



Illinois Individual and Family Plans 2026 Prescription Drug List

Please note: This Prescription Drug List (PDL) is accurate as of Jan. 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 All previous versions of this PDL are no longer in effect.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 11/1/2025

Formulary by health product name

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

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

Tier	Drug tier	Coverage requirements & 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

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Drug name	Tier	Coverage Requirements and Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>aspirin chew tab 81 mg</i>	1	\$0 Copay for members between ages of 15 to 49 years.;
<i>aspirin tab delayed release 81 mg</i>	1	\$0 Copay for members between ages of 15 to 49 years.;
<i>celecoxib cap 50 mg</i>	2	QL; Maximum of 2 capsules per day.
<i>celecoxib cap 100 mg</i>	2	QL; Maximum of 2 capsules per day.
<i>celecoxib cap 200 mg</i>	2	QL; Maximum of 2 capsules per day.
<i>celecoxib cap 400 mg</i>	2	QL; Maximum of 2 capsules per day.
<i>diclofenac potassium tab 50 mg</i>	2	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	3	QL; Maximum of 300 grams per 30 days.
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	3	
<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 500 mg</i>	2	
<i>etodolac cap 200 mg</i>	2	
<i>etodolac cap 300 mg</i>	2	
<i>etodolac tab 400 mg</i>	2	
<i>etodolac tab 500 mg</i>	2	
<i>etodolac tab er 24hr 400 mg</i>	3	
<i>etodolac tab er 24hr 500 mg</i>	3	
<i>etodolac tab er 24hr 600 mg</i>	3	
<i>fenoprofen calcium tab 600 mg</i>	4	
<i>flurbiprofen tab 100 mg</i>	2	
<i>ibuprofen tab 400 mg</i>	2	
<i>ibuprofen tab 600 mg</i>	2	
<i>ibuprofen tab 800 mg</i>	2	
<i>indomethacin cap 25 mg</i>	2	QL; Maximum of 3 capsules per day.
<i>indomethacin cap 50 mg</i>	2	QL; Maximum of 3 capsules per day.
<i>indomethacin cap er 75 mg</i>	2	
<i>ketoprofen cap 25 mg</i>	3	
<i>ketoprofen cap 50 mg</i>	3	
<i>ketoprofen cap er 24hr 200 mg</i>	4	
<i>ketorolac tromethamine tab 10 mg</i>	2	
<i>meclofenamate sodium cap 100 mg</i>	4	
<i>meclofenamate sodium cap 50 mg</i>	4	
<i>mefenamic acid cap 250 mg</i>	4	
<i>meloxicam tab 15 mg</i>	2	

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Drug name	Tier	Notes
<i>meloxicam tab 7.5 mg</i>	2	
<i>nabumetone tab 500 mg</i>	2	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen sodium tab 275 mg</i>	2	
<i>naproxen sodium tab 550 mg</i>	2	
<i>naproxen susp 125 mg/5ml</i>	4	PA;
<i>naproxen tab 250 mg</i>	2	
<i>naproxen tab 375 mg</i>	2	
<i>naproxen tab 500 mg</i>	2	
<i>naproxen tab ec 375 mg</i>	2	
<i>naproxen tab ec 375 mg</i>	2	
<i>naproxen tab ec 500 mg</i>	2	
<i>naproxen tab ec 500 mg</i>	2	
<i>oxaprozin tab 600 mg</i>	3	
<i>piroxicam cap 10 mg</i>	2	
<i>piroxicam cap 20 mg</i>	2	
<i>salsalate tab 500 mg</i>	2	
<i>salsalate tab 750 mg</i>	2	
ST JOSEPH CHW LOW 81MG (<i>aspirin chew tab 81 mg</i>)	1	\$0 Copay for members between ages of 15 to 49 years.;
<i>sulindac tab 150 mg</i>	2	
<i>sulindac tab 200 mg</i>	2	
<i>tolmetin sodium cap 400 mg</i>	4	
<i>tolmetin sodium tab 600 mg</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 td patch 72hr 100 mcg/hr</i>	3	PA; QL; MME; 7D;Maximum of 15 patches per 30 days.
<i>fentanyl td patch 72hr 12 mcg/hr</i>	3	PA; QL; MME; 7D;Maximum of 15 patches per 30 days.
<i>fentanyl td patch 72hr 25 mcg/hr</i>	3	PA; QL; MME; 7D;Maximum of 15 patches per 30 days.
<i>fentanyl td patch 72hr 50 mcg/hr</i>	3	PA; QL; MME; 7D;Maximum of 15 patches per 30 days.
<i>fentanyl td patch 72hr 75 mcg/hr</i>	3	PA; QL; MME; 7D;Maximum of 15 patches per 30 days.
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	4	PA; QL; MME; 7D;Maximum of 2 capsules per day.
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	4	PA; QL; MME; 7D;Maximum of 2 capsules per day.
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	4	PA; QL; MME; 7D;Maximum of 2 capsules per day.
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	4	PA; QL; MME; 7D;Maximum of 2 capsules per day.
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	4	PA; QL; MME; 7D;Maximum of 2 capsules per day.
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	4	PA; QL; MME; 7D;Maximum of 2 capsules per day.

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Drug name	Tier	Coverage Requirements and Limits
<i>hydromorphone hcl tab er 24hr 12 mg</i>	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
<i>hydromorphone hcl tab er 24hr 16 mg</i>	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
<i>hydromorphone hcl tab er 24hr 32 mg</i>	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
<i>hydromorphone hcl tab er 24hr 8 mg</i>	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
<i>levorphanol tartrate tab 2 mg</i>	4	PA; QL; MME; 7D;Maximum of 6 tablets per day.
<i>levorphanol tartrate tab 3 mg</i>	4	PA; QL; MME; 7D;Maximum of 6 tablets per day.
<i>methadone hcl conc 10 mg/ml</i>	2	PA; QL; MME; 7D;Maximum of 12 ml per day.
<i>methadone hcl soln 10 mg/5ml</i>	2	PA; QL; MME; 7D;Maximum of 60 ml per day.
<i>methadone hcl soln 5 mg/5ml</i>	2	PA; QL; MME; 7D;Maximum of 120 ml per day.
<i>methadone hcl tab 10 mg</i>	2	PA; QL; MME; 7D;Maximum of 12 tablets per day.
<i>methadone hcl tab 5 mg</i>	2	PA; QL; MME; 7D;Maximum of 8 tablets per day.
<i>morphine sulfate tab er 100 mg</i>	2	PA; QL; MME; 7D;Maximum of 3 tablets per day.
<i>morphine sulfate tab er 15 mg</i>	2	PA; QL; MME; 7D;Maximum of 3 tablets per day.
<i>morphine sulfate tab er 200 mg</i>	2	PA; QL; MME; 7D;Maximum of 2 tablets per day.
<i>morphine sulfate tab er 30 mg</i>	2	PA; QL; MME; 7D;Maximum of 4 tablets per day.
<i>morphine sulfate tab er 60 mg</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 hcl tab er 12hr 10 mg</i>	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
<i>oxymorphone hcl tab er 12hr 15 mg</i>	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
<i>oxymorphone hcl tab er 12hr 20 mg</i>	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
<i>oxymorphone hcl tab er 12hr 30 mg</i>	4	PA; QL; MME; 7D;Maximum of 4 tablets per day.
<i>oxymorphone hcl tab er 12hr 40 mg</i>	4	PA; QL; MME; 7D;Maximum of 3 tablets per day.
<i>oxymorphone hcl tab er 12hr 5 mg</i>	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
<i>oxymorphone hcl tab er 12hr 7.5 mg</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.

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Drug name	Tier	Coverage Requirements and Limits
<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.
Opioid Analgesics, Short-acting		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL; MME; 7D;Maximum of 150 ml per day.
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL; MME; 7D;Maximum of 150 ml per day.
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL; MME; 7D;Maximum of 13 tablets per day.
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL; MME; 7D;Maximum of 13 tablets per day.
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL; MME; 7D;Maximum of 13 tablets per day.
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	4	QL; MME; 7D;Maximum of 10 capsules per day.
<i>butalbital-acetaminophen tab 50-300 mg</i>	3	QL; Maximum of 6 tablets per day.
<i>butalbital-acetaminophen tab 50-325 mg</i>	3	QL; Maximum of 6 tablets per day.
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	4	QL; MME; 7D;Maximum of 6 capsules per day.
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	4	QL; MME; 7D;Maximum of 6 capsules per day.
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	4	QL; Maximum of 6 capsules per day.
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	4	QL; Maximum of 6 capsules per day.
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	2	QL; Maximum of 6 tablets per day.
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	2	QL; Maximum of 6 tablets per day.
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	3	QL; MME; 7D;Maximum of 6 capsules per day.
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	3	QL; MME; 7D;Maximum of 6 capsules per day.
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	3	QL; Maximum of 6 capsules 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>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.

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Drug name	Tier	Coverage Requirements and Limits
<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>hydrocodone-acetaminophen soln 10-300 mg/15ml</i>	2	QL; MME; 7D;Maximum of 195 ml per day.
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	2	QL; MME; 7D;Maximum of 90 ml per day.
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL; MME; 7D;Maximum of 90 ml per day.
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	QL; MME; 7D;Maximum of 6 tablets per day.
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	2	QL; MME; 7D;Maximum of 8 tablets per day.
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL; MME; 7D;Maximum of 8 tablets per day.
<i>hydrocodone-acetaminophen tab 7.5-325 mg</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>hydromorphone hcl liqd 1 mg/ml</i>	3	QL; MME; 7D;Maximum of 50 ml per day.
<i>hydromorphone hcl tab 2 mg</i>	2	QL; MME; 7D;Maximum of 8 tablets per day.
<i>hydromorphone hcl tab 4 mg</i>	2	QL; MME; 7D;Maximum of 8 tablets per day.
<i>hydromorphone hcl tab 8 mg</i>	2	QL; MME; 7D;Maximum of 6 tablets per day.
<i>morphine sulfate oral soln 10 mg/5ml</i>	3	QL; MME; 7D;Maximum of 100 ml per day.
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	3	QL; MME; 7D;Maximum of 10 ml per day.
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	3	QL; MME; 7D;Maximum of 10 ml per day.
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	3	QL; MME; 7D;Maximum of 10 ml per day.
<i>morphine sulfate oral soln 20 mg/5ml</i>	3	QL; MME; 7D;Maximum of 50 ml per day.
<i>morphine sulfate tab 15 mg</i>	2	QL; MME; 7D;Maximum of 8 tablets per day.
<i>morphine sulfate tab 30 mg</i>	2	QL; MME; 7D;Maximum of 6 tablets per day.
<i>oxycodone hcl cap 5 mg</i>	2	QL; MME; 7D;Maximum of 12 capsules per day.
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	4	QL; MME; 7D;Maximum of 6 ml per day.
<i>oxycodone hcl soln 5 mg/5ml</i>	2	QL; MME; 7D;Maximum of 130 ml per day.
<i>oxycodone hcl tab 10 mg</i>	2	QL; MME; 7D;Maximum of 12 tablets per day.
<i>oxycodone hcl tab 15 mg</i>	2	QL; MME; 7D;Maximum of 8 tablets per day.
<i>oxycodone hcl tab 20 mg</i>	2	QL; MME; 7D;Maximum of 6 tablets per day.
<i>oxycodone hcl tab 30 mg</i>	2	QL; MME; 7D;Maximum of 6 tablets per day.
<i>oxycodone hcl tab 5 mg</i>	2	QL; MME; 7D;Maximum of 12 tablets per day.
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL; MME; 7D;Maximum of 12 tablets per day.
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL; MME; 7D;Maximum of 12 tablets per day.
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL; MME; 7D;Maximum of 12 tablets per day.
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL; MME; 7D;Maximum of 12 tablets per day.
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	QL; MME; 7D;Maximum of 12 tablets per day.
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	QL; MME; 7D;Maximum of 12 tablets per day.
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL; MME; 7D;Maximum of 12 tablets per day.
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL; MME; 7D;Maximum of 12 tablets per day.
<i>oxymorphone hcl tab 10 mg</i>	3	QL; MME; 7D;Maximum of 6 tablets per day.
<i>oxymorphone hcl tab 5 mg</i>	3	QL; MME; 7D;Maximum of 6 tablets per day.
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</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; MME; 7D;Maximum of 6 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
Anesthetics		
Local Anesthetics		
<i>lidocaine hcl laryngotracheal soln 4%</i>	3	
<i>lidocaine hcl soln 4%</i>	3	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	2	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	2	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	2	
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>lidocaine patch 5%</i>	3	PA; QL; Maximum of 3 patches per day.
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium tab delayed release 333 mg</i>	2	
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	2	
<i>naltrexone hcl tab 50 mg</i>	2	
Opioid Dependence Treatments		
<i>buprenorphine hcl sl tab 2 mg</i>	2	
<i>buprenorphine hcl sl tab 8 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i>	2	
<i>lofexidine hcl tab 0.18 mg</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</i>)	3	
SUBOXONE MIS 2-0.5MG (<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>)	3	
SUBOXONE MIS 4-1MG (<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i>)	3	
SUBOXONE MIS 8-2MG (<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</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		

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Drug name	Tier	Coverage Requirements and Limits
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 nasal spray 4 mg/0.1ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</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 soln prefilled syringe 2 mg/2ml</i>	1	
NARCAN SPR 4MG (<i>naloxone hcl nasal spray 4 mg/0.1ml</i>)	1	
OPVEE SPR 2.7/0.1 (<i>nalmeferene hcl nasal spray 2.7 mg/0.1ml</i>)	3	
REXTOVY SPR 4/0.25ML (<i>naloxone hcl nasal spray 4 mg/0.25ml</i>)	1	
ZIMHI SOL (<i>naloxone hcl soln prefilled syringe 5 mg/0.5ml</i>)	1	
Smoking Cessation Agents		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	
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 polacrilex gum 2 mg</i>	1	
<i>nicotine polacrilex gum 4 mg</i>	1	
<i>nicotine polacrilex lozenge 2 mg</i>	1	
<i>nicotine polacrilex lozenge 4 mg</i>	1	
<i>nicotine td patch 24 hr kit 21-14-7 mg/24hr</i>	1	
<i>nicotine td patch 24hr 14 mg/24hr</i>	1	
<i>nicotine td patch 24hr 21 mg/24hr</i>	1	
<i>nicotine td patch 24hr 7 mg/24hr</i>	1	
NICOTROL INH (<i>nicotine inhaler system 10 mg (4 mg delivered</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 tartrate tab 0.5 mg</i>	1	
<i>varenicline tartrate tab 1 mg</i>	1	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</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	

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Antibacterials, Other		
ALTABAX OIN 1% (<i>retapamulin oint 1%</i>)	4	QL; Maximum of 15 grams per 30 days.
<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</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 600 mg</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>metronidazole vaginal gel 0.75%</i>	3	
<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;
<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 250 mg</i>	2	
<i>tinidazole tab 500 mg</i>	2	
<i>trimethoprim tab 100 mg</i>	2	
<i>vancomycin hcl cap 125 mg</i>	2	QL; Maximum of 4 capsules per day.
<i>vancomycin hcl cap 250 mg</i>	2	QL; Maximum of 8 capsules per day.
<i>vancomycin hcl for oral soln 25 mg/ml</i>	3	
<i>vancomycin hcl for oral soln 50 mg/ml</i>	3	
<i>vancomycin hcl for oral soln 50 mg/ml</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		

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BAXDELA TAB 450MG (<i>delafloxacin meglumine tab 450 mg</i>)	4	
<i>cefactor cap 250 mg</i>	2	
<i>cefactor cap 500 mg</i>	2	
<i>cefactor monohydrate tab er 12hr 500 mg</i>	3	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefadroxil tab 1 gm</i>	3	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<i>cefdinir for susp 250 mg/5ml</i>	2	
<i>cefixime cap 400 mg</i>	3	
<i>cefixime for susp 100 mg/5ml</i>	4	
<i>cefixime for susp 200 mg/5ml</i>	4	
<i>cefpodoxime proxetil for susp 100 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>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	
<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 (trihydrate) cap 250 mg</i>	2	
<i>amoxicillin (trihydrate) cap 500 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	2	
<i>amoxicillin (trihydrate) tab 500 mg</i>	2	
<i>amoxicillin (trihydrate) tab 875 mg</i>	2	
<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	

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Drug name	Tier	Coverage Requirements and Limits
<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 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>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 500 mg</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 500 mg</i>	2	
<i>azithromycin tab 600 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	
<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 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</i>	2	
<i>ciprofloxacin hcl tab 250 mg</i>	2	
<i>ciprofloxacin hcl tab 500 mg</i>	2	
<i>ciprofloxacin hcl tab 750 mg</i>	2	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
<i>levofloxacin tab 250 mg</i>	2	
<i>levofloxacin tab 500 mg</i>	2	
<i>levofloxacin tab 750 mg</i>	2	

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<i>moxifloxacin hcl tab 400 mg</i>	2	
<i>ofloxacin tab 300 mg</i>	3	
<i>ofloxacin tab 400 mg</i>	3	
Sulfonamides		
<i>sulfadiazine tab 500 mg</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<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	
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	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>doxycycline monohydrate tab 50 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 hcl cap 250 mg</i>	2	
<i>tetracycline hcl cap 500 mg</i>	2	
Anticonvulsants		
Anticonvulsants, Other		
<i>EPIDIOLEX SOL 100MG/ML (cannabidiol soln 100 mg/ml)</i>	5	PA; SP
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab er 24hr 500 mg</i>	2	
<i>levetiracetam tab er 24hr 750 mg</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide cap 250 mg</i>	3	
<i>ethosuximide soln 250 mg/5ml</i>	3	

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<i>methsuximide cap 300 mg</i>	3	
<i>zonisamide cap 100 mg</i>	2	
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam suspension 2.5 mg/ml</i>	4	PA; QL; Maximum of 16 ml per day.
<i>clobazam tab 10 mg</i>	4	PA; QL; Maximum of 2 tablets per day.
<i>clobazam tab 20 mg</i>	4	PA; QL; Maximum of 2 tablets per day.
<i>diazepam rectal gel delivery system 10 mg</i>	3	QL; Maximum of 5 packages per 30 days.
<i>diazepam rectal gel delivery system 2.5 mg</i>	3	QL; Maximum of 5 packages per 30 days.
<i>diazepam rectal gel delivery system 20 mg</i>	3	QL; Maximum of 5 packages per 30 days.
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	
<i>gabapentin cap 100 mg</i>	2	
<i>gabapentin cap 300 mg</i>	2	
<i>gabapentin cap 400 mg</i>	2	
<i>gabapentin oral soln 250 mg/5ml</i>	2	
<i>gabapentin tab 600 mg</i>	2	
<i>gabapentin tab 800 mg</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>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital elixir 20 mg/5ml</i>	2	
<i>phenobarbital tab 100 mg</i>	2	
<i>phenobarbital tab 15 mg</i>	2	
<i>phenobarbital tab 16.2 mg</i>	2	
<i>phenobarbital tab 30 mg</i>	2	
<i>phenobarbital tab 32.4 mg</i>	2	
<i>phenobarbital tab 60 mg</i>	2	
<i>phenobarbital tab 64.8 mg</i>	2	
<i>phenobarbital tab 97.2 mg</i>	2	
<i>primidone tab 125 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>primidone tab 50 mg</i>	2	
<i>tiagabine hcl tab 12 mg</i>	4	
<i>tiagabine hcl tab 16 mg</i>	4	
<i>tiagabine hcl tab 2 mg</i>	4	
<i>tiagabine hcl tab 4 mg</i>	4	

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<i>valproate sodium oral soln 250 mg/5ml</i>	2	
<i>valproate sodium oral soln 250 mg/5ml</i>	2	
<i>valproic acid cap 250 mg</i>	2	
<i>vigabatrin powd pack 500 mg</i>	5	PA; QL; SP; Maximum of 6 packets per day.
<i>vigabatrin powd pack 500 mg</i>	5	PA; QL; SP; Maximum of 6 packets per day.
<i>vigabatrin tab 500 mg</i>	5	PA; QL; SP; Maximum of 6 tablets per day.
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>gabapentin oral soln 250 mg/5ml</i>	2	
Glutamate Reducing Agents		
<i>felbamate susp 600 mg/5ml</i>	4	
<i>felbamate tab 400 mg</i>	4	
<i>felbamate tab 600 mg</i>	4	
FYCOMPA SUS 0.5MG/ML (<i>perampanel susp 0.5 mg/ml</i>)	4	PA; QL; Maximum of 24 ml per day.
<i>lamotrigine tab 100 mg</i>	2	
<i>lamotrigine tab 100 mg</i>	2	
<i>lamotrigine tab 150 mg</i>	2	
<i>lamotrigine tab 150 mg</i>	2	
<i>lamotrigine tab 200 mg</i>	2	
<i>lamotrigine tab 200 mg</i>	2	
<i>lamotrigine tab 25 mg</i>	2	
<i>lamotrigine tab 25 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>topiramate sprinkle cap 15 mg</i>	3	
<i>topiramate sprinkle cap 25 mg</i>	3	
<i>topiramate sprinkle cap 50 mg</i>	3	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
Sodium Channel Agents		
<i>carbamazepine cap er 12hr 100 mg</i>	3	
<i>carbamazepine cap er 12hr 200 mg</i>	3	
<i>carbamazepine cap er 12hr 300 mg</i>	3	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	3	
<i>carbamazepine susp 100 mg/5ml</i>	3	
<i>carbamazepine tab 200 mg</i>	2	
<i>carbamazepine tab er 12hr 100 mg</i>	3	
<i>carbamazepine tab er 12hr 200 mg</i>	3	
<i>carbamazepine tab er 12hr 400 mg</i>	3	
DILANTIN CAP 30MG (<i>phenytoin sodium extended cap 30 mg</i>)	4	
EPITOL TAB 200MG (<i>carbamazepine tab 200 mg</i>)	2	

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Drug name	Tier	Coverage Requirements and Limits
<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 oral solution 10 mg/ml</i>	4	PA; QL; Maximum of 40 ml per day.
<i>lacosamide oral solution 10 mg/ml</i>	4	PA; QL; Maximum of 40 ml per day.
<i>lacosamide oral solution 10 mg/ml</i>	4	PA; QL; Maximum of 40 ml per day.
<i>lacosamide oral solution 10 mg/ml</i>	4	PA; QL; Maximum of 40 ml per day.
<i>lacosamide oral solution 10 mg/ml</i>	4	PA; QL; Maximum of 40 ml per day.
<i>lacosamide oral solution 10 mg/ml</i>	4	PA; QL; Maximum of 40 ml per day.
<i>lacosamide tab 100 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>lacosamide tab 150 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>lacosamide tab 200 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>lacosamide tab 50 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	4	
<i>oxcarbazepine tab 150 mg</i>	2	
<i>oxcarbazepine tab 300 mg</i>	2	
<i>oxcarbazepine tab 600 mg</i>	2	
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>rufinamide susp 40 mg/ml</i>	4	PA;
<i>rufinamide tab 200 mg</i>	4	PA;
<i>rufinamide tab 400 mg</i>	4	PA;
Antidementia Agents		
Cholinesterase Inhibitors		
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>donepezil hydrochloride tab 10 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>donepezil hydrochloride tab 5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	3	QL; Maximum of 1 capsule per day.
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	3	QL; Maximum of 1 capsule per day.
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	3	QL; Maximum of 1 capsule per day.
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	4	QL; Maximum of 2 bottles (200 ml) per 30 days.
<i>galantamine hydrobromide tab 12 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>galantamine hydrobromide tab 4 mg</i>	3	QL; Maximum of 2 tablets per day.

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<i>galantamine hydrobromide tab 8 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>rivastigmine tartrate cap 1.5 mg</i>	2	QL; Maximum of 2 capsules per day.
<i>rivastigmine tartrate cap 3 mg</i>	2	QL; Maximum of 2 capsules per day.
<i>rivastigmine tartrate cap 4.5 mg</i>	2	QL; Maximum of 2 capsules per day.
<i>rivastigmine tartrate cap 6 mg</i>	2	QL; Maximum of 2 capsules per day.
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	QL; Maximum of 1 patch per day.
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	QL; Maximum of 1 patch per day.
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	QL; Maximum of 1 patch per day.
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl oral solution 2 mg/ml</i>	4	QL; Maximum of 10 ml per day.
<i>memantine hcl oral solution 2 mg/ml</i>	4	QL; Maximum of 10 ml per day.
<i>memantine hcl tab 10 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>memantine hcl tab 10 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	QL; Maximum of 1 pack per year.
<i>memantine hcl tab 5 mg</i>	2	QL; Maximum of 3 tablets per day.
<i>memantine hcl tab 5 mg</i>	2	QL; Maximum of 3 tablets per day.
Antidepressants		
Antidepressants, Other		
<i>bupropion hcl tab 100 mg</i>	2	
<i>bupropion hcl tab 75 mg</i>	2	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 150 mg</i>	2	
<i>bupropion hcl tab er 12hr 150 mg</i>	2	
<i>bupropion hcl tab er 12hr 200 mg</i>	2	
<i>bupropion hcl tab er 24hr 150 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>bupropion hcl tab er 24hr 300 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	3	
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	3	
<i>mirtazapine orally disintegrating tab 15 mg</i>	3	
<i>mirtazapine orally disintegrating tab 30 mg</i>	3	
<i>mirtazapine orally disintegrating tab 45 mg</i>	3	
<i>mirtazapine tab 15 mg</i>	2	
<i>mirtazapine tab 30 mg</i>	2	
<i>mirtazapine tab 45 mg</i>	2	
<i>mirtazapine tab 75 mg</i>	2	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	4	QL; Maximum of 1 capsule per day.
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	4	QL; Maximum of 1 capsule per day.
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	4	QL; Maximum of 1 capsule per day.
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	4	QL; Maximum of 1 capsule per day.
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	4	QL; Maximum of 1 capsule per day.
<i>perphenazine-amitriptyline tab 2-10 mg</i>	3	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	3	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	3	

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<i>perphenazine-amitriptyline tab 4-25 mg</i>	3	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	3	
SPRAVATO SOL 56MG DOS (<i>esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)</i>	5	PA; QL; SP; 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; SP; 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>tranylcypromine sulfate tab 10 mg</i>	4	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitor/ Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	3	
<i>citalopram hydrobromide tab 10 mg</i>	1	
<i>citalopram hydrobromide tab 20 mg</i>	1	
<i>citalopram hydrobromide tab 40 mg</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg</i>	3	QL; Maximum of 4 tablets per day.
<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>escitalopram oxalate soln 5 mg/5ml</i>	3	
<i>escitalopram oxalate soln 5 mg/5ml</i>	3	
<i>escitalopram oxalate tab 10 mg</i>	1	
<i>escitalopram oxalate tab 20 mg</i>	1	
<i>escitalopram oxalate tab 5 mg</i>	1	
FETZIMA CAP 120MG (<i>levomilnacipran hcl cap er 24hr 120 mg)</i>	4	QL; Maximum of 1 capsule per day.
FETZIMA CAP 20MG (<i>levomilnacipran hcl cap er 24hr 20 mg)</i>	4	QL; Maximum of 1 capsule per day.
FETZIMA CAP 40MG (<i>levomilnacipran hcl cap er 24hr 40 mg)</i>	4	QL; Maximum of 1 capsule per day.
FETZIMA CAP 80MG (<i>levomilnacipran hcl cap er 24hr 80 mg)</i>	4	QL; Maximum of 1 capsule per day.
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	3	QL; Maximum of 4 capsules per 28 days.
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	
<i>fluoxetine hcl tab 10 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>fluoxetine hcl tab 20 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	4	QL; Maximum of 2 capsules per day.
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	4	QL; Maximum of 2 capsules per day.
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>fluvoxamine maleate tab 25 mg</i>	2	
<i>fluvoxamine maleate tab 50 mg</i>	2	
<i>nefazodone hcl tab 100 mg</i>	3	

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Drug name	Tier	Coverage Requirements and Limits
<i>nefazodone hcl tab 150 mg</i>	3	
<i>nefazodone hcl tab 200 mg</i>	3	
<i>nefazodone hcl tab 250 mg</i>	3	
<i>nefazodone hcl tab 50 mg</i>	3	
<i>paroxetine hcl oral susp 10 mg/5ml</i>	4	
<i>paroxetine hcl tab 10 mg</i>	2	
<i>paroxetine hcl tab 20 mg</i>	2	
<i>paroxetine hcl tab 30 mg</i>	2	
<i>paroxetine hcl tab 40 mg</i>	2	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>paroxetine hcl tab er 24hr 25 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	
<i>sertraline hcl tab 100 mg</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	2	
<i>trazodone hcl tab 150 mg</i>	2	
<i>trazodone hcl tab 300 mg</i>	2	
<i>trazodone hcl tab 50 mg</i>	2	
<i>venlafaxine hcl cap er 24hr 150 mg</i>	2	
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>	2	
<i>venlafaxine hcl cap er 24hr 75 mg</i>	2	
<i>venlafaxine hcl tab 100 mg</i>	2	
<i>venlafaxine hcl tab 25 mg</i>	2	
<i>venlafaxine hcl tab 37.5 mg</i>	2	
<i>venlafaxine hcl tab 50 mg</i>	2	
<i>venlafaxine hcl tab 75 mg</i>	2	
<i>vilazodone hcl tab 10 mg</i>	4	QL; Maximum of 1 tablet per day.
<i>vilazodone hcl tab 20 mg</i>	4	QL; Maximum of 1 tablet per day.
<i>vilazodone hcl tab 40 mg</i>	4	QL; Maximum of 1 tablet per day.
Tricyclics		
<i>amitriptyline hcl tab 10 mg</i>	2	
<i>amitriptyline hcl tab 100 mg</i>	2	
<i>amitriptyline hcl tab 150 mg</i>	2	
<i>amitriptyline hcl tab 25 mg</i>	2	
<i>amitriptyline hcl tab 50 mg</i>	2	
<i>amitriptyline hcl tab 75 mg</i>	2	
<i>amoxapine tab 100 mg</i>	2	
<i>amoxapine tab 150 mg</i>	2	
<i>amoxapine tab 25 mg</i>	2	
<i>amoxapine tab 50 mg</i>	2	
<i>clomipramine hcl cap 25 mg</i>	4	

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<i>clomipramine hcl cap 50 mg</i>	4	
<i>clomipramine hcl cap 75 mg</i>	4	
<i>desipramine hcl tab 10 mg</i>	3	
<i>desipramine hcl tab 100 mg</i>	3	
<i>desipramine hcl tab 150 mg</i>	3	
<i>desipramine hcl tab 25 mg</i>	3	
<i>desipramine hcl tab 50 mg</i>	3	
<i>desipramine hcl tab 75 mg</i>	3	
<i>doxepin hcl cap 10 mg</i>	2	
<i>doxepin hcl cap 100 mg</i>	2	
<i>doxepin hcl cap 150 mg</i>	2	
<i>doxepin hcl cap 25 mg</i>	2	
<i>doxepin hcl cap 50 mg</i>	2	
<i>doxepin hcl cap 75 mg</i>	2	
<i>doxepin hcl conc 10 mg/ml</i>	2	
<i>imipramine hcl tab 10 mg</i>	2	
<i>imipramine hcl tab 25 mg</i>	2	
<i>imipramine hcl tab 50 mg</i>	2	
<i>imipramine pamoate cap 100 mg</i>	4	
<i>imipramine pamoate cap 125 mg</i>	4	
<i>imipramine pamoate cap 150 mg</i>	4	
<i>imipramine pamoate cap 75 mg</i>	4	
<i>nortriptyline hcl cap 10 mg</i>	2	
<i>nortriptyline hcl cap 25 mg</i>	2	
<i>nortriptyline hcl cap 50 mg</i>	2	
<i>nortriptyline hcl cap 75 mg</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml</i>	3	
<i>protriptyline hcl tab 10 mg</i>	3	
<i>protriptyline hcl tab 5 mg</i>	3	
<i>trimipramine maleate cap 100 mg</i>	4	
<i>trimipramine maleate cap 25 mg</i>	4	
<i>trimipramine maleate cap 50 mg</i>	4	
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl tab 25 mg</i>	2	
<i>meclizine hcl tab 50 mg</i>	3	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	2	
<i>metoclopramide hcl tab 10 mg</i>	2	
<i>metoclopramide hcl tab 5 mg</i>	2	
<i>perphenazine tab 16 mg</i>	2	
<i>perphenazine tab 2 mg</i>	2	
<i>perphenazine tab 4 mg</i>	2	

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<i>perphenazine tab 8 mg</i>	2	
<i>prochlorperazine maleate tab 10 mg</i>	2	
<i>prochlorperazine maleate tab 5 mg</i>	2	
<i>prochlorperazine suppos 25 mg</i>	3	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	2	
<i>scopolamine td patch 72hr 1 mg/3days</i>	3	
<i>trimethobenzamide hcl cap 300 mg</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 capsule 125 mg</i>	3	QL; Maximum of 2 capsules per 28 days.
<i>aprepitant capsule 40 mg</i>	3	QL; Maximum of 1 capsule per 30 days.
<i>aprepitant capsule 80 mg</i>	3	QL; Maximum of 4 capsules per 28 days.
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	3	QL; Maximum of 6 capsules (2 packs) per 28 days.
<i>dronabinol cap 10 mg</i>	4	
<i>dronabinol cap 2.5 mg</i>	4	
<i>dronabinol cap 5 mg</i>	4	
<i>granisetron hcl tab 1 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>ondansetron hcl oral soln 4 mg/5ml</i>	2	
<i>ondansetron hcl tab 24 mg</i>	2	
<i>ondansetron hcl tab 4 mg</i>	2	
<i>ondansetron hcl tab 8 mg</i>	2	
<i>ondansetron orally disintegrating tab 4 mg</i>	2	
<i>ondansetron orally disintegrating tab 8 mg</i>	2	
VARUBI TAB 90MG (<i>rolapitant hcl tab therapy pack 2 x 90 mg</i>)	4	QL; Maximum of 4 tablets per 28 days.
Antifungals		
Antifungals		
<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>ciclopirox solution 8%</i>	2	
<i>clotrimazole troche 10 mg</i>	2	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL; Maximum of 15 grams per 30 days.
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	3	
<i>econazole nitrate cream 1%</i>	3	QL; Maximum of 90 grams per 30 days.
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	2	
<i>fluconazole tab 100 mg</i>	2	
<i>fluconazole tab 150 mg</i>	2	
<i>fluconazole tab 200 mg</i>	2	
<i>fluconazole tab 50 mg</i>	2	
<i>flucytosine cap 250 mg</i>	4	

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<i>flucytosine cap 500 mg</i>	4	
<i>griseofulvin microsize susp 125 mg/5ml</i>	3	
<i>griseofulvin microsize tab 500 mg</i>	3	
<i>griseofulvin ultramicrosize tab 125 mg</i>	3	
<i>griseofulvin ultramicrosize tab 250 mg</i>	3	
GYNAZOLE-1 CRE 2% (<i>butoconazole nitrate (one dose) vaginal cream 2%</i>)	4	
<i>itraconazole cap 100 mg</i>	4	QL; Maximum of 4 capsules per day.
<i>itraconazole oral soln 10 mg/ml</i>	4	QL; Maximum of 1800 ml per year.
<i>itraconazole oral soln 10 mg/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 200 mg</i>	2	
<i>luliconazole cream 1%</i>	4	QL; Maximum of 60 grams per 28 days.
<i>miconazole nitrate vaginal suppos 200 mg</i>	2	
<i>naftifine hcl cream 1%</i>	4	
<i>naftifine hcl cream 2%</i>	4	
<i>nystatin cream 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>nystatin tab 500000 unit</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	QL; Maximum of 120 grams per 30 days.
<i>nystatin topical powder 100000 unit/gm</i>	2	QL; Maximum of 120 grams per 30 days.
<i>nystatin topical powder 100000 unit/gm</i>	2	QL; Maximum of 120 grams per 30 days.
<i>nystatin topical powder 100000 unit/gm</i>	2	QL; Maximum of 120 grams per 30 days.
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	
<i>posaconazole tab delayed release 100 mg</i>	3	QL; Maximum of 6 tablets per day.
<i>sulconazole nitrate cream 1%</i>	4	
<i>sulconazole nitrate cream 1%</i>	4	
<i>sulconazole nitrate solution 1%</i>	4	
<i>sulconazole nitrate solution 1%</i>	4	
<i>terbinafine hcl tab 250 mg</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 for susp 40 mg/ml</i>	4	
<i>voriconazole tab 200 mg</i>	4	QL; Maximum of 1 tablet per day.
<i>voriconazole tab 50 mg</i>	4	QL; Maximum of 4 tablets per day.
Antigout Agents		
Antigout Agents		
<i>allopurinol tab 100 mg</i>	2	
<i>allopurinol tab 300 mg</i>	2	

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Drug name	Tier	Coverage Requirements and Limits
colchicine tab 0.6 mg	2	QL; Maximum of 4 tablets per day.
colchicine w/ probenecid tab 0.5-500 mg	2	
febuxostat tab 40 mg	2	QL; Maximum of 1 tablet per day.
febuxostat tab 80 mg	2	QL; Maximum of 1 tablet per day.
probenecid tab 500 mg	2	
Antimigraine Agents		
Antimigraine Agents		
UBRELVY TAB 100MG (ubrogepant tab 100 mg)	3	PA; QL; Maximum of 16 tablets per 30 days.
UBRELVY TAB 50MG (ubrogepant tab 50 mg)	3	PA; QL; Maximum of 16 tablets per 30 days.
Ergot Alkaloids		
dihydroergotamine mesylate inj 1 mg/ml	4	QL; Maximum of 24 ampules (24 ml) per 28 days.
ERGOMAR SUB 2MG (ergotamine tartrate sl tab 2 mg)	4	QL; Maximum of 20 tablets per 28 days.
ergotamine w/ caffeine tab 1-100 mg	4	
MIGERGOT SUP 2/100 (ergotamine w/ caffeine suppos 2-100 mg)	4	
Prophylactic		
AIMOVIG INJ 140MG/ML (erenumab-aooe subcutaneous soln auto-injector 140 mg/ml)	3	PA; QL; Maximum of 1 pen (1 ml) per 30 days.
AIMOVIG INJ 70MG/ML (erenumab-aooe subcutaneous soln auto-injector 70 mg/ml)	3	PA; QL; Maximum of 2 pens (2 ml) per 30 days.
EMGALITY INJ 100MG/ML (galcanezumab-gnlm subcutaneous soln pre-filled syr 100 mg/ml)	3	PA; QL; Maximum of 3 syringes or pens (3 ml) per 30 days.
EMGALITY INJ 120MG/ML (galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml)	3	PA; QL; Maximum of 2 syringes or pens (2 ml) per 30 days.
EMGALITY INJ 120MG/ML (galcanezumab-gnlm subcutaneous soln pre-filled syr 120 mg/ml)	3	PA; QL; Maximum of 2 syringes or pens (2 ml) per 30 days.
Serotonin (5-HT) 1b/1d Receptor Agonists		
almotriptan malate tab 12.5 mg	3	QL; Maximum of 12 tablets per 30 days.
almotriptan malate tab 12.5 mg	3	QL; Maximum of 12 tablets per 30 days.
almotriptan malate tab 6.25 mg	3	QL; Maximum of 12 tablets per 30 days.
almotriptan malate tab 6.25 mg	3	QL; Maximum of 12 tablets per 30 days.
eletriptan hydrobromide tab 20 mg	3	QL; Maximum of 12 tablets per 30 days.
eletriptan hydrobromide tab 40 mg	3	QL; Maximum of 12 tablets per 30 days.
naratriptan hcl tab 1 mg	2	QL; Maximum of 12 tablets per 30 days.
naratriptan hcl tab 2.5 mg	2	QL; Maximum of 12 tablets per 30 days.
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	2	QL; Maximum of 12 tablets per 30 days.
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	2	QL; Maximum of 12 tablets per 30 days.
rizatriptan benzoate tab 10 mg	2	QL; Maximum of 12 tablets per 30 days.
rizatriptan benzoate tab 5 mg	2	QL; Maximum of 12 tablets per 30 days.
sumatriptan nasal spray 20 mg/act	4	QL; Maximum of 12 devices per 30 days.
sumatriptan nasal spray 5 mg/act	4	QL; Maximum of 12 devices per 30 days.
sumatriptan succinate inj 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate inj 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate solution auto-injector 4 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.

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<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 succinate tab 100 mg</i>	2	QL; Maximum of 12 tablets per 30 days.
<i>sumatriptan succinate tab 25 mg</i>	2	QL; Maximum of 12 tablets per 30 days.
<i>sumatriptan succinate tab 50 mg</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 nasal spray 2.5 mg/spray unit</i>	4	QL; Maximum of 18 devices per 30 days.
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	4	QL; Maximum of 12 devices per 30 days.
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	3	QL; Maximum of 12 tablets per 30 days.
<i>zolmitriptan orally disintegrating tab 5 mg</i>	3	QL; Maximum of 12 tablets per 30 days.
<i>zolmitriptan tab 2.5 mg</i>	3	QL; Maximum of 12 tablets per 30 days.
<i>zolmitriptan tab 5 mg</i>	3	QL; Maximum of 12 tablets per 30 days.
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	4	
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>pyridostigmine bromide tab er 180 mg</i>	4	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tab 100 mg</i>	2	
<i>dapsone tab 25 mg</i>	2	
<i>rifabutin cap 150 mg</i>	4	
Antituberculars		
<i>cycloserine cap 250 mg</i>	4	
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	4	
<i>isoniazid tab 100 mg</i>	2	
<i>isoniazid tab 300 mg</i>	2	
PRIFTIN TAB 150MG (<i>rifapentine tab 150 mg</i>)	3	
<i>pyrazinamide tab 500 mg</i>	3	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
SIRTURO TAB 100MG (<i>bedaquiline fumarate tab 100 mg</i>)	5	PA;
SIRTURO TAB 20MG (<i>bedaquiline fumarate tab 20 mg</i>)	5	PA;
TRECTOR TAB 250MG (<i>ethionamide tab 250 mg</i>)	3	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide cap 25 mg</i>	4	CM

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

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

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

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TALZENNA CAP 0.5MG (<i>talazoparib tosylate cap 0.5 mg</i>)	5	PA; QL; SP; Maximum of 1 capsule per day; CM
TALZENNA CAP 0.75MG (<i>talazoparib tosylate cap 0.75 mg</i>)	5	PA; QL; SP; Maximum of 1 capsule per day; CM
TALZENNA CAP 1MG (<i>talazoparib tosylate cap 1 mg</i>)	5	PA; QL; SP; Maximum of 1 capsule per day; CM
Molecular Target Inhibitors		
ALECENSA CAP 150MG (<i>alectinib hcl cap 150 mg</i>)	5	PA; QL; SP; Maximum of 8 capsules per day; CM
BOSULIF CAP 100MG (<i>bosutinib cap 100 mg</i>)	5	PA; QL; SP; Maximum of 6 capsules per day; CM
BOSULIF CAP 50MG (<i>bosutinib cap 50 mg</i>)	5	PA; QL; SP; Maximum of 11 capsules per day; CM
BRUKINSA CAP 80MG (<i>zanubrutinib cap 80 mg</i>)	5	PA; QL; SP; Maximum of 4 capsules per day; CM
BRUKINSA TAB 160MG (<i>zanubrutinib tab 160 mg</i>)	5	PA; QL; SP; Maximum of 4 capsules per day; CM
<i>cabozantinib s-malate tab 20 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM
<i>cabozantinib s-malate tab 40 mg</i>	5	PA; QL; SP; Maximum of 2 tablets per day; CM
<i>cabozantinib s-malate tab 60 mg</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; SP; 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
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</i>)	5	PA; QL; SP; Maximum of 3 tablets per day; CM
<i>dasatinib tab 100 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM
<i>dasatinib tab 140 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM
<i>dasatinib tab 20 mg</i>	5	PA; QL; SP; Maximum of 3 tablets per day; CM
<i>dasatinib tab 50 mg</i>	5	PA; QL; SP; Maximum of 3 tablets per day; CM
<i>dasatinib tab 70 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM
<i>dasatinib tab 80 mg</i>	5	PA; QL; SP; Maximum of 2 tablets per day; CM
<i>erlotinib hcl tab 100 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM
<i>erlotinib hcl tab 150 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM
<i>erlotinib hcl tab 25 mg</i>	5	PA; QL; SP; Maximum of 3 tablets per day; CM
<i>everolimus tab 10 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM
<i>everolimus tab 2.5 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM
<i>everolimus tab 5 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM
<i>everolimus tab 7.5 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day; CM

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gefitinib tab 250 mg	5	PA; QL; SP; Maximum of 2 tablets per day; CM
GILOTRIF TAB 20MG (afatinib dimaleate tab 20 mg)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
GILOTRIF TAB 30MG (afatinib dimaleate tab 30 mg)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
GILOTRIF TAB 40MG (afatinib dimaleate tab 40 mg)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
IBRANCE CAP 100MG (palbociclib cap 100 mg)	5	PA; QL; SP; Maximum of 1 capsule per day; CM
IBRANCE CAP 125MG (palbociclib cap 125 mg)	5	PA; QL; SP; Maximum of 1 capsule per day; CM
IBRANCE CAP 75MG (palbociclib cap 75 mg)	5	PA; QL; SP; Maximum of 1 capsule per day; CM
IBRANCE TAB 100MG (palbociclib tab 100 mg)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
IBRANCE TAB 125MG (palbociclib tab 125 mg)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
IBRANCE TAB 75MG (palbociclib tab 75 mg)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
ICLUSIG TAB 10MG (ponatinib hcl tab 10 mg)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
ICLUSIG TAB 15MG (ponatinib hcl tab 15 mg)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
ICLUSIG TAB 30MG (ponatinib hcl tab 30 mg)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
ICLUSIG TAB 45MG (ponatinib hcl tab 45 mg)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
IDHIFA TAB 100MG (enasidenib mesylate tab 100 mg)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
IDHIFA TAB 50MG (enasidenib mesylate tab 50 mg)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
imatinib mesylate tab 100 mg	5	QL; SP; Maximum of 3 tablets per day; CM
imatinib mesylate tab 400 mg	5	QL; SP; Maximum of 3 tablets per day; CM
IMBRUVICA CAP 140MG (ibrutinib cap 140 mg)	5	PA; QL; SP; Maximum of 4 capsules per day; CM
IMBRUVICA CAP 70MG (ibrutinib cap 70 mg)	5	PA; QL; SP; Maximum of 1 capsule per day; CM
IMBRUVICA SUS 70MG/ML (ibrutinib oral susp 70 mg/ml)	5	PA; QL; SP; Maximum of 8 ml per day; CM
IMBRUVICA TAB 140MG (ibrutinib tab 140 mg)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
IMBRUVICA TAB 280MG (ibrutinib tab 280 mg)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
IMBRUVICA TAB 420MG (ibrutinib tab 420 mg)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
INLYTA TAB 1MG (axitinib tab 1 mg)	5	PA; QL; SP; Maximum of 4 tablets per day; CM
INLYTA TAB 5MG (axitinib tab 5 mg)	5	PA; QL; SP; Maximum of 4 tablets per day; CM
JAKAFI TAB 10MG (ruxolitinib phosphate tab 10 mg)	5	PA; QL; SP; Maximum of 2 tablets per day; CM
JAKAFI TAB 15MG (ruxolitinib phosphate tab 15 mg)	5	PA; QL; SP; Maximum of 2 tablets per day; CM
JAKAFI TAB 20MG (ruxolitinib phosphate tab 20 mg)	5	PA; QL; SP; Maximum of 2 tablets per day; CM
JAKAFI TAB 25MG (ruxolitinib phosphate tab 25 mg)	5	PA; QL; SP; Maximum of 2 tablets per day; CM
JAKAFI TAB 5MG (ruxolitinib phosphate tab 5 mg)	5	PA; QL; SP; Maximum of 2 tablets per day; CM
lapatinib ditosylate tab 250 mg	5	PA; QL; SP; Maximum of 6 tablets per day; CM
LENVIMA CAP 10 MG (lenvatinib cap therapy pack 10 mg (10 mg daily dose	5	PA; QL; SP; Maximum of 1 capsule per day; CM
LENVIMA CAP 12MG (lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose	5	PA; QL; SP; Maximum of 3 capsules per day; CM

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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; SP; Maximum of 1 tablet per day; CM
LORBRENA TAB 25MG (<i>lorlatinib tab 25 mg</i>)	5	PA; QL; SP; 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; SP; Maximum of 40ml per day; CM
MEKINIST TAB 0.5MG (<i>trametinib dimethyl sulfoxide tab 0.5 mg</i>)	5	PA; QL; SP; Maximum of 2 tablets per day; CM
MEKINIST TAB 2MG (<i>trametinib dimethyl sulfoxide tab 2 mg</i>)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
<i>sorafenib tosylate tab 200 mg</i>	5	PA; QL; SP; 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 malate cap 12.5 mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM
<i>sunitinib malate cap 25 mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM
<i>sunitinib malate cap 37.5 mg</i>	5	PA; QL; SP; Maximum of 2 capsules per day; CM
<i>sunitinib malate cap 50 mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM
TAFINLAR CAP 50MG (<i>dabrafenib mesylate cap 50 mg</i>)	5	PA; QL; SP; Maximum of 4 capsules per day; CM
TAFINLAR CAP 75MG (<i>dabrafenib mesylate cap 75 mg</i>)	5	PA; QL; SP; Maximum of 4 capsules per day; CM
TAFINLAR TAB 10MG (<i>dabrafenib mesylate tab for oral susp 10 mg</i>)	5	PA; QL; SP; Maximum of 30 Tablets per day; CM
TAGRISSO TAB 40MG (<i>osimertinib mesylate tab 40 mg</i>)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
TAGRISSO TAB 80MG (<i>osimertinib mesylate tab 80 mg</i>)	5	PA; QL; SP; Maximum of 1 tablet per day; CM
TRUQAP PAK 160MG (<i>capivasertib tab therapy pack 160 mg</i>)	5	PA; QL; SP; Maximum of 1 pack (64 tablets) per 28 days; CM
TRUQAP PAK 200MG (<i>capivasertib tab therapy pack 200 mg</i>)	5	PA; QL; SP; Maximum of 1 pack (64 tablets) per 28 days; CM
TRUQAP TAB 160MG (<i>capivasertib tab 160 mg</i>)	5	PA; QL; SP; Maximum of 64 tablets per 28 days; CM
TRUQAP TAB 200MG (<i>capivasertib tab 200 mg</i>)	5	PA; QL; SP; Maximum of 64 tablets per 28 days; CM
TUKYSA TAB 150MG (<i>tucatinib tab 150 mg</i>)	5	PA; QL; SP; Maximum of 4 tablets per day; CM

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Drug name	Tier	Coverage Requirements and Limits
TUKYSA TAB 50MG (<i>tucatinib tab 50 mg</i>)	5	PA; QL; SP; Maximum of 12 tablets per day; CM
TURALIO CAP 125MG (<i>pexidartinib hcl cap 125 mg</i>)	5	PA; QL; SP; Maximum of 4 capsules per day; CM
VENCLEXTA TAB 100MG (<i>venetoclax tab 100 mg</i>)	5	PA; QL; SP; Maximum of 6 tablets per day; CM
VENCLEXTA TAB 10MG (<i>venetoclax tab 10 mg</i>)	5	PA; QL; SP; Maximum of 2 tablets per day; CM
VENCLEXTA TAB 50MG (<i>venetoclax tab 50 mg</i>)	5	PA; QL; SP; 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; SP; Maximum of 42 tablets per year; CM
VITRAKVI CAP 100MG (<i>larotrectinib sulfate cap 100 mg</i>)	5	PA; QL; SP; Maximum of 4 capsules per day; CM
VITRAKVI CAP 25MG (<i>larotrectinib sulfate cap 25 mg</i>)	5	PA; QL; SP; Maximum of 6 capsules per day; CM
VITRAKVI SOL 20MG/ML (<i>larotrectinib sulfate oral soln 20 mg/ml</i>)	5	PA; QL; SP; Maximum of 20 ml per day; CM
XOSPATA TAB 40MG (<i>gilteritinib fumarate tablet 40 mg</i>)	5	PA; QL; SP; 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 75 mg</i>	5	SP; CM
<i>bexarotene gel 1%</i>	5	QL; SP; Maximum of 60 grams per 30 days.
<i>tretinoin cap 10 mg</i>	5	QL; SP; Maximum of 9 capsules per day; CM
Treatment Adjuncts		
MESNA TAB 400MG (<i>mesna tab 400 mg</i>)	5	SP
Antiparasitics		
Anthelmintics		
<i>albendazole tab 200 mg</i>	4	QL; Maximum of 16 tablets per day.
<i>ivermectin lotion 0.5%</i>	4	QL; Maximum of 117 grams per 30 days.
<i>ivermectin tab 3 mg</i>	2	PA; QL; Maximum of 20 tablets per 90 days.
<i>praziquantel tab 600 mg</i>	4	
Antiprotozoals		
ALINIA SUS 100/5ML (<i>nitazoxanide for susp 100 mg/5ml</i>)	3	QL; Maximum of 2 ml per day.
<i>atovaquone susp 750 mg/5ml</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	3	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	3	
<i>benznidazole tab 100 mg</i>	3	QL; Maximum of 4 tablets per day.
<i>benznidazole tab 12.5 mg</i>	3	QL; Maximum of 12 tablets per day.
<i>chloroquine phosphate tab 250 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>chloroquine phosphate tab 500 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>hydroxychloroquine sulfate tab 100 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	QL; Maximum of 3 tablets per day.

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<i>mefloquine hcl tab 250 mg</i>	2	
<i>nitazoxanide tab 500 mg</i>	3	QL; Maximum of 6 tablets per 30 days.
<i>pentamidine isethionate for nebulization soln 300 mg</i>	3	QL; Maximum of 1 vial (300 mg) per 28 days.
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	
<i>pyrimethamine tab 25 mg</i>	5	PA; SP
<i>quinine sulfate cap 324 mg</i>	3	
Pediculicides/Scabicides		
<i>CROTAN LOT 10% (crotamiton lotion 10%)</i>	4	
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	2	
<i>spinosad susp 0.9%</i>	4	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tab 0.5 mg</i>	2	
<i>benztropine mesylate tab 1 mg</i>	2	
<i>benztropine mesylate tab 2 mg</i>	2	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl tab 2 mg</i>	2	
<i>trihexyphenidyl hcl tab 5 mg</i>	2	
Antiparkinson Agents, Other		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	
<i>entacapone tab 200 mg</i>	3	
<i>tolcapone tab 100 mg</i>	4	QL; Maximum of 6 tablets per day.
Dopamine Agonists		
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	5	QL; SP; Maximum of 3 ml per day.
<i>bromocriptine mesylate cap 5 mg</i>	4	
<i>bromocriptine mesylate tab 2.5 mg</i>	3	
<i>NEUPRO DIS 2MG/24HR (rotigotine td patch 24hr 2 mg/24hr)</i>	4	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab 1 mg</i>	2	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	

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Drug name	Tier	Coverage Requirements and Limits
<i>ropinirole hydrochloride tab 5 mg</i>	2	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	3	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	3	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	3	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa tab 25 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 375-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
DUOPA SUS 4.63-20 (<i>carbidopa-levodopa enteral susp 4.63-20 mg/ml</i>)	5	PA; SP
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tab 0.5 mg</i>	4	
<i>rasagiline mesylate tab 1 mg</i>	4	
<i>selegiline hcl cap 5 mg</i>	3	
<i>selegiline hcl tab 5 mg</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tab 10 mg</i>	2	
<i>chlorpromazine hcl tab 100 mg</i>	2	
<i>chlorpromazine hcl tab 200 mg</i>	2	
<i>chlorpromazine hcl tab 25 mg</i>	2	
<i>chlorpromazine hcl tab 50 mg</i>	2	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	3	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	3	
<i>fluphenazine hcl tab 1 mg</i>	3	
<i>fluphenazine hcl tab 10 mg</i>	3	
<i>fluphenazine hcl tab 2.5 mg</i>	3	
<i>fluphenazine hcl tab 5 mg</i>	3	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	2	
<i>haloperidol tab 1 mg</i>	2	
<i>haloperidol tab 10 mg</i>	2	
<i>haloperidol tab 2 mg</i>	2	
<i>haloperidol tab 20 mg</i>	2	
<i>haloperidol tab 5 mg</i>	2	

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<i>loxapine succinate cap 10 mg</i>	2	
<i>loxapine succinate cap 25 mg</i>	2	
<i>loxapine succinate cap 5 mg</i>	2	
<i>loxapine succinate cap 50 mg</i>	2	
<i>pimozide tab 1 mg</i>	3	
<i>pimozide tab 2 mg</i>	3	
<i>thioridazine hcl tab 10 mg</i>	2	
<i>thioridazine hcl tab 100 mg</i>	2	
<i>thioridazine hcl tab 25 mg</i>	2	
<i>thioridazine hcl tab 50 mg</i>	2	
<i>thiothixene cap 1 mg</i>	2	
<i>thiothixene cap 10 mg</i>	2	
<i>thiothixene cap 2 mg</i>	2	
<i>thiothixene cap 5 mg</i>	2	
<i>trifluoperazine hcl tab 1 mg</i>	2	
<i>trifluoperazine hcl tab 10 mg</i>	2	
<i>trifluoperazine hcl tab 2 mg</i>	2	
<i>trifluoperazine hcl tab 5 mg</i>	2	
2nd Generation/Atypical		
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL; Maximum of 25 ml per day.
<i>aripiprazole tab 10 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>aripiprazole tab 15 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>aripiprazole tab 2 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>aripiprazole tab 20 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>aripiprazole tab 30 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>aripiprazole tab 5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>asenapine maleate sl tab 10 mg</i>	4	QL; Maximum of 2 tablets per day.
<i>asenapine maleate sl tab 2.5 mg</i>	4	QL; Maximum of 2 tablets per day.
<i>asenapine maleate sl tab 5 mg</i>	4	QL; Maximum of 2 tablets per day.
<i>lurasidone hcl tab 120 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>lurasidone hcl tab 20 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>lurasidone hcl tab 40 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>lurasidone hcl tab 60 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>lurasidone hcl tab 80 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>olanzapine orally disintegrating tab 10 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>olanzapine orally disintegrating tab 15 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>olanzapine orally disintegrating tab 20 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>olanzapine orally disintegrating tab 5 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>olanzapine tab 10 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>olanzapine tab 15 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>olanzapine tab 2.5 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>olanzapine tab 20 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>olanzapine tab 5 mg</i>	2	QL; Maximum of 2 tablets per day.

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<i>olanzapine tab 7.5 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>paliperidone tab er 24hr 1.5 mg</i>	4	QL; Maximum of 1 tablet per day.
<i>paliperidone tab er 24hr 3 mg</i>	4	QL; Maximum of 1 tablet per day.
<i>paliperidone tab er 24hr 6 mg</i>	4	QL; Maximum of 2 tablets per day.
<i>paliperidone tab er 24hr 9 mg</i>	4	QL; Maximum of 1 tablet per day.
<i>quetiapine fumarate tab 100 mg</i>	2	QL; Maximum of 3 tablets per day.
<i>quetiapine fumarate tab 150 mg</i>	2	QL; Maximum of 3 tablets per day.
<i>quetiapine fumarate tab 200 mg</i>	2	QL; Maximum of 3 tablets per day.
<i>quetiapine fumarate tab 25 mg</i>	2	QL; Maximum of 4 tablets per day.
<i>quetiapine fumarate tab 300 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>quetiapine fumarate tab 400 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>quetiapine fumarate tab 50 mg</i>	2	QL; Maximum of 3 tablets per day.
<i>quetiapine fumarate tab er 24hr 150 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>quetiapine fumarate tab er 24hr 200 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>quetiapine fumarate tab er 24hr 300 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>quetiapine fumarate tab er 24hr 400 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>quetiapine fumarate tab er 24hr 50 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>risperidone orally disintegrating tab 0.25 mg</i>	3	
<i>risperidone orally disintegrating tab 0.5 mg</i>	3	
<i>risperidone orally disintegrating tab 1 mg</i>	3	
<i>risperidone orally disintegrating tab 2 mg</i>	3	
<i>risperidone orally disintegrating tab 3 mg</i>	3	
<i>risperidone orally disintegrating tab 4 mg</i>	3	
<i>risperidone soln 1 mg/ml</i>	2	
<i>risperidone tab 0.25 mg</i>	2	
<i>risperidone tab 0.5 mg</i>	2	
<i>risperidone tab 1 mg</i>	2	
<i>risperidone tab 2 mg</i>	2	
<i>risperidone tab 3 mg</i>	2	
<i>risperidone tab 4 mg</i>	2	
VRAYLAR CAP 1.5-3MG (<i>cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)</i>)	4	PA; QL; Maximum of 7 capsules per year.
VRAYLAR CAP 1.5MG (<i>cariprazine hcl cap 1.5 mg</i>)	4	PA; QL; Maximum of 1 capsule per day.
VRAYLAR CAP 3MG (<i>cariprazine hcl cap 3 mg</i>)	4	PA; QL; Maximum of 1 capsule per day.
VRAYLAR CAP 4.5MG (<i>cariprazine hcl cap 4.5 mg</i>)	4	PA; QL; Maximum of 1 capsule per day.
VRAYLAR CAP 6MG (<i>cariprazine hcl cap 6 mg</i>)	4	PA; QL; Maximum of 1 capsule per day.
<i>ziprasidone hcl cap 20 mg</i>	3	QL; Maximum of 2 capsules per day.
<i>ziprasidone hcl cap 40 mg</i>	3	QL; Maximum of 2 capsules per day.
<i>ziprasidone hcl cap 60 mg</i>	3	QL; Maximum of 2 capsules per day.
<i>ziprasidone hcl cap 80 mg</i>	3	QL; Maximum of 2 capsules per day.
Treatment-Resistant		
<i>clozapine orally disintegrating tab 100 mg</i>	4	QL; Maximum of 9 tablets per day.
<i>clozapine orally disintegrating tab 12.5 mg</i>	4	QL; Maximum of 2 tablets per day.

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clozapine orally disintegrating tab 150 mg	4	QL; Maximum of 6 tablets per day.
clozapine orally disintegrating tab 200 mg	4	QL; Maximum of 4 tablets per day.
clozapine orally disintegrating tab 25 mg	4	QL; Maximum of 3 tablets per day.
clozapine tab 100 mg	2	
clozapine tab 200 mg	2	
clozapine tab 25 mg	2	
clozapine tab 50 mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
valganciclovir hcl for soln 50 mg/ml	4	QL; Maximum of 36 ml per day.
valganciclovir hcl tab 450 mg	2	QL; Maximum of 4 tablets per day.
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil tab 10 mg	5	
BARACLUDE SOL (<i>entecavir oral soln 0.05 mg/ml</i>)	5	
entecavir tab 0.5 mg	3	
entecavir tab 1 mg	3	
lamivudine tab 100 mg (hbv)	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		
ledipasvir-sofosbuvir tab 90-400 mg	4	PA; QL; SP; Maximum of 1 tablet per day.
MAVYRET PAK 50-20MG (<i>glecaprevir-pibrentasvir pellet pack 50-20 mg</i>)	4	PA; QL; SP; Maximum of 5 packs per day.
MAVYRET TAB 100-40MG (<i>glecaprevir-pibrentasvir tab 100-40 mg</i>)	4	PA; QL; SP; Maximum of 3 tablets per day.
PEGASYS INJ (<i>peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml</i>)	5	PA; QL; SP; Maximum of 2 ml per 28 days.
PEGASYS INJ 180MCG/M (<i>peginterferon alfa-2a inj 180 mcg/ml</i>)	5	PA; QL; SP; Maximum of 4 ml per 28 days.
ribavirin cap 200 mg	3	
ribavirin tab 200 mg	3	
sofosbuvir-velpatasvir tab 400-100 mg	4	PA; QL; SP; Maximum of 1 tablet per day.
SOVALDI PAK 150MG (<i>sofosbuvir pellet pack 150 mg</i>)	5	PA; QL; SP; Maximum of 1 carton (28 packets) per 28 days.
SOVALDI PAK 200MG (<i>sofosbuvir pellet pack 200 mg</i>)	5	PA; QL; SP; Maximum of 2 cartons (56 packets) per 28 days.
SOVALDI TAB 200MG (<i>sofosbuvir tab 200 mg</i>)	5	PA; QL; SP; Maximum of 2 tablets per day.
SOVALDI TAB 400MG (<i>sofosbuvir tab 400 mg</i>)	5	PA; QL; SP; Maximum of 1 tablet per day.
ZEPATIER TAB 50-100MG (<i>elbasvir-grazoprevir tab 50-100 mg</i>)	5	PA; QL; SP; Maximum of 1 tablet per day.
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
DOVATO TAB 50-300MG (<i>dolutegravir sodium-lamivudine tab 50-300 mg (base eq</i>	4	QL; Maximum of 1 tablet per day. SM
GENVOYA TAB (<i>elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg</i>)	4	QL; Maximum of 1 tablet per day. SM
ISENTRESS POW 100MG (<i>raltegravir potassium packet for susp 100 mg</i>)	4	QL; Maximum of 2 packets 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 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

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Drug name	Tier	Coverage Requirements and Limits
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
EDURANT PED TAB 2.5MG (<i>rilpivirine hcl tab for oral susp 2.5 mg</i>)	4	QL; Maximum of 6 tablets per day. SM
EDURANT TAB 25MG (<i>rilpivirine hcl tab 25 mg</i>)	4	QL; Maximum of 1 tablet per day. SM
<i>efavirenz cap 200 mg</i>	2	QL; Maximum of 3 capsules per day. SM
<i>efavirenz cap 50 mg</i>	2	QL; Maximum of 3 capsules per day. SM
<i>efavirenz tab 600 mg</i>	2	QL; Maximum of 1 tablet per day. SM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	QL; Maximum of 1 tablet per day. SM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	3	QL; Maximum of 1 tablet per day. SM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	QL; Maximum of 1 tablet per day. SM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	4	QL; Maximum of 1 tablet per day. SM
<i>etravirine tab 100 mg</i>	4	QL; Maximum of 2 tablets per day. SM
<i>etravirine tab 200 mg</i>	4	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 susp 50 mg/5ml</i>	2	QL; Maximum of 40 ml per day. SM
<i>nevirapine tab 200 mg</i>	2	QL; Maximum of 2 tablets per day. SM
<i>nevirapine tab er 24hr 100 mg</i>	2	QL; Maximum of 2 tablets per day. SM
<i>nevirapine tab er 24hr 400 mg</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
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate soln 20 mg/ml</i>	3	QL; Maximum of 32 ml per day. SM
<i>abacavir sulfate tab 300 mg</i>	2	QL; Maximum of 2 tablets per day. SM
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	QL; Maximum of 1 tablet 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
DESCOVY TAB 200/25MG (<i>emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg</i>)	4	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.;Maximum of 1 tablet per day. SM
<i>emtricitabine caps 200 mg</i>	3	QL; Maximum of 1 capsule per day. SM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	QL; Maximum of 1 tablet per day. SM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	2	QL; Maximum of 1 tablet per day. SM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	QL; Maximum of 1 tablet per day. SM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.;Maximum of 1 tablet per day. SM
<i>lamivudine oral soln 10 mg/ml</i>	2	QL; Maximum of 32 ml per day. SM
<i>lamivudine oral soln 10 mg/ml</i>	2	QL; Maximum of 32 ml per day. SM
<i>lamivudine tab 150 mg</i>	2	QL; Maximum of 2 tablets per day. SM
<i>lamivudine tab 300 mg</i>	2	QL; Maximum of 1 tablet per day. SM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	QL; Maximum of 2 tablets per day. SM

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Drug name	Tier	Coverage Requirements and Limits
tenofovir disoproxil fumarate tab 300 mg	2	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.;Maximum of 1 tablet per day. SM
zidovudine cap 100 mg	2	QL; Maximum of 6 capsules per day. SM
zidovudine syrup 10 mg/ml	2	QL; Maximum of 64 ml per day. SM
zidovudine tab 300 mg	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 150 mg	2	QL; Maximum of 2 tablets per day. SM
maraviroc tab 300 mg	2	QL; Maximum of 4 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 25MG (maraviroc tab 25 mg)	4	QL; Maximum of 4 tablets per day. SM
SELZENTRY TAB 75MG (maraviroc tab 75 mg)	4	QL; Maximum of 2 tablets per day. SM
Anti-HIV Agents, Protease Inhibitors		
APTIVUS CAP 250MG (tipranavir cap 250 mg)	4	QL; Maximum of 4 capsules per day. SM
atazanavir sulfate cap 150 mg	2	QL; Maximum of 1 capsule per day. SM
atazanavir sulfate cap 200 mg	2	QL; Maximum of 2 capsules per day. SM
atazanavir sulfate cap 300 mg	2	QL; Maximum of 1 capsule per day. SM
darunavir tab 600 mg	2	QL; Maximum of 2 tablets per day. SM
darunavir tab 800 mg	2	QL; Maximum of 1 tablet per day. SM
EVOTAZ TAB 300-150 (atazanavir sulfate-cobicistat tab 300-150 mg)	4	QL; Maximum of 1 tablet per day. SM
fosamprenavir calcium tab 700 mg	4	QL; Maximum of 4 tablets per day. SM
LEXIVA SUS 50MG/ML (fosamprenavir calcium susp 50 mg/ml)	4	QL; Maximum of 60 ml per day. SM
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	2	QL; Maximum of 2 bottles (320 ml) per 30 days. SM
lopinavir-ritonavir tab 100-25 mg	2	QL; Maximum of 2 tablets per day. SM
lopinavir-ritonavir tab 200-50 mg	2	QL; Maximum of 4 tablets per day. SM
NORVIR POW 100MG (ritonavir powder packet 100 mg)	4	QL; Maximum of 12 packets per day. SM
PREZCOBIX TAB 675/150 (darunavir-cobicistat tab 675-150 mg)	4	QL; Maximum of 1 tablet per day. SM
PREZCOBIX TAB 800-150 (darunavir-cobicistat tab 800-150 mg)	4	QL; Maximum of 1 tablet per day. SM
PREZISTA SUS 100MG/ML (darunavir oral susp 100 mg/ml)	4	QL; Maximum of 2 bottles (400 ml) per 30 days. SM
REYATAZ POW 50MG (atazanavir sulfate oral powder packet 50 mg)	4	QL; Maximum of 6 packets per day. SM
ritonavir tab 100 mg	2	QL; Maximum of 12 tablets per day. SM
VIRACEPT TAB 250MG (nelfinavir mesylate tab 250 mg)	4	QL; Maximum of 10 tablets per day. SM
VIRACEPT TAB 625MG (nelfinavir mesylate tab 625 mg)	4	QL; Maximum of 4 tablets per day. SM
Anti-influenza Agents		
oseltamivir phosphate cap 30 mg	2	QL; Maximum of 2 capsules per day.
oseltamivir phosphate cap 45 mg	2	QL; Maximum of 2 capsules per day.
oseltamivir phosphate cap 75 mg	2	QL; Maximum of 2 capsules per day.
oseltamivir phosphate for susp 6 mg/ml	2	QL; Maximum of 26 ml per day.
RELENZA MIS DISKHALE (zanamivir aerosol powder breath activated 5 mg/act)	4	QL; Maximum of 3 inhalers (60 blisters) per 30 days.

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<i>rimantadine hydrochloride tab 100 mg</i>	3	
Antitherpetic Agents		
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir oint 5%</i>	3	QL; Maximum of 1 tube (30 grams) per 30 days.
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>famciclovir tab 125 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>famciclovir tab 250 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>famciclovir tab 500 mg</i>	2	QL; Maximum of 3 tablets per day.
<i>valacyclovir hcl tab 1 gm</i>	2	QL; Maximum of 4 tablets per day.
<i>valacyclovir hcl tab 500 mg</i>	2	QL; Maximum of 2 tablets per day.
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tab 10 mg</i>	2	
<i>buspirone hcl tab 15 mg</i>	2	
<i>buspirone hcl tab 30 mg</i>	2	
<i>buspirone hcl tab 5 mg</i>	2	
<i>buspirone hcl tab 7.5 mg</i>	2	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	
<i>hydroxyzine hcl tab 10 mg</i>	2	
<i>hydroxyzine hcl tab 25 mg</i>	2	
<i>hydroxyzine hcl tab 50 mg</i>	2	
<i>hydroxyzine pamoate cap 100 mg</i>	2	
<i>hydroxyzine pamoate cap 25 mg</i>	2	
<i>hydroxyzine pamoate cap 50 mg</i>	2	
<i>meprobamate tab 200 mg</i>	4	
<i>meprobamate tab 400 mg</i>	4	
Benzodiazepines		
<i>alprazolam conc 1 mg/ml</i>	3	QL; Maximum of 10 ml per day.
<i>alprazolam orally disintegrating tab 0.25 mg</i>	3	QL; Maximum of 4 tablets per day.
<i>alprazolam orally disintegrating tab 0.5 mg</i>	3	QL; Maximum of 4 tablets per day.
<i>alprazolam orally disintegrating tab 1 mg</i>	3	QL; Maximum of 4 tablets per day.
<i>alprazolam orally disintegrating tab 2 mg</i>	3	QL; Maximum of 5 tablets per day.
<i>alprazolam tab 0.25 mg</i>	2	QL; Maximum of 4 tablets per day.
<i>alprazolam tab 0.5 mg</i>	2	QL; Maximum of 4 tablets per day.
<i>alprazolam tab 1 mg</i>	2	QL; Maximum of 4 tablets per day.
<i>alprazolam tab 2 mg</i>	2	QL; Maximum of 5 tablets per day.
<i>alprazolam tab er 24hr 0.5 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>alprazolam tab er 24hr 1 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>alprazolam tab er 24hr 2 mg</i>	3	QL; Maximum of 5 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
<i>alprazolam tab er 24hr 3 mg</i>	3	QL; Maximum of 3 tablets per day.
<i>chlordiazepoxide hcl cap 10 mg</i>	2	
<i>chlordiazepoxide hcl cap 25 mg</i>	2	
<i>chlordiazepoxide hcl cap 5 mg</i>	2	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	3	QL; Maximum of 4 tablets per day.
<i>clonazepam orally disintegrating tab 0.25 mg</i>	3	QL; Maximum of 4 tablets per day.
<i>clonazepam orally disintegrating tab 0.5 mg</i>	3	QL; Maximum of 4 tablets per day.
<i>clonazepam orally disintegrating tab 1 mg</i>	3	QL; Maximum of 4 tablets per day.
<i>clonazepam orally disintegrating tab 2 mg</i>	3	QL; Maximum of 10 tablets per day.
<i>clonazepam tab 0.5 mg</i>	2	QL; Maximum of 4 tablets per day.
<i>clonazepam tab 1 mg</i>	2	QL; Maximum of 4 tablets per day.
<i>clonazepam tab 2 mg</i>	2	QL; Maximum of 10 tablets per day.
<i>clorazepate dipotassium tab 15 mg</i>	3	QL; Maximum of 6 tablets per day.
<i>clorazepate dipotassium tab 3.75 mg</i>	3	QL; Maximum of 24 tablets per day.
<i>clorazepate dipotassium tab 7.5 mg</i>	3	QL; Maximum of 12 tablets per day.
<i>diazepam conc 5 mg/ml</i>	2	QL; Maximum of 8 ml per day.
<i>diazepam conc 5 mg/ml</i>	2	QL; Maximum of 8 ml per day.
<i>diazepam oral soln 1 mg/ml</i>	2	
<i>diazepam tab 10 mg</i>	2	QL; Maximum of 4 tablets per day.
<i>diazepam tab 2 mg</i>	2	QL; Maximum of 4 tablets per day.
<i>diazepam tab 5 mg</i>	2	QL; Maximum of 4 tablets per day.
<i>estazolam tab 1 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>estazolam tab 2 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>lorazepam conc 2 mg/ml</i>	2	QL; Maximum of 5 ml per day.
<i>lorazepam tab 0.5 mg</i>	2	QL; Maximum of 4 tablets per day.
<i>lorazepam tab 1 mg</i>	2	QL; Maximum of 4 tablets per day.
<i>lorazepam tab 2 mg</i>	2	QL; Maximum of 5 tablets per day.
<i>oxazepam cap 10 mg</i>	2	
<i>oxazepam cap 15 mg</i>	2	
<i>oxazepam cap 30 mg</i>	2	
<i>quazepam tab 15 mg</i>	4	
<i>triazolam tab 0.125 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>triazolam tab 0.25 mg</i>	2	QL; Maximum of 2 tablets per day.
Benzodiazepines		
<i>alprazolam tab er 24hr 0.5 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>alprazolam tab er 24hr 1 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>alprazolam tab er 24hr 2 mg</i>	3	QL; Maximum of 5 tablets per day.
<i>alprazolam tab er 24hr 3 mg</i>	3	QL; Maximum of 3 tablets per day.
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate cap 150 mg</i>	2	
<i>lithium carbonate cap 300 mg</i>	2	
<i>lithium carbonate cap 600 mg</i>	2	

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Drug name	Tier	Coverage Requirements and Limits
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	2	
Blood Glucose Monitoring		
Blood Glucose Monitoring		
<i>*lancet devices***</i>	1	
<i>*lancets***</i>	1	
ACCU-CHEK KIT GUIDE (<i>*blood glucose monitoring kit w/ device***</i>)	3	QL; Maximum of 1 device per year.
ACCU-CHEK KIT GUIDE ME (<i>*blood glucose monitoring kit w/ device***</i>)	3	QL; Maximum of 1 device per year.
AUTOPEN MIS 1-21UNIT (<i>injection device for insulin</i>)	1	
CONTOUR NEXT KIT ONE (<i>*blood glucose monitoring kit***</i>)	1	QL; Maximum of 1 device per year.
IHEALTH LIQ CONTROL (<i>*blood glucose calibration - liquid***</i>)	1	QL; Maximum of 2 boxes per year.
PRODIGY AUTO KIT MONITOR (<i>*blood glucose monitoring kit w/ device***</i>)	4	PA; QL; Maximum of 1 device per year.
PRODIGY AUTO MIS SYSTEM (<i>*blood glucose monitoring devices***</i>)	4	PA; QL; Maximum of 1 device per year.
PRODIGY KIT NO CODIN (<i>*blood glucose monitoring kit w/ device***</i>)	4	PA; QL; Maximum of 1 device per year.
PRODIGY NO TES CODING (<i>glucose blood test strip</i>)	4	PA; QL; Maximum of 100 strips per month.
PRODIGY PCKT KIT METER (<i>*blood glucose monitoring kit w/ device***</i>)	4	PA; QL; Maximum of 1 device per year.
PRODIGY VOIC KIT METER (<i>*blood glucose monitoring kit w/ device***</i>)	4	PA; QL; Maximum of 1 device per year.
SELECT-LITE KIT DEV/LANC (<i>*lancets kit***</i>)	1	QL; Maximum of 1 device per year.
TRUE METRIX SOL LEVEL 1 (<i>*blood glucose calibration - liquid - low***</i>)	1	QL; Maximum of 2 boxes per year.
TRUE METRIX SOL LEVEL 2 (<i>*blood glucose calibration - liquid - normal***</i>)	1	QL; Maximum of 2 boxes per year.
TRUE METRIX SOL LEVEL 3 (<i>*blood glucose calibration - liquid - high***</i>)	1	QL; Maximum of 2 boxes per year.
Insulins		
NOVOPEN ECHO MIS (<i>injection device for insulin</i>)	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tab 100 mg</i>	2	QL; Maximum of 3 tablets per day.
<i>acarbose tab 25 mg</i>	2	QL; Maximum of 12 tablets per day.
<i>acarbose tab 50 mg</i>	2	QL; Maximum of 6 tablets per day.
BYDUREON BC INJ 2/0.85ML (<i>exenatide extended release susp auto-injector 2 mg/0.85ml</i>)	3	PA; QL; Maximum of 4 pens (3.4 ml) per 28 days.
FARXIGA TAB 10MG (<i>dapagliflozin propanediol tab 10 mg</i>)	3	QL; Maximum of 1 tablet per day.
FARXIGA TAB 5MG (<i>dapagliflozin propanediol tab 5 mg</i>)	3	QL; Maximum of 1 tablet per day.
<i>glimepiride tab 1 mg</i>	1	QL; Maximum of 8 tablets per day.
<i>glimepiride tab 2 mg</i>	1	QL; Maximum of 4 tablets per day.
<i>glimepiride tab 4 mg</i>	1	QL; Maximum of 2 tablets per day.
<i>glipizide tab 10 mg</i>	1	QL; Maximum of 4 tablets per day.
<i>glipizide tab 2.5 mg</i>	1	QL; Maximum of 8 tablets per day.
<i>glipizide tab 5 mg</i>	1	QL; Maximum of 8 tablets per day.
<i>glipizide tab er 24hr 10 mg</i>	1	QL; Maximum of 2 tablets per day.
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL; Maximum of 8 tablets per day.
<i>glipizide tab er 24hr 5 mg</i>	1	QL; Maximum of 4 tablets per day.
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	3	QL; Maximum of 8 tablets per day.

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<i>glipizide-metformin hcl tab 2.5-250 mg</i>	3	QL; Maximum of 8 tablets per day.
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	3	QL; Maximum of 4 tablets per day.
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	3	QL; Maximum of 4 tablets per day.
<i>glipizide-metformin hcl tab 5-500 mg</i>	3	QL; Maximum of 4 tablets per day.
<i>glyburide micronized tab 1.5 mg</i>	2	QL; Maximum of 8 tablets per day.
<i>glyburide micronized tab 3 mg</i>	2	QL; Maximum of 4 tablets per day.
<i>glyburide micronized tab 6 mg</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.
<i>glyburide-metformin tab 1.25-250 mg</i>	2	QL; Maximum of 8 tablets per day.
<i>glyburide-metformin tab 2.5-500 mg</i>	2	QL; Maximum of 4 tablets per day.
<i>glyburide-metformin tab 5-500 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.
<i>metformin hcl oral soln 500 mg/5ml</i>	4	QL; Maximum of 25.5 ml per day.
<i>metformin hcl tab 1000 mg</i>	1	QL; Maximum of 2.5 tablets per day.
<i>metformin hcl tab 500 mg</i>	1	QL; Maximum of 5 tablets per day.
<i>metformin hcl tab 850 mg</i>	1	QL; Maximum of 3 tablets per day.
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL; Maximum of 4 tablets per day.
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL; Maximum of 2 tablets per day.
<i>miglitol tab 100 mg</i>	3	QL; Maximum of 3 tablets per day.
<i>miglitol tab 25 mg</i>	3	QL; Maximum of 12 tablets per day.
<i>miglitol tab 50 mg</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.
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 120 mg</i>	3	QL; Maximum of 3 tablets per day.
<i>nateglinide tab 60 mg</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.
<i>pioglitazone hcl tab 15 mg</i>	1	QL; Maximum of 3 tablets per day.
<i>pioglitazone hcl tab 30 mg</i>	1	QL; Maximum of 1 tablet per day.
<i>pioglitazone hcl tab 45 mg</i>	1	QL; Maximum of 1 tablet per day.
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	3	QL; Maximum of 3 tablets per day.

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pioglitazone hcl-metformin hcl tab 15-850 mg	3	QL; Maximum of 3 tablets per day.
repaglinide tab 0.5 mg	2	QL; Maximum of 32 tablets per day.
repaglinide tab 1 mg	2	QL; Maximum of 16 tablets per day.
repaglinide tab 2 mg	2	QL; Maximum of 8 tablets per day.
RYBELSUS TAB 14MG (semaglutide tab 14 mg)	3	PA; QL; Maximum of 1 tablet per day.
RYBELSUS TAB 3MG (semaglutide tab 3 mg)	3	PA; QL; Maximum of 1 tablet per day.
RYBELSUS TAB 7MG (semaglutide tab 7 mg)	3	PA; QL; Maximum of 1 tablet per day.
saxagliptin hcl tab 2.5 mg	3	QL; Maximum of 1 tablet per day.
saxagliptin hcl tab 5 mg	3	QL; Maximum of 1 tablet per day.
SYNJARDY TAB (empagliflozin-metformin hcl tab 12.5-1000 mg)	3	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 12.5-500 (empagliflozin-metformin hcl tab 12.5-500 mg)	3	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 5-1000MG (empagliflozin-metformin hcl tab 5-1000 mg)	3	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 5-500MG (empagliflozin-metformin hcl tab 5-500 mg)	3	QL; Maximum of 2 tablets per day.
SYNJARDY XR TAB (empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg)	3	QL; Maximum of 2 tablets per day.
SYNJARDY XR TAB 10-1000 (empagliflozin-metformin hcl tab er 24hr 10-1000 mg)	3	QL; Maximum of 1 tablet per day.
SYNJARDY XR TAB 25-1000 (empagliflozin-metformin hcl tab er 24hr 25-1000 mg)	3	QL; Maximum of 1 tablet per day.
SYNJARDY XR TAB 5-1000MG (empagliflozin-metformin hcl tab er 24hr 5-1000 mg)	3	QL; Maximum of 2 tablets per day.
TRULICITY INJ 0.75/0.5 (dulaglutide soln auto-injector 0.75 mg/0.5ml)	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
TRULICITY INJ 1.5/0.5 (dulaglutide soln auto-injector 1.5 mg/0.5ml)	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
TRULICITY INJ 3/0.5 (dulaglutide soln auto-injector 3 mg/0.5ml)	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
TRULICITY INJ 4.5/0.5 (dulaglutide soln auto-injector 4.5 mg/0.5ml)	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
XIGDUO XR TAB 10-1000 (dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg)	3	QL; Maximum of 1 tablet per day.
XIGDUO XR TAB 10-500MG (dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg)	3	QL; Maximum of 1 tablet per day.
XIGDUO XR TAB 2.5-1000 (dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg)	3	QL; Maximum of 2 tablets per day.
XIGDUO XR TAB 5-1000MG (dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg)	3	QL; Maximum of 2 tablets per day.
XIGDUO XR TAB 5-500MG (dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg)	3	QL; Maximum of 1 tablet per day.
Glycemic Agents		
BAQSIMI ONE POW 3MG/DOSE (glucagon nasal powder 3 mg/dose)	1	QL; Maximum of 2 intranasal devices per month.
BAQSIMI TWO POW 3MG/DOSE (glucagon nasal powder 3 mg/dose)	1	QL; Maximum of 2 intranasal devices per month.
diazoxide susp 50 mg/ml	4	
glucagon (rdna) for inj kit 1 mg	1	QL; Maximum of 2 devices per month.
GLUCAGON EMR SOL 1MG (glucagon hcl for inj 1 mg)	1	QL; Maximum of 2 kits per 30 days.
GVOKE HYPO 1 INJ 0.5/.1ML (glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml)	1	QL; Maximum of 0.2 ml per 30 days.
GVOKE HYPO 1 INJ 1/0.2ML (glucagon subcutaneous solution auto-injector 1 mg/0.2ml)	1	QL; Maximum of 0.4 ml per 30 days.

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Drug name	Tier	Coverage Requirements and Limits
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		
BASAGLAR INJ 100UNIT (<i>insulin glargine soln pen-injector 100 unit/ml</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.
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.

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Drug name	Tier	Coverage Requirements and Limits
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; SM
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; SM
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	3	QL; Maximum of 2 capsules per day.
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	3	QL; Maximum of 2 capsules per day.
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</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 2.5MG (<i>apixaban tab 2.5 mg</i>)	3	QL; Maximum of 2 tablets per day.
ELIQUIS TAB 5MG (<i>apixaban tab 5 mg</i>)	3	QL; Maximum of 2 tablets per day.
<i>enoxaparin sodium inj 300 mg/3ml</i>	3	QL; Maximum of 1 vial (3 ml) per day.
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	3	QL; Maximum of 2 syringes (2 ml) per day.
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	3	QL; Maximum of 2 syringes (1.6 ml) per day.
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	3	QL; Maximum of 2 syringes (2 ml) per day.
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	3	QL; Maximum of 2 syringes (0.6 ml) per day.
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	3	QL; Maximum of 2 syringes (0.8 ml) per day.
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	3	QL; Maximum of 2 syringes (1.2 ml) per day.
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	3	QL; Maximum of 2 syringes (1.6 ml) per day.
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	3	QL; Maximum of 2 syringes (1.6 ml) per day.
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	4	QL; Maximum of 24 ml per 30 days.
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	QL; Maximum of 15 ml per 30 days.
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	4	QL; Maximum of 12 ml per 30 days.
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</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.

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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	
<i>rivaroxaban for susp 1 mg/ml</i>	3	QL; Maximum of 20 ml per day.
<i>rivaroxaban tab 2.5 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>warfarin sodium tab 1 mg</i>	2	
<i>warfarin sodium tab 1 mg</i>	2	
<i>warfarin sodium tab 10 mg</i>	2	
<i>warfarin sodium tab 10 mg</i>	2	
<i>warfarin sodium tab 2 mg</i>	2	
<i>warfarin sodium tab 2 mg</i>	2	
<i>warfarin sodium tab 2.5 mg</i>	2	
<i>warfarin sodium tab 2.5 mg</i>	2	
<i>warfarin sodium tab 3 mg</i>	2	
<i>warfarin sodium tab 3 mg</i>	2	
<i>warfarin sodium tab 4 mg</i>	2	
<i>warfarin sodium tab 4 mg</i>	2	
<i>warfarin sodium tab 5 mg</i>	2	
<i>warfarin sodium tab 5 mg</i>	2	
<i>warfarin sodium tab 6 mg</i>	2	
<i>warfarin sodium tab 6 mg</i>	2	
<i>warfarin sodium tab 7.5 mg</i>	2	
<i>warfarin sodium tab 7.5 mg</i>	2	

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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 hcl cap 0.5 mg</i>	4	
<i>anagrelide hcl cap 1 mg</i>	4	
ARANESP INJ 100MCG (<i>darbepoetin alfa soln inj 100 mcg/ml</i>)	5	QL; SP; Maximum of 2 ml per 28 days.
ARANESP INJ 100MCG (<i>darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml</i>)	5	QL; SP; Maximum of 1 ml per 28 days.
ARANESP INJ 10MCG (<i>darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml</i>)	5	QL; SP; Maximum of 1.6 ml per 28 days.
ARANESP INJ 150MCG (<i>darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml</i>)	5	QL; SP; Maximum of 0.6 ml per 28 days.
ARANESP INJ 200MCG (<i>darbepoetin alfa soln inj 200 mcg/ml</i>)	5	QL; SP; Maximum of 4 ml per 28 days.
ARANESP INJ 200MCG (<i>darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml</i>)	5	QL; SP; Maximum of 1.6 ml per 28 days.
ARANESP INJ 25MCG (<i>darbepoetin alfa soln inj 25 mcg/ml</i>)	5	QL; SP; Maximum of 4 ml per 28 days.
ARANESP INJ 25MCG (<i>darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml</i>)	5	QL; SP; Maximum of 1.68 ml per 28 days.
ARANESP INJ 300MCG (<i>darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml</i>)	5	QL; SP; Maximum of 1.2 ml per 28 days.
ARANESP INJ 40MCG (<i>darbepoetin alfa soln inj 40 mcg/ml</i>)	5	QL; SP; Maximum of 4 ml per 28 days.
ARANESP INJ 40MCG (<i>darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml</i>)	5	QL; SP; Maximum of 1.6 ml per 28 days.
ARANESP INJ 500MCG (<i>darbepoetin alfa soln prefilled syringe 500 mcg/ml</i>)	5	QL; SP; Maximum of 2 ml per 28 days.
ARANESP INJ 60MCG (<i>darbepoetin alfa soln inj 60 mcg/ml</i>)	5	QL; SP; Maximum of 4 ml per 28 days.
ARANESP INJ 60MCG (<i>darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml</i>)	5	QL; SP; Maximum of 1.2 ml per 28 days.
<i>eltrombopag olamine powder pack for susp 12.5 mg (base eq)</i>	5	PA; QL; SP; Maximum of 6 packets per day.
<i>eltrombopag olamine powder pack for susp 25 mg</i>	5	PA; QL; SP; Maximum of 6 packets per day.
<i>eltrombopag olamine tab 12.5 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day.
<i>eltrombopag olamine tab 25 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day.
<i>eltrombopag olamine tab 50 mg</i>	5	PA; QL; SP; Maximum of 2 tablets per day.
<i>eltrombopag olamine tab 75 mg</i>	5	PA; QL; SP; Maximum of 2 tablets per day.
LEUKINE INJ 250MCG (<i>sargramostim lyophilized for inj 250 mcg</i>)	5	SP
NEULASTA INJ 6MG/0.6M (<i>pegfilgrastim soln prefilled syringe 6 mg/0.6ml</i>)	5	SP
NEULASTA KIT 6MG/0.6M (<i>pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml</i>)	5	SP
<i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i>	5	SP
RETACRIT INJ 10000UNT (<i>epoetin alfa-epbx inj 10000 unit/ml</i>)	5	QL; SP; Maximum of 8 ml per 21 days.
RETACRIT INJ 20000UNI (<i>epoetin alfa-epbx inj 20000 unit/ml</i>)	5	QL; SP; Maximum of 4 ml per 21 days.
RETACRIT INJ 2000UNIT (<i>epoetin alfa-epbx inj 2000 unit/ml</i>)	5	QL; SP; Maximum of 12 ml per 21 days.
RETACRIT INJ 3000UNIT (<i>epoetin alfa-epbx inj 3000 unit/ml</i>)	5	QL; SP; Maximum of 12 ml per 21 days.

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RETACRIT INJ 40000UNT (<i>epoetin alfa-epbx inj 40000 unit/ml</i>)	5	QL; SP; Maximum of 4 ml per 21 days.
RETACRIT INJ 4000UNIT (<i>epoetin alfa-epbx inj 4000 unit/ml</i>)	5	QL; SP; Maximum of 12 ml per 21 days.
ZARXIO INJ 300/0.5 (<i>filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml</i>)	5	SP
ZARXIO INJ 480/0.8 (<i>filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml</i>)	5	SP
Hemostasis Agents		
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	4	
<i>aminocaproic acid tab 1000 mg</i>	4	
<i>aminocaproic acid tab 500 mg</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 for soln 20000 unit</i>	4	
<i>thrombin for soln 5000 unit</i>	4	
<i>thrombin for soln kit 20000 unit</i>	4	
<i>thrombin for soln kit 5000 unit</i>	4	
<i>thrombin for soln kit 5000 unit</i>	4	
<i>tranexamic acid tab 650 mg</i>	3	QL; Maximum of 6 tablets per day.
Platelet Modifying Agents		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	QL; Maximum of 2 capsules per day.
<i>cilostazol tab 100 mg</i>	2	
<i>cilostazol tab 50 mg</i>	2	
<i>clopidogrel bisulfate tab 300 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>clopidogrel bisulfate tab 75 mg</i>	2	QL; Maximum of 4 tablets per day.
<i>dipyridamole tab 25 mg</i>	2	
<i>dipyridamole tab 50 mg</i>	2	
<i>dipyridamole tab 75 mg</i>	2	
<i>prasugrel hcl tab 10 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>prasugrel hcl tab 5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>ticagrelor tab 60 mg</i>	4	QL; Maximum of 2 tablets per day.
<i>ticagrelor tab 90 mg</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 hcl tab 0.1 mg</i>	2	
<i>clonidine hcl tab 0.2 mg</i>	2	
<i>clonidine hcl tab 0.3 mg</i>	2	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	3	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	3	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	3	
<i>guanfacine hcl tab 1 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>guanfacine hcl tab 2 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>methyldopa tab 250 mg</i>	2	

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<i>methyldopa tab 500 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate tab 1 mg</i>	2	
<i>doxazosin mesylate tab 2 mg</i>	2	
<i>doxazosin mesylate tab 4 mg</i>	2	
<i>doxazosin mesylate tab 8 mg</i>	2	
<i>phenoxybenzamine hcl cap 10 mg</i>	4	
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>candesartan cilexetil tab 16 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>candesartan cilexetil tab 32 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>candesartan cilexetil tab 4 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>candesartan cilexetil tab 8 mg</i>	3	QL; Maximum of 3 tablets per day.
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>irbesartan tab 150 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>irbesartan tab 300 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>irbesartan tab 75 mg</i>	2	QL; Maximum of 3 tablets per day.
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	QL; Maximum of 1 tablet per day.
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	QL; Maximum of 1 tablet per day.
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	QL; Maximum of 2 tablets per day.
<i>losartan potassium tab 100 mg</i>	1	QL; Maximum of 1 tablet per day.
<i>losartan potassium tab 25 mg</i>	1	QL; Maximum of 2 tablets per day.
<i>losartan potassium tab 50 mg</i>	1	QL; Maximum of 2 tablets per day.
<i>olmesartan medoxomil tab 20 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>olmesartan medoxomil tab 40 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>olmesartan medoxomil tab 5 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>telmisartan tab 20 mg</i>	3	QL; Maximum of 1 tablet per day.

KEY: **CM** Orally administered anticancer medication

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QL Quantity Limit

SP..... Specialty medication

SM..... Cost share cap by state mandate applies when condition appropriate

Drug name	Tier	Coverage Requirements and Limits
<i>telmisartan tab 40 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>telmisartan tab 80 mg</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>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	2	QL; Maximum of 1 capsule per day.
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	2	QL; Maximum of 1 capsule per day.
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	2	QL; Maximum of 1 capsule per day.
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	2	QL; Maximum of 1 capsule per day.
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	2	QL; Maximum of 1 capsule per day.
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	2	QL; Maximum of 1 capsule per day.
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>benazepril hcl tab 10 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>benazepril hcl tab 20 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>benazepril hcl tab 40 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>benazepril hcl tab 5 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	3	QL; Maximum of 3 tablets per day.
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	3	QL; Maximum of 3 tablets per day.
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>captopril tab 100 mg</i>	2	QL; Maximum of 4 tablets per day.
<i>captopril tab 12.5 mg</i>	2	QL; Maximum of 3 tablets per day.
<i>captopril tab 25 mg</i>	2	QL; Maximum of 3 tablets per day.
<i>captopril tab 50 mg</i>	2	QL; Maximum of 9 tablets per day.
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>enalapril maleate tab 10 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>enalapril maleate tab 2.5 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>enalapril maleate tab 20 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>enalapril maleate tab 5 mg</i>	2	QL; Maximum of 2 tablets per day.

KEY: **CM** Orally administered anticancer medication
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Drug name	Tier	Coverage Requirements and Limits
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	3	QL; Maximum of 4 tablets per day.
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	3	QL; Maximum of 4 tablets per day.
<i>fosinopril sodium tab 10 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>fosinopril sodium tab 20 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>fosinopril sodium tab 40 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	QL; Maximum of 1 tablet per day.
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	QL; Maximum of 4 tablets per day.
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	QL; Maximum of 2 tablets per day.
<i>lisinopril tab 10 mg</i>	1	QL; Maximum of 2 tablets per day.
<i>lisinopril tab 2.5 mg</i>	1	QL; Maximum of 2 tablets per day.
<i>lisinopril tab 20 mg</i>	1	QL; Maximum of 2 tablets per day.
<i>lisinopril tab 30 mg</i>	1	QL; Maximum of 2 tablets per day.
<i>lisinopril tab 40 mg</i>	1	QL; Maximum of 2 tablets per day.
<i>lisinopril tab 5 mg</i>	1	QL; Maximum of 2 tablets per day.
<i>moexipril hcl tab 15 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>moexipril hcl tab 7.5 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>perindopril erbumine tab 4 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>perindopril erbumine tab 8 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>quinapril hcl tab 10 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>quinapril hcl tab 20 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>quinapril hcl tab 40 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>quinapril hcl tab 5 mg</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 1.25 mg</i>	2	QL; Maximum of 2 capsules per day.
<i>ramipril cap 10 mg</i>	2	QL; Maximum of 2 capsules per day.
<i>ramipril cap 2.5 mg</i>	2	QL; Maximum of 2 capsules per day.
<i>ramipril cap 5 mg</i>	2	QL; Maximum of 2 capsules per day.
<i>trandolapril tab 1 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>trandolapril tab 2 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>trandolapril tab 4 mg</i>	2	QL; Maximum of 2 tablets per day.
Antiarrhythmics		
<i>amiodarone hcl tab 100 mg</i>	2	
<i>amiodarone hcl tab 200 mg</i>	2	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>disopyramide phosphate cap 100 mg</i>	3	
<i>disopyramide phosphate cap 150 mg</i>	3	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	4	QL; Maximum of 2 capsules per day.
<i>dofetilide cap 250 mcg (0.25 mg)</i>	4	QL; Maximum of 2 capsules per day.
<i>dofetilide cap 500 mcg (0.5 mg)</i>	4	QL; Maximum of 2 capsules per day.
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	

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Drug name	Tier	Coverage Requirements and Limits
<i>flecainide acetate tab 50 mg</i>	2	
<i>mexiletine hcl cap 150 mg</i>	3	
<i>mexiletine hcl cap 200 mg</i>	3	
<i>mexiletine hcl cap 250 mg</i>	3	
MULTAQ TAB 400MG (<i>dronedarone hcl tab 400 mg</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 hcl cap er 12hr 225 mg</i>	4	
<i>propafenone hcl cap er 12hr 325 mg</i>	4	
<i>propafenone hcl cap er 12hr 425 mg</i>	4	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>quinidine gluconate tab er 324 mg</i>	2	
<i>quinidine gluconate tab er 324 mg</i>	2	
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
SOTYLIZE SOL 5MG/ML (<i>sotalol hcl oral solution 5 mg/ml</i>)	4	PA;
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol tab 100 mg</i>	2	
<i>atenolol tab 25 mg</i>	2	
<i>atenolol tab 50 mg</i>	2	
<i>betaxolol hcl tab 10 mg</i>	2	
<i>betaxolol hcl tab 20 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>bisoprolol fumarate tab 10 mg</i>	2	
<i>bisoprolol fumarate tab 2.5 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	

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Drug name	Tier	Coverage Requirements and Limits
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>labetalol hcl tab 400 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>nadolol tab 20 mg</i>	2	
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>nebivolol hcl tab 10 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>nebivolol hcl tab 2.5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>nebivolol hcl tab 20 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>nebivolol hcl tab 5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>pindolol tab 10 mg</i>	2	
<i>pindolol tab 5 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</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 besylate tab 10 mg</i>	1	
<i>amlodipine besylate tab 2.5 mg</i>	1	
<i>amlodipine besylate tab 5 mg</i>	1	

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Drug name	Tier	Coverage Requirements and Limits
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 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 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 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 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 300 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab er 24hr 120 mg</i>	3	
<i>diltiazem hcl tab er 24hr 180 mg</i>	3	
<i>diltiazem hcl tab er 24hr 180 mg</i>	3	
<i>diltiazem hcl tab er 24hr 240 mg</i>	3	
<i>diltiazem hcl tab er 24hr 240 mg</i>	3	
<i>diltiazem hcl tab er 24hr 240 mg</i>	3	
<i>diltiazem hcl tab er 24hr 300 mg</i>	3	
<i>diltiazem hcl tab er 24hr 300 mg</i>	3	

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Drug name	Tier	Coverage Requirements and Limits
<i>diltiazem hcl tab er 24hr 300 mg</i>	3	
<i>diltiazem hcl tab er 24hr 360 mg</i>	3	
<i>diltiazem hcl tab er 24hr 360 mg</i>	3	
<i>diltiazem hcl tab er 24hr 360 mg</i>	3	
<i>diltiazem hcl tab er 24hr 420 mg</i>	3	
<i>diltiazem hcl tab er 24hr 420 mg</i>	3	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>isradipine cap 2.5 mg</i>	2	
<i>isradipine cap 5 mg</i>	2	
<i>nicardipine hcl cap 20 mg</i>	3	
<i>nicardipine hcl cap 30 mg</i>	3	
<i>nifedipine cap 10 mg</i>	2	
<i>nifedipine cap 20 mg</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 30 mg</i>	4	
<i>nisoldipine tab er 24hr 17 mg</i>	3	
<i>nisoldipine tab er 24hr 20 mg</i>	3	
<i>nisoldipine tab er 24hr 25.5 mg</i>	3	
<i>nisoldipine tab er 24hr 30 mg</i>	3	
<i>nisoldipine tab er 24hr 34 mg</i>	3	
<i>nisoldipine tab er 24hr 40 mg</i>	3	
<i>nisoldipine tab er 24hr 8.5 mg</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	
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	
<i>verapamil hcl cap er 24hr 100 mg</i>	3	
<i>verapamil hcl cap er 24hr 120 mg</i>	3	
<i>verapamil hcl cap er 24hr 120 mg</i>	3	
<i>verapamil hcl cap er 24hr 180 mg</i>	3	
<i>verapamil hcl cap er 24hr 180 mg</i>	3	

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Drug name	Tier	Coverage Requirements and Limits
verapamil hcl cap er 24hr 200 mg	3	
verapamil hcl cap er 24hr 240 mg	3	
verapamil hcl cap er 24hr 240 mg	3	
verapamil hcl cap er 24hr 300 mg	3	
verapamil hcl cap er 24hr 360 mg	3	
verapamil hcl tab 120 mg	2	
verapamil hcl tab 40 mg	2	
verapamil hcl tab 80 mg	2	
verapamil hcl tab er 120 mg	2	
verapamil hcl tab er 180 mg	2	
verapamil hcl tab er 240 mg	2	
Cardiovascular Agents, Other		
amiloride & hydrochlorothiazide tab 5-50 mg	2	
CORLANOR SOL 5MG/5ML (ivabradine hcl oral soln 5 mg/5ml)	4	PA; QL; Maximum of 15 ml per day.
digoxin oral soln 0.05 mg/ml	3	
digoxin tab 125 mcg (0.125 mg)	2	
digoxin tab 250 mcg (0.25 mg)	2	
digoxin tab 62.5 mcg (0.0625 mg)	4	
ENTRESTO CAP 15-16MG (sacubitril-valsartan sprinkle cap 15-16 mg)	4	PA; QL; Maximum of 8 capsules per day.
ENTRESTO CAP 6-6MG (sacubitril-valsartan sprinkle cap 6-6 mg)	4	PA; QL; Maximum of 8 capsules per day.
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	3	QL; Maximum of 6 tablets per day.
ivabradine hcl tab 5 mg	4	PA; QL; Maximum of 2 tablets per day.
ivabradine hcl tab 7.5 mg	4	PA; QL; Maximum of 2 tablets per day.
perindopril erbumine tab 2 mg	2	QL; Maximum of 2 tablets per day.
ranolazine tab er 12hr 1000 mg	4	QL; Maximum of 2 tablets per day.
ranolazine tab er 12hr 500 mg	4	QL; Maximum of 2 tablets per day.
sacubitril-valsartan tab 24-26 mg	4	PA; QL; Maximum of 2 tablets per day.
sacubitril-valsartan tab 49-51 mg	4	PA; QL; Maximum of 2 tablets per day.
sacubitril-valsartan tab 97-103 mg	4	PA; QL; Maximum of 2 tablets per day.
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	2	
triamterene & hydrochlorothiazide tab 37.5-25 mg	2	
triamterene & hydrochlorothiazide tab 75-50 mg	2	
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide cap er 12hr 500 mg	3	
acetazolamide tab 125 mg	3	
acetazolamide tab 250 mg	3	
methazolamide tab 25 mg	4	
methazolamide tab 50 mg	4	
Diuretics, Loop		
bumetanide tab 0.5 mg	2	
bumetanide tab 1 mg	2	
bumetanide tab 2 mg	2	

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Drug name	Tier	Coverage Requirements and Limits
<i>ethacrynic acid tab 25 mg</i>	4	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>torsemide tab 10 mg</i>	2	
<i>torsemide tab 100 mg</i>	2	
<i>torsemide tab 20 mg</i>	2	
<i>torsemide tab 5 mg</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tab 5 mg</i>	2	
<i>eplerenone tab 25 mg</i>	3	
<i>eplerenone tab 50 mg</i>	3	
<i>spironolactone tab 100 mg</i>	2	SM
<i>spironolactone tab 25 mg</i>	2	SM
<i>spironolactone tab 50 mg</i>	2	SM
Diuretics, Thiazide		
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
DIURIL SUS 250/5ML (<i>chlorothiazide susp 250 mg/5ml</i>)	3	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	2	
<i>indapamide tab 2.5 mg</i>	2	
<i>metolazone tab 10 mg</i>	2	
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized cap 134 mg</i>	2	
<i>fenofibrate micronized cap 200 mg</i>	2	
<i>fenofibrate micronized cap 67 mg</i>	2	
<i>fenofibrate tab 145 mg</i>	2	
<i>fenofibrate tab 160 mg</i>	2	
<i>fenofibrate tab 48 mg</i>	2	
<i>fenofibrate tab 54 mg</i>	2	
<i>gemfibrozil tab 600 mg</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tab 10 mg</i>	1	QL; Maximum of 1 tablet per day.
<i>atorvastatin calcium tab 20 mg</i>	1	QL; Maximum of 1 tablet per day.
<i>atorvastatin calcium tab 40 mg</i>	1	QL; Maximum of 1 tablet per day.

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Drug name	Tier	Coverage Requirements and Limits
<i>atorvastatin calcium tab 80 mg</i>	1	QL; Maximum of 1 tablet per day.
<i>fluvastatin sodium cap 20 mg</i>	3	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.;Maximum of 1 capsule per day.
<i>fluvastatin sodium cap 40 mg</i>	3	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.;Maximum of 2 capsules per day.
<i>lovastatin tab 10 mg</i>	2	QL;\$0 Copay for members between ages 40 to 75 years.;Maximum of 1 tablet per day.
<i>lovastatin tab 20 mg</i>	2	QL;\$0 Copay for members between ages 40 to 75 years.;Maximum of 1 tablet per day.
<i>lovastatin tab 40 mg</i>	2	QL; \$0 Copay for members between ages 40 to 75 years.;Maximum of 2 tablets per day.
<i>pravastatin sodium tab 10 mg</i>	2	QL;\$0 Copay for members between ages 40 to 75 years.;Maximum of 1 tablet per day.
<i>pravastatin sodium tab 20 mg</i>	2	QL;\$0 Copay for members between ages 40 to 75 years.;Maximum of 1 tablet per day.
<i>pravastatin sodium tab 40 mg</i>	2	QL;\$0 Copay for members between ages 40 to 75 years.;Maximum of 1 tablet per day.
<i>pravastatin sodium tab 80 mg</i>	2	QL;\$0 Copay for members between ages 40 to 75 years.;Maximum of 1 tablet per day.
<i>rosuvastatin calcium tab 10 mg</i>	2	QL;\$0 Copay for members between ages 40 to 75 years.;Maximum of 1 tablet per day.
<i>rosuvastatin calcium tab 20 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>rosuvastatin calcium tab 40 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>rosuvastatin calcium tab 5 mg</i>	2	QL;\$0 Copay for members between ages 40 to 75 years.;Maximum of 1 tablet per day.
<i>simvastatin tab 10 mg</i>	1	QL; Maximum of 1 tablet per day.
<i>simvastatin tab 20 mg</i>	1	QL; Maximum of 1 tablet per day.
<i>simvastatin tab 40 mg</i>	1	QL; Maximum of 1 tablet per day.
<i>simvastatin tab 5 mg</i>	1	QL; Maximum of 1 tablet per day.
<i>simvastatin tab 80 mg</i>	1	QL; Maximum of 1 tablet per day.
Dyslipidemics, Other		
<i>cholestyramine light powder 4 gm/dose</i>	3	
<i>cholestyramine light powder 4 gm/dose</i>	3	
<i>cholestyramine light powder packets 4 gm</i>	3	
<i>cholestyramine light powder packets 4 gm</i>	3	
<i>cholestyramine powder 4 gm/dose</i>	3	
<i>cholestyramine powder packets 4 gm</i>	3	
<i>colesevelam hcl packet for susp 3.75 gm</i>	3	
<i>colesevelam hcl tab 625 mg</i>	3	

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Drug name	Tier	Coverage Requirements and Limits
<i>colestipol hcl granule packets 5 gm</i>	3	
<i>colestipol hcl granules 5 gm</i>	3	
<i>colestipol hcl tab 1 gm</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 ethyl cap 0.5 gm</i>	4	PA;
<i>icosapent ethyl cap 1 gm</i>	4	PA;
<i>niacin (antihyperlipidemic) tab 500 mg</i>	3	
<i>niacin (antihyperlipidemic) tab 500 mg</i>	3	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	3	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	3	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	3	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	3	
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	PA; QL; Maximum of 4 capsules per day.
<i>pentoxifylline tab er 400 mg</i>	2	
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 hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</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>nitroglycerin oint 0.4%</i>	4	QL; Maximum of 30 grams per 30 days.

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<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine sulfate tab 10 mg</i>	4	PA;
<i>amphetamine sulfate tab 5 mg</i>	4	PA;
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	3	PA; QL; Maximum of 2 capsules per day.
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	3	PA; QL; Maximum of 2 capsules per day.
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	3	PA; QL; Maximum of 2 capsules per day.
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	3	PA; QL; Maximum of 2 capsules per day.
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	3	PA; QL; Maximum of 2 capsules per day.
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	3	PA; QL; Maximum of 2 capsules per day.
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	PA; QL; Maximum of 2 tablets per day.
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	PA; QL; Maximum of 2 tablets per day.
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	PA; QL; Maximum of 2 tablets per day.
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	PA; QL; Maximum of 3 tablets per day.
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	PA; QL; Maximum of 2 tablets per day.
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	PA; QL; Maximum of 2 tablets per day.
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	PA; QL; Maximum of 2 tablets per day.
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	3	PA; QL; Maximum of 6 capsules per day.
<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>lisdexamfetamine dimesylate cap 10 mg</i>	4	PA; QL; Maximum of 1 capsule per day.
<i>lisdexamfetamine dimesylate cap 20 mg</i>	4	PA; QL; Maximum of 1 capsule per day.
<i>lisdexamfetamine dimesylate cap 30 mg</i>	4	PA; QL; Maximum of 1 capsule per day.
<i>lisdexamfetamine dimesylate cap 40 mg</i>	4	PA; QL; Maximum of 1 capsule per day.
<i>lisdexamfetamine dimesylate cap 50 mg</i>	4	PA; QL; Maximum of 1 capsule per day.
<i>lisdexamfetamine dimesylate cap 60 mg</i>	4	PA; QL; Maximum of 1 capsule per day.
<i>lisdexamfetamine dimesylate cap 70 mg</i>	4	PA; QL; Maximum of 1 capsule per day.
<i>methamphetamine hcl tab 5 mg</i>	4	PA;
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl cap 10 mg</i>	3	QL; Maximum of 2 capsules per day.
<i>atomoxetine hcl cap 100 mg</i>	3	QL; Maximum of 1 capsule per day.
<i>atomoxetine hcl cap 18 mg</i>	3	QL; Maximum of 2 capsules per day.
<i>atomoxetine hcl cap 25 mg</i>	3	QL; Maximum of 2 capsules per day.

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<i>atomoxetine hcl cap 40 mg</i>	3	QL; Maximum of 2 capsules per day.
<i>atomoxetine hcl cap 60 mg</i>	3	QL; Maximum of 1 capsule per day.
<i>atomoxetine hcl cap 80 mg</i>	3	QL; Maximum of 1 capsule per day.
<i>clonidine hcl tab er 12hr 0.1 mg</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 hcl tab er 24hr 1 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>guanfacine hcl tab er 24hr 2 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>guanfacine hcl tab er 24hr 3 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>guanfacine hcl tab er 24hr 4 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>methylphenidate hcl cap er 10 mg (cd)</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>methylphenidate hcl cap er 20 mg (cd)</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>methylphenidate hcl cap er 30 mg (cd)</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>methylphenidate hcl cap er 40 mg (cd)</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>methylphenidate hcl cap er 50 mg (cd)</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>methylphenidate hcl cap er 60 mg (cd)</i>	3	PA; QL; Maximum of 1 capsule per day.
<i>methylphenidate hcl chew tab 10 mg</i>	3	PA; QL; Maximum of 6 tablets per day.
<i>methylphenidate hcl chew tab 2.5 mg</i>	3	PA; QL; Maximum of 3 tablets per day.
<i>methylphenidate hcl chew tab 5 mg</i>	3	PA; QL; Maximum of 3 tablets per day.
<i>methylphenidate hcl soln 10 mg/5ml</i>	3	PA; QL; Maximum of 30 ml per day.
<i>methylphenidate hcl soln 5 mg/5ml</i>	3	PA; QL; Maximum of 60 ml per day.
<i>methylphenidate hcl tab 10 mg</i>	2	PA; QL; Maximum of 3 tablets per day.
<i>methylphenidate hcl tab 20 mg</i>	2	PA; QL; Maximum of 3 tablets per day.
<i>methylphenidate hcl tab 5 mg</i>	2	PA; QL; Maximum of 3 tablets per day.
<i>methylphenidate hcl tab er 10 mg</i>	3	PA; QL; Maximum of 4 tablets per day.
<i>methylphenidate hcl tab er 20 mg</i>	3	PA; QL; Maximum of 3 tablets per day.
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	3	PA; QL; Maximum of 3 tablets per day.
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	3	PA; QL; Maximum of 2 tablets per day.
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	3	PA; QL; Maximum of 2 tablets per day.

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methylphenidate hcl tab er osmotic release (osm) 54 mg	3	PA; QL; Maximum of 1 tablet per day.
Central Nervous System, Other		
AUSTEDO TAB 12MG (deutetrabenazine tab 12 mg)	5	PA; QL; SP; Maximum of 4 tablets per day.
AUSTEDO TAB 6MG (deutetrabenazine tab 6 mg)	5	PA; QL; SP; Maximum of 4 tablets per day.
AUSTEDO TAB 9MG (deutetrabenazine tab 9 mg)	5	PA; QL; SP; Maximum of 4 tablets per day.
AUSTEDO XR TAB 12MG (deutetrabenazine tab er 24hr 12 mg)	5	PA; QL; SP; Maximum of 1 tablet per day.
AUSTEDO XR TAB 18MG (deutetrabenazine tab er 24hr 18 mg)	5	PA; QL; SP; Maximum of 1 tablet per day.
AUSTEDO XR TAB 24MG (deutetrabenazine tab er 24hr 24 mg)	5	PA; QL; SP; Maximum of 2 tablets per day.
AUSTEDO XR TAB 30MG ER (deutetrabenazine tab er 24hr 30 mg)	5	PA; QL; SP; Maximum of 1 tablet per day.
AUSTEDO XR TAB 36MG ER (deutetrabenazine tab er 24hr 36 mg)	5	PA; QL; SP; Maximum of 1 tablet per day.
AUSTEDO XR TAB 42MG ER (deutetrabenazine tab er 24hr 42 mg)	5	PA; QL; SP; Maximum of 1 tablet per day.
AUSTEDO XR TAB 48MG ER (deutetrabenazine tab er 24hr 48 mg)	5	PA; QL; SP; Maximum of 1 tablet per day.
AUSTEDO XR TAB 6MG (deutetrabenazine tab er 24hr 6 mg)	5	PA; QL; SP; Maximum of 1 tablet per day.
AUSTEDO XR TAB TITR KIT (deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg)	5	PA; QL; SP; Maximum of 1 kit (28 tablets) per year.
AUSTEDO XR TAB TITR KIT (deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg)	5	PA; QL; SP; Maximum of 1 kit (42 tablets) per year.
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	2	
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	2	
DAYBUE SOL 200MG/ML (trofinetide oral soln 200 mg/ml)	5	PA; QL; SP; Maximum of 120 mL per day.
INGREZZA CAP 40-80MG (valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21))	5	PA; QL; SP; Maximum of 1 pack (28 capsules) per 28 days.
INGREZZA CAP 40MG (valbenazine tosylate cap 40 mg)	5	PA; QL; SP; Maximum of 1 capsule per day.
INGREZZA CAP 40MG (valbenazine tosylate capsule sprinkle 40 mg)	5	PA; QL; SP; Maximum of 1 capsule per day.
INGREZZA CAP 60MG (valbenazine tosylate cap 60 mg)	5	PA; QL; SP; Maximum of 1 capsule per day.
INGREZZA CAP 60MG (valbenazine tosylate capsule sprinkle 60 mg)	5	PA; QL; SP; Maximum of 1 capsule per day.
INGREZZA CAP 80MG (valbenazine tosylate cap 80 mg)	5	PA; QL; SP; Maximum of 1 capsule per day.
INGREZZA CAP 80MG (valbenazine tosylate capsule sprinkle 80 mg)	5	PA; QL; SP; Maximum of 1 capsule per day.
riluzole tab 50 mg	4	SP
tetrabenazine tab 12.5 mg	4	PA; QL; SP; Maximum of 3 tablets per day.
tetrabenazine tab 25 mg	4	PA; QL; SP; Maximum of 4 tablets per day.
Fibromyalgia Agents		
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	2	QL; Maximum of 2 capsules per day.
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	2	QL; Maximum of 3 capsules per day.
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	2	QL; Maximum of 2 capsules per day.
pregabalin cap 100 mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 150 mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 200 mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 225 mg	2	QL; Maximum of 2 capsules per day.
pregabalin cap 25 mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 300 mg	2	QL; Maximum of 2 capsules per day.
pregabalin cap 50 mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 75 mg	2	QL; Maximum of 3 capsules per day.
SAVELLA MIS TITR PAK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	4	QL; Maximum of 55 tablets (1 pack) per year.

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Drug name	Tier	Coverage Requirements and Limits
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; SP; 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; SP; 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; SP; Maximum of 1 kit (15 vials) per 30 days.
<i>dalfampridine tab er 12hr 10 mg</i>	4	PA; QL; SP; Maximum of 2 tablets per day.
<i>dimethyl fumarate capsule delayed release 120 mg</i>	4	PA; QL; SP; Maximum of 2 capsules per day.
<i>dimethyl fumarate capsule delayed release 240 mg</i>	4	PA; QL; SP; Maximum of 2 capsules per day.
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	PA; QL; SP; Maximum of 60 tablets (1 pack) per year.
<i>fingolimod hcl cap 0.5 mg</i>	5	PA; QL; SP; Maximum of 1 pack (30 capsules) per 30 days.
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	4	PA; QL; SP; Maximum of 1 syringe (1 ml) per day.
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	4	PA; QL; SP; Maximum of 1 syringe (1 ml) per day.
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	4	PA; QL; SP; Maximum of 12 syringes (12 ml) per 28 days.
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	4	PA; QL; SP; Maximum of 12 syringes (12 ml) per 28 days.
<i>teriflunomide tab 14 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day.
<i>teriflunomide tab 7 mg</i>	5	PA; QL; SP; Maximum of 1 tablet per day.
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hcl cap 30 mg</i>	4	
<i>chlorhexidine gluconate soln 0.12%</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	2	
<i>pilocarpine hcl tab 5 mg</i>	3	
<i>pilocarpine hcl tab 7.5 mg</i>	3	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
Dermatological Agents		
Dermatological Agents		
<i>acitretin cap 10 mg</i>	4	
<i>acitretin cap 17.5 mg</i>	4	
<i>acitretin cap 25 mg</i>	4	
<i>adapalene cream 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%</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.
AMNESTEEM CAP 10MG (<i>isotretinoin cap 10 mg</i>)	4	
AMNESTEEM CAP 20MG (<i>isotretinoin cap 20 mg</i>)	4	

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AMNESTEEM CAP 30MG (<i>isotretinoin cap 30 mg</i>)	4	
AMNESTEEM CAP 40MG (<i>isotretinoin cap 40 mg</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 tartrate gel 0.33%</i>	4	QL; Maximum of 30 grams 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 soln 0.005% (50 mcg/ml)</i>	3	QL; Maximum of 60 ml 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 oint 3 mcg/gm</i>	4	QL; Maximum of 100 grams per 30 days.
CLINDACIN KIT ETZ 1% (<i>*clindamycin phosphate swab 1% & cleanser kit***</i>)	2	QL; Maximum of 1 kit per 30 days.
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-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>clindamycin phosphate swab 1%</i>	2	QL; Maximum of 69 pads per 30 days.
<i>doxepin hcl cream 5%</i>	4	PA; QL; Maximum of 90 grams per 30 days.
DUPIXENT INJ 100/0.67 (<i>dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml</i>)	5	PA; QL; SP; Maximum of 2 syringes (1.34 mL) per 28 days.
DUPIXENT INJ 200/1.14 (<i>dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml</i>)	5	PA; QL; SP; 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; SP; 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; SP; 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; SP; Maximum of 4 syringes (8 ml) per 28 days.
<i>erythromycin gel 2%</i>	3	
<i>erythromycin pads 2%</i>	2	
<i>erythromycin soln 2%</i>	3	
ESKATA SOL 40% (<i>hydrogen peroxide soln 40%</i>)	4	
<i>imiquimod cream 5%</i>	2	QL; Maximum of 24 grams per 30 days.
<i>isotretinoin cap 10 mg</i>	4	
<i>isotretinoin cap 10 mg</i>	4	
<i>isotretinoin cap 10 mg</i>	4	
<i>isotretinoin cap 10 mg</i>	4	
<i>isotretinoin cap 20 mg</i>	4	
<i>isotretinoin cap 20 mg</i>	4	
<i>isotretinoin cap 20 mg</i>	4	
<i>isotretinoin cap 20 mg</i>	4	
<i>isotretinoin cap 30 mg</i>	4	
<i>isotretinoin cap 30 mg</i>	4	

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<i>isotretinoin cap 30 mg</i>	4	
<i>isotretinoin cap 30 mg</i>	4	
<i>isotretinoin cap 40 mg</i>	4	
<i>isotretinoin cap 40 mg</i>	4	
<i>isotretinoin cap 40 mg</i>	4	
<i>isotretinoin cap 40 mg</i>	4	
<i>ivermectin cream 1%</i>	4	QL; Maximum of 45 grams per 30 days.
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>methoxsalen rapid cap 10 mg</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 cream 1%</i>	4	QL; Maximum of 100 grams per 30 days.
<i>podofilox gel 0.5%</i>	4	
<i>podofilox soln 0.5%</i>	2	
REGGRANEX 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	
STEQUEYMA INJ 45/0.5ML (<i>ustekinumab-stba soln prefilled syringe 45 mg/0.5ml</i>)	5	PA; QL; SP; Maximum of 1 ml per 84 days.
STEQUEYMA INJ 90MG/ML (<i>ustekinumab-stba soln prefilled syringe 90 mg/ml</i>)	5	PA; QL; SP; Maximum of 2 ml per 84 days.
<i>sulfacetamide sodium lotion 10% (acne)</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; SP; Maximum of 0.25 ml per 28 days.
TALTZ INJ 40/0.5ML (<i>ixekizumab subcutaneous soln prefilled syringe 40 mg/0.5ml</i>)	5	PA; QL; SP; 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; SP; Maximum of 1 ml per 28 days.
TALTZ INJ 80MG/ML (<i>ixekizumab subcutaneous soln prefilled syringe 80 mg/ml</i>)	5	PA; QL; SP; 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 cream 0.025%</i>	3	PA; QL; Maximum of 45 grams per 30 days.
<i>tretinoin cream 0.05%</i>	3	PA; QL; Maximum of 45 grams per 30 days.
<i>tretinoin cream 0.1%</i>	3	PA; QL; Maximum of 45 grams per 30 days.
YESINTEK INJ 45/0.5ML (<i>ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml</i>)	5	PA; QL; SP; 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; SP; Maximum of 1 ml per 84 days.
YESINTEK INJ 90MG/ML (<i>ustekinumab-kfce soln prefilled syringe 90 mg/ml</i>)	5	PA; QL; SP; Maximum of 2 ml per 84 days.
Pediculicides/Scabicides		
PRURADIK LOT 10% (<i>crotamiton lotion 10%</i>)	4	
Electrolytes/Minerals/Metals/Vitamins		

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Electrolyte/Mineral Replacement		
<i>carglumic acid soluble tab 200 mg</i>	5	PA; SP
<i>EFFER-K TAB 10MEQ (potassium bicarbonate-citric acid effer tab 10 meq)</i>	3	
<i>EFFER-K TAB 20MEQ (potassium bicarbonate-citric acid effer tab 20 meq)</i>	3	
<i>EFFER-K TAB 25MEQ EF (potassium bicarbonate effer tab 25 meq)</i>	2	
<i>GALZIN CAP 25MG (zinc acetate cap 25 mg (elemental zinc</i>	4	
<i>GALZIN CAP 50MG (zinc acetate cap 50 mg (elemental zinc</i>	4	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	3	
<i>levocarnitine tab 330 mg</i>	2	
<i>potassium bicarbonate effer tab 25 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	2	
<i>potassium chloride powder packet 20 meq</i>	4	
<i>potassium chloride powder packet 20 meq</i>	4	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 15 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	3	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	3	
<i>potassium citrate tab er 5 meq (540 mg)</i>	3	
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	\$0 Copay for members ages 0 to 16 years.;
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	\$0 Copay for members ages 0 to 16 years.;
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	\$0 Copay for members ages 0 to 16 years.;
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	\$0 Copay for members ages 0 to 16 years.;
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	\$0 Copay for members ages 0 to 16 years.;

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<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	1	\$0 Copay for members ages 0 to 16 years.;
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	1	\$0 Copay for members ages 0 to 16 years.;
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1	\$0 Copay for members ages 0 to 16 years.;
Electrolyte/Mineral/Metal Modifiers		
<i>*sodium polystyrene sulfonate powder**</i>	2	
CHEMET CAP 100MG (<i>succimer cap 100 mg</i>)	3	
<i>deferasirox granules packet 180 mg</i>	5	PA; SP
<i>deferasirox granules packet 360 mg</i>	5	PA; SP
<i>deferasirox granules packet 90 mg</i>	5	PA; SP
<i>deferasirox tab 180 mg</i>	4	PA; SP
<i>deferasirox tab 360 mg</i>	4	PA; SP
<i>deferasirox tab 90 mg</i>	4	PA; SP
<i>deferasirox tab for oral susp 125 mg</i>	5	PA; SP
<i>deferasirox tab for oral susp 250 mg</i>	5	PA; SP
<i>deferasirox tab for oral susp 500 mg</i>	5	PA; SP
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>tolvaptan tab 15 mg</i>	4	PA; QL; SP; Maximum of 2 tablets per day.
<i>tolvaptan tab 30 mg</i>	4	PA; QL; SP; Maximum of 2 tablets per day.
TRIENTINE CAP 250MG (<i>trientine hcl cap 250 mg</i>)	5	PA; QL; SP; Maximum of 8 capsules per day.
Phosphate Binders		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
<i>ferric citrate tab 1 gm (210 mg ferric iron)</i>	4	SP
FOSRENOL POW 1000MG (<i>lanthanum carbonate oral powder pack 1000 mg (elemental)</i>)	4	
FOSRENOL POW 750MG (<i>lanthanum carbonate oral powder pack 750 mg (elemental)</i>)	4	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	4	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	4	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	4	
<i>sevelamer carbonate packet 0.8 gm</i>	4	
<i>sevelamer carbonate packet 2.4 gm</i>	4	
<i>sevelamer carbonate tab 800 mg</i>	3	
VELPHORO CHW 500MG (<i>sucroferric oxyhydroxide chew tab 500 mg</i>)	3	SP
Vitamins		
<i>*prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg*</i>	2	
ATABEX EC TAB 29-1MG (<i>*prenatal vit w/ dss-iron carbonyl-fa tab dr 29-1 mg***</i>)	2	
ATABEX OB TAB 29-1MG (<i>*prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg***</i>)	2	
CO-NATAL FA TAB 29-1MG (<i>*prenatal vit w/ fe fumarate-fa tab 29-1 mg***</i>)	2	

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COMPLETE NAT PAK DHA (<i>*prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk**</i>)	2	
COMPLETENATE CHW (<i>*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***</i>)	2	
<i>cyanocobalamin inj 1000 mcg/ml</i>	2	
<i>cyanocobalamin inj 1000 mcg/ml</i>	2	
<i>cyanocobalamin inj 1000 mcg/ml</i>	2	
<i>cyanocobalamin inj 2000 mcg/ml</i>	2	
DODEX INJ (<i>cyanocobalamin inj 1000 mcg/ml</i>)	3	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	2	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	2	
FA-8 CAP 800MCG (<i>folic acid cap 0.8 mg</i>)	1	
<i>folic acid tab 1 mg</i>	2	
<i>folic acid tab 1 mg</i>	2	
<i>folic acid tab 400 mcg</i>	1	
<i>folic acid tab 800 mcg</i>	1	
FOLIVANE-OB CAP (<i>*prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg***</i>)	2	
INATAL GT TAB (<i>*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***</i>)	2	
M-NATAL PLUS TAB (<i>*prenatal vit w/ fe fumarate-fa tab 27-1 mg***</i>)	2	
NEONATAL PLS TAB 27-1MG (<i>*prenatal vit w/ fe fumarate-fa tab 27-1 mg***</i>)	2	
NEONATAL TAB COMPLTE (<i>*prenatal vit w/ fe fumarate-fa tab 27-1 mg***</i>)	2	
NEONATAL TAB PLUS (<i>*prenatal vit w/ fe fumarate-fa tab 27-1 mg***</i>)	2	
NIVA-PLUS TAB (<i>*prenatal vit w/ fe fumarate-fa tab 27-1 mg***</i>)	2	
ONE VITE TAB 1MG PLUS (<i>*prenatal vit w/ fe fumarate-fa tab 27-1 mg***</i>)	2	
PHYTONADIONE TAB 5MG (<i>phytonadione tab 5 mg</i>)	4	QL; Maximum of 2 tablets per day.
PNV 27-CA/FE TAB /FA (<i>*prenatal vit w/ fe fumarate-fa tab 60-1 mg***</i>)	2	
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	
VITATHELY TAB (<i>*prenatal vit w/ fe fumarate-fa tab 27-1 mg***</i>)	2	

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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 hcl cap 10 mg</i>	2	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	3	
<i>dicyclomine hcl tab 20 mg</i>	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>methscopolamine bromide tab 2.5 mg</i>	3	
<i>methscopolamine bromide tab 5 mg</i>	3	
Gastrointestinal Agents, Other		
<i>alvimopan cap 12 mg</i>	4	
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	4	QL; Maximum of 112 capsules (1 kit) per 180 days.
<i>cromolyn sodium oral conc 100 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
<i>loperamide hcl cap 2 mg</i>	2	
<i>opium tincture 1% (10 mg/ml) (morphine equiv)</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 8/0.4ML (<i>methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml)</i>)	4	PA; QL; Maximum of 0.4 ml per day.
SYMPROIC TAB 0.2MG (<i>naldemedine tosylate tab 0.2 mg</i>)	3	PA; QL; Maximum of 1 tablet per day.
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
Histamine2 (H2) receptor Antagonists		
<i>cimetidine hcl soln 300 mg/5ml</i>	2	
<i>cimetidine tab 200 mg</i>	2	
<i>cimetidine tab 300 mg</i>	2	
<i>cimetidine tab 400 mg</i>	2	
<i>cimetidine tab 800 mg</i>	2	
<i>famotidine for susp 40 mg/5ml</i>	3	
<i>famotidine tab 20 mg</i>	2	
<i>famotidine tab 40 mg</i>	2	
<i>nizatidine cap 150 mg</i>	3	
<i>nizatidine cap 300 mg</i>	3	
Irritable Bowel Syndrome Agents		
<i>alosetron hcl tab 0.5 mg</i>	4	PA; QL; Maximum of 2 tablets per day.
<i>alosetron hcl tab 1 mg</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.

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Drug name	Tier	Coverage Requirements and Limits
LINZESS CAP 72MCG (<i>linaclotide cap 72 mcg</i>)	3	PA; QL; Maximum of 1 capsule per day.
<i>lubiprostone cap 24 mcg</i>	4	QL; Maximum of 2 capsules per day.
<i>lubiprostone cap 8 mcg</i>	4	QL; Maximum of 2 capsules per day.
VIBERZI TAB 100MG (<i>eluxadoline tab 100 mg</i>)	4	PA; QL; SP; Maximum of 2 tablets per day.
VIBERZI TAB 75MG (<i>eluxadoline tab 75 mg</i>)	4	PA; QL; SP; Maximum of 2 tablets per day.
Laxatives		
<i>bisacodyl tab delayed release 5 mg</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;
CVS PURELAX POW (<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 (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose oral crystal packet 10 gm</i>	4	
<i>lactulose oral crystal packet 20 gm</i>	4	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>magnesium citrate soln</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-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.;Maximum of 4000 ml (1 jug) per 30 days.
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.;Maximum of 4000 ml (1 jug) per 30 days.
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.;Maximum of 4000 ml (1 jug) per 30 days.
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.;Maximum of 1 kit per month.
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.;Maximum of 4000 ml (1 jug) per 30 days.

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PLENVU SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm)	4	QL;\$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy;Maximum of 3 pouches (1 kit) per month.
polyethylene glycol 3350 oral powder 17 gm/scoop	1	QL; Maximum of 850 grams per month.
polyethylene glycol 3350 oral powder 17 gm/scoop	1	QL; Maximum of 850 grams per month.
polyethylene glycol 3350 oral powder 17 gm/scoop	1	QL; Maximum of 850 grams per month.
sod sulfate-pot sulf-mg sulf oral sol 175-3.13-1.6 gm/177ml	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy;Maximum of 11.8 ml per day.
Protectants		
misoprostol tab 100 mcg	2	SM
misoprostol tab 200 mcg	2	SM
sucalfate susp 1 gm/10ml	4	PA;
sucalfate tab 1 gm	2	
Proton Pump Inhibitors		
esomeprazole magnesium cap delayed release 20 mg (base eq)	2	QL; Maximum of 3 capsules per day.
esomeprazole magnesium cap delayed release 40 mg (base eq)	2	QL; Maximum of 2 capsules per day.
lansoprazole cap delayed release 15 mg	2	QL; Maximum of 2 capsules per day.
lansoprazole cap delayed release 30 mg	2	QL; Maximum of 2 capsules per day.
omeprazole cap delayed release 10 mg	2	QL; Maximum of 3 capsules per day.
omeprazole cap delayed release 20 mg	2	
omeprazole cap delayed release 40 mg	2	
pantoprazole sodium ec tab 20 mg	2	QL; Maximum of 3 tablets per day.
pantoprazole sodium ec tab 40 mg	2	QL; Maximum of 2 tablets per day.
rabeprazole sodium ec tab 20 mg	3	QL; Maximum of 1 tablet per day.
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
*betaine powder for oral solution***	5	SP
CREON CAP 12000UNT (pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit)	3	
CREON CAP 24000UNT (pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit)	3	
CREON CAP 3000UNIT (pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit)	3	
CREON CAP 36000UNT (pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit)	3	
CREON CAP 6000UNIT (pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit)	3	
CYSTAGON CAP 150MG (cysteamine bitartrate cap 150 mg)	5	SP
CYSTAGON CAP 50MG (cysteamine bitartrate cap 50 mg)	5	SP
MYALEPT INJ 11.3MG (metreleptin for subcutaneous inj 11.3 mg)	5	PA; QL; SP; Maximum of 1 vial per day.
OICALIVA TAB 10MG (obeticholic acid tab 10 mg)	5	PA; QL; SP; Maximum of 1 tablet per day.
OICALIVA TAB 5MG (obeticholic acid tab 5 mg)	5	PA; QL; SP; Maximum of 1 tablet per day.
sapropterin dihydrochloride powder packet 100 mg	5	PA; QL; SP; Maximum of 480 packets per 30 days.

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<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA; QL; SP; Maximum of 120 packets per 30 days.
<i>sapropterin dihydrochloride tab 100 mg</i>	5	PA; QL; SP; Maximum of 16 tablets per day.
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 30000UNT (<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 50000UNT (<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		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide tab er 24hr 15 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>darifenacin hydrobromide tab er 24hr 7.5 mg</i>	3	QL; Maximum of 1 tablet per day.
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	4	QL; Maximum of 1 tablet per day.
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	4	QL; Maximum of 1 tablet per day.
<i>flavoxate hcl tab 100 mg</i>	2	
<i>oxybutynin chloride solution 5 mg/5ml</i>	2	
<i>oxybutynin chloride tab 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	QL; Maximum of 3 tablets per day.
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	QL; Maximum of 2 tablets per day.
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>solifenacin succinate tab 10 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>solifenacin succinate tab 5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>tolterodine tartrate cap er 24hr 2 mg</i>	3	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	3	
<i>tolterodine tartrate tab 1 mg</i>	3	
<i>tolterodine tartrate tab 2 mg</i>	3	
<i>tropium chloride cap er 24hr 60 mg</i>	3	
<i>tropium chloride tab 20 mg</i>	3	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	
<i>dutasteride cap 0.5 mg</i>	2	QL; Maximum of 1 capsule per day.
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	
<i>finasteride tab 5 mg</i>	2	
<i>silodosin cap 4 mg</i>	3	QL; Maximum of 1 capsule per day.
<i>silodosin cap 8 mg</i>	3	QL; Maximum of 1 capsule per day.
<i>tadalafil tab 2.5 mg</i>	4	QL; Maximum of 1 tablet per day.

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<i>tadalafil tab 5 mg</i>	4	QL; Maximum of 1 tablet per day.
<i>tamsulosin hcl cap 0.4 mg</i>	2	
<i>terazosin hcl cap 1 mg</i>	2	
<i>terazosin hcl cap 10 mg</i>	2	
<i>terazosin hcl cap 2 mg</i>	2	
<i>terazosin hcl cap 5 mg</i>	2	
Genitourinary Agents, Other		
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
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.
GYNOL II GEL 3% (<i>nonoxynol-9 gel 3%</i>)	1	
<i>penicillamine cap 250 mg</i>	5	SP
<i>penicillamine tab 250 mg</i>	5	SP
<i>phenazopyridine hcl tab 100 mg</i>	2	
<i>phenazopyridine hcl tab 200 mg</i>	2	
<i>phenazopyridine hcl tab 200 mg</i>	2	
TODAY SPONGE MIS (<i>nonoxynol-9 vaginal sponge 1000 mg</i>)	1	
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>alclometasone dipropionate cream 0.05%</i>	2	
<i>alclometasone dipropionate oint 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>betamethasone dipropionate augmented cream 0.05%</i>	3	
<i>betamethasone dipropionate augmented gel 0.05%</i>	3	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	3	
<i>betamethasone dipropionate augmented oint 0.05%</i>	3	
<i>betamethasone dipropionate cream 0.05%</i>	3	
<i>betamethasone dipropionate lotion 0.05%</i>	3	
<i>betamethasone dipropionate oint 0.05%</i>	3	
<i>betamethasone valerate cream 0.1%</i>	3	
<i>betamethasone valerate lotion 0.1%</i>	3	
<i>betamethasone valerate oint 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.

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<i>clobetasol propionate soln 0.05%</i>	4	QL; Maximum of 25 ml per 30 days.
<i>clocortolone pivalate cream 0.1%</i>	4	QL; Maximum of 45 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	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>diflorasone diacetate cream 0.05%</i>	4	QL; Maximum of 240 grams per 30 days.
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<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>fluocinolone acetonide oil 0.01% (body oil)</i>	3	QL; Maximum of 118.28 ml per 30 days.
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	3	QL; Maximum of 118.28 ml per 30 days.
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	3	QL; Maximum of 118.28 ml per 30 days.
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	3	QL; Maximum of 118.28 ml per 30 days.
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	3	QL; Maximum of 118.28 ml per 30 days.
<i>fluocinolone acetonide oint 0.025%</i>	3	QL; Maximum of 120 grams per 30 days.
<i>fluocinolone acetonide soln 0.01%</i>	3	QL; Maximum of 60 ml 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>flurandrenolide lotion 0.05%</i>	4	QL; Maximum of 240 ml per 30 days.
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	3	QL; Maximum of 15 grams per 30 days.
<i>halobetasol propionate oint 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.

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<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>methylprednisolone tab 16 mg</i>	2	
<i>methylprednisolone tab 32 mg</i>	2	
<i>methylprednisolone tab 4 mg</i>	2	
<i>methylprednisolone tab 8 mg</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate solution 0.1% (lotion)</i>	2	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	4	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	4	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	4	
<i>prednisolone sod phosphate oral soln 10 mg/5ml</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml</i>	2	
<i>prednisolone sod phosphate oral soln 20 mg/5ml</i>	2	
<i>prednisolone sod phosphate oral soln 5 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	
<i>prednisolone tab 5 mg</i>	3	
<i>prednisone conc 5 mg/ml</i>	3	
<i>prednisone oral soln 5 mg/5ml</i>	3	
<i>prednisone tab 1 mg</i>	2	
<i>prednisone tab 10 mg</i>	2	
<i>prednisone tab 2.5 mg</i>	2	
<i>prednisone tab 20 mg</i>	2	
<i>prednisone tab 5 mg</i>	2	
<i>prednisone tab 50 mg</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>triamcinolone acetonide cream 0.025%</i>	2	QL; Maximum of 80 grams per 30 days.
<i>triamcinolone acetonide cream 0.1%</i>	2	QL; Maximum of 80 grams per 30 days.

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<i>triamcinolone acetonide cream 0.5%</i>	2	QL; Maximum of 15 grams per 30 days.
<i>triamcinolone acetonide cream 0.5%</i>	2	QL; Maximum of 15 grams per 30 days.
<i>triamcinolone acetonide lotion 0.025%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.025%</i>	2	
<i>triamcinolone acetonide oint 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.5%</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desonide cream 0.05%</i>	3	QL; Maximum of 60 gramPlease replace each reference to "Coverage Requirements and Limits" in the document with Coverage Requirements and Limitss per 30 days.
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>cabergoline tab 0.5 mg</i>	2	
<i>desmopressin acetate inj 4 mcg/ml</i>	4	
<i>desmopressin acetate inj 4 mcg/ml</i>	4	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	3	
<i>desmopressin acetate nasal spray soln 0.01%</i>	3	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	4	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
FOLLISTIM AQ INJ 300UNIT (<i>follitropin beta inj 300 unit/0.36ml</i>)	5	PA; SP
FOLLISTIM AQ INJ 600UNIT (<i>follitropin beta inj 600 unit/0.72ml</i>)	5	PA; SP
FOLLISTIM AQ INJ 900UNIT (<i>follitropin beta inj 900 unit/1.08ml</i>)	5	PA; SP
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; SP
NORDITROPIN INJ 10/1.5ML (<i>somatropin solution pen-injector 10 mg/1.5ml</i>)	4	PA; QL; SP; 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; SP; Maximum of 0.3 ml per day.
NORDITROPIN INJ 30/3ML (<i>somatropin solution pen-injector 30 mg/3ml</i>)	4	PA; QL; SP; 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; SP; Maximum of 0.9 ml per day.
OMNITROPE INJ 10/1.5ML (<i>somatropin solution cartridge 10 mg/1.5ml</i>)	4	PA; QL; SP; Maximum of 0.45 ml per day.
OMNITROPE INJ 5.8MG (<i>somatropin for inj 5.8 mg</i>)	4	PA; QL; SP; Maximum of 16 vials per 30 days.
OMNITROPE INJ 5/1.5ML (<i>somatropin solution cartridge 5 mg/1.5ml</i>)	4	PA; QL; SP; 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 citrate tab 50 mg</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	SM
<i>mifepristone tab 200 mg</i>	2	SM
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>danazol cap 100 mg</i>	3	
<i>danazol cap 200 mg</i>	3	

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Drug name	Tier	Coverage Requirements and Limits
<i>danazol cap 50 mg</i>	3	
<i>methyltestosterone cap 10 mg</i>	4	SM
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	PA; SM
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	PA; SM
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	2	PA; SM
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	3	PA; QL; Maximum of 150 grams (2 canisters) per month; SM
<i>testosterone td gel 50 mg/5gm (1%)</i>	3	PA; QL; Maximum of 10 grams (2 units) per day; SM
Estrogens		
ANNOVERA MIS (<i>segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr</i>)	1	QL; Maximum of 1 ring per year.
BIJUVA CAP 0.5-100 (<i>estradiol-progesterone cap 0.5-100 mg</i>)	4	
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>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>desogestrel-ethinyl estradiol-fe tab 0.15-0.03 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
DUAVEE TAB 0.45-20 (<i>conjugated estrogens-bazedoxifene tab 0.45-20 mg</i>)	4	QL; Maximum of 1 tablet per day.

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Drug name	Tier	Coverage Requirements and Limits
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol tab 0.5 mg</i>	2	SM
<i>estradiol tab 1 mg</i>	2	SM
<i>estradiol tab 2 mg</i>	2	SM
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	3	QL; SM
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	3	QL; Maximum of 8 patches per 28 days; SM
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	3	QL; Maximum of 8 patches per 28 days; SM
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	3	QL; SM
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	3	QL; Maximum of 8 patches per 28 days; SM
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	3	QL; Maximum of 8 patches per 28 days; SM
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	3	QL; SM
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	3	QL; Maximum of 8 patches per 28 days; SM
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	3	QL; Maximum of 8 patches per 28 days; SM
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	3	QL; SM
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	3	QL; Maximum of 8 patches per 28 days; SM
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	3	QL; Maximum of 8 patches per 28 days; SM
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	3	QL; Maximum of 8 patches per 28 days; SM
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	3	QL; SM
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	3	QL; Maximum of 8 patches per 28 days; SM
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	3	QL; Maximum of 8 patches per 28 days; SM
<i>estradiol td patch weekly 0.025 mg/24hr</i>	2	QL; Maximum of 4 patches per 28 days; SM
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	2	QL; Maximum of 4 patches per 28 days; SM
<i>estradiol td patch weekly 0.05 mg/24hr</i>	2	QL; Maximum of 8 patches per 28 days; SM
<i>estradiol td patch weekly 0.06 mg/24hr</i>	2	QL; Maximum of 4 patches per 28 days; SM
<i>estradiol td patch weekly 0.075 mg/24hr</i>	2	QL; Maximum of 4 patches per 28 days; SM
<i>estradiol td patch weekly 0.1 mg/24hr</i>	2	QL; Maximum of 4 patches per 28 days; SM
<i>estradiol vaginal cream 0.1 mg/gm</i>	3	
<i>estradiol vaginal tab 10 mcg</i>	3	QL; Maximum of 18 tablets per 28 days; SM
<i>estradiol vaginal tab 10 mcg</i>	3	QL; Maximum of 18 tablets per 28 days.
<i>estradiol valerate im in oil 10 mg/ml</i>	2	SM
<i>estradiol valerate im in oil 20 mg/ml</i>	2	SM
<i>estradiol valerate im in oil 40 mg/ml</i>	2	SM
ESTRING MIS 75/24HR (<i>estradiol vaginal ring 2 mg (7.5 mcg/24hrs)</i>)	3	QL; Maximum of 1 ring per 90 days.
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	

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<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</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-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</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-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</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 0.1-0.02mg(84) & eth est tab 0.01mg(7)</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>levonorg-eth est tab 0.15-0.03mg(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>levonorg-eth est tab 0.15-0.03mg(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>levonorg-eth est tab 0.15-0.03mg(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 (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	

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Drug name	Tier	Coverage Requirements and Limits
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	1	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	1	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	1	
LO LOESTRIN TAB 1-10-10 (<i>norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)</i>)	1	
NEXTSTELLIS TAB 3-14.2MG (<i>drospirenone-estetrol tab 3-14.2 mg</i>)	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	

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<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab disint 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	

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<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	1	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	
PREMARIN VAG CRE 0.625MG (<i>estrogens, conjugated vaginal cream 0.625 mg/gm</i>)	4	
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	
Progestins		
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; SM
<i>drospirenone tab 4 mg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	1	

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Drug name	Tier	Coverage Requirements and Limits
<i>levonorgestrel tab 1.5 mg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	1	
<i>levonorgestrel tab 1.5 mg</i>	1	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	QL; Maximum of 5 ml per year; SM
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	SM
<i>medroxyprogesterone acetate tab 10 mg</i>	2	SM
<i>medroxyprogesterone acetate tab 2.5 mg</i>	2	SM
<i>medroxyprogesterone acetate tab 5 mg</i>	2	SM
<i>megestrol acetate susp 40 mg/ml</i>	2	CM
<i>megestrol acetate susp 40 mg/ml</i>	2	CM
<i>megestrol acetate susp 40 mg/ml</i>	2	CM
<i>megestrol acetate susp 625 mg/5ml</i>	4	CM
<i>megestrol acetate tab 20 mg</i>	2	CM
<i>megestrol acetate tab 40 mg</i>	2	CM
<i>norethindrone acetate tab 5 mg</i>	2	
<i>norethindrone acetate tab 5 mg</i>	2	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norethindrone tab 0.35 mg</i>	1	
<i>norgestrel tab 0.075 mg</i>	1	
<i>progesterone cap 100 mg</i>	2	SM
<i>progesterone cap 200 mg</i>	2	SM
<i>progesterone im in oil 50 mg/ml</i>	2	SM
<i>ulipristal acetate tab 30 mg</i>	1	QL; Maximum of 1 tablet per 21 days.
Selective Estrogen Receptor Modifying Agents		
<i>ospemifene tab 60 mg</i>	4	PA; QL; Maximum of 1 tablet per day.

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<i>raloxifene hcl tab 60 mg</i>	2	QL; \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.;Maximum of 1 tablet per day.
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>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	

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Drug name	Tier	Coverage Requirements and Limits
<i>levothyroxine sodium tab 200 mcg</i>	2	
<i>levothyroxine sodium tab 200 mcg</i>	2	
<i>levothyroxine sodium tab 200 mcg</i>	2	
<i>levothyroxine sodium tab 200 mcg</i>	2	
<i>levothyroxine sodium tab 200 mcg</i>	2	
<i>levothyroxine sodium tab 25 mcg</i>	2	
<i>levothyroxine sodium tab 25 mcg</i>	2	
<i>levothyroxine sodium tab 25 mcg</i>	2	
<i>levothyroxine sodium tab 25 mcg</i>	2	
<i>levothyroxine sodium tab 25 mcg</i>	2	
<i>levothyroxine sodium tab 300 mcg</i>	2	
<i>levothyroxine sodium tab 300 mcg</i>	2	
<i>levothyroxine sodium tab 300 mcg</i>	2	
<i>levothyroxine sodium tab 50 mcg</i>	2	
<i>levothyroxine sodium tab 50 mcg</i>	2	
<i>levothyroxine sodium tab 50 mcg</i>	2	
<i>levothyroxine sodium tab 50 mcg</i>	2	
<i>levothyroxine sodium tab 50 mcg</i>	2	
<i>levothyroxine sodium tab 75 mcg</i>	2	
<i>levothyroxine sodium tab 75 mcg</i>	2	
<i>levothyroxine sodium tab 75 mcg</i>	2	
<i>levothyroxine sodium tab 75 mcg</i>	2	
<i>levothyroxine sodium tab 75 mcg</i>	2	
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</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	
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	

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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	
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 120 mg (2 grain)</i>	4	
<i>thyroid tab 120 mg (2 grain)</i>	4	
<i>thyroid tab 15 mg (1/4 grain)</i>	4	
<i>thyroid tab 15 mg (1/4 grain)</i>	4	
<i>thyroid tab 30 mg (1/2 grain)</i>	4	
<i>thyroid tab 30 mg (1/2 grain)</i>	4	
<i>thyroid tab 60 mg (1 grain)</i>	4	
<i>thyroid tab 60 mg (1 grain)</i>	4	
<i>thyroid tab 90 mg (1 1/2 grain)</i>	4	
<i>thyroid tab 90 mg (1 1/2 grain)</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;
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		

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Drug name	Tier	Coverage Requirements and Limits
LYSODREN TAB 500MG (<i>mitotane tab 500 mg</i>)	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
ELIGARD INJ 22.5MG (<i>leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg</i>)	5	PA; SP; SM
ELIGARD INJ 30MG (<i>leuprolide acetate (4 month) for subcutaneous inj kit 30 mg</i>)	5	PA; SP; SM
ELIGARD INJ 45MG (<i>leuprolide acetate (6 month) for subcutaneous inj kit 45 mg</i>)	5	PA; SP; SM
ELIGARD INJ 75MG (<i>leuprolide acetate for subcutaneous inj kit 75 mg</i>)	5	PA; SP; SM
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	5	PA; SP
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	5	PA; SP; SM
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	5	PA; SP; SM
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	5	PA; SP; SM
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	5	PA; SP; SM
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	PA; SP
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	PA; SP
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	PA; SP
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	PA; SP
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	PA; SP
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	4	PA; SP
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	4	PA; SP
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	4	PA; SP
ORILISSA TAB 150MG (<i>elagolix sodium tab 150 mg</i>)	4	PA; QL; Maximum of 1 tablet per day.
ORILISSA 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</i>)	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 15MG (<i>pegvisomant for inj 15 mg</i>)	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 20MG (<i>pegvisomant for inj 20 mg</i>)	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 25MG (<i>pegvisomant for inj 25 mg</i>)	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 30MG (<i>pegvisomant for inj 30 mg</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</i>	3	SM
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole tab 10 mg</i>	2	
<i>methimazole tab 5 mg</i>	2	
<i>propylthiouracil tab 50 mg</i>	2	
Immunological Agents		
Angioedema Agents		
HAEGARDA INJ 2000UNIT (<i>c1 esterase inhibitor (human) for subcutaneous inj 2000 unit</i>)	5	PA; QL; SP; Maximum of 24 vials per 28 days.
HAEGARDA INJ 3000UNIT (<i>c1 esterase inhibitor (human) for subcutaneous inj 3000 unit</i>)	5	PA; QL; SP; Maximum of 16 vials per 28 days.

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ICATIBANT INJ 30MG/3ML (<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>)	4	PA; QL; SP; Maximum of 3 syringes (9 ml) per day.
Immune Suppressants		
ADALIMU-ADAZ INJ 10/0.1ML (<i>adalimumab-adaz soln prefilled syringe 10 mg/0.1ml</i>)	5	PA; QL; SP; Maximum of 2 syringes (0.2 ml) per 28 days.
ADALIMU-ADAZ INJ 20/0.2ML (<i>adalimumab-adaz soln prefilled syringe 20 mg/0.2ml</i>)	5	PA; QL; SP; Maximum of 2 syringes (0.4 ml) per 28 days.
ADALIMU-ADAZ INJ 40/0.4ML (<i>adalimumab-adaz soln auto-injector 40 mg/0.4ml</i>)	5	PA; QL; SP; Maximum of 2 pens (0.8 ml) per 28 days.
ADALIMU-ADAZ INJ 40/0.4ML (<i>adalimumab-adaz soln prefilled syringe 40 mg/0.4ml</i>)	5	PA; QL; SP; Maximum of 2 syringes (0.8 ml) per 28 days.
ADALIMU-ADAZ INJ 80/0.8ML (<i>adalimumab-adaz soln auto-injector 80 mg/0.8ml</i>)	5	PA; QL; SP; Maximum of 2 pens (1.6 ml) per 28 days.
ADALIMU-ADBIM KIT 10/0.2ML (<i>adalimumab-adbm prefilled syringe kit 10 mg/0.2ml</i>)	5	PA; QL; SP; Maximum of 2 syringes per 28 days.
ADALIMU-ADBIM KIT 20/0.4ML (<i>adalimumab-adbm prefilled syringe kit 20 mg/0.4ml</i>)	5	PA; QL; SP; Maximum of 2 syringes per 28 days.
ADALIMU-ADBIM KIT 40/0.4ML (<i>adalimumab-adbm auto-injector kit 40 mg/0.4ml</i>)	5	PA; QL; SP; Maximum of 1 kit per 28 days.
ADALIMU-ADBIM KIT 40/0.4ML (<i>adalimumab-adbm auto-injector kit 40 mg/0.4ml</i>)	5	PA; SP
ADALIMU-ADBIM KIT 40/0.4ML (<i>adalimumab-adbm prefilled syringe kit 40 mg/0.4ml</i>)	5	PA; QL; SP; Maximum of 1 kit per 28 days.
ADALIMU-ADBIM KIT 40/0.8ML (<i>adalimumab-adbm auto-injector kit 40 mg/0.8ml</i>)	5	PA; QL; SP; Maximum of 2 pens per 28 days.
ADALIMU-ADBIM KIT 40/0.8ML (<i>adalimumab-adbm auto-injector kit 40 mg/0.8ml</i>)	5	PA; SP
ADALIMU-ADBIM KIT 40/0.8ML (<i>adalimumab-adbm prefilled syringe kit 40 mg/0.8ml</i>)	5	PA; QL; SP; Maximum of 2 syringes per 28 days.
AMJEVITA INJ 20/0.2ML (<i>adalimumab-atto soln prefilled syringe 20 mg/0.2ml</i>)	5	PA; QL; SP; Maximum of 2 syringes per 28 days.
AMJEVITA INJ 40/0.4ML (<i>adalimumab-atto soln auto-injector 40 mg/0.4ml</i>)	5	PA; QL; SP; Maximum of 2 pens per 28 days.
AMJEVITA INJ 40/0.4ML (<i>adalimumab-atto soln prefilled syringe 40 mg/0.4ml</i>)	5	PA; QL; SP; Maximum of 2 syringes per 28 days.
AMJEVITA INJ 80/0.8ML (<i>adalimumab-atto soln auto-injector 80 mg/0.8ml</i>)	5	PA; QL; SP; Maximum of 2 pens per 28 days.
azathioprine tab 50 mg	2	
CIMZIA KIT 200MG (<i>certolizumab pegol for inj kit 2 x 200 mg</i>)	5	PA; QL; SP; Maximum of 1 kit per 28 days.
CIMZIA PREFL KIT 200MG/ML (<i>certolizumab pegol prefilled syringe kit 200 mg/ml</i>)	5	PA; QL; SP; Maximum of 1 kit per 28 days.
CIMZIA START KIT 200MG/ML (<i>certolizumab pegol prefilled syringe kit 200 mg/ml</i>)	5	PA; SP
cyclosporine cap 100 mg	4	
cyclosporine cap 25 mg	4	
cyclosporine modified cap 100 mg	2	
cyclosporine modified cap 25 mg	2	
cyclosporine modified cap 50 mg	2	
cyclosporine modified oral soln 100 mg/ml	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	

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HADLIMA INJ 40/0.4ML (<i>adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml</i>)	5	PA; QL; SP; 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; SP; 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; SP; 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; SP; Maximum of 2 pens (1.6 ml) per 28 days.
<i>methotrexate sodium for inj 1 gm</i>	2	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium tab 2.5 mg</i>	2	CM
<i>mycophenolate mofetil cap 250 mg</i>	2	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	4	
<i>mycophenolate mofetil tab 500 mg</i>	2	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	4	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	4	
OLUMIANT TAB 1MG (<i>baricitinib tab 1 mg</i>)	5	PA; QL; SP; Maximum of 1 tablet per day.
OLUMIANT TAB 2MG (<i>baricitinib tab 2 mg</i>)	5	PA; QL; SP; Maximum of 1 tablet per day.
OLUMIANT TAB 4MG (<i>baricitinib tab 4 mg</i>)	5	PA; QL; SP; 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; SP; Maximum of 1 ml per 28 days.
SIMPONI INJ 100MG/ML (<i>golimumab subcutaneous soln prefilled syringe 100 mg/ml</i>)	5	PA; QL; SP; 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; SP; 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; SP; Maximum of 0.5 ml per 28 days.
SIROLIMUS SOL 1MG/ML (<i>sirolimus oral soln 1 mg/ml</i>)	5	
SIROLIMUS TAB 0.5MG (<i>sirolimus tab 0.5 mg</i>)	4	
SIROLIMUS TAB 1MG (<i>sirolimus tab 1 mg</i>)	4	
SIROLIMUS TAB 2MG (<i>sirolimus tab 2 mg</i>)	4	
SKYRIZI INJ 150MG/ML (<i>risankizumab-rzaa soln prefilled syringe 150 mg/ml</i>)	5	PA; QL; SP; Maximum 1mL (1 prefilled syringe) per 84 days.
SKYRIZI INJ 180/1.2 (<i>risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml</i>)	5	PA; QL; SP; Maximum of 1.2 mL (1 cartridge) per 56 days.
SKYRIZI INJ 360/2.4 (<i>risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml</i>)	5	PA; QL; SP; Maximum of 2.4 mL (1 cartridge) per 56 days.
SKYRIZI PEN INJ 150MG/ML (<i>risankizumab-rzaa soln auto-injector 150 mg/ml</i>)	5	PA; QL; SP; Maximum 1mL (1 auto-injector) per 84 days.
<i>tacrolimus cap 0.5 mg</i>	2	
<i>tacrolimus cap 1 mg</i>	2	
<i>tacrolimus cap 5 mg</i>	2	

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XELJANZ SOL 1MG/ML (<i>tofacitinib citrate oral soln 1 mg/ml</i>)	5	PA; QL; SP; Maximum of 10 ml per day.
XELJANZ TAB 10MG (<i>tofacitinib citrate tab 10 mg</i>)	5	PA; QL; SP; Maximum of 2 tablets per day.
XELJANZ TAB 5MG (<i>tofacitinib citrate tab 5 mg</i>)	5	PA; QL; SP; Maximum of 2 tablets per day.
XELJANZ XR TAB 11MG (<i>tofacitinib citrate tab er 24hr 11 mg</i>)	5	PA; QL; SP; Maximum of 1 tablet per day.
XELJANZ XR TAB 22MG (<i>tofacitinib citrate tab er 24hr 22 mg</i>)	5	PA; QL; SP; Maximum of 1 tablet per day.
Immunomodulators		
ACTEMRA INJ 162/0.9 (<i>tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml</i>)	5	PA; QL; SP; Maximum of 3.6 ml per 28 days.
ACTEMRA INJ ACTPEN (<i>tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml</i>)	5	PA; QL; SP; Maximum of 3.6 ml per 28 days.
ACTIMMUNE INJ 2MU/0.5 (<i>interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)</i>)	5	PA; QL; SP; Maximum of 13 ml per 30 days.
leflunomide tab 10 mg	2	
leflunomide tab 20 mg	2	
OTEZLA TAB 10/20 (<i>apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg</i>)	5	PA; QL; SP; Maximum of 55 tablets per year.
OTEZLA TAB 10/20/30 (<i>apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg</i>)	5	PA; QL; SP; Maximum of 55 tablets per year.
OTEZLA TAB 20MG (<i>apremilast tab 20 mg</i>)	5	PA; QL; SP; Maximum of 2 tablets per day.
OTEZLA TAB 30MG (<i>apremilast tab 30 mg</i>)	5	PA; QL; SP; Maximum of 2 tablets per day.
RINVOQ LQ SOL 1MG/ML (<i>upadacitinib oral soln 1 mg/ml</i>)	5	PA; QL; SP; Maximum of 12 ml per day.
RINVOQ TAB 15MG ER (<i>upadacitinib tab er 24hr 15 mg</i>)	5	PA; QL; SP; Maximum of 1 tablet per day.
RINVOQ TAB 30MG ER (<i>upadacitinib tab er 24hr 30 mg</i>)	5	PA; QL; SP; Maximum of 1 tablet per day.
RINVOQ TAB 45MG ER (<i>upadacitinib tab er 24hr 45 mg</i>)	5	PA; QL; SP; Maximum of 1 tablet per day.
TYENNE INJ 162/0.9 (<i>tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml</i>)	5	PA; QL; SP; Maximum of 3.6 ml per 28 days.
TYENNE INJ 162MG (<i>tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml</i>)	5	PA; QL; SP; Maximum of 3.6 ml per 28 days.
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.
AFLURIA INJ 2024-25 (<i>influenza virus vaccine split im susp</i>)	1	QL; \$0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
AFLURIA INJ 2024-25 (<i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>)	1	QL; \$0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
AFLURIA INJ 2025-26 (<i>influenza virus vaccine split im susp</i>)	1	QL; \$0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
AFLURIA INJ 2025-26 (<i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>)	1	QQL; \$0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
AREXVY INJ 120MCG (<i>rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml</i>)	1	QL; \$0 Copay for members 60 years of age or older. ;1 vaccination dose (1 injection) per day.

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BEXSERO INJ (<i>meningococcal vac b (recomb omv adjuv) inj prefilled syringe</i>)	1	QL; \$0 copay for members 10 years of age or older.;1 vaccination dose (0.5 ml) per day.
BEYFORTUS INJ 100MG/ML (<i>nirsevimab-alip im soln prefilled syringe 100 mg/ml</i>)	1	QL; \$0 copay for members 19 months of age or younger.;1 vaccination dose (2 ml) per day.
BEYFORTUS INJ 50/0.5ML (<i>nirsevimab-alip im soln prefilled syringe 50 mg/0.5ml</i>)	1	QL; \$0 copay for members 19 months of age or younger.;1 vaccination dose (0.5 ml) per day.
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; \$0 copay for members 19 years of age or older.;1 vaccination dose (0.5 ml) per day.
COMIRNATY INJ 2024-25 (<i>covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml</i>)	1	QL; \$0 copay for members 12 years of age or older.;1 vaccination dose (0.3 ml) per day.
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.
DENGVAXIA SUS (<i>dengue virus vaccine live tetravalent for subcutaneous susp</i>)	1	QL; \$0 copay for members between ages of 9 to 16 years.;1 vaccination dose (1 injection) per day.
ENFLONIA INJ 105MG (<i>clesrovimab-cfor im soln prefilled syringe 105 mg/0.7ml</i>)	1	QL; \$0 copay for members 1 year of age or younger.;1 vaccination dose (0.7 ml) per day.
ENGRIX-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.
ENGRIX-B INJ 20MCG/ML (<i>hepatitis b vaccine (recombinant) susp 20 mcg/ml</i>)	1	QL; 1 vaccination dose (2 ml) per day.
ENGRIX-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 2024-25 (<i>influenza vac type a&b surface ant adj susp pref syr 0.5 ml</i>)	1	QL;\$0 copay for members 18 years of age or older.;1 vaccination dose (0.5 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;\$0 copay for members 18 years of age or older.;1 vaccination dose (0.5 ml) per day.
FLUARIX INJ 2024-25 (<i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>)	1	QL; \$0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLUARIX INJ 2025-26 (<i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>)	1	QL; \$0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLUBLOK INJ 2024-25 (<i>influenza virus vacc recombinant ha pf soln pref syr 0.5 ml</i>)	1	QL;\$0 copay for members 9 years of age or older.;1 vaccination dose (0.5 ml) per day.
FLUBLOK INJ 2025-26 (<i>influenza virus vacc recombinant ha pf soln pref syr 0.5 ml</i>)	1	QL;\$0 copay for members 9 years of age or older.;1 vaccination dose (0.5 ml) per day.
FLUCELVAX INJ 2024-25 (<i>influenza virus vac tiss-cult subunit im susp</i>)	1	QL; \$0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLUCELVAX INJ 2024-25 (<i>influenza virus vac tiss-cult subunit susp pref syr 0.5 ml</i>)	1	QL; \$0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLUCELVAX INJ 2025-26 (<i>influenza virus vac tiss-cult subunit im susp</i>)	1	QL; \$0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.

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FLUCELVAX INJ 2025-26 (<i>influenza virus vac tiss-cult subunit susp pref syr 0.5 ml</i>)	1	QL; \$0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLULAVAL INJ 2024-25 (<i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>)	1	QL; \$0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLULAVAL INJ 2025-26 (<i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>)	1	QL; \$0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLUMIST NASA LIQ 2024-25 (<i>influenza virus vaccine live intranasal liquid</i>)	1	\$0 copay for members between ages of 2 to 49 years.;1 vaccination dose (0.2 ml) per day.
FLUMIST NASA LIQ 2025-26 (<i>influenza virus vaccine live intranasal liquid</i>)	1	\$0 copay for members between ages of 2 to 49 years.;1 vaccination dose (0.2 ml) per day.
FLUZONE HD INJ 2024-25 (<i>influenza virus vac split high-dose pf susp pref syr 0.5ml</i>)	1	QL; \$0 copay for members 18 years of age or older. ;1 vaccination dose (0.5 ml) per day.
FLUZONE HD INJ 2025-26 (<i>influenza virus vac split high-dose pf susp pref syr 0.5ml</i>)	1	QL; \$0 copay for members 18 years of age or older. ;1 vaccination dose (0.5 ml) per day.
FLUZONE INJ 2024-25 (<i>influenza virus vaccine split im susp</i>)	1	QL; \$0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLUZONE INJ 2024-25 (<i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>)	1	QL; \$0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLUZONE INJ 2025-26 (<i>influenza virus vaccine split im susp</i>)	1	QL; \$0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLUZONE INJ 2025-26 (<i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>)	1	QL; \$0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
GARDASIL 9 INJ (<i>human papillomavirus (hpv) 9-valent recomb vac im susp</i>)	1	QL; \$0 copay for members between ages of 9 to 45 years.;1 vaccination dose (0.5 ml) per day.
GARDASIL 9 INJ (<i>human papillomavirus (hpv) 9-valent recomb vac susp pref syr</i>)	1	QL; \$0 copay for members between ages of 9 to 45 years.;1 vaccination dose (0.5 ml) per day.
HAVRIX INJ 1440UNIT (<i>hepatitis a vaccine inj susp 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; \$0 copay for members 18 years of age or older. ;1 vaccination dose (0.5 ml) per day.
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.
IPOINJ INACTIVE (<i>poliovirus vaccine, ipv injection</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; \$0 copay for members 18 years of age or older. ;1 vaccination dose (0.5 ml) per day.
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.

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MENQUADFI INJ (<i>meningococcal (a, c, y, and w-135) tetanus conjugate vaccine</i>)	1	QL; 1 vaccination dose (0.5 ml) per day.
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.
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.
MNEXSPIKE INJ 2025-26 (<i>covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml</i>)	1	QL; \$0 copay for members 12 years of age or older. ;1 vaccination dose (0.2 ml) per day.
MODERNA INJ 2024-25 (<i>covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml</i>)	1	QL; \$0 copay for members between ages of 6 months to 11 years.;1 vaccination dose (0.25 ml) per day.
MODERNA INJ 2025-26 (<i>covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml</i>)	1	QL; \$0 copay for members between ages of 6 months to 11 years.;1 vaccination dose (0.25 ml) per day.
MRESVIA INJ 50MCG (<i>rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml</i>)	1	QL; ;\$0 copay for members 60 years of age or older. ;1 vaccination dose (0.5 ml) per day.
NOVAVAX INJ 2024-25 (<i>covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml</i>)	1	QL; \$0 copay for members 12 years of age or older. ;1 vaccination dose (0.5 ml) per day.
PEDIARIX INJ 0.5ML (<i>diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr</i>)	1	QL; \$0 copay for members 6 years of age or younger. ;1 vaccination dose (0.5 ml) per day.
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; \$0 copay for members between ages of 10 to 25 years.;1 vaccination dose (1 injection) per day.
PENMENVY INJ (<i>meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj</i>)	1	QL; \$0 copay for members between ages of 10 to 25 years.;1 vaccination dose (1 injection) per day.
PENTACEL INJ (<i>diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp</i>)	1	QL; \$0 copay for members 4 years of age or younger. ;1 vaccination dose (1 injection) per day.
PFIZER 5-11Y INJ 2024-25 (<i>covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml</i>)	1	QL; \$0 copay for members between ages of 5 to 11 years.;1 vaccination dose (0.3 ml) per day.
PFIZER 6M-4Y INJ 2024-25 (<i>covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml</i>)	1	QL; \$0 copay for members between ages of 6 months to 4 years.;1 vaccination dose (0.3 ml) per day.
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; \$0 copay for members 18 years of age or older. ;1 vaccination dose (1 ml) per day.
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; \$0 copay for members 1 month of age or older. ;1 vaccination dose (0.5 ml) per day.
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;;\$0 copay for members between ages of 1 to 12 years.;1 vaccination dose (1 injection) per day.

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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 vacc 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 for oral susp</i>)	1	QL; \$0 copay for members 8 months of age or younger. ;1 vaccination dose (1 ml) per day.
ROTARIX SUS (<i>rotavirus vaccine, live oral susp</i>)	1	QL; \$0 copay for members 8 months of age or younger. ;1 vaccination dose (1 ml) per day.
ROTATEQ SOL (<i>rotavirus vaccine, live oral pentavalent soln</i>)	1	QL; \$0 copay for members 8 months of age or younger. ;1 vaccination dose (1 ml) per day.
SHINGRIX INJ 50/0.5ML (<i>zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml</i>)	1	QL; \$0 Copay for members 19 years of age or older. ;1 vaccination dose (1 injection) per day.
SPIKEVAX INJ 2024-25 (<i>covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml</i>)	1	QL; 0 copay for members 12 years of age or older. ;1 vaccination dose (0.5 ml) per day.
SPIKEVAX INJ 2025-26 (<i>covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml</i>)	1	QL; 0 copay for members 12 years of age or older. ;1 vaccination dose (0.5 ml) per day.
TENIVAC INJ 5-2LF (<i>tetanus-diphtheria toxoids (td) inj 5-2 lfu</i>)	1	QL; 1 vaccination dose (0.5 ml) per day.
TRUMENBA INJ (<i>meningococcal group b vac (recomb) im susp prefilled syr</i>)	1	QL; \$0 copay for members 10 years of age or older. ;1 vaccination dose (0.5 ml) per day.
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 50UNT/ML (<i>hepatitis a vaccine inj susp 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; \$0 copay for members 4 years of age or younger. ;1 vaccination dose (0.5 ml) per day.
VAXELIS INJ (<i>diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp</i>)	1	QL; \$0 copay for members 4 years of age or younger. ;1 vaccination dose (0.5 ml) per day.
VAXNEUVANCE INJ (<i>pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml</i>)	1	QL; \$0 copay for members 1 month of age or older.;1 vaccination dose (0.5 ml) per day.
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>*mesalamine rectal enema 4 gm & cleanser wipe kit**</i>	4	QL; Maximum of 4 kits (28 bottles) per 28 days.

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balsalazide disodium cap 750 mg	3	
DIPENTUM CAP 250MG (<i>olsalazine sodium cap 250 mg</i>)	4	
mesalamine cap er 24hr 0.375 gm	3	QL; Maximum of 4 capsules per day.
mesalamine enema 4 gm	4	QL; Maximum of 1 bottle (60 ml) per day.
mesalamine suppos 1000 mg	4	QL; Maximum of 1 suppository per day.
mesalamine tab delayed release 1.2 gm	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	
budesonide delayed release particles cap 3 mg	4	
CORTIFOAM AER 90MG (<i>hydrocortisone acetate perianal foam 10% (90 mg/dose)</i>)	3	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	3	
hydrocortisone enema 100 mg/60ml	3	
hydrocortisone perianal cream 2.5%	2	
hydrocortisone perianal cream 2.5%	2	
Sulfonamides		
sulfasalazine tab 500 mg	2	
sulfasalazine tab delayed release 500 mg	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium oral soln 70 mg/75ml	3	
alendronate sodium tab 10 mg	2	QL; Maximum of 1 tablet per day.
alendronate sodium tab 35 mg	2	QL; Maximum of 8 tablets per 28 days.
alendronate sodium tab 70 mg	2	QL; Maximum of 4 tablets per 28 days.
calcitonin (salmon) nasal soln 200 unit/act	2	QL; Maximum of 1 bottle per 28 days.
calcitriol cap 0.25 mcg	2	
calcitriol cap 0.5 mcg	2	
calcitriol oral soln 1 mcg/ml	3	
cinacalcet hcl tab 30 mg	3	PA; QL; Maximum of 2 tablets per day.
cinacalcet hcl tab 60 mg	3	PA; QL; Maximum of 2 tablets per day.
cinacalcet hcl tab 90 mg	3	PA; QL; Maximum of 4 tablets per day.
doxercalciferol cap 0.5 mcg	4	
doxercalciferol cap 1 mcg	4	
doxercalciferol cap 2.5 mcg	4	
ibandronate sodium tab 150 mg	2	QL; Maximum of 1 tablet per 28 days.
paricalcitol cap 1 mcg	3	
paricalcitol cap 2 mcg	3	
paricalcitol cap 4 mcg	3	
risedronate sodium tab 150 mg	3	QL; Maximum of 1 tablet per 30 days.
risedronate sodium tab 30 mg	3	QL; Maximum of 1 tablet per day.
risedronate sodium tab 35 mg	3	QL; Maximum of 4 tablets per 28 days.
risedronate sodium tab 5 mg	3	QL; Maximum of 1 tablet per day.
TYMLOS INJ (<i>abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml</i>)	5	PA; QL; SP; Maximum of 1.56 ml per 30 days.

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Drug name	Tier	Coverage Requirements and Limits
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
*alcohol swabs***	1	
*condoms - male***	1	QL; Maximum of 36 condoms per month.
*gauze pads & dressings - pads 2" x 2"***	3	
*sharps container - misc***	1	
alcohol, rubbing 70%	1	
BD GLUCOSE CHW 5GM (glucose chew tab 5 gm)	3	
CAYA DPR (*diaphragm arc-spring***)	1	
CHEMSTRIP K TES (acetone (urine) test strip)	1	
CHEMSTRIP TES MICRAL (albumin (urine) test strip)	1	
COMFORT TOUC MIS 31GX4MM (insulin pen needle 31 g x 4 mm (1/6" or 5/32")	1	
COMFORT TOUC MIS 32GX8MM (insulin pen needle 32 g x 8 mm (1/3" or 5/16")	1	
COMFORT TOUC MIS 33GX1/4" (insulin pen needle 33 g x 6 mm (1/4" or 15/64")	1	
COMFORT TOUC MIS 33GX3/16 (insulin pen needle 33 g x 5 mm (1/5" or 3/16")	1	
COMFORT TOUC MIS 33GX5/32 (insulin pen needle 33 g x 4 mm (1/6" or 5/32")	1	
CONTOUR KIT NEXT (*blood glucose monitoring kit w/ device***)	1	QL; Maximum of 1 device per year.
CONTOUR KIT NEXT EZ (*blood glucose monitoring kit w/ device***)	1	QL; Maximum of 1 device per year.
CONTOUR NEXT KIT GEN (*blood glucose monitoring kit w/ device***)	1	QL; Maximum of 1 device per year.
CONTOUR NEXT MIS GEN (*blood glucose monitoring devices***)	1	QL; Maximum of 1 device per year.
CONTOUR NEXT MIS ONE (*blood glucose monitoring devices***)	1	QL; Maximum of 1 device per year.
CONTOUR PLUS KIT BLUE (*blood glucose monitoring kit w/ device***)	1	QL; Maximum of 1 device per year.
CONTOUR PLUS TES BLD GLUC (glucose blood test strip)	1	QL; Maximum of 100 strips per month.
CONTOUR TES NEXT (glucose blood test strip)	1	QL; Maximum of 100 strips per month.
COUNT-A-DOSE MIS (*insulin administration supplies - misc***)	1	
DEXCOM G6 MIS RECEIVER (*continuous glucose system receiver***)	4	PA; QL; Maximum of 1 receiver per year; SM
DEXCOM G6 MIS SENSOR (*continuous glucose system sensor***)	4	PA; QL; Maximum of 3 sensors per 30 days; SM
DEXCOM G6 MIS TRANSMIT (*continuous glucose system transmitter***)	4	PA; QL; Maximum of 1 transmitter per 90 days; SM
DEXCOM G7 MIS RECEIVER (*continuous glucose system receiver***)	4	PA; QL; Maximum of 1 receiver per year; SM
DEXCOM G7 MIS SENSOR (*continuous glucose system sensor***)	4	PA; QL; Maximum of 3 sensors per 30 days; SM
DIASCREEN MIS 1G (*urine glucose monitoring supplies***)	1	
DIASTIX TES STRIPS (glucose urine test-(glucose oxidase) strip)	1	
DROPLET MICR MIS 34GX9/64 (insulin pen needle 34 g x 3.5 mm (9/64")	1	
DUREX MIS REALFEEL (condoms non-latex lubricated)	1	QL; Maximum of 36 condoms per month.
DUREX MIS TROPICAL (condoms latex lubricated)	1	QL; Maximum of 36 condoms per month.
EASY COMFORT MIS 29GX4MM (insulin pen needle 29 g x 4 mm (1/6" or 5/32")	1	
EASY TOUCH MIS 30G (insulin pen needle 30 g x 6 mm (1/4" or 15/64")	1	

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Drug name	Tier	Coverage Requirements and Limits
ERGOLOID MES TAB 1MG ORAL (<i>ergoloid mesylates tab 1 mg</i>)	4	
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; SM
FREE LIBRE3 KIT PLUS/SEN (<i>*continuous glucose system sensor***</i>)	4	PA; QL; Maximum of 2 sensors per 28 days; SM
FREESTY LIBR KIT 2 SENSOR (<i>*continuous glucose system sensor***</i>)	4	PA; QL; Maximum of 2 sensors per 28 days; SM
FREESTY LIBR KIT 3 SENSOR (<i>*continuous glucose system sensor***</i>)	4	PA; QL; Maximum of 2 sensors per 28 days; SM
FREESTY LIBR KIT SENSOR (<i>*continuous glucose system sensor***</i>)	4	PA; QL; Maximum of 2 sensors per 28 days; SM
FREESTY LIBR MIS 2 READER (<i>*continuous glucose system receiver***</i>)	4	PA; QL; Maximum of 1 receiver per year; SM
FREESTY LIBR MIS 3 READER (<i>*continuous glucose system receiver***</i>)	4	PA; QL; Maximum of 1 receiver per year; SM
FREESTY LIBR MIS READER (<i>*continuous glucose system receiver***</i>)	4	PA; QL; Maximum of 1 receiver per year; SM
FREESTYLE MIS READER (<i>*continuous glucose system receiver***</i>)	4	PA; QL; Maximum of 1 receiver per year; SM
<i>glucose chew tab 1 gm</i>	3	
<i>glucose chew tab 4 gm (rounded)</i>	3	
<i>glucose gel 15 gm/33gm</i>	3	
<i>glucose gel 40%</i>	3	
<i>glucose gel 77.4%</i>	3	
GNP GLUCOSE CHW 2GM (<i>glucose chew tab 2 gm (carb equiv</i>	3	
<i>hydrogen peroxide soln 3%</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.
<i>insulin pen needle 29 g x 12 mm (1/2")</i>	1	
<i>insulin pen needle 29 g x 12.7 mm (1/2")</i>	1	
<i>insulin pen needle 29 g x 5 mm (1/5" or 3/16")</i>	1	
<i>insulin pen needle 29 g x 8 mm (1/3" or 5/16")</i>	1	
<i>insulin pen needle 31 g x 5 mm (1/5" or 3/16")</i>	1	
<i>insulin pen needle 31 g x 6 mm (1/4" or 5/16")</i>	1	
<i>insulin pen needle 31 g x 8 mm (1/3" or 5/16")</i>	1	
<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	
<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	

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Drug name	Tier	Coverage Requirements and Limits
<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>insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")</i>	1	
<i>isopropyl alcohol, rubbing 70%</i>	1	
KETO-DIASTIX TES (<i>*urine glucose-ketones test strips***</i>)	1	
LAGEVRIO 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	
<i>methylergonovine maleate tab 0.2 mg</i>	4	QL; Maximum of 28 tablets per year.
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 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.
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.
PENTIPS MIS 29GX12MM (<i>insulin pen needle 29 g x 12 mm (1/2"</i>	1	
PENTIPS MIS 31GX5MM (<i>insulin pen needle 31 g x 5 mm (1/5" or 3/16"</i>	1	
PENTIPS MIS 31GX8MM (<i>insulin pen needle 31 g x 8 mm (1/3" or 5/16"</i>	1	

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PENTIPS MIS 32GX4MM (<i>insulin pen needle 32 g x 4 mm (1/6" or 5/32"</i>	1	
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 sulfate ophth soln 0.3%</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN GEL 0.15% (<i>ganciclovir ophth gel 0.15%</i>)	4	
Antibacterials, Other		
<i>bacitracin ophth oint 500 unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
BETADINE SOL 5% OP (<i>povidone-iodine ophth soln 5%</i>)	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	3	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
Antifungals		
NATACYN SUS 5% OP (<i>natamycin ophth susp 5%</i>)	4	
Antitherpetic Agents		
<i>trifluridine ophth soln 1%</i>	3	
Macrolides		

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Drug name	Tier	Coverage Requirements and Limits
AZASITE SOL 1% (<i>azithromycin ophth soln 1%</i>)	4	
<i>erythromycin ophth oint 5 mg/gm</i>	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 (<i>lidocaine hcl ophth gel 3.5%</i>)	4	
ALTACAINE SOL 0.5% OP (<i>tetracaine hcl ophth soln 0.5%</i>)	2	
<i>atropine sulfate ophth soln 1%</i>	2	
CYCLOMYDRIL SOL OP (<i>cyclopentolate w/ phenylephrine ophth soln 0.2-1%</i>)	4	
<i>cyclopentolate hcl ophth soln 1%</i>	2	
ISOPTO ATROP SOL 1% OP (<i>atropine sulfate ophth soln 1%</i>)	4	
MITOSOL KIT 0.2MG (<i>mitomycin for ophth soln kit 0.2 mg</i>)	4	
<i>proparacaine hcl ophth soln 0.5%</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
<i>tetracaine hcl ophth soln 0.5%</i>	2	
ZYLET SUS 0.5-0.3% (<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>)	4	
Ophthalmic Anti-allergy Agents		
ALOCRI SOL 2% (<i>nedocromil sodium ophth soln 2%</i>)	4	
ALOMIDE SOL 0.1% OP (<i>lodoxamide tromethamine ophth soln 0.1%</i>)	4	
ALTAFRIN SOL 10% OP (<i>phenylephrine hcl ophth soln 10%</i>)	2	
ALTAFRIN SOL 2.5% OP (<i>phenylephrine hcl ophth soln 2.5%</i>)	2	
<i>azelastine hcl ophth soln 0.05%</i>	2	
<i>bepotastine besilate ophth soln 1.5%</i>	4	QL; Maximum of 5 ml per 30 days.
<i>ciprofloxacin hcl ophth soln 0.3%</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	
<i>epinastine hcl ophth soln 0.05%</i>	2	QL; Maximum of 5 ml per 30 days.
LASTACFT SOL 0.25% (<i>alcaftadine ophth soln 0.25%</i>)	4	QL; Maximum of 3 ml per 30 days.
<i>olopatadine hcl ophth soln 0.1%</i>	2	QL; Maximum of 5 ml per 30 days.
<i>phenylephrine hcl ophth soln 10%</i>	2	
<i>phenylephrine hcl ophth soln 2.5%</i>	2	
Ophthalmic Anti-inflammatories		
<i>bromfenac sodium ophth soln 0.09% (once-daily)</i>	3	QL; Maximum of 1.7 ml per 30 days.
<i>cyclosporine (ophth) emulsion 0.05%</i>	4	PA; QL; Maximum of 2 vials per day.
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	4	
<i>fluorometholone ophth susp 0.1%</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
INVELTYS SUS 1% (<i>loteprednol etabonate ophth susp 1%</i>)	4	QL; Maximum of 2.8 ml per 30 days.
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
LOTEMAX OIN 0.5% (<i>loteprednol etabonate ophth oint 0.5%</i>)	4	

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LOTEMAX SM GEL 0.38% (<i>loteprednol etabonate ophth gel 0.38%</i>)	4	QL; Maximum of 5 grams per 30 days.
<i>loteprednol etabonate ophth susp 0.5%</i>	4	QL; Maximum of 5 ml per 30 days.
<i>prednisolone acetate ophth susp 1%</i>	2	
<i>prednisolone sodium phosphate ophth soln 1%</i>	2	
Ophthalmic Antiglaucoma Agents		
<i>apraclonidine hcl ophth soln 0.5%</i>	2	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	QL; Maximum of 30 ml per 30 days.
<i>brimonidine tartrate ophth soln 0.2%</i>	2	QL; Maximum of 30 ml per 30 days.
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	3	QL; Maximum of 5 ml per 30 days.
<i>brinzolamide ophth susp 1%</i>	3	QL; Maximum of 10 ml per 30 days.
<i>brinzolamide ophth susp 1%</i>	3	QL; Maximum of 10 ml per 30 days.
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	QL; Maximum of 10 ml per 30 days.
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	3	QL; Maximum of 60 vials per 30 days.
<i>echothiophate iodide ophth for soln 0.125%</i>	3	
IOPIDINE SOL 1% OP (<i>apraclonidine hcl ophth soln 1%</i>)	4	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
<i>pilocarpine hcl ophth soln 1%</i>	2	
<i>pilocarpine hcl ophth soln 2%</i>	2	
<i>pilocarpine hcl ophth soln 4%</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 30 days.
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost ophth soln 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 preservative free (pf) ophth soln 0.0015%</i>	4	QL; Maximum of 30 vials per 30 days.
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	3	QL; Maximum of 2.5 ml per 30 days.
Quinolones		
<i>carteolol hcl ophth soln 1%</i>	2	
<i>gatifloxacin ophth soln 0.5%</i>	3	
<i>levofloxacin ophth soln 0.5%</i>	2	
<i>levofloxacin ophth soln 1.5%</i>	2	
<i>moxifloxacin hcl ophth soln 0.5%</i>	2	
<i>moxifloxacin hcl ophth soln 0.5%</i>	2	
<i>ofloxacin ophth soln 0.3%</i>	2	
Sulfonamides		
<i>sulfacetamide sodium ophth oint 10%</i>	2	

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sulfacetamide sodium ophth soln 10%	2	
Otic Agents		
Otic Agents		
acetic acid otic soln 2%	2	
ciprofloxacin hcl otic soln 0.2%	3	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%	4	
CORTISPORIN SUS -TC OTIC (neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml)	4	
fluocinolone acetonide (otic) oil 0.01%	3	
fluocinolone acetonide (otic) oil 0.01%	3	
fluocinolone acetonide (otic) oil 0.01%	3	
hydrocortisone w/ acetic acid otic soln 1-2%	3	
neomycin-polymyxin-hc otic soln 1%	2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2	
ofloxacin otic soln 0.3%	2	
OTOVEL DRO (ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%)	4	
Respiratory Tract/Pulmonary Agent		
Antihistamines		
diphenhydramine hcl elixir 12.5 mg/5ml	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO AER 160MCG (ciclesonide inhal aerosol 160 mcg/act)	4	QL; Maximum of 2 inhalers (12.2 grams) per 30 days. SM
ALVESCO AER 80MCG (ciclesonide inhal aerosol 80 mcg/act)	4	QL; Maximum of 1 inhaler (6.1 grams) per 30 days. SM
ARNUITY ELPT INH 100MCG (fluticasone furoate aerosol powder breath activ 100 mcg/act)	3	QL; Maximum of 1 inhaler (30 blisters) per 30 days. SM
ARNUITY ELPT INH 200MCG (fluticasone furoate aerosol powder breath activ 200 mcg/act)	3	QL; Maximum of 1 inhaler (30 blisters) per 30 days. SM
ARNUITY ELPT INH 50MCG (fluticasone furoate aerosol powder breath activ 50 mcg/act)	3	QL; Maximum of 1 inhaler (30 blisters) per 30 days. SM
ASMANEX 120 AER 220MCG (mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL; Maximum of 1 inhaler per 30 days. SM
ASMANEX 14 AER 220MCG (mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL; Maximum of 2 inhalers per 28 days. SM
ASMANEX 30 AER 110MCG (mometasone furoate inhal powd 110 mcg/act (breath activated)	3	QL; Maximum of 2 inhalers per 30 days. SM
ASMANEX 30 AER 220MCG (mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL; Maximum of 1 inhaler per 30 days. SM
ASMANEX 60 AER 220MCG (mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL; Maximum of 1 inhaler per 30 days. SM
ASMANEX HFA AER 100 MCG (mometasone furoate inhal aerosol suspension 100 mcg/act)	3	QL; Maximum of 1 inhaler (13 grams) per 30 days. SM
ASMANEX HFA AER 200 MCG (mometasone furoate inhal aerosol suspension 200 mcg/act)	3	QL; Maximum of 1 inhaler (13 grams) per 30 days. SM
ASMANEX HFA AER 50MCG (mometasone furoate inhal aerosol suspension 50 mcg/act)	3	QL; Maximum of 1 inhaler (13 grams) per 30 days. SM
BEVESPI AER 9-4.8MCG (glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act)	3	QL; Maximum of 1 inhaler (10.7 grams) per 30 days. SM

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BREYNA AER 160/4.5 (<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>)	4	QL; Maximum of 1 inhaler per 30 days. SM
BREYNA AER 80/4.5 (<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>)	4	QL; Maximum of 1 inhaler per 30 days. SM
<i>budesonide inhalation susp 0.25 mg/2ml</i>	3	QL; Maximum of 4 ml per day. SM
<i>budesonide inhalation susp 0.5 mg/2ml</i>	3	QL; Maximum of 4 ml per day. SM
<i>budesonide inhalation susp 1 mg/2ml</i>	3	QL; Maximum of 2 ml per day. SM
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	4	QL; Maximum of 1 inhaler per 30 days. SM
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	4	QL; Maximum of 1 inhaler per 30 days. SM
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL; Maximum of 16 grams per 30 days. SM
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL; Maximum of 1 inhaler (60 blisters) per 30 days. SM
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	3	QL; Maximum of 1 inhaler per 30 days. SM
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	3	QL; Maximum of 1 inhaler per 30 days. SM
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL; Maximum of 1 inhaler (60 blisters) per 30 days. SM
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL; Maximum of 1 inhaler (60 blisters) per 30 days. SM
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	3	QL; Maximum of 1 inhaler per 30 days. SM
<i>mometasone furoate nasal susp 50 mcg/act</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 2 inhalers (21.2 grams) per 30 days; SM
QVAR REDIHAL AER 40MCG (<i>beclomethasone diprop hfa breath act inh aer 40 mcg/act</i>)	3	QL; Maximum of 2 inhalers (21.2 grams) per 30 days; SM
WIXELA INHUB AER 100/50 (<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>)	3	QL; Maximum of 1 inhaler (60 blisters) per 30 days. SM
WIXELA INHUB AER 250/50 (<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>)	3	QL; Maximum of 1 inhaler (60 blisters) per 30 days. SM
WIXELA INHUB AER 500/50 (<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>)	3	QL; Maximum of 1 inhaler (60 blisters) per 30 days. SM
Antihistamines		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	QL; Maximum of 1 ml per day.
<i>carbinoxamine maleate soln 4 mg/5ml</i>	2	
<i>carbinoxamine maleate tab 4 mg</i>	2	
<i>clemastine fumarate tab 2.68 mg</i>	2	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	2	
<i>cyproheptadine hcl tab 4 mg</i>	2	
<i>desloratadine tab 5 mg</i>	3	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	3	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>olopatadine hcl nasal soln 0.6%</i>	3	QL; Maximum of 30.5 grams per 30 days.
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	2	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	2	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	2	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	2	
<i>promethazine hcl suppos 12.5 mg</i>	3	QL; Maximum of 6 suppositories per day.
<i>promethazine hcl suppos 25 mg</i>	3	QL; Maximum of 4 suppositories per day.

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<i>promethazine hcl tab 12.5 mg</i>	2	
<i>promethazine hcl tab 25 mg</i>	2	
<i>promethazine hcl tab 50 mg</i>	2	
Antileukotrienes		
<i>montelukast sodium chew tab 4 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>montelukast sodium chew tab 5 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>montelukast sodium oral granules packet 4 mg</i>	2	QL; Maximum of 1 packet per day.
<i>montelukast sodium tab 10 mg</i>	2	QL; Maximum of 1 tablet per day.
<i>zafirlukast tab 10 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>zafirlukast tab 20 mg</i>	3	QL; Maximum of 2 tablets per day.
<i>zileuton tab er 12hr 600 mg</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA AER 17MCG (<i>ipratropium bromide hfa inhal aerosol 17 mcg/act</i>)	4	QL; Maximum of 2 inhalers per 30 days. SM
BREZTRI AERO AER SPHERE (<i>budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act</i>)	3	QL; Maximum of 1 inhaler (10.7 grams) per 30 days. SM
INCRUSE ELPT INH 62.5MCG (<i>umeclidinium br aero powd breath act 62.5 mcg/act (base eq</i>	3	QL; Maximum of 1 inhaler (30 blisters) per 30 days. SM
<i>ipratropium bromide inhal soln 0.02%</i>	2	SM
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	SM
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	SM
SPIRIVA AER 1.25MCG (<i>tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act</i>)	3	QL; Maximum of 1 inhaler (4 grams) per 30 days. SM
SPIRIVA SPR 2.5MCG (<i>tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act</i>)	3	QL; Maximum of 1 inhaler (4 grams) per 30 days. SM
STIOLTO AER 2.5-2.5 (<i>tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act</i>)	3	QL; Maximum of 1 inhaler (4 grams) per 30 days. SM
<i>tiotropium bromide monohydrate inhal cap 18 mcg</i>	3	QL; Maximum of 1 capsule per day. SM
TRELEGY AER 100MCG (<i>fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act</i>)	3	QL; Maximum of 1 inhaler (60 blisters) per 30 days. SM
TRELEGY AER 200MCG (<i>fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act</i>)	3	QL; Maximum of 1 inhaler (60 blisters) per 30 days. SM
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	
<i>albuterol sulfate soln nebu 0.63 mg/3ml</i>	1	
<i>albuterol sulfate soln nebu 1.25 mg/3ml</i>	1	
<i>albuterol sulfate syrup 2 mg/5ml</i>	3	
<i>albuterol sulfate syrup 2 mg/5ml</i>	3	
<i>albuterol sulfate tab 2 mg</i>	3	
<i>albuterol sulfate tab 4 mg</i>	3	
<i>arformoterol tartrate soln nebu 15 mcg/2ml</i>	4	QL; Maximum of 2 vials (4 ml) per day. SM
<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

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epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	QL; Maximum of 4 pens (2 boxes) per 30 days; SM
formoterol fumarate soln nebu 20 mcg/2ml	4	QL; Maximum of 2 vials (4 ml) per day. SM
levalbuterol hcl soln nebu 0.31 mg/3ml	3	QL; Maximum of 18 ml per day. SM
levalbuterol hcl soln nebu 0.63 mg/3ml	3	QL; Maximum of 18 ml per day. SM
levalbuterol hcl soln nebu 1.25 mg/3ml	3	QL; Maximum of 9 ml per day. SM
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml	3	QL; Maximum of 90 vials per 30 days. SM
STRIVERDI AER 2.5MCG (olodaterol hcl inhal aerosol soln 2.5 mcg/act)	3	QL; Maximum of 1 inhaler (4 grams) per 30 days. SM
SYMJEPI INJ 0.15MG (epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)	1	QL; Maximum of 4 syringes per 30 days.
SYMJEPI INJ 0.3MG (epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)	1	QL; Maximum of 4 syringes per 30 days.
terbutaline sulfate tab 2.5 mg	4	
terbutaline sulfate tab 5 mg	4	
VENTOLIN HFA AER (albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv	1	
Cystic Fibrosis Agents		
ORKAMBI GRA 100-125 (lumacaftor-ivacaftor granules packet 100-125 mg)	5	PA; QL; SP; Maximum of 56 packets per 28 days.
ORKAMBI GRA 150-188 (lumacaftor-ivacaftor granules packet 150-188 mg)	5	PA; QL; SP; Maximum of 56 packets per 28 days.
ORKAMBI GRA 75-94MG (lumacaftor-ivacaftor granules packet 75-94 mg)	5	PA; QL; SP; Maximum of 56 packets per 28 days.
ORKAMBI TAB 100-125 (lumacaftor-ivacaftor tab 100-125 mg)	5	PA; QL; SP; Maximum of 112 tablets per 28 days.
ORKAMBI TAB 200-125 (lumacaftor-ivacaftor tab 200-125 mg)	5	PA; QL; SP; Maximum of 112 tablets per 28 days.
PULMOZYME SOL 1MG/ML (dornase alfa inhal soln 2.5 mg/2.5ml)	5	PA; QL; SP; Maximum of 2 ampules (5 ml) per day.
tobramycin nebu soln 300 mg/5ml	5	PA; QL; SP; Maximum of 2 ampules (10 ml) per day.
Mast Cell Stabilizers		
cromolyn sodium soln nebu 20 mg/2ml	3	
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast tab 250 mcg	4	QL; Maximum of 1 tablet per day.
roflumilast tab 500 mcg	4	QL; Maximum of 1 tablet per day.
THEO-24 CAP 100MG CR (theophylline cap er 24hr 100 mg)	4	
THEO-24 CAP 200MG CR (theophylline cap er 24hr 200 mg)	4	
THEO-24 CAP 300MG CR (theophylline cap er 24hr 300 mg)	4	
THEO-24 CAP 400MG ER (theophylline cap er 24hr 400 mg)	4	
theophylline elixir 80 mg/15ml	3	
theophylline elixir 80 mg/15ml	3	
theophylline soln 80 mg/15ml	3	
theophylline tab er 12hr 100 mg	2	
theophylline tab er 12hr 200 mg	2	
theophylline tab er 12hr 300 mg	2	
theophylline tab er 12hr 450 mg	2	
theophylline tab er 24hr 400 mg	2	

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theophylline tab er 24hr 600 mg	2	
Pulmonary Antihypertensives		
ADEMPAS TAB 0.5MG (riociguat tab 0.5 mg)	5	PA; QL; SP; Maximum of 3 tablets per day.
ADEMPAS TAB 1.5MG (riociguat tab 1.5 mg)	5	PA; QL; SP; Maximum of 3 tablets per day.
ADEMPAS TAB 1MG (riociguat tab 1 mg)	5	PA; QL; SP; Maximum of 3 tablets per day.
ADEMPAS TAB 2.5MG (riociguat tab 2.5 mg)	5	PA; QL; SP; Maximum of 3 tablets per day.
ADEMPAS TAB 2MG (riociguat tab 2 mg)	5	PA; QL; SP; Maximum of 3 tablets per day.
ALYQ TAB 20MG (tadalafil tab 20 mg (pah	5	PA; QL; SP; Maximum of 2 tablets per day.
ambrisentan tab 10 mg	5	PA; QL; SP; Maximum of 1 tablet per day.
ambrisentan tab 5 mg	5	PA; QL; SP; Maximum of 1 tablet per day.
bosentan tab 125 mg	5	PA; QL; SP; Maximum of 2 tablets per day.
bosentan tab 62.5 mg	5	PA; QL; SP; Maximum of 2 tablets per day.
OPSUMIT TAB 10MG (macitentan tab 10 mg)	5	PA; QL; SP; Maximum of 1 tablet per day.
ORENITRAM TAB 0.125MG (treprostinil diolamine tab er 0.125 mg)	5	PA; QL; SP; Maximum of 6 tablets per day.
ORENITRAM TAB 0.25MG (treprostinil diolamine tab er 0.25 mg)	5	PA; QL; SP; Maximum of 6 tablets per day.
ORENITRAM TAB 1MG (treprostinil diolamine tab er 1 mg)	5	PA; QL; SP; Maximum of 6 tablets per day.
ORENITRAM TAB 2.5MG (treprostinil diolamine tab er 2.5 mg)	5	PA; QL; SP; Maximum of 6 tablets per day.
ORENITRAM TAB 5MG (treprostinil diolamine tab er 5 mg)	5	PA; QL; SP; Maximum of 6 tablets per day.
ORENITRAM TAB MONTH 1 (treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg)	5	PA; QL; SP; Maximum of 1 titration kit per year.
ORENITRAM TAB MONTH 2 (treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg)	5	PA; QL; SP; Maximum of 1 titration kit per year.
ORENITRAM TAB MONTH 3 (treprostinil tab er titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg)	5	PA; QL; SP; Maximum of 1 titration kit per year.
sildenafil citrate for suspension 10 mg/ml	5	PA; QL; SP; Maximum of 6 ml per day.
sildenafil citrate tab 20 mg	4	PA; QL; SP; Maximum of 3 tablets per day.
tadalafil tab 20 mg (pah)	5	PA; QL; SP; Maximum of 2 tablets per day.
TYVASO DPI POW 16-32-48 (treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg)	5	PA; QL; SP; Maximum of 252 cartridges (1 kit) per year.
TYVASO DPI POW 16-32MCG (treprostinil inh powder 112 x 16mcg & 84 x 32mcg)	5	PA; QL; SP; Maximum of 196 cartridges (1 kit) per year.
TYVASO DPI POW 16MCG (treprostinil inh powder 16 mcg/cartridge)	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 32MCG (treprostinil inh powder 32 mcg/cartridge)	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 48MCG (treprostinil inh powder 48 mcg/cartridge)	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 64MCG (treprostinil inh powder 64 mcg/cartridge)	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO RF KT SOL 0.6MG/ML (treprostinil inhalation solution 0.6 mg/ml)	5	PA; QL; SP; Maximum of 4 ampules (11.6 ml) per day.
TYVASO SOL 0.6MG/ML (treprostinil inhalation solution 0.6 mg/ml)	5	PA; QL; SP; Maximum of 4 ampules (11.6 ml) per day.
TYVASO ST KT SOL 0.6MG/ML (treprostinil inhalation solution 0.6 mg/ml)	5	PA; QL; SP; Maximum of 4 ampules (11.6 ml) per day.
UPTRAVID TAB 200/800 (selexipag tab therapy pack 200 mcg (140) & 800 mcg (60	5	PA; QL; SP; Maximum of 200 tablets per year.
UPTRAVID TAB 1000MCG (selexipag tab 1000 mcg)	5	PA; QL; SP; Maximum of 2 tablets per day.
UPTRAVID TAB 1200MCG (selexipag tab 1200 mcg)	5	PA; QL; SP; Maximum of 2 tablets per day.

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UPTRAVI TAB 1400MCG (<i>selexipag tab 1400 mcg</i>)	5	PA; QL; SP; Maximum of 2 tablets per day.
UPTRAVI TAB 1600MCG (<i>selexipag tab 1600 mcg</i>)	5	PA; QL; SP; Maximum of 2 tablets per day.
UPTRAVI TAB 200MCG (<i>selexipag tab 200 mcg</i>)	5	PA; QL; SP; Maximum of 5 tablets per day.
UPTRAVI TAB 400MCG (<i>selexipag tab 400 mcg</i>)	5	PA; QL; SP; Maximum of 2 tablets per day.
UPTRAVI TAB 600MCG (<i>selexipag tab 600 mcg</i>)	5	PA; QL; SP; Maximum of 2 tablets per day.
UPTRAVI TAB 800MCG (<i>selexipag tab 800 mcg</i>)	5	PA; QL; SP; 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		
OFEV CAP 100MG (<i>nintedanib esylate cap 100 mg</i>)	5	PA; QL; SP; Maximum of 2 capsules per day.
OFEV CAP 150MG (<i>nintedanib esylate cap 150 mg</i>)	5	PA; QL; SP; Maximum of 2 capsules per day.
<i>pirfenidone cap 267 mg</i>	4	PA; QL; SP; Maximum of 9 capsules per day.
<i>pirfenidone tab 267 mg</i>	4	PA; QL; SP; Maximum of 9 tablets per day.
<i>pirfenidone tab 534 mg</i>	4	PA; QL; SP; Maximum of 3 tablets per day.
<i>pirfenidone tab 801 mg</i>	4	PA; QL; SP; Maximum of 3 tablets per day.
Respiratory Tract Agents, Other		
<i>acetylcysteine inhal soln 10%</i>	2	
<i>acetylcysteine inhal soln 20%</i>	2	
<i>benzonatate cap 100 mg</i>	2	
<i>benzonatate cap 200 mg</i>	2	
GILTUSS TAB 10-388MG (<i>phenylephrine-guaifenesin tab 10-388 mg</i>)	4	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	2	PA; QL; Maximum of 360 ml per 30 days.
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	2	PA; QL; Maximum of 12 ml per day.
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	2	PA; QL; Maximum of 12 ml per day.
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	2	PA; QL; Maximum of 12 ml per day.
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	2	PA; QL; Maximum of 12 tablets per day.
HYPERSAL NEB 3.5% (<i>sodium chloride soln nebu 3.5%</i>)	3	
HYPERSAL NEB 7% (<i>sodium chloride soln nebu 7%</i>)	3	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	
NEBUSAL NEB 3% (<i>sodium chloride soln nebu 3%</i>)	3	
NEBUSAL NEB 6% (<i>sodium chloride soln nebu 6%</i>)	3	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	2	PA; QL; Maximum of 36 ml per day.
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	2	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	2	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	2	PA; QL; Maximum of 36 ml per day.
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	2	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	2	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	2	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	2	
PULMOSAL NEB 7% (<i>sodium chloride soln nebu 7%</i>)	3	
<i>sodium chloride soln nebu 0.9%</i>	2	
<i>sodium chloride soln nebu 10%</i>	2	
<i>sodium chloride soln nebu 3%</i>	2	

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sodium chloride soln nebu 7%	2	
XOLAIR INJ 150MG/ML (<i>omalizumab subcutaneous soln auto-injector 150 mg/ml</i>)	5	PA; QL; SP; Maximum of 4ml (4 pens) per 28 days.
XOLAIR INJ 150MG/ML (<i>omalizumab subcutaneous soln prefilled syringe 150 mg/ml</i>)	5	PA; QL; SP; Maximum of 4ml (4 syringes) per 28 days.
XOLAIR INJ 300/2ML (<i>omalizumab subcutaneous soln auto-injector 300 mg/2ml</i>)	5	PA; QL; SP; Maximum of 4ml (4 pens) per 28 days.
XOLAIR INJ 300/2ML (<i>omalizumab subcutaneous soln prefilled syringe 300 mg/2ml</i>)	5	PA; QL; SP; Maximum of 4ml (4 syringes) per 28 days.
XOLAIR INJ 75/0.5 (<i>omalizumab subcutaneous soln auto-injector 75 mg/0.5ml</i>)	5	PA; QL; SP; Maximum of 1ml (2 pens) per 28 days.
XOLAIR INJ 75/0.5 (<i>omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml</i>)	5	PA; QL; SP; Maximum of 1ml (2 syringes) per 28 days.
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
baclofen tab 10 mg	2	
baclofen tab 20 mg	2	
baclofen tab 5 mg	2	
carisoprodol tab 350 mg	2	QL; Maximum of 4 tablets per day.
chlorzoxazone tab 500 mg	3	
cyclobenzaprine hcl tab 10 mg	2	
cyclobenzaprine hcl tab 5 mg	2	
cyclobenzaprine hcl tab 7.5 mg	2	
dantrolene sodium cap 100 mg	3	
dantrolene sodium cap 25 mg	3	
dantrolene sodium cap 50 mg	3	
metaxalone tab 800 mg	3	
methocarbamol tab 500 mg	2	
methocarbamol tab 750 mg	2	
orphenadrine citrate tab er 12hr 100 mg	2	
tizanidine hcl cap 2 mg	3	
tizanidine hcl cap 4 mg	3	
tizanidine hcl cap 6 mg	3	
tizanidine hcl tab 2 mg	2	
tizanidine hcl tab 4 mg	2	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone tab 1 mg	2	QL; Maximum of 1 tablet per day.
eszopiclone tab 2 mg	2	QL; Maximum of 1 tablet per day.
eszopiclone tab 3 mg	2	QL; Maximum of 1 tablet per day.
flurazepam hcl cap 15 mg	2	QL; Maximum of 1 capsule per day.
flurazepam hcl cap 30 mg	2	QL; Maximum of 1 capsule per day.
temazepam cap 15 mg	2	QL; Maximum of 1 capsule per day.
temazepam cap 22.5 mg	2	QL; Maximum of 1 capsule per day.
temazepam cap 30 mg	2	QL; Maximum of 1 capsule per day.
temazepam cap 7.5 mg	2	QL; Maximum of 1 capsule per day.

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

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

KEY: **CM** Orally administered anticancer medication
PA Prior authorization required
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acebutolol hcl cap 400 mg	64	ADALIMU-ADBM KIT 40/0.4ML (adalimumab-adbm prefilled syringe kit 40 mg/0.4ml)	100	albuterol sulfate soln nebu 1.25 mg/3ml	116
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acetaminophen w/ codeine tab 300- 15 mg	18	ADALIMU-ADBM KIT 40/0.8ML (adalimumab-adbm auto-injector kit 40 mg/0.8ml)	100	albuterol sulfate tab 4 mg	116
acetaminophen w/ codeine tab 300- 30 mg	18	ADALIMU-ADBM KIT 40/0.8ML (adalimumab-adbm auto-injector kit 40 mg/0.8ml)	100	alclometasone dipropionate cream 0.05%	85
acetaminophen w/ codeine tab 300- 60 mg	18	ADALIMU-ADBM KIT 40/0.8ML (adalimumab-adbm auto-injector kit 40 mg/0.8ml)	100	alclometasone dipropionate oint 0.05%	85
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ACTIMMUNE INJ 2MU/0.5 (interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	102	ADALIMU-ADBM KIT 40/0.8ML (adalimumab-adbm auto-injector kit 40 mg/0.8ml)	100	almotriptan malate tab 6.25 mg	35
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0.5 mg	51	amitriptyline hcl tab 75 mg	31	amoxicillin & k clavulanate for susp	
alprazolam orally disintegrating tab		amitriptyline hcl tab 100 mg	31	400-57 mg/5ml	24
0.25 mg	51	amitriptyline hcl tab 150 mg	31	amoxicillin & k clavulanate for susp	
alprazolam orally disintegrating tab		AMJEVITA INJ 20/0.2ML		600-42.9 mg/5ml	24
1 mg	51	(adalimumab-atto soln prefilled syringe 20 mg/0.2ml)	100	amoxicillin & k clavulanate tab 250-	
alprazolam orally disintegrating tab		AMJEVITA INJ 40/0.4ML		125 mg	24
2 mg	51	(adalimumab-atto soln auto-injector 40 mg/0.4ml)	100	amoxicillin & k clavulanate tab 500-	
alprazolam tab 0.5 mg	51	AMJEVITA INJ 40/0.4ML		125 mg	24
alprazolam tab 0.25 mg	51	(adalimumab-atto soln prefilled syringe 40 mg/0.4ml)	100	amoxicillin & k clavulanate tab 875-	
alprazolam tab 1 mg	51	AMJEVITA INJ 80/0.8ML		125 mg	24
alprazolam tab 2 mg	51	(adalimumab-atto soln auto-injector 80 mg/0.8ml)	100	amoxicillin (trihydrate) cap 250 mg ..	23
alprazolam tab er 24hr 0.5 mg	51	amlodipine besylate-benazepril hcl		amoxicillin (trihydrate) cap 500 mg ..	23
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alprazolam tab er 24hr 1 mg	51	amlodipine besylate-benazepril hcl		125 mg	23
alprazolam tab er 24hr 1 mg	52	cap 5-10 mg	62	amoxicillin (trihydrate) chew tab	
alprazolam tab er 24hr 2 mg	51	amlodipine besylate-benazepril hcl		250 mg	23
alprazolam tab er 24hr 2 mg	52	cap 5-20 mg	62	amoxicillin (trihydrate) for susp 125	
alprazolam tab er 24hr 3 mg	52	amlodipine besylate-benazepril hcl		mg/5ml	23
alprazolam tab er 24hr 3 mg	52	cap 5-40 mg	62	amoxicillin (trihydrate) for susp 200	
ALTABAX OIN 1% (retapamulin oint 1%)	22	amlodipine besylate-benazepril hcl		mg/5ml	23
ALTACAINE SOL 0.5% OP (tetracaine hcl ophth soln 0.5%)	112	cap 10-20 mg	62	amoxicillin (trihydrate) for susp 250	
ALTAFRIN SOL 2.5% OP		amlodipine besylate-benazepril hcl		mg/5ml	23
(phenylephrine hcl ophth soln 2.5%)	112	cap 10-40 mg	62	amoxicillin (trihydrate) for susp 400	
ALTAFRIN SOL 10% OP		amlodipine besylate tab 2.5 mg	66	mg/5ml	23
(phenylephrine hcl ophth soln 10%)	112	amlodipine besylate tab 5 mg	66	amoxicillin (trihydrate) tab 500 mg ..	23
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alvimopan cap 12 mg	81	5-160 mg	61	cap er 24hr 5 mg	72
ALYQ TAB 20MG (tadalafil tab 20 mg pah)	118	amlodipine besylate-valsartan tab		amphetamine-dextroamphetamine	
amantadine hcl cap 100 mg	44	10-160 mg	61	cap er 24hr 10 mg	72
amantadine hcl soln 50 mg/5ml	44	amlodipine besylate-valsartan tab		amphetamine-dextroamphetamine	
amantadine hcl soln 50 mg/5ml	44	5-320 mg	61	cap er 24hr 15 mg	72
amantadine hcl tab 100 mg	44	amlodipine besylate-valsartan tab		amphetamine-dextroamphetamine	
ambrisentan tab 5 mg	118	10-320 mg	61	cap er 24hr 20 mg	72
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amcinonide cream 0.1%	85	(isotretinoin cap 10 mg)	76	cap er 24hr 25 mg	72
amcinonide lotion 0.1%	85	AMNESTEEM CAP 20MG		amphetamine-dextroamphetamine	
amcinonide oint 0.1%	85	(isotretinoin cap 20 mg)	76	cap er 24hr 30 mg	72
amiloride hcl tab 5 mg	69	AMNESTEEM CAP 30MG		amphetamine-dextroamphetamine	
amiloride & hydrochlorothiazide tab		(isotretinoin cap 30 mg)	76	tab 5 mg	72
5-50 mg	68	AMNESTEEM CAP 40MG		amphetamine-dextroamphetamine	
aminocaproic acid oral soln 0.25		(isotretinoin cap 40 mg)	76	tab 7.5 mg	72
gm/ml	60	amoxapine tab 25 mg	31	amphetamine-dextroamphetamine	
		amoxapine tab 50 mg	31	tab 10 mg	72
		amoxapine tab 100 mg	31	amphetamine-dextroamphetamine	
		amoxapine tab 150 mg	31	tab 12.5 mg	72
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		& lansopraz cap dr 500 & 500 & 30mg ..	81	tab 15 mg	72
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				tab 30 mg	72
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anagrelide hcl cap 1 mg	59	aripiprazole tab 2 mg	46	aspirin chew tab 81 mg	15
ANALPRAM-HC LOT 2.5% (hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%)	107	aripiprazole tab 5 mg	46	aspirin-dipyridamole cap er 12hr 25-200 mg	60
anastrozole tab 1 mg	39	aripiprazole tab 10 mg	46	aspirin tab delayed release 81 mg	15
ANNOVERA MIS (segesterone acetate ethinyl estradiol va ring 0.15-0.013 mg/24hr)	89	aripiprazole tab 15 mg	46	ATABEX EC TAB 29-1MG (*prenatal vit w/ dss-iron carbonyl-fa tab dr 29-1 mg***)	79
ANZEMET TAB 50MG (dolasetron mesylate tab 50 mg)	33	aripiprazole tab 20 mg	46	ATABEX OB TAB 29-1MG (*prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg***)	79
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apraclonidine hcl ophth soln 0.5%	113	armodafinil tab 50 mg	121	atazanavir sulfate cap 200 mg	50
aprepitant capsule 40 mg	33	armodafinil tab 150 mg	121	atazanavir sulfate cap 300 mg	50
aprepitant capsule 80 mg	33	armodafinil tab 200 mg	121	atenolol & chlorthalidone tab 50-25 mg	64
aprepitant capsule 125 mg	33	armodafinil tab 250 mg	121	atenolol & chlorthalidone tab 100-25 mg	64
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ARANESP INJ 25MCG (darbepoetin alfa soln inj 25 mcg/ml)	59	ARMOUR THYRO TAB 60MG (thyroid tab 60 mg (1 grain)	96	atenolol tab 100 mg	64
ARANESP INJ 25MCG (darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml)	59	ARMOUR THYRO TAB 90MG (thyroid tab 90 mg (1 1/2 grain)	96	atomoxetine hcl cap 10 mg	72
ARANESP INJ 40MCG (darbepoetin alfa soln inj 40 mcg/ml)	59	ARMOUR THYRO TAB 120MG (thyroid tab 120 mg (2 grain)	96	atomoxetine hcl cap 18 mg	73
ARANESP INJ 40MCG (darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml)	59	ARMOUR THYRO TAB 180MG (thyroid tab 180 mg (3 grain)	96	atomoxetine hcl cap 25 mg	73
ARANESP INJ 60MCG (darbepoetin alfa soln inj 60 mcg/ml)	59	ARMOUR THYRO TAB 240MG (thyroid tab 240 mg (4 grain)	96	atomoxetine hcl cap 40 mg	73
ARANESP INJ 60MCG (darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml)	59	ARMOUR THYRO TAB 300MG (thyroid tab 300 mg (5 grain)	96	atomoxetine hcl cap 60 mg	73
ARANESP INJ 100MCG (darbepoetin alfa soln inj 100 mcg/ml)	59	ARNUITY ELPT INH 50MCG (fluticasone furoate aerosol powder breath activ 50 mcg/act)	114	atomoxetine hcl cap 80 mg	73
ARANESP INJ 100MCG (darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml)	59	ARNUITY ELPT INH 100MCG (fluticasone furoate aerosol powder breath activ 100 mcg/act)	114	atomoxetine hcl cap 100 mg	72
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ARANESP INJ 200MCG (darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml)	59	asenapine maleate sl tab 5 mg	46	atorvastatin calcium tab 40 mg	70
ARANESP INJ 300MCG (darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml)	59	asenapine maleate sl tab 10 mg	46	atorvastatin calcium tab 80 mg	70
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azithromycin for susp 200 mg/5ml ... 24	benztropine mesylate tab 0.5 mg 44	bisoprolol & hydrochlorothiazide tab 10-6.25 mg 64
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bromfenac sodium ophth soln 0.09% (once-daily)	112	butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	18	CAPRELSA TAB 300MG (vandetanib tab 300 mg)	40
bromocriptine mesylate cap 5 mg	44	butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	18	captopril & hydrochlorothiazide tab 25-15 mg	62
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budesonide delayed release particles cap 3 mg	107	butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	18	captopril tab 12.5 mg	62
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	115	butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	18	captopril tab 25 mg	62
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	115	BYDUREON BC INJ 2/0.85ML (exenatide extended release susp auto-injector 2 mg/0.85ml)	53	captopril tab 50 mg	62
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budesonide inhalation susp 0.25 mg/2ml	115	cabozantinib s-malate tab 20 mg	40	CAPVAXIVE INJ 0.5ML (pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml)	103
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bumetanide tab 0.5 mg	68	cabozantinib s-malate tab 60 mg	40	carbamazepine cap er 12hr 200 mg...	27
bumetanide tab 1 mg	69	caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	74	carbamazepine cap er 12hr 300 mg...	27
bumetanide tab 2 mg	69	caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	74	carbamazepine chew tab 100 mg	27
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg	20	calcipotriene-betamethasone dipropionate oint 0.005-0.064%	76	carbamazepine susp 100 mg/5ml	27
buprenorphine hcl-naloxone hcl sl film 4-1 mg	20	calcipotriene-betamethasone dipropionate susp 0.005-0.064%	76	carbamazepine susp 100 mg/5ml	27
buprenorphine hcl-naloxone hcl sl film 8-2 mg	20	calcipotriene cream 0.005%	76	carbamazepine tab 200 mg	27
buprenorphine hcl-naloxone hcl sl film 12-3 mg	20	calcipotriene oint 0.005%	76	carbamazepine tab er 12hr 100 mg ...	27
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg	20	calcipotriene soln 0.005% (50 mcg/ ml)	76	carbamazepine tab er 12hr 200 mg...	27
buprenorphine hcl sl tab 2 mg	20	calcitonin (salmon) nasal soln 200 unit/act.	107	carbamazepine tab er 12hr 400 mg...	27
buprenorphine hcl sl tab 8 mg	20	calcitriol cap 0.5 mcg	107	carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	45
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	21	calcitriol cap 0.25 mcg	107	carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	45
bupropion hcl tab 75 mg	29	calcitriol oint 3 mcg/gm	76	carbidopa-levodopa-entacapone tabs 25-100-200 mg	45
bupropion hcl tab 100 mg	29	calcitriol oral soln 1 mcg/ml	107	carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	45
bupropion hcl tab er 12hr 100 mg	29	calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	79	carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	45
bupropion hcl tab er 12hr 150 mg	29	calcium acetate (phosphate binder) tab 667 mg	79	carbidopa-levodopa-entacapone tabs 50-200-200 mg	45
bupropion hcl tab er 12hr 150 mg	29	CALQUENCE TAB 100MG (acalabrutinib maleate tab 100 mg) ..	40	carbidopa & levodopa orally disintegrating tab 10-100 mg	45
bupropion hcl tab er 12hr 200 mg	29	candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg...	61	carbidopa & levodopa orally disintegrating tab 25-100 mg	45
bupropion hcl tab er 12hr 200 mg	29	candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg ..	61	carbidopa & levodopa orally disintegrating tab 25-250 mg	45
bupropion hcl tab er 24hr 150 mg	29	candesartan cilexetil- hydrochlorothiazide tab 32-25 mg	61	carbidopa & levodopa tab 10-100 mg.	45
bupropion hcl tab er 24hr 300 mg	29	candesartan cilexetil tab 4 mg	61	carbidopa & levodopa tab 25-100 mg.	45
bupirone hcl tab 5 mg	51	candesartan cilexetil tab 8 mg	61	carbidopa & levodopa tab 25-250 mg.	45
bupirone hcl tab 7.5 mg	51	candesartan cilexetil tab 16 mg	61	carbidopa & levodopa tab er 25-100 mg	45
bupirone hcl tab 10 mg	51	candesartan cilexetil tab 32 mg	61	carbidopa & levodopa tab er 50-200 mg	45
bupirone hcl tab 15 mg	51	capecitabine tab 150 mg	38	carbidopa tab 25 mg	45
bupirone hcl tab 30 mg	51	capecitabine tab 500 mg	38	carbinoxamine maleate soln 4 mg/5ml	115
-acetaminophen-caffeine cap 50-300-40 mg	18			carbinoxamine maleate tab 4 mg	115
butalbital-acetaminophen-caffeine cap 50-325-40 mg	18			carglumic acid soluble tab 200 mg ...	78
butalbital-acetaminophen-caffeine tab 50-325-40 mg	18				

carisoprodol tab 350 mg	120	CHEMSTRIP TES MICRAL (albumin (urine) test strip).....	108	ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%.....	114
carteolol hcl ophth soln 1%	113	chlordiazepoxide-amitriptyline tab 5-12.5 mg.....	29	ciprofloxacin hcl ophth soln 0.3%	112
CARTIA XT CAP 120/24HR (diltiazem hcl coated beads cap er 24hr 120 mg)	66	chlordiazepoxide-amitriptyline tab 10-25 mg.....	29	ciprofloxacin hcl otic soln 0.2%	114
CARTIA XT CAP 180/24HR (diltiazem hcl coated beads cap er 24hr 180 mg)	66	chlordiazepoxide hcl cap 5 mg.....	52	ciprofloxacin hcl tab 100 mg	24
CARTIA XT CAP 240/24HR (diltiazem hcl coated beads cap er 24hr 240 mg)	66	chlordiazepoxide hcl cap 10 mg.....	52	ciprofloxacin hcl tab 250 mg	24
CARTIA XT CAP 300/24HR (diltiazem hcl coated beads cap er 24hr 300 mg)	66	chlordiazepoxide hcl cap 25 mg.....	52	ciprofloxacin hcl tab 500 mg	24
carvedilol tab 3.125 mg	65	chlorhexidine gluconate soln 0.12%...	75	ciprofloxacin hcl tab 750 mg	24
carvedilol tab 6.25 mg	65	chlorhexidine gluconate soln 0.12%...	75	citalopram hydrobromide oral soln 10 mg/5ml	30
carvedilol tab 12.5 mg	65	chloroquine phosphate tab 250 mg ..	43	citalopram hydrobromide oral soln 10 mg/5ml	30
carvedilol tab 25 mg	65	chloroquine phosphate tab 500 mg ..	43	citalopram hydrobromide tab 10 mg .	30
CAYA DPR (*diaphragm arc-spring**).....	108	chlorpromazine hcl tab 10 mg.....	45	citalopram hydrobromide tab 20 mg .	30
cefaclor cap 250 mg.....	23	chlorpromazine hcl tab 25 mg	45	citalopram hydrobromide tab 40 mg .	30
cefaclor cap 500 mg.....	23	chlorpromazine hcl tab 50 mg	45	CITROMA SOL LEMONY (magnesium citrate soln)	82
cefaclor monohydrate tab er 12hr 500 mg.....	23	chlorpromazine hcl tab 100 mg.....	45	clarithromycin for susp 125 mg/5ml ..	24
cefadroxil cap 500 mg.....	23	chlorpromazine hcl tab 200 mg.....	45	clarithromycin for susp 250 mg/5ml..	24
cefadroxil for susp 250 mg/5ml.....	23	chlorthalidone tab 25 mg.....	69	clarithromycin tab 250 mg	24
cefadroxil for susp 500 mg/5ml.....	23	chlorthalidone tab 50 mg	69	clarithromycin tab 500 mg	24
cefadroxil tab 1 gm	23	chlorzoxazone tab 500 mg	120	clarithromycin tab er 24hr 500 mg....	24
cefdinir cap 300 mg	23	cholestyramine light powder 4 gm/dose	70	CLEARLAX POW (polyethylene glycol 3350 oral powder 17 gm/scoop)	82
cefdinir for susp 125 mg/5ml.....	23	cholestyramine light powder 4 gm/dose	70	clemastine fumarate tab 2.68 mg.....	115
cefdinir for susp 250 mg/5ml	23	cholestyramine light powder packets 4 gm.....	70	CLENPIQ SOL (sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml)	82
cefixime cap 400 mg	23	cholestyramine light powder packets 4 gm.....	70	CLIMARA PRO DIS WEEKLY (estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day).....	89
cefixime for susp 100 mg/5ml	23	cholestyramine powder 4 gm/dose... 70		CLINDACIN KIT ETZ 1% (*clindamycin phosphate swab 1% & cleanser kit**).....	76
cefixime for susp 200 mg/5ml	23	cholestyramine powder packets 4 gm 70		clindamycin hcl cap 75 mg	22
cefpodoxime proxetil for susp 50 mg/5ml.....	23	ciclopirox gel 0.77%.....	33	clindamycin hcl cap 150 mg	22
cefpodoxime proxetil for susp 100 mg/5ml.....	23	ciclopirox olamine cream 0.77%	33	clindamycin hcl cap 300 mg	22
cefpodoxime proxetil tab 100 mg....	23	ciclopirox olamine susp 0.77%	33	clindamycin palmitate hcl for soln 75 mg/5ml	22
cefpodoxime proxetil tab 200 mg	23	ciclopirox shampoo 1%	33	clindamycin phosphate gel 1% (once-daily).....	76
cefprozil for susp 125 mg/5ml.....	23	ciclopirox solution 8%	33	clindamycin phosphate gel 1% (twice-daily)	76
cefprozil for susp 250 mg/5ml	23	ciclopirox solution 8%	33	clindamycin phosphate lotion 1%	76
cefprozil tab 250 mg.....	23	cilostazol tab 50 mg	60	clindamycin phosphate soln 1%	76
cefprozil tab 500 mg	23	cilostazol tab 100 mg	60	clindamycin phosphate swab 1%	76
cefuroxime axetil tab 250 mg	23	cimetidine hcl soln 300 mg/5ml	81	clindamycin phosphate swab 1%	76
cefuroxime axetil tab 500 mg	23	cimetidine tab 200 mg	81	clindamycin phosphate vaginal cream 2%.....	22
celecoxib cap 50 mg.....	15	cimetidine tab 300 mg	81	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	76
celecoxib cap 100 mg	15	cimetidine tab 400 mg	81	clobazam suspension 2.5 mg/ml	26
celecoxib cap 200 mg	15	cimetidine tab 800 mg	81	clobazam tab 10 mg	26
cephalexin cap 250 mg.....	23	CIMZIA KIT 200MG (certolizumab pegol for inj kit 2 x 200 mg).....	100	clobazam tab 20 mg	26
cephalexin cap 500 mg.....	23	CIMZIA PREFL KIT 200MG/ML (certolizumab pegol prefilled syringe kit 200 mg/ml)	100	clobetasol propionate cream 0.05% ..	85
cephalexin for susp 125 mg/5ml	23	CIMZIA START KIT 200MG/ML (certolizumab pegol prefilled syringe kit 200 mg/ml)	100	clobetasol propionate emollient base cream 0.05%.....	86
cephalexin for susp 250 mg/5ml.....	23	cinacalcet hcl tab 30 mg	107	clobetasol propionate gel 0.05%	86
cevimeline hcl cap 30 mg	75	cinacalcet hcl tab 60 mg	107		
CHEMET CAP 100MG (succimer cap 100 mg)	79	cinacalcet hcl tab 90 mg	107		
CHEMSTRIP K TES (acetone (urine) test strip).....	108	ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	114		

clobetasol propionate oint 0.05%	86	colesevelam hcl packet for susp 3.75 gm.....	71	CORLANOR SOL 5MG/5ML (ivabradine hcl oral soln 5 mg/5ml) ..	68
clobetasol propionate soln 0.05%	86	colesevelam hcl tab 625 mg.....	71	CORTIFOAM AER 90MG (hydrocortisone acetate perianal foam 10% (90 mg/dose	107
clocortolone pivalate cream 0.1%	86	colestipol hcl granule packets 5 gm ..	71	CORTISPORIN SUS -TC OTIC (neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml)	114
clomiphene citrate tab 50 mg	88	colestipol hcl granules 5 gm.....	71	COTELLIC TAB 20MG (cobimetinib fumarate tab 20 mg)	40
clomipramine hcl cap 25 mg	31	colestipol hcl tab 1 gm.....	71	COUNT-A-DOSE MIS (*insulin administration supplies - misc***) ...	108
clomipramine hcl cap 50 mg	32	COMETRIQ KIT 60MG (cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit)	40	CREON CAP 3000UNIT (pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit)	83
clomipramine hcl cap 75 mg	32	COMETRIQ KIT 100MG (cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit)	40	CREON CAP 6000UNIT (pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit)	83
clonazepam orally disintegrating tab 0.5 mg	52	COMETRIQ KIT 140MG (cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit)	40	CREON CAP 12000UNT (pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit)	83
clonazepam orally disintegrating tab 0.125 mg.....	52	COMFORT TOUC MIS 31GX4MM (insulin pen needle 31 g x 4 mm (1/6" or 5/32"	108	CREON CAP 24000UNT (pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit)	83
clonazepam orally disintegrating tab 1 mg	52	COMFORT TOUC MIS 32GX8MM (insulin pen needle 32 g x 8 mm (1/3" or 5/16"	108	CREON CAP 36000UNT (pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit)	83
clonazepam orally disintegrating tab 2 mg	52	COMFORT TOUC MIS 33GX1/4" (insulin pen needle 33 g x 6 mm (1/4" or 15/64"	108	cromolyn sodium ophth soln 4%	112
clonazepam tab 0.5 mg.....	52	COMFORT TOUC MIS 33GX3/16 (insulin pen needle 33 g x 5 mm (1/5" or 3/16"	108	cromolyn sodium oral conc 100 mg/5ml.....	81
clonazepam tab 1 mg.....	52	COMFORT TOUC MIS 33GX5/32 (insulin pen needle 33 g x 4 mm (1/6" or 5/32"	108	cromolyn sodium soln nebu 20 mg/2ml.....	117
clonazepam tab 2 mg.....	52	COMIRNATY INJ 2024-25 (covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml)	103	CROTAN LOT 10% (crotamiton lotion 10%)	44
clonidine hcl tab 0.1 mg	60	COMPLETENATE CHW (*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***)	80	CVS PURELAX POW (polyethylene glycol 3350 oral powder 17 gm/scoop) 82	
clonidine hcl tab 0.2 mg	60	COMPLETE NAT PAK DHA (*prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk**)	80	cyanocobalamin inj 1000 mcg/ml.....	80
clonidine hcl tab 0.3 mg	60	CO-NATAL FA TAB 29-1MG (*prenatal vit w/ fe fumarate-fa tab 29-1 mg***)	80	cyanocobalamin inj 1000 mcg/ml.....	80
clonidine hcl tab er 12hr 0.1 mg	73	*condoms - male***	108	cyanocobalamin inj 1000 mcg/ml.....	80
clonidine td patch weekly 0.1 mg/24hr60		CONTOUR KIT NEXT (*blood glucose monitoring kit w/ device***)	108	cyanocobalamin inj 2000 mcg/ml	80
clonidine td patch weekly 0.2 mg/24hr60		CONTOUR KIT NEXT EZ (*blood glucose monitoring kit w/ device***)	108	cyclobenzaprine hcl tab 5 mg	120
clonidine td patch weekly 0.3 mg/24hr60		CONTOUR NEXT KIT GEN (*blood glucose monitoring kit w/ device***)	108	cyclobenzaprine hcl tab 7.5 mg.....	120
clopidogrel bisulfate tab 75 mg	60	CONTOUR NEXT KIT ONE (*blood glucose monitoring kit***)	53	cyclobenzaprine hcl tab 10 mg.....	120
clopidogrel bisulfate tab 300 mg	60	CONTOUR NEXT MIS GEN (*blood glucose monitoring devices***)	108	CYCLOMYDRIL SOL OP (cyclopentolate w/ phenylephrine ophth soln 0.2-1%)	112
clorazepate dipotassium tab 3.75 mg .	52	CONTOUR NEXT MIS ONE (*blood glucose monitoring devices***)	108	cyclopentolate hcl ophth soln 1%	112
clorazepate dipotassium tab 7.5 mg ..	52	CONTOUR PLUS KIT BLUE (*blood glucose monitoring kit w/ device***)	108	cyclophosphamide cap 25 mg	36
clorazepate dipotassium tab 15 mg...	52	CONTOUR PLUS TES BLD GLUC (glucose blood test strip)	108	cyclophosphamide cap 50 mg	37
clotrimazole troche 10 mg.....	33	CONTOUR TES NEXT (glucose blood test strip)	108	cyclophosphamide tab 25 mg.....	37
clotrimazole w/ betamethasone cream 1-0.05%	33			cyclophosphamide tab 50 mg	37
clotrimazole w/ betamethasone lotion 1-0.05%	33			cycloserine cap 250 mg	36
clozapine orally disintegrating tab 12.5 mg	47			cyclosporine cap 25 mg	100
clozapine orally disintegrating tab 25 mg.....	48			cyclosporine cap 100 mg	100
clozapine orally disintegrating tab 100 mg	47			cyclosporine modified cap 25 mg...100	
clozapine orally disintegrating tab 150 mg	48			cyclosporine modified cap 50 mg ...100	
clozapine orally disintegrating tab 200 mg	48			cyclosporine modified cap 100 mg ..100	
clozapine tab 25 mg	48			cyclosporine modified oral soln 100 mg/ml	100
clozapine tab 50 mg	48			cyclosporine (ophth) emulsion 0.05% 112	
clozapine tab 100 mg.....	48				
clozapine tab 200 mg.....	48				
codeine sulfate tab 15 mg	18				
codeine sulfate tab 30 mg.....	18				
codeine sulfate tab 60 mg	18				
colchicine tab 0.6 mg.....	35				
colchicine w/ probenecid tab 0.5-500 mg	35				

cyproheptadine hcl syrup 2 mg/5ml ..115	desipramine hcl tab 10 mg 32	desvenlafaxine succinate tab er 24hr 25 mg 30
cyproheptadine hcl tab 4 mg.....115	desipramine hcl tab 25 mg 32	desvenlafaxine succinate tab er 24hr 50 mg 30
CYSTAGON CAP 50MG (cysteamine bitartrate cap 50 mg) 83	desipramine hcl tab 50 mg 32	desvenlafaxine succinate tab er 24hr 100 mg 30
CYSTAGON CAP 150MG (cysteamine bitartrate cap 150 mg) 83	desipramine hcl tab 75 mg 32	dexamethasone conc 1 mg/ml 86
dabigatran etexilate mesylate cap 75 mg (etexilate base eq) 57	desipramine hcl tab 100 mg 32	dexamethasone elixir 0.5 mg/5ml 86
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) 57	desipramine hcl tab 150 mg 32	dexamethasone sodium phosphate ophth soln 0.1%112
dabigatran etexilate mesylate cap 150 mg (etexilate base eq) 57	desloratadine tab 5 mg115	dexamethasone soln 0.5 mg/5ml 86
dalfampridine tab er 12hr 10 mg 75	desmopressin acetate inj 4 mcg/ml... 88	dexamethasone tab 0.5 mg 86
danazol cap 50 mg..... 89	desmopressin acetate inj 4 mcg/ml... 88	dexamethasone tab 0.75 mg 86
danazol cap 100 mg 89	desmopressin acetate nasal spray soln 0.01% 88	dexamethasone tab 1.5 mg 86
danazol cap 200 mg 89	desmopressin acetate nasal spray soln 0.01% (refrigerated) 88	dexamethasone tab 2 mg 86
dantrolene sodium cap 25 mg 120	desmopressin acetate preservative free (pf) inj 4 mcg/ml 88	dexamethasone tab 4 mg 86
dantrolene sodium cap 50 mg 120	desmopressin acetate tab 0.1 mg 88	dexamethasone tab 6 mg 86
dantrolene sodium cap 100 mg 120	desmopressin acetate tab 0.2 mg 88	DEXCOM G6 MIS RECEIVER (*continuous glucose system receiver**)108
dapsone tab 25 mg 36	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 89	DEXCOM G6 MIS SENSOR (*continuous glucose system sensor**) 108
dapsone tab 100 mg 36	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 89	DEXCOM G6 MIS TRANSMIT (*continuous glucose system transmitter**)108
DAPTACEL INJ (diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml) .103	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 89	DEXCOM G7 MIS RECEIVER (*continuous glucose system receiver**)108
darifenacin hydrobromide tab er 24hr 7.5 mg 84	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 89	DEXCOM G7 MIS SENSOR (*continuous glucose system sensor**) 108
darifenacin hydrobromide tab er 24hr 15 mg 84	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 89	dexmethylphenidate hcl cap er 24 hr 5 mg 73
darunavir tab 600 mg 50	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 89	dexmethylphenidate hcl cap er 24 hr 10 mg 73
darunavir tab 800 mg 50	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 89	dexmethylphenidate hcl cap er 24 hr 15 mg 73
dasatinib tab 20 mg 40	desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg 89	dexmethylphenidate hcl cap er 24 hr 20 mg 73
dasatinib tab 50 mg 40	desogestrel-ethinyl estradiol-fe tab 0.15-0.03 mg 89	dexmethylphenidate hcl cap er 24 hr 25 mg 73
dasatinib tab 70 mg 40	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg 89	dexmethylphenidate hcl cap er 24 hr 30 mg 73
dasatinib tab 80 mg 40	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg 89	dexmethylphenidate hcl cap er 24 hr 35 mg 73
dasatinib tab 100 mg 40	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg 89	dexmethylphenidate hcl cap er 24 hr 40 mg 73
dasatinib tab 140 mg 40	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg 89	dexmethylphenidate hcl tab 2.5 mg .. 73
DAYBUE SOL 200MG/ML (trofinetide oral soln 200 mg/ml) 74	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg 89	dexmethylphenidate hcl tab 5 mg 73
deferasirox granules packet 90 mg .. 79	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg 89	dexmethylphenidate hcl tab 10 mg ... 73
deferasirox granules packet 180 mg .. 79	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg 89	dextroamphetamine sulfate cap er 24hr 5 mg 72
deferasirox granules packet 360 mg.. 79	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg 89	dextroamphetamine sulfate cap er 24hr 10 mg 72
deferasirox tab 90 mg 79	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg 89	dextroamphetamine sulfate cap er 24hr 15 mg 72
deferasirox tab 180 mg 79	desonide cream 0.05% 88	dextroamphetamine sulfate oral solution 5 mg/5ml 72
deferasirox tab 360 mg 79	desonide lotion 0.05% 86	
deferasirox tab for oral susp 125 mg .. 79	desonide oint 0.05% 86	
deferasirox tab for oral susp 250 mg.. 79	desoximetasone cream 0.05% 86	
deferasirox tab for oral susp 500 mg.. 79	desoximetasone cream 0.25% 86	
demeclocycline hcl tab 150 mg 25	desoximetasone gel 0.05% 86	
demeclocycline hcl tab 300 mg 25	desoximetasone oint 0.05% 86	
DENG VAXIA SUS (dengue virus vaccine live tetravalent for subcutaneous susp) 103	desoximetasone oint 0.25% 86	
DEPO-SQ PROV INJ 104 (medroxyprogesterone acetate susp pref syr 104 mg/0.65ml) 94	desoximetasone spray 0.25% 86	
DESCOVY TAB 200/25MG (emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg) 49		

dextroamphetamine sulfate tab 5 mg	72	diltiazem hcl cap er 24hr 240 mg	66	DILT-XR CAP 240MG (diltiazem hcl cap er 24hr 240 mg)	66
dextroamphetamine sulfate tab 10 mg	72	diltiazem hcl coated beads cap er 24hr 120 mg	66	dimethyl fumarate capsule delayed release 120 mg	75
DIASCREEN MIS 1G (*urine glucose monitoring supplies**)	108	diltiazem hcl coated beads cap er 24hr 180 mg	66	dimethyl fumarate capsule delayed release 240 mg	75
DIASTIX TES STRIPS (glucose urine test-(glucose oxidase) strip)	108	diltiazem hcl coated beads cap er 24hr 240 mg	66	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	75
diazepam conc 5 mg/ml	52	diltiazem hcl coated beads cap er 24hr 300 mg	66	DIPENTUM CAP 250MG (olsalazine sodium cap 250 mg)	107
diazepam conc 5 mg/ml	52	diltiazem hcl coated beads cap er 24hr 360 mg	66	diphenhydramine hcl elixir 12.5 mg/5ml	114
diazepam oral soln 1 mg/ml	52	diltiazem hcl coated beads cap er 24hr 360 mg	66	diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	81
diazepam rectal gel delivery system 2.5 mg	26	diltiazem hcl extended release beads cap er 24hr 120 mg	66	diphenoxylate w/ atropine tab 2.5-0.025 mg	81
diazepam rectal gel delivery system 10 mg	26	diltiazem hcl extended release beads cap er 24hr 120 mg	66	dipyridamole tab 25 mg	60
diazepam rectal gel delivery system 20 mg	26	diltiazem hcl extended release beads cap er 24hr 180 mg	66	dipyridamole tab 50 mg	60
diazepam tab 2 mg	52	diltiazem hcl extended release beads cap er 24hr 180 mg	66	dipyridamole tab 75 mg	60
diazepam tab 5 mg	52	diltiazem hcl extended release beads cap er 24hr 240 mg	66	disopyramide phosphate cap 100 mg	63
diazepam tab 10 mg	52	diltiazem hcl extended release beads cap er 24hr 240 mg	66	disopyramide phosphate cap 150 mg	63
diazoxide susp 50 mg/ml	55	diltiazem hcl extended release beads cap er 24hr 240 mg	66	disulfiram tab 250 mg	20
diclofenac potassium tab 50 mg	15	diltiazem hcl extended release beads cap er 24hr 300 mg	66	disulfiram tab 500 mg	20
diclofenac sodium (actinic keratoses) gel 3%	38	diltiazem hcl extended release beads cap er 24hr 300 mg	66	DIURIL SUS 250/5ML (chlorothiazide susp 250 mg/5ml)	69
diclofenac sodium gel 1% (1.16% diethylamine equiv)	15	diltiazem hcl extended release beads cap er 24hr 300 mg	66	divalproex sodium cap delayed release sprinkle 125 mg	26
diclofenac sodium ophth soln 0.1%	112	diltiazem hcl extended release beads cap er 24hr 300 mg	66	divalproex sodium tab delayed release 125 mg	26
diclofenac sodium tab delayed release 25 mg	15	diltiazem hcl extended release beads cap er 24hr 360 mg	66	divalproex sodium tab delayed release 250 mg	26
diclofenac sodium tab delayed release 50 mg	15	diltiazem hcl extended release beads cap er 24hr 360 mg	66	divalproex sodium tab delayed release 500 mg	26
diclofenac sodium tab delayed release 75 mg	15	diltiazem hcl extended release beads cap er 24hr 420 mg	66	divalproex sodium tab er 24 hr 250 mg	26
diclofenac sodium tab er 24hr 100 mg	15	diltiazem hcl extended release beads cap er 24hr 420 mg	66	divalproex sodium tab er 24 hr 500 mg	26
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	15	diltiazem hcl tab 30 mg	66	DODEX INJ (cyanocobalamin inj 1000 mcg/ml)	80
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	15	diltiazem hcl tab 60 mg	66	dofetilide cap 125 mcg (0.125 mg)	63
dicloxacillin sodium cap 250 mg	24	diltiazem hcl tab 90 mg	66	dofetilide cap 250 mcg (0.25 mg)	63
dicloxacillin sodium cap 500 mg	24	diltiazem hcl tab 120 mg	66	dofetilide cap 500 mcg (0.5 mg)	63
dicyclomine hcl cap 10 mg	81	diltiazem hcl tab er 24hr 120 mg	66	donepezil hydrochloride orally disintegrating tab 5 mg	28
dicyclomine hcl oral soln 10 mg/5ml	81	diltiazem hcl tab er 24hr 180 mg	66	donepezil hydrochloride orally disintegrating tab 5 mg	28
dicyclomine hcl tab 20 mg	81	diltiazem hcl tab er 24hr 180 mg	66	donepezil hydrochloride orally disintegrating tab 10 mg	28
diflorasone diacetate cream 0.05%	86	diltiazem hcl tab er 24hr 240 mg	66	donepezil hydrochloride orally disintegrating tab 10 mg	28
diflunisal tab 500 mg	15	diltiazem hcl tab er 24hr 240 mg	66	donepezil hydrochloride orally disintegrating tab 10 mg	28
difluprednate ophth emulsion 0.05%	112	diltiazem hcl tab er 24hr 300 mg	67	donepezil hydrochloride orally disintegrating tab 10 mg	28
digoxin oral soln 0.05 mg/ml	68	diltiazem hcl tab er 24hr 300 mg	67	donepezil hydrochloride orally disintegrating tab 10 mg	28
digoxin tab 62.5 mcg (0.0625 mg)	68	diltiazem hcl tab er 24hr 300 mg	67	donepezil hydrochloride orally disintegrating tab 10 mg	28
digoxin tab 125 mcg (0.125 mg)	68	diltiazem hcl tab er 24hr 360 mg	67	dorzolamide hcl ophth soln 2%	113
digoxin tab 250 mcg (0.25 mg)	68	diltiazem hcl tab er 24hr 360 mg	67	dorzolamide hcl-timolol maleate ophth soln 2-0.5%	113
dihydroergotamine mesylate inj 1 mg/ml	35	diltiazem hcl tab er 24hr 360 mg	67	dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	113
DILANTIN CAP 30MG (phenytoin sodium extended cap 30 mg)	27	diltiazem hcl tab er 24hr 420 mg	67	DOVATO TAB 50-300MG (dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	48
diltiazem hcl cap er 12hr 60 mg	66	DILT-XR CAP 120MG (diltiazem hcl cap er 24hr 120 mg)	66	doxazosin mesylate tab 1 mg	61
diltiazem hcl cap er 12hr 90 mg	66	DILT-XR CAP 180MG (diltiazem hcl cap er 24hr 180 mg)	66		
diltiazem hcl cap er 12hr 120 mg	66				
diltiazem hcl cap er 24hr 120 mg	66				
diltiazem hcl cap er 24hr 180 mg	66				

doxazosin mesylate tab 2 mg.	61	drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg	89	efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.	49
doxazosin mesylate tab 4 mg.	61	drospirenone tab 4 mg.	94	efavirenz tab 600 mg.	49
doxazosin mesylate tab 8 mg.	61	DROXIA CAP 200MG (hydroxyurea cap 200 mg).....	38	EFFER-K TAB 10MEQ (potassium bicarbonate-citric acid effer tab 10 meq).....	78
doxepin hcl cap 10 mg.	32	DROXIA CAP 300MG (hydroxyurea cap 300 mg).....	38	EFFER-K TAB 20MEQ (potassium bicarbonate-citric acid effer tab 20 meq).....	78
doxepin hcl cap 25 mg.	32	DROXIA CAP 400MG (hydroxyurea cap 400 mg).....	38	EFFER-K TAB 25MEQ EF (potassium bicarbonate effer tab 25 meq).....	78
doxepin hcl cap 50 mg.	32	DUAVEE TAB 0.45-20 (conjugated estrogens-basedoxifene tab 0.45-20 mg).....	90	eletriptan hydrobromide tab 20 mg ..	35
doxepin hcl cap 75 mg.	32	duloxetine hcl enteric coated pellets cap 20 mg (base eq).....	74	eletriptan hydrobromide tab 40 mg ..	35
doxepin hcl cap 100 mg.	32	duloxetine hcl enteric coated pellets cap 30 mg (base eq).....	74	ELIGARD INJ 7.5MG (leuprolide acetate for subcutaneous inj kit 7.5 mg).....	99
doxepin hcl cap 150 mg.	32	duloxetine hcl enteric coated pellets cap 60 mg (base eq).....	74	ELIGARD INJ 22.5MG (leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg).....	99
doxepin hcl conc 10 mg/ml.....	32	DUOPDA SUS 4.63-20 (carbidopa- levodopa enteral susp 4.63-20 mg/ ml).....	45	ELIGARD INJ 30MG (leuprolide acetate (4 month) for subcutaneous inj kit 30 mg).....	99
doxepin hcl cream 5%	76	DUPIXENT INJ 100/0.67 (dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml).....	76	ELIGARD INJ 45MG (leuprolide acetate (6 month) for subcutaneous inj kit 45 mg).....	99
doxepin hcl (sleep) tab 3 mg.	121	DUPIXENT INJ 200/1.14 (dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml).....	76	ELIQUIS ST P TAB 5MG (apixaban tab starter pack 5 mg).....	57
doxepin hcl (sleep) tab 6 mg.	121	DUPIXENT INJ 200MG (dupilumab subcutaneous soln auto-injector 200 mg/1.14ml).....	76	ELIQUIS TAB 2.5MG (apixaban tab 2.5 mg).....	57
doxercalciferol cap 0.5 mcg.	107	DUPIXENT INJ 300/2ML (dupilumab subcutaneous soln auto-injector 300 mg/2ml).....	76	ELIQUIS TAB 5MG (apixaban tab 5 mg).....	57
doxercalciferol cap 1 mcg.	107	DUPIXENT INJ 300/2ML (dupilumab subcutaneous soln prefilled syringe 300 mg/2ml).....	76	ELMIRON CAP 100MG (pentosan polysulfate sodium caps 100 mg).....	85
doxercalciferol cap 2.5 mcg.	107	DUREX MIS REALFEEL (condoms non-latex lubricated).....	108	eltrombopag olamine powder pack for susp 12.5 mg (base eq).....	59
doxycycline hyclate cap 50 mg.	25	DUREX MIS TROPICAL (condoms latex lubricated).....	108	eltrombopag olamine powder pack for susp 25 mg.	59
doxycycline hyclate cap 100 mg.	25	dutasteride cap 0.5 mg.	84	eltrombopag olamine tab 12.5 mg	59
doxycycline hyclate tab 20 mg.	25	dutasteride-tamsulosin hcl cap 0.5- 0.4 mg.	84	eltrombopag olamine tab 25 mg	59
doxycycline hyclate tab 100 mg.	25	EASY COMFORT MIS 29GX4MM (insulin pen needle 29 g x 4 mm (1/6" or 5/32"	109	eltrombopag olamine tab 50 mg	59
doxycycline monohydrate cap 50 mg.	25	EASY TOUCH MIS 30G (insulin pen needle 30 g x 6 mm (1/4" or 15/64"	109	eltrombopag olamine tab 75 mg	59
doxycycline monohydrate cap 100 mg.	25	echothiophate iodide ophth for soln 0.125%.....	113	EMCYT CAP 140MG (estramustine phosphate sodium cap 140 mg).....	38
doxycycline monohydrate for susp 25 mg/5ml.	25	econazole nitrate cream 1%.....	33	EMGALITY INJ 100MG/ML (galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml).....	35
doxycycline monohydrate tab 50 mg.	25	EDURANT PED TAB 2.5MG (rilpivirine hcl tab for oral susp 2.5 mg).....	49	EMGALITY INJ 120MG/ML (galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml).....	35
doxycycline monohydrate tab 75 mg.	25	EDURANT TAB 25MG (rilpivirine hcl tab 25 mg).....	49	EMGALITY INJ 120MG/ML (galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml).....	35
doxycycline monohydrate tab 100 mg.	25	efavirenz cap 50 mg.	49	EMSAM DIS 6MG/24HR (selegiline td patch 24hr 6 mg/24hr).....	30
doxycycline monohydrate tab 150 mg.	25	efavirenz cap 200 mg.	49	EMSAM DIS 9MG/24HR (selegiline td patch 24hr 9 mg/24hr).....	30
dronabinol cap 2.5 mg.	33	efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.	49	EMSAM DIS 12MG/24H (selegiline td patch 24hr 12 mg/24hr).....	30
dronabinol cap 5 mg.	33	efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.	49	emtricitabine caps 200 mg.	49
dronabinol cap 10 mg.	33			emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg.	49
DROPLET MICR MIS 34GX9/64 (insulin pen needle 34 g x 3.5 mm (9/64"	108				
drospirenone-ethinyl estradiol tab 3-0.02 mg.	89				
drospirenone-ethinyl estradiol tab 3-0.02 mg.	89				
drospirenone-ethinyl estradiol tab 3-0.02 mg.	89				
drospirenone-ethinyl estradiol tab 3-0.02 mg.	89				
drospirenone-ethinyl estradiol tab 3-0.02 mg.	89				
drospirenone-ethinyl estradiol tab 3-0.02 mg.	89				
drospirenone-ethinyl estradiol tab 3-0.03 mg.	89				
drospirenone-ethinyl estradiol tab 3-0.03 mg.	89				
drospirenone-ethinyl estradiol tab 3-0.03 mg.	90				
drospirenone-ethinyl estradiol tab 3-0.03 mg.	90				
drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg	89				
drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg	89				

emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	49	epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	117	estazolam tab 1 mg	52
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	49	EPITOL TAB 200MG (carbamazepine tab 200 mg)	27	estazolam tab 2 mg	52
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	49	eplerenone tab 25 mg	69	estradiol & norethindrone acetate tab 0.5-0.1 mg	90
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	49	eplerenone tab 50 mg	69	estradiol & norethindrone acetate tab 0.5-0.1 mg	90
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	62	ergocalciferol cap 1.25 mg (50000 unit)	80	estradiol & norethindrone acetate tab 0.5-0.1 mg	90
enalapril maleate & hydrochlorothiazide tab 10-25 mg	62	ergocalciferol cap 1.25 mg (50000 unit)	80	estradiol & norethindrone acetate tab 1-0.5 mg	90
enalapril maleate tab 2.5 mg	62	ERGOLOID MES TAB 1MG ORAL (ergoloid mesylates tab 1 mg)	109	estradiol & norethindrone acetate tab 1-0.5 mg	90
enalapril maleate tab 5 mg	63	ERGOMAR SUB 2MG (ergotamine tartrate sl tab 2 mg)	35	estradiol & norethindrone acetate tab 1-0.5 mg	90
enalapril maleate tab 10 mg	62	ergotamine w/ caffeine tab 1-100 mg	35	estradiol & norethindrone acetate tab 1-0.5 mg	90
enalapril maleate tab 20 mg	63	ERLEADA TAB 60MG (apalutamide tab 60 mg)	37	estradiol tab 0.5 mg	90
ENCARE SUP 100MG (nonoxynol-9 vaginal suppos 100 mg)	85	ERLEADA TAB 240MG (apalutamide tab 240 mg)	37	estradiol tab 1 mg	90
ENFLONIA INJ 105MG (clesrovimab-cfor im soln prefilled syringe 105 mg/0.7ml)	103	erlotinib hcl tab 25 mg	40	estradiol tab 2 mg	90
ENERGIX-B INJ 10/0.5ML (hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml)	103	erlotinib hcl tab 100 mg	40	estradiol td patch twice weekly 0.1 mg/24hr	90
ENERGIX-B INJ 20MCG/ML (hepatitis b vaccine (recombinant) susp 20 mcg/ml)	103	erlotinib hcl tab 150 mg	40	estradiol td patch twice weekly 0.1 mg/24hr	90
ENERGIX-B INJ 20MCG/ML (hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml)	103	ERYTHROCIN TAB 250MG (erythromycin stearate tab 250 mg)	24	estradiol td patch twice weekly 0.1 mg/24hr	90
enoxaparin sodium inj 300 mg/3ml	57	erythromycin ethylsuccinate for susp 200 mg/5ml	24	estradiol td patch twice weekly 0.05 mg/24hr	90
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	57	erythromycin ethylsuccinate for susp 400 mg/5ml	24	estradiol td patch twice weekly 0.05 mg/24hr	90
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	57	erythromycin ethylsuccinate tab 400 mg	24	estradiol td patch twice weekly 0.05 mg/24hr	90
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	57	erythromycin gel 2%	76	estradiol td patch twice weekly 0.05 mg/24hr	90
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	57	erythromycin ophth oint 5 mg/gm	112	estradiol td patch twice weekly 0.025 mg/24hr	90
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	57	erythromycin pads 2%	76	estradiol td patch twice weekly 0.025 mg/24hr	90
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	57	erythromycin soln 2%	76	estradiol td patch twice weekly 0.025 mg/24hr	90
enoxaparin sodium inj soln pref syr 100 mg/ml	57	erythromycin tab 250 mg	24	estradiol td patch twice weekly 0.075 mg/24hr	90
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	57	erythromycin tab 500 mg	24	estradiol td patch twice weekly 0.075 mg/24hr	90
enoxaparin sodium inj soln pref syr 150 mg/ml	57	erythromycin tab delayed release 250 mg	24	estradiol td patch twice weekly 0.075 mg/24hr	90
entacapone tab 200 mg	44	erythromycin tab delayed release 333 mg	24	estradiol td patch twice weekly 0.075 mg/24hr	90
entecavir tab 0.5 mg	48	erythromycin tab delayed release 500 mg	24	estradiol td patch twice weekly 0.0375 mg/24hr	90
entecavir tab 1 mg	48	erythromycin w/ delayed release particles cap 250 mg	24	estradiol td patch twice weekly 0.0375 mg/24hr	90
ENTRESTO CAP 6-6MG (sacubitril-valsartan sprinkle cap 6-6 mg)	68	escitalopram oxalate soln 5 mg/5ml	30	estradiol td patch twice weekly 0.0375 mg/24hr	90
ENTRESTO CAP 15-16MG (sacubitril-valsartan sprinkle cap 15-16 mg)	68	escitalopram oxalate soln 5 mg/5ml	30	estradiol td patch twice weekly 0.0375 mg/24hr	90
EPIDIOLEX SOL 100MG/ML (cannabidiol soln 100 mg/ml)	25	escitalopram oxalate tab 5 mg	30	estradiol td patch twice weekly 0.0375 mg/24hr	90
epinastine hcl ophth soln 0.05%	112	escitalopram oxalate tab 10 mg	30	estradiol td patch twice weekly 0.0375 mg/24hr	90
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	117	escitalopram oxalate tab 20 mg	30	estradiol td patch weekly 0.1 mg/24hr	90
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	117	ESKATA SOL 40% (hydrogen peroxide soln 40%)	76	estradiol td patch weekly 0.05 mg/24hr	90
		eslicarbazepine acetate tab 200 mg	28	estradiol td patch weekly 0.06 mg/24hr	90
		eslicarbazepine acetate tab 400 mg	28	estradiol td patch weekly 0.025 mg/24hr	90
		eslicarbazepine acetate tab 600 mg	28	estradiol td patch weekly 0.075 mg/24hr	90
		eslicarbazepine acetate tab 800 mg	28	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	90
		esomeprazole magnesium cap delayed release 20 mg (base eq)	83	estradiol vaginal cream 0.1 mg/gm ...	90
		esomeprazole magnesium cap delayed release 40 mg (base eq)	83		

estradiol vaginal tab 10 mcg.....	90	FA-8 CAP 800MCG (folic acid cap 0.8 mg).....	80	fesoterodine fumarate tab er 24hr 8 mg.....	84
estradiol vaginal tab 10 mcg.....	90	famciclovir tab 125 mg.....	51	FETZIMA CAP 20MG (levomilnacipran hcl cap er 24hr 20 mg).....	30
estradiol valerate im in oil 10 mg/ml..	90	famciclovir tab 250 mg.....	51	FETZIMA CAP 40MG (levomilnacipran hcl cap er 24hr 40 mg).....	30
estradiol valerate im in oil 20 mg/ml..	90	famciclovir tab 500 mg.....	51	FETZIMA CAP 80MG (levomilnacipran hcl cap er 24hr 80 mg).....	30
estradiol valerate im in oil 40 mg/ml..	90	famotidine for susp 40 mg/5ml.....	81	FETZIMA CAP 120MG (levomilnacipran hcl cap er 24hr 120 mg).....	30
ESTRING MIS 7.5/24HR (estradiol vaginal ring 2 mg (75 mcg/24hrs	90	famotidine tab 20 mg.....	81	finasteride tab 5 mg.....	84
eszopiclone tab 1 mg.....	120	famotidine tab 40 mg.....	81	fingolimod hcl cap 0.5 mg.....	75
eszopiclone tab 2 mg.....	120	FARXIGA TAB 5MG (dapagliflozin propanediol tab 5 mg).....	53	flavoxate hcl tab 100 mg.....	84
eszopiclone tab 3 mg.....	120	FARXIGA TAB 10MG (dapagliflozin propanediol tab 10 mg).....	53	flecainide acetate tab 50 mg.....	64
ethacrynic acid tab 25 mg.....	69	FC2 FEMALE MIS CONDOM (*condoms - female***).....	109	flecainide acetate tab 100 mg.....	64
ethambutol hcl tab 100 mg.....	36	febuxostat tab 40 mg.....	35	flecainide acetate tab 150 mg.....	64
ethambutol hcl tab 400 mg.....	36	febuxostat tab 80 mg.....	35	FLEXICHAMBER MIS MASK SM (*spacer/aerosol-holding chamber supplies - masks***).....	109
ethosuximide cap 250 mg.....	25	felbamate susp 600 mg/5ml.....	27	FLUAD INJ 2024-25 (influenza vac type a&b surface ant adj susp pref syr 0.5 ml).....	103
ethosuximide soln 250 mg/5ml.....	25	felbamate tab 400 mg.....	27	FLUAD INJ 2025-26 (influenza vac type a&b surface ant adj susp pref syr 0.5 ml).....	103
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....	90	felbamate tab 600 mg.....	27	FLUARIX INJ 2024-25 (influenza virus vaccine split pf susp pref syringe 0.5 ml).....	103
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....	90	felodipine tab er 24hr 2.5 mg.....	67	FLUARIX INJ 2025-26 (influenza virus vaccine split pf susp pref syringe 0.5 ml).....	103
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....	91	felodipine tab er 24hr 5 mg.....	67	FLUBLOK INJ 2024-25 (influenza virus vacc recombinant ha pf soln pref syr 0.5 ml).....	103
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....	91	felodipine tab er 24hr 10 mg.....	67	FLUBLOK INJ 2025-26 (influenza virus vacc recombinant ha pf soln pref syr 0.5 ml).....	103
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....	91	FEMCAP MIS 22MM (cervical cap 22 mm).....	109	FLUCELVAX INJ 2024-25 (influenza virus vac tiss-cult subunit im susp).....	103
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....	91	FEMCAP MIS 26MM (cervical cap 26 mm).....	109	FLUCELVAX INJ 2024-25 (influenza virus vac tiss-cult subunit susp pref syr 0.5 ml).....	103
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....	91	FEMCAP MIS 30MM (cervical cap 30 mm).....	109	FLUCELVAX INJ 2025-26 (influenza virus vac tiss-cult subunit im susp).....	104
etodolac cap 200 mg.....	15	fenofibrate micronized cap 67 mg....	69	FLUCELVAX INJ 2025-26 (influenza virus vac tiss-cult subunit susp pref syr 0.5 ml).....	104
etodolac cap 300 mg.....	15	fenofibrate micronized cap 134 mg...	69	fluconazole for susp 10 mg/ml.....	33
etodolac tab 400 mg.....	15	fenofibrate micronized cap 200 mg..	69	fluconazole for susp 40 mg/ml.....	33
etodolac tab 500 mg.....	15	fenofibrate tab 48 mg.....	69	fluconazole tab 50 mg.....	33
etodolac tab er 24hr 400 mg.....	15	fenofibrate tab 54 mg.....	69	fluconazole tab 100 mg.....	33
etodolac tab er 24hr 500 mg.....	15	fenofibrate tab 145 mg.....	69	fluconazole tab 150 mg.....	33
etodolac tab er 24hr 600 mg.....	15	fenofibrate tab 160 mg.....	69	fluconazole tab 200 mg.....	33
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	91	fenopropfen calcium tab 600 mg.....	15	flucytosine cap 250 mg.....	33
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	91	fentanyl citrate lozenge on a handle 200 mcg.....	18	flucytosine cap 500 mg.....	34
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	91	fentanyl citrate lozenge on a handle 400 mcg.....	19	fludrocortisone acetate tab 0.1 mg...	86
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	91	fentanyl citrate lozenge on a handle 600 mcg.....	19		
etoposide cap 50 mg.....	39	fentanyl citrate lozenge on a handle 800 mcg.....	19		
etravirine tab 100 mg.....	49	fentanyl citrate lozenge on a handle 1200 mcg.....	18		
etravirine tab 200 mg.....	49	fentanyl citrate lozenge on a handle 1600 mcg.....	18		
everolimus tab 2.5 mg.....	40	fentanyl td patch 72hr 12 mcg/hr.....	16		
everolimus tab 5 mg.....	40	fentanyl td patch 72hr 25 mcg/hr.....	16		
everolimus tab 7.5 mg.....	40	fentanyl td patch 72hr 50 mcg/hr.....	16		
everolimus tab 10 mg.....	40	fentanyl td patch 72hr 75 mcg/hr.....	16		
EVOTAZ TAB 300-150 (atazanavir sulfate-cobicistat tab 300-150 mg)..	50	fentanyl td patch 72hr 100 mcg/hr.....	16		
exemestane tab 25 mg.....	39	ferric citrate tab 1 gm (210 mg ferric iron).....	79		
ezetimibe-simvastatin tab 10-10 mg...	71	fesoterodine fumarate tab er 24hr 4 mg.....	84		
ezetimibe-simvastatin tab 10-20 mg..	71				
ezetimibe-simvastatin tab 10-40 mg..	71				
ezetimibe-simvastatin tab 10-80 mg..	71				
ezetimibe tab 10 mg.....	71				

FLULAVAL INJ 2024-25 (influenza virus vaccine split pf susp pref syringe 0.5 ml)	104	flurandrenolide lotion 0.05%	86	fondaparinux sodium subcutaneous inj 5 mg/0.4ml	57
FLULAVAL INJ 2025-26 (influenza virus vaccine split pf susp pref syringe 0.5 ml)	104	flurazepam hcl cap 15 mg	120	fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	57
FLUMIST NASA LIQ 2024-25 (influenza virus vaccine live intranasal liquid)	104	flurazepam hcl cap 30 mg	120	fondaparinux sodium subcutaneous inj 10 mg/0.8ml	57
FLUMIST NASA LIQ 2025-26 (influenza virus vaccine live intranasal liquid)	104	flurbiprofen sodium ophth soln 0.03%	112	formoterol fumarate soln nebu 20 mcg/2ml	117
fluonisolide nasal soln 25 mcg/act (0.025%)	115	flurbiprofen tab 100 mg	15	fosamprenavir calcium tab 700 mg	50
fluocinolone acetonide cream 0.01%	86	fluticasone propionate cream 0.05%	86	fosfomycin tromethamine powd pack 3 gm	22
fluocinolone acetonide cream 0.025%	86	fluticasone propionate nasal susp 50 mcg/act	115	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	63
fluocinolone acetonide oil 0.01% (body oil)	86	fluticasone propionate oint 0.005%	86	fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	63
fluocinolone acetonide oil 0.01% (body oil)	86	fluticasone-salmeterol aer powder ba 55-14 mcg/act	115	fosinopril sodium tab 10 mg	63
fluocinolone acetonide oil 0.01% (body oil)	86	fluticasone-salmeterol aer powder ba 100-50 mcg/act	115	fosinopril sodium tab 20 mg	63
fluocinolone acetonide oil 0.01% (body oil)	86	fluticasone-salmeterol aer powder ba 113-14 mcg/act	115	fosinopril sodium tab 40 mg	63
fluocinolone acetonide oil 0.01% (scalp oil)	86	fluticasone-salmeterol aer powder ba 232-14 mcg/act	115	FOSRENOL POW 750MG (lanthanum carbonate oral powder pack 750 mg (elemental))	79
fluocinolone acetonide oil 0.01% (scalp oil)	86	fluticasone-salmeterol aer powder ba 250-50 mcg/act	115	FOSRENOL POW 1000MG (lanthanum carbonate oral powder pack 1000 mg (elemental))	79
fluocinolone acetonide oint 0.025%	86	fluticasone-salmeterol aer powder ba 500-50 mcg/act	115	FRAGMIN INJ 2500/0.2 (dalteparin sodium soln prefilled syr 2500 unit/0.2ml)	58
fluocinolone acetonide (otic) oil 0.01%	114	fluvastatin sodium cap 20 mg	70	FRAGMIN INJ 2500/ML (dalteparin sodium subcutaneous soln 10000 unit/4ml)	58
fluocinolone acetonide (otic) oil 0.01%	114	fluvastatin sodium cap 40 mg	70	FRAGMIN INJ 5000/0.2 (dalteparin sodium soln prefilled syr 5000 unit/0.2ml)	58
fluocinolone acetonide (otic) oil 0.01%	114	fluvoxamine maleate cap er 24hr 100 mg	30	FRAGMIN INJ 7500/0.3 (dalteparin sodium soln prefilled syr 7500 unit/0.3ml)	58
fluocinolone acetonide soln 0.01%	86	fluvoxamine maleate cap er 24hr 150 mg	30	FRAGMIN INJ 10000/ML (dalteparin sodium soln prefilled syr 10000 unit/ml)	58
fluocinonide cream 0.05%	86	fluvoxamine maleate tab 25 mg	30	FRAGMIN INJ 12500UNT (dalteparin sodium soln prefilled syr 12500 unit/0.5ml)	58
fluocinonide emulsified base cream 0.05%	86	fluvoxamine maleate tab 50 mg	30	FRAGMIN INJ 15000UNT (dalteparin sodium soln prefilled syr 15000 unit/0.6ml)	58
fluocinonide gel 0.05%	86	fluvoxamine maleate tab 100 mg	30	FRAGMIN INJ 18000UNT (dalteparin sodium soln prefilled syr 18000 unit/0.72ml)	58
fluocinonide oint 0.05%	86	FLUZONE HD INJ 2024-25 (influenza virus vaccine split high-dose pf susp pref syr 0.5ml)	104	FRAGMIN INJ 95000UNT (dalteparin sodium subcutaneous soln 95000 unit/3.8ml)	58
fluocinonide soln 0.05%	86	FLUZONE HD INJ 2025-26 (influenza virus vaccine split high-dose pf susp pref syr 0.5ml)	104	FREE LIBRE2 KIT PLUS/SEN (*continuous glucose system sensor***)	109
fluorometholone ophth susp 0.1%	112	FLUZONE INJ 2024-25 (influenza virus vaccine split im susp)	104	FREE LIBRE3 KIT PLUS/SEN (*continuous glucose system sensor***)	109
fluorouracil cream 0.5%	38	FLUZONE INJ 2024-25 (influenza virus vaccine split pf susp pref syringe 0.5 ml)	104	FREESTYLE MIS READER (*continuous glucose system receiver***)	109
fluorouracil cream 5%	38	FLUZONE INJ 2025-26 (influenza virus vaccine split im susp)	104	FREESTY LIBR KIT 2 SENSOR (*continuous glucose system sensor***)	109
fluorouracil soln 2%	38	FLUZONE INJ 2025-26 (influenza virus vaccine split pf susp pref syringe 0.5 ml)	104		
fluorouracil soln 5%	38	folic acid tab 1 mg	80		
fluoxetine hcl cap 10 mg	30	folic acid tab 1 mg	80		
fluoxetine hcl cap 20 mg	30	folic acid tab 400 mcg	80		
fluoxetine hcl cap 40 mg	30	folic acid tab 800 mcg	80		
fluoxetine hcl cap delayed release 90 mg	30	FOLIVANE-OB CAP (*prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg***)	80		
fluoxetine hcl solution 20 mg/5ml	30	FOLLISTIM AQ INJ 300UNIT (follitropin beta inj 300 unit/0.36ml)	88		
fluoxetine hcl tab 10 mg	30	FOLLISTIM AQ INJ 600UNIT (follitropin beta inj 600 unit/0.72ml)	88		
fluoxetine hcl tab 20 mg	30	FOLLISTIM AQ INJ 900UNIT (follitropin beta inj 900 unit/1.08ml)	88		
fluphenazine hcl elixir 2.5 mg/5ml	45	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	57		
fluphenazine hcl oral conc 5 mg/ml	45				
fluphenazine hcl tab 1 mg	45				
fluphenazine hcl tab 2.5 mg	45				
fluphenazine hcl tab 5 mg	45				
fluphenazine hcl tab 10 mg	45				

FREESTY LIBR KIT 3 SENSOR (*continuous glucose system sensor***)	109	GENGRAF CAP 25MG (cyclosporine modified cap 25 mg)	101	glucose gel 40%.....	109
FREESTY LIBR KIT SENSOR (*continuous glucose system sensor***)	109	GENGRAF CAP 100MG (cyclosporine modified cap 100 mg)	101	glucose gel 77%.....	109
FREESTY LIBR MIS 2 READER (*continuous glucose system receiver***)	109	GENGRAF SOL 100MG/ML (cyclosporine modified oral soln 100 mg/ml)	101	glyburide-metformin tab 1.25-250 mg	54
FREESTY LIBR MIS 3 READER (*continuous glucose system receiver***)	109	gentamicin sulfate cream 0.1%.....	21	glyburide-metformin tab 2.5-500 mg	54
FREESTY LIBR MIS READER (*continuous glucose system receiver***)	109	gentamicin sulfate oint 0.1%.....	21	glyburide-metformin tab 5-500 mg ..	54
furosemide oral soln 8 mg/ml.....	69	gentamicin sulfate ophth soln 0.3%...111		glyburide micronized tab 1.5 mg	54
furosemide oral soln 10 mg/ml.....	69	GENVOYA TAB (elvitegrav-cobic- emtricitab-tenofov af tab 150-150- 200-10 mg)	48	glyburide micronized tab 3 mg.....	54
furosemide tab 20 mg.....	69	GILOTRIF TAB 20MG (afatinib dimaleate tab 20 mg)	41	glyburide micronized tab 6 mg.....	54
furosemide tab 40 mg.....	69	GILOTRIF TAB 30MG (afatinib dimaleate tab 30 mg)	41	glyburide tab 1.25 mg.....	54
furosemide tab 80 mg.....	69	GILOTRIF TAB 40MG (afatinib dimaleate tab 40 mg)	41	glyburide tab 2.5 mg.....	54
FUZEON INJ 90MG (enfuvirtide for inj 90 mg)	50	GILTUSS TAB 10-388MG (phenylephrine-guaifenesin tab 10- 388 mg)	119	glyburide tab 5 mg.....	54
FYCOMPA SUS 0.5MG/ML (perampanel susp 0.5 mg/ml)	27	glatiramer acetate soln prefilled syringe 20 mg/ml.....	75	glycopyrrolate tab 1 mg	81
gabapentin cap 100 mg.....	26	glatiramer acetate soln prefilled syringe 20 mg/ml.....	75	glycopyrrolate tab 2 mg	81
gabapentin cap 300 mg.....	26	glatiramer acetate soln prefilled syringe 40 mg/ml.....	75	GNP GLUCOSE CHW 2GM (glucose chew tab 2 gm (carb equiv)	109
gabapentin cap 400 mg.....	26	glatiramer acetate soln prefilled syringe 40 mg/ml.....	75	granisetron hcl tab 1 mg.....	33
gabapentin oral soln 250 mg/5ml.....	26	GLEOSTINE CAP 10MG (lomustine cap 10 mg)	37	griseofulvin microsize susp 125 mg/5ml.....	34
gabapentin oral soln 250 mg/5ml.....	27	GLEOSTINE CAP 40MG (lomustine cap 40 mg)	37	griseofulvin microsize tab 500 mg	34
gabapentin tab 600 mg.....	26	GLEOSTINE CAP 100MG (lomustine cap 100 mg)	37	griseofulvin ultramicrosize tab 125 mg	34
gabapentin tab 800 mg.....	26	glimepiride tab 1 mg.....	53	griseofulvin ultramicrosize tab 250 mg	34
galantamine hydrobromide cap er 24hr 8 mg	28	glimepiride tab 2 mg.....	53	guaifenesin-codeine soln 100-10 mg/5ml.....	119
galantamine hydrobromide cap er 24hr 16 mg	28	glimepiride tab 4 mg	53	guanfacine hcl tab 1 mg	60
galantamine hydrobromide cap er 24hr 24 mg	28	glipizide-metformin hcl tab 2.5-250 mg.....	53	guanfacine hcl tab 2 mg.....	61
galantamine hydrobromide oral soln 4 mg/ml.....	28	glipizide-metformin hcl tab 2.5-250 mg.....	54	guanfacine hcl tab er 24hr 1 mg	73
galantamine hydrobromide tab 4 mg.	28	glipizide-metformin hcl tab 2.5-500 mg.....	54	guanfacine hcl tab er 24hr 2 mg	73
galantamine hydrobromide tab 8 mg.	29	glipizide-metformin hcl tab 2.5-500 mg.....	54	guanfacine hcl tab er 24hr 3 mg	73
galantamine hydrobromide tab 12 mg	28	glipizide-metformin hcl tab 5-500 mg	54	guanfacine hcl tab er 24hr 4 mg	73
GALZIN CAP 25MG (zinc acetate cap 25 mg (elemental zinc)	78	glipizide tab 2.5 mg	53	GVOKE HYPO 1 INJ 0.5/.1ML (glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml)	55
GALZIN CAP 50MG (zinc acetate cap 50 mg (elemental zinc)	78	glipizide tab 5 mg.....	53	GVOKE HYPO 1 INJ 1/0.2ML (glucagon subcutaneous solution auto-injector 1 mg/0.2ml)	55
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml.....	99	glipizide tab 10 mg.....	53	GVOKE HYPO 2 INJ 0.5/.1ML (glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml)	56
GARDASIL 9 INJ (human papillomavirus (hvp) 9-valent recomb vac im susp).....	104	glipizide tab er 24hr 2.5 mg.....	53	GVOKE HYPO 2 INJ 1/0.2ML (glucagon subcutaneous solution auto-injector 1 mg/0.2ml)	56
GARDASIL 9 INJ (human papillomavirus (hvp) 9-valent recomb vac susp pref syr)	104	glipizide tab er 24hr 5 mg.....	53	GVOKE KIT SOL 1/0.2ML (glucagon subcutaneous soln 1 mg/0.2ml)	56
gatifloxacin ophth soln 0.5%	113	glipizide tab er 24hr 10 mg	53	GVOKE PFS INJ 0.5/.1ML (glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml)	56
*gauze pads & dressings - pads 2" x 2"***	108	GLUCAGON EMR SOL 1MG (glucagon hcl for inj 1 mg)	55	GVOKE PFS INJ 1/0.2ML (glucagon subcutaneous soln pref syringe 1 mg/0.2ml)	56
gefitinib tab 250 mg.....	41	glucagon (rdna) for inj kit 1 mg.....	55	GYNAZOLE-1 CRE 2% (butoconazole nitrate (one dose) vaginal cream 2%)	34
gemfibrozil tab 600 mg	69	glucose chew tab 1 gm	109	GYNOL II GEL 3% (nonoxynol-9 gel 3%)	85
		glucose chew tab 4 gm (rounded) ...	109	HADLIMA INJ 40/0.4ML (adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml)	101
		glucose gel 15 gm/33gm	109	HADLIMA INJ 40/0.8ML (adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml)	101

HADLIMA PUSH INJ 40/0.4ML (adalimumab-bwwd soln auto-injector 40 mg/0.4ml)	101	HUMALOG KWIK INJ 100/ML (insulin lispro soln pen-injector 100 unit/ml (1 unit dial	56	hydrocodone-acetaminophen tab 10-325 mg.....	19
HADLIMA PUSH INJ 40/0.8ML (adalimumab-bwwd soln auto-injector 40 mg/0.8ml)	101	HUMALOG KWIK INJ 200/ML (insulin lispro soln pen-injector 200 unit/ml)	56	hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	119
HAEGARDA INJ 2000UNIT (c1 esterase inhibitor (human) for subcutaneous inj 2000 unit)	100	HUMALOG MIX INJ 50/50 (insulin lispro protamine & lispro inj 100 unit/ml (50-50	56	hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	119
HAEGARDA INJ 3000UNIT (c1 esterase inhibitor (human) for subcutaneous inj 3000 unit)	100	HUMALOG MIX INJ 50/50KWP (insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50	56	hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	119
halobetasol propionate cream 0.05%	86	HUMALOG MIX INJ 75/25KWP (insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25	56	hydrocodone bitartrate cap er 12hr 10 mg.....	16
halobetasol propionate oint 0.05%....	87	HUMALOG MIX SUS 75/25 (insulin lispro prot & lispro inj 100 unit/ml (75-25	56	hydrocodone bitartrate cap er 12hr 15 mg.....	16
haloperidol lactate oral conc 2 mg/ml	45	HUMATIN CAP 250MG (paromomycin sulfate cap 250 mg)	21	hydrocodone bitartrate cap er 12hr 20 mg	16
haloperidol tab 0.5 mg.....	45	HUMULIN INJ 70/30 (insulin nph isophane & regular human inj 100 unit/ml (70-30	56	hydrocodone bitartrate cap er 12hr 30 mg	16
haloperidol tab 1 mg.....	45	HUMULIN INJ 70/30KWP (insulin nph & regular susp pen-inj 100 unit/ml (70-30	56	hydrocodone bitartrate cap er 12hr 40 mg	16
haloperidol tab 2 mg.....	45	HUMULIN N INJ U-100 (insulin nph (human) (isophane) inj 100 unit/ml)	56	hydrocodone bitartrate cap er 12hr 50 mg	16
haloperidol tab 5 mg	45	HUMULIN N INJ U-100KWP (insulin nph (human) (isophane) susp pen-injector 100 unit/ml).....	56	hydrocodone-ibuprofen tab 5-200 mg19	
haloperidol tab 10 mg	45	HUMULIN R INJ U-100 (insulin regular (human) inj 100 unit/ml).....	56	hydrocodone-ibuprofen tab 7.5-200 mg.....	19
haloperidol tab 20 mg	45	HUMULIN R INJ U-500 (insulin regular (human) inj 500 unit/ml)	56	hydrocodone-ibuprofen tab 10-200 mg.....	19
HAVRIX INJ 720UNIT (hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml).....	104	HUMULIN R INJ U-500 (insulin regular (human) soln pen-injector 500 unit/ml)	56	hydrocortisone acetate w/ pramoxine perianal cream 1-1%	107
HAVRIX INJ 1440UNIT (hepatitis a vaccine inj susp 1440 el unit/ml).....	104	HYCANTIN CAP 0.25MG (topotecan hcl cap 0.25 mg).....	39	hydrocortisone butyrate cream 0.1%	87
heparin sodium (porcine) inj 1000 unit/ml	58	HYCANTIN CAP 1MG (topotecan hcl cap 1 mg)	39	hydrocortisone butyrate hydrophilic lipo base cream 0.1%.....	87
heparin sodium (porcine) inj 1000 unit/ml	58	hydralazine hcl tab 10 mg	71	hydrocortisone butyrate oint 0.1%	87
heparin sodium (porcine) inj 1000 unit/ml	58	hydralazine hcl tab 25 mg	71	hydrocortisone butyrate soln 0.1%	87
heparin sodium (porcine) inj 5000 unit/ml	58	hydralazine hcl tab 50 mg	71	hydrocortisone cream 2.5%.....	87
heparin sodium (porcine) inj 5000 unit/ml	58	hydralazine hcl tab 100 mg.....	71	hydrocortisone enema 100 mg/60ml	107
heparin sodium (porcine) inj 10000 unit/ml	58	hydrochlorothiazide cap 12.5 mg.....	69	hydrocortisone lotion 2.5%	87
heparin sodium (porcine) inj 20000 unit/ml	58	hydrochlorothiazide tab 12.5 mg	69	hydrocortisone oint 1%	87
heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml.....	58	hydrochlorothiazide tab 25 mg.....	69	hydrocortisone oint 2.5%	87
heparin sodium (porcine) pf inj 1000 unit/ml	58	hydrochlorothiazide tab 50 mg	69	hydrocortisone perianal cream 2.5% .	107
heparin sodium (porcine) pf inj 5000 unit/0.5ml	58	hydrocodone-acetaminophen soln 7.5-325 mg/15ml	19	hydrocortisone perianal cream 2.5% .	107
heparin sodium (porcine) pf inj 5000 unit/ml.....	58	hydrocodone-acetaminophen soln 10-300 mg/15ml	19	hydrocortisone tab 5 mg	87
HEPLISAV-B INJ 20/0.5ML (hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml)	104	hydrocodone-acetaminophen soln 10-325 mg/15ml	19	hydrocortisone tab 10 mg	87
HIBERIX SOL 10MCG (haemophilus b polysaccharide conjugate vac for inj 10 mcg)	104	hydrocodone-acetaminophen tab 2.5-325 mg	19	hydrocortisone tab 20 mg.....	87
HUMALOG INJ 100/ML (insulin lispro soln cartridge 100 unit/ml).....	56	hydrocodone-acetaminophen tab 5-325 mg.....	19	hydrocortisone valerate cream 0.2% ..	87
HUMALOG JR INJ 100/ML (insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial	56	hydrocodone-acetaminophen tab 7.5-325 mg.....	19	hydrocortisone valerate oint 0.2%.....	87

hydroxychloroquine sulfate tab 100 mg	43	IMBRUVICA SUS 70MG/ML (ibrutinib oral susp 70 mg/ml)	41	INSULIN ASPA INJ 70/30 (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	56
hydroxychloroquine sulfate tab 200 mg	43	IMBRUVICA TAB 140MG (ibrutinib tab 140 mg)	41	INSULIN DEGL INJ 100UNIT (insulin degludec inj 100 unit/ml)	56
hydroxyurea cap 500 mg	38	IMBRUVICA TAB 280MG (ibrutinib tab 280 mg)	41	INSULIN LISP INJ 100/ML (insulin lispro inj soln 100 unit/ml)	56
hydroxyzine hcl syrup 10 mg/5ml	51	IMBRUVICA TAB 420MG (ibrutinib tab 420 mg)	41	INSULIN LISP INJ 100/ML (insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	56
hydroxyzine hcl syrup 10 mg/5ml	51	imipramine hcl tab 10 mg	32	INSULIN LISP INJ JUNIOR (insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	56
hydroxyzine hcl tab 10 mg	51	imipramine hcl tab 25 mg	32	INSULIN LISP INJ PROTAMIN (insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	57
hydroxyzine hcl tab 25 mg	51	imipramine hcl tab 50 mg	32	insulin pen needle 29 g x 5 mm (1/5" or 3/16")	109
hydroxyzine hcl tab 50 mg	51	imipramine pamoate cap 75 mg	32	insulin pen needle 29 g x 8 mm (1/3" or 5/16")	109
hydroxyzine pamoate cap 25 mg	51	imipramine pamoate cap 100 mg	32	insulin pen needle 29 g x 12.7 mm (1/2")	109
hydroxyzine pamoate cap 50 mg	51	imipramine pamoate cap 125 mg	32	insulin pen needle 29 g x 12 mm (1/2")	109
hydroxyzine pamoate cap 100 mg	51	imipramine pamoate cap 150 mg	32	insulin pen needle 31 g x 5 mm (1/5" or 3/16")	109
HYPERSAL NEB 3.5% (sodium chloride soln nebu 3.5%)	119	imiquimod cream 5%	76	insulin pen needle 31 g x 6 mm (1/4" or 15/64")	109
HYPERSAL NEB 7% (sodium chloride soln nebu 7%)	119	INATAL GT TAB (*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***)	80	insulin pen needle 31 g x 8 mm (1/3" or 5/16")	109
ibandronate sodium tab 150 mg	107	INCRELEX INJ 40MG/4ML (mecasermin inj 40 mg/4ml (10 mg/ml)	88	insulin syringe/needle u-100 0.3 ml 29 x 1/2"	109
IBRANCE CAP 75MG (palbociclib cap 75 mg)	41	INCRUSE ELPT INH 62.5MCG (umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	116	insulin syringe/needle u-100 0.3 ml 30 x 1/2"	109
IBRANCE CAP 100MG (palbociclib cap 100 mg)	41	indapamide tab 1.25 mg	69	insulin syringe/needle u-100 0.3 ml 30 x 5/16"	109
IBRANCE CAP 125MG (palbociclib cap 125 mg)	41	indapamide tab 2.5 mg	69	insulin syringe/needle u-100 0.3 ml 31 x 5/16"	109
IBRANCE TAB 75MG (palbociclib tab 75 mg)	41	indomethacin cap 25 mg	15	insulin syringe/needle u-100 0.3 ml 31 x 15/64"	109
IBRANCE TAB 100MG (palbociclib tab 100 mg)	41	indomethacin cap 50 mg	15	insulin syringe/needle u-100 0.5 ml 32 x 5/16"	110
IBRANCE TAB 125MG (palbociclib tab 125 mg)	41	indomethacin cap er 75 mg	15	insulin syringe/needle u-100 1/2 ml 28 x 1/2"	110
ibuprofen tab 400 mg	15	INFANRIX INJ (diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml)	104	insulin syringe/needle u-100 1/2 ml 29 x 1/2"	110
ibuprofen tab 600 mg	15	INGREZZA CAP 40-80MG (valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	74	insulin syringe/needle u-100 1/2 ml 30 x 1/2"	110
ibuprofen tab 800 mg	15	INGREZZA CAP 40MG (valbenazine tosylate cap 40 mg)	74	insulin syringe/needle u-100 1/2 ml 30 x 5/16"	110
ICATIBANT INJ 30MG/3ML (icatibant acetate subcutaneous soln pref syr 30 mg/3ml)	100	INGREZZA CAP 40MG (valbenazine tosylate capsule sprinkle 40 mg)	74	insulin syringe/needle u-100 1/2 ml 31 x 5/16"	110
ICLUSIG TAB 10MG (ponatinib hcl tab 10 mg)	41	INGREZZA CAP 60MG (valbenazine tosylate cap 60 mg)	74	insulin syringe/needle u-100 1/2 ml 31 x 15/64"	110
ICLUSIG TAB 15MG (ponatinib hcl tab 15 mg)	41	INGREZZA CAP 60MG (valbenazine tosylate capsule sprinkle 60 mg)	74	insulin syringe/needle u-100 1/2 ml 30 x 1/2"	110
ICLUSIG TAB 30MG (ponatinib hcl tab 30 mg)	41	INGREZZA CAP 80MG (valbenazine tosylate cap 80 mg)	74	insulin syringe/needle u-100 1/2 ml 30 x 5/16"	110
ICLUSIG TAB 45MG (ponatinib hcl tab 45 mg)	41	INGREZZA CAP 80MG (valbenazine tosylate capsule sprinkle 80 mg)	74	insulin syringe/needle u-100 1/2 ml 31 x 5/16"	110
icosapent ethyl cap 0.5 gm	71	INLYTA TAB 1MG (axitinib tab 1 mg)	41	insulin syringe/needle u-100 1/2 ml 31 x 15/64"	110
icosapent ethyl cap 1 gm	71	INLYTA TAB 5MG (axitinib tab 5 mg)	41	insulin syringe/needle u-100 1 ml 27 x 5/8"	110
IDHIFA TAB 50MG (enasidenib mesylate tab 50 mg)	41	INS DEGL FLX INJ 100UNIT (insulin degludec soln pen-injector 100 unit/ml)	56	insulin syringe/needle u-100 1 ml 28 x 1/2"	110
IDHIFA TAB 100MG (enasidenib mesylate tab 100 mg)	41	INS DEGL FLX INJ 200UNIT (insulin degludec soln pen-injector 200 unit/ml)	56	insulin syringe/needle u-100 1 ml 28 x 5/16"	110
IHEALTH LIQ CONTROL (*blood glucose calibration - liquid***)	53	INSPIREASE MIS DD SYST (*spacer/ aerosol-holding chambers - device***)	109	insulin syringe/needle u-100 1 ml 29 x 1/2"	110
imatinib mesylate tab 100 mg	41	INSPIREASE MIS RES BAG (*spacer/ aerosol-holding chamber supplies - bags***)	109		
imatinib mesylate tab 400 mg	41				
IMBRUVICA CAP 70MG (ibrutinib cap 70 mg)	41				
IMBRUVICA CAP 140MG (ibrutinib cap 140 mg)	41				

insulin syringe/needle u-100 1 ml 29 x 5/16"	110	isotretinoin cap 10 mg	76	KINRIX INJ (<i>diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml</i>)	104
insulin syringe/needle u-100 1 ml 30 x 1/2"	110	isotretinoin cap 10 mg	76	KISQALI 200 PAK FEMARA (<i>ribociclib 200 mg dose (200 mg tab)</i> & letrozole 2.5 mg tbpk)	38
insulin syringe/needle u-100 1 ml 30 x 5/16"	110	isotretinoin cap 20 mg	76	KISQALI 400 PAK FEMARA (<i>ribociclib 400 mg dose (200 mg tab)</i> & letrozole 2.5 mg tbpk)	38
insulin syringe/needle u-100 1 ml 31 x 5/16"	110	isotretinoin cap 20 mg	76	KISQALI 600 PAK FEMARA (<i>ribociclib 600 mg dose (200 mg tab)</i> & letrozole 2.5 mg tbpk)	38
insulin syringe/needle u-100 1 ml 31 x 15/64"	110	isotretinoin cap 30 mg	77	KISQALI TAB 200DOSE (<i>ribociclib succinate tab pack 200 mg daily dose</i>)	38
insulin syringe/needle u-100 1 ml 32 x 5/16"	110	isotretinoin cap 30 mg	77	KISQALI TAB 400DOSE (<i>ribociclib succinate tab pack 400 mg daily dose (200 mg tab</i>	38
INTELENCE TAB 25MG (<i>etravirine tab 25 mg</i>)	49	isotretinoin cap 40 mg	77	KISQALI TAB 600DOSE (<i>ribociclib succinate tab pack 600 mg daily dose (200 mg tab</i>	38
INVELTYS SUS 1% (<i>loteprednol etabonate ophth susp 1%</i>)	112	isotretinoin cap 40 mg	77	KLOXXADO SPR 8MG (<i>naloxone hcl nasal spray 8 mg/0.1ml</i>)	21
IOPIDINE SOL 1% OP (<i>apraclonidine hcl ophth soln 1%</i>)	113	isradipine cap 2.5 mg	67	KRISTALOSE PAK 10GM (<i>lactulose oral crystal packet 10 gm</i>)	82
IPOL INJ INACTIVE (<i>poliovirus vaccine, ipv injection</i>)	104	isradipine cap 5 mg	67	KRISTALOSE PAK 20GM (<i>lactulose oral crystal packet 20 gm</i>)	82
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	119	itraconazole cap 100 mg	34	labetalol hcl tab 100 mg	65
ipratropium bromide inhal soln 0.02%116		itraconazole oral soln 10 mg/ml	34	labetalol hcl tab 200 mg	65
ipratropium bromide nasal soln 0.03% (<i>21 mcg/spray</i>)	116	ivabradine hcl tab 5 mg	68	labetalol hcl tab 300 mg	65
ipratropium bromide nasal soln 0.06% (<i>42 mcg/spray</i>)	116	ivabradine hcl tab 7.5 mg	68	labetalol hcl tab 400 mg	65
irbesartan-hydrochlorothiazide tab 150-12.5 mg	61	ivermectin cream 1%	77	lacosamide oral solution 10 mg/ml ...	28
irbesartan-hydrochlorothiazide tab 300-12.5 mg	61	ivermectin lotion 0.5%	43	lacosamide oral solution 10 mg/ml ...	28
irbesartan tab 75 mg	61	ivermectin tab 3 mg	43	lacosamide oral solution 10 mg/ml ...	28
irbesartan tab 150 mg	61	JAKAFI TAB 5MG (<i>ruxolitinib phosphate tab 5 mg</i>)	41	lacosamide oral solution 10 mg/ml ...	28
irbesartan tab 300 mg	61	JAKAFI TAB 10MG (<i>ruxolitinib phosphate tab 10 mg</i>)	41	lacosamide oral solution 10 mg/ml ...	28
ISENTRESS POW 100MG (<i>raltegravir potassium packet for susp 100 mg</i>) ..	48	JAKAFI TAB 15MG (<i>ruxolitinib phosphate tab 15 mg</i>)	41	lacosamide oral solution 10 mg/ml ...	28
isoniazid syrup 50 mg/5ml	36	JAKAFI TAB 20MG (<i>ruxolitinib phosphate tab 20 mg</i>)	41	lacosamide oral solution 10 mg/ml ...	28
isoniazid tab 100 mg	36	JAKAFI TAB 25MG (<i>ruxolitinib phosphate tab 25 mg</i>)	41	lacosamide tab 50 mg	28
isoniazid tab 300 mg	36	JARDIANCE TAB 10MG (<i>empagliflozin tab 10 mg</i>)	54	lacosamide tab 100 mg	28
isopropyl alcohol, rubbing 70%	110	JARDIANCE TAB 25MG (<i>empagliflozin tab 25 mg</i>)	54	lacosamide tab 150 mg	28
ISOPTO ATROP SOL 1% OP (<i>atropine sulfate ophth soln 1%</i>)	112	JULUCA TAB 50-25MG (<i>dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq</i>	49	lacosamide tab 200 mg	28
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	68	JYNNEOS INJ (<i>smallpox & monkeypox vac, live, non-replicating inj 0.5 ml</i>)	104	lactic acid (<i>ammonium lactate</i>) cream 12%	77
isosorbide dinitrate tab 5 mg	71	ketoconazole cream 2%	34	lactulose (<i>encephalopathy</i>) solution 10 gm/15ml	82
isosorbide dinitrate tab 10 mg	71	ketoconazole shampoo 2%	34	lactulose (<i>encephalopathy</i>) solution 10 gm/15ml	82
isosorbide dinitrate tab 20 mg	71	ketoconazole tab 200 mg	34	lactulose (<i>encephalopathy</i>) solution 10 gm/15ml	82
isosorbide dinitrate tab 30 mg	71	KETO-DIASTIX TES (<i>*urine glucose-ketones test strips***</i>)	110	lactulose oral crystal packet 10 gm ...	82
isosorbide mononitrate tab 10 mg	71	ketoprofen cap 25 mg	15	lactulose oral crystal packet 20 gm ...	82
isosorbide mononitrate tab 20 mg	71	ketoprofen cap 50 mg	15	lactulose solution 10 gm/15ml	82
isosorbide mononitrate tab er 24hr 30 mg	71	ketoprofen cap er 24hr 200 mg	15	lactulose solution 10 gm/15ml	82
isosorbide mononitrate tab er 24hr 60 mg	71	ketorolac tromethamine ophth soln 0.4%	113	lactulose solution 10 gm/15ml	82
isosorbide mononitrate tab er 24hr 120 mg	71	ketorolac tromethamine ophth soln 0.5%	113	LAGEVRIO CAP 200MG (<i>molnupiravir cap 200 mg</i>)	110
isotretinoin cap 10 mg	76	ketorolac tromethamine tab 10 mg	15	lamivudine oral soln 10 mg/ml	49

lamivudine oral soln 10 mg/ml	49	LENVIMA CAP 20 MG (lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	42	levofloxacin tab 750 mg	24
lamivudine tab 100 mg (hbv)	48	LENVIMA CAP 24 MG (lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	42	levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg. .91	
lamivudine tab 150 mg	49	letrazole tab 2.5 mg	39	levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg. .91	
lamivudine tab 300 mg	49	leucovorin calcium tab 5 mg	39	levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg. .91	
lamivudine-zidovudine tab 150-300 mg	49	leucovorin calcium tab 10 mg	39	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.. 92	
lamotrigine tab 25 mg	27	leucovorin calcium tab 15 mg	39	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.. 92	
lamotrigine tab 25 mg	27	leucovorin calcium tab 25 mg	39	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.. 92	
lamotrigine tab 100 mg	27	LEUKERAN TAB 2MG (chlorambucil tab 2 mg)	37	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.. 92	
lamotrigine tab 100 mg	27	LEUKINE INJ 250MCG (sargramostim lyophilized for inj 250 mcg)	59	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.. 92	
lamotrigine tab 150 mg	27	leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	99	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	91
lamotrigine tab 150 mg	27	leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	99	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	91
lamotrigine tab 200 mg	27	leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	99	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	91
lamotrigine tab 200 mg	27	leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	99	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	91
lamotrigine tab chewable dispersible 5 mg	27	levalbuterol hcl soln nebu 0.31 mg/3ml	117	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	91
lamotrigine tab chewable dispersible 25 mg	27	levalbuterol hcl soln nebu 0.63 mg/3ml	117	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	91
*lancet devices***	53	levalbuterol hcl soln nebu 1.25 mg/3ml	117	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	92
*lancets***	53	levalbuterol hcl soln nebu conc 1.25 mg/0.5ml	117	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	92
lansoprazole cap delayed release 15 mg	83	LEVEMIR INJ FLEXPEN (insulin detemir soln pen-injector 100 unit/ml)	57	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	92
lansoprazole cap delayed release 30 mg	83	LEVEMIR INJ (insulin detemir inj 100 unit/ml)	57	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	92
lanthanum carbonate chew tab 500 mg (elemental)	79	levetiracetam oral soln 100 mg/ml.... 25		levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	92
lanthanum carbonate chew tab 750 mg (elemental)	79	levetiracetam oral soln 100 mg/ml.... 25		levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91
lanthanum carbonate chew tab 1000 mg (elemental)	79	levetiracetam tab 250 mg	25	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91
lapatinib ditosylate tab 250 mg	41	levetiracetam tab 500 mg	25	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91
LASTACFT SOL 0.25% (alcaftadine ophth soln 0.25%)	112	levetiracetam tab 500 mg	25	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91
latanoprost ophth soln 0.005%	113	levetiracetam tab 750 mg	25	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91
ledipasvir-sofosbuvir tab 90-400 mg . 48		levetiracetam tab 1000 mg	25	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91
leflunomide tab 10 mg	102	levetiracetam tab er 24hr 500 mg 25		levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91
leflunomide tab 20 mg	102	levetiracetam tab er 24hr 750 mg 25		levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91
lenalidomide cap 5 mg	37	levobunolol hcl ophth soln 0.5%	113	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91
lenalidomide cap 10 mg	37	levocarnitine oral soln 1 gm/10ml (10%)	78	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91
lenalidomide cap 15 mg	37	levocarnitine tab 330 mg	78	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91
lenalidomide cap 20 mg	37	levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	115	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91
lenalidomide cap 25 mg	37	levocetirizine dihydrochloride tab 5 mg	115	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91
lenalidomide caps 2.5 mg	37	levofloxacin ophth soln 0.5%	113	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91
LENVIMA CAP 4MG (lenvatinib cap therapy pack 4 mg (4 mg daily dose)	42	levofloxacin ophth soln 1.5%	113	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91
LENVIMA CAP 8 MG (lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	42	levofloxacin oral soln 25 mg/ml	24	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91
LENVIMA CAP 10 MG (lenvatinib cap therapy pack 10 mg (10 mg daily dose)	41	levofloxacin tab 250 mg	24	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	91
LENVIMA CAP 12MG (lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	41	levofloxacin tab 500 mg	24		
LENVIMA CAP 14 MG (lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	42				
LENVIMA CAP 18 MG (lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	42				

levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	91	levothyroxine sodium tab 50 mcg	97	lidocaine hcl urethral/mucosal gel 2% 20	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	91	levothyroxine sodium tab 50 mcg	97	lidocaine hcl urethral/mucosal gel prefilled syringe 2%	20
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	91	levothyroxine sodium tab 75 mcg.....	97	lidocaine hcl urethral/mucosal gel prefilled syringe 2%	20
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	91	levothyroxine sodium tab 75 mcg.....	97	lidocaine hcl viscous soln 2%	20
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	91	levothyroxine sodium tab 75 mcg.....	97	lidocaine hcl viscous soln 2%	20
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	91	levothyroxine sodium tab 75 mcg.....	97	lidocaine patch 5%.....	20
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	91	levothyroxine sodium tab 88 mcg.....	97	lidocaine-prilocaine cream 2.5-2.5% ..	20
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	92	levothyroxine sodium tab 88 mcg.....	97	linezolid for susp 100 mg/5ml.....	22
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	92	levothyroxine sodium tab 88 mcg.....	97	linezolid tab 600 mg.....	22
levonorgestrel tab 1.5 mg.....	94	levothyroxine sodium tab 88 mcg.....	97	LINZESS CAP 72MCG (linaclotide cap 72 mcg)	82
levonorgestrel tab 1.5 mg.....	94	levothyroxine sodium tab 100 mcg ...	96	LINZESS CAP 145MCG (linaclotide cap 145 mcg).....	81
levonorgestrel tab 1.5 mg.....	94	levothyroxine sodium tab 100 mcg ...	96	LINZESS CAP 290MCG (linaclotide cap 290 mcg)	82
levonorgestrel tab 1.5 mg.....	95	levothyroxine sodium tab 100 mcg ...	96	liothyronine sodium tab 5 mcg.....	97
levonorgestrel tab 1.5 mg.....	95	levothyroxine sodium tab 100 mcg ...	96	liothyronine sodium tab 25 mcg	97
levonorgestrel tab 1.5 mg.....	95	levothyroxine sodium tab 112 mcg....	96	liothyronine sodium tab 50 mcg	97
levonorgestrel tab 1.5 mg.....	95	levothyroxine sodium tab 112 mcg....	96	lisdexamfetamine dimesylate cap 10 mg.....	72
levonorgestrel tab 1.5 mg.....	95	levothyroxine sodium tab 112 mcg....	96	lisdexamfetamine dimesylate cap 20 mg	72
levonorgestrel tab 1.5 mg.....	95	levothyroxine sodium tab 112 mcg....	96	lisdexamfetamine dimesylate cap 30 mg	72
levonorgestrel tab 1.5 mg.....	95	levothyroxine sodium tab 125 mcg....	96	lisdexamfetamine dimesylate cap 40 mg	72
levonorgestrel tab 1.5 mg.....	95	levothyroxine sodium tab 125 mcg....	96	lisdexamfetamine dimesylate cap 50 mg	72
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	91	levothyroxine sodium tab 125 mcg....	96	lisdexamfetamine dimesylate cap 60 mg	72
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	91	levothyroxine sodium tab 137 mcg....	96	lisdexamfetamine dimesylate cap 70 mg	72
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	91	levothyroxine sodium tab 137 mcg....	96	lisinopril & hydrochlorothiazide tab 10-12.5 mg.....	63
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)...	91	levothyroxine sodium tab 137 mcg....	96	lisinopril & hydrochlorothiazide tab 20-12.5 mg	63
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)...	91	levothyroxine sodium tab 150 mcg ...	96	lisinopril & hydrochlorothiazide tab 20-25 mg.....	63
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)...	91	levothyroxine sodium tab 150 mcg ...	96	lisinopril tab 2.5 mg	63
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)...	91	levothyroxine sodium tab 150 mcg ...	96	lisinopril tab 5 mg.....	63
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)...	91	levothyroxine sodium tab 150 mcg ...	96	lisinopril tab 10 mg.....	63
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)...	91	levothyroxine sodium tab 175 mcg....	96	lisinopril tab 20 mg	63
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)...	91	levothyroxine sodium tab 175 mcg....	96	lisinopril tab 30 mg	63
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)...	91	levothyroxine sodium tab 175 mcg....	97	lisinopril tab 40 mg	63
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)...	91	levothyroxine sodium tab 175 mcg....	97	lithium carbonate cap 150 mg	52
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)...	91	levothyroxine sodium tab 200 mcg ...	97	lithium carbonate cap 300 mg.....	52
levorphanol tartrate tab 2 mg	17	levothyroxine sodium tab 200 mcg ...	97	lithium carbonate cap 600 mg.....	52
levorphanol tartrate tab 3 mg	17	levothyroxine sodium tab 200 mcg ...	97	lithium carbonate tab 300 mg	53
levothyroxine sodium tab 25 mcg.....	97	levothyroxine sodium tab 200 mcg ...	97	lithium carbonate tab er 300 mg.....	53
levothyroxine sodium tab 25 mcg.....	97	levothyroxine sodium tab 300 mcg ...	97	lithium carbonate tab er 450 mg.....	53
levothyroxine sodium tab 25 mcg.....	97	levothyroxine sodium tab 300 mcg ...	97	lithium oral solution 8 meq/5ml.....	53
levothyroxine sodium tab 25 mcg.....	97	levothyroxine sodium tab 300 mcg ...	97	lofexidine hcl tab 0.18 mg	20
levothyroxine sodium tab 25 mcg.....	97	LEXIVA SUS 50MG/ML (fosamprenavir calcium susp 50 mg/ml)	50	LOKELMA PAK 5GM (sodium zirconium cyclosilicate for susp packet 5 gm).....	79
levothyroxine sodium tab 50 mcg	97	lidocaine hcl laryngotracheal soln 4%.	20		
levothyroxine sodium tab 50 mcg	97	lidocaine hcl soln 4%.....	20		

LOKELMA PAK 10GM (sodium zirconium cyclosilicate for susp packet 10 gm).....	79	LYNPARZA TAB 100MG (olaparib tab 100 mg)	42	meloxicam tab 7.5 mg	16
LO LOESTRIN TAB 1-10-10 (norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2	92	LYNPARZA TAB 150MG (olaparib tab 150 mg)	42	meloxicam tab 15 mg	15
LONSURF TAB 15-6.14 (trifluridine-tipiracil tab 15-6.14 mg)	39	LYSODREN TAB 500MG (mitotane tab 500 mg).....	99	MELPHALAN TAB 2MG (melpalhan tab 2 mg).....	37
LONSURF TAB 20-8.19 (trifluridine-tipiracil tab 20-8.19 mg).....	39	mafenide acetate packet for topical soln 5% (50 gm)	22	memantine hcl oral solution 2 mg/ml. 29	
loperamide hcl cap 2 mg	81	magnesium citrate soln	82	memantine hcl oral solution 2 mg/ml. 29	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	50	malathion lotion 0.5%.....	44	memantine hcl tab 5 mg	29
lopinavir-ritonavir tab 100-25 mg	50	maraviroc tab 150 mg	50	memantine hcl tab 5 mg	29
lopinavir-ritonavir tab 200-50 mg.....	50	maraviroc tab 300 mg	50	memantine hcl tab 10 mg	29
lorazepam conc 2 mg/ml	52	MARPLAN TAB 10MG (isocarboxazid tab 10 mg).....	30	memantine hcl tab 10 mg	29
lorazepam tab 0.5 mg	52	MASK VORTEX/ MIS FROG (*spacer/ aerosol-holding chamber supplies - masks**)	110	memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	29
lorazepam tab 1 mg.....	52	MATULANE CAP 50MG (procarbazine hcl cap 50 mg).....	37	MENOPUR INJ 75UNIT (menotropins for subcutaneous inj 75 unit).....	88
lorazepam tab 2 mg	52	MAVYRET PAK 50-20MG (glecaprevir-pibrentasvir pellet pack 50-20 mg)	48	MENQUADFI INJ (meningococcal (a, c, y, and w-135) tetanus conjugate vaccine)	105
LORBRENA TAB 25MG (lorlatinib tab 25 mg).....	42	MAVYRET TAB 100-40MG (glecaprevir-pibrentasvir tab 100-40 mg)	48	MENVEO INJ (meningococcal (a, c, y, and w-135) oligo conj vac for inj) ..	105
LORBRENA TAB 100MG (lorlatinib tab 100 mg)	42	MAXICOMFORT MIS 27GX1/2 (insulin syringe/needle u-100 1/2 ml 27 x 1/2").....	110	MENVEO SOL (meningococcal (a, c, y, and w-135) oligo conj vac im soln). 105	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg ..	61	MAXICOMFORT MIS 27GX1/2" (insulin syringe/needle u-100 1 ml 27 x 1/2").....	110	meprobamate tab 200 mg	51
losartan potassium & hydrochlorothiazide tab 100-12.5 mg ..	61	meclizine hcl tab 25 mg	32	meprobamate tab 400 mg	51
losartan potassium & hydrochlorothiazide tab 100-25 mg.....	61	meclizine hcl tab 50 mg	32	MERCAPTOPUR TAB 50MG (mercaptopurine tab 50 mg).....	38
losartan potassium tab 25 mg.....	61	meclofenamate sodium cap 50 mg.....	15	mesalamine cap er 24hr 0.375 gm ...	107
losartan potassium tab 50 mg	61	meclofenamate sodium cap 100 mg.....	15	mesalamine enema 4 gm.....	107
losartan potassium tab 100 mg	61	medroxyprogesterone acetate im susp 150 mg/ml	95	*mesalamine rectal enema 4 gm & cleanser wipe kit**	107
LOTEMAX OIN 0.5% (loteprednol etabonate ophth oint 0.5%).....	113	medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	95	mesalamine suppos 1000 mg	107
LOTEMAX SM GEL 0.38% (loteprednol etabonate ophth gel 0.38%).....	113	medroxyprogesterone acetate tab 2.5 mg	95	mesalamine tab delayed release 1.2 gm.....	107
loteprednol etabonate ophth susp 0.5%	113	medroxyprogesterone acetate tab 5 mg.....	95	MESNA TAB 400MG (mesna tab 400 mg).....	43
lovastatin tab 10 mg	70	medroxyprogesterone acetate tab 10 mg.....	95	metaxalone tab 800 mg.....	120
lovastatin tab 20 mg.....	70	mefenamic acid cap 250 mg	15	metformin hcl oral soln 500 mg/5ml .	54
lovastatin tab 40 mg.....	70	mefloquine hcl tab 250 mg.....	44	metformin hcl tab 500 mg	54
loxapine succinate cap 5 mg	46	megestrol acetate susp 40 mg/ml	95	metformin hcl tab 850 mg	54
loxapine succinate cap 10 mg	46	megestrol acetate susp 40 mg/ml	95	metformin hcl tab 1000 mg	54
loxapine succinate cap 25 mg	46	megestrol acetate susp 40 mg/ml	95	metformin hcl tab er 24hr 500 mg	54
loxapine succinate cap 50 mg.....	46	megestrol acetate susp 625 mg/5ml .	95	metformin hcl tab er 24hr 750 mg	54
lubiprostone cap 8 mcg	82	megestrol acetate tab 20 mg	95	methadone hcl conc 10 mg/ml.....	17
lubiprostone cap 24 mcg	82	megestrol acetate tab 40 mg	95	methadone hcl soln 5 mg/5ml	17
LUCEMYRA TAB 0.18MG (lofexidine hcl tab 0.18 mg)	20	MEKINIST SOL 0.05/ML (trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq	42	methadone hcl soln 10 mg/5ml	17
luliconazole cream 1%	34	MEKINIST TAB 0.5MG (trametinib dimethyl sulfoxide tab 0.5 mg).....	42	methadone hcl tab 5 mg	17
LUMIGAN SOL 0.01% OP (bimatoprost ophth soln 0.01%)	113	MEKINIST TAB 2MG (trametinib dimethyl sulfoxide tab 2 mg).....	42	methadone hcl tab 10 mg	17
lurasidone hcl tab 20 mg	46			methamphetamine hcl tab 5 mg.....	72
lurasidone hcl tab 40 mg	46			methazolamide tab 25 mg	68
lurasidone hcl tab 60 mg	46			methazolamide tab 50 mg	68
lurasidone hcl tab 80 mg	46			methenamine hippurate tab 1 gm	22
lurasidone hcl tab 120 mg	46			methimazole tab 5 mg	99
				methimazole tab 10 mg	99
				methocarbamol tab 500 mg	120
				methocarbamol tab 750 mg	120
				methotrexate sodium for inj 1 gm.....	101

methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	101	methylphenidate hcl tab er osmotic release (osm) 36 mg.....	74	miglitol tab 50 mg.....	54
methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	101	methylphenidate hcl tab er osmotic release (osm) 54 mg.....	74	miglitol tab 100 mg.....	54
methotrexate sodium inj 250 mg/10ml (25 mg/ml).....	101	methylprednisolone tab 4 mg.....	87	minocycline hcl cap 50 mg.....	25
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....	101	methylprednisolone tab 8 mg.....	87	minocycline hcl cap 75 mg.....	25
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....	101	methylprednisolone tab 16 mg.....	87	minocycline hcl cap 100 mg.....	25
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml).....	101	methylprednisolone tab 32 mg.....	87	minoxidil tab 2.5 mg.....	71
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml).....	101	methylprednisolone tab therapy pack 4 mg (21).....	87	minoxidil tab 10 mg.....	71
methotrexate sodium tab 2.5 mg.....	101	methyltestosterone cap 10 mg.....	89	MIRALAX POW 3350 NF (polyethylene glycol 3350 oral powder 17 gm/scoop).....	82
methoxsalen rapid cap 10 mg.....	77	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml).....	32	mirtazapine orally disintegrating tab 15 mg.....	29
methscopolamine bromide tab 2.5 mg	81	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml).....	32	mirtazapine orally disintegrating tab 30 mg.....	29
methscopolamine bromide tab 5 mg.....	81	metoclopramide hcl tab 5 mg.....	32	mirtazapine orally disintegrating tab 45 mg.....	29
methsuximide cap 300 mg.....	26	metoclopramide hcl tab 10 mg.....	32	mirtazapine tab 7.5 mg.....	29
methyl dopa tab 250 mg.....	61	metolazone tab 2.5 mg.....	69	mirtazapine tab 15 mg.....	29
methyl dopa tab 500 mg.....	61	metolazone tab 5 mg.....	69	mirtazapine tab 30 mg.....	29
methylergonovine maleate tab 0.2 mg.....	110	metolazone tab 10 mg.....	69	mirtazapine tab 45 mg.....	29
methylphenidate hcl cap er 10 mg (cd).....	73	metoprolol & hydrochlorothiazide tab 50-25 mg.....	65	misoprostol tab 100 mcg.....	83
methylphenidate hcl cap er 20 mg (cd).....	73	metoprolol & hydrochlorothiazide tab 100-25 mg.....	65	misoprostol tab 200 mcg.....	83
methylphenidate hcl cap er 24hr 10 mg (la).....	73	metoprolol & hydrochlorothiazide tab 100-50 mg.....	65	MITOSOL KIT 0.2MG (mitomycin for ophth soln kit 0.2 mg).....	112
methylphenidate hcl cap er 24hr 20 mg (la).....	73	metoprolol succinate tab er 24hr 25 mg (tartrate equiv).....	65	M-M-R II INJ (measles-mumps- rubella virus vaccines for inj soln).....	105
methylphenidate hcl cap er 24hr 30 mg (la).....	73	metoprolol succinate tab er 24hr 50 mg (tartrate equiv).....	65	M-NATAL PLUS TAB (*prenatal vit w/ fe fumarate-fa tab 27-1 mg***).....	80
methylphenidate hcl cap er 24hr 40 mg (la).....	73	metoprolol succinate tab er 24hr 100 mg (tartrate equiv).....	65	MNEXSPIKE INJ 2025-26 (covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml).....	105
methylphenidate hcl cap er 24hr 60 mg (la).....	73	metoprolol succinate tab er 24hr 200 mg (tartrate equiv).....	65	modafinil tab 100 mg.....	121
methylphenidate hcl cap er 30 mg (cd).....	73	metoprolol tartrate tab 25 mg.....	65	modafinil tab 200 mg.....	121
methylphenidate hcl cap er 40 mg (cd).....	73	metoprolol tartrate tab 50 mg.....	65	MODERNA INJ 2024-25 (covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml).....	105
methylphenidate hcl cap er 50 mg (cd).....	73	metoprolol tartrate tab 100 mg.....	65	MODERNA INJ 2025-26 (covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml).....	105
methylphenidate hcl cap er 60 mg (cd).....	73	metronidazole cream 0.75%.....	77	moexipril hcl tab 7.5 mg.....	63
methylphenidate hcl chew tab 2.5 mg	73	metronidazole gel 0.75%.....	77	moexipril hcl tab 15 mg.....	63
methylphenidate hcl chew tab 5 mg.....	73	metronidazole lotion 0.75%.....	77	mometasone furoate cream 0.1%.....	87
methylphenidate hcl chew tab 10 mg.....	73	metronidazole tab 250 mg.....	22	mometasone furoate nasal susp 50 mcg/act.....	115
methylphenidate hcl soln 5 mg/5ml.....	73	metronidazole tab 500 mg.....	22	mometasone furoate nasal susp 50 mcg/act.....	115
methylphenidate hcl soln 10 mg/5ml.....	73	metronidazole vaginal gel 0.75%.....	22	mometasone furoate oint 0.1%.....	87
methylphenidate hcl tab 5 mg.....	73	metronidazole vaginal gel 0.75%.....	22	mometasone furoate solution 0.1% (lotion).....	87
methylphenidate hcl tab 10 mg.....	73	mexiletine hcl cap 150 mg.....	64	montelukast sodium chew tab 4 mg.....	116
methylphenidate hcl tab 20 mg.....	73	mexiletine hcl cap 200 mg.....	64	montelukast sodium chew tab 5 mg.....	116
methylphenidate hcl tab er 10 mg.....	73	mexiletine hcl cap 250 mg.....	64	montelukast sodium oral granules packet 4 mg.....	116
methylphenidate hcl tab er 20 mg.....	73	miconazole nitrate vaginal suppos 200 mg.....	34	montelukast sodium tab 10 mg.....	116
methylphenidate hcl tab er osmotic release (osm) 18 mg.....	73	midodrine hcl tab 2.5 mg.....	61	morphine sulfate oral soln 10 mg/5ml.....	19
methylphenidate hcl tab er osmotic release (osm) 27 mg.....	74	midodrine hcl tab 5 mg.....	61	morphine sulfate oral soln 20 mg/5ml.....	19
		midodrine hcl tab 10 mg.....	61	morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....	19
		MIFEPREX TAB 200MG (mifepristone tab 200 mg).....	88	morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....	19
		mifepristone tab 200 mg.....	88		
		MIGERGOT SUP 2/100 (ergotamine w/ caffeine suppos 2-100 mg).....	35		
		miglitol tab 25 mg.....	54		

morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	19	naloxone hcl soln cartridge 0.4 mg/ml	21	NEONATAL PLS TAB 27-1MG (*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)	80
morphine sulfate tab 15 mg	19	naloxone hcl soln prefilled syringe 0.4 mg/ml	21	NEONATAL TAB COMPLTE (*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)	80
morphine sulfate tab 30 mg	19	naloxone hcl soln prefilled syringe 2 mg/2ml	21	NEONATAL TAB PLUS (*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)	80
morphine sulfate tab er 15 mg	17	naloxone hcl soln prefilled syringe 2 mg/2ml	21	NEO-SYNALAR CRE (neomycin sulfate-fluocinolone acetoneide cream 0.5-0.025%)	22
morphine sulfate tab er 30 mg	17	naltrexone hcl tab 50 mg	20	NEO-SYNALAR KIT (*neomycin-fluocinolone cream 0.5-0.025% & emollient cr kit*)	22
morphine sulfate tab er 60 mg	17	naproxen sodium tab 275 mg	16	NEULASTA INJ 6MG/0.6M (pegfilgrastim soln prefilled syringe 6 mg/0.6ml)	59
morphine sulfate tab er 100 mg	17	naproxen sodium tab 550 mg	16	NEULASTA KIT 6MG/0.6M (pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml)	59
morphine sulfate tab er 200 mg	17	naproxen susp 125 mg/5ml	16	NEUPRO DIS 2MG/24HR (rotigotine td patch 24hr 2 mg/24hr)	44
MOUNJARO INJ 2.5/0.5 (tirzepatide soln auto-injector 2.5 mg/0.5ml)	54	naproxen tab 250 mg	16	nevirapine susp 50 mg/5ml	49
MOUNJARO INJ 5MG/0.5 (tirzepatide soln auto-injector 5 mg/0.5ml)	54	naproxen tab 375 mg	16	nevirapine tab 200 mg	49
MOUNJARO INJ 7.5/0.5 (tirzepatide soln auto-injector 7.5 mg/0.5ml)	54	naproxen tab 500 mg	16	nevirapine tab er 24hr 100 mg	49
MOUNJARO INJ 10MG/0.5 (tirzepatide soln auto-injector 10 mg/0.5ml)	54	naproxen tab ec 375 mg	16	nevirapine tab er 24hr 400 mg	49
MOUNJARO INJ 12.5/0.5 (tirzepatide soln auto-injector 12.5 mg/0.5ml)	54	naproxen tab ec 500 mg	16	NEXTSTELLIS TAB 3-14.2MG (drospirenone-estetrol tab 3-14.2 mg)	92
MOUNJARO INJ 15MG/0.5 (tirzepatide soln auto-injector 15 mg/0.5ml)	54	naproxen tab ec 500 mg	16	niacin (antihyperlipidemic) tab 500 mg	71
moxifloxacin hcl ophth soln 0.5%	113	naratriptan hcl tab 1 mg	35	niacin (antihyperlipidemic) tab 500 mg	71
moxifloxacin hcl ophth soln 0.5%	113	naratriptan hcl tab 2.5 mg	35	niacin tab er 500 mg (antihyperlipidemic)	71
moxifloxacin hcl tab 400 mg	25	NARCAN SPR 4MG (naloxone hcl nasal spray 4 mg/0.1ml)	21	niacin tab er 500 mg (antihyperlipidemic)	71
MRESVIA INJ 50MCG (rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml)	105	NATACYN SUS 5% OP (natamycin ophth susp 5%)	111	niacin tab er 750 mg (antihyperlipidemic)	71
MULTAQ TAB 400MG (dronedarone hcl tab 400 mg)	64	nateglinide tab 60 mg	54	niacin tab er 1000 mg (antihyperlipidemic)	71
mupirocin calcium cream 2%	22	nateglinide tab 120 mg	54	nicardipine hcl cap 20 mg	67
mupirocin oint 2%	22	NAYZILAM SPR 5MG (midazolam nasal spray soln 5 mg/0.1 ml)	26	nicardipine hcl cap 30 mg	67
MYALEPT INJ 11.3MG (metreleptin for subcutaneous inj 11.3 mg)	83	nebivolol hcl tab 2.5 mg	65	NICODERM CQ DIS 7MG/24HR (nicotine td patch 24hr 7 mg/24hr)	21
mycophenolate mofetil cap 250 mg	101	nebivolol hcl tab 5 mg	65	NICODERM CQ DIS 14MG/24H (nicotine td patch 24hr 14 mg/24hr)	21
mycophenolate mofetil for oral susp 200 mg/ml	101	nebivolol hcl tab 10 mg	65	NICODERM CQ DIS 21MG/24H (nicotine td patch 24hr 21 mg/24hr)	21
mycophenolate mofetil tab 500 mg	101	nebivolol hcl tab 20 mg	65	NICORETTE GUM 2MG (nicotine polacrilex gum 2 mg)	21
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	101	NEBUSAL NEB 3% (sodium chloride soln nebu 3%)	119	NICORETTE GUM 4MG (nicotine polacrilex gum 4 mg)	21
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	101	NEBUSAL NEB 6% (sodium chloride soln nebu 6%)	119	NICORETTE LOZ 2MG MINT (nicotine polacrilex lozenge 2 mg)	21
MYLERAN TAB 2MG (busulfan tab 2 mg)	37	nefazodone hcl tab 50 mg	31	NICORETTE LOZ 4MG MINT (nicotine polacrilex lozenge 4 mg)	21
nabumetone tab 500 mg	16	nefazodone hcl tab 100 mg	30	nicotine polacrilex gum 2 mg	21
nabumetone tab 750 mg	16	nefazodone hcl tab 150 mg	31	nicotine polacrilex gum 4 mg	21
nadolol tab 20 mg	65	nefazodone hcl tab 200 mg	31	nicotine polacrilex lozenge 2 mg	21
nadolol tab 40 mg	65	nefazodone hcl tab 250 mg	31	nicotine polacrilex lozenge 4 mg	21
nadolol tab 80 mg	65	neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	111	nicotine td patch 24hr 7 mg/24hr	21
naftifine hcl cream 1%	34	neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	111	nicotine td patch 24hr 14 mg/24hr	21
naftifine hcl cream 2%	34	neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	111		
naloxone hcl inj 0.4 mg/ml	21	neomycin-polymyxin-dexamethasone ophth oint 0.1%	111		
naloxone hcl inj 4 mg/10ml	21	neomycin-polymyxin-dexamethasone ophth susp 0.1%	111		
naloxone hcl inj 4 mg/10ml	21	neomycin-polymyxin-hc ophth susp	111		
naloxone hcl nasal spray 4 mg/0.1ml	21	neomycin-polymyxin-hc otic soln 1%	114		
naloxone hcl nasal spray 4 mg/0.1ml	21	neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	114		
		neomycin sulfate tab 500 mg	21		

nicotine td patch 24hr 21 mg/24hr.....	21	NIVA THYROID TAB 15MG (thyroid tab 15 mg (1/4 grain)	97	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	93
nicotine td patch 24 hr kit 21-14-7 mg/24hr.....	21	NIVA THYROID TAB 30MG (thyroid tab 30 mg (1/2 grain)	97	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	93
NICOTROL INH (nicotine inhaler system 10 mg (4 mg delivered)	21	NIVA THYROID TAB 60MG (thyroid tab 60 mg (1 grain)	97	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	93
NICOTROL NS SPR 10MG/ML (nicotine nasal spray 10 mg/ml (0.5 mg/spray)	21	NIVA THYROID TAB 90MG (thyroid tab 90 mg (1 1/2 grain)	97	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	93
nifedipine cap 10 mg	67	NIVA THYROID TAB 120MG (thyroid tab 120 mg (2 grain)	97	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	93
nifedipine cap 20 mg	67	nizatidine cap 150 mg	81	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	93
nifedipine tab er 24hr 30 mg	67	nizatidine cap 300 mg	81	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	93
nifedipine tab er 24hr 60 mg	67	NORDITROPIN INJ 5/1.5ML (somatropin solution pen-injector 5 mg/1.5ml)	88	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	93
nifedipine tab er 24hr osmotic release 30 mg.....	67	NORDITROPIN INJ 10/1.5ML (somatropin solution pen-injector 10 mg/1.5ml)	88	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	93
nifedipine tab er 24hr osmotic release 60 mg.....	67	NORDITROPIN INJ 15/1.5ML (somatropin solution pen-injector 15 mg/1.5ml)	88	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....	93
nifedipine tab er 24hr osmotic release 90 mg.....	67	NORDITROPIN INJ 30/3ML (somatropin solution pen-injector 30 mg/3ml)	88	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....	93
nilutamide tab 150 mg.....	37	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	92	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....	93
nimodipine cap 30 mg.....	67	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	92	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....	93
nisoldipine tab er 24hr 8.5 mg.....	67	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	92	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....	93
nisoldipine tab er 24hr 17 mg.....	67	norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24).....	93	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....	93
nisoldipine tab er 24hr 20 mg.....	67	norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24).....	93	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....	93
nisoldipine tab er 24hr 25.5 mg.....	67	norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24).....	93	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....	93
nisoldipine tab er 24hr 30 mg.....	67	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....	93	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....	93
nisoldipine tab er 24hr 34 mg.....	67	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....	93	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....	93
nisoldipine tab er 24hr 40 mg.....	67	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....	93	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	92
nitazoxanide tab 500 mg.....	44	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24).....	93	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	92
NITRO-BID OIN 2% (nitroglycerin oint 2%).....	71	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	93	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	92
NITRO-DUR DIS 0.3MG/HR (nitroglycerin td patch 24hr 0.3 mg/hr).....	71	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	93	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	92
NITRO-DUR DIS 0.8MG/HR (nitroglycerin td patch 24hr 0.8 mg/hr).....	72	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	93	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	93
nitrofurantoin macrocrystalline cap 25 mg.....	22	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	93	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	93
nitrofurantoin macrocrystalline cap 50 mg	22	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	93	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....	93
nitrofurantoin macrocrystalline cap 100 mg	22	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	93	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....	93
nitrofurantoin monohydrate macrocrystalline cap 100 mg.....	22	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	93	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg.....	93
nitrofurantoin susp 25 mg/5ml.....	22	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	93		
nitrofurantoin susp 25 mg/5ml.....	22				
nitroglycerin oint 0.4%.....	72				
nitroglycerin sl tab 0.3 mg.....	72				
nitroglycerin sl tab 0.4 mg.....	72				
nitroglycerin sl tab 0.6 mg.....	72				
nitroglycerin td patch 24hr 0.1 mg/hr.	72				
nitroglycerin td patch 24hr 0.2 mg/hr.	72				
nitroglycerin td patch 24hr 0.4 mg/hr.	72				
nitroglycerin td patch 24hr 0.6 mg/hr	72				
NIVA-PLUS TAB (*prenatal vit w/ fumarate-fa tab 27-1 mg***).....	80				

norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg.....	94	norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....	92	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	94
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg.....	94	norethindrone tab 0.35 mg.....	95	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	94
norethindrone acetate tab 5 mg.....	95	norethindrone tab 0.35 mg.....	95	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	94
norethindrone acetate tab 5 mg.....	95	norethindrone tab 0.35 mg.....	95	norgestrel tab 0.075 mg.....	95
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	92	norethindrone tab 0.35 mg.....	95	NORPACE CAP 100MG CR	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	92	norethindrone tab 0.35 mg.....	95	(disopyramide phosphate cap er 12hr 100 mg)	64
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	92	norethindrone tab 0.35 mg.....	95	NORPACE CAP 150MG CR	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	92	norethindrone tab 0.35 mg.....	95	(disopyramide phosphate cap er 12hr 150 mg)	64
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	94	norethindrone tab 0.35 mg.....	95	nortriptyline hcl cap 10 mg.....	32
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	94	norethindrone tab 0.35 mg.....	95	nortriptyline hcl cap 25 mg.....	32
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	94	norethindrone tab 0.35 mg.....	95	nortriptyline hcl cap 50 mg.....	32
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	94	norethindrone tab 0.35 mg.....	95	nortriptyline hcl cap 75 mg.....	32
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	94	norethindrone tab 0.35 mg.....	95	nortriptyline hcl soln 10 mg/5ml.....	32
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	94	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....	94	NORVIR POW 100MG (ritonavir powder packet 100 mg)	50
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	94	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....	94	NOVAVAX INJ 2024-25 (covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml)	105
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg.....	94	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....	94	NOVOFINE AUT MIS 30GX8MM (insulin pen needle 30 g x 8 mm (1/3" or 5/16")	110
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg.....	94	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....	94	NOVOFINE MIS 32GX6MM (insulin pen needle 32 g x 6 mm (1/4" or 15/64")	110
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg.....	92	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....	94	NOVOFINE PLS MIS 32GX4MM (insulin pen needle 32 g x 4 mm (1/6" or 5/32")	110
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg.....	92	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....	94	NOVOLOG INJ FLEXPEN (insulin aspart soln pen-injector 100 unit/ml)	57
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg.....	92	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....	94	NOVOLOG INJ FLEX REL (insulin aspart soln pen-injector 100 unit/ml)	57
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	92	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....	94	NOVOLOG INJ PENFILL (insulin aspart soln cartridge 100 unit/ml)	57
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	92	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....	94	NOVOLOG MIX INJ 70/30 (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	57
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	92	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....	94	NOVOLOG MIX INJ FLEXPEN (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	57
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....	92	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....	94	NOVOLOG MIX INJ FLEX REL (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	57
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....	92	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	94	NOVOLOG RELI INJ 70/30 (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	57
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....	92	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	94	NOVOPEN ECHO MIS (injection device for insulin)	53
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....	92	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	94	NUBEQA TAB 300MG (darolutamide tab 300 mg)	37
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg.....	92	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	94	NUCYNTA ER TAB 50MG (tapentadol hcl tab er 12hr 50 mg)	17
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg.....	92	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	94	NUCYNTA ER TAB 100MG (tapentadol hcl tab er 12hr 100 mg)	17
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg.....	92	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	94	NUCYNTA ER TAB 150MG (tapentadol hcl tab er 12hr 150 mg)	17
norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....	92	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	94	NUCYNTA ER TAB 200MG (tapentadol hcl tab er 12hr 200 mg)	17
norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....	92	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	94		

NUCYNTA ER TAB 250MG (tapentadol hcl tab er 12hr 250 mg) ...	17	olanzapine-fluoxetine hcl cap 12-50 mg.....	29	OMNITROPE INJ 5.8MG (somatropin for inj 5.8 mg)	88
NYMALIZE SOL (nimodipine oral soln 6 mg/ml)	67	olanzapine orally disintegrating tab 5 mg.....	46	OMNITROPE INJ 10/1.5ML (somatropin solution cartridge 10 mg/1.5ml)	88
nystatin cream 100000 unit/gm	34	olanzapine orally disintegrating tab 10 mg.....	46	ondansetron hcl oral soln 4 mg/5ml ..	33
nystatin oint 100000 unit/gm	34	olanzapine orally disintegrating tab 15 mg.....	46	ondansetron hcl tab 4 mg	33
nystatin oint 100000 unit/gm	34	olanzapine orally disintegrating tab 20 mg	46	ondansetron hcl tab 8 mg	33
nystatin susp 100000 unit/ml	34	olanzapine tab 2.5 mg	46	ondansetron hcl tab 24 mg	33
nystatin tab 500000 unit.....	34	olanzapine tab 5 mg	46	ondansetron orally disintegrating tab 4 mg.....	33
nystatin topical powder 100000 unit/gm	34	olanzapine tab 7.5 mg.....	47	ondansetron orally disintegrating tab 8 mg.....	33
nystatin topical powder 100000 unit/gm	34	olanzapine tab 10 mg.....	46	ONE VITE TAB 1MG PLUS (*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)	80
nystatin topical powder 100000 unit/gm	34	olanzapine tab 15 mg	46	opium tincture 1% (10 mg/ml) (morphine equiv)	81
nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....	34	olanzapine tab 20 mg.....	46	OPSUMIT TAB 10MG (macitentan tab 10 mg)	118
nystatin-triamcinolone oint 100000- 0.1 unit/gm-%	34	olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg ..	61	OPVEE SPR 2.7/0.1 (nalmefene hcl nasal spray 2.7 mg/0.1ml)	21
OALIVA TAB 5MG (obeticholic acid tab 5 mg)	84	olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg ..	61	ORENITRAM TAB 0.25MG (treprostinil diolamine tab er 0.25 mg)	118
OALIVA TAB 10MG (obeticholic acid tab 10 mg)	84	olmesartan medoxomil tab 40-25 mg....	62	ORENITRAM TAB 0.125MG (treprostinil diolamine tab er 0.125 mg)	118
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	99	olmesartan medoxomil tab 5 mg	61	ORENITRAM TAB 1MG (treprostinil diolamine tab er 1 mg)	118
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	99	olmesartan medoxomil tab 20 mg	61	ORENITRAM TAB 2.5MG (treprostinil diolamine tab er 2.5 mg)	118
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	99	olmesartan medoxomil tab 40 mg.....	61	ORENITRAM TAB 5MG (treprostinil diolamine tab er 5 mg)	118
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	99	olopatadine hcl nasal soln 0.6%	115	ORENITRAM TAB MONTH 1 (treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg)	118
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	99	olopatadine hcl ophth soln 0.1%	112	ORENITRAM TAB MONTH 2 (treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg)	118
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	99	OLUMIANT TAB 1MG (baricitinib tab 1 mg)	101	ORENITRAM TAB MONTH 3 (treprostinil tab er titr pk(mo3) 126x 0.125mg&42x0.25mg&84x1mg).....	118
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	99	OLUMIANT TAB 2MG (baricitinib tab 2 mg)	101	ORILISSA TAB 150MG (elagolix sodium tab 150 mg)	99
octreotide acetate subcutaneous soln pref syr 500 mcg/ml.....	99	OLUMIANT TAB 4MG (baricitinib tab 4 mg)	101	ORILISSA TAB 200MG (elagolix sodium tab 200 mg)	99
ODEFSEY TAB (emtricitabine- rilpivirine-tenofovir af tab 200-25- 25 mg)	49	omega-3-acid ethyl esters cap 1 gm ..	71	ORKAMBI GRA 75-94MG (lumacaftor-ivacaftor granules packet 75-94 mg)	117
OFEV CAP 100MG (nintedanib esylate cap 100 mg)	119	omeprazole cap delayed release 10 mg.....	83	ORKAMBI GRA 100-125 (lumacaftor- ivacaftor granules packet 100-125 mg)	117
OFEV CAP 150MG (nintedanib esylate cap 150 mg)	119	omeprazole cap delayed release 20 mg.....	83	ORKAMBI GRA 150-188 (lumacaftor- ivacaftor granules packet 150-188 mg)	117
ofloxacin ophth soln 0.3%	114	omeprazole cap delayed release 40 mg.....	83	ORKAMBI TAB 100-125 (lumacaftor- ivacaftor tab 100-125 mg)	117
ofloxacin otic soln 0.3%.....	114	OMNIFLEX DPR (*diaphragms***) ...	110	ORKAMBI TAB 200-125 (lumacaftor- ivacaftor tab 200-125 mg)	117
ofloxacin tab 300 mg.....	25	OMNIPOD 5 DX KIT INT G7G6 (*insulin infusion disposable pump kit***)	110	orphenadrine citrate tab er 12hr 100 mg.....	120
ofloxacin tab 400 mg.....	25	OMNIPOD 5 DX MIS POD G7G6 (*insulin infusion disposable pump reservoir***)	110	oseltamivir phosphate cap 30 mg	50
olanzapine-fluoxetine hcl cap 3-25 mg29		OMNIPOD 5 G7 KIT INTRO (*insulin infusion disposable pump kit***)	110		
olanzapine-fluoxetine hcl cap 6-25 mg.....	29	OMNIPOD 5 G7 MIS PODS (*insulin infusion disposable pump reservoir***)	110		
olanzapine-fluoxetine hcl cap 6-50 mg.....	29	OMNIPOD 5 L2 KIT INTRO G6 (*insulin infusion disposable pump kit***)	110		
olanzapine-fluoxetine hcl cap 12-25 mg.....	29	OMNIPOD 5 L2 MIS PODS G6 (*insulin infusion disposable pump reservoir***)	110		
		OMNITROPE INJ 5/1.5ML (somatropin solution cartridge 5 mg/1.5ml)	88		

oseltamivir phosphate cap 45 mg	50	oxymorphone hcl tab 10 mg.....	19	PEGASYS INJ 180MCG/M (peginterferon alfa-2a inj 180 mcg/ ml).....	48
oseltamivir phosphate cap 75 mg	50	oxymorphone hcl tab er 12hr 5 mg....	17	PEGASYS INJ (peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml).....	48
oseltamivir phosphate for susp 6 mg/ml	50	oxymorphone hcl tab er 12hr 7.5 mg ...	17	PENBRAYA INJ (meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj).....	105
ospemifene tab 60 mg	96	oxymorphone hcl tab er 12hr 10 mg...17		penicillamine cap 250 mg	85
OTEZLA TAB 10/20/30 (apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg)	102	oxymorphone hcl tab er 12hr 15 mg...17		penicillamine tab 250 mg	85
OTEZLA TAB 10/20 (apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg).....	102	oxymorphone hcl tab er 12hr 20 mg ...17		penicillin v potassium for soln 125 mg/5ml.....	24
OTEZLA TAB 20MG (apremilast tab 20 mg).....	102	oxymorphone hcl tab er 12hr 30 mg ...17		penicillin v potassium for soln 250 mg/5ml.....	24
OTEZLA TAB 30MG (apremilast tab 30 mg).....	102	oxymorphone hcl tab er 12hr 40 mg ...17		penicillin v potassium tab 250 mg	24
OTOVEL DRO (ciprofloxacin- fluocinolone aceton (pf) otic soln 0.3-0.025%)	114	OZEMPIC INJ 2MG/3ML (semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)	54	penicillin v potassium tab 500 mg	24
oxaprozin tab 600 mg	16	OZEMPIC INJ 4MG/3ML (semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	54	PENMENVY INJ (meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj).....	105
oxazepam cap 10 mg	52	OZEMPIC INJ 8MG/3ML (semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	54	PENTACEL INJ (diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp).....	105
oxazepam cap 15 mg	52	paliperidone tab er 24hr 1.5 mg	47	pentamidine isethionate for nebulization soln 300 mg.....	44
oxazepam cap 30 mg.....	52	paliperidone tab er 24hr 3 mg.....	47	pentazocine w/ naloxone hcl tab 50- 0.5 mg	20
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	28	paliperidone tab er 24hr 6 mg.....	47	PENTIPS MIS 29GX12MM (insulin pen needle 29 g x 12 mm (1/2"	111
oxcarbazepine tab 150 mg	28	paliperidone tab er 24hr 9 mg.....	47	PENTIPS MIS 31GX5MM (insulin pen needle 31 g x 5 mm (1/5" or 3/16"	111
oxcarbazepine tab 300 mg.....	28	pantoprazole sodium ec tab 20 mg ..	83	PENTIPS MIS 31GX8MM (insulin pen needle 31 g x 8 mm (1/3" or 5/16"	111
oxcarbazepine tab 600 mg.....	28	pantoprazole sodium ec tab 40 mg ..	83	PENTIPS MIS 32GX4MM (insulin pen needle 32 g x 4 mm (1/6" or 5/32"	111
oxybutynin chloride solution 5 mg/5ml.....	84	paricalcitol cap 1 mcg	107	pentoxifylline tab er 400 mg	71
oxybutynin chloride tab 5 mg	84	paricalcitol cap 2 mcg	107	perindopril erbumine tab 2 mg.....	68
oxybutynin chloride tab er 24hr 5 mg.	84	paricalcitol cap 4 mcg	107	perindopril erbumine tab 4 mg	63
oxybutynin chloride tab er 24hr 10 mg	84	paroxetine hcl oral susp 10 mg/5ml ...	31	perindopril erbumine tab 8 mg	63
oxybutynin chloride tab er 24hr 15 mg	84	paroxetine hcl tab 10 mg	31	permethrin cream 5%.....	44
oxycodone hcl cap 5 mg.....	19	paroxetine hcl tab 20 mg.....	31	perphenazine-amitriptyline tab 2-10 mg.....	29
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	19	paroxetine hcl tab 30 mg.....	31	perphenazine-amitriptyline tab 2-25 mg.....	29
oxycodone hcl soln 5 mg/5ml	19	paroxetine hcl tab 40 mg.....	31	perphenazine-amitriptyline tab 4-10 mg.....	29
oxycodone hcl tab 5 mg	19	paroxetine hcl tab er 24hr 12.5 mg	31	perphenazine-amitriptyline tab 4-25 mg.....	30
oxycodone hcl tab 10 mg	19	paroxetine hcl tab er 24hr 25 mg.....	31	perphenazine-amitriptyline tab 4-50 mg.....	30
oxycodone hcl tab 15 mg	19	paroxetine hcl tab er 24hr 37.5 mg	31	perphenazine tab 2 mg.....	32
oxycodone hcl tab 20 mg.....	19	PAXLOVID PAK (nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak)	110	perphenazine tab 4 mg.....	32
oxycodone hcl tab 30 mg.....	19	PAXLOVID TAB 150-100 (nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak)	110	perphenazine tab 8 mg.....	33
oxycodone w/ acetaminophen tab 2.5-325 mg	19	PAXLOVID TAB 300-100 (nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	110	perphenazine tab 16 mg.....	32
oxycodone w/ acetaminophen tab 2.5-325 mg	19	PEDIARIX INJ 0.5ML (diph-tet tox- acell pert-hep b-polio ipv vac susp pref syr).....	105	PFIZER 5-11Y INJ 2024-25 (covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml)	105
oxycodone w/ acetaminophen tab 5-325 mg	19	PEDVAX HIB INJ (haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml).....	105	PFIZER 6M-4Y INJ 2024-25 (covid-19 mrna vac tris-s 6mo-4y- pfizer im susp 3 mcg/0.3ml)	105
oxycodone w/ acetaminophen tab 5-325 mg	19	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	82	phenazopyridine hcl tab 100 mg	85
oxycodone w/ acetaminophen tab 7.5-325 mg.....	19	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	82		
oxycodone w/ acetaminophen tab 7.5-325 mg.....	19	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	82		
oxycodone w/ acetaminophen tab 10-325 mg.....	19	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 100 gm	82		
oxycodone w/ acetaminophen tab 10-325 mg.....	19	peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....	83		
oxymorphone hcl tab 5 mg.....	19				

phenazopyridine hcl tab 200 mg.....	85	PIQRAY 300MG TAB DOSE (alpelisib tab pack 300 mg daily dose (2x150 mg tab)	39	potassium chloride microencapsulated crys er tab 20 meq78	
phenazopyridine hcl tab 200 mg.....	85	pirfenidone cap 267 mg.....	119	potassium chloride microencapsulated crys er tab 20 meq78	
phenelzine sulfate tab 15 mg.....	30	pirfenidone tab 267 mg.....	119	potassium chloride microencapsulated crys er tab 20 meq78	
phenobarbital elixir 20 mg/5ml.....	26	pirfenidone tab 534 mg.....	119	potassium chloride oral soln 10% (20 meq/15ml).....	78
phenobarbital elixir 20 mg/5ml.....	26	pirfenidone tab 801 mg.....	119	potassium chloride oral soln 20% (40 meq/15ml).....	78
phenobarbital elixir 20 mg/5ml.....	26	piroxicam cap 10 mg.....	16	potassium chloride powder packet 20 meq.....	78
phenobarbital tab 15 mg.....	26	piroxicam cap 20 mg.....	16	potassium chloride powder packet 20 meq.....	78
phenobarbital tab 16.2 mg.....	26	PLENVU SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm).....	83	potassium chloride tab er 8 meq (600 mg).....	78
phenobarbital tab 30 mg.....	26	plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml).....	59	potassium chloride tab er 8 meq (600 mg).....	78
phenobarbital tab 32.4 mg.....	26	PNEUMOVAX 23 INJ 25/0.5 (pneumococcal vaccine polyvalent inj soln 25 mcg/0.5ml).....	105	potassium chloride tab er 10 meq.....	78
phenobarbital tab 60 mg.....	26	PNEUMOVAX 23 INJ 25/0.5 (pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml).....	105	potassium chloride tab er 10 meq.....	78
phenobarbital tab 64.8 mg.....	26	PNV 27-CA/FE TAB /FA (*prenatal vit w/ fe fumarate-fa tab 60-1 mg**).....	80	potassium chloride tab er 15 meq.....	78
phenobarbital tab 97.2 mg.....	26	podofilox gel 0.5%.....	77	potassium chloride tab er 20 meq (1500 mg).....	78
phenobarbital tab 100 mg.....	26	podofilox soln 0.5%.....	77	potassium citrate tab er 5 meq (540 mg).....	78
phenoxybenzamine hcl cap 10 mg.....	61	polyethylene glycol 3350 oral powder 17 gm/scoop.....	83	potassium citrate tab er 10 meq (1080 mg).....	78
phenylephrine hcl ophth soln 2.5%.....	112	polyethylene glycol 3350 oral powder 17 gm/scoop.....	83	potassium citrate tab er 15 meq (1620 mg).....	78
phenylephrine hcl ophth soln 10%.....	112	polyethylene glycol 3350 oral powder 17 gm/scoop.....	83	pramipexole dihydrochloride tab 0.5 mg.....	44
phenytoin chew tab 50 mg.....	28	polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....	111	pramipexole dihydrochloride tab 0.25 mg.....	44
phenytoin sodium extended cap 100 mg.....	28	POMALYST CAP 1MG (pomalidomide cap 1 mg).....	38	pramipexole dihydrochloride tab 0.75 mg.....	44
phenytoin sodium extended cap 200 mg.....	28	POMALYST CAP 2MG (pomalidomide cap 2 mg).....	38	pramipexole dihydrochloride tab 0.125 mg.....	44
phenytoin sodium extended cap 200 mg.....	28	POMALYST CAP 3MG (pomalidomide cap 3 mg).....	38	pramipexole dihydrochloride tab 1.5 mg.....	44
phenytoin sodium extended cap 300 mg.....	28	POMALYST CAP 4MG (pomalidomide cap 4 mg).....	38	pramipexole dihydrochloride tab 1 mg44	
phenytoin sodium extended cap 300 mg.....	28	posaconazole tab delayed release 100 mg.....	34	prasugrel hcl tab 5 mg.....	60
phenytoin susp 125 mg/5ml.....	28	potassium bicarbonate effer tab 25 meq.....	78	prasugrel hcl tab 10 mg.....	60
phenytoin susp 125 mg/5ml.....	28	potassium chloride cap er 8 meq.....	78	pravastatin sodium tab 10 mg.....	70
PHEXXI GEL (lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%).....	111	potassium chloride cap er 10 meq.....	78	pravastatin sodium tab 20 mg.....	70
PHYTONADIONE TAB 5MG (phytonadione tab 5 mg).....	80	potassium chloride microencapsulated crys er tab 10 meq78		pravastatin sodium tab 40 mg.....	70
pilocarpine hcl ophth soln 1%.....	113	potassium chloride microencapsulated crys er tab 10 meq78		pravastatin sodium tab 80 mg.....	70
pilocarpine hcl ophth soln 2%.....	113	potassium chloride microencapsulated crys er tab 10 meq78		praziquantel tab 600 mg.....	43
pilocarpine hcl ophth soln 4%.....	113	potassium chloride microencapsulated crys er tab 10 meq78		prazosin hcl cap 1 mg.....	61
pilocarpine hcl tab 5 mg.....	75	potassium chloride microencapsulated crys er tab 15 meq78		prazosin hcl cap 2 mg.....	61
pilocarpine hcl tab 7.5 mg.....	75	potassium chloride microencapsulated crys er tab 15 meq78		prazosin hcl cap 5 mg.....	61
pimecrolimus cream 1%.....	77	potassium chloride microencapsulated crys er tab 15 meq78		PRECISN XTRA TES KETONE (ketone blood test strip).....	111
pimozide tab 1 mg.....	46	potassium chloride microencapsulated crys er tab 15 meq78		prednisolone acetate ophth susp 1%.....	113
pimozide tab 2 mg.....	46	potassium chloride microencapsulated crys er tab 15 meq78		prednisolone sodium phosphate ophth soln 1%.....	113
pindolol tab 5 mg.....	65	PIQRAY 200MG TAB DOSE (alpelisib tab therapy pack 200 mg daily dose).....	39	prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....	87
pindolol tab 10 mg.....	65	PIQRAY 250MG TAB DOSE (alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs	39	prednisolone sod phos orally disintegr tab 10 mg (base eq).....	87
pioglitazone hcl-metformin hcl tab 15-500 mg.....	54				
pioglitazone hcl-metformin hcl tab 15-850 mg.....	55				
pioglitazone hcl tab 15 mg.....	54				
pioglitazone hcl tab 30 mg.....	54				
pioglitazone hcl tab 45 mg.....	54				

prednisolone sod phos orally disintegr tab 15 mg (base eq)	87	PRENATRIX TAB (*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)	80	promethazine hcl tab 12.5 mg	116
prednisolone sod phos orally disintegr tab 30 mg (base eq)	87	PRENATRYL TAB (*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)	80	promethazine hcl tab 25 mg	116
prednisolone sod phosphate oral soln 5 mg/5ml	87	PREPIDIL GEL 0.5MG/3G (dinoprostone cervical gel 0.5 mg/3gm)	88	promethazine hcl tab 50 mg	116
prednisolone sod phosphate oral soln 10 mg/5ml	87	PREVNAR 13 INJ (pneumococcal 13-valent conjugate vaccine inj)	105	promethazine-phenylephrine- codeine syrup 6.25-5-10 mg/5ml	119
prednisolone sod phosphate oral soln 15 mg/5ml	87	PREVNAR 20 INJ (pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml)	105	promethazine & phenylephrine syrup 6.25-5 mg/5ml	115
prednisolone sod phosphate oral soln 20 mg/5ml	87	PREZCOBIX TAB 675/150 (darunavir-cobicistat tab 675-150 mg)	50	promethazine & phenylephrine syrup 6.25-5 mg/5ml	115
prednisolone soln 15 mg/5ml	87	PREZCOBIX TAB 800-150 (darunavir-cobicistat tab 800-150 mg)	50	promethazine w/ codeine syrup 6.25-10 mg/5ml	119
prednisolone tab 5 mg	87	PREZISTA SUS 100MG/ML (darunavir oral susp 100 mg/ml)	50	propafenone hcl cap er 12hr 225 mg	64
prednisone conc 5 mg/ml	87	PRIFTIN TAB 150MG (rifapentine tab 150 mg)	36	propafenone hcl cap er 12hr 325 mg	64
prednisone oral soln 5 mg/5ml	87	primaquine phosphate tab 26.3 mg (15 mg base)	44	propafenone hcl cap er 12hr 425 mg	64
prednisone tab 1 mg	87	primidone tab 50 mg	26	propafenone hcl tab 150 mg	64
prednisone tab 2.5 mg	87	primidone tab 125 mg	26	propafenone hcl tab 225 mg	64
prednisone tab 5 mg	87	primidone tab 250 mg	26	propafenone hcl tab 300 mg	64
prednisone tab 10 mg	87	PRIORIX INJ (measles-mumps- rubella virus vaccines for subcutaneous susp)	105	proparacaine hcl ophth soln 0.5%	112
prednisone tab 20 mg	87	probenecid tab 500 mg	35	propranolol hcl cap er 24hr 60 mg	65
prednisone tab 50 mg	87	prochlorperazine maleate tab 5 mg	33	propranolol hcl cap er 24hr 80 mg	65
prednisone tab therapy pack 5 mg (21)	87	prochlorperazine maleate tab 10 mg	33	propranolol hcl cap er 24hr 120 mg	65
prednisone tab therapy pack 5 mg (48)	88	prochlorperazine suppos 25 mg	33	propranolol hcl cap er 24hr 160 mg	65
prednisone tab therapy pack 10 mg (21)	87	PRODIGY AUTO KIT MONITOR (*blood glucose monitoring kit w/ device***)	53	propranolol hcl oral soln 20 mg/5ml	65
prednisone tab therapy pack 10 mg (48)	87	PRODIGY AUTO MIS SYSTEM (*blood glucose monitoring devices***)	53	propranolol hcl oral soln 40 mg/5ml	65
pregabalin cap 25 mg	74	PRODIGY KIT NO CODIN (*blood glucose monitoring kit w/ device***)	53	propranolol hcl tab 10 mg	65
pregabalin cap 50 mg	74	PRODIGY NO TES CODING (glucose blood test strip)	53	propranolol hcl tab 20 mg	65
pregabalin cap 75 mg	74	PRODIGY PCKT KIT METER (*blood glucose monitoring kit w/ device***)	53	propranolol hcl tab 40 mg	65
pregabalin cap 100 mg	74	PRODIGY VOIC KIT METER (*blood glucose monitoring kit w/ device***)	53	propranolol hcl tab 60 mg	65
pregabalin cap 150 mg	74	progesterone cap 100 mg	95	propranolol hcl tab 80 mg	65
pregabalin cap 200 mg	74	progesterone cap 200 mg	95	propylthiouracil tab 50 mg	99
pregabalin cap 225 mg	74	progesterone im in oil 50 mg/ml	95	PROQUAD INJ (measles-mumps- rubella-varicella virus vaccines for susp)	106
pregabalin cap 300 mg	74	promethazine-dm syrup 6.25-15 mg/5ml	119	protriptyline hcl tab 5 mg	32
PREGNYL INJ 10000UNT (chorionic gonadotropin for im inj 10000 unit)	88	promethazine-dm syrup 6.25-15 mg/5ml	119	protriptyline hcl tab 10 mg	32
PREHEVBRIO SUS 10MCG/ML (hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml)	105	promethazine hcl oral soln 6.25 mg/5ml	115	PROVIDA OB CAP (*prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg***)	80
PREMARIN VAG CRE 0.625MG (estrogens, conjugated vaginal cream 0.625 mg/gm)	94	promethazine hcl oral soln 6.25 mg/5ml	116	PRURADIK LOT 10% (crotamiton lotion 10%)	78
PRENATAL 19 TAB 29-1MG (*prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg***)	80	promethazine hcl suppos 12.5 mg	116	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	119
PRENATAL PLS MIS MV + DHA (*prenat w/ fe fum-fa tab 27-1 mg & omega 3 cap 312 mg pak*)	80	promethazine hcl suppos 25 mg	116	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	119
PRENATAL TAB PLUS (*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)	80	promethazine hcl syrup 6.25 mg/5ml	33	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	119
PRENATAL-U CAP 106.5-1 (*prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg***)	80			pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	119
prenatal w/o vit a w/ fe fum-dss-fa- dha cap 27-1.25-300 mg	79			PULMOSAL NEB 7% (sodium chloride soln nebu 7%)	119

pyrimethamine tab 25 mg.....	44	ranolazine tab er 12hr 1000 mg	68	REXTOVY SPR 4/0.25ML (naloxone hcl nasal spray 4 mg/0.25ml)	21
QUADRACEL INJ 0.5ML (diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml)	106	rasagiline mesylate tab 0.5 mg	45	REYATAZ POW 50MG (atazanavir sulfate oral powder packet 50 mg) ...	50
QUADRACEL INJ 0.5ML (diph-tetanus tox ad-acell pert & polio virus, ipv vac inj)	106	rasagiline mesylate tab 1 mg	45	REZVOGLAR INJ 100UT/ML (insulin glargine-aglr soln pen-injector 100 unit/ml)	57
quazepam tab 15 mg	52	RA URINARY TES TRACT IN (*urinary tract infection (uti) test strip**).....	111	ribavirin cap 200 mg.....	48
quetiapine fumarate tab 25 mg	47	RECOMBIVA HB INJ 5MCG/0.5 (hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml)	106	ribavirin tab 200 mg	48
quetiapine fumarate tab 50 mg.....	47	RECOMBIVA HB INJ 5MCG/0.5 (hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml)	106	rifabutin cap 150 mg.....	36
quetiapine fumarate tab 100 mg.....	47	RECOMBIVA HB INJ 10MCG/ML (hepatitis b vaccine (recombinant) susp 10 mcg/ml)	106	rifampin cap 150 mg.....	36
quetiapine fumarate tab 150 mg.....	47	RECOMBIVA HB INJ 10MCG/ML (hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml)	106	rifampin cap 300 mg	36
quetiapine fumarate tab 200 mg	47	RECOMBIVA-HB INJ 40MCG/ML (hepatitis b vaccine (recombinant) susp 40 mcg/ml).....	106	riluzole tab 50 mg.....	74
quetiapine fumarate tab 300 mg	47	RECOTHROM SOL 5000UNIT (thrombin (recombinant) for soln 5000 unit).....	60	rimantadine hydrochloride tab 100 mg	51
quetiapine fumarate tab 400 mg	47	RECOTHROM SOL 20000UNT (thrombin (recombinant) for soln 20000 unit)	60	RINVOQ LQ SOL 1MG/ML (upadacitinib oral soln 1 mg/ml)	102
quetiapine fumarate tab er 24hr 50 mg	47	REGANEX GEL 0.01% (becaplermin gel 0.01%)	77	RINVOQ TAB 15MG ER (upadacitinib tab er 24hr 15 mg)	102
quetiapine fumarate tab er 24hr 150 mg.....	47	RELENZA MIS DISKHALE (zanamivir aerosol powder breath activated 5 mg/act)	50	RINVOQ TAB 30MG ER (upadacitinib tab er 24hr 30 mg).....	102
quetiapine fumarate tab er 24hr 200 mg	47	RELISTOR INJ 8/0.4ML (methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml	81	RINVOQ TAB 45MG ER (upadacitinib tab er 24hr 45 mg).....	102
quetiapine fumarate tab er 24hr 300 mg	47	RELISTOR INJ 12/0.6ML (methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml	81	risedronate sodium tab 5 mg.....	107
quetiapine fumarate tab er 24hr 400 mg	47	repaglinide tab 0.5 mg.....	55	risedronate sodium tab 30 mg	107
QUICK TOUCH MIS 33GX8MM (insulin pen needle 33 g x 8 mm (1/3" or 5/16"	111	repaglinide tab 1 mg.....	55	risedronate sodium tab 35 mg	107
quinapril hcl tab 5 mg	63	repaglinide tab 2 mg.....	55	risedronate sodium tab 150 mg	107
quinapril hcl tab 10 mg	63	REPATHA INJ 140MG/ML (evolocumab subcutaneous soln prefilled syringe 140 mg/ml).....	71	risperidone orally disintegrating tab 0.5 mg	47
quinapril hcl tab 20 mg	63	REPATHA PUSH INJ 420/3.5 (evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml)	71	risperidone orally disintegrating tab 0.25 mg.....	47
quinapril hcl tab 40 mg.....	63	REPATHA SURE INJ 140MG/ML (evolocumab subcutaneous soln auto-injector 140 mg/ml)	71	risperidone orally disintegrating tab 1 mg	47
quinapril-hydrochlorothiazide tab 10-12.5 mg.....	63	RETACRIT INJ 2000UNIT (epoetin alfa-epbx inj 2000 unit/ml)	60	risperidone orally disintegrating tab 1 mg	47
quinapril-hydrochlorothiazide tab 20-12.5 mg	63	RETACRIT INJ 3000UNIT (epoetin alfa-epbx inj 3000 unit/ml)	60	risperidone orally disintegrating tab 2 mg	47
quinapril-hydrochlorothiazide tab 20-25 mg.....	63	RETACRIT INJ 4000UNIT (epoetin alfa-epbx inj 4000 unit/ml)	60	risperidone orally disintegrating tab 3 mg	47
quinidine gluconate tab er 324 mg....	64	RETACRIT INJ 10000UNT (epoetin alfa-epbx inj 10000 unit/ml)	59	risperidone orally disintegrating tab 4 mg	47
quinidine gluconate tab er 324 mg....	64	RETACRIT INJ 20000UNI (epoetin alfa-epbx inj 20000 unit/ml).....	59	risperidone orally disintegrating tab 4 mg	47
quinidine sulfate tab 200 mg.....	64	RETACRIT INJ 40000UNT (epoetin alfa-epbx inj 40000 unit/ml).....	60	risperidone orally disintegrating tab 4 mg	47
quinidine sulfate tab 300 mg.....	64			risperidone orally disintegrating tab 4 mg	47
quinine sulfate cap 324 mg.....	44			risperidone orally disintegrating tab 4 mg	47
QVAR REDIHA AER 80MCG (beclomethasone diprop hfa breath act inh aer 80 mcg/act)	115			risperidone orally disintegrating tab 4 mg	47
QVAR REDIHAL AER 40MCG (beclomethasone diprop hfa breath act inh aer 40 mcg/act)	115			risperidone orally disintegrating tab 4 mg	47
rabeprazole sodium ec tab 20 mg	83			risperidone orally disintegrating tab 4 mg	47
RADIOGARDASE CAP 0.5GM (prussian blue insoluble cap 0.5 gm) ..	111			risperidone orally disintegrating tab 4 mg	47
raloxifene hcl tab 60 mg.....	96			risperidone orally disintegrating tab 4 mg	47
ramelteon tab 8 mg.....	121			risperidone orally disintegrating tab 4 mg	47
ramipril cap 1.25 mg	63			risperidone orally disintegrating tab 4 mg	47
ramipril cap 2.5 mg	63			risperidone orally disintegrating tab 4 mg	47
ramipril cap 5 mg	63			risperidone orally disintegrating tab 4 mg	47
ramipril cap 10 mg	63			risperidone orally disintegrating tab 4 mg	47
ranolazine tab er 12hr 500 mg.....	68			risperidone orally disintegrating tab 4 mg	47

rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....	35	SAVELLA TAB 25MG (milnacipran hcl tab 25 mg)	75	SIMPONI INJ 50/0.5ML (golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml)	101
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)....	35	SAVELLA TAB 50MG (milnacipran hcl tab 50 mg)	75	SIMPONI INJ 100MG/ML (golimumab subcutaneous soln auto-injector 100 mg/ml)	101
rizatriptan benzoate tab 5 mg	35	SAVELLA TAB 100MG (milnacipran hcl tab 100 mg)	75	SIMPONI INJ 100MG/ML (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	101
rizatriptan benzoate tab 10 mg	35	saxagliptin hcl tab 2.5 mg	55	simvastatin tab 5 mg	70
roflumilast tab 250 mcg	117	saxagliptin hcl tab 5 mg	55	simvastatin tab 10 mg	70
roflumilast tab 500 mcg	117	scopolamine td patch 72hr 1 mg/3days	33	simvastatin tab 20 mg	70
ropinirole hydrochloride tab 0.5 mg...	44	SELECT-LITE KIT DEV/LANC (*lancets kit**)	53	simvastatin tab 40 mg	70
ropinirole hydrochloride tab 0.25 mg .	44	selegiline hcl cap 5 mg	45	simvastatin tab 80 mg	70
ropinirole hydrochloride tab 1 mg.....	44	selegiline hcl tab 5 mg.....	45	SIROLIMUS SOL 1MG/ML (sirolimus oral soln 1 mg/ml)	101
ropinirole hydrochloride tab 2 mg.....	44	selenium sulfide lotion 2.5%	77	SIROLIMUS TAB 0.5MG (sirolimus tab 0.5 mg)	101
ropinirole hydrochloride tab 3 mg.....	44	SELZENTRY SOL 20MG/ML (maraviroc oral soln 20 mg/ml)	50	SIROLIMUS TAB 1MG (sirolimus tab 1 mg)	101
ropinirole hydrochloride tab 4 mg	44	SELZENTRY TAB 25MG (maraviroc tab 25 mg)	50	SIROLIMUS TAB 2MG (sirolimus tab 2 mg)	101
ropinirole hydrochloride tab 5 mg	45	SELZENTRY TAB 75MG (maraviroc tab 75 mg)	50	SIRTURO TAB 20MG (bedaquiline fumarate tab 20 mg)	36
rosuvastatin calcium tab 5 mg	70	SE-NATAL 19 CHW (*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg**) ..	80	SIRTURO TAB 100MG (bedaquiline fumarate tab 100 mg)	36
rosuvastatin calcium tab 10 mg	70	SE-NATAL 19 TAB (*prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg**) ..	80	SIVEXTRO TAB 200MG (tedizolid phosphate tab 200 mg)	22
rosuvastatin calcium tab 20 mg.....	70	sertraline hcl oral concentrate for solution 20 mg/ml	31	SKYRIZI INJ 150MG/ML (risankizumab-rzaa soln prefilled syringe 150 mg/ml)	101
rosuvastatin calcium tab 40 mg.....	70	sertraline hcl tab 25 mg	31	SKYRIZI INJ 180/1.2 (risankizumab- rzaa subcutaneous soln cartridge 180 mg/1.2ml)	101
ROTARIX SUS (rotavirus vaccine, live for oral susp)	106	sertraline hcl tab 50 mg	31	SKYRIZI INJ 360/2.4 (risankizumab- rzaa subcutaneous soln cartridge 360 mg/2.4ml)	101
ROTARIX SUS (rotavirus vaccine, live oral susp)	106	sertraline hcl tab 100 mg	31	SKYRIZI PEN INJ 150MG/ML (risankizumab-rzaa soln auto- injector 150 mg/ml)	101
ROTATEQ SOL (rotavirus vaccine, live oral pentavalent soln)	106	sevelamer carbonate packet 0.8 gm ..	79	sodium chloride soln nebu 0.9%.....	120
ROZLYTREK CAP 100MG (entrectinib cap 100 mg)	39	sevelamer carbonate packet 2.4 gm ..	79	sodium chloride soln nebu 3%.....	120
ROZLYTREK CAP 200MG (entrectinib cap 200 mg)	39	sevelamer carbonate tab 800 mg.....	79	sodium chloride soln nebu 7%.....	120
ROZLYTREK PAK 50MG (entrectinib pellet pack 50 mg)	39	*sharps container - misc***	108	sodium chloride soln nebu 10%	120
rufinamide susp 40 mg/ml	28	SHINGRIX INJ 50/0.5ML (zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml)	106	sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	78
rufinamide tab 200 mg	28	SIGNIFOR INJ 0.3MG/ML (pasireotide diaspertate inj 0.3 mg/ ml)	99	sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	78
rufinamide tab 400 mg	28	SIGNIFOR INJ 0.6MG/ML (pasireotide diaspertate inj 0.6 mg/ ml)	99	sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	78
RYBELSUS TAB 3MG (semaglutide tab 3 mg)	55	SIGNIFOR INJ 0.9MG/ML (pasireotide diaspertate inj 0.9 mg/ ml)	99	sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	78
RYBELSUS TAB 7MG (semaglutide tab 7 mg)	55	sildenafil citrate for suspension 10 mg/ml	118	sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	79
RYBELSUS TAB 14MG (semaglutide tab 14 mg)	55	sildenafil citrate tab 20 mg	118	sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	79
sacubitril-valsartan tab 24-26 mg.....	68	silodosin cap 4 mg	85	sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	79
sacubitril-valsartan tab 49-51 mg.....	68	silodosin cap 8 mg	85	sodium fluoride tab 1 mg f (from 2.2 mg naf)	79
sacubitril-valsartan tab 97-103 mg.....	68	silver sulfadiazine cream 1%	22		
salsalate tab 500 mg	16	silver sulfadiazine cream 1%	22		
salsalate tab 750 mg	16	SIMBRINZA SUS 1-0.2% (brinzolamide-brimonidine tartrate ophth susp 1-0.2%)	113		
SANDIMMUNE SOL 100MG/ML (cyclosporine oral soln 100 mg/ml) ..	101	SIMPONI INJ 50/0.5ML (golimumab subcutaneous soln auto-injector 50 mg/0.5ml)	101		
sapropterin dihydrochloride powder packet 100 mg	84				
sapropterin dihydrochloride powder packet 500 mg	84				
sapropterin dihydrochloride tab 100 mg	84				
SAVELLA MIS TITR PAK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	75				
SAVELLA TAB 12.5MG (milnacipran hcl tab 12.5 mg)	75				

sodium oxybate oral solution 500 mg/ml	121	SPRAVATO SOL 56MG DOS (esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	30	sulindac tab 200 mg	16
*sodium polystyrene sulfonate powder**	79	SPRAVATO SOL 84MG DOS (esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)	30	sumatriptan-naproxen sodium tab 85-500 mg	36
sod sulfate-pot sulf-mg sulf oral sol 175-3.13-1.6 gm/177ml	83	STEQUEYMA INJ 45/0.5ML (ustekinumab-stba soln prefilled syringe 45 mg/0.5ml)	77	sumatriptan nasal spray 5 mg/act	35
sofosbuvir-velpatasvir tab 400-100 mg	48	STEQUEYMA INJ 90MG/ML (ustekinumab-stba soln prefilled syringe 90 mg/ml)	77	sumatriptan nasal spray 20 mg/act ...	35
solifenacin succinate tab 5 mg	84	STIOLTO AER 2.5-2.5 (tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act)	116	sumatriptan succinate inj 6 mg/0.5ml	35
solifenacin succinate tab 10 mg	84	STIVARGA TAB 40MG (regorafenib tab 40 mg)	42	sumatriptan succinate inj 6 mg/0.5ml	35
SOLIQUA INJ 100/33 (insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml)	57	ST JOSEPH CHW LOW 81MG (aspirin chew tab 81 mg)	16	sumatriptan succinate solution auto-injector 4 mg/0.5ml	35
SOMAVERT INJ 10MG (pegvisomant for inj 10 mg)	99	STRIVERDI AER 2.5MCG (olodaterol hcl inhal aerosol soln 2.5 mcg/act) ...	117	sumatriptan succinate solution auto-injector 6 mg/0.5ml	36
SOMAVERT INJ 15MG (pegvisomant for inj 15 mg)	99	SUBOXONE MIS 2-0.5MG (buprenorphine hcl-naloxone hcl sl film 2-0.5 mg)	20	sumatriptan succinate solution auto-injector 6 mg/0.5ml	36
SOMAVERT INJ 20MG (pegvisomant for inj 20 mg)	99	SUBOXONE MIS 4-1MG (buprenorphine hcl-naloxone hcl sl film 4-1 mg)	20	sumatriptan succinate solution cartridge 4 mg/0.5ml	36
SOMAVERT INJ 25MG (pegvisomant for inj 25 mg)	99	SUBOXONE MIS 8-2MG (buprenorphine hcl-naloxone hcl sl film 8-2 mg)	20	sumatriptan succinate solution cartridge 6 mg/0.5ml	36
SOMAVERT INJ 30MG (pegvisomant for inj 30 mg)	99	SUBOXONE MIS 12-3MG (buprenorphine hcl-naloxone hcl sl film 12-3 mg)	20	sumatriptan succinate tab 25 mg	36
sorafenib tosylate tab 200 mg	42	sucralfate susp 1 gm/10ml	83	sumatriptan succinate tab 50 mg	36
sotalol hcl (afib/afl) tab 80 mg	64	sucralfate tab 1 gm	83	sumatriptan succinate tab 100 mg ...	36
sotalol hcl (afib/afl) tab 120 mg	64	sulconazole nitrate cream 1%	34	sunitinib malate cap 12.5 mg	42
sotalol hcl (afib/afl) tab 160 mg	64	sulconazole nitrate cream 1%	34	sunitinib malate cap 25 mg	42
sotalol hcl tab 80 mg	64	sulconazole nitrate solution 1%	34	sunitinib malate cap 37.5 mg	42
sotalol hcl tab 120 mg	64	sulconazole nitrate solution 1%	34	sunitinib malate cap 50 mg	42
sotalol hcl tab 160 mg	64	sulfacetamide sodium lotion 10% (acne)	77	SUNOSI TAB 75MG (solriamfetol hcl tab 75 mg)	121
sotalol hcl tab 240 mg	64	sulfacetamide sodium ophth oint 10%114		SUNOSI TAB 150MG (solriamfetol hcl tab 150 mg)	121
SOTYLIZE SOL 5MG/ML (sotalol hcl oral solution 5 mg/ml)	64	sulfacetamide sodium ophth soln 10%	114	SYMJEPI INJ 0.3MG (epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000	117
SOVALDI PAK 150MG (sofosbuvir pellet pack 150 mg)	48	sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	112	SYMJEPI INJ 0.15MG (epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000	117
SOVALDI PAK 200MG (sofosbuvir pellet pack 200 mg)	48	sulfadiazine tab 500 mg	25	SYMJEPI INJ 0.15MG (epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000	117
SOVALDI TAB 200MG (sofosbuvir tab 200 mg)	48	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	25	SYMJEPI INJ 0.15MG (epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000	117
SOVALDI TAB 400MG (sofosbuvir tab 400 mg)	48	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	25	SYMJEPI INJ 0.15MG (epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000	117
SPIKEVAX INJ 2024-25 (covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml)	106	sulfamethoxazole-trimethoprim tab 400-80 mg	25	SYMJEPI INJ 0.15MG (epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000	117
SPIKEVAX INJ 2025-26 (covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml)	106	sulfamethoxazole-trimethoprim tab 800-160 mg	25	SYMJEPI INJ 0.15MG (epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000	117
SPIRIVA AER 1.25MCG (tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act)	116	SULFAMYLYON CRE 85MG/GM (mafenide acetate cream 85 mg/gm)	22	SYMJEPI INJ 0.15MG (epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000	117
SPIRIVA SPR 2.5MCG (tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act)	116	sulfasalazine tab 500 mg	107	SYMJEPI INJ 0.15MG (epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000	117
spironolactone & hydrochlorothiazide tab 25-25 mg	68	sulfasalazine tab delayed release 500 mg	107	SYMJEPI INJ 0.15MG (epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000	117
spironolactone tab 25 mg	69	sulindac tab 150 mg	16	SYMJEPI INJ 0.15MG (epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000	117
spironolactone tab 50 mg	69			SYMJEPI INJ 0.15MG (epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000	117
spironolactone tab 100 mg	69			SYMJEPI INJ 0.15MG (epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000	117

SYNJARDY XR TAB (empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg)	55	TALTZ INJ 80MG/ML (ixekizumab subcutaneous soln prefilled syringe 80 mg/ml)	77	temozolomide cap 180 mg	37
SYNRIBO INJ 3.5MG (omacetaxine mepesuccinate for inj 3.5 mg)	39	TALZENNA CAP 0.1MG (talazoparib tosylate cap 0.1 mg)	39	temozolomide cap 250 mg	37
SYNTHROID TAB 25MCG (levothyroxine sodium tab 25 mcg) ..	98	TALZENNA CAP 0.5MG (talazoparib tosylate cap 0.5 mg)	40	TENCON TAB 50-325MG (butalbital-acetaminophen tab 50-325 mg)	15
SYNTHROID TAB 50MCG (levothyroxine sodium tab 50 mcg) ..	98	TALZENNA CAP 0.25MG (talazoparib tosylate cap 0.25 mg)	39	TENIVAC INJ 5-2LF (tetanus-diphtheria toxoids (td) inj 5-2 lfu)....	106
SYNTHROID TAB 75MCG (levothyroxine sodium tab 75 mcg) ..	98	TALZENNA CAP 0.35MG (talazoparib tosylate cap 0.35 mg)	39	tenofovir disoproxil fumarate tab 300 mg	50
SYNTHROID TAB 88MCG (levothyroxine sodium tab 88 mcg) ..	98	TALZENNA CAP 0.75MG (talazoparib tosylate cap 0.75 mg)	40	terazosin hcl cap 1 mg	85
SYNTHROID TAB 100MCG (levothyroxine sodium tab 100 mcg) ..	97	TALZENNA CAP 1MG (talazoparib tosylate cap 1 mg)	40	terazosin hcl cap 2 mg	85
SYNTHROID TAB 112MCG (levothyroxine sodium tab 112 mcg) ..	97	tamoxifen citrate tab 10 mg	38	terazosin hcl cap 5 mg	85
SYNTHROID TAB 125MCG (levothyroxine sodium tab 125 mcg) ..	97	tamoxifen citrate tab 20 mg	38	terazosin hcl cap 10 mg	85
SYNTHROID TAB 137MCG (levothyroxine sodium tab 137 mcg) ..	97	tamsulosin hcl cap 0.4 mg	85	terbutaline hcl tab 250 mg	34
SYNTHROID TAB 150MCG (levothyroxine sodium tab 150 mcg) ..	98	TARON-C DHA CAP (*prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg***)	80	terbutaline sulfate tab 2.5 mg	117
SYNTHROID TAB 175MCG (levothyroxine sodium tab 175 mcg) ..	98	tasimelteon capsule 20 mg	121	terbutaline sulfate tab 5 mg	117
SYNTHROID TAB 200MCG (levothyroxine sodium tab 200 mcg) ..	98	tazarotene cream 0.1%	77	terconazole vaginal cream 0.4%	34
SYNTHROID TAB 300MCG (levothyroxine sodium tab 300 mcg) ..	98	tazarotene gel 0.1%	77	terconazole vaginal cream 0.8%	34
TABLOID TAB 40MG (thioguanine tab 40 mg)	38	tazarotene gel 0.05%	77	terconazole vaginal suppos 80 mg	34
tacrolimus cap 0.5 mg	102	TAZTIA XT CAP 120MG/24 (diltiazem hcl extended release beads cap er 24hr 120 mg)	67	teriflunomide tab 7 mg	75
tacrolimus cap 1 mg	102	TAZTIA XT CAP 180MG/24 (diltiazem hcl extended release beads cap er 24hr 180 mg)	67	teriflunomide tab 14 mg	75
tacrolimus cap 5 mg	102	TAZTIA XT CAP 240MG/24 (diltiazem hcl extended release beads cap er 24hr 240 mg)	67	testosterone cypionate im inj in oil 100 mg/ml	89
tacrolimus oint 0.1%	77	TAZTIA XT CAP 300MG ER (diltiazem hcl extended release beads cap er 24hr 300 mg)	67	testosterone cypionate im inj in oil 200 mg/ml	89
tacrolimus oint 0.03%	77	TAZTIA XT CAP 360MG/24 (diltiazem hcl extended release beads cap er 24hr 360 mg)	67	testosterone enanthate im inj in oil 200 mg/ml	89
tadalafil tab 2.5 mg	85	TDVAX INJ 2-2 LF (tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml)	121	testosterone td gel 20.25 mg/act (1.62%)	89
tadalafil tab 5 mg	85	telmisartan-hydrochlorothiazide tab 40-12.5 mg	62	testosterone td gel 50 mg/5gm (1%) ..	89
tadalafil tab 20 mg (pah)	118	telmisartan-hydrochlorothiazide tab 80-12.5 mg	62	tetrabenazine tab 12.5 mg	74
TAFINLAR CAP 50MG (dabrafenib mesylate cap 50 mg)	42	telmisartan-hydrochlorothiazide tab 80-25 mg	62	tetrabenazine tab 25 mg	74
TAFINLAR CAP 75MG (dabrafenib mesylate cap 75 mg)	42	telmisartan tab 20 mg	62	tetracaine hcl ophth soln 0.5%	112
TAFINLAR TAB 10MG (dabrafenib mesylate tab for oral susp 10 mg)	42	telmisartan tab 40 mg	62	tetracycline hcl cap 250 mg	25
tafluprost preservative free (pf) ophth soln 0.0015%	113	telmisartan tab 80 mg	62	tetracycline hcl cap 500 mg	25
TAGRISSO TAB 40MG (osimertinib mesylate tab 40 mg)	42	temazepam cap 7.5 mg	121	thalidomide cap 50 mg	38
TAGRISSO TAB 80MG (osimertinib mesylate tab 80 mg)	42	temazepam cap 15 mg	120	thalidomide cap 100 mg	38
TALTZ INJ 20/0.25 (ixekizumab subcutaneous soln prefilled syringe 20 mg/0.25ml)	77	temazepam cap 22.5 mg	121	thalidomide cap 150 mg	38
TALTZ INJ 40/0.5ML (ixekizumab subcutaneous soln prefilled syringe 40 mg/0.5ml)	77	temazepam cap 30 mg	121	thalidomide cap 200 mg	38
TALTZ INJ 80MG/ML (ixekizumab subcutaneous soln auto-injector 80 mg/ml)	77	temozolomide cap 5 mg	37	THEO-24 CAP 100MG CR (theophylline cap er 24hr 100 mg)	117
		temozolomide cap 20 mg	37	THEO-24 CAP 200MG CR (theophylline cap er 24hr 200 mg)	117
		temozolomide cap 100 mg	37	THEO-24 CAP 300MG CR (theophylline cap er 24hr 300 mg)	117
		temozolomide cap 140 mg	37	THEO-24 CAP 400MG ER (theophylline cap er 24hr 400 mg)	117
				theophylline elixir 80 mg/15ml	117
				theophylline elixir 80 mg/15ml	117
				theophylline soln 80 mg/15ml	117
				theophylline tab er 12hr 100 mg	117
				theophylline tab er 12hr 200 mg	117
				theophylline tab er 12hr 300 mg	118
				theophylline tab er 12hr 450 mg	118
				theophylline tab er 24hr 400 mg	118
				theophylline tab er 24hr 600 mg	118
				thioridazine hcl tab 10 mg	46
				thioridazine hcl tab 25 mg	46

thioridazine hcl tab 50 mg.	46	TIROSINT-SOL SOL 375/ML (levothyroxine sodium oral solution 375 mcg/ml)	98	tolterodine tartrate tab 1 mg	84
thioridazine hcl tab 100 mg	46	TIROSINT-SOL SOL 44MCG/ML (levothyroxine sodium oral solution 44 mcg/ml)	98	tolterodine tartrate tab 2 mg	84
thiothixene cap 1 mg	46	TIROSINT-SOL SOL 50MCG/ML (levothyroxine sodium oral solution 50 mcg/ml)	98	tolvaptan tab 15 mg	79
thiothixene cap 2 mg	46	TIROSINT-SOL SOL 62.5/ML (levothyroxine sodium oral solution 62.5 mcg/ml)	98	tolvaptan tab 30 mg	79
thiothixene cap 5 mg	46	TIROSINT-SOL SOL 75MCG/ML (levothyroxine sodium oral solution 75 mcg/ml)	98	topiramate sprinkle cap 15 mg	27
thiothixene cap 10 mg	46	TIROSINT-SOL SOL 88MCG/ML (levothyroxine sodium oral solution 88 mcg/ml)	99	topiramate sprinkle cap 25 mg	27
THRIVE GUM 2MG MINT (nicotine polacrilex gum 2 mg)	21	TIROSINT-SOL SOL 100MCG (levothyroxine sodium oral solution 100 mcg/ml)	98	topiramate sprinkle cap 50 mg	27
THRIVITE RX TAB 29-1MG (*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***)	80	TIROSINT-SOL SOL 112MCG (levothyroxine sodium oral solution 112 mcg/ml)	98	topiramate tab 25 mg	27
thrombin for soln 5000 unit	60	TIROSINT-SOL SOL 125MCG (levothyroxine sodium oral solution 125 mcg/ml)	98	topiramate tab 50 mg	27
thrombin for soln 20000 unit	60	TIROSINT-SOL SOL 137MCG (levothyroxine sodium oral solution 137 mcg/ml)	98	topiramate tab 100 mg	27
thrombin for soln kit 5000 unit	60	TIROSINT-SOL SOL 150MCG (levothyroxine sodium oral solution 150 mcg/ml)	98	topiramate tab 200 mg	27
thrombin for soln kit 5000 unit	60	TIROSINT-SOL SOL 175MCG (levothyroxine sodium oral solution 175 mcg/ml)	98	toremifene citrate tab 60 mg	38
thrombin for soln kit 20000 unit	60	TIROSINT-SOL SOL 200MCG (levothyroxine sodium oral solution 200 mcg/ml)	98	torsemide tab 5 mg	69
THYQUIDITY SOL 100/5ML (levothyroxine sodium oral solution 100 mcg/5ml)	98	TIVICAY TAB 10MG (dolutegravir sodium tab 10 mg)	48	torsemide tab 10 mg	69
THYQUIDITY SOL 100MCG (levothyroxine sodium oral solution 100 mcg/5ml)	98	TIVICAY TAB 25MG (dolutegravir sodium tab 25 mg)	48	torsemide tab 20 mg	69
thyroid tab 15 mg (1/4 grain)	98	TIVICAY TAB 50MG (dolutegravir sodium tab 50 mg)	48	torsemide tab 100 mg	69
thyroid tab 15 mg (1/4 grain)	98	tizanidine hcl cap 2 mg	120	tramadol-acetaminophen tab 375- 325 mg	16
thyroid tab 30 mg (1/2 grain)	98	tizanidine hcl cap 4 mg	120	tramadol hcl tab 50 mg	17
thyroid tab 30 mg (1/2 grain)	98	tizanidine hcl cap 6 mg	120	tramadol hcl tab er 24hr 100 mg	18
thyroid tab 60 mg (1 grain)	98	tizanidine hcl tab 2 mg	120	tramadol hcl tab er 24hr 200 mg	18
thyroid tab 60 mg (1 grain)	98	tizanidine hcl tab 4 mg	120	tramadol hcl tab er 24hr 300 mg	18
thyroid tab 90 mg (1 1/2 grain)	98	tobramycin-dexamethasone ophth susp 0.3-0.1%	111	tramadol hcl tab er 24hr biphasic release 100 mg	18
thyroid tab 90 mg (1 1/2 grain)	98	tobramycin nebu soln 300 mg/5ml	117	tramadol hcl tab er 24hr biphasic release 200 mg	18
thyroid tab 120 mg (2 grain)	98	tobramycin ophth soln 0.3%	111	tramadol hcl tab er 24hr biphasic release 300 mg	18
thyroid tab 120 mg (2 grain)	98	TODAY SPONGE MIS (nonoxynol-9 vaginal sponge 1000 mg)	85	trandolapril tab 1 mg	63
tiagabine hcl tab 2 mg	26	tolcapone tab 100 mg	44	trandolapril tab 2 mg	63
tiagabine hcl tab 4 mg	26	tolmetin sodium cap 400 mg	16	trandolapril tab 4 mg	63
tiagabine hcl tab 12 mg	26	tolmetin sodium tab 600 mg	16	tranexamic acid tab 650 mg	60
tiagabine hcl tab 16 mg	26	tolterodine tartrate cap er 24hr 2 mg	84	tranylcypromine sulfate tab 10 mg	30
ticagrelor tab 60 mg	60	tolterodine tartrate cap er 24hr 4 mg	84	travoprost ophth soln 0.004% (benzalkonium free) (bak free)	113
ticagrelor tab 90 mg	60			trazodone hcl tab 50 mg	31
timolol maleate ophth soln 0.5%	113			trazodone hcl tab 100 mg	31
timolol maleate ophth soln 0.5% (once-daily)	113			trazodone hcl tab 150 mg	31
timolol maleate ophth soln 0.5% (once-daily)	113			trazodone hcl tab 300 mg	31
timolol maleate ophth soln 0.25%	113			TRECTOR TAB 250MG (ethionamide tab 250 mg)	36
timolol maleate tab 5 mg	65			TRELEGY AER 100MCG (fluticasone- umeclidinium-vilanterol aepb 100- 62.5-25 mcg/act)	116
timolol maleate tab 10 mg	65			TRELEGY AER 200MCG (fluticasone-umeclidinium- vilanterol aepb 200-62.5-25 mcg/ act)	116
timolol maleate tab 20 mg	65			TRESIBA FLEX INJ 100UNIT (insulin degludec soln pen-injector 100 unit/ ml)	57
timolol ophth soln 0.5%	113			TRESIBA FLEX INJ 200UNIT (insulin degludec soln pen-injector 200 unit/ml)	57
tinidazole tab 250 mg	22			TRESIBA INJ 100UNIT (insulin degludec inj 100 unit/ml)	57
tinidazole tab 500 mg	22			tretinoin cap 10 mg	43
tiotropium bromide monohydrate inhal cap 18 mcg	116			tretinoin cream 0.1%	77
TIROSINT-SOL SOL 13MCG/ML (levothyroxine sodium oral solution 13 mcg/ml)	98				
TIROSINT-SOL SOL 25MCG/ML (levothyroxine sodium oral solution 25 mcg/ml)	98				

tretinoin cream 0.05%	77	TRUE METRIX SOL LEVEL 3 (*blood glucose calibration - liquid - high***) .	53	TYVASO DPI POW 48MCG (treprostinil inh powder 48 mcg/ cartridge)	118
tretinoin cream 0.025%	77	TRUEPLS GLUC GEL 15/32ML (glucose gel 15 gm/32ml)	111	TYVASO DPI POW 64MCG (treprostinil inh powder 64 mcg/ cartridge)	118
triamcinolone acetone cream 0.1% ..	88	TRUEPLUS CHW GLUCOSE (glucose chew tab 4 gm (rounded	111	TYVASO RF KT SOL 0.6MG/ML (treprostinil inhalation solution 0.6 mg/ml)	118
triamcinolone acetone cream 0.5% ..	88	TRULICITY INJ 0.75/0.5 (dulaglutide soln auto-injector 0.75 mg/0.5ml)	55	TYVASO SOL 0.6MG/ML (treprostinil inhalation solution 0.6 mg/ml)	118
triamcinolone acetone cream 0.5% ..	88	TRULICITY INJ 1.5/0.5 (dulaglutide soln auto-injector 1.5 mg/0.5ml)	55	TYVASO ST KT SOL 0.6MG/ML (treprostinil inhalation solution 0.6 mg/ml)	118
triamcinolone acetone dental paste 0.1%	75	TRULICITY INJ 3/0.5 (dulaglutide soln auto-injector 3 mg/0.5ml)	55	UBRELVY TAB 50MG (ubrogepant tab 50 mg)	35
triamcinolone acetone dental paste 0.1%	75	TRULICITY INJ 4.5/0.5 (dulaglutide soln auto-injector 4.5 mg/0.5ml)	55	UBRELVY TAB 100MG (ubrogepant tab 100 mg)	35
triamcinolone acetone lotion 0.1% ..	88	TRUMENBA INJ (meningococcal group b vac (recomb) im susp prefilled syr)	106	ulipristal acetate tab 30 mg	96
triamcinolone acetone lotion 0.025% ..	88	TRUQAP PAK 160MG (capivasertib tab therapy pack 160 mg)	42	ULTICARE MIS 30GX3/16 (insulin pen needle 30 g x 5 mm (1/5" or 3/16"	111
triamcinolone acetone oint 0.1%	88	TRUQAP PAK 200MG (capivasertib tab therapy pack 200 mg)	42	UPTRAVI PACK TAB 200/800 (selexipag tab therapy pack 200 mcg (140) & 800 mcg (60	119
triamcinolone acetone oint 0.025% ..	88	TRUQAP TAB 160MG (capivasertib tab 160 mg)	42	UPTRAVI TAB 200MCG (selexipag tab 200 mcg)	119
triamterene & hydrochlorothiazide cap 37.5-25 mg	68	TRUQAP TAB 200MG (capivasertib tab 200 mg)	42	UPTRAVI TAB 400MCG (selexipag tab 400 mcg)	119
triamterene & hydrochlorothiazide tab 37.5-25 mg	68	TUKYSA TAB 50MG (tucatinib tab 50 mg)	43	UPTRAVI TAB 600MCG (selexipag tab 600 mcg)	119
triamterene & hydrochlorothiazide tab 75-50 mg	68	TUKYSA TAB 150MG (tucatinib tab 150 mg)	42	UPTRAVI TAB 800MCG (selexipag tab 800 mcg)	119
triazolam tab 0.25 mg	52	TURALIO CAP 125MG (pexidartinib hcl cap 125 mg)	43	UPTRAVI TAB 1000MCG (selexipag tab 1000 mcg)	119
triazolam tab 0.125 mg	52	TWINRIX INJ (hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml) ...	106	UPTRAVI TAB 1200MCG (selexipag tab 1200 mcg)	119
TRICARE TAB PRENATAL (*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)	80	TWIRLA DIS 120-30 (levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr)	94	UPTRAVI TAB 1400MCG (selexipag tab 1400 mcg)	119
TRIENTINE CAP 250MG (trientine hcl cap 250 mg)	79	TYBLUME CHW 0.1-0.02 (levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg)	94	UPTRAVI TAB 1600MCG (selexipag tab 1600 mcg)	119
trifluoperazine hcl tab 1 mg	46	TYBOST TAB 150MG (cobicistat tab 150 mg)	48	ursodiol cap 300 mg	81
trifluoperazine hcl tab 2 mg	46	TYENNE INJ 162/0.9 (tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml)	102	ursodiol tab 250 mg	81
trifluoperazine hcl tab 5 mg	46	TYENNE INJ 162MG (tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml)	102	ursodiol tab 500 mg	81
trifluoperazine hcl tab 10 mg	46	TYMLOS INJ (abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml)	108	UTI HOME TES TEST (*urinary tract infection (uti) test***)	111
trifluridine ophth soln 1%	112	TYVASO DPI POW 16-32-48 (treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg)	118	valacyclovir hcl tab 1 gm	51
trihexyphenidyl hcl oral soln 0.4 mg/ml	44	TYVASO DPI POW 16-32MCG (treprostinil inh powder 112 x 16mcg & 84 x 32mcg)	118	valacyclovir hcl tab 500 mg	51
trihexyphenidyl hcl tab 2 mg	44	TYVASO DPI POW 16MCG (treprostinil inh powder 16 mcg/ cartridge)	118	VALCHLOR GEL 0.016% (mechlorethamine hcl gel 0.016%) ...	37
trihexyphenidyl hcl tab 5 mg	44	TYVASO DPI POW 32MCG (treprostinil inh powder 32 mcg/ cartridge)	118	valganciclovir hcl for soln 50 mg/ml ..	48
trimethobenzamide hcl cap 300 mg ..	33			valganciclovir hcl tab 450 mg	48
trimethoprim tab 100 mg	22			valproate sodium oral soln 250 mg/5ml	27
trimipramine maleate cap 25 mg	32			valproate sodium oral soln 250 mg/5ml	27
trimipramine maleate cap 50 mg	32			valproic acid cap 250 mg	27
trimipramine maleate cap 100 mg	32			valsartan-hydrochlorothiazide tab 80-12.5 mg	62
TRINATAL RX TAB 1 (*prenatal vit w/ fe fumarate-fa tab 60-1 mg***)	80			valsartan-hydrochlorothiazide tab 160-12.5 mg	62
TRINATE TAB (*prenatal vit w/ fe fumarate-fa tab 28-1 mg***)	80				
TRIUMEQ TAB (abacavir-dolutegravir-lamivudine tab 600-50-300 mg)	48				
tropium chloride cap er 24hr 60 mg .	84				
tropium chloride tab 20 mg	84				
TRUE METRIX SOL LEVEL 1 (*blood glucose calibration - liquid - low***) ..	53				
TRUE METRIX SOL LEVEL 2 (*blood glucose calibration - liquid - normal***)	53				

valsartan-hydrochlorothiazide tab 160-25 mg.....	62	venlafaxine hcl tab 75 mg.....	31	voriconazole tab 200 mg.....	34
valsartan-hydrochlorothiazide tab 320-12.5 mg.....	62	venlafaxine hcl tab 100 mg.....	31	VRAYLAR CAP 1.5-3MG (cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	47
valsartan-hydrochlorothiazide tab 320-25 mg.....	62	VENTAVIS SOL 10MCG/ML (iloprost inhalation solution 10 mcg/ml).....	119	VRAYLAR CAP 1.5MG (cariprazine hcl cap 1.5 mg)	47
valsartan tab 40 mg.....	62	VENTAVIS SOL 20MCG/ML (iloprost inhalation solution 20 mcg/ml).....	119	VRAYLAR CAP 3MG (cariprazine hcl cap 3 mg)	47
valsartan tab 80 mg.....	62	VENTOLIN HFA AER (albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv	117	VRAYLAR CAP 4.5MG (cariprazine hcl cap 4.5 mg)	47
valsartan tab 160 mg.....	62	verapamil hcl cap er 24hr 100 mg.....	67	VRAYLAR CAP 6MG (cariprazine hcl cap 6 mg)	47
valsartan tab 320 mg.....	62	verapamil hcl cap er 24hr 120 mg.....	67	warfarin sodium tab 1 mg.....	58
vancomycin hcl cap 125 mg.....	22	verapamil hcl cap er 24hr 120 mg.....	67	warfarin sodium tab 1 mg.....	58
vancomycin hcl cap 250 mg.....	22	verapamil hcl cap er 24hr 180 mg.....	68	warfarin sodium tab 2.5 mg.....	58
vancomycin hcl for oral soln 25 mg/ml	22	verapamil hcl cap er 24hr 180 mg.....	68	warfarin sodium tab 2.5 mg.....	58
vancomycin hcl for oral soln 50 mg/ml	22	verapamil hcl cap er 24hr 200 mg.....	68	warfarin sodium tab 2 mg.....	58
vancomycin hcl for oral soln 50 mg/ml	22	verapamil hcl cap er 24hr 240 mg.....	68	warfarin sodium tab 2 mg.....	58
VAQTA INJ 25/0.5ML (hepatitis a vaccine inj susp 25 unit/0.5ml).....	106	verapamil hcl cap er 24hr 240 mg.....	68	warfarin sodium tab 3 mg.....	58
VAQTA INJ 50UNT/ML (hepatitis a vaccine inj susp 50 unit/ml).....	106	verapamil hcl cap er 24hr 300 mg.....	68	warfarin sodium tab 3 mg.....	58
varenicline tartrate tab 0.5 mg.....	21	verapamil hcl cap er 24hr 360 mg.....	68	warfarin sodium tab 4 mg.....	58
varenicline tartrate tab 1 mg.....	21	verapamil hcl tab 40 mg.....	68	warfarin sodium tab 4 mg.....	58
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack.....	21	verapamil hcl tab 80 mg.....	68	warfarin sodium tab 5 mg.....	58
VARIVAX INJ (varicella virus vac live for inj 1350 pfu/0.5ml).....	106	verapamil hcl tab 120 mg.....	68	warfarin sodium tab 5 mg.....	58
VARUBI TAB 90MG (rolapitant hcl tab therapy pack 2 x 90 mg)	33	verapamil hcl tab er 120 mg.....	68	warfarin sodium tab 5 mg.....	58
VAXELIS INJ (diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp).....	106	verapamil hcl tab er 180 mg.....	68	warfarin sodium tab 6 mg.....	58
VAXELIS INJ (diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr).....	106	verapamil hcl tab er 240 mg.....	68	warfarin sodium tab 6 mg.....	58
VAXNEUVANCE INJ (pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml).....	106	VERZENIO TAB 50MG (abemaciclib tab 50 mg).....	39	warfarin sodium tab 7.5 mg.....	59
VCF VAGINAL GEL CONTRACE (nonoxynol-9 gel 4%).....	85	VERZENIO TAB 100MG (abemaciclib tab 100 mg).....	39	warfarin sodium tab 7.5 mg.....	59
VCF VAGINAL MIS CONTRACP (nonoxynol-9 film 28%).....	85	VERZENIO TAB 150MG (abemaciclib tab 150 mg).....	39	warfarin sodium tab 10 mg.....	58
VELPHORO CHW 500MG (sucroferic oxyhydroxide chew tab 500 mg).....	79	VERZENIO TAB 200MG (abemaciclib tab 200 mg).....	39	warfarin sodium tab 10 mg.....	58
VEMLIDY TAB 25MG (tenofovir alafenamide fumarate tab 25 mg).....	48	VIBERZI TAB 75MG (eluxadoline tab 75 mg).....	82	WESNATAL DHA PAK COMPLETE (*prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk**).....	81
VENCLEXTA TAB 10MG (venetoclax tab 10 mg).....	43	VIBERZI TAB 100MG (eluxadoline tab 100 mg).....	82	WESTAB PLUS TAB 27-1MG (*prenatal vit w/ fe fumarate-fa tab 27-1 mg***).....	81
VENCLEXTA TAB 50MG (venetoclax tab 50 mg).....	43	vigabatrin powd pack 500 mg.....	27	WIDE-SEAL DPR KIT 60 (diaphragm wide seal 60 mm).....	111
VENCLEXTA TAB 100MG (venetoclax tab 100 mg).....	43	vigabatrin powd pack 500 mg.....	27	WIDE-SEAL DPR KIT 65 (diaphragm wide seal 65 mm).....	111
VENCLEXTA TAB START PK (venetoclax tab therapy starter pack 10 & 50 & 100 mg).....	43	vigabatrin tab 500 mg.....	27	WIDE-SEAL DPR KIT 70 (diaphragm wide seal 70 mm).....	111
venlafaxine hcl cap er 24hr 375 mg...	31	vilazodone hcl tab 10 mg.....	31	WIDE-SEAL DPR KIT 75 (diaphragm wide seal 75 mm).....	111
venlafaxine hcl cap er 24hr 75 mg...	31	vilazodone hcl tab 20 mg.....	31	WIDE-SEAL DPR KIT 80 (diaphragm wide seal 80 mm).....	111
venlafaxine hcl cap er 24hr 150 mg...	31	vilazodone hcl tab 40 mg.....	31	WIDE-SEAL DPR KIT 85 (diaphragm wide seal 85 mm).....	111
venlafaxine hcl tab 25 mg.....	31	VIRACEPT TAB 250MG (nelfinavir mesylate tab 250 mg).....	50	WIDE-SEAL DPR KIT 90 (diaphragm wide seal 90 mm).....	111
venlafaxine hcl tab 37.5 mg.....	31	VIRACEPT TAB 625MG (nelfinavir mesylate tab 625 mg).....	50	WIDE-SEAL DPR KIT 95 (diaphragm wide seal 95 mm).....	111
venlafaxine hcl tab 50 mg.....	31	VITATHELY TAB (*prenatal vit w/ fe fumarate-fa tab 27-1 mg***).....	81	WIXELA INHUB AER 100/50 (fluticasone-salmeterol aer powder ba 100-50 mcg/act).....	115
		VITRAKVI CAP 25MG (larotrectinib sulfate cap 25 mg)	43	WIXELA INHUB AER 250/50 (fluticasone-salmeterol aer powder ba 250-50 mcg/act).....	115
		VITRAKVI CAP 100MG (larotrectinib sulfate cap 100 mg)	43		
		VITRAKVI SOL 20MG/ML (larotrectinib sulfate oral soln 20 mg/ml)	43		
		voriconazole for susp 40 mg/ml.....	34		
		voriconazole tab 50 mg.....	34		

WIXELA INHUB AER 500/50 (<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>).....	115	XOLAIR INJ 300/2ML (<i>omalizumab subcutaneous soln prefilled syringe 300 mg/2ml</i>).....	120	ZENPEP CAP 5000UNIT (<i>pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit</i>).....	84
XARELTO STAR TAB 15/20MG (<i>rivaroxaban tab starter therapy pack 15 mg & 20 mg</i>).....	59	XOSPATA TAB 40MG (<i>gilteritinib fumarate tablet 40 mg</i>).....	43	ZENPEP CAP 10000UNIT (<i>pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit</i>).....	84
XARELTO SUS 1MG/ML (<i>rivaroxaban for susp 1 mg/ml</i>).....	59	XTAMPZA ER CAP 9MG (<i>oxycodone cap er 12hr abuse-deterrent 9 mg</i>)....	18	ZENPEP CAP 15000UNIT (<i>pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit</i>).....	84
XARELTO TAB 2.5MG (<i>rivaroxaban tab 2.5 mg</i>).....	59	XTAMPZA ER CAP 13.5MG (<i>oxycodone cap er 12hr abuse- deterrent 13.5 mg</i>).....	18	ZENPEP CAP 20000UNIT (<i>pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit</i>).....	84
XARELTO TAB 10MG (<i>rivaroxaban tab 10 mg</i>).....	59	XTAMPZA ER CAP 18MG (<i>oxycodone cap er 12hr abuse-deterrent 18 mg</i>)...	18	ZENPEP CAP 25000UNIT (<i>pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit</i>).....	84
XARELTO TAB 15MG (<i>rivaroxaban tab 15 mg</i>).....	59	XTAMPZA ER CAP 27MG (<i>oxycodone cap er 12hr abuse-deterrent 27 mg</i>)...	18	ZENPEP CAP 40000UNIT (<i>pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit</i>).....	84
XARELTO TAB 20MG (<i>rivaroxaban tab 20 mg</i>).....	59	XTAMPZA ER CAP 36MG (<i>oxycodone cap er 12hr abuse-deterrent 36 mg</i>)...	18	ZENPEP CAP 60000UNIT (<i>pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit</i>).....	84
XELJANZ SOL 1MG/ML (<i>tofacitinib citrate oral soln 1 mg/ml</i>).....	102	XTANDI CAP 40MG (<i>enzalutamide cap 40 mg</i>).....	37	ZEPATIER TAB 50-100MG (<i>elbasvir- grazoprevir tab 50-100 mg</i>).....	48
XELJANZ TAB 5MG (<i>tofacitinib citrate tab 5 mg</i>).....	102	XTANDI TAB 40MG (<i>enzalutamide tab 40 mg</i>).....	37	zidovudine cap 100 mg.....	50
XELJANZ TAB 10MG (<i>tofacitinib citrate tab 10 mg</i>).....	102	XTANDI TAB 80MG (<i>enzalutamide tab 80 mg</i>).....	37	zidovudine syrup 10 mg/ml.....	50
XELJANZ XR TAB 11MG (<i>tofacitinib citrate tab er 24hr 11 mg</i>).....	102	XULTOPHY INJ 100/3.6 (<i>insulin degludec-liraglutide sol pen-inj 100- 3.6 unit-mg/ml</i>).....	57	zidovudine tab 300 mg.....	50
XELJANZ XR TAB 22MG (<i>tofacitinib citrate tab er 24hr 22 mg</i>).....	102	YESINTEK INJ 45/0.5ML (<i>ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml</i>).....	77	zileuton tab er 12hr 600 mg.....	116
XEPI CRE 1% (<i>ozenoxacin cream 1%</i>) .	22	YESINTEK INJ 45/0.5ML (<i>ustekinumab-kfce subcutaneous soln 45 mg/0.5ml</i>).....	77	ZIMHI SOL (<i>naloxone hcl soln prefilled syringe 5 mg/0.5ml</i>).....	21
XIFAXAN TAB 200MG (<i>rifaximin tab 200 mg</i>).....	22	YESINTEK INJ 90MG/ML (<i>ustekinumab-kfce soln prefilled syringe 90 mg/ml</i>).....	77	ziprasidone hcl cap 20 mg.....	47
XIFAXAN TAB 550MG (<i>rifaximin tab 550 mg</i>).....	22	YOSPRALA TAB 81-40MG (<i>aspirin- omeprazole tab delayed release 81-40 mg</i>).....	60	ziprasidone hcl cap 40 mg.....	47
XIGDUO XR TAB 2.5-1000 (<i>dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg</i>).....	55	YOSPRALA TAB 325-40MG (<i>aspirin- omeprazole tab delayed release 325-40 mg</i>).....	60	ziprasidone hcl cap 60 mg.....	47
XIGDUO XR TAB 5-500MG (<i>dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg</i>).....	55	zafirlukast tab 10 mg.....	116	ziprasidone hcl cap 80 mg.....	47
XIGDUO XR TAB 5-1000MG (<i>dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg</i>).....	55	zafirlukast tab 20 mg.....	116	ZIRGAN GEL 0.15% (<i>ganciclovir ophth gel 0.15%</i>).....	111
XIGDUO XR TAB 10-500MG (<i>dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg</i>).....	55	zaleplon cap 5 mg.....	121	ZOLINZA CAP 100MG (<i>vorinostat cap 100 mg</i>).....	39
XIGDUO XR TAB 10-1000 (<i>dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg</i>).....	55	zaleplon cap 10 mg.....	121	zolmitriptan nasal spray 2.5 mg/ spray unit.....	36
XOLAIR INJ 75/0.5 (<i>omalizumab subcutaneous soln auto-injector 75 mg/0.5ml</i>).....	120	ZARXIO INJ 300/0.5 (<i>filgrastim- sndz soln prefilled syringe 300 mcg/0.5ml</i>).....	60	zolmitriptan nasal spray 5 mg/spray unit.....	36
XOLAIR INJ 75/0.5 (<i>omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml</i>).....	120	ZARXIO INJ 480/0.8 (<i>filgrastim- sndz soln prefilled syringe 480 mcg/0.8ml</i>).....	60	zolmitriptan orally disintegrating tab 2.5 mg.....	36
XOLAIR INJ 150MG/ML (<i>omalizumab subcutaneous soln auto-injector 150 mg/ml</i>).....	120	ZEGALOGUE INJ 0.6/0.6 (<i>dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml</i>).....	56	zolmitriptan orally disintegrating tab 5 mg.....	36
XOLAIR INJ 150MG/ML (<i>omalizumab subcutaneous soln prefilled syringe 150 mg/ml</i>).....	120	ZEGALOGUE INJ 0.6/0.6 (<i>dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml</i>).....	56	zolmitriptan tab 2.5 mg.....	36
XOLAIR INJ 300/2ML (<i>omalizumab subcutaneous soln auto-injector 300 mg/2ml</i>).....	120	ZELBORAF TAB 240MG (<i>vemurafenib tab 240 mg</i>).....	43	zolmitriptan tab 5 mg.....	36
		ZENPEP CAP 3000UNIT (<i>pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit</i>).....	84	zolidem tartrate tab 5 mg.....	121
				zolidem tartrate tab 10 mg.....	121
				zolidem tartrate tab er 6.25 mg.....	121
				zolidem tartrate tab er 12.5 mg.....	121
				zonisamide cap 25 mg.....	26
				zonisamide cap 50 mg.....	26
				zonisamide cap 100 mg.....	26
				ZUBSOLV SUB 0.7-0.18 (<i>buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq</i>	20
				ZUBSOLV SUB 1.4-0.36 (<i>buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq</i>	20

ZUBSOLV SUB 2.9-0.71 <i>(buprenorphine hcl-naloxone hcl sl</i> <i>tab 2.9-0.71 mg (base eq</i>	20
ZUBSOLV SUB 5.7-1.4 <i>(buprenorphine hcl-naloxone hcl sl</i> <i>tab 5.7-1.4 mg (base eq</i>	20
ZUBSOLV SUB 8.6-2.1 <i>(buprenorphine hcl-naloxone hcl sl</i> <i>tab 8.6-2.1 mg (base eq</i>	20
ZUBSOLV SUB 11.4-2.9 <i>(buprenorphine hcl-naloxone hcl sl</i> <i>tab 11.4-2.9 mg (base eq</i>	20
ZYDELIG TAB 100MG (<i>idelalisib tab</i> <i>100 mg</i>)	43
ZYDELIG TAB 150MG (<i>idelalisib tab</i> <i>150 mg</i>)	43
ZYKADIA TAB 150MG (<i>ceritinib tab</i> <i>150 mg</i>)	43
ZYLET SUS 0.5-0.3% (<i>loteprednol</i> <i>etabonate-tobramycin ophth susp</i> <i>0.5-0.3%</i>).....	112

Language Assistance Services

1-877-265-9199, TTY 711

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

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

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

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

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

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

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

Tagalog: Ang mga serbisyo sa pagsasalin at mga tagapagsalin ay magagamit mo nang walang bayad. Kung kailangan mo ng tulong, mangyaring tawagan ang numero sa itaas o ang numero ng mga Serbisyo sa Miyembro na nasa iyang 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 Deutsch schwetzscht un Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Wann du Hilf brauchscht, ruf die Nummer drowwe uff odder die Nummer fer Member Services as uf dei Health Plan ID Card is.

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

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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

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- 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-notices>.





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