



Federal Employees Health Benefits (FEHB) Program 2021 Formulary Guide (List of Covered Prescription Medications)



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new mexico

Pharmacy Benefits Management

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Pharmacy Benefits Management

Overview

This guide provides an overview of your pharmacy benefit. It explains the tiers for drug coverage, the process for getting certain drugs covered, your options for filling prescriptions, important phone numbers, and more.

This is a brief description of the features of the True Health New Mexico High-Option HMO Plan. Before making a final decision, please read the Plan's Federal Brochure (73-902). All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal Brochure.

True Health New Mexico Customer Service: 844-508-4677

Hours of operation: Monday through Friday, 8:00 a.m. to 5:00 p.m.

CVS Customer Service: 866-341-8561

Hours of operation: 24 hours a day, 7 days a week.

Understanding Coverage and Cost-Sharing

Formulary

The Formulary, also known as your Preferred Drug List, is a list of prescription drugs that are covered under your plan. The inclusion of specific medications on the Health Plan formulary is based on the medication's effectiveness, safety, and value.

The formulary offers a wide selection of generic and brand-name prescription drugs suggested by the Pharmacy and Therapeutics (P&T) Committee, a group of physicians and pharmacists who research and evaluate medications. The formulary is periodically reviewed and updated throughout the year in order to ensure that our benefits package consistently and adequately meets your needs.

When you need a prescription medication, you and your doctor can choose from five different levels of the formulary. These are: Generics, Preferred Brands, Non-Preferred Brands, Preferred Specialty, and Non-Preferred Specialty. Each level has a different cost-share, which could be a copay or coinsurance, depending on your plan. This gives you and your doctor the freedom to choose the medication that is right for you. At the same time, this will help you to better budget your health care dollars.

Tiers

Generic Medications Tier – have the lowest copayment/coinsurance. Generic drugs offer the same level of safety and quality as their brand-name equivalents. They have the same amount



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of active ingredients as brand-name medications. You are required to use a generic version of the drug if one is available. **Refer to the “generic drugs” section of your Summary of Benefits and Coverage for your plan’s cost-share amount.**

Preferred Brand Medications Tier – have the middle level copayment/coinsurance. These drugs are primarily brand medications and “preferred” because of their value and effectiveness. This tier may also include some generic medications. **Refer to the “preferred-brand drugs” section of your Summary of Benefits and Coverage for your plan’s cost-share amount.**

Non-Preferred Brand Medications Tier – have a higher copayment/coinsurance level. These medications are primarily brand drugs that are more expensive and have similar effectiveness as preferred brand medications. This tier may also include higher cost generic medications. **Refer to the “non-preferred-brand drugs” section of your Summary of Benefits and Coverage for your plan’s cost-share amount.**

Preferred Specialty Medications Tier – have a higher copayment/coinsurance level. These also include Specialty medications, which usually treat complex and rare conditions. These drugs can be high-cost medications and biologicals regardless of how they are administered (injectable, oral, transdermal, or inhalant).

Non-Preferred Specialty Medications Tier – have the highest copayment/coinsurance level. These also include Specialty medications, which usually treat complex and rare conditions. These drugs can be high-cost medications and biologicals regardless of how they are administered (injectable, oral, transdermal, or inhalant) and have similar effectiveness as preferred specialty medications.

Affordable Care Act/Zero Cost-Share Preventative Drugs – ACA Tier have a zero cost-share copay/co-insurance. These medications are brand and generic preventative drugs that may be covered at \$0 copay provided that certain clinical conditions are met.

\$0 Generics for Several Chronic Conditions

Generic drug coverage is provided at no cost for certain medications used to treat asthma, bipolar disorder, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, depression, diabetes, hypercholesterolemia, and hypertension. This benefit does not apply to all plans; please refer to your Summary of Benefits and Coverage for your specific plan benefits. For a listing of these drugs, visit <https://www.truehealthnewmexico.com/member-pharmacy-formulary/>.

Orally Administered Anti-Cancer Medications

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Coverage of these medications are subject to the same **Prior Authorization** requirements as intravenously administered injected cancer medications covered by the Health Plan. Orally administered medications cannot cost more than an intravenously injected equivalent. Intravenously injected medications cannot cost more than orally administered medications.

Non-Formulary Medications may be covered if the formulary medications do not work for you. If you require a Non-Formulary medication, your doctor may request coverage for your Non-Preferred Brand Medications Tier or your Non-Preferred Specialty Medications Tier cost-share by making a request for a coverage exception.

Understanding Our Symbols

Prior Authorization

You will see the symbol “PA” (Prior Authorization) or “MNPA” (Medical Necessity Prior Authorization). Prior Authorization helps ensure that you’re using the best drugs in the safest way.

If you are currently taking or have recently been prescribed one of these drugs, please discuss possible alternatives or have your doctor request authorization by calling 866-823-1606.

Drugs that require prior authorization are often:

- Newer drugs for which the Health Plan wants to track usage.
- Non-formulary drugs that require the use of formulary drugs prior to coverage. These drugs are not used as a standard first option in treating a medical condition.
- Drugs with potential side effects that the Health Plan wants to monitor for patient safety.
- Drugs categorized as specialty medications.

Step Therapy

You will see the symbol “ST” (Step Therapy) next to certain drugs on the formulary tables in this booklet. Step Therapy ensures you are taking the most effective medication at the best cost. This means trying the least expensive medications usually generic medications or drugs that are considered as the standard first-line treatment.

How Step Therapy Works

- **Step 1:** When your prescribed drug is impacted by step therapy, first you will be asked to try generic or first-line treatment drugs. The drug recommended will be approved by the Food and Drug Administration (FDA) as providing the same health benefit at a much lower cost.

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- **Step 2:** If the generic drug in step 1 does not work for you, then you may be able to receive a brand-name drug. For more information on Step Therapy, call 866.823.1606.

Quantity Limits

The symbol “QL” next to the drugs in this formulary booklet stands for Quantity Limits. To ensure you are getting the most cost-effective dose for your medication, a quantity limit or dose duration may be placed on certain drugs. These limits are based on FDA guidelines, clinical literature, and manufacturer’s instructions. Quantity limits promote appropriate use of the drug, prevent waste, and help control costs.

For some drugs, the dosing guidelines may recommend that patients take the drug one time a day in a larger dose instead of several times a day in smaller doses. The quantity limits follow the guidelines and cover one larger dose per day.

Prescriptions for specialty medications are limited to a 30-day supply. For more information on quantity limits or dose durations, call 866-823-1606.

About Generic Drugs

Generic drugs have the same active ingredients as their brand-name equivalents but cost significantly less. Not all drugs have a generic equivalent. Generally, new drugs receive patent protection for 20 years. Once the patent expires, other pharmaceutical companies can produce the same drug in a generic formulation. Companies that make generic drugs do not have to invest large amounts of money in research, since the company making the brand-name equivalent has already done this. Also, generic companies do not need to advertise their drugs. As a result, generic drug makers can pass these savings on to you.

Generic drugs have the same active ingredients as brand-name drugs, but their inactive ingredients can vary. This is why the generic drug might look different from the brand-name drug. Inactive ingredients can be dyes used to color the drug or powders used to shape the tablets. Inactive ingredients do not affect how the generic drug works.

The FDA regulates generic drug manufacturers just as it regulates the makers of brand-name medications. The generic drug must pass strict FDA measurements to ensure that it delivers the same amount of the active ingredient in the same time frame as its brand-name counterpart. The manufacturer of the generic drug must prove that it produces its product under the same strict guidelines as the brand-name drug.

Short-Term Medications



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These are drugs you need immediately. This includes medications used to treat short term infections, or to relieve pain temporarily. Locate the nearest retail network pharmacy by calling 844-508-4677. To fill your prescription, present your member ID card and written prescription and pay your copayment/co-insurance as described above.

Long-Term Medications

These are drugs you take on a regular basis. These could be drugs to treat asthma, high blood pressure, diabetes, etc. These medications can be mailed to your home for up to a 90-day supply. Please call 844-508-4677 to learn more about your mail-order options.

Specialty Medications

Specialty medications treat specific medical conditions such as cancer, hemophilia, hepatitis, multiple sclerosis, psoriasis, pulmonary arterial hypertension, respiratory syncytial virus, rheumatoid arthritis, and more. You can fill these prescriptions through CVS Specialty Pharmacy. CVS Specialty Pharmacy is a pharmacy that provides specialty medications. Please call 800-237-2767 between the hours of 6:30 a.m. to 8 p.m. (CT) Monday through Friday to learn more about filling your specialty medication.

How to Fill Your Prescription Medications

Filling Your Prescription When Traveling

When you travel outside of your local area, thousands of pharmacies across the country will honor your Health Plan member ID card. To locate a participating pharmacy, call Customer Service at 844-508-4677.

To fill a prescription at a participating out-of-area pharmacy, present your Health Plan member ID card. Some pharmacies may ask you to pay the full price of the medication. If that happens:

- Submit a Direct Reimbursement Claim form to the Health Plan at:
CVS Caremark – RxClaim
P.O Box 52136
Phoenix, AZ 85072-2136
- Or you may call 844-508-4677 for assistance.
- If your claim is approved, you will be reimbursed the amount that you paid for the medication, less the appropriate copayment.

If you will be away from home for an extended period of time, or if you will be traveling outside of the country, you may want to use our mail-order service so that you receive a 90-day supply before you leave home.



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Medication Supplies Not Covered by the Health Plan

Medications received at no charge to the member (workers' compensation, medications purchased with a manufacturer's coupon, etc.) will not be covered.

Prescriptions that are written more than a year ago will not be covered. Your doctor will need to write a new prescription.

List of Abbreviations

ACA: Affordable Care Act.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service at 844-508-4677.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. The Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

MNPA: Medical Necessity Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval for the medical necessity of the drug before you fill your prescription. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Health Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

GEN: Generic Medications Tier.

PB: Preferred Brand Medications Tier.

NPB: Non-Preferred Brand Medications Tier.



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PS: Preferred Specialty Medications Tier.

NPS: Non-Preferred Specialty Medications Tier.

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Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine sulfate tab 5 mg</i>	NPB	QL
<i>amphetamine sulfate tab 10 mg</i>	NPB	QL
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	GEN	QL
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	GEN	QL
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	GEN	QL
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	GEN	QL
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	GEN	QL
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	GEN	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i>	GEN	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	GEN	QL
<i>amphetamine-dextroamphetamine tab 10 mg</i>	GEN	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	GEN	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i>	GEN	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i>	GEN	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i>	GEN	QL
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	GEN	QL
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	GEN	QL
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	GEN	QL
<i>dextroamphetamine sulfate tab 5 mg</i>	GEN	QL
<i>dextroamphetamine sulfate tab 10 mg</i>	GEN	QL
VYVANSE CAP 10MG	NPB	PA; QL
VYVANSE CAP 20MG	NPB	PA; QL
VYVANSE CAP 30MG	NPB	PA; QL
VYVANSE CAP 40MG	NPB	PA; QL

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

1

GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAP 50MG	NPB	PA; QL
VYVANSE CAP 60MG	NPB	PA; QL
VYVANSE CAP 70MG	NPB	PA; QL
ANALEPTICS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	GEN	
ANOREXIANTS NON-AMPHETAMINE		
phentermine hcl cap 15 mg	GEN	PA; QL
phentermine hcl cap 30 mg	GEN	PA; QL
phentermine hcl tab 37.5 mg	GEN	PA; QL
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	GEN	QL
atomoxetine hcl cap 18 mg (base equiv)	GEN	QL
atomoxetine hcl cap 25 mg (base equiv)	GEN	QL
atomoxetine hcl cap 40 mg (base equiv)	GEN	QL
atomoxetine hcl cap 60 mg (base equiv)	GEN	QL
atomoxetine hcl cap 80 mg (base equiv)	GEN	QL
atomoxetine hcl cap 100 mg (base equiv)	GEN	QL
clonidine hcl tab er 12hr 0.1 mg	GEN	QL
guanfacine hcl tab er 24hr 1 mg (base equiv)	GEN	QL
guanfacine hcl tab er 24hr 2 mg (base equiv)	GEN	QL
guanfacine hcl tab er 24hr 3 mg (base equiv)	GEN	QL
guanfacine hcl tab er 24hr 4 mg (base equiv)	GEN	QL
STIMULANTS - MISC.		
armodafinil tab 50 mg	PS	PA; QL
armodafinil tab 150 mg	PS	PA; QL
armodafinil tab 200 mg	PS	PA; QL
armodafinil tab 250 mg	PS	PA; QL
dexmethylphenidate hcl cap er 24 hr 5 mg	NPB	QL
dexmethylphenidate hcl cap er 24 hr 10 mg	NPB	QL
dexmethylphenidate hcl cap er 24 hr 15 mg	NPB	QL
dexmethylphenidate hcl cap er 24 hr 20 mg	NPB	QL
dexmethylphenidate hcl cap er 24 hr 30 mg	NPB	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl cap er 24 hr 40 mg	NPB	QL
dexmethylphenidate hcl tab 2.5 mg	GEN	QL
dexmethylphenidate hcl tab 5 mg	GEN	QL
dexmethylphenidate hcl tab 10 mg	GEN	QL
methylphenidate hcl cap er 10 mg (cd)	GEN	QL
methylphenidate hcl cap er 20 mg (cd)	GEN	QL
methylphenidate hcl cap er 24hr 20 mg (la)	GEN	QL
methylphenidate hcl cap er 24hr 30 mg (la)	GEN	QL
methylphenidate hcl cap er 24hr 40 mg (la)	GEN	QL
methylphenidate hcl cap er 30 mg (cd)	GEN	QL
methylphenidate hcl cap er 40 mg (cd)	GEN	QL
methylphenidate hcl cap er 50 mg (cd)	GEN	QL
methylphenidate hcl cap er 60 mg (cd)	GEN	QL
methylphenidate hcl chew tab 2.5 mg	GEN	QL
methylphenidate hcl chew tab 5 mg	GEN	QL
methylphenidate hcl chew tab 10 mg	GEN	QL
methylphenidate hcl soln 5 mg/5ml	NPB	QL
methylphenidate hcl soln 10 mg/5ml	NPB	QL
methylphenidate hcl tab 5 mg	GEN	QL
methylphenidate hcl tab 10 mg	GEN	QL
methylphenidate hcl tab 20 mg	GEN	QL
methylphenidate hcl tab er 10 mg	NPB	QL
methylphenidate hcl tab er 20 mg	GEN	QL
methylphenidate hcl tab er 24hr 18 mg	NPB	QL
methylphenidate hcl tab er 24hr 27 mg	NPB	QL
methylphenidate hcl tab er 24hr 36 mg	NPB	QL
methylphenidate hcl tab er 24hr 54 mg	NPB	QL
methylphenidate hcl tab er osmotic release (osm) 18 mg	NPB	QL
methylphenidate hcl tab er osmotic release (osm) 27 mg	NPB	QL
methylphenidate hcl tab er osmotic release (osm) 36 mg	NPB	QL
methylphenidate hcl tab er osmotic release (osm) 54 mg	NPB	QL
modafinil tab 100 mg	NPB	PA; QL
modafinil tab 200 mg	NPB	PA; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU	PS	PA; QL
ODACTRA SUB	PS	PA; QL
ORALAIR SUB 300 IR	PS	PA; QL
RAGWITEK SUB	PS	PA; QL

AMINOGLYCOSIDES

AMINOGLYCOSIDES

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	GEN	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	GEN	
BETHKIS NEB 300/4ML	PS	QL
<i>gentamicin in saline inj 0.8 mg/ml</i>	GEN	
<i>gentamicin in saline inj 1 mg/ml</i>	GEN	
<i>gentamicin in saline inj 1.2 mg/ml</i>	GEN	
<i>gentamicin in saline inj 1.6 mg/ml</i>	GEN	
<i>gentamicin in saline inj 2 mg/ml</i>	GEN	
<i>gentamicin sulfate inj 10 mg/ml</i>	GEN	
<i>gentamicin sulfate inj 40 mg/ml</i>	GEN	
<i>neomycin sulfate tab 500 mg</i>	GEN	
<i>paromomycin sulfate cap 250 mg</i>	GEN	
<i>streptomycin sulfate for inj 1 gm</i>	NPB	
<i>tobramycin nebu soln 300 mg/5ml</i>	PS	QL
<i>tobramycin sulfate for inj 1.2 gm</i>	GEN	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	GEN	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	GEN	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	GEN	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	GEN	

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML	PS	PA; QL
HUMIRA INJ 20/0.2ML	PS	PA; QL
HUMIRA INJ 40/0.4ML	PS	PA; QL
HUMIRA KIT 40MG/0.8	PS	PA; QL
HUMIRA PEDIA INJ CROHNS	PS	PA; QL
HUMIRA PEN INJ 40/0.4ML	PS	PA; QL
HUMIRA PEN INJ 40MG/0.8	PS	PA; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ 80/0.8ML	PS	QL
HUMIRA PEN INJ CD/UC/HS	PS	PA; QL
HUMIRA PEN INJ PS/UV	PS	PA; QL
HUMIRA PEN KIT CD/UC/HS	PS	QL
HUMIRA PEN KIT PED UC	PS	QL
HUMIRA PEN KIT PS/UV	PS	QL
<i>ANTIRHEUMATIC - ENZYME INHIBITORS</i>		
XELJANZ TAB 5MG	PS	PA; QL
XELJANZ TAB 10MG	PS	PA; QL
XELJANZ XR TAB 11MG	PS	PA; QL
<i>ANTIRHEUMATIC ANTIMETABOLITES</i>		
OTREXUP INJ 10MG	PS	PA; QL
OTREXUP INJ 15MG	PS	PA; QL
OTREXUP INJ 20MG	PS	PA; QL
OTREXUP INJ 25MG	PS	PA; QL
RASUVO INJ 7.5MG	PS	PA; QL
RASUVO INJ 10MG	PS	PA; QL
RASUVO INJ 12.5MG	PS	PA; QL
RASUVO INJ 15MG	PS	PA; QL
RASUVO INJ 17.5MG	PS	PA; QL
RASUVO INJ 20MG	PS	PA; QL
RASUVO INJ 22.5MG	PS	PA; QL
RASUVO INJ 25MG	PS	PA; QL
RASUVO INJ 30MG	PS	PA; QL
<i>GOLD COMPOUNDS</i>		
RIDAURA CAP 3MG	PS	
<i>INTERLEUKIN-1 BLOCKERS</i>		
ARCALYST INJ 220MG	PS	PA; QL
<i>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</i>		
KINERET INJ	PS	MNPA, QL
<i>INTERLEUKIN-1BETA BLOCKERS</i>		
ILARIS INJ 150MG/ML	NPS	PA; QL
<i>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</i>		
CALDOLOR INJ 800/8ML	NPB	
<i>celecoxib cap 50 mg</i>	NPB	ST
<i>celecoxib cap 100 mg</i>	NPB	ST; QL
<i>celecoxib cap 200 mg</i>	NPB	ST; QL
<i>celecoxib cap 400 mg</i>	NPB	ST; QL
<i>diclofenac potassium tab 50 mg</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium tab delayed release 25 mg</i>	GEN	
<i>diclofenac sodium tab delayed release 50 mg</i>	GEN	
<i>diclofenac sodium tab delayed release 75 mg</i>	GEN	
<i>diclofenac sodium tab er 24hr 100 mg</i>	GEN	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	GEN	PA
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	GEN	PA
<i>etodolac cap 200 mg</i>	GEN	
<i>etodolac cap 300 mg</i>	GEN	
<i>etodolac tab 400 mg</i>	GEN	
<i>etodolac tab 500 mg</i>	GEN	
<i>fenoprofen calcium tab 600 mg</i>	NPB	PA
<i>flurbiprofen tab 50 mg</i>	GEN	
<i>flurbiprofen tab 100 mg</i>	GEN	
<i>ibuprofen tab 400 mg</i>	GEN	
<i>ibuprofen tab 600 mg</i>	GEN	
<i>ibuprofen tab 800 mg</i>	GEN	
<i>indomethacin cap 25 mg</i>	GEN	
<i>indomethacin cap 50 mg</i>	GEN	
<i>indomethacin cap er 75 mg</i>	GEN	
<i>ketoprofen cap 50 mg</i>	GEN	
<i>ketoprofen cap 75 mg</i>	GEN	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	GEN	
<i>ketorolac tromethamine inj 15 mg/ml</i>	GEN	
<i>ketorolac tromethamine inj 30 mg/ml</i>	GEN	
<i>ketorolac tromethamine tab 10 mg</i>	GEN	QL
<i>meclofenamate sodium cap 50 mg</i>	NPB	PA
<i>mefenamic acid cap 250 mg</i>	NPB	PA
<i>meloxicam tab 7.5 mg</i>	GEN	
<i>meloxicam tab 15 mg</i>	GEN	
<i>nabumetone tab 500 mg</i>	GEN	
<i>nabumetone tab 750 mg</i>	GEN	
<i>naproxen susp 125 mg/5ml</i>	GEN	
<i>naproxen tab 250 mg</i>	GEN	
<i>naproxen tab 375 mg</i>	GEN	
<i>naproxen tab 500 mg</i>	GEN	
<i>naproxen tab ec 375 mg</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen tab ec 500 mg</i>	GEN	
<i>sulindac tab 150 mg</i>	GEN	
<i>sulindac tab 200 mg</i>	GEN	
<i>tolmetin sodium cap 400 mg</i>	GEN	
<i>tolmetin sodium tab 600 mg</i>	GEN	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>OTEZLA TAB 10/20/30</i>	PS	PA; QL
<i>OTEZLA TAB 30MG</i>	PS	PA; QL
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i>	GEN	
<i>leflunomide tab 20 mg</i>	GEN	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
<i>ENBREL INJ 25/0.5ML</i>	PS	PA; QL
<i>ENBREL INJ 25MG</i>	PS	PA; QL
<i>ENBREL INJ 50MG/ML</i>	PS	PA; QL
<i>ENBREL MINI INJ 50MG/ML</i>	PS	PA; QL
<i>ENBREL SRCLK INJ 50MG/ML</i>	PS	PA; QL
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
<i>butalbital-acetaminophen tab 50-325 mg</i>	GEN	
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	GEN	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	GEN	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	GEN	
SALICYLATES		
<i>aspirin chew tab 81 mg</i>	ACA	
<i>aspirin tab delayed release 81 mg</i>	ACA	
<i>diflunisal tab 500 mg</i>	GEN	
<i>salsalate tab 500 mg</i>	GEN	
<i>salsalate tab 750 mg</i>	GEN	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>codeine sulfate tab 15 mg</i>	GEN	PA
<i>codeine sulfate tab 30 mg</i>	GEN	PA
<i>codeine sulfate tab 60 mg</i>	GEN	PA
<i>DEMEROL INJ 75MG/ML</i>	NPB	
<i>DEMEROL INJ 100/2ML</i>	NPB	
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	PS	PA; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate lozenge on a handle 400 mcg	PS	PA; QL
fentanyl citrate lozenge on a handle 600 mcg	PS	PA; QL
fentanyl citrate lozenge on a handle 800 mcg	PS	PA; QL
fentanyl citrate lozenge on a handle 1200 mcg	PS	PA; QL
fentanyl citrate lozenge on a handle 1600 mcg	PS	PA; QL
fentanyl citrate pf soln cartridge 100 mcg/2ml	GEN	PA
fentanyl td patch 72hr 12 mcg/hr	GEN	PA; QL
fentanyl td patch 72hr 25 mcg/hr	GEN	PA; QL
fentanyl td patch 72hr 50 mcg/hr	GEN	PA; QL
fentanyl td patch 72hr 75 mcg/hr	GEN	PA; QL
fentanyl td patch 72hr 100 mcg/hr	GEN	PA; QL
hydrocodone bitartrate cap er 12hr 10 mg	NPB	PA; QL
hydrocodone bitartrate cap er 12hr 15 mg	NPB	PA; QL
hydrocodone bitartrate cap er 12hr 20 mg	NPB	PA; QL
hydrocodone bitartrate cap er 12hr 30 mg	NPB	PA; QL
hydrocodone bitartrate cap er 12hr 40 mg	NPB	PA; QL
hydrocodone bitartrate cap er 12hr 50 mg	NPB	PA; QL
HYDROMORPHON SUP 3MG	GEN	PA
hydromorphone hcl inj 1 mg/ml	GEN	
hydromorphone hcl inj 2 mg/ml	GEN	
hydromorphone hcl inj 4 mg/ml	GEN	
hydromorphone hcl tab 2 mg	GEN	PA
hydromorphone hcl tab 4 mg	GEN	PA
hydromorphone hcl tab 8 mg	GEN	PA
hydromorphone hcl tab er 24hr 8 mg	GEN	PA; QL
hydromorphone hcl tab er 24hr 12 mg	GEN	PA; QL
hydromorphone hcl tab er 24hr 16 mg	GEN	PA; QL
hydromorphone hcl tab er 24hr 32 mg	GEN	PA; QL
levorphanol tartrate tab 2 mg	GEN	PA
meperidine hcl oral soln 50 mg/5ml	GEN	PA
meperidine hcl tab 50 mg	GEN	PA
methadone hcl conc 10 mg/ml	GEN	
methadone hcl soln 5 mg/5ml	GEN	PA
methadone hcl soln 10 mg/5ml	GEN	PA
methadone hcl tab 5 mg	GEN	PA
methadone hcl tab 10 mg	GEN	PA

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl tab for oral susp 40 mg</i>	GEN	
MORPHINE SUL INJ 2MG/ML	GEN	
MORPHINE SUL INJ 4MG/ML	GEN	
<i>morphine sulfate inj pf 0.5 mg/ml</i>	GEN	
<i>morphine sulfate inj pf 1 mg/ml</i>	GEN	
<i>morphine sulfate iv soln 1 mg/ml</i>	GEN	
<i>morphine sulfate iv soln 50 mg/ml</i>	GEN	
<i>morphine sulfate iv soln pf 10 mg/ml</i>	GEN	
<i>morphine sulfate oral soln 10 mg/5ml</i>	GEN	PA
<i>morphine sulfate oral soln 20 mg/5ml</i>	GEN	PA
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	GEN	PA
<i>morphine sulfate suppos 5 mg</i>	GEN	PA
<i>morphine sulfate suppos 10 mg</i>	GEN	PA
<i>morphine sulfate suppos 20 mg</i>	GEN	PA
<i>morphine sulfate tab 15 mg</i>	GEN	PA; QL
<i>morphine sulfate tab 30 mg</i>	GEN	PA
<i>morphine sulfate tab er 15 mg</i>	GEN	QL
<i>morphine sulfate tab er 30 mg</i>	GEN	PA; QL
<i>morphine sulfate tab er 60 mg</i>	GEN	QL
<i>morphine sulfate tab er 100 mg</i>	GEN	QL
<i>morphine sulfate tab er 200 mg</i>	GEN	PA; QL
NUCYNTA ER TAB 50MG	NPB	PA; QL
NUCYNTA ER TAB 100MG	NPB	PA; QL
NUCYNTA ER TAB 150MG	NPB	PA; QL
NUCYNTA ER TAB 200MG	NPB	PA; QL
NUCYNTA ER TAB 250MG	NPB	PA; QL
NUCYNTA TAB 50MG	NPB	PA; QL
NUCYNTA TAB 75MG	NPB	PA; QL
NUCYNTA TAB 100MG	NPB	PA; QL
<i>oxycodone hcl cap 5 mg</i>	GEN	PA
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	GEN	PA
<i>oxycodone hcl soln 5 mg/5ml</i>	GEN	PA
<i>oxycodone hcl tab 5 mg</i>	GEN	PA
<i>oxycodone hcl tab 10 mg</i>	GEN	PA
<i>oxycodone hcl tab 15 mg</i>	GEN	PA
<i>oxycodone hcl tab 20 mg</i>	GEN	PA
<i>oxycodone hcl tab 30 mg</i>	GEN	PA
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	NPB	PA; QL
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	NPB	PA; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl tab er 12hr deter 20 mg	NPB	PA; QL
oxycodone hcl tab er 12hr deter 30 mg	NPB	PA; QL
oxycodone hcl tab er 12hr deter 40 mg	NPB	PA; QL
oxycodone hcl tab er 12hr deter 60 mg	NPB	PA; QL
oxycodone hcl tab er 12hr deter 80 mg	NPB	PA; QL
oxymorphone hcl tab 5 mg	GEN	PA
oxymorphone hcl tab 10 mg	GEN	PA
oxymorphone hcl tab er 12hr 5 mg	GEN	PA; QL
oxymorphone hcl tab er 12hr 7.5 mg	GEN	PA; QL
oxymorphone hcl tab er 12hr 10 mg	GEN	PA; QL
oxymorphone hcl tab er 12hr 15 mg	GEN	PA; QL
oxymorphone hcl tab er 12hr 20 mg	GEN	PA; QL
oxymorphone hcl tab er 12hr 30 mg	GEN	PA; QL
oxymorphone hcl tab er 12hr 40 mg	GEN	PA; QL
tramadol hcl tab 50 mg	GEN	PA; QL
tramadol hcl tab er 24hr 100 mg	GEN	PA; QL
tramadol hcl tab er 24hr 200 mg	GEN	PA; QL
tramadol hcl tab er 24hr 300 mg	GEN	PA; QL
tramadol hcl tab er 24hr biphasic release 100 mg	GEN	PA; QL
tramadol hcl tab er 24hr biphasic release 200 mg	GEN	PA; QL
tramadol hcl tab er 24hr biphasic release 300 mg	GEN	PA; QL

OPIOID COMBINATIONS

acetaminophen w/ codeine soln 120-12 mg/5ml	GEN	PA
acetaminophen w/ codeine tab 300-15 mg	GEN	PA
acetaminophen w/ codeine tab 300-30 mg	GEN	PA
acetaminophen w/ codeine tab 300-60 mg	GEN	PA
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	GEN	PA
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	GEN	PA
butalbital-aspirin-caff w/ codeine cap 50- 325-40-30 mg	GEN	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	GEN	
hydrocodone-acetaminophen tab 5-325 mg	GEN	PA
hydrocodone-acetaminophen tab 7.5-325 mg	GEN	PA

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen tab 10-325 mg	GEN	PA
hydrocodone-ibuprofen tab 5-200 mg	GEN	PA; QL
hydrocodone-ibuprofen tab 7.5-200 mg	GEN	PA; QL
hydrocodone-ibuprofen tab 10-200 mg	GEN	QL
oxycodone w/ acetaminophen tab 2.5-325 mg	GEN	PA
oxycodone w/ acetaminophen tab 5-325 mg	GEN	PA
oxycodone w/ acetaminophen tab 7.5-325 mg	GEN	PA
oxycodone w/ acetaminophen tab 10-325 mg	GEN	PA
oxycodone-aspirin tab 4.8355-325 mg	GEN	
tramadol-acetaminophen tab 37.5-325 mg	GEN	PA
OPIOID PARTIAL AGONISTS		
BUNAVAIL MIS 4.2-0.7	NPB	QL
BUNAVAIL MIS 6.3-1MG	NPB	QL
buprenorphine hcl sl tab 2 mg (base equiv)	ACA	
buprenorphine hcl sl tab 8 mg (base equiv)	ACA	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	GEN	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	GEN	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	GEN	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	GEN	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	ACA	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	ACA	
buprenorphine td patch weekly 5 mcg/hr	NPB	PA; QL
buprenorphine td patch weekly 7.5 mcg/hr	NPB	PA; QL
buprenorphine td patch weekly 10 mcg/hr	NPB	PA; QL
buprenorphine td patch weekly 15 mcg/hr	NPB	PA; QL
buprenorphine td patch weekly 20 mcg/hr	NPB	PA; QL
butorphanol tartrate inj 1 mg/ml	GEN	
butorphanol tartrate inj 2 mg/ml	GEN	
butorphanol tartrate nasal soln 10 mg/ml	GEN	QL
nalbuphine hcl inj 10 mg/ml	GEN	
nalbuphine hcl inj 20 mg/ml	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>pentazocine w/ naloxone tab 50-0.5 mg</i>	GEN	PA
ZUBSOLV SUB 0.7-0.18	NPB	QL
ZUBSOLV SUB 1.4-0.36	NPB	QL
ZUBSOLV SUB 2.9-0.71	NPB	QL
ZUBSOLV SUB 5.7-1.4	NPB	QL
ZUBSOLV SUB 8.6-2.1	NPB	QL
ZUBSOLV SUB 11.4-2.9	NPB	QL

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

<i>oxandrolone tab 2.5 mg</i>	GEN	PA
<i>oxandrolone tab 10 mg</i>	GEN	PA

ANDROGENS

<i>AVEED INJ 750/3ML</i>	NPB	PA
<i>danazol cap 50 mg</i>	GEN	PA
<i>danazol cap 100 mg</i>	GEN	PA
<i>danazol cap 200 mg</i>	GEN	PA
<i>METHITEST TAB 10MG</i>	NPB	PA
<i>methyltestosterone cap 10 mg</i>	PS	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	GEN	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	GEN	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	GEN	
<i>testosterone td gel 10mg/act (2%)</i>	GEN	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	GEN	PA
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	GEN	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	GEN	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	GEN	PA

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>hydrocortisone enema 100 mg/60ml</i>	GEN
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RECTAL COMBINATIONS

<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	GEN
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	GEN

RECTAL STEROIDS

<i>hydrocortisone perianal cream 2.5%</i>	GEN
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VASODILATING AGENTS

<i>RECTIV OIN 0.4%</i>	NPB	PA
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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
ANTHELMINTICS		
<i>ANTHELMINTICS</i>		
<i>albendazole tab 200 mg</i>	GEN	
<i>ivermectin tab 3 mg</i>	GEN	
<i>praziquantel tab 600 mg</i>	GEN	
ANTI-INFECTIVE AGENTS - MISC.		
<i>ANTI-INFECTIVE AGENTS - MISC.</i>		
<i>bacitracin intramuscular for soln 50000 unit</i>	GEN	
<i>METRONIDAZOL INJ 5MG/ML</i>	GEN	
<i>metronidazole cap 375 mg</i>	GEN	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	GEN	
<i>metronidazole tab 250 mg</i>	GEN	
<i>metronidazole tab 500 mg</i>	GEN	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	GEN	
<i>tinidazole tab 250 mg</i>	GEN	
<i>tinidazole tab 500 mg</i>	GEN	
<i>trimethoprim tab 100 mg</i>	GEN	
XIFAXAN TAB 200MG	PS	PA; QL
XIFAXAN TAB 550MG	PS	PA; QL
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***</i>	GEN	
<i>*methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg***</i>	GEN	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	GEN	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	GEN	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	GEN	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	GEN	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	PS	PA
ALINIA TAB 500MG	PS	PA
<i>atovaquone susp 750 mg/5ml</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
CARBAPENEMS		
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	GEN	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	GEN	
<i>meropenem iv for soln 1 gm</i>	GEN	
<i>meropenem iv for soln 500 mg</i>	GEN	
CHLORAMPHENICOLS		
<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	GEN	
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML	PB	QL
FIRVANO SOL 50MG/ML	PB	QL
VANCOMYC/D5W INJ 500MG	NPB	
VANCOMYC/D5W INJ 750MG	NPB	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	PS	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	PS	
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	GEN	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	GEN	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	GEN	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	GEN	
VANCOMYCIN SOL 250/5ML	PB	QL
VIBATIV INJ 750MG	NPB	
LEPROSTATICs		
<i>dapsone tab 25 mg</i>	GEN	
<i>dapsone tab 100 mg</i>	GEN	
LINCOSAMIDES		
<i>clindamycin hcl cap 75 mg</i>	GEN	
<i>clindamycin hcl cap 150 mg</i>	GEN	
<i>clindamycin hcl cap 300 mg</i>	GEN	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	GEN	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	GEN	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	GEN	
<i>clindamycin phosphate inj 300 mg/2ml</i>	GEN	
<i>clindamycin phosphate inj 600 mg/4ml</i>	GEN	
MONOBACTAMS		
<i>aztreonam for inj 1 gm</i>	GEN	
<i>aztreonam for inj 2 gm</i>	GEN	
CAYSTON INH 75MG	PS	QL
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	NPB	QL
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	GEN	
<i>linezolid tab 600 mg</i>	NPB	QL
ZYVOX SOL 2MG/ML	NPB	
PLEUROMUTILINS		
XENLETA TAB 600MG	PS	PA; QL
POLYMYXINS		
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	GEN	
<i>polymyxin b sulfate for inj 500000 unit</i>	GEN	
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate tab 1 gm</i>	GEN	
<i>methenamine mandelate tab 0.5 gm</i>	GEN	
<i>methenamine mandelate tab 1 gm</i>	GEN	
MONUROL PAK GRANULES	NPB	PA
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	GEN	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	GEN	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	GEN	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	GEN	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	GEN	
<i>ranolazine tab er 12hr 1000 mg</i>	GEN	
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	GEN	
<i>isosorbide dinitrate tab 10 mg</i>	GEN	
<i>isosorbide dinitrate tab 20 mg</i>	GEN	
<i>isosorbide dinitrate tab 30 mg</i>	GEN	
<i>isosorbide mononitrate tab 10 mg</i>	GEN	
<i>isosorbide mononitrate tab 20 mg</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	GEN	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	GEN	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	GEN	
NITRO-BID OIN 2%	GEN	
NITRO-DUR DIS 0.3MG/HR	NPB	
NITRO-DUR DIS 0.8MG/HR	NPB	
NITROGLYCER INJ 5MG/ML	GEN	
<i>nitroglycerin cap er 2.5 mg</i>	GEN	
<i>nitroglycerin cap er 6.5 mg</i>	GEN	
<i>nitroglycerin cap er 9 mg</i>	GEN	
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	GEN	
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	GEN	
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	GEN	
<i>nitroglycerin sl tab 0.3 mg</i>	GEN	
<i>nitroglycerin sl tab 0.4 mg</i>	GEN	
<i>nitroglycerin sl tab 0.6 mg</i>	GEN	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	GEN	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	GEN	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	GEN	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	GEN	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	GEN	

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

<i>buspirone hcl tab 5 mg</i>	GEN
<i>buspirone hcl tab 7.5 mg</i>	GEN
<i>buspirone hcl tab 10 mg</i>	GEN
<i>buspirone hcl tab 15 mg</i>	GEN
<i>buspirone hcl tab 30 mg</i>	GEN
<i>droperidol inj 2.5 mg/ml</i>	GEN
<i>hydroxyzine hcl im soln 25 mg/ml</i>	GEN
<i>hydroxyzine hcl im soln 50 mg/ml</i>	GEN
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	GEN
<i>hydroxyzine hcl tab 10 mg</i>	GEN
<i>hydroxyzine hcl tab 25 mg</i>	GEN
<i>hydroxyzine hcl tab 50 mg</i>	GEN
<i>hydroxyzine pamoate cap 25 mg</i>	GEN
<i>hydroxyzine pamoate cap 50 mg</i>	GEN
<i>hydroxyzine pamoate cap 100 mg</i>	GEN
<i>meprobamate tab 200 mg</i>	GEN
<i>meprobamate tab 400 mg</i>	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
BENZODIAZEPINES		
ALPRAZOLAM CON 1 MG/ML	GEN	
<i>alprazolam orally disintegrating tab 0.5 mg</i>	GEN	ST
<i>alprazolam orally disintegrating tab 0.25 mg</i>	GEN	ST
<i>alprazolam orally disintegrating tab 1 mg</i>	GEN	ST
<i>alprazolam orally disintegrating tab 2 mg</i>	GEN	ST
<i>alprazolam tab 0.5 mg</i>	GEN	
<i>alprazolam tab 0.25 mg</i>	GEN	
<i>alprazolam tab 1 mg</i>	GEN	
<i>alprazolam tab 2 mg</i>	GEN	
<i>alprazolam tab er 24hr 0.5 mg</i>	GEN	
<i>alprazolam tab er 24hr 1 mg</i>	GEN	
<i>alprazolam tab er 24hr 2 mg</i>	GEN	
<i>alprazolam tab er 24hr 3 mg</i>	GEN	
<i>chlordiazepoxide hcl cap 5 mg</i>	GEN	
<i>chlordiazepoxide hcl cap 10 mg</i>	GEN	
<i>chlordiazepoxide hcl cap 25 mg</i>	GEN	
<i>clorazepate dipotassium tab 3.75 mg</i>	GEN	
<i>clorazepate dipotassium tab 7.5 mg</i>	GEN	
<i>clorazepate dipotassium tab 15 mg</i>	GEN	
<i>diazepam conc 5 mg/ml</i>	GEN	
<i>diazepam inj 5 mg/ml</i>	GEN	
DIAZEPAM INJ 10MG/2ML	GEN	
<i>diazepam oral soln 1 mg/ml</i>	GEN	
<i>diazepam tab 2 mg</i>	GEN	
<i>diazepam tab 5 mg</i>	GEN	
<i>diazepam tab 10 mg</i>	GEN	
<i>lorazepam conc 2 mg/ml</i>	GEN	
<i>lorazepam inj 2 mg/ml</i>	GEN	
<i>lorazepam inj 4 mg/ml</i>	GEN	
<i>lorazepam tab 0.5 mg</i>	GEN	
<i>lorazepam tab 1 mg</i>	GEN	
<i>lorazepam tab 2 mg</i>	GEN	
<i>oxazepam cap 10 mg</i>	GEN	
<i>oxazepam cap 15 mg</i>	GEN	
<i>oxazepam cap 30 mg</i>	GEN	

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	GEN
<i>disopyramide phosphate cap 150 mg</i>	GEN

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>procainamide hcl inj 100 mg/ml</i>	GEN	
<i>quinidine gluconate tab er 324 mg</i>	GEN	
<i>quinidine sulfate tab 200 mg</i>	GEN	
<i>quinidine sulfate tab 300 mg</i>	GEN	
ANTIARRHYTHMICS TYPE I -B		
<i>mexiletine hcl cap 150 mg</i>	GEN	
<i>mexiletine hcl cap 200 mg</i>	GEN	
<i>mexiletine hcl cap 250 mg</i>	GEN	
ANTIARRHYTHMICS TYPE I -C		
<i>flecainide acetate tab 50 mg</i>	GEN	
<i>flecainide acetate tab 100 mg</i>	GEN	
<i>flecainide acetate tab 150 mg</i>	GEN	
<i>propafenone hcl cap er 12hr 225 mg</i>	GEN	
<i>propafenone hcl cap er 12hr 325 mg</i>	GEN	
<i>propafenone hcl cap er 12hr 425 mg</i>	GEN	
<i>propafenone hcl tab 150 mg</i>	GEN	
<i>propafenone hcl tab 225 mg</i>	GEN	
<i>propafenone hcl tab 300 mg</i>	GEN	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tab 100 mg</i>	GEN	
<i>amiodarone hcl tab 200 mg</i>	GEN	
<i>amiodarone hcl tab 400 mg</i>	GEN	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	GEN	QL
<i>dofetilide cap 250 mcg (0.25 mg)</i>	GEN	QL
<i>dofetilide cap 500 mcg (0.5 mg)</i>	GEN	QL
MULTAQ TAB 400MG	PB	
ANTI ASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	GEN	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
XOLAIR INJ 75/0.5	PS	PA; QL
XOLAIR INJ 150MG/ML	PS	PA; QL
XOLAIR SOL 150MG	PS	PA; QL
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	NPB	
INCRUSE ELPT INH 62.5MCG	PB	
<i>ipratropium bromide inhal soln 0.02%</i>	GEN	
SPIRIVA AER 1.25MCG	PB	
SPIRIVA CAP HANDIHLR	PB	
SPIRIVA SPR 2.5MCG	PB	

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<u>LEUKOTRIENE MODULATORS</u>		
montelukast sodium chew tab 4 mg (base equiv)	GEN	QL
montelukast sodium chew tab 5 mg (base equiv)	GEN	QL
montelukast sodium oral granules packet 4 mg (base equiv)	GEN	QL
montelukast sodium tab 10 mg (base equiv)	GEN	QL
zafirlukast tab 10 mg	GEN	
zafirlukast tab 20 mg	GEN	
zileuton tab er 12hr 600 mg	PS	ST
ZYFLO TAB 600MG	NPS	
<u>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</u>		
DALIRESP TAB 500MCG	NPB	PA
<u>STEROID INHALANTS</u>		
ARNUITY ELPT INH 100MCG	PB	
ARNUITY ELPT INH 200MCG	PB	
budesonide inhalation susp 0.5 mg/2ml	GEN	
budesonide inhalation susp 0.25 mg/2ml	GEN	
budesonide inhalation susp 1 mg/2ml	GEN	
FLOVENT DISK AER 50MCG	PB	
FLOVENT DISK AER 100MCG	PB	
FLOVENT DISK AER 250MCG	PB	
FLOVENT HFA AER 44MCG	PB	
FLOVENT HFA AER 110MCG	PB	
FLOVENT HFA AER 220MCG	PB	
PULMICORT INH 90MCG	PB	
PULMICORT INH 180MCG	PB	
QVAR REDIHA AER 80MCG	PB	
QVAR REDIHAL AER 40MCG	PB	
<u>SYMPATHOMIMETICS</u>		
ADVAIR DISKU AER 100/50	PB	
ADVAIR DISKU AER 250/50	PB	
ADVAIR DISKU AER 500/50	PB	
ADVAIR HFA AER 45/21	PB	
ADVAIR HFA AER 115/21	PB	
ADVAIR HFA AER 230/21	PB	
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	GEN	

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	GEN	QL
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	GEN	
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	GEN	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	GEN	
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	GEN	
<i>albuterol sulfate syrup 2 mg/5ml</i>	GEN	
<i>albuterol sulfate tab 2 mg</i>	GEN	
<i>albuterol sulfate tab 4 mg</i>	GEN	
<i>albuterol sulfate tab er 12hr 4 mg</i>	GEN	
<i>albuterol sulfate tab er 12hr 8 mg</i>	GEN	
ANORO ELLIPT AER 62.5-25	PB	
BREO ELLIPTA INH 100-25	PB	
BREO ELLIPTA INH 200-25	PB	
BROVANA NEB 15MCG	NPB	
COMBIVENT AER 20-100	PB	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	GEN	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	GEN	
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	GEN	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	GEN	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	GEN	
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	NPB	
PERFOROMIST NEB 20MCG	NPB	
PROAIR HFA AER	PB	PA; QL
PROVENTIL AER HFA	PB	PA; QL
SEREVENT DIS AER 50MCG	PB	
STIOLTO AER 2.5-2.5	PB	
STRIVERDI AER 2.5MCG	NPB	
SYMBICORT AER 80-4.5	PB	
SYMBICORT AER 160-4.5	PB	
<i>terbutaline sulfate inj 1 mg/ml</i>	GEN	
<i>terbutaline sulfate tab 2.5 mg</i>	GEN	
<i>terbutaline sulfate tab 5 mg</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA AER	PB	QL
XANTHINES		
aminophylline inj 25 mg/ml	GEN	
theophylline soln 80 mg/15ml	GEN	
theophylline tab er 12hr 300 mg	GEN	
theophylline tab er 12hr 450 mg	GEN	
theophylline tab er 24hr 400 mg	GEN	
theophylline tab er 24hr 600 mg	GEN	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin sodium tab 1 mg	GEN	
warfarin sodium tab 2 mg	GEN	
warfarin sodium tab 2.5 mg	GEN	
warfarin sodium tab 3 mg	GEN	
warfarin sodium tab 4 mg	GEN	
warfarin sodium tab 5 mg	GEN	
warfarin sodium tab 6 mg	GEN	
warfarin sodium tab 7.5 mg	GEN	
warfarin sodium tab 10 mg	GEN	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG	PB	QL
ELIQUIS TAB 2.5MG	PB	QL
ELIQUIS TAB 5MG	PB	QL
XARELTO STAR TAB 15/20MG	PB	QL
XARELTO TAB 2.5MG	PB	QL
XARELTO TAB 10MG	PB	QL
XARELTO TAB 15MG	PB	QL
XARELTO TAB 20MG	PB	QL
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium inj 30 mg/0.3ml	PS	
enoxaparin sodium inj 40 mg/0.4ml	PS	
enoxaparin sodium inj 60 mg/0.6ml	PS	
enoxaparin sodium inj 80 mg/0.8ml	PS	
enoxaparin sodium inj 100 mg/ml	PS	
enoxaparin sodium inj 120 mg/0.8ml	PS	
enoxaparin sodium inj 150 mg/ml	PS	
enoxaparin sodium inj 300 mg/3ml	PS	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	PS	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	PS	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	PS	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	PS	
FRAGMIN INJ 2500/0.2	PS	
FRAGMIN INJ 5000/0.2	PS	
FRAGMIN INJ 7500/0.3	PS	
FRAGMIN INJ 10000/ML	PS	
FRAGMIN INJ 12500UNT	PS	
FRAGMIN INJ 15000UNT	PS	
FRAGMIN INJ 18000UNT	PS	
FRAGMIN INJ 95000UNT	PS	
HEP SOD/NACL INJ 12500UNT	GEN	
HEP SOD/NACL INJ 25000UNT	GEN	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	GEN	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	GEN	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	GEN	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	GEN	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	GEN	
<i>heparin sodium (porcine) lock flush iv soln 1 unit/ml</i>	GEN	
<i>heparin sodium (porcine) lock flush iv soln 10 unit/ml</i>	GEN	
<i>heparin sodium (porcine) lock flush iv soln 100 unit/ml</i>	GEN	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	GEN	
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	GEN	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	GEN	

THROMBIN INHIBITORS

ARGATROBAN INJ 50/50ML	NPB
ARGATROBAN INJ 50MG/50M	NPB
<i>bivalirudin trifluoroacetate for iv soln 250 mg (base equiv)</i>	GEN

ANTICONVULSANTS

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA TAB 2MG	NPB	PA; QL
FYCOMPA TAB 4MG	NPB	PA; QL
FYCOMPA TAB 6MG	NPB	PA; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TAB 8MG	NPB	PA; QL
FYCOMPA TAB 10MG	NPB	PA; QL
FYCOMPA TAB 12MG	NPB	PA; QL

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam suspension 2.5 mg/ml</i>	NPB	PA; QL
<i>clobazam tab 10 mg</i>	NPB	PA; QL
<i>clobazam tab 20 mg</i>	NPB	PA; QL
<i>clonazepam orally disintegrating tab 0.5 mg</i>	GEN	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	GEN	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	GEN	
<i>clonazepam orally disintegrating tab 1 mg</i>	GEN	
<i>clonazepam orally disintegrating tab 2 mg</i>	GEN	
<i>clonazepam tab 0.5 mg</i>	GEN	
<i>clonazepam tab 1 mg</i>	GEN	
<i>clonazepam tab 2 mg</i>	GEN	
<i>diazepam rectal gel delivery system 2.5 mg</i>	GEN	
<i>diazepam rectal gel delivery system 10 mg</i>	GEN	
<i>diazepam rectal gel delivery system 20 mg</i>	GEN	QL

ANTICONVULSANTS - MISC.

APTIOM TAB 200MG	NPB	PA; QL
APTIOM TAB 400MG	NPB	PA; QL
APTIOM TAB 600MG	NPB	PA; QL
APTIOM TAB 800MG	NPB	PA; QL
BANZEL SUS 40MG/ML	NPB	PA
BANZEL TAB 200MG	NPB	PA
BANZEL TAB 400MG	NPB	PA
<i>carbamazepine cap er 12hr 100 mg</i>	GEN	
<i>carbamazepine cap er 12hr 200 mg</i>	GEN	
<i>carbamazepine cap er 12hr 300 mg</i>	GEN	
<i>carbamazepine chew tab 100 mg</i>	GEN	
<i>carbamazepine susp 100 mg/5ml</i>	GEN	
<i>carbamazepine tab 200 mg</i>	GEN	
<i>carbamazepine tab er 12hr 100 mg</i>	GEN	
<i>carbamazepine tab er 12hr 200 mg</i>	GEN	
<i>carbamazepine tab er 12hr 400 mg</i>	GEN	
DIACOMIT CAP 250MG	PS	PA; QL
DIACOMIT CAP 500MG	PS	PA; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PAK 250MG	PS	PA; QL
DIACOMIT PAK 500MG	PS	PA; QL
EPIDIOLEX SOL 100MG/ML	PS	PA
<i>gabapentin cap 100 mg</i>	GEN	
<i>gabapentin cap 300 mg</i>	GEN	
<i>gabapentin cap 400 mg</i>	GEN	
<i>gabapentin oral soln 250 mg/5ml</i>	GEN	
<i>gabapentin tab 600 mg</i>	GEN	
<i>gabapentin tab 800 mg</i>	GEN	
<i>lamotrigine orally disintegrating tab 25 mg</i>	NPB	
<i>lamotrigine orally disintegrating tab 50 mg</i>	NPB	
<i>lamotrigine orally disintegrating tab 100 mg</i>	NPB	
<i>lamotrigine orally disintegrating tab 200 mg</i>	NPB	
<i>lamotrigine tab 25 mg</i>	GEN	
<i>lamotrigine tab 100 mg</i>	GEN	
<i>lamotrigine tab 150 mg</i>	GEN	
<i>lamotrigine tab 200 mg</i>	GEN	
<i>lamotrigine tab chewable dispersible 5 mg</i>	GEN	
<i>lamotrigine tab chewable dispersible 25 mg</i>	GEN	
<i>lamotrigine tab er 24hr 50 mg</i>	GEN	
<i>lamotrigine tab er 24hr 250 mg</i>	GEN	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	GEN	
<i>levetiracetam oral soln 100 mg/ml</i>	GEN	
<i>levetiracetam tab 250 mg</i>	GEN	
<i>levetiracetam tab 500 mg</i>	GEN	
<i>levetiracetam tab 750 mg</i>	GEN	
<i>levetiracetam tab 1000 mg</i>	GEN	
<i>levetiracetam tab er 24hr 500 mg</i>	GEN	QL
<i>levetiracetam tab er 24hr 750 mg</i>	GEN	QL
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	GEN	
<i>oxcarbazepine tab 150 mg</i>	GEN	
<i>oxcarbazepine tab 300 mg</i>	GEN	
<i>oxcarbazepine tab 600 mg</i>	GEN	
<i>pregabalin cap 25 mg</i>	GEN	PA; QL
<i>pregabalin cap 50 mg</i>	GEN	PA; QL
<i>pregabalin cap 75 mg</i>	GEN	PA; QL
<i>pregabalin cap 100 mg</i>	GEN	PA; QL
<i>pregabalin cap 150 mg</i>	GEN	PA; QL
<i>pregabalin cap 200 mg</i>	GEN	PA; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin cap 225 mg</i>	GEN	PA; QL
<i>pregabalin cap 300 mg</i>	GEN	PA; QL
<i>pregabalin soln 20 mg/ml</i>	GEN	PA; QL
<i>primidone tab 50 mg</i>	GEN	
<i>primidone tab 250 mg</i>	GEN	
<i>rufinamide susp 40 mg/ml</i>	NPB	PA
<i>topiramate cap er 24hr sprinkle 25 mg</i>	GEN	
<i>topiramate cap er 24hr sprinkle 50 mg</i>	GEN	
<i>topiramate cap er 24hr sprinkle 100 mg</i>	GEN	
<i>topiramate cap er 24hr sprinkle 150 mg</i>	GEN	
<i>topiramate cap er 24hr sprinkle 200 mg</i>	GEN	
<i>topiramate sprinkle cap 15 mg</i>	GEN	QL
<i>topiramate sprinkle cap 25 mg</i>	GEN	QL
<i>topiramate tab 25 mg</i>	GEN	QL
<i>topiramate tab 50 mg</i>	GEN	
<i>topiramate tab 100 mg</i>	GEN	
<i>topiramate tab 200 mg</i>	GEN	
VIMPAT INJ 200MG/20	NPB	PA
VIMPAT SOL 10MG/ML	NPB	PA
VIMPAT TAB 50MG	NPB	PA
VIMPAT TAB 100MG	NPB	PA
VIMPAT TAB 150MG	NPB	PA
VIMPAT TAB 200MG	NPB	PA
<i>zonisamide cap 25 mg</i>	GEN	
<i>zonisamide cap 50 mg</i>	GEN	
<i>zonisamide cap 100 mg</i>	GEN	
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	GEN	
<i>felbamate tab 400 mg</i>	GEN	
<i>felbamate tab 600 mg</i>	GEN	
GABA MODULATORS		
<i>tiagabine hcl tab 2 mg</i>	GEN	
<i>tiagabine hcl tab 4 mg</i>	GEN	
<i>tiagabine hcl tab 12 mg</i>	GEN	
<i>tiagabine hcl tab 16 mg</i>	GEN	
<i>vigabatrin powd pack 500 mg</i>	PS	PA; QL
<i>vigabatrin tab 500 mg</i>	PS	PA; QL
HYDANTOINS		
DILANTIN CAP 30MG	PB	
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier Requirements/Limits
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	GEN
<i>phenytoin chew tab 50 mg</i>	GEN
<i>phenytoin sodium extended cap 100 mg</i>	GEN
<i>phenytoin sodium extended cap 200 mg</i>	GEN
<i>phenytoin sodium extended cap 300 mg</i>	GEN
<i>phenytoin sodium inj 50 mg/ml</i>	GEN
<i>phenytoin susp 125 mg/5ml</i>	GEN
SUCCINIMIDES	
<i>CELONTIN CAP 300MG</i>	PB
<i>ethosuximide cap 250 mg</i>	GEN
<i>ethosuximide soln 250 mg/5ml</i>	GEN
VALPROIC ACID	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	GEN
<i>divalproex sodium tab delayed release 125 mg</i>	GEN
<i>divalproex sodium tab delayed release 250 mg</i>	GEN
<i>divalproex sodium tab delayed release 500 mg</i>	GEN
<i>divalproex sodium tab er 24 hr 250 mg</i>	GEN
<i>divalproex sodium tab er 24 hr 500 mg</i>	GEN
<i>valproate sodium inj 100 mg/ml</i>	GEN
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	GEN
<i>valproic acid cap 250 mg</i>	GEN
ANTI DEPRESSANTS	
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	
<i>mirtazapine orally disintegrating tab 15 mg</i>	GEN
<i>mirtazapine orally disintegrating tab 30 mg</i>	GEN
<i>mirtazapine orally disintegrating tab 45 mg</i>	GEN
<i>mirtazapine tab 7.5 mg</i>	GEN
<i>mirtazapine tab 15 mg</i>	GEN
<i>mirtazapine tab 30 mg</i>	GEN
<i>mirtazapine tab 45 mg</i>	GEN
ANTIDEPRESSANTS - MISC.	
<i>bupropion hcl tab 75 mg</i>	GEN
<i>bupropion hcl tab 100 mg</i>	GEN
<i>bupropion hcl tab er 12hr 100 mg</i>	GEN
<i>bupropion hcl tab er 12hr 150 mg</i>	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl tab er 12hr 200 mg	GEN	
bupropion hcl tab er 24hr 150 mg	GEN	QL
bupropion hcl tab er 24hr 300 mg	GEN	QL
maprotiline hcl tab 25 mg	GEN	
maprotiline hcl tab 50 mg	GEN	
maprotiline hcl tab 75 mg	GEN	
<i>MONOAMINE OXIDASE INHIBITORS (MAOIS)</i>		
EMSAM DIS 6MG/24HR	NPB	PA; QL
EMSAM DIS 9MG/24HR	NPB	PA; QL
EMSAM DIS 12MG/24H	NPB	PA; QL
phenelzine sulfate tab 15 mg	GEN	
tranylcypromine sulfate tab 10 mg	GEN	
<i>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</i>		
SPRAVATO SOL 56MG DOS	PS	PA; QL
SPRAVATO SOL 84MG DOS	PS	PA; QL
<i>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</i>		
citalopram hydrobromide oral soln 10 mg/5ml	GEN	
citalopram hydrobromide tab 10 mg (base equiv)	GEN	QL
citalopram hydrobromide tab 20 mg (base equiv)	GEN	QL
citalopram hydrobromide tab 40 mg (base equiv)	GEN	QL
escitalopram oxalate soln 5 mg/5ml (base equiv)	GEN	QL
escitalopram oxalate tab 5 mg (base equiv)	GEN	QL
escitalopram oxalate tab 10 mg (base equiv)	GEN	QL
escitalopram oxalate tab 20 mg (base equiv)	GEN	QL
fluoxetine hcl cap 10 mg	GEN	
fluoxetine hcl cap 20 mg	GEN	
fluoxetine hcl cap 40 mg	GEN	
fluoxetine hcl solution 20 mg/5ml	GEN	
fluoxetine hcl tab 10 mg	GEN	ST
fluvoxamine maleate tab 25 mg	GEN	
fluvoxamine maleate tab 50 mg	GEN	
fluvoxamine maleate tab 100 mg	GEN	
paroxetine hcl tab 10 mg	GEN	QL
paroxetine hcl tab 20 mg	GEN	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tab 30 mg</i>	GEN	QL
<i>paroxetine hcl tab 40 mg</i>	GEN	QL
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	GEN	
<i>sertraline hcl tab 25 mg</i>	GEN	
<i>sertraline hcl tab 50 mg</i>	GEN	
<i>sertraline hcl tab 100 mg</i>	GEN	

SEROTONIN MODULATORS

<i>nefazodone hcl tab 50 mg</i>	NPB	
<i>nefazodone hcl tab 100 mg</i>	NPB	
<i>nefazodone hcl tab 150 mg</i>	NPB	
<i>nefazodone hcl tab 200 mg</i>	NPB	
<i>nefazodone hcl tab 250 mg</i>	NPB	
<i>trazodone hcl tab 50 mg</i>	GEN	
<i>trazodone hcl tab 100 mg</i>	GEN	
<i>trazodone hcl tab 150 mg</i>	GEN	
<i>trazodone hcl tab 300 mg</i>	GEN	
TRINTELLIX TAB 5MG	NPB	PA; QL
TRINTELLIX TAB 10MG	NPB	PA; QL
TRINTELLIX TAB 20MG	NPB	PA; QL
VIIBRYD KIT STARTER	NPB	PA; QL
VIIBRYD TAB 10MG	NPB	PA; QL
VIIBRYD TAB 20MG	NPB	PA; QL
VIIBRYD TAB 40MG	NPB	PA; QL

SEROTONIN-NOREpinephrine REUPTAKE INHIBITORS (SNRIS)

<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	NPB	ST; QL
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	NPB	ST; QL
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	NPB	ST; QL
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	GEN	QL
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	GEN	QL
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	GEN	QL
FETZIMA CAP 20MG	NPB	PA; QL
FETZIMA CAP 40MG	NPB	PA; QL
FETZIMA CAP 80MG	NPB	PA; QL
FETZIMA CAP 120MG	NPB	PA; QL
FETZIMA CAP TITRATIO	NPB	PA; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	GEN	QL
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	GEN	QL
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	GEN	QL
venlafaxine hcl tab 25 mg (base equivalent)	GEN	
venlafaxine hcl tab 37.5 mg (base equivalent)	GEN	
venlafaxine hcl tab 50 mg (base equivalent)	GEN	
venlafaxine hcl tab 75 mg (base equivalent)	GEN	
venlafaxine hcl tab 100 mg (base equivalent)	GEN	

TRICYCLIC AGENTS

amitriptyline hcl tab 10 mg	GEN	
amitriptyline hcl tab 25 mg	GEN	
amitriptyline hcl tab 50 mg	GEN	
amitriptyline hcl tab 75 mg	GEN	
amitriptyline hcl tab 100 mg	GEN	
amitriptyline hcl tab 150 mg	GEN	
amoxapine tab 25 mg	GEN	
amoxapine tab 50 mg	GEN	
amoxapine tab 100 mg	GEN	
amoxapine tab 150 mg	GEN	
clomipramine hcl cap 25 mg	NPB	ST
clomipramine hcl cap 50 mg	NPB	ST
clomipramine hcl cap 75 mg	NPB	ST
desipramine hcl tab 10 mg	GEN	
desipramine hcl tab 25 mg	GEN	
desipramine hcl tab 50 mg	GEN	
desipramine hcl tab 75 mg	GEN	
desipramine hcl tab 100 mg	GEN	
desipramine hcl tab 150 mg	GEN	
doxepin hcl cap 10 mg	GEN	
doxepin hcl cap 25 mg	GEN	
doxepin hcl cap 50 mg	GEN	
doxepin hcl cap 75 mg	GEN	
doxepin hcl cap 100 mg	GEN	
doxepin hcl cap 150 mg	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl conc 10 mg/ml</i>	GEN	
<i>imipramine hcl tab 10 mg</i>	GEN	
<i>imipramine hcl tab 25 mg</i>	GEN	
<i>imipramine hcl tab 50 mg</i>	GEN	
<i>nortriptyline hcl cap 10 mg</i>	GEN	
<i>nortriptyline hcl cap 25 mg</i>	GEN	
<i>nortriptyline hcl cap 50 mg</i>	GEN	
<i>nortriptyline hcl cap 75 mg</i>	GEN	
<i>nortriptyline hcl soln 10 mg/5ml</i>	GEN	
<i>protriptyline hcl tab 5 mg</i>	GEN	
<i>protriptyline hcl tab 10 mg</i>	GEN	

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	GEN	
<i>acarbose tab 50 mg</i>	GEN	
<i>acarbose tab 100 mg</i>	GEN	
MIGLITOL TAB 25 MG	GEN	
MIGLITOL TAB 50 MG	GEN	
MIGLITOL TAB 100 MG	GEN	

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	PB	ST; QL
SYMLNPEN 120 INJ 1000MCG	PB	ST; QL

ANTIDIABETIC COMBINATIONS

<i>glipizide-metformin hcl tab 2.5-250 mg</i>	GEN	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	GEN	
<i>glipizide-metformin hcl tab 5-500 mg</i>	GEN	
<i>glyburide-metformin tab 1.25-250 mg</i>	GEN	
<i>glyburide-metformin tab 2.5-500 mg</i>	GEN	
<i>glyburide-metformin tab 5-500 mg</i>	GEN	
GLYXAMBI TAB 10-5 MG	PB	ST; QL
GLYXAMBI TAB 25-5 MG	PB	ST; QL
JANUMET TAB 50-500MG	PB	ST
JANUMET TAB 50-1000	PB	ST
JANUMET XR TAB 50-500MG	PB	ST
JANUMET XR TAB 50-1000	PB	ST
JANUMET XR TAB 100-1000	PB	ST
QTERN TAB 10-5MG	PB	ST; QL
SOLIQUA INJ 100/33	NPB	ST
SYNJARDY TAB	PB	ST; QL
SYNJARDY TAB 5-500MG	PB	ST; QL
SYNJARDY TAB 5-1000MG	PB	ST; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 12.5-500	PB	ST; QL
SYNJARDY XR TAB	PB	ST; QL
SYNJARDY XR TAB 5-1000MG	PB	ST; QL
SYNJARDY XR TAB 10-1000	PB	ST; QL
SYNJARDY XR TAB 25-1000	PB	ST; QL
XIGDUO XR TAB 2.5-1000	PB	ST; QL
XIGDUO XR TAB 5-500MG	PB	ST; QL
XIGDUO XR TAB 5-1000MG	PB	ST; QL
XIGDUO XR TAB 10-500MG	PB	ST; QL
XIGDUO XR TAB 10-1000	PB	ST; QL
XULTOPHY INJ 100/3.6	NPB	ST

BIGUANIDES

<i>metformin hcl tab 500 mg</i>	GEN
<i>metformin hcl tab 850 mg</i>	GEN
<i>metformin hcl tab 1000 mg</i>	GEN
<i>metformin hcl tab er 24hr 500 mg</i>	GEN
<i>metformin hcl tab er 24hr 750 mg</i>	GEN

DIABETIC OTHER

GLUCAGEN INJ HYPOKIT	PB	QL
GLUCAGON KIT 1MG	PB	QL
KORLYM TAB 300MG	NPS	PA; QL
PROGLYCEM SUS 50MG/ML	NPB	

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	NPB	ST
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	NPB	ST
JANUVIA TAB 25MG	PB	ST
JANUVIA TAB 50MG	PB	ST
JANUVIA TAB 100MG	PB	ST

Incretin Mimetic Agents (GLP-1 Receptor Agonists)

OZEMPIC INJ 2/1.5ML	PB	ST; QL
OZEMPIC INJ 4MG/3ML	PB	QL
TRULICITY INJ 0.75/0.5	PB	ST; QL
TRULICITY INJ 1.5/0.5	PB	ST; QL
TRULICITY INJ 3/0.5	PB	ST; QL
TRULICITY INJ 4.5/0.5	PB	ST; QL
VICTOZA INJ 18MG/3ML	PB	ST; QL

INSULIN

HUMULIN R INJ U-500	PB	QL
LANTUS INJ 100/ML	PB	QL
LANTUS SOLOS INJ 100/ML	PB	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR INJ	PB	QL
LEVEMIR INJ FLEXTOUCH	PB	QL
NOVOLIN INJ 70/30	PB	QL
NOVOLIN N INJ U-100	PB	QL
NOVOLIN R INJ U-100	PB	QL
NOVOLOG INJ 100/ML	PB	QL
NOVOLOG INJ FLEXPEN	PB	QL
NOVOLOG INJ PENFILL	PB	QL
NOVOLOG MIX INJ 70/30	PB	QL
NOVOLOG MIX INJ FLEXPEN	PB	QL
TOUJEO MAX INJ 300IU/ML	PB	QL
TOUJEO SOLO INJ 300IU/ML	PB	QL
TRESIBA FLEX INJ 100UNIT	PB	
TRESIBA FLEX INJ 200UNIT	PB	
TRESIBA INJ 100UNIT	PB	QL

INSULIN SENSITIZING AGENTS

<i>pioglitazone hcl tab 15 mg (base equiv)</i>	GEN
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	GEN
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	GEN

MEGLITINIDE ANALOGUES

<i>nateglinide tab 60 mg</i>	GEN
<i>nateglinide tab 120 mg</i>	GEN
<i>repaglinide tab 0.5 mg</i>	GEN
<i>repaglinide tab 1 mg</i>	GEN
<i>repaglinide tab 2 mg</i>	GEN

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA TAB 5MG	PB	ST; QL
FARXIGA TAB 10MG	PB	ST; QL
JARDIANCE TAB 10MG	PB	ST; QL
JARDIANCE TAB 25MG	PB	ST; QL

SULFONYLUREAS

<i>glimepiride tab 1 mg</i>	GEN
<i>glimepiride tab 2 mg</i>	GEN
<i>glimepiride tab 4 mg</i>	GEN
<i>glipizide tab 5 mg</i>	GEN
<i>glipizide tab 10 mg</i>	GEN
<i>glipizide tab er 24hr 2.5 mg</i>	GEN
<i>glipizide tab er 24hr 5 mg</i>	GEN
<i>glipizide tab er 24hr 10 mg</i>	GEN
<i>glyburide micronized tab 1.5 mg</i>	GEN
<i>glyburide micronized tab 3 mg</i>	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
glyburide micronized tab 6 mg	GEN	
glyburide tab 1.25 mg	GEN	
glyburide tab 2.5 mg	GEN	
glyburide tab 5 mg	GEN	
tolbutamide tab 500 mg	GEN	

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

MYTESI TAB 125MG	PS	PA; QL
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ANTIPERISTALTIC AGENTS

diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	GEN
diphenoxylate w/ atropine tab 2.5-0.025 mg	GEN
loperamide hcl cap 2 mg	GEN

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

CHEMET CAP 100MG	NPB	PA
deferasirox tab 90 mg	PS	PA
deferasirox tab 180 mg	PS	PA
deferasirox tab 360 mg	PS	PA
deferasirox tab for oral susp 125 mg	PS	PA
deferasirox tab for oral susp 250 mg	PS	PA
deferasirox tab for oral susp 500 mg	PS	PA
FERRIPROX SOL 100MG/ML	PS	PA
FERRIPROX TAB 500MG	PS	PA

BENZODIAZEPINE ANTAGONISTS

flumazenil iv soln 1 mg/10ml (0.1 mg/ml)	GEN
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OPIOID ANTAGONISTS

naloxone hcl inj 0.4 mg/ml	GEN
naloxone hcl inj 4 mg/10ml	GEN
naloxone hcl soln cartridge 0.4 mg/ml	GEN
naloxone hcl soln prefilled syringe 2 mg/2ml	GEN
naltrexone hcl tab 50 mg	ACA
NARCAN SPR	NPB
VIVITROL INJ 380MG	PS

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

ANZEMET TAB 50MG	NPB	ST; QL
ANZEMET TAB 100MG	NPB	ST; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl inj 1 mg/ml</i>	GEN	QL
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	GEN	QL
<i>granisetron hcl tab 1 mg</i>	NPB	QL
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	GEN	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	GEN	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	GEN	
<i>ondansetron hcl tab 4 mg</i>	GEN	QL
<i>ondansetron hcl tab 8 mg</i>	GEN	QL
<i>ondansetron hcl tab 24 mg</i>	GEN	QL
<i>ondansetron orally disintegrating tab 4 mg</i>	GEN	QL
<i>ondansetron orally disintegrating tab 8 mg</i>	GEN	QL
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	GEN	
SANCUSO DIS 3.1MG	NPB	ST; QL

ANTIEMETICS - ANTICHOLINERGIC

DIMENHYDRIN INJ 50MG/ML	GEN
<i>meclizine hcl tab 12.5 mg</i>	GEN
<i>meclizine hcl tab 25 mg</i>	GEN
<i>scopolamine td patch 72hr 1 mg/3days</i>	GEN
TIGAN INJ 100MG/ML	NPB
<i>trimethobenzamide hcl cap 300 mg</i>	GEN

ANTIEMETICS - MISCELLANEOUS

AKYNZEO CAP 300-0.5	NPB	QL
<i>dronabinol cap 2.5 mg</i>	NPB	
<i>dronabinol cap 5 mg</i>	NPB	
<i>dronabinol cap 10 mg</i>	NPB	

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant capsule 40 mg</i>	PB	QL
<i>aprepitant capsule 80 mg</i>	PB	QL
<i>aprepitant capsule 125 mg</i>	PB	QL
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	PB	QL
<i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</i>	PB	QL

ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS

(ECHINOCANDINS)

ERAXIS INJ 50MG	NPB
ERAXIS INJ 100MG	NPB
MYCAMINE INJ 50MG	NPB
MYCAMINE INJ 100MG	NPB

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
ABELCET INJ 5MG/ML	NPB	
AMBISOME INJ 50MG	NPB	
<i>flucytosine cap 250 mg</i>	PS	PA
<i>flucytosine cap 500 mg</i>	PS	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	GEN	
<i>griseofulvin microsize tab 500 mg</i>	GEN	
<i>griseofulvin ultramicrosize tab 125 mg</i>	GEN	
<i>griseofulvin ultramicrosize tab 250 mg</i>	GEN	
<i>nystatin tab 500000 unit</i>	GEN	
<i>terbinafine hcl tab 250 mg</i>	GEN	QL
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 186 MG	PS	PA
CRESEMBA INJ 372MG	PS	PA
<i>fluconazole for susp 10 mg/ml</i>	GEN	
<i>fluconazole for susp 40 mg/ml</i>	GEN	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	GEN	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	GEN	
<i>fluconazole tab 50 mg</i>	GEN	QL
<i>fluconazole tab 100 mg</i>	GEN	QL
<i>fluconazole tab 150 mg</i>	GEN	
<i>fluconazole tab 200 mg</i>	GEN	QL
<i>itraconazole cap 100 mg</i>	GEN	PA; QL
<i>itraconazole oral soln 10 mg/ml</i>	GEN	PA; QL
<i>ketoconazole tab 200 mg</i>	GEN	
NOXAFIL SUS 40MG/ML	PS	PA
<i>posaconazole tab delayed release 100 mg</i>	PS	PA; QL
<i>voriconazole for inj 200 mg</i>	GEN	
<i>voriconazole for susp 40 mg/ml</i>	PS	QL
<i>voriconazole tab 50 mg</i>	PS	QL
<i>voriconazole tab 200 mg</i>	PS	QL
ANTI HISTAMINES		
ANTI HISTAMINES - ALKYLAMINES		
<i>dexchlorpheniramine maleate oral soln 2 mg/5ml</i>	NPB	
ANTI HISTAMINES - ETHANOLAMINES		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	GEN	
<i>carbinoxamine maleate tab 4 mg</i>	GEN	
<i>clemastine fumarate tab 2.68 mg</i>	GEN	
<i>diphenhydramine hcl inj 50 mg/ml</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	GEN	
desloratadine tab 5 mg	NPB	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	GEN	
levocetirizine dihydrochloride tab 5 mg	GEN	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl inj 25 mg/ml	GEN	
promethazine hcl inj 50 mg/ml	GEN	
promethazine hcl suppos 12.5 mg	GEN	
promethazine hcl suppos 25 mg	GEN	
promethazine hcl suppos 50 mg	NPB	
promethazine hcl syrup 6.25 mg/5ml	GEN	
promethazine hcl tab 12.5 mg	GEN	
promethazine hcl tab 25 mg	GEN	
promethazine hcl tab 50 mg	GEN	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	GEN	
cyproheptadine hcl tab 4 mg	GEN	
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap 1 gm	PB	
VASCEPA CAP 0.5GM	PB	PA
VASCEPA CAP 1GM	PB	PA
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	NPB	
cholestyramine light powder packets 4 gm	NPB	
cholestyramine powder 4 gm/dose	NPB	
cholestyramine powder packets 4 gm	NPB	
colesevelam hcl packet for susp 3.75 gm	GEN	PA
colesevelam hcl tab 625 mg	NPB	PA
colestipol hcl granule packets 5 gm	NPB	
colestipol hcl granules 5 gm	NPB	
colestipol hcl tab 1 gm	NPB	
FIBRIC ACID DERIVATIVES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	NPB	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	NPB	
fenofibrate micronized cap 43 mg	GEN	
fenofibrate micronized cap 67 mg	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized cap 134 mg</i>	GEN	
<i>fenofibrate micronized cap 200 mg</i>	NPB	
<i>fenofibrate tab 48 mg</i>	GEN	
<i>fenofibrate tab 54 mg</i>	GEN	
<i>fenofibrate tab 145 mg</i>	GEN	
<i>fenofibrate tab 160 mg</i>	GEN	
<i>fenofibric acid tab 35 mg</i>	NPB	
<i>fenofibric acid tab 105 mg</i>	NPB	
<i>gemfibrozil tab 600 mg</i>	GEN	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	ACA	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	ACA	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	GEN	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	GEN	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	ACA	
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	ACA	
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	ACA	
<i>LIVALO TAB 1MG</i>	NPB	PA
<i>LIVALO TAB 2MG</i>	NPB	PA
<i>LIVALO TAB 4MG</i>	NPB	PA
<i>lovastatin tab 10 mg</i>	ACA	
<i>lovastatin tab 20 mg</i>	ACA	
<i>lovastatin tab 40 mg</i>	ACA	
<i>pravastatin sodium tab 10 mg</i>	ACA	
<i>pravastatin sodium tab 20 mg</i>	ACA	
<i>pravastatin sodium tab 40 mg</i>	ACA	
<i>pravastatin sodium tab 80 mg</i>	ACA	
<i>rosuvastatin calcium tab 5 mg</i>	ACA	
<i>rosuvastatin calcium tab 10 mg</i>	ACA	
<i>rosuvastatin calcium tab 20 mg</i>	GEN	
<i>rosuvastatin calcium tab 40 mg</i>	GEN	
<i>simvastatin tab 5 mg</i>	ACA	
<i>simvastatin tab 10 mg</i>	ACA	
<i>simvastatin tab 20 mg</i>	ACA	
<i>simvastatin tab 40 mg</i>	ACA	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tab 80 mg</i>	GEN	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	GEN	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
<i>JUXTAPID CAP 5MG</i>	NPS	PA; QL
<i>JUXTAPID CAP 10MG</i>	NPS	PA; QL
<i>JUXTAPID CAP 20MG</i>	NPS	PA; QL
<i>JUXTAPID CAP 30MG</i>	NPS	PA; QL
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	NPB	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	NPB	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	NPB	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
<i>PRALUENT INJ 75MG/ML</i>	PS	PA; QL
<i>PRALUENT INJ 150MG/ML</i>	PS	PA; QL
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	GEN	
<i>benazepril hcl tab 10 mg</i>	GEN	
<i>benazepril hcl tab 20 mg</i>	GEN	
<i>benazepril hcl tab 40 mg</i>	GEN	
<i>captopril tab 12.5 mg</i>	NPB	
<i>captopril tab 25 mg</i>	NPB	
<i>captopril tab 50 mg</i>	NPB	
<i>captopril tab 100 mg</i>	NPB	
<i>enalapril maleate tab 2.5 mg</i>	GEN	
<i>enalapril maleate tab 5 mg</i>	GEN	
<i>enalapril maleate tab 10 mg</i>	GEN	
<i>enalapril maleate tab 20 mg</i>	GEN	
<i>enalaprilat iv inj 1.25 mg/ml</i>	GEN	
<i>fosinopril sodium tab 10 mg</i>	GEN	
<i>fosinopril sodium tab 20 mg</i>	GEN	
<i>fosinopril sodium tab 40 mg</i>	GEN	
<i>lisinopril tab 2.5 mg</i>	GEN	
<i>lisinopril tab 5 mg</i>	GEN	
<i>lisinopril tab 10 mg</i>	GEN	
<i>lisinopril tab 20 mg</i>	GEN	
<i>lisinopril tab 30 mg</i>	GEN	
<i>lisinopril tab 40 mg</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril hcl tab 7.5 mg</i>	GEN	
<i>moexipril hcl tab 15 mg</i>	GEN	
<i>perindopril erbumine tab 2 mg</i>	GEN	
<i>perindopril erbumine tab 4 mg</i>	GEN	
<i>perindopril erbumine tab 8 mg</i>	GEN	
<i>quinapril hcl tab 5 mg</i>	GEN	
<i>quinapril hcl tab 10 mg</i>	GEN	
<i>quinapril hcl tab 20 mg</i>	GEN	
<i>quinapril hcl tab 40 mg</i>	GEN	
<i>ramipril cap 1.25 mg</i>	GEN	
<i>ramipril cap 2.5 mg</i>	GEN	
<i>ramipril cap 5 mg</i>	GEN	
<i>ramipril cap 10 mg</i>	GEN	
<i>trandolapril tab 1 mg</i>	GEN	
<i>trandolapril tab 2 mg</i>	GEN	
<i>trandolapril tab 4 mg</i>	GEN	

AGENTS FOR PHEOCHROMOCYTOMA

<i>phenoxybenzamine hcl cap 10 mg</i>	NPS	PA
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ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tab 4 mg</i>	GEN	
<i>candesartan cilexetil tab 8 mg</i>	GEN	
<i>candesartan cilexetil tab 16 mg</i>	GEN	
<i>candesartan cilexetil tab 32 mg</i>	GEN	
<i>EDARBI TAB 40MG</i>	NPB	ST
<i>EDARBI TAB 80MG</i>	NPB	ST
<i>irbesartan tab 75 mg</i>	GEN	
<i>irbesartan tab 150 mg</i>	GEN	
<i>irbesartan tab 300 mg</i>	GEN	
<i>losartan potassium tab 25 mg</i>	GEN	
<i>losartan potassium tab 50 mg</i>	GEN	
<i>losartan potassium tab 100 mg</i>	GEN	
<i>olmesartan medoxomil tab 5 mg</i>	NPB	
<i>olmesartan medoxomil tab 20 mg</i>	NPB	
<i>olmesartan medoxomil tab 40 mg</i>	NPB	
<i>telmisartan tab 20 mg</i>	GEN	
<i>telmisartan tab 40 mg</i>	GEN	
<i>telmisartan tab 80 mg</i>	GEN	
<i>valsartan tab 40 mg</i>	GEN	
<i>valsartan tab 80 mg</i>	GEN	
<i>valsartan tab 160 mg</i>	GEN	
<i>valsartan tab 320 mg</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine hcl tab 0.1 mg	GEN	
clonidine hcl tab 0.2 mg	GEN	
clonidine hcl tab 0.3 mg	GEN	
clonidine td patch weekly 0.1 mg/24hr	GEN	
clonidine td patch weekly 0.2 mg/24hr	GEN	
clonidine td patch weekly 0.3 mg/24hr	GEN	
doxazosin mesylate tab 1 mg	GEN	
doxazosin mesylate tab 2 mg	GEN	
doxazosin mesylate tab 4 mg	GEN	
doxazosin mesylate tab 8 mg	GEN	
guanfacine hcl tab 1 mg	GEN	
guanfacine hcl tab 2 mg	GEN	
methyldopa tab 250 mg	GEN	
methyldopa tab 500 mg	GEN	
prazosin hcl cap 1 mg	GEN	
prazosin hcl cap 2 mg	GEN	
prazosin hcl cap 5 mg	GEN	
terazosin hcl cap 1 mg (base equivalent)	GEN	
terazosin hcl cap 2 mg (base equivalent)	GEN	
terazosin hcl cap 5 mg (base equivalent)	GEN	
terazosin hcl cap 10 mg (base equivalent)	GEN	
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	GEN	
amlodipine besylate-benazepril hcl cap 5-10 mg	GEN	
amlodipine besylate-benazepril hcl cap 5-20 mg	GEN	
amlodipine besylate-benazepril hcl cap 5-40 mg	GEN	
amlodipine besylate-benazepril hcl cap 10-20 mg	GEN	
amlodipine besylate-benazepril hcl cap 10-40 mg	GEN	
atenolol & chlorthalidone tab 50-25 mg	GEN	
atenolol & chlorthalidone tab 100-25 mg	GEN	
benazepril & hydrochlorothiazide tab 5-6.25 mg	NPB	
benazepril & hydrochlorothiazide tab 10-12.5 mg	NPB	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	NPB	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	NPB	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	GEN	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	GEN	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	GEN	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	GEN	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	GEN	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	GEN	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	NPB	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	NPB	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	NPB	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	NPB	
<i>EDARBYCLOR TAB 40-12.5</i>	NPB	ST
<i>EDARBYCLOR TAB 40-25MG</i>	NPB	ST
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	GEN	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	GEN	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	GEN	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	GEN	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	GEN	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	GEN	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	GEN	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	GEN	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	GEN	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	GEN	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	GEN	
<i>methyldopa & hydrochlorothiazide tab 250-15 mg</i>	GEN	
<i>methyldopa & hydrochlorothiazide tab 250-25 mg</i>	GEN	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	GEN	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	GEN	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	GEN	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	GEN	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	GEN	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	GEN	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	GEN	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	GEN	
TEKTURNA HCT TAB 150-12.5	PB	ST
TEKTURNA HCT TAB 150-25MG	PB	ST
TEKTURNA HCT TAB 300-12.5	PB	ST
TEKTURNA HCT TAB 300-25MG	PB	ST
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	GEN	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	GEN	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	GEN	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	GEN	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	GEN	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	GEN	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	GEN	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	GEN	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide tab 160-25 mg	GEN	
valsartan-hydrochlorothiazide tab 320-12.5 mg	GEN	
valsartan-hydrochlorothiazide tab 320-25 mg	GEN	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	GEN	
aliskiren fumarate tab 300 mg (base equivalent)	GEN	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	GEN	
eplerenone tab 50 mg	GEN	
VASODILATORS		
hydralazine hcl inj 20 mg/ml	GEN	
hydralazine hcl tab 10 mg	GEN	
hydralazine hcl tab 25 mg	GEN	
hydralazine hcl tab 50 mg	GEN	
hydralazine hcl tab 100 mg	GEN	
minoxidil tab 2.5 mg	GEN	
minoxidil tab 10 mg	GEN	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	GEN	PA
atovaquone-proguanil hcl tab 250-100 mg	GEN	PA
COARTEM TAB 20-120MG	PB	
ANTIMALARIALS		
chloroquine phosphate tab 250 mg	GEN	
chloroquine phosphate tab 500 mg	GEN	
DARAPRIM TAB 25MG	NPB	PA
hydroxychloroquine sulfate tab 200 mg	GEN	
mefloquine hcl tab 250 mg	GEN	PA
PRIMAQUINE TAB 26.3MG	NPB	PA
quinine sulfate cap 324 mg	GEN	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
GUANIDINE TAB 125MG	GEN	
pyridostigmine bromide tab 60 mg	GEN	
REGONOL INJ 5MG/ML	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
CAPASTAT SUL INJ 1GM		NPB
cycloserine cap 250 mg		NPB
ethambutol hcl tab 100 mg		GEN
ethambutol hcl tab 400 mg		GEN
isoniazid inj 100 mg/ml		GEN
isoniazid syrup 50 mg/5ml		GEN
isoniazid tab 100 mg		GEN
isoniazid tab 300 mg		GEN
PASER GRA 4GM		PB
PRIFTIN TAB 150MG		NPB
pyrazinamide tab 500 mg		GEN
rifabutin cap 150 mg		GEN
rifampin cap 150 mg		GEN
rifampin cap 300 mg		GEN
rifampin for inj 600 mg		GEN
SIRTURO TAB 100MG	PS	PA
TRECATOR TAB 250MG		NPB

ANTI NEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

carboplatin iv soln 600 mg/60ml	PS	
cisplatin inj 50 mg/50ml (1 mg/ml)	PS	
cyclophosphamide for inj 1 gm	PS	
cyclophosphamide for inj 2 gm	PS	
cyclophosphamide for inj 500 mg	PS	
GLEOSTINE CAP 10MG	PS	PA
GLEOSTINE CAP 40MG	PS	PA
GLEOSTINE CAP 100MG	PS	PA
ifosfamide for inj 1 gm	PS	
IFOSFAMIDE INJ 3GM	PS	
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	PS	
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	PS	
LEUKERAN TAB 2MG	PS	
melphalan hcl for inj 50 mg (base equiv)	PS	
melphalan tab 2 mg	PS	
MYLERAN TAB 2MG	PS	
oxaliplatin for iv inj 50 mg	PS	
oxaliplatin for iv inj 100 mg	PS	
oxaliplatin iv soln 50 mg/10ml	PS	
oxaliplatin iv soln 100 mg/20ml	PS	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
TEMODAR INJ 100MG	PS	
<i>temozolomide cap 5 mg</i>	PS	PA
<i>temozolomide cap 20 mg</i>	PS	PA
<i>temozolomide cap 100 mg</i>	PS	PA
<i>temozolomide cap 140 mg</i>	PS	PA
<i>temozolomide cap 180 mg</i>	PS	PA
<i>temozolomide cap 250 mg</i>	PS	PA
ZANOSAR INJ 1GM	PS	
ANTIMETABOLITES		
ARRANON INJ 5MG/ML	PS	
<i>capecitabine tab 150 mg</i>	PS	PA
<i>capecitabine tab 500 mg</i>	PS	PA
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	PS	
<i>cytarabine inj 20 mg/ml</i>	PS	
<i>cytarabine inj pf 20 mg/ml</i>	PS	
<i>cytarabine inj pf 100 mg/ml</i>	PS	
<i>flouxuridine for inj 0.5 gm</i>	PS	
<i>fludarabine phosphate for inj 50 mg</i>	PS	
<i>fludarabine phosphate inj 25 mg/ml</i>	PS	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	PS	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	PS	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	PS	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	PS	
<i>gemcitabine hcl for inj 1 gm</i>	PS	
<i>gemcitabine hcl for inj 2 gm</i>	PS	
<i>gemcitabine hcl for inj 200 mg</i>	PS	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	PS	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	PS	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	PS	
<i>mercaptopurine tab 50 mg</i>	GEN	
<i>methotrexate sodium for inj 1 gm</i>	PS	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	PS	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	PS	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
TABLOID TAB 40MG	PS	PA
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG	PS	PA; QL
INLYTA TAB 5MG	PS	PA; QL
LENVIMA CAP 8 MG	PS	PA; QL
LENVIMA CAP 10 MG	PS	PA; QL
LENVIMA CAP 14 MG	PS	PA; QL
LENVIMA CAP 18 MG	PS	PA; QL
LENVIMA CAP 20 MG	PS	PA; QL
LENVIMA CAP 24 MG	PS	PA; QL
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	PS	PA; QL
TUKYSA TAB 150MG	PS	PA; QL
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	PS	PA; QL
VENCLEXTA TAB 50MG	PS	PA; QL
VENCLEXTA TAB 100MG	PS	PA; QL
VENCLEXTA TAB START PK	PS	PA; QL
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	PS	PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	PS	PA; QL
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	PS	PA; QL
GILOTrif TAB 20MG	PS	PA; QL
GILOTrif TAB 30MG	PS	PA; QL
GILOTrif TAB 40MG	PS	PA; QL
IRESSA TAB 250MG	PS	PA; QL
TAGRISSO TAB 40MG	PS	PA; QL
TAGRISSO TAB 80MG	PS	PA; QL
VIZIMPRO TAB 15MG	PS	PA; QL
VIZIMPRO TAB 30MG	PS	PA; QL
VIZIMPRO TAB 45MG	PS	PA; QL
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB 25MG	PS	PA; QL
DAURISMO TAB 100MG	PS	PA; QL
ERIVEDGE CAP 150MG	PS	PA; QL
ODOMZO CAP 200MG	PS	PA; QL
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	PS	PA; QL
<i>anastrozole tab 1 mg</i>	ACA	
<i>bicalutamide tab 50 mg</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
EMCYT CAP 140MG	PS	PA
ERLEADA TAB 60MG	PS	PA; QL
<i>exemestane tab 25 mg</i>	ACA	
FIRMAGON INJ 120MG	PS	PA; QL
<i>flutamide cap 125 mg</i>	GEN	
<i>fulvestrant inj 250 mg/5ml</i>	PS	
<i>letrozole tab 2.5 mg</i>	GEN	
<i>leuprolide acetate inj kit 5 mg/ml</i>	PS	PA; QL
LUPRON DEPOT INJ 3.75MG	PS	PA; QL
LUPRON DEPOT INJ 7.5MG	PS	PA; QL
LUPRON DEPOT INJ 11.25MG	PS	PA; QL
LUPRON DEPOT INJ 22.5MG	PS	PA; QL
LUPRON DEPOT INJ 30MG	PS	PA; QL
LUPRON DEPOT INJ 45MG	PS	PA; QL
LYSODREN TAB 500MG	PS	PA
<i>megestrol acetate susp 40 mg/ml</i>	GEN	
<i>megestrol acetate tab 20 mg</i>	GEN	
<i>megestrol acetate tab 40 mg</i>	GEN	
<i>nilutamide tab 150 mg</i>	PS	PA
NUBEQA TAB 300MG	PS	PA; QL
ORGOVYX TAB 120MG	PS	PA; QL
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	ACA	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	ACA	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	PS	PA
TRELSTAR MIX INJ 3.75MG	PS	PA; QL
TRELSTAR MIX INJ 11.25MG	PS	PA; QL
TRELSTAR MIX INJ 22.5MG	PS	PA; QL
VANTAS KIT 50MG	PS	PA; QL
XTANDI CAP 40MG	PS	PA; QL
ZYTIGA TAB 500MG	PS	PA; QL

ANTINEOPLASTIC - IMMUNOMODULATORS

POMALYST CAP 1MG	PS	PA; QL
POMALYST CAP 2MG	PS	PA; QL
POMALYST CAP 3MG	PS	PA; QL
POMALYST CAP 4MG	PS	PA; QL

ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS

AYVAKIT TAB 100MG	PS	PA; QL
AYVAKIT TAB 200MG	PS	PA; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
AYVAKIT TAB 300MG	PS	PA; QL
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 60MG	PS	PA; QL
XPOVIO PAK 80MG	PS	PA; QL
XPOVIO PAK 100MG	PS	PA; QL
ANTINEOPLASTIC ANTIBIOTICS		
<i>bleomycin sulfate for inj 15 unit</i>	PS	
<i>bleomycin sulfate for inj 30 unit</i>	PS	
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	PS	
<i>doxorubicin hcl for inj 10 mg</i>	PS	
<i>doxorubicin hcl for inj 50 mg</i>	PS	
<i>doxorubicin hcl inj 2 mg/ml</i>	PS	
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	PS	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	PS	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	PS	
<i>mitomycin for iv soln 5 mg</i>	PS	
<i>mitomycin for iv soln 20 mg</i>	PS	
<i>mitomycin for iv soln 40 mg</i>	PS	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	PS	
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	PS	PA; QL
KISQALI 200 PAK FEMARA	PS	PA; QL
KISQALI 400 PAK FEMARA	PS	PA; QL
KISQALI 600 PAK FEMARA	PS	PA; QL
LONSURF TAB 15-6.14	PS	PA
LONSURF TAB 20-8.19	PS	PA
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG	PS	PA; QL
AFINITOR DIS TAB 3MG	PS	PA; QL
AFINITOR DIS TAB 5MG	PS	PA; QL
AFINITOR TAB 10MG	PS	PA; QL
ALECensa CAP 150MG	PS	PA; QL
ALUNBRIG PAK	PS	PA; QL
ALUNBRIG TAB 30MG	PS	PA; QL
ALUNBRIG TAB 90MG	PS	PA; QL
ALUNBRIG TAB 180MG	PS	PA; QL
BALVERSA TAB 3MG	PS	PA; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TAB 4MG	PS	PA; QL
BALVERSA TAB 5MG	PS	PA; QL
BOSULIF TAB 100MG	PS	PA; QL
BOSULIF TAB 500MG	PS	PA; QL
BRAFTOVI CAP 75MG	PS	PA; QL
BRUKINSA CAP 80MG	PS	PA; QL
CABOMETYX TAB 20MG	PS	PA; QL
CABOMETYX TAB 40MG	PS	PA; QL
CABOMETYX TAB 60MG	PS	PA; QL
CALQUENCE CAP 100MG	PS	PA; QL
CAPRELSA TAB 100MG	PS	PA; QL
CAPRELSA TAB 300MG	PS	PA; QL
COMETRIQ KIT 60MG	PS	PA; QL
COMETRIQ KIT 100MG	PS	PA; QL
COMETRIQ KIT 140MG	PS	PA; QL
COPIKTRA CAP 15MG	PS	PA; QL
COPIKTRA CAP 25MG	PS	PA; QL
COTELLIC TAB 20MG	PS	PA; QL
<i>everolimus tab 2.5 mg</i>	PS	PA; QL
<i>everolimus tab 5 mg</i>	PS	PA; QL
<i>everolimus tab 7.5 mg</i>	PS	PA; QL
FARYDAK CAP 10MG	PS	PA; QL
FARYDAK CAP 15MG	PS	PA; QL
FARYDAK CAP 20MG	PS	PA; QL
GAVRETO CAP 100MG	PS	PA; QL
IBRANCE CAP 75MG	PS	PA; QL
IBRANCE CAP 100MG	PS	PA; QL
IBRANCE CAP 125MG	PS	PA; QL
IBRANCE TAB 75MG	PS	PA; QL
IBRANCE TAB 100MG	PS	PA; QL
IBRANCE TAB 125MG	PS	PA; QL
ICLUSIG TAB 15MG	PS	PA; QL
ICLUSIG TAB 45MG	PS	PA; QL
IDHIFA TAB 50MG	PS	PA; QL
IDHIFA TAB 100MG	PS	PA; QL
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	PS	PA; QL
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	PS	PA; QL
IMBRUVICA CAP 140MG	PS	PA; QL
IMBRUVICA TAB 140MG	PS	PA; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TAB 280MG	PS	PA; QL
IMBRUVICA TAB 420MG	PS	PA; QL
IMBRUVICA TAB 560MG	PS	PA; QL
INREBIC CAP 100MG	PS	PA; QL
JAKAFI TAB 5MG	PS	PA; QL
JAKAFI TAB 10MG	PS	PA; QL
JAKAFI TAB 15MG	PS	PA; QL
JAKAFI TAB 20MG	PS	PA; QL
JAKAFI TAB 25MG	PS	PA; QL
KISOALI TAB 200DOSE	PS	PA; QL
KISQALI TAB 400DOSE	PS	PA; QL
KISQALI TAB 600DOSE	PS	PA; QL
KOSELUGO CAP 10MG	PS	PA; QL
KOSELUGO CAP 25MG	PS	PA; QL
LORBRENA TAB 25MG	PS	PA; QL
LORBRENA TAB 100MG	PS	PA; QL
LYNPARZA TAB 100MG	PS	PA; QL
LYNPARZA TAB 150MG	PS	PA; QL
MEKINIST TAB 0.5MG	PS	PA; QL
MEKINIST TAB 2MG	PS	PA; QL
MEKTOVI TAB 15MG	PS	PA; QL
NERLYNX TAB 40MG	PS	PA; QL
NEXAVAR TAB 200MG	PS	PA; QL
NINLARO CAP 2.3MG	PS	PA; QL
NINLARO CAP 3MG	PS	PA; QL
NINLARO CAP 4MG	PS	PA; QL
PEMAZYRE TAB 4.5MG	PS	PA; QL
PEMAZYRE TAB 9MG	PS	PA; QL
PEMAZYRE TAB 13.5MG	PS	PA; QL
PIQRAY 200MG TAB DOSE	PS	PA; QL
PIQRAY 250MG TAB DOSE	PS	PA; QL
PIQRAY 300MG TAB DOSE	PS	PA; QL
QINLOCK TAB 50MG	PS	PA; QL
RETEVMO CAP 40MG	PS	PA; QL
RETEVMO CAP 80MG	PS	PA; QL
ROZLYTREK CAP 100MG	PS	PA; QL
ROZLYTREK CAP 200MG	PS	PA; QL
RUBRACA TAB 200MG	PS	PA; QL
RUBRACA TAB 250MG	PS	PA; QL
RUBRACA TAB 300MG	PS	PA; QL
RYDAPT CAP 25MG	PS	PA; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TAB 20MG	PS	PA; QL
SPRYCEL TAB 50MG	PS	PA; QL
SPRYCEL TAB 70MG	PS	PA; QL
SPRYCEL TAB 80MG	PS	PA; QL
SPRYCEL TAB 100MG	PS	PA; QL
SPRYCEL TAB 140MG	PS	PA; QL
STIVARGA TAB 40MG	PS	PA; QL
SUTENT CAP 12.5MG	PS	PA; QL
SUTENT CAP 25MG	PS	PA; QL
SUTENT CAP 37.5MG	PS	PA; QL
SUTENT CAP 50MG	PS	PA; QL
TABRECTA TAB 150MG	PS	PA; QL
TABRECTA TAB 200MG	PS	PA; QL
TAFINLAR CAP 50MG	PS	PA; QL
TAFINLAR CAP 75MG	PS	PA; QL
TALZENNA CAP 0.25MG	PS	PA; QL
TALZENNA CAP 1MG	PS	PA; QL
TASIGNA CAP 50MG	PS	PA; QL
TASIGNA CAP 150MG	PS	PA; QL
TASIGNA CAP 200MG	PS	PA; QL
TAZVERIK TAB 200MG	PS	PA; QL
TIBSOVO TAB 250MG	PS	PA; QL
TURALIO CAP 200MG	PS	PA; QL
TYKERB TAB 250MG	PS	PA; QL
VERZENIO TAB 50MG	PS	PA; QL
VERZENIO TAB 100MG	PS	PA; QL
VERZENIO TAB 150MG	PS	PA; QL
VERZENIO TAB 200MG	PS	PA; QL
VITRAKVI CAP 25MG	PS	PA; QL
VITRAKVI CAP 100MG	PS	PA; QL
VITRAKVI SOL 20MG/ML	PS	PA; QL
VOTRIENT TAB 200MG	PS	PA; QL
XALKORI CAP 200MG	PS	PA; QL
XALKORI CAP 250MG	PS	PA; QL
XOSPATA TAB 40MG	PS	PA; QL
ZEJULA CAP 100MG	PS	PA; QL
ZELBORAF TAB 240MG	PS	PA; QL
ZOLINZA CAP 100MG	PS	PA; QL
ZYDELIG TAB 100MG	PS	PA; QL
ZYDELIG TAB 150MG	PS	PA; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<u>ANTINEOPLASTIC ENZYMES</u>		
ONCASPAR INJ 750/ML	PS	
<u>ANTINEOPLASTICS MISC.</u>		
ACTIMMUNE INJ 2MU/0.5	PS	PA
ALFERON N INJ 5MU/ML	PS	PA
<i>bexarotene cap 75 mg</i>	PS	PA
<i>dacarbazine for inj 100 mg</i>	PS	
<i>dacarbazine for inj 200 mg</i>	PS	
<i>hydroxyurea cap 500 mg</i>	GEN	
INTRON A INJ 10MU	PS	PA
INTRON A INJ 18MU	PS	PA
INTRON A INJ 25MU	PS	PA
INTRON A INJ 50MU	PS	PA
MATULANE CAP 50MG	PS	
PHOTOFRIN INJ 75MG	PS	
<i>tretinoin cap 10 mg</i>	PS	
<u>CHEMOTHERAPY ADJUNCTS</u>		
ELITEK INJ 1.5MG	PS	
ELITEK INJ 7.5MG	PS	
KEPIVANCE INJ 6.25MG	PS	
<u>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</u>		
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	PS	
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	PS	
<i>leucovorin calcium tab 5 mg</i>	PS	
<i>leucovorin calcium tab 10 mg</i>	PS	
<i>leucovorin calcium tab 15 mg</i>	PS	
<i>leucovorin calcium tab 25 mg</i>	PS	
<i>mesna inj 100 mg/ml</i>	PS	
MESNEX TAB 400MG	PS	
VORAXAZE INJ 1000UNIT	PS	PA
<u>MITOTIC INHIBITORS</u>		
ETOPOPHOS INJ 100MG	PS	
<i>etoposide cap 50 mg</i>	PS	PA
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	PS	PA
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	PS	PA
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	PS	
<i>vinblastine sulfate inj 1 mg/ml</i>	PS	
<i>vincristine sulfate iv soln 1 mg/ml</i>	PS	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	PS	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	PS	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	PS	PA
HYCAMTIN CAP 1MG	PS	PA
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	PS	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	PS	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	PS	
TOPOTECAN INJ 4MG/4ML	PS	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	GEN	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate inj 1 mg/ml</i>	GEN	
<i>benztropine mesylate tab 0.5 mg</i>	GEN	
<i>benztropine mesylate tab 1 mg</i>	GEN	
<i>benztropine mesylate tab 2 mg</i>	GEN	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	GEN	
<i>trihexyphenidyl hcl tab 2 mg</i>	GEN	
<i>trihexyphenidyl hcl tab 5 mg</i>	GEN	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tab 200 mg</i>	GEN	
<i>tolcapone tab 100 mg</i>	GEN	ST
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	GEN	
<i>amantadine hcl syrup 50 mg/5ml</i>	GEN	
<i>amantadine hcl tab 100 mg</i>	GEN	
APOKYN INJ 10MG/ML	PS	PA; QL
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	GEN	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	GEN	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	GEN	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	GEN	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	GEN	
<i>carbidopa & levodopa tab 10-100 mg</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab 25-100 mg</i>	GEN	
<i>carbidopa & levodopa tab 25-250 mg</i>	GEN	
<i>carbidopa & levodopa tab er 25-100 mg</i>	GEN	
<i>carbidopa & levodopa tab er 50-200 mg</i>	GEN	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	GEN	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	GEN	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	GEN	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	GEN	
<i>pramipexole dihydrochloride tab 1 mg</i>	GEN	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	GEN	
<i>ropinirole hydrochloride tab 0.5 mg</i>	GEN	
<i>ropinirole hydrochloride tab 0.25 mg</i>	GEN	
<i>ropinirole hydrochloride tab 1 mg</i>	GEN	
<i>ropinirole hydrochloride tab 2 mg</i>	GEN	
<i>ropinirole hydrochloride tab 3 mg</i>	GEN	
<i>ropinirole hydrochloride tab 4 mg</i>	GEN	
<i>ropinirole hydrochloride tab 5 mg</i>	GEN	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	GEN	ST
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	GEN	ST
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	GEN	ST
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	GEN	ST
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	GEN	ST

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	NPB	ST
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	NPB	ST
<i>selegiline hcl cap 5 mg</i>	GEN	
<i>selegiline hcl tab 5 mg</i>	GEN	

ANTI PSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	GEN	
<i>lithium carbonate cap 300 mg</i>	GEN	
<i>lithium carbonate cap 600 mg</i>	GEN	
<i>lithium carbonate tab 300 mg</i>	GEN	
<i>lithium carbonate tab er 300 mg</i>	GEN	
<i>lithium carbonate tab er 450 mg</i>	GEN	
<i>LITHIUM SOL 8MEQ/5ML</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>ANTIPSYCHOTICS - MISC.</i>		
GEODON INJ 20MG	NPB	PA
LATUDA TAB 20MG	NPB	ST; QL
LATUDA TAB 40MG	NPB	ST; QL
LATUDA TAB 60MG	NPB	ST; QL
LATUDA TAB 80MG	NPB	ST; QL
LATUDA TAB 120MG	NPB	ST; QL
<i>ziprasidone hcl cap 20 mg</i>	GEN	QL
<i>ziprasidone hcl cap 40 mg</i>	GEN	QL
<i>ziprasidone hcl cap 60 mg</i>	GEN	QL
<i>ziprasidone hcl cap 80 mg</i>	GEN	QL
<i>BENZISOXAZOLES</i>		
FANAPT TAB 1MG	NPB	PA; QL
FANAPT TAB 2MG	NPB	PA; QL
FANAPT TAB 4MG	NPB	PA; QL
FANAPT TAB 6MG	NPB	PA; QL
FANAPT TAB 8MG	NPB	PA; QL
FANAPT TAB 10MG	NPB	PA; QL
FANAPT TAB 12MG	NPB	PA; QL
INVEGA SUST INJ 39/0.25	PS	PA; QL
INVEGA SUST INJ 78/0.5ML	PS	PA
INVEGA SUST INJ 117/0.75	PS	PA; QL
INVEGA SUST INJ 156MG/ML	PS	PA; QL
INVEGA SUST INJ 234/1.5	PS	PA; QL
INVEGA TRINZ INJ 273MG	PS	PA; QL
INVEGA TRINZ INJ 410MG	PS	PA; QL
INVEGA TRINZ INJ 546MG	PS	PA; QL
INVEGA TRINZ INJ 819MG	PS	PA; QL
<i>paliperidone tab er 24hr 1.5 mg</i>	NPB	QL
<i>paliperidone tab er 24hr 3 mg</i>	NPB	QL
<i>paliperidone tab er 24hr 6 mg</i>	NPB	QL
<i>paliperidone tab er 24hr 9 mg</i>	NPB	QL
RISPERDAL INJ 12.5MG	PS	PA; QL
RISPERDAL INJ 25MG	PS	PA; QL
RISPERDAL INJ 37.5MG	PS	PA; QL
RISPERDAL INJ 50MG	PS	PA; QL
<i>risperidone orally disintegrating tab 0.5 mg</i>	GEN	QL
<i>risperidone orally disintegrating tab 0.25 mg</i>	GEN	QL
<i>risperidone orally disintegrating tab 1 mg</i>	GEN	QL
<i>risperidone orally disintegrating tab 2 mg</i>	GEN	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone orally disintegrating tab 3 mg</i>	GEN	QL
<i>risperidone orally disintegrating tab 4 mg</i>	GEN	QL
<i>risperidone soln 1 mg/ml</i>	GEN	QL
<i>risperidone tab 0.5 mg</i>	GEN	QL
<i>risperidone tab 0.25 mg</i>	GEN	QL
<i>risperidone tab 1 mg</i>	GEN	QL
<i>risperidone tab 2 mg</i>	GEN	QL
<i>risperidone tab 3 mg</i>	GEN	QL
<i>risperidone tab 4 mg</i>	GEN	QL

BUTYROPHENONES

<i>haloperidol decanoate im soln 50 mg/ml</i>	PS
<i>haloperidol decanoate im soln 100 mg/ml</i>	PS
<i>haloperidol lactate inj 5 mg/ml</i>	GEN
<i>haloperidol lactate oral conc 2 mg/ml</i>	GEN
<i>haloperidol tab 0.5 mg</i>	GEN
<i>haloperidol tab 1 mg</i>	GEN
<i>haloperidol tab 2 mg</i>	GEN
<i>haloperidol tab 5 mg</i>	GEN
<i>haloperidol tab 10 mg</i>	GEN
<i>haloperidol tab 20 mg</i>	GEN

DIBENZAPINES

<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	NPB	ST; QL
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	NPB	ST; QL
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	NPB	ST; QL
<i>clozapine orally disintegrating tab 12.5 mg</i>	GEN	QL
<i>clozapine orally disintegrating tab 25 mg</i>	GEN	QL
<i>clozapine orally disintegrating tab 100 mg</i>	GEN	QL
<i>clozapine orally disintegrating tab 150 mg</i>	NPB	QL
<i>clozapine orally disintegrating tab 200 mg</i>	NPB	QL
<i>clozapine tab 25 mg</i>	GEN	
<i>clozapine tab 50 mg</i>	GEN	
<i>clozapine tab 100 mg</i>	GEN	
<i>clozapine tab 200 mg</i>	GEN	
<i>loxapine succinate cap 5 mg</i>	GEN	
<i>loxapine succinate cap 10 mg</i>	GEN	
<i>loxapine succinate cap 25 mg</i>	GEN	
<i>loxapine succinate cap 50 mg</i>	GEN	
<i>olanzapine for im inj 10 mg</i>	GEN	PA; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
olanzapine orally disintegrating tab 5 mg	GEN	QL
olanzapine orally disintegrating tab 10 mg	GEN	QL
olanzapine orally disintegrating tab 15 mg	GEN	QL
olanzapine orally disintegrating tab 20 mg	GEN	QL
olanzapine tab 2.5 mg	GEN	QL
olanzapine tab 5 mg	GEN	QL
olanzapine tab 7.5 mg	GEN	QL
olanzapine tab 10 mg	GEN	QL
olanzapine tab 15 mg	GEN	QL
olanzapine tab 20 mg	GEN	QL
quetiapine fumarate tab 25 mg	GEN	QL
quetiapine fumarate tab 50 mg	GEN	QL
quetiapine fumarate tab 100 mg	GEN	QL
quetiapine fumarate tab 200 mg	GEN	QL
quetiapine fumarate tab 300 mg	GEN	QL
quetiapine fumarate tab 400 mg	GEN	QL
quetiapine fumarate tab er 24hr 50 mg	GEN	QL
quetiapine fumarate tab er 24hr 150 mg	GEN	QL
quetiapine fumarate tab er 24hr 200 mg	GEN	QL
quetiapine fumarate tab er 24hr 300 mg	GEN	QL
quetiapine fumarate tab er 24hr 400 mg	GEN	QL
SAPHRIS SUB 2.5MG	NPB	ST; QL
SAPHRIS SUB 5MG	NPB	ST; QL
SAPHRIS SUB 10MG	NPB	ST; QL
ZYPREXA RELP INJ 210MG	PS	PA; QL
ZYPREXA RELP INJ 300MG	PS	PA; QL
ZYPREXA RELP INJ 405MG	PS	PA; QL

DIHYDROINDOLONES

molindone hcl tab 5 mg	GEN
molindone hcl tab 10 mg	GEN
molindone hcl tab 25 mg	GEN

PHENOTHIAZINES

chlorpromazine hcl tab 10 mg	GEN
chlorpromazine hcl tab 25 mg	GEN
chlorpromazine hcl tab 50 mg	GEN
chlorpromazine hcl tab 100 mg	GEN
chlorpromazine hcl tab 200 mg	GEN
fluphenazine decanoate inj 25 mg/ml	GEN
fluphenazine hcl elixir 2.5 mg/5ml	GEN
fluphenazine hcl inj 2.5 mg/ml	GEN
fluphenazine hcl oral conc 5 mg/ml	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl tab 1 mg</i>	GEN	
<i>fluphenazine hcl tab 2.5 mg</i>	GEN	
<i>fluphenazine hcl tab 5 mg</i>	GEN	
<i>fluphenazine hcl tab 10 mg</i>	GEN	
<i>perphenazine tab 2 mg</i>	GEN	
<i>perphenazine tab 4 mg</i>	GEN	
<i>perphenazine tab 8 mg</i>	GEN	
<i>perphenazine tab 16 mg</i>	GEN	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	GEN	
<i>prochlorperazine edisylate inj 50 mg/10ml</i>	GEN	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	GEN	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	GEN	
<i>prochlorperazine suppos 25 mg</i>	GEN	
<i>thioridazine hcl tab 10 mg</i>	GEN	
<i>thioridazine hcl tab 25 mg</i>	GEN	
<i>thioridazine hcl tab 50 mg</i>	GEN	
<i>thioridazine hcl tab 100 mg</i>	GEN	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	GEN	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	GEN	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	GEN	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	GEN	

QUINOLINONE DERIVATIVES

ABILIFY MAIN INJ 300MG	PS	PA; QL
ABILIFY MAIN INJ 400MG	PS	PA; QL
<i>ariPIPRAZOLE oral solution 1 mg/ml</i>	NPB	ST; QL
<i>ariPIPRAZOLE orally disintegrating tab 10 mg</i>	GEN	ST; QL
<i>ariPIPRAZOLE orally disintegrating tab 15 mg</i>	GEN	ST; QL
<i>ariPIPRAZOLE tab 2 mg</i>	GEN	ST; QL
<i>ariPIPRAZOLE tab 5 mg</i>	GEN	ST; QL
<i>ariPIPRAZOLE tab 10 mg</i>	GEN	ST; QL
<i>ariPIPRAZOLE tab 15 mg</i>	GEN	ST; QL
<i>ariPIPRAZOLE tab 20 mg</i>	GEN	ST; QL
<i>ariPIPRAZOLE tab 30 mg</i>	GEN	ST; QL
REXULTI TAB 0.5MG	NPB	ST; QL
REXULTI TAB 0.25MG	NPB	ST; QL
REXULTI TAB 1MG	NPB	ST; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
REXULTI TAB 2MG	NPB	ST; QL
REXULTI TAB 3MG	NPB	ST; QL
REXULTI TAB 4MG	NPB	ST; QL
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	GEN	
<i>thiothixene cap 2 mg</i>	GEN	
<i>thiothixene cap 5 mg</i>	GEN	
<i>thiothixene cap 10 mg</i>	GEN	

ANTIVIRALS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	GEN	QL
<i>abacavir sulfate tab 300 mg (base equiv)</i>	GEN	QL
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	GEN	QL
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	GEN	QL
APTIVUS CAP 250MG	PB	QL
APTIVUS SOL	PB	QL
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	GEN	QL
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	GEN	QL
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	GEN	QL
BIKTARVY TAB	PB	QL
CIMDUO TAB 300-300	PB	QL
COMPLERA TAB	PB	QL
CRIXIVAN CAP 400MG	PB	QL
DESCOVY TAB 200/25MG	PB	PA
DOVATO TAB 50-300MG	PB	QL
EDURANT TAB 25MG	PB	QL
<i>efavirenz cap 50 mg</i>	GEN	QL
<i>efavirenz cap 200 mg</i>	GEN	QL
<i>efavirenz tab 600 mg</i>	GEN	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	GEN	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	GEN	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	GEN	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	GEN	QL
EMTRIVA CAP 200MG	PB	QL
EMTRIVA SOL 10MG/ML	PB	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
EVOTAZ TAB 300-150	PB	QL
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	GEN	QL
FUZEON INJ 90MG	PB	QL
GENVOYA TAB	PB	QL
INTELENCE TAB 25MG	PB	PA; QL
INTELENCE TAB 100MG	PB	PA; QL
INTELENCE TAB 200MG	PB	PA; QL
INVIRASE TAB 500MG	PB	QL
ISENTRESS CHW 25MG	PB	QL
ISENTRESS CHW 100MG	PB	QL
ISENTRESS HD TAB 600MG	PS	QL
ISENTRESS POW 100MG	PB	QL
ISENTRESS TAB 400MG	PB	QL
KALETRA TAB 100-25MG	PB	QL
KALETRA TAB 200-50MG	PB	QL
<i>lamivudine oral soln 10 mg/ml</i>	GEN	QL
<i>lamivudine tab 150 mg</i>	GEN	QL
<i>lamivudine tab 300 mg</i>	GEN	QL
<i>lamivudine-zidovudine tab 150-300 mg</i>	GEN	QL
LEXIVA SUS 50MG/ML	PB	QL
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	GEN	QL
<i>nevirapine susp 50 mg/5ml</i>	GEN	QL
<i>nevirapine tab 200 mg</i>	GEN	QL
<i>nevirapine tab er 24hr 100 mg</i>	GEN	QL
<i>nevirapine tab er 24hr 400 mg</i>	GEN	QL
NORVIR SOL 80MG/ML	PB	QL
PREZCOBIX TAB 800-150	PB	QL
PREZISTA SUS 100MG/ML	PB	QL
PREZISTA TAB 75MG	PB	QL
PREZISTA TAB 150MG	PB	QL
PREZISTA TAB 600MG	PB	QL
PREZISTA TAB 800MG	PB	QL
RETROVIR INJ 10MG/ML	PB	
REYATAZ POW 50MG	PB	QL
<i>ritonavir tab 100 mg</i>	GEN	QL
SELZENTRY SOL 20MG/ML	PB	PA; QL
SELZENTRY TAB 150MG	PB	PA; QL
SELZENTRY TAB 300MG	PB	PA; QL
<i>stavudine cap 15 mg</i>	GEN	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>stavudine cap 20 mg</i>	GEN	QL
<i>stavudine cap 30 mg</i>	GEN	QL
<i>stavudine cap 40 mg</i>	GEN	QL
STRIBILD TAB	PB	QL
SYMFI LO TAB	PB	QL
SYMFI TAB	PB	QL
TEMIXYS TAB 300-300	PB	QL
<i>tenofovir disoproxil fumarate tab 300 mg</i>	GEN	QL
TIVICAY PD TAB 5MG	PB	QL
TIVICAY TAB 10MG	PB	QL
TIVICAY TAB 25MG	PB	QL
TIVICAY TAB 50MG	PB	QL
TRIUMEQ TAB	PB	QL
TRUVADA TAB 100-150	PB	QL
TRUVADA TAB 133-200	PB	QL
TRUVADA TAB 167-250	PB	QL
TRUVADA TAB 200-300	PB	QL
TYBOST TAB 150MG	PB	QL
VIRACEPT TAB 250MG	PB	QL
VIRACEPT TAB 625MG	PB	QL
VIREAD POW 40MG/GM	PB	QL
VIREAD TAB 150MG	PB	QL
VIREAD TAB 200MG	PB	QL
VIREAD TAB 250MG	PB	QL
<i>zidovudine cap 100 mg</i>	GEN	QL
<i>zidovudine syrup 10 mg/ml</i>	GEN	QL
<i>zidovudine tab 300 mg</i>	GEN	QL

CMV AGENTS

<i>cidofovir iv inj 75 mg/ml</i>	GEN	
<i>ganciclovir sodium for inj 500 mg</i>	GEN	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	NPB	QL
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	GEN	

HEPATITIS AGENTS

<i>adefovir dipivoxil tab 10 mg</i>	PS	
BARACLUDE SOL	PS	PA
<i>entecavir tab 0.5 mg</i>	PS	
<i>entecavir tab 1 mg</i>	PS	
EPCLUSA TAB 400-100	PS	PA; QL
EPIVIR HBV SOL 5MG/ML	PB	PA

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
HARVONI TAB 90-400MG	PS	PA; QL
<i>lamivudine tab 100 mg (hbv)</i>	GEN	
PEGASYS INJ	PS	PA; QL
PEGASYS INJ 180MCG/M	PS	PA; QL
PEGINTRON KIT 50MCG	PS	PA; QL
<i>ribavirin cap 200 mg</i>	PS	QL
<i>ribavirin tab 200 mg</i>	PS	QL
SOVALDI TAB 400MG	PS	PA; QL
VOSEVI TAB	PS	PA; QL

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	GEN	
<i>acyclovir sodium iv soln 50 mg/ml</i>	GEN	
<i>acyclovir susp 200 mg/5ml</i>	GEN	
<i>acyclovir tab 400 mg</i>	GEN	
<i>acyclovir tab 800 mg</i>	GEN	
<i>famciclovir tab 125 mg</i>	GEN	QL
<i>famciclovir tab 250 mg</i>	GEN	QL
<i>famciclovir tab 500 mg</i>	GEN	QL
<i>valacyclovir hcl tab 1 gm</i>	GEN	QL
<i>valacyclovir hcl tab 500 mg</i>	GEN	QL

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	GEN	QL
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	GEN	QL
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	GEN	QL
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	GEN	QL
RELENZA MIS DISKHALE	NPB	QL
<i>rimantadine hydrochloride tab 100 mg</i>	GEN	

BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol tab 3.125 mg</i>	GEN	
<i>carvedilol tab 6.25 mg</i>	GEN	
<i>carvedilol tab 12.5 mg</i>	GEN	
<i>carvedilol tab 25 mg</i>	GEN	
<i>labetalol hcl iv soln 5 mg/ml</i>	GEN	
<i>labetalol hcl tab 100 mg</i>	GEN	
<i>labetalol hcl tab 200 mg</i>	GEN	
<i>labetalol hcl tab 300 mg</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	GEN	
<i>acebutolol hcl cap 400 mg</i>	GEN	
<i>atenolol tab 25 mg</i>	GEN	
<i>atenolol tab 50 mg</i>	GEN	
<i>atenolol tab 100 mg</i>	GEN	
<i>betaxolol hcl tab 10 mg</i>	GEN	
<i>betaxolol hcl tab 20 mg</i>	GEN	
<i>bisoprolol fumarate tab 5 mg</i>	GEN	
<i>bisoprolol fumarate tab 10 mg</i>	GEN	
<i>BYSTOLIC TAB 2.5MG</i>	NPB	ST
<i>BYSTOLIC TAB 5MG</i>	NPB	ST
<i>BYSTOLIC TAB 10MG</i>	NPB	ST
<i>BYSTOLIC TAB 20MG</i>	NPB	ST
<i>esmolol hcl inj 100 mg/10ml</i>	GEN	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	GEN	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	GEN	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	GEN	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	GEN	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	GEN	
<i>metoprolol tartrate tab 25 mg</i>	GEN	
<i>metoprolol tartrate tab 50 mg</i>	GEN	
<i>metoprolol tartrate tab 100 mg</i>	GEN	
BETA BLOCKERS NON-SELECTIVE		
<i>HEMANGEOL SOL 4.28/ML</i>	NPB	PA; QL
<i>nadolol tab 20 mg</i>	GEN	
<i>nadolol tab 40 mg</i>	GEN	
<i>nadolol tab 80 mg</i>	GEN	
<i>pindolol tab 5 mg</i>	GEN	
<i>pindolol tab 10 mg</i>	GEN	
<i>propranolol hcl cap er 24hr 60 mg</i>	GEN	
<i>propranolol hcl cap er 24hr 80 mg</i>	GEN	
<i>propranolol hcl cap er 24hr 120 mg</i>	GEN	
<i>propranolol hcl cap er 24hr 160 mg</i>	GEN	
<i>propranolol hcl inj 1 mg/ml</i>	GEN	
<i>propranolol hcl oral soln 20 mg/5ml</i>	GEN	
<i>propranolol hcl oral soln 40 mg/5ml</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl tab 10 mg</i>	GEN	
<i>propranolol hcl tab 20 mg</i>	GEN	
<i>propranolol hcl tab 40 mg</i>	GEN	
<i>propranolol hcl tab 60 mg</i>	GEN	
<i>propranolol hcl tab 80 mg</i>	GEN	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	GEN	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	GEN	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	GEN	
SOTALOL HCL INJ 150/10ML	NPB	
<i>sotalol hcl tab 80 mg</i>	GEN	
<i>sotalol hcl tab 120 mg</i>	GEN	
<i>sotalol hcl tab 160 mg</i>	GEN	
<i>sotalol hcl tab 240 mg</i>	GEN	
<i>timolol maleate tab 5 mg</i>	GEN	
<i>timolol maleate tab 10 mg</i>	GEN	
<i>timolol maleate tab 20 mg</i>	GEN	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	GEN
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	GEN
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	GEN
CLEVIPREX EMU 0.5MG/ML	NPB
<i>diltiazem hcl cap er 24hr 120 mg</i>	GEN
<i>diltiazem hcl cap er 24hr 180 mg</i>	GEN
<i>diltiazem hcl cap er 24hr 240 mg</i>	GEN
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	GEN
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	GEN
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	GEN
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	GEN
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	GEN
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	GEN
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl extended release beads cap er 24hr 300 mg	GEN	
diltiazem hcl extended release beads cap er 24hr 360 mg	GEN	
diltiazem hcl extended release beads cap er 24hr 420 mg	GEN	
diltiazem hcl tab 30 mg	GEN	
diltiazem hcl tab 60 mg	GEN	
diltiazem hcl tab 90 mg	GEN	
diltiazem hcl tab 120 mg	GEN	
felodipine tab er 24hr 2.5 mg	GEN	
felodipine tab er 24hr 5 mg	GEN	
felodipine tab er 24hr 10 mg	GEN	
isradipine cap 2.5 mg	GEN	
isradipine cap 5 mg	GEN	
nicardipine hcl cap 20 mg	GEN	
nicardipine hcl cap 30 mg	GEN	
nicardipine hcl iv soln 2.5 mg/ml	GEN	
nifedipine cap 10 mg	GEN	
nifedipine cap 20 mg	GEN	
nifedipine tab er 24hr 30 mg	GEN	
nifedipine tab er 24hr 60 mg	GEN	
nifedipine tab er 24hr 90 mg	GEN	
nifedipine tab er 24hr osmotic release 30 mg	GEN	
nifedipine tab er 24hr osmotic release 60 mg	GEN	
nifedipine tab er 24hr osmotic release 90 mg	GEN	
nimodipine cap 30 mg	GEN	
nisoldipine tab er 24hr 8.5 mg	GEN	ST
nisoldipine tab er 24hr 17 mg	GEN	ST
nisoldipine tab er 24hr 20 mg	GEN	ST
nisoldipine tab er 24hr 25.5 mg	GEN	ST
nisoldipine tab er 24hr 30 mg	GEN	ST
nisoldipine tab er 24hr 34 mg	GEN	ST
nisoldipine tab er 24hr 40 mg	GEN	ST
verapamil hcl cap er 24hr 120 mg	GEN	
verapamil hcl cap er 24hr 180 mg	GEN	
verapamil hcl cap er 24hr 240 mg	GEN	
verapamil hcl iv soln 2.5 mg/ml	GEN	
verapamil hcl tab 40 mg	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl tab 80 mg	GEN	
verapamil hcl tab 120 mg	GEN	
verapamil hcl tab er 120 mg	GEN	
verapamil hcl tab er 180 mg	GEN	
verapamil hcl tab er 240 mg	GEN	

CARDIOTONICS

CARDIAC GLYCOSIDES

digoxin inj 0.25 mg/ml	GEN
digoxin oral soln 0.05 mg/ml	GEN
digoxin tab 125 mcg (0.125 mg)	GEN
digoxin tab 250 mcg (0.25 mg)	GEN

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

ENTRESTO TAB 24-26MG	PB	PA; QL
ENTRESTO TAB 49-51MG	PB	PA; QL
ENTRESTO TAB 97-103MG	PB	PA; QL

IMPOTENCE AGENTS

tadalafil tab 2.5 mg	NPB	PA; QL
tadalafil tab 5 mg	NPB	PA; QL

PERIPHERAL VASODILATORS

papaverine hcl inj 30 mg/ml	GEN
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PROSTAGLANDIN VASODILATORS

epoprostenol sodium for inj 0.5 mg	PS	PA
epoprostenol sodium for inj 1.5 mg	PS	PA
ORENITRAM TAB 0.25MG	NPS	PA
ORENITRAM TAB 0.125MG	NPS	PA
ORENITRAM TAB 1MG	NPS	PA
ORENITRAM TAB 2.5MG	NPS	PA
ORENITRAM TAB 5MG	NPS	PA
treprostinil inj soln 20 mg/20ml (1 mg/ml)	PS	PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	PS	PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	PS	PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	PS	PA
VENTAVIS SOL 10MCG/ML	NPS	PA
VENTAVIS SOL 20MCG/ML	NPS	PA

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>		
<i>ambrisentan tab 10 mg</i>	PS	PA; QL
<i>bosentan tab 62.5 mg</i>	PS	PA; QL
<i>bosentan tab 125 mg</i>	PS	PA; QL
<i>OPSUMIT TAB 10MG</i>	PS	PA; QL
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate tab 20 mg</i>	PS	PA; QL
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
<i>UPTRAVI TAB 200/800</i>	PS	PA; QL
<i>UPTRAVI TAB 200MCG</i>	PS	PA; QL
<i>UPTRAVI TAB 400MCG</i>	PS	PA; QL
<i>UPTRAVI TAB 600MCG</i>	PS	PA; QL
<i>UPTRAVI TAB 800MCG</i>	PS	PA; QL
<i>UPTRAVI TAB 1000MCG</i>	PS	PA; QL
<i>UPTRAVI TAB 1200MCG</i>	PS	PA; QL
<i>UPTRAVI TAB 1400MCG</i>	PS	PA; QL
<i>UPTRAVI TAB 1600MCG</i>	PS	PA; QL
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
<i>ADEMPAS TAB 0.5MG</i>	PS	PA; QL
<i>ADEMPAS TAB 1.5MG</i>	PS	PA; QL
<i>ADEMPAS TAB 1MG</i>	PS	PA; QL
<i>ADEMPAS TAB 2.5MG</i>	PS	PA; QL
<i>ADEMPAS TAB 2MG</i>	PS	PA; QL
SINUS NODE INHIBITORS		
<i>CORLANOR TAB 5MG</i>	NPB	PA; QL
<i>CORLANOR TAB 7.5MG</i>	NPB	PA; QL
TRANSTHYRETIN STABILIZERS		
<i>VYNDAMAX CAP 61MG</i>	PS	PA; QL
<i>VYNDAQEL CAP 20MG</i>	PS	PA; QL
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	GEN	
<i>cefadroxil for susp 250 mg/5ml</i>	GEN	
<i>cefadroxil for susp 500 mg/5ml</i>	GEN	
<i>cefadroxil tab 1 gm</i>	GEN	
<i>CEFAZOL/DEX SOL 1GM</i>	GEN	
<i>CEFAZOL/DEX SOL 2GM</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier Requirements/Limits
CEFAZOLIN INJ 1GM/50ML	GEN
CEFAZOLIN INJ 100GM	GEN
CEFAZOLIN INJ 300GM	GEN
<i>cefazolin sodium for inj 1 gm</i>	GEN
<i>cefazolin sodium for inj 10 gm</i>	GEN
<i>cefazolin sodium for inj 500 mg</i>	GEN
<i>cefazolin sodium for iv soln 1 gm</i>	GEN
<i>cephalexin cap 250 mg</i>	GEN
<i>cephalexin cap 500 mg</i>	GEN
<i>cephalexin cap 750 mg</i>	GEN
<i>cephalexin for susp 125 mg/5ml</i>	GEN
<i>cephalexin for susp 250 mg/5ml</i>	GEN
<i>cephalexin tab 250 mg</i>	GEN
<i>cephalexin tab 500 mg</i>	GEN
<i>CEPHALOSPORINS - 2ND GENERATION</i>	
<i>cefaclor cap 250 mg</i>	GEN
<i>cefaclor cap 500 mg</i>	GEN
CEFACLOR ER TAB 500MG	GEN
<i>cefaclor for susp 250 mg/5ml</i>	GEN
<i>cefaclor for susp 375 mg/5ml</i>	GEN
<i>cefotetan disodium for inj 1 gm</i>	GEN
<i>cefotetan disodium for inj 2 gm</i>	GEN
CEFOXITIN INJ 1GM	GEN
CEFOXITIN INJ 2GM	GEN
<i>cefoxitin sodium for inj 10 gm</i>	GEN
<i>cefoxitin sodium for iv soln 1 gm</i>	GEN
<i>cefoxitin sodium for iv soln 2 gm</i>	GEN
<i>cefprozil for susp 125 mg/5ml</i>	GEN
<i>cefprozil for susp 250 mg/5ml</i>	GEN
<i>cefprozil tab 250 mg</i>	GEN
<i>cefprozil tab 500 mg</i>	GEN
<i>cefuroxime axetil tab 250 mg</i>	GEN
<i>cefuroxime axetil tab 500 mg</i>	GEN
<i>cefuroxime sodium for inj 750 mg</i>	GEN
<i>CEPHALOSPORINS - 3RD GENERATION</i>	
<i>cefdinir cap 300 mg</i>	GEN
<i>cefdinir for susp 125 mg/5ml</i>	GEN
<i>cefdinir for susp 250 mg/5ml</i>	GEN
<i>cefixime cap 400 mg</i>	GEN
<i>cefixime for susp 100 mg/5ml</i>	GEN
<i>cefixime for susp 200 mg/5ml</i>	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier Requirements/Limits
<i>cefotaxime sodium for inj 1 gm</i>	GEN
<i>cefotaxime sodium for inj 2 gm</i>	GEN
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	GEN
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	GEN
<i>cefpodoxime proxetil tab 100 mg</i>	GEN
<i>cefpodoxime proxetil tab 200 mg</i>	GEN
<i>ceftazidime for inj 1 gm</i>	GEN
<i>ceftazidime for inj 2 gm</i>	GEN
<i>ceftazidime for inj 6 gm</i>	GEN
CEFTAZIDIME/ SOL D5W 1GM	NPB
CEFTAZIDIME/ SOL D5W 2GM	NPB
CEFTRIAX/DEX INJ 1GM	NPB
CEFTRIAX/DEX INJ 2GM	NPB
<i>ceftriaxone sodium for inj 1 gm</i>	GEN
<i>ceftriaxone sodium for inj 2 gm</i>	GEN
<i>ceftriaxone sodium for inj 10 gm</i>	GEN
<i>ceftriaxone sodium for inj 250 mg</i>	GEN
<i>ceftriaxone sodium for inj 500 mg</i>	GEN
<i>ceftriaxone sodium for iv soln 1 gm</i>	GEN
<i>ceftriaxone sodium for iv soln 2 gm</i>	GEN
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	GEN
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	GEN
SUPRAX CHW 100MG	NPB
SUPRAX CHW 200MG	NPB
SUPRAX SUS 500/5ML	NPB

CEPHALOSPORINS - 4TH GENERATION

<i>cefepime hcl for inj 1 gm</i>	GEN
<i>cefepime hcl for inj 2 gm</i>	GEN
CEFEPIME INJ 1GM	GEN
CEFEPIME INJ 2G/100ML	GEN
CEFEPIME/DEX INJ 1GM	NPB
CEFEPIME/DEX INJ 2GM	GEN

CEPHALOSPORINS - 5TH GENERATION

TEFLARO INJ 400MG	NPB
TEFLARO INJ 600MG	NPB

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

BALCOLTRA TAB 0.1-20	ACA	PA
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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	ACA	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	ACA	
<i>desogestrel & ethynodiol estradiol tab 0.15 mg-30 mcg</i>	ACA	
<i>drospirenone-ethynodiol estrad-levomefolate tab 3-0.02-0.451 mg</i>	ACA	
<i>drospirenone-ethynodiol estrad-levomefolate tab 3-0.02-0.451 mg</i>	ACA	PA
<i>drospirenone-ethynodiol estrad-levomefolate tab 3-0.03-0.451 mg</i>	ACA	
<i>drospirenone-ethynodiol estrad-levomefolate tab 3-0.03-0.451 mg</i>	ACA	PA
<i>drospirenone-ethynodiol estradiol tab 3-0.02 mg</i>	ACA	
<i>drospirenone-ethynodiol estradiol tab 3-0.03 mg</i>	ACA	
<i>ethynodiol diacetate & ethynodiol estradiol tab 1 mg-35 mcg</i>	ACA	
<i>ethynodiol diacetate & ethynodiol estradiol tab 1 mg-50 mcg</i>	ACA	
FALESSA KIT	ACA	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	ACA	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	ACA	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	ACA	
<i>levonorgestrel & ethynodiol estradiol (91-day) tab 0.15-0.03 mg</i>	ACA	
<i>levonorgestrel & ethynodiol estradiol tab 0.1 mg-20 mcg</i>	ACA	
<i>levonorgestrel & ethynodiol estradiol tab 0.15 mg-30 mcg</i>	ACA	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	ACA	
<i>levonorgestrel-ethynodiol estradiol (continuous) tab 90-20 mcg</i>	ACA	
LO LOESTRIN TAB 1-10-10	ACA	PA
NATAZIA TAB	ACA	PA
<i>norethindrone & ethynodiol estradiol tab 0.4 mg-35 mcg</i>	ACA	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	ACA	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	ACA	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	ACA	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	ACA	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	ACA	PA
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	ACA	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	ACA	PA
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	ACA	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	ACA	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	ACA	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	ACA	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	ACA	PA
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	ACA	PA
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	ACA	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	ACA	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	ACA	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	ACA	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	ACA	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	ACA	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	ACA	
<i>TYBLUME CHW 0.1-0.02</i>	ACA	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>COMBINATION CONTRACEPTIVES - TRANSDERMAL</i>		
<i>norelgestromin-ethynodiol diacetate transdermal system 150mcg/24hr</i>	ACA	
<i>TWIRLA DIS 120-30</i>	ACA	
<i>COMBINATION CONTRACEPTIVES - VAGINAL</i>		
<i>ANNOVERA MIS</i>	ACA	PA
<i>etonogestrel-ethynodiol diacetate vaginal ring 0.120-0.015 mg/24hr</i>	ACA	QL
<i>COPPER CONTRACEPTIVES - IUD</i>		
<i>PARAGARD IUD T380A</i>	ACA	
<i>EMERGENCY CONTRACEPTIVES</i>		
<i>ELLA TAB 30MG</i>	ACA	
<i>levonorgestrel tab 1.5 mg</i>	ACA	
<i>PROGESTIN CONTRACEPTIVES - IMPLANTS</i>		
<i>NEXPLANON IMP 68MG</i>	ACA	
<i>PROGESTIN CONTRACEPTIVES - INJECTABLE</i>		
<i>DEPO-SQ PROV INJ 104</i>	ACA	PA
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	ACA	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	ACA	
<i>PROGESTIN CONTRACEPTIVES - IUD</i>		
<i>KYLEENA IUD 19.5MG</i>	ACA	
<i>LILETTA IUD 52MG</i>	ACA	
<i>MIRENA IUD SYSTEM</i>	ACA	
<i>SKYLA IUD 13.5MG</i>	ACA	
<i>PROGESTIN CONTRACEPTIVES - ORAL</i>		
<i>norethindrone tab 0.35 mg</i>	ACA	
<i>SLYND TAB 4MG</i>	ACA	PA
<i>CORTICOSTEROIDS</i>		
<i>GLUCOCORTICOSTEROIDS</i>		
<i>budesonide delayed release particles cap 3 mg</i>	GEN	
<i>budesonide tab er 24hr 9 mg</i>	PS	PA
<i>DEXAMETHASON CON 1MG/ML</i>	GEN	
<i>dexamethasone elixir 0.5 mg/5ml</i>	GEN	
<i>dexamethasone soln 0.5 mg/5ml</i>	GEN	
<i>dexamethasone tab 0.5 mg</i>	GEN	
<i>dexamethasone tab 0.75 mg</i>	GEN	
<i>dexamethasone tab 1 mg</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tab 1.5 mg	GEN	
dexamethasone tab 2 mg	GEN	
dexamethasone tab 4 mg	GEN	
dexamethasone tab 6 mg	GEN	
hydrocortisone tab 5 mg	GEN	
hydrocortisone tab 10 mg	GEN	
hydrocortisone tab 20 mg	GEN	
methylprednisolone acetate inj susp 40 mg/ml	NPB	
methylprednisolone tab 4 mg	GEN	
methylprednisolone tab 8 mg	GEN	
methylprednisolone tab 16 mg	GEN	
methylprednisolone tab 32 mg	GEN	
methylprednisolone tab therapy pack 4 mg (21)	GEN	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	GEN	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	GEN	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	GEN	
prednisolone syrup 15 mg/5ml (usp solution equivalent)	GEN	
PREDNISONE CON 5MG/ML	GEN	
prednisone oral soln 5 mg/5ml	GEN	
prednisone tab 1 mg	GEN	
prednisone tab 2.5 mg	GEN	
prednisone tab 5 mg	GEN	
prednisone tab 10 mg	GEN	
prednisone tab 20 mg	GEN	
prednisone tab 50 mg	GEN	
prednisone tab therapy pack 5 mg (21)	GEN	
prednisone tab therapy pack 10 mg (21)	GEN	

MINERALOCORTICOIDS

fludrocortisone acetate tab 0.1 mg	GEN
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COUGH/COLD/ALLERGY

ANTITUSSIVES

benzonatate cap 100 mg	GEN
benzonatate cap 200 mg	GEN
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	GEN
hydrocodone w/ homatropine tab 5-1.5 mg	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
COUGH/COLD/ALLERGY COMBINATIONS		
<i>guaiifenesin-codeine soln 100-10 mg/5ml</i>	GEN	
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	GEN	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	GEN	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	GEN	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	GEN	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	GEN	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	GEN	
RYDEX LIQ	GEN	
TUZISTRA XR SUS	NPB	
VIRTUSSIN SOL DAC	GEN	
EXPECTORANTS		
SSKI SOL 1GM/ML	NPB	
MISC. RESPIRATORY INHALANTS		
<i>sodium chloride soln nebu 3%</i>	GEN	
<i>sodium chloride soln nebu 7%</i>	GEN	
<i>sodium chloride soln nebu 10%</i>	GEN	
MUCOLYTICS		
<i>acetylcysteine inhal soln 10%</i>	GEN	
<i>acetylcysteine inhal soln 20%</i>	GEN	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>adapalene cream 0.1%</i>	GEN	PA
<i>claravis</i>	NPB	
CLARAVIS	NPB	
<i>clindamycin phosphate gel 1%</i>	GEN	QL
<i>clindamycin phosphate lotion 1%</i>	GEN	QL
<i>clindamycin phosphate soln 1%</i>	GEN	QL
<i>clindamycin phosphate swab 1%</i>	GEN	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	NPB	PA
<i>dapsone gel 5%</i>	GEN	PA
<i>erythromycin gel 2%</i>	NPB	
<i>erythromycin pads 2%</i>	GEN	
<i>erythromycin soln 2%</i>	GEN	
FABIOR AER 0.1%	NPB	PA

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i>	GEN	
<i>sulfacetamide sodium w/ sulfur emulsion 10-5%</i>	GEN	
TAZAROTENE AER 0.1%	NPB	PA
<i>tretinoin cream 0.1%</i>	GEN	
<i>tretinoin cream 0.05%</i>	GEN	
<i>tretinoin cream 0.025%</i>	GEN	
<i>tretinoin gel 0.01%</i>	GEN	
<i>tretinoin gel 0.025%</i>	GEN	
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate cream 0.1%</i>	GEN	
<i>gentamicin sulfate oint 0.1%</i>	GEN	
<i>mupirocin calcium cream 2%</i>	GEN	ST
<i>mupirocin oint 2%</i>	GEN	
NEO-SYNALAR CRE	NPB	PA
ANTIFUNGALS - TOPICAL		
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	GEN	
<i>ciclopirox solution 8%</i>	GEN	
<i>clotrimazole cream 1%</i>	GEN	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	GEN	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	NPB	
ERTACZO CRE 2%	NPB	PA
JUBLIA SOL 10%	NPB	ST
KERYDIN SOL 5%	PS	PA
<i>ketoconazole cream 2%</i>	GEN	
<i>ketoconazole shampoo 2%</i>	GEN	
<i>luliconazole cream 1%</i>	NPB	PA
MENTAX CRE 1%	NPB	PA
<i>naftifine hcl gel 1%</i>	NPB	PA
<i>nystatin cream 100000 unit/gm</i>	GEN	
<i>nystatin oint 100000 unit/gm</i>	GEN	
<i>nystatin topical powder 100000 unit/gm</i>	GEN	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	GEN	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	GEN	
<i>oxiconazole nitrate cream 1%</i>	GEN	PA
<i>tavaborole soln 5%</i>	PS	PA

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<u>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</u>		
<i>fluorouracil cream 5%</i>	GEN	
<i>fluorouracil soln 2%</i>	GEN	
<i>fluorouracil soln 5%</i>	GEN	
PANRETIN GEL 0.1%	PS	PA
TARGRETIN GEL 1%	PS	PA
VALCHLOR GEL 0.016%	PS	PA
<u>ANTI-PSORIATICS</u>		
<i>acitretin cap 10 mg</i>	PS	ST
<i>acitretin cap 17.5 mg</i>	PS	ST
<i>acitretin cap 25 mg</i>	PS	ST
<i>calcipotriene cream 0.005%</i>	NPB	QL
<i>calcipotriene oint 0.005%</i>	NPB	QL
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	NPB	QL
COSENTYX INJ 150MG/ML	PS	PA; QL
COSENTYX INJ 300DOSE	PS	PA; QL
COSENTYX PEN INJ 150MG/ML	PS	PA; QL
COSENTYX PEN INJ 300DOSE	PS	PA; QL
DRITHO-CREME CRE HP 1%	GEN	
<i>methoxsalen rapid cap 10 mg</i>	PS	PA
STELARA INJ 45MG/0.5	PS	PA
STELARA INJ 90MG/ML	PS	PA; QL
<i>tazarotene cream 0.1%</i>	GEN	PA
TAZORAC CRE 0.05%	NPB	PA
TAZORAC GEL 0.1%	NPB	PA
TAZORAC GEL 0.05%	NPB	PA
<u>ANTISEBORRHEIC PRODUCTS</u>		
<i>selenium sulfide lotion 2.5%</i>	GEN	
<i>sulfacetamide sodium liquid 10%</i>	GEN	
<u>ANTIVIRALS - TOPICAL</u>		
<i>acyclovir oint 5%</i>	NPB	PA; QL
DENAVIR CRE 1%	NPB	PA; QL
<u>BURN PRODUCTS</u>		
<i>silver sulfadiazine cream 1%</i>	GEN	
SULFAMYLYON CRE 85MG/GM	NPB	
<u>CAUTERIZING AGENTS</u>		
SILVER NITRA SOL 10%	GEN	
<u>CORTICOSTEROIDS - TOPICAL</u>		
<i>amcinonide cream 0.1%</i>	NPB	
<i>amcinonide lotion 0.1%</i>	NPB	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
AMCINONIDE OIN 0.1%	NPB	
<i>betamethasone dipropionate augmented cream 0.05%</i>	GEN	
<i>betamethasone dipropionate augmented gel 0.05%</i>	NPB	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	NPB	
<i>betamethasone dipropionate augmented oint 0.05%</i>	NPB	
<i>betamethasone dipropionate cream 0.05%</i>	GEN	
<i>betamethasone dipropionate lotion 0.05%</i>	GEN	
<i>betamethasone dipropionate oint 0.05%</i>	GEN	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	GEN	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	GEN	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	GEN	
<i>clocortolone pivalate cream 0.1%</i>	NPB	
<i>fluocinolone acetonide cream 0.01%</i>	GEN	
<i>fluocinolone acetonide cream 0.025%</i>	GEN	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	GEN	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	GEN	
<i>fluocinolone acetonide oint 0.025%</i>	GEN	
<i>fluocinolone acetonide soln 0.01%</i>	GEN	
<i>fluocinonide cream 0.05%</i>	GEN	QL
<i>fluocinonide emulsified base cream 0.05%</i>	GEN	
<i>fluocinonide gel 0.05%</i>	GEN	
<i>fluocinonide oint 0.05%</i>	NPB	
<i>fluocinonide soln 0.05%</i>	GEN	
<i>fluticasone propionate cream 0.05%</i>	GEN	
<i>fluticasone propionate oint 0.005%</i>	GEN	
<i>halobetasol propionate cream 0.05%</i>	GEN	QL
<i>halobetasol propionate oint 0.05%</i>	NPB	QL
<i>hydrocortisone cream 2.5%</i>	GEN	
<i>hydrocortisone lotion 2.5%</i>	GEN	
<i>hydrocortisone oint 2.5%</i>	GEN	
<i>mometasone furoate cream 0.1%</i>	GEN	
<i>mometasone furoate oint 0.1%</i>	GEN	
<i>mometasone furoate solution 0.1% (lotion)</i>	GEN	
<i>prednicarbate cream 0.1%</i>	GEN	
<i>prednicarbate oint 0.1%</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
TACLONEX SUS	NPB	PA
<i>triamcinolone acetonide cream 0.1%</i>	GEN	
<i>triamcinolone acetonide cream 0.5%</i>	GEN	
<i>triamcinolone acetonide cream 0.025%</i>	GEN	
<i>triamcinolone acetonide lotion 0.1%</i>	GEN	
<i>triamcinolone acetonide lotion 0.025%</i>	GEN	
<i>triamcinolone acetonide oint 0.1%</i>	GEN	
<i>triamcinolone acetonide oint 0.5%</i>	GEN	
<i>triamcinolone acetonide oint 0.025%</i>	GEN	
<i>EMOLlient/KERATOLYTIC AGENTS</i>		
<i>urea lotion 40%</i>	GEN	
<i>EMOLLIENTS</i>		
<i>lactic acid (ammonium lactate) cream 12%</i>	GEN	
<i>lactic acid (ammonium lactate) lotion 12%</i>	GEN	
<i>lactic acid w/ vitamin e cream 10%-3500 unit/30gm</i>	GEN	
<i>ENZYMES - TOPICAL</i>		
SANTYL OIN 250/GM	NPB	PA
<i>HAIR GROWTH AGENTS</i>		
<i>bimatoprost soln 0.03%</i>	PB	
<i>IMMUNOMODULATING AGENTS - TOPICAL</i>		
<i>imiquimod cream 5%</i>	GEN	
<i>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</i>		
<i>pimecrolimus cream 1%</i>	NPB	PA
<i>tacrolimus oint 0.1%</i>	NPB	PA; QL
<i>tacrolimus oint 0.03%</i>	NPB	PA; QL
<i>KERATOLYTIC/ANTIMITOTIC AGENTS</i>		
<i>podofilox soln 0.5%</i>	GEN	
<i>salicylic acid film forming liquid 27.5%</i>	GEN	
<i>salicylic acid shampoo 6%</i>	GEN	
<i>LOCAL ANESTHETICS - TOPICAL</i>		
<i>ethyl chloride aerosol spray</i>	GEN	
<i>lidocaine hcl soln 4%</i>	GEN	PA; QL
<i>lidocaine hcl urethral/mucosal gel 2%</i>	GEN	QL
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	GEN	QL
<i>lidocaine oint 5%</i>	NPB	PA; QL
<i>lidocaine patch 5%</i>	NPB	PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	GEN	PA; QL
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	GEN	PA

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
QUTENZA KIT 8% 1-PCH	NPS	PA; QL
QUTENZA KIT 8% 2-PCH	NPS	PA; QL
QUTENZA KIT 8% 4-PCH	NPS	PA; QL
SYNERA DIS 70-70MG	NPB	PA

ROSACEA AGENTS

<i>azelaic acid gel 15%</i>	GEN	PA
<i>metronidazole cream 0.75%</i>	GEN	
<i>metronidazole gel 0.75%</i>	GEN	
<i>metronidazole gel 1%</i>	GEN	
<i>metronidazole lotion 0.75%</i>	GEN	
MIRVASO GEL 0.33%	NPB	PA

SCABICIDES & PEDICULICIDES

<i>crotamiton lotion 10%</i>	NPB	
<i>lindane shampoo 1%</i>	NPB	
<i>malathion lotion 0.5%</i>	NPB	
<i>permethrin cream 5%</i>	NPB	
<i>spinosad susp 0.9%</i>	GEN	

WOUND CARE PRODUCTS

REGRANEX GEL 0.01%	NPB	QL
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DIAGNOSTIC PRODUCTS

DIAGNOSTIC DRUGS

GLUCAGEN INJ 1MG	PB	QL
GLUCAGON INJ 1MG	PB	QL

DIAGNOSTIC TESTS

CHEMSTRIP K TES	PB	
KETONE TES	PB	
KETONE TEST TES	PB	
KETOSTIX TES STRIP	PB	
ONETOUCH TES ULTRA	PB	QL
ONETOUCH TES VERIO	PB	QL
RELION TES KETONE	PB	

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

ELFOLATE PLU TAB 3-35-2MG	GEN	
<i>folbic tab</i>	GEN	
FOLTANX TAB	GEN	
L-METHYL- TAB B6-B12	GEN	
L-METHYL-MC TAB	GEN	
L-METHYL-MC TAB NAC	GEN	
METAFOLBIC TAB	GEN	

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
METAFOLBIC TAB PLUS	GEN	

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	PB
CREON CAP 6000UNIT	PB
CREON CAP 12000UNT	PB
CREON CAP 24000UNT	PB
CREON CAP 36000UNT	PB
SUCRAID SOL 8500/ML	PS PA
ZENPEP CAP 3000UNIT	NPB ST
ZENPEP CAP 15000UNT	NPB ST
ZENPEP CAP 20000UNT	NPB ST
ZENPEP CAP 25000	NPB ST

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

acetazolamide cap er 12hr 500 mg	GEN
acetazolamide sodium for inj 500 mg	GEN
acetazolamide tab 125 mg	GEN
acetazolamide tab 250 mg	GEN
KEVEYIS TAB 50MG	NPS PA; QL
methazolamide tab 25 mg	GEN
methazolamide tab 50 mg	GEN

DIURETIC COMBINATIONS

amiloride & hydrochlorothiazide tab 5-50 mg	GEN
spironolactone & hydrochlorothiazide tab 25-25 mg	GEN
triamterene & hydrochlorothiazide cap 37.5-25 mg	GEN
triamterene & hydrochlorothiazide tab 37.5-25 mg	GEN
triamterene & hydrochlorothiazide tab 75-50 mg	GEN

LOOP DIURETICS

bumetanide inj 0.25 mg/ml	GEN
bumetanide tab 0.5 mg	GEN
bumetanide tab 1 mg	GEN
bumetanide tab 2 mg	GEN
ethacrynic acid tab 25 mg	GEN PA; QL
furosemide inj 10 mg/ml	GEN
furosemide oral soln 8 mg/ml	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
furosemide oral soln 10 mg/ml	GEN	
furosemide tab 20 mg	GEN	
furosemide tab 40 mg	GEN	
furosemide tab 80 mg	GEN	
torsemide tab 5 mg	GEN	
torsemide tab 10 mg	GEN	
torsemide tab 20 mg	GEN	
torsemide tab 100 mg	GEN	

POTASSIUM SPARING DIURETICS

amiloride hcl tab 5 mg	GEN	
spironolactone tab 25 mg	GEN	
spironolactone tab 50 mg	GEN	
spironolactone tab 100 mg	GEN	
triamterene cap 50 mg	GEN	ST
triamterene cap 100 mg	GEN	ST

THIAZIDES AND THIAZIDE-LIKE DIURETICS

chlorothiazide sodium for inj 500 mg	GEN	
chlorthalidone tab 25 mg	GEN	
chlorthalidone tab 50 mg	GEN	
DIURIL SUS 250/5ML	NPB	
hydrochlorothiazide cap 12.5 mg	GEN	
hydrochlorothiazide tab 12.5 mg	GEN	
hydrochlorothiazide tab 25 mg	GEN	
hydrochlorothiazide tab 50 mg	GEN	
indapamide tab 1.25 mg	GEN	
indapamide tab 2.5 mg	GEN	
metolazone tab 2.5 mg	GEN	
metolazone tab 5 mg	GEN	
metolazone tab 10 mg	GEN	

ENDOCRINE AND METABOLIC AGENTS - MIS.C.

ADRENAL STEROID INHIBITORS

ISTURISA TAB 1MG	PS	PA; QL
ISTURISA TAB 5MG	PS	PA; QL
ISTURISA TAB 10MG	PS	PA; QL

BONE DENSITY REGULATORS

alendronate sodium oral soln 70 mg/75ml	GEN	QL
alendronate sodium tab 5 mg	GEN	
alendronate sodium tab 10 mg	GEN	
alendronate sodium tab 35 mg	GEN	
alendronate sodium tab 70 mg	GEN	
CALCITONIN SPR 200/ACT	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
FORTEO INJ 620/2.48	PS	PA; QL
FOSAMAX + D TAB 70-2800	NPB	PA; QL
FOSAMAX + D TAB 70-5600	NPB	PA; QL
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	NPB	QL
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	GEN	QL
NATPARA INJ 25MCG	PS	PA; QL
NATPARA INJ 50MCG	PS	PA; QL
NATPARA INJ 75MCG	PS	PA; QL
NATPARA INJ 100MCG	PS	PA; QL
<i>pamidronate disodium for inj 30 mg</i>	PS	
<i>pamidronate disodium for inj 90 mg</i>	PS	
<i>pamidronate disodium iv soln 3 mg/ml</i>	PS	
<i>pamidronate disodium iv soln 9 mg/ml</i>	PS	
PAMIDRONATE INJ 6MG/ML	PS	
<i>risedronate sodium tab 5 mg</i>	NPB	QL
<i>risedronate sodium tab 30 mg</i>	NPB	QL
<i>risedronate sodium tab 35 mg</i>	NPB	QL
<i>risedronate sodium tab 150 mg</i>	NPB	QL
<i>risedronate sodium tab delayed release 35 mg</i>	NPB	QL
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	PS	QL
<i>zoledronic acid iv soln 5 mg/100ml</i>	PS	QL
ZOLEDRONIC INJ 4/100ML	PS	QL
ZOLEDRONIC INJ 4MG/100	PS	QL
CORTICOTROPIN		
ACTHAR INJ 80UNIT	PS	PA; QL
FERTILITY REGULATORS		
<i>chorionic gonadotropin for im inj 10000 unit</i>	PS	
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG	PS	PA; QL
SOMAVERT INJ 15MG	PS	PA; QL
SOMAVERT INJ 20MG	PS	PA; QL
SOMAVERT INJ 25MG	PS	PA; QL
SOMAVERT INJ 30MG	PS	PA; QL
GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	PS	PA
GENOTROPIN INJ 0.4MG	PS	PA

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN INJ 0.6MG	PS	PA
GENOTROPIN INJ 0.8MG	PS	PA
GENOTROPIN INJ 1.2MG	PS	PA
GENOTROPIN INJ 1.4MG	PS	PA
GENOTROPIN INJ 1.6MG	PS	PA
GENOTROPIN INJ 1.8MG	PS	PA
GENOTROPIN INJ 1MG	PS	PA
GENOTROPIN INJ 2MG	PS	PA
GENOTROPIN INJ 5MG	PS	PA
GENOTROPIN INJ 12MG	PS	PA
SEROSTIM INJ 4MG	NPS	PA
SEROSTIM INJ 5MG	NPS	PA
SEROSTIM INJ 6MG	NPS	PA
ZORBTIVE INJ 8.8MG	NPS	PA
<i>HORMONE RECEPTOR MODULATORS</i>		
OSPHENA TAB 60MG	NPB	PA; QL
<i>raloxifene hcl tab 60 mg</i>	ACA	
<i>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</i>		
INCRELEX INJ 40MG/4ML	PS	PA
<i>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</i>		
LUPANETA KIT 3.75-5	PS	PA; QL
LUPANETA KIT 11.25-5	PS	PA; QL
LUPR DEP-PED INJ 3M 30MG	PS	PA; QL
LUPR DEP-PED INJ 7.5MG	PS	PA; QL
LUPR DEP-PED INJ 11.25MG	PS	PA; QL
LUPR DEP-PED INJ 15MG	PS	PA; QL
SYNAREL SOL 2MG/ML	PS	PA; QL
<i>METABOLIC MODIFIERS</i>		
<i>calcitriol cap 0.5 mcg</i>	GEN	
<i>calcitriol cap 0.25 mcg</i>	GEN	
<i>calcitriol inj 1 mcg/ml</i>	GEN	
<i>calcitriol oral soln 1 mcg/ml</i>	GEN	
CARBAGLU TAB 200MG	PS	PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	PS	
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	PS	
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	PS	
CYSTADANE POW	PS	PA
<i>doxercalciferol cap 0.5 mcg</i>	GEN	
<i>doxercalciferol cap 1 mcg</i>	GEN	
<i>doxercalciferol cap 2.5 mcg</i>	GEN	
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
GALAFOLD CAP 123MG	PS	PA; QL
HECTOROL INJ 2MCG/ML	NPB	
KUVAN POW 500MG	PS	PA
KUVAN TAB 100MG	PS	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	GEN	
<i>levocarnitine tab 330 mg</i>	GEN	
MYALEPT INJ 11.3MG	PS	PA; QL
ORFADIN CAP 2MG	PS	PA
ORFADIN CAP 5MG	PS	PA
ORFADIN CAP 10MG	PS	PA
PALYNZIQ INJ 2.5/0.5	PS	PA; QL
PALYNZIQ INJ 10/0.5ML	PS	PA; QL
PALYNZIQ INJ 20MG/ML	PS	PA; QL
<i>paricalcitol cap 1 mcg</i>	GEN	
<i>paricalcitol cap 2 mcg</i>	GEN	
<i>paricalcitol cap 4 mcg</i>	GEN	
RAVICTI LIQ 1.1GM/ML	NPS	PA; QL
REVCovi INJ 1.6MG/ML	PS	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	PS	PA
<i>sodium phenylbutyrate tab 500 mg</i>	PS	PA

POSTERIOR PITUITARY HORMONES

<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	GEN
<i>desmopressin acetate tab 0.1 mg</i>	GEN
<i>desmopressin acetate tab 0.2 mg</i>	GEN

PROLACTIN INHIBITORS

<i>cabergoline tab 0.5 mg</i>	GEN
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SOMATOSTATIC AGENTS

<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	PS
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	PS
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	PS
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	PS
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	PS

SIGNIFOR INJ 0.3MG/ML	NPS	PA; QL
SIGNIFOR INJ 0.6MG/ML	NPS	PA; QL
SIGNIFOR INJ 0.9MG/ML	NPS	PA; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR INJ 20MG	NPS	PA; QL
SIGNIFOR LAR INJ 40MG	NPS	PA; QL
SIGNIFOR LAR INJ 60MG	NPS	PA; QL
SOMATULINE INJ 60/0.2ML	NPS	PA
SOMATULINE INJ 90/0.3ML	NPS	PA
SOMATULINE INJ 120/.5ML	NPS	PA

VASOPRESSIN RECEPTOR ANTAGONISTS

JYNARQUE PAK 45-15MG	PS	PA; QL
JYNARQUE PAK 60-30MG	PS	PA; QL
JYNARQUE PAK 90-30MG	PS	PA; QL
JYNARQUE TAB 15MG	PS	PA; QL
JYNARQUE TAB 30MG	PS	PA; QL
SAMSCA TAB 15MG	PS	PA; QL
SAMSCA TAB 30MG	PS	PA; QL

ESTROGENS

ESTROGEN COMBINATIONS

COMBIPATCH DIS	NPB	QL
DUAVEE TAB 0.45-20	PB	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	GEN	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	GEN	
<i>norethindrone acetate-ethynodiol diacetate tab 0.5 mg-2.5 mcg</i>	GEN	
<i>norethindrone acetate-ethynodiol diacetate tab 1 mg-5 mcg</i>	GEN	
PREMPHASE TAB	PB	
PREMPRO TAB	PB	
PREMPRO TAB 0.3-1.5	PB	
PREMPRO TAB 0.45-1.5	PB	
PREMPRO TAB 0.625-5	PB	

ESTROGENS

DEPO-ESTRADIOL INJ 5MG/ML	NPB	
<i>estradiol tab 0.5 mg</i>	GEN	
<i>estradiol tab 1 mg</i>	GEN	
<i>estradiol tab 2 mg</i>	GEN	
<i>estradiol transdermal patch twice weekly 0.1 mg/24hr</i>	GEN	QL
<i>estradiol transdermal patch twice weekly 0.05 mg/24hr</i>	GEN	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	GEN	QL
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	GEN	QL
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	GEN	QL
<i>estradiol td patch weekly 0.1 mg/24hr</i>	GEN	QL
<i>estradiol td patch weekly 0.05 mg/24hr</i>	GEN	QL
<i>estradiol td patch weekly 0.06 mg/24hr</i>	GEN	QL
<i>estradiol td patch weekly 0.025 mg/24hr</i>	GEN	QL
<i>estradiol td patch weekly 0.075 mg/24hr</i>	GEN	QL
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	GEN	QL
<i>estradiol valerate im in oil 20 mg/ml</i>	GEN	
<i>estradiol valerate im in oil 40 mg/ml</i>	GEN	
<i>ESTROGEL GEL</i>	NPB	QL
<i>MENEST TAB 0.3MG</i>	NPB	
<i>MENEST TAB 0.625MG</i>	NPB	
<i>MENEST TAB 1.25MG</i>	NPB	
<i>MENOSTAR DIS 14MCG</i>	NPB	QL
<i>PREMARIN INJ 25MG</i>	NPB	
<i>PREMARIN TAB 0.3MG</i>	NPB	
<i>PREMARIN TAB 0.9MG</i>	NPB	
<i>PREMARIN TAB 0.45MG</i>	NPB	
<i>PREMARIN TAB 0.625MG</i>	NPB	
<i>PREMARIN TAB 1.25MG</i>	NPB	

FLUOROQUINOLONES

FLUOROQUINOLONES

<i>CIPRO (5%) SUS 250MG/5</i>	NPB
<i>ciprofloxacin 200 mg/100ml in d5w</i>	GEN
<i>ciprofloxacin 400 mg/200ml in d5w</i>	GEN
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	GEN
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	GEN
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	GEN
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	GEN
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	GEN
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	GEN
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	GEN
<i>levofloxacin iv soln 25 mg/ml</i>	GEN
<i>levofloxacin oral soln 25 mg/ml</i>	GEN
<i>levofloxacin tab 250 mg</i>	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin tab 500 mg</i>	GEN	
<i>levofloxacin tab 750 mg</i>	GEN	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	GEN	
MOXIFLOXACIN INJ 400/250	NPB	
<i>ofloxacin tab 400 mg</i>	GEN	

GASTROINTESTINAL AGENTS - MISC.

GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol cap 300 mg</i>	GEN
<i>ursodiol tab 250 mg</i>	GEN
<i>ursodiol tab 500 mg</i>	GEN

GASTROINTESTINAL ANTIALLERGY AGENTS

<i>cromolyn sodium oral conc 100 mg/5ml</i>	GEN
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GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

AMITIZA CAP 8MCG	NPB	ST; QL
AMITIZA CAP 24MCG	NPB	ST; QL

GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	GEN
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	GEN
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	GEN
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	GEN

INFLAMMATORY BOWEL AGENTS

<i>balsalazide disodium cap 750 mg</i>	GEN
<i>DIPENTUM CAP 250MG</i>	NPB ST
<i>mesalamine cap dr 400 mg</i>	GEN
<i>mesalamine cap er 24hr 0.375 gm</i>	GEN
<i>mesalamine enema 4 gm</i>	GEN
<i>*mesalamine rectal enema 4 gm & cleanser wipe kit**</i>	GEN
<i>mesalamine suppos 1000 mg</i>	GEN
<i>mesalamine tab delayed release 1.2 gm</i>	GEN
<i>mesalamine tab delayed release 800 mg</i>	GEN
<i>sulfasalazine tab 500 mg</i>	GEN
<i>sulfasalazine tab delayed release 500 mg</i>	GEN

INTESTINAL ACIDIFIERS

<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	GEN
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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	PS	PA; QL
<i>alosetron hcl tab 1 mg (base equiv)</i>	PS	PA; QL
LINZESS CAP 72MCG	PB	
LINZESS CAP 145MCG	PB	QL
LINZESS CAP 290MCG	PB	QL
VIBERZI TAB 75MG	PS	PA; QL
VIBERZI TAB 100MG	PS	PA; QL
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG	PB	QL
MOVANTIK TAB 25MG	PB	QL
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	PB	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	GEN	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	GEN	
FOSRENOL POW 750MG	NPB	ST
FOSRENOL POW 1000MG	NPB	ST
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	GEN	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	GEN	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	GEN	
<i>sevelamer carbonate packet 0.8 gm</i>	GEN	
<i>sevelamer carbonate packet 2.4 gm</i>	GEN	
<i>sevelamer carbonate tab 800 mg</i>	GEN	
<i>sevelamer hcl tab 800 mg</i>	GEN	
VELPHORO CHW 500MG	NPB	ST

GENITOURINARY AGENTS - MISCELLANEOUS

ALKALINIZERS

<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	GEN
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	GEN
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	GEN
<i>potassium citrate tab er 5 meq (540 mg)</i>	GEN
<i>potassium citrate tab er 10 meq (1080 mg)</i>	GEN
<i>potassium citrate tab er 15 meq (1620 mg)</i>	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
sodium citrate & citric acid soln 500-334 mg/5ml	GEN	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	PS	
CYSTAGON CAP 150MG	PS	
PROCYSBI CAP 25MG	PS	PA; QL
PROCYSBI CAP 75MG	PS	PA; QL
GENITOURINARY IRRIGANTS		
acetic acid irrigation soln 0.25%	GEN	
neomycin-polymyxin b gu irrigation soln	GEN	
sodium chloride irrigation soln 0.9%	GEN	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG	NPB	PA
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	GEN	
CARDURA XL TAB 4MG	PB	ST
CARDURA XL TAB 8MG	PB	ST
dutasteride cap 0.5 mg	NPB	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	GEN	
finasteride tab 5 mg	GEN	
silodosin cap 4 mg	GEN	PA; QL
silodosin cap 8 mg	GEN	PA; QL
tamsulosin hcl cap 0.4 mg	GEN	
URINARY ANALGESICS		
phenazopyridine hcl tab 100 mg	GEN	
phenazopyridine hcl tab 200 mg	GEN	
URINARY STONE AGENTS		
THIOLA TAB 100MG	PS	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	GEN	
GOUT AGENTS		
allopurinol tab 100 mg	GEN	
allopurinol tab 300 mg	GEN	
colchicine tab 0.6 mg	GEN	
febuxostat tab 40 mg	GEN	ST; QL
febuxostat tab 80 mg	GEN	ST
KRYSTEXXA INJ 8MG/ML	PS	PA; QL
URICOSURICS		
probenecid tab 500 mg	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGICAL AGENTS - MISC.		
<i>AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA</i>		
GIVLAARI INJ 189MG/ML	PS	PA; QL
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	GEN	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP 110MG	PS	PA; QL
ORLADEYO CAP 150MG	PS	PA; QL
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl cap 0.5 mg</i>	GEN	
<i>anagrelide hcl cap 1 mg</i>	GEN	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	GEN	
BRILINTA TAB 60MG	PB	QL
BRILINTA TAB 90MG	PB	QL
<i>cilostazol tab 50 mg</i>	GEN	
<i>cilostazol tab 100 mg</i>	GEN	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	GEN	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	GEN	
<i>dipyridamole tab 25 mg</i>	GEN	
<i>dipyridamole tab 50 mg</i>	GEN	
<i>dipyridamole tab 75 mg</i>	GEN	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	GEN	QL
<i>prasugrel hcl tab 10 mg (base equiv)</i>	GEN	QL
ZONTIVITY TAB 2.08MG	NPB	PA; QL
PROTAMINE		
<i>protamine sulfate inj 10 mg/ml</i>	GEN	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	PS	PA; QL
<i>miglustat cap 100 mg</i>	PS	PA
AGENTS FOR SICKLE CELL DISEASE		
OXBRYTA TAB 500MG	PS	PA; QL
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	GEN	
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i>	ACA	
<i>folic acid inj 5 mg/ml</i>	GEN	
<i>folic acid tab 1 mg</i>	GEN	
<i>folic acid tab 400 mcg</i>	ACA	
<i>folic acid tab 800 mcg</i>	ACA	
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET TAB 20MG	PS	PA; QL
GRANIX INJ 300/0.5	PS	PA
GRANIX INJ 300/1ML	PS	PA
GRANIX INJ 480/0.8	PS	PA
GRANIX INJ 480/1.6	PS	PA
LEUKINE INJ 250MCG	PS	
MULPLETA TAB 3MG	PS	PA; QL
NEULASTA INJ 6MG/0.6M	PS	PA
NEULASTA KIT 6MG/0.6M	PS	PA
NEUPOGEN INJ 300/0.5	PS	PA
NEUPOGEN INJ 300MCG	PS	PA
NEUPOGEN INJ 480/0.8	PS	PA
NEUPOGEN INJ 480MCG	PS	PA
PROMACTA TAB 12.5MG	PS	PA; QL
PROMACTA TAB 25MG	PS	PA; QL
PROMACTA TAB 50MG	PS	PA; QL
PROMACTA TAB 75MG	PS	PA; QL
REBLOZYL INJ 25MG	PS	PA
REBLOZYL INJ 75MG	PS	PA
ZARXIO INJ 300/0.5	PS	PA
ZARXIO INJ 480/0.8	PS	PA
HEMATOPOIETIC MIXTURES		
<i>*fe fum-iron polysacch complex-fa-b cmplx-c-zn-mn-cu cap***</i>	GEN	
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110- 0.015-75-0.5-240 mg</i>	GEN	
FERRAPLUS 90 TAB	GEN	
FERREX 150 CAP FORTE	GEN	
<i>ferrous fumarate-folic acid tab 324-1 mg</i>	GEN	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2- 25-0.5 mg</i>	GEN	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2- 25-1 mg</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i>	GEN	
FUSION PLUS CAP	NPB	
HEMATOGEN FA CAP	GEN	
HEMETAB TAB	GEN	
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i>	GEN	
* <i>iron-docusate-b12-folic acid-c-e-cu-biotin tab 150-1 mg***</i>	GEN	
MULTIGEN PLS TAB	GEN	
MULTIGEN TAB	GEN	
MULTIGEN TAB FOLIC	GEN	
IRON		
INFED INJ 50MG/ML	GEN	
<i>sod ferric gluc complx in sucrose iv soln 12.5 mg/ml (fe eq)</i>	GEN	
STEM CELL MOBILIZERS		
MOZOBIL INJ	PS	PA; QL
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid inj 250 mg/ml</i>	GEN	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	GEN	
<i>tranexamic acid tab 650 mg</i>	GEN	QL
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital elixir 20 mg/5ml</i>	GEN	
<i>phenobarbital tab 15 mg</i>	GEN	
<i>phenobarbital tab 16.2 mg</i>	GEN	
<i>phenobarbital tab 30 mg</i>	GEN	
<i>phenobarbital tab 32.4 mg</i>	GEN	
<i>phenobarbital tab 60 mg</i>	GEN	
<i>phenobarbital tab 64.8 mg</i>	GEN	
<i>phenobarbital tab 97.2 mg</i>	GEN	
<i>phenobarbital tab 100 mg</i>	GEN	
NON-BARBITURATE HYPNOTICS		
<i>estazolam tab 1 mg</i>	GEN	
<i>estazolam tab 2 mg</i>	GEN	
<i>eszopiclone tab 1 mg</i>	GEN	QL
<i>eszopiclone tab 2 mg</i>	GEN	QL
<i>eszopiclone tab 3 mg</i>	GEN	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>flurazepam hcl cap 15 mg</i>	GEN	
<i>flurazepam hcl cap 30 mg</i>	GEN	
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	GEN	
<i>temazepam cap 15 mg</i>	GEN	
<i>temazepam cap 30 mg</i>	GEN	
<i>triazolam tab 0.25 mg</i>	GEN	
<i>triazolam tab 0.125 mg</i>	GEN	
<i>zaleplon cap 5 mg</i>	GEN	QL
<i>zaleplon cap 10 mg</i>	GEN	QL
<i>zolpidem tartrate tab 5 mg</i>	GEN	QL
<i>zolpidem tartrate tab 10 mg</i>	GEN	QL
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	NPS	PA; QL

LAXATIVES

LAXATIVE COMBINATIONS

<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	ACA
CLENPIQ SOL	ACA
MOVIPREP SOL	PB
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	GEN
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	GEN
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	ACA
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	GEN
PLENUV SOL	ACA
SUPREP BOWEL SOL PREP KIT	ACA
SUTAB TAB	ACA

LAXATIVES - MISCELLANEOUS

<i>lactulose solution 10 gm/15ml</i>	GEN
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SALINE LAXATIVES

OSMOPREP TAB 1.5GM	NPB
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LOCAL ANESTHETICS-PARENTERAL

LOCAL ANESTHETIC COMBINATIONS

<i>lidocaine inj 0.5% w/ epinephrine-1:200000</i>	GEN
<i>lidocaine inj 1% w/ epinephrine-1:100000</i>	GEN
<i>lidocaine inj 2% w/ epinephrine-1:100000</i>	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<u>LOCAL ANESTHETICS - AMIDES</u>		
<i>lidocaine hcl local inj 1%</i>	GEN	
<i>lidocaine hcl local inj 2%</i>	GEN	
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	GEN	
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	GEN	
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	GEN	
<i>lidocaine hcl local preservative free (pf) inj 4%</i>	GEN	
MACROLIDES		
<u>AZITHROMYCIN</u>		
<i>azithromycin for susp 100 mg/5ml</i>	GEN	
<i>azithromycin for susp 200 mg/5ml</i>	GEN	
<i>azithromycin iv for soln 500 mg</i>	GEN	
<i>azithromycin powd pack for susp 1 gm</i>	GEN	
<i>azithromycin tab 250 mg</i>	GEN	
<i>azithromycin tab 500 mg</i>	GEN	
<i>azithromycin tab 600 mg</i>	GEN	
<u>CLARITHROMYCIN</u>		
<i>clarithromycin for susp 125 mg/5ml</i>	GEN	
<i>clarithromycin for susp 250 mg/5ml</i>	GEN	
<i>clarithromycin tab 250 mg</i>	GEN	
<i>clarithromycin tab 500 mg</i>	GEN	
<i>clarithromycin tab er 24hr 500 mg</i>	GEN	
<u>ERYTHROMYCINS</u>		
<i>ERYTHROCIN INJ 500MG</i>	NPB	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	NPB	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	NPB	
<i>erythromycin ethylsuccinate tab 400 mg</i>	NPB	PA
<i>erythromycin stearate tab 250 mg</i>	NPB	PA
<i>erythromycin tab 250 mg</i>	NPB	PA
<i>erythromycin tab 500 mg</i>	NPB	PA
<i>erythromycin tab delayed release 250 mg</i>	NPB	PA
<i>erythromycin tab delayed release 333 mg</i>	NPB	PA
<i>erythromycin tab delayed release 500 mg</i>	NPB	PA
<i>erythromycin w/ delayed release particles cap 250 mg</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
FIDAXOMICIN		
DIFICID TAB 200MG	PS	ST; QL
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	ACA	
FC2 FEMALE MIS CONDOM	ACA	
FC FEMALE MIS CONDOM	ACA	
FEMCAP MIS 22MM	ACA	
FEMCAP MIS 26MM	ACA	
FEMCAP MIS 30MM	ACA	
OMNIFLEX DPR	ACA	
WIDE-SEAL DPR KIT 60	ACA	
WIDE-SEAL DPR KIT 65	ACA	
WIDE-SEAL DPR KIT 70	ACA	
WIDE-SEAL DPR KIT 75	ACA	
WIDE-SEAL DPR KIT 80	ACA	
WIDE-SEAL DPR KIT 85	ACA	
WIDE-SEAL DPR KIT 90	ACA	
WIDE-SEAL DPR KIT 95	ACA	
DIABETIC SUPPLIES		
ACCU-CHEK MIS MLTICLIX	PB	QL
ACTI-LANCE MIS 28G	PB	QL
ACTI-LANCE MIS LITE 28G	PB	QL
ACTI-LANCE MIS SPEC 17G	PB	QL
ACTI-LANCE MIS UNIV 23G	PB	QL
ADJ LANCING MIS DEVICE	PB	QL
ADV LANCING MIS DEVICE	PB	QL
ADV TRAVEL MIS LANC 28G	PB	QL
ADVCAFE SAFE MIS LANC 26G	PB	QL
ADVOCATE MIS LANC 30G	PB	QL
ADVOCATE MIS LANC DEV	PB	QL
ADVOCATE MIS LANCETS	PB	QL
AGAMATRIX MIS 33G	PB	QL
AIMSCO TWIST MIS 32G	PB	QL
AIMSCO TWIST MIS 33G	PB	QL
AQUALANCE MIS 30G	PB	QL
ASSURE CMFRT MIS 28G	PB	QL
ASSURE LANCE MIS 21G	PB	QL
ASSURE LANCE MIS 28G	PB	QL
ASSURE LANCE MIS LOW FLOW	PB	QL
ASSURE LANCE MIS MICRO	PB	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
ASSURE LANCE MIS SAFE 25G	PB	QL
ASSURE LANCE MIS SAFE 30G	PB	QL
ASSURE PLUS MIS HIGH 18G	PB	QL
ASSURE PLUS MIS LOW 25G	PB	QL
ASSURE PLUS MIS MCRO 28G	PB	QL
ASSURE PLUS MIS NORM 21G	PB	QL
ASSURE PLUS MIS PEDIATRI	PB	QL
AURORA LANCE MIS 30G	PB	QL
AURORA LANCE MIS THIN 23G	PB	QL
AUTO LANCET MIS	PB	QL
AUTO-LANCET MIS	PB	QL
AUTO-LANCET MIS MINI	PB	QL
AUTOLET IMPR MIS LANC DEV	PB	QL
AUTOLET LANC MIS DEVICE	PB	QL
AUTOLET MINI MIS	PB	QL
AUTOLET PLAT MIS 1.8MM	PB	QL
AUTOLET PLAT MIS 2.4MM	PB	QL
AUTOLET PLAT MIS 3.0MM	PB	QL
AUTOLET PLUS MIS	PB	QL
AUTOLET PLUS MIS LANC DEV	PB	QL
BD LANCET UF MIS 30G	PB	QL
BD LANCET UF MIS 33G	PB	QL
BD MICROTAIN MIS LANCETS	PB	QL
CARDIOCOM MIS LANCING	PB	QL
CAREONE ADV MIS LANCING	PB	QL
CAREONE LANC MIS 30G	PB	QL
CAREONE LANC MIS THIN 23G	PB	QL
CARESENS 30G MIS LANCETS	PB	QL
CARETOUCH MIS EJECTOR	PB	QL
CARETOUCH MIS LANC 26G	PB	QL
CARETOUCH MIS LANC 28G	PB	QL
CARETOUCH MIS LANC 30G	PB	QL
CARETOUCH MIS TWIST 28	PB	QL
CARETOUCH MIS TWIST 30	PB	QL
CARETOUCH MIS TWIST 33	PB	QL
CLEANLET 28G MIS LANCETS	PB	QL
CLEVER CHECK MIS	PB	QL
CLEVER CHECK MIS 30G	PB	QL
COAGUCHEK MIS LANCETS	PB	QL
COMFORT ASSU MIS LANC 28G	PB	QL
COMFORT ASSU MIS LANC 33G	PB	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ MIS 21G	PB	QL
COMFORT EZ MIS 23G	PB	QL
COMFORT EZ MIS 28G	PB	QL
COMFORT MIS LANCETS	PB	QL
COMFORT TCH MIS LANC 30G	PB	QL
COMFORT TCH MIS LANC 31G	PB	QL
COMFORTOUCH MIS LANCET	PB	QL
CVS LANCETS MIS 21G	PB	QL
CVS LANCETS MIS 30G	PB	QL
CVS LANCETS MIS 33G	PB	QL
CVS LANCETS MIS ORIGINAL	PB	QL
CVS LANCETS MIS THIN 26G	PB	QL
CVS LANCETS MIS THIN 30G	PB	QL
CVS LANCETS MIS THIN 33G	PB	QL
CVS LANCING MIS DEVICE	PB	QL
DIATHRIVE MIS LANCETS	PB	QL
DIATHRIVE MIS LANCING	PB	QL
DIATHRIVE MIS UT 30G	PB	QL
DROPLET GENT MIS LANCING	PB	QL
DROPLET LANC MIS 30G	PB	QL
DROPLET LANC MIS DEVICE	PB	QL
DROPLET PERS MIS LANC 30G	PB	QL
E-Z JECT MIS 21G	PB	QL
E-Z JECT MIS 21G COLR	PB	QL
E-Z JECT MIS 30G	PB	QL
E-Z JECT MIS 32G COLR	PB	QL
E-Z JECT MIS LANC 21G	PB	QL
E-Z JECT MIS THIN 26G	PB	QL
E-ZJECT LANC MIS 33G	PB	QL
EASY COMFORT MIS 30G	PB	QL
EASY COMFORT MIS LANC/30G	PB	QL
EASY COMFORT MIS TWIST	PB	QL
EASY MINI MIS	PB	QL
EASY MINI MIS EJECT	PB	QL
EASY TOUCH MIS	PB	QL
EASY TOUCH MIS LANC/21G	PB	QL
EASY TOUCH MIS LANC/23G	PB	QL
EASY TOUCH MIS LANC/26G	PB	QL
EASY TOUCH MIS LANC/28G	PB	QL
EASY TOUCH MIS LANC/30G	PB	QL
EASY TOUCH MIS LANC/32G	PB	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH MIS LANC/33G	PB	QL
EMBRACE LANC MIS /EJECTOR	PB	QL
EMBRACE LANC MIS THIN 30G	PB	QL
EQL LANCETS MIS 21G COLR	PB	QL
EQL LANCETS MIS 33G COLR	PB	QL
EQL LANCETS MIS THIN 26G	PB	QL
EQL LANCETS MIS THIN 30G	PB	QL
EZ-LETS 21G MIS LANCETS	PB	QL
EZ-LETS 26G MIS LANCETS	PB	QL
EZ-LETS 28G MIS LANCETS	PB	QL
EZ-LETS 30G MIS LANCETS	PB	QL
FASTCLIX MIS LANCETS	PB	QL
FIFTY50 SAFE MIS LANCETS	PB	QL
FINE 30 MIS	PB	QL
FINGERSTIX MIS LANCETS	PB	QL
FORA LANCETS MIS 30G	PB	QL
FORA MIS LANCETS	PB	QL
FORA MIS LANCING	PB	QL
FREESTYLE MIS LANCETS	PB	QL
FREESTYLE MIS UNISTICK	PB	QL
GENTEEL MIS LANCETS	PB	QL
GENTEEL MIS NOZZLES	PB	QL
GENTEEL PLUS MIS BLACK	PB	QL
GENTEEL PLUS MIS BLUE	PB	QL
GENTEEL PLUS MIS PINK	PB	QL
GENTEEL PLUS MIS PURPLE	PB	QL
GENTEEL PLUS MIS WHITE	PB	QL
GENTEEL TIPS MIS BLUE	PB	QL
GENTEEL TIPS MIS CLEAR	PB	QL
GENTEEL TIPS MIS GREEN	PB	QL
GENTEEL TIPS MIS ORANGE	PB	QL
GENTEEL TIPS MIS RAINBOW	PB	QL
GENTEEL TIPS MIS VIOLET	PB	QL
GENTEEL TIPS MIS YELLOW	PB	QL
GENTLE-LET MIS 26G	PB	QL
GENTLE-LET MIS 28G	PB	QL
GENTLE-LET MIS LANCETS	PB	QL
GENTLE-LET MIS PLATFORM	PB	QL
GLOBAL 28G MIS LANCETS	PB	QL
GLOBAL 30G MIS LANCETS	PB	QL
GLOBAL LANC MIS DEVICE	PB	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
GLUCOCOM MIS 28G	PB	QL
GLUCOCOM MIS 30G	PB	QL
GLUCOCOM MIS 33G	PB	QL
GNP LANCETS MIS 21G	PB	QL
GNP LANCETS MIS THIN	PB	QL
GNP LANCETS MIS THIN 26G	PB	QL
GOJJI LANCET MIS 30G	PB	QL
GOJJI MIS LANC DEV	PB	QL
GOODSENSE MIS LANC 26G	PB	QL
GOODSENSE MIS LANC 30G	PB	QL
GOODSENSE MIS LANC 33G	PB	QL
GOODSENSE MIS LANC DVC	PB	QL
HAEMOLANCE MIS HIGH FLO	PB	QL
HAEMOLANCE MIS LOW FLOW	PB	QL
HAEMOLANCE MIS PLUS	PB	QL
HAEMOLANCE MIS PLUS LOW	PB	QL
HAEMOLANCE MIS PLUS MAX	PB	QL
HAEMOLANCE MIS PLUS PED	PB	QL
HAEMOLANCE MIS RETRACT	PB	QL
HC LANCING MIS DEVICE	PB	QL
HLTHY ACCNTS MIS LANC 30G	PB	QL
IN TOUCH LAN MIS 30G	PB	QL
IN TOUCH LAN MIS DEVICE	PB	QL
INCONTROL MIS LANC 28G	PB	QL
INCONTROL MIS LANC 30G	PB	QL
INCONTROL MIS LANC 33G	PB	QL
INCONTROL MIS LANC DEV	PB	QL
KINNEY MIS LANCETS	PB	QL
KINNEY THIN MIS LANCETS	PB	QL
KROGER LANCE MIS	PB	QL
KROGER LANCE MIS 26G	PB	QL
KROGER LANCE MIS THIN	PB	QL
KROGER LANCE MIS THIN 30G	PB	QL
LANCET AUTO MIS INJECTOR	PB	QL
LANCET CARRY MIS CASE	PB	QL
LANCET DEVIC MIS 30G	PB	QL
LANCET DEVIC MIS ADJUST	PB	QL
LANCET MICRO MIS THIN 33G	PB	QL
LANCET STAND MIS 21G	PB	QL
LANCET SUPER MIS THIN 30G	PB	QL
LANCET ULTRA MIS 28G	PB	QL

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
LANCET ULTRA MIS THIN 30G	PB	QL
LANCET WITH MIS EJECTOR	PB	QL
LANCETS MICR MIS THIN 33G	PB	QL
LANCETS MIS	PB	QL
LANCETS MIS 21G	PB	QL
LANCETS MIS 21G COLR	PB	QL
LANCETS MIS 26G	PB	QL
LANCETS MIS 28G	PB	QL
LANCETS MIS 30G	PB	QL
LANCETS MIS 33G	PB	QL
LANCETS MIS ORANGE	PB	QL
LANCETS MIS ORIGINAL	PB	QL
LANCETS MIS THIN	PB	QL
LANCETS MIS THIN 26G	PB	QL
LANCETS MIS THIN 30G	PB	QL
LANCETS SUPR MIS THIN 28G	PB	QL
LANCETS THIN MIS	PB	QL
LANCETS THIN MIS 26G	PB	QL
LANCETS ULTR MIS THIN	PB	QL
LANCING DEVI MIS	PB	QL
LANCING DEVI MIS 25G	PB	QL
LANCING DEVI MIS 30G	PB	QL
LANCING MIS DEVICE	PB	QL
LANZO MIS LANCING	PB	QL
LB LANCET MIS 28G	PB	QL
LB LANCING MIS DEVICE	PB	QL
LIFESCAN MIS UNISTIK2	PB	QL
LITE TOUCH MIS LANC PEN	PB	QL
LITE TOUCH MIS LANCETS	PB	QL
LITETOUGH MIS LANCETS	PB	QL
LONGS LANCET MIS STANDARD	PB	QL
LONGS LANCET MIS THIN	PB	QL
LONGS LANCET MIS ULTRA TH	PB	QL
MEDICHOICE MIS LANCET	PB	QL
MEDLANCE MIS 30G PLUS	PB	QL
MEDLANCE MIS EXTR 21G	PB	QL
MEDLANCE MIS LITE 25G	PB	QL
MEDLANCE MIS PLUS	PB	QL
MEDLANCE MIS PLUS 30G	PB	QL
MEDLANCE MIS UNV 21G	PB	QL
MEDLANCE PLS MIS 0.8MM	PB	QL

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
MEDLANCE PLS MIS EXTR 21G	PB	QL
MEDLANCE PLS MIS LITE 25G	PB	QL
MEDLANCE PLS MIS UNIV 21G	PB	QL
MEIJER LANCE MIS COLOR	PB	QL
MEIJER LANCE MIS UNIV 21G	PB	QL
MEIJER LANCE MIS UNIV 30G	PB	QL
MEIJER LANCE MIS UNIVERSA	PB	QL
MEIJER MIS LANCETS	PB	QL
MICRO THIN MIS LANC 33G	PB	QL
MICROLET MIS LANCETS	PB	QL
MICROLET MIS NEXT	PB	QL
MINI LANCING MIS DEVICE	PB	QL
MM LANCING MIS DEVICE	PB	QL
MM TWIST MIS LANCETS	PB	QL
MOBILE LANCE MIS 30G	PB	QL
MONOLET MIS LANCETS	PB	QL
MONOLET OPD MIS LANCETS	PB	QL
MONOLETTOR MIS LANCETS	PB	QL
MPD SFTY LAN MIS 21G	PB	QL
MPD SFTY LAN MIS 23G	PB	QL
MPD SFTY LAN MIS 28G	PB	QL
MPD SFTY LAN MIS 30G	PB	QL
MULTI-LANCET MIS DEVICE	PB	QL
MYGLUCOHEALT MIS LANC 30G	PB	QL
NOVA SAFETY MIS LANC 23G	PB	QL
NOVA SAFETY MIS LANC 28G	PB	QL
NOVA SURE MIS LANCETS	PB	QL
NOVA SUREFLX MIS LANC DEV	PB	QL
ON-THE-GO MIS LANC 30G	PB	QL
ONE TOUCH KIT VERIO FL	PB	
ONETOUCH DEL MIS LANC DEV	PB	QL
ONETOUCH DEL MIS PLUS 30G	PB	QL
ONETOUCH DEL MIS PLUS 33G	PB	QL
ONETOUCH FP MIS LANCETS	PB	QL
ONETOUCH KIT ULT MINI	PB	
ONETOUCH KIT ULTRA 2	PB	
ONETOUCH KIT ULTRALNK	PB	
ONETOUCH KIT VERIO	PB	
ONETOUCH KIT VERIO FL	PB	
ONETOUCH KIT VERIO IQ	PB	
ONETOUCH KIT VERIO RE	PB	

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH MIS 30G	PB	QL
ONETOUCH MIS LANC DEV	PB	QL
ONETOUCH MIS LANCETS	PB	QL
ONETOUCH US MIS LANCETS	PB	QL
ONETOUCH VER KIT SYNC	PB	
PC LANCETS MIS 30G	PB	QL
PENLET II MIS REPL CAP	PB	QL
PERFECT 28G MIS LANCETS	PB	QL
PERFECT 30G MIS LANCETS	PB	QL
PHARMACY COU MIS LANCETS	PB	QL
PIP LANCETS MIS 28G	PB	QL
PIP LANCETS MIS 30G	PB	QL
PRO COMFORT MIS 31G	PB	QL
PRO COMFORT MIS LANCETS	PB	QL
PRODIGY MIS 26G	PB	QL
PRODIGY MIS 28G	PB	QL
PRODIGY MIS LANC DEV	PB	QL
PSS SAFE LAN MIS	PB	QL
PSS SEL LANC MIS	PB	QL
PSS SEL PLAT MIS	PB	QL
PURE COMFORT MIS 30G LAN	PB	QL
PX LANCETS MIS 28G	PB	QL
PX LANCETS MIS ULT THIN	PB	QL
QC LANCETS MIS 28G	PB	QL
QC LANCETS MIS 30G	PB	QL
QC LANCING MIS DEVICE	PB	QL
RA E-ZJECT MIS 28G	PB	QL
RA E-ZJECT MIS THIN 26G	PB	QL
RA E-ZJECT MIS THIN 28G	PB	QL
RA E-ZJECT MIS ULT THIN	PB	QL
RAPID-SAFE MIS LANCING	PB	QL
READYLANCE MIS 21G	PB	QL
READYLANCE MIS 23G	PB	QL
READYLANCE MIS 26G	PB	QL
READYLANCE MIS 28G	PB	QL
READYLANCE MIS 30G	PB	QL
REALITY MIS LANCETS	PB	QL
REALITY TRIG MIS LANCETS	PB	QL
RELION LANCE MIS THIN 26G	PB	QL
RELION LANCE MIS THIN 30G	PB	QL
RELION LANCI MIS DEVICE	PB	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
RELION MICRO MIS THIN 33G	PB	QL
RELION ULTRA MIS THIN 30G	PB	QL
RELION ULTRA MIS THIN PLS	PB	QL
RIGHTEST ALT MIS ADAPTOR	PB	QL
RIGHTEST MIS GD500	PB	QL
RIGHTEST MIS GL300	PB	QL
SAFE-T-LANCE MIS 21G	PB	QL
SAFE-T-LANCE MIS 25G	PB	QL
SAFE-T-LANCE MIS HI FLOW	PB	QL
SAFE-T-LANCE MIS LOW FLOW	PB	QL
SAFE-T-LANCE MIS NOR FLOW	PB	QL
SAFE-T-PRO MIS LANCETS	PB	QL
SAFE-T-PRO MIS PLUS	PB	QL
SAFETY 21G MIS LANCETS	PB	QL
SAFETY 28G MIS LANCETS	PB	QL
SAFETY 30G MIS LANCETS	PB	QL
SAFETY MIS LANCETS	PB	QL
SAPS HEALTH MIS TWIST	PB	QL
SAPS TWIST MIS 30G	PB	QL
SAPSCARE MIS TWIST	PB	QL
SB LANCETS MIS THIN	PB	QL
SB LANCETS MIS ULTR THN	PB	QL
SELECT-LITE MIS LANC DEV	PB	QL
SHOPKO LANC MIS DEVICE	PB	QL
SIMPLE DIAG MIS LANCING	PB	QL
SINGLE-LET MIS 23G	PB	QL
SM LANCETS MIS 33G	PB	QL
SM TRUEDRAW MIS LANC DEV	PB	QL
SMART SENSE MIS LANC 21G	PB	QL
SMART SENSE MIS LANC 26G	PB	QL
SMART SENSE MIS LANC 30G	PB	QL
SMART SENSE MIS LANC 33G	PB	QL
SMARTTEST MIS LANCETS	PB	QL
SOFTCLIX MIS LANCETS	PB	QL
SOLUS V2 MIS LANC 28G	PB	QL
SOLUS V2 MIS LANC 30G	PB	QL
SOLUS V2 MIS LANC DEV	PB	QL
STERILANCE MIS 1.8MM	PB	QL
STERILANCE MIS TL 28G	PB	QL
STERILANCE MIS TL 30G	PB	QL
STERILANCE MIS TL 32G	PB	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
SUPER THIN MIS LANC 28G	PB	QL
SUPER THIN MIS LANCETS	PB	QL
SURE COMFORT MIS LANC 18G	PB	QL
SURE COMFORT MIS LANC 21G	PB	QL
SURE COMFORT MIS LANC 23G	PB	QL
SURE COMFORT MIS LANC 30G	PB	QL
SURE COMFORT MIS LANC PEN	PB	QL
SURE COMFORT MIS LANCETS	PB	QL
SURE-LANCE MIS 26G	PB	QL
SURE-LANCE MIS LANCETS	PB	QL
SURE-PEN MIS	PB	QL
SURE-TOUCH MIS UNV LANC	PB	QL
SUREFLEX MIS LANCETS	PB	QL
SURELITE MIS LANCETS	PB	QL
TECHLITE AST MIS LANCETS	PB	QL
TECHLITE MIS LANC 30G	PB	QL
TECHLITE MIS LANCETS	PB	QL
TGT LANCET MIS 26G	PB	QL
TGT LANCET MIS 30G	PB	QL
TGT LANCET MIS 33G	PB	QL
TGT LANCING MIS DEVICE	PB	QL
THIN LANCETS MIS	PB	QL
THIN LANCETS MIS 26G	PB	QL
THIN LANCETS MIS 30G	PB	QL
THINLETS GP MIS 26G	PB	QL
TOPCARE MIS LANC 33G	PB	QL
TRAVEL LANCE MIS 30G	PB	QL
TRAVEL LANCE MIS ADV 28G	PB	QL
TRUE COMFORT MIS LANC 30G	PB	QL
TRUEDRAW MIS LANC DEV	PB	QL
TRUPLUS LANC MIS 26G	PB	QL
TRUPLUS LANC MIS 28G	PB	QL
TRUPLUS LANC MIS 30G	PB	QL
TRUPLUS LANC MIS 33G	PB	QL
ULTI-LANCE MIS CLR TIP	PB	QL
ULTILET MIS 26G	PB	QL
ULTILET MIS 28G	PB	QL
ULTILET MIS 30G	PB	QL
ULTILET MIS 33G	PB	QL
ULTILET MIS LANCETS	PB	QL
ULTILET MIS SAFETY	PB	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
ULTILET SAFE MIS 21G	PB	QL
ULTRA THIN MIS 28G	PB	QL
ULTRA THIN MIS 30G	PB	QL
ULTRA THIN MIS 31G	PB	QL
ULTRA THIN MIS 33G	PB	QL
ULTRA THIN MIS LAN 31G	PB	QL
ULTRA THIN MIS LANC 28G	PB	QL
ULTRA THIN MIS LANC 30G	PB	QL
ULTRA THIN MIS LANCETS	PB	QL
UNILET CMFR MIS TCH 28G	PB	QL
UNILET CMFR MIS TCH 30G	PB	QL
UNILET EX II MIS 28G	PB	QL
UNILET EXCEL MIS 23G	PB	QL
UNILET G.P MIS SUPR 23G	PB	QL
UNILET G.P. MIS 21G	PB	QL
UNILET GP 28 MIS ULT THIN	PB	QL
UNILET LANC MIS 33G	PB	QL
UNILET LANCE MIS 21G	PB	QL
UNILET LANCE MIS 28G	PB	QL
UNILET LANCE MIS 33G	PB	QL
UNILET LANCT MIS 28G	PB	QL
UNILET LANCT MIS 30G	PB	QL
UNILET LANCT MIS 33G	PB	QL
UNILET MICRO MIS 33G	PB	QL
UNILET MIS 21G	PB	QL
UNILET SUPER MIS 23G	PB	QL
UNILET SUPER MIS G.P. 23G	PB	QL
UNISTIK 1 MIS 2.4MM	PB	QL
UNISTIK 1 MIS 3.0MM	PB	QL
UNISTIK 2 MIS	PB	QL
UNISTIK 2 MIS 1.8MM	PB	QL
UNISTIK 2 MIS 2.4MM	PB	QL
UNISTIK 2 MIS COMFORT	PB	QL
UNISTIK 2 MIS EXTRA	PB	QL
UNISTIK 2 MIS NEONATAL	PB	QL
UNISTIK 2 MIS NORMAL	PB	QL
UNISTIK 2 MIS SUPER	PB	QL
UNISTIK 3 MIS 1.8MM	PB	QL
UNISTIK 3 MIS COMFORT	PB	QL
UNISTIK 3 MIS EXTRA	PB	QL
UNISTIK 3 MIS GENT 30G	PB	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
UNISTIK 3 MIS NEONATAL	PB	QL
UNISTIK 3 MIS NORMAL	PB	QL
UNISTIK 3 MIS XTR 21G	PB	QL
UNISTIK CZT MIS COMFORT	PB	QL
UNISTIK CZT MIS NORMAL	PB	QL
UNISTIK II MIS LANCETS	PB	QL
UNISTIK PRO MIS LANC 21G	PB	QL
UNISTIK PRO MIS LANC 28G	PB	QL
UNISTIK SAFE MIS LANC 28G	PB	QL
UNISTIK SAFE MIS LANC 30G	PB	QL
UNISTIK TOUC MIS LANC 21G	PB	QL
UNISTIK TOUC MIS LANC 23G	PB	QL
UNISTIK TOUC MIS LANC 28G	PB	QL
UNISTIK TOUC MIS LANC 30G	PB	QL
UNITSTIK PRO MIS LANC 25G	PB	QL
UNIVERSAL 1 MIS 33G	PB	QL
UNIVERSAL 1 MIS LANC 26G	PB	QL
UNIVERSAL 1 MIS LANC 30G	PB	QL
VANTAGE LANC MIS DEVICE	PB	QL
VIVAGUARD MIS 30G	PB	QL
VIVAGUARD MIS LANCING	PB	QL

PARENTERAL THERAPY SUPPLIES

ALLERGIST KIT 0.5/28G	PB
ALLERGIST KIT 1MLX27G	PB
ALLERGIST KIT 1MLX28G	PB
ALLERGIST KIT 27GX1/2"	PB
ALLERGIST KIT PACK	PB
ALLERGY SYRG MIS 1ML/27G	PB
ALLERGY TRAY KIT 27GX1/2"	PB
1ML ALLR SYR MIS 27GX1/2"	PB
AUTOSHIELD MIS 29X3/16"	PB
AUTOSHIELD MIS 29X5/16"	PB
AUTOSHIELD MIS 30GX5MM	PB
BD HYPO NEED MIS 18GX1"	PB
BD HYPO NEED MIS 18GX1.5"	PB
BD NEEDLES MIS 18GX1.5"	PB
BD PEN NEEDL MIS 29GX12.7	PB
BD PEN NEEDL MIS 31GX5MM	PB
BD PEN NEEDL MIS 31GX8MM	PB
BD PEN NEEDL MIS 32GX4MM	PB
BD PEN NEEDL MIS 32GX5/32	PB

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier Requirements/Limits
BD PEN NEEDL MIS 32GX6MM	PB
BD U-500 MIS 31GX6MM	PB
COMFORT EZ MIS 31GX5/16	PB
CRONO SYR MIS 10ML	PB
CRONO SYR MIS 20ML	PB
EASYPPOINT MIS 18GX1"	PB
EASYPPOINT MIS 18GX1.5"	PB
FILL NEEDLE MIS 18GX1.5"	PB
HM INSULIN S MIS 0.3/31G	PB
HM INSULIN S MIS 1ML/30G	PB
HYPO NEEDLE MIS 18GX1"	PB
HYPO NEEDLE MIS 18GX1.5"	PB
INSULIN SRYG MIS 1ML/32G	PB
INSULIN SYRG MIS 0.3/29G	PB
INSULIN SYRG MIS 0.3/30G	PB
INSULIN SYRG MIS 0.3/31G	PB
INSULIN SYRG MIS 0.3ML/30	PB
INSULIN SYRG MIS 0.3ML/31	PB
INSULIN SYRG MIS 0.5/27G	PB
INSULIN SYRG MIS 0.5/28G	PB
INSULIN SYRG MIS 0.5/29G	PB
INSULIN SYRG MIS 0.5/29G	PB
INSULIN SYRG MIS 0.5/30G	PB
INSULIN SYRG MIS 0.5/31G	PB
INSULIN SYRG MIS 0.5/32G	PB
INSULIN SYRG MIS 1/2ML/30	PB
INSULIN SYRG MIS 1/2ML/31	PB
INSULIN SYRG MIS 1ML	PB
INSULIN SYRG MIS 1ML/25G	PB
INSULIN SYRG MIS 1ML/26G	PB
INSULIN SYRG MIS 1ML/27G	PB
INSULIN SYRG MIS 1ML/28G	PB
INSULIN SYRG MIS 1ML/28G	PB
INSULIN SYRG MIS 1ML/29G	PB
INSULIN SYRG MIS 1ML/29G	PB
INSULIN SYRG MIS 1ML/30G	PB
INSULIN SYRG MIS 1ML/31G	PB
INSULIN SYRG MIS 1MLX30G	PB
INSULIN SYRG MIS 2/27.5G	PB
INSULIN SYRG MIS 27GX1/2"	PB
INSULIN SYRG MIS 28GX1/2"	PB

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier Requirements/Limits
INSULIN SYRG MIS 29GX1/2"	PB
INSULIN SYRG MIS 30GX1/2"	PB
INSULIN SYRG MIS 30GX5/16	PB
INSULIN SYRG MIS 30GX8MM	PB
INSULIN SYRG MIS 31GX5/16	PB
INSULIN SYRG MIS 31GX6MM	PB
INSULIN SYRG MIS 31GX8MM	PB
INSULIN SYRI MIS 0.3/31G	PB
12ML LL SYRN MIS 20GX1"	PB
10ML LL SYRN MIS 20GX1.5"	PB
10ML LL SYRN MIS 21GX1"	PB
10ML LL SYRN MIS 21GX1.5"	PB
12ML LL SYRN MIS 22GX1"	PB
3ML LL SYRNG MIS 18GX1.5"	PB
3ML LL SYRNG MIS 20GX1"	PB
6ML LL SYRNG MIS 20GX1.5"	PB
3ML LL SYRNG MIS 20GX1.5"	PB
3ML LL SYRNG MIS 20GX3/4"	PB
3ML LL SYRNG MIS 21GX1"	PB
3ML LL SYRNG MIS 21GX1.5"	PB
3ML LL SYRNG MIS 21GX1.25	PB
3ML LL SYRNG MIS 22GX1"	PB
3ML LL SYRNG MIS 22GX1.5"	PB
3ML LL SYRNG MIS 22GX1.25	PB
3ML LL SYRNG MIS 22GX3/4"	PB
3ML LL SYRNG MIS 23GX1"	PB
3ML LL SYRNG MIS 23GX1.5"	PB
3ML LL SYRNG MIS 25GX1"	PB
3ML LL SYRNG MIS 25GX1.5"	PB
3ML LL SYRNG MIS 25GX5/8"	PB
3ML LL SYRNG MIS 26GX5/8"	PB
3ML LL SYRNG MIS 27GX1.25	PB
3ML LUER LOC MIS 21GX1.5"	PB
3ML LUER LOC MIS 22GX1"	PB
3ML LUER LOC MIS 22GX1.5"	PB
3ML LUER LOC MIS 23GX1"	PB
3ML LUER LOC MIS 25GX1"	PB
3ML LUER LOC MIS 25GX5/8"	PB
6ML LUER LOK MIS 20GX1"	PB
6ML LUER LOK MIS 21GX1.25	PB
6ML LUER LOK MIS 22GX1"	PB

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier Requirements/Limits
6ML LUER LOK MIS 22GX1.25	PB
LUER-LOK SYR MIS 1ML/20G	PB
1M ALLR SYR MIS 27GX1/2"	PB
MAGELLAN SYR MIS 23GX1"	PB
MAXICOMFORT MIS 27GX1/2	PB
MAXICOMFORT MIS 27GX1/2"	PB
NEEDLES MIS 18GX1"	PB
NEEDLES MIS 18GX1.5"	PB
POLY HUB MIS 18GX1"	PB
POLY HUB MIS 18GX1.5"	PB
PRO COMFORT MIS 0.5/30G	PB
PRO COMFORT MIS 0.5/31G	PB
PRO COMFORT MIS 1ML/30G	PB
PRO COMFORT MIS 1ML/31G	PB
SAFTY NEEDLE MIS 18GX1"	PB
SAFTY NEEDLE MIS 18GX1.5"	PB
SECURESAFE MIS 0.5/29G	PB
SECURESAFE MIS 1ML/29G	PB
SECURESAFE MIS 18GX1"	PB
SECURESAFE MIS 18GX1.5"	PB
SURE COMFORT MIS 0.5/31G	PB
SURE COMFORT MIS 31GX6MM	PB
SYRINGE MIS 0.5/30G	PB
12ML SYRINGE MIS 18GX1"	PB
3ML SYRINGE MIS 18GX1"	PB
3ML SYRINGE MIS 18GX1.5"	PB
3ML SYRINGE MIS 19GX1"	PB
3ML SYRINGE MIS 19GX1.5"	PB
3ML SYRINGE MIS 20GX1"	PB
5ML SYRINGE MIS 20GX1"	PB
3ML SYRINGE MIS 20GX1.5"	PB
12ML SYRINGE MIS 20GX1.5"	PB
3ML SYRINGE MIS 21GX1"	PB
12ML SYRINGE MIS 21GX1"	PB
3ML SYRINGE MIS 21GX1.5"	PB
12ML SYRINGE MIS 21GX1.5"	PB
3ML SYRINGE MIS 22G X 1"	PB
3ML SYRINGE MIS 22GX1"	PB
3ML SYRINGE MIS 22GX1.5"	PB
12ML SYRINGE MIS 22GX1.5"	PB
1 ML SYRINGE MIS 22X1-1/2	PB

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
3ML SYRINGE MIS 23GX1"	PB	
3ML SYRINGE MIS 23GX1.5"	PB	
3ML SYRINGE MIS 25GX1"	PB	
1ML SYRINGE MIS 25GX1"	PB	
3ML SYRINGE MIS 25GX1.5"	PB	
3ML SYRINGE MIS 25GX1.25	PB	
3ML SYRINGE MIS 25GX5/8"	PB	
1ML SYRINGE MIS 25GX5/8"	PB	
1ML SYRINGE MIS 26GX3/8"	PB	
10ML SYRINGE MIS 27GX1.5"	PB	
3ML SYRINGE MIS 27GX1.25	PB	
1ML SYRINGE MIS 27GX1/2"	PB	
1ML SYRINGE MIS 29G	PB	
1ML SYRINGE MIS 30G	PB	
5ML SYRINGES MIS 21GX1"	PB	
1.5 ML SYRNG MIS 22X1-1/2	PB	
TB SYRINGE MIS 0.5/28G	PB	
1ML TB SYRNG MIS 25GX1"	PB	
1ML TB SYRNG MIS 25GX5/8"	PB	
1ML TB SYRNG MIS 26GX3/8"	PB	
1ML TB SYRNG MIS 26GX5/8"	PB	
1ML TB SYRNG MIS 27GX1/2"	PB	
1ML TB SYRNG MIS 27GX5/8"	PB	
1ML TB SYRNG MIS 28GX1/2"	PB	
ULTIGUARD MIS 31GX8MM	PB	
ULTILET INSU MIS 30X12.7	PB	
ULTILET INSU MIS 31GX6MM	PB	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	PS	PA; QL
AIMOVIG INJ 140MG/ML	PS	PA; QL
AJOVY INJ 225/1.5	PS	PA; QL
EMGALITY INJ 100MG/ML	PS	PA; QL
EMGALITY INJ 120MG/ML	PS	PA; QL
NURTEC TAB 75MG ODT	PB	PA; QL

MIGRAINE PRODUCTS

dihydroergotamine mesylate nasal spray 4 mg/ml	PS	PA
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ERGOMAR SUB 2MG	NPB	PA; QL
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SEROTONIN AGONISTS

almotriptan malate tab 6.25 mg	NPB	ST; QL
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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>almotriptan malate tab 12.5 mg</i>	NPB	ST; QL
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	GEN	QL
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	GEN	QL
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	NPB	ST; QL
<i>naratriptan hcl tab 1 mg (base equiv)</i>	NPB	QL
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	NPB	QL
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	NPB	QL
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	GEN	QL
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	NPB	QL
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	NPB	QL
<i>sumatriptan nasal spray 5 mg/act</i>	NPB	QL
<i>sumatriptan nasal spray 20 mg/act</i>	NPB	QL
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	PB	QL
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	NPB	QL
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	NPB	QL
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	NPB	QL
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	NPB	QL
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	NPB	QL
<i>sumatriptan succinate tab 25 mg</i>	GEN	QL
<i>sumatriptan succinate tab 50 mg</i>	GEN	QL
<i>sumatriptan succinate tab 100 mg</i>	GEN	QL
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	NPB	QL
<i>zolmitriptan orally disintegrating tab 5 mg</i>	NPB	QL
<i>zolmitriptan tab 2.5 mg</i>	NPB	QL
<i>zolmitriptan tab 5 mg</i>	NPB	QL
<i>ZOMIG SPR 2.5MG</i>	NPB	QL
<i>ZOMIG SPR 5MG</i>	NPB	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier Requirements/Limits
MINERALS & ELECTROLYTES	
CALCIUM	
CALCIUM-FA WAF PLUS D	GEN
ELECTROLYTE MIXTURES	
ISOLYTE-S INJ	NPB
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	GEN
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	GEN
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	GEN
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	GEN
kcl 20 meq/l (0.15%) in nacl 0.9% inj	GEN
kcl 20 meq/l (0.15%) in nacl 0.45% inj	GEN
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	GEN
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	GEN
kcl 40 meq/l (0.3%) in nacl 0.9% inj	GEN
KCL/D5W/LACT INJ 20MEQ/L	GEN
KCL/D5W/NACL INJ 0.3/0.9%	GEN
NORMOSOL -R INJ	NPB
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	GEN
FLUORIDE	
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	ACA
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	ACA
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	GEN
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	ACA
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	ACA
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	ACA
PHOSPHATE	
GLYCOPHOS SOL 1MM/ML	NPB
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred
Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-
Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k)</i>	GEN	
<i>sodium phosphates inj 15 mm/5ml (phos) 20 meq/5ml (na)</i>	GEN	
<i>sodium phosphates inj 45 mm/15ml (phos) 60 meq/15ml (na)</i>	GEN	

POTASSIUM

<i>potassium acetate inj 2 meq/ml</i>	GEN
<i>potassium bicarbonate effer tab 25 meq</i>	GEN
<i>potassium chloride cap er 8 meq</i>	GEN
<i>potassium chloride cap er 10 meq</i>	GEN
<i>potassium chloride inj 2 meq/ml</i>	GEN
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	GEN
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	GEN
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	GEN
<i>potassium chloride tab er 8 meq (600 mg)</i>	GEN
<i>potassium chloride tab er 10 meq</i>	GEN
<i>potassium chloride tab er 20 meq (1500 mg)</i>	GEN

SODIUM

<i>sodium chloride flush iv soln 0.9%</i>	GEN
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	GEN
<i>sodium chloride iv soln 0.9%</i>	GEN
<i>sodium chloride iv soln 0.45%</i>	GEN
<i>sodium chloride iv soln 3%</i>	GEN
<i>sodium chloride iv soln 4 meq/ml (23.4%)</i>	GEN
<i>sodium chloride iv soln 5%</i>	GEN

ZINC

<i>GALZIN CAP 25MG</i>	NPB	PA
<i>GALZIN CAP 50MG</i>	NPB	PA
<i>WILZIN CAP 25MG</i>	NPB	PA

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

<i>penicillamine cap 250 mg</i>	PS	PA
<i>penicillamine tab 250 mg</i>	PS	PA
<i>trientine hcl cap 250 mg</i>	PS	PA

ENZYMEs

<i>VITRASE INJ 200/ML</i>	NPB
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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG	PS	PA; QL
REVLIMID CAP 5MG	PS	PA; QL
REVLIMID CAP 10MG	PS	PA; QL
REVLIMID CAP 15MG	PS	PA; QL
REVLIMID CAP 20MG	PS	PA; QL
REVLIMID CAP 25MG	PS	PA; QL
THALOMID CAP 50MG	PS	PA; QL
THALOMID CAP 100MG	PS	PA; QL
THALOMID CAP 150MG	PS	PA; QL
THALOMID CAP 200MG	PS	PA; QL
IMMUNOSUPPRESSIVE AGENTS		
ATGAM INJ 250MG	PS	
<i>azathioprine tab 50 mg</i>	GEN	
<i>cyclosporine cap 25 mg</i>	GEN	
<i>cyclosporine cap 100 mg</i>	GEN	
<i>cyclosporine iv soln 50 mg/ml</i>	PS	
<i>cyclosporine modified cap 25 mg</i>	GEN	
<i>cyclosporine modified cap 50 mg</i>	GEN	
<i>cyclosporine modified cap 100 mg</i>	GEN	
<i>cyclosporine modified oral soln 100 mg/ml</i>	GEN	
ENSPRYNG INJ	PS	PA
<i>mycophenolate mofetil cap 250 mg</i>	GEN	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	PS	
<i>mycophenolate mofetil tab 500 mg</i>	GEN	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	GEN	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	GEN	
PROGRAF INJ 5MG/ML	PS	
SIMULECT INJ 10MG	PS	
SIMULECT INJ 20MG	PS	
<i>sirolimus oral soln 1 mg/ml</i>	GEN	PA
<i>sirolimus tab 0.5 mg</i>	GEN	PA
<i>sirolimus tab 1 mg</i>	GEN	PA
<i>sirolimus tab 2 mg</i>	GEN	PA
<i>tacrolimus cap 0.5 mg</i>	GEN	
<i>tacrolimus cap 1 mg</i>	GEN	
<i>tacrolimus cap 5 mg</i>	GEN	
THYMOGLOBULIN INJ 25MG	PS	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
ZORTRESS TAB 0.5MG	PS	PA
ZORTRESS TAB 0.25MG	PS	PA
ZORTRESS TAB 0.75MG	PS	PA

IRRIGATION SOLUTIONS

<i>*irrigation solution, physiological**</i>	NPB
<i>lactated ringer's for irrigation</i>	GEN
<i>ringer's solution for irrigation</i>	GEN
<i>water for irrigation, sterile irrigation soln</i>	GEN

LYMPHATIC AGENTS

SYLVANT SOL 100MG	PS	PA
SYLVANT SOL 400MG	PS	PA

MISCELLANEOUS THERAPEUTIC CLASSES

NEXAVIR INJ	NPB
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POTASSIUM REMOVING AGENTS

LOKELMA PAK 5GM	PS	PA; QL
LOKELMA PAK 10GM	PS	PA; QL
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	GEN	
<i>*sodium polystyrene sulfonate powder**</i>	GEN	
VELTASSA POW 8.4GM	PS	PA; QL
VELTASSA POW 16.8GM	PS	PA; QL
VELTASSA POW 25.2GM	PS	PA; QL

PROGERIA TREATMENT AGENTS

ZOKINVY CAP 50MG	PS	PA
ZOKINVY CAP 75MG	PS	PA

MOUTH/THROAT/DENTAL AGENTS

ANESTHETICS TOPICAL ORAL

<i>lidocaine hcl viscous soln 2%</i>	GEN
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ANTI-INFECTIVES - THROAT

<i>clotrimazole troche 10 mg</i>	GEN
<i>nystatin susp 100000 unit/ml</i>	GEN
ORAVIG TAB 50MG	NPB PA; QL

ANTISEPTICS - MOUTH/THROAT

<i>chlorhexidine gluconate soln 0.12%</i>	GEN
DEBACTEROL SOL 30-50%	NPB

DENTAL PRODUCTS

<i>sodium fluoride cream 1.1%</i>	GEN
<i>sodium fluoride gel 1.1% (0.5% f)</i>	GEN

STEROIDS - MOUTH/THROAT/DENTAL

<i>triamcinolone acetonide dental paste 0.1%</i>	GEN
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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier Requirements/Limits
THROAT PRODUCTS - MISC.	
<i>cevimeline hcl cap 30 mg</i>	GEN
GELCLAIR GEL	NPB
ORAMAGICRX SUS	NPB
<i>pilocarpine hcl tab 5 mg</i>	GEN
<i>pilocarpine hcl tab 7.5 mg</i>	GEN

MULTIVITAMINS

B-COMPLEX W/ FOLIC ACID

<i>*b-complex w/ c & folic acid cap 1 mg***</i>	GEN
<i>*b-complex w/ c & folic acid tab 1 mg***</i>	GEN
<i>*b-complex w/ c & folic acid tab 1 mg***</i>	GEN
<i>*b-complex w/ c & folic acid tab 5 mg***</i>	GEN
DIALYVITE/ TAB ZINC	GEN
NEPHPLEX RX TAB	GEN

PED MV W/ FLUORIDE

<i>*pediatric multiple vitamins w/ fluoride chew tab 1 mg***</i>	GEN
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PRENATAL VITAMINS

ATABEX OB TAB 29-1MG	GEN
C-NATE DHA CAP 28-1-200	GEN
JENLIVA CAP	GEN
MYNATAL CAP	GEN
MYNATAL PLUS TAB	GEN
MYNATAL-Z TAB	GEN
OBSTETRIX PAK DHA	GEN
PNV TABS TAB 29-1MG	GEN
PNV-DHA CAP DOCUSATE	GEN
PNV-OMEGA CAP	GEN
PRENA1 CHW	GEN
PRENASSANCE CAP	GEN
PRENASSANCE CAP PLUS	GEN
<i>*prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg**</i>	GEN
PRENATAL 19 CHW 29-1MG	GEN
PRENATAL 19 TAB 29-1MG	GEN
PRENATAL TAB 27-1MG	GEN
<i>*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***</i>	GEN
<i>*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg***</i>	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier Requirements/Limits
*prenatal vit w/ fe fumarate-fa tab 28-1 mg***	GEN
*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***	GEN
PRENATAL+FE TAB 29-1MG	GEN
PRENATAL-U CAP 106.5-1	GEN
PREPLUS TAB 27-1MG	GEN
PRETAB TAB 29-1MG	GEN
RELNATE DHA CAP	GEN
SE-NATAL 19 CHW	GEN
SE-NATAL 19 TAB	GEN
TARON-PREX CAP	GEN
THERANATAL TAB 27-1	GEN
THRIVITE RX TAB 29-1MG	GEN
VINATE II TAB	GEN
VINATE ONE TAB	GEN
VIRT-C DHA CAP	GEN
VIRT-PN DHA CAP	GEN
VIRT-PN PLUS CAP	GEN
VITAFOL-OB TAB 65-1MG	GEN

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

baclofen tab 10 mg	GEN
baclofen tab 20 mg	GEN
carisoprodol tab 350 mg	GEN QL
chlorzoxazone tab 500 mg	GEN
cyclobenzaprine hcl tab 5 mg	GEN
cyclobenzaprine hcl tab 10 mg	GEN
GABLOFEN INJ 50MCG/ML	PS
GABLOFEN INJ 20000/20	PS
metaxalone tab 800 mg	NPB PA
methocarbamol tab 500 mg	GEN
methocarbamol tab 750 mg	GEN
orphenadrine citrate inj 30 mg/ml	GEN
orphenadrine citrate tab er 12hr 100 mg	GEN
tizanidine hcl cap 2 mg (base equivalent)	GEN ST
tizanidine hcl cap 4 mg (base equivalent)	GEN ST
tizanidine hcl cap 6 mg (base equivalent)	GEN ST
tizanidine hcl tab 2 mg (base equivalent)	GEN
tizanidine hcl tab 4 mg (base equivalent)	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
DIRECT MUSCLE RELAXANTS		
dantrolene sodium cap 25 mg	GEN	
dantrolene sodium cap 50 mg	GEN	
dantrolene sodium cap 100 mg	GEN	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	GEN	
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	GEN	
olopatadine hcl nasal soln 0.6%	GEN	ST
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	GEN	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	GEN	
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	GEN	
fluticasone propionate nasal susp 50 mcg/act	GEN	
OMNARIS SPR	NPB	ST
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	GEN	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab 50 mg	PS	PA; QL
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	PS	PA; QL
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	GEN	
carteolol hcl ophth soln 1%	GEN	
COMBIGAN SOL 0.2/0.5%	PB	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml pf	GEN	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	GEN	
levobunolol hcl ophth soln 0.5%	GEN	
timolol maleate ophth gel forming soln 0.5%	NPB	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier Requirements/Limits
<i>timolol maleate ophth gel forming soln 0.25%</i>	NPB
<i>timolol maleate ophth soln 0.5%</i>	GEN
<i>timolol maleate ophth soln 0.25%</i>	GEN
CYCLOPLEGIC MYDRIATICS	
<i>atropine sulfate ophth soln 1%</i>	GEN
<i>cyclopentolate hcl ophth soln 1%</i>	GEN
<i>cyclopentolate hcl ophth soln 2%</i>	GEN
<i>homatropine hbr ophth soln 5%</i>	GEN
<i>phenylephrine hcl ophth soln 2.5%</i>	GEN
<i>phenylephrine hcl ophth soln 10%</i>	GEN
<i>tropicamide ophth soln 0.5%</i>	GEN
<i>tropicamide ophth soln 1%</i>	GEN
MIOTICS	
<i>MIOSTAT INJ 0.01% OP</i>	GEN
<i>PHOSPHOLINE SOL 0.125%OP</i>	NPB
<i>pilocarpine hcl ophth soln 1%</i>	GEN
<i>pilocarpine hcl ophth soln 2%</i>	GEN
<i>pilocarpine hcl ophth soln 4%</i>	GEN
OPHTHALMIC ADRENERGIC AGENTS	
<i>ALPHAGAN P SOL 0.1%</i>	PB
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	GEN
<i>brimonidine tartrate ophth soln 0.2%</i>	GEN
<i>brimonidine tartrate ophth soln 0.15%</i>	PB
OPHTHALMIC ANTI-INFECTIVES	
<i>bacitracin ophth oint 500 unit/gm</i>	GEN
<i>bacitracin-polymyxin b ophth oint</i>	GEN
<i>BETADINE SOL 5% OP</i>	NPB
<i>CILOXAN OIN 0.3% OP</i>	NPB
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	GEN
<i>erythromycin ophth oint 5 mg/gm</i>	GEN
<i>gatifloxacin ophth soln 0.5%</i>	GEN
<i>gentamicin sulfate ophth oint 0.3%</i>	GEN
<i>gentamicin sulfate ophth soln 0.3%</i>	GEN
<i>levofloxacin ophth soln 0.5%</i>	GEN
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	GEN
<i>NATACYN SUS 5% OP</i>	NPB

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i>	GEN	
<i>neomycin-polomyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	GEN	
<i>ofloxacin ophth soln 0.3%</i>	GEN	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	GEN	
<i>POVIDONE IOD SOL 5%</i>	NPB	
<i>sulfacetamide sodium ophth oint 10%</i>	GEN	
<i>sulfacetamide sodium ophth soln 10%</i>	GEN	
<i>tobramycin ophth soln 0.3%</i>	GEN	
<i>trifluridine ophth soln 1%</i>	GEN	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05%	PB	QL
RESTASIS MUL EMU 0.05%	PB	QL
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	NPB	ST
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	NPB	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	GEN	
BLEPHAMIDE OIN S.O.P.	NPB	
BLEPHAMIDE SUS OP	NPB	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	GEN	
DUREZOL EMU 0.05%	PB	
FLAREX SUS 0.1% OP	NPB	
<i>fluorometholone ophth susp 0.1%</i>	GEN	
FML FORTE SUS 0.25% OP	PB	
FML OIN 0.1% OP	PB	
ILUVIEN IMP 0.19MG	NPS	PA; QL
LOTEMAX GEL 0.5%	NPB	
LOTEMAX OIN 0.5%	NPB	
<i>loteprednol etabonate ophth susp 0.5%</i>	GEN	
MAXIDEX SUS 0.1% OP	NPB	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	GEN	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	GEN	
<i>neomycin-polymyxin-hc ophth susp</i>	GEN	
PRED MILD SUS 0.12% OP	PB	
PRED SOD PHO SOL 1% OP	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
PRED-G S.O.P OIN OP	NPB	
PRED-G SUS OP	NPB	
<i>prednisolone acetate ophth susp 1%</i>	GEN	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	GEN	
TOBRADEX ST SUS 0.3-0.05	NPB	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	GEN	
TRIESENCE INJ 40MG/ML	NPB	
<i>OPHTHALMICS - MISC.</i>		
ACUVAIL SOL 0.45%	PB	QL
AZOPT SUS 1% OP	NPB	
<i>cromolyn sodium ophth soln 4%</i>	GEN	
CYSTARAN SOL 0.44%	PS	PA; QL
<i>diclofenac sodium ophth soln 0.1%</i>	GEN	
<i>dorzolamide hcl ophth soln 2%</i>	GEN	
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	GEN	
<i>flurbiprofen sodium ophth soln 0.03%</i>	GEN	
ILEVRO DRO 0.3% OP	NPB	
<i>ketorolac tromethamine ophth soln 0.4%</i>	GEN	
<i>ketorolac tromethamine ophth soln 0.5%</i>	GEN	
LASTACAFT SOL 0.25%	PB	
NEVANAC SUS 0.1%	NPB	
PROLENSA SOL 0.07%	NPB	
<i>PROSTAGLANDINS - OPHTHALMIC</i>		
<i>bimatoprost ophth soln 0.03%</i>	PB	
<i>latanoprost ophth soln 0.005%</i>	GEN	
LUMIGAN SOL 0.01%	PB	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	GEN	
ZIOPTAN DRO 0.0015%	NPB	
OTIC AGENTS		
<i>OTIC AGENTS - MISCELLANEOUS</i>		
<i>acetic acid otic soln 2%</i>	GEN	
<i>OTIC ANTI-INFECTIVES</i>		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	GEN	
<i>ofloxacin otic soln 0.3%</i>	GEN	
<i>OTIC COMBINATIONS</i>		
CIPRO HC SUS OTIC	PB	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
CIPRODEX SUS 0.3-0.1%	PB	
CORTISPORIN SUS -TC OTIC	NPB	
<i>neomycin-polymyxin-hc otic soln 1%</i>	GEN	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	GEN	

OTIC STEROIDS

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

OXYTOCICS

OXYTOCICS

<i>methergine tab 0.2mg</i>	GEN
<i>methylergonovine maleate tab 0.2 mg</i>	GEN

PASSIVE IMMUNIZING AND TREATMENT AGENTS

PASSIVE IMMUNIZING AGENTS - COMBINATIONS

HYQVIA INJ 2.5-200	NPS	PA
HYQVIA INJ 5-400	NPS	PA
HYQVIA INJ 10-800	NPS	PA
HYQVIA INJ 20-1600	NPS	PA
HYQVIA INJ 30-2400	NPS	PA

PENICILLINS

AMINOPENICILLINS

<i>amoxicillin (trihydrate) cap 250 mg</i>	GEN
<i>amoxicillin (trihydrate) cap 500 mg</i>	GEN
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	GEN
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	GEN
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	GEN
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	GEN
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	GEN
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	GEN
<i>amoxicillin (trihydrate) tab 500 mg</i>	GEN
<i>amoxicillin (trihydrate) tab 875 mg</i>	GEN
<i>ampicillin cap 500 mg</i>	GEN
<i>ampicillin sodium for inj 1 gm</i>	GEN
<i>ampicillin sodium for inj 2 gm</i>	GEN
<i>ampicillin sodium for inj 125 mg</i>	GEN
<i>ampicillin sodium for inj 250 mg</i>	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier Requirements/Limits
<i>ampicillin sodium for inj 500 mg</i>	GEN
<i>ampicillin sodium for iv soln 1 gm</i>	GEN
<i>ampicillin sodium for iv soln 2 gm</i>	GEN
<i>ampicillin sodium for iv soln 10 gm</i>	GEN

NATURAL PENICILLINS

BICILLIN L-A INJ 600000	NPB
BICILLIN L-A INJ 1200000	NPB
BICILLIN L-A INJ 2400000	NPB
PEN G PROC INJ 600000	GEN
PEN GK/DEXTR INJ 20000/ML	NPB
PEN GK/DEXTR INJ 40000/ML	NPB
PEN GK/DEXTR INJ 60000/ML	NPB
<i>penicillin g potassium for inj 5000000 unit</i>	GEN
<i>penicillin g potassium for inj 20000000 unit</i>	GEN
<i>penicillin g sodium for inj 5000000 unit</i>	GEN
<i>penicillin v potassium for soln 125 mg/5ml</i>	GEN
<i>penicillin v potassium for soln 250 mg/5ml</i>	GEN
<i>penicillin v potassium tab 250 mg</i>	GEN
<i>penicillin v potassium tab 500 mg</i>	GEN

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	GEN
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	GEN
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	GEN
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	GEN
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	GEN
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	GEN
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	GEN
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	GEN
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	GEN
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	GEN
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	GEN
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier Requirements/Limits
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	GEN
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	GEN
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	GEN
AUGMENTIN SUS 125/5ML	NPB
BICILLIN C-R INJ 900/300	NPB
BICILLIN C-R INJ 1200000	NPB
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	GEN
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	GEN
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	GEN
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	GEN

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	GEN
<i>dicloxacillin sodium cap 500 mg</i>	GEN
NAFCILLIN INJ 1GM/50ML	GEN
NAFCILLIN INJ 2GM/100	GEN
<i>nafcillin sodium for inj 1 gm</i>	GEN
<i>nafcillin sodium for inj 2 gm</i>	GEN
<i>nafcillin sodium for iv soln 1 gm</i>	GEN
<i>nafcillin sodium for iv soln 2 gm</i>	GEN
<i>nafcillin sodium for iv soln 10 gm</i>	GEN
OXACILLIN INJ 1GM	GEN
OXACILLIN INJ 2GM	GEN
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	GEN
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	GEN
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	GEN

PROGESTINS

PROGESTINS

<i>medroxyprogesterone acetate tab 2.5 mg</i>	GEN
<i>medroxyprogesterone acetate tab 5 mg</i>	GEN
<i>medroxyprogesterone acetate tab 10 mg</i>	GEN
<i>norethindrone acetate tab 5 mg</i>	GEN
<i>progesterone cap 100 mg</i>	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone cap 200 mg</i>	GEN	
<i>progesterone im in oil 50 mg/ml</i>	GEN	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tab delayed release 333 mg</i>	GEN	
<i>disulfiram tab 250 mg</i>	GEN	
<i>disulfiram tab 500 mg</i>	GEN	
<i>LUCEMYRA TAB 0.18MG</i>	NPB	PA; QL

ANTI-CATAPLECTIC AGENTS

<i>XYREM SOL 500MG/ML</i>	PS	PA; QL
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ANTIDEMENTIA AGENTS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	GEN	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	GEN	
<i>donepezil hydrochloride tab 5 mg</i>	GEN	
<i>donepezil hydrochloride tab 10 mg</i>	GEN	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	GEN	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	GEN	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	GEN	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	GEN	
<i>galantamine hydrobromide tab 4 mg</i>	GEN	
<i>galantamine hydrobromide tab 8 mg</i>	GEN	
<i>galantamine hydrobromide tab 12 mg</i>	GEN	
<i>memantine hcl oral solution 2 mg/ml</i>	GEN	
<i>memantine hcl tab 5 mg</i>	GEN	
<i>memantine hcl tab 10 mg</i>	GEN	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	GEN	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	GEN	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	GEN	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	GEN	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	GEN	

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	GEN	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	GEN	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	GEN	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	GEN	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	GEN	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	NPB	PA; QL
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	NPB	PA; QL
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	NPB	PA; QL
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	NPB	PA; QL
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	NPB	PA; QL
<i>perphenazine-amitriptyline tab 2-10 mg</i>	GEN	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	GEN	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	GEN	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	GEN	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	GEN	
FIBROMYALGIA AGENTS		
<i>SAVELLA MIS TITR PAK</i>	NPB	PA; QL
<i>SAVELLA TAB 12.5MG</i>	NPB	PA; QL
<i>SAVELLA TAB 25MG</i>	NPB	PA; QL
<i>SAVELLA TAB 50MG</i>	NPB	PA; QL
<i>SAVELLA TAB 100MG</i>	NPB	PA; QL
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine tab 12.5 mg</i>	PS	PA; QL
<i>tetrabenazine tab 25 mg</i>	PS	PA; QL
MULTIPLE SCLEROSIS AGENTS		
<i>AUBAGIO TAB 7MG</i>	PS	PA; QL
<i>AUBAGIO TAB 14MG</i>	PS	PA; QL
<i>BETASERON INJ 0.3MG</i>	PS	PA; QL
<i>COPAXONE INJ 20MG/ML</i>	PS	PA; QL
<i>COPAXONE INJ 40MG/ML</i>	PS	PA; QL
<i>dalfampridine tab er 12hr 10 mg</i>	PS	PA; QL
<i>dimethyl fumarate capsule delayed release 120 mg</i>	PS	PA; QL
<i>dimethyl fumarate capsule delayed release 240 mg</i>	PS	PA; QL
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	PS	PA; QL
<i>GILENYA CAP 0.5MG</i>	PS	PA; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
glatiramer acetate soln prefilled syringe 20 mg/ml	PS	PA; QL
glatiramer acetate soln prefilled syringe 40 mg/ml	PS	PA; QL
REBIF INJ 22/0.5	PS	PA; QL
REBIF INJ 44/0.5	PS	PA; QL
REBIF REBIDO INJ 22/0.5	PS	PA; QL
REBIF REBIDO INJ 44/0.5	PS	PA; QL
REBIF REBIDO INJ TITRATN	PS	PA; QL
REBIF TITRTN INJ PACK	PS	PA; QL
<i>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</i>		
GRALISE TAB 300MG	NPB	PA; QL
GRALISE TAB 600MG	NPB	PA; QL
<i>PSEUDOLOBULBAR AFFECT (PBA) AGENTS</i>		
NUDEXTA CAP 20-10MG	PS	PA; QL
<i>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</i>		
ergoloid mesylates tab 1 mg	GEN	
pimozide tab 1 mg	GEN	
pimozide tab 2 mg	GEN	
<i>RESTLESS LEG SYNDROME (RLS) AGENTS</i>		
HORIZANT TAB 300MG ER	NPB	PA; QL
HORIZANT TAB 600MG ER	NPB	PA; QL
<i>SMOKING DETERRENTS</i>		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	ACA	
CHANTIX PAK 0.5& 1MG	ACA	
CHANTIX PAK 1MG	ACA	
CHANTIX TAB 0.5MG	ACA	
CHANTIX TAB 1MG	ACA	
nicotine polacrilex gum 2 mg	ACA	
nicotine polacrilex gum 4 mg	ACA	
nicotine polacrilex lozenge 2 mg	ACA	
nicotine polacrilex lozenge 4 mg	ACA	
nicotine td patch 24hr 7 mg/24hr	ACA	
nicotine td patch 24hr 14 mg/24hr	ACA	
nicotine td patch 24hr 21 mg/24hr	ACA	
NICOTROL INH	ACA	
NICOTROL NS SPR 10MG/ML	ACA	
<i>TRANSTHYRETIN AMYLOIDOSIS AGENTS</i>		
TEGSEDI INJ 284/1.5	PS	PA; QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY AGENTS - MISC.		
<i>CYSTIC FIBROSIS AGENTS</i>		
KALYDECO PAK 50MG	PS	PA; QL
KALYDECO PAK 75MG	PS	PA; QL
KALYDECO TAB 150MG	PS	PA; QL
ORKAMBI TAB 200-125	PS	PA; QL
PULMOZYME SOL 1MG/ML	PS	PA; QL
SYMDEKO TAB 100-150	PS	PA; QL
TRIKAFTA TAB	PS	PA; QL
<i>PULMONARY FIBROSIS AGENTS</i>		
ESBRIET CAP 267MG	PS	PA; QL
OFEV CAP 100MG	PS	PA; QL
OFEV CAP 150MG	PS	PA; QL
SULFONAMIDES		
<i>SULFONAMIDES</i>		
SULFADIAZINE TAB 500MG		GEN
TETRACYCLINES		
<i>TETRACYCLINES</i>		
<i>demeclacycline hcl tab 150 mg</i>		GEN
<i>demeclacycline hcl tab 300 mg</i>		GEN
<i>doxycycline hyclate cap 50 mg</i>		GEN
<i>doxycycline hyclate cap 100 mg</i>		GEN
<i>doxycycline hyclate for inj 100 mg</i>		GEN
<i>doxycycline hyclate tab 20 mg</i>		GEN
<i>doxycycline hyclate tab 100 mg</i>		GEN
<i>doxycycline monohydrate cap 50 mg</i>		GEN
<i>doxycycline monohydrate cap 100 mg</i>		GEN
<i>doxycycline monohydrate for susp 25 mg/5ml</i>		GEN
<i>doxycycline monohydrate tab 50 mg</i>		GEN
<i>doxycycline monohydrate tab 75 mg</i>		GEN
<i>doxycycline monohydrate tab 100 mg</i>		GEN
<i>doxycycline monohydrate tab 150 mg</i>		GEN
MINOCIN INJ 100MG		NPB
<i>minocycline hcl cap 50 mg</i>		GEN
<i>minocycline hcl cap 75 mg</i>		GEN
<i>minocycline hcl cap 100 mg</i>		GEN
<i>minocycline hcl tab 50 mg</i>		GEN
<i>minocycline hcl tab 75 mg</i>		GEN
<i>minocycline hcl tab 100 mg</i>		GEN
<i>tetracycline hcl cap 250 mg</i>		GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
tetracycline hcl cap 500 mg	GEN	

THYROID AGENTS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	GEN
<i>methimazole tab 10 mg</i>	GEN
<i>propylthiouracil tab 50 mg</i>	GEN

THYROID HORMONES

ARMOUR THYRO TAB 15MG	NPB
ARMOUR THYRO TAB 30MG	NPB
ARMOUR THYRO TAB 60MG	NPB
ARMOUR THYRO TAB 90MG	NPB
ARMOUR THYRO TAB 120MG	NPB
ARMOUR THYRO TAB 180MG	NPB
ARMOUR THYRO TAB 240MG	NPB
ARMOUR THYRO TAB 300MG	NPB
LEVOTHYROXIN INJ 200MCG	GEN
<i>levothyroxine sodium for iv inj 100 mcg</i>	GEN
<i>levothyroxine sodium for iv inj 500 mcg</i>	GEN
<i>levothyroxine sodium tab 25 mcg</i>	GEN
<i>levothyroxine sodium tab 50 mcg</i>	GEN
<i>levothyroxine sodium tab 75 mcg</i>	GEN
<i>levothyroxine sodium tab 88 mcg</i>	GEN
<i>levothyroxine sodium tab 100 mcg</i>	GEN
<i>levothyroxine sodium tab 112 mcg</i>	GEN
<i>levothyroxine sodium tab 125 mcg</i>	GEN
<i>levothyroxine sodium tab 137 mcg</i>	GEN
<i>levothyroxine sodium tab 150 mcg</i>	GEN
<i>levothyroxine sodium tab 175 mcg</i>	GEN
<i>levothyroxine sodium tab 200 mcg</i>	GEN
<i>levothyroxine sodium tab 300 mcg</i>	GEN
<i>liothyronine sodium iv soln 10 mcg/ml</i>	GEN
<i>liothyronine sodium tab 5 mcg</i>	GEN
<i>liothyronine sodium tab 25 mcg</i>	GEN
<i>liothyronine sodium tab 50 mcg</i>	GEN
NATURE THROI TAB 162.5MG	GEN
NATURE-THROI TAB 16.25MG	GEN
NATURE-THROI TAB 32.5MG	GEN
NATURE-THROI TAB 48.75MG	GEN
NATURE-THROI TAB 65MG	GEN
NATURE-THROI TAB 81.25MG	GEN
NATURE-THROI TAB 97.5MG	GEN

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier Requirements/Limits
NATURE-THROI TAB 113.75MG	GEN
NATURE-THROI TAB 130MG	GEN
NATURE-THROI TAB 146.25MG	GEN
NATURE-THROI TAB 195MG	GEN
NATURE-THROI TAB 260MG	GEN
NATURE-THROI TAB 325MG	GEN
SYNTHROID TAB 25MCG	NPB
SYNTHROID TAB 50MCG	NPB
SYNTHROID TAB 75MCG	NPB
SYNTHROID TAB 88MCG	NPB
SYNTHROID TAB 100MCG	NPB
SYNTHROID TAB 112MCG	NPB
SYNTHROID TAB 125MCG	NPB
SYNTHROID TAB 137MCG	NPB
SYNTHROID TAB 150MCG	NPB
SYNTHROID TAB 175MCG	NPB
SYNTHROID TAB 200MCG	NPB
SYNTHROID TAB 300MCG	NPB
<i>thyroid tab 15 mg (1/4 grain)</i>	GEN
<i>thyroid tab 30 mg (1/2 grain)</i>	GEN
<i>thyroid tab 60 mg (1 grain)</i>	GEN
<i>thyroid tab 90 mg (1 1/2 grain)</i>	GEN
<i>thyroid tab 120 mg (2 grain)</i>	GEN
TIROSINT CAP 13MCG	NPB
TIROSINT CAP 25MCG	NPB
TIROSINT CAP 50MCG	NPB
TIROSINT CAP 75MCG	NPB
TIROSINT CAP 88MCG	NPB
TIROSINT CAP 100MCG	NPB
TIROSINT CAP 112MCG	NPB
TIROSINT CAP 125MCG	NPB
TIROSINT CAP 137MCG	NPB
TIROSINT CAP 150MCG	NPB
WESTHROID TAB 32.5MG	GEN
WESTHROID TAB 65MG	GEN
WESTHROID TAB 97.5MG	GEN
WESTHROID TAB 130MG	GEN
WESTHROID TAB 195MG	GEN
WP THYROID TAB 16.25MG	GEN
WP THYROID TAB 32.5MG	GEN
WP THYROID TAB 48.75MG	GEN

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier Requirements/Limits
WP THYROID TAB 65MG	GEN
WP THYROID TAB 81.25MG	GEN
WP THYROID TAB 97.5MG	GEN
WP THYROID TAB 113.75MG	GEN
WP THYROID TAB 130MG	GEN

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ	ACA
BOOSTRIX INJ	ACA
DAPTACEL INJ	ACA
DIP/TET PED INJ 25-5LFU	ACA
INFANRIX INJ	ACA
KINRIX INJ	ACA
PEDIARIX INJ 0.5ML	ACA
PENTACEL INJ	ACA
QUADRACEL INJ	ACA
TDVAX INJ 2-2 LF	ACA
TENIVAC INJ 5-2LF	ACA
TET/DIP TOX INJ 2-2 LF	ACA
VAXELIS INJ	ACA

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

<i>atropine sulfate inj 0.4 mg/ml</i>	GEN
<i>atropine sulfate inj 1 mg/ml</i>	GEN
<i>atropine sulfate inj 8 mg/20ml (0.4 mg/ml)</i>	GEN
<i>atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)</i>	GEN
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	GEN
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	GEN
BELLA/OPIUM SUP 16.2-30	GEN
BELLA/OPIUM SUP 16.2-60	GEN
CUVPOSA SOL 1MG/5ML	PS PA
<i>dicyclomine hcl cap 10 mg</i>	GEN
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	GEN
<i>dicyclomine hcl tab 20 mg</i>	GEN
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	GEN
<i>glycopyrrolate tab 1 mg</i>	GEN
<i>glycopyrrolate tab 2 mg</i>	GEN
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	GEN

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
hyoscyamine sulfate sl tab 0.125 mg	GEN	
hyoscyamine sulfate soln 0.125 mg/ml	GEN	
hyoscyamine sulfate tab 0.125 mg	GEN	
hyoscyamine sulfate tab disint 0.125 mg	GEN	
hyoscyamine sulfate tab er 12hr 0.375 mg	GEN	
methscopolamine bromide tab 2.5 mg	GEN	
methscopolamine bromide tab 5 mg	GEN	
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	GEN	
cimetidine tab 300 mg	GEN	
cimetidine tab 400 mg	GEN	
cimetidine tab 800 mg	GEN	
famotidine for susp 40 mg/5ml	GEN	
famotidine in nacl 0.9% iv soln 20 mg/50ml	GEN	
famotidine inj 20 mg/2ml	GEN	
famotidine inj 40 mg/4ml	GEN	
famotidine tab 20 mg	GEN	
famotidine tab 40 mg	GEN	
nizatidine cap 150 mg	GEN	
nizatidine cap 300 mg	GEN	
nizatidine oral soln 15 mg/ml	GEN	
MISC. ANTI-ULCER		
CARAFATE SUS 1GM/10ML	GEN	
sucralfate tab 1 gm	GEN	
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR	NPB	ST; QL
DEXILANT CAP 60MG DR	NPB	ST; QL
esomeprazole magnesium cap delayed release 20 mg (base eq)	GEN	ST; QL
esomeprazole magnesium cap delayed release 40 mg (base eq)	GEN	ST; QL
esomeprazole sodium for intravenous soln 40 mg (base equiv)	GEN	QL
lansoprazole cap delayed release 15 mg	GEN	QL
lansoprazole cap delayed release 30 mg	GEN	QL
omeprazole cap delayed release 10 mg	GEN	QL
omeprazole cap delayed release 20 mg	GEN	QL
omeprazole cap delayed release 40 mg	GEN	QL
pantoprazole sodium ec tab 20 mg (base equiv)	GEN	QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
pantoprazole sodium ec tab 40 mg (base equiv)	GEN	QL
rabeprazole sodium ec tab 20 mg	GEN	PA; QL
<i>ULCER DRUGS - PROSTAGLANDINS</i>		
misoprostol tab 100 mcg	GEN	
misoprostol tab 200 mcg	GEN	
<i>ULCER THERAPY COMBINATIONS</i>		
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	NPB	
omeprazole-sodium bicarbonate cap 20-1100 mg	GEN	ST; QL
omeprazole-sodium bicarbonate cap 40-1100 mg	GEN	ST; QL
URINARY ANTISPASMODICS		
<i>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</i>		
oxybutynin chloride syrup 5 mg/5ml	GEN	
oxybutynin chloride tab 5 mg	GEN	
oxybutynin chloride tab er 24hr 5 mg	GEN	
oxybutynin chloride tab er 24hr 10 mg	GEN	
oxybutynin chloride tab er 24hr 15 mg	GEN	
solifenacin succinate tab 5 mg	GEN	
solifenacin succinate tab 10 mg	GEN	
tolterodine tartrate cap er 24hr 2 mg	GEN	
tolterodine tartrate cap er 24hr 4 mg	GEN	
tolterodine tartrate tab 1 mg	GEN	
tolterodine tartrate tab 2 mg	GEN	
trospium chloride cap er 24hr 60 mg	NPB	
trospium chloride tab 20 mg	GEN	
<i>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</i>		
MYRBETRIQ TAB 25MG	NPB	QL
MYRBETRIQ TAB 50MG	NPB	QL
<i>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</i>		
bethanechol chloride tab 5 mg	GEN	
bethanechol chloride tab 10 mg	GEN	
bethanechol chloride tab 25 mg	GEN	
bethanechol chloride tab 50 mg	GEN	
<i>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</i>		
flavoxate hcl tab 100 mg	GEN	

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier Requirements/Limits
VACCINES	
BACTERIAL VACCINES	
ACTHIB INJ	
ACTHIB INJ	ACA
BEXSERO INJ	ACA
BIOTHRAX INJ	ACA
HIBERIX SOL 10MCG	ACA
MENACTRA INJ	ACA
MENQUADFI INJ	ACA
MENVEO INJ	ACA
PEDVAX HIB INJ	ACA
PNEUMOVAX 23 INJ 25/0.5	ACA
PREVNAR 13 INJ	ACA
TRUMENBA INJ	ACA
TYPHIM VI INJ	ACA
VIRAL VACCINES	
AFLURIA QUAD INJ 2020-21	ACA
ENGERIX-B INJ 10/0.5ML	ACA
ENGERIX-B INJ 20MCG/ML	ACA
FLUAD INJ 2020-21	ACA
FLUAD QUADRI INJ 0.5ML	ACA
FLUARIX QUAD INJ 2020-21	ACA
FLUBLOK QUAD INJ 2020-21	ACA
FLUCLVX QUAD INJ 2020-21	ACA
FLULAVAL QUA INJ 2020-21	ACA
FLUZONE HD INJ PF 20-21	ACA
FLUZONE QUAD INJ 2020-21	ACA
GARDASIL 9 INJ	ACA
HAVRIX INJ 720UNIT	ACA
HAVRIX INJ 1440UNIT	ACA
HEPLISAV-B INJ 20/0.5ML	ACA
IMOVAX RABIE INJ 2.5/ML	ACA
IPOP INJ INACTIVE	ACA
IXIARO INJ	ACA
JANSSEN VACC INJ COVID-19	ACA
M-M-R II INJ	ACA
MODERNA VAC INJ COVID-19	ACA
PFIZER VACC INJ COVID-19	ACA
PROQUAD INJ	ACA
RABAVERT INJ	ACA
RECOMBIVAX HB INJ 5MCG/0.5	ACA
RECOMBIVAX HB INJ 10MCG/ML	ACA

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVA-HB INJ 40MCG/ML	ACA	
ROTARIX SUS	ACA	
ROTAQUE SOL	ACA	
SHINGRIX INJ 50/0.5ML	ACA	
STAMARIL INJ	ACA	
TWINRIX INJ	ACA	
VAQTA INJ 25/0.5ML	ACA	
VAQTA INJ 5OUNT/ML	ACA	
VARIVAX INJ	ACA	
YF-VAX INJ	ACA	

VAGINAL AND RELATED PRODUCTS

SPERMICIDES

ENCARE SUP 100MG	ACA
GYNOL II GEL 3%	ACA
SHUR-SEAL GEL 2%	ACA
TODAY SPONGE MIS	ACA
VCF VAGINAL AER CONTRACP	ACA
<i>vcf vaginal gel contrace</i>	ACA
VCF VAGINAL MIS CONTRACP	ACA

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	GEN
<i>GYNAZOLE-1 CRE 2%</i>	NPB
<i>metronidazole vaginal gel 0.75%</i>	GEN
<i>terconazole vaginal cream 0.4%</i>	GEN
<i>terconazole vaginal cream 0.8%</i>	GEN
<i>terconazole vaginal suppos 80 mg</i>	GEN

VAGINAL ESTROGENS

<i>estradiol vaginal cream 0.1 mg/gm</i>	GEN
<i>estradiol vaginal tab 10 mcg</i>	GEN
<i>FEMRING MIS 0.1MG/24</i>	NPB
<i>FEMRING MIS 0.05/24H</i>	NPB
<i>PREMARIN VAG CRE 0.625MG</i>	NPB

VAGINAL PROGESTINS

<i>CRINONE GEL 4% VAG</i>	NPB
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VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

<i>ADRENALIN INJ 1MG/ML</i>	GEN
<i>ADRENALIN INJ 30/30ML</i>	GEN
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1: 1000)</i>	GEN QL

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	GEN	QL
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	GEN	QL

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

NORTHERA CAP 100MG	PS	PA; QL
NORTHERA CAP 200MG	PS	PA; QL
NORTHERA CAP 300MG	PS	PA; QL

VASOPRESSORS

<i>midodrine hcl tab 2.5 mg</i>	GEN
<i>midodrine hcl tab 5 mg</i>	GEN
<i>midodrine hcl tab 10 mg</i>	GEN

VITAMINS

OIL SOLUBLE VITAMINS

<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	NPB
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	GEN
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	GEN
<i>phytonadione inj 10 mg/ml</i>	GEN
<i>phytonadione tab 5 mg</i>	NPB

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

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GEN-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

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<i>ARMOUR THYRO TAB 60MG</i>	129
<i>ARMOUR THYRO TAB 90MG</i>	129
<i>ARNUITY ELPT INH 100MCG</i>	19
<i>ARNUITY ELPT INH 200MCG</i>	19
<i>ARRANON INJ 5MG/ML</i>	45
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	56
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	56

<i>asenapine maleate sl tab 5 mg (base equiv)</i>	56
<i>aspirin chew tab 81 mg</i>	7
<i>aspirin tab delayed release 81 mg</i>	7
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	90
ASSURE CMFRT MIS 28G	95
ASSURE LANCE MIS 21G.....	95
ASSURE LANCE MIS 28G.....	95
ASSURE LANCE MIS LOW FLOW	95
ASSURE LANCE MIS MICRO.....	95
ASSURE LANCE MIS SAFE 25G.....	96
ASSURE LANCE MIS SAFE 30G.....	96
ASSURE PLUS MIS HIGH 18G	96
ASSURE PLUS MIS LOW 25G	96
ASSURE PLUS MIS MCRO 28G	96
ASSURE PLUS MIS NORM 21G	96
ASSURE PLUS MIS PEDIATRI	96
ATABEX OB TAB 29-1MG.....	116
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	59
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	59
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	59
<i>atenolol & chlorthalidone tab 100-25 mg</i>	40
<i>atenolol & chlorthalidone tab 50-25 mg</i>	40
<i>atenolol tab 100 mg</i>	63
<i>atenolol tab 25 mg</i>	63
<i>atenolol tab 50 mg</i>	63
ATGAM INJ 250MG	114
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	37
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	37
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	37
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	37
<i>atovaquone susp 750 mg/5ml</i>	13
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	43
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	43
<i>atropine sulfate inj 0.4 mg/ml</i>	131
<i>atropine sulfate inj 1 mg/ml</i>	131
<i>atropine sulfate inj 8 mg/20ml (0.4 mg/ml)</i>	131
<i>atropine sulfate ophth soln 1%</i>	119
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	131
<i>atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)</i>	131
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	131
ATROVENT HFA AER 17MCG	18
AUBAGIO TAB 14MG	126
AUBAGIO TAB 7MG	126
AUGMENTIN SUS 125/5ML.....	124
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AURORA LANCE MIS THIN 23G	96
AURYXIA TAB 210MG	88
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AUTO-LANCET MIS	96
AUTO-LANCET MIS MINI	96
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AUTOLET LANC MIS DEVICE.....	96
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AUTOLET PLAT MIS 2.4MM	96
AUTOLET PLAT MIS 3.0MM	96
AUTOLET PLUS MIS.....	96
AUTOLET PLUS MIS LANC DEV.....	96
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AUTOSHIELD MIS 30GX5MM	106
AVEED INJ 750/3ML	12
AYVAKIT TAB 100MG	47

AYVAKIT TAB 200MG.....	47
AYVAKIT TAB 300MG.....	48
<i>azathioprine tab 50 mg.....</i>	114
<i>azelaic acid gel 15%.....</i>	79
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	118
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	118
<i>azithromycin for susp 100 mg/5ml ...</i>	94
<i>azithromycin for susp 200 mg/5ml ...</i>	94
<i>azithromycin iv for soln 500 mg.....</i>	94
<i>azithromycin powd pack for susp 1 gm</i>	94
<i>azithromycin tab 250 mg</i>	94
<i>azithromycin tab 500 mg</i>	94
<i>azithromycin tab 600 mg</i>	94
AZOPT SUS 1% OP	121
<i>aztreonam for inj 1 gm.....</i>	15
<i>aztreonam for inj 2 gm.....</i>	15
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<i>bacitracin intramuscular for soln 50000 unit.....</i>	13
<i>bacitracin ophth oint 500 unit/gm ..</i>	119
<i>bacitracin-polymyxin b ophth oint ..</i>	119
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	120
<i>baclofen tab 10 mg</i>	117
<i>baclofen tab 20 mg</i>	117
BALCOLTRA TAB 0.1-20	69
<i>balsalazide disodium cap 750 mg</i>	87
BALVERSA TAB 3MG.....	48
BALVERSA TAB 4MG.....	49
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BANZEL SUS 40MG/ML	23
BANZEL TAB 200MG	23
BANZEL TAB 400MG	23
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BD PEN NEEDL MIS 32GX4MM	106
BD PEN NEEDL MIS 32GX5/32	106
BD PEN NEEDL MIS 32GX6MM	107
BD U-500 MIS 31GX6MM	107
BELLA/OPIUM SUP 16.2-30	131
BELLA/OPIUM SUP 16.2-60	131
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	40
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	41
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	41
<i>benazepril & hydrochlorothiazide tab 5- 6.25 mg</i>	40
<i>benazepril hcl tab 10 mg</i>	38
<i>benazepril hcl tab 20 mg</i>	38
<i>benazepril hcl tab 40 mg</i>	38
<i>benazepril hcl tab 5 mg</i>	38
<i>benzonatate cap 100 mg</i>	73
<i>benzonatate cap 200 mg</i>	73
<i>benztropine mesylate inj 1 mg/ml....</i>	53
<i>benztropine mesylate tab 0.5 mg....</i>	53
<i>benztropine mesylate tab 1 mg</i>	53
<i>benztropine mesylate tab 2 mg</i>	53
BETADINE SOL 5% OP	119
<i>betamethasone dipropionate augmented cream 0.05%.....</i>	77
<i>betamethasone dipropionate augmented gel 0.05%</i>	77
<i>betamethasone dipropionate augmented lotion 0.05%.....</i>	77
<i>betamethasone dipropionate augmented oint 0.05%</i>	77
<i>betamethasone dipropionate cream 0.05%.....</i>	77
<i>betamethasone dipropionate lotion 0.05%.....</i>	77
<i>betamethasone dipropionate oint 0.05%.....</i>	77
<i>betamethasone valerate cream 0.1% (base equivalent).....</i>	77
<i>betamethasone valerate lotion 0.1% (base equivalent).....</i>	77
<i>betamethasone valerate oint 0.1% (base equivalent).....</i>	77
BETASERON INJ 0.3MG	126
<i>betaxolol hcl ophth soln 0.5%</i>	118
<i>betaxolol hcl tab 10 mg.....</i>	63

<i>betaxolol hcl tab 20 mg</i>	63
<i>bethanechol chloride tab 10 mg</i>	133
<i>bethanechol chloride tab 25 mg</i>	133
<i>bethanechol chloride tab 5 mg</i>	133
<i>bethanechol chloride tab 50 mg</i>	133
BETHKIS NEB 300/4ML	4
<i>bexarotene cap 75 mg</i>	52
BEXSERO INJ	134
<i>bicalutamide tab 50 mg</i>	46
BICILLIN C-R INJ 1200000	124
BICILLIN C-R INJ 900/300	124
BICILLIN L-A INJ 1200000	123
BICILLIN L-A INJ 2400000	123
BICILLIN L-A INJ 600000	123
BIKTARVY TAB	59
<i>bimatoprost ophth soln 0.03%</i>	121
<i>bimatoprost soln 0.03%</i>	78
BIOTHRAX INJ	134
<i>bisacodyl tab & peg 3350-kcl-sod</i>	
<i>bicarb-nacl for soln kit</i>	93
<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>10-6.25 mg</i>	41
<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>2.5-6.25 mg</i>	41
<i>bisoprolol fumarate tab 10 mg</i>	63
<i>bisoprolol fumarate tab 5 mg</i>	63
<i>bivalirudin trifluoroacetate for iv soln</i>	
<i>250 mg (base equiv)</i>	22
<i>bleomycin sulfate for inj 15 unit</i>	48
<i>bleomycin sulfate for inj 30 unit</i>	48
BLEPHAMIDE OIN S.O.P.....	120
BLEPHAMIDE SUS OP	120
BOOSTRIX INJ.....	131
<i>bosentan tab 125 mg</i>	67
<i>bosentan tab 62.5 mg</i>	67
BOSULIF TAB 100MG.....	49
BOSULIF TAB 500MG.....	49
BRAFTOVI CAP 75MG	49
BREO ELLIPTA INH 100-25	20
BREO ELLIPTA INH 200-25	20
BRILINTA TAB 60MG	90
BRILINTA TAB 90MG	90
<i>brimonidine tartrate ophth soln 0.15%</i>	
.....	119
<i>brimonidine tartrate ophth soln 0.2%</i>	
.....	119
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	53
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	53
BROVANA NEB 15MCG	20
BRUKINSA CAP 80MG.....	49
<i>budesonide delayed release particles</i>	
<i>cap 3 mg</i>	72
<i>budesonide inhalation susp 0.25 mg/2ml</i>	19
<i>budesonide inhalation susp 0.5 mg/2ml</i>	
.....	19
<i>budesonide inhalation susp 1 mg/2ml</i>	
.....	19
<i>budesonide tab er 24hr 9 mg</i>	72
<i>bumetanide inj 0.25 mg/ml</i>	80
<i>bumetanide tab 0.5 mg</i>	80
<i>bumetanide tab 1 mg</i>	80
<i>bumetanide tab 2 mg</i>	80
BUNAVAIL MIS 4.2-0.7	11
BUNAVAIL MIS 6.3-1MG	11
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	11
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	11
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>12-3 mg (base equiv)</i>	11
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>2-0.5 mg (base equiv)</i>	11
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>4-1 mg (base equiv)</i>	11
<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>8-2 mg (base equiv)</i>	11
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>2-0.5 mg (base equiv)</i>	11
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>8-2 mg (base equiv)</i>	11
<i>buprenorphine td patch weekly 10 mcg/hr</i>	11
<i>buprenorphine td patch weekly 15 mcg/hr</i>	11
<i>buprenorphine td patch weekly 20 mcg/hr</i>	11
<i>buprenorphine td patch weekly 5 mcg/hr</i>	11

<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	11
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	127
<i>bupropion hcl tab 100 mg</i>	26
<i>bupropion hcl tab 75 mg</i>	26
<i>bupropion hcl tab er 12hr 100 mg</i>	26
<i>bupropion hcl tab er 12hr 150 mg</i>	26
<i>bupropion hcl tab er 12hr 200 mg</i>	27
<i>bupropion hcl tab er 24hr 150 mg</i>	27
<i>bupropion hcl tab er 24hr 300 mg</i>	27
<i>buspirone hcl tab 10 mg</i>	16
<i>buspirone hcl tab 15 mg</i>	16
<i>buspirone hcl tab 30 mg</i>	16
<i>buspirone hcl tab 5 mg</i>	16
<i>buspirone hcl tab 7.5 mg</i>	16
<i>butalbital-acetaminophen tab 50-325 mg</i>	7
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	10
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	10
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	7
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	7
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	10
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	7
<i>butorphanol tartrate inj 1 mg/ml</i>	11
<i>butorphanol tartrate inj 2 mg/ml</i>	11
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	11
<i>BYSTOLIC TAB 10MG</i>	63
<i>BYSTOLIC TAB 2.5MG</i>	63
<i>BYSTOLIC TAB 20MG</i>	63
<i>BYSTOLIC TAB 5MG</i>	63
C	
<i>cabergoline tab 0.5 mg</i>	84
<i>CABOMETYX TAB 20MG</i>	49
<i>CABOMETYX TAB 40MG</i>	49
<i>CABOMETYX TAB 60MG</i>	49
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	2
<i>calcipotriene cream 0.005%</i>	76
<i>calcipotriene oint 0.005%</i>	76
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	76
<i>CALCITONIN SPR 200/ACT</i>	81
<i>calcitriol cap 0.25 mcg</i>	83
<i>calcitriol cap 0.5 mcg</i>	83
<i>calcitriol inj 1 mcg/ml</i>	83
<i>calcitriol oral soln 1 mcg/ml</i>	83
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	88
<i>calcium acetate (phosphate binder) tab 667 mg</i>	88
<i>CALCIUM-FA WAF PLUS D</i>	112
<i>CALDOLOR INJ 800/8ML</i>	5
<i>CALQUENCE CAP 100MG</i>	49
<i>candesartan cilexetil tab 16 mg</i>	39
<i>candesartan cilexetil tab 32 mg</i>	39
<i>candesartan cilexetil tab 4 mg</i>	39
<i>candesartan cilexetil tab 8 mg</i>	39
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	41
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	41
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	41
<i>CAPASTAT SUL INJ 1GM</i>	44
<i>capecitabine tab 150 mg</i>	45
<i>capecitabine tab 500 mg</i>	45
<i>CAPRELSA TAB 100MG</i>	49
<i>CAPRELSA TAB 300MG</i>	49
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	41
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	41
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	41
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	41
<i>captopril tab 100 mg</i>	38
<i>captopril tab 12.5 mg</i>	38
<i>captopril tab 25 mg</i>	38
<i>captopril tab 50 mg</i>	38
<i>CARAFATE SUS 1GM/10ML</i>	132
<i>CARBAGLU TAB 200MG</i>	83
<i>carbamazepine cap er 12hr 100 mg</i>	23
<i>carbamazepine cap er 12hr 200 mg</i>	23

<i>carbamazepine cap er 12hr 300 mg..</i>	23	<i>cefaclor cap 250 mg.....</i>	68
<i>carbamazepine chew tab 100 mg</i>	23	<i>cefaclor cap 500 mg.....</i>	68
<i>carbamazepine susp 100 mg/5ml.....</i>	23	<i>CEFACLOR ER TAB 500MG</i>	68
<i>carbamazepine tab 200 mg</i>	23	<i>cefaclor for susp 250 mg/5ml.....</i>	68
<i>carbamazepine tab er 12hr 100 mg..</i>	23	<i>cefaclor for susp 375 mg/5ml.....</i>	68
<i>carbamazepine tab er 12hr 200 mg..</i>	23	<i>cefadroxil cap 500 mg.....</i>	67
<i>carbamazepine tab er 12hr 400 mg..</i>	23	<i>cefadroxil for susp 250 mg/5ml</i>	67
<i>carbidopa & levodopa orally</i>		<i>cefadroxil for susp 500 mg/5ml</i>	67
<i>disintegrating tab 10-100 mg.....</i>	53	<i>cefadroxil tab 1 gm.....</i>	67
<i>carbidopa & levodopa orally</i>		<i>CEFAZOL/DEX SOL 1GM</i>	67
<i>disintegrating tab 25-100 mg.....</i>	53	<i>CEFAZOL/DEX SOL 2GM</i>	67
<i>carbidopa & levodopa orally</i>		<i>CEFAZOLIN INJ 100GM.....</i>	68
<i>disintegrating tab 25-250 mg.....</i>	53	<i>CEFAZOLIN INJ 1GM/50ML.....</i>	68
<i>carbidopa & levodopa tab 10-100 mg</i>	53	<i>CEFAZOLIN INJ 300GM.....</i>	68
<i>carbidopa & levodopa tab 25-100 mg</i>	54	<i>cefazolin sodium for inj 1 gm</i>	68
<i>carbidopa & levodopa tab 25-250 mg</i>	54	<i>cefazolin sodium for inj 10 gm.....</i>	68
<i>carbidopa & levodopa tab er 25-100</i>		<i>cefazolin sodium for inj 500 mg.....</i>	68
<i>mg.....</i>	54	<i>cefazolin sodium for iv soln 1 gm.....</i>	68
<i>carbidopa & levodopa tab er 50-200</i>		<i>cefdinir cap 300 mg</i>	68
<i>mg.....</i>	54	<i>cefdinir for susp 125 mg/5ml</i>	68
<i>carbidopa tab 25 mg</i>	53	<i>cefpime hcl for inj 1 gm</i>	69
<i>carbinoxamine maleate soln 4 mg/5ml</i>		<i>cefpime hcl for inj 2 gm</i>	69
<i>.....</i>	35	<i>CEFEPIME INJ 1GM</i>	69
<i>carbinoxamine maleate tab 4 mg</i>	35	<i>CEFEPIME INJ 2G/100ML</i>	69
<i>carboplatin iv soln 600 mg/60ml.....</i>	44	<i>CEFEPIME/DEX INJ 1GM</i>	69
<i>CARDIOCOM MIS LANCING</i>	96	<i>CEFEPIME/DEX INJ 2GM</i>	69
<i>CARDURA XL TAB 4MG</i>	89	<i>cefixime cap 400 mg.....</i>	68
<i>CARDURA XL TAB 8MG</i>	89	<i>cefixime for susp 100 mg/5ml</i>	68
<i>CAREONE ADV MIS LANCING.....</i>	96	<i>cefixime for susp 200 mg/5ml</i>	68
<i>CAREONE LANC MIS 30G</i>	96	<i>cefotaxime sodium for inj 1 gm</i>	69
<i>CAREONE LANC MIS THIN 23G</i>	96	<i>cefotaxime sodium for inj 2 gm</i>	69
<i>CARESENS 30G MIS LANCESTS</i>	96	<i>cefotetan disodium for inj 1 gm</i>	68
<i>CARETOUCH MIS EJECTOR.....</i>	96	<i>cefotetan disodium for inj 2 gm</i>	68
<i>CARETOUCH MIS LANC 26G</i>	96	<i>CEFOXITIN INJ 1GM.....</i>	68
<i>CARETOUCH MIS LANC 28G</i>	96	<i>CEFOXITIN INJ 2GM.....</i>	68
<i>CARETOUCH MIS LANC 30G</i>	96	<i>cefoxitin sodium for inj 10 gm</i>	68
<i>CARETOUCH MIS TWIST 28.....</i>	96	<i>cefoxitin sodium for iv soln 1 gm</i>	68
<i>CARETOUCH MIS TWIST 30.....</i>	96	<i>cefoxitin sodium for iv soln 2 gm</i>	68
<i>CARETOUCH MIS TWIST 33.....</i>	96	<i>cefpodoxime proxetil for susp 100</i>	
<i>carisoprodol tab 350 mg</i>	117	<i>mg/5ml.....</i>	69
<i>carteolol hcl ophth soln 1%</i>	118	<i>cefpodoxime proxetil for susp 50</i>	
<i>carvedilol tab 12.5 mg.....</i>	62	<i>mg/5ml.....</i>	69
<i>carvedilol tab 25 mg</i>	62	<i>cefpodoxime proxetil tab 100 mg.....</i>	69
<i>carvedilol tab 3.125 mg.....</i>	62	<i>cefpodoxime proxetil tab 200 mg.....</i>	69
<i>carvedilol tab 6.25 mg.....</i>	62	<i>cefprozil for susp 125 mg/5ml</i>	68
<i>CAYA DPR</i>	95	<i>cefprozil for susp 250 mg/5ml</i>	68
<i>CAYSTON INH 75MG</i>	15		

<i>cefprozil tab 250 mg</i>	68
<i>cefprozil tab 500 mg</i>	68
<i>ceftazidime for inj 1 gm</i>	69
<i>ceftazidime for inj 2 gm</i>	69
<i>ceftazidime for inj 6 gm</i>	69
CEFTAZIDIME/ SOL D5W 1GM	69
CEFTAZIDIME/ SOL D5W 2GM	69
CEFTRIAX/DEX INJ 1GM	69
CEFTRIAX/DEX INJ 2GM	69
<i>ceftriaxone sodium for inj 1 gm</i>	69
<i>ceftriaxone sodium for inj 10 gm</i>	69
<i>ceftriaxone sodium for inj 2 gm</i>	69
<i>ceftriaxone sodium for inj 250 mg</i>	69
<i>ceftriaxone sodium for inj 500 mg</i>	69
<i>ceftriaxone sodium for iv soln 1 gm</i> ..	69
<i>ceftriaxone sodium for iv soln 2 gm</i> ..	69
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	69
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	69
cefuroxime axetil tab 250 mg	68
cefuroxime axetil tab 500 mg	68
<i>cefuroxime sodium for inj 750 mg</i>	68
<i>celecoxib cap 100 mg</i>	5
<i>celecoxib cap 200 mg</i>	5
<i>celecoxib cap 400 mg</i>	5
<i>celecoxib cap 50 mg</i>	5
CELONTIN CAP 300MG	26
<i>cephalexin cap 250 mg</i>	68
<i>cephalexin cap 500 mg</i>	68
<i>cephalexin cap 750 mg</i>	68
<i>cephalexin for susp 125 mg/5ml</i>	68
<i>cephalexin for susp 250 mg/5ml</i>	68
<i>cephalexin tab 250 mg</i>	68
<i>cephalexin tab 500 mg</i>	68
CERDELGA CAP 84MG	90
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	36
<i>cevimeline hcl cap 30 mg</i>	116
CHANTIX PAK 0.5& 1MG	127
CHANTIX PAK 1MG	127
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<i>chlordiazepoxide hcl cap 10 mg</i>	17
<i>chlordiazepoxide hcl cap 25 mg</i>	17
<i>chlordiazepoxide hcl cap 5 mg</i>	17
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	126
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	126
<i>chlorhexidine gluconate soln 0.12%</i> 115	
<i>chloroquine phosphate tab 250 mg</i> ..	43
<i>chloroquine phosphate tab 500 mg</i> ..	43
<i>chlorothiazide sodium for inj 500 mg</i>	81
<i>chlorpromazine hcl tab 10 mg</i>	57
<i>chlorpromazine hcl tab 100 mg</i>	57
<i>chlorpromazine hcl tab 200 mg</i>	57
<i>chlorpromazine hcl tab 25 mg</i>	57
<i>chlorpromazine hcl tab 50 mg</i>	57
<i>chlorthalidone tab 25 mg</i>	81
<i>chlorthalidone tab 50 mg</i>	81
<i>chlorzoxazone tab 500 mg</i>	117
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	136
<i>cholestyramine light powder 4 gm/dose</i>	36
<i>cholestyramine light powder packets 4 gm</i>	36
<i>cholestyramine powder 4 gm/dose</i> ...36	
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<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	36
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	36
<i>chorionic gonadotropin for im inj 10000 unit</i>	82
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	75
<i>ciclopirox solution 8%</i>	75
<i>cidofovir iv inj 75 mg/ml</i>	61
<i>cilostazol tab 100 mg</i>	90
<i>cilostazol tab 50 mg</i>	90
<i>CILOXAN OIN 0.3% OP</i>	119
<i>CIMDUO TAB 300-300</i>	59
<i>cimetidine hcl soln 300 mg/5ml</i>	132
<i>cimetidine tab 300 mg</i>	132
<i>cimetidine tab 400 mg</i>	132
<i>cimetidine tab 800 mg</i>	132
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	83

<i>cinacalcet hcl tab 60 mg (base equiv)</i>	83
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	83
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<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	119
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	121
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	86
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	86
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	86
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	86
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ..44	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	27
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	27
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	27
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	27
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<i>clarithromycin for susp 250 mg/5ml</i> .94	
<i>clarithromycin tab 250 mg</i>	94
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<i>clindamycin hcl cap 150 mg</i>	14
<i>clindamycin hcl cap 300 mg</i>	14
<i>clindamycin hcl cap 75 mg</i>	14
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	14
<i>clindamycin phosphate gel 1%</i>	74
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	14
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	14
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	15
<i>clindamycin phosphate inj 300 mg/2ml</i>	15
<i>clindamycin phosphate inj 600 mg/4ml</i>	15
<i>clindamycin phosphate lotion 1%</i>	74
<i>clindamycin phosphate soln 1%</i>	74
<i>clindamycin phosphate swab 1%</i>	74
<i>clindamycin phosphate vaginal cream 2%</i>	135
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	74
<i>clobazam suspension 2.5 mg/ml</i>	23
<i>clobazam tab 10 mg</i>	23
<i>clobazam tab 20 mg</i>	23
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<i>clomipramine hcl cap 50 mg</i>	29
<i>clomipramine hcl cap 75 mg</i>	29
<i>clonazepam orally disintegrating tab 0.125 mg</i>	23
<i>clonazepam orally disintegrating tab 0.25 mg</i>	23
<i>clonazepam orally disintegrating tab 0.5 mg</i>	23
<i>clonazepam orally disintegrating tab 1 mg</i>	23
<i>clonazepam orally disintegrating tab 2 mg</i>	23
<i>clonazepam tab 0.5 mg</i>	23
<i>clonazepam tab 1 mg</i>	23
<i>clonazepam tab 2 mg</i>	23
<i>clonidine hcl tab 0.1 mg</i>	40
<i>clonidine hcl tab 0.2 mg</i>	40
<i>clonidine hcl tab 0.3 mg</i>	40
<i>clonidine hcl tab er 12hr 0.1 mg</i>	2
<i>clonidine td patch weekly 0.1 mg/24hr</i>	40

<i>clonidine td patch weekly 0.2 mg/24hr</i>	40
<i>clonidine td patch weekly 0.3 mg/24hr</i>	40
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	90
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	90
<i>clorazepate dipotassium tab 15 mg</i>	17
<i>clorazepate dipotassium tab 3.75 mg</i>	17
<i>clorazepate dipotassium tab 7.5 mg</i>	17
<i>clotrimazole cream 1%</i>	75
<i>clotrimazole troche 10 mg</i>	115
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	75
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	75
<i>clozapine orally disintegrating tab 100 mg</i>	56
<i>clozapine orally disintegrating tab 12.5 mg</i>	56
<i>clozapine orally disintegrating tab 150 mg</i>	56
<i>clozapine orally disintegrating tab 200 mg</i>	56
<i>clozapine orally disintegrating tab 25 mg</i>	56
<i>clozapine tab 100 mg</i>	56
<i>clozapine tab 200 mg</i>	56
<i>clozapine tab 25 mg</i>	56
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<i>C-NATE DHA CAP 28-1-200</i>	116
<i>COAGUCHEK MIS LANCETS</i>	96
<i>COARTEM TAB 20-120MG</i>	43
<i>codeine sulfate tab 15 mg</i>	7
<i>codeine sulfate tab 30 mg</i>	7
<i>codeine sulfate tab 60 mg</i>	7
<i>colchicine tab 0.6 mg</i>	89
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	89
<i>colesevelam hcl packet for susp 3.75 gm</i>	36
<i>colesevelam hcl tab 625 mg</i>	36
<i>colestipol hcl granule packets 5 gm</i>	36
<i>colestipol hcl granules 5 gm</i>	36
<i>colestipol hcl tab 1 gm</i>	36
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	15
<i>COMBIGAN SOL 0.2/0.5%</i>	118
<i>COMBIPATCH DIS</i>	85
<i>COMBIVENT AER 20-100</i>	20
<i>COMETRIQ KIT 100MG</i>	49
<i>COMETRIQ KIT 140MG</i>	49
<i>COMETRIQ KIT 60MG</i>	49
<i>COMFORT ASSU MIS LANC 28G</i>	96
<i>COMFORT ASSU MIS LANC 33G</i>	96
<i>COMFORT EZ MIS 21G</i>	97
<i>COMFORT EZ MIS 23G</i>	97
<i>COMFORT EZ MIS 28G</i>	97
<i>COMFORT EZ MIS 31GX5/16</i>	107
<i>COMFORT MIS LANCETS</i>	97
<i>COMFORT TCH MIS LANC 30G</i>	97
<i>COMFORT TCH MIS LANC 31G</i>	97
<i>COMFORTOUCH MIS LANCET</i>	97
<i>COMPLERA TAB</i>	59
<i>COPAXONE INJ 20MG/ML</i>	126
<i>COPAXONE INJ 40MG/ML</i>	126
<i>COPIKTRA CAP 15MG</i>	49
<i>COPIKTRA CAP 25MG</i>	49
<i>CORLANOR TAB 5MG</i>	67
<i>CORLANOR TAB 7.5MG</i>	67
<i>CORTISPORIN SUS -TC OTIC</i>	122
<i>COSENTYX INJ 150MG/ML</i>	76
<i>COSENTYX INJ 300DOSE</i>	76
<i>COSENTYX PEN INJ 150MG/ML</i>	76
<i>COSENTYX PEN INJ 300DOSE</i>	76
<i>COTELLIC TAB 20MG</i>	49
<i>CREON CAP 12000UNT</i>	80
<i>CREON CAP 24000UNT</i>	80
<i>CREON CAP 3000UNIT</i>	80
<i>CREON CAP 36000UNT</i>	80
<i>CREON CAP 6000UNIT</i>	80
<i>CRESEMBA CAP 186 MG</i>	35
<i>CRESEMBA INJ 372MG</i>	35
<i>CRINONE GEL 4% VAG</i>	135
<i>CRIXIVAN CAP 400MG</i>	59
<i>cromolyn sodium ophth soln 4%</i>	121
<i>cromolyn sodium oral conc 100 mg/5ml</i>	87
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	18
<i>CRONO SYR MIS 10ML</i>	107
<i>CRONO SYR MIS 20ML</i>	107

<i>crotamiton lotion 10%</i>	79
CUVPOSA SOL 1MG/5ML	131
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CVS LANCETS MIS 30G.....	97
CVS LANCETS MIS 33G.....	97
CVS LANCETS MIS ORIGINAL	97
CVS LANCETS MIS THIN 26G.....	97
CVS LANCETS MIS THIN 30G.....	97
CVS LANCETS MIS THIN 33G.....	97
CVS LANCING MIS DEVICE.....	97
<i>cyanocobalamin inj 1000 mcg/ml</i>	90
<i>cyclobenzaprine hcl tab 10 mg</i>	117
<i>cyclobenzaprine hcl tab 5 mg</i>	117
<i>cyclopentolate hcl ophth soln 1%</i> ...	119
<i>cyclopentolate hcl ophth soln 2%</i> ...	119
<i>cyclophosphamide for inj 1 gm</i>	44
<i>cyclophosphamide for inj 2 gm</i>	44
<i>cyclophosphamide for inj 500 mg</i>	44
<i>cycloserine cap 250 mg</i>	44
<i>cyclosporine cap 100 mg</i>	114
<i>cyclosporine cap 25 mg</i>	114
<i>cyclosporine iv soln 50 mg/ml</i>	114
<i>cyclosporine modified cap 100 mg</i> ..	114
<i>cyclosporine modified cap 25 mg</i> ...	114
<i>cyclosporine modified cap 50 mg</i> ...	114
<i>cyclosporine modified oral soln 100 mg/ml</i>	114
<i>cyproheptadine hcl syrup 2 mg/5ml</i> ..	36
<i>cyproheptadine hcl tab 4 mg</i>	36
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CYSTARAN SOL 0.44%	121
<i>cytarabine inj 20 mg/ml</i>	45
<i>cytarabine inj pf 100 mg/ml</i>	45
<i>cytarabine inj pf 20 mg/ml</i>	45
D	
<i>dacarbazine for inj 100 mg</i>	52
<i>dacarbazine for inj 200 mg</i>	52
<i>dalfampridine tab er 12hr 10 mg</i>	126
DALIRESP TAB 500MCG	19
<i>danazol cap 100 mg</i>	12
<i>danazol cap 200 mg</i>	12
<i>danazol cap 50 mg</i>	12
<i>dantrolene sodium cap 100 mg</i>	118
<i>dantrolene sodium cap 25 mg</i>	118
<i>dantrolene sodium cap 50 mg</i>	118
<i>dapsone gel 5%</i>	74
<i>dapsone tab 100 mg</i>	14
<i>dapsone tab 25 mg</i>	14
DAPTACEL INJ.....	131
DARAPRIM TAB 25MG	43
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	48
DAURISMO TAB 100MG	46
DAURISMO TAB 25MG	46
DEBACTEROL SOL 30-50%	115
<i>deferasirox tab 180 mg</i>	33
<i>deferasirox tab 360 mg</i>	33
<i>deferasirox tab 90 mg</i>	33
<i>deferasirox tab for oral susp 125 mg</i>	33
<i>deferasirox tab for oral susp 250 mg</i>	33
<i>deferasirox tab for oral susp 500 mg</i>	33
<i>demeclocycline hcl tab 150 mg</i>	128
<i>demeclocycline hcl tab 300 mg</i>	128
DEMEROL INJ 100/2ML.....	7
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DENAVIR CRE 1%.....	76
DEPO-ESTRADI INJ 5MG/ML.....	85
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DESCOVY TAB 200/25MG	59
<i>desipramine hcl tab 10 mg</i>	29
<i>desipramine hcl tab 100 mg</i>	29
<i>desipramine hcl tab 150 mg</i>	29
<i>desipramine hcl tab 25 mg</i>	29
<i>desipramine hcl tab 50 mg</i>	29
<i>desipramine hcl tab 75 mg</i>	29
<i>desloratadine tab 5 mg</i>	36
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	84
<i>desmopressin acetate tab 0.1 mg</i>	84
<i>desmopressin acetate tab 0.2 mg</i>	84
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	70
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	70
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	70
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	28
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	28

<i>desvenlafaxine succinate tab er 24hr</i>	
<i>50 mg (base equiv)</i>	28
<i>DEXAMETHASON CON 1MG/ML</i>	72
<i>dexamethasone elixir 0.5 mg/5ml</i>	72
<i>dexamethasone sodium phosphate</i>	
<i>ophth soln 0.1%</i>	120
<i>dexamethasone soln 0.5 mg/5ml</i>	72
<i>dexamethasone tab 0.5 mg</i>	72
<i>dexamethasone tab 0.75 mg</i>	72
<i>dexamethasone tab 1 mg</i>	72
<i>dexamethasone tab 1.5 mg</i>	73
<i>dexamethasone tab 2 mg</i>	73
<i>dexamethasone tab 4 mg</i>	73
<i>dexamethasone tab 6 mg</i>	73
<i>dexchlorpheniramine maleate oral soln</i>	
<i>2 mg/5ml</i>	35
<i>DEXILANT CAP 30MG DR</i>	132
<i>DEXILANT CAP 60MG DR</i>	132
<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>10 mg</i>	2
<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>15 mg</i>	2
<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>20 mg</i>	2
<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>30 mg</i>	2
<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>40 mg</i>	3
<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>mg</i>	2
<i>dexmethylphenidate hcl tab 10 mg</i>	3
<i>dexmethylphenidate hcl tab 2.5 mg</i> ... <td>3</td>	3
<i>dexmethylphenidate hcl tab 5 mg</i>	3
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	52
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	52
<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>10 mg</i>	1
<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>15 mg</i>	1
<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>5 mg</i>	1
<i>dextroamphetamine sulfate tab 10 mg</i> 1	
<i>dextroamphetamine sulfate tab 5 mg</i> 1	
<i>DIACOMIT CAP 250MG</i>	23
<i>DIACOMIT CAP 500MG</i>	23
<i>DIACOMIT PAK 250MG</i>	24
<i>DIACOMIT PAK 500MG</i>	24
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<i>DIATHRIVE MIS LANCETS</i>	97
<i>DIATHRIVE MIS LANCING</i>	97
<i>DIATHRIVE MIS UT 30G</i>	97
<i>diazepam conc 5 mg/ml</i>	17
<i>DIAZEPAM INJ 10MG/2ML</i>	17
<i>diazepam inj 5 mg/ml</i>	17
<i>diazepam oral soln 1 mg/ml</i>	17
<i>diazepam rectal gel delivery system</i>	
<i>mg</i>	23
<i>diazepam rectal gel delivery system</i>	
<i>mg</i>	23
<i>diazepam rectal gel delivery system</i>	
<i>mg</i>	23
<i>diazepam tab 10 mg</i>	17
<i>diazepam tab 2 mg</i>	17
<i>diazepam tab 5 mg</i>	17
<i>diclofenac potassium tab 50 mg</i>	5
<i>diclofenac sodium ophth soln 0.1%</i> 121	
<i>diclofenac sodium tab delayed release</i>	
<i>25 mg</i>	6
<i>diclofenac sodium tab delayed release</i>	
<i>50 mg</i>	6
<i>diclofenac sodium tab delayed release</i>	
<i>75 mg</i>	6
<i>diclofenac sodium tab er 24hr 100 mg</i> 6	
<i>diclofenac w/ misoprostol tab delayed release</i>	
<i>50-0.2 mg</i>	6
<i>diclofenac w/ misoprostol tab delayed release</i>	
<i>75-0.2 mg</i>	6
<i>dicloxacillin sodium cap 250 mg</i>	124
<i>dicloxacillin sodium cap 500 mg</i>	124
<i>dicyclomine hcl cap 10 mg</i>	131
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	
.....	131
<i>dicyclomine hcl tab 20 mg</i>	131
<i>DIFICID TAB 200MG</i>	95
<i>diflunisal tab 500 mg</i>	7
<i>digoxin inj 0.25 mg/ml</i>	66
<i>digoxin oral soln 0.05 mg/ml</i>	66
<i>digoxin tab 125 mcg (0.125 mg)</i>	66
<i>digoxin tab 250 mcg (0.25 mg)</i>	66
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	110
<i>DILANTIN CAP 30MG</i>	25

<i>diltiazem hcl cap er 24hr 120 mg</i>	64
<i>diltiazem hcl cap er 24hr 180 mg</i>	64
<i>diltiazem hcl cap er 24hr 240 mg</i>	64
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	64
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	64
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	64
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	64
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	64
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	64
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	64
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	65
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	65
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	65
<i>diltiazem hcl tab 120 mg</i>	65
<i>diltiazem hcl tab 30 mg</i>	65
<i>diltiazem hcl tab 60 mg</i>	65
<i>diltiazem hcl tab 90 mg</i>	65
<i>DIMENHYDRIN INJ 50MG/ML</i>	34
<i>dimethyl fumarate capsule delayed release 120 mg</i>	126
<i>dimethyl fumarate capsule delayed release 240 mg</i>	126
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	126
<i>DIP/TET PED INJ 25-5LFU</i>	131
<i>DIPENTUM CAP 250MG</i>	87
<i>diphenhydramine hcl inj 50 mg/ml</i> ...35	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	33
<i>diphenoxylate w/ atropine tab 2.5- 0.025 mg</i>	33
<i>dipyridamole tab 25 mg</i>	90
<i>dipyridamole tab 50 mg</i>	90
<i>dipyridamole tab 75 mg</i>	90
<i>disopyramide phosphate cap 100 mg</i> 17	
<i>disopyramide phosphate cap 150 mg</i> 17	
<i>disulfiram tab 250 mg</i>	125
<i>disulfiram tab 500 mg</i>	125
<i>DIURIL SUS 250/5ML</i>	81
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	26
<i>divalproex sodium tab delayed release 125 mg</i>	26
<i>divalproex sodium tab delayed release 250 mg</i>	26
<i>divalproex sodium tab delayed release 500 mg</i>	26
<i>divalproex sodium tab er 24 hr 250 mg</i>	26
<i>divalproex sodium tab er 24 hr 500 mg</i>	26
<i>dofetilide cap 125 mcg (0.125 mg)</i> ..18	
<i>dofetilide cap 250 mcg (0.25 mg)</i> ...18	
<i>dofetilide cap 500 mcg (0.5 mg)</i>18	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>125	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	125
<i>donepezil hydrochloride tab 10 mg.</i> 125	
<i>donepezil hydrochloride tab 5 mg</i> .. 125	
<i>DOPTELET TAB 20MG</i>	91
<i>dorzolamide hcl ophth soln 2%</i>121	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	118
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	118
<i>DOVATO TAB 50-300MG</i>	59
<i>doxazosin mesylate tab 1 mg</i>40	
<i>doxazosin mesylate tab 2 mg</i>40	
<i>doxazosin mesylate tab 4 mg</i>40	
<i>doxazosin mesylate tab 8 mg</i>40	
<i>doxepin hcl cap 10 mg</i>	29
<i>doxepin hcl cap 100 mg</i>29	
<i>doxepin hcl cap 150 mg</i>29	
<i>doxepin hcl cap 25 mg</i>	29
<i>doxepin hcl cap 50 mg</i>	29
<i>doxepin hcl cap 75 mg</i>	29
<i>doxepin hcl conc 10 mg/ml</i>	30
<i>doxercalciferol cap 0.5 mcg</i>83	
<i>doxercalciferol cap 1 mcg</i>	83
<i>doxercalciferol cap 2.5 mcg</i>83	
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	83
<i>doxorubicin hcl for inj 10 mg</i>48	

<i>doxorubicin hcl for inj 50 mg</i>	48
<i>doxorubicin hcl inj 2 mg/ml</i>	48
<i>doxycycline hyclate cap 100 mg</i>	128
<i>doxycycline hyclate cap 50 mg</i>	128
<i>doxycycline hyclate for inj 100 mg</i>	128
<i>doxycycline hyclate tab 100 mg</i>	128
<i>doxycycline hyclate tab 20 mg</i>	128
<i>doxycycline monohydrate cap 100 mg</i>	128
<i>doxycycline monohydrate cap 50 mg</i>	128
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	128
<i>doxycycline monohydrate tab 100 mg</i>	128
<i>doxycycline monohydrate tab 150 mg</i>	128
<i>doxycycline monohydrate tab 50 mg</i>	128
<i>doxycycline monohydrate tab 75 mg</i>	128
<i>DRITHO-CREME CRE HP 1%</i>	76
<i>dronabinol cap 10 mg</i>	34
<i>dronabinol cap 2.5 mg</i>	34
<i>dronabinol cap 5 mg</i>	34
<i>droperidol inj 2.5 mg/ml</i>	16
<i>DROPLET GENT MIS LANCING</i>	97
<i>DROPLET LANC MIS 30G</i>	97
<i>DROPLET LANC MIS DEVICE</i>	97
<i>DROPLET PERS MIS LANC 30G</i>	97
<i>drospirenone-ethynodiol tab 3-0.02 mg</i>	70
<i>drospirenone-ethynodiol tab 3-0.03 mg</i>	70
<i>drospirenone-ethynodiol estrad-</i>	
<i>levomefetamine tab 3-0.02-0.451 mg</i>	70
<i>drospirenone-ethynodiol estrad-</i>	
<i>levomefetamine tab 3-0.03-0.451 mg</i>	70
<i>DUAVEE TAB 0.45-20</i>	85
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	28
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	28
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	28
<i>DUREZOL EMU 0.05%</i>	120
<i>dutasteride cap 0.5 mg</i>	89

<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	89
E	
<i>EASY COMFORT MIS 30G</i>	97
<i>EASY COMFORT MIS LANC/30G</i>	97
<i>EASY COMFORT MIS TWIST</i>	97
<i>EASY MINI MIS</i>	97
<i>EASY MINI MIS EJECT</i>	97
<i>EASY TOUCH MIS</i>	97
<i>EASY TOUCH MIS LANC/21G</i>	97
<i>EASY TOUCH MIS LANC/23G</i>	97
<i>EASY TOUCH MIS LANC/26G</i>	97
<i>EASY TOUCH MIS LANC/28G</i>	97
<i>EASY TOUCH MIS LANC/30G</i>	97
<i>EASY TOUCH MIS LANC/32G</i>	97
<i>EASY TOUCH MIS LANC/33G</i>	98
<i>EASYPPOINT MIS 18GX1</i>	107
<i>EASYPPOINT MIS 18GX1.5</i>	107
<i>EDARBI TAB 40MG</i>	39
<i>EDARBI TAB 80MG</i>	39
<i>EDARBYCLOR TAB 40-12.5</i>	41
<i>EDARBYCLOR TAB 40-25MG</i>	41
<i>EDURANT TAB 25MG</i>	59
<i>efavirenz cap 200 mg</i>	59
<i>efavirenz cap 50 mg</i>	59
<i>efavirenz tab 600 mg</i>	59
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	111
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	111
<i>ELFOLATE PLU TAB 3-35-2MG</i>	79
<i>ELIQUIS ST P TAB 5MG</i>	21
<i>ELIQUIS TAB 2.5MG</i>	21
<i>ELIQUIS TAB 5MG</i>	21
<i>ELITEK INJ 1.5MG</i>	52
<i>ELITEK INJ 7.5MG</i>	52
<i>ELLA TAB 30MG</i>	72
<i>ELMIRON CAP 100MG</i>	89
<i>EMBRACE LANC MIS /EJECTOR</i>	98
<i>EMBRACE LANC MIS THIN 30G</i>	98
<i>EMCYT CAP 140MG</i>	47
<i>EMGALITY INJ 100MG/ML</i>	110
<i>EMGALITY INJ 120MG/ML</i>	110
<i>EMSAM DIS 12MG/24H</i>	27
<i>EMSAM DIS 6MG/24HR</i>	27
<i>EMSAM DIS 9MG/24HR</i>	27

<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	59
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	59
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	59
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	59
EMTRIVA CAP 200MG	59
EMTRIVA SOL 10MG/ML.....	59
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	41
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	41
<i>enalapril maleate tab 10 mg</i>	38
<i>enalapril maleate tab 2.5 mg</i>	38
<i>enalapril maleate tab 20 mg</i>	38
<i>enalapril maleate tab 5 mg</i>	38
<i>enalaprilat iv inj 1.25 mg/ml</i>	38
ENBREL INJ 25/0.5ML.....	7
ENBREL INJ 25MG.....	7
ENBREL INJ 50MG/ML.....	7
ENBREL MINI INJ 50MG/ML.....	7
ENBREL SRCLK INJ 50MG/ML.....	7
ENCARE SUP 100MG	135
ENGERIX-B INJ 10/0.5ML.....	134
ENGERIX-B INJ 20MCG/ML.....	134
<i>enoxaparin sodium inj 100 mg/ml</i>	21
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	21
<i>enoxaparin sodium inj 150 mg/ml</i>	21
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	21
<i>enoxaparin sodium inj 300 mg/3ml</i> ..	21
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	21
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	21
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	21
ENSPRYNG INJ	114
<i>entacapone tab 200 mg</i>	53
<i>entecavir tab 0.5 mg</i>	61
<i>entecavir tab 1 mg</i>	61
ENTRESTO TAB 24-26MG	66
ENTRESTO TAB 49-51MG	66
ENTRESTO TAB 97-103MG	66
EPCLUSA TAB 400-100	61
EPIDIOLEX SOL 100MG/ML	24
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	136
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	136
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	135
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	48
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	48
EPIVIR HBV SOL 5MG/ML.....	61
<i>eplerenone tab 25 mg</i>	43
<i>eplerenone tab 50 mg</i>	43
<i>epoprostenol sodium for inj 0.5 mg</i> ..	66
<i>epoprostenol sodium for inj 1.5 mg</i> ..	66
EQL LANCETS MIS 21G COLR	98
EQL LANCETS MIS 33G COLR	98
EQL LANCETS MIS THIN 26G.....	98
EQL LANCETS MIS THIN 30G.....	98
ERAXIS INJ 100MG	34
ERAXIS INJ 50MG	34
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	136
<i>ergoloid mesylates tab 1 mg</i>	127
ERGOMAR SUB 2MG.....	110
ERIVEDGE CAP 150MG	46
ERLEADA TAB 60MG	47
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	46
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	46
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	46
ERTACZO CRE 2%	75
ERYTHROCIN INJ 500MG	94
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	94
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	94
<i>erythromycin ethylsuccinate tab 400 mg</i>	94
<i>erythromycin gel 2%</i>	74
<i>erythromycin ophth oint 5 mg/gm</i> ..	119
<i>erythromycin pads 2%</i>	74
<i>erythromycin soln 2%</i>	74
<i>erythromycin stearate tab 250 mg</i> ...	94
<i>erythromycin tab 250 mg</i>	94
<i>erythromycin tab 500 mg</i>	94

<i>erythromycin tab delayed release</i> 250 mg.....	94
<i>erythromycin tab delayed release</i> 333 mg.....	94
<i>erythromycin tab delayed release</i> 500 mg.....	94
<i>erythromycin w/ delayed release particles cap</i> 250 mg	94
ESBRIET CAP 267MG.....	128
<i>escitalopram oxalate soln</i> 5 mg/5ml (base equiv).....	27
<i>escitalopram oxalate tab</i> 10 mg (base equiv)	27
<i>escitalopram oxalate tab</i> 20 mg (base equiv)	27
<i>escitalopram oxalate tab</i> 5 mg (base equiv)	27
<i>esmolol hcl inj</i> 100 mg/10ml	63
<i>esomeprazole magnesium cap delayed release</i> 20 mg (base eq)	132
<i>esomeprazole magnesium cap delayed release</i> 40 mg (base eq)	132
<i>esomeprazole sodium for intravenous soln</i> 40 mg (base equiv)	132
<i>estazolam tab</i> 1 mg	92
<i>estazolam tab</i> 2 mg	92
<i>estradiol & norethindrone acetate tab</i> 0.5-0.1 mg.....	85
<i>estradiol & norethindrone acetate tab</i> 1-0.5 mg	85
<i>estradiol tab</i> 0.5 mg.....	85
<i>estradiol tab</i> 1 mg.....	85
<i>estradiol tab</i> 2 mg.....	85
<i>estradiol td patch twice weekly</i> 0.025 mg/24hr	86
<i>estradiol td patch twice weekly</i> 0.0375 mg/24hr	86
<i>estradiol td patch twice weekly</i> 0.05 mg/24hr	85
<i>estradiol td patch twice weekly</i> 0.075 mg/24hr	86
<i>estradiol td patch twice weekly</i> 0.1 mg/24hr	85
<i>estradiol td patch weekly</i> 0.025 mg/24hr	86
<i>estradiol td patch weekly</i> 0.0375 mg/24hr (37.5 mcg/24hr)	86
<i>estradiol td patch weekly</i> 0.05 mg/24hr	86
<i>estradiol td patch weekly</i> 0.06 mg/24hr	86
<i>estradiol td patch weekly</i> 0.075 mg/24hr	86
<i>estradiol td patch weekly</i> 0.1 mg/24hr	86
<i>estradiol vaginal cream</i> 0.1 mg/gm	135
<i>estradiol vaginal tab</i> 10 mcg	135
<i>estradiol valerate im in oil</i> 20 mg/ml	86
<i>estradiol valerate im in oil</i> 40 mg/ml	86
ESTROGEL GEL	86
<i>eszopiclone tab</i> 1 mg	92
<i>eszopiclone tab</i> 2 mg	92
<i>eszopiclone tab</i> 3 mg	92
<i>ethacrynic acid tab</i> 25 mg.....	80
<i>ethambutol hcl tab</i> 100 mg	44
<i>ethambutol hcl tab</i> 400 mg	44
<i>ethosuximide cap</i> 250 mg.....	26
<i>ethosuximide soln</i> 250 mg/5ml.....	26
<i>ethyl chloride aerosol spray</i>	78
<i>ethynodiol diacetate & ethinyl estradiol tab</i> 1 mg-35 mcg.....	70
<i>ethynodiol diacetate & ethinyl estradiol tab</i> 1 mg-50 mcg.....	70
<i>etodolac cap</i> 200 mg.....	6
<i>etodolac cap</i> 300 mg.....	6
<i>etodolac tab</i> 400 mg	6
<i>etodolac tab</i> 500 mg	6
<i>etonogestrel-ethinyl estradiol va ring</i> 0.120-0.015 mg/24hr.....	72
ETOPOPHOS INJ 100MG	52
<i>etoposide cap</i> 50 mg.....	52
<i>etoposide inj</i> 100 mg/5ml (20 mg/ml)	52
<i>etoposide inj</i> 500 mg/25ml (20 mg/ml)	52
<i>everolimus tab</i> 2.5 mg	49
<i>everolimus tab</i> 5 mg	49
<i>everolimus tab</i> 7.5 mg	49
EVOTAZ TAB 300-150	60
EVRYSDI SOL.....	118
<i>exemestane tab</i> 25 mg.....	47
E-Z JECT MIS 21G	97
E-Z JECT MIS 21G COLR	97
E-Z JECT MIS 30G	97

E-Z JECT MIS 32G COLR	97
E-Z JECT MIS LANC 21G	97
E-Z JECT MIS THIN 26G.....	97
<i>ezetimibe tab 10 mg</i>	38
E-ZJECT LANC MIS 33G	97
EZ-LETS 21G MIS LANCETS.....	98
EZ-LETS 26G MIS LANCETS.....	98
EZ-LETS 28G MIS LANCETS.....	98
EZ-LETS 30G MIS LANCETS.....	98
F	
FABIOR AER 0.1%	74
FALESSA KIT.....	70
<i>famciclovir tab 125 mg.....</i>	62
<i>famciclovir tab 250 mg.....</i>	62
<i>famciclovir tab 500 mg.....</i>	62
<i>famotidine for susp 40 mg/5ml.....</i>	132
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml.....</i>	132
<i>famotidine inj 20 mg/2ml.....</i>	132
<i>famotidine inj 40 mg/4ml.....</i>	132
<i>famotidine tab 20 mg.....</i>	132
<i>famotidine tab 40 mg</i>	132
FANAPT TAB 10MG	55
FANAPT TAB 12MG	55
FANAPT TAB 1MG.....	55
FANAPT TAB 2MG.....	55
FANAPT TAB 4MG.....	55
FANAPT TAB 6MG.....	55
FANAPT TAB 8MG.....	55
FARXIGA TAB 10MG	32
FARXIGA TAB 5MG	32
FARYDAK CAP 10MG.....	49
FARYDAK CAP 15MG.....	49
FARYDAK CAP 20MG.....	49
FASTCLIX MIS LANCETS	98
FC FEMALE MIS CONDOM.....	95
FC2 FEMALE MIS CONDOM	95
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i>	91
<i>febuxostat tab 40 mg</i>	89
<i>febuxostat tab 80 mg</i>	89
<i>felbamate susp 600 mg/5ml.....</i>	25
<i>felbamate tab 400 mg</i>	25
<i>felbamate tab 600 mg</i>	25
<i>felodipine tab er 24hr 10 mg</i>	65
<i>felodipine tab er 24hr 2.5 mg</i>	65
<i>felodipine tab er 24hr 5 mg</i>	65
FEMCAP MIS 22MM	95
FEMCAP MIS 26MM	95
FEMCAP MIS 30MM	95
FEMRING MIS 0.05/24H	135
FEMRING MIS 0.1MG/24	135
<i>fenofibrate micronized cap 134 mg ..</i>	37
<i>fenofibrate micronized cap 200 mg ..</i>	37
<i>fenofibrate micronized cap 43 mg</i>	36
<i>fenofibrate micronized cap 67 mg</i>	36
<i>fenofibrate tab 145 mg.....</i>	37
<i>fenofibrate tab 160 mg.....</i>	37
<i>fenofibrate tab 48 mg</i>	37
<i>fenofibrate tab 54 mg</i>	37
<i>fenofibric acid tab 105 mg</i>	37
<i>fenofibric acid tab 35 mg</i>	37
<i>fenoprofen calcium tab 600 mg</i>	6
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	8
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	8
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	7
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	8
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	8
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	8
<i>fentanyl citrate pf soln cartridge 100 mcg/2ml.....</i>	8
<i>fentanyl td patch 72hr 100 mcg/hr.....</i>	8
<i>fentanyl td patch 72hr 12 mcg/hr</i>	8
<i>fentanyl td patch 72hr 25 mcg/hr</i>	8
<i>fentanyl td patch 72hr 50 mcg/hr</i>	8
<i>fentanyl td patch 72hr 75 mcg/hr</i>	8
FERRAPLUS 90 TAB.....	91
FERREX 150 CAP FORTE	91
FERRIPROX SOL 100MG/ML	33
FERRIPROX TAB 500MG.....	33
<i>ferrous fumarate-folic acid tab 324-1 mg</i>	91
FETZIMA CAP 120MG	28
FETZIMA CAP 20MG	28
FETZIMA CAP 40MG	28
FETZIMA CAP 80MG	28
FETZIMA CAP TITRATIO.....	28
FIFTY50 SAFE MIS LANCETS	98

FILL NEEDLE MIS 18GX1.5	107
<i>finasteride tab 5 mg</i>	89
FINE 30 MIS.....	98
FINGERSTIX MIS LANCETS.....	98
FIRMAGON INJ 120MG.....	47
FIRVANQ SOL 25MG/ML.....	14
FIRVANQ SOL 50MG/ML.....	14
FLAREX SUS 0.1% OP	120
<i>flavoxate hcl tab 100 mg</i>	133
<i>flecainide acetate tab 100 mg</i>	18
<i>flecainide acetate tab 150 mg</i>	18
<i>flecainide acetate tab 50 mg</i>	18
FLOVENT DISK AER 100MCG	19
FLOVENT DISK AER 250MCG	19
FLOVENT DISK AER 50MCG	19
FLOVENT HFA AER 110MCG.....	19
FLOVENT HFA AER 220MCG.....	19
FLOVENT HFA AER 44MCG	19
<i>flouxuridine for inj 0.5 gm</i>	45
FLUAD INJ 2020-21.....	134
FLUAD QUADRI INJ 0.5ML.....	134
FLUARIX QUAD INJ 2020-21.....	134
FLUBLOK QUAD INJ 2020-21	134
FLUCLVX QUAD INJ 2020-21	134
<i>fluconazole for susp 10 mg/ml</i>	35
<i>fluconazole for susp 40 mg/ml</i>	35
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	35
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	35
<i>fluconazole tab 100 mg</i>	35
<i>fluconazole tab 150 mg</i>	35
<i>fluconazole tab 200 mg</i>	35
<i>fluconazole tab 50 mg</i>	35
<i>flucytosine cap 250 mg</i>	35
<i>flucytosine cap 500 mg</i>	35
<i>fludarabine phosphate for inj 50 mg</i> ..	45
<i>fludarabine phosphate inj 25 mg/ml</i> ..	45
<i>fludrocortisone acetate tab 0.1 mg</i> ...	73
FLULAVAL QUA INJ 2020-21	134
<i>flumazenil iv soln 1 mg/10ml (0.1 mg/ml)</i>	33
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	118
<i>fluocinolone acetonide (otic) oil 0.01%</i>	122
<i>fluocinolone acetonide cream 0.01%</i> ..	77
<i>fluocinolone acetonide cream 0.025%</i>	77
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	77
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	77
<i>fluocinolone acetonide oint 0.025%</i> ..	77
<i>fluocinolone acetonide soln 0.01%</i> ..	77
<i>fluocinonide cream 0.05%</i>	77
<i>fluocinonide emulsified base cream 0.05%</i> ..	77
<i>fluocinonide gel 0.05%</i>	77
<i>fluocinonide oint 0.05%</i>	77
<i>fluocinonide soln 0.05%</i>	77
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	121
<i>fluorometholone ophth susp 0.1%</i> ..	120
<i>fluorouracil cream 5%</i>	76
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	45
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	45
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	45
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	45
<i>fluorouracil soln 2%</i>	76
<i>fluorouracil soln 5%</i>	76
<i>fluoxetine hcl cap 10 mg</i>	27
<i>fluoxetine hcl cap 20 mg</i>	27
<i>fluoxetine hcl cap 40 mg</i>	27
<i>fluoxetine hcl solution 20 mg/5ml</i> ...	27
<i>fluoxetine hcl tab 10 mg</i>	27
<i>fluphenazine decanoate inj 25 mg/ml</i> ..	57
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> ...	57
<i>fluphenazine hcl inj 2.5 mg/ml</i>	57
<i>fluphenazine hcl oral conc 5 mg/ml</i> ..	57
<i>fluphenazine hcl tab 1 mg</i>	58
<i>fluphenazine hcl tab 10 mg</i>	58
<i>fluphenazine hcl tab 2.5 mg</i>	58
<i>fluphenazine hcl tab 5 mg</i>	58
<i>flurazepam hcl cap 15 mg</i>	93
<i>flurazepam hcl cap 30 mg</i>	93
<i>flurbiprofen sodium ophth soln 0.03%</i>	121
<i>flurbiprofen tab 100 mg</i>	6
<i>flurbiprofen tab 50 mg</i>	6

<i>flutamide cap 125 mg</i>	47
<i>fluticasone propionate cream 0.05%</i> ..	77
<i>fluticasone propionate nasal susp 50 mcg/act</i>	118
<i>fluticasone propionate oint 0.005%</i> ..	77
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	37
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	37
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	37
<i>fluvoxamine maleate tab 100 mg</i>	27
<i>fluvoxamine maleate tab 25 mg</i>	27
<i>fluvoxamine maleate tab 50 mg</i>	27
FLUZONE HD INJ PF 20-21	134
FLUZONE QUAD INJ 2020-21	134
FML FORTE SUS 0.25% OP	120
FML OIN 0.1% OP	120
<i>folbic tab</i>	79
<i>folic acid cap 0.8 mg</i>	91
<i>folic acid inj 5 mg/ml</i>	91
<i>folic acid tab 1 mg</i>	91
<i>folic acid tab 400 mcg</i>	91
<i>folic acid tab 800 mcg</i>	91
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	91
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg</i>	91
<i>folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i>	92
FOLTANX TAB	79
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	22
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	21
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	21
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	22
FORA LANCETS MIS 30G	98
FORA MIS LANCETS	98
FORA MIS LANCING	98
FORTEO INJ 620/2.48	82
FOSAMAX + D TAB 70-2800	82
FOSAMAX + D TAB 70-5600	82
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	60

<i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</i>	34
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	41
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	41
<i>fosinopril sodium tab 10 mg</i>	38
<i>fosinopril sodium tab 20 mg</i>	38
<i>fosinopril sodium tab 40 mg</i>	38
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	25
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	26
FOSRENOL POW 1000MG	88
FOSRENOL POW 750MG	88
FRAGMIN INJ 10000/ML	22
FRAGMIN INJ 12500UNT	22
FRAGMIN INJ 15000UNT	22
FRAGMIN INJ 18000UNT	22
FRAGMIN INJ 2500/0.2	22
FRAGMIN INJ 5000/0.2	22
FRAGMIN INJ 7500/0.3	22
FRAGMIN INJ 95000UNT	22
FREESTYLE MIS LANCETS	98
FREESTYLE MIS UNISTICK	98
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	111
<i>fulvestrant inj 250 mg/5ml</i>	47
<i>furosemide inj 10 mg/ml</i>	80
<i>furosemide oral soln 10 mg/ml</i>	81
<i>furosemide oral soln 8 mg/ml</i>	80
<i>furosemide tab 20 mg</i>	81
<i>furosemide tab 40 mg</i>	81
<i>furosemide tab 80 mg</i>	81
FUSION PLUS CAP	92
FUZEON INJ 90MG	60
FYCOMPA TAB 10MG	23
FYCOMPA TAB 12MG	23
FYCOMPA TAB 2MG	22
FYCOMPA TAB 4MG	22
FYCOMPA TAB 6MG	22
FYCOMPA TAB 8MG	23
G	
<i>gabapentin cap 100 mg</i>	24
<i>gabapentin cap 300 mg</i>	24
<i>gabapentin cap 400 mg</i>	24
<i>gabapentin oral soln 250 mg/5ml</i>	24

<i>gabapentin tab 600 mg</i>	24
<i>gabapentin tab 800 mg</i>	24
GABLOFEN INJ 20000/20	117
GABLOFEN INJ 50MCG/ML.....	117
GALAFOLD CAP 123MG	84
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	125
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	125
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	125
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	125
<i>galantamine hydrobromide tab 12 mg</i>	125
<i>galantamine hydrobromide tab 4 mg</i>	125
<i>galantamine hydrobromide tab 8 mg</i>	125
GALZIN CAP 25MG	113
GALZIN CAP 50MG	113
<i>ganciclovir sodium for inj 500 mg</i>	61
GARDASIL 9 INJ	134
<i>gatifloxacin ophth soln 0.5%</i>	119
GAVRETO CAP 100MG	49
GELCLAIR GEL.....	116
<i>gemcitabine hcl for inj 1 gm</i>	45
<i>gemcitabine hcl for inj 2 gm</i>	45
<i>gemcitabine hcl for inj 200 mg</i>	45
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	45
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	45
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	45
<i>gemfibrozil tab 600 mg</i>	37
GENOTROPIN INJ 0.2MG	82
GENOTROPIN INJ 0.4MG	82
GENOTROPIN INJ 0.6MG	83
GENOTROPIN INJ 0.8MG	83
GENOTROPIN INJ 1.2MG	83
GENOTROPIN INJ 1.4MG	83
GENOTROPIN INJ 1.6MG	83
GENOTROPIN INJ 1.8MG	83
GENOTROPIN INJ 12MG	83
GENOTROPIN INJ 1MG.....	83
GENOTROPIN INJ 2MG.....	83

GENOTROPIN INJ 5MG	83
<i>gentamicin in saline inj 0.8 mg/ml</i>	4
<i>gentamicin in saline inj 1 mg/ml</i>	4
<i>gentamicin in saline inj 1.2 mg/ml</i>	4
<i>gentamicin in saline inj 1.6 mg/ml</i>	4
<i>gentamicin in saline inj 2 mg/ml</i>	4
<i>gentamicin sulfate cream 0.1%</i>	75
<i>gentamicin sulfate inj 10 mg/ml</i>	4
<i>gentamicin sulfate inj 40 mg/ml</i>	4
<i>gentamicin sulfate oint 0.1%</i>	75
<i>gentamicin sulfate ophth oint 0.3%</i> 119	
<i>gentamicin sulfate ophth soln 0.3%</i> 119	
GENTEEL MIS LANCETS	98
GENTEEL MIS NOZZLES.....	98
GENTEEL PLUS MIS BLACK.....	98
GENTEEL PLUS MIS BLUE.....	98
GENTEEL PLUS MIS PINK	98
GENTEEL PLUS MIS PURPLE	98
GENTEEL PLUS MIS WHITE	98
GENTEEL TIPS MIS BLUE	98
GENTEEL TIPS MIS CLEAR	98
GENTEEL TIPS MIS GREEN	98
GENTEEL TIPS MIS ORANGE.....	98
GENTEEL TIPS MIS RAINBOW.....	98
GENTEEL TIPS MIS VIOLET	98
GENTEEL TIPS MIS YELLOW	98
GENTLE-LET MIS 26G.....	98
GENTLE-LET MIS 28G.....	98
GENTLE-LET MIS LANCETS.....	98
GENTLE-LET MIS PLATFORM.....	98
GENVOYA TAB.....	60
GEODON INJ 20MG	55
GILENYA CAP 0.5MG	126
GILOTRIF TAB 20MG	46
GILOTRIF TAB 30MG	46
GILOTRIF TAB 40MG	46
GIVLAARI INJ 189MG/ML	90
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	127
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	127
GLEOSTINE CAP 100MG	44
GLEOSTINE CAP 10MG	44
GLEOSTINE CAP 40MG	44
<i>glimepiride tab 1 mg</i>	32
<i>glimepiride tab 2 mg</i>	32
<i>glimepiride tab 4 mg</i>	32

<i>glipizide tab 10 mg</i>	32
<i>glipizide tab 5 mg</i>	32
<i>glipizide tab er 24hr 10 mg</i>	32
<i>glipizide tab er 24hr 2.5 mg</i>	32
<i>glipizide tab er 24hr 5 mg</i>	32
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	30
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	30
<i>glipizide-metformin hcl tab 5-500 mg</i>	30
GLOBAL 28G MIS LANCETS	98
GLOBAL 30G MIS LANCETS	98
GLOBAL LANC MIS DEVICE	98
GLUCAGEN INJ 1MG	79
GLUCAGEN INJ HYPOKIT	31
GLUCAGON INJ 1MG	79
GLUCAGON KIT 1MG	31
GLUCOCOM MIS 28G	99
GLUCOCOM MIS 30G	99
GLUCOCOM MIS 33G	99
<i>glyburide micronized tab 1.5 mg</i>	32
<i>glyburide micronized tab 3 mg</i>	32
<i>glyburide micronized tab 6 mg</i>	33
<i>glyburide tab 1.25 mg</i>	33
<i>glyburide tab 2.5 mg</i>	33
<i>glyburide tab 5 mg</i>	33
<i>glyburide-metformin tab 1.25-250 mg</i>	30
<i>glyburide-metformin tab 2.5-500 mg</i>	30
<i>glyburide-metformin tab 5-500 mg</i>	30
GLYCOPHOS SOL 1MM/ML	112
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	131
<i>glycopyrrolate tab 1 mg</i>	131
<i>glycopyrrolate tab 2 mg</i>	131
GLYXAMBI TAB 10-5 MG	30
GLYXAMBI TAB 25-5 MG	30
GNP LANCETS MIS 21G	99
GNP LANCETS MIS THIN	99
GNP LANCETS MIS THIN 26G	99
GOJJI LANCET MIS 30G	99
GOJJI MIS LANC DEV	99
GOODSENSE MIS LANC 26G	99
GOODSENSE MIS LANC 30G	99
GOODSENSE MIS LANC 33G	99
GOODSENSE MIS LANC DVC	99
GRALISE TAB 300MG	127
GRALISE TAB 600MG	127
<i>granisetron hcl inj 1 mg/ml</i>	34
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	34
<i>granisetron hcl tab 1 mg</i>	34
GRANIX INJ 300/0.5	91
GRANIX INJ 300/1ML	91
GRANIX INJ 480/0.8	91
GRANIX INJ 480/1.6	91
GRASTEK SUB 2800BAU	4
<i>griseofulvin microsize susp 125 mg/5ml</i>	35
<i>griseofulvin microsize tab 500 mg</i>	35
<i>griseofulvin ultramicrosize tab 125 mg</i>	35
<i>griseofulvin ultramicrosize tab 250 mg</i>	35
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	74
<i>guanfacine hcl tab 1 mg</i>	40
<i>guanfacine hcl tab 2 mg</i>	40
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	2
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	2
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	2
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	2
GUANIDINE TAB 125MG	43
GYNAZOLE-1 CRE 2%	135
GYNOL II GEL 3%	135
H	
HAEMOLANCE MIS HIGH FLO	99
HAEMOLANCE MIS LOW FLOW	99
HAEMOLANCE MIS PLUS	99
HAEMOLANCE MIS PLUS LOW	99
HAEMOLANCE MIS PLUS MAX	99
HAEMOLANCE MIS PLUS PED	99
HAEMOLANCE MIS RETRACT	99
<i>halobetasol propionate cream 0.05%</i>	77
<i>halobetasol propionate oint 0.05%</i>	77
<i>haloperidol decanoate im soln 100 mg/ml</i>	56
<i>haloperidol decanoate im soln 50 mg/ml</i>	56
<i>haloperidol lactate inj 5 mg/ml</i>	56

<i>haloperidol lactate oral conc 2 mg/ml</i>	56
<i>haloperidol tab 0.5 mg</i>	56
<i>haloperidol tab 1 mg</i>	56
<i>haloperidol tab 10 mg</i>	56
<i>haloperidol tab 2 mg</i>	56
<i>haloperidol tab 20 mg</i>	56
<i>haloperidol tab 5 mg</i>	56
HARVONI TAB 90-400MG	62
HAVRIX INJ 1440UNIT	134
HAVRIX INJ 720UNIT	134
HC LANCING MIS DEVICE	99
HECTOROL INJ 2MCG/ML	84
HEMANGEOL SOL 4.28/ML	63
HEMATOGEN FA CAP	92
HEMETAB TAB	92
HEP SOD/NACL INJ 12500UNT	22
HEP SOD/NACL INJ 25000UNT	22
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	22
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	22
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	22
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	22
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	22
<i>heparin sodium (porcine) lock flush iv soln 1 unit/ml</i>	22
<i>heparin sodium (porcine) lock flush iv soln 10 unit/ml</i>	22
<i>heparin sodium (porcine) lock flush iv soln 100 unit/ml</i>	22
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	22
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	22
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	22
HEPLISAV-B INJ 20/0.5ML	134
HETLIOZ CAP 20MG	93
HIBERIX SOL 10MCG	134
HLTHY ACCNTS MIS LANC 30G	99
HM INSULIN S MIS 0.3/31G	107
HM INSULIN S MIS 1ML/30G	107
<i>homatropine hbr ophth soln 5%</i>	119
HORIZANT TAB 300MG ER	127
HORIZANT TAB 600MG ER	127
HUMIRA INJ 10/0.1ML	4
HUMIRA INJ 20/0.2ML	4
HUMIRA INJ 40/0.4ML	4
HUMIRA KIT 40MG/0.8	4
HUMIRA PEDIA INJ CROHNS	4
HUMIRA PEN INJ 40/0.4ML	4
HUMIRA PEN INJ 40MG/0.8	4
HUMIRA PEN INJ 80/0.8ML	5
HUMIRA PEN INJ CD/UC/HS	5
HUMIRA PEN INJ PS/UV	5
HUMIRA PEN KIT CD/UC/HS	5
HUMIRA PEN KIT PED UC	5
HUMIRA PEN KIT PS/UV	5
HUMULIN R INJ U-500	31
HYCAMTIN CAP 0.25MG	53
HYCAMTIN CAP 1MG	53
<i>hydralazine hcl inj 20 mg/ml</i>	43
<i>hydralazine hcl tab 10 mg</i>	43
<i>hydralazine hcl tab 100 mg</i>	43
<i>hydralazine hcl tab 25 mg</i>	43
<i>hydralazine hcl tab 50 mg</i>	43
hydrochlorothiazide cap 12.5 mg	81
hydrochlorothiazide tab 12.5 mg	81
hydrochlorothiazide tab 25 mg	81
hydrochlorothiazide tab 50 mg	81
<i>hydrocodone polst-chlorphen polst er susp 10-8 mg/5ml</i>	74
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	8
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	8
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	8
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	8
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	8
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	8
<i>hydrocodone w/ homatropine syrup 5- 1.5 mg/5ml</i>	73
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	73
<i>hydrocodone-acetaminophen soln 7.5- 325 mg/15ml</i>	10

<i>hydrocodone-acetaminophen tab 10-325 mg</i>	11
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	10
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	10
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	11
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	11
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	11
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	12
<i>hydrocortisone cream 2.5%</i>	77
<i>hydrocortisone enema 100 mg/60ml</i> 12	
<i>hydrocortisone lotion 2.5%</i>	77
<i>hydrocortisone oint 2.5%</i>	77
<i>hydrocortisone perianal cream 2.5%</i> 12	
<i>hydrocortisone tab 10 mg</i>	73
<i>hydrocortisone tab 20 mg</i>	73
<i>hydrocortisone tab 5 mg</i>	73
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	122
HYDROMORPHON SUP 3MG	8
<i>hydromorphone hcl inj 1 mg/ml</i>	8
<i>hydromorphone hcl inj 2 mg/ml</i>	8
<i>hydromorphone hcl inj 4 mg/ml</i>	8
<i>hydromorphone hcl tab 2 mg</i>	8
<i>hydromorphone hcl tab 4 mg</i>	8
<i>hydromorphone hcl tab 8 mg</i>	8
<i>hydromorphone hcl tab er 24hr 12 mg</i> 8	
<i>hydromorphone hcl tab er 24hr 16 mg</i> 8	
<i>hydromorphone hcl tab er 24hr 32 mg</i> 8	
<i>hydromorphone hcl tab er 24hr 8 mg.</i> 8	
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	90
<i>hydroxychloroquine sulfate tab 200 mg</i>	43
<i>hydroxyurea cap 500 mg</i>	52
<i>hydroxyzine hcl im soln 25 mg/ml</i>16	
<i>hydroxyzine hcl im soln 50 mg/ml</i>16	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>16	
<i>hydroxyzine hcl tab 10 mg</i>	16
<i>hydroxyzine hcl tab 25 mg</i>	16
<i>hydroxyzine hcl tab 50 mg</i>	16
<i>hydroxyzine pamoate cap 100 mg</i>16	
<i>hydroxyzine pamoate cap 25 mg</i>	16
<i>hydroxyzine pamoate cap 50 mg</i>	16
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	131
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	132
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	132
<i>hyoscyamine sulfate tab 0.125 mg.</i> 132	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	132
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	132
HYPO NEEDLE MIS 18GX1	107
HYPO NEEDLE MIS 18GX1.5	107
HYQVIA INJ 10-800	122
HYQVIA INJ 2.5-200	122
HYQVIA INJ 20-1600	122
HYQVIA INJ 30-2400	122
HYQVIA INJ 5-400	122
I	
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	82
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	82
IBRANCE CAP 100MG	49
IBRANCE CAP 125MG	49
IBRANCE CAP 75MG	49
IBRANCE TAB 100MG	49
IBRANCE TAB 125MG	49
IBRANCE TAB 75MG	49
<i>ibuprofen tab 400 mg</i>	6
<i>ibuprofen tab 600 mg</i>	6
<i>ibuprofen tab 800 mg</i>	6
ICLUSIG TAB 15MG	49
ICLUSIG TAB 45MG	49
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	48
IDHIFA TAB 100MG	49
IDHIFA TAB 50MG	49
<i>ifosfamide for inj 1 gm</i>	44
IFOSFAMIDE INJ 3GM	44
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	44
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	44
ILARIS INJ 150MG/ML	5

ILEVRO DRO 0.3% OP	121
ILUVIEN IMP 0.19MG.....	120
<i>imatinib mesylate tab 100 mg (base equivalent).....</i>	49
<i>imatinib mesylate tab 400 mg (base equivalent).....</i>	49
IMBRUICA CAP 140MG.....	49
IMBRUICA TAB 140MG.....	49
IMBRUICA TAB 280MG.....	50
IMBRUICA TAB 420MG.....	50
IMBRUICA TAB 560MG.....	50
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	14
<i>imipenem-cilastatin intravenous for soln 500 mg.....</i>	14
imipramine hcl tab 10 mg	30
imipramine hcl tab 25 mg	30
imipramine hcl tab 50 mg	30
<i>imiquimod cream 5%</i>	78
IMOVAZ RABIE INJ 2.5/ML	134
IN TOUCH LAN MIS 30G.....	99
IN TOUCH LAN MIS DEVICE.....	99
INCONTROL MIS LANC 28G	99
INCONTROL MIS LANC 30G	99
INCONTROL MIS LANC 33G	99
INCONTROL MIS LANC DEV	99
INCRELEX INJ 40MG/4ML.....	83
INCRUSE ELPT INH 62.5MCG.....	18
<i>indapamide tab 1.25 mg.....</i>	81
<i>indapamide tab 2.5 mg.....</i>	81
<i>indomethacin cap 25 mg.....</i>	6
<i>indomethacin cap 50 mg.....</i>	6
<i>indomethacin cap er 75 mg.....</i>	6
INFANRIX INJ.....	131
INFED INJ 50MG/ML.....	92
INLYTA TAB 1MG	46
INLYTA TAB 5MG	46
INQOVI TAB 35-100MG	48
INREBIC CAP 100MG	50
INSULIN SRYG MIS 1ML/32G.....	107
INSULIN SYRG MIS 0.3/29G.....	107
INSULIN SYRG MIS 0.3/30G.....	107
INSULIN SYRG MIS 0.3/31G.....	107
INSULIN SYRG MIS 0.3ML/30	107
INSULIN SYRG MIS 0.3ML/31	107
INSULIN SYRG MIS 0.5/27G.....	107
INSULIN SYRG MIS 0.5/28G.....	107
INSULIN SYRG MIS 0.5/29G.....	107
INSULIN SYRG MIS 0.5/30G.....	107
INSULIN SYRG MIS 0.5/31G.....	107
INSULIN SYRG MIS 0.5/32G.....	107
INSULIN SYRG MIS 1/2ML/30.....	107
INSULIN SYRG MIS 1/2ML/31.....	107
INSULIN SYRG MIS 1ML	107
INSULIN SYRG MIS 1ML/25G	107
INSULIN SYRG MIS 1ML/26G	107
INSULIN SYRG MIS 1ML/27G	107
INSULIN SYRG MIS 1ML/28G	107
INSULIN SYRG MIS 1ML/29G	107
INSULIN SYRG MIS 1ML/30G	107
INSULIN SYRG MIS 1ML/31G	107
INSULIN SYRG MIS 1MLX30G	107
INSULIN SYRG MIS 2/27.5G.....	107
INSULIN SYRG MIS 27GX1/2.....	107
INSULIN SYRG MIS 28GX1/2.....	107
INSULIN SYRG MIS 29GX1/2.....	108
INSULIN SYRG MIS 30GX1/2.....	108
INSULIN SYRG MIS 30GX5/16	108
INSULIN SYRG MIS 30GX8MM	108
INSULIN SYRG MIS 31GX5/16	108
INSULIN SYRG MIS 31GX6MM	108
INSULIN SYRG MIS 31GX8MM	108
INSULIN SYRI MIS 0.3/31G.....	108
INTELENCE TAB 100MG	60
INTELENCE TAB 200MG	60
INTELENCE TAB 25MG	60
INTRON A INJ 10MU.....	52
INTRON A INJ 18MU.....	52
INTRON A INJ 25MU.....	52
INTRON A INJ 50MU.....	52
INVEGA SUST INJ 117/0.75	55
INVEGA SUST INJ 156MG/ML	55
INVEGA SUST INJ 234/1.5	55
INVEGA SUST INJ 39/0.25	55
INVEGA SUST INJ 78/0.5ML	55
INVEGA TRINZ INJ 273MG	55
INVEGA TRINZ INJ 410MG	55
INVEGA TRINZ INJ 546MG	55
INVEGA TRINZ INJ 819MG	55
INVIRASE TAB 500MG	60
IPOL INJ INACTIVE	134
<i>ipratropium bromide inhal soln 0.02%</i>	18

<i>ipratropium bromide nasal soln 0.03%</i>	
(21 mcg/spray).....	118
<i>ipratropium bromide nasal soln 0.06%</i>	
(42 mcg/spray).....	118
<i>ipratropium-albuterol nebu soln 0.5-</i>	
2.5(3) mg/3ml.....	20
<i>irbesartan tab 150 mg</i>	39
<i>irbesartan tab 300 mg</i>	39
<i>irbesartan tab 75 mg</i>	39
<i>irbesartan-hydrochlorothiazide tab</i>	
150-12.5 mg	41
<i>irbesartan-hydrochlorothiazide tab</i>	
300-12.5 mg	41
<i>IRESSA TAB 250MG</i>	46
<i>irinotecan hcl inj 100 mg/5ml (20</i>	
mg/ml).....	53
<i>irinotecan hcl inj 40 mg/2ml (20</i>	
mg/ml).....	53
<i>irinotecan hcl inj 500 mg/25ml (20</i>	
mg/ml).....	53
<i>iron polysacch complex-vit b12-fa cap</i>	
150-0.025-1 mg	92
<i>ISENTRESS CHW 100MG</i>	60
<i>ISENTRESS CHW 25MG</i>	60
<i>ISENTRESS HD TAB 600MG</i>	60
<i>ISENTRESS POW 100MG</i>	60
<i>ISENTRESS TAB 400MG</i>	60
<i>ISOLYTE-S INJ</i>	112
<i>isoniazid inj 100 mg/ml</i>	44
<i>isoniazid syrup 50 mg/5ml</i>	44
<i>isoniazid tab 100 mg</i>	44
<i>isoniazid tab 300 mg</i>	44
<i>isosorbide dinitrate tab 10 mg</i>	15
<i>isosorbide dinitrate tab 20 mg</i>	15
<i>isosorbide dinitrate tab 30 mg</i>	15
<i>isosorbide dinitrate tab 5 mg</i>	15
<i>isosorbide mononitrate tab 10 mg</i>	15
<i>isosorbide mononitrate tab 20 mg</i>	15
<i>isosorbide mononitrate tab er 24hr 120</i>	
mg.....	16
<i>isosorbide mononitrate tab er 24hr 30</i>	
mg.....	16
<i>isosorbide mononitrate tab er 24hr 60</i>	
mg.....	16
<i>isradipine cap 2.5 mg</i>	65
<i>isradipine cap 5 mg</i>	65
<i>ISTURISA TAB 10MG</i>	81
<i>ISTURISA TAB 1MG</i>	81
<i>ISTURISA TAB 5MG</i>	81
<i>itraconazole cap 100 mg.....</i>	35
<i>itraconazole oral soln 10 mg/ml.....</i>	35
<i>ivermectin tab 3 mg.....</i>	13
<i>IXIARO INJ</i>	134
J	
<i>JAKAFI TAB 10MG.....</i>	50
<i>JAKAFI TAB 15MG.....</i>	50
<i>JAKAFI TAB 20MG.....</i>	50
<i>JAKAFI TAB 25MG.....</i>	50
<i>JAKAFI TAB 5MG</i>	50
<i>JANSSEN VACC INJ COVID-19</i>	134
<i>JANUMET TAB 50-1000.....</i>	30
<i>JANUMET TAB 50-500MG</i>	30
<i>JANUMET XR TAB 100-1000</i>	30
<i>JANUMET XR TAB 50-1000</i>	30
<i>JANUMET XR TAB 50-500MG</i>	30
<i>JANUVIA TAB 100MG</i>	31
<i>JANUVIA TAB 25MG</i>	31
<i>JANUVIA TAB 50MG</i>	31
<i>JARDIANCE TAB 10MG</i>	32
<i>JARDIANCE TAB 25MG</i>	32
<i>JENLIVA CAP.....</i>	116
<i>JUBLIA SOL 10%</i>	75
<i>JUXTAPID CAP 10MG.....</i>	38
<i>JUXTAPID CAP 20MG.....</i>	38
<i>JUXTAPID CAP 30MG.....</i>	38
<i>JUXTAPID CAP 5MG</i>	38
<i>JYNARQUE PAK 45-15MG</i>	85
<i>JYNARQUE PAK 60-30MG</i>	85
<i>JYNARQUE PAK 90-30MG</i>	85
<i>JYNARQUE TAB 15MG.....</i>	85
<i>JYNARQUE TAB 30MG.....</i>	85
K	
<i>KALETRA TAB 100-25MG</i>	60
<i>KALETRA TAB 200-50MG</i>	60
<i>KALYDECO PAK 50MG</i>	128
<i>KALYDECO PAK 75MG</i>	128
<i>KALYDECO TAB 150MG.....</i>	128
<i>kcl 10 meq/l (0.075%) in dextrose 5%</i>	
& nacl 0.45% inj.....	112
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
nacl 0.2% inj	112
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
nacl 0.45% inj.....	112

<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	112
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	112
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	112
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	112
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	112
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	112
KCL/D5W/LACT INJ 20MEQ/L.....	112
KCL/D5W/NAACL INJ 0.3/0.9%.....	112
KEPIVANCE INJ 6.25MG	52
KERYDIN SOL 5%	75
<i>ketoconazole cream 2%</i>	75
<i>ketoconazole shampoo 2%</i>	75
<i>ketoconazole tab 200 mg</i>	35
KETONE TES	79
KETONE TEST TES	79
<i>ketoprofen cap 50 mg</i>	6
<i>ketoprofen cap 75 mg</i>	6
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	6
<i>ketorolac tromethamine inj 15 mg/ml</i> 6	
<i>ketorolac tromethamine inj 30 mg/ml</i> 6	
<i>ketorolac tromethamine ophth soln 0.4%</i>	121
<i>ketorolac tromethamine ophth soln 0.5%</i>	121
<i>ketorolac tromethamine tab 10 mg</i>	6
KETOSTIX TES STRIP	79
KEVEYIS TAB 50MG.....	80
KINERET INJ	5
KINNEY MIS LANCETS	99
KINNEY THIN MIS LANCETS	99
KINRIX INJ	131
KISQALI 200 PAK FEMARA	48
KISQALI 400 PAK FEMARA	48
KISQALI 600 PAK FEMARA	48
KISQALI TAB 200DOSE.....	50
KISQALI TAB 400DOSE.....	50
KISQALI TAB 600DOSE.....	50
KORLYM TAB 300MG	31
KOSELUGO CAP 10MG	50
KOSELUGO CAP 25MG	50
KROGER LANCE MIS	99
KROGER LANCE MIS 26G	99
KROGER LANCE MIS THIN.....	99
KROGER LANCE MIS THIN 30G	99
KRYSTEXXA INJ 8MG/ML	89
KUVAN POW 500MG.....	84
KUVAN TAB 100MG.....	84
KYLEENA IUD 19.5MG	72
L	
<i>labetalol hcl iv soln 5 mg/ml</i>	62
<i>labetalol hcl tab 100 mg</i>	62
<i>labetalol hcl tab 200 mg</i>	62
<i>labetalol hcl tab 300 mg</i>	62
<i>lactated ringer's for irrigation</i>	115
<i>lactic acid (ammonium lactate) cream 12%</i>	78
<i>lactic acid (ammonium lactate) lotion 12%</i>	78
<i>lactic acid w/ vitamin e cream 10%-3500 unit/30gm</i>	78
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	87
<i>lactulose solution 10 gm/15ml</i>	93
<i>lamivudine oral soln 10 mg/ml</i>	60
<i>lamivudine tab 100 mg (hbv)</i>	62
<i>lamivudine tab 150 mg</i>	60
<i>lamivudine tab 300 mg</i>	60
<i>lamivudine-zidovudine tab 150-300 mg</i>	60
<i>lamotrigine orally disintegrating tab 100 mg</i>	24
<i>lamotrigine orally disintegrating tab 200 mg</i>	24
<i>lamotrigine orally disintegrating tab 25 mg</i>	24
<i>lamotrigine orally disintegrating tab 50 mg</i>	24
<i>lamotrigine tab 100 mg</i>	24
<i>lamotrigine tab 150 mg</i>	24
<i>lamotrigine tab 200 mg</i>	24
<i>lamotrigine tab 25 mg</i>	24
<i>lamotrigine tab chewable dispersible 25 mg</i>	24
<i>lamotrigine tab chewable dispersible 5 mg</i>	24
<i>lamotrigine tab er 24hr 250 mg</i>	24
<i>lamotrigine tab er 24hr 50 mg</i>	24

LANCET AUTO MIS INJECTOR	99
LANCET CARRY MIS CASE	99
LANCET DEVIC MIS 30G	99
LANCET DEVIC MIS ADJUST	99
LANCET MICRO MIS THIN 33G.....	99
LANCET STAND MIS 21G.....	99
LANCET SUPER MIS THIN 30G	99
LANCET ULTRA MIS 28G	99
LANCET ULTRA MIS THIN 30G	100
LANCET WITH MIS EJECTOR.....	100
LANCETS MICR MIS THIN 33G	100
LANCETS MIS.....	100
LANCETS MIS 21G	100
LANCETS MIS 21G COLR.....	100
LANCETS MIS 26G	100
LANCETS MIS 28G	100
LANCETS MIS 30G	100
LANCETS MIS 33G	100
LANCETS MIS ORANGE	100
LANCETS MIS ORIGINAL	100
LANCETS MIS THIN	100
LANCETS MIS THIN 26G	100
LANCETS MIS THIN 30G	100
LANCETS SUPR MIS THIN 28G	100
LANCETS THIN MIS	100
LANCETS THIN MIS 26G	100
LANCETS ULTR MIS THIN.....	100
LANCING DEVI MIS	100
LANCING DEVI MIS 25G	100
LANCING DEVI MIS 30G	100
LANCING MIS DEVICE	100
<i>lansoprazole cap delayed release 15 mg.</i>	132
<i>lansoprazole cap delayed release 30 mg.</i>	132
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	88
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	88
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	88
LANTUS INJ 100/ML	31
LANTUS SOLOS INJ 100/ML.....	31
LANZO MIS LANCING	100
LASTACAFT SOL 0.25%	121
<i>latanoprost ophth soln 0.005%</i>	121
LATUDA TAB 120MG.....	55
LATUDA TAB 20MG	55
LATUDA TAB 40MG	55
LATUDA TAB 60MG	55
LATUDA TAB 80MG	55
LB LANCET MIS 28G.....	100
LB LANCING MIS DEVICE.....	100
<i>leflunomide tab 10 mg</i>	7
<i>leflunomide tab 20 mg</i>	7
LENVIMA CAP 10 MG.....	46
LENVIMA CAP 14 MG.....	46
LENVIMA CAP 18 MG.....	46
LENVIMA CAP 20 MG.....	46
LENVIMA CAP 24 MG.....	46
LENVIMA CAP 8 MG.....	46
<i>letrozole tab 2.5 mg</i>	47
<i>leucovorin calcium tab 10 mg</i>	52
<i>leucovorin calcium tab 15 mg</i>	52
<i>leucovorin calcium tab 25 mg</i>	52
<i>leucovorin calcium tab 5 mg</i>	52
LEUKERAN TAB 2MG	44
LEUKINE INJ 250MCG	91
<i>leuprolide acetate inj kit 5 mg/ml</i>	47
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	20
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	20
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	20
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	20
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	20
LEVEMIR INJ	32
LEVEMIR INJ FLEXTOUC	32
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	24
<i>levetiracetam oral soln 100 mg/ml</i> ... <td>24</td>	24
<i>levetiracetam tab 1000 mg</i>	24
<i>levetiracetam tab 250 mg</i>	24
<i>levetiracetam tab 500 mg</i>	24
<i>levetiracetam tab 750 mg</i>	24
<i>levetiracetam tab er 24hr 500 mg</i> <td>24</td>	24
<i>levetiracetam tab er 24hr 750 mg</i> <td>24</td>	24
<i>levobunolol hcl ophth soln 0.5%</i> <td>118</td>	118
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	84
<i>levocarnitine tab 330 mg</i>	84

<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	36
<i>levocetirizine dihydrochloride tab 5 mg</i>	36
<i>levofloxacin in d5w iv soln 250 mg/50ml.....</i>	86
<i>levofloxacin in d5w iv soln 500 mg/100ml.....</i>	86
<i>levofloxacin in d5w iv soln 750 mg/150ml.....</i>	86
<i>levofloxacin iv soln 25 mg/ml</i>	86
<i>levofloxacin ophth soln 0.5%.....</i>	119
<i>levofloxacin oral soln 25 mg/ml</i>	86
<i>levofloxacin tab 250 mg.....</i>	86
<i>levofloxacin tab 500 mg.....</i>	87
<i>levofloxacin tab 750 mg.....</i>	87
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg.....</i>	70
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	70
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....</i>	70
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	70
<i>levonorgestrel tab 1.5 mg.....</i>	72
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	70
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	70
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	70
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	70
<i>levorphanol tartrate tab 2 mg.....</i>	8
<i>LEVOTHYROXIN INJ 200MCG</i>	129
<i>levothyroxine sodium for iv inj 100 mcg</i>	129
<i>levothyroxine sodium for iv inj 500 mcg</i>	129
<i>levothyroxine sodium tab 100 mcg</i>	129
<i>levothyroxine sodium tab 112 mcg</i>	129
<i>levothyroxine sodium tab 125 mcg</i>	129
<i>levothyroxine sodium tab 137 mcg</i>	129
<i>levothyroxine sodium tab 150 mcg</i>	129
<i>levothyroxine sodium tab 175 mcg</i>	129
<i>levothyroxine sodium tab 200 mcg</i>	129
<i>levothyroxine sodium tab 25 mcg</i>	129
<i>levothyroxine sodium tab 300 mcg</i>	129
<i>levothyroxine sodium tab 50 mcg</i>	129
<i>levothyroxine sodium tab 75 mcg</i>	129
<i>levothyroxine sodium tab 88 mcg</i>	129
<i>LEXIVA SUS 50MG/ML</i>	60
<i>lidocaine hcl local inj 1%</i>	94
<i>lidocaine hcl local inj 2%</i>	94
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	94
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	94
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	94
<i>lidocaine hcl local preservative free (pf) inj 4%</i>	94
<i>lidocaine hcl soln 4%</i>	78
<i>lidocaine hcl urethral/mucosal gel 2%</i>	78
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	78
<i>lidocaine hcl viscous soln 2%</i>	115
<i>lidocaine inj 0.5% w/ epinephrine-1:200000</i>	93
<i>lidocaine inj 1% w/ epinephrine-1:100000</i>	93
<i>lidocaine inj 2% w/ epinephrine-1:100000</i>	93
<i>lidocaine oint 5%</i>	78
<i>lidocaine patch 5%</i>	78
<i>lidocaine-hydrocortisone acetate perlanal cream 3-0.5%</i>	12
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	78
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	78
<i>LIFESCAN MIS UNISTIK2</i>	100
<i>LILETTA IUD 52MG</i>	72
<i>lindane shampoo 1%</i>	79
<i>linezolid for susp 100 mg/5ml</i>	15
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	15
<i>linezolid tab 600 mg</i>	15
<i>LINZESS CAP 145MCG</i>	88
<i>LINZESS CAP 290MCG</i>	88
<i>LINZESS CAP 72MCG</i>	88
<i>liothyronine sodium iv soln 10 mcg/ml</i>	129

<i>liothyronine sodium tab 25 mcg</i>	129
<i>liothyronine sodium tab 5 mcg</i>	129
<i>liothyronine sodium tab 50 mcg</i>	129
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	41
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	41
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	41
<i>lisinopril tab 10 mg</i>	38
<i>lisinopril tab 2.5 mg</i>	38
<i>lisinopril tab 20 mg</i>	38
<i>lisinopril tab 30 mg</i>	38
<i>lisinopril tab 40 mg</i>	38
<i>lisinopril tab 5 mg</i>	38
LITE TOUCH MIS LANC PEN	100
LITE TOUCH MIS LANCETS	100
LITETOUCH MIS LANCETS	100
<i>lithium carbonate cap 150 mg</i>	54
<i>lithium carbonate cap 300 mg</i>	54
<i>lithium carbonate cap 600 mg</i>	54
<i>lithium carbonate tab 300 mg</i>	54
<i>lithium carbonate tab er 300 mg</i>	54
<i>lithium carbonate tab er 450 mg</i>	54
LITHIUM SOL 8MEQ/5ML.....	54
LIVALO TAB 1MG	37
LIVALO TAB 2MG	37
LIVALO TAB 4MG	37
L-METHYL- TAB B6-B12	79
L-METHYL-MC TAB	79
L-METHYL-MC TAB NAC	79
LO LOESTRIN TAB 1-10-10	70
LOKELMA PAK 10GM	115
LOKELMA PAK 5GM	115
LONGS LANCET MIS STANDARD.....	100
LONGS LANCET MIS THIN	100
LONGS LANCET MIS ULTRA TH	100
LONSURF TAB 15-6.14	48
LONSURF TAB 20-8.19	48
<i>loperamide hcl cap 2 mg</i>	33
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	60
<i>lorazepam conc 2 mg/ml</i>	17
<i>lorazepam inj 2 mg/ml</i>	17
<i>lorazepam inj 4 mg/ml</i>	17
<i>lorazepam tab 0.5 mg</i>	17
<i>lorazepam tab 1 mg</i>	17
<i>lorazepam tab 2 mg</i>	17
LORBRENA TAB 100MG	50
LORBRENA TAB 25MG	50
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	42
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	42
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	42
<i>losartan potassium tab 100 mg</i>	39
<i>losartan potassium tab 25 mg</i>	39
<i>losartan potassium tab 50 mg</i>	39
LOTEMAX GEL 0.5%.....	120
LOTEMAX OIN 0.5%.....	120
<i>loteprednol etabonate ophth susp 0.5%</i>	120
<i>lovastatin tab 10 mg</i>	37
<i>lovastatin tab 20 mg</i>	37
<i>lovastatin tab 40 mg</i>	37
<i>loxapine succinate cap 10 mg</i>	56
<i>loxapine succinate cap 25 mg</i>	56
<i>loxapine succinate cap 5 mg</i>	56
<i>loxapine succinate cap 50 mg</i>	56
LUCEMYRA TAB 0.18MG.....	125
LUER-LOK SYR MIS 1ML/20G	109
<i>luliconazole cream 1%</i>	75
LUMIGAN SOL 0.01%	121
LUPANETA KIT 11.25-5.....	83
LUPANETA KIT 3.75-5	83
LUPR DEP-PED INJ 11.25MG	83
LUPR DEP-PED INJ 15MG	83
LUPR DEP-PED INJ 3M 30MG	83
LUPR DEP-PED INJ 7.5MG	83
LUPRON DEPOT INJ 11.25MG	47
LUPRON DEPOT INJ 22.5MG	47
LUPRON DEPOT INJ 3.75MG	47
LUPRON DEPOT INJ 30MG.....	47
LUPRON DEPOT INJ 45MG.....	47
LUPRON DEPOT INJ 7.5MG	47
LYNPARZA TAB 100MG	50
LYNPARZA TAB 150MG	50
LYSODREN TAB 500MG	47
M	
MAGELLAN SYR MIS 23GX1.....	109
<i>malathion lotion 0.5%</i>	79

<i>maprotiline hcl tab 25 mg</i>	27
<i>maprotiline hcl tab 50 mg</i>	27
<i>maprotiline hcl tab 75 mg</i>	27
MATULANE CAP 50MG	52
MAXICOMFORT MIS 27GX1/2	109
MAXIDEX SUS 0.1% OP	120
<i>meclizine hcl tab 12.5 mg</i>	34
<i>meclizine hcl tab 25 mg</i>	34
<i>meclofenamate sodium cap 50 mg</i>	6
MEDICHOICE MIS LANCET	100
MEDLANCE MIS 30G PLUS.....	100
MEDLANCE MIS EXTR 21G.....	100
MEDLANCE MIS LITE 25G.....	100
MEDLANCE MIS PLUS	100
MEDLANCE MIS PLUS 30G.....	100
MEDLANCE MIS UNV 21G.....	100
MEDLANCE PLS MIS 0.8MM	100
MEDLANCE PLS MIS EXTR 21G.....	101
MEDLANCE PLS MIS LITE 25G.....	101
MEDLANCE PLS MIS UNIV 21G.....	101
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	72
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	72
<i>medroxyprogesterone acetate tab 10 mg</i>	124
<i>medroxyprogesterone acetate tab 2.5 mg</i>	124
<i>medroxyprogesterone acetate tab 5 mg</i>	124
<i>mefenamic acid cap 250 mg</i>	6
<i>mefloquine hcl tab 250 mg</i>	43
<i>megestrol acetate susp 40 mg/ml</i>	47
<i>megestrol acetate tab 20 mg</i>	47
<i>megestrol acetate tab 40 mg</i>	47
MEIJER LANCE MIS COLOR.....	101
MEIJER LANCE MIS UNIV 21G.....	101
MEIJER LANCE MIS UNIV 30G.....	101
MEIJER LANCE MIS UNIVERSA	101
MEIJER MIS LANCETS	101
MEKINIST TAB 0.5MG.....	50
MEKINIST TAB 2MG	50
MEKTOVI TAB 15MG.....	50
<i>meloxicam tab 15 mg</i>	6
<i>meloxicam tab 7.5 mg</i>	6
<i>melphalan hcl for inj 50 mg (base equiv)</i>	44
<i>melphalan tab 2 mg</i>	44
<i>memantine hcl oral solution 2 mg/ml</i>	125
<i>memantine hcl tab 10 mg</i>	125
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	125
<i>memantine hcl tab 5 mg</i>	125
MENACTRA INJ.....	134
MENEST TAB 0.3MG	86
MENEST TAB 0.625MG	86
MENEST TAB 1.25MG	86
MENOSTAR DIS 14MCG	86
MENQUADFI INJ	134
MENTAX CRE 1%.....	75
MENVEO INJ	134
<i>meperidine hcl oral soln 50 mg/5ml</i> ...	8
<i>meperidine hcl tab 50 mg</i>	8
<i>meprobamate tab 200 mg</i>	16
<i>meprobamate tab 400 mg</i>	16
<i>mercaptopurine tab 50 mg</i>	45
<i>meropenem iv for soln 1 gm</i>	14
<i>meropenem iv for soln 500 mg</i>	14
<i>mesalamine cap dr 400 mg</i>	87
<i>mesalamine cap er 24hr 0.375 gm</i>	87
<i>mesalamine enema 4 gm</i>	87
<i>mesalamine suppos 1000 mg</i>	87
<i>mesalamine tab delayed release 1.2 gm</i>	87
<i>mesalamine tab delayed release 800 mg</i>	87
<i>mesna inj 100 mg/ml</i>	52
MESNEX TAB 400MG	52
METAFOLBIC TAB	79
METAFOLBIC TAB PLUS	80
<i>metaxalone tab 800 mg</i>	117
<i>metformin hcl tab 1000 mg</i>	31
<i>metformin hcl tab 500 mg</i>	31
<i>metformin hcl tab 850 mg</i>	31
<i>metformin hcl tab er 24hr 500 mg</i> ...	31
<i>metformin hcl tab er 24hr 750 mg</i> ...	31
<i>methadone hcl conc 10 mg/ml</i>	8
<i>methadone hcl soln 10 mg/5ml</i>	8
<i>methadone hcl soln 5 mg/5ml</i>	8
<i>methadone hcl tab 10 mg</i>	8
<i>methadone hcl tab 5 mg</i>	8
<i>methadone hcl tab for oral susp 40 mg</i>	9

<i>methazolamide tab 25 mg</i>	80	<i>methylphenidate hcl cap er 60 mg (cd)</i>	3
<i>methazolamide tab 50 mg</i>	80	<i>methylphenidate hcl chew tab 10 mg</i> ..3	
<i>methenamine hippurate tab 1 gm</i> ...15		<i>methylphenidate hcl chew tab 2.5 mg</i> 3	
<i>methenamine mandelate tab 0.5 gm</i> 15		<i>methylphenidate hcl chew tab 5 mg</i> ...3	
<i>methenamine mandelate tab 1 gm</i> ...15		<i>methylphenidate hcl soln 10 mg/5ml</i> ..3	
<i>methergine tab 0.2mg</i>	122	<i>methylphenidate hcl soln 5 mg/5ml</i> ...3	
<i>methimazole tab 10 mg</i>	129	<i>methylphenidate hcl tab 10 mg</i>3	
<i>methimazole tab 5 mg</i>	129	<i>methylphenidate hcl tab 20 mg</i>3	
<i>METHITEST TAB 10MG</i>	12	<i>methylphenidate hcl tab 5 mg</i>3	
<i>methocarbamol tab 500 mg</i>	117	<i>methylphenidate hcl tab er 10 mg</i>3	
<i>methocarbamol tab 750 mg</i>	117	<i>methylphenidate hcl tab er 20 mg</i>3	
<i>methotrexate sodium for inj 1 gm</i>45		<i>methylphenidate hcl tab er 24hr 18 mg</i>	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	453	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	45	<i>methylphenidate hcl tab er 24hr 27 mg</i>	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	453	
<i>methoxsalen rapid cap 10 mg</i>76		<i>methylphenidate hcl tab er 24hr 36 mg</i>	
<i>methscopolamine bromide tab 2.5 mg</i>	3	
.....132		<i>methylphenidate hcl tab er 24hr 54 mg</i>	
<i>methscopolamine bromide tab 5 mg</i>	3	
.....132		<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>3	
<i>methyldopa & hydrochlorothiazide tab 250-15 mg</i>42		<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>3	
<i>methyldopa & hydrochlorothiazide tab 250-25 mg</i>42		<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>3	
<i>methyldopa tab 250 mg</i>40		<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>3	
<i>methyldopa tab 500 mg</i>40		<i>methylprednisolone acetate inj susp 40 mg/ml</i>73	
<i>methylergonovine maleate tab 0.2 mg</i>		<i>methylprednisolone tab 16 mg</i>73	
.....122		<i>methylprednisolone tab 32 mg</i>73	
<i>methylphenidate hcl cap er 10 mg (cd)</i>	3	<i>methylprednisolone tab 4 mg</i>73	
.....		<i>methylprednisolone tab 8 mg</i>73	
<i>methylphenidate hcl cap er 20 mg (cd)</i>	3	<i>methylprednisolone tab therapy pack 4 mg (21)</i>73	
.....		<i>methyltestosterone cap 10 mg</i>12	
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	3	<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>87	
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	3	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>87	
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	3	<i>metoclopramide hcl tab 10 mg (base equivalent)</i>87	
<i>methylphenidate hcl cap er 30 mg (cd)</i>	3	<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	
.....		87	
<i>methylphenidate hcl cap er 40 mg (cd)</i>	3	<i>metolazone tab 10 mg</i>81	
.....		<i>metolazone tab 2.5 mg</i>81	

<i>metolazone tab 5 mg</i>	81
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	42
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	42
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	42
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	63
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	63
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	63
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	63
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	63
<i>metoprolol tartrate tab 100 mg</i>	63
<i>metoprolol tartrate tab 25 mg</i>	63
<i>metoprolol tartrate tab 50 mg</i>	63
METRONIDAZOL INJ 5MG/ML	13
<i>metronidazole cap 375 mg</i>	13
<i>metronidazole cream 0.75%</i>	79
<i>metronidazole gel 0.75%</i>	79
<i>metronidazole gel 1%</i>	79
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	13
<i>metronidazole lotion 0.75%</i>	79
<i>metronidazole tab 250 mg</i>	13
<i>metronidazole tab 500 mg</i>	13
<i>metronidazole vaginal gel 0.75%</i>	135
<i>mexiletine hcl cap 150 mg</i>	18
<i>mexiletine hcl cap 200 mg</i>	18
<i>mexiletine hcl cap 250 mg</i>	18
MICRO THIN MIS LANC 33G	101
MICROLET MIS LANCETS	101
MICROLET MIS NEXT	101
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	93
<i>midodrine hcl tab 10 mg</i>	136
<i>midodrine hcl tab 2.5 mg</i>	136
<i>midodrine hcl tab 5 mg</i>	136
MIGLITOL TAB 100 MG	30
MIGLITOL TAB 25 MG	30
MIGLITOL TAB 50 MG	30
<i>miglustat cap 100 mg</i>	90
MINI LANCING MIS DEVICE	101
MINOCIN INJ 100MG	128
<i>minocycline hcl cap 100 mg</i>	128
<i>minocycline hcl cap 50 mg</i>	128
<i>minocycline hcl cap 75 mg</i>	128
<i>minocycline hcl tab 100 mg</i>	128
<i>minocycline hcl tab 50 mg</i>	128
<i>minocycline hcl tab 75 mg</i>	128
<i>minoxidil tab 10 mg</i>	43
<i>minoxidil tab 2.5 mg</i>	43
MIOSTAT INJ 0.01% OP	119
MIRENA IUD SYSTEM	72
<i>mirtazapine orally disintegrating tab 15 mg</i>	26
<i>mirtazapine orally disintegrating tab 30 mg</i>	26
<i>mirtazapine orally disintegrating tab 45 mg</i>	26
<i>mirtazapine tab 15 mg</i>	26
<i>mirtazapine tab 30 mg</i>	26
<i>mirtazapine tab 45 mg</i>	26
<i>mirtazapine tab 7.5 mg</i>	26
MIRVASO GEL 0.33%	79
<i>misoprostol tab 100 mcg</i>	133
<i>misoprostol tab 200 mcg</i>	133
<i>mitomycin for iv soln 20 mg</i>	48
<i>mitomycin for iv soln 40 mg</i>	48
<i>mitomycin for iv soln 5 mg</i>	48
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	48
MM LANCING MIS DEVICE	101
MM TWIST MIS LANCETS	101
M-M-R II INJ	134
MOBILE LANCE MIS 30G	101
<i>modafinil tab 100 mg</i>	3
<i>modafinil tab 200 mg</i>	3
MODERNA VAC INJ COVID-19	134
<i>moexipril hcl tab 15 mg</i>	39
<i>moexipril hcl tab 7.5 mg</i>	39
<i>molindone hcl tab 10 mg</i>	57
<i>molindone hcl tab 25 mg</i>	57
<i>molindone hcl tab 5 mg</i>	57
<i>mometasone furoate cream 0.1%</i>	77
<i>mometasone furoate oint 0.1%</i>	77
<i>mometasone furoate solution 0.1% (lotion)</i>	77
MONOLET MIS LANCETS	101
MONOLET OPD MIS LANCETS	101
MONOLETTOR MIS LANCETS	101

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	19
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	19
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	19
<i>montelukast sodium tab 10 mg (base equiv)</i>	19
MONUROL PAK GRANULES	15
MORPHINE SUL INJ 2MG/ML.....	9
MORPHINE SUL INJ 4MG/ML.....	9
<i>morphine sulfate inj pf 0.5 mg/ml</i>	9
<i>morphine sulfate inj pf 1 mg/ml</i>	9
<i>morphine sulfate iv soln 1 mg/ml</i>	9
<i>morphine sulfate iv soln 50 mg/ml</i>	9
<i>morphine sulfate iv soln pf 10 mg/ml</i> . 9	
<i>morphine sulfate oral soln 10 mg/5ml</i> 9	
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	9
<i>morphine sulfate oral soln 20 mg/5ml</i> 9	
<i>morphine sulfate suppos 10 mg</i>	9
<i>morphine sulfate suppos 20 mg</i>	9
<i>morphine sulfate suppos 5 mg</i>	9
<i>morphine sulfate tab 15 mg</i>	9
<i>morphine sulfate tab 30 mg</i>	9
<i>morphine sulfate tab er 100 mg</i>	9
<i>morphine sulfate tab er 15 mg</i>	9
<i>morphine sulfate tab er 200 mg</i>	9
<i>morphine sulfate tab er 30 mg</i>	9
<i>morphine sulfate tab er 60 mg</i>	9
MOVANTIK TAB 12.5MG.....	88
MOVANTIK TAB 25MG	88
MOVIPREP SOL.....	93
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	119
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	87
MOXIFLOXACIN INJ 400/250	87
MOZOBIL INJ	92
MPD SFTY LAN MIS 21G.....	101
MPD SFTY LAN MIS 23G.....	101
MPD SFTY LAN MIS 28G.....	101
MPD SFTY LAN MIS 30G.....	101
MULPLETA TAB 3MG	91
MULTAQ TAB 400MG	18
MULTIGEN PLS TAB.....	92
MULTIGEN TAB	92
MULTIGEN TAB FOLIC	92
MULTI-LANCET MIS DEVICE	101
<i>mupirocin calcium cream 2%</i>	75
<i>mupirocin oint 2%</i>	75
MYALEPT INJ 11.3MG	84
MYCAMINE INJ 100MG	34
MYCAMINE INJ 50MG	34
<i>mycophenolate mofetil cap 250 mg</i> 114	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	114
<i>mycophenolate mofetil tab 500 mg</i> 114	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	114
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	114
MYGLUCOHEALT MIS LANC 30G....	101
MYLERAN TAB 2MG	44
MYNATAL CAP	116
MYNATAL PLUS TAB	116
MYNATAL-Z TAB	116
MYRBETRIQ TAB 25MG	133
MYRBETRIQ TAB 50MG	133
MYTESI TAB 125MG	33
N	
<i>nabumetone tab 500 mg</i>	6
<i>nabumetone tab 750 mg</i>	6
<i>nadolol tab 20 mg</i>	63
<i>nadolol tab 40 mg</i>	63
<i>nadolol tab 80 mg</i>	63
NAFCILLIN INJ 1GM/50ML.....	124
NAFCILLIN INJ 2GM/100.....	124
<i>nafcillin sodium for inj 1 gm</i>	124
<i>nafcillin sodium for inj 2 gm</i>	124
<i>nafcillin sodium for iv soln 1 gm</i> ...	124
<i>nafcillin sodium for iv soln 10 gm</i> ... 124	
<i>nafcillin sodium for iv soln 2 gm</i> ... 124	
<i>naftifine hcl gel 1%</i>	75
<i>nalbuphine hcl inj 10 mg/ml</i>	11
<i>nalbuphine hcl inj 20 mg/ml</i>	11
<i>naloxone hcl inj 0.4 mg/ml</i>	33
<i>naloxone hcl inj 4 mg/10ml</i>	33
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	33
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	33
<i>naltrexone hcl tab 50 mg</i>	33
<i>naproxen susp 125 mg/5ml</i>	6

<i>naproxen tab 250 mg</i>	6
<i>naproxen tab 375 mg</i>	6
<i>naproxen tab 500 mg</i>	6
<i>naproxen tab ec 375 mg</i>	6
<i>naproxen tab ec 500 mg</i>	7
<i>naratriptan hcl tab 1 mg (base equiv)</i>	111
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	111
NARCAN SPR.....	33
NATACYN SUS 5% OP.....	119
NATAZIA TAB.....	70
<i>nateglinide tab 120 mg</i>	32
<i>nateglinide tab 60 mg</i>	32
NATPARA INJ 100MCG.....	82
NATPARA INJ 25MCG.....	82
NATPARA INJ 50MCG.....	82
NATPARA INJ 75MCG.....	82
NATURE THROI TAB 162.5MG.....	129
NATURE-THROI TAB 113.75MG.....	130
NATURE-THROI TAB 130MG	130
NATURE-THROI TAB 146.25MG.....	130
NATURE-THROI TAB 16.25MG.....	129
NATURE-THROI TAB 195MG	130
NATURE-THROI TAB 260MG	130
NATURE-THROI TAB 32.5MG	129
NATURE-THROI TAB 325MG	130
NATURE-THROI TAB 48.75MG.....	129
NATURE-THROI TAB 65MG	129
NATURE-THROI TAB 81.25MG.....	129
NATURE-THROI TAB 97.5MG	129
NEEDLES MIS 18GX1.....	109
NEEDLES MIS 18GX1.5.....	109
<i>nefazodone hcl tab 100 mg</i>	28
<i>nefazodone hcl tab 150 mg</i>	28
<i>nefazodone hcl tab 200 mg</i>	28
<i>nefazodone hcl tab 250 mg</i>	28
<i>nefazodone hcl tab 50 mg</i>	28
<i>neomycin sulfate tab 500 mg</i>	4
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	120
<i>neomycin-polomyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	120
<i>neomycin-polymyxin b gu irrigation soln</i>	89
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	120
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	120
<i>neomycin-polymyxin-hc ophth susp</i>	120
<i>neomycin-polymyxin-hc otic soln 1%</i>	122
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	122
NEO-SYNALAR CRE	75
NEPHPLEX RX TAB	116
NERLYNX TAB 40MG	50
NEULASTA INJ 6MG/0.6M	91
NEULASTA KIT 6MG/0.6M	91
NEUPOGEN INJ 300/0.5.....	91
NEUPOGEN INJ 300MCG	91
NEUPOGEN INJ 480/0.8.....	91
NEUPOGEN INJ 480MCG	91
NEVANAC SUS 0.1%	121
<i>nevirapine susp 50 mg/5ml</i>	60
<i>nevirapine tab 200 mg</i>	60
<i>nevirapine tab er 24hr 100 mg</i>	60
<i>nevirapine tab er 24hr 400 mg</i>	60
NEXAVAR TAB 200MG	50
NEXAVIR INJ.....	115
NEXPLANON IMP 68MG.....	72
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	38
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	38
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	38
<i>nicardipine hcl cap 20 mg</i>	65
<i>nicardipine hcl cap 30 mg</i>	65
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	65
<i>nicotine polacrilex gum 2 mg</i>	127
<i>nicotine polacrilex gum 4 mg</i>	127
<i>nicotine polacrilex lozenge 2 mg</i>	127
<i>nicotine polacrilex lozenge 4 mg</i>	127
<i>nicotine td patch 24hr 14 mg/24hr.</i>	127
<i>nicotine td patch 24hr 21 mg/24hr.</i>	127
<i>nicotine td patch 24hr 7 mg/24hr ..</i>	127
NICOTROL INH.....	127
NICOTROL NS SPR 10MG/ML.....	127
<i>nifedipine cap 10 mg</i>	65
<i>nifedipine cap 20 mg</i>	65
<i>nifedipine tab er 24hr 30 mg</i>	65

<i>nifedipine tab er 24hr 60 mg</i>	65
<i>nifedipine tab er 24hr 90 mg</i>	65
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	65
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	65
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	65
<i>nilutamide tab 150 mg</i>	47
<i>nimodipine cap 30 mg</i>	65
<i>NINLARO CAP 2.3MG</i>	50
<i>NINLARO CAP 3MG</i>	50
<i>NINLARO CAP 4MG</i>	50
<i>nisoldipine tab er 24hr 17 mg</i>	65
<i>nisoldipine tab er 24hr 20 mg</i>	65
<i>nisoldipine tab er 24hr 25.5 mg</i>	65
<i>nisoldipine tab er 24hr 30 mg</i>	65
<i>nisoldipine tab er 24hr 34 mg</i>	65
<i>nisoldipine tab er 24hr 40 mg</i>	65
<i>nisoldipine tab er 24hr 8.5 mg</i>	65
<i>NITRO-BID OIN 2%</i>	16
<i>NITRO-DUR DIS 0.3MG/HR</i>	16
<i>NITRO-DUR DIS 0.8MG/HR</i>	16
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	15
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	15
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	15
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	15
<i>NITROGLYCER INJ 5MG/ML</i>	16
<i>nitroglycerin cap er 2.5 mg</i>	16
<i>nitroglycerin cap er 6.5 mg</i>	16
<i>nitroglycerin cap er 9 mg</i>	16
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	16
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	16
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	16
<i>nitroglycerin sl tab 0.3 mg</i>	16
<i>nitroglycerin sl tab 0.4 mg</i>	16
<i>nitroglycerin sl tab 0.6 mg</i>	16
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	16
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	16
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	16
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	16
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	16
<i>nizatidine cap 150 mg</i>	132
<i>nizatidine cap 300 mg</i>	132
<i>nizatidine oral soln 15 mg/ml</i>	132
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	72
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	70
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	71
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	71
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	71
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	71
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	71
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	71
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	71
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	71
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	71
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	71
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	71
<i>norethindrone acetate tab 5 mg</i>	124
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	85
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	85
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	71
<i>norethindrone tab 0.35 mg</i>	72
<i>norethindrone-eth estradiol tab 0.5- 35/0.75-35/1-35 mg-mcg</i>	71

<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	71
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	71
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	71
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	71
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	71
NORMOSOL -R INJ	112
NORTHERA CAP 100MG	136
NORTHERA CAP 200MG	136
NORTHERA CAP 300MG	136
<i>nortriptyline hcl cap 10 mg</i>	30
<i>nortriptyline hcl cap 25 mg</i>	30
<i>nortriptyline hcl cap 50 mg</i>	30
<i>nortriptyline hcl cap 75 mg</i>	30
<i>nortriptyline hcl soln 10 mg/5ml</i>	30
NORVIR SOL 80MG/ML	60
NOVA SAFETY MIS LANC 23G	101
NOVA SAFETY MIS LANC 28G	101
NOVA SURE MIS LANCETS	101
NOVA SUREFLX MIS LANC DEV	101
NOVOLIN INJ 70/30	32
NOVOLIN N INJ U-100	32
NOVOLIN R INJ U-100	32
NOVOLOG INJ 100/ML	32
NOVOLOG INJ FLEXPEN	32
NOVOLOG INJ PENFILL	32
NOVOLOG MIX INJ 70/30	32
NOVOLOG MIX INJ FLEXPEN	32
NOXAFILE SUS 40MG/ML	35
NUBEQA TAB 300MG	47
NUCYNTA ER TAB 100MG	9
NUCYNTA ER TAB 150MG	9
NUCYNTA ER TAB 200MG	9
NUCYNTA ER TAB 250MG	9
NUCYNTA ER TAB 50MG	9
NUCYNTA TAB 100MG	9
NUCYNTA TAB 50MG	9
NUCYNTA TAB 75MG	9
NUEDEXTA CAP 20-10MG	127
NURTEC TAB 75MG ODT	110
<i>nystatin cream 100000 unit/gm</i>	75
<i>nystatin oint 100000 unit/gm</i>	75
<i>nystatin susp 100000 unit/ml</i>	115
<i>nystatin tab 500000 unit</i>	35
<i>nystatin topical powder 100000 unit/gm</i>	75
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	75
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	75
O	
OBSTETRIX PAK DHA	116
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	84
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	84
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	84
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	84
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	84
ODACTRA SUB	4
ODOMZO CAP 200MG	46
OFEV CAP 100MG	128
OFEV CAP 150MG	128
<i>ofloxacin ophth soln 0.3%</i>	120
<i>ofloxacin otic soln 0.3%</i>	121
<i>ofloxacin tab 400 mg</i>	87
<i>olanzapine for im inj 10 mg</i>	56
<i>olanzapine orally disintegrating tab 10 mg</i>	57
<i>olanzapine orally disintegrating tab 15 mg</i>	57
<i>olanzapine orally disintegrating tab 20 mg</i>	57
<i>olanzapine orally disintegrating tab 5 mg</i>	57
<i>olanzapine tab 10 mg</i>	57
<i>olanzapine tab 15 mg</i>	57
<i>olanzapine tab 2.5 mg</i>	57
<i>olanzapine tab 20 mg</i>	57
<i>olanzapine tab 5 mg</i>	57
<i>olanzapine tab 7.5 mg</i>	57
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	126
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	126
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	126

<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	126
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	126
<i>olmesartan medoxomil tab 20 mg</i>	39
<i>olmesartan medoxomil tab 40 mg</i>	39
<i>olmesartan medoxomil tab 5 mg</i>	39
<i>olopatadine hcl nasal soln 0.6%</i>	118
<i>omega-3-acid ethyl esters cap 1 gm.</i>	36
<i>omeprazole cap delayed release 10 mg</i>	132
<i>omeprazole cap delayed release 20 mg</i>	132
<i>omeprazole cap delayed release 40 mg</i>	132
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	133
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	133
OMNARIS SPR	118
OMNIFLEX DPR	95
ONCASPAR INJ 750/ML	52
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	34
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	34
<i>ondansetron hcl oral soln 4 mg/5ml.</i>	34
<i>ondansetron hcl tab 24 mg</i>	34
<i>ondansetron hcl tab 4 mg</i>	34
<i>ondansetron hcl tab 8 mg</i>	34
<i>ondansetron orally disintegrating tab 4 mg</i>	34
<i>ondansetron orally disintegrating tab 8 mg</i>	34
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ONETOUCH DEL MIS LANC DEV	101
ONETOUCH DEL MIS PLUS 30G	101
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ORENITRAM TAB 0.25MG	66
ORENITRAM TAB 1MG	66
ORENITRAM TAB 2.5MG	66
ORENITRAM TAB 5MG	66
ORFADIN CAP 10MG	84
ORFADIN CAP 2MG	84
ORFADIN CAP 5MG	84
ORGOVYX TAB 120MG	47
ORKAMBI TAB 200-125	128
ORLADEYO CAP 110MG	90
ORLADEYO CAP 150MG	90
<i>orphenadrine citrate inj 30 mg/ml.</i>	117
<i>orphenadrine citrate tab er 12hr 100 mg</i>	117
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	62
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	62
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	62
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	62
OSMOPREP TAB 1.5GM	93
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OTEZLA TAB 10/20/30	7
OTEZLA TAB 30MG	7
OTREXUP INJ 10MG	5
OTREXUP INJ 15MG	5
OTREXUP INJ 20MG	5
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<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	124

<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	124
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	124
<i>oxaliplatin for iv inj 100 mg</i>	44
<i>oxaliplatin for iv inj 50 mg</i>	44
<i>oxaliplatin iv soln 100 mg/20ml</i>	44
<i>oxaliplatin iv soln 50 mg/10ml</i>	44
<i>oxandrolone tab 10 mg</i>	12
<i>oxandrolone tab 2.5 mg</i>	12
<i>oxazepam cap 10 mg</i>	17
<i>oxazepam cap 15 mg</i>	17
<i>oxazepam cap 30 mg</i>	17
<i>OXBRYTA TAB 500MG</i>	90
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	24
<i>oxcarbazepine tab 150 mg</i>	24
<i>oxcarbazepine tab 300 mg</i>	24
<i>oxcarbazepine tab 600 mg</i>	24
<i>oxiconazole nitrate cream 1%</i>	75
<i>oxybutynin chloride syrup 5 mg/5ml</i>	133
<i>oxybutynin chloride tab 5 mg</i>	133
<i>oxybutynin chloride tab er 24hr 10 mg</i>	133
<i>oxybutynin chloride tab er 24hr 15 mg</i>	133
<i>oxybutynin chloride tab er 24hr 5 mg</i>	133
<i>oxycodone hcl cap 5 mg</i>	9
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	9
<i>oxycodone hcl soln 5 mg/5ml</i>	9
<i>oxycodone hcl tab 10 mg</i>	9
<i>oxycodone hcl tab 15 mg</i>	9
<i>oxycodone hcl tab 20 mg</i>	9
<i>oxycodone hcl tab 30 mg</i>	9
<i>oxycodone hcl tab 5 mg</i>	9
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	9
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	9
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	10
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	10
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	10
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	10
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	10
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	11
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	11
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	11
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	11
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	11
<i>oxymorphone hcl tab 10 mg</i>	10
<i>oxymorphone hcl tab 5 mg</i>	10
<i>oxymorphone hcl tab er 12hr 10 mg</i> 10	10
<i>oxymorphone hcl tab er 12hr 15 mg</i> 10	10
<i>oxymorphone hcl tab er 12hr 20 mg</i> 10	10
<i>oxymorphone hcl tab er 12hr 30 mg</i> 10	10
<i>oxymorphone hcl tab er 12hr 40 mg</i> 10	10
<i>oxymorphone hcl tab er 12hr 5 mg</i> .. 10	10
<i>oxymorphone hcl tab er 12hr 7.5 mg</i> 10	10
<i>OZEMPIC INJ 2/1.5ML</i>	31
<i>OZEMPIC INJ 4MG/3ML</i>	31
P	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	52
<i>paliperidone tab er 24hr 1.5 mg</i>	55
<i>paliperidone tab er 24hr 3 mg</i>	55
<i>paliperidone tab er 24hr 6 mg</i>	55
<i>paliperidone tab er 24hr 9 mg</i>	55
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	34
<i>PALYNZIQ INJ 10/0.5ML</i>	84
<i>PALYNZIQ INJ 2.5/0.5</i>	84
<i>PALYNZIQ INJ 20MG/ML</i>	84
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<i>pamidronate disodium for inj 90 mg.</i> 82	
<i>pamidronate disodium iv soln 3 mg/ml</i>	82
<i>pamidronate disodium iv soln 9 mg/ml</i>	82
<i>PAMIDRONATE INJ 6MG/ML</i>	82
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<i>pantoprazole sodium ec tab 20 mg</i>	
(base equiv).....	132
<i>pantoprazole sodium ec tab 40 mg</i>	
(base equiv).....	133
<i>papaverine hcl inj 30 mg/ml</i>	66
<i>PARAGARD IUD T380A</i>	72
<i>paricalcitol cap 1 mcg</i>	84
<i>paricalcitol cap 2 mcg</i>	84
<i>paricalcitol cap 4 mcg</i>	84
<i>paromomycin sulfate cap 250 mg</i>	4
<i>paroxetine hcl tab 10 mg</i>	27
<i>paroxetine hcl tab 20 mg</i>	27
<i>paroxetine hcl tab 30 mg</i>	28
<i>paroxetine hcl tab 40 mg</i>	28
<i>PASER GRA 4GM</i>	44
<i>PC LANCETS MIS 30G</i>	102
<i>PEDIARIX INJ 0.5ML</i>	131
<i>PEDVAX HIB INJ</i>	134
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	93
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	93
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	93
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	93
<i>PEGASYS INJ</i>	62
<i>PEGASYS INJ 180MCG/M</i>	62
<i>PEGINTRON KIT 50MCG</i>	62
<i>PEMAZYRE TAB 13.5MG</i>	50
<i>PEMAZYRE TAB 4.5MG</i>	50
<i>PEMAZYRE TAB 9MG</i>	50
<i>PEN G PROC INJ 600000</i>	123
<i>PEN GK/DEXTR INJ 20000/ML</i>	123
<i>PEN GK/DEXTR INJ 40000/ML</i>	123
<i>PEN GK/DEXTR INJ 60000/ML</i>	123
<i>penicillamine cap 250 mg</i>	113
<i>penicillamine tab 250 mg</i>	113
<i>penicillin g potassium for inj 20000000 unit</i>	123
<i>penicillin g potassium for inj 5000000 unit</i>	123
<i>penicillin g sodium for inj 5000000 unit</i>	123
<i>penicillin v potassium for soln 125 mg/5ml</i>	123
<i>penicillin v potassium for soln 250</i>	
<i>mg/5ml</i>	123
<i>penicillin v potassium tab 250 mg</i> ..	123
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<i>PENTACEL INJ</i>	131
<i>pentamidine isethionate for nebulization soln 300 mg</i>	13
<i>pentazocine w/ naloxone tab 50-0.5 mg</i>	12
<i>pentoxifylline tab er 400 mg</i>	90
<i>PERFECT 28G MIS LANCETS</i>	102
<i>PERFECT 30G MIS LANCETS</i>	102
<i>PERFOROMIST NEB 20MCG</i>	20
<i>perindopril erbumine tab 2 mg</i>	39
<i>perindopril erbumine tab 4 mg</i>	39
<i>perindopril erbumine tab 8 mg</i>	39
<i>permethrin cream 5%</i>	79
<i>perphenazine tab 16 mg</i>	58
<i>perphenazine tab 2 mg</i>	58
<i>perphenazine tab 4 mg</i>	58
<i>perphenazine tab 8 mg</i>	58
<i>perphenazine-amitriptyline tab 2-10 mg</i>	126
<i>perphenazine-amitriptyline tab 2-25 mg</i>	126
<i>perphenazine-amitriptyline tab 4-10 mg</i>	126
<i>perphenazine-amitriptyline tab 4-25 mg</i>	126
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<i>PFIZER VACC INJ COVID-19</i>	134
<i>PHARMACY COU MIS LANCETS</i>	102
<i>phenazopyridine hcl tab 100 mg</i>	89
<i>phenazopyridine hcl tab 200 mg</i>	89
<i>phenelzine sulfate tab 15 mg</i>	27
<i>phenobarbital elixir 20 mg/5ml</i>	92
<i>phenobarbital tab 100 mg</i>	92
<i>phenobarbital tab 15 mg</i>	92
<i>phenobarbital tab 16.2 mg</i>	92
<i>phenobarbital tab 30 mg</i>	92
<i>phenobarbital tab 32.4 mg</i>	92
<i>phenobarbital tab 60 mg</i>	92
<i>phenobarbital tab 64.8 mg</i>	92
<i>phenobarbital tab 97.2 mg</i>	92
<i>phenoxybenzamine hcl cap 10 mg</i> ...	39

<i>phentermine hcl cap 15 mg</i>	2
<i>phentermine hcl cap 30 mg</i>	2
<i>phentermine hcl tab 37.5 mg</i>	2
<i>phenylephrine hcl ophth soln 10%..</i>	119
<i>phenylephrine hcl ophth soln 2.5%.</i>	119
<i>phenytoin chew tab 50 mg</i>	26
<i>phenytoin sodium extended cap 100 mg.</i>	26
<i>phenytoin sodium extended cap 200 mg.</i>	26
<i>phenytoin sodium extended cap 300 mg.</i>	26
<i>phenytoin sodium inj 50 mg/ml</i>	26
<i>phenytoin susp 125 mg/5ml</i>	26
<i>PHOSPHOLINE SOL 0.125%OP</i>	119
<i>PHOTOFRIN INJ 75MG</i>	52
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	136
<i>phytonadione inj 10 mg/ml</i>	136
<i>phytonadione tab 5 mg</i>	136
<i>pilocarpine hcl ophth soln 1%</i>	119
<i>pilocarpine hcl ophth soln 2%</i>	119
<i>pilocarpine hcl ophth soln 4%</i>	119
<i>pilocarpine hcl tab 5 mg</i>	116
<i>pilocarpine hcl tab 7.5 mg</i>	116
<i>pimecrolimus cream 1%</i>	78
<i>pimozide tab 1 mg</i>	127
<i>pimozide tab 2 mg</i>	127
<i>pindolol tab 10 mg</i>	63
<i>pindolol tab 5 mg</i>	63
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	32
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	32
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	32
<i>PIP LANCETS MIS 28G</i>	102
<i>PIP LANCETS MIS 30G</i>	102
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	124
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	124
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	124
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	124
<i>PIQRAY 200MG TAB DOSE</i>	50
<i>PIQRAY 250MG TAB DOSE</i>	50
<i>PIQRAY 300MG TAB DOSE</i>	50
<i>PLENUVU SOL</i>	93
<i>PNEUMOVAX 23 INJ 25/0.5</i>	134
<i>PNV TABS TAB 29-1MG</i>	116
<i>PNV-DHA CAP DOCUSATE</i>	116
<i>PNV-OMEGA CAP</i>	116
<i>podofilox soln 0.5%</i>	78
<i>POLY HUB MIS 18GX1</i>	109
<i>POLY HUB MIS 18GX1.5</i>	109
<i>polymyxin b sulfate for inj 500000 unit</i>	15
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	120
<i>POMALYST CAP 1MG</i>	47
<i>POMALYST CAP 2MG</i>	47
<i>POMALYST CAP 3MG</i>	47
<i>POMALYST CAP 4MG</i>	47
<i>posaconazole tab delayed release 100 mg</i>	35
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	88
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	112
<i>potassium acetate inj 2 meq/ml</i>	113
<i>potassium bicarbonate effer tab 25 meq</i>	113
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	112
<i>potassium chloride cap er 10 meq..</i>	113
<i>potassium chloride cap er 8 meq ...</i>	113
<i>potassium chloride inj 2 meq/ml....</i>	113
<i>potassium chloride microencapsulated crys er tab 10 meq.....</i>	113
<i>potassium chloride microencapsulated crys er tab 15 meq.....</i>	113
<i>potassium chloride microencapsulated crys er tab 20 meq.....</i>	113
<i>potassium chloride tab er 10 meq..</i>	113
<i>potassium chloride tab er 20 meq (1500 mg)</i>	113
<i>potassium chloride tab er 8 meq (600 mg)</i>	113
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	88
<i>potassium citrate & citric acid soln 1100-334 mg/5ml.</i>	88

<i>potassium citrate tab er 10 meq (1080 mg)</i>	88
<i>potassium citrate tab er 15 meq (1620 mg)</i>	88
<i>potassium citrate tab er 5 meq (540 mg)</i>	88
<i>potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k)</i>	113
POVIDONE IOD SOL 5%	120
PRALUENT INJ 150MG/ML	38
PRALUENT INJ 75MG/ML	38
<i>pramipexole dihydrochloride tab 0.125 mg</i>	54
<i>pramipexole dihydrochloride tab 0.25 mg</i>	54
<i>pramipexole dihydrochloride tab 0.5 mg</i>	54
<i>pramipexole dihydrochloride tab 0.75 mg</i>	54
<i>pramipexole dihydrochloride tab 1 mg</i>	54
<i>pramipexole dihydrochloride tab 1.5 mg</i>	54
<i>prasugrel hcl tab 10 mg (base equiv)</i>	90
<i>prasugrel hcl tab 5 mg (base equiv)</i>	90
<i>pravastatin sodium tab 10 mg</i>	37
<i>pravastatin sodium tab 20 mg</i>	37
<i>pravastatin sodium tab 40 mg</i>	37
<i>pravastatin sodium tab 80 mg</i>	37
<i>praziquantel tab 600 mg</i>	13
<i>prazosin hcl cap 1 mg</i>	40
<i>prazosin hcl cap 2 mg</i>	40
<i>prazosin hcl cap 5 mg</i>	40
PRED MILD SUS 0.12% OP	120
PRED SOD PHO SOL 1% OP	120
PRED-G S.O.P OIN OP	121
PRED-G SUS OP	121
<i>prednicarbate cream 0.1%</i>	77
<i>prednicarbate oint 0.1%</i>	77
<i>prednisolone acetate ophth susp 1%</i>	121
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	73
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	73
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	73
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	73
PREDNISONE CON 5MG/ML	73
<i>prednisone oral soln 5 mg/5ml</i>	73
<i>prednisone tab 1 mg</i>	73
<i>prednisone tab 10 mg</i>	73
<i>prednisone tab 2.5 mg</i>	73
<i>prednisone tab 20 mg</i>	73
<i>prednisone tab 5 mg</i>	73
<i>prednisone tab 50 mg</i>	73
<i>prednisone tab therapy pack 10 mg (21)</i>	73
<i>prednisone tab therapy pack 5 mg (21)</i>	73
<i>pregabalin cap 100 mg</i>	24
<i>pregabalin cap 150 mg</i>	24
<i>pregabalin cap 200 mg</i>	24
<i>pregabalin cap 225 mg</i>	25
<i>pregabalin cap 25 mg</i>	24
<i>pregabalin cap 300 mg</i>	25
<i>pregabalin cap 50 mg</i>	24
<i>pregabalin cap 75 mg</i>	24
<i>pregabalin soln 20 mg/ml</i>	25
PREMARIN INJ 25MG	86
PREMARIN TAB 0.3MG	86
PREMARIN TAB 0.45MG	86
PREMARIN TAB 0.625MG	86
PREMARIN TAB 0.9MG	86
PREMARIN TAB 1.25MG	86
PREMARIN VAG CRE 0.625MG	135
PREMPHASE TAB	85
PREMPRO TAB	85
PREMPRO TAB 0.3-1.5	85
PREMPRO TAB 0.45-1.5	85
PREMPRO TAB 0.625-5	85
PRENA1 CHW	116
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PREZCOBIX TAB 800-150	60

PREZISTA SUS 100MG/ML.....	60
PREZISTA TAB 150MG	60
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<i>primidone tab 250 mg</i>	25
<i>primidone tab 50 mg.....</i>	25
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PRO COMFORT MIS 0.5/31G.....	109
PRO COMFORT MIS 1ML/30G.....	109
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PRO COMFORT MIS 31G.....	102
PRO COMFORT MIS LANCETS	102
PROAIR HFA AER	20
<i>probenecid tab 500 mg.....</i>	89
<i>procainamide hcl inj 100 mg/ml.....</i>	18
<i>procchlorperazine edisylate inj 10 mg/2ml</i>	58
<i>procchlorperazine edisylate inj 50 mg/10ml.....</i>	58
<i>procchlorperazine maleate tab 10 mg (base equivalent).....</i>	58
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<i>procchlorperazine suppos 25 mg</i>	58
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<i>progesterone cap 100 mg</i>	124
<i>progesterone cap 200 mg</i>	125
<i>progesterone im in oil 50 mg/ml</i>	125
PROGLYCEM SUS 50MG/ML	31
PROGRAF INJ 5MG/ML	114
PROLENSA SOL 0.07%	121
PROMACTA TAB 12.5MG	91
PROMACTA TAB 25MG	91
PROMACTA TAB 50MG	91
PROMACTA TAB 75MG	91
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml.....</i>	74
<i>promethazine hcl inj 25 mg/ml</i>	36
<i>promethazine hcl inj 50 mg/ml</i>	36
<i>promethazine hcl suppos 12.5 mg....</i>	36
<i>promethazine hcl suppos 25 mg</i>	36
<i>promethazine hcl suppos 50 mg</i>	36
<i>promethazine hcl syrup 6.25 mg/5ml</i>	36
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<i>promethazine hcl tab 25 mg.....</i>	36
<i>promethazine hcl tab 50 mg.....</i>	36
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml.....</i>	74
<i>promethazine-dm syrup 6.25-15 mg/5ml.....</i>	74
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	74
<i>propafenone hcl cap er 12hr 225 mg</i>	18
<i>propafenone hcl cap er 12hr 325 mg</i>	18
<i>propafenone hcl cap er 12hr 425 mg</i>	18
<i>propafenone hcl tab 150 mg</i>	18
<i>propafenone hcl tab 225 mg</i>	18
<i>propafenone hcl tab 300 mg</i>	18
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	42
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	42
<i>propranolol hcl cap er 24hr 120 mg..</i>	63
<i>propranolol hcl cap er 24hr 160 mg..</i>	63
<i>propranolol hcl cap er 24hr 60 mg ...</i>	63
<i>propranolol hcl cap er 24hr 80 mg ...</i>	63
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<i>propranolol hcl oral soln 20 mg/5ml.</i>	63
<i>propranolol hcl oral soln 40 mg/5ml .</i>	63
<i>propranolol hcl tab 10 mg.....</i>	64
<i>propranolol hcl tab 20 mg.....</i>	64
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sodium chloride iv soln 0.45%.....	113
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SOMAVERT INJ 20MG	82
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<i>sotalol hcl (afib/afl) tab 120 mg</i>	64
<i>sotalol hcl (afib/afl) tab 160 mg</i>	64
<i>sotalol hcl (afib/afl) tab 80 mg</i>	64
SOTALOL HCL INJ 150/10ML	64
<i>sotalol hcl tab 120 mg</i>	64
<i>sotalol hcl tab 160 mg</i>	64
<i>sotalol hcl tab 240 mg</i>	64
<i>sotalol hcl tab 80 mg</i>	64
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<i>stavudine cap 15 mg</i>	60
<i>stavudine cap 20 mg</i>	61
<i>stavudine cap 30 mg</i>	61
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<i>sulfacetamide sodium liquid 10%</i>	76
<i>sulfacetamide sodium ophth oint 10%</i>	
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<i>sulfacetamide sodium ophth soln 10%</i>	
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<i>sulfacetamide sodium w/ sulfur</i>	
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<i>sulfamethoxazole-trimethoprim iv soln</i>	
<i>400-80 mg/5ml</i>	13
<i>sulfamethoxazole-trimethoprim susp</i>	
<i>200-40 mg/5ml</i>	13
<i>sulfamethoxazole-trimethoprim tab</i>	
<i>400-80 mg</i>	13
<i>sulfamethoxazole-trimethoprim tab</i>	
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<i>sumatriptan succinate solution auto-</i>	
<i>injector 4 mg/0.5ml</i>	111
<i>sumatriptan succinate solution auto-</i>	
<i>injector 6 mg/0.5ml</i>	111
<i>sumatriptan succinate solution</i>	
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tacrolimus cap 5 mg	114
tacrolimus oint 0.03%.....	78
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tadalafil tab 5 mg	66
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<i>telmisartan tab 40 mg</i>	39
<i>telmisartan tab 80 mg</i>	39
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<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	42
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<i>temozolomide cap 100 mg</i>	45
<i>temozolomide cap 140 mg</i>	45
<i>temozolomide cap 180 mg</i>	45
<i>temozolomide cap 20 mg</i>	45
<i>temozolomide cap 250 mg</i>	45
<i>temozolomide cap 5 mg</i>	45
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terazosin hcl cap 10 mg (base equivalent).....	40
terazosin hcl cap 2 mg (base equivalent).....	40
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terbutaline sulfate inj 1 mg/ml.....	20
terbutaline sulfate tab 2.5 mg	20
terbutaline sulfate tab 5 mg	20
<i>terconazole vaginal cream 0.4%</i>	135
<i>terconazole vaginal cream 0.8%</i>	135
<i>terconazole vaginal suppos 80 mg</i> .	135
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	12
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<i>testosterone td gel 10mg/act (2%)</i> ..	12
<i>testosterone td gel 12.5 mg/act (1%)</i> ..	12
<i>testosterone td gel 20.25 mg/act (1.62%)</i> ..	12
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<i>thioridazine hcl tab 100 mg</i>	58
<i>thioridazine hcl tab 25 mg</i>	58
<i>thioridazine hcl tab 50 mg</i>	58
<i>thiothixene cap 1 mg</i>	59
<i>thiothixene cap 10 mg</i>	59

<i>thiothixene cap 2 mg</i>	59
<i>thiothixene cap 5 mg</i>	59
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<i>thyroid tab 15 mg (1/4 grain)</i>	130
<i>thyroid tab 30 mg (1/2 grain)</i>	130
<i>thyroid tab 60 mg (1 grain)</i>	130
<i>thyroid tab 90 mg (1 1/2 grain)</i>	130
<i>tiagabine hcl tab 12 mg</i>	25
<i>tiagabine hcl tab 16 mg</i>	25
<i>tiagabine hcl tab 2 mg</i>	25
<i>tiagabine hcl tab 4 mg</i>	25
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<i>timolol maleate ophth gel forming soln 0.5%</i>	118
<i>timolol maleate ophth soln 0.25%</i> ..	119
<i>timolol maleate ophth soln 0.5%</i>	119
<i>timolol maleate tab 10 mg</i>	64
<i>timolol maleate tab 20 mg</i>	64
<i>timolol maleate tab 5 mg</i>	64
<i>tinidazole tab 250 mg</i>	13
<i>tinidazole tab 500 mg</i>	13
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TIROSINT CAP 112MCG	130
TIROSINT CAP 125MCG	130
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<i>tizanidine hcl cap 4 mg (base equivalent)</i>	117
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	117
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	117
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	117
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<i>tobramycin nebu soln 300 mg/5ml</i>	4
<i>tobramycin ophth soln 0.3%</i>	120
<i>tobramycin sulfate for inj 1.2 gm</i>	4
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	4
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	4
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	4
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	4
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	121
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<i>tolbutamide tab 500 mg</i>	33
<i>tolcapone tab 100 mg</i>	53
<i>tolmetin sodium cap 400 mg</i>	7
<i>tolmetin sodium tab 600 mg</i>	7
<i>tolterodine tartrate cap er 24hr 2 mg</i>	133
<i>tolterodine tartrate cap er 24hr 4 mg</i>	133
<i>tolterodine tartrate tab 1 mg</i>	133
<i>tolterodine tartrate tab 2 mg</i>	133
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<i>topiramate cap er 24hr sprinkle 100 mg</i>	25
<i>topiramate cap er 24hr sprinkle 150 mg</i>	25
<i>topiramate cap er 24hr sprinkle 200 mg</i>	25
<i>topiramate cap er 24hr sprinkle 25 mg</i>	25
<i>topiramate cap er 24hr sprinkle 50 mg</i>	25
<i>topiramate sprinkle cap 15 mg</i>	25
<i>topiramate sprinkle cap 25 mg</i>	25
<i>topiramate tab 100 mg</i>	25
<i>topiramate tab 200 mg</i>	25
<i>topiramate tab 25 mg</i>	25
<i>topiramate tab 50 mg</i>	25
TOPOTECAN INJ 4MG/4ML	53

<i>toremifene citrate tab 60 mg (base equivalent)</i>	47
<i>torsemide tab 10 mg</i>	81
<i>torsemide tab 100 mg</i>	81
<i>torsemide tab 20 mg</i>	81
<i>torsemide tab 5 mg</i>	81
TOUJEO MAX INJ 300IU/ML	32
TOUJEO SOLO INJ 300IU/ML	32
<i>tramadol hcl tab 50 mg</i>	10
<i>tramadol hcl tab er 24hr 100 mg</i>	10
<i>tramadol hcl tab er 24hr 200 mg</i>	10
<i>tramadol hcl tab er 24hr 300 mg</i>	10
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	10
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	10
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	10
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	11
<i>trandolapril tab 1 mg</i>	39
<i>trandolapril tab 2 mg</i>	39
<i>trandolapril tab 4 mg</i>	39
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	42
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	42
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	42
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<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	66
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	66
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	66
TRESIBA FLEX INJ 100UNIT	32
TRESIBA FLEX INJ 200UNIT	32
TRESIBA INJ 100UNIT	32
<i>tretinoin cap 10 mg</i>	52
<i>tretinoin cream 0.025%</i>	75
<i>tretinoin cream 0.05%</i>	75
<i>tretinoin cream 0.1%</i>	75
<i>tretinoin gel 0.01%</i>	75
<i>tretinoin gel 0.025%</i>	75
<i>triamcinolone acetonide cream 0.025%</i>	78
<i>triamcinolone acetonide cream 0.1%</i> 78	
<i>triamcinolone acetonide cream 0.5%</i> 78	
<i>triamcinolone acetonide dental paste 0.1%</i>	115
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<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	80
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	80
<i>triamterene cap 100 mg</i>	81
<i>triamterene cap 50 mg</i>	81
<i>triazolam tab 0.125 mg</i>	93
<i>triazolam tab 0.25 mg</i>	93
<i>trientine hcl cap 250 mg</i>	113
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<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	58
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	58
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	58

<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	58
<i>trifluridine ophth soln 1%</i>	120
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	53
<i>trihexyphenidyl hcl tab 2 mg</i>	53
<i>trihexyphenidyl hcl tab 5 mg</i>	53
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<i>tropicamide ophth soln 1%</i>	119
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UNISTIK CZT MIS COMFORT.....	106	<i>25 mg</i>	43
UNISTIK CZT MIS NORMAL.....	106	<i>valsartan-hydrochlorothiazide tab 320-</i>	
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UNISTIK TOUC MIS LANC 23G	106	VANCOMYC/D5W INJ 750MG	14
UNISTIK TOUC MIS LANC 28G	106	<i>vancomycin hcl cap 125 mg (base</i>	
UNISTIK TOUC MIS LANC 30G	106	<i>equivalent)</i>	14
UNITSTIK PRO MIS LANC 25G	106	<i>vancomycin hcl cap 250 mg (base</i>	
UNIVERSAL 1 MIS 33G	106	<i>equivalent)</i>	14
UNIVERSAL 1 MIS LANC 26G	106	<i>vancomycin hcl for iv soln 1 gm (base</i>	
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UPTRAVI TAB 1000MCG	67	<i>vancomycin hcl for iv soln 10 gm (base</i>	
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<i>ursodiol cap 300 mg.....</i>	87	VAQTA INJ 50UNT/ML	135
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<i>valganciclovir hcl for soln 50 mg/ml</i>		VCF VAGINAL MIS CONTRACP	135
<i>(base equiv).....</i>	61	VELPHORO CHW 500MG	88
<i>valganciclovir hcl tab 450 mg (base</i>		VELTASSA POW 16.8GM	115
<i>equivalent).....</i>	61	VELTASSA POW 25.2GM	115
<i>valproate sodium inj 100 mg/ml</i>	26	VELTASSA POW 8.4GM	115
<i>valproate sodium oral soln 250 mg/5ml</i>		VENCLEXTA TAB 100MG	46
<i>(base equiv).....</i>	26	VENCLEXTA TAB 10MG	46
<i>valproic acid cap 250 mg</i>	26	VENCLEXTA TAB 50MG	46
<i>valsartan tab 160 mg</i>	39	VENCLEXTA TAB START PK	46
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<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	29
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	29
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	29
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	29
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	29
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	29
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	29
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<i>verapamil hcl cap er 24hr 120 mg</i>	65
<i>verapamil hcl cap er 24hr 180 mg</i>	65
<i>verapamil hcl cap er 24hr 240 mg</i>	65
<i>verapamil hcl iv soln 2.5 mg/ml</i>	65
<i>verapamil hcl tab 120 mg</i>	66
<i>verapamil hcl tab 40 mg</i>	65
<i>verapamil hcl tab 80 mg</i>	66
<i>verapamil hcl tab er 120 mg</i>	66
<i>verapamil hcl tab er 180 mg</i>	66
<i>verapamil hcl tab er 240 mg</i>	66
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VERZENIO TAB 200MG	51
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<i>vincristine sulfate iv soln 1 mg/ml</i>	52
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	53
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	53
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<i>voriconazole for susp 40 mg/ml</i>	35
<i>voriconazole tab 200 mg</i>	35
<i>voriconazole tab 50 mg</i>	35
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VYVANSE CAP 20MG	1
VYVANSE CAP 30MG	1
VYVANSE CAP 40MG	1
VYVANSE CAP 50MG	2
VYVANSE CAP 60MG	2
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<i>warfarin sodium tab 10 mg</i>	21
<i>warfarin sodium tab 2 mg</i>	21
<i>warfarin sodium tab 2.5 mg</i>	21
<i>warfarin sodium tab 3 mg</i>	21
<i>warfarin sodium tab 4 mg</i>	21
<i>warfarin sodium tab 5 mg</i>	21
<i>warfarin sodium tab 6 mg</i>	21
<i>warfarin sodium tab 7.5 mg</i>	21
<i>water for irrigation, sterile irrigation soln</i>	115
WESTHROID TAB 130MG	130
WESTHROID TAB 195MG	130
WESTHROID TAB 32.5MG	130
WESTHROID TAB 65MG	130
WESTHROID TAB 97.5MG	130
WIDE-SEAL DPR KIT 60	95
WIDE-SEAL DPR KIT 65	95
WIDE-SEAL DPR KIT 70	95
WIDE-SEAL DPR KIT 75	95
WIDE-SEAL DPR KIT 80	95
WIDE-SEAL DPR KIT 85	95
WIDE-SEAL DPR KIT 90	95
WIDE-SEAL DPR KIT 95	95
WILZIN CAP 25MG	113
WP THYROID TAB 113.75MG	131
WP THYROID TAB 130MG	131
WP THYROID TAB 16.25MG	130
WP THYROID TAB 32.5MG	130
WP THYROID TAB 48.75MG	130
WP THYROID TAB 65MG	131
WP THYROID TAB 81.25MG	131
WP THYROID TAB 97.5MG	131
X	
XALKORI CAP 200MG	51
XALKORI CAP 250MG	51
XARELTO STAR TAB 15/20MG	21
XARELTO TAB 10MG	21
XARELTO TAB 15MG	21
XARELTO TAB 2.5MG	21
XARELTO TAB 20MG	21
XELJANZ TAB 10MG	5
XELJANZ TAB 5MG	5
XELJANZ XR TAB 11MG	5
XENLETA TAB 600MG	15
XIFAXAN TAB 200MG	13

XIFAXAN TAB 550MG	13
XIGDUO XR TAB 10-1000	31
XIGDUO XR TAB 10-500MG	31
XIGDUO XR TAB 2.5-1000	31
XIGDUO XR TAB 5-1000MG	31
XIGDUO XR TAB 5-500MG	31
XOLAIR INJ 150MG/ML	18
XOLAIR INJ 75/0.5	18
XOLAIR SOL 150MG	18
XOSPATA TAB 40MG	51
XPOVIO PAK 100MG	48
XPOVIO PAK 60MG	48
XPOVIO PAK 80MG	48
XTANDI CAP 40MG	47
XULTOPHY INJ 100/3.6	31
XYREM SOL 500MG/ML	125
Y	
YF-VAX INJ	135
Z	
<i>zafirlukast tab 10 mg</i>	19
<i>zafirlukast tab 20 mg</i>	19
<i>zaleplon cap 10 mg</i>	93
<i>zaleplon cap 5 mg</i>	93
ZANOSAR INJ 1GM	45
ZARXIO INJ 300/0.5	91
ZARXIO INJ 480/0.8	91
ZEJULA CAP 100MG	51
ZELBORA TAB 240MG	51
ZENPEP CAP 15000UNT	80
ZENPEP CAP 20000UNT	80
ZENPEP CAP 25000	80
ZENPEP CAP 3000UNIT	80
<i>zidovudine cap 100 mg</i>	61
<i>zidovudine syrup 10 mg/ml</i>	61
<i>zidovudine tab 300 mg</i>	61
<i>zileuton tab er 12hr 600 mg</i>	19
ZIOPTAN DRO 0.0015%	121
<i>ziprasidone hcl cap 20 mg</i>	55
<i>ziprasidone hcl cap 40 mg</i>	55
<i>ziprasidone hcl cap 60 mg</i>	55
<i>ziprasidone hcl cap 80 mg</i>	55
ZOKINVY CAP 50MG	115
ZOKINVY CAP 75MG	115
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	82
<i>zoledronic acid iv soln 5 mg/100ml</i> ..	82
ZOLEDRONIC INJ 4/100ML	82

ZOLEDRONIC INJ 4MG/100	82	ZORTRESS TAB 0.25MG	115
ZOLINZA CAP 100MG	51	ZORTRESS TAB 0.5MG	115
<i>zolmitriptan orally disintegrating tab</i>		ZORTRESS TAB 0.75MG	115
<i>2.5 mg</i>	111	ZUBSOLV SUB 0.7-0.18.....	12
<i>zolmitriptan orally disintegrating tab 5</i>		ZUBSOLV SUB 1.4-0.36.....	12
<i>mg</i>	111	ZUBSOLV SUB 11.4-2.9.....	12
<i>zolmitriptan tab 2.5 mg</i>	111	ZUBSOLV SUB 2.9-0.71.....	12
<i>zolmitriptan tab 5 mg</i>	111	ZUBSOLV SUB 5.7-1.4	12
<i>zolpidem tartrate tab 10 mg</i>	93	ZUBSOLV SUB 8.6-2.1	12
<i>zolpidem tartrate tab 5 mg</i>	93	ZYDELIG TAB 100MG	51
ZOMIG SPR 2.5MG	111	ZYDELIG TAB 150MG	51
ZOMIG SPR 5MG.....	111	ZYFLO TAB 600MG.....	19
<i>zonisamide cap 100 mg</i>	25	ZYPREXA RELP INJ 210MG	57
<i>zonisamide cap 25 mg</i>	25	ZYPREXA RELP INJ 300MG	57
<i>zonisamide cap 50 mg</i>	25	ZYPREXA RELP INJ 405MG	57
ZONTIVITY TAB 2.08MG	90	ZYTIGA TAB 500MG	47
ZORBTIVE INJ 8.8MG	83	ZYVOX SOL 2MG/ML	15



Language Assistance Services *Servicios de acceso al idioma*

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-508-4677 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-508-4677 (TTY: 711).
Navajo	Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-844-508-4677 (TTY: 711.)
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-508-4677 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-508-4677 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-508-4677 (TTY : 711)。
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوافر لك بالمجان. اتصل برقم 1-844-508-4677 (TTY : 711).
Korean	주의 : 한국어를 말할 때 무료로 언어 지원 서비스를 이용할 수 있습니다. 1-844-508-4677 (TTY : 711)로 전화하십시오.
Tagalog-Filipino	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-508-4677 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-508-4677 (TTY: 711)まで、お電話にてご連絡ください。
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-508-4677 (ATS: 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-508-4677 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-508-4677 (телефон: 711).
Hindi	सावधानी: यदि आप अंग्रेजी बोलते हैं, तो भाषा सहायता सेवाएं निःशुल्क, आपके लिए उपलब्ध हैं। 1-844-508-4677 पर कॉल करें (टीटीवी: 711)।
Farsi	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-844-508-4677 تماس بگیرید. (TTY: 711)
Thai	ความสนใจ: หากคุณพูดภาษาไทยมีบริการให้ความช่วยเหลือด้านภาษาฟรี โทร 1-844-508-4677 (TTY: 711)



Notice of Non-Discrimination and Accessibility

Aviso de no discriminación y accesibilidad

The following is a statement describing nondiscrimination for True Health New Mexico and the services it provides to its clients and members.

- We do not discriminate on the basis of race, color, creed or religion, sexual orientation, national origin, age, disability, or gender in our health programs or activities.
- We provide help free of charge to people with disabilities or whose primary language is not English. To ask for a document in another format such as large print, or to get language help such as a qualified interpreter, please call True Health New Mexico Customer Service at 1-844-508-4677, Monday through Friday, 8:00 a.m. to 5:00 p.m. TTY: 1-800-659-8331.
- If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can send a complaint to: True Health New Mexico Compliance Hotline, 2440 Louisiana Blvd. NE, Suite 601, Albuquerque, NM 87110. Phone: 1-855-882-3904. Fax: 1-866-231-1344.

You also have the right to file a complaint directly with the U.S. Dept. of Health and Human Services online, by phone, or by mail:

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- Phone: Toll-free: 1-800-368-1019, TDD: 1-800-537-7697
- Mail: U.S. Dept. of Health & Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201

Aviso de no discriminación y accesibilidad

A continuación presentamos una declaración que resume la norma de no discriminación de *True Health New Mexico* y los servicios que prestamos a nuestros clientes y asegurados.

- No discriminamos por la raza, el color, el credo o la religión, la orientación sexual, el origen nacional, la edad, las discapacidades o el sexo en nuestras actividades o programas de salud.
- Ayudamos gratuitamente a las personas que tienen discapacidades o cuyo idioma nativo no es el inglés. Para pedir un documento en otro formato, como en letra grande, o para recibir la ayuda de un intérprete calificado, favor de llamar al Centro de Atención al Cliente de *True Health New Mexico* al 1-844-508-4677, para los servicios TTY llame al 1-800-659-8331, de lunes a viernes, de las 8:00 de la mañana a las 5:00 de la tarde.
- Si usted cree que no hemos prestado estos servicios o que le hemos discriminado de alguna otra manera por su raza, color, origen nacional, edad, discapacidad o sexo, puede enviar una queja a: *True Health New Mexico* Compliance Hotline, 2440 Louisiana Blvd. NE, Suite 601, Albuquerque, NM 87110. Teléfono: 1-855-882-3904. Fax: 1-866-231-1344.

Además, tiene derecho a presentar una queja directamente al Departamento de Salud y Servicios Humanos de los EE. UU. [U.S. Dept. of Health and Human Services] ya sea en línea, por teléfono o por correo:

- En línea: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Los formularios de queja están a su disposición en: <http://www.hhs.gov/ocr/office/file/index.html>.
- Por teléfono: Línea telefónica gratis: 1-800-368-1019, TDD: 1-800-537-7697
- Por correo: U.S. Dept. of Health & Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201