



Illinois Individual and Family Plans 2027 Prescription Drug List

Please note: This Prescription Drug List (PDL) is accurate as of January 1, 2027 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 All previous versions of this PDL are no longer in effect.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 1/01/2027

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.

2027 Health product name	SBC document
UHC GOLD-X STANDARD OPEN (VIRTUAL URGENT CARE, RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070012-00.en.2027.pdf
UHC GOLD STANDARD OPEN (VIRTUAL URGENT CARE, RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070012-01.en.2027.pdf
UHC GOLD-A STANDARD OPEN (VIRTUAL URGENT CARE, RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070012-02.en.2027.pdf
UHC GOLD-B STANDARD OPEN (VIRTUAL URGENT CARE, RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070012-03.en.2027.pdf
UHC SILVER-X COPAY FOCUS OPEN (VIRTUAL URGENT CARE, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070013-00.en.2027.pdf
UHC SILVER COPAY FOCUS OPEN (VIRTUAL URGENT CARE, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070013-01.en.2027.pdf
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UHC SILVER-E COPAY FOCUS OPEN (VIRTUAL URGENT CARE, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070013-04.en.2027.pdf
UHC SILVER-D COPAY FOCUS OPEN (VIRTUAL URGENT CARE, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070013-05.en.2027.pdf
UHC SILVER-C COPAY FOCUS OPEN (VIRTUAL URGENT CARE, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070013-06.en.2027.pdf
UHC SILVER-X STANDARD OPEN (VIRTUAL URGENT CARE, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070017-00.en.2027.pdf
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UHC BRONZE-X STANDARD OPEN (VIRTUAL URGENT CARE, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070021-00.en.2027.pdf
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UHC BRONZE-X COPAY FOCUS OPEN (VIRTUAL URGENT CARE, HSA, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070023-00.en.2027.pdf
UHC BRONZE COPAY FOCUS OPEN (VIRTUAL URGENT CARE, HSA, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070023-01.en.2027.pdf
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2027 Health product name	SBC document
UHC SILVER-X ADVANTAGE OPEN (VIRTUAL URGENT CARE, RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070025-00.en.2027.pdf
UHC SILVER ADVANTAGE OPEN (VIRTUAL URGENT CARE, RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070025-01.en.2027.pdf
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UHC SILVER-E ADVANTAGE OPEN (VIRTUAL URGENT CARE, RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070025-04.en.2027.pdf
UHC SILVER-D ADVANTAGE OPEN (VIRTUAL URGENT CARE, RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070025-05.en.2027.pdf
UHC SILVER-C ADVANTAGE OPEN (VIRTUAL URGENT CARE, RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070025-06.en.2027.pdf
UHC GOLD-X COPAY FOCUS OPEN (VIRTUAL URGENT CARE, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070027-00.en.2027.pdf
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UHC GOLD-B COPAY FOCUS OPEN (VIRTUAL URGENT CARE, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070027-03.en.2027.pdf
UHC BRONZE-X ESSENTIAL OPEN (VIRTUAL URGENT CARE, HSA, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070030-00.en.2027.pdf
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UHC SILVER-E ADVANTAGE+ OPEN (VIRTUAL URGENT CARE, RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080001-04.en.2027.pdf
UHC SILVER-D ADVANTAGE+ OPEN (VIRTUAL URGENT CARE, RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080001-05.en.2027.pdf
UHC SILVER-C ADVANTAGE+ OPEN (VIRTUAL URGENT CARE, RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080001-06.en.2027.pdf
UHC SILVER-X STANDARD+ OPEN (VIRTUAL URGENT CARE, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080004-00.en.2027.pdf
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UHC BRONZE-X COPAY FOCUS+ OPEN (VIRTUAL URGENT CARE, HSA, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080006-00.en.2027.pdf
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UHC BRONZE-X VALUE+ OPEN (VIRTUAL URGENT CARE, RX COPAY, HSA, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080009-00.en.2027.pdf
UHC BRONZE VALUE+ OPEN (VIRTUAL URGENT CARE, RX COPAY, HSA, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080009-01.en.2027.pdf
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UHC BRONZE-B VALUE+ OPEN (VIRTUAL URGENT CARE, RX COPAY, HSA, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080009-03.en.2027.pdf
UHC GOLD-X COPAY FOCUS+ OPEN (VIRTUAL URGENT CARE, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080010-00.en.2027.pdf

2027 Health product name	SBC document
UHC GOLD COPAY FOCUS+ OPEN (VIRTUAL URGENT CARE, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080010-01.en.2027.pdf
UHC GOLD-A COPAY FOCUS+ OPEN (VIRTUAL URGENT CARE, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080010-02.en.2027.pdf
UHC GOLD-B COPAY FOCUS+ OPEN (VIRTUAL URGENT CARE, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080010-03.en.2027.pdf
UHC GOLD-X STANDARD+ OPEN (VIRTUAL URGENT CARE, RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080011-00.en.2027.pdf
UHC GOLD STANDARD+ OPEN (VIRTUAL URGENT CARE, RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080011-01.en.2027.pdf
UHC GOLD-A STANDARD+ OPEN (VIRTUAL URGENT CARE, RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080011-02.en.2027.pdf
UHC GOLD-B STANDARD+ OPEN (VIRTUAL URGENT CARE, RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080011-03.en.2027.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:

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

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

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

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

What are tiers?

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

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

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

Your drug list has the following tiers:

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

Please note: Refer to your enrollment and plan materials on myuhc.com/exchange, or call the tollfree 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 low chw 81mg</i>	1	\$0 Copay for members between ages of 15 to 49 years.
<i>aspirin low tab 81mg ec</i>	1	\$0 Copay for members between ages of 15 to 49 years.
<i>celecoxib cap 100mg</i>	2	QL; Maximum of 2 capsules per day.
<i>celecoxib cap 200mg</i>	2	QL; Maximum of 2 capsules per day.
<i>celecoxib cap 400mg</i>	2	QL; Maximum of 2 capsules per day.
<i>celecoxib cap 50mg</i>	2	QL; Maximum of 2 capsules per day.
<i>diclofen pot tab 50mg</i>	2	
<i>diclofenac gel 1%</i>	3	QL; Maximum of 300 grams per 30 days.
<i>diclofenac tab 100mg er</i>	3	
<i>diclofenac tab 25mg dr</i>	2	
<i>diclofenac tab 50mg dr</i>	2	
<i>diclofenac tab 75mg dr</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	3	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	3	
<i>diflunisal tab 500mg</i>	2	
<i>ec-naproxen tab 375mg</i>	2	
<i>ec-naproxen tab 500mg</i>	2	
<i>etodolac cap 200mg</i>	2	
<i>etodolac cap 300mg</i>	2	
<i>etodolac er tab 400mg</i>	3	
<i>etodolac er tab 500mg</i>	3	
<i>etodolac er tab 600mg</i>	3	
<i>etodolac tab 400mg</i>	2	
<i>etodolac tab 500mg</i>	2	
<i>fenoprofen tab 600mg</i>	4	
<i>flurbiprofen tab 100mg</i>	2	
<i>ibu tab 400mg</i>	2	
<i>ibu tab 600mg</i>	2	
<i>ibu tab 800mg</i>	2	
<i>ibuprofen tab 400mg</i>	2	
<i>ibuprofen tab 600mg</i>	2	
<i>ibuprofen tab 800mg</i>	2	
<i>indomethacin cap 25mg</i>	2	QL; Maximum of 3 capsules per day.
<i>indomethacin cap 50mg</i>	2	QL; Maximum of 3 capsules per day.
<i>indomethacin cap 75mg er</i>	2	
<i>ketoprofen cap 200mg er</i>	4	
<i>ketoprofen cap 25mg</i>	3	
<i>ketoprofen cap 50mg</i>	3	
<i>ketorolac tab 10mg</i>	2	
<i>meclofen sod cap 100mg</i>	4	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Drug name	Tier	Coverage Requirements and Limits
POMALYST CAP 1MG <i>pomalidomide cap 1 mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
POMALYST CAP 2MG <i>pomalidomide cap 2 mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
POMALYST CAP 3MG <i>pomalidomide cap 3 mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
POMALYST CAP 4MG <i>pomalidomide cap 4 mg</i>	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
<i>thalomid cap 100mg</i>	5	PA; QL; Maximum of 1 capsule per day; CM.
<i>thalomid cap 150mg</i>	5	PA; QL; Maximum of 2 capsules per day; CM.
<i>thalomid cap 200mg</i>	5	PA; QL; Maximum of 2 capsules per day; CM.
<i>thalomid cap 50mg</i>	5	PA; QL; Maximum of 1 capsule per day; CM.
Antiestrogens/Modifiers		
EMCYT CAP 140MG <i>estramustine phosphate sodium cap 140 mg</i>	4	CM
<i>tamoxifen tab 10mg</i>	2	CM
<i>tamoxifen tab 20mg</i>	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention; CM.
<i>toremifene tab 60mg</i>	4	CM
Antimetabolites		
<i>capecitabine tab 150mg</i>	5	CM
<i>capecitabine tab 500mg</i>	5	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 500mg</i>	2	CM
<i>mercaptopur tab 50mg</i>	2	CM
TABLOID TAB 40MG <i>thioguanine tab 40 mg</i>	5	CM
Antineoplastics, Other		
<i>diclofenac 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; 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; 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; 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; 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; 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; Maximum of 3 tablets per day; CM.
<i>leucovor ca tab 10mg</i>	2	CM
<i>leucovor ca tab 15mg</i>	2	CM
<i>leucovor ca tab 25mg</i>	2	CM

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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<i>estradiol tab 2mg</i>	2	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	2	QL; Maximum of 4 patches per 28 days.
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	2	QL; Maximum of 4 patches per 28 days.
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	2	QL; Maximum of 4 patches per 28 days.
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	2	QL; Maximum of 4 patches per 28 days.
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	4	PA; QL; Maximum of 50g (1 box) per month.
<i>estradiol td patch weekly 0.025 mg/24hr</i>	3	QL; Maximum of 8 patches per 28 days.
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	3	QL; Maximum of 8 patches per 28 days.
<i>estradiol td patch weekly 0.05 mg/24hr</i>	3	QL; Maximum of 8 patches per 28 days.
<i>estradiol td patch weekly 0.06 mg/24hr</i>	2	QL; Maximum of 4 patches per 28 days.
<i>estradiol td patch weekly 0.075 mg/24hr</i>	3	QL; Maximum of 8 patches per 28 days.
<i>estradiol td patch weekly 0.1 mg/24hr</i>	3	QL; Maximum of 8 patches per 28 days.
<i>estradiol vaginal cream 0.01%</i>	2	QL; Maximum of 4 patches per 28 days.
ESTRING MIS 75/24HR <i>estradiol vaginal ring 2 mg (7.5 mcg/24hrs)</i>	3	QL; Maximum of 1 ring per 90 days.
<i>estrogel gel 0.06%</i>	4	PA; QL; Maximum of 50g (1 box) per month.
<i>ethy eth est tab 1-35</i>	1	
<i>ethynodiol tab 1-50</i>	1	
<i>etonogestrel mis ethy est</i>	1	
<i>falmina tab</i>	1	
<i>feirza tab 1.5/30</i>	1	
<i>feirza tab 1/20</i>	1	
<i>femlyv tab 1/0.02mg</i>	1	
<i>finzala chw fe 1/20</i>	1	
<i>fyavolv tab 0.5-2.5</i>	3	
<i>fyavolv tab 1-5</i>	3	
<i>galbriela chw</i>	1	
<i>gemmily cap 1/20</i>	1	
<i>hailey 24 tab fe</i>	1	
<i>hailey fe tab 1.5/30</i>	1	
<i>hailey fe tab 1/20</i>	1	
<i>hailey tab 1.5/30</i>	1	
<i>haloette mis</i>	1	
<i>iclevia tab</i>	1	
<i>introvale tab</i>	1	
<i>isibloom tab</i>	1	
<i>jaimiess tab</i>	1	
<i>jasmiel tab 3-0.02mg</i>	1	
<i>jinteli tab 1mg-5mcg</i>	3	
<i>jolessa tab</i>	1	
<i>joyeaux tab 0.1-20</i>	1	
<i>juleber tab</i>	1	
<i>junel 1.5/30 tab</i>	1	
<i>junel 1/20 tab</i>	1	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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<i>insulin syringe/needle u-100 1/2 ml 30 x 1/2"</i>	1	
<i>insulin syringe/needle u-100 1/2 ml 30 x 5/16"</i>	1	
<i>insulin syringe/needle u-100 1/2 ml 31 x 15/64"</i>	1	
<i>insulin syringe/needle u-100 1/2 ml 31 x 5/16"</i>	1	
<i>isop alcohol sol 70% rub</i>	1	
KETO-DIASTIX TES <i>*urine glucose-ketones test strips***</i>	1	
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	
METHYLERGON TAB 0.2MG <i>methylergonovine maleate tab 0.2 mg</i>	4	QL; Maximum of 28 tablets per year.
NEEDLE COLLE MIS DISPOSAL <i>*sharps container - misc***</i>	1	
NOVOFINE MIS 32GX6MM <i>insulin pen needle 32 g x 6 mm (1/4" or 15/64")</i>	1	
NOVOFINE PLS MIS 32GX4MM <i>insulin pen needle 32 g x 4 mm (1/6" or 5/32")</i>	1	
OMNIFLEX DPR <i>*diaphragms***</i>	1	
OMNIPOD 5 DX KIT INT G7G6 <i>*insulin infusion disposable pump kit***</i>	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 DX MIS POD G7G6 <i>*insulin infusion disposable pump reservoir***</i>	4	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 DX MIS POD G7G6 <i>*insulin infusion disposable pump reservoir***</i>	4	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 G7 KIT INTRO <i>*insulin infusion disposable pump kit***</i>	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 G7 MIS PODS <i>*insulin infusion disposable pump reservoir***</i>	4	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 L2 KIT INTRO G6 <i>*insulin infusion disposable pump kit***</i>	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 L2 MIS PODS G6 <i>*insulin infusion disposable pump reservoir***</i>	4	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 LIB KIT INTRO <i>insulin infusion disposable pump kit</i>	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 LIB MIS PODS <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.
<i>pen needle mis 29gx1/2"</i>	1	
<i>pen needle mis 29gx3/16</i>	1	
<i>pen needle mis 29gx5/16</i>	1	
<i>pen needles mis 29gx1/2"</i>	1	
<i>pen needles mis 31gx1/4"</i>	1	
<i>pen needles mis 31gx3/16</i>	1	
<i>pen needles mis 31gx5/16</i>	1	
<i>pentips mis 29gx12mm</i>	1	
<i>pentips mis 31gx5mm</i>	1	
<i>pentips mis 31gx8mm</i>	1	
<i>pentips mis 32gx4mm</i>	1	

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

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

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

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

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

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

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

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

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

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

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

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

KEY: **CM** Orally administered anti-cancer medication
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arformoterol neb 15/2ml	124	ASMANEX HFA AER 50MCG mometasone furoate inhal aerosol suspension 50 mcg/act	122	aurovela fe tab 1.5/30.....	96
aripiprazole sol 1mg/ml.....	49	ASMANEX HFA AER 100 MCG mometasone furoate inhal aerosol suspension 100 mcg/act	122	aurovela fe tab 1/20	96
aripiprazole tab 2mg.....	49			aurovela tab 1.5/30	96
				aurovela tab 1/20	96

AUSTEDO XR TAB 30MG ER deutetrabenazine tab er 24hr 30 mg . 79	basaglar inj 100unit.....61	bexarotene gel 1% 46
AUSTEDO XR TAB 36MG ER deutetrabenazine tab er 24hr 36 mg . 79	BAXDELA TAB 450MG delafloxacin meglumine tab 450 mg (base equiv) . 25	BEXSERO INJ meningococcal vac b (recomb omv adjuv) inj prefilled syringe111
AUSTEDO XR TAB 42MG ER deutetrabenazine tab er 24hr 42 mg . 79	BD GLUCOSE CHW 5GM glucose chew tab 5 gm116	BEYFORTUS INJ 50/0.5ML nirsevimab-alip im soln prefilled syringe 50 mg/0.5ml111
AUSTEDO XR TAB 48MG ER deutetrabenazine tab er 24hr 48 mg . 79	BELSOMRA TAB 5MG suvorexant tab 5 mg 129	BEYFORTUS INJ 100MG/ML nirsevimab-alip im soln prefilled syringe 100 mg/ml111
AUSTEDO XR TAB TITR KIT deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg 79	BELSOMRA TAB 10MG suvorexant tab 10 mg 129	bicalutamide tab 50mg 40
AUSTEDO XR TAB TITR KIT deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg 79	BELSOMRA TAB 15MG suvorexant tab 15 mg 129	BIJUVA CAP 0.5-100 estradiol- progesterone cap 0.5-100 mg 96
autopen mis 1-21unit 57	BELSOMRA TAB 20MG suvorexant tab 20 mg 129	BIKTARVY TAB bictegravir- emtricitabine-tenofovir af tab 30- 120-15 mg 52
averi tab 96	benazep/hctz tab 5-6.25mg..... 67	BIKTARVY TAB bictegravir- emtricitabine-tenofovir af tab 50- 200-25 mg 52
aviane tab 96	benazep/hctz tab 10-12.5..... 67	bimatoprost sol 0.01% op121
AVONEX PEN KIT 30MCG interferon beta-1a im auto-injector kit 30 mcg/0.5ml 80	benazep/hctz tab 20-12.5 67	bisacodyl tab 5mg ec 87
AVONEX PREFL KIT 30MCG interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml 80	benazep/hctz tab 20-25mg 67	bisoprl/hctz tab 2.5/6.25..... 69
Avtozma inj 162/0.9 tocilizumab- anoh subcutaneous soln auto-inj 162 mg/0.9 ml 110	benazepril tab 5mg 67	bisoprl/hctz tab 5-6.25mg..... 69
Avtozma inj 162/0.9 tocilizumab- anoh subcutaneous soln pref syr 162 mg/0.9 ml 110	benazepril tab 10mg 67	bisoprl/hctz tab 10/6.25 69
ayuna tab 96	benazepril tab 20mg 67	bisoprol fum tab 2.5mg..... 69
AZASITE SOL 1% azithromycin ophth soln 1% 119	benazepril tab 40mg 67	bisoprol fum tab 5mg..... 70
azathioprine tab 50mg 108	benznidazole tab 12.5mg 46	bisoprol fum tab 10mg 69
azelaic acid gel 15% 81	benznidazole tab 100mg 46	blisovi 24 tab fe 1/20..... 96
azelastine dro 0.05% 120	benzonatate cap 100mg..... 127	blisovi fe tab 1.5/30 96
azelastine spr 0.1% 123	benzonatate cap 200mg 127	blisovi fe tab 1/20 96
azithromycin for susp 100 mg/5ml... 26	benzoyl peroxide-erythromycin gel 5-3% 81	BOOSTRIX INJ tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf- mcg/0.5ml111
azithromycin for susp 200 mg/5ml ... 26	benztropine tab 0.5mg 47	BOOSTRIX INJ tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf- mcg/0.5ml111
azithromycin powd pack for susp 1 gm26	benztropine tab 1mg 47	bosentan tab 62.5mg 126
azithromycin tab 250 mg 26	benztropine tab 2mg 47	bosentan tab 125mg 126
azithromycin tab 250 mg 26	bepotastine dro 1.5% op 120	bosulif cap 50mg 42
azithromycin tab 250 mg 26	BETADINE SOL 5% OP povidone- iodine ophth soln 5% 119	bosulif cap 100mg 42
azithromycin tab 500 mg 26	beta diprop cre 0.05% 91	bosulif tab 100mg 43
azithromycin tab 500 mg 26	beta diprop gel 0.05% 91	bosulif tab 400mg 43
azithromycin tab 600 mg 25	beta diprop lot 0.05% 91	bosulif tab 500mg 43
azurette tab 96	beta diprop oin 0.05% 91	BOSUTINIB TAB 100MG bosutinib tab 100 mg 43
bacit/polymy oin op 119	betaine anhy pow 89	BOSUTINIB TAB 400MG bosutinib tab 400 mg 43
bacitracin oin op 119	betameth dip cre 0.05% 91	BOSUTINIB TAB 500MG bosutinib tab 500 mg 43
baclofen tab 5mg 128	betameth dip lot 0.05% 91	bpm-pse-dm syp 2-30-10 127
baclofen tab 10mg 128	betameth dip oin 0.05% 91	BREYNA AER 80/4.5 budesonide- formoterol fumarate dihyd aerosol 80-4.5 mcg/act 122
baclofen tab 20mg 128	betameth val cre 0.1% 91	BREYNA AER 160/4.5 budesonide- formoterol fumarate dihyd aerosol 160-4.5 mcg/act 122
bac tab 20	betameth val lot 0.1% 91	BREZTRI AERO AER 9MCG budesonide-glycopyrrolate- formoterol aers 160-9-4.8 mcg/act . 127
BALSALAZIDE CAP 750MG balsalazide disodium cap 750 mg ... 114	betameth val oin 0.1% 91	
balziva tab 96	BETASERON INJ 0.3MG interferon beta-1b for inj kit 0.3 mg 80	
baqsimi one pow 3mg/dose 60	betaxolol sol 0.5% op 121	
baqsimi two pow 3mg/dose 60	betaxolol tab 10mg 69	
BARACLUDE SOL entecavir oral soln 0.05 mg/ml 51	betaxolol tab 20mg 69	
	bethanechol tab 5mg 90	
	bethanechol tab 10mg 90	
	bethanechol tab 25mg 90	
	bethanechol tab 50mg 90	
	BEVESPI AER 9-4.8MCG glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act 122	
	bexarotene cap 75mg 46	

BREZTRI AERO AER 18MCG budesonide-glycopyrrolate- formoterol aers 160-18-4.8 mcg/act	127	buspirone tab 7.5mg	56	CAPRELSA TAB 100MG vandetanib tab 100 mg	43
BREZTRI AERO AER SPHERE budesonide-glycopyrrolate- formoterol aers 160-9-4.8 mcg/act	124	buspirone tab 10mg	56	CAPRELSA TAB 300MG vandetanib tab 300 mg	43
BREZTRI AERO AER SPHERE budesonide-glycopyrrolate- formoterol aers 160-18-4.8 mcg/act.	124	buspirone tab 15mg	56	captopr/hctz tab 25-15mg	67
brillyn tab	96	buspirone tab 30mg	56	captopr/hctz tab 25-25mg	67
brimonidine gel 0.33%	81	butal/apap tab 50-325mg	21	captopr/hctz tab 50-15mg	67
brimonidine sol 0.2% op	121	butalb/aceta tab 50-300mg	21	captopr/hctz tab 50-25mg	67
brimonidine sol 0.15% op	121	but/apap/caf cap	20	captopril tab 12.5mg	67
brimo/timolo sol 0.2/0.5%	121	but/apap/caf cap	20	captopril tab 25mg	67
brinzolamide sus 1%	121	but/apap/caf cap codeine	20	captopril tab 50mg	67
brinzolamide sus 1% op	121	but/apap/caf tab	20	captopril tab 100mg	67
brivaracetam sol 10mg/ml	28	but/asa/caf/ cap codeine	21	CAPVAXIVE INJ 0.5ML pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml	111
brivaracetam tab 10mg	28	but/asa/caff cap	21	carbamazepin cap 100mg er	30
brivaracetam tab 25mg	28	bydureon bc inj 2/0.85ml	58	carbamazepin cap 200mg er	30
brivaracetam tab 50mg	28	cabergoline tab 0.5mg	93	carbamazepin cap 300mg er	30
brivaracetam tab 75mg	28	CABOMETYX TAB 20MG cabozantinib s-malate tab 20 mg (base equivalent)	43	carbamazepin chw 100mg	30
brivaracetam tab 100mg	28	CABOMETYX TAB 40MG cabozantinib s-malate tab 40 mg (base equivalent)	43	carbamazepin sus 100/5ml	30
bromfenac dro 0.09% op	120	CABOMETYX TAB 60MG cabozantinib s-malate tab 60 mg (base equivalent)	43	carbamazepin sus 200/10ml	30
bromocriptin cap 5mg	47	caffeine cit sol 20mg/ml	79	carbamazepin tab 100mg er	30
bromocriptin tab 2.5mg	47	caffeine cit sol 60mg/3ml	79	carbamazepin tab 200mg	30
brom/pse/dm syp 2-30-10	127	calc acetate cap 667mg	84	carbamazepin tab 200mg er	30
BRUKINSA CAP 80MG zanubrutinib cap 80 mg	43	calc acetate tab 667mg	85	carbamazepin tab 400mg er	30
BRUKINSA TAB 160MG zanubrutinib tab 160 mg	43	calcipotriene-betamethasone dipropionate oint 0.005-0.064%	81	carbidopa tab 25mg	48
budes/formot aer 80-4.5	122	calcipotriene-betamethasone dipropionate susp 0.005-0.064%	81	carbinoxamin sol 4mg/5ml	123
budes/formot aer 160-4.5	122	calcipotriene cream 0.005%	81	carbinoxamin tab 4mg	123
budesonide cap 3mg dr	115	calcipotriene oint 0.005%	81	carb/levo 50 tab /entacap	47
budesonide sus 0.5mg/2	122	calcipotrien sol 0.005%	81	carb/levo 75 tab /entacap	47
budesonide sus 0.25mg/2	122	calcitonin spr 200/act	115	carb/levo100 tab /entacap	48
budesonide sus 1mg/2ml	122	calcitriol cap 0.5mcg	115	carb/levo125 tab /entacap	48
bumetanide tab 0.5mg	74	calcitriol cap 0.25mcg	115	carb/levo150 tab /entacap	48
bumetanide tab 1mg	74	calcitriol oin 3mcg/gm	81	carb/levo200 tab /entacap	48
bumetanide tab 2mg	74	calcitriol sol 1mcg/ml	115	carb/levo er tab 25-100mg	47
bupren/nalox mis 2-0.5mg	22	CALQUENCE TAB 100MG acalabrutinib maleate tab 100 mg	43	carb/levo er tab 50-200mg	47
bupren/nalox mis 4-1mg	22	CAMCEVI INJ 42MG leuprolide mesylate (6 month) emulsion prefilled syr 42 mg	107	carb/levo tab 10-100mg	47
bupren/nalox mis 8-2mg	22	camila tab 0.35mg	102	carb/levo tab 10-100mg	47
bupren/nalox sub 2-0.5mg	22	camrese lo tab	96	carb/levo tab 25-100mg	47
bupren/nalox sub 8-2mg	22	camrese tab	96	carb/levo tab 25-100mg	47
buprenorphin sub 2mg	22	candes/hctz tab 16-12.5	66	carb/levo tab 25-250mg	48
buprenorphin sub 8mg	22	candes/hctz tab 32-12.5	66	carb/levo tab 25-250mg	48
bupropion tab 75mg	32	candes/hctz tab 32-25mg	66	carglumic tab 200mg	83
bupropion tab 100mg	32	candesartan tab 4mg	66	carisoprodol tab 350mg	128
bupropion tab 100mg sr	32	candesartan tab 8mg	66	CAROSPIR SUS 25MG/5ML spironolactone susp 25 mg/5ml	74
bupropion tab 150mg sr	23	candesartan tab 16mg	66	carteolol sol 1% op	121
bupropion tab 150mg sr	32	candesartan tab 32mg	66	CARTIA XT CAP 120/24HR diltiazem hcl coated beads cap er 24hr 120 mg	71
bupropion tab 150mg xl	32	capecitabine tab 150mg	41	CARTIA XT CAP 180/24HR diltiazem hcl coated beads cap er 24hr 180 mg	71
bupropion tab 200mg sr	32	capecitabine tab 500mg	41	CARTIA XT CAP 240/24HR diltiazem hcl coated beads cap er 24hr 240 mg	71
bupropion tab 300mg xl	32			CARTIA XT CAP 300/24HR diltiazem hcl coated beads cap er 24hr 300 mg	71
buspirone tab 5mg	56			carvedilol tab 3.125mg	70

carvedilol tab 6.25mg.....	70	chlordiazep cap 5mg	56	ciprofloxacin hcl tab 250 mg (base equiv).....	27
carvedilol tab 12.5mg.....	70	chlordiazep cap 10mg	56	ciprofloxacin hcl tab 500 mg (base equiv).....	27
carvedilol tab 25mg.....	70	chlordiazep cap 25mg	56	ciprofloxacin hcl tab 750 mg (base equiv).....	27
CAYA DPR *diaphragm arc-spring***	116	chlorhex glu sol 0.12%.....	81	ciprofloxacin sol 0.2%	122
cdp/amitrip tab 5-12.5mg	32	chloroquine tab 250mg	46	ciprofloxacin sol 0.3% op.....	120
cdp/amitrip tab 10-25mg.....	32	chloroquine tab 500mg	46	cipro/fluoc dro pf.....	122
cefaclor cap 250 mg.....	25	chlorpromaz tab 10mg	48	citalopram sol 10mg/5ml.....	33
cefaclor cap 500 mg.....	25	chlorpromaz tab 25mg	48	citalopram sol 20/10ml.....	33
cefaclor monohydrate tab er 12hr 500 mg.....	25	chlorpromaz tab 50mg	48	citalopram tab 10mg	33
cefadroxil cap 500 mg.....	25	chlorpromaz tab 100mg.....	48	citalopram tab 20mg	33
cefadroxil for susp 250 mg/5ml.....	25	chlorpromaz tab 200mg.....	48	citalopram tab 40mg.....	33
cefadroxil for susp 500 mg/5ml.....	25	chlorthalid tab 25mg	74	CITROMA SOL LEMONY magnesium citrate soln	87
cefadroxil tab 1 gm	25	chlorthalid tab 50mg	74	claravis cap 10mg.....	81
cefdinir cap 300 mg	25	chlorthalid tab 50mg	74	claravis cap 20mg.....	81
cefdinir for susp 125 mg/5ml.....	25	chlorzoxazon tab 500mg.....	128	claravis cap 30mg.....	81
cefdinir for susp 250 mg/5ml	25	cholestyram pow 4gm.....	76	claravis cap 40mg	81
cefixime cap 400 mg	25	cholestyram pow 4gm lite	76	clarithromycin for susp 125 mg/5ml ..	26
cefixime for susp 100 mg/5ml	25	CICLODAN SOL 8% ciclopiox solution 8%	36	clarithromycin for susp 250 mg/5ml..	26
cefixime for susp 200 mg/5ml	25	ciclopiox gel 0.77%.....	36	clarithromycin tab 250 mg	26
cefpodoxime proxetil for susp 50 mg/5ml.....	25	ciclopiox olamine cream 0.77%.....	36	clarithromycin tab 500 mg	27
cefpodoxime proxetil tab 100 mg.....	25	ciclopiox olamine susp 0.77%	36	clarithromycin tab er 24hr 500 mg....	27
cefpodoxime proxetil tab 200 mg	25	ciclopiox shampoo 1%	36	CLEARLAX POW polyethylene glycol 3350 oral powder 17 gm/scoop	87
cefpodoxime proxetil tab 200 mg	25	ciclopiox solution 8%	36	clemastine tab 2.68mg	123
cefprozil for susp 125 mg/5ml.....	25	cilostazol tab 50mg.....	65	CLENPIQ SOL sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml.	87
cefprozil for susp 250 mg/5ml	25	cilostazol tab 100mg.....	65	CLIMARA DIS 0.1MG estradiol td patch weekly 0.1 mg/24hr	96
cefprozil tab 250 mg.....	25	CIMDUO TAB 300-300 lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	52	CLIMARA DIS 0.05MG estradiol td patch weekly 0.05 mg/24hr.	96
cefprozil tab 500 mg	25	cimetidine sol 300/5ml.....	87	CLIMARA DIS 0.06MG estradiol td patch weekly 0.06 mg/24hr	96
cefuroxime axetil tab 250 mg	25	cimetidine tab 200mg.....	87	CLIMARA DIS 0.025MG estradiol td patch weekly 0.025 mg/24hr	96
cefuroxime axetil tab 500 mg	25	cimetidine tab 300mg.....	87	CLIMARA DIS 0.075MG estradiol td patch weekly 0.075 mg/24hr	96
celecoxib cap 50mg	17	cimetidine tab 400mg.....	87	CLIMARA DIS 0.0375MG estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	96
celecoxib cap 100mg.....	17	cimetidine tab 400mg.....	87	CLIMARA PRO DIS WEEKLY estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	96
celecoxib cap 200mg.....	17	cimetidine tab 800mg.....	87	clindacin kit etz 1%.....	82
celecoxib cap 400mg.....	17	CIMZIA 1-SYR INJ 200MG/ML certolizumab pegol prefilled syringe kit 200 mg/ml.	111	clindacin-p pad 1%.....	82
cephalexin cap 250 mg.....	25	CIMZIA 2-SYR KIT 200MG/ML certolizumab pegol prefilled syringe kit 200 mg/ml.	111	clindamy/ben gel 1.2-5%.....	82
cephalexin cap 500 mg.....	26	CIMZIA INJ 200MG/ML certolizumab pegol prefilled syringe kit 200 mg/ml.	108	clindamycin hcl cap 75 mg	24
cephalexin for susp 125 mg/5ml	26	CIMZIA KIT 200MG certolizumab pegol for inj kit 2 x 200 mg	108	clindamycin hcl cap 150 mg	24
cephalexin for susp 250 mg/5ml.....	26	CIMZIA PREFL KIT 200MG/ML certolizumab pegol prefilled syringe kit 200 mg/ml.	108	clindamycin hcl cap 300 mg	24
cevimeline cap 30mg.....	81	CIMZIA START KIT 200MG/ML certolizumab pegol prefilled syringe kit 200 mg/ml.	109	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	24
CHANTIX PAK 1MG varenicline tartrate tab 1 mg (base equiv)	23	cinacalcet tab 30mg.....	115	clindamycin phosphate gel 1% (once-daily)	82
CHANTIX TAB 0.5& 1MG varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	23	cinacalcet tab 60mg.....	115	clindamycin phosphate gel 1% (twice-daily).....	82
CHANTIX TAB 0.5MG varenicline tartrate tab 0.5 mg (base equiv)	23	cinacalcet tab 90mg.....	115		
chantix tab 1mg.....	23	cipro/dexa sus 0.3-0.1%.....	122		
charlotte 24 chw fe 1/20.....	96	ciprofloxacin hcl tab 100 mg (base equiv).....	27		
chateal eq tab 0.15/30.....	96				
CHEMET CAP 100MG succimer cap 100 mg	84				
CHEMSTRIP K TES acetone (urine) test strip.	116				
CHEMSTRIP TES MICRAL albumin (urine) test strip	116				

clindamycin phosphate lotion 1%	82	colchicine tab 0.6mg	37	contour next kit one	57
clindamycin phosphate soln 1%	82	colesevelam pak 3.75gm	76	CONTOUR NEXT KIT ONE *blood glucose monitoring kit w/ device***	116
clindamycin phosphate swab 1%	82	colesevelam tab 625mg	76	CONTOUR PLUS KIT BLUE *blood glucose monitoring kit w/ device***	116
clindamycin phosphate vaginal cream 2%	24	colestipol gra 5gm	76	CONTOUR PLUS TES BLD GLUC glucose blood test strip	116
clobazam sus 2.5mg/ml	29	colestipol tab 1gm	76	CONTOUR TES NEXT glucose blood test strip	116
clobazam tab 10mg	29	COMBIVIR TAB 150-300 lamivudine-zidovudine tab 150-300 mg	52	CORLANOR SOL 5MG/5ML ivabradine hcl oral soln 5 mg/5ml ...	73
clobazam tab 20mg	29	COMETRIQ KIT 60MG cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	43	CORTIFOAM AER 90MG hydrocortisone acetate perianal foam 10% (90 mg/dose)	115
clobetasol propionate cream 0.05%	91	COMETRIQ KIT 100MG cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	43	cortisporin sus -tc otic	122
clobetasol propionate emollient base cream 0.05%	91	COMETRIQ KIT 140MG cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	43	COTELLIC TAB 20MG cobimetinib fumarate tab 20 mg (base equivalent)	43
clobetasol propionate gel 0.05%	91	COMFORT TOUC MIS 31GX4MM insulin pen needle 31 g x 4 mm (1/6" or 5/32")	116	COUNT-A-DOSE MIS *insulin administration supplies - misc***	116
clobetasol propionate oint 0.05%	91	COMFORT TOUC MIS 32GX8MM insulin pen needle 32 g x 8 mm (1/3" or 5/16")	116	CREON CAP 3000UNIT pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	89
clocortolone cre 0.1%	91	COMFORT TOUC MIS 33GX1/4" insulin pen needle 33 g x 6 mm (1/4" or 15/64")	116	CREON CAP 6000UNIT pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	89
clomid tab 50 mg	96	COMFORT TOUC MIS 33GX3/16 insulin pen needle 33 g x 5 mm (1/5" or 3/16")	116	CREON CAP 12000UNT pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	89
clomiphene tab 50mg	94	COMFORT TOUC MIS 33GX5/32 insulin pen needle 33 g x 4 mm (1/6" or 5/32")	116	CREON CAP 24000UNT pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	89
clomipramine cap 25mg	34	COMIRNATY 5- INJ 11/25-26 covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	111	CREON CAP 36000UNT pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	89
clomipramine cap 50mg	34	COMIRNATY INJ 30/3ML covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	111	CROMOLYN SOD CON 100/5ML cromolyn sodium oral conc 100 mg/5ml	86
clomipramine cap 75mg	34	COMPLERA TAB emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	52	cromolyn sod neb 20mg/2ml	125
clonazepam tab 0.5mg	56	COMPLETENATE CHW *prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***	85	cromolyn sod sol 4% op	120
clonazepam tab 1mg	56	COMPLETE NAT PAK DHA *prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk**	85	CROTAN LOT 10% crotamiton lotion 10%	46
clonazepam tab 2mg	57	CO-NATAL FA TAB 29-1MG *prenatal vit w/ fe fumarate-fa tab 29-1 mg***	85	cryselle-28 tab 28 tabs	96
clonazep odt tab 0.5mg	56	condoms mis	116	curae tab 1.5mg	102
clonazep odt tab 0.25mg	56	conj estrogn tab 0.3mg	96	CVS PURELAX POW polyethylene glycol 3350 oral powder 17 gm/scoop	87
clonazep odt tab 0.125mg	56	conj estrogn tab 0.9mg	96	cyanocobalam inj 1000mcg	85
clonazep odt tab 1mg	56	conj estrogn tab 0.45mg	96	cyanocobalam inj 10000mcg	85
clonazep odt tab 2mg	56	conj estrogn tab 0.625mg	96	cyanocobalam inj 30000mcg	85
clonidine dis 0.1/24hr	65	conj estrogn tab 1.25mg	96	cyanocobalam sol 2000mcg	85
clonidine dis 0.2/24hr	65	CONSTULOSE SOL 10GM/15 lactulose solution 10 gm/15ml	87	cyclobenzapr tab 5mg	128
clonidine dis 0.3/24hr	65	CONTOUR KIT NEXT *blood glucose monitoring kit w/ device***	116	cyclobenzapr tab 7.5mg	128
clonidine tab 0.1mg	65	CONTOUR KIT NEXT EZ *blood glucose monitoring kit w/ device***	116	cyclobenzapr tab 10mg	128
clonidine tab 0.1mg er	78	CONTOUR NEXT KIT GEN *blood glucose monitoring kit w/ device***	116	cyclomydril sol op	120
clonidine tab 0.2mg	65			cyclopentol sol 1% op	120
clonidine tab 0.3mg	65			cyclophosph cap 25mg	40
clopidogrel tab 75mg	65			cyclophosph cap 50mg	40
clopidogrel tab 300mg	65			cyclophosph tab 25mg	40
cloraz dipot tab 3.75mg	57			cyclophosph tab 50mg	40
cloraz dipot tab 7.5mg	57			cycloserine cap 250mg	39
cloraz dipot tab 15mg	57			cyclosporine cap 25mg	109
clotrimazole tro 10mg	36				
clotrim/beta cre diprop	36				
clotrim/beta lot diprop	36				
clozapine tab 12.5/odt	50				
clozapine tab 25mg	50				
clozapine tab 25mg odt	50				
clozapine tab 50mg	50				
clozapine tab 100mg	50				
clozapine tab 100/odt	50				
clozapine tab 150/odt	50				
clozapine tab 200mg	50				
clozapine tab 200/odt	50				
codeine sulfate tab 15 mg	21				
codeine sulfate tab 30 mg	21				
codeine sulfate tab 60 mg	21				

cyclosporine cap 25mg mod	109	deblitane tab 0.35mg.....	102	desonide cream 0.05%.....	91
cyclosporine cap 50mg mod	109	deferasirox granules packet 90 mg ...	84	desonide lotion 0.05%	91
cyclosporine cap 100mg	109	deferasirox granules packet 180 mg ..	84	desonide oint 0.05%	91
cyclosporine cap 100mg md	109	deferasirox granules packet 360 mg..	84	desoximetasone cream 0.05%	91
cyclosporine emu 0.05% op	120	deferasirox tab 90mg.....	84	desoximetasone cream 0.25%.....	91
cyclosporine sol modified	109	deferasirox tab 125mg.....	84	desoximetasone gel 0.05%	91
cyproheptad syp 2mg/5ml	123	deferasirox tab 180mg.....	84	desoximetasone oint 0.05%	91
cyproheptad tab 4mg	123	deferasirox tab 250mg	84	desoximetasone oint 0.25%	91
cyred eq tab.....	96	deferasirox tab 360mg	84	desoximetasone spray 0.25%.....	91
CYSTAGON CAP 50MG cysteamine bitartrate cap 50 mg	89	deferasirox tab 500mg	84	desvenlafax tab 25mg er	33
CYSTAGON CAP 150MG cysteamine bitartrate cap 150 mg	89	delestrogen inj 10mg/ml	96	desvenlafax tab 50mg er	33
dabigatran cap 75mg.....	62	delestrogen inj 20mg/ml	96	desvenlafax tab 100mg er	33
dabigatran cap 110mg	62	delestrogen inj 40mg/ml.....	96	dexamethasone conc 1 mg/ml.....	91
dabigatran cap 150mg.....	62	DELSTRIGO TAB doravirine-lamivudine-tenofovir df tab 100-300-300 mg	52	dexamethasone elixir 0.5 mg/5ml	91
dalfampridin tab 10mg er	80	delyla tab 0.1-0.02	96	dexamethasone soln 0.5 mg/5ml	91
danazol cap 50mg	94	demeclocycline hcl tab 150 mg	27	dexamethasone tab 0.5 mg	91
danazol cap 100mg.....	94	demeclocycline hcl tab 300 mg.....	27	dexamethasone tab 0.75 mg.....	91
danazol cap 200mg.....	94	DENGVAXIA SUS dengue virus vaccine live tetravalent for subcutaneous susp.	111	dexamethasone tab 1.5 mg.....	91
dantrolene cap 25mg.....	128	depo-estradi inj 5mg/ml.....	97	dexamethasone tab 1 mg	91
dantrolene cap 50mg.....	128	DEPO-PROVERA INJ 150MG/ML medroxyprogesterone acetate im susp 150 mg/ml	102	dexamethasone tab 2 mg	92
dantrolene cap 100mg	128	DEPO-PROVERA INJ 150MG/ML medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	102	dexamethasone tab 4 mg	92
DAPAGLIFLOZI TAB 5MG dapagliflozin tab 5 mg	73	DEPO-SQ PROV INJ 104 medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	102	dexameth pho sol 0.1% op.....	120
DAPAGLIFLOZI TAB 10MG dapagliflozin tab 10 mg	73	DEPO-TESTOST INJ 100MG/ML testosterone cypionate im inj in oil 100 mg/ml	94	DEXCOM G6 MIS RECEIVER *continuous glucose system receiver***	116
DAPAG/MET ER TAB 5-500MG dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	73	DEPO-TESTOST INJ 200MG/ML testosterone cypionate im inj in oil 200 mg/ml	94	DEXCOM G6 MIS SENSOR *continuous glucose system sensor***	116
DAPAG/MET ER TAB 5-1000MG dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	58	DESCOVY TAB 120-15MG emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg 52		DEXCOM G6 MIS TRANSMIT *continuous glucose system transmitter***	116
DAPAG/MET ER TAB 10-500MG dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	73	DESCOVY TAB 200/25MG emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg 51		DEXCOM G7 MIS 15 DAY *continuous glucose system sensor***	116
DAPAG/MET ER TAB 10-1000 dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	58	desipramine tab 10mg.....	35	DEXCOM G7 MIS RECEIVER *continuous glucose system receiver***	116
dapsone tab 25mg.....	39	desipramine tab 25mg	35	DEXCOM G7 MIS SENSOR *continuous glucose system sensor***	116
dapsone tab 100mg	39	desipramine tab 50mg	35	dexmethylphenidate hcl cap er 24 hr 5 mg	78
DAPTACEL INJ diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	111	desipramine tab 75mg	35	dexmethylphenidate hcl cap er 24 hr 10 mg.....	78
darifenacin tab 7.5mg er.....	90	desipramine tab 100mg	34	dexmethylphenidate hcl cap er 24 hr 15 mg.....	78
darifenacin tab 15mg er	90	desipramine tab 150mg	35	dexmethylphenidate hcl cap er 24 hr 20 mg	78
darunavir tab 600mg	54	desloratadin tab 5mg.....	123	dexmethylphenidate hcl cap er 24 hr 25 mg.....	78
darunavir tab 800mg	54	desmopressin inj 4mcg/ml.....	93	dexmethylphenidate hcl cap er 24 hr 30 mg	78
dasatinib tab 20mg	43	desmopressin inj 4mcg/ml (preservative free)	93	dexmethylphenidate hcl cap er 24 hr 35 mg.....	78
dasatinib tab 50mg.....	43	desmopressin inj 40/10ml	93	dexmethylphenidate hcl cap er 24 hr 40 mg	78
dasatinib tab 70mg	43	desmopressin spr 0.01%	93	dexmethylphenidate hcl tab 2.5 mg ..	78
dasatinib tab 80mg.....	43	desmopressin tab 0.1mg	94	dexmethylphenidate hcl tab 5 mg	78
dasatinib tab 100mg.....	43	desmopressin tab 0.2mg	94		
dasatinib tab 140mg.....	43	deso/ethinyl tab estradio.....	97		
dasetta tab 1/35	96				
dasetta tab 7/7/7	96				
DAYBUE SOL 200MG/ML trofinetide oral soln 200 mg/ml	79				
daysee tab	96				

dexmethylphenidate hcl tab 10 mg ...	78	digoxin tab 125 mcg (0.125 mg)	73	DIPENTUM CAP 250MG olsalazine sodium cap 250 mg	115
dextroamphetamine sulfate cap er 24hr 5 mg	77	digoxin tab 250 mcg (0.25 mg)	38	diphen/atrop liq 2.5/5	86
dextroamphetamine sulfate cap er 24hr 10 mg	77	DILANTIN CAP 30MG phenytoin sodium extended cap 30 mg	30	diphen/atrop tab 2.5mg	86
dextroamphetamine sulfate cap er 24hr 15 mg	77	diltiazem er tab 180mg	71	diphenhydram elx 12.5/5ml	123
dextroamphetamine sulfate oral solution 5 mg/5ml	77	diltiazem er tab 240mg	71	dipyridamole tab 25mg	65
dextroamphetamine sulfate tab 5 mg	77	diltiazem er tab 300mg	71	dipyridamole tab 50mg	65
dextroamphetamine sulfate tab 10 mg	77	diltiazem er tab 360mg	71	dipyridamole tab 75mg	65
DIACOMIT CAP 250MG stiripentol cap 250 mg	28	diltiazem er tab 420mg	71	disopyramide cap 100mg	68
DIACOMIT CAP 500MG stiripentol cap 500 mg	28	diltiazem hcl cap er 12hr 60 mg	71	disopyramide cap 150mg	68
DIACOMIT PAK 250MG stiripentol packet 250 mg	28	diltiazem hcl cap er 12hr 90 mg	71	disulfiram tab 250mg	22
DIACOMIT PAK 500MG stiripentol packet 500 mg	28	diltiazem hcl cap er 12hr 120 mg	71	disulfiram tab 500mg	22
DIASCREEN MIS 1G *urine glucose monitoring supplies***	116	diltiazem hcl cap er 24hr 120 mg	71	DIURIL SUS 250/5ML chlorothiazide susp 250 mg/5ml	74
DIASTIX TES STRIPS glucose urine test-(glucose oxidase) strip	116	diltiazem hcl cap er 24hr 180 mg	71	divalproex cap 125mg dr	29
diazepam con 5mg/ml	57	diltiazem hcl cap er 24hr 240 mg	71	divalproex cap 125mg dr	29
diazepam con 25mg/5ml	57	diltiazem hcl coated beads cap er 24hr 120 mg	71	divalproex tab 125mg dr	29
diazepam gel 2.5mg	29	diltiazem hcl coated beads cap er 24hr 180 mg	71	divalproex tab 250mg dr	29
diazepam gel 10mg	29	diltiazem hcl coated beads cap er 24hr 240 mg	71	divalproex tab 250mg er	29
diazepam gel 20mg	29	diltiazem hcl coated beads cap er 24hr 300 mg	71	divalproex tab 500mg dr	29
diazepam sol 5mg/5ml	57	diltiazem hcl coated beads cap er 24hr 360 mg	71	divalproex tab 500mg er	29
diazepam tab 2mg	57	diltiazem hcl coated beads cap er 24hr 360 mg	71	divigel gel 0.5mg	97
diazepam tab 5mg	57	diltiazem hcl coated beads cap er 24hr 360 mg	71	divigel gel 0.25mg	97
diazepam tab 10mg	57	diltiazem hcl extended release beads cap er 24hr 120 mg	71	divigel gel 0.75mg	97
diazoxide sus 50mg/ml	60	diltiazem hcl extended release beads cap er 24hr 180 mg	71	divigel gel 1.25mg	97
diclofenac gel 1%	17	diltiazem hcl extended release beads cap er 24hr 240 mg	71	divigel gel 1mg/gm	97
diclofenac gel 3%	41	diltiazem hcl extended release beads cap er 24hr 300 mg	71	DODEX INJ cyanocobalamin inj 1000 mcg/ml	85
diclofenac sol 0.1% op	120	diltiazem hcl extended release beads cap er 24hr 360 mg	71	dofetilide cap 125mcg	68
diclofenac tab 25mg dr	17	diltiazem hcl extended release beads cap er 24hr 420 mg	71	dofetilide cap 250mcg	68
diclofenac tab 50mg dr	17	diltiazem tab 30mg	71	dofetilide cap 500mcg	69
diclofenac tab 75mg dr	17	diltiazem tab 60mg	72	dolishale tab 90-20mcg	97
diclofenac tab 100mg er	17	diltiazem tab 90mg	72	donepezil tab 5mg	31
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	17	diltiazem tab 120mg	71	donepezil tab 10mg	31
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	17	diltiazem tab 120mg er	71	donepezil tab odt 5mg	31
diclofen pot tab 50mg	17	diltiazem tab 240mg er	71	donepezil tab odt 10mg	31
dicloxacillin sodium cap 250 mg	26	diltiazem tab 300mg er	71	dorzolamide sol 2% op	121
dicloxacillin sodium cap 500 mg	26	diltiazem tab 360mg er	72	dorzol/timol sol 2%-0.5%	121
dicyclomine cap 10mg	86	DILT-XR CAP 120MG diltiazem hcl cap er 24hr 120 mg	71	dorzol/timol sol 2-0.5%op	121
dicyclomine sol 10mg/5ml	86	DILT-XR CAP 180MG diltiazem hcl cap er 24hr 180 mg	71	dotti dis 0.1mg	97
dicyclomine tab 20mg	86	DILT-XR CAP 240MG diltiazem hcl cap er 24hr 240 mg	71	dotti dis 0.05mg	97
diflorasone cre 0.05%	92	dimethyl fumarate capsule delayed release 120 mg	80	dotti dis 0.025mg	97
diflunisal tab 500mg	17	dimethyl fumarate capsule delayed release 240 mg	80	dotti dis 0.075mg	97
digoxin oral soln 0.05 mg/ml	73	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	80	dotti dis 0.375mg	97
digoxin sol 50mcg/ml	73			DOVATO TAB 50-300MG dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	52
digoxin tab 62.5 mcg (0.0625 mg)	73			doxazosin tab 1mg	66

doxepin hcl cap 150mg	35	DUPIXENT INJ 300/2ML dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	82	ELIQUIS TAB 0.5MG apixaban tab for oral susp 0.5 mg	62
doxepin hcl con 10mg/ml	35	DUREX MIS REALFEEL condoms non-latex lubricated	116	ELIQUIS TAB 1.5MG apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg)	62
doxepin hcl cre 5%	82	DUREX MIS TROPICAL condoms latex lubricated	116	ELIQUIS TAB 2.5MG apixaban tab 2.5 mg	62
doxepin tab 3mg	129	dutasteride cap 0.5mg	90	ELIQUIS TAB 2MG apixaban tab for oral susp pack 4 x 0.5 mg (2 mg)	62
doxepin tab 6mg	129	dutast/tamsu cap 0.5-0.4	90	ELIQUIS TAB 5MG apixaban tab 5 mg	62
doxercalcif cap 0.5mcg	115	dutast/tamsu cap 0.5-0.4	90	elixophyllin elx 80/15ml	125
doxercalcif cap 1mcg	115	EASY COMFORT MIS 29GX4MM insulin pen needle 29 g x 4 mm (1/6" or 5/32")	116	ella tab 30mg	102
doxercalcif cap 2.5mcg	115	EASY TOUCH MIS 30G insulin pen needle 30 g x 6 mm (1/4" or 15/64")	116	ELMIRON CAP 100MG pentosan polysulfate sodium caps 100 mg	90
doxycycline hyclate cap 50 mg	27	ec-naproxen tab 375mg	17	eltrombopag pow 12.5mg	64
doxycycline hyclate cap 100 mg	27	ec-naproxen tab 500mg	17	eltrombopag pow 25mg	64
doxycycline hyclate tab 20 mg	27	econazole cre 1%	36	eltrombopag tab 12.5mg	64
doxycycline hyclate tab 100 mg	27	econtra os tab 1.5mg	102	eltrombopag tab 25mg	64
doxycycline monohydrate cap 50 mg	27	EDURANT PED TAB 2.5MG rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	52	eltrombopag tab 50mg	64
doxycycline monohydrate cap 100 mg	27	EDURANT TAB 25MG rilpivirine hcl tab 25 mg (base equivalent)	52	eltrombopag tab 75mg	64
doxycycline monohydrate for susp 25 mg/5ml	27	efavir/emtri tab tenofovi	52	eluryng mis	97
doxycycline monohydrate tab 50 mg	28	efavirenz cap 50mg	52	EMCYT CAP 140MG estramustine phosphate sodium cap 140 mg	41
doxycycline monohydrate tab 50 mg	28	efavirenz cap 200mg	52	EMGALITY INJ 100MG/ML galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	38
doxycycline monohydrate tab 75 mg	28	efavirenz tab 600mg	52	EMGALITY INJ 120MG/ML galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	38
doxycycline monohydrate tab 75 mg	28	efavir/lamiv tab tenofovi	52	EMGALITY INJ 120MG/ML galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	38
doxycycline monohydrate tab 100 mg	27	efavir/lamiv tab tenofovi	52	EMSAM DIS 6MG/24HR selegiline td patch 24hr 6 mg/24hr	33
doxycycline monohydrate tab 150 mg	28	EFFER-K TAB 10MEQ potassium bicarbonate-citric acid effer tab 10 meq	83	EMSAM DIS 9MG/24HR selegiline td patch 24hr 9 mg/24hr	33
doxycycline monohydrate tab 150 mg	28	EFFER-K TAB 20MEQ potassium bicarbonate-citric acid effer tab 20 meq	83	EMSAM DIS 12MG/24H selegiline td patch 24hr 12 mg/24hr	33
dronabinol cap 2.5mg	36	EFFER-K TAB 25MEQ EF potassium bicarbonate effer tab 25 meq	83	emtricitabin cap 200mg	53
dronabinol cap 5mg	36	ELESTRIN GEL 0.06% estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	97	emtric/rilpi tab tenof df	53
dronabinol cap 10mg	36	eletriptan tab 20mg	38	emtriva cap 200mg	53
DROPLET MICR MIS 34GX9/64 insulin pen needle 34 g x 3.5 mm (9/64")	116	eletriptan tab 40mg	38	emtriva sol 10mg/ml	53
dros/eth est tab levomefo	97	ELIGARD INJ 75MG leuprolide acetate for subcutaneous inj kit 75 mg	107	emtr/ten df tab 100-150	52
dros/eth est tab levomefo	97	ELIGARD INJ 22.5MG leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	107	emtr/ten df tab 133-200	52
drospirenone tab ethy est	97	ELIGARD INJ 30MG leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	107	emtr/ten df tab 167-250	52
drospir/ethi tab 3-0.02mg	97	ELIGARD INJ 45MG leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	107	emtr/tenofov tab 200-300	53
drospir/ethi tab 3-0.03mg	97	elinest tab	97	emzahh tab 0.35mg	102
DROXIA CAP 200MG hydroxyurea cap 200 mg	41	ELIQUIS CAP 0.15MG apixaban cap sprinkle 0.15 mg	62	enalapr/hctz tab 5-12.5mg	67
DROXIA CAP 300MG hydroxyurea cap 300 mg	41	ELIQUIS ST P TAB 5MG apixaban tab starter pack 5 mg	62	enalapr/hctz tab 10-25mg	67
DROXIA CAP 400MG hydroxyurea cap 400 mg	41			enalapril tab 2.5mg	68
DUAVEE TAB 0.45-20 conjugated estrogens-bazedoxifene tab 0.45-20 mg	97			enalapril tab 5mg	68
duloxetine cap 20mg dr	79			enalapril tab 10mg	67
duloxetine cap 30mg dr	80			enalapril tab 20mg	68
duloxetine cap 60mg dr	80			ENCARE SUP 100MG nonoxynol-9 vaginal suppos 100 mg	90
DUOPA SUS 4.63-20 carbidopa-levodopa enteral susp 4.63-20 mg/ml	48			endocet tab 2.5-325	21
DUPIXENT INJ 200/1.14 dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	82			endocet tab 5-325mg	21
DUPIXENT INJ 200MG dupilumab subcutaneous soln auto-injector 200 mg/1.14ml	82			endocet tab 7.5-325	21
DUPIXENT INJ 300/2ML dupilumab subcutaneous soln auto-injector 300 mg/2ml	82			endocet tab 10-325mg	21

ENFLONSA INJ 105MG clesrovimab-cfor im soln prefilled syringe 105 mg/0.7ml	111	ERLEADA TAB 60MG apalutamide tab 60 mg	40	estradiol tab 1mg	97
ENGERIX-B INJ 10/0.5ML hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml	112	ERLEADA TAB 240MG apalutamide tab 240 mg	40	estradiol tab 2mg	98
ENGERIX-B INJ 20MCG/ML hepatitis b vaccine (recombinant) susp 20 mcg/ml	112	erlotinib tab 25mg	43	estradiol tab 10mcg	97
ENGERIX-B INJ 20MCG/ML hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml	112	erlotinib tab 100mg	43	estradiol td patch twice weekly 0.1 mg/24hr	98
enilloring mis.	97	erlotinib tab 150mg	43	estradiol td patch twice weekly 0.05 mg/24hr	98
enoxaparin inj 30/0.3ml	62	errin tab 0.35mg	102	estradiol td patch twice weekly 0.025 mg/24hr	98
enoxaparin inj 40/0.4ml	62	ERYTHROCIN TAB 250MG erythromycin stearate tab 250 mg ..	27	estradiol td patch twice weekly 0.075 mg/24hr	98
enoxaparin inj 60/0.6ml	62	erythromycin ethylsuccinate for susp 200 mg/5ml	27	estradiol td patch twice weekly 0.0375 mg/24hr	98
enoxaparin inj 80/0.8ml	62	erythromycin ethylsuccinate for susp 400 mg/5ml	27	estradiol td patch weekly 0.1 mg/24hr	98
enoxaparin inj 80mg/0.8	62	erythromycin ethylsuccinate tab 400 mg	27	estradiol td patch weekly 0.05 mg/24hr	98
enoxaparin inj 100mg/ml	62	erythromycin gel 2%	82	estradiol td patch weekly 0.06 mg/24hr	98
enoxaparin inj 120/0.8	62	erythromycin oin 5mg/gm	120	estradiol td patch weekly 0.025 mg/24hr	98
enoxaparin inj 150mg/ml	62	erythromycin pads 2%	82	estradiol td patch weekly 0.075 mg/24hr	98
enoxaparin inj 300/3ml	62	erythromycin sol 2%	82	estradiol td patch weekly 0.075 mg/24hr	98
enpresse-28 tab	97	erythromycin tab 250 mg	27	estradiol td patch weekly 0.0375 mg/24hr (375 mcg/24hr)	98
enskyce tab	97	erythromycin tab 250 mg	27	estradiol vaginal cream 0.01%	98
entacapone tab 200mg	47	erythromycin tab 500 mg	27	estradiol val inj 10mg/ml	97
entecavir tab 0.5mg	51	erythromycin tab 500 mg	27	estradiol val inj 20mg/ml	97
entecavir tab 1mg	51	erythromycin tab delayed release 250 mg	27	estradiol val inj 40mg/ml	97
ENTRESTO CAP 6-6MG sacubitril-valsartan sprinkle cap 6-6 mg	73	erythromycin tab delayed release 333 mg	27	estra/noreth tab 0.5-0.1	97
ENTRESTO CAP 15-16MG sacubitril-valsartan sprinkle cap 15-16 mg	73	erythromycin tab delayed release 500 mg	27	estra/noreth tab 1-0.5mg	97
enulose sol 10gm/15	87	erythromycin w/ delayed release particles cap 250 mg	27	ESTRING MIS 7.5/24HR estradiol vaginal ring 2 mg (7.5 mcg/24hrs) ..	98
EPIDIOLEX SOL 100MG/ML cannabidiol soln 100 mg/ml	28	escitalopram sol 5mg/5ml	33	estrogel gel 0.06%	98
epinastine hcl ophth soln 0.05%	120	escitalopram sol 10/10ml	33	eszopiclone tab 1mg	129
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	125	escitalopram tab 5mg	33	eszopiclone tab 2mg	129
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	124	escitalopram tab 10mg	33	eszopiclone tab 3mg	129
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	124	escitalopram tab 20mg	33	ethacrynic tab acd 25mg	74
EPITOL TAB 200MG carbamazepine tab 200 mg	30	ESKATA SOL 40% hydrogen peroxide soln 40%	82	ethambutol tab 100mg	39
EPIVIR SOL 10MG/ML lamivudine oral soln 10 mg/ml	53	eslicarbazepine acetate tab 200 mg ..	31	ethambutol tab 400mg	39
EPIVIR TAB 150MG lamivudine tab 150 mg	53	eslicarbazepine acetate tab 400 mg ..	31	ethosuximide cap 250mg	28
EPIVIR TAB 300MG lamivudine tab 300 mg	53	eslicarbazepine acetate tab 600 mg ..	31	ethosuximide sol 250/5ml	28
eplerenone tab 25mg	74	eslicarbazepine acetate tab 800 mg ..	31	ethy alcohol sol 70% rub	116
eplerenone tab 50mg	74	esomepra mag cap 20mg dr	88	ethy eth est tab 1-35	98
EPZICOM TAB 600-300 abacavir sulfate-lamivudine tab 600-300 mg .	53	esomepra mag cap 40mg dr	88	ethynodiol tab 1-50	98
ERGOCALCIFER CAP 1.25MG ergocalciferol cap 1.25 mg (50000 unit)	85	estarylla tab 0.25-35	97	etodolac cap 200mg	17
ergoloid mes tab 1mg oral	116	estazolam tab 1mg	57	etodolac cap 300mg	17
ergomar sub 2mg	38	estazolam tab 2mg	57	etodolac er tab 400mg	17
ergot/caffen tab 1-100mg	38	estrace tab 0.5mg	97	etodolac er tab 500mg	17
		estrace tab 1mg	97	etodolac er tab 600mg	17
		estrace tab 2mg	97	etodolac tab 400mg	17
		estradiol gel 0.5mg	97	etodolac tab 500mg	17
		estradiol gel 0.25mg	97	etonogestrel mis ethy est	98
		estradiol gel 0.75mg	97	etoposide cap 50mg	42
		estradiol gel 1.25mg	97	etravirine tab 100mg	52
		estradiol gel 1mg/gm	97	etravirine tab 200mg	52
		estradiol tab 0.5mg	97	euthyrox tab 25mcg	104
				euthyrox tab 50mcg	104

euthyrox tab 75mcg	104	femlyv tab 1/0.02mg.....	98	FLUARIX INJ 2025-26 influenza virus vaccine split pf susp pref syringe 0.5 ml	112
euthyrox tab 88mcg	104	fenofibrate cap 67mg	75	FLUARIX INJ 2026-27 influenza virus vaccine split pf susp pref syringe 0.5 ml	112
euthyrox tab 100mcg.....	104	fenofibrate cap 134mg	75	FLUBLOK INJ 2025-26 influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	112
euthyrox tab 112mcg	104	fenofibrate cap 200mg.....	75	FLUBLOK INJ 2026-27 influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	112
euthyrox tab 125mcg	104	fenofibrate tab 48mg.....	75	FLUCELVAX INJ 2025-26 influenza virus vac tiss-cult subunit im susp ...	112
euthyrox tab 137mcg	104	fenofibrate tab 54mg.....	75	FLUCELVAX INJ 2025-26 influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	112
euthyrox tab 150mcg.....	104	fenofibrate tab 145mg.....	75	FLUCELVAX INJ 2026-27 influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	112
euthyrox tab 175mcg	104	fenofibrate tab 160mg	75	fluconazole sus 10mg/ml.....	36
euthyrox tab 200mcg.....	104	fenopufen tab 600mg	17	fluconazole sus 40mg/ml	36
EVAMIST SPR 1.53MG estradiol transdermal spray 1.53 mg/spray ...	103	fentanyl citrate lozenge on a handle 200 mcg.....	18	fluconazole tab 50mg	36
everolimus tab 2.5mg.....	43	fentanyl citrate lozenge on a handle 400 mcg.....	18	fluconazole tab 100mg.....	36
everolimus tab 5mg	43	fentanyl citrate lozenge on a handle 600 mcg	18	fluconazole tab 150mg	36
everolimus tab 7.5mg	43	fentanyl citrate lozenge on a handle 800 mcg.....	18	fluconazole tab 200mg.....	36
everolimus tab 10mg	43	fentanyl citrate lozenge on a handle 1200 mcg.....	18	flucytosine cap 250mg	36
EVOTAZ TAB 300-150 atazanavir sulfate-cobicistat tab 300-150 mg ..	54	fentanyl citrate lozenge on a handle 1600 mcg	18	flucytosine cap 500mg	36
EXELDERM CRE 1% sulconazole nitrate cream 1%	36	fentanyl dis 12mcg/hr	18	fludrocort tab 0.1mg.....	92
EXELDERM SOL 1% sulconazole nitrate solution 1%	36	fentanyl dis 25mcg/hr	18	FLULAVAL INJ 2025-26 influenza virus vaccine split pf susp pref syringe 0.5 ml	112
exemestane tab 25mg	42	fentanyl dis 50mcg/hr.....	18	FLULAVAL INJ 2026-27 influenza virus vaccine split pf susp pref syringe 0.5 ml	112
ezetimibe-simvastatin tab 10-10 mg..	76	fentanyl dis 75mcg/hr	18	FLUMIST NASA LIQ 2025-26 influenza virus vaccine live intranasal liquid	112
ezetimibe-simvastatin tab 10-20 mg .	76	fentanyl dis 100mcg/h.....	18	FLUMIST NASAL LIQUID 2026-27 influenza virus vaccine live intranasal liquid	112
ezetimibe-simvastatin tab 10-40 mg .	76	ferric citrate tab 210mg	85	flunisolide nasal soln 25 mcg/act (0.025%).....	123
ezetimibe-simvastatin tab 10-80 mg .	76	fesoterodine tab 4mg er.....	90	fluocin acet oil 0.01% body	92
ezetimibe tab 10 mg.....	76	fesoterodine tab 8mg er.....	90	fluocin acet oil 0.01% scalp	92
FA-8 CAP 800MCG folic acid cap 0.8 mg	85	FETZIMA CAP 20MG levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	33	fluocin acet oil ear 0.01%	122
falmina tab.....	98	FETZIMA CAP 40MG levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	33	fluocin acet oin 0.025%.....	92
famciclovir tab 125mg	55	FETZIMA CAP 80MG levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	33	fluocin acet sol 0.01%.....	92
famciclovir tab 250mg	55	FETZIMA CAP 120MG levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	33	fluocinolone acetone cream 0.01% .	92
famciclovir tab 500mg	55	finasteride tab 5mg.....	90	fluocinolone acetone cream 0.025% 92	
famotidine sus 40mg/5ml.....	87	fingolimod cap 0.5mg	80	fluocinolone acetone (otic) oil 0.01%	122
famotidine tab 20mg.....	87	finzala chw fe 1/20	98	fluocinonide cream 0.05%.....	92
famotidine tab 40mg.....	87	flac oil 0.01%	122	fluocinonide emulsified base cream 0.05%.....	92
farxiga tab 5mg	58	flavoxate tab 100mg.....	90	fluocinonide gel 0.05%	92
farxiga tab 10mg.....	58	flecainide tab 50mg	69	fluocinonide oint 0.05%	92
FC2 FEMALE MIS CONDOM *condoms - female***	116	flecainide tab 100mg	69	fluorometholone ophth susp 0.1% ...	120
febuxostat tab 40mg	37	flecainide tab 150mg	69	fluorouracil cream 0.5%.....	41
febuxostat tab 80mg	38	FLEXICHAMBER MIS MASK SM *spacer/aerosol-holding chamber supplies - masks***	117		
feirza tab 1.5/30.....	98	FLUAD INJ 2025-26 influenza vac type a&b surface ant adj susp pref syr 0.5 ml	112		
feirza tab 1/20	98	FLUAD INJ 2026-27 influenza vac type a&b surface ant adj susp pref syr 0.5 ml	112		
felbamate sus 600/5ml.....	30				
felbamate tab 400mg	30				
felbamate tab 600mg	30				
felodipine tab 2.5mg er.....	72				
felodipine tab 5mg er.....	72				
felodipine tab 10mg er	72				
FEMCAP MIS 22MM cervical cap 22 mm	116				
FEMCAP MIS 26MM cervical cap 26 mm	117				
FEMCAP MIS 30MM cervical cap 30 mm	117				

fluorouracil cream 5%	41	FLUZONE INJ 2026-27 influenza virus vaccine split pf susp pref syringe 0.5 ml	112	FRAGMIN INJ 95000UNT dalteparin sodium subcutaneous soln 95000 unit/3.8ml	63
fluorouracil soln 2%	41	folic acid tab 1mg	85	FREE LIBRE2 KIT PLUS/SEN *continuous glucose system sensor***	117
fluorouracil soln 5%	41	folic acid tab 400mcg	85	FREE LIBRE3 KIT PLUS/SEN *continuous glucose system sensor***	117
fluoxetine cap 10mg	33	folic acid tab 800mcg	85	FREESTYLE MIS READER *continuous glucose system receiver***	117
fluoxetine cap 20mg	33	folic acid tab 1000mcg	85	FREESTY LIBR KIT 2 SENSOR *continuous glucose system sensor***	117
fluoxetine cap 40mg	33	FOLIVANE-OB CAP *prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg*** ..	85	FREESTY LIBR KIT 3 SENSOR *continuous glucose system sensor***	117
fluoxetine cap 90mg dr	33	FOLLISTIM AQ INJ 300UNIT follitropin beta inj 300 unit/0.36ml ..	93	FREESTY LIBR KIT SENSOR *continuous glucose system sensor***	117
fluoxetine sol 20mg/5ml	33	FOLLISTIM AQ INJ 600UNIT follitropin beta inj 600 unit/0.72ml ..	93	FREESTY LIBR MIS 2 READER *continuous glucose system receiver***	117
fluoxetine tab 10mg	33	FOLLISTIM AQ INJ 900UNIT follitropin beta inj 900 unit/1.08ml ..	93	FREESTY LIBR MIS 3 READER *continuous glucose system receiver***	117
fluoxetine tab 20mg	33	fondaparinux inj 2.5/0.5	63	furosemide sol 10mg/ml	74
fluphenazine con 5mg/ml	48	fondaparinux inj 5/0.4ml	63	furosemide sol 40mg/5ml	74
fluphenazine elx 2.5/5ml	48	fondaparinux inj 7.5/0.6	63	furosemide tab 20mg	74
fluphenazine tab 1mg	48	fondaparinux inj 10/0.8ml	62	furosemide tab 40mg	74
fluphenazine tab 2.5mg	48	formoterol neb 20/2ml	125	furosemide tab 80mg	74
fluphenazine tab 5mg	48	FORTESTA GD 10MG/ACT testosterone td gel 10mg/act (2%) ..	94	FUZEON INJ 90MG enfuvirtide for inj 90 mg	54
fluphenazine tab 10mg	48	fosamprenavir calcium tab 700 mg ..	54	fyavolv tab 0.5-2.5	98
flurandrenol lot 0.05%	92	fosfomycin tromethamine powd pack 3 gm ()	24	fyavolv tab 1-5	98
flurazepam cap 15mg	129	fosinop/hctz tab 10/12.5	68	FYCOMPA SUS 0.5MG/ML perampanel susp 0.5 mg/ml	30
flurazepam cap 30mg	129	fosinop/hctz tab 20/12.5	68	gabapentin cap 100mg	29
flurbiprofen sol 0.03% op	120	fosinopril tab 10mg	68	gabapentin cap 300mg	29
flurbiprofen tab 100mg	17	fosinopril tab 20mg	68	gabapentin cap 400mg	29
fluticasone cre 0.05%	92	fosinopril tab 40mg	68	gabapentin sol 250/5ml	29
fluticasone oin 0.005%	92	FOSRENOL POW 750MG lanthanum carbonate oral powder pack 750 mg (elemental)	85	gabapentin sol 300/6ml	30
fluticasone-salmeterol aer powder ba 55-14 mcg/act	123	FOSRENOL POW 1000MG lanthanum carbonate oral powder pack 1000 mg (elemental)	85	gabapentin tab 600mg	29
fluticasone-salmeterol aer powder ba 100-50 mcg/act	123	FRAGMIN INJ 2500/0.2 dalteparin sodium soln prefilled syr 2500 unit/0.2ml	63	gabapentin tab 800mg	29
fluticasone-salmeterol aer powder ba 113-14 mcg/act	123	FRAGMIN INJ 2500/ML dalteparin sodium subcutaneous soln 10000 unit/4ml	63	galantamine cap 8mg er	31
fluticasone-salmeterol aer powder ba 232-14 mcg/act	123	FRAGMIN INJ 5000/0.2 dalteparin sodium soln prefilled syr 5000 unit/0.2ml	63	galantamine cap 16mg er	31
fluticasone-salmeterol aer powder ba 250-50 mcg/act	123	FRAGMIN INJ 7500/0.3 dalteparin sodium soln prefilled syr 7500 unit/0.3ml	63	galantamine cap 24mg er	31
fluticasone-salmeterol aer powder ba 500-50 mcg/act	123	FRAGMIN INJ 10000/ML dalteparin sodium soln prefilled syr 10000 unit/ml	63	galantamine sol 4mg/ml	31
fluticasone spr 50mcg	123	FRAGMIN INJ 12500UNT dalteparin sodium soln prefilled syr 12500 unit/0.5ml	63	galantamine tab 4mg	31
fluvastatin cap 20mg	75	FRAGMIN INJ 15000UNT dalteparin sodium soln prefilled syr 15000 unit/0.6ml	63	galantamine tab 8mg	31
fluvastatin cap 40mg	75	FRAGMIN INJ 18000UNT dalteparin sodium soln prefilled syr 18000 unit/0.72ml	63	galantamine tab 12mg	31
fluvoxamine cap 100mg er	33			galbriela chw	98
fluvoxamine cap 150mg er	33			gallifrey tab 5mg	102
fluvoxamine tab 25mg	33			GALZIN CAP 25MG zinc acetate cap 25 mg (elemental zinc)	83
fluvoxamine tab 50mg	33				
fluvoxamine tab 100mg	33				
FLUZONE HD INJ 2025-26 influenza virus vac split high-dose pf susp pref syr 0.5ml	112				
FLUZONE HD INJ 2026-27 influenza virus vac split high-dose pf susp pref syr 0.5ml	112				
FLUZONE INJ 2025-26 influenza virus vaccine split im susp	112				
FLUZONE INJ 2025-26 influenza virus vaccine split pf susp pref syringe 0.5 ml	112				
FLUZONE INJ 2026-27 influenza virus vaccine split im susp	112				

GALZIN CAP 50MG zinc acetate cap 50 mg (elemental zinc)	83
ganirelix ac inj 250/0.5.....	107
GARDASIL 9 INJ human papillomavirus (hvp) 9-valent recomb vac im susp	113
GARDASIL 9 INJ human papillomavirus (hvp) 9-valent recomb vac susp pref syr	113
gatifloxacin sol 0.5%.....	121
gauze pad 2"x2".....	117
GAVILAX POW polyethylene glycol 3350 oral powder 17 gm/scoop	87
GAVILYTE-C SOL peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm 87	
GAVILYTE-G SOL peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	88
gefitinib tab 250mg.....	43
gemfibrozil tab 600mg.....	75
gemmily cap 1/20.....	98
GENERLAC SOL 10/15ML lactulose (encephalopathy) solution 10 gm/15ml	88
GENERLAC SOL 10GM/15 lactulose (encephalopathy) solution 10 gm/15ml	88
GENGRAF CAP 25MG cyclosporine modified cap 25 mg	109
GENGRAF CAP 100MG cyclosporine modified cap 100 mg	109
GENGRAF SOL 100MG/ML cyclosporine modified oral soln 100 mg/ml	109
gentamicin sol 0.3% op.....	119
gentamicin sulfate cream 0.1%.....	24
gentamicin sulfate oint 0.1%.....	24
GENTLELAX POW polyethylene glycol 3350 oral powder 17 gm/scoop 88	
GENVOYA TAB elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	51
gg/codeine sol 100-10/5.....	127
GILOTTRIF TAB 20MG afatinib dimaleate tab 20 mg (base equivalent)	43
GILOTTRIF TAB 30MG afatinib dimaleate tab 30 mg (base equivalent)	43
GILOTTRIF TAB 40MG afatinib dimaleate tab 40 mg (base equivalent)	43
GILTUSS TAB 10-388MG phenylephrine-guaifenesin tab 10-388 mg	127
glatiramer inj 20mg/ml.....	80
glatiramer inj 40mg/ml.....	80
glatopa inj 20mg/ml.....	80
glatopa inj 40mg/ml.....	80
GLEOSTINE CAP 10MG lomustine cap 10 mg	40
GLEOSTINE CAP 40MG lomustine cap 40 mg	40
GLEOSTINE CAP 100MG lomustine cap 100 mg	40
glimepiride tab 1mg.....	58
glimepiride tab 2mg.....	58
glimepiride tab 4mg.....	58
glipizide er tab 2.5mg.....	58
glipizide er tab 5mg.....	58
glipizide er tab 10mg.....	58
glipizide tab 2.5mg.....	58
glipizide tab 5mg.....	58
glipizide tab 10mg.....	58
glip/metform tab 2.5-250.....	58
glip/metform tab 2.5-250m.....	58
glip/metform tab 2.5-500.....	58
glip/metform tab 2.5-500m.....	58
glip/metform tab 5-500mg.....	58
glucagon emr sol 1mg.....	58
glucagon inj 1mg.....	60
glucagon inj 1mg.....	60
glucose bits chw 1gm.....	117
glucose chew tab 4 gm raspberry.....	117
glucose gel 15gm/33g.....	117
glucose gel 40%.....	117
glyb/metform tab 1.25-250.....	58
glyb/metform tab 2.5-500.....	58
glyb/metform tab 5-500mg.....	58
glyburide tab 1.25 mg.....	59
glyburide tab 2.5 mg.....	59
glyburide tab 5 mg.....	59
glyburid mcr tab 1.5mg.....	59
glyburid mcr tab 3mg.....	59
glyburid mcr tab 6mg.....	59
GLYCOLAX POW 3350 NF polyethylene glycol 3350 oral powder 17 gm/scoop	88
glycopyrrol tab 1mg.....	86
glycopyrrol tab 2mg.....	86
glydo gel 2%.....	22
GNP GLUCOSE CHW 2GM glucose chew tab 2 gm (carb equiv)	117
granisetron tab 1mg.....	36
griseofulvin sus 125/5ml.....	37
griseofulvin tab micr 500.....	37
griseofulvin tab ultr 125.....	37
griseofulvin tab ultr 250.....	37
guanfacine tab 1mg.....	66
guanfacine tab 1mg er.....	78
guanfacine tab 2mg.....	66
guanfacine tab 2mg er.....	78
guanfacine tab 3mg er.....	78
guanfacine tab 4mg er.....	78
GVOKE HYPO 1 INJ 0.5/1ML glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	60
GVOKE HYPO 1 INJ 1/0.2ML glucagon subcutaneous solution auto-injector 1 mg/0.2ml	61
GVOKE HYPO 2 INJ 0.5/1ML glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	61
GVOKE HYPO 2 INJ 1/0.2ML glucagon subcutaneous solution auto-injector 1 mg/0.2ml	61
GVOKE KIT SOL 1/0.2ML glucagon subcutaneous soln 1 mg/0.2ml	61
GVOKE PFS INJ 0.5/1ML glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml	61
GVOKE PFS INJ 1/0.2ML glucagon subcutaneous soln pref syringe 1 mg/0.2ml	61
GYNAZOLE-1 CRE 2% butoconazole nitrate (one dose) vaginal cream 2% .	37
GYNOL II GEL 3% nonoxynol-9 gel 3% 90	
HADLIMA INJ 40/0.4ML adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml	109
HADLIMA INJ 40/0.8ML adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml	109
HADLIMA PUSH INJ 40/0.4ML adalimumab-bwwd soln auto-injector 40 mg/0.4ml	109
HADLIMA PUSH INJ 40/0.8ML adalimumab-bwwd soln auto-injector 40 mg/0.8ml	109
HAEGARDA INJ 2000UNIT c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	108
HAEGARDA INJ 3000UNIT c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	108
hailey 24 tab fe.....	98
hailey fe tab 1.5/30.....	98
hailey fe tab 1/20.....	98
hailey tab 1.5/30.....	98
halobetasol cre 0.05%.....	92
halobetasol oin 0.05%.....	92
haloette mis.....	98
haloperidol con 2mg/ml.....	48
haloperidol tab 0.5mg.....	48
haloperidol tab 1mg.....	48
haloperidol tab 2mg.....	48
haloperidol tab 5mg.....	48
haloperidol tab 10mg.....	48
haloperidol tab 20mg.....	48
HAVRIX INJ 720UNIT hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml	113
HAVRIX INJ 1440UNIT hepatitis a vaccine susp prefilled syr 1440 el unit/ml	113
HC PRAMOXINE CRE 1-1% hydrocortisone acetate w/ pramoxine perianal cream 1-1%	115

heather tab 0.35mg.....	102	HUMULIN N INJ U-100KWP insulin nph (human) (isophane) susp pen-injector 100 unit/ml	61	hydrocortisone w/ acetic acid otic soln 1-2%	122
heparin sodium (porcine) inj 1000 unit/ml	63	HUMULIN R INJ U-100 insulin regular (human) inj 100 unit/ml	61	hydrogen peroxide soln 3%	117
heparin sodium (porcine) inj 1000 unit/ml	63	HUMULIN R INJ U-500 insulin regular (human) inj 500 unit/ml	61	hydromet syp 5-1.5/5	127
heparin sodium (porcine) inj 1000 unit/ml	63	HUMULIN R INJ U-500 insulin regular (human) soln pen-injector 500 unit/ml	61	hydromorphone liq 1mg/ml	21
heparin sodium (porcine) inj 5000 unit/ml	63	hycamtin cap 0.25mg.....	42	hydromorphon tab 2mg	21
heparin sodium (porcine) inj 5000 unit/ml	63	hycamtin cap 1mg	42	hydromorphon tab 4mg	21
heparin sodium (porcine) inj 10000 unit/ml	63	hydralazine tab 10mg.....	76	hydromorphon tab 8mg	21
heparin sodium (porcine) inj 20000 unit/ml	63	hydralazine tab 25mg.....	76	hydromorphon tab 8mg er	19
heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml.....	63	hydralazine tab 50mg	76	hydromorphon tab 12mg er	19
heparin sodium (porcine) pf inj 1000 unit/ml	63	hydralazine tab 100mg	76	hydromorphon tab 16mg er	19
heparin sodium (porcine) pf inj 5000 unit/0.5ml	63	hydro/aceta sol 10-325mg.....	21	hydromorphon tab 32mg er.....	19
heparin sodium (porcine) pf inj 5000 unit/ml.....	63	hydro/apap sol 10-300 mg/15ml	21	hydroxychlor tab 100mg.....	46
HEPLISAV-B INJ 20/0.5ML hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	113	hydrochlorot tab 12.5mg	74	hydroxychlor tab 200mg	46
her style tab 1.5mg.....	102	hydrochlorot tab 25mg	74	hydroxyurea cap 500mg.....	41
HIBERIX SOL 10MCG haemophilus b polysaccharide conjugate vac for inj 10 mcg	113	hydrochlorot tab 50mg.....	75	hydroxyz hcl syp 10mg/5ml	56
HUMALOG INJ 100/ML insulin lispro soln cartridge 100 unit/ml	61	hydroc/homat tab 5-1.5mg.....	127	hydroxyz hcl tab 10mg	56
HUMALOG JR INJ 100/ML insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	61	hydroco/apap sol 7.5-325	21	hydroxyz hcl tab 25mg	56
HUMALOG KWIK INJ 100/ML insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	61	hydroco/apap tab 2.5-325	21	hydroxyz hcl tab 50mg	56
HUMALOG KWIK INJ 200/ML insulin lispro soln pen-injector 200 unit/ml ..	61	hydroco/apap tab 5-325mg	21	hydroxyzine sol 50/25ml.....	56
HUMALOG MIX INJ 50/50 insulin lispro protamine & lispro inj 100 unit/ml (50-50)	61	hydroco/apap tab 7.5-325	21	hydroxyz pam cap 25mg.....	56
HUMALOG MIX INJ 50/50KWP insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	61	hydroco/apap tab 10-325mg	21	hydroxyz pam cap 50mg	56
HUMALOG MIX INJ 75/25KWP insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	61	hydrocod/hom sol 5-1.5/5	127	hydroxyz pam cap 100mg	56
HUMALOG MIX SUS 75/25 insulin lispro prot & lispro inj 100 unit/ml (75-25)	61	hydrocod/hom syp 5-1.5/5	127	HYPERSAL NEB 3.5% sodium chloride soln nebu 3.5%	128
HUMATIN CAP 250MG paromomycin sulfate cap 250 mg	24	hydrocodone cap 10mg er.....	18	HYPERSAL NEB 7% sodium chloride soln nebu 7%	128
HUMULIN INJ 70/30 insulin nph isophane & regular human inj 100 unit/ml (70-30)	61	hydrocodone cap 15mg er.....	18	ibandronate tab 150mg	115
HUMULIN INJ 70/30KWP insulin nph & regular susp pen-inj 100 unit/ml (70-30)	61	hydrocodone cap 20mg er	19	IBRANCE CAP 75MG palbociclib cap 75 mg	43
HUMULIN N INJ U-100 insulin nph (human) (isophane) inj 100 unit/ml ..	61	hydrocodone cap 30mg er	19	IBRANCE CAP 100MG palbociclib cap 100 mg	43
		hydrocodone cap 40mg er	19	IBRANCE CAP 125MG palbociclib cap 125 mg	43
		hydrocodone cap 50mg er	19	IBRANCE TAB 75MG palbociclib tab 75 mg	44
		hydrocodone-ibuprofen tab 5-200 mg	21	IBRANCE TAB 100MG palbociclib tab 100 mg	44
		hydrocodone-ibuprofen tab 7.5-200 mg.....	21	IBRANCE TAB 125MG palbociclib tab 125 mg	44
		hydrocodone-ibuprofen tab 10-200 mg.....	21	ibuprofen tab 400mg.....	17
		hydrocortisone butyrate cream 0.1%..	92	ibuprofen tab 600mg.....	17
		hydrocortisone butyrate hydrophilic lipo base cream 0.1%.....	92	ibuprofen tab 800mg.....	17
		hydrocortisone butyrate oint 0.1%	92	ibu tab 400mg	17
		hydrocortisone butyrate soln 0.1%	92	ibu tab 600mg	17
		hydrocortisone cream 2.5%.....	92	ibu tab 800mg	17
		hydrocortisone enema 100 mg/60ml.....	115	ICATIBANT INJ 30MG/3ML icatibant acetate subcutaneous soln pref syr 30 mg/3ml	108
		hydrocortisone lotion 2.5%	92	iclevia tab	98
		hydrocortisone oint 1%	92	ICLUSIG TAB 10MG ponatinib hcl tab 10 mg	44
		hydrocortisone oint 2.5%	92	ICLUSIG TAB 15MG ponatinib hcl tab 15 mg	44
		hydrocortisone perianal cream 2.5% ..	115	ICLUSIG TAB 30MG ponatinib hcl tab 30 mg	44
		hydrocortisone tab 5 mg	92	ICLUSIG TAB 45MG ponatinib hcl tab 45 mg	44
		hydrocortisone tab 10 mg	92		
		hydrocortisone tab 20 mg	92		
		hydrocortisone valerate cream 0.2%..	92		
		hydrocortisone valerate oint 0.2%.....	92		

icosapent cap 0.5gm	76	INGREZZA CAP 80MG valbenazine tosylate cap 80 mg	79	insulin syringe/needle u-100 1 ml 27 x 5/8"	117
icosapent cap 1gm.....	76	INGREZZA CAP 80MG valbenazine tosylate capsule sprinkle 80 mg	79	insulin syringe/needle u-100 1 ml 28 x 1/2"	117
IDHIFA TAB 50MG enasidenib mesylate tab 50 mg (base equivalent)	44	INLYTA TAB 1MG axitinib tab 1 mg ...	44	insulin syringe/needle u-100 1 ml 28 x 5/16"	117
IDHIFA TAB 100MG enasidenib mesylate tab 100 mg (base equivalent)	44	INS DEGL FLX INJ 100UNIT insulin degludec soln pen-injector 100 unit/ml	61	insulin syringe/needle u-100 1 ml 29 x 1/2"	117
IDVYNZO TAB 100-0.25 doravirine-islatravir tab 100-0.25 mg	54	INS DEGL FLX INJ 200UNIT insulin degludec soln pen-injector 200 unit/ml	61	insulin syringe/needle u-100 1 ml 29 x 5/16"	117
ihealth liq control	58	INSPIREASE MIS DD SYST *spacer/aerosol-holding chambers - device***	117	insulin syringe/needle u-100 1 ml 30 x 1/2"	117
imatinib mes tab 100mg.....	44	INSPIREASE MIS RES BAG *spacer/aerosol-holding chamber supplies - bags***	117	insulin syringe/needle u-100 1 ml 30 x 5/16"	117
imatinib mes tab 400mg	44	ins syr u500 mis 0.5/31g	117	insulin syringe/needle u-100 1 ml 31 x 5/16"	117
IMBRUVICA CAP 70MG ibrutinib cap 70 mg	44	INSTA-GLUCOS GEL 77.4% glucose gel 77.4%	117	insulin syringe/needle u-100 1 ml 31 x 15/64"	117
IMBRUVICA CAP 140MG ibrutinib cap 140 mg	44	INSULIN ASPA INJ 70/30 insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	61	insulin syringe/needle u-100 1 ml 32 x 5/16"	117
IMBRUVICA SUS 70MG/ML ibrutinib oral susp 70 mg/ml	44	INSULIN DEGL INJ 100UNIT insulin degludec inj 100 unit/ml	61	INTELENCE TAB 25MG etravirine tab 25 mg	52
IMBRUVICA TAB 140MG ibrutinib tab 140 mg	44	INSULIN LISP INJ 100/ML insulin lispro inj soln 100 unit/ml	61	INTELENCE TAB 100MG etravirine tab 100 mg	52
IMBRUVICA TAB 280MG ibrutinib tab 280 mg	44	INSULIN LISP INJ 100/ML insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	61	INTELENCE TAB 200MG etravirine tab 200 mg	52
IMBRUVICA TAB 420MG ibrutinib tab 420 mg	44	INSULIN LISP INJ JUNIOR insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	61	introvale tab.....	98
imipram hcl tab 10mg	35	INSULIN LISP INJ PROTAMIN insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	62	INVELTYS SUS 1% loteprednol etabonate opth susp 1%	120
imipram hcl tab 25mg	35	insulin pen needle 30 g x 8 mm (1/3" or 5/16")	117	iopidine sol 1% op	121
imipram hcl tab 50mg	35	insulin syringe/needle u-100 0.3 ml 29 x 1/2"	117	IPOL INJ INACTIVE poliovirus vaccine, ipv inj susp	113
imipram pam cap 75mg	35	insulin syringe/needle u-100 0.3 ml 30 x 1/2"	117	IPRATROPIUM AER 17MCG ipratropium bromide hfa inhal aerosol 17mcg/act	124
imipram pam cap 100mg.....	35	insulin syringe/needle u-100 0.3 ml 30 x 5/16"	117	ipratropium sol 0.02%inh	124
imipram pam cap 125mg	35	insulin syringe/needle u-100 0.3 ml 31 x 5/16"	117	ipratropium/ sol albuter	124
imipram pam cap 150mg	35	insulin syringe/needle u-100 0.3 ml 31 x 15/64"	117	ipratropium spr 0.03%	124
imiquimod cre 5%.....	82	insulin syringe/needle u-100 0.5 ml 32 x 5/16"	117	ipratropium spr 0.06%	124
INATAL GT TAB *prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***	85	insulin syringe/needle u-100 1/2 ml 28 x 1/2"	117	irbesar/hctz tab 150-12.5	66
incassia tab 0.35mg.....	102	insulin syringe/needle u-100 1/2 ml 29 x 1/2"	117	irbesar/hctz tab 300-12.5.....	66
INCRELEX INJ 40MG/4ML mecasermin inj 40 mg/4ml (10 mg/ml)	94	insulin syringe/needle u-100 1/2 ml 30 x 1/2"	118	irbesartan tab 75mg	66
INCRUSE ELPT INH 62.5MCG umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	124	insulin syringe/needle u-100 1/2 ml 30 x 5/16"	118	irbesartan tab 150mg.....	66
indapamide tab 1.25mg	75	insulin syringe/needle u-100 1/2 ml 31 x 5/16"	118	irbesartan tab 300mg	66
indapamide tab 2.5mg	75	insulin syringe/needle u-100 1/2 ml 31 x 15/64"	118	ISENTRESS CHW 25MG raltegravir potassium chew tab 25 mg	51
indomethacin cap 25mg	17	insulin syringe/needle u-100 1/2 ml 31 x 5/16"	118	ISENTRESS CHW 100MG raltegravir potassium chew tab 100 mg	51
indomethacin cap 50mg	17	insulin syringe/needle u-100 1/2 ml 31 x 15/64"	118	ISENTRESS HD TAB 600MG raltegravir potassium tab 600 mg ...	51
indomethacin cap 75mg er.....	17	INGREZZA CAP 40-80MG valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	79	ISENTRESS POW 100MG raltegravir potassium packet for susp 100 mg ...	51
INFANRIX INJ diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml ...	113	INGREZZA CAP 40MG valbenazine tosylate cap 40 mg	79	ISENTRESS TAB 400MG raltegravir potassium tab 400 mg	51
INGREZZA CAP 40-80MG valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	79	INGREZZA CAP 40MG valbenazine tosylate capsule sprinkle 40 mg	79	isibloom tab.....	98
INGREZZA CAP 40MG valbenazine tosylate cap 40 mg	79	INGREZZA CAP 60MG valbenazine tosylate cap 60 mg	79	isoniazid syp 50mg/5ml	39
INGREZZA CAP 40MG valbenazine tosylate capsule sprinkle 40 mg	79	INGREZZA CAP 60MG valbenazine tosylate capsule sprinkle 60 mg	79	isoniazid tab 100mg	39
INGREZZA CAP 60MG valbenazine tosylate cap 60 mg	79			isoniazid tab 300mg	39
INGREZZA CAP 60MG valbenazine tosylate capsule sprinkle 60 mg	79			isop alcohol sol 70% rub	118

isoso/hydral tab 20-375	73	JANTOVEN TAB 5MG warfarin sodium tab 5 mg	63	ketoconazole cream 2%	37
isosorb din tab 5mg	77	JANTOVEN TAB 6MG warfarin sodium tab 6 mg	63	ketoconazole shampoo 2%	37
isosorb din tab 10mg	76	JANTOVEN TAB 75MG warfarin sodium tab 7.5 mg	63	ketoconazole tab 200mg	37
isosorb din tab 20mg	76	JANTOVEN TAB 10MG warfarin sodium tab 10 mg	63	KETO-DIASTIX TES *urine glucose-ketones test strips***	118
isosorb din tab 30mg	76	JARDIANCE TAB 10MG empagliflozin tab 10 mg	59	ketoprofen cap 25mg	17
isosorb mono tab 10mg	77	JARDIANCE TAB 25MG empagliflozin tab 25 mg	59	ketoprofen cap 50mg	17
isosorb mono tab 20mg	77	jasmiel tab 3-0.02mg	98	ketoprofen cap 200mg er	17
isosorb mono tab 30mg er	77	JATENZO CAP 158MG testosterone undecanoate cap 158 mg	94	ketorolac sol 0.4% op	120
isosorb mono tab 60mg er	77	JATENZO CAP 198MG testosterone undecanoate cap 198 mg	94	ketorolac sol 0.5% op	120
isosorb mono tab 120mg er	77	JATENZO CAP 237MG testosterone undecanoate cap 237 mg	94	ketorolac tab 10mg	17
isotretinoin cap 10mg	82	jencycla tab 0.35mg	102	KINRIX INJ diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml ...	113
isotretinoin cap 20mg	82	JENTADUETO TAB 2.5-500 linagliptin-metformin hcl tab 2.5-500 mg	59	KISQALI 200 PAK FEMARA ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	41
isotretinoin cap 30mg	82	JENTADUETO TAB 2.5-850 linagliptin-metformin hcl tab 2.5-850 mg	59	KISQALI 400 PAK FEMARA ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	41
isotretinoin cap 40mg	82	JENTADUETO TAB 2.5-1000 linagliptin-metformin hcl tab 2.5-1000 mg	59	KISQALI 600 PAK FEMARA ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	41
isradipine cap 2.5mg	72	JENTADUETO TAB XR linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	59	KISQALI TAB 200DOSE ribociclib succinate tab pack 200 mg daily dose	41
isradipine cap 5mg	72	JENTADUETO TAB XR linagliptin-metformin hcl tab er 24hr 5-1000 mg	59	KISQALI TAB 400DOSE ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	41
itraconazole cap 100mg	37	jinteli tab 1mg-5mcg	98	KISQALI TAB 600DOSE ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	41
itraconazole sol 10mg/ml	37	jolessa tab	98	klayesta pow 100000	37
itraconazole sol 100/10ml	37	joyeaux tab 0.1-20	98	klor-con 8 tab 8meq er	83
ivabradine tab 5mg	73	juleber tab	98	klor-con 10 tab 10meq er	83
ivabradine tab 7.5mg	73	JULUCA TAB 50-25MG dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	52	klor-con/ef tab 25meq	83
ivermectin cre 1%	82	junel 1.5/30 tab	98	klor-con/m10 tab 10meq er	83
ivermectin lot 0.5%	46	junel 1/20 tab	98	klor-con/m15 tab 15meq er	83
ivermectin tab 3mg	46	junel fe 24 tab 1/20	99	klor-con/m20 tab 20meq er	83
jaimiess tab	98	junel fe tab 1.5/30	99	klor-con pak 20meq	83
JAKAFI TAB 5MG ruxolitinib phosphate tab 5 mg (base equivalent)	44	junel fe tab 1/20	99	KLOXXADO SPR 8MG naloxone hcl nasal spray 8 mg/0.1ml	23
JAKAFI TAB 10MG ruxolitinib phosphate tab 10 mg (base equivalent)	44	JYNNEOS INJ smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	113	KRISTALOSE PAK 10GM lactulose oral crystal packet 10 gm	88
JAKAFI TAB 15MG ruxolitinib phosphate tab 15 mg (base equivalent)	44	kaitlib fe chw	99	KRISTALOSE PAK 20GM lactulose oral crystal packet 20 gm	88
JAKAFI TAB 20MG ruxolitinib phosphate tab 20 mg (base equivalent)	44	KALETRA SOL lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	55	kurvelo tab 0.15/30	99
JAKAFI TAB 25MG ruxolitinib phosphate tab 25 mg (base equivalent)	44	KALETRA TAB 100-25MG lopinavir-ritonavir tab 100-25 mg	55	KYZATREX CAP 100MG testosterone undecanoate cap 100 mg	94
JAKAFI XR TAB 11MG ruxolitinib phosphate tab er 24hr 11 mg	44	KALETRA TAB 200-50MG lopinavir-ritonavir tab 200-50 mg	55	KYZATREX CAP 150MG testosterone undecanoate cap 150 mg	94
JAKAFI XR TAB 22MG ruxolitinib phosphate tab er 24hr 22 mg	44	kalliga tab	99	KYZATREX CAP 200MG testosterone undecanoate cap 200 mg	94
JAKAFI XR TAB 33MG ruxolitinib phosphate tab er 24hr 33 mg	44	kariva tab 28 day	99	labetalol tab 100mg	70
JAKAFI XR TAB 44MG ruxolitinib phosphate tab er 24hr 44 mg	44	kelnor 1/50 tab	99	labetalol tab 200mg	70
JAKAFI XR TAB 55MG ruxolitinib phosphate tab er 24hr 55 mg	44	kelnor tab 1/35	99	labetalol tab 300mg	70
JANTOVEN TAB 1MG warfarin sodium tab 1 mg	63			labetalol tab 400mg	70
JANTOVEN TAB 2.5MG warfarin sodium tab 2.5 mg	63			lacosamide sol 10mg/ml	31
JANTOVEN TAB 2MG warfarin sodium tab 2 mg	63			lacosamide sol 50/5ml	31
JANTOVEN TAB 3MG warfarin sodium tab 3 mg	63			lacosamide sol 50mg/5ml	31
JANTOVEN TAB 4MG warfarin sodium tab 4 mg	63			lacosamide sol 100/10ml	31

lacosamide sol 150/15ml	31	LENVIMA CAP 4MG lenvatinib cap therapy pack 4 mg (4 mg daily dose)	44	levocetirizi tab 5mg	123
lacosamide sol 200/20ml	31	LENVIMA CAP 8 MG lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	44	levo-eth est tab 90-20mcg	99
lacosamide tab 50mg	31	LENVIMA CAP 10 MG lenvatinib cap therapy pack 10 mg (10 mg daily dose)	44	levofloxacin oral soln 25 mg/ml	27
lacosamide tab 100mg	31	LENVIMA CAP 12MG lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	44	levofloxacin sol 0.5%	121
lacosamide tab 150mg	31	LENVIMA CAP 14 MG lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	44	levofloxacin sol 1.5%	121
lacosamide tab 200mg	31	LENVIMA CAP 18 MG lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	44	levofloxacin tab 250mg	27
lactulose pak 10gm	88	LENVIMA CAP 20 MG lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	44	levofloxacin tab 500mg	27
lactulose pak 20gm	88	LENVIMA CAP 24 MG lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	44	levofloxacin tab 750mg	27
lactulose sol 10/15ml	88	lessina tab	99	levonest tab	99
lactulose sol 10gm/15	88	letrozole tab 2.5mg	42	levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	99
lactulose sol 10gm/15	88	leucovor ca tab 5mg	42	levonor/ethi tab	99
lactulose sol 20/30ml	88	leucovor ca tab 10mg	41	levonor/ethi tab 0.1-0.02	99
LAGEVRIO CAP 200MG molnupiravir cap 200 mg	118	leucovor ca tab 15mg	41	levonor/ethi tab 0.1-20	99
lamivudine sol 10mg/ml	53	LEUKERAN TAB 2MG chlorambucil tab 2 mg	40	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	99
lamivudine sol 300/30ml	53	LEUKINE INJ 250MCG sargramostim lyophilized for inj 250 mcg	64	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	99
lamivudine tab 100mg	51	leuprolide inj 1mg/0.2	107	levonorgestr tab 1.5mg	102
lamivudine tab 150mg	53	leuprolide inj 14 day	107	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	99
lamivudine tab 300mg	53	leuprolide inj 22.5mg	107	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) ..	99
lamivud/zido tab 150-300	53	leuprolide kit 1mg/0.2	107	levora-28 tab 0.15/30	99
lamotrigine chw 5mg	30	leuprolide kit 14 day	107	levorphanol tab 2mg	19
lamotrigine chw 25mg	30	levalbuterol neb 0.31mg	125	levorphanol tab 3mg	19
lamotrigine tab 25mg	30	levalbuterol neb 0.63mg	125	levothyroxin tab 25mcg	105
lamotrigine tab 100mg	30	levalbuterol neb 1.25/0.5	125	levothyroxin tab 50mcg	105
lamotrigine tab 150mg	30	levalbuterol neb 1.25mg	125	levothyroxin tab 75mcg	105
lamotrigine tab 200mg	30	LEVEMIR INJ FLEXPEN insulin detemir soln pen-injector 100 unit/ml 62		levothyroxin tab 88mcg	105
lancet devic mis adjust	58	LEVEMIR INJ insulin detemir inj 100 unit/ml	62	levothyroxin tab 100mcg	104
lancets mis	58	levetiraceta sol 100mg/ml	28	levothyroxin tab 112mcg	104
lansopr/amox pak /clarith	86	levetiraceta sol 500/5ml	28	levothyroxin tab 125mcg	104
lansoprazole cap 15mg dr	88	levetiraceta tab 250mg	28	levothyroxin tab 137mcg	104
lansoprazole cap 30mg dr	88	levetiraceta tab 500mg	28	levothyroxin tab 150mcg	104
lanthanum chw 500mg	85	levetiraceta tab 500mg er	28	levothyroxin tab 175mcg	104
lanthanum chw 750mg	85	levetiraceta tab 750mg	28	levothyroxin tab 200mcg	104
lanthanum chw 1000mg	85	levetiraceta tab 750mg er	28	levothyroxin tab 300mcg	105
lapatinib tab 250mg	44	levetiraceta tab 1000mg	28	levo-t tab 25mcg	104
larin 24 tab fe 1/20	99	levobunolol sol 0.5% op	121	levo-t tab 50mcg	104
larin fe tab 1.5/30	99	levocarnitin sol 1gm/10ml	83	levo-t tab 75mcg	104
larin fe tab 1/20	99	levocarnitin tab 330mg	83	levo-t tab 88mcg	104
larin tab 1.5/30	99	levocetirizi sol 2.5/5ml	123	levo-t tab 100mcg	104
larin tab 1/20	99			levo-t tab 112mcg	104
LASTACRAFT SOL 0.25% alcaftadine ophth soln 0.25%	120			levo-t tab 125mcg	104
latanoprost sol 0.005%	121			levo-t tab 137mcg	104
layolis fe chw	99			levo-t tab 150mcg	104
ledip-sofosb tab 90-400mg	51			levo-t tab 175mcg	104
leena tab	99			levo-t tab 200mcg	104
leflunomide tab 10mg	110			levo-t tab 300 mcg	104
leflunomide tab 20mg	110			levoxyl tab 25mcg	105
lenalidomide cap 2.5mg	40			levoxyl tab 50mcg	105
lenalidomide cap 5mg	40			levoxyl tab 75mcg	105
lenalidomide cap 10mg	40			levoxyl tab 88mcg	105
lenalidomide cap 15mg	40			levoxyl tab 100mcg	105
lenalidomide cap 20mg	40			levoxyl tab 112mcg	105
lenalidomide cap 25mg	40				

levoxyl tab 125mcg	105	LOKELMA PAK 5GM sodium zirconium cyclosilicate for susp packet 5 gm	84	lurasidone tab 80mg	49
levoxyl tab 137mcg	105	LOKELMA PAK 10GM sodium zirconium cyclosilicate for susp packet 10 gm	84	lurasidone tab 120mg	49
levoxyl tab 150mcg	105	lo loestrin tab 1-10-10.....	99	lutera tab.....	99
levoxyl tab 175mcg	105	LONSURF TAB 15-6.14 trifluridine-tipiracil tab 15-6.14 mg	42	LUTRATE DEPO INJ 22.5MG leuprolide acetate (3 month) for inj 22.5 mg	107
levoxyl tab 200mcg.....	105	LONSURF TAB 20-8.19 trifluridine-tipiracil tab 20-8.19 mg	42	lyleq tab 0.35mg	102
LEXIVA SUS 50MG/ML fosamprenavir calcium susp 50 mg/ml	55	loperamide cap 2mg.....	86	lyllana dis 0.1mg	99
LEXIVA TAB 700MG fosamprenavir calcium tab 700 mg	55	lopin/riton tab 100-25mg.....	55	lyllana dis 0.05mg.....	99
lidocaine dis 5% patch	22	lopin/riton tab 200-50mg	55	lyllana dis 0.025mg	99
lidocaine gel 2% jelly	22	lorazepam con 2mg/ml.....	57	lyllana dis 0.075mg.....	99
lidocaine gel 2% jelly	22	lorazepam tab 0.5mg	57	lyllana dis 0.0375mg	99
lidocaine hcl laryngotracheal soln 4%.....	22	lorazepam tab 1mg	57	LYNPARZA TAB 100MG olaparib tab 100 mg	45
lidocaine hcl soln 4%.....	22	lorazepam tab 2mg	57	LYNPARZA TAB 150MG olaparib tab 150 mg	45
lidocaine sol 2% oral	22	LORBRENA TAB 25MG lorlatinib tab 25 mg	45	LYSODREN TAB 500MG mitotane tab 500 mg	107
lidocaine sol 2% visc	22	LORBRENA TAB 100MG lorlatinib tab 100 mg	45	lyza tab 0.35mg	102
lido/prilocn cre 2.5-2.5%	22	loryna tab 3-0.02mg	99	MACITENTAN TAB 10MG macitentan tab 10 mg	126
linezolid for susp 100 mg/5ml	24	losartan/hct tab 50-12.5.....	66	mafenide acetate packet for topical soln 5% (50 gm).....	24
linezolid tab 600mg	24	losartan/hct tab 100-12.5.....	66	mag citrate sol lemon	88
LINZESS CAP 72MCG linaclotide cap 72 mcg	87	losartan/hct tab 100-25	66	malathion lot 0.5%	46
LINZESS CAP 145MCG linaclotide cap 145 mcg	87	losartan pot tab 25mg.....	66	maraviroc tab 150mg	54
LINZESS CAP 290MCG linaclotide cap 290 mcg	87	losartan pot tab 50mg.....	66	maraviroc tab 300mg.....	54
liomny tab 5mcg	105	losartan pot tab 100mg	66	marlissa tab 0.15/30	99
liomny tab 25mcg.....	105	LOTEMAX OIN 0.5% loteprednol etabonate ophth oint 0.5%	120	MARPLAN TAB 10MG isocarboxazid tab 10 mg	33
liomny tab 50mcg	105	LOTEMAX SM GEL 0.38% loteprednol etabonate ophth gel 0.38%	120	MASK VORTEX/ MIS FROG *spacer/ aerosol-holding chamber supplies - masks***	118
liothyronine tab 5mcg	105	LOTEPREDNOL SUS 0.5% loteprednol etabonate ophth susp 0.5%	120	MATULANE CAP 50MG procarbazine hcl cap 50 mg	40
liothyronine tab 25mcg.....	105	lovastatin tab 10mg.....	75	MATZIM LA TAB 180MG/24 diltiazem hcl tab er 24hr 180 mg	72
liothyronine tab 50mcg.....	105	lovastatin tab 20mg	75	MATZIM LA TAB 240MG/24 diltiazem hcl tab er 24hr 240 mg	72
lisdexanfeta cap 10mg.....	77	lovastatin tab 40mg	75	MATZIM LA TAB 300MG/24 diltiazem hcl tab er 24hr 300 mg	72
lisdexanfeta cap 20mg.....	77	low-ogestrel tab	99	MATZIM LA TAB 360MG/24 diltiazem hcl tab er 24hr 360 mg	72
lisdexanfeta cap 30mg	78	loxapine cap 5mg.....	48	MATZIM LA TAB 420MG/24 diltiazem hcl tab er 24hr 420 mg	72
lisdexanfeta cap 40mg	78	loxapine cap 10mg.....	48	MAVYRET PAK 50-20MG glecaprevir-pibrentasvir pellet pack 50-20 mg	51
lisdexanfeta cap 50mg	78	loxapine cap 25mg.....	48	MAVYRET TAB 100-40MG glecaprevir-pibrentasvir tab 100-40 mg	51
lisdexanfeta cap 60mg	78	loxapine cap 50mg	48	MAXICOMFORT MIS 27GX1/2 insulin syringe/needle u-100 1/2 ml 27 x 1/2"	118
lisdexanfeta cap 70mg.....	78	lo-zumandimi tab 3-0.02mg.....	99	MAXICOMFORT MIS 27GX1/2" insulin syringe/needle u-100 1 ml 27 x 1/2"	118
lisinop/hctz tab 20-12.5.....	68	lubiprostone cap 8mcg.....	87	meclizine tab 25mg.....	35
lisinop/hctz tab 20-25mg	68	lubiprostone cap 24mcg.....	87	meclizine tab 50mg	35
lisinopril tab 2.5mg.....	68	LUCEMYRA TAB 0.18MG lofexidine hcl tab 0.18 mg ()	22	meclofen sod cap 50mg.....	18
lisinopril tab 5mg	68	luizza 1/20 tab	99	meclofen sod cap 100mg	17
lisinopril tab 10mg	68	luizza tab 1.5/30.....	99		
lisinopril tab 20mg.....	68	luliconazole cre 1%	37		
lisinopril tab 30mg.....	68	LUMIGAN SOL 0.01% OP bimatoprost ophth soln 0.01%	121		
lisinopril tab 40mg.....	68	lurasidone tab 20mg.....	49		
lithium carb cap 150mg	57	lurasidone tab 40mg	49		
lithium carb cap 300mg.....	57	lurasidone tab 60mg	49		
lithium carb cap 600mg.....	57				
lithium carb tab 300mg	57				
lithium carb tab 300mg er	57				
lithium carb tab 450mg er.....	57				
lithium sol 8meq/5ml.....	57				
lofexidine tab 0.18mg.....	22				
lojaimiess tab	99				

medroxypr ac inj 150mg/ml	103	mesna tab 400mg	46	methylphenid cap 60mg cd.....	78
medroxypr ac inj 150mg/ml prefilled syr	103	metaxalone tab 800mg	128	methylphenid cap 60mg la.....	78
medroxypr ac tab 2.5mg.....	103	metformin sol 500/5ml.....	59	methylphenid cap 60mg la.....	78
medroxypr ac tab 5mg	103	metformin tab 500mg.....	59	methylphenid chw 2.5mg.....	79
medroxypr ac tab 10mg	103	metformin tab 500mg er.....	59	methylphenid chw 5mg	79
mefenam acid cap 250mg	18	metformin tab 750mg er.....	59	methylphenid chw 10mg	78
mefloquine tab 250mg.....	46	metformin tab 850mg.....	59	methylphenid sol 5mg/5ml	79
megestrol ac sus 40mg/ml	103	metformin tab 1000mg	59	methylphenid sol 10mg/5ml	79
megestrol ac sus 400/10ml	103	methadone con 10mg/ml	19	methylphenid tab 5mg	79
megestrol ac sus 400mg/10.....	103	methadone sol 5mg/5ml.....	19	methylphenid tab 10mg.....	79
megestrol ac sus 800mg/20	103	methadone sol 10mg/5ml.....	19	methylphenid tab 10mg er	79
megestrol ac tab 20mg.....	103	methadone tab 5mg.....	19	methylphenid tab 18mg osm.....	79
megestrol ac tab 40mg.....	103	methadone tab 10mg	19	methylphenid tab 20mg.....	79
megestrol sus 625mg/5m	103	methamphetamine tab 5mg	78	methylphenid tab 20mg er	79
MEKINIST SOL 0.05/ML trametinib dimethyl sulfoxide for soln 0.05 mg/ ml (base eq)	45	methazolamid tab 25mg	74	methylphenid tab 27mg osm.....	79
MEKINIST TAB 0.5MG trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	45	methazolamid tab 50mg	74	methylphenid tab 36mg osm	79
MEKINIST TAB 2MG trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	45	methenamine hippurate tab 1 gm	24	methylphenid tab 54mg osm	79
meleya tab 0.35mg	103	methimazole tab 5mg	107	methylpred tab 4mg.....	92
meloxicam tab 7.5mg	18	methimazole tab 10mg.....	107	methylpred tab 4mg.....	92
meloxicam tab 15mg	18	METHITEST TAB 10MG		methylpred tab 8mg.....	92
memantine hc sol 2mg/ml	32	methyltestosterone oral tab 10 mg ..	94	methylpred tab 16mg.....	92
memantine sol 2mg/ml.....	32	methocarbam tab 500mg.....	128	methylpred tab 32mg	92
MEMANTINE SOL 10MG/5ML		methocarbam tab 750mg	128	methylpred tab 32mg	92
memantine hcl oral solution 2mg/ml.	32	methotrexate inj 1gm.....	109	methyltestos cap 10mg.....	94
memantine tab hcl 5mg.....	32	methotrexate inj 1gm/40ml	109	metoclopram sol 5mg/5ml.....	35
memantine tab hcl 10mg.....	32	methotrexate inj 50 mg/2ml (25 mg/ml)	109	metoclopram sol 10/10ml	35
memant titra pak 5-10mg	32	methotrexate inj 50 mg/2ml (25 mg/ml)	109	metoclopram tab 5mg	35
menest tab 0.3mg	99	methotrexate inj 250 mg/10ml (25 mg/ml)	109	metoclopram tab 10mg	35
menest tab 0.625mg.....	100	methotrexate inj pf 50 mg/2ml (25 mg/ml)	109	metolazone tab 2.5mg.....	75
menest tab 1.25mg	100	methotrexate inj pf 50 mg/2ml (25 mg/ml)	109	metolazone tab 5mg	75
menest tab 2.5mg	100	methotrexate inj pf 250 mg/10ml (25 mg/ml)	109	metolazone tab 10mg	75
MENOPUR INJ 75UNIT menotropins for subcutaneous inj 75 unit	94	methotrexate inj pf 1000 mg/40ml (25 mg/ml)	109	metoprl/hctz tab 50-25mg.....	70
menostar dis 14mcg	100	methotrexate tab 2.5mg.....	109	metoprl/hctz tab 100-25mg.....	70
MENQUADFI INJ meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	113	methoxsalen cap 10mg.....	82	metoprl/hctz tab 100-50mg	70
MENVEO INJ meningococcal (a, c, y, and w-135) oligo conj vac for inj	113	methscopolam tab 2.5mg	86	metoprolol succinate tab 25mg er	70
MENVEO SOL meningococcal (a, c, y, and w-135) oligo conj vac im soln ..	113	methscopolam tab 5mg.....	86	metoprolol succinate tab 50mg er....	70
meprobamate tab 200mg.....	56	methsuximide cap 300mg	28	metoprolol succinate tab 100mg er...	70
meprobamate tab 400mg.....	56	methyldopa tab 250mg	66	metoprolol succinate tab 200mg er ..	70
mercaptapur tab 50mg	41	methyldopa tab 500mg	66	metoprolol tartrate tab 25mg.....	70
merzee cap 1/20	100	METHYLERGON TAB 0.2MG		metoprolol tartrate tab 50mg.....	70
mesalamine cap 0.375gm	115	methylergonovine maleate tab 0.2 mg	118	metoprolol tartrate tab 100mg	70
mesalamine ene 4gm.....	115	methylphenid cap 10mg cd	78	metronidazole cream 0.75%.....	82
mesalamine kit 4gm.....	115	methylphenid cap 10mg la	78	metronidazole gel 0.75%.....	82
mesalamine sup 1000mg.....	115	methylphenid cap 20mg cd	78	metronidazole lotion 0.75%	82
mesalamine tab 1.2gm.....	115	methylphenid cap 20mg la	78	metronidazole tab 250 mg	24
		methylphenid cap 30mg cd	78	metronidazole tab 500 mg	24
		methylphenid cap 30mg la	78	metronidazole vaginal gel 0.75%	24
		methylphenid cap 40mg cd	78	mexiletine cap 150mg	69
		methylphenid cap 40mg la	78	mexiletine cap 200mg.....	69
		methylphenid cap 50mg cd	78	mexiletine cap 250mg.....	69
				mibelas 24 chw fe.....	100
				miconazole 3 sup 200mg.....	37
				microgestin tab 1.5/30.....	100
				microgestin tab 1/20	100
				microgestin tab fe1.5/30	100

microgestin tab fe 1/20.....	100	modafinil tab 100mg	129	myleran tab 2mg.....	40
midodrine tab 2.5mg	66	modafinil tab 200mg	129	my way tab 1.5mg.....	103
midodrine tab 5mg	66	moexipril tab 7.5mg.....	68	nabumetone tab 500mg	18
midodrine tab 10mg	66	moexipril tab 15mg	68	nabumetone tab 750mg	18
MIFEPREX TAB 200MG mifepristone		mometasone cream 0.1%.....	92	nadolol tab 20mg	70
tab 200 mg	94	mometasone ointment 0.1%	92	nadolol tab 40mg.....	70
mifepristone tab 200mg	94	mometasone sol 0.1%.....	92	nadolol tab 80mg.....	70
MIGERGOT SUP 2/100 ergotamine		mometasone spr 50mcg	123	naftifine cre hcl 1%.....	37
w/ caffeine suppos 2-100 mg	38	mono-lynyah tab 0.25-35	100	naftifine cre hcl 2%	37
miglitol tab 25mg	59	montelukast chw 4mg.....	123	naloxone hcl inj 0.4 mg/ml	23
miglitol tab 50mg.....	59	montelukast chw 5mg.....	123	naloxone hcl inj 4 mg/10ml.....	23
miglitol tab 100mg.....	59	montelukast gra 4mg.....	124	naloxone hcl inj 4 mg/10ml.....	23
mili tab 0.25/35	100	montelukast tab 10mg	124	naloxone hcl soln cartridge 0.4 mg/ml	23
MILNACIPRAN MIS TITR PAK		morphine sul sol 10/0.5ml	21	naloxone hcl soln prefilled syringe	
milnacipran hcl tab 12.5 mg (5) & 25		morphine sul sol 10mg/5ml	21	0.4 mg/ml	23
mg (8) & 50 mg (42) pak	80	morphine sul sol 20mg/5ml	21	naloxone hcl soln prefilled syringe 2	
MILNACIPRAN TAB 12.5MG		morphine sul sol 20mg/ml	21	mg/2ml.....	23
milnacipran hcl tab 12.5 mg	80	morphine sul sol 20mg/5ml	21	naloxone hcl spr 4mg.....	23
MILNACIPRAN TAB 25MG		morphine sul sol 100/5ml	21	naloxone spr 4mg.....	23
milnacipran hcl tab 25 mg	80	morphine sul tab 15mg	21	naltrexone tab 50mg	22
MILNACIPRAN TAB 50MG		morphine sul tab 15mg er	19	naproxen dr tab 375mg.....	18
milnacipran hcl tab 50 mg	80	morphine sul tab 30mg.....	21	naproxen dr tab 500mg	18
MILNACIPRAN TAB 100MG		morphine sul tab 30mg er	19	naproxen sod tab 275mg	18
milnacipran hcl tab 100 mg	80	morphine sul tab 60mg er.....	19	naproxen sod tab 550mg.....	18
milophene tab 50mg	94	morphine sul tab 100mg er.....	19	naproxen sus 125/5ml	18
mimvey tab 1-0.5mg.....	100	morphine sul tab 200mg er	19	naproxen tab 250mg	18
minivelle dis 0.1mg.....	100	MOUNJARO INJ 2.5/0.5 tirzepatide		naproxen tab 375mg.....	18
minivelle dis 0.05mg.....	100	soln auto-injector 2.5 mg/0.5ml	59	naproxen tab 500mg	18
minivelle dis 0.025mg	100	MOUNJARO INJ 5MG/0.5		naratriptan tab 1mg	38
minivelle dis 0.075mg.....	100	tirzepatide soln auto-injector 5		naratriptan tab 2.5mg	38
minivelle dis 0.0375mg	100	mg/0.5ml	59	NARCAN SPR 4MG naloxone hcl	
minocycline hcl cap 50 mg	28	MOUNJARO INJ 7.5/0.5 tirzepatide		nasal spray 4 mg/0.1ml	23
minocycline hcl cap 75 mg	28	soln auto-injector 7.5 mg/0.5ml	59	NATACYN SUS 5% OP natamycin	
minocycline hcl cap 100 mg.....	28	MOUNJARO INJ 10MG/0.5		ophth susp 5%	119
minoxidil tab 2.5mg.....	76	tirzepatide soln auto-injector 10		natazia tab	100
minoxidil tab 10mg	76	mg/0.5ml	59	nateglinide tab 60mg	59
minzoya tab 0.1-20.....	100	MOUNJARO INJ 12.5/0.5 tirzepatide		nateglinide tab 120mg.....	59
MIRALAX POW 3350 NF		soln auto-injector 12.5 mg/0.5ml	59	NATESTO GEL 5.5MG testosterone	
polyethylene glycol 3350 oral		MOUNJARO INJ 15MG/0.5		nasal gel 5.5 mg/act	94
powder 17 gm/scoop	88	tirzepatide soln auto-injector 15		NAYZILAM SPR 5MG midazolam	
mirtazapine tab 7.5mg	32	mg/0.5ml	59	nasal spray soln 5 mg/0.1 ml	29
mirtazapine tab 15mg	32	moxifloxacin sol 0.5%	121	nebivolol tab 2.5mg.....	70
mirtazapine tab 15mg odt.....	32	moxifloxacin tab 400mg	27	nebivolol tab 5mg.....	70
mirtazapine tab 30mg	32	MRESVIA INJ 50MCG rsv mrna		nebivolol tab 10mg	70
mirtazapine tab 30mg odt	32	pre-f vaccine im susp pref syr 50		nebivolol tab 20mg	70
mirtazapine tab 45mg	32	mcg/0.5ml	113	NEBUSAL NEB 3% sodium chloride	
mirtazapine tab 45mg odt	32	MULTAQ TAB 400MG dronedarone		soln nebu 3%	128
misoprostol tab 100mcg.....	88	hcl tab 400 mg (base equivalent)	69	NEBUSAL NEB 6% sodium chloride	
misoprostol tab 200mcg	88	mupirocin calcium cream 2%.....	24	soln nebu 6%	128
MITOSOL KIT 0.2MG mitomycin for		mupirocin oint 2%.....	24	necon tab 0.5/35.....	100
ophth soln kit 0.2 mg	120	MYALEPT INJ 11.3MG metreleptin		NEEDLE COLLE MIS DISPOSAL	
M-M-R II INJ measles-mumps-		for subcutaneous inj 11.3 mg	89	*sharps container - misc***	118
rubella virus vaccines for inj soln	113	my choice tab 1.5mg.....	103	nefazodone tab 50mg.....	34
M-NATAL PLUS TAB *prenatal vit w/		mycophenolate cap 250mg	109	nefazodone tab 100mg.....	33
fe fumarate-fa tab 27-1 mg***	85	mycophenolate sus 200mg/ml.....	109	nefazodone tab 150mg.....	33
MNEXSPIKE INJ 2025-26 covid-19		mycophenolate tab 500mg	109	nefazodone tab 200mg	34
mrna vaccine-moderna im susp pref		mycophenolic tab 180mg dr	109		
syr 10 mcg/0.2ml	113	mycophenolic tab 360mg dr.....	109		

nefazodone tab 250mg.....	34	NICORETTE LOZ 4MG MINT nicotine		nitroglycer dis 0.6mg/hr.....	77
neo/bac/poly oin op.....	119	polacrilex lozenge 4 mg	23	nitroglycerin oin 2%.....	77
neomycin sulfate tab 500 mg.....	24	nicotine dis 7mg/24hr.....	23	nitroglyceri oin 0.4%.....	77
NEONATAL PLS TAB 27-1MG		nicotine gum 2mg	24	nitroglyceri sub 0.6mg.....	77
*prenatal vit w/ fe fumarate-fa tab		nicotine gum 4mg	24	nitroglycer sub 0.3mg.....	77
27-1 mg***	85	nicotine loz 2mg mint	24	nitroglycer sub 0.4mg.....	77
NEONATAL TAB COMPLTE *prenatal		nicotine loz 4mg mint	24	NIVA-PLUS TAB *prenatal vit w/ fe	
vit w/ fe fumarate-fa tab 27-1 mg***	85	nicotine sys kit transder	24	fumarate-fa tab 27-1 mg***	85
NEONATAL TAB PLUS *prenatal vit		nicotine td dis 14mg/24h.....	24	NIVA THYROID TAB 15MG thyroid	
w/ fe fumarate-fa tab 27-1 mg***	85	nicotine td dis 21mg/24h.....	24	tab 15 mg (1/4 grain)	105
neo/poly/bac oin /hc 1%op.....	119	NICOTROL NS SPR 10MG/ML		NIVA THYROID TAB 30MG thyroid	
neo/poly/dex oin 0.1% op.....	119	nicotine nasal spray 10 mg/ml (0.5		tab 30 mg (1/2 grain)	105
neo/poly/dex sus 0.1% op.....	119	mg/spray)	24	NIVA THYROID TAB 60MG thyroid	
neo/poly/gra sol op.....	119	nifedipine cap 10mg.....	72	tab 60 mg (1 grain)	105
neo/poly/hc sol 1% otic.....	122	nifedipine cap 20mg.....	72	NIVA THYROID TAB 90MG thyroid	
neo/poly/hc sus 1% otic susp 3.5 mg/		nifedipine tab er 24hr 30 mg	72	tab 90 mg (1 1/2 grain)	105
ml-10000 unit/ml-1%.....	122	nifedipine tab er 24hr 60 mg	72	NIVA THYROID TAB 120MG thyroid	
neo/poly/hc sus op	119	nifedipine tab er 24hr 90 mg	72	tab 120 mg (2 grain)	105
NEO-SYNALAR CRE neomycin		nifedipine tab er 24hr osmotic		nizatidine cap 150mg.....	87
sulfate-fluocinolone acetamide		release 30 mg.....	72	nizatidine cap 300mg	87
cream 0.5-0.025%	24	nifedipine tab er 24hr osmotic		nora-be tab 0.35mg.....	103
NEO-SYNALAR KIT *neomycin-		release 60 mg.....	72	NORDITROPIN INJ 5/1.5ML	
fluocinolone cream 0.5-0.025% &		nifedipine tab er 24hr osmotic		somatropin solution pen-injector 5	
emollient cr kit*	24	release 90 mg.....	72	mg/1.5ml	94
NEULASTA INJ 6MG/0.6M		nikki tab 3-0.02mg.....	100	NORDITROPIN INJ 10/1.5ML	
pegfilgrastim soln prefilled syringe		nilutamide tab 150mg	40	somatropin solution pen-injector 10	
6 mg/0.6ml	64	nimodipine cap 30mg	72	mg/1.5ml	94
NEULASTA INJ 6MG/0.6M		NINTEDANIB CAP 100MG		NORDITROPIN INJ 15/1.5ML	
pegfilgrastim soln prefill syr/		nintedanib esylate cap 100 mg.	127	somatropin solution pen-injector 15	
infusion dev 6 mg/0.6ml.	64	NINTEDANIB CAP 150MG		mg/1.5ml	94
NEULASTA neulasta inj 4/0.4ml	64	nintedanib esylate cap 150 mg.	127	NORDITROPIN INJ 30/3ML	
NEUPRO DIS 2MG/24HR rotigotine		nisoldipine tab 8.5mg er.....	72	somatropin solution pen-injector 30	
td patch 24hr 2 mg/24hr	47	nisoldipine tab 17mg er.....	72	mg/3ml	94
nevirapine sus 50mg/5ml	52	nisoldipine tab 20mg er	72	nore/eth/fer cap 1/20	100
nevirapine tab 200mg	52	nisoldipine tab 25.5mg	72	nore/eth/fer chw 0.4mg-35	100
nevirapine tab 400mg er.....	52	nisoldipine tab 30mg er	72	norelge/ethi dis 150/35.....	100
new day tab 1.5mg	103	nisoldipine tab 34mg er	72	nor/est/ff tab 1.5/30.....	100
NEXTSTELLIS TAB 3-14.2MG		nisoldipine tab 40mg er	72	noreth/ethin chw fe.....	100
drospirenone-estetrol tab 3-14.2 mg	100	nitazoxanide tab 500mg	46	noreth/ethin chw fe 1/20	100
niacin er tab 500mg	76	NITRO-BID OIN 2% nitroglycerin		noreth/ethin tab 0.5-2.5	100
niacin er tab 750mg	76	oint 2%	77	noreth/ethin tab 1.5/30.....	100
niacin er tab 1000mg.....	76	NITRO-DUR DIS 0.3MG/HR		noreth/ethin tab 1/20	100
niacin tab 500mg.....	76	nitroglycerin td patch 24hr 0.3 mg/hr	77	noreth/ethin tab 1mg-5mcg	100
niacin tab 500mg er.....	76	NITRO-DUR DIS 0.8MG/HR		noreth/ethin tab fe	100
niacor tab 500mg.....	76	nitroglycerin td patch 24hr 0.8 mg/hr	77	noreth/ethin tab fe 1/20.....	100
nicardipine cap 20mg	72	nitrofurantoin macrocrystalline cap		norethin ace tab 5mg.....	103
nicardipine cap 30mg	72	25 mg.....	24	norethindron tab 0.35mg.....	103
NICODERM CQ DIS 7MG/24HR		nitrofurantoin macrocrystalline cap		norgest/ethi tab 0.25/35	100
nicotine td patch 24hr 7 mg/24hr. ...	23	50 mg	24	norgest/ethi tab estradio.....	100
NICODERM CQ DIS 14MG/24H		nitrofurantoin macrocrystalline cap		norlyroc tab 0.35mg	103
nicotine td patch 24hr 14 mg/24hr. ...	23	100 mg	24	NORPACE CAP 100MG CR	
NICODERM CQ DIS 21MG/24H		nitrofurantoin monohydrate		disopyramide phosphate cap er 12hr	
nicotine td patch 24hr 21 mg/24hr. ...	23	macrocrystalline cap 100 mg.....	24	100 mg	69
NICORETTE GUM 2MG nicotine		nitrofurantoin susp 25 mg/5ml.....	24	NORPACE CAP 150MG CR	
polacrilex gum 2 mg.	23	nitrofurantoin susp 25 mg/5ml.....	24	disopyramide phosphate cap er 12hr	
NICORETTE GUM 4MG nicotine		nitroglycer dis 0.1mg/hr.....	77	150 mg	69
polacrilex gum 4 mg	23	nitroglycer dis 0.2mg/hr.....	77	nortrel tab 0.5/35	100
NICORETTE LOZ 2MG MINT nicotine		nitroglycer dis 0.4mg/hr.....	77	nortrel tab 1/35	100
polacrilex lozenge 2 mg	23				

nortrel tab 7/7/7	100	nystatin cre 100000	37	olmesa medox tab 40mg.....	67
nortriptylin cap 10mg.....	35	nystatin oin 100000	37	olm med/hctz tab 20-12.5.....	66
nortriptylin cap 25mg.....	35	nystatin oin 100000u	37	olm med/hctz tab 40-12.5.....	66
nortriptylin cap 50mg	35	nystatin pow 100000	37	olm med/hctz tab 40-25mg.....	66
nortriptylin cap 75mg.....	35	nystatin sus 100000	37	olopatadine spr 0.6%	123
nortriptylin sol 10mg/5ml	35	nystatin tab 500000.....	37	OLUMIANT TAB 1MG baricitinib tab	
NORVIR POW 100MG ritonavir		nystat/triam cream.....	37	1 mg	109
powder packet 100 mg	55	nystat/triam ointment.....	37	OLUMIANT TAB 2MG baricitinib tab	
NORVIR TAB 100MG ritonavir tab		nystop pow 100000.....	37	2 mg	109
100 mg	55	OICALIVA TAB 5MG obeticholic acid		OLUMIANT TAB 4MG baricitinib tab	
NOVOFINE MIS 32GX6MM insulin		tab 5 mg	89	4 mg	109
pen needle 32 g x 6 mm (1/4" or		OICALIVA TAB 10MG obeticholic acid		omega-3-acid cap 1gm.....	76
15/64")	118	tab 10 mg	89	omeprazole cap 10mg.....	88
NOVOFINE PLS MIS 32GX4MM		ocella tab 3-0.03mg	100	omeprazole cap 20mg.....	89
insulin pen needle 32 g x 4 mm (1/6"		octreotide acetate inj 50 mcg/ml		omeprazole cap 40mg	89
or 5/32")	118	(0.05 mg/ml).....	107	OMNIFLEX DPR *diaphragms***	118
NOVOLOG INJ FLEXPEN insulin		octreotide acetate inj 100 mcg/ml		OMNIPOD 5 DX KIT INT G7G6	
aspart soln pen-injector 100 unit/ml .	62	(0.1 mg/ml).....	107	*insulin infusion disposable pump	
NOVOLOG INJ FLEX REL insulin		octreotide acetate inj 200 mcg/ml		kit***	118
aspart soln pen-injector 100 unit/ml .	62	(0.2 mg/ml)	107	OMNIPOD 5 DX MIS POD G7G6	
NOVOLOG INJ PENFILL insulin		octreotide acetate inj 500 mcg/ml		*insulin infusion disposable pump	
aspart soln cartridge 100 unit/ml	62	(0.5 mg/ml)	107	reservoir***	118
NOVOLOG MIX INJ 70/30 insulin		octreotide acetate inj 1000 mcg/ml		OMNIPOD 5 DX MIS POD G7G6	
aspart prot & aspart (human) inj 100		(1 mg/ml).....	107	*insulin infusion disposable pump	
unit/ml (70-30)	62	octreotide acetate subcutaneous		reservoir***	118
NOVOLOG MIX INJ FLEXPEN insulin		soln pref syr 50 mcg/ml	107	OMNIPOD 5 G7 KIT INTRO *insulin	
aspart prot & aspart sus pen-inj 100		octreotide acetate subcutaneous		infusion disposable pump kit***	118
unit/ml (70-30)	62	soln pref syr 100 mcg/ml	107	OMNIPOD 5 G7 MIS PODS	
NOVOLOG MIX INJ FLEX REL insulin		octreotide acetate subcutaneous		*insulin infusion disposable pump	
aspart prot & aspart sus pen-inj 100		soln pref syr 500 mcg/ml.....	107	reservoir***	118
unit/ml (70-30)	62	ODEFSEY TAB emtricitabine-		OMNIPOD 5 L2 KIT INTRO G6	
NOVOLOG RELI INJ 70/30 insulin		rilpivirine-tenofovir af tab 200-25-		*insulin infusion disposable pump	
aspart prot & aspart (human) inj 100		25 mg	52	kit***	118
unit/ml (70-30)	62	OFEV CAP 100MG nintedanib		OMNIPOD 5 L2 MIS PODS G6	
novopen echo mis	58	esylate cap 100 mg (base equivalent)	127	*insulin infusion disposable pump	
np thyroid tab 15mg	105	esylate cap 150 mg (base equivalent)	127	reservoir***	118
np thyroid tab 30mg.....	105	ofloxacin dro 0.3% op	121	OMNIPOD 5 LIB KIT INTRO insulin	
np thyroid tab 60mg.....	105	ofloxacin dro 0.3%otic	122	infusion disposable pump kit	118
np thyroid tab 90mg.....	105	ofloxacin tab 300 mg	27	OMNIPOD 5 LIB MIS PODS insulin	
np thyroid tab 120mg.....	105	ofloxacin tab 400 mg.....	27	infusion disposable pump reservoir ..	118
NUBEQA TAB 300MG darolutamide		olanza/fluox cap 3-25mg.....	32	OMNITROPE INJ 5/1.5ML	
tab 300 mg	40	olanza/fluox cap 6-25mg.....	32	somatropin solution cartridge 5	
NUCYNTA ER TAB 50MG tapentadol		olanza/fluox cap 6-50mg	32	mg/1.5ml	94
hcl tab er 12hr 50 mg	19	olanza/fluox cap 12-25mg	32	OMNITROPE INJ 5.8MG somatropin	
NUCYNTA ER TAB 100MG		olanza/fluox cap 12-50mg.....	32	for inj 5.8 mg	94
tapentadol hcl tab er 12hr 100 mg ...	19	olanzapine tab 2.5mg.....	49	OMNITROPE INJ 10/1.5ML	
NUCYNTA ER TAB 150MG tapentadol		olanzapine tab 5mg.....	49	somatropin solution cartridge 10	
hcl tab er 12hr 150 mg	19	olanzapine tab 5mg odt	49	mg/1.5ml	94
NUCYNTA ER TAB 200MG		olanzapine tab 7.5mg	49	ondansetron sol 4mg/5ml.....	36
tapentadol hcl tab er 12hr 200 mg ...	19	olanzapine tab 10mg	49	ondansetron tab 4mg	36
NUCYNTA ER TAB 250MG		olanzapine tab 10mg odt.....	49	ondansetron tab 4mg odt.....	36
tapentadol hcl tab er 12hr 250 mg ...	19	olanzapine tab 15mg.....	49	ondansetron tab 8mg	36
NUVAXOVID INJ 2025-26 covid-19		olanzapine tab 15mg odt	49	ondansetron tab 8mg odt.....	36
subunit vacc-novavax im susp pref		olanzapine tab 20mg	49	ondansetron tab 24mg	36
syr 5 mcg/0.5ml	113	olmesa medox tab 5mg	67	ONE VITE TAB 1MG PLUS *prenatal	
nyamyc pow 100000.....	37	olmesa medox tab 20mg.....	66	vit w/ fe fumarate-fa tab 27-1 mg*** .	85
nylia tab 1/35.....	100			opcicon tab 1.5mg	103
nylia tab 7/7/7.....	100			opill tab 0.075mg	103
NYMALIZE SOL nimodipine oral soln				opium tin 10mg/ml	86
6 mg/ml	72				

OPSUMIT TAB 10MG macitentan tab 10 mg	126	OTEZLA/XR TAB 28 DAY apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg	110	paliperidone tab er 3mg.....	49
option 2 tab 1.5mg.....	103	OTEZLA XR TAB 75MG apremilast tab er 24hr 75 mg	110	paliperidone tab er 6mg.....	49
OPVEE SPR 2.7/0.1 nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv) 23		OTOVEL DRO ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%	122	paliperidone tab er 9mg.....	49
ORENITRAM TAB 0.25MG treprostinil diolamine tab er 0.25 mg 126		oxaprozin tab 600mg.....	18	pantoprazole tab 20mg.....	89
ORENITRAM TAB 0.125MG treprostinil diolamine tab er 0.125 mg	126	oxazepam cap 10mg.....	57	pantoprazole tab 40mg.....	89
ORENITRAM TAB 1MG treprostinil diolamine tab er 1 mg	126	oxazepam cap 15mg.....	57	paricalcitol cap 1 mcg.....	115
ORENITRAM TAB 2.5MG treprostinil diolamine tab er 2.5 mg	126	oxazepam cap 30mg.....	57	paricalcitol cap 2 mcg.....	115
ORENITRAM TAB 5MG treprostinil diolamine tab er 5 mg	126	oxcarbazepine sus 300/5ml.....	31	paricalcitol cap 4 mcg.....	115
ORENITRAM TAB MONTH 1 treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg	126	oxcarbazepine tab 150mg.....	31	paroxetine er tab 12.5mg.....	34
ORENITRAM TAB MONTH 2 treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg	126	oxcarbazepine tab 300mg.....	31	paroxetine er tab 37.5mg.....	34
ORENITRAM TAB MONTH 3 treprostinil tab er titr pk(mo3)126x 0.125mg&42x0.25mg&84x1mg	126	oxcarbazepine tab 600mg.....	31	paroxetine sus 10mg/5ml.....	34
ORLISSA TAB 150MG elagolix sodium tab 150 mg	107	oxybutynin sol 5mg/5ml.....	90	paroxetine tab 10mg.....	34
ORLISSA TAB 200MG elagolix sodium tab 200 mg	107	oxybutynin tab 5mg.....	90	paroxetine tab 20mg.....	34
ORKAMBI GRA 75-94MG lumacaftor-ivacaftor granules packet 75-94 mg	125	oxybutynin tab 5mg er.....	90	paroxetine tab 25mg er.....	34
ORKAMBI GRA 100-125 lumacaftor-ivacaftor granules packet 100-125 mg	125	oxybutynin tab 10mg er.....	90	paroxetine tab 30mg.....	32
ORKAMBI GRA 150-188 lumacaftor-ivacaftor granules packet 150-188 mg	125	oxybutynin tab 15mg er.....	90	paroxetine tab 40mg.....	32
ORKAMBI TAB 100-125 lumacaftor-ivacaftor tab 100-125 mg	125	oxycod/apap tab 2.5-325.....	21	PAXLOVID PAK nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	118
ORKAMBI TAB 200-125 lumacaftor-ivacaftor tab 200-125 mg	125	oxycod/apap tab 5-325mg.....	21	PAXLOVID TAB 150-100 nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	118
orphenadrine tab 100mg er.....	128	oxycod/apap tab 7.5-325.....	21	PAXLOVID TAB 300-100 nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	118
orquidea tab 0.35mg.....	103	oxycod/apap tab 10-325mg.....	21	PEDIARIX INJ 0.5ML diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	113
oseltamivir cap 30mg.....	55	oxycodone cap 5mg.....	21	PEDVAXHIB INJ 75mcg haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	113
oseltamivir cap 45mg.....	55	oxycodone con 100/5ml.....	21	PEDVAX HIB INJ haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	113
oseltamivir cap 75mg.....	55	oxycodone sol 5mg/5ml.....	22	peg-3350/kcl sol /sodium.....	88
oseltamivir sus 6mg/ml.....	55	oxycodone tab 5mg.....	22	peg-3350 sol electrol.....	88
OSPHEHA TAB 60MG ospemifene tab 60 mg	103	oxycodone tab 10mg.....	22	PEGASYS INJ 180MCG/M peginterferon alfa-2a inj 180 mcg/ml 51	
OTEZLA TAB 10/20/30 apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	110	oxycodone tab 15mg.....	22	PEGASYS INJ peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	51
OTEZLA TAB 10/20 apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	110	oxycodone tab 20mg.....	22	peg/nasul/c/ sol nacl/pot.....	88
OTEZLA TAB 20MG apremilast tab 20 mg	110	oxycodone tab 30mg.....	22	PELLIX SOL 0.005% calcipotriene soln 0.005% (50 mcg/ml)	83
OTEZLA TAB 30MG apremilast tab 30 mg	110	oxymorphone tab 5mg er.....	20	PENBRAYA INJ meningococcal acwy (tet conj)-mening b (rcmb) vacc for inj	113
		oxymorphone tab 7.5mg er.....	20	penicillamin cap 250mg.....	90
		oxymorphone tab 10mg er.....	19	penicillamin tab 250mg.....	90
		oxymorphone tab 15mg er.....	19	penicillin v potassium for soln 125 mg/5ml.....	26
		oxymorphone tab 20mg er.....	19	penicillin v potassium for soln 250 mg/5ml.....	26
		oxymorphone tab 30mg er.....	19	penicillin v potassium tab 250 mg.....	26
		oxymorphone tab 40mg er.....	20	penicillin v potassium tab 500 mg.....	26
		oxymorphone tab hcl 5mg.....	22	PENMENVY INJ meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj	113
		oxymorphone tab hcl 10mg.....	22	pen needle mis 29gx1/2".....	118
		OZEMPIC INJ 2MG/3ML semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)	59	pen needle mis 29gx3/16.....	118
		OZEMPIC INJ 4MG/3ML semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	59		
		OZEMPIC INJ 8MG/3ML semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	59		
		OZEMPIC TAB 1.5MG semaglutide tab 1.5 mg	59		
		OZEMPIC TAB 4MG semaglutide tab 4 mg	59		
		OZEMPIC TAB 9MG semaglutide tab 9 mg	59		
		paliperidone tab er 1.5mg.....	49		

pen needle mis 29gx5/16.....	118	PHENYTEK CAP 200MG phenytoin sodium extended cap 200 mg	31	PNEUMOVAX 23 INJ 25/0.5 pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml	113
pen needles mis 29gx1/2"	118	PHENYTEK CAP 300MG phenytoin sodium extended cap 300 mg	31	PNV 27-CA/FE TAB /FA *prenatal vit w/ fe fumarate-fa tab 60-1 mg***	85
pen needles mis 31gx1/4"	118	phenytoin chw 50mg	31	PNV-DHA CAP DOCUSATE *prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg*	85
pen needles mis 31gx3/16	118	phenytoin ex cap 100mg	31	podofilox gel 0.5%	82
pen needles mis 31gx5/16	118	phenytoin ex cap 200mg	31	podofilox sol 0.5%.....	82
PENTACEL INJ diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	113	phenytoin ex cap 300mg	31	polyeth glyc pow 3350 nf.....	88
pentamidine inh 300mg.....	46	phenytoin sus 125/5ml	31	polymyxin b/ sol trimethp.....	119
pentaz/nalox tab 50-0.5mg	22	PHEXX GEL lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	119	POMALYST CAP 1MG pomalidomide cap 1 mg	41
pentips mis 29gx12mm.....	118	PHEXXI GEL lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	119	POMALYST CAP 2MG pomalidomide cap 2 mg	41
pentips mis 31gx5mm	118	philith tab 0.4-35.....	101	POMALYST CAP 3MG pomalidomide cap 3 mg	41
pentips mis 31gx8mm	118	phospholine sol 0.125%op	121	POMALYST CAP 4MG pomalidomide cap 4 mg	41
pentips mis 32gx4mm	118	phytonadione tab 5mg	85	portia-28 tab.....	101
pentoxifylli tab 400mg er	76	PIFELTRO TAB 100MG doravirine tab 100 mg	52	posaconazole tab 100mg dr.....	37
Perampanel tab 2mg	28	pilocarpine sol 1% op.....	121	potassium citrate er tab 1080mg	84
Perampanel tab 4mg	28	pilocarpine sol 2% op	121	pot chloride cap 8meq er.....	84
Perampanel tab 6mg	28	pilocarpine sol 4% op	121	pot chloride cap 10meq er	84
Perampanel tab 8mg	28	pilocarpine tab 5mg	81	pot chloride pow 20meq	84
Perampanel tab 10mg	28	pilocarpine tab 7.5mg.....	81	pot chloride sol 10%.....	84
Perampanel tab 12mg	28	pimecrolimus cre 1%.....	82	pot chloride sol 20%	84
perindopril tab 2mg	68	pimozide tab 1mg.....	48	pot chloride tab 8meq er.....	84
perindopril tab 4mg	68	pimozide tab 2mg	48	pot chloride tab 10meq er.....	84
perindopril tab 8mg	68	pimtrea tab	101	pot chloride tab 15meq er.....	84
periogard sol 0.12%	81	pindolol tab 5mg.....	70	pot chloride tab 20meq er.....	84
permethrin cre 5%	46	pindolol tab 10mg	70	pot citra er tab 540mg	84
perphen/amit tab 2-10mg.....	32	pioglita/met tab 15-500mg	59	pot citra er tab 1080mg	84
perphen/amit tab 2-25mg.....	32	pioglita/met tab 15-850mg	59	pot citrate er tab 1620mg	84
perphen/amit tab 4-10mg.....	32	pioglitazone tab 15mg.....	59	pot cl micro tab 10meq cr	84
perphen/amit tab 4-25mg	32	pioglitazone tab 30mg	60	pot cl micro tab 15meq er	84
perphen/amit tab 4-50mg	32	pioglitazone tab 45mg	60	pot cl micro tab 20meq er.....	84
perphenazine tab 2mg	35	PIQRAY 200MG TAB DOSE alpelisib tab therapy pack 200 mg daily dose .	42	pramipexole tab 0.5mg.....	47
perphenazine tab 4mg	35	PIQRAY 250MG TAB DOSE alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	42	pramipexole tab 0.25mg	47
perphenazine tab 8mg	35	PIQRAY 300MG TAB DOSE alpelisib tab pack 300 mg daily dose (2x150 mg tab)	42	pramipexole tab 0.75mg.....	47
perphenazine tab 16mg	35	pirfenidone cap 267mg.....	127	pramipexole tab 0.125mg	47
phenazopyridine hcl tab 100 mg.....	90	pirfenidone tab 267mg	127	pramipexole tab 1.5mg	47
phenazopyridine hcl tab 200 mg.....	90	pirfenidone tab 534mg.....	127	pramipexole tab 1mg	47
phenazo tab 200mg	90	pirfenidone tab 801mg	127	prasugrel tab 5mg	65
phenelzine sulfate tab 15 mg.....	33	piroxicam cap 10mg	18	prasugrel tab 10mg	65
phenobarb elx 20mg/5ml	29	piroxicam cap 20mg.....	18	pravastatin tab 10mg	75
phenobarb elx 30/75ml	29	PLAN B TAB 1.5MG levonorgestrel tab 1.5 mg	103	pravastatin tab 20mg.....	75
phenobarb elx 60/15ml.....	29	PLENVU SOL peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm	88	pravastatin tab 40mg.....	75
phenobarb sol 20mg/5ml	29	plerixafor inj 24/1.2ml.....	64	pravastatin tab 80mg.....	75
phenobarb tab 15mg	29	PNEUMOVAX 23 INJ 25/0.5 pneumococcal vaccine polyvalent inj soln 25 mcg/0.5ml	113	praziquantel tab 600mg.....	46
phenobarb tab 16.2mg	29			prazosin hcl cap 1mg	66
phenobarb tab 30mg.....	29			prazosin hcl cap 2mg	66
phenobarb tab 32.4mg	29			prazosin hcl cap 5mg	66
phenobarb tab 60mg.....	29			PRECISN XTRA TES KETONE ketone blood test strip	119
phenobarb tab 64.8mg.....	29			prednisolone sol 10mg/5ml	93
phenobarb tab 97.2mg.....	29				
phenobarb tab 100mg.....	29				
phenoxybenzamine cap 10mg	66				
phenylephrine sol 2.5% op.....	120				
phenylephrine sol 10% op	120				

prednisolone sol 15mg/5ml	93	PRENATAL PLS MIS MV + DHA		progesterone cap 200mg	103
prednisolone sol 15mg/5ml	93	*prenat w/ fe fum-fa tab 27-1 mg &		progesterone inj 50mg/ml	103
prednisolone sol 20mg/5ml	93	omega 3 cap 312 mg pak*	86	promethazine sol 6.25/5ml	36
prednisolone sol 25mg/5ml	93	prenatal tab 27-1mg	86	promethazine sol 6.25/5ml	123
prednisolone sus 1% op	120	PRENATAL TAB PLUS *prenatal vit		promethazine sol 12.5/10	123
prednisolone tab 5mg	93	w/ fe fumarate-fa tab 27-1 mg***	86	promethazine sol dm	128
prednisolone tab 10mg odt	93	PRENATAL-U CAP 106.5-1 *prenatal		promethazine sup 12.5mg	123
prednisolone tab 15mg odt	93	w/o a vit w/ fe fumarate-fa cap		promethazine sup 25mg	123
prednisolone tab 30mg odt	93	106.5-1 mg***	86	promethazine syp dm	128
prednisone con 5mg/ml	93	PRENATRIX TAB *prenatal vit w/ fe		promethazine tab 12.5mg	123
prednisone sol 5mg/5ml	93	fumarate-fa tab 27-1 mg***	86	promethazine tab 25mg	123
prednisone tab 1mg	93	PRENATRYL TAB *prenatal vit w/ fe		promethazine tab 50mg	123
prednisone tab 2.5mg	93	fumarate-fa tab 27-1 mg***	86	prometh/cod sol 6.25-10	128
prednisone tab 5mg	93	PREPIDIL GEL 0.5MG/3G		prometh/pe sol 6.25-5/5	123
prednisone tab 10mg	93	dinoprostone cervical gel 0.5		prometh vc syp 6.25-5/5	123
prednisone tab 20mg	93	mg/3gm	94	prometrium cap 100mg	103
prednisone tab 50mg	93	PREVALITE POW 4GM		prometrium cap 200mg	103
prednisone tab therapy pack 5 mg		cholestyramine light powder 4 gm/		propafenone cap 225mg er	69
(21)	93	dose	76	propafenone cap 325mg er	69
prednisone tab therapy pack 5 mg		PREVALITE POW 4GM PK		propafenone cap 425mg er	69
(48)	93	cholestyramine light powder		propafenone tab 150mg	69
prednisone tab therapy pack 10 mg		packets 4 gm	76	propafenone tab 225mg	69
(21)	93	PREVNAR 20 INJ pneumococcal		propafenone tab 300mg	69
prednisone tab therapy pack 10 mg		20-valent conjugate vaccine sus		proparacaine sol 0.5% op	120
(48)	93	pref syr 0.5 ml	114	propranolol cap 60mg er	70
pred sod pho sol 1% op	120	PREZCOBIX TAB 675/150 darunavir-		propranolol cap 80mg er	70
pred sod pho sol 5mg/5ml	92	cobicistat tab 675-150 mg	55	propranolol cap 120mg er	70
pregabalin cap 25mg	80	PREZCOBIX TAB 800-150 darunavir-		propranolol cap 160mg er	70
pregabalin cap 50mg	80	cobicistat tab 800-150 mg	55	propranolol sol 20mg/5ml	70
pregabalin cap 75mg	80	PREZISTA SUS 100MG/ML darunavir		propranolol sol 40mg/5ml	70
pregabalin cap 100mg	80	oral susp 100 mg/ml	55	propranolol tab 10mg	70
pregabalin cap 150mg	80	PREZISTA TAB 75MG darunavir tab		propranolol tab 20mg	70
pregabalin cap 200mg	80	75 mg	55	propranolol tab 40mg	70
pregabalin cap 225mg	80	PREZISTA TAB 150MG darunavir tab		propranolol tab 60mg	70
pregabalin cap 300mg	80	150 mg	55	propranolol tab 80mg	70
PREGNYL INJ 10000UNT chorionic		PREZISTA TAB 600MG darunavir tab		propylthiour tab 50mg	108
gonadotropin for im inj 10000 unit. ...	94	600 mg	55	PROQUAD INJ measles-mumps-	
PREHEVBRIO SUS 10MCG/ML		PREZISTA TAB 800MG darunavir tab		rubella-varicella virus vaccines for	
hepatitis b vaccine 3-antigen		800 mg	55	susp	114
(recombinant) susp 10 mcg/ml	113	priftin tab 150mg	39	protriptylin tab 5mg	35
PREMARIN TAB 0.3MG estrogens,		primaquine tab 26.3mg	46	protriptylin tab 10mg	35
conjugated tab 0.3 mg	101	primidone tab 50mg	29	provera tab 2.5mg	103
PREMARIN TAB 0.9MG estrogens,		primidone tab 125mg	29	provera tab 5mg	103
conjugated tab 0.9 mg	101	primidone tab 250mg	29	provera tab 10mg	103
PREMARIN TAB 0.45MG estrogens,		PRIORIX INJ measles-mumps-		PROVIDA OB CAP *prenatal w/o a	
conjugated tab 0.45 mg	101	rubella virus vaccines for		w/fe fum-fe poly-fa cap 20-20-1.25	
PREMARIN TAB 0.625MG estrogens,		subcutaneous susp	114	mg***	86
conjugated tab 0.625 mg	101	proben/colch tab 500-0.5	38	PRURADIK LOT 10% crotamiton	
PREMARIN TAB 1.25MG estrogens,		probenecid tab 500mg	38	lotion 10%	83
conjugated tab 1.25 mg	101	prochlorper sup 25mg	35	PULMOSAL NEB 7% sodium chloride	
PREMARIN VAG CRE 0.625MG		prochlorper tab 5mg	36	soln nebu 7%	128
estrogens, conjugated vaginal		prochlorper tab 10mg	35	PULMOZYME SOL 1MG/ML dornase	
cream 0.625 mg/gm	101	procto-med cre hc 2.5%	115	alfa inhal soln 2.5 mg/2.5ml	125
PRENATABS FA prenatabs fa tab		prodigy auto kit monitor	58	pyrazinamide tab 500mg	39
29-1 mg	85	prodigy auto mis system	58	pyridostigmi solution 60mg/5ml	39
PRENATAL 19 TAB 29-1MG *prenatal		prodigy kit no coding	58	pyridostigmi tab er 180mg	39
vit w/ dss-fe fumarate-fa tab 29-1		prodigy no tes coding	58		
mg***	86	prodigy pocket kit meter	58		
		prodigy voice kit meter	58		
		progesterone cap 100mg	103		

pyridostigm tab 60mg.....	39	ramipril cap 5mg.....	68	RETACRIT INJ 4000UNIT epoetin alfa-epbx inj 4000 unit/ml.....	65
pyrimethamin tab 25mg.....	46	ramipril cap 10mg.....	68	RETACRIT INJ 10000UNT epoetin alfa-epbx inj 10000 unit/ml.....	65
QUADRACEL INJ 0.5ML diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml.....	114	ranolazine tab 500mg er.....	73	RETACRIT INJ 20000UNI epoetin alfa-epbx inj 20000 unit/ml.....	65
QUADRACEL INJ 0.5ML diph-tetanus tox ad-acell pert & polio virus, ipv vac inj.....	114	ranolazine tab 1000mg.....	73	RETACRIT INJ 40000UNT epoetin alfa-epbx inj 40000 unit/ml.....	65
quazepam tab 15mg.....	57	rasagiline tab 0.5mg.....	48	RETROVIR CAP 100MG zidovudine cap 100 mg.....	53
quetiapine tab 25mg.....	50	rasagiline tab 1mg.....	48	RETROVIR SYP 50MG/5ML zidovudine syrup 10 mg/ml.....	53
quetiapine tab 50mg.....	50	RA URINARY TES TRACT IN *urinary tract infection (uti) test strip***.....	119	REXTOVY SPR 4/0.25ML naloxone hcl nasal spray 4 mg/0.25ml.....	23
quetiapine tab 50mg er.....	50	react tab 1.5mg.....	103	REYATAZ CAP 200MG atazanavir sulfate cap 200 mg.....	55
quetiapine tab 100mg.....	49	reclipsen tab.....	101	REYATAZ CAP 300MG atazanavir sulfate cap 300 mg.....	55
quetiapine tab 150mg.....	49	RECOMBIVA HB INJ 5MCG/0.5 hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml.....	114	REYATAZ POW 50MG atazanavir sulfate oral powder packet 50 mg ...	55
quetiapine tab 150mg er.....	49	RECOMBIVA HB INJ 5MCG/0.5 hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml.....	114	REZENOPY SPRAY 10MG naloxone hcl nasal spray 10 mg/0.11ml.....	23
quetiapine tab 200mg.....	49	RECOMBIVA HB INJ 10MCG/ML hepatitis b vaccine (recombinant) susp 10 mcg/ml.....	114	REZVOGLAR INJ 100UT/ML insulin glargine-aglr soln pen-injector 100 unit/ml.....	62
quetiapine tab 200mg er.....	49	RECOMBIVA HB INJ 10MCG/ML hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml.....	114	ribavirin cap 200mg.....	51
quetiapine tab 300mg.....	50	RECOMBIVA-HB INJ 40MCG/ML hepatitis b vaccine (recombinant) susp 40 mcg/ml.....	114	ribavirin tab 200mg.....	51
quetiapine tab 300mg er.....	50	RECOTHROM SOL 5000UNIT thrombin (recombinant) for soln 5000 unit.....	65	rifabutin cap 150mg.....	39
quetiapine tab 400mg.....	50	RECOTHROM SOL 20000UNT thrombin (recombinant) for soln 20000 unit.....	65	rifampin cap 150mg.....	39
quetiapine tab 400mg er.....	50	REGANEX GEL 0.01% becaplermin gel 0.01%.....	82	rifampin cap 300mg.....	39
QUICK TOUCH MIS 33GX8MM insulin pen needle 33 g x 8 mm (1/3" or 5/16").....	119	RELENZA MIS DISKHALE zanamivir aerosol powder breath activated 5 mg/act.....	55	Rifapentine tab 150mg.....	39
quinapril-hydrochlorothiazide tab 10-12.5 mg.....	68	RELISTOR INJ 8/0.4ML methylnaltrexone bromide soln pref syr 8 mg/0.4ml.....	87	RILPIVIRINE TAB 25MG.....	52
quinapril-hydrochlorothiazide tab 20-12.5 mg.....	68	RELISTOR INJ 12/0.6ML methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml).....	86	riluzole tab 50mg.....	79
quinapril-hydrochlorothiazide tab 20-25 mg.....	68	RELISTOR INJ 12/0.6ML methylnaltrexone bromide soln pref syr 12 mg/0.6ml.....	86	rimantadine tab 100mg.....	55
quinapril tab 5mg.....	68	repaglinide tab 0.5mg.....	60	RINVOQ LQ SOL 1MG/ML upadacitinib oral soln 1 mg/ml.....	111
quinapril tab 10mg.....	68	repaglinide tab 1mg.....	60	RINVOQ TAB 15MG ER upadacitinib tab er 24hr 15 mg.....	111
quinapril tab 20mg.....	68	repaglinide tab 2mg.....	60	RINVOQ TAB 30MG ER upadacitinib tab er 24hr 30 mg.....	111
quinapril tab 40mg.....	68	REPATHA INJ 140MG/ML evolocumab subcutaneous soln prefilled syringe 140 mg/ml.....	76	RINVOQ TAB 45MG ER upadacitinib tab er 24hr 45 mg.....	111
quinidine gl tab 324mg cr.....	69	REPATHA PUSH INJ 420/3.5 evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml.....	76	risedronate tab 5mg.....	115
quinidine gl tab 324mg er.....	69	REPATHA SURE INJ 140MG/ML evolocumab subcutaneous soln auto-injector 140 mg/ml.....	76	risedronate tab 30mg.....	115
quinidine su tab 200mg.....	69	RETACRIT INJ 2000UNIT epoetin alfa-epbx inj 2000 unit/ml.....	65	risedronate tab 35mg.....	115
quinidine su tab 300mg.....	69	RETACRIT INJ 3000UNIT epoetin alfa-epbx inj 3000 unit/ml.....	65	risedronate tab 150mg.....	115
quinine sulf cap 324mg.....	46			risperidone sol 1mg/ml.....	50
QULIPTA TAB 10MG atogepant tab 10 mg.....	38			risperidone tab 0.5mg.....	50
QULIPTA TAB 30MG atogepant tab 30 mg.....	38			risperidone tab 0.5mg odt.....	50
QULIPTA TAB 60MG atogepant tab 60 mg.....	38			risperidone tab 0.25mg.....	50
QVAR REDIHA AER 80MCG beclomethasone diprop hfa breath act inh aer 80 mcg/act.....	123			risperidone tab 0.25 odt.....	50
QVAR REDIHAL AER 40MCG beclomethasone diprop hfa breath act inh aer 40 mcg/act.....	123			risperidone tab 1mg.....	50
rabeprazole tab 20mg.....	89			risperidone tab 1mg odt.....	50
RADIOGARDASE CAP 0.5GM prussian blue insoluble cap 0.5 gm ..	119			risperidone tab 2mg.....	50
raloxifene tab 60mg.....	104			risperidone tab 2mg odt.....	50
ramelteon tab 8mg.....	129			risperidone tab 3mg.....	50
ramipril cap 1.25mg.....	68			risperidone tab 3mg odt.....	50
ramipril cap 2.5mg.....	68			risperidone tab 4mg.....	50

risperidone tab 4mg odt.....	50	salsalate tab 500 mg	18	SIGNIFOR INJ 0.9MG/ML	
ritonavir tab 100mg.....	55	salsalate tab 750 mg.....	18	pasireotide diaspertate inj 0.9 mg/	
rivaroxaban sus 1mg/ml	63	SANDIMMUNE SOL 100MG/ML		ml	107
rivaroxaban tab 2.5mg	63	cyclosporine oral soln 100 mg/ml ...	109	sildenafil sus 10mg/ml.....	126
rivastigmine cap 1.5mg	31	sapropterin pow 100mg	89	sildenafil tab 20mg	126
rivastigmine cap 3mg.....	31	sapropterin pow 500mg.....	89	silodosin cap 4mg	90
rivastigmine cap 4.5mg.....	32	sapropterin tab 100mg	89	silodosin cap 8mg	90
rivastigmine cap 6mg	32	SAVELLA MIS TITR PAK milnacipran		silver sulfadiazine cream 1%.....	25
rivastigmine dis 4.6mg/24.....	32	hcl tab 12.5 mg (5) & 25 mg (8) & 50		silver sulfadiazine cream 1%.....	25
rivastigmine dis 9.5mg/24.....	32	mg (42) pak.....	80	SIMBRINZA SUS 1-0.2%	
rivastigmine dis 13.3/24.....	32	SAVELLA TAB 12.5MG milnacipran		brinzolamide-brimonidine tartrate	
rivelsa tab	101	hcl tab 12.5 mg.....	80	ophth susp 1-0.2%.....	121
rizatriptan tab 5mg	38	SAVELLA TAB 25MG milnacipran hcl		simliya tab 28 day.....	101
rizatriptan tab 5mg odt.....	38	tab 25 mg.....	80	simpesse tab.....	101
rizatriptan tab 10mg	38	SAVELLA TAB 50MG milnacipran hcl		SIMPONI INJ 50/0.5ML golimumab	
rizatriptan tab 10mg odt.....	38	tab 50 mg	80	subcutaneous soln auto-injector 50	
roflumilast tab 250mcg.....	125	SAVELLA TAB 100MG milnacipran		mg/0.5ml	109
roflumilast tab 500mcg	125	hcl tab 100 mg	80	SIMPONI INJ 50/0.5ML golimumab	
ropinirole tab 0.5mg	47	saxagliptin tab 2.5mg.....	60	subcutaneous soln prefilled syringe	
ropinirole tab 0.25mg.....	47	saxagliptin tab 5mg.....	60	50 mg/0.5ml	109
ropinirole tab 1mg	47	scopolamine dis 1mg/3day.....	36	SIMPONI INJ 100MG/ML	
ropinirole tab 2mg	47	select-lite kit dev/lanc.....	58	golimumab subcutaneous soln	
ropinirole tab 3mg	47	selegiline cap 5mg	48	auto-injector 100 mg/ml	109
ropinirole tab 4mg	47	selegiline tab 5mg	48	SIMPONI INJ 100MG/ML	
ropinirole tab 5mg	47	selenium sulfide lotion 2.5%.....	82	golimumab subcutaneous soln	
rosuvastatin tab 5mg	75	SELZENTRY SOL 20MG/ML		prefilled syringe 100 mg/ml	109
rosuvastatin tab 10mg	75	maraviroc oral soln 20 mg/ml.....	54	simvastatin tab 5mg.....	76
rosuvastatin tab 20mg	75	SELZENTRY TAB 25MG maraviroc		simvastatin tab 10mg.....	75
rosuvastatin tab 40mg	75	tab 25 mg.....	54	simvastatin tab 20mg	76
rosyrah tab	101	SELZENTRY TAB 75MG maraviroc		simvastatin tab 40mg	76
ROTARIX SUS rotavirus vaccine, live		tab 75 mg.....	54	simvastatin tab 80mg	76
oral susp.....	114	SELZENTRY TAB 150MG maraviroc		sirolimus sol 1mg/ml.....	109
ROTATEQ SOL rotavirus vaccine,		tab 150 mg.....	54	sirolimus tab 0.5mg.....	109
live oral pentavalent soln.....	114	SELZENTRY TAB 300MG maraviroc		sirolimus tab 1mg	110
ROWEEPPRA TAB 500MG		tab 300 mg	54	sirolimus tab 2mg.....	110
levetiracetam tab 500 mg.....	28	SE-NATAL 19 CHW *prenatal vit w/		SIRTURO TAB 20MG bedaquiline	
ROZLYTREK CAP 100MG entrectinib		fe fumarate-fa chew tab 29-1 mg*** .	86	fumarate tab 20 mg (base equiv)	39
cap 100 mg	42	SE-NATAL 19 TAB *prenatal vit w/		SIRTURO TAB 100MG bedaquiline	
ROZLYTREK CAP 200MG entrectinib		dss-fe fumarate-fa tab 29-1 mg*** ...	86	fumarate tab 100 mg (base equiv) ...	39
cap 200 mg	42	sertraline con 20mg/ml	34	SIVEXTRO TAB 200MG tedizolid	
ROZLYTREK PAK 50MG entrectinib		sertraline tab 25mg.....	34	phosphate tab 200 mg	25
pellet pack 50 mg	42	sertraline tab 50mg.....	34	SKYRIZI INJ 55/0.37 risankizumab-	
rufinamide sus 40mg/ml	31	sertraline tab 100mg	34	rzaa soln prefilled syringe 55	
rufinamide tab 200mg	31	setlakin tab.....	101	mg/0.37ml.....	110
rufinamide tab 400mg	31	sevelamer carbonate packet 0.8 gm ..	85	SKYRIZI INJ 150MG/ML	
RUKOBIA TAB 600MG ER		sevelamer carbonate packet 2.4 gm ..	85	risankizumab-rzaa soln prefilled	
fostemsavir tromethamine tab er		sevelamer carbonate tab 800 mg.	85	syringe 150 mg/ml	110
12hr 600 mg	54	sharobel tab 0.35mg.....	103	SKYRIZI INJ 180/1.2 risankizumab-	
RYBELSUS TAB 3MG semaglutide		shewise tab 1.5mg	103	rzaa subcutaneous soln cartridge	
tab 3 mg.....	60	SHINGRIX INJ 50/0.5ML zoster vac		180 mg/1.2ml	110
RYBELSUS TAB 7MG semaglutide		recombinant adjuvanted for im inj		SKYRIZI INJ 360/2.4 risankizumab-	
tab 7 mg.....	60	50 mcg/0.5ml.....	114	rzaa subcutaneous soln cartridge	
RYBELSUS TAB 14MG semaglutide		SIGNIFOR INJ 0.3MG/ML		360 mg/2.4ml	110
tab 14 mg.....	60	pasireotide diaspertate inj 0.3 mg/		SKYRIZI PEN INJ 150MG/ML	
sacubitril-valsartan tab 24-26 mg.....	73	ml	107	risankizumab-rzaa soln auto-	
sacubitril-valsartan tab 49-51 mg.....	73	SIGNIFOR INJ 0.6MG/ML		injector 150 mg/ml	110
sacubitril-valsartan tab 97-103 mg.....	74	pasireotide diaspertate inj 0.6 mg/		SLYND TAB 4MG drospirenone tab 4	
		ml	107	mg	103
				sod chloride neb 0.9%	128
				sod chloride neb 3%	128

sod chloride neb 7%	128	SPIRIVA RESP AER 1.25MCG tiotropium bromide inhal aerosol 1.25 mcg/act.	124	sulconazole cre 1%	37
sod chloride neb 10%	128	SPIRIVA RESP AER 2.5MCG tiotropium bromide inhal aerosol 2.5 mcg/act.	124	sulconazole sol 1%	37
sod fluoride chw 0.5mg f	84	SPIRIVA RESP AER 2.5MCG tiotropium bromide inhal aerosol 2.5 mcg/act.	124	sulfacetamid lot 10%	82
sod fluoride chw 0.25mg f	84	SPIRIVA RESP AER 2.5MCG tiotropium bromide inhal aerosol 2.5 mcg/act.	124	sulfacet sod oin 10% op	121
sod fluoride dro 0.5mg/ml	84	spironolactone & hydrochlorothiazide tab 25-25 mg	74	sulfacet sod sol 10% op	121
sod fluoride tab 0.5mg f	84	spironolactone susp 25 mg/5ml	74	sulfadiazine tab 500mg	27
sod fluoride tab 1mg f	84	spironolactone tab 25 mg	74	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	27
sodium fluoride chew tab 0.5 mg	84	spironolactone tab 50 mg	74	sulfamethoxazole-trimethoprim tab 400-80 mg	27
sodium fluoride chew tab 0.25 mg	84	spironolactone tab 100 mg	74	sulfamethoxazole-trimethoprim tab 800-160 mg	27
sodium fluoride chew tab 1 mg.	84	SPRAVATO SOL 56MG DOS esketamine hcl nasal soln 28 mg/ device x 2 (56 mg dose pack)	32	SULFAMILYLON CRE 85MG/GM mafenide acetate cream 85 mg/gm. ..	25
sodium oxybate oral solution 500 mg/ml	129	SPRAVATO SOL 84MG DOS esketamine hcl nasal soln 28 mg/ device x 3 (84 mg dose pack)	33	sulfasalazin tab 500mg	115
sodium polystyrene sulfonate powder	84	sprintec 28 tab 28 day	101	sulfasalazin tab 500mg dr	115
sod sulfate-pot sulf-mg sulf oral sol 175-3.13-1.6 gm/177ml	88	sronyx tab	101	sulfatrim pd sus 200-40/5	27
sofosbuvir-velpatasvir tab 400-100 mg	51	STEQUEYMA INJ 45/0.5ML ustekinumab-stba soln prefilled syringe 45 mg/0.5ml	82	sulf/pred na sol op	120
solifenacin tab 5mg	90	STEQUEYMA INJ 90MG/ML ustekinumab-stba soln prefilled syringe 90 mg/ml	82	sulindac tab 150mg	18
solifenacin tab 10mg	90	STIOLTO AER 2.5-2.5 tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	124	sulindac tab 200mg	18
SOLQUA INJ 100/33 insulin glargine-lixisenatide sol pen-inj 100- 33 unit-mcg/ml	62	STIVARGA TAB 40MG regorafenib tab 40 mg	45	sumatriptan-naproxen sodium tab 85-500 mg	39
SOMAVERT INJ 10MG pegvisomant for inj 10 mg (as protein)	107	st joseph chw low 81mg	18	sumatriptan nasal spray 5 mg/act	38
SOMAVERT INJ 15MG pegvisomant for inj 15 mg (as protein)	107	STRIBILD TAB elvitegrav-cobic- emtricitab-tenofovd f tab 150-150- 200-300 mg.	51	sumatriptan nasal spray 20 mg/act ...	38
SOMAVERT INJ 20MG pegvisomant for inj 20 mg (as protein)	107	STRIVERDI AER 2.5MCG olodaterol hcl inhal aerosol soln 2.5 mcg/act ..	125	sumatriptan succinate inj 6 mg/0.5ml	38
SOMAVERT INJ 25MG pegvisomant for inj 25 mg (as protein)	107	SUBOXONE MIS 2-0.5MG buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	22	sumatriptan succinate inj 6 mg/0.5ml	38
SOMAVERT INJ 30MG pegvisomant for inj 30 mg (as protein)	107	SUBOXONE MIS 4-1MG buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	23	sumatriptan succinate inj 6 mg/0.5ml	39
sorafenib tab 200mg	45	SUBOXONE MIS 8-2MG buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	23	sumatriptan succinate solution auto-injector 4 mg/0.5ml	39
sotalol af tab 80mg	69	SUBOXONE MIS 12-3MG buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	22	sumatriptan succinate solution auto-injector 6 mg/0.5ml	39
sotalol af tab 120mg	69	SUBVENITE TAB 25MG lamotrigine tab 25 mg.	30	sumatriptan succinate solution auto-injector 6 mg/0.5ml	39
sotalol af tab 160mg	69	SUBVENITE TAB 100MG lamotrigine tab 100 mg	30	sumatriptan succinate solution cartridge 4 mg/0.5ml	39
sotalol hcl tab 80mg	69	SUBVENITE TAB 150MG lamotrigine tab 150 mg.	30	sumatriptan succinate solution cartridge 6 mg/0.5ml	39
sotalol hcl tab 120mg	69	SUBVENITE TAB 200MG lamotrigine tab 200 mg	30	sumatriptan tab 25mg	39
sotalol hcl tab 160mg	69	sucalfate sus 1gm/10ml	88	sumatriptan tab 50mg	39
sotalol hcl tab 240mg	69	sucalfate tab 1gm	88	sumatriptan tab 100mg	39
SOTYLIZE SOL 5MG/ML sotalol hcl oral solution 5 mg/ml	69			sunitinib cap 12.5mg	45
SOVALDI PAK 150MG sofosbuvir pellet pack 150 mg	51			sunitinib cap 25mg	45
SOVALDI PAK 200MG sofosbuvir pellet pack 200 mg.	51			sunitinib cap 37.5mg	45
SOVALDI TAB 200MG sofosbuvir tab 200 mg	51			sunitinib cap 50mg	45
SOVALDI TAB 400MG sofosbuvir tab 400 mg	51			SUNLENCA TAB 300MG lenacapavir sodium tab 300 mg.	54
SPIKEVAX INJ 2025-26 covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml	114			SUNLENCA TAB 300MG lenacapavir sodium tab therapy pack 4 x 300 mg	54
SPIKEVAX INJ 2025-26 covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	114			SUNLENCA TAB 300MG lenacapavir sodium tab therapy pack 5 x 300 mg.	54
spinosad susp 0.9%	46			SUNOSI TAB 75MG solriamfetol hcl tab 75 mg (base equiv)	129
				SUNOSI TAB 150MG solriamfetol hcl tab 150 mg (base equiv)	129
				syeda tab 3-0.03mg	101
				SYMFI LO TAB efavirenz- lamivudine-tenofovir df tab 400- 300-300 mg	52

SYMFI TAB efavirenz-lamivudine-tenofovir df tab 600-300-300 mg . . .	52	SYNTHROID TAB 300MCG levothyroxine sodium tab 300 mcg .	105	Tavaborole Sol 5%.....	37
SYMJEPI INJ 0.3MG epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)	125	TABLOID TAB 40MG thioguanine tab 40 mg	41	taysofy cap 1/20	101
SYMJEPI INJ 0.15MG epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)	125	tacrolimus cap 0.5 mg	110	tazarotene cream 0.1%	83
SYMPROIC TAB 0.2MG naldemedine tosylate tab 0.2 mg (base equivalent) 87		tacrolimus cap 1 mg	110	tazarotene gel 0.1%	83
SYMTUZA TAB darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	55	tacrolimus cap 5 mg	110	TAZTIA XT CAP 120MG/24 diltiazem hcl extended release beads cap er 24hr 120 mg	72
SYNAREL SOL 2MG/ML nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	107	tacrolimus oint 0.1%	82	TAZTIA XT CAP 180MG/24 diltiazem hcl extended release beads cap er 24hr 180 mg	72
SYNJARDY TAB 5-500MG empagliflozin-metformin hcl tab 5-500 mg	60	tacrolimus oint 0.03%	82	TAZTIA XT CAP 240MG/24 diltiazem hcl extended release beads cap er 24hr 240 mg	72
SYNJARDY TAB 5-1000MG empagliflozin-metformin hcl tab 5-1000 mg	60	tadalafil tab 2.5mg	90	TAZTIA XT CAP 300MG ER diltiazem hcl extended release beads cap er 24hr 300 mg	72
SYNJARDY TAB 12.5-500 empagliflozin-metformin hcl tab 12.5-500 mg	60	tadalafil tab 5mg	90	TAZTIA XT CAP 360MG/24 diltiazem hcl extended release beads cap er 24hr 360 mg	72
SYNJARDY TAB empagliflozin-metformin hcl tab 12.5-1000 mg	60	tadalafil tab 20mg	126	TDVAX INJ 2-2 LF tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	129
SYNJARDY XR TAB 5-1000MG empagliflozin-metformin hcl tab er 24hr 5-1000 mg	60	TAFINLAR CAP 50MG dabrafenib mesylate cap 50 mg (base equivalent) 45		telmisartan-hydrochlorothiazide tab 40-12.5 mg	67
SYNJARDY XR TAB 10-1000 empagliflozin-metformin hcl tab er 24hr 10-1000 mg	60	TAFINLAR CAP 75MG dabrafenib mesylate cap 75 mg (base equivalent) 45		telmisartan-hydrochlorothiazide tab 80-12.5 mg	67
SYNJARDY XR TAB 25-1000 empagliflozin-metformin hcl tab er 24hr 25-1000 mg	60	TAFINLAR TAB 10MG dabrafenib mesylate tab for oral susp 10 mg	45	telmisartan-hydrochlorothiazide tab 80-25 mg	67
SYNJARDY XR TAB empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	60	tafluprost sol 0.0015%	121	telmisartan tab 20mg	67
SYNRIBO INJ 3.5MG omacetaxine mepesuccinate for inj 3.5 mg	42	TAGRISSO TAB 40MG osimertinib mesylate tab 40 mg (base equivalent) 45		telmisartan tab 40mg	67
SYNTHROID TAB 25MCG levothyroxine sodium tab 25 mcg . .	105	TAGRISSO TAB 80MG osimertinib mesylate tab 80 mg (base equivalent) 45		telmisartan tab 80mg	67
SYNTHROID TAB 50MCG levothyroxine sodium tab 50 mcg . .	105	TAKE ACTION TAB 1.5MG levonorgestrel tab 1.5 mg	103	temazepam cap 7.5mg	129
SYNTHROID TAB 75MCG levothyroxine sodium tab 75 mcg . .	105	TALTZ INJ 20/0.25 ixekizumab subcutaneous soln prefilled syringe 20 mg/0.25ml	82	temazepam cap 15mg	129
SYNTHROID TAB 88MCG levothyroxine sodium tab 88 mcg . .	106	TALTZ INJ 40/0.5ML ixekizumab subcutaneous soln prefilled syringe 40 mg/0.5ml	82	temazepam cap 22.5mg	129
SYNTHROID TAB 100MCG levothyroxine sodium tab 100 mcg .	105	TALTZ INJ 80MG/ML ixekizumab subcutaneous soln auto-injector 80 mg/ml	83	temazepam cap 30mg	129
SYNTHROID TAB 112MCG levothyroxine sodium tab 112 mcg . .	105	TALTZ INJ 80MG/ML ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	83	temozolomide cap 5mg	40
SYNTHROID TAB 125MCG levothyroxine sodium tab 125 mcg . .	105	TALZENNA CAP 0.1MG talazoparib tosylate cap 0.1 mg (base equivalent) 42		temozolomide cap 20mg	40
SYNTHROID TAB 137MCG levothyroxine sodium tab 137 mcg . .	105	TALZENNA CAP 0.5MG talazoparib tosylate cap 0.5 mg (base equivalent) 42		temozolomide cap 100mg	40
SYNTHROID TAB 150MCG levothyroxine sodium tab 150 mcg .	105	TALZENNA CAP 0.25MG talazoparib tosylate cap 0.25 mg (base equivalent)	42	temozolomide cap 140mg	40
SYNTHROID TAB 175MCG levothyroxine sodium tab 175 mcg . .	105	TALZENNA CAP 0.35MG talazoparib tosylate cap 0.35 mg (base equivalent)	42	temozolomide cap 180mg	40
SYNTHROID TAB 200MCG levothyroxine sodium tab 200 mcg .	105	TALZENNA CAP 0.75MG talazoparib tosylate cap 0.75 mg (base equivalent)	42	temozolomide cap 250mg	40
		TALZENNA CAP 1MG talazoparib tosylate cap 1 mg (base equivalent) . .	42	TENCON TAB 50-325MG butalbital-acetaminophen tab 50-325 mg	22
		tamoxifen tab 10mg	41	TENIVAC INJ 5-2LF tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml	114
		tamoxifen tab 20mg	41	tenofovir tab 300mg	53
		tamsulosin cap 0.4mg	90	terazosin cap 1mg	90
		tarina 24 fe tab	101	terazosin cap 2mg	90
		tarina fe tab 1/20 eq	101	terazosin cap 5mg	90
		TARON-C DHA CAP *prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg***	86	terazosin cap 10mg	90
		tasimelteon cap 20mg	129	terbinafine tab 250mg	37

teriflunomid tab 7mg.....	80	THRIVITE RX TAB 29-1MG *prenatal vit w/ iron carbonyl-fa tab 29-1 mg***	86	TIROSINT-SOL SOL 25MCG/ML levothyroxine sodium oral solution 25 mcg/ml.....	106
teriflunomid tab 14mg.....	80	thrombin-jmi kit 5000unit	65	TIROSINT-SOL SOL 375/ML levothyroxine sodium oral solution 375 mcg/ml.....	106
TESTIM GEL 1%(50MG) testosterone td gel 50 mg/5gm (1%).....	94	thrombin-jmi kit 20000unt.....	65	TIROSINT-SOL SOL 44MCG/ML levothyroxine sodium oral solution 44 mcg/ml.....	106
testost cyp inj 100mg/ml	94	thrombin-jmi sol 5000unit	65	TIROSINT-SOL SOL 50MCG/ML levothyroxine sodium oral solution 50 mcg/ml.....	106
testost cyp inj 200mg/ml.....	95	thrombin-jmi sol 20000unt	65	TIROSINT-SOL SOL 62.5/ML levothyroxine sodium oral solution 62.5 mcg/ml	106
testost cyp inj 200mg/ml.....	95	thrombin kit 5000unit.....	65	TIROSINT-SOL SOL 75MCG/ML levothyroxine sodium oral solution 75 mcg/ml.....	106
testost enan inj 200mg/ml	95	THYQUIDITY SOL 100/5ML levothyroxine sodium oral solution 100 mcg/5ml	106	TIROSINT-SOL SOL 88MCG/ML levothyroxine sodium oral solution 88 mcg/ml.....	106
testosterone gel pump 1%.....	95	THYQUIDITY SOL 100MCG levothyroxine sodium oral solution 100 mcg/5ml	106	TIROSINT-SOL SOL 100MCG levothyroxine sodium oral solution 100 mcg/ml.....	106
testosterone sol 30mg/act	95	thyroid tab 15mg.....	106	TIROSINT-SOL SOL 112MCG levothyroxine sodium oral solution 112 mcg/ml	106
testosterone td gel 10mg/act (2%)....	95	thyroid tab 30mg	106	TIROSINT-SOL SOL 125MCG levothyroxine sodium oral solution 125 mcg/ml	106
testosterone td gel 20.25 mg/1.25gm (1.62%).....	95	thyroid tab 60mg	106	TIROSINT-SOL SOL 137MCG levothyroxine sodium oral solution 137 mcg/ml.....	106
testosterone td gel 20.25 mg/act (1.62%).....	95	thyroid tab 90mg	106	TIROSINT-SOL SOL 150MCG levothyroxine sodium oral solution 150 mcg/ml.....	106
testosterone td gel 20.25 mg/act (1.62%).....	95	thyroid tab 120mg	106	TIROSINT-SOL SOL 175MCG levothyroxine sodium oral solution 175 mcg/ml	106
testosterone td gel 25 mg/2.5gm (1%)	95	TIADYLT CAP 120MG/24 diltiazem hcl extended release beads cap er 24hr 120 mg	72	TIROSINT-SOL SOL 200MCG levothyroxine sodium oral solution 200 mcg/ml.....	106
testosterone td gel 40.5 mg/2.5gm (1.62%).....	95	TIADYLT CAP 180MG/24 diltiazem hcl extended release beads cap er 24hr 180 mg	72	TIVICAY PD TAB 5MG dolutegravir sodium tab for oral susp 5 mg	51
testosterone td gel 50 mg/5gm (1%)..	95	TIADYLT CAP 240MG/24 diltiazem hcl extended release beads cap er 24hr 240 mg	73	TIVICAY TAB 10MG dolutegravir sodium tab 10 mg	51
tetrabenazin tab 12.5mg.....	79	TIADYLT CAP 300MG/24 diltiazem hcl extended release beads cap er 24hr 300 mg	73	TIVICAY TAB 25MG dolutegravir sodium tab 25 mg	51
tetrabenazin tab 25mg	79	TIADYLT CAP 360MG/24 diltiazem hcl extended release beads cap er 24hr 360 mg	73	TIVICAY TAB 50MG dolutegravir sodium tab 50 mg	51
tetracaine ophthalmic soln 0.5% op..	120	TIADYLT CAP 420MG/24 diltiazem hcl extended release beads cap er 24hr 420 mg	73	tizanidine cap 2mg	128
tetracycline cap 250mg	28	tiagabine tab 2mg	29	tizanidine cap 4mg	128
tetracycline cap 500mg	28	tiagabine tab 4mg	29	tizanidine cap 6mg	128
thalomid cap 50mg.....	41	tiagabine tab 12mg	29	tizanidine tab 2mg.....	128
thalomid cap 100mg.....	41	tiagabine tab 16mg	29	tizanidine tab 4mg.....	128
thalomid cap 150mg.....	41	ticagrelor tab 60mg	65	TLANDO CAP 112.5 MG testosterone undecanoate cap 112.5 mg	95
thalomid cap 200mg	41	ticagrelor tab 90mg	65	tobra/dexame sus 0.3-0.1%.....	119
THEO-24 CAP 100MG CR theophylline cap er 24hr 100 mg	125	tilia fe tab	101	tobramycin neb 300/5ml.....	125
THEO-24 CAP 200MG CR theophylline cap er 24hr 200 mg	125	timolol maleate ophth soln 0.5%.....	121	tobramycin sol 0.3% op	119
THEO-24 CAP 300MG CR theophylline cap er 24hr 300 mg	125	timolol maleate ophth soln 0.5% (once-daily)	121	TODAY SPONGE MIS nonoxynol-9 vaginal sponge 1000 mg.....	90
THEO-24 CAP 400MG ER theophylline cap er 24hr 400 mg	125	timolol maleate ophth soln 0.5% (once-daily).....	121		
theophylline elx 80/15ml	125	timolol maleate ophth soln 0.25%.....	121		
theophylline sol 80/15ml	125	timolol maleate tab 5 mg.....	70		
theophylline tab 100mg er	125	timolol maleate tab 10 mg	70		
theophylline tab 200mg er	125	timolol maleate tab 20 mg	70		
theophylline tab 300mg er	125	timolol ophth soln 0.5%.....	121		
theophylline tab 400mg er.....	125	tinidazole tab 250mg	25		
theophylline tab 450mg er	125	tinidazole tab 500mg.....	25		
theophylline tab 600mg er.....	125	tiotropium bromide inhal cap 18 mcg	124		
thioridazine tab 10mg	48	TIROSINT-SOL SOL 13MCG/ML levothyroxine sodium oral solution 13 mcg/ml	106		
thioridazine tab 25mg	48				
thioridazine tab 50mg	48				
thioridazine tab 100mg.....	48				
thiothixene cap 1mg.....	49				
thiothixene cap 2mg.....	49				
thiothixene cap 5mg.....	49				
thiothixene cap 10mg	49				
THRIVE GUM 2MG MINT nicotine polacrilex gum 2 mg.....	24				

TOFACITINIB SOL 1MG/ML tofacitinib citrate oral soln 1 mg/ml	110	TRELEGY AER 100MCG fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	124	tri-lo- tab sprintec	101
TOFACITINIB TAB 5MG tofacitinib citrate tab 5 mg	110	TRELEGY AER 200MCG fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	124	trimethobenz cap 300mg	36
TOFACITINIB TAB 10MG tofacitinib citrate tab 10 mg	110	TRESIBA FLEX INJ 100UNIT insulin degludec soln pen-injector 100 unit/ml	62	trimethoprim tab 100mg	25
TOFACITINIB TAB 11MG ER tofacitinib citrate tab er 24hr 11 mg	110	TRESIBA FLEX INJ 200UNIT insulin degludec soln pen-injector 200 unit/ml	62	tri-mili tab	101
TOFACITINIB TAB 22MG ER tofacitinib citrate tab er 24hr 22 mg	110	TRESIBA INJ 100UNIT insulin degludec inj 100 unit/ml	62	trimipramine cap 25mg	35
tolcapone tab 100mg	47	tretinoin cap 10mg	46	trimipramine cap 50mg	35
tolmetin sod cap 400mg	18	tretinoin cre 0.1%	83	trimipramine cap 100mg	35
tolmetin sod tab 600mg	18	tretinoin cre 0.05%	83	TRINATAL RX TAB 1 *prenatal vit w/ fe fumarate-fa tab 60-1 mg***	86
tolterodine cap 2mg er	90	tretinoin cre 0.025%	83	TRINATE TAB *prenatal vit w/ fe fumarate-fa tab 28-1 mg***	86
tolterodine cap 4mg er	90	triamcinolon cre 0.1%	93	tri-sprintec tab	101
tolterodine tab 1mg	90	triamcinolon cre 0.5%	93	TRIUMEQ PD TAB abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	51
tolterodine tab 2mg	90	triamcinolon cre 0.025%	93	TRIUMEQ TAB abacavir-dolutegravir-lamivudine tab 600-50-300 mg	51
tolvaptan tab 15mg	84	triamcinolon lot 0.1%	93	trivora-28 tab	101
tolvaptan tab 30mg	84	triamcinolon lot 0.025%	93	tri-vylibra tab	101
topiramate cap 15mg	30	triamcinolon lot 0.025%	93	tri-vylibra tab lo	101
topiramate cap 25mg	30	triamcinolon oin 0.1%	93	trospium chl cap 60mg er	91
topiramate cap 50mg	30	triamcinolon oin 0.5%	93	trospium cl tab 20mg	91
topiramate tab 25mg	30	triamcinolon oin 0.025%	93	true metrix sol level 1	58
topiramate tab 50mg	30	triamcinolon pst 0.1%	81	true metrix sol level 2	58
topiramate tab 100mg	30	triamcinolon pst den 0.1%	81	true metrix sol level 3	58
topiramate tab 200mg	30	triamterene & hydrochlorothiazide cap 37.5-25 mg	74	TRUEPLS GLUC GEL 15/32ML glucose gel 15 gm/32ml	119
toremifene tab 60mg	41	triamterene & hydrochlorothiazide tab 37.5-25 mg	74	TRUEPLUS CHW GLUCOSE glucose chew tab 4 gm (rounded)	119
torsemide tab 5mg	74	triamterene & hydrochlorothiazide tab 75-50 mg	74	TRULICITY INJ 0.75/0.5 dulaglutide soln auto-injector 0.75 mg/0.5ml	60
torsemide tab 10mg	74	triazolam tab 0.25mg	57	TRULICITY INJ 1.5/0.5 dulaglutide soln auto-injector 1.5 mg/0.5ml	60
torsemide tab 20mg	74	triazolam tab 0.125mg	57	TRULICITY INJ 3/0.5 dulaglutide soln auto-injector 3 mg/0.5ml	60
torsemide tab 100mg	74	TRICARE TAB PRENATAL *prenatal vit w/ fe fumarate-fa tab 27-1 mg***	86	TRULICITY INJ 4.5/0.5 dulaglutide soln auto-injector 4.5 mg/0.5ml	60
TRADJENTA TAB 5MG linagliptin tab 5 mg	60	triderm cre 0.5%	93	TRUMENBA INJ meningococcal group b vac (recomb) im susp prefilled syr	114
tramadol-acetaminophen tab 37.5-325 mg	18	TRIENTINE CAP 250MG trientine hcl cap 250 mg	84	TRUQAP PAK 160MG capivasertib tab therapy pack 160 mg	45
tramadol hcl tab 50 mg	20	tri-estaryl tab	101	TRUQAP PAK 200MG capivasertib tab therapy pack 200 mg	45
tramadol hcl tab er 24hr 100 mg	20	trifluoperaz tab 1mg	49	TRUQAP TAB 160MG capivasertib tab 160 mg	45
tramadol hcl tab er 24hr 200 mg	20	trifluoperaz tab 2mg	49	TRUQAP TAB 200MG capivasertib tab 200 mg	45
tramadol hcl tab er 24hr 300 mg	20	trifluoperaz tab 5mg	49	TRUVADA TAB 100-150 emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	53
tramadol hcl tab er 24hr biphasic release 100 mg	20	trifluoperaz tab 10mg	49	TRUVADA TAB 133-200 emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	53
tramadol hcl tab er 24hr biphasic release 200 mg	20	trifluridine sol 1% op	119	TRUVADA TAB 167-250 emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	53
tramadol hcl tab er 24hr biphasic release 300 mg	20	trihexyphen sol 0.4mg/ml	47		
trandolapril tab 1mg	68	Trihexyphen Sol 2mg/5ml	47		
trandolapril tab 2mg	68	trihexyphen tab 2mg	47		
trandolapril tab 4mg	68	trihexyphen tab 5mg	47		
tranex acid tab 650mg	65	tri-legest tab fe	101		
tranylcyprom tab 10mg	33	tri-lynyah tab	101		
travoprost dro 0.004%	121	TRILITAS GEL 0.1% tazarotene gel 0.1%	81		
trazodone tab 50mg	34	tri-lo-mili tab	101		
trazodone tab 100mg	34	tri-lo tab estaryl	101		
trazodone tab 150mg	34	tri-lo tab marzia	101		
trazodone tab 300mg	34				
TRECTOR TAB 250MG ethionamide tab 250 mg	40				

TRUVADA TAB 200-300 emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	53	TYVASO SOL 0.6MG/ML treprostinil inhalation solution 0.6 mg/ml	127	valganciclov tab 450mg	50
TUKYSA TAB 50MG tucatinib tab 50 mg	45	TYVASO ST KT SOL 0.6MG/ML treprostinil inhalation solution 0.6 mg/ml	127	valproic acid cap 250mg	30
TUKYSA TAB 150MG tucatinib tab 150 mg	45	UBRELVY TAB 50MG ubrogepant tab 50 mg	38	valproic acid sol 250/5ml	30
TURALIO CAP 125MG pepidartinit hcl cap 125 mg (base equivalent)	45	UBRELVY TAB 100MG ubrogepant tab 100 mg	38	valproic acid sol 500/10ml	30
turqoz tab	101	ULTICARE MIS 30GX3/16 insulin pen needle 30 g x 5 mm (1/5" or 3/16") ..	119	valsartan-hydrochlorothiazide tab 80-12.5 mg	67
TWINRIX INJ hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	114	UNDECATREX CAP 200MG testosterone undecanoate cap 200 mg	95	valsartan-hydrochlorothiazide tab 160-12.5 mg	67
TWIRLA DIS 120-30 levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr	101	unithroid tab 25mcg	106	valsartan-hydrochlorothiazide tab 160-25 mg	67
TYBLUME CHW 0.1-0.02 levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	101	unithroid tab 50mcg	106	valsartan-hydrochlorothiazide tab 320-12.5 mg	67
TYBOST TAB 150MG cobicistat tab 150 mg	51	unithroid tab 75mcg	106	valsartan-hydrochlorothiazide tab 320-25 mg	67
tydemy tab	101	unithroid tab 88mcg	107	valsartan tab 40 mg	67
TYENNE INJ 162/0.9 tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	111	unithroid tab 100mcg	106	valsartan tab 80 mg	67
TYENNE INJ 162MG tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	111	unithroid tab 112mcg	106	valsartan tab 160 mg	67
TYMLOS INJ abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	116	unithroid tab 125mcg	106	valsartan tab 320 mg	67
TYVASO DPI POW 16-32-48 treprostinil inh powder 112 x 16mcg & 112 x 32mcg & 28 x 48mcg	126	unithroid tab 137mcg	106	valtya 1/35 tab	101
TYVASO DPI POW 16-32MCG treprostinil inh powder 112 x 16mcg & 84 x 32mcg	126	unithroid tab 150mcg	106	valtya 1/50 tab	101
TYVASO DPI POW 16MCG treprostinil inh powder 16 mcg/cartridge	126	unithroid tab 175mcg	106	vancomycin cap 125mg	25
TYVASO DPI POW 32MCG treprostinil inh powder 32 mcg/cartridge	126	unithroid tab 200mcg	106	vancomycin cap 250mg	25
TYVASO DPI POW 48-80MCG treprostinil inh powder 112 x 48mcg & 112 x 80mcg	126	unithroid tab 300mcg	106	vancomycin sol 25mg/ml	25
TYVASO DPI POW 48MCG treprostinil inh powder 48 mcg/cartridge	126	UPTRAVI PACK TAB 200/800 selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	127	vancomycin sol 50mg/ml	25
TYVASO DPI POW 64MCG treprostinil inh powder 64 mcg/cartridge	126	UPTRAVI TAB 100MCG selexipag tab 100 mcg	127	vancomycin sol 250/5ml	25
TYVASO DPI POW 80MCG treprostinil inh powder 80 mcg/cartridge	126	UPTRAVI TAB 150MCG selexipag tab 150 mcg	127	vandazole gel 0.75%	25
TYVASO DPI POW MAIN KIT treprostinil inh powder 112 x 32mcg & 112 x 64mcg	126	UPTRAVI TAB 200MCG selexipag tab 200 mcg	127	VAQTA INJ 25/0.5ML hepatitis a vaccine inj susp 25 unit/0.5ml	114
TYVASO DPI POW MAIN KIT treprostinil inh powder 112 x 48mcg & 112 x 64mcg	126	UPTRAVI TAB 400MCG selexipag tab 400 mcg	127	VAQTA INJ 25/0.5ML hepatitis a vaccine susp prefilled syr 25 unit/0.5ml	114
TYVASO RF KT SOL 0.6MG/ML treprostinil inhalation solution 0.6 mg/ml	126	UPTRAVI TAB 600MCG selexipag tab 600 mcg	127	VAQTA INJ 50UNT/ML hepatitis a vaccine inj susp 50 unit/ml	114
		UPTRAVI TAB 800MCG selexipag tab 800 mcg	127	VAQTA INJ 50UNT/ML hepatitis a vaccine susp prefilled syr 50 unit/ml ..	114
		UPTRAVI TAB 1000MCG selexipag tab 1000 mcg	127	varenicline tab 0.5& 1mg	24
		UPTRAVI TAB 1200MCG selexipag tab 1200 mcg	127	varenicline tab 0.5mg	24
		UPTRAVI TAB 1400MCG selexipag tab 1400 mcg	127	varenicline tab 1mg	24
		UPTRAVI TAB 1600MCG selexipag tab 1600 mcg	127	VARIVAX INJ varicella virus vac live for inj 1350 pfu/0.5ml	114
		ursodiol cap 300mg	87	VARUBI TAB 90MG rolapitant hcl tab therapy pack 2 x 90 mg (base equiv) .	36
		ursodiol tab 250mg	87	VAXELIS INJ diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	114
		ursodiol tab 500mg	87	VAXELIS INJ diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	114
		UTI HOME TES TEST *urinary tract infection (uti) test***	119	VAXNEUVANCE INJ pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	114
		valacyclovir tab 1gm	56	VCF VAGINAL GEL CONTRACE nonoxynol-9 gel 4%	91
		valacyclovir tab 500mg	56	VCF VAGINAL MIS CONTRACP nonoxynol-9 film 28%	91
		VALCHLOR GEL 0.016% mechlorethamine hcl gel 0.016% (base equivalent)	40	velivet pak	101
		valganciclov sol 50mg/ml	50	VELPHORO CHW 500MG sucroferic oxyhydroxide chew tab 500 mg	85

VEMLIDY TAB 25MG tenofovir alafenamide fumarate tab 25 mg	51	VIGPODER POW 500MG vigabatrin powd pack 500 mg	30	warfarin tab 7.5mg	64
VENCLEXTA TAB 10MG venetoclax tab 10 mg	45	vilazodone tab 10mg	34	warfarin tab 10mg	63
VENCLEXTA TAB 50MG venetoclax tab 50 mg	45	vilazodone tab 20mg	34	wera tab 0.5/35	102
VENCLEXTA TAB 100MG venetoclax tab 100 mg	45	vilazodone tab 40mg	34	WESNATAL DHA PAK COMPLETE *prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk**	86
VENCLEXTA TAB START PK venetoclax tab therapy starter pack 10 & 50 & 100 mg	45	viorele tab	102	WESTAB PLUS TAB 27-1MG *prenatal vit w/ fe fumarate-fa tab 27-1 mg*** ..	86
venlafaxine cap 375 er	34	VIRACEPT TAB 250MG nelfinavir mesylate tab 250 mg	55	WEZLANA INJ 45/0.5ML ustekinumab-auub inj 45 mg/0.5ml ..	83
venlafaxine cap 75mg er	34	VIRACEPT TAB 625MG nelfinavir mesylate tab 625 mg	55	WEZLANA INJ 45/0.5ML ustekinumab-auub soln prefilled syringe 45 mg/0.5ml	83
venlafaxine cap 150mg er	34	VIREAD POW 40MG/GM tenofovir disoproxil fumarate oral powder 40 mg/gm	53	WEZLANA INJ 90MG/ML ustekinumab-auub soln prefilled syringe 90 mg/ml	83
venlafaxine tab 25mg	34	VIREAD TAB 150MG tenofovir disoproxil fumarate tab 150 mg	53	WIDE-SEAL DPR KIT 60 diaphragm wide seal 60 mm	119
venlafaxine tab 37.5mg	34	VIREAD TAB 200MG tenofovir disoproxil fumarate tab 200 mg	54	WIDE-SEAL DPR KIT 65 diaphragm wide seal 65 mm	119
venlafaxine tab 50mg	34	VIREAD TAB 250MG tenofovir disoproxil fumarate tab 250 mg	54	WIDE-SEAL DPR KIT 70 diaphragm wide seal 70 mm	119
venlafaxine tab 75mg	34	VIREAD TAB 300MG tenofovir disoproxil fumarate tab 300 mg	54	WIDE-SEAL DPR KIT 75 diaphragm wide seal 75 mm	119
venlafaxine tab 100mg	34	vitamin d cap 1.25mg	86	WIDE-SEAL DPR KIT 80 diaphragm wide seal 80 mm	119
VENTAVIS SOL 10MCG/ML iloprost inhalation solution 10 mcg/ml	127	vitamin d cap 50000unt	86	WIDE-SEAL DPR KIT 85 diaphragm wide seal 85 mm	119
VENTAVIS SOL 20MCG/ML iloprost inhalation solution 20 mcg/ml	127	VITATHELY TAB *prenatal vit w/ fe fumarate-fa tab 27-1 mg***	86	WIDE-SEAL DPR KIT 90 diaphragm wide seal 90 mm	119
VENTOLIN HFA AER albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	125	VITRAKVI CAP 25MG larotrectinib sulfate cap 25 mg (base equivalent) .	45	WIDE-SEAL DPR KIT 95 diaphragm wide seal 95 mm	119
verapamil cap 100mg er	73	VITRAKVI CAP 100MG larotrectinib sulfate cap 100 mg (base equivalent) ..	45	WIXELA INHUB AER 100/50 fluticasone-salmeterol aer powder ba 100-50 mcg/act	123
verapamil cap 120mg er	73	VITRAKVI SOL 20MG/ML larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	45	WIXELA INHUB AER 250/50 fluticasone-salmeterol aer powder ba 250-50 mcg/act	123
verapamil cap 120mg sr	73	vivelle-dot dis 0.1mg	102	WIXELA INHUB AER 500/50 fluticasone-salmeterol aer powder ba 500-50 mcg/act	123
verapamil cap 180mg er	73	vivelle-dot dis 0.05mg	102	wymzya fe chw 0.4mg-35	102
verapamil cap 180mg sr	73	vivelle-dot dis 0.025mg	102	xarah fe tab	102
verapamil cap 200mg er	73	vivelle-dot dis 0.075mg	102	XARELTO STAR TAB 15/20MG rivaroxaban tab starter therapy pack 15 mg & 20 mg	64
verapamil cap 240mg er	73	vivelle-dot dis 0.0375mg	102	XARELTO SUS 1MG/ML rivaroxaban for susp 1 mg/ml	64
verapamil cap 240mg sr	73	VOGELXO GEL 1%(50MG) testosterone td gel 50 mg/5gm (1%) ..	95	XARELTO TAB 2.5MG rivaroxaban tab 2.5 mg	64
verapamil cap 300mg er	73	VOGELXO GEL PUMP 1% testosterone td gel 12.5 mg/act (1%) ..	95	XARELTO TAB 10MG rivaroxaban tab 10 mg	64
verapamil cap 360mg sr	73	volnea tab	102	XARELTO TAB 15MG rivaroxaban tab 15 mg	64
verapamil tab 40mg	73	voriconazole sus 40mg/ml	37	XARELTO TAB 20MG rivaroxaban tab 20 mg	64
verapamil tab 80mg	73	voriconazole tab 50mg	37	XELJANZ SOL 1MG/ML tofacitinib citrate oral soln 1 mg/ml (base equivalent)	110
verapamil tab 120mg	73	voriconazole tab 200mg	37	XELJANZ TAB 5MG tofacitinib citrate tab 5 mg (base equivalent) ..	110
verapamil tab 120mg er	73	vraylar cap 1.5mg	50		
verapamil tab 180mg er	73	vraylar cap 3mg	50		
verapamil tab 240mg er	73	vraylar cap 4.5mg	50		
VERZENIO TAB 50MG abemaciclib tab 50 mg	42	vraylar cap 6mg	50		
VERZENIO TAB 100MG abemaciclib tab 100 mg	42	vyfemla tab 0.4-35	102		
VERZENIO TAB 150MG abemaciclib tab 150 mg	42	vylibra tab 0.25-35	102		
VERZENIO TAB 200MG abemaciclib tab 200 mg	42	warfarin tab 1mg	63		
vestura tab 3-0.02mg	102	warfarin tab 2.5mg	63		
VIBERZI TAB 75MG eluxadoline tab 75 mg	87	warfarin tab 2mg	63		
VIBERZI TAB 100MG eluxadoline tab 100 mg	87	warfarin tab 3mg	64		
vienva tab 0.1-20	102	warfarin tab 4mg	64		
vigabatrin pak 500mg	30	warfarin tab 5mg	64		
vigabatrin tab 500mg	30	warfarin tab 6mg	64		

XELJANZ TAB 10MG tofacitinib citrate tab 10 mg (base equivalent) .	110	XTANDI TAB 40MG enzalutamide tab 40 mg	40	ZELBORAF TAB 240MG vemurafenib tab 240 mg	46
XELJANZ XR TAB 11MG tofacitinib citrate tab er 24hr 11 mg (base equivalent)	110	XTANDI TAB 80MG enzalutamide tab 80 mg	40	ZELVYSIA POW 100MG sapropterin dihydrochloride powder packet 100 mg	89
XELJANZ XR TAB 22MG tofacitinib citrate tab er 24hr 22 mg (base equivalent)	110	xulane dis 150-35	102	ZELVYSIA POW 500MG sapropterin dihydrochloride powder packet 500 mg	89
xelria fe chw 0.4mg-35.....	102	XULTOPHY INJ 100/3.6 insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	62	zenatane cap 10mg.....	83
XEPI CRE 1% ozenoxacin cream 1% ...	25	XYOSTED INJ 50/0.5ML testosterone enanthate solution auto-injector 50 mg/0.5ml	95	zenatane cap 20mg.....	83
XIFAXAN TAB 200MG rifaximin tab 200 mg	25	XYOSTED INJ 75/0.5ML testosterone enanthate solution auto-injector 75 mg/0.5ml	95	zenatane cap 30mg.....	83
XIFAXAN TAB 550MG rifaximin tab 550 mg	25	XYOSTED INJ 100/0.5 testosterone enanthate solution auto-injector 100 mg/0.5ml	95	zenatane cap 40mg	83
XIGDUO XR TAB 2.5-1000 dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg	60	XYVONA TAB 2MG levorphanol tartrate tab 2 mg	20	ZENPEP CAP 3000UNIT pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	89
XIGDUO XR TAB 5-500MG dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg	60	XYVONA TAB 3MG levorphanol tartrate tab 3 mg	20	ZENPEP CAP 5000UNIT pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	89
XIGDUO XR TAB 5-1000MG dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg	60	YESINTEK INJ 45/0.5ML ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml	83	ZENPEP CAP 10000UNT pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	89
XIGDUO XR TAB 10-500MG dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg	60	YESINTEK INJ 45/0.5ML ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	83	ZENPEP CAP 15000UNT pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	89
XIGDUO XR TAB 10-1000 dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg	60	YESINTEK INJ 90MG/ML ustekinumab-kfce soln prefilled syringe 90 mg/ml	83	ZENPEP CAP 20000UNT pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	89
XOLAIR INJ 75/0.5 omalizumab subcutaneous soln auto-injector 75 mg/0.5ml	128	YEZTUGO TAB 300MG lenacapavir sodium tab 300 mg	54	ZENPEP CAP 25000UNT pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	89
XOLAIR INJ 75/0.5 omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml	128	YOSPRALA TAB 81-40MG aspirin-omeprazole tab delayed release 81-40 mg	65	ZENPEP CAP 40000UNT pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	89
XOLAIR INJ 150MG/ML omalizumab subcutaneous soln auto-injector 150 mg/ml	128	YOSPRALA TAB 325-40MG aspirin-omeprazole tab delayed release 325-40 mg	65	ZENPEP CAP 60000UNT pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit	89
XOLAIR INJ 150MG/ML omalizumab subcutaneous soln prefilled syringe 150 mg/ml	128	YULITHIRA TAB 2.5MG everolimus tab 2.5 mg	45	ZEPATIER TAB 50-100MG elbasvir-grazoprevir tab 50-100 mg	51
XOLAIR INJ 300/2ML omalizumab subcutaneous soln auto-injector 300 mg/2ml	128	YULITHIRA TAB 5MG everolimus tab 5 mg	46	ZEPOSIA 7 DAY CAP STR PACK ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	81
XOLAIR INJ 300/2ML omalizumab subcutaneous soln prefilled syringe 300 mg/2ml	128	YULITHIRA TAB 75MG everolimus tab 7.5 mg	46	ZEPOSIA CAP 0.92MG ozanimod hcl cap 0.92 mg	80
XOSPATA TAB 40MG gilteritinib fumarate tablet 40 mg (base equivalent)	45	YULITHIRA TAB 10MG everolimus tab 10 mg	46	ZEPOSIA CAP STR KIT ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	80
XTAMPZA ER CAP 9MG oxycodone cap er 12hr abuse-deterrent 9 mg	20	yuvaferm tab 10mcg.....	102	ZIAGEN SOL 20MG/ML abacavir sulfate soln 20 mg/ml	54
XTAMPZA ER CAP 13.5MG oxycodone cap er 12hr abuse-deterrent 13.5 mg	20	zafemy dis 150/35.....	102	ZIAGEN TAB 300MG abacavir sulfate tab 300 mg	54
XTAMPZA ER CAP 18MG oxycodone cap er 12hr abuse-deterrent 18 mg ..	20	zafirlukast tab 10mg	124	zidovudine cap 100mg	54
XTAMPZA ER CAP 27MG oxycodone cap er 12hr abuse-deterrent 27 mg ..	20	zafirlukast tab 20mg.....	124	zidovudine syp 50mg/5ml.....	54
XTAMPZA ER CAP 36MG oxycodone cap er 12hr abuse-deterrent 36 mg ..	20	zaleplon cap 5mg	129	zidovudine tab 300mg.....	54
XTANDI CAP 40MG enzalutamide cap 40 mg	40	zaleplon cap 10mg	129	zileuton er tab 600mg.....	124
		ZARXIO INJ 300/0.5 filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml ..	65	ZIMHI SOL naloxone hcl soln prefilled syringe 5 mg/0.5ml	23
		ZARXIO INJ 480/0.8 filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml ..	65	ziprasidone cap 20mg	50
		ZEGALOGUE INJ 0.6/0.6 dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	61	ziprasidone cap 40mg	50
		ZEGALOGUE INJ 0.6/0.6 dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	61	ziprasidone cap 60mg	50
				ziprasidone cap 80mg	50

ZIRGAN GEL 0.15% ganciclovir ophth gel 0.15%	119
ZOLINZA CAP 100MG vorinostat cap 100 mg	42
zolmitriptan spr 2.5mg.....	39
zolmitriptan spr 5mg	39
zolmitriptan tab 2.5 mg.....	39
zolmitriptan tab 2.5mg	39
zolmitriptan tab 5mg	39
zolmitriptan tab 5mg odt.....	39
zolpidem er tab 6.25mg	129
zolpidem er tab 12.5mg.....	129
zolpidem tab 5mg	129
zolpidem tab 10mg	129
zonisamide cap 25mg	29
zonisamide cap 50mg	29
zonisamide cap 100mg.....	29
zovia 1/35 tab	102
ZUBSOLV SUB 0.7-0.18 buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq)	23
ZUBSOLV SUB 1.4-0.36 buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	23
ZUBSOLV SUB 2.9-0.71 buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)	23
ZUBSOLV SUB 5.7-1.4 buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)	23
ZUBSOLV SUB 8.6-2.1 buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	23
ZUBSOLV SUB 11.4-2.9 buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq)	23
zumandimine tab 3-0.03mg.....	102
ZURNAI INJ 1.5/0.5 nalmefene hcl soln auto-injector 1.5 mg/0.5ml (base equiv)	23
ZYDELIG TAB 100MG idelalisib tab 100 mg	46
ZYDELIG TAB 150MG idelalisib tab 150 mg	46
ZYKADIA TAB 150MG ceritinib tab 150 mg	46
ZYLET SUS 0.5-0.3% loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	120

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

Email: UHC_Civil_Rights@uhc.com

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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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