg	99
VAQTA INJ 25/0.5ML hepatitis a vaccine inj susp 25 unit/0.5ml	111	verapamil cap 300mg er	70	vivelle-dot dis 0.075mg	99
VAQTA INJ 25/0.5ML hepatitis a vaccine susp prefilled syr 25 unit/0.5ml	111	verapamil cap 360mg sr	70	vivelle-dot dis 0.0375mg	99
VAQTA INJ 50UNT/ML hepatitis a vaccine inj susp 50 unit/ml	111	verapamil tab 40mg	70	VOGELXO GEL 1%(50MG) testosterone td gel 50 mg/5gm (1%) .	92
VAQTA INJ 50UNT/ML hepatitis a vaccine susp prefilled syr 50 unit/ml .	111	verapamil tab 80mg	70	VOGELXO GEL PUMP 1% testosterone td gel 12.5 mg/act (1%) .	92
varenicline tab 0.5&1mg	22	verapamil tab 120mg	70	volnea tab	99
varenicline tab 0.5mg	22	verapamil tab 120mg er	70		
varenicline tab 1mg	22	verapamil tab 180mg er	70		
VARIVAX INJ varicella virus vac live for inj 1350 pfu/0.5ml	111				

voriconazole sus 40mg/ml	35	XARELTO STAR TAB 15/20MG rivaroxaban tab starter therapy pack 15 mg & 20 mg	61	XOLAIR INJ 300/2ML omalizumab subcutaneous soln prefilled syringe 300 mg/2ml	124
voriconazole tab 50mg	35	XARELTO SUS 1MG/ML rivaroxaban for susp 1 mg/ml	61	XOSPATA TAB 40MG gilteritinib fumarate tablet 40 mg (base equivalent)	43
voriconazole tab 200mg	35	XARELTO TAB 2.5MG rivaroxaban tab 2.5 mg	61	XTAMPZA ER CAP 9MG oxycodone cap er 12hr abuse-deterrent 9 mg ...	18
vraylar cap 1.5mg	47	XARELTO TAB 10MG rivaroxaban tab 10 mg	61	XTAMPZA ER CAP 13.5MG oxycodone cap er 12hr abuse- deterrent 13.5 mg	18
vraylar cap 3mg	47	XARELTO TAB 15MG rivaroxaban tab 15 mg	61	XTAMPZA ER CAP 18MG oxycodone cap er 12hr abuse-deterrent 18 mg ...	18
vraylar cap 4.5mg	47	XARELTO TAB 20MG rivaroxaban tab 20 mg	61	XTAMPZA ER CAP 27MG oxycodone cap er 12hr abuse-deterrent 27 mg ..	18
vraylar cap 6mg	47	XELJANZ SOL 1MG/ML tofacitinib citrate oral soln 1 mg/ml (base equivalent)	107	XTAMPZA ER CAP 36MG oxycodone cap er 12hr abuse-deterrent 36 mg ..	18
vyfemla tab 0.4-35	99	XELJANZ TAB 5MG tofacitinib citrate tab 5 mg (base equivalent) ..	107	XTANDI CAP 40MG enzalutamide cap 40 mg	38
vylibra tab 0.25-35	99	XELJANZ TAB 10MG tofacitinib citrate tab 10 mg (base equivalent) .	107	XTANDI TAB 40MG enzalutamide tab 40 mg	38
warfarin tab 1mg	61	XELJANZ XR TAB 11MG tofacitinib citrate tab er 24hr 11 mg (base equivalent)	107	XTANDI TAB 80MG enzalutamide tab 80 mg	38
warfarin tab 2.5mg	61	XELJANZ XR TAB 22MG tofacitinib citrate tab er 24hr 22 mg (base equivalent)	107	xulane dis 150-35	99
warfarin tab 2mg	61	xelria fe chw 0.4mg-35	99	XULTOPHY INJ 100/3.6 insulin degludec-liraglutide sol pen-inj 100- 3.6 unit-mg/ml	59
warfarin tab 3mg	61	XEPI CRE 1% ozenoxacin cream 1% ...	23	XYOSTED INJ 50/0.5ML testosterone enanthate solution auto-injector 50 mg/0.5ml	92
warfarin tab 4mg	61	XIFAXAN TAB 200MG rifaximin tab 200 mg	23	XYOSTED INJ 75/0.5ML testosterone enanthate solution auto-injector 75 mg/0.5ml	92
warfarin tab 5mg	61	XIFAXAN TAB 550MG rifaximin tab 550 mg	23	XYOSTED INJ 100/0.5 testosterone enantate solution auto-injector 100 mg/0.5ml	92
warfarin tab 6mg	61	XIGDUO XR TAB 2.5-1000 dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg	58	XYVONA TAB 2MG levorphanol tartrate tab 2 mg	18
warfarin tab 7.5mg	61	XIGDUO XR TAB 5-500MG dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg	58	XYVONA TAB 3MG levorphanol tartrate tab 3 mg	18
warfarin tab 10mg	61	XIGDUO XR TAB 5-1000MG dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg	58	YESINTEK INJ 45/0.5ML ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml	80
wera tab 0.5/35	99	XIGDUO XR TAB 10-500MG dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg	57	YESINTEK INJ 45/0.5ML ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	80
WESNATAL DHA PAK COMPLETE *prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk**	83	XIGDUO XR TAB 10-1000 dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg	57	YESINTEK INJ 90MG/ML ustekinumab-kfce soln prefilled syringe 90 mg/ml	80
WESTAB PLUS TAB 27-1MG *prenatal vit w/ fe fumarate-fa tab 27-1 mg*** .	83	XOLAIR INJ 75/0.5 omalizumab subcutaneous soln auto-injector 75 mg/0.5ml	124	YEZTUGO TAB 300MG lenacapavir sodium tab 300 mg	52
WEZLANA INJ 45/0.5ML ustekinumab-auub inj 45 mg/0.5ml ..	80	XOLAIR INJ 75/0.5 omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml	124	YOSPRALA TAB 81-40MG aspirin- omeprazole tab delayed release 81-40 mg	63
WEZLANA INJ 45/0.5ML ustekinumab-auub soln prefilled syringe 45 mg/0.5ml	80	XOLAIR INJ 150MG/ML omalizumab subcutaneous soln auto-injector 150 mg/ml	124	YOSPRALA TAB 325-40MG aspirin- omeprazole tab delayed release 325-40 mg	63
WEZLANA INJ 90MG/ML ustekinumab-auub soln prefilled syringe 90 mg/ml	80	XOLAIR INJ 150MG/ML omalizumab subcutaneous soln prefilled syringe 150 mg/ml	124	yuvafem tab 10mcg	99
WIDE-SEAL DPR KIT 60 diaphragm wide seal 60 mm	115	XOLAIR INJ 300/2ML omalizumab subcutaneous soln auto-injector 300 mg/2ml	124	zafemy dis 150/35	99
WIDE-SEAL DPR KIT 65 diaphragm wide seal 65 mm	115			zafirlukast tab 10mg	120
WIDE-SEAL DPR KIT 70 diaphragm wide seal 70 mm	115			zafirlukast tab 20mg	120
WIDE-SEAL DPR KIT 75 diaphragm wide seal 75 mm	115			zaleplon cap 5mg	125
WIDE-SEAL DPR KIT 80 diaphragm wide seal 80 mm	115				
WIDE-SEAL DPR KIT 85 diaphragm wide seal 85 mm	115				
WIDE-SEAL DPR KIT 90 diaphragm wide seal 90 mm	115				
WIDE-SEAL DPR KIT 95 diaphragm wide seal 95 mm	115				
WIXELA INHUB AER 100/50 fluticasone-salmeterol aer powder ba 100-50 mcg/act	119				
WIXELA INHUB AER 250/50 fluticasone-salmeterol aer powder ba 250-50 mcg/act	119				
WIXELA INHUB AER 500/50 fluticasone-salmeterol aer powder ba 500-50 mcg/act	119				
wymzya fe chw 0.4mg-35	99				
xarah fe tab	99				

zaleplon cap 10mg.....	125	ziprasidone cap 60mg.....	48
ZARXIO INJ 300/0.5 filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml.	62	ziprasidone cap 80mg.....	48
ZARXIO INJ 480/0.8 filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	62	ZIRGAN GEL 0.15% ganciclovir ophth gel 0.15%	115
ZEGALOGUE INJ 0.6/0.6 dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	58	ZOLINZA CAP 100MG vorinostat cap 100 mg	40
ZEGALOGUE INJ 0.6/0.6 dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	58	zolmitriptan spr 2.5mg.....	36
ZELBORAF TAB 240MG vemurafenib tab 240 mg	43	zolmitriptan spr 5mg.....	36
ZELVYSIA POW 100MG sapropterin dihydrochloride powder packet 100 mg	86	zolmitriptan tab 2.5 mg.....	36
ZELVYSIA POW 500MG sapropterin dihydrochloride powder packet 500 mg	86	zolmitriptan tab 2.5mg.....	37
zenatane cap 10mg.....	80	zolmitriptan tab 5mg.....	37
zenatane cap 20mg.....	80	zolmitriptan tab 5mg odt.....	37
zenatane cap 30mg.....	80	zolpidem er tab 6.25mg.....	125
zenatane cap 40mg.....	80	zolpidem er tab 12.5mg.....	125
ZENPEP CAP 3000UNIT pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	86	zolpidem tab 5mg.....	125
ZENPEP CAP 5000UNIT pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	86	zolpidem tab 10mg.....	125
ZENPEP CAP 10000UNIT pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	86	zonisamide cap 25mg.....	26
ZENPEP CAP 15000UNIT pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	86	zonisamide cap 50mg.....	26
ZENPEP CAP 20000UNIT pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	86	zonisamide cap 100mg.....	26
ZENPEP CAP 25000UNIT pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	86	zovia 1/35 tab.....	99
ZENPEP CAP 40000UNIT pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	86	ZUBSOLV SUB 0.7-0.18 buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq)	21
ZENPEP CAP 60000UNIT pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit	86	ZUBSOLV SUB 1.4-0.36 buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	21
ZEPATIER TAB 50-100MG elbasvir-grazoprevir tab 50-100 mg	48	ZUBSOLV SUB 2.9-0.71 buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)	21
ZIAGEN SOL 20MG/ML abacavir sulfate soln 20 mg/ml	51	ZUBSOLV SUB 5.7-1.4 buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)	21
ZIAGEN TAB 300MG abacavir sulfate tab 300 mg	51	ZUBSOLV SUB 8.6-2.1 buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	21
zidovudine cap 100mg.....	51	ZUBSOLV SUB 11.4-2.9 buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq)	21
zidovudine syp 50mg/5ml.....	51	zumandimine tab 3-0.03mg.....	99
zidovudine tab 300mg.....	51	ZURNAI INJ 1.5/0.5 nalmefene hcl soln auto-injector 1.5 mg/0.5ml (base equiv)	21
zileuton er tab 600mg.....	120	ZYDELIG TAB 100MG idelalisib tab 100 mg	43
ZIMHI SOL naloxone hcl soln prefilled syringe 5 mg/0.5ml	21	ZYDELIG TAB 150MG idelalisib tab 150 mg	43
ziprasidone cap 20mg.....	47	ZYKADIA TAB 150MG ceritinib tab 150 mg	43
ziprasidone cap 40mg.....	47	ZYLET SUS 0.5-0.3% loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	116

Language Assistance Services

1-877-265-9199, TTY 711

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

Navajo: Naaltsoos hazaad bee hadilnééh bee áka'anída'awo'í dóó ata' dahalne'í t'áá jiiik'eh ná hóló. Shika'adoowoł nínízingo, t'áá shqódí hódahdi námboo biki'ágíí doodago Bit Ha'dít'éhí Bika'aná'awo' nits'íís bee ha'dít'éhí ID ninaaltsoos nitt'izí bąqąh námboo biki'ágíí bee hodílnih.



Notice of non-discrimination

The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

If you believe you were treated unfairly because of your race, color, national origin, age, disability, or sex, you can send a grievance to our Civil Rights Coordinator.

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UTAH 84130

Email: UHC_Civil_Rights@uhc.com

If you need help with your complaint, please call toll-free **1-877-265-9199** or the toll-free number on your health plan ID card (TTY/RTT **711**).

You can also file a complaint with the U.S. Department of Health and Human services.

Online: <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

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

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

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide 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 toll-free **1-877-265-9199** or the toll-free number on your health plan ID card (TTY/RTT **711**).

This notice is available at <https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice>.





UnitedHealthcare Individual & Family plans medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; Rocky Mountain Health Maintenance Organization Incorporated in CO; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare Insurance Company in AL, IN, KS, LA, MA, MO, NE, NJ, TN, and WY; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Oregon, Inc. in WA; UnitedHealthcare of Wisconsin, Inc., and UnitedHealthcare Plan of the River Valley, Inc. in Iowa. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

05/26 © 2026 United HealthCare Services, Inc. All Rights Reserved. IFP1432766-IL