

CCA Senior Care Options (HMO D-SNP)

Lista de medicamentos cubiertos para 2025 (Drug List or Formulary)



**LEA ESTO: ESTE DOCUMENTO CONTIENE INFORMACIÓN
SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN.**

Este formulario se actualizó el 07/01/2025.

Para obtener información más reciente o si tiene otras preguntas, comuníquese al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana, o visite ccama.org.

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Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 p.m, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org. 1

Introducción

Este documento se llama *Lista de medicamentos cubiertos* (también conocida como Lista de medicamentos). En este documento se explica qué medicamentos con receta y *productos no farmacológicos* están cubiertos por CCA Senior Care Options. En la Lista de medicamentos también se informa si existen normas o restricciones especiales sobre los medicamentos cubiertos por CCA Senior Care Options. Los términos clave y sus definiciones aparecen en el último capítulo de la *Evidencia de cobertura*.

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A. Descargos de responsabilidad

Esta es una lista de medicamentos que los miembros pueden obtener en CCA Senior Care Options.

- ❖ CCA Senior Care Options (HMO D-SNP) es un plan de salud que tiene contratos con Medicare y el programa de Commonwealth of Massachusetts Medicaid para proporcionar los beneficios de ambos programas a los inscritos. La inscripción en el plan depende de la renovación del contrato.
- ❖ Cuando en este documento se dice “nosotros”, “nos” o “nuestro/a”, se hace referencia a Commonwealth Care Alliance, Inc. Cuando se dice “plan” o “nuestro plan”, se hace referencia a CCA Senior Care Options.
- ❖ En Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. opera como Commonwealth Care Alliance Massachusetts (CCA).
- ❖ **Concientización sobre la recuperación del patrimonio:** la ley federal exige que MassHealth recupere dinero de los patrimonios de determinados miembros de MassHealth que sean mayores de 55 años y miembros de cualquier edad que estén recibiendo atención a largo plazo en un hogar de convalecencia u otra institución médica. Para obtener más información sobre la recuperación del patrimonio de MassHealth, visite www.mass.gov/estaterecovery.
- ❖ La Lista de medicamentos cubiertos puede cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.
- ❖ Siempre puede consultar la *Lista de medicamentos cubiertos* actualizada de CCA Senior Care Options en línea en ccama.org o llamando a Servicios para los Miembros al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. Esta llamada es gratuita.
- ❖ **Puede obtener este documento de forma gratuita en otros formatos, como letra grande, braille o audio. Llame a Servicios para los Miembros al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. Esta llamada es gratuita.**
- ❖ Para las comunicaciones futuras, conservaremos en nuestros registros su solicitud de formatos alternativos e idiomas especiales. Comuníquese con Servicios para los Miembros para cambiar su solicitud por un idioma o formato preferido.
- ❖ Este documento está disponible de forma gratuita en inglés.
- ❖ **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita.

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Aviso de no discriminación

Commonwealth Care Alliance, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina ni excluye a las personas ni las trata de manera diferente por cuestiones relacionadas con afecciones médicas, estado de salud, recepción de servicios de salud, experiencia con reclamaciones, antecedentes médicos, discapacidad (incluido el deterioro mental), estado civil, edad, sexo (incluidos los estereotipos sexuales y la identidad de género), orientación sexual, nacionalidad, raza, color, religión, credo, asistencia pública o lugar de residencia. Commonwealth Care Alliance, Inc.:

- Proporciona recursos y servicios gratuitos a personas con discapacidades para que puedan comunicarse de forma eficaz con nosotros, como los siguientes:
 - Intérpretes calificados de lenguaje de señas
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios de idioma gratuitos para personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes calificados
 - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Servicios para los Miembros.

Si considera que Commonwealth Care Alliance, Inc. no ha proporcionado estos servicios o lo ha discriminado de otra manera por cuestiones relacionadas con afecciones médicas, estado de salud, recepción de servicios de salud, experiencia con reclamaciones, antecedentes médicos, discapacidad (incluido el deterioro conductual), estado civil, edad, sexo (incluidos los estereotipos sexuales y la identidad de género), orientación sexual, nacionalidad, raza, color, religión, credo, asistencia pública o lugar de residencia, puede presentar un reclamo en la siguiente dirección:

Commonwealth Care Alliance, Inc.
Civil Rights Coordinator
30 Winter Street, 11th Floor
Boston, MA 02108
Teléfono: 617-960-0474, ext. 3932 (TTY: 711) fax: 857-453-4517
Correo electrónico: civilrightscordinator@commonwealthcare.org

Puede presentar un reclamo en persona o por correo, fax o correo electrónico. Si necesita ayuda para presentar un reclamo, el coordinador de derechos civiles está disponible para ayudarlo.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos, de manera electrónica a través del Portal de quejas de la Oficina de Derechos Civiles, disponible en ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo o teléfono a:

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

Los formularios de quejas están disponibles en www.hhs.gov/ocr/office/file/index.html.

Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 p.m., los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org. 5



Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-610-2273 (TTY 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-610-2273 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-610-2273 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-610-2273 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-610-2273 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-610-2273 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-610-2273 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelman. Unsere Dolmetscher erreichen Sie unter 1-866-610-2273 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-610-2273 (TTY 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-610-2273 (телетайп 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

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Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-610-2273 (رقم هاتف الصم والبكم 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-610-2273 (TTY 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-610-2273 (TTY 711). Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-610-2273 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-610-2273 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-610-2273 (TTY 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-610-2273 (TTY 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Gujarati: અમારી આરોગ્ય અથવા દવાની યોજના વિશે તમને હોય તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત 1-866-610-2273 (TTY 711) પર કોલ કરો. અંગ્રેજી/ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

Lao/Laotian:

ພວກເຮົາມີບໍລິການລ່າມແປພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບທຸກຄໍາຖາມທີ່ທ່ານອາດມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພາຍໃຫ້ພວກເຮົາທີ່ເບີ 1-866-610-2273 (TTY 711). ຈະມີຜູ້ທີ່ເວົ້າພາສາອັງກິດ/ລາວຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການບໍ່ເສຍຄ່າ.

Cambodian: យើងមានសេវាកម្មប្រែប្រួលមាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬថ្នាំរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ សូមហៅទូរសព្ទមកយើងតាមរយៈលេខ 1-866-610-2273 (TTY 711) ។ នរណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសាខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មដែលឥតគិតថ្លៃ។

Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 p m, los 7 días de la semana. La llamada es gratuita. **Para obtener más información,** visite ccama.org.



B. Preguntas frecuentes (FAQ)

En este documento encontrará las respuestas a las preguntas que tenga sobre esta *Lista de medicamentos cubiertos*. Para obtener más información o para buscar una pregunta y su respuesta, puede leer todas las preguntas frecuentes.

B1. ¿Qué medicamentos con receta aparecen en la *Lista de medicamentos cubiertos*? (Para abreviarla, denominamos a la *Lista de medicamentos cubiertos* “Lista de medicamentos”).

Los medicamentos de la *Lista de medicamentos cubiertos* que comienza en la sección C1 son los medicamentos cubiertos por CCA Senior Care Options. Los medicamentos están disponibles en las farmacias dentro de nuestra red. Una farmacia pertenece a nuestra red si tenemos un acuerdo con ella para que trabaje con nosotros y le proporcione servicios. Nos referimos a estas farmacias como “farmacias de la red”.

Otros medicamentos, como algunos medicamentos de venta libre (OTC) y ciertas vitaminas, pueden estar cubiertos por MassHealth. Visite el sitio web de MassHealth www.mass.gov/druglist para obtener más información. También puede llamar al Centro de Servicios para los Miembros de MassHealth al 800-841-2900 y TTY 711, de lunes a viernes, de 8 am a 5 pm. Lleve su identificación de miembro cuando obtenga medicamentos con receta a través de MassHealth.

CCA Senior Care Options cubrirá todos los medicamentos médicamente necesarios en la Lista de medicamentos en los siguientes casos:

- Si su médico u otra persona autorizada a emitir recetas indica que los necesita para sentirse mejor o mantenerse sano.
- Si CCA Senior Care Options acepta que el medicamento es médicamente necesario para usted.
- Y si usted obtiene el medicamento con receta en una farmacia de la red de CCA Senior Care Options.
- En algunos casos, debe cumplir una serie de requisitos antes de poder obtener un medicamento (consulte la pregunta B4 para obtener más información).

También puede encontrar una lista actualizada de los medicamentos que cubrimos en nuestro sitio web ccama.org o llamando a Servicios para los Miembros al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana.

B2. ¿Se modifica la Lista de medicamentos en algún momento?

Sí, y CCA Senior Care Options debe seguir las normas de Medicare and MassHealth (Medicaid) cuando se llevan a cabo los cambios. Podemos agregar o eliminar medicamentos de la Lista de medicamentos durante el año.

También podemos modificar nuestras normas sobre los medicamentos. Por ejemplo, podríamos realizar lo siguiente:

- Decidir solicitar o no solicitar la autorización previa para un medicamento. (La autorización previa es el permiso que otorga CCA Senior Care Options antes de que pueda obtener un medicamento).

Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.



- Incorporar o modificar la cantidad de medicamento que puede obtener (lo que se denomina límites de cantidad).
- Incorporar o modificar restricciones de tratamiento escalonado respecto de un medicamento. (El tratamiento escalonado significa que debe probar un medicamento antes de que cubramos otro).

Para obtener más información sobre estas normas de medicamentos, consulte la pregunta B4.

Si toma un medicamento que estaba cubierto al **comienzo** del año, por lo general, no eliminaremos ni modificaremos la cobertura de ese medicamento **durante el resto del año**, a menos que se trate de alguno de los siguientes casos:

- Si aparece en el mercado un medicamento nuevo y más económico que sea igual de eficaz que el medicamento que actualmente aparece en la Lista de medicamentos.
- Si nos enteramos de que un medicamento no es seguro.
- Si un medicamento se retira del mercado.

Las preguntas B3 y B6 a continuación incluyen más información sobre lo que sucede cuando se modifica la Lista de medicamentos.

- Siempre puede consultar la Lista de medicamentos actualizada de CCA Senior Care Options en línea en ccama.org. Las actualizaciones de la Lista de medicamentos se publican en el sitio web todos los meses.
- También puede llamar a Servicios para los Miembros al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana, para consultar la Lista de medicamentos actual.

B3. ¿Qué sucede cuando se modifica la Lista de medicamentos?

Algunos cambios de la Lista de medicamentos sucederán **de forma inmediata**. Por ejemplo:

- Sustituciones por ciertas nuevas versiones de medicamentos. Podemos eliminar inmediatamente los medicamentos de la Lista de medicamentos si los reemplazamos con ciertas versiones nuevas de ese medicamento, pero el costo del nuevo medicamento seguirá siendo \$0. Cuando agregamos una nueva versión de un medicamento, también podríamos decidir mantener el medicamento de marca o el producto biológico original en la lista, pero modificar sus límites o normas de cobertura.
 - Es posible que no le informemos antes de realizar este cambio, pero le enviaremos información sobre el cambio específico que hayamos realizado una vez que ocurra.
 - Podemos realizar estos cambios solo si el medicamento que estamos agregando reúne alguna de las siguientes características:
 - Es una nueva versión genérica de un medicamento de marca.
 - Es una determinada versión biosimilar nueva de productos biológicos originales de la Lista de medicamentos (por ejemplo, agregar un biosimilar intercambiable que puede sustituir a un producto biológico original sin una nueva receta).
 - Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección B14.

Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 p m, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.



- Usted o su proveedor pueden solicitar una excepción a estos cambios. Le enviaremos un aviso con los pasos que puede seguir para solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.
- Retiro de un medicamento del mercado. Si la Administración de Alimentos y Medicamentos (FDA) determina que un medicamento que usted toma no es seguro o eficaz, o si el fabricante del medicamento retira un medicamento del mercado, podemos retirarlo inmediatamente de la Lista de medicamentos. Si toma el medicamento, le enviaremos un aviso para reemplazar el medicamento que se retira del mercado; comuníquese con su proveedor de atención médica. Su proveedor emitirá una receta para un nuevo medicamento para reemplazar al que se retira del mercado.

Podríamos realizar otros cambios que afecten los medicamentos que usted toma.

Le informaremos con anticipación sobre estos otros cambios en la Lista de medicamentos. Estos cambios podrían suceder en los siguientes casos:

- La FDA proporciona nuevas instrucciones o hay nuevas pautas clínicas sobre un medicamento.
- Eliminamos un medicamento de marca de la *Lista de medicamentos* cuando agregamos un medicamento genérico que no es nuevo en el mercado.
- Eliminamos un producto biológico original cuando agregamos un biosimilar.
- O bien, cambiamos los límites o las normas de cobertura del medicamento de marca.

Cuando se produzcan estos cambios, haremos lo siguiente:

- Le informaremos al menos 30 días antes de realizar el cambio en la Lista de medicamentos.
- O bien, le avisaremos y le daremos un suministro de 31 días del medicamento después de que solicite un resurtido.

Esto le dará tiempo para consultar con su médico u otra persona autorizada a emitir recetas. Pueden ayudarlo a decidir lo siguiente:

- Si hay un medicamento similar en la Lista de medicamentos que pueda tomar en su lugar.
- O bien, si debe solicitar una excepción a estos cambios. Para obtener más información sobre las excepciones, consulte las preguntas B10 a B12.

B4. ¿Hay alguna restricción o limitación en la cobertura de los medicamentos, o se debe tomar alguna medida para obtener ciertos medicamentos?

Sí, algunos medicamentos tienen normas de cobertura o tienen límites en la cantidad que puede obtener. En algunos casos, usted, su médico u otra persona autorizada a emitir recetas deben cumplir una serie de requisitos antes de que usted pueda obtener el medicamento. Por ejemplo:

- **Autorización previa (PA):** para algunos medicamentos, usted, su médico u otra persona autorizada a emitir recetas deben conseguir la autorización de CCA Senior Care Options antes de obtener su medicamento con receta. La autorización previa es diferente a una remisión. Es posible que CCA Senior Care Options no cubra el medicamento si no obtiene una autorización previa.

Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 p m, los 7 días de la semana. La llamada es gratuita. **Para obtener más información,** visite ccama.org.



- **Límites de cantidad:** en ocasiones, CCA Senior Care Options limita la cantidad de un medicamento que puede obtener.
- **Terapia escalonada:** en ocasiones, CCA Senior Care Options requiere que usted realice una terapia escalonada. Esto significa que tendrá que probar medicamentos en un determinado orden para su afección médica. Es posible que deba probar un medicamento antes de que cubramos otro. Si la persona autorizada a emitir recetas considera que el primer medicamento no le da ningún resultado, cubriremos el segundo.
- **Cobertura según las indicaciones:** si CCA Senior Care Options cubre un medicamento solo para algunas afecciones médicas, lo indicamos expresamente en la Lista de medicamentos junto con las afecciones médicas específicas que están cubiertas. Se requiere autorización previa para obtener suministros para el control de la diabetes no preferidos (glucómetros y tiras reactivas).

Para averiguar si su medicamento está sujeto a requisitos o límites adicionales, consulte las tablas en la sección C1. Para obtener también más información, visite nuestro sitio web ccama.org. Hemos publicado documentos en línea en los que se explican nuestras restricciones de autorización previa y terapia escalonada. También puede solicitar que le enviemos una copia.

Puede solicitar una excepción a estos límites. Esto le dará tiempo para consultar con su médico u otra persona autorizada a emitir recetas. Podrán ayudarlo a decidir si hay un medicamento similar en la Lista de medicamentos que pueda tomar en su lugar o si debe solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B5. ¿Cómo sabré si el medicamento que deseo tiene límites o si debo tomar alguna medida para obtenerlo?

La tabla en la Lista de medicamentos por afección médica tiene una columna con el título “Medidas necesarias, restricciones o límites de uso”.

B6. ¿Qué sucede si CCA Senior Care Options modifica sus normas sobre cómo cubren algunos medicamentos (por ejemplo, autorización previa, límites de cantidad o restricciones de terapia escalonada)?

En algunos casos, le informaremos con antelación si agregamos o modificamos la autorización previa, los límites de cantidad o las restricciones de terapia escalonada en un medicamento. Consulte la pregunta B3 para obtener más información sobre este aviso anticipado y cuáles son las situaciones en las que es posible que no le podamos avisar con antelación cuando cambien nuestras normas respecto de los medicamentos en la Lista de medicamentos.

B7. ¿Cómo puedo buscar un medicamento en la Lista de medicamentos?

Hay dos formas de buscar un medicamento:

- Puede buscar por orden alfabético.
- Puede buscar por afección médica o tipo de medicamento.

Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 p m, los 7 días de la semana. La llamada es gratuita. **Para obtener más información,** visite ccama.org.



Para buscar **por orden alfabético**, busque su medicamento en la sección Índice de medicamentos cubiertos. Lo puede encontrar en la sección D. El Índice de medicamentos cubiertos es una lista alfabética de todos los medicamentos incluidos en la Lista de medicamentos. Los medicamentos de marca y los genéricos, así como los de venta libre (OTC), se incluyen en el índice.

Para buscar **por afección médica**, busque la sección C1 con el título “Lista de medicamentos por afección médica”. Los medicamentos en esta sección están agrupados en categorías según el tipo de afecciones médicas para cuyo tratamiento se usan. Por ejemplo, si tiene una afección cardíaca, debe buscar en Medicamentos cardiovasculares. En esta categoría encontrará medicamentos que tratan las afecciones cardíacas.

B8. ¿Qué sucede si el medicamento que deseo tomar no está en la Lista de medicamentos?

Si no encuentra su medicamento en la Lista de medicamentos, llame a Servicios para los Miembros al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana, y pregunte al respecto. Si le informan que CCA Senior Care Options no cubrirá el medicamento, puede hacer lo siguiente:

- Solicite a Servicios para los Miembros una lista de medicamentos como el que desea tomar. Luego, muéstrole la lista a su médico u otra persona autorizada a emitir recetas. Pueden recetarle un medicamento de la Lista de medicamentos que sea similar al que desea tomar. **O**
- Puede solicitar a CCA Senior Care Options que haga una excepción y cubra su medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B9. ¿Qué sucede si soy un nuevo miembro de CCA Senior Care Options y no puedo encontrar mi medicamento en la Lista de medicamentos o tengo algún problema para obtener mi medicamento?

Podemos ayudarlo. Podemos cubrir un suministro temporal de 31 días de su medicamento durante los primeros 90 días como miembro de CCA Senior Care Options. Esto le dará tiempo para consultar con su médico u otra persona autorizada a emitir recetas. Podrán ayudarlo a decidir si hay un medicamento similar en la Lista de medicamentos que pueda tomar en su lugar o si debe solicitar una excepción.

Si su medicamento con receta está indicado para menos días, le permitiremos obtener varios resurtidos hasta llegar a un suministro para un máximo de 31 días del medicamento.

Cubriremos un suministro de 31 días de su medicamento en los siguientes casos:

- Si toma un medicamento que no se encuentra en nuestra Lista de medicamentos.
- Si nuestras normas del plan no le permiten obtener la cantidad solicitada por la persona autorizada a emitir recetas.
- Si el medicamento requiere autorización previa de CCA Senior Care Options.
- O bien, si toma un medicamento que forma parte de una restricción de terapia escalonada.

Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 p m, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.



Si toma un medicamento que CCA Senior Care Options no considera que sea un medicamento de la Parte D, usted tiene derecho a obtener un único suministro para 72 horas del medicamento.

Si se encuentra en un hogar de convalecencia u otro centro de atención a largo plazo y necesita un medicamento que no está en la Lista de medicamentos o si no puede obtener con facilidad el medicamento que necesita, podemos ayudarlo. Si ha sido miembro del plan por más de 90 días, vive en un centro de atención a largo plazo y necesita un suministro de inmediato, haremos lo siguiente:

- Cubriremos un suministro de 31 días del medicamento que necesita (a menos que tenga una receta por menos días), independientemente de que sea o no un miembro nuevo de CCA Senior Care Options.
- Esto se suma al suministro temporal durante los primeros 90 días como miembro de CCA Senior Care Options.

Proporcionaremos un suministro de emergencia de al menos 31 días (a menos que la receta esté indicada para menos días) para todos los medicamentos que no se encuentren en el formulario, incluidos aquellos que puedan tener requisitos de autorización previa o terapia escalonada para un cambio de nivel de atención no planificado. Una transición no planificada en el nivel de atención podría ser cualquiera de los siguientes casos:

- el alta o la admisión en un centro de atención a largo plazo
- el alta o la admisión en un hospital, o
- un cambio en el nivel del centro de atención de enfermería especializada.

B10. ¿Puedo solicitar una excepción para que se cubra mi medicamento?

Sí. Puede solicitar a CCA Senior Care Options una excepción para cubrir un medicamento que no esté en la Lista de medicamentos.

También puede solicitarnos que cambiemos las normas para su medicamento.

- Por ejemplo, CCA Senior Care Options puede limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, puede solicitarnos que cambiemos dicho límite y cubramos más.
- Otros ejemplos: puede solicitarnos que omitamos las restricciones de terapia escalonada o los requisitos de autorización previa.

B11. ¿Cómo puedo solicitar una excepción?

Para solicitar una excepción, llame a Servicios para los Miembros. Un representante de Servicios para los Miembros trabajará con usted y su proveedor para ayudarlo a solicitar una excepción. También puede leer el capítulo 8 de la sección 7 de la **Evidencia de cobertura** para obtener más información sobre las excepciones.

B12. ¿Cuánto tiempo lleva obtener una excepción?

Después de que recibamos una declaración de la persona autorizada a emitir recetas en la que se respalde su solicitud de excepción, le informaremos nuestra decisión dentro de las 72 horas.

Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 p m, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.



Un miembro, la persona autorizada a emitir recetas de un miembro o el representante designado (con consentimiento por escrito) pueden solicitar la excepción completando el formulario Solicitud de determinación de cobertura de medicamentos con receta disponible en nuestro sitio web ccama.org. El formulario se puede enviar por correo o fax:

CVS Caremark Part D Appeals and Exceptions
PO Box 52000, MC109
Phoenix, AZ 85072-2000
Fax: 855-633-7673

Si usted o la persona autorizada a emitir recetas consideran que su salud podría verse perjudicada si debe esperar 72 horas para la decisión, puede solicitar una excepción acelerada. Esta es una decisión más rápida. Si la persona autorizada a emitir recetas respalda su solicitud, le notificaremos nuestra decisión dentro de las 24 horas después de haber recibido la declaración de respaldo de la persona autorizada a emitir recetas.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están compuestos por los mismos ingredientes activos que los medicamentos de marca. Suelen ser más económicos que los medicamentos de marca y, por lo general, son igualmente eficaces. Generalmente, no tienen nombres muy conocidos. Los medicamentos genéricos están aprobados por la Administración de Alimentos y Medicamentos (FDA). Hay medicamentos genéricos disponibles para muchos medicamentos de marca. Generalmente, en la farmacia se puede sustituir a los medicamentos de marca por los medicamentos genéricos sin necesidad de una nueva receta, dependiendo de las leyes estatales.

CCA Senior Care Options cubre tanto medicamentos de marca como medicamentos genéricos.

B14. ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

Cuando nos referimos a medicamentos, podría tratarse de un medicamento o de un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas llamadas biosimilares. Por lo general, los biosimilares son tan eficaces como el producto biológico original y pueden ser más económicos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, pueden sustituir al producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituir a los medicamentos de marca.

Para obtener más información sobre los tipos de medicamentos, consulte el capítulo 5 de la Evidencia de cobertura.

B15. ¿Qué son los medicamentos OTC?

OTC significa “de venta libre”. CCA Senior Care Options cubre algunos medicamentos OTC cuando los receta su proveedor.

Puede leer la Lista de medicamentos de MassHealth (Medicaid) para saber qué medicamentos OTC están cubiertos.

Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 p m, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.



B16. ¿CCA Senior Care Options cubre productos OTC no farmacológicos?

CCA Senior Care Options cubre algunos productos OTC no farmacológicos cuando los receta su proveedor.

Entre algunos ejemplos de productos OTC no farmacológicos se incluyen los apósitos de gasas y los vendajes, los paños pequeños con alcohol y ciertas agujas/jeringas.

Puede leer la Lista de medicamentos de CCA Senior Care Options para saber qué productos OTC no farmacológicos están cubiertos.

B17. ¿CCA Senior Care Options cubre los suministros a largo plazo de los medicamentos con receta?

- **Programas de pedido por correo.** Ofrecemos un programa de pedido por correo que le permite recibir directamente en su hogar un suministro para un máximo de *100 días* de sus medicamentos con receta. No hay copago para los medicamentos de pedido por correo.
- **Programas de farmacias minoristas para suministros de 100 días.** Algunas farmacias minoristas también pueden ofrecer un suministro para un máximo de *100 días* de medicamentos con receta cubiertos. No hay copago para los medicamentos con receta en farmacias minoristas.

B18. ¿Puedo recibir en mi hogar medicamentos con receta de mi farmacia local?

Es posible que su farmacia local pueda enviarle su medicamento con receta a su hogar. Puede llamar a la farmacia para saber si ofrecen entrega a domicilio.

B19. ¿Cuál es mi copago?

Los miembros de CCA Senior Care Options no tienen copagos para medicamentos OTC y con receta ni productos no farmacológicos, siempre y cuando el miembro siga las normas del plan. Consulte las preguntas B14 y B15 para obtener más información sobre medicamentos OTC y productos no farmacológicos.

Los niveles son grupos de medicamentos en nuestra Lista de medicamentos.

- Los medicamentos genéricos preferidos del Nivel 1 tienen un copago de \$0.
- Los medicamentos genéricos del Nivel 2 tienen un copago de \$0.
- Los medicamentos de marca preferidos del Nivel 3 tienen un copago de \$0.
- Los medicamentos de marca no preferidos del Nivel 4 tienen un copago de \$0.
- Los medicamentos especializados del Nivel 5 tienen un copago de \$0.
- Los medicamentos OTC tienen un copago de \$0.

Si tiene preguntas, llame a Servicios para los Miembros al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana.

Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 p m, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.



C. Descripción general de la *Lista de medicamentos cubiertos*

En la Lista de medicamentos cubiertos se brinda información sobre los medicamentos que cubre CCA Senior Care Options. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice de medicamentos cubiertos que comienza en la sección D. En el índice se detalla por orden alfabético todos los medicamentos cubiertos por CCA Senior Care Options.

C1. Lista de medicamentos por afección médica

Los medicamentos en esta sección están agrupados en categorías según el tipo de afecciones médicas para cuyo tratamiento se usan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Medicamentos cardiovasculares. En esta categoría encontrará medicamentos que tratan las afecciones cardíacas.

A continuación, se detallan los significados de los códigos que se utilizan en la columna “Medidas necesarias, restricciones o límites de uso”:

(g) = solo se cubre la versión genérica de este medicamento. La versión de marca no está cubierta.

M = la versión de marca de este medicamento pertenece al Nivel 3. La versión genérica pertenece al Nivel 1.

EA = cada uno.

GM = gramos.

ML = mililitros.

NDS = suministro de días no prolongado. Puede recibir un suministro para más de 1 mes de la mayoría de los medicamentos en su Formulario a través de farmacias minoristas o con la opción de pedidos por correo. Los medicamentos con la abreviatura “NDS” se limitan a un suministro de 1 mes tanto para las farmacias minoristas como para aquellas con la opción de pedidos por correo.

PA = aprobación previa (o autorización previa). Para algunos medicamentos, usted, su médico u otra persona autorizada a emitir recetas deben conseguir la aprobación de CCA Senior Care Options antes de obtener su medicamento con receta. Si no obtiene la aprobación, es posible que CCA Senior Care Options no cubra el medicamento.

Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 p m, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.



B/D = restricción de autorización previa para la determinación de la Parte B frente a la Parte D. Este medicamento puede ser elegible para el pago según la Parte B o la Parte D de Medicare. Antes de surtir su receta de este medicamento, usted o su proveedor de atención médica deben conseguir la autorización previa de CCA Senior Care Options para determinar si dicho medicamento tiene cobertura de la parte D de Medicare. Sin la aprobación previa, es posible que CCA no cubra este medicamento. La autorización previa para la determinación de la Parte B frente a la Parte D (PA_BVD) no se aplica a miembros de Medicaid Only.

PA_NSO = restricción de autorización previa solo para nuevos usuarios.

Si este medicamento es nuevo para usted, antes de surtir su receta de este medicamento, usted (o su proveedor de atención médica) debe conseguir la autorización previa de CCA Senior Care Options. Sin la autorización previa, es posible que CCA Senior Care Options no cubra este medicamento. La autorización previa solo para nuevos usuarios (PA_NSO) no se aplica a miembros de Medicaid Only.

QL = límite de cantidad. En ocasiones, CCA Senior Care Options limita la cantidad de un medicamento que puede obtener.

ST = terapia escalonada. En ocasiones, CCA Senior Care Options requiere que usted realice una terapia escalonada. Esto significa que tendrá que probar medicamentos en un determinado orden para sus afecciones médicas. Es posible que deba probar un medicamento antes de que cubramos otro. Si su proveedor de atención médica considera que el primer medicamento no le da ningún resultado, cubriremos el segundo.

ST_NSO = terapia escalonada solo para nuevos usuarios. Si este es un medicamento nuevo para el miembro, primero deberá probar determinados medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. La terapia escalonada solo para nuevos usuarios (ST_NSO) no se aplica a miembros de Medicaid Only.

VAC = vacuna. Vacunas de la Parte D de Medicare (usted paga \$0).

En la primera columna de la tabla se indica el nombre del medicamento. Los medicamentos genéricos se indican en letra minúscula y cursiva (por ejemplo, *valsartán*), los medicamentos de marca se indican en letra mayúscula (por ejemplo, MYRBETRIQ), y los medicamentos OTC y los productos no farmacológicos se indican en letra mayúscula (por ejemplo, AGUJAS DE SEGURIDAD PARA INSULINA).

La información en la columna “Medidas necesarias, restricciones o límites de uso” indica si CCA Senior Care Options tiene alguna norma para cubrir su medicamento.

Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 p m, los 7 días de la semana. La llamada es gratuita. **Para obtener más información,** visite ccama.org.



CCA_CY25_5T_GS_CORE eff 07/01/2025**NAME OF DRUG****WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION****GOUT - DRUGS TO TREAT GOUT**

<i>allopurinol tab 100 mg</i>	\$0 (Tier 1)
<i>allopurinol tab 300 mg</i>	\$0 (Tier 1)
<i>colchicine cap 0.6 mg</i>	\$0 (Tier 3) QL (60 caps / 30 days)
<i>colchicine tab 0.6 mg</i>	\$0 (Tier 2) QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	\$0 (Tier 3)
<i>febuxostat tab 40 mg</i>	\$0 (Tier 4) PA
<i>febuxostat tab 80 mg</i>	\$0 (Tier 4) PA
MITIGARE CAP 0.6MG	\$0 (Tier 3) QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	\$0 (Tier 3)

MISCELLANEOUS

<i>lidocaine hcl local inj 0.5%</i>	\$0 (Tier 3) B/D
<i>lidocaine hcl local inj 1%</i>	\$0 (Tier 3) B/D
<i>lidocaine hcl local inj 2%</i>	\$0 (Tier 3) B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	\$0 (Tier 3) B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	\$0 (Tier 3) B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	\$0 (Tier 3) B/D

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

<i>celecoxib cap 50 mg</i>	\$0 (Tier 3) QL (60 caps / 30 days)
<i>celecoxib cap 100 mg</i>	\$0 (Tier 3) QL (60 caps / 30 days)
<i>celecoxib cap 200 mg</i>	\$0 (Tier 3) QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	\$0 (Tier 3) QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	\$0 (Tier 2) QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	\$0 (Tier 2)
<i>diclofenac sodium tab delayed release 50 mg</i>	\$0 (Tier 2)
<i>diclofenac sodium tab delayed release 75 mg</i>	\$0 (Tier 2)
<i>diclofenac sodium tab er 24hr 100 mg</i>	\$0 (Tier 3)
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	\$0 (Tier 4)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	\$0 (Tier 4)
<i>diflunisal tab 500 mg</i>	\$0 (Tier 3)
<i>ec-naproxen</i>	\$0 (Tier 4) QL (90 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>etodolac cap 200 mg</i>	\$0 (Tier 3)	
<i>etodolac cap 300 mg</i>	\$0 (Tier 3)	
<i>etodolac tab 400 mg</i>	\$0 (Tier 3)	
<i>etodolac tab 500 mg</i>	\$0 (Tier 3)	
<i>etodolac tab er 24hr 400 mg</i>	\$0 (Tier 3)	
<i>etodolac tab er 24hr 500 mg</i>	\$0 (Tier 3)	
<i>etodolac tab er 24hr 600 mg</i>	\$0 (Tier 3)	
<i>flurbiprofen tab 100 mg</i>	\$0 (Tier 3)	
<i>ibu</i>	\$0 (Tier 1)	
<i>ibuprofen susp 100 mg/5ml</i>	\$0 (Tier 3)	
<i>ibuprofen tab 400 mg</i>	\$0 (Tier 1)	
<i>ibuprofen tab 600 mg</i>	\$0 (Tier 1)	
<i>ibuprofen tab 800 mg</i>	\$0 (Tier 1)	
<i>ketorolac tromethamine tab 10 mg</i>	\$0 (Tier 2)	QL (20 tabs / 30 days), PA; PA applies if 70 years and older
<i>meloxicam tab 7.5 mg</i>	\$0 (Tier 1)	
<i>meloxicam tab 15 mg</i>	\$0 (Tier 1)	
<i>nabumetone tab 500 mg</i>	\$0 (Tier 2)	
<i>nabumetone tab 750 mg</i>	\$0 (Tier 2)	
<i>naproxen sodium tab 275 mg</i>	\$0 (Tier 3)	
<i>naproxen sodium tab 550 mg</i>	\$0 (Tier 3)	
<i>naproxen tab 250 mg</i>	\$0 (Tier 1)	
<i>naproxen tab 375 mg</i>	\$0 (Tier 1)	
<i>naproxen tab 500 mg</i>	\$0 (Tier 1)	
<i>naproxen tab ec 375 mg</i>	\$0 (Tier 2)	QL (120 tabs / 30 days)
<i>oxaprozin tab 600 mg</i>	\$0 (Tier 4)	
<i>piroxicam cap 10 mg</i>	\$0 (Tier 3)	
<i>piroxicam cap 20 mg</i>	\$0 (Tier 3)	
<i>sulindac tab 150 mg</i>	\$0 (Tier 2)	
<i>sulindac tab 200 mg</i>	\$0 (Tier 2)	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine td patch weekly 5 mcg/hr</i>	\$0 (Tier 2)	QL (4 patches / 28 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	\$0 (Tier 2)	QL (4 patches / 28 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	\$0 (Tier 2)	QL (4 patches / 28 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	\$0 (Tier 2)	QL (4 patches / 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>buprenorphine td patch weekly 20 mcg/hr</i>	\$0 (Tier 2)	QL (4 patches / 28 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	\$0 (Tier 4)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	\$0 (Tier 4)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	\$0 (Tier 4)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	\$0 (Tier 4)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	\$0 (Tier 4)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	\$0 (Tier 4)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	\$0 (Tier 4)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	\$0 (Tier 4)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	\$0 (Tier 3)	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	\$0 (Tier 3)	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i>	\$0 (Tier 3)	QL (90 mL / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>morphine sulfate tab er 15 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days), PA
OXYCONTIN TAB 10MG ER	\$0 (Tier 4)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG ER	\$0 (Tier 4)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG ER	\$0 (Tier 4)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG ER	\$0 (Tier 4)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG ER	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	\$0 (Tier 2)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	\$0 (Tier 2)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	\$0 (Tier 2)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	\$0 (Tier 4)	
<i>butorphanol tartrate inj 2 mg/ml</i>	\$0 (Tier 4)	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	\$0 (Tier 3)	QL (10 mL / 30 days)
<i>endocet tab 2.5-325mg</i>	\$0 (Tier 3)	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	\$0 (Tier 3)	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	\$0 (Tier 3)	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	\$0 (Tier 3)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	\$0 (Tier 4)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	\$0 (Tier 3)	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	\$0 (Tier 3)	QL (180 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	\$0 (Tier 3)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0 (Tier 3)	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	\$0 (Tier 4)	QL (600 mL / 30 days)
<i>hydromorphone hcl tab 2 mg</i>	\$0 (Tier 3)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	\$0 (Tier 3)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	\$0 (Tier 3)	QL (180 tabs / 30 days)
<i>morphine sulfate iv soln 2 mg/ml</i>	\$0 (Tier 4)	B/D
<i>morphine sulfate iv soln 4 mg/ml</i>	\$0 (Tier 4)	B/D
<i>morphine sulfate iv soln 8 mg/ml</i>	\$0 (Tier 4)	B/D
<i>morphine sulfate iv soln 10 mg/ml</i>	\$0 (Tier 4)	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	\$0 (Tier 3)	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	\$0 (Tier 3)	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	\$0 (Tier 3)	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	\$0 (Tier 3)	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	\$0 (Tier 3)	QL (180 tabs / 30 days)
<i>nalbuphine hcl inj 10 mg/ml</i>	\$0 (Tier 4)	
<i>nalbuphine hcl inj 20 mg/ml</i>	\$0 (Tier 4)	
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	\$0 (Tier 4)	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	\$0 (Tier 4)	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	\$0 (Tier 3)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	\$0 (Tier 3)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	\$0 (Tier 3)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	\$0 (Tier 3)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	\$0 (Tier 3)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	\$0 (Tier 3)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0 (Tier 3)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	\$0 (Tier 3)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	\$0 (Tier 3)	QL (180 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	\$0 (Tier 2)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0 (Tier 2)	QL (240 tabs / 30 days)

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole tab 200 mg</i>	\$0 (Tier 5)	NDS, QL (672 tabs / year), PA
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You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	\$0 (Tier 4)	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	\$0 (Tier 4)	
ARIKAYCE SUS	\$0 (Tier 5)	NDS, PA
<i>atovaquone susp 750 mg/5ml</i>	\$0 (Tier 4)	QL (300 mL / 30 days), PA
<i>aztreonam for inj 1 gm</i>	\$0 (Tier 4)	
<i>aztreonam for inj 2 gm</i>	\$0 (Tier 4)	
CAYSTON INH 75MG	\$0 (Tier 5)	NDS, PA
<i>clindamycin hcl cap 75 mg</i>	\$0 (Tier 2)	
<i>clindamycin hcl cap 150 mg</i>	\$0 (Tier 2)	
<i>clindamycin hcl cap 300 mg</i>	\$0 (Tier 2)	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	\$0 (Tier 4)	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	\$0 (Tier 4)	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	\$0 (Tier 4)	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	\$0 (Tier 4)	
<i>clindamycin phosphate inj 300 mg/2ml</i>	\$0 (Tier 3)	
<i>clindamycin phosphate inj 600 mg/4ml</i>	\$0 (Tier 3)	
<i>clindamycin phosphate inj 900 mg/6ml</i>	\$0 (Tier 3)	
CLINDMYC/NAC INJ 300/50ML	\$0 (Tier 4)	
CLINDMYC/NAC INJ 600/50ML	\$0 (Tier 4)	
CLINDMYC/NAC INJ 900/50ML	\$0 (Tier 4)	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	\$0 (Tier 4)	
<i>dapsone tab 25 mg</i>	\$0 (Tier 3)	
<i>dapsone tab 100 mg</i>	\$0 (Tier 3)	
<i>daptomycin for iv soln 350 mg</i>	\$0 (Tier 5)	NDS
<i>daptomycin for iv soln 500 mg</i>	\$0 (Tier 5)	NDS
DAPTOMYCIN INJ 350MG	\$0 (Tier 5)	NDS
EMVERM CHW 100MG	\$0 (Tier 5)	NDS, QL (12 tabs / year)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	\$0 (Tier 3)	
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0 (Tier 3)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0 (Tier 3)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0 (Tier 3)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0 (Tier 3)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>gentamicin in saline inj 2 mg/ml</i>	\$0 (Tier 3)	
<i>gentamicin sulfate inj 10 mg/ml</i>	\$0 (Tier 3)	
<i>gentamicin sulfate inj 40 mg/ml</i>	\$0 (Tier 3)	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0 (Tier 3)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0 (Tier 3)	
IMPAVIDO CAP 50MG	\$0 (Tier 5)	NDS, PA
<i>ivermectin tab 3 mg</i>	\$0 (Tier 3)	QL (12 tabs / 90 days), PA
<i>linezolid for susp 100 mg/5ml</i>	\$0 (Tier 5)	NDS, QL (1800 mL / 30 days)
LINEZOLID INJ 2MG/ML	\$0 (Tier 4)	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	\$0 (Tier 4)	
<i>linezolid tab 600 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days)
<i>meropenem iv for soln 1 gm</i>	\$0 (Tier 4)	
<i>meropenem iv for soln 500 mg</i>	\$0 (Tier 4)	
<i>methenamine hippurate tab 1 gm</i>	\$0 (Tier 3)	
<i>metronidazole iv soln 500 mg/100ml</i>	\$0 (Tier 3)	
<i>metronidazole tab 250 mg</i>	\$0 (Tier 1)	
<i>metronidazole tab 500 mg</i>	\$0 (Tier 1)	
<i>neomycin sulfate tab 500 mg</i>	\$0 (Tier 2)	
<i>nitazoxanide tab 500 mg</i>	\$0 (Tier 5)	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	\$0 (Tier 3)	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	\$0 (Tier 3)	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	\$0 (Tier 3)	
<i>pentamidine isethionate inh</i>	\$0 (Tier 4)	B/D
<i>pentamidine isethionate inj</i>	\$0 (Tier 4)	
<i>polymyxin b sulfate for inj 500000 unit</i>	\$0 (Tier 4)	
<i>praziquantel tab 600 mg</i>	\$0 (Tier 4)	
<i>pyrimethamine tab 25 mg</i>	\$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate for inj 1 gm</i>	\$0 (Tier 5)	NDS
<i>sulfadiazine tab 500 mg</i>	\$0 (Tier 5)	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	\$0 (Tier 4)	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	\$0 (Tier 3)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	\$0 (Tier 1)	
<i>tinidazole tab 250 mg</i>	\$0 (Tier 3)	
<i>tinidazole tab 500 mg</i>	\$0 (Tier 3)	
TOBI PODHALR CAP 28MG	\$0 (Tier 5)	NDS, PA
<i>tobramycin nebu soln 300 mg/5ml</i>	\$0 (Tier 5)	NDS, PA
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	\$0 (Tier 3)	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	\$0 (Tier 3)	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	\$0 (Tier 3)	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	\$0 (Tier 3)	
<i>trimethoprim tab 100 mg</i>	\$0 (Tier 3)	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	\$0 (Tier 4)	QL (80 caps / 180 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	\$0 (Tier 4)	QL (160 caps / 180 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	\$0 (Tier 4)	
<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	\$0 (Tier 4)	
<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	\$0 (Tier 4)	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	\$0 (Tier 4)	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	\$0 (Tier 4)	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	\$0 (Tier 4)	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	\$0 (Tier 4)	
VANCOMYCIN INJ 1 GM	\$0 (Tier 4)	
VANCOMYCIN INJ 500MG	\$0 (Tier 4)	
VANCOMYCIN INJ 750MG	\$0 (Tier 4)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET INJ 5MG/ML	\$0 (Tier 4)	B/D
<i>amphotericin b for iv soln 50 mg</i>	\$0 (Tier 4)	B/D
<i>amphotericin b liposome iv for susp 50 mg</i>	\$0 (Tier 5)	NDS, B/D

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

<i>casprofungin acetate for iv soln 50 mg</i>	\$0 (Tier 4)
<i>casprofungin acetate for iv soln 70 mg</i>	\$0 (Tier 4)
<i>fluconazole for susp 10 mg/ml</i>	\$0 (Tier 3)
<i>fluconazole for susp 40 mg/ml</i>	\$0 (Tier 3)
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	\$0 (Tier 3)
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0 (Tier 3)
<i>fluconazole tab 50 mg</i>	\$0 (Tier 3)
<i>fluconazole tab 100 mg</i>	\$0 (Tier 2)
<i>fluconazole tab 150 mg</i>	\$0 (Tier 2)
<i>fluconazole tab 200 mg</i>	\$0 (Tier 2)
<i>flucytosine cap 250 mg</i>	\$0 (Tier 5) NDS, PA
<i>flucytosine cap 500 mg</i>	\$0 (Tier 5) NDS, PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	\$0 (Tier 4)
<i>griseofulvin microsize tab 500 mg</i>	\$0 (Tier 4)
<i>griseofulvin ultramicrosize tab 125 mg</i>	\$0 (Tier 4)
<i>griseofulvin ultramicrosize tab 250 mg</i>	\$0 (Tier 4)
<i>itraconazole cap 100 mg</i>	\$0 (Tier 4) PA
<i>ketoconazole tab 200 mg</i>	\$0 (Tier 3) PA
<i>miconazole sodium for iv soln 50 mg</i>	\$0 (Tier 4)
<i>miconazole sodium for iv soln 100 mg</i>	\$0 (Tier 4)
<i>nystatin tab 500000 unit</i>	\$0 (Tier 3)
<i>posaconazole susp 40 mg/ml</i>	\$0 (Tier 5) NDS, QL (630 mL / 30 days), PA
<i>posaconazole tab delayed release 100 mg</i>	\$0 (Tier 5) NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl tab 250 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>voriconazole for inj 200 mg</i>	\$0 (Tier 4) PA
<i>voriconazole for susp 40 mg/ml</i>	\$0 (Tier 5) NDS, QL (600 mL / 28 days), PA
<i>voriconazole tab 50 mg</i>	\$0 (Tier 4) QL (480 tabs / 30 days)
<i>voriconazole tab 200 mg</i>	\$0 (Tier 4) QL (120 tabs / 30 days)

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0 (Tier 4)
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0 (Tier 4)
<i>chloroquine phosphate tab 250 mg</i>	\$0 (Tier 4)
<i>chloroquine phosphate tab 500 mg</i>	\$0 (Tier 4)
COARTEM TAB 20-120MG	\$0 (Tier 4)
<i>mefloquine hcl tab 250 mg</i>	\$0 (Tier 3)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	\$0 (Tier 3)
PRIMAQUINE TAB 26.3MG	\$0 (Tier 3)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>quinine sulfate cap 324 mg</i>	\$0 (Tier 4) PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION	
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	\$0 (Tier 4)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	\$0 (Tier 3)
APTIVUS CAP 250MG	\$0 (Tier 5) NDS
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	\$0 (Tier 4)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	\$0 (Tier 4)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	\$0 (Tier 4)
<i>darunavir tab 600 mg</i>	\$0 (Tier 5) NDS, QL (60 tabs / 30 days)
<i>darunavir tab 800 mg</i>	\$0 (Tier 5) NDS, QL (30 tabs / 30 days)
EDURANT TAB 25MG	\$0 (Tier 5) NDS
<i>efavirenz tab 600 mg</i>	\$0 (Tier 4)
<i>emtricitabine caps 200 mg</i>	\$0 (Tier 3)
EMTRIVA SOL 10MG/ML	\$0 (Tier 4)
<i>etravirine tab 100 mg</i>	\$0 (Tier 5) NDS
<i>etravirine tab 200 mg</i>	\$0 (Tier 5) NDS
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	\$0 (Tier 5) NDS
FUZEON INJ 90MG	\$0 (Tier 5) NDS
INTELENCE TAB 25MG	\$0 (Tier 4)
ISENTRESS CHW 25MG	\$0 (Tier 4)
ISENTRESS CHW 100MG	\$0 (Tier 5) NDS
ISENTRESS HD TAB 600MG	\$0 (Tier 5) NDS
ISENTRESS POW 100MG	\$0 (Tier 5) NDS
ISENTRESS TAB 400MG	\$0 (Tier 5) NDS
<i>lamivudine oral soln 10 mg/ml</i>	\$0 (Tier 3)
<i>lamivudine tab 150 mg</i>	\$0 (Tier 3)
<i>lamivudine tab 300 mg</i>	\$0 (Tier 3)
<i>maraviroc tab 150 mg</i>	\$0 (Tier 5) NDS
<i>maraviroc tab 300 mg</i>	\$0 (Tier 5) NDS
<i>nevirapine susp 50 mg/5ml</i>	\$0 (Tier 4)
<i>nevirapine tab 200 mg</i>	\$0 (Tier 2)
<i>nevirapine tab er 24hr 400 mg</i>	\$0 (Tier 4)
NORVIR POW 100MG	\$0 (Tier 4)
PIFELTRO TAB 100MG	\$0 (Tier 5) NDS
PREZISTA SUS 100MG/ML	\$0 (Tier 5) NDS, QL (400 mL / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
PREZISTA TAB 75MG	\$0 (Tier 4)	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	\$0 (Tier 5)	NDS, QL (240 tabs / 30 days)
REYATAZ POW 50MG	\$0 (Tier 5)	NDS
<i>ritonavir tab 100 mg</i>	\$0 (Tier 3)	
RUKOBIA TAB 600MG ER	\$0 (Tier 5)	NDS
SELZENTRY SOL 20MG/ML	\$0 (Tier 5)	NDS
SUNLENCA TAB 300MG	\$0 (Tier 5)	NDS
<i>tenofovir disoproxil fumarate tab 300 mg</i>	\$0 (Tier 3)	
TIVICAY PD TAB 5MG	\$0 (Tier 5)	NDS
TIVICAY TAB 10MG	\$0 (Tier 3)	
TIVICAY TAB 25MG	\$0 (Tier 5)	NDS
TIVICAY TAB 50MG	\$0 (Tier 5)	NDS
TROGARZO INJ 150MG/ML	\$0 (Tier 5)	NDS
TYBOST TAB 150MG	\$0 (Tier 3)	
VIRACEPT TAB 250MG	\$0 (Tier 5)	NDS
VIRACEPT TAB 625MG	\$0 (Tier 5)	NDS
VIREAD POW 40MG/GM	\$0 (Tier 5)	NDS
VIREAD TAB 150MG	\$0 (Tier 5)	NDS
VIREAD TAB 200MG	\$0 (Tier 5)	NDS
VIREAD TAB 250MG	\$0 (Tier 5)	NDS
<i>zidovudine cap 100 mg</i>	\$0 (Tier 4)	
<i>zidovudine syrup 10 mg/ml</i>	\$0 (Tier 4)	
<i>zidovudine tab 300 mg</i>	\$0 (Tier 3)	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	\$0 (Tier 3)	
BIKTARVY TAB 30-120-15 MG	\$0 (Tier 5)	NDS
BIKTARVY TAB 50-200-25 MG	\$0 (Tier 5)	NDS
CIMDUO TAB 300-300	\$0 (Tier 5)	NDS
COMPLERA TAB	\$0 (Tier 5)	NDS
DELSTRIGO TAB	\$0 (Tier 5)	NDS
DESCOVY TAB 120-15MG	\$0 (Tier 5)	NDS
DESCOVY TAB 200/25MG	\$0 (Tier 5)	NDS
DOVATO TAB 50-300MG	\$0 (Tier 5)	NDS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	\$0 (Tier 5)	NDS
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	\$0 (Tier 5)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	\$0 (Tier 5)	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	\$0 (Tier 5)	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	\$0 (Tier 5)	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	\$0 (Tier 5)	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$0 (Tier 4)	
EVOTAZ TAB 300-150	\$0 (Tier 5)	NDS
GENVOYA TAB	\$0 (Tier 5)	NDS
JULUCA TAB 50-25MG	\$0 (Tier 5)	NDS
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0 (Tier 4)	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0 (Tier 4)	
<i>lopinavir-ritonavir tab 100-25 mg</i>	\$0 (Tier 4)	
<i>lopinavir-ritonavir tab 200-50 mg</i>	\$0 (Tier 4)	
ODEFSEY TAB	\$0 (Tier 5)	NDS
PREZCOBIX TAB 800-150	\$0 (Tier 5)	NDS
STRIBILD TAB	\$0 (Tier 5)	NDS
SYMTUZA TAB	\$0 (Tier 5)	NDS
TRIUMEQ PD TAB	\$0 (Tier 3)	
TRIUMEQ TAB	\$0 (Tier 5)	NDS
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine cap 250 mg</i>	\$0 (Tier 5)	NDS
<i>ethambutol hcl tab 100 mg</i>	\$0 (Tier 3)	
<i>ethambutol hcl tab 400 mg</i>	\$0 (Tier 3)	
<i>isoniazid syrup 50 mg/5ml</i>	\$0 (Tier 4)	
<i>isoniazid tab 100 mg</i>	\$0 (Tier 1)	
<i>isoniazid tab 300 mg</i>	\$0 (Tier 1)	
PRIFTIN TAB 150MG	\$0 (Tier 4)	
<i>pyrazinamide tab 500 mg</i>	\$0 (Tier 4)	
<i>rifabutin cap 150 mg</i>	\$0 (Tier 4)	
<i>rifampin cap 150 mg</i>	\$0 (Tier 3)	
<i>rifampin cap 300 mg</i>	\$0 (Tier 3)	
<i>rifampin for inj 600 mg</i>	\$0 (Tier 4)	
SIRTURO TAB 20MG	\$0 (Tier 5)	NDS, PA
SIRTURO TAB 100MG	\$0 (Tier 5)	NDS, PA
TRECATOR TAB 250MG	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS**

<i>acyclovir cap 200 mg</i>	\$0 (Tier 2)
<i>acyclovir sodium iv soln 50 mg/ml</i>	\$0 (Tier 4) B/D
<i>acyclovir susp 200 mg/5ml</i>	\$0 (Tier 4)
<i>acyclovir tab 400 mg</i>	\$0 (Tier 2)
<i>acyclovir tab 800 mg</i>	\$0 (Tier 2)
<i>adefovir dipivoxil tab 10 mg</i>	\$0 (Tier 4)
BARACLUDE SOL	\$0 (Tier 5) NDS, ST
<i>entecavir tab 0.5 mg</i>	\$0 (Tier 4)
<i>entecavir tab 1 mg</i>	\$0 (Tier 4)
EPCLUSA PAK 150-37.5	\$0 (Tier 5) NDS, PA
EPCLUSA PAK 200-50MG	\$0 (Tier 5) NDS, PA
EPCLUSA TAB 200-50MG	\$0 (Tier 5) NDS, PA
EPCLUSA TAB 400-100	\$0 (Tier 5) NDS, PA
<i>famciclovir tab 125 mg</i>	\$0 (Tier 3)
<i>famciclovir tab 250 mg</i>	\$0 (Tier 3)
<i>famciclovir tab 500 mg</i>	\$0 (Tier 3)
<i>ganciclovir sodium for inj 500 mg</i>	\$0 (Tier 4) B/D
HARVONI PAK 33.75-150MG	\$0 (Tier 5) NDS, PA
HARVONI PAK 45-200MG	\$0 (Tier 5) NDS, PA
HARVONI TAB 45-200MG	\$0 (Tier 5) NDS, PA
HARVONI TAB 90-400MG	\$0 (Tier 5) NDS, PA
<i>lamivudine tab 100 mg (hbv)</i>	\$0 (Tier 4)
LIVTENCITY TAB 200MG	\$0 (Tier 5) NDS, QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	\$0 (Tier 5) NDS, PA
MAVYRET TAB 100-40MG	\$0 (Tier 5) NDS, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	\$0 (Tier 3) QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	\$0 (Tier 3) QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	\$0 (Tier 3) QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	\$0 (Tier 3) QL (1080 mL / year)
PAXLOVID PAK	\$0 (Tier 2) QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	\$0 (Tier 2) QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	\$0 (Tier 2) QL (60 tabs / 90 days)
PEGASYS INJ	\$0 (Tier 5) NDS, PA
PEGASYS INJ 180MCG/M	\$0 (Tier 5) NDS, PA

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

PREVYMIS TAB 240MG	\$0 (Tier 5) NDS, QL (28 tabs / 28 days), PA
PREVYMIS TAB 480MG	\$0 (Tier 5) NDS, QL (28 tabs / 28 days), PA
RELENZA MIS DISKHALE	\$0 (Tier 3) QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	\$0 (Tier 3)
<i>ribavirin tab 200 mg</i>	\$0 (Tier 3)
<i>rimantadine hydrochloride tab 100 mg</i>	\$0 (Tier 4)
<i>valacyclovir hcl tab 1 gm</i>	\$0 (Tier 3)
<i>valacyclovir hcl tab 500 mg</i>	\$0 (Tier 3)
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	\$0 (Tier 5) NDS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	\$0 (Tier 3)
VOSEVI TAB	\$0 (Tier 5) NDS, PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor cap 250 mg</i>	\$0 (Tier 3)
<i>cefaclor cap 500 mg</i>	\$0 (Tier 3)
<i>cefadroxil cap 500 mg</i>	\$0 (Tier 2)
<i>cefadroxil for susp 250 mg/5ml</i>	\$0 (Tier 3)
<i>cefadroxil for susp 500 mg/5ml</i>	\$0 (Tier 3)
CEFAZOLIN INJ 1GM/50ML	\$0 (Tier 4)
CEFAZOLIN INJ 2GM	\$0 (Tier 4)
CEFAZOLIN INJ 3GM	\$0 (Tier 4)
<i>cefazolin sodium for inj 1 gm</i>	\$0 (Tier 3)
<i>cefazolin sodium for inj 2 gm</i>	\$0 (Tier 3)
<i>cefazolin sodium for inj 3 gm</i>	\$0 (Tier 3)
<i>cefazolin sodium for inj 10 gm</i>	\$0 (Tier 3)
<i>cefazolin sodium for inj 500 mg</i>	\$0 (Tier 3)
<i>cefazolin sodium for iv soln 1 gm</i>	\$0 (Tier 3)
CEFAZOLIN SOLN 2GM/100ML-4%	\$0 (Tier 4)
CEFAZOLIN/DEX SOL 1GM/50ML-4%	\$0 (Tier 4)
CEFAZOLIN/DEX SOL 2GM/50ML-3%	\$0 (Tier 4)
CEFAZOLIN/DEX SOL 3GM/50ML-2%	\$0 (Tier 4)
CEFAZOLIN/DEX SOL 3GM/150ML-4%	\$0 (Tier 4)
<i>cefdinir cap 300 mg</i>	\$0 (Tier 2)
<i>cefdinir for susp 125 mg/5ml</i>	\$0 (Tier 3)
<i>cefdinir for susp 250 mg/5ml</i>	\$0 (Tier 3)
<i>cefepime hcl for inj 1 gm</i>	\$0 (Tier 4)
<i>cefepime hcl for iv soln 2 gm</i>	\$0 (Tier 4)
<i>cefixime cap 400 mg</i>	\$0 (Tier 4)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

<i>cefixime for susp 100 mg/5ml</i>	\$0 (Tier 4)
<i>cefixime for susp 200 mg/5ml</i>	\$0 (Tier 4)
<i>cefotetan disodium for inj 1 gm</i>	\$0 (Tier 4)
<i>cefotetan disodium for inj 2 gm</i>	\$0 (Tier 4)
<i>cefoxitin sodium for iv soln 1 gm</i>	\$0 (Tier 4)
<i>cefoxitin sodium for iv soln 2 gm</i>	\$0 (Tier 4)
<i>cefoxitin sodium for iv soln 10 gm</i>	\$0 (Tier 4)
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	\$0 (Tier 4)
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	\$0 (Tier 4)
<i>cefpodoxime proxetil tab 100 mg</i>	\$0 (Tier 3)
<i>cefpodoxime proxetil tab 200 mg</i>	\$0 (Tier 3)
<i>cefprozil for susp 125 mg/5ml</i>	\$0 (Tier 3)
<i>cefprozil for susp 250 mg/5ml</i>	\$0 (Tier 3)
<i>cefprozil tab 250 mg</i>	\$0 (Tier 3)
<i>cefprozil tab 500 mg</i>	\$0 (Tier 3)
<i>ceftazidime for inj 1 gm</i>	\$0 (Tier 4)
<i>ceftazidime for inj 6 gm</i>	\$0 (Tier 4)
<i>ceftazidime for iv soln 2 gm</i>	\$0 (Tier 4)
<i>ceftriaxone sodium for inj 1 gm</i>	\$0 (Tier 4)
<i>ceftriaxone sodium for inj 2 gm</i>	\$0 (Tier 4)
<i>ceftriaxone sodium for inj 10 gm</i>	\$0 (Tier 4)
<i>ceftriaxone sodium for inj 250 mg</i>	\$0 (Tier 4)
<i>ceftriaxone sodium for inj 500 mg</i>	\$0 (Tier 4)
<i>ceftriaxone sodium for iv soln 1 gm</i>	\$0 (Tier 4)
<i>ceftriaxone sodium for iv soln 2 gm</i>	\$0 (Tier 4)
<i>cefuroxime axetil tab 250 mg</i>	\$0 (Tier 2)
<i>cefuroxime axetil tab 500 mg</i>	\$0 (Tier 2)
<i>cefuroxime sodium for inj 750 mg</i>	\$0 (Tier 3)
<i>cefuroxime sodium for iv soln 1.5 gm</i>	\$0 (Tier 3)
<i>cephalexin cap 250 mg</i>	\$0 (Tier 1)
<i>cephalexin cap 500 mg</i>	\$0 (Tier 1)
<i>cephalexin for susp 125 mg/5ml</i>	\$0 (Tier 3)
<i>cephalexin for susp 250 mg/5ml</i>	\$0 (Tier 3)
<i>tazicef</i>	\$0 (Tier 4)
TEFLARO INJ 400MG	\$0 (Tier 5) NDS
TEFLARO INJ 600MG	\$0 (Tier 5) NDS

ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS

<i>azithromycin for susp 100 mg/5ml</i>	\$0 (Tier 3)
<i>azithromycin for susp 200 mg/5ml</i>	\$0 (Tier 3)
<i>azithromycin iv for soln 500 mg</i>	\$0 (Tier 3)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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<i>azithromycin powd pack for susp 1 gm</i>	\$0 (Tier 3)	
<i>azithromycin tab 250 mg</i>	\$0 (Tier 1)	
<i>azithromycin tab 500 mg</i>	\$0 (Tier 1)	
<i>azithromycin tab 600 mg</i>	\$0 (Tier 1)	
<i>clarithromycin for susp 125 mg/5ml</i>	\$0 (Tier 4)	
<i>clarithromycin for susp 250 mg/5ml</i>	\$0 (Tier 4)	
<i>clarithromycin tab 250 mg</i>	\$0 (Tier 3)	
<i>clarithromycin tab 500 mg</i>	\$0 (Tier 3)	
<i>clarithromycin tab er 24hr 500 mg</i>	\$0 (Tier 4)	
DIFICID SUS	\$0 (Tier 5)	NDS
DIFICID TAB 200MG	\$0 (Tier 5)	NDS
<i>e.e.s. 400</i>	\$0 (Tier 4)	
<i>ery-tab</i>	\$0 (Tier 4)	
ERYTHROCIN INJ 500MG	\$0 (Tier 4)	
<i>erythromycin ethylsuccinate tab 400 mg</i>	\$0 (Tier 4)	
<i>erythromycin lactobionate for inj 500 mg</i>	\$0 (Tier 4)	
<i>erythromycin tab 250 mg</i>	\$0 (Tier 4)	
<i>erythromycin tab 500 mg</i>	\$0 (Tier 4)	
<i>erythromycin tab delayed release 250 mg</i>	\$0 (Tier 4)	
<i>erythromycin tab delayed release 333 mg</i>	\$0 (Tier 4)	
<i>erythromycin tab delayed release 500 mg</i>	\$0 (Tier 4)	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	\$0 (Tier 4)	

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

CIPRO (10%) SUS 500MG/5	\$0 (Tier 4)	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0 (Tier 3)	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0 (Tier 3)	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	\$0 (Tier 1)	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0 (Tier 3)	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0 (Tier 3)	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0 (Tier 3)	
<i>levofloxacin iv soln 25 mg/ml</i>	\$0 (Tier 4)	
<i>levofloxacin oral soln 25 mg/ml</i>	\$0 (Tier 4)	
<i>levofloxacin tab 250 mg</i>	\$0 (Tier 1)	
<i>levofloxacin tab 500 mg</i>	\$0 (Tier 1)	
<i>levofloxacin tab 750 mg</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	\$0 (Tier 3)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	\$0 (Tier 3)	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0 (Tier 4)	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0 (Tier 3)	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0 (Tier 3)	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	\$0 (Tier 3)	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0 (Tier 2)	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0 (Tier 2)	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0 (Tier 4)	
<i>amoxicillin (trihydrate) cap 250 mg</i>	\$0 (Tier 1)	
<i>amoxicillin (trihydrate) cap 500 mg</i>	\$0 (Tier 1)	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	\$0 (Tier 2)	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	\$0 (Tier 2)	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	\$0 (Tier 1)	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	\$0 (Tier 1)	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	\$0 (Tier 1)	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	\$0 (Tier 1)	
<i>amoxicillin (trihydrate) tab 500 mg</i>	\$0 (Tier 1)	
<i>amoxicillin (trihydrate) tab 875 mg</i>	\$0 (Tier 1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0 (Tier 4)	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0 (Tier 4)	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	\$0 (Tier 4)	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	\$0 (Tier 4)	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0 (Tier 4)	
<i>ampicillin cap 500 mg</i>	\$0 (Tier 2)	
<i>ampicillin sodium for inj 1 gm</i>	\$0 (Tier 4)	
<i>ampicillin sodium for inj 2 gm</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>ampicillin sodium for inj 125 mg</i>	\$0 (Tier 4)	
<i>ampicillin sodium for inj 250 mg</i>	\$0 (Tier 4)	
<i>ampicillin sodium for inj 500 mg</i>	\$0 (Tier 4)	
<i>ampicillin sodium for iv soln 1 gm</i>	\$0 (Tier 4)	
<i>ampicillin sodium for iv soln 2 gm</i>	\$0 (Tier 4)	
<i>ampicillin sodium for iv soln 10 gm</i>	\$0 (Tier 4)	
BICILLIN L-A INJ 600000	\$0 (Tier 4)	
BICILLIN L-A INJ 1200000	\$0 (Tier 4)	
BICILLIN L-A INJ 2400000	\$0 (Tier 4)	
<i>dicloxacillin sodium cap 250 mg</i>	\$0 (Tier 3)	
<i>dicloxacillin sodium cap 500 mg</i>	\$0 (Tier 3)	
<i>nafcillin sodium for inj 1 gm</i>	\$0 (Tier 4)	
<i>nafcillin sodium for inj 2 gm</i>	\$0 (Tier 4)	
<i>nafcillin sodium for iv soln 10 gm</i>	\$0 (Tier 5)	NDS
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	\$0 (Tier 4)	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	\$0 (Tier 4)	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	\$0 (Tier 4)	
<i>penicillin g potassium for inj 5000000 unit</i>	\$0 (Tier 4)	
<i>penicillin g potassium for inj 20000000 unit</i>	\$0 (Tier 4)	
<i>penicillin g sodium for inj 5000000 unit</i>	\$0 (Tier 4)	
<i>penicillin v potassium for soln 125 mg/5ml</i>	\$0 (Tier 2)	
<i>penicillin v potassium for soln 250 mg/5ml</i>	\$0 (Tier 2)	
<i>penicillin v potassium tab 250 mg</i>	\$0 (Tier 1)	
<i>penicillin v potassium tab 500 mg</i>	\$0 (Tier 1)	
<i>pfizerpen</i>	\$0 (Tier 4)	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	\$0 (Tier 4)	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	\$0 (Tier 4)	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	\$0 (Tier 4)	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	\$0 (Tier 4)	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0 (Tier 4)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100</i>	\$0 (Tier 4)	
<i>doxycycline hyclate cap 50 mg</i>	\$0 (Tier 3)	

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NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>doxycycline hyclate cap 100 mg</i>	\$0 (Tier 3)	
<i>doxycycline hyclate for inj 100 mg</i>	\$0 (Tier 4)	
<i>doxycycline hyclate tab 20 mg</i>	\$0 (Tier 3)	
<i>doxycycline hyclate tab 100 mg</i>	\$0 (Tier 3)	
<i>doxycycline monohydrate cap 50 mg</i>	\$0 (Tier 2)	
<i>doxycycline monohydrate cap 100 mg</i>	\$0 (Tier 2)	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	\$0 (Tier 3)	
<i>doxycycline monohydrate tab 50 mg</i>	\$0 (Tier 3)	
<i>doxycycline monohydrate tab 75 mg</i>	\$0 (Tier 3)	
<i>doxycycline monohydrate tab 100 mg</i>	\$0 (Tier 3)	
<i>minocycline hcl cap 50 mg</i>	\$0 (Tier 3)	
<i>minocycline hcl cap 75 mg</i>	\$0 (Tier 3)	
<i>minocycline hcl cap 100 mg</i>	\$0 (Tier 3)	
NUZYRA INJ 100MG	\$0 (Tier 5)	NDS
NUZYRA TAB 150MG	\$0 (Tier 5)	NDS, QL (30 tabs / 14 days)
<i>tetracycline hcl cap 250 mg</i>	\$0 (Tier 4)	
<i>tetracycline hcl cap 500 mg</i>	\$0 (Tier 4)	
<i>tigecycline for iv soln 50 mg</i>	\$0 (Tier 5)	NDS

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

BENDAMUSTINE SOL 100/4ML	\$0 (Tier 5)	NDS, B/D
BENDEKA INJ 100/4ML	\$0 (Tier 5)	NDS, B/D
<i>carboplatin iv soln 50 mg/5ml</i>	\$0 (Tier 3)	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	\$0 (Tier 3)	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	\$0 (Tier 3)	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	\$0 (Tier 3)	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	\$0 (Tier 3)	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	\$0 (Tier 3)	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	\$0 (Tier 3)	B/D
CYCLOPHOSPH INJ 1GM	\$0 (Tier 5)	NDS, B/D
CYCLOPHOSPH INJ 1GM/2ML	\$0 (Tier 5)	NDS, B/D
CYCLOPHOSPH INJ 2GM/4ML	\$0 (Tier 5)	NDS, B/D
CYCLOPHOSPH INJ 500/5ML	\$0 (Tier 5)	NDS, B/D
CYCLOPHOSPH INJ 500MG/ML	\$0 (Tier 5)	NDS, B/D
CYCLOPHOSPH INJ 1000MG	\$0 (Tier 5)	NDS, B/D
CYCLOPHOSPH INJ 2000MG	\$0 (Tier 5)	NDS, B/D
CYCLOPHOSPH TAB 25MG	\$0 (Tier 4)	B/D
CYCLOPHOSPH TAB 50MG	\$0 (Tier 4)	B/D

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
CYCLOPHOSPHA INJ 2GM/10ML	\$0 (Tier 5)	NDS, B/D
CYCLOPHOSPHA INJ 500MG	\$0 (Tier 5)	NDS, B/D
<i>cyclophosphamide cap 25 mg</i>	\$0 (Tier 3)	B/D
<i>cyclophosphamide cap 50 mg</i>	\$0 (Tier 3)	B/D
<i>cyclophosphamide for inj 1 gm</i>	\$0 (Tier 4)	B/D
<i>cyclophosphamide for inj 2 gm</i>	\$0 (Tier 5)	NDS, B/D
<i>cyclophosphamide for inj 500 mg</i>	\$0 (Tier 4)	B/D
FRINDOVYX INJ 1GM/2ML	\$0 (Tier 5)	NDS, B/D
FRINDOVYX INJ 2GM/4ML	\$0 (Tier 5)	NDS, B/D
FRINDOVYX INJ 500MG/ML	\$0 (Tier 5)	NDS, B/D
GLEOSTINE CAP 10MG	\$0 (Tier 4)	
GLEOSTINE CAP 40MG	\$0 (Tier 4)	
GLEOSTINE CAP 100MG	\$0 (Tier 5)	NDS
LEUKERAN TAB 2MG	\$0 (Tier 5)	NDS
<i>oxaliplatin for iv inj 50 mg</i>	\$0 (Tier 4)	B/D
<i>oxaliplatin for iv inj 100 mg</i>	\$0 (Tier 5)	NDS, B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	\$0 (Tier 4)	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	\$0 (Tier 4)	B/D
<i>oxaliplatin iv soln 200 mg/40ml</i>	\$0 (Tier 4)	B/D
VIVIMUSTA INJ 100/4ML	\$0 (Tier 5)	NDS, B/D
ANTIMETABOLITES		
<i>azacitidine for inj 100 mg</i>	\$0 (Tier 5)	NDS, B/D
<i>cytarabine inj 20 mg/ml</i>	\$0 (Tier 3)	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	\$0 (Tier 3)	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	\$0 (Tier 3)	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	\$0 (Tier 3)	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	\$0 (Tier 3)	B/D
<i>gemcitabine hcl for inj 1 gm</i>	\$0 (Tier 4)	B/D
<i>gemcitabine hcl for inj 2 gm</i>	\$0 (Tier 4)	B/D
<i>gemcitabine hcl for inj 200 mg</i>	\$0 (Tier 4)	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	\$0 (Tier 4)	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	\$0 (Tier 4)	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	\$0 (Tier 4)	B/D
INQOVI TAB 35-100MG	\$0 (Tier 5)	NDS, QL (5 tabs / 28 days), PA

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NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
LONSURF TAB 15-6.14	\$0 (Tier 5)	NDS, QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	\$0 (Tier 5)	NDS, QL (80 tabs / 28 days), PA
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	\$0 (Tier 5)	NDS
<i>mercaptopurine tab 50 mg</i>	\$0 (Tier 3)	
<i>methotrexate sodium for inj 1 gm</i>	\$0 (Tier 2)	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	\$0 (Tier 2)	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	\$0 (Tier 2)	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	\$0 (Tier 2)	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	\$0 (Tier 2)	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	\$0 (Tier 2)	B/D
ONUREG TAB 200MG	\$0 (Tier 5)	NDS, QL (14 tabs / 28 days), PA
ONUREG TAB 300MG	\$0 (Tier 5)	NDS, QL (14 tabs / 28 days), PA
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	\$0 (Tier 5)	NDS, B/D
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	\$0 (Tier 5)	NDS, B/D
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	\$0 (Tier 5)	NDS, B/D
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	\$0 (Tier 5)	NDS, B/D
PURIXAN SUS 20MG/ML	\$0 (Tier 5)	NDS
TABLOID TAB 40MG	\$0 (Tier 5)	NDS
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	\$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
<i>abiraterone acetate tab 500 mg</i>	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
<i>abirtega tab 250mg</i>	\$0 (Tier 4)	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
AKEEGA TAB 100/500	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
<i>anastrozole tab 1 mg</i>	\$0 (Tier 2)
<i>bicalutamide tab 50 mg</i>	\$0 (Tier 2)
ELIGARD INJ 7.5MG	\$0 (Tier 4) PA
ELIGARD INJ 22.5MG	\$0 (Tier 4) PA
ELIGARD INJ 30MG	\$0 (Tier 4) PA
ELIGARD INJ 45MG	\$0 (Tier 4) PA
ERLEADA TAB 60MG	\$0 (Tier 5) NDS, QL (120 tabs / 30 days), PA
ERLEADA TAB 240MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
EULEXIN CAP 125MG	\$0 (Tier 5) NDS
<i>exemestane tab 25 mg</i>	\$0 (Tier 4)
FIRMAGON INJ 80MG	\$0 (Tier 4) PA
FIRMAGON INJ 120MG	\$0 (Tier 5) NDS, PA
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	\$0 (Tier 5) NDS, B/D
<i>letrozole tab 2.5 mg</i>	\$0 (Tier 2)
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	\$0 (Tier 4) PA
LUPRON DEPOT INJ 3.75MG	\$0 (Tier 5) NDS, PA
LUPRON DEPOT INJ 11.25MG	\$0 (Tier 5) NDS, PA
LYSODREN TAB 500MG	\$0 (Tier 5) NDS
<i>megestrol acetate tab 20 mg</i>	\$0 (Tier 3)
<i>megestrol acetate tab 40 mg</i>	\$0 (Tier 3)
<i>nilutamide tab 150 mg</i>	\$0 (Tier 5) NDS
NUBEQA TAB 300MG	\$0 (Tier 5) NDS, QL (120 tabs / 30 days), PA
ORGOVYX TAB 120MG	\$0 (Tier 5) NDS, PA
ORSERDU TAB 86MG	\$0 (Tier 5) NDS, QL (90 tabs / 30 days), PA
ORSERDU TAB 345MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
SOLTAMOX SOL 10MG/5ML	\$0 (Tier 5) NDS
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	\$0 (Tier 2)
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	\$0 (Tier 2)
<i>toremifene citrate tab 60 mg (base equivalent)</i>	\$0 (Tier 4) PA
XTANDI CAP 40MG	\$0 (Tier 5) NDS, QL (120 caps / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
XTANDI TAB 40MG	\$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
XTANDI TAB 80MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
IMMUNOMODULATORS		
<i>lenalidomide cap 5 mg</i>	\$0 (Tier 5)	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide cap 10 mg</i>	\$0 (Tier 5)	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide cap 15 mg</i>	\$0 (Tier 5)	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide cap 20 mg</i>	\$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA
<i>lenalidomide cap 25 mg</i>	\$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA
<i>lenalidomide caps 2.5 mg</i>	\$0 (Tier 5)	NDS, QL (28 caps / 28 days), PA
POMALYST CAP 1MG	\$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 2MG	\$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 3MG	\$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 4MG	\$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA
THALOMID CAP 50MG	\$0 (Tier 5)	NDS, QL (84 caps / 28 days), PA
THALOMID CAP 100MG	\$0 (Tier 5)	NDS, QL (112 caps / 28 days), PA
THALOMID CAP 150MG	\$0 (Tier 5)	NDS, QL (56 caps / 28 days), PA
THALOMID CAP 200MG	\$0 (Tier 5)	NDS, QL (56 caps / 28 days), PA
MISCELLANEOUS		
BESREMI SOL 500MCG	\$0 (Tier 5)	NDS, QL (2 syringes / 28 days), PA
<i>bexarotene cap 75 mg</i>	\$0 (Tier 5)	NDS, QL (300 caps / 30 days), PA
<i>doxorubicin hcl inj 2 mg/ml</i>	\$0 (Tier 4)	B/D
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	\$0 (Tier 5)	NDS, B/D
<i>hydroxyurea cap 500 mg</i>	\$0 (Tier 2)	

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NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	\$0 (Tier 4)	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	\$0 (Tier 4)	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	\$0 (Tier 4)	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	\$0 (Tier 4)	B/D
IWILFIN TAB 192MG	\$0 (Tier 5)	NDS, QL (240 tabs / 30 days), PA
MATULANE CAP 50MG	\$0 (Tier 5)	NDS
<i>tretinoin cap 10 mg</i>	\$0 (Tier 5)	NDS
WELIREG TAB 40MG	\$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA

MITOTIC INHIBITORS

<i>docetaxel for inj conc 20 mg/ml</i>	\$0 (Tier 4)	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	\$0 (Tier 5)	NDS, B/D
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	\$0 (Tier 5)	NDS, B/D
DOCETAXEL INJ 20MG/2ML	\$0 (Tier 5)	NDS, B/D
DOCETAXEL INJ 80MG/4ML	\$0 (Tier 5)	NDS, B/D
DOCETAXEL INJ 80MG/8ML	\$0 (Tier 5)	NDS, B/D
DOCETAXEL INJ 160/8ML	\$0 (Tier 5)	NDS, B/D
DOCETAXEL INJ 160/16ML	\$0 (Tier 5)	NDS, B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	\$0 (Tier 5)	NDS, B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	\$0 (Tier 5)	NDS, B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	\$0 (Tier 5)	NDS, B/D
DOCIVYX INJ 20MG/2ML	\$0 (Tier 5)	NDS, B/D
DOCIVYX INJ 80MG/8ML	\$0 (Tier 5)	NDS, B/D
DOCIVYX INJ 160/16ML	\$0 (Tier 5)	NDS, B/D
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	\$0 (Tier 3)	B/D
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	\$0 (Tier 3)	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	\$0 (Tier 3)	B/D
<i>paclitaxel inj 100mg</i>	\$0 (Tier 5)	NDS, B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	\$0 (Tier 4)	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	\$0 (Tier 4)	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	\$0 (Tier 4)	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	\$0 (Tier 4)	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	\$0 (Tier 2)	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	\$0 (Tier 4)	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	\$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
MOLECULAR TARGET AGENTS		
ALECENSA CAP 150MG	\$0 (Tier 5)	NDS, QL (240 caps / 30 days), PA
ALUNBRIG PAK	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
ALUNBRIG TAB 30MG	\$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
ALUNBRIG TAB 90MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
ALUNBRIG TAB 180MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
AUGTYRO CAP 40MG	\$0 (Tier 5)	NDS, QL (240 caps / 30 days), PA
AUGTYRO CAP 160MG	\$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
AYVAKIT TAB 25MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
AYVAKIT TAB 50MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
AYVAKIT TAB 100MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
AYVAKIT TAB 200MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
AYVAKIT TAB 300MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
BALVERSA TAB 3MG	\$0 (Tier 5)	NDS, QL (84 tabs / 28 days), PA
BALVERSA TAB 4MG	\$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
BALVERSA TAB 5MG	\$0 (Tier 5)	NDS, QL (28 tabs / 28 days), PA
<i>bortezomib for inj 3.5 mg</i>	\$0 (Tier 5)	NDS, PA
BORTEZOMIB INJ 1MG	\$0 (Tier 4)	PA
BORTEZOMIB INJ 2.5MG	\$0 (Tier 4)	PA
BOSULIF CAP 50MG	\$0 (Tier 5)	NDS, QL (360 caps / 30 days), PA
BOSULIF CAP 100MG	\$0 (Tier 5)	NDS, QL (150 caps / 25 days), PA
BOSULIF TAB 100MG	\$0 (Tier 5)	NDS, QL (180 tabs / 30 days), PA
BOSULIF TAB 400MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
BOSULIF TAB 500MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
BRAFTOVI CAP 75MG	\$0 (Tier 5) NDS, QL (180 caps / 30 days), PA
BRUKINSA CAP 80MG	\$0 (Tier 5) NDS, QL (120 caps / 30 days), PA
CABOMETYX TAB 20MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
CABOMETYX TAB 40MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
CABOMETYX TAB 60MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
CALQUENCE CAP 100MG	\$0 (Tier 5) NDS, QL (60 caps / 30 days), PA
CALQUENCE TAB 100MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
CAPRELSA TAB 100MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
CAPRELSA TAB 300MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
COMETRIQ (60MG DOSE)	\$0 (Tier 5) NDS, QL (84 caps / 28 days), PA
COMETRIQ KIT 100MG	\$0 (Tier 5) NDS, QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	\$0 (Tier 5) NDS, QL (112 caps / 28 days), PA
COPIKTRA CAP 15MG	\$0 (Tier 5) NDS, QL (56 caps / 28 days), PA
COPIKTRA CAP 25MG	\$0 (Tier 5) NDS, QL (56 caps / 28 days), PA
COTELLIC TAB 20MG	\$0 (Tier 5) NDS, QL (63 tabs / 28 days), PA
DANZITEN TAB 71MG	\$0 (Tier 5) NDS, QL (112 tabs / 28 days), PA
DANZITEN TAB 95MG	\$0 (Tier 5) NDS, QL (112 tabs / 28 days), PA
<i>dasatinib tab 20 mg</i>	\$0 (Tier 5) NDS, QL (90 tabs / 30 days), PA
<i>dasatinib tab 50 mg</i>	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 70 mg</i>	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA

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NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL RESTRICTIONS OR COST YOU LIMITS ON USE (TIER LEVEL)
<i>dasatinib tab 80 mg</i>	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 100 mg</i>	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 140 mg</i>	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
DAURISMO TAB 25MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
DAURISMO TAB 100MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
ERIVEDGE CAP 150MG	\$0 (Tier 5) NDS, QL (30 caps / 30 days), PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	\$0 (Tier 5) NDS, QL (90 tabs / 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 2.5 mg</i>	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 5 mg</i>	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 7.5 mg</i>	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 10 mg</i>	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab for oral susp 2 mg</i>	\$0 (Tier 5) NDS, QL (150 tabs / 30 days), PA
<i>everolimus tab for oral susp 3 mg</i>	\$0 (Tier 5) NDS, QL (90 tabs / 30 days), PA
<i>everolimus tab for oral susp 5 mg</i>	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
FOTIVDA CAP 0.89MG	\$0 (Tier 5) NDS, QL (21 caps / 28 days), PA
FOTIVDA CAP 1.34MG	\$0 (Tier 5) NDS, QL (21 caps / 28 days), PA
FRUZAQLA CAP 1MG	\$0 (Tier 5) NDS, QL (84 caps / 28 days), PA
FRUZAQLA CAP 5MG	\$0 (Tier 5) NDS, QL (21 caps / 28 days), PA
GAVRETO CAP 100MG	\$0 (Tier 5) NDS, QL (120 caps / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>gefitinib tab 250 mg</i>	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
GILOTRIF TAB 20MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
GILOTRIF TAB 30MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
GILOTRIF TAB 40MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	\$0 (Tier 5) NDS, QL (168 caps / 28 days), PA
GOMEKLI CAP 2MG	\$0 (Tier 5) NDS, QL (84 caps / 28 days), PA
GOMEKLI TAB 1MG	\$0 (Tier 5) NDS, QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	\$0 (Tier 5) NDS, PA
HERCEPTIN INJ 150MG	\$0 (Tier 5) NDS, PA
HERZUMA INJ 150MG	\$0 (Tier 5) NDS, PA
HERZUMA INJ 420MG	\$0 (Tier 5) NDS, PA
IBRANCE CAP 75MG	\$0 (Tier 5) NDS, QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	\$0 (Tier 5) NDS, QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	\$0 (Tier 5) NDS, QL (21 caps / 28 days), PA
IBRANCE TAB 75MG	\$0 (Tier 5) NDS, QL (21 tabs / 28 days), PA
IBRANCE TAB 100MG	\$0 (Tier 5) NDS, QL (21 tabs / 28 days), PA
IBRANCE TAB 125MG	\$0 (Tier 5) NDS, QL (21 tabs / 28 days), PA
ICLUSIG TAB 10MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 15MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 30MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 45MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	\$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	\$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	\$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
IMBRUVICA SUS 70MG/ML	\$0 (Tier 5)	NDS, QL (216 mL / 27 days), PA
IMBRUVICA TAB 140MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
IMBRUVICA TAB 280MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
IMKELDI SOL 80MG/ML	\$0 (Tier 5)	NDS, QL (280 mL / 28 days), PA
INLYTA TAB 1MG	\$0 (Tier 5)	NDS, QL (180 tabs / 30 days), PA
INLYTA TAB 5MG	\$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
INREBIC CAP 100MG	\$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
ITOVEBI TAB 3MG	\$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
ITOVEBI TAB 9MG	\$0 (Tier 5)	NDS, QL (28 tabs / 28 days), PA
JAKAFI TAB 5MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 10MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 15MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 20MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 25MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
JAYPIRCA TAB 50MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
JAYPIRCA TAB 100MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
KADCYLA INJ 100MG	\$0 (Tier 5)	NDS, B/D

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
KADCYLA INJ 160MG	\$0 (Tier 5) NDS, B/D
KANJINTI INJ 420MG	\$0 (Tier 5) NDS, PA
KANJINTI SOL 150MG	\$0 (Tier 5) NDS, PA
KEYTRUDA INJ 100MG/4M	\$0 (Tier 5) NDS, PA
KISQALI 200 DOSE	\$0 (Tier 5) NDS, QL (21 tabs / 28 days), PA
KISQALI 200 PAK FEMARA	\$0 (Tier 5) NDS, QL (49 tabs / 28 days), PA
KISQALI 400 DOSE	\$0 (Tier 5) NDS, QL (42 tabs / 28 days), PA
KISQALI 400 PAK FEMARA	\$0 (Tier 5) NDS, QL (70 tabs / 28 days), PA
KISQALI 600 DOSE	\$0 (Tier 5) NDS, QL (63 tabs / 28 days), PA
KISQALI 600 PAK FEMARA	\$0 (Tier 5) NDS, QL (91 tabs / 28 days), PA
KOSELUGO CAP 10MG	\$0 (Tier 5) NDS, QL (240 caps / 30 days), PA
KOSELUGO CAP 25MG	\$0 (Tier 5) NDS, QL (120 caps / 30 days), PA
KRAZATI TAB 200MG	\$0 (Tier 5) NDS, QL (180 tabs / 30 days), PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	\$0 (Tier 5) NDS, QL (180 tabs / 30 days), PA
LAZCLUZE TAB 80MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
LAZCLUZE TAB 240MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
LENVIMA CAP 4MG	\$0 (Tier 5) NDS, QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	\$0 (Tier 5) NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	\$0 (Tier 5) NDS, QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	\$0 (Tier 5) NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 14 MG	\$0 (Tier 5) NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	\$0 (Tier 5) NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 20 MG	\$0 (Tier 5) NDS, QL (60 caps / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
LENVIMA CAP 24 MG	\$0 (Tier 5) NDS, QL (90 caps / 30 days), PA
LORBRENA TAB 25MG	\$0 (Tier 5) NDS, QL (90 tabs / 30 days), PA
LORBRENA TAB 100MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
LUMAKRAS TAB 120MG	\$0 (Tier 5) NDS, QL (240 tabs / 30 days), PA
LUMAKRAS TAB 240MG	\$0 (Tier 5) NDS, QL (120 tabs / 30 days), PA
LUMAKRAS TAB 320MG	\$0 (Tier 5) NDS, QL (90 tabs / 30 days), PA
LYNPARZA TAB 100MG	\$0 (Tier 5) NDS, QL (120 tabs / 30 days), PA
LYNPARZA TAB 150MG	\$0 (Tier 5) NDS, QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE)	\$0 (Tier 5) NDS, QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE)	\$0 (Tier 5) NDS, QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE)	\$0 (Tier 5) NDS, QL (140 tabs / 28 days), PA
MEKINIST SOL 0.05/ML	\$0 (Tier 5) NDS, QL (1260 mL / 30 days), PA
MEKINIST TAB 0.5MG	\$0 (Tier 5) NDS, QL (90 tabs / 30 days), PA
MEKINIST TAB 2MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
MEKTOVI TAB 15MG	\$0 (Tier 5) NDS, QL (180 tabs / 30 days), PA
MONJUVI INJ 200MG	\$0 (Tier 5) NDS, PA
NERLYNX TAB 40MG	\$0 (Tier 5) NDS, QL (180 tabs / 30 days), PA
NINLARO CAP 2.3MG	\$0 (Tier 5) NDS, QL (3 caps / 28 days), PA
NINLARO CAP 3MG	\$0 (Tier 5) NDS, QL (3 caps / 28 days), PA
NINLARO CAP 4MG	\$0 (Tier 5) NDS, QL (3 caps / 28 days), PA
ODOMZO CAP 200MG	\$0 (Tier 5) NDS, QL (30 caps / 30 days), PA
OGIVRI INJ 150MG	\$0 (Tier 5) NDS, PA
OGIVRI INJ 420MG	\$0 (Tier 5) NDS, PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
OGSIVEO TAB 50MG	\$0 (Tier 5) NDS, QL (180 tabs / 30 days), PA
OGSIVEO TAB 100MG	\$0 (Tier 5) NDS, QL (56 tabs / 28 days), PA
OGSIVEO TAB 150MG	\$0 (Tier 5) NDS, QL (56 tabs / 28 days), PA
OJEMDA SUS 25MG/ML	\$0 (Tier 5) NDS, QL (96 mL / 28 days), PA
OJEMDA TAB 100MG	\$0 (Tier 5) NDS, QL (24 tabs / 28 days), PA
OJJAARA TAB 100MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
OJJAARA TAB 150MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
OJJAARA TAB 200MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
ONTRUZANT INJ 150MG	\$0 (Tier 5) NDS, PA
ONTRUZANT INJ 420MG	\$0 (Tier 5) NDS, PA
<i>pazopanib hcl tab 200 mg (base equiv)</i>	\$0 (Tier 5) NDS, QL (120 tabs / 30 days), PA
PEMAZYRE TAB 4.5MG	\$0 (Tier 5) NDS, QL (28 tabs / 28 days), PA
PEMAZYRE TAB 9MG	\$0 (Tier 5) NDS, QL (28 tabs / 28 days), PA
PEMAZYRE TAB 13.5MG	\$0 (Tier 5) NDS, QL (28 tabs / 28 days), PA
PHESGO SOL	\$0 (Tier 5) NDS, PA
PIQRAY 200MG TAB DOSE	\$0 (Tier 5) NDS, QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	\$0 (Tier 5) NDS, QL (56 tabs / 28 days), PA
PIQRAY 300MG TAB DOSE	\$0 (Tier 5) NDS, QL (56 tabs / 28 days), PA
QINLOCK TAB 50MG	\$0 (Tier 5) NDS, QL (90 tabs / 30 days), PA
RETEVMO CAP 40MG	\$0 (Tier 5) NDS, QL (180 caps / 30 days), PA
RETEVMO CAP 80MG	\$0 (Tier 5) NDS, QL (120 caps / 30 days), PA
RETEVMO TAB 40MG	\$0 (Tier 5) NDS, QL (90 tabs / 30 days), PA
RETEVMO TAB 80MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
RETEVMO TAB 120MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
RETEVMO TAB 160MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
REVUFORJ TAB 25MG	\$0 (Tier 5) NDS, QL (240 tabs / 30 days), PA
REVUFORJ TAB 110MG	\$0 (Tier 5) NDS, QL (120 tabs / 30 days), PA
REVUFORJ TAB 160MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
REZLIDHIA CAP 150MG	\$0 (Tier 5) NDS, QL (60 caps / 30 days), PA
ROMVIMZA CAP 14MG	\$0 (Tier 5) NDS, QL (8 caps / 28 days), PA
ROMVIMZA CAP 20MG	\$0 (Tier 5) NDS, QL (8 caps / 28 days), PA
ROMVIMZA CAP 30MG	\$0 (Tier 5) NDS, QL (8 caps / 28 days), PA
ROZLYTREK CAP 100MG	\$0 (Tier 5) NDS, QL (180 caps / 30 days), PA
ROZLYTREK CAP 200MG	\$0 (Tier 5) NDS, QL (90 caps / 30 days), PA
ROZLYTREK PAK 50MG	\$0 (Tier 5) NDS, QL (336 packets / 28 days), PA
RUBRACA TAB 200MG	\$0 (Tier 5) NDS, QL (120 tabs / 30 days), PA
RUBRACA TAB 250MG	\$0 (Tier 5) NDS, QL (120 tabs / 30 days), PA
RUBRACA TAB 300MG	\$0 (Tier 5) NDS, QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	\$0 (Tier 5) NDS, QL (224 caps / 28 days), PA
SCSEMBLIX TAB 20MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
SCSEMBLIX TAB 40MG	\$0 (Tier 5) NDS, QL (300 tabs / 30 days), PA
SCSEMBLIX TAB 100MG	\$0 (Tier 5) NDS, QL (120 tabs / 30 days), PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	\$0 (Tier 5) NDS, QL (120 tabs / 30 days), PA
STIVARGA TAB 40MG	\$0 (Tier 5) NDS, QL (84 tabs / 28 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	\$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	\$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	\$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
<i>sunitinib malate cap 50 mg (base equivalent)</i>	\$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
TABRECTA TAB 150MG	\$0 (Tier 5)	NDS, QL (112 tabs / 28 days), PA
TABRECTA TAB 200MG	\$0 (Tier 5)	NDS, QL (112 tabs / 28 days), PA
TAFINLAR CAP 50MG	\$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	\$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
TAFINLAR TAB 10MG	\$0 (Tier 5)	NDS, QL (900 tabs / 30 days), PA
TAGRISSO TAB 40MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
TAGRISSO TAB 80MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
TALZENNA CAP 0.1MG	\$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.5MG	\$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.25MG	\$0 (Tier 5)	NDS, QL (90 caps / 30 days), PA
TALZENNA CAP 0.35MG	\$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.75MG	\$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 1MG	\$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
TASIGNA CAP 50MG	\$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
TASIGNA CAP 150MG	\$0 (Tier 5)	NDS, QL (112 caps / 28 days), PA
TASIGNA CAP 200MG	\$0 (Tier 5)	NDS, QL (112 caps / 28 days), PA
TAZVERIK TAB 200MG	\$0 (Tier 5)	NDS, QL (240 tabs / 30 days), PA
TECENTRIQ INJ 840/14	\$0 (Tier 5)	NDS, PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
TECENTRIQ INJ 1200/20	\$0 (Tier 5)	NDS, PA
TECENTRIQ INJ HYBREZA	\$0 (Tier 5)	NDS, QL (1 vial / 21 days), PA
TEPMETKO TAB 225MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
TIBSOVO TAB 250MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
<i>torpenz tab 2.5mg</i>	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
<i>torpenz tab 5mg</i>	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
<i>torpenz tab 7.5mg</i>	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
<i>torpenz tab 10mg</i>	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
TRAZIMERA INJ 150MG	\$0 (Tier 5)	NDS, PA
TRAZIMERA INJ 420MG	\$0 (Tier 5)	NDS, PA
TRUQAP PAK 160MG	\$0 (Tier 5)	NDS, QL (4 packs / 28 days), PA
TRUQAP PAK 200MG	\$0 (Tier 5)	NDS, QL (4 packs / 28 days), PA
TRUQAP TAB 160MG	\$0 (Tier 5)	NDS, QL (64 tabs / 28 days), PA
TRUQAP TAB 200MG	\$0 (Tier 5)	NDS, QL (64 tabs / 28 days), PA
TRUXIMA INJ 100/10ML	\$0 (Tier 5)	NDS, PA
TRUXIMA INJ 500/50ML	\$0 (Tier 5)	NDS, PA
TUKYSA TAB 50MG	\$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
TUKYSA TAB 150MG	\$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
TURALIO CAP 125MG	\$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
VANFLYTA TAB 17.7MG	\$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
VANFLYTA TAB 26.5MG	\$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
VENCLEXTA TAB 10MG	\$0 (Tier 3)	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 50MG	\$0 (Tier 5)	NDS, QL (112 tabs / 28 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
VENCLEXTA TAB 100MG	\$0 (Tier 5)	NDS, QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	\$0 (Tier 5)	NDS, QL (42 tabs / 28 days), PA
VERZENIO TAB 50MG	\$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 100MG	\$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 150MG	\$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 200MG	\$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
VITRAKVI CAP 25MG	\$0 (Tier 5)	NDS, QL (180 caps / 30 days), PA
VITRAKVI CAP 100MG	\$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
VITRAKVI SOL 20MG/ML	\$0 (Tier 5)	NDS, QL (300 mL / 30 days), PA
VIZIMPRO TAB 15MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
VIZIMPRO TAB 30MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
VIZIMPRO TAB 45MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
VONJO CAP 100MG	\$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
VORANIGO TAB 10MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
VORANIGO TAB 40MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
XALKORI CAP 20MG	\$0 (Tier 5)	NDS, QL (240 caps / 30 days), PA
XALKORI CAP 50MG	\$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
XALKORI CAP 150MG	\$0 (Tier 5)	NDS, QL (180 caps / 30 days), PA
XALKORI CAP 200MG	\$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
XALKORI CAP 250MG	\$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
XOSPATA TAB 40MG	\$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
XPOVIO PAK (40 MG ONCE WEEKLY)	\$0 (Tier 5)	NDS, QL (16 tabs / 28 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	\$0 (Tier 5)	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY)	\$0 (Tier 5)	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY)	\$0 (Tier 5)	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY)	\$0 (Tier 5)	NDS, QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	\$0 (Tier 5)	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	\$0 (Tier 5)	NDS, QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY)	\$0 (Tier 5)	NDS, QL (8 tabs / 28 days), PA
ZEJULA TAB 100MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
ZEJULA TAB 200MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
ZEJULA TAB 300MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
ZELBORAF TAB 240MG	\$0 (Tier 5)	NDS, QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	\$0 (Tier 5)	NDS, PA
ZIRABEV INJ 400/16ML	\$0 (Tier 5)	NDS, PA
ZOLINZA CAP 100MG	\$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
ZYKADIA TAB 150MG	\$0 (Tier 5)	NDS, QL (84 tabs / 28 days), PA

PROTECTIVE AGENTS

<i>leucovorin calcium for inj 50 mg</i>	\$0 (Tier 4)	B/D
<i>leucovorin calcium for inj 100 mg</i>	\$0 (Tier 4)	B/D
<i>leucovorin calcium for inj 200 mg</i>	\$0 (Tier 4)	B/D
<i>leucovorin calcium for inj 350 mg</i>	\$0 (Tier 4)	B/D
<i>leucovorin calcium for inj 500 mg</i>	\$0 (Tier 4)	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	\$0 (Tier 4)	B/D

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>leucovorin calcium tab 5 mg</i>	\$0 (Tier 3)	
<i>leucovorin calcium tab 10 mg</i>	\$0 (Tier 3)	
<i>leucovorin calcium tab 15 mg</i>	\$0 (Tier 3)	
<i>leucovorin calcium tab 25 mg</i>	\$0 (Tier 3)	
<i>mesna tab 400 mg</i>	\$0 (Tier 5) NDS	
MESNEX TAB 400MG	\$0 (Tier 5) NDS	

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	\$0 (Tier 1) QL (30 caps / 30 days)	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	\$0 (Tier 1) QL (30 caps / 30 days)	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	\$0 (Tier 1) QL (30 caps / 30 days)	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	\$0 (Tier 1) QL (30 caps / 30 days)	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	\$0 (Tier 1) QL (30 caps / 30 days)	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	\$0 (Tier 1) QL (30 caps / 30 days)	
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	\$0 (Tier 1)	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (Tier 1)	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (Tier 1)	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	\$0 (Tier 1)	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	\$0 (Tier 1)	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	\$0 (Tier 1)	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	\$0 (Tier 1)	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	\$0 (Tier 1)	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	\$0 (Tier 1)	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (Tier 1)
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<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (Tier 1)
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<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (Tier 1)
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<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (Tier 1)
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<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	\$0 (Tier 1)
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ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>benazepril hcl tab 5 mg</i>	\$0 (Tier 1)
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<i>benazepril hcl tab 10 mg</i>	\$0 (Tier 1)
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<i>benazepril hcl tab 20 mg</i>	\$0 (Tier 1)
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<i>benazepril hcl tab 40 mg</i>	\$0 (Tier 1)
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<i>captopril tab 12.5 mg</i>	\$0 (Tier 1)
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<i>captopril tab 25 mg</i>	\$0 (Tier 1)
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<i>captopril tab 50 mg</i>	\$0 (Tier 1)
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<i>captopril tab 100 mg</i>	\$0 (Tier 1)
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<i>enalapril maleate tab 2.5 mg</i>	\$0 (Tier 1)
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<i>enalapril maleate tab 5 mg</i>	\$0 (Tier 1)
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<i>enalapril maleate tab 10 mg</i>	\$0 (Tier 1)
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<i>enalapril maleate tab 20 mg</i>	\$0 (Tier 1)
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<i>fosinopril sodium tab 10 mg</i>	\$0 (Tier 1)
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<i>fosinopril sodium tab 20 mg</i>	\$0 (Tier 1)
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<i>fosinopril sodium tab 40 mg</i>	\$0 (Tier 1)
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<i>lisinopril tab 2.5 mg</i>	\$0 (Tier 1)
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<i>lisinopril tab 5 mg</i>	\$0 (Tier 1)
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<i>lisinopril tab 10 mg</i>	\$0 (Tier 1)
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<i>lisinopril tab 20 mg</i>	\$0 (Tier 1)
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<i>lisinopril tab 30 mg</i>	\$0 (Tier 1)
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<i>lisinopril tab 40 mg</i>	\$0 (Tier 1)
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<i>moexipril hcl tab 7.5 mg</i>	\$0 (Tier 1)
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<i>moexipril hcl tab 15 mg</i>	\$0 (Tier 1)
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<i>perindopril erbumine tab 2 mg</i>	\$0 (Tier 1)
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<i>perindopril erbumine tab 4 mg</i>	\$0 (Tier 1)
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<i>perindopril erbumine tab 8 mg</i>	\$0 (Tier 1)
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<i>quinapril hcl tab 5 mg</i>	\$0 (Tier 1)
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<i>quinapril hcl tab 10 mg</i>	\$0 (Tier 1)
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<i>quinapril hcl tab 20 mg</i>	\$0 (Tier 1)
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<i>quinapril hcl tab 40 mg</i>	\$0 (Tier 1)
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You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>ramipril cap 1.25 mg</i>	\$0 (Tier 1)	
<i>ramipril cap 2.5 mg</i>	\$0 (Tier 1)	
<i>ramipril cap 5 mg</i>	\$0 (Tier 1)	
<i>ramipril cap 10 mg</i>	\$0 (Tier 1)	
<i>trandolapril tab 1 mg</i>	\$0 (Tier 1)	
<i>trandolapril tab 2 mg</i>	\$0 (Tier 1)	
<i>trandolapril tab 4 mg</i>	\$0 (Tier 1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone tab 25 mg</i>	\$0 (Tier 3)	
<i>eplerenone tab 50 mg</i>	\$0 (Tier 3)	
KERENDIA TAB 10MG	\$0 (Tier 3)	QL (30 tabs / 30 days)
KERENDIA TAB 20MG	\$0 (Tier 3)	QL (30 tabs / 30 days)
<i>spironolactone tab 25 mg</i>	\$0 (Tier 1)	
<i>spironolactone tab 50 mg</i>	\$0 (Tier 1)	
<i>spironolactone tab 100 mg</i>	\$0 (Tier 1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate tab 1 mg</i>	\$0 (Tier 2)	
<i>doxazosin mesylate tab 2 mg</i>	\$0 (Tier 2)	
<i>doxazosin mesylate tab 4 mg</i>	\$0 (Tier 2)	
<i>doxazosin mesylate tab 8 mg</i>	\$0 (Tier 2)	
<i>prazosin hcl cap 1 mg</i>	\$0 (Tier 3)	
<i>prazosin hcl cap 2 mg</i>	\$0 (Tier 3)	
<i>prazosin hcl cap 5 mg</i>	\$0 (Tier 3)	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	\$0 (Tier 1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	\$0 (Tier 4)	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	\$0 (Tier 4)	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	\$0 (Tier 3)	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	\$0 (Tier 3)	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	\$0 (Tier 3)	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	\$0 (Tier 3)	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	\$0 (Tier 3)	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	\$0 (Tier 1)	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	\$0 (Tier 1)	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	\$0 (Tier 1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>candesartan cilexetil tab 4 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 8 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 16 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 32 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
EDARBI TAB 40MG	\$0 (Tier 4)	QL (30 tabs / 30 days), ST
EDARBI TAB 80MG	\$0 (Tier 4)	QL (30 tabs / 30 days), ST
<i>irbesartan tab 75 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>irbesartan tab 150 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>irbesartan tab 300 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>losartan potassium tab 25 mg</i>	\$0 (Tier 1)	
<i>losartan potassium tab 50 mg</i>	\$0 (Tier 1)	

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

<i>losartan potassium tab 100 mg</i>	\$0 (Tier 1)
<i>olmesartan medoxomil tab 5 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>olmesartan medoxomil tab 20 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>olmesartan medoxomil tab 40 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>telmisartan tab 20 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>telmisartan tab 40 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>telmisartan tab 80 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>valsartan tab 40 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>valsartan tab 80 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>valsartan tab 160 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>valsartan tab 320 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	\$0 (Tier 4)
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	\$0 (Tier 4)
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	\$0 (Tier 4)
<i>amiodarone hcl tab 100 mg</i>	\$0 (Tier 4)
<i>amiodarone hcl tab 200 mg</i>	\$0 (Tier 1)
<i>amiodarone hcl tab 400 mg</i>	\$0 (Tier 4)
<i>disopyramide phosphate cap 100 mg</i>	\$0 (Tier 4)
<i>disopyramide phosphate cap 150 mg</i>	\$0 (Tier 4)
<i>dofetilide cap 125 mcg (0.125 mg)</i>	\$0 (Tier 4)
<i>dofetilide cap 250 mcg (0.25 mg)</i>	\$0 (Tier 4)
<i>dofetilide cap 500 mcg (0.5 mg)</i>	\$0 (Tier 4)
<i>flecainide acetate tab 50 mg</i>	\$0 (Tier 3)
<i>flecainide acetate tab 100 mg</i>	\$0 (Tier 3)
<i>flecainide acetate tab 150 mg</i>	\$0 (Tier 3)
MULTAQ TAB 400MG	\$0 (Tier 4) QL (60 tabs / 30 days)
<i>pacerone</i>	\$0 (Tier 1)
<i>pacerone</i>	\$0 (Tier 4)
<i>propafenone hcl cap er 12hr 225 mg</i>	\$0 (Tier 4)
<i>propafenone hcl cap er 12hr 325 mg</i>	\$0 (Tier 4)
<i>propafenone hcl cap er 12hr 425 mg</i>	\$0 (Tier 4)
<i>propafenone hcl tab 150 mg</i>	\$0 (Tier 3)
<i>propafenone hcl tab 225 mg</i>	\$0 (Tier 3)
<i>propafenone hcl tab 300 mg</i>	\$0 (Tier 3)
<i>quinidine sulfate tab 200 mg</i>	\$0 (Tier 4)
<i>quinidine sulfate tab 300 mg</i>	\$0 (Tier 4)

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>sotalol hcl (afib/afl) tab 80 mg</i>	\$0 (Tier 3)	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	\$0 (Tier 3)	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	\$0 (Tier 3)	
<i>sotalol hcl tab 80 mg</i>	\$0 (Tier 2)	
<i>sotalol hcl tab 120 mg</i>	\$0 (Tier 2)	
<i>sotalol hcl tab 160 mg</i>	\$0 (Tier 2)	
<i>sotalol hcl tab 240 mg</i>	\$0 (Tier 2)	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	\$0 (Tier 3)	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	\$0 (Tier 3)	
<i>fenofibrate micronized cap 67 mg</i>	\$0 (Tier 3)	
<i>fenofibrate micronized cap 134 mg</i>	\$0 (Tier 3)	
<i>fenofibrate micronized cap 200 mg</i>	\$0 (Tier 3)	
<i>fenofibrate tab 48 mg</i>	\$0 (Tier 2)	
<i>fenofibrate tab 54 mg</i>	\$0 (Tier 2)	
<i>fenofibrate tab 145 mg</i>	\$0 (Tier 2)	
<i>fenofibrate tab 160 mg</i>	\$0 (Tier 2)	
<i>gemfibrozil tab 600 mg</i>	\$0 (Tier 1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
ALTOPREV TAB 20MG ER	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), ST
ALTOPREV TAB 40MG ER	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), ST
ALTOPREV TAB 60MG ER	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), ST
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
EZALLOR SPR CAP 5MG	\$0 (Tier 4)	QL (30 caps / 30 days), ST
EZALLOR SPR CAP 10MG	\$0 (Tier 4)	QL (30 caps / 30 days), ST

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
EZALLOR SPR CAP 20MG	\$0 (Tier 4)	QL (30 caps / 30 days), ST
EZALLOR SPR CAP 40MG	\$0 (Tier 4)	QL (30 caps / 30 days), ST
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	\$0 (Tier 1)	QL (60 caps / 30 days), ST
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	\$0 (Tier 1)	QL (60 caps / 30 days), ST
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days), ST
<i>lovastatin tab 10 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>lovastatin tab 20 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>lovastatin tab 40 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>pitavastatin calcium tab 1 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days), ST
<i>pitavastatin calcium tab 2 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days), ST
<i>pitavastatin calcium tab 4 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days), ST
<i>pravastatin sodium tab 10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>simvastatin tab 10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
ZYPITAMAG TAB 2MG	\$0 (Tier 4)	QL (30 tabs / 30 days), ST
ZYPITAMAG TAB 4MG	\$0 (Tier 4)	QL (30 tabs / 30 days), ST

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>cholestyramine light powder 4 gm/dose</i>	\$0 (Tier 3)
<i>cholestyramine light powder packets 4 gm</i>	\$0 (Tier 3)
<i>cholestyramine powder 4 gm/dose</i>	\$0 (Tier 3)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>cholestyramine powder packets 4 gm</i>	\$0 (Tier 3)	
<i>colesevelam hcl packet for susp 3.75 gm</i>	\$0 (Tier 4)	
<i>colesevelam hcl tab 625 mg</i>	\$0 (Tier 4)	
<i>colestipol hcl granule packets 5 gm</i>	\$0 (Tier 4)	
<i>colestipol hcl granules 5 gm</i>	\$0 (Tier 4)	
<i>colestipol hcl tab 1 gm</i>	\$0 (Tier 3)	
<i>ezetimibe tab 10 mg</i>	\$0 (Tier 3)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
NEXLETOL TAB 180MG	\$0 (Tier 3)	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	\$0 (Tier 3)	QL (30 tabs / 30 days)
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	\$0 (Tier 3)	QL (60 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	\$0 (Tier 3)	QL (60 tabs / 30 days)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	\$0 (Tier 3)	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	\$0 (Tier 3)	PA
<i>prevalite</i>	\$0 (Tier 3)	
REPATHA INJ 140MG/ML	\$0 (Tier 3)	PA
REPATHA PUSH INJ 420/3.5	\$0 (Tier 3)	PA
REPATHA SURE INJ 140MG/ML	\$0 (Tier 3)	PA
VASCEPA CAP 0.5GM	\$0 (Tier 3)	
VASCEPA CAP 1GM	\$0 (Tier 3)	

**BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT
HIGH BLOOD PRESSURE AND HEART CONDITIONS**

<i>atenolol & chlorthalidone tab 50-25 mg</i>	\$0 (Tier 2)
<i>atenolol & chlorthalidone tab 100-25 mg</i>	\$0 (Tier 2)
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0 (Tier 2)
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	\$0 (Tier 2)
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0 (Tier 2)
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	\$0 (Tier 3)
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	\$0 (Tier 3)
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0 (Tier 3)

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND
HEART CONDITIONS**

<i>acebutolol hcl cap 200 mg</i>	\$0 (Tier 3)
<i>acebutolol hcl cap 400 mg</i>	\$0 (Tier 3)
<i>atenolol tab 25 mg</i>	\$0 (Tier 1)
<i>atenolol tab 50 mg</i>	\$0 (Tier 1)
<i>atenolol tab 100 mg</i>	\$0 (Tier 1)
<i>bisoprolol fumarate tab 5 mg</i>	\$0 (Tier 2)
<i>bisoprolol fumarate tab 10 mg</i>	\$0 (Tier 2)
<i>carvedilol tab 3.125 mg</i>	\$0 (Tier 1)
<i>carvedilol tab 6.25 mg</i>	\$0 (Tier 1)
<i>carvedilol tab 12.5 mg</i>	\$0 (Tier 1)
<i>carvedilol tab 25 mg</i>	\$0 (Tier 1)
<i>labetalol hcl tab 100 mg</i>	\$0 (Tier 3)
<i>labetalol hcl tab 200 mg</i>	\$0 (Tier 3)
<i>labetalol hcl tab 300 mg</i>	\$0 (Tier 3)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	\$0 (Tier 1)
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	\$0 (Tier 1)
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	\$0 (Tier 1)
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	\$0 (Tier 1)
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	\$0 (Tier 4)
<i>metoprolol tartrate tab 25 mg</i>	\$0 (Tier 1)
<i>metoprolol tartrate tab 50 mg</i>	\$0 (Tier 1)
<i>metoprolol tartrate tab 100 mg</i>	\$0 (Tier 1)
<i>nadolol tab 20 mg</i>	\$0 (Tier 3)
<i>nadolol tab 40 mg</i>	\$0 (Tier 3)
<i>nadolol tab 80 mg</i>	\$0 (Tier 3)
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	\$0 (Tier 3) QL (30 tabs / 30 days)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	\$0 (Tier 3) QL (30 tabs / 30 days)
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	\$0 (Tier 3) QL (30 tabs / 30 days)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	\$0 (Tier 3) QL (60 tabs / 30 days)
<i>pindolol tab 5 mg</i>	\$0 (Tier 3)
<i>pindolol tab 10 mg</i>	\$0 (Tier 3)
<i>propranolol hcl cap er 24hr 60 mg</i>	\$0 (Tier 3)
<i>propranolol hcl cap er 24hr 80 mg</i>	\$0 (Tier 3)
<i>propranolol hcl cap er 24hr 120 mg</i>	\$0 (Tier 3)
<i>propranolol hcl cap er 24hr 160 mg</i>	\$0 (Tier 3)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>propranolol hcl oral soln 20 mg/5ml</i>	\$0 (Tier 3)	
<i>propranolol hcl oral soln 40 mg/5ml</i>	\$0 (Tier 3)	
<i>propranolol hcl tab 10 mg</i>	\$0 (Tier 2)	
<i>propranolol hcl tab 20 mg</i>	\$0 (Tier 2)	
<i>propranolol hcl tab 40 mg</i>	\$0 (Tier 2)	
<i>propranolol hcl tab 60 mg</i>	\$0 (Tier 2)	
<i>propranolol hcl tab 80 mg</i>	\$0 (Tier 2)	
<i>timolol maleate tab 5 mg</i>	\$0 (Tier 3)	
<i>timolol maleate tab 10 mg</i>	\$0 (Tier 3)	
<i>timolol maleate tab 20 mg</i>	\$0 (Tier 3)	

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>cartia xt</i>	\$0 (Tier 2)	
<i>dilt-xr</i>	\$0 (Tier 2)	
<i>diltiazem hcl cap er 12hr 60 mg</i>	\$0 (Tier 4)	
<i>diltiazem hcl cap er 12hr 90 mg</i>	\$0 (Tier 4)	
<i>diltiazem hcl cap er 12hr 120 mg</i>	\$0 (Tier 4)	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	\$0 (Tier 2)	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	\$0 (Tier 2)	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	\$0 (Tier 2)	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	\$0 (Tier 2)	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	\$0 (Tier 4)	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	\$0 (Tier 2)	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	\$0 (Tier 2)	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	\$0 (Tier 2)	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	\$0 (Tier 2)	

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	\$0 (Tier 2)	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	\$0 (Tier 2)	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	\$0 (Tier 3)	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	\$0 (Tier 3)	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	\$0 (Tier 3)	
<i>diltiazem hcl tab 30 mg</i>	\$0 (Tier 2)	
<i>diltiazem hcl tab 60 mg</i>	\$0 (Tier 2)	
<i>diltiazem hcl tab 90 mg</i>	\$0 (Tier 2)	
<i>diltiazem hcl tab 120 mg</i>	\$0 (Tier 2)	
<i>diltiazem hcl tab er 24hr 120 mg</i>	\$0 (Tier 3)	
<i>diltiazem hcl tab er 24hr 180 mg</i>	\$0 (Tier 3)	
<i>diltiazem hcl tab er 24hr 240 mg</i>	\$0 (Tier 3)	
<i>diltiazem hcl tab er 24hr 300 mg</i>	\$0 (Tier 3)	
<i>diltiazem hcl tab er 24hr 360 mg</i>	\$0 (Tier 3)	
<i>diltiazem hcl tab er 24hr 420 mg</i>	\$0 (Tier 3)	
<i>felodipine tab er 24hr 2.5 mg</i>	\$0 (Tier 2)	
<i>felodipine tab er 24hr 5 mg</i>	\$0 (Tier 2)	
<i>felodipine tab er 24hr 10 mg</i>	\$0 (Tier 2)	
<i>isradipine cap 2.5 mg</i>	\$0 (Tier 4)	
<i>isradipine cap 5 mg</i>	\$0 (Tier 4)	
<i>matzim la</i>	\$0 (Tier 3)	
<i>nicardipine hcl cap 20 mg</i>	\$0 (Tier 4)	
<i>nicardipine hcl cap 30 mg</i>	\$0 (Tier 4)	
<i>nifedipine tab er 24hr 30 mg</i>	\$0 (Tier 3)	
<i>nifedipine tab er 24hr 60 mg</i>	\$0 (Tier 3)	
<i>nifedipine tab er 24hr 90 mg</i>	\$0 (Tier 3)	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	\$0 (Tier 3)	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	\$0 (Tier 3)	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	\$0 (Tier 3)	
<i>nimodipine cap 30 mg</i>	\$0 (Tier 4)	
<i>nisoldipine tab er 24hr 8.5 mg</i>	\$0 (Tier 4)	
<i>nisoldipine tab er 24hr 17 mg</i>	\$0 (Tier 4)	
<i>nisoldipine tab er 24hr 20 mg</i>	\$0 (Tier 4)	
<i>nisoldipine tab er 24hr 25.5 mg</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>nisoldipine tab er 24hr 30 mg</i>	\$0 (Tier 4)	
<i>nisoldipine tab er 24hr 34 mg</i>	\$0 (Tier 4)	
<i>nisoldipine tab er 24hr 40 mg</i>	\$0 (Tier 4)	
<i>tiadylt er</i>	\$0 (Tier 2)	
<i>verapamil hcl cap er 24hr 100 mg</i>	\$0 (Tier 4)	
<i>verapamil hcl cap er 24hr 120 mg</i>	\$0 (Tier 3)	
<i>verapamil hcl cap er 24hr 180 mg</i>	\$0 (Tier 3)	
<i>verapamil hcl cap er 24hr 200 mg</i>	\$0 (Tier 4)	
<i>verapamil hcl cap er 24hr 240 mg</i>	\$0 (Tier 3)	
<i>verapamil hcl cap er 24hr 300 mg</i>	\$0 (Tier 4)	
<i>verapamil hcl cap er 24hr 360 mg</i>	\$0 (Tier 4)	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	\$0 (Tier 4)	
<i>verapamil hcl tab 40 mg</i>	\$0 (Tier 1)	
<i>verapamil hcl tab 80 mg</i>	\$0 (Tier 1)	
<i>verapamil hcl tab 120 mg</i>	\$0 (Tier 1)	
<i>verapamil hcl tab er 120 mg</i>	\$0 (Tier 2)	
<i>verapamil hcl tab er 180 mg</i>	\$0 (Tier 2)	
<i>verapamil hcl tab er 240 mg</i>	\$0 (Tier 2)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide cap er 12hr 500 mg</i>	\$0 (Tier 3)	
<i>acetazolamide tab 125 mg</i>	\$0 (Tier 3)	
<i>acetazolamide tab 250 mg</i>	\$0 (Tier 3)	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	\$0 (Tier 2)	
<i>amiloride hcl tab 5 mg</i>	\$0 (Tier 2)	
<i>bumetanide inj 0.25 mg/ml</i>	\$0 (Tier 3)	
<i>bumetanide tab 0.5 mg</i>	\$0 (Tier 3)	
<i>bumetanide tab 1 mg</i>	\$0 (Tier 3)	
<i>bumetanide tab 2 mg</i>	\$0 (Tier 3)	
<i>chlorthalidone tab 25 mg</i>	\$0 (Tier 2)	
<i>chlorthalidone tab 50 mg</i>	\$0 (Tier 2)	
<i>furosemide inj</i>	\$0 (Tier 3)	
<i>furosemide oral soln 8 mg/ml</i>	\$0 (Tier 2)	
<i>furosemide oral soln 10 mg/ml</i>	\$0 (Tier 2)	
<i>furosemide tab 20 mg</i>	\$0 (Tier 1)	
<i>furosemide tab 40 mg</i>	\$0 (Tier 1)	
<i>furosemide tab 80 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide cap 12.5 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide tab 12.5 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide tab 25 mg</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>hydrochlorothiazide tab 50 mg</i>	\$0 (Tier 1)	
<i>indapamide tab 1.25 mg</i>	\$0 (Tier 1)	
<i>indapamide tab 2.5 mg</i>	\$0 (Tier 1)	
<i>methazolamide tab 25 mg</i>	\$0 (Tier 4)	
<i>methazolamide tab 50 mg</i>	\$0 (Tier 4)	
<i>metolazone tab 2.5 mg</i>	\$0 (Tier 2)	
<i>metolazone tab 5 mg</i>	\$0 (Tier 2)	
<i>metolazone tab 10 mg</i>	\$0 (Tier 2)	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0 (Tier 2)	
<i>torsemide tab 5 mg</i>	\$0 (Tier 2)	
<i>torsemide tab 10 mg</i>	\$0 (Tier 2)	
<i>torsemide tab 20 mg</i>	\$0 (Tier 2)	
<i>torsemide tab 100 mg</i>	\$0 (Tier 2)	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0 (Tier 1)	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	\$0 (Tier 1)	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	\$0 (Tier 1)	
MISCELLANEOUS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	\$0 (Tier 1)	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	\$0 (Tier 1)	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	\$0 (Tier 1)	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	\$0 (Tier 1)	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	\$0 (Tier 1)	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	\$0 (Tier 1)	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	\$0 (Tier 1)	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	\$0 (Tier 1)	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	\$0 (Tier 1)	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	\$0 (Tier 1)	
<i>clonidine hcl tab 0.1 mg</i>	\$0 (Tier 1)	
<i>clonidine hcl tab 0.2 mg</i>	\$0 (Tier 1)	
<i>clonidine hcl tab 0.3 mg</i>	\$0 (Tier 1)	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	\$0 (Tier 3)	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	\$0 (Tier 3)	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	\$0 (Tier 3)	
CORLANOR SOL 5MG/5ML	\$0 (Tier 4)	QL (450 mL / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	\$0 (Tier 4)	
<i>digoxin oral soln 0.05 mg/ml</i>	\$0 (Tier 4)	
<i>digoxin tab 125 mcg (0.125 mg)</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>droxidopa cap 100 mg</i>	\$0 (Tier 5)	NDS, QL (90 caps / 30 days), PA
<i>droxidopa cap 200 mg</i>	\$0 (Tier 5)	NDS, QL (180 caps / 30 days), PA
<i>droxidopa cap 300 mg</i>	\$0 (Tier 5)	NDS, QL (180 caps / 30 days), PA
<i>epinephrine inj 1 mg/ml (1:1000)</i>	\$0 (Tier 4)	
<i>guanfacine hcl tab 1 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older
<i>guanfacine hcl tab 2 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older
<i>hydralazine hcl inj 20 mg/ml</i>	\$0 (Tier 4)	
<i>hydralazine hcl tab 10 mg</i>	\$0 (Tier 1)	
<i>hydralazine hcl tab 25 mg</i>	\$0 (Tier 1)	
<i>hydralazine hcl tab 50 mg</i>	\$0 (Tier 1)	
<i>hydralazine hcl tab 100 mg</i>	\$0 (Tier 1)	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	\$0 (Tier 4)	QL (60 tabs / 30 days)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	\$0 (Tier 4)	QL (60 tabs / 30 days)
<i>metyrosine cap 250 mg</i>	\$0 (Tier 5)	NDS, PA
<i>midodrine hcl tab 2.5 mg</i>	\$0 (Tier 3)	
<i>midodrine hcl tab 5 mg</i>	\$0 (Tier 3)	
<i>midodrine hcl tab 10 mg</i>	\$0 (Tier 4)	
<i>minoxidil tab 2.5 mg</i>	\$0 (Tier 2)	
<i>minoxidil tab 10 mg</i>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>ranolazine tab er 12hr 500 mg</i>	\$0 (Tier 4)
<i>ranolazine tab er 12hr 1000 mg</i>	\$0 (Tier 4)
VERQUVO TAB 2.5MG	\$0 (Tier 3) QL (30 tabs / 30 days), PA
VERQUVO TAB 5MG	\$0 (Tier 3) QL (30 tabs / 30 days), PA
VERQUVO TAB 10MG	\$0 (Tier 3) QL (30 tabs / 30 days), PA

NITRATES - DRUGS TO TREAT HEART CONDITIONS

<i>isosorbide dinitrate tab 5 mg</i>	\$0 (Tier 3)
<i>isosorbide dinitrate tab 10 mg</i>	\$0 (Tier 3)
<i>isosorbide dinitrate tab 20 mg</i>	\$0 (Tier 3)
<i>isosorbide dinitrate tab 30 mg</i>	\$0 (Tier 3)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	\$0 (Tier 1)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	\$0 (Tier 1)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	\$0 (Tier 1)
NITRO-BID OIN 2%	\$0 (Tier 3)
<i>nitroglycerin sl tab 0.3 mg</i>	\$0 (Tier 2)
<i>nitroglycerin sl tab 0.4 mg</i>	\$0 (Tier 2)
<i>nitroglycerin sl tab 0.6 mg</i>	\$0 (Tier 2)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	\$0 (Tier 3)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	\$0 (Tier 3)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	\$0 (Tier 3)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	\$0 (Tier 3)

PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION

<i>alyq</i>	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
<i>ambrisentan tab 5 mg</i>	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
<i>ambrisentan tab 10 mg</i>	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
<i>bosentan tab 62.5 mg</i>	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
<i>bosentan tab 125 mg</i>	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
OPSUMIT TAB 10MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
<i>sildenafil citrate tab 20 mg</i>	\$0 (Tier 3) QL (360 tabs / 30 days), PA

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>tadalafil tab 20 mg (pah)</i>	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	\$0 (Tier 5)	NDS, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	\$0 (Tier 5)	NDS, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	\$0 (Tier 5)	NDS, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	\$0 (Tier 5)	NDS, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIANXIETY - DRUGS TO TREAT ANXIETY

<i>alprazolam tab 0.5 mg</i>	\$0 (Tier 2)	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	\$0 (Tier 2)	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	\$0 (Tier 2)	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	\$0 (Tier 2)	QL (150 tabs / 30 days)
<i>buspirone hcl tab 5 mg</i>	\$0 (Tier 1)	
<i>buspirone hcl tab 7.5 mg</i>	\$0 (Tier 3)	
<i>buspirone hcl tab 10 mg</i>	\$0 (Tier 1)	
<i>buspirone hcl tab 15 mg</i>	\$0 (Tier 1)	
<i>buspirone hcl tab 30 mg</i>	\$0 (Tier 3)	
<i>fluvoxamine maleate tab 25 mg</i>	\$0 (Tier 3)	
<i>fluvoxamine maleate tab 50 mg</i>	\$0 (Tier 3)	
<i>fluvoxamine maleate tab 100 mg</i>	\$0 (Tier 3)	
<i>lorazepam conc 2 mg/ml</i>	\$0 (Tier 3)	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	\$0 (Tier 2)	
<i>lorazepam inj 4 mg/ml</i>	\$0 (Tier 2)	
<i>lorazepam intensol</i>	\$0 (Tier 3)	QL (150 mL / 30 days)
<i>lorazepam tab 0.5 mg</i>	\$0 (Tier 2)	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	\$0 (Tier 2)	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	\$0 (Tier 2)	QL (150 tabs / 30 days)

ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	\$0 (Tier 2)	
<i>donepezil hydrochloride tab 5 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	\$0 (Tier 2)	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	\$0 (Tier 3)	QL (30 caps / 30 days)

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	\$0 (Tier 3)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	\$0 (Tier 3)	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	\$0 (Tier 4)	QL (200 mL / 30 days)
<i>galantamine hydrobromide tab 4 mg</i>	\$0 (Tier 3)	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	\$0 (Tier 3)	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	\$0 (Tier 3)	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	\$0 (Tier 4)	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 14 mg</i>	\$0 (Tier 4)	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 21 mg</i>	\$0 (Tier 4)	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 28 mg</i>	\$0 (Tier 4)	PA; PA applies if 29 years and younger
<i>memantine hcl oral solution 2 mg/ml</i>	\$0 (Tier 4)	PA; PA applies if 29 years and younger
<i>memantine hcl tab 5 mg</i>	\$0 (Tier 3)	PA; PA applies if 29 years and younger
<i>memantine hcl tab 10 mg</i>	\$0 (Tier 3)	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	\$0 (Tier 4)	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	\$0 (Tier 4)	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	\$0 (Tier 4)	
NAMZARIC CAP 7-10MG	\$0 (Tier 4)	
NAMZARIC CAP 14-10MG	\$0 (Tier 4)	
NAMZARIC CAP 21-10MG	\$0 (Tier 4)	
NAMZARIC CAP 28-10MG	\$0 (Tier 4)	
NAMZARIC CAP PACK	\$0 (Tier 4)	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	\$0 (Tier 3)	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	\$0 (Tier 3)	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	\$0 (Tier 3)	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	\$0 (Tier 3)	QL (60 caps / 30 days)

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	\$0 (Tier 4)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	\$0 (Tier 4)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	\$0 (Tier 4)	QL (30 patches / 30 days)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

<i>amitriptyline hcl tab 10 mg</i>	\$0 (Tier 3)	
<i>amitriptyline hcl tab 25 mg</i>	\$0 (Tier 3)	
<i>amitriptyline hcl tab 50 mg</i>	\$0 (Tier 3)	
<i>amitriptyline hcl tab 75 mg</i>	\$0 (Tier 3)	
<i>amitriptyline hcl tab 100 mg</i>	\$0 (Tier 3)	
<i>amitriptyline hcl tab 150 mg</i>	\$0 (Tier 3)	
<i>amoxapine tab 25 mg</i>	\$0 (Tier 3)	
<i>amoxapine tab 50 mg</i>	\$0 (Tier 3)	
<i>amoxapine tab 100 mg</i>	\$0 (Tier 3)	
<i>amoxapine tab 150 mg</i>	\$0 (Tier 3)	
AUVELITY TAB 45-105MG	\$0 (Tier 4)	QL (60 tabs / 30 days), PA
<i>bupropion hcl tab 75 mg</i>	\$0 (Tier 2)	
<i>bupropion hcl tab 100 mg</i>	\$0 (Tier 2)	
<i>bupropion hcl tab er 12hr 100 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 12hr 200 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	\$0 (Tier 3)	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	\$0 (Tier 1)	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	\$0 (Tier 1)	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	\$0 (Tier 1)	
<i>clomipramine hcl cap 25 mg</i>	\$0 (Tier 4)	PA
<i>clomipramine hcl cap 50 mg</i>	\$0 (Tier 4)	PA
<i>clomipramine hcl cap 75 mg</i>	\$0 (Tier 4)	PA
<i>desipramine hcl tab 10 mg</i>	\$0 (Tier 4)	
<i>desipramine hcl tab 25 mg</i>	\$0 (Tier 4)	
<i>desipramine hcl tab 50 mg</i>	\$0 (Tier 4)	
<i>desipramine hcl tab 75 mg</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>desipramine hcl tab 100 mg</i>	\$0 (Tier 4)	
<i>desipramine hcl tab 150 mg</i>	\$0 (Tier 4)	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	\$0 (Tier 3)	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	\$0 (Tier 3)	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	\$0 (Tier 3)	QL (30 tabs / 30 days)
<i>doxepin hcl cap 10 mg</i>	\$0 (Tier 3)	
<i>doxepin hcl cap 25 mg</i>	\$0 (Tier 3)	
<i>doxepin hcl cap 50 mg</i>	\$0 (Tier 3)	
<i>doxepin hcl cap 75 mg</i>	\$0 (Tier 3)	
<i>doxepin hcl cap 100 mg</i>	\$0 (Tier 3)	
<i>doxepin hcl cap 150 mg</i>	\$0 (Tier 3)	
<i>doxepin hcl conc 10 mg/ml</i>	\$0 (Tier 3)	
DRIZALMA CAP 20MG DR	\$0 (Tier 4)	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	\$0 (Tier 4)	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	\$0 (Tier 4)	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	\$0 (Tier 4)	QL (60 caps / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	\$0 (Tier 3)	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	\$0 (Tier 3)	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	\$0 (Tier 3)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	\$0 (Tier 5)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	\$0 (Tier 5)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	\$0 (Tier 5)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	\$0 (Tier 4)	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	\$0 (Tier 1)	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	\$0 (Tier 1)	

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NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	\$0 (Tier 1)	
FETZIMA CAP 20MG	\$0 (Tier 4)	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	\$0 (Tier 4)	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	\$0 (Tier 4)	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	\$0 (Tier 4)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	\$0 (Tier 4)	QL (2 packs / year), PA
<i>fluoxetine hcl cap 10 mg</i>	\$0 (Tier 1)	
<i>fluoxetine hcl cap 20 mg</i>	\$0 (Tier 1)	
<i>fluoxetine hcl cap 40 mg</i>	\$0 (Tier 1)	
<i>fluoxetine hcl solution 20 mg/5ml</i>	\$0 (Tier 3)	
<i>imipramine hcl tab 10 mg</i>	\$0 (Tier 2)	
<i>imipramine hcl tab 25 mg</i>	\$0 (Tier 2)	
<i>imipramine hcl tab 50 mg</i>	\$0 (Tier 2)	
MARPLAN TAB 10MG	\$0 (Tier 4)	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	\$0 (Tier 3)	
<i>mirtazapine orally disintegrating tab 30 mg</i>	\$0 (Tier 3)	
<i>mirtazapine orally disintegrating tab 45 mg</i>	\$0 (Tier 3)	
<i>mirtazapine tab 7.5 mg</i>	\$0 (Tier 3)	
<i>mirtazapine tab 15 mg</i>	\$0 (Tier 2)	
<i>mirtazapine tab 30 mg</i>	\$0 (Tier 2)	
<i>mirtazapine tab 45 mg</i>	\$0 (Tier 2)	
<i>nefazodone hcl tab 50 mg</i>	\$0 (Tier 4)	
<i>nefazodone hcl tab 100 mg</i>	\$0 (Tier 4)	
<i>nefazodone hcl tab 150 mg</i>	\$0 (Tier 4)	
<i>nefazodone hcl tab 200 mg</i>	\$0 (Tier 4)	
<i>nefazodone hcl tab 250 mg</i>	\$0 (Tier 4)	
<i>nortriptyline hcl cap 10 mg</i>	\$0 (Tier 2)	
<i>nortriptyline hcl cap 25 mg</i>	\$0 (Tier 2)	
<i>nortriptyline hcl cap 50 mg</i>	\$0 (Tier 2)	
<i>nortriptyline hcl cap 75 mg</i>	\$0 (Tier 2)	
<i>nortriptyline hcl soln 10 mg/5ml</i>	\$0 (Tier 4)	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	\$0 (Tier 4)	QL (900 mL / 30 days), PA
<i>paroxetine hcl tab 10 mg</i>	\$0 (Tier 2)	
<i>paroxetine hcl tab 20 mg</i>	\$0 (Tier 2)	
<i>paroxetine hcl tab 30 mg</i>	\$0 (Tier 2)	

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NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>paroxetine hcl tab 40 mg</i>	\$0 (Tier 2)
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	\$0 (Tier 4) QL (60 tabs / 30 days)
<i>paroxetine hcl tab er 24hr 25 mg</i>	\$0 (Tier 4) QL (60 tabs / 30 days)
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	\$0 (Tier 4) QL (60 tabs / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	\$0 (Tier 3)
<i>protriptyline hcl tab 5 mg</i>	\$0 (Tier 4)
<i>protriptyline hcl tab 10 mg</i>	\$0 (Tier 4)
RALDESY SOL 10MG/ML	\$0 (Tier 4) QL (1800 mL / 30 days), PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	\$0 (Tier 3)
<i>sertraline hcl tab 25 mg</i>	\$0 (Tier 1)
<i>sertraline hcl tab 50 mg</i>	\$0 (Tier 1)
<i>sertraline hcl tab 100 mg</i>	\$0 (Tier 1)
<i>tranylcypromine sulfate tab 10 mg</i>	\$0 (Tier 4)
<i>trazodone hcl tab 50 mg</i>	\$0 (Tier 1)
<i>trazodone hcl tab 100 mg</i>	\$0 (Tier 1)
<i>trazodone hcl tab 150 mg</i>	\$0 (Tier 1)
<i>trimipramine maleate cap 25 mg</i>	\$0 (Tier 4) QL (120 caps / 30 days)
<i>trimipramine maleate cap 50 mg</i>	\$0 (Tier 4) QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	\$0 (Tier 4) QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	\$0 (Tier 4) QL (30 tabs / 30 days), PA
TRINTELLIX TAB 10MG	\$0 (Tier 4) QL (30 tabs / 30 days), PA
TRINTELLIX TAB 20MG	\$0 (Tier 4) QL (30 tabs / 30 days), PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	\$0 (Tier 2)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	\$0 (Tier 2)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	\$0 (Tier 2)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	\$0 (Tier 3)
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	\$0 (Tier 3)
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	\$0 (Tier 3)
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	\$0 (Tier 3)

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NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	\$0 (Tier 3)
<i>vilazodone hcl tab 10 mg</i>	\$0 (Tier 4) QL (30 tabs / 30 days)
<i>vilazodone hcl tab 20 mg</i>	\$0 (Tier 4) QL (30 tabs / 30 days)
<i>vilazodone hcl tab 40 mg</i>	\$0 (Tier 4) QL (30 tabs / 30 days)
<i>ZURZUVAE CAP 20MG</i>	\$0 (Tier 5) NDS, QL (28 caps / 14 days), PA
<i>ZURZUVAE CAP 25MG</i>	\$0 (Tier 5) NDS, QL (28 caps / 14 days), PA
<i>ZURZUVAE CAP 30MG</i>	\$0 (Tier 5) NDS, QL (14 caps / 14 days), PA

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl cap 100 mg</i>	\$0 (Tier 3) QL (120 caps / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	\$0 (Tier 3)
<i>amantadine hcl tab 100 mg</i>	\$0 (Tier 4)
<i>benztropine mesylate inj 1 mg/ml</i>	\$0 (Tier 4)
<i>benztropine mesylate tab 0.5 mg</i>	\$0 (Tier 2) PA; PA applies if 70 years and older
<i>benztropine mesylate tab 1 mg</i>	\$0 (Tier 2) PA; PA applies if 70 years and older
<i>benztropine mesylate tab 2 mg</i>	\$0 (Tier 2) PA; PA applies if 70 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	\$0 (Tier 4)
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	\$0 (Tier 4)
<i>carb/levo orally disintegrating tab 10-100mg</i>	\$0 (Tier 3)
<i>carb/levo orally disintegrating tab 25-100mg</i>	\$0 (Tier 3)
<i>carb/levo orally disintegrating tab 25-250mg</i>	\$0 (Tier 3)
<i>carbidopa & levodopa tab 10-100 mg</i>	\$0 (Tier 2)
<i>carbidopa & levodopa tab 25-100 mg</i>	\$0 (Tier 2)
<i>carbidopa & levodopa tab 25-250 mg</i>	\$0 (Tier 2)
<i>carbidopa & levodopa tab er 25-100 mg</i>	\$0 (Tier 3)
<i>carbidopa & levodopa tab er 50-200 mg</i>	\$0 (Tier 3)
<i>carbidopa tab 25 mg</i>	\$0 (Tier 4)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0 (Tier 4)

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0 (Tier 4)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0 (Tier 4)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0 (Tier 4)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0 (Tier 4)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0 (Tier 4)	
<i>entacapone tab 200 mg</i>	\$0 (Tier 4)	
INBRIJA CAP 42MG	\$0 (Tier 5)	NDS, QL (300 caps / 30 days), PA
NEUPRO DIS 1MG/24HR	\$0 (Tier 4)	
NEUPRO DIS 2MG/24HR	\$0 (Tier 4)	
NEUPRO DIS 3MG/24HR	\$0 (Tier 4)	
NEUPRO DIS 4MG/24HR	\$0 (Tier 4)	
NEUPRO DIS 6MG/24HR	\$0 (Tier 4)	
NEUPRO DIS 8MG/24HR	\$0 (Tier 4)	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	\$0 (Tier 2)	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	\$0 (Tier 2)	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	\$0 (Tier 2)	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	\$0 (Tier 2)	
<i>pramipexole dihydrochloride tab 1 mg</i>	\$0 (Tier 2)	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	\$0 (Tier 2)	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	\$0 (Tier 4)	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	\$0 (Tier 4)	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	\$0 (Tier 4)	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	\$0 (Tier 4)	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	\$0 (Tier 4)	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	\$0 (Tier 4)	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	\$0 (Tier 4)	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)

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NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>ropinirole hydrochloride tab 0.5 mg</i>	\$0 (Tier 2)	
<i>ropinirole hydrochloride tab 0.25 mg</i>	\$0 (Tier 2)	
<i>ropinirole hydrochloride tab 1 mg</i>	\$0 (Tier 2)	
<i>ropinirole hydrochloride tab 2 mg</i>	\$0 (Tier 2)	
<i>ropinirole hydrochloride tab 3 mg</i>	\$0 (Tier 2)	
<i>ropinirole hydrochloride tab 4 mg</i>	\$0 (Tier 2)	
<i>ropinirole hydrochloride tab 5 mg</i>	\$0 (Tier 2)	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	\$0 (Tier 4)	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	\$0 (Tier 4)	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	\$0 (Tier 4)	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	\$0 (Tier 4)	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	\$0 (Tier 4)	
<i>selegiline hcl cap 5 mg</i>	\$0 (Tier 3)	
<i>selegiline hcl tab 5 mg</i>	\$0 (Tier 3)	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	\$0 (Tier 2)	PA; PA applies if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	\$0 (Tier 2)	PA; PA applies if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIM INJ 720MG	\$0 (Tier 5)	NDS, QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	\$0 (Tier 5)	NDS, QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	\$0 (Tier 5)	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	\$0 (Tier 5)	NDS, QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	\$0 (Tier 5)	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	\$0 (Tier 5)	NDS, QL (1 syringe / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 4)	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days), ST

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>aripiprazole orally disintegrating tab 15 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days), ST
<i>aripiprazole tab 2 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	\$0 (Tier 5)	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	\$0 (Tier 5)	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	\$0 (Tier 5)	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	\$0 (Tier 5)	NDS, QL (1 syringe / 56 days)
ARISTADA INJ INITIO	\$0 (Tier 5)	NDS
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	\$0 (Tier 4)	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	\$0 (Tier 4)	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	\$0 (Tier 4)	QL (60 tabs / 30 days)
CAPLYTA CAP 10.5MG	\$0 (Tier 5)	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 21MG	\$0 (Tier 5)	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 42MG	\$0 (Tier 5)	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl conc 30 mg/ml</i>	\$0 (Tier 4)	
<i>chlorpromazine hcl conc 100 mg/ml</i>	\$0 (Tier 4)	
<i>chlorpromazine hcl inj 25 mg/ml</i>	\$0 (Tier 4)	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	\$0 (Tier 4)	
<i>chlorpromazine hcl tab 10 mg</i>	\$0 (Tier 4)	
<i>chlorpromazine hcl tab 25 mg</i>	\$0 (Tier 4)	
<i>chlorpromazine hcl tab 50 mg</i>	\$0 (Tier 4)	
<i>chlorpromazine hcl tab 100 mg</i>	\$0 (Tier 4)	
<i>chlorpromazine hcl tab 200 mg</i>	\$0 (Tier 4)	
<i>clozapine orally disintegrating tab 12.5 mg</i>	\$0 (Tier 4)	PA
<i>clozapine orally disintegrating tab 25 mg</i>	\$0 (Tier 4)	PA
<i>clozapine orally disintegrating tab 100 mg</i>	\$0 (Tier 4)	QL (270 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>clozapine orally disintegrating tab 150 mg</i>	\$0 (Tier 4)	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	\$0 (Tier 4)	QL (120 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	\$0 (Tier 3)	
<i>clozapine tab 50 mg</i>	\$0 (Tier 3)	
<i>clozapine tab 100 mg</i>	\$0 (Tier 3)	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days)
COBENFY CAP 50-20MG	\$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	\$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	\$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	\$0 (Tier 5)	NDS, QL (2 packs / year), PA
FANAPT PAK	\$0 (Tier 4)	QL (2 packs / year), PA
FANAPT TAB 1MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	\$0 (Tier 4)	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	\$0 (Tier 4)	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	\$0 (Tier 4)	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	\$0 (Tier 4)	
<i>fluphenazine hcl tab 1 mg</i>	\$0 (Tier 4)	
<i>fluphenazine hcl tab 2.5 mg</i>	\$0 (Tier 4)	
<i>fluphenazine hcl tab 5 mg</i>	\$0 (Tier 4)	
<i>fluphenazine hcl tab 10 mg</i>	\$0 (Tier 4)	
<i>haloperidol decanoate im soln 50 mg/ml</i>	\$0 (Tier 3)	
<i>haloperidol decanoate im soln 100 mg/ml</i>	\$0 (Tier 3)	
<i>haloperidol lactate inj 5 mg/ml</i>	\$0 (Tier 3)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>haloperidol lactate oral conc 2 mg/ml</i>	\$0 (Tier 3)	
<i>haloperidol tab 0.5 mg</i>	\$0 (Tier 3)	
<i>haloperidol tab 1 mg</i>	\$0 (Tier 3)	
<i>haloperidol tab 2 mg</i>	\$0 (Tier 3)	
<i>haloperidol tab 5 mg</i>	\$0 (Tier 3)	
<i>haloperidol tab 10 mg</i>	\$0 (Tier 3)	
<i>haloperidol tab 20 mg</i>	\$0 (Tier 3)	
INVEGA HAFYE INJ 1092MG	\$0 (Tier 5)	NDS, QL (1 injection / 180 days)
INVEGA HAFYE INJ 1560MG	\$0 (Tier 5)	NDS, QL (1 injection / 180 days)
INVEGA SUST INJ 39/0.25	\$0 (Tier 4)	QL (1 syringe / 28 days)
INVEGA SUST INJ 78/0.5ML	\$0 (Tier 5)	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	\$0 (Tier 5)	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	\$0 (Tier 5)	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	\$0 (Tier 5)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	\$0 (Tier 5)	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	\$0 (Tier 5)	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	\$0 (Tier 5)	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	\$0 (Tier 5)	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate cap 5 mg</i>	\$0 (Tier 3)	
<i>loxapine succinate cap 10 mg</i>	\$0 (Tier 3)	
<i>loxapine succinate cap 25 mg</i>	\$0 (Tier 3)	
<i>loxapine succinate cap 50 mg</i>	\$0 (Tier 3)	
<i>lurasidone hcl tab 20 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 40 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 60 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 80 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days)
<i>lurasidone hcl tab 120 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
LYBALVI TAB 5-10MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
LYBALVI TAB 15-10MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days)
<i>molindone hcl tab 5 mg</i>	\$0 (Tier 4)	
<i>molindone hcl tab 10 mg</i>	\$0 (Tier 4)	
<i>molindone hcl tab 25 mg</i>	\$0 (Tier 4)	
NUPLAZID CAP 34MG	\$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
NUPLAZID TAB 10MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
<i>olanzapine for im inj 10 mg</i>	\$0 (Tier 4)	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 10 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 15 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 20 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days), ST
<i>olanzapine tab 2.5 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
OPIPZA MIS 2MG	\$0 (Tier 5)	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 5MG	\$0 (Tier 5)	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 10MG	\$0 (Tier 5)	NDS, QL (90 films / 30 days), PA
<i>paliperidone tab er 24hr 1.5 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	\$0 (Tier 3)	
<i>perphenazine tab 4 mg</i>	\$0 (Tier 3)	
<i>perphenazine tab 8 mg</i>	\$0 (Tier 3)	
<i>perphenazine tab 16 mg</i>	\$0 (Tier 3)	
<i>pimozide tab 1 mg</i>	\$0 (Tier 4)	
<i>pimozide tab 2 mg</i>	\$0 (Tier 4)	

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NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
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COST YOU
(TIER
LEVEL)**

<i>quetiapine fumarate tab 25 mg</i>	\$0 (Tier 2) QL (180 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	\$0 (Tier 2) QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	\$0 (Tier 2) QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 150 mg</i>	\$0 (Tier 2) QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	\$0 (Tier 2) QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	\$0 (Tier 2) QL (60 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	\$0 (Tier 2) QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	\$0 (Tier 4) QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	\$0 (Tier 4) QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	\$0 (Tier 4) QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	\$0 (Tier 4) QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	\$0 (Tier 4) QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days)
REXULTI TAB 1MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days)
REXULTI TAB 2MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days)
REXULTI TAB 4MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	\$0 (Tier 4) QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 25 mg</i>	\$0 (Tier 4) QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	\$0 (Tier 5) NDS, QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	\$0 (Tier 5) NDS, QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	\$0 (Tier 4) QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 0.25 mg</i>	\$0 (Tier 4) QL (90 tabs / 30 days), ST

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>risperidone orally disintegrating tab 1 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 2 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 3 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 4 mg</i>	\$0 (Tier 4)	QL (120 tabs / 30 days), ST
<i>risperidone soln 1 mg/ml</i>	\$0 (Tier 3)	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	\$0 (Tier 2)	
<i>risperidone tab 0.25 mg</i>	\$0 (Tier 2)	
<i>risperidone tab 1 mg</i>	\$0 (Tier 2)	
<i>risperidone tab 2 mg</i>	\$0 (Tier 2)	
<i>risperidone tab 3 mg</i>	\$0 (Tier 2)	
<i>risperidone tab 4 mg</i>	\$0 (Tier 2)	
SECUADO DIS 3.8MG	\$0 (Tier 5)	NDS, QL (30 patches / 30 days)
SECUADO DIS 5.7MG	\$0 (Tier 5)	NDS, QL (30 patches / 30 days)
SECUADO DIS 7.6MG	\$0 (Tier 5)	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl tab 10 mg</i>	\$0 (Tier 3)	
<i>thioridazine hcl tab 25 mg</i>	\$0 (Tier 3)	
<i>thioridazine hcl tab 50 mg</i>	\$0 (Tier 3)	
<i>thioridazine hcl tab 100 mg</i>	\$0 (Tier 3)	
<i>thiothixene cap 1 mg</i>	\$0 (Tier 4)	
<i>thiothixene cap 2 mg</i>	\$0 (Tier 4)	
<i>thiothixene cap 5 mg</i>	\$0 (Tier 4)	
<i>thiothixene cap 10 mg</i>	\$0 (Tier 4)	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	\$0 (Tier 3)	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	\$0 (Tier 3)	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	\$0 (Tier 3)	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	\$0 (Tier 3)	
VERSACLOZ SUS 50MG/ML	\$0 (Tier 5)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5MG	\$0 (Tier 5)	NDS, QL (60 caps / 30 days)

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NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
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(TIER
LEVEL)**

VRAYLAR CAP 3MG	\$0 (Tier 5) NDS, QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	\$0 (Tier 5) NDS, QL (30 caps / 30 days)
VRAYLAR CAP 6MG	\$0 (Tier 5) NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl cap 20 mg</i>	\$0 (Tier 4) QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	\$0 (Tier 4) QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	\$0 (Tier 4) QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	\$0 (Tier 4) QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	\$0 (Tier 4) QL (6 injections / 3 days)

ANTIEPILEPTIC AGENTS

APTiom TAB 200MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days)
APTiom TAB 400MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days)
APTiom TAB 600MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days)
APTiom TAB 800MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days)
BRIVIACT SOL 10MG/ML	\$0 (Tier 5) NDS, QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine cap er 12hr 100 mg</i>	\$0 (Tier 4)
<i>carbamazepine cap er 12hr 200 mg</i>	\$0 (Tier 4)
<i>carbamazepine cap er 12hr 300 mg</i>	\$0 (Tier 4)
<i>carbamazepine chew tab 100 mg</i>	\$0 (Tier 3)
<i>carbamazepine chew tab 200 mg</i>	\$0 (Tier 4)
<i>carbamazepine susp 100 mg/5ml</i>	\$0 (Tier 4)
<i>carbamazepine tab 200 mg</i>	\$0 (Tier 3)
<i>carbamazepine tab er 12hr 100 mg</i>	\$0 (Tier 4)
<i>carbamazepine tab er 12hr 200 mg</i>	\$0 (Tier 4)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>carbamazepine tab er 12hr 400 mg</i>	\$0 (Tier 4)	
<i>clobazam suspension 2.5 mg/ml</i>	\$0 (Tier 4)	QL (480 mL / 30 days), PA
<i>clobazam tab 10 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days), PA
<i>clobazam tab 20 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days), PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	\$0 (Tier 3)	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	\$0 (Tier 2)	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	\$0 (Tier 2)	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	\$0 (Tier 2)	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	\$0 (Tier 4)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	\$0 (Tier 4)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	\$0 (Tier 4)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAP 250MG	\$0 (Tier 5)	NDS, QL (360 caps / 30 days), PA
DIACOMIT CAP 500MG	\$0 (Tier 5)	NDS, QL (180 caps / 30 days), PA
DIACOMIT PAK 250MG	\$0 (Tier 5)	NDS, QL (360 packets / 30 days), PA
DIACOMIT PAK 500MG	\$0 (Tier 5)	NDS, QL (180 packets / 30 days), PA
<i>diazepam inj</i>	\$0 (Tier 4)	
<i>diazepam intensol</i>	\$0 (Tier 3)	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diazepam oral soln 1 mg/ml</i>	\$0 (Tier 3)	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam rectal gel delivery system 2.5 mg</i>	\$0 (Tier 4)	
<i>diazepam rectal gel delivery system 10 mg</i>	\$0 (Tier 4)	
<i>diazepam rectal gel delivery system 20 mg</i>	\$0 (Tier 4)	
<i>diazepam tab 2 mg</i>	\$0 (Tier 2)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam tab 5 mg</i>	\$0 (Tier 2)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam tab 10 mg</i>	\$0 (Tier 2)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAP 30MG	\$0 (Tier 4)	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	\$0 (Tier 4)	
<i>divalproex sodium tab delayed release 125 mg</i>	\$0 (Tier 2)	
<i>divalproex sodium tab delayed release 250 mg</i>	\$0 (Tier 2)	
<i>divalproex sodium tab delayed release 500 mg</i>	\$0 (Tier 2)	
<i>divalproex sodium tab er 24 hr 250 mg</i>	\$0 (Tier 3)	
<i>divalproex sodium tab er 24 hr 500 mg</i>	\$0 (Tier 3)	
EPIDIOLEX SOL 100MG/ML	\$0 (Tier 5)	NDS, QL (600 mL / 30 days), PA
<i>epitol</i>	\$0 (Tier 3)	
EPRONTIA SOL 25MG/ML	\$0 (Tier 4)	QL (480 mL / 30 days), PA
<i>ethosuximide cap 250 mg</i>	\$0 (Tier 3)	
<i>ethosuximide soln 250 mg/5ml</i>	\$0 (Tier 3)	

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NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>felbamate susp 600 mg/5ml</i>	\$0 (Tier 4)	
<i>felbamate tab 400 mg</i>	\$0 (Tier 4)	
<i>felbamate tab 600 mg</i>	\$0 (Tier 4)	
FINTEPLA SOL 2.2MG/ML	\$0 (Tier 5)	NDS, QL (360 mL / 30 days), PA
FYCOMPA SUS 0.5MG/ML	\$0 (Tier 5)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	\$0 (Tier 4)	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 8MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	\$0 (Tier 2)	QL (360 caps / 30 days)
<i>gabapentin cap 300 mg</i>	\$0 (Tier 2)	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	\$0 (Tier 2)	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	\$0 (Tier 3)	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	\$0 (Tier 2)	QL (120 tabs / 30 days)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	\$0 (Tier 4)	
<i>lacosamide oral</i>	\$0 (Tier 4)	QL (1200 mL / 30 days)
<i>lacosamide tab 50 mg</i>	\$0 (Tier 4)	QL (120 tabs / 30 days)
<i>lacosamide tab 100 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days)
<i>lacosamide tab 150 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days)
<i>lacosamide tab 200 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days)
<i>lamotrigine orally disintegrating tab 25 mg</i>	\$0 (Tier 4)	ST
<i>lamotrigine orally disintegrating tab 50 mg</i>	\$0 (Tier 4)	ST
<i>lamotrigine orally disintegrating tab 100 mg</i>	\$0 (Tier 4)	ST
<i>lamotrigine orally disintegrating tab 200 mg</i>	\$0 (Tier 4)	ST
<i>lamotrigine tab 25 mg</i>	\$0 (Tier 1)	
<i>lamotrigine tab 100 mg</i>	\$0 (Tier 1)	
<i>lamotrigine tab 150 mg</i>	\$0 (Tier 1)	
<i>lamotrigine tab 200 mg</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
<i>lamotrigine tab chewable dispersible 5 mg</i>	\$0 (Tier 3)
<i>lamotrigine tab chewable dispersible 25 mg</i>	\$0 (Tier 3)
<i>lamotrigine tab er 24hr 25 mg</i>	\$0 (Tier 4) ST
<i>lamotrigine tab er 24hr 50 mg</i>	\$0 (Tier 4) ST
<i>lamotrigine tab er 24hr 100 mg</i>	\$0 (Tier 4) ST
<i>lamotrigine tab er 24hr 200 mg</i>	\$0 (Tier 4) ST
<i>lamotrigine tab er 24hr 250 mg</i>	\$0 (Tier 4) ST
<i>lamotrigine tab er 24hr 300 mg</i>	\$0 (Tier 4) ST
LEVETIRACETA TAB 250MG	\$0 (Tier 4) QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0 (Tier 4)
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0 (Tier 4)
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0 (Tier 4)
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	\$0 (Tier 4)
<i>levetiracetam oral soln 100 mg/ml</i>	\$0 (Tier 3)
<i>levetiracetam tab 250 mg</i>	\$0 (Tier 2)
<i>levetiracetam tab 500 mg</i>	\$0 (Tier 2)
<i>levetiracetam tab 750 mg</i>	\$0 (Tier 2)
<i>levetiracetam tab 1000 mg</i>	\$0 (Tier 2)
<i>levetiracetam tab er 24hr 500 mg</i>	\$0 (Tier 3)
<i>levetiracetam tab er 24hr 750 mg</i>	\$0 (Tier 3)
<i>methsuximide cap 300 mg</i>	\$0 (Tier 4)
NAYZILAM SPR 5MG	\$0 (Tier 4) QL (10 nasal units per 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	\$0 (Tier 4)
<i>oxcarbazepine tab 150 mg</i>	\$0 (Tier 3)
<i>oxcarbazepine tab 300 mg</i>	\$0 (Tier 3)
<i>oxcarbazepine tab 600 mg</i>	\$0 (Tier 3)
<i>phenobarbital elixir 20 mg/5ml</i>	\$0 (Tier 4) QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	\$0 (Tier 4) PA; PA applies if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	\$0 (Tier 4) PA; PA applies if 70 years and older
<i>phenobarbital tab 15 mg</i>	\$0 (Tier 3) QL (120 tabs / 30 days), PA; PA applies if 70 years and older

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>phenobarbital tab 16.2 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 30 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 60 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 100 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenytek</i>	\$0 (Tier 3)	
<i>phenytoin chew tab 50 mg</i>	\$0 (Tier 3)	
<i>phenytoin sodium extended cap 100 mg</i>	\$0 (Tier 3)	
<i>phenytoin sodium extended cap 200 mg</i>	\$0 (Tier 3)	
<i>phenytoin sodium extended cap 300 mg</i>	\$0 (Tier 3)	
<i>phenytoin sodium inj 50 mg/ml</i>	\$0 (Tier 3)	
<i>phenytoin susp 125 mg/5ml</i>	\$0 (Tier 3)	
<i>pregabalin cap 25 mg</i>	\$0 (Tier 3)	QL (120 caps / 30 days), PA
<i>pregabalin cap 50 mg</i>	\$0 (Tier 3)	QL (120 caps / 30 days), PA
<i>pregabalin cap 75 mg</i>	\$0 (Tier 3)	QL (120 caps / 30 days), PA
<i>pregabalin cap 100 mg</i>	\$0 (Tier 3)	QL (120 caps / 30 days), PA
<i>pregabalin cap 150 mg</i>	\$0 (Tier 3)	QL (120 caps / 30 days), PA
<i>pregabalin cap 200 mg</i>	\$0 (Tier 3)	QL (90 caps / 30 days), PA
<i>pregabalin cap 225 mg</i>	\$0 (Tier 3)	QL (60 caps / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>pregabalin cap 300 mg</i>	\$0 (Tier 3)	QL (60 caps / 30 days), PA
<i>pregabalin soln 20 mg/ml</i>	\$0 (Tier 4)	QL (900 mL / 30 days), PA
<i>primidone tab 50 mg</i>	\$0 (Tier 2)	
<i>primidone tab 125 mg</i>	\$0 (Tier 2)	
<i>primidone tab 250 mg</i>	\$0 (Tier 2)	
<i>roweepra</i>	\$0 (Tier 2)	
<i>rufinamide susp 40 mg/ml</i>	\$0 (Tier 5)	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide tab 200 mg</i>	\$0 (Tier 4)	QL (480 tabs / 30 days), PA
<i>rufinamide tab 400 mg</i>	\$0 (Tier 5)	NDS, QL (240 tabs / 30 days), PA
SPRITAM TAB 250MG	\$0 (Tier 4)	QL (360 tabs / 30 days)
SPRITAM TAB 500MG	\$0 (Tier 4)	QL (180 tabs / 30 days)
SPRITAM TAB 750MG	\$0 (Tier 4)	QL (120 tabs / 30 days)
SPRITAM TAB 1000MG	\$0 (Tier 4)	QL (90 tabs / 30 days)
<i>subvenite</i>	\$0 (Tier 1)	
SYMPAZAN MIS 5MG	\$0 (Tier 5)	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	\$0 (Tier 5)	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	\$0 (Tier 5)	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	\$0 (Tier 4)	
<i>tiagabine hcl tab 4 mg</i>	\$0 (Tier 4)	
<i>tiagabine hcl tab 12 mg</i>	\$0 (Tier 4)	
<i>tiagabine hcl tab 16 mg</i>	\$0 (Tier 4)	
<i>topiramate sprinkle cap 15 mg</i>	\$0 (Tier 3)	
<i>topiramate sprinkle cap 25 mg</i>	\$0 (Tier 3)	
<i>topiramate sprinkle cap 50 mg</i>	\$0 (Tier 4)	
<i>topiramate tab 25 mg</i>	\$0 (Tier 2)	
<i>topiramate tab 50 mg</i>	\$0 (Tier 2)	
<i>topiramate tab 100 mg</i>	\$0 (Tier 2)	
<i>topiramate tab 200 mg</i>	\$0 (Tier 2)	
<i>valproate sodium inj 100 mg/ml</i>	\$0 (Tier 4)	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	\$0 (Tier 3)	
<i>valproic acid cap 250 mg</i>	\$0 (Tier 3)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VALTOCO SPR 5MG	\$0 (Tier 4)	QL (10 blister packs per 30 days)
VALTOCO SPR 10MG	\$0 (Tier 4)	QL (10 blister packs per 30 days)
VALTOCO SPR 15MG	\$0 (Tier 4)	QL (10 blister packs per 30 days)
VALTOCO SPR 20MG	\$0 (Tier 4)	QL (10 blister packs per 30 days)
<i>vigabatrin powd pack 500 mg</i>	\$0 (Tier 5)	NDS, QL (180 packets / 30 days), PA
<i>vigabatrin tab 500 mg</i>	\$0 (Tier 5)	NDS, QL (180 tabs / 30 days), PA
<i>vigadrone</i>	\$0 (Tier 5)	NDS, QL (180 packets / 30 days), PA
<i>vigadrone</i>	\$0 (Tier 5)	NDS, QL (180 tabs / 30 days), PA
VIGAFYDE SOL 100MG/ML	\$0 (Tier 5)	NDS, QL (900 mL / 30 days), PA
<i>vigpoder</i>	\$0 (Tier 5)	NDS, QL (180 packets / 30 days), PA
XCOPRI PAK 12.5-25	\$0 (Tier 4)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	\$0 (Tier 5)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	\$0 (Tier 5)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	\$0 (Tier 5)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	\$0 (Tier 5)	NDS, QL (28 tabs / 28 days)
XCOPRI TAB 25MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 50MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 100MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 150MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 200MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days)
ZONISADE SUS 100MG/5	\$0 (Tier 5)	NDS, QL (900 mL / 30 days), PA
<i>zonisamide cap 25 mg</i>	\$0 (Tier 2)	
<i>zonisamide cap 50 mg</i>	\$0 (Tier 2)	

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NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>zonisamide cap 100 mg</i>	\$0 (Tier 2)	
ZTALMY SUS 50MG/ML	\$0 (Tier 5)	NDS, QL (1100 mL / 30 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	\$0 (Tier 4)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0 (Tier 4)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	\$0 (Tier 4)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	\$0 (Tier 4)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0 (Tier 4)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0 (Tier 4)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0 (Tier 3)	QL (60 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0 (Tier 3)	QL (60 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0 (Tier 3)	QL (60 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0 (Tier 3)	QL (60 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0 (Tier 3)	QL (60 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0 (Tier 3)	QL (60 tabs / 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	\$0 (Tier 4)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	\$0 (Tier 4)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	\$0 (Tier 4)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	\$0 (Tier 4)	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	\$0 (Tier 4)	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	\$0 (Tier 4)	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	\$0 (Tier 4)	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 5 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dexmethylphenidate hcl tab 10 mg</i>	\$0 (Tier 3)	QL (60 tabs / 30 days), PA
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	\$0 (Tier 3)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	\$0 (Tier 3)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	\$0 (Tier 3)	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	\$0 (Tier 3)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>lisdexamfetamine dimesylate cap 10 mg</i>	\$0 (Tier 4)	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate cap 20 mg</i>	\$0 (Tier 4)	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate cap 30 mg</i>	\$0 (Tier 4)	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate cap 40 mg</i>	\$0 (Tier 4)	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate cap 50 mg</i>	\$0 (Tier 4)	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate cap 60 mg</i>	\$0 (Tier 4)	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate cap 70 mg</i>	\$0 (Tier 4)	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days), PA
<i>methylphenidate hcl chew tab 2.5 mg</i>	\$0 (Tier 4)	QL (180 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methylphenidate hcl chew tab 5 mg</i>	\$0 (Tier 4)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl chew tab 10 mg</i>	\$0 (Tier 4)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl soln 5 mg/5ml</i>	\$0 (Tier 4)	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl soln 10 mg/5ml</i>	\$0 (Tier 4)	QL (900 mL / 30 days), PA
<i>methylphenidate hcl tab 5 mg</i>	\$0 (Tier 3)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 10 mg</i>	\$0 (Tier 3)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 20 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 10 mg</i>	\$0 (Tier 4)	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 20 mg</i>	\$0 (Tier 4)	QL (90 tabs / 30 days), PA

HYPNOTICS - DRUGS TO TREAT INSOMNIA

<i>DAYVIGO TAB 5MG</i>	\$0 (Tier 3)	QL (30 tabs / 30 days)
<i>DAYVIGO TAB 10MG</i>	\$0 (Tier 3)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	\$0 (Tier 3)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	\$0 (Tier 3)	QL (30 tabs / 30 days)
<i>tasimelteon capsule 20 mg</i>	\$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
<i>temazepam cap 7.5 mg</i>	\$0 (Tier 4)	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 15 mg</i>	\$0 (Tier 4)	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 30 mg</i>	\$0 (Tier 4)	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>zolpidem tartrate tab 5 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>zolpidem tartrate tab 10 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab er 6.25 mg</i>	\$0 (Tier 3)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab er 12.5 mg</i>	\$0 (Tier 3)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

AIMOVIG INJ 70MG/ML	\$0 (Tier 3)	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	\$0 (Tier 3)	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	\$0 (Tier 5)	NDS
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	\$0 (Tier 5)	NDS, QL (8 mL / 30 days), PA
EMGALITY INJ 100MG/ML	\$0 (Tier 3)	QL (3 syringes / 30 days), PA
EMGALITY INJ 120MG/ML	\$0 (Tier 3)	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	\$0 (Tier 3)	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0 (Tier 3)	QL (40 tabs / 28 days), PA
<i>naratriptan hcl tab 1 mg (base equiv)</i>	\$0 (Tier 3)	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	\$0 (Tier 3)	QL (12 tabs / 30 days)
NURTEC TAB 75MG ODT	\$0 (Tier 3)	QL (16 tabs / 30 days), PA
QULIPTA TAB 10MG	\$0 (Tier 3)	QL (30 tabs / 30 days), PA
QULIPTA TAB 30MG	\$0 (Tier 3)	QL (30 tabs / 30 days), PA
QULIPTA TAB 60MG	\$0 (Tier 3)	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	\$0 (Tier 3)	QL (18 tabs / 30 days)

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	\$0 (Tier 3)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	\$0 (Tier 3)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	\$0 (Tier 3)	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	\$0 (Tier 4)	QL (24 units / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	\$0 (Tier 4)	QL (12 units / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	\$0 (Tier 4)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	\$0 (Tier 4)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	\$0 (Tier 4)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	\$0 (Tier 4)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	\$0 (Tier 4)	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	\$0 (Tier 2)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	\$0 (Tier 2)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	\$0 (Tier 2)	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	\$0 (Tier 3)	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	\$0 (Tier 3)	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TAB 6MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
AUSTEDO TAB 9MG	\$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
AUSTEDO TAB 12MG	\$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 6MG	\$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
AUSTEDO XR TAB 12MG	\$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 18MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
AUSTEDO XR TAB 24MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
AUSTEDO XR TAB 30MG ER	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
AUSTEDO XR TAB 36MG ER	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 42MG ER	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 48MG ER	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	\$0 (Tier 5)	NDS, QL (2 packs / year), PA
<i>gabapentin (once-daily) tab 300 mg</i>	\$0 (Tier 4)	QL (180 tabs / 30 days), PA
<i>gabapentin (once-daily) tab 600 mg</i>	\$0 (Tier 4)	QL (90 tabs / 30 days), PA
<i>lithium carbonate cap 150 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate cap 300 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate cap 600 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate tab 300 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate tab er 300 mg</i>	\$0 (Tier 2)	
<i>lithium carbonate tab er 450 mg</i>	\$0 (Tier 2)	
<i>lithium oral solution 8 meq/5ml</i>	\$0 (Tier 4)	
NUDEXTA CAP 20-10MG	\$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	\$0 (Tier 3)	
<i>riluzole tab 50 mg</i>	\$0 (Tier 4)	
<i>tetrabenazine tab 12.5 mg</i>	\$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
<i>tetrabenazine tab 25 mg</i>	\$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

BAFIERTAM CAP 95MG	\$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
BETASERON INJ 0.3MG	\$0 (Tier 5)	NDS, QL (14 syringes / 28 days), PA
COPAXONE INJ 20MG/ML	\$0 (Tier 5)	NDS, QL (30 syringes / 30 days), PA
COPAXONE INJ 40MG/ML	\$0 (Tier 5)	NDS, QL (12 syringes / 28 days), PA
<i>dalfampridine tab er 12hr 10 mg</i>	\$0 (Tier 3)	QL (60 tabs / 30 days), PA
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	\$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	\$0 (Tier 5)	NDS, QL (30 syringes / 30 days), PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	\$0 (Tier 5)	NDS, QL (12 syringes / 28 days), PA
<i>glatopa</i>	\$0 (Tier 5)	NDS, QL (12 syringes / 28 days), PA
<i>glatopa</i>	\$0 (Tier 5)	NDS, QL (30 syringes / 30 days), PA
KESIMPTA INJ 20/.4ML	\$0 (Tier 5)	NDS, QL (16 pens / 365 days), PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen tab 5 mg</i>	\$0 (Tier 2)	QL (90 tabs / 30 days)
<i>baclofen tab 10 mg</i>	\$0 (Tier 2)	
<i>baclofen tab 20 mg</i>	\$0 (Tier 2)	
<i>cyclobenzaprine hcl tab 5 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl tab 10 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium cap 25 mg</i>	\$0 (Tier 4)	
<i>dantrolene sodium cap 50 mg</i>	\$0 (Tier 4)	
<i>dantrolene sodium cap 100 mg</i>	\$0 (Tier 4)	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	\$0 (Tier 2)	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	\$0 (Tier 2)	

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

<i>armodafinil tab 50 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days), PA
<i>modafinil tab 100 mg</i>	\$0 (Tier 3)	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>modafinil tab 200 mg</i>	\$0 (Tier 3)	QL (60 tabs / 30 days), PA
SOD OXYBATE SOL 500MG/ML	\$0 (Tier 5)	NDS, QL (540 mL / 30 days), PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	\$0 (Tier 4)	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	\$0 (Tier 3)	QL (90 tabs / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	\$0 (Tier 3)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	\$0 (Tier 4)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	\$0 (Tier 4)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	\$0 (Tier 4)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	\$0 (Tier 4)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0 (Tier 2)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0 (Tier 2)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days)
<i>disulfiram tab 250 mg</i>	\$0 (Tier 3)	
<i>disulfiram tab 500 mg</i>	\$0 (Tier 3)	
<i>naloxone hcl inj 0.4 mg/ml</i>	\$0 (Tier 2)	
<i>naloxone hcl inj 4 mg/10ml</i>	\$0 (Tier 2)	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	\$0 (Tier 3)	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	\$0 (Tier 2)	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	\$0 (Tier 2)	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	\$0 (Tier 2)	
<i>naltrexone hcl tab 50 mg</i>	\$0 (Tier 3)	
NICOTROL INH	\$0 (Tier 4)	
NICOTROL NS SPR 10MG/ML	\$0 (Tier 4)	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	\$0 (Tier 4)	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	\$0 (Tier 4)	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	\$0 (Tier 4)	QL (2 packs / year)
VIVITROL INJ 380MG	\$0 (Tier 5)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND
REGULATE HORMONES****ANDROGENS - DRUGS TO REGULATE MALE HORMONES**

<i>danazol cap 50 mg</i>	\$0 (Tier 4)
<i>danazol cap 100 mg</i>	\$0 (Tier 4)
<i>danazol cap 200 mg</i>	\$0 (Tier 4)
<i>depo-testosterone</i>	\$0 (Tier 3) PA
<i>methyld testosterone cap 10 mg</i>	\$0 (Tier 5) NDS, QL (600 caps / 30 days), PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	\$0 (Tier 3) PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	\$0 (Tier 3) PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	\$0 (Tier 3) PA
<i>testosterone pump</i>	\$0 (Tier 4) QL (150 gm / 30 days), PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	\$0 (Tier 4) QL (300 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	\$0 (Tier 4) QL (300 gm / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	\$0 (Tier 4) QL (300 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose tab 25 mg</i>	\$0 (Tier 3)
<i>acarbose tab 50 mg</i>	\$0 (Tier 3)
<i>acarbose tab 100 mg</i>	\$0 (Tier 3)
<i>FARXIGA TAB 5MG</i>	\$0 (Tier 3) QL (30 tabs / 30 days)
<i>FARXIGA TAB 10MG</i>	\$0 (Tier 3) QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	\$0 (Tier 1) QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	\$0 (Tier 1) QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>glipizide xl</i>	\$0 (Tier 1) QL (60 tabs / 30 days)
<i>glipizide xl</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0 (Tier 1) QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0 (Tier 1) QL (120 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0 (Tier 1) QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	\$0 (Tier 3) QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	\$0 (Tier 3) QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	\$0 (Tier 3) QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0 (Tier 3) QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0 (Tier 3) QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0 (Tier 3) QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0 (Tier 3) QL (30 tabs / 30 days)
JANUVIA TAB 25MG	\$0 (Tier 3) QL (30 tabs / 30 days)
JANUVIA TAB 50MG	\$0 (Tier 3) QL (30 tabs / 30 days)
JANUVIA TAB 100MG	\$0 (Tier 3) QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	\$0 (Tier 3) QL (30 tabs / 30 days)
JARDIANCE TAB 25MG	\$0 (Tier 3) QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0 (Tier 3) QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0 (Tier 3) QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0 (Tier 3) QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	\$0 (Tier 3) QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	\$0 (Tier 3) QL (30 tabs / 30 days)
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	\$0 (Tier 2) QL (3 pens / 30 days), PA
<i>metformin hcl oral soln 500 mg/5ml</i>	\$0 (Tier 2) QL (765 mL / 30 days)
<i>metformin hcl tab 500 mg</i>	\$0 (Tier 1) QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	\$0 (Tier 1) QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	\$0 (Tier 1) QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	\$0 (Tier 1) QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO INJ 2.5/0.5	\$0 (Tier 3) QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	\$0 (Tier 3) QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	\$0 (Tier 3) QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	\$0 (Tier 3) QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	\$0 (Tier 3) QL (4 pens / 28 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
MOUNJARO INJ 15MG/0.5	\$0 (Tier 3) QL (4 pens / 28 days), PA
<i>nateglinide tab 60 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	\$0 (Tier 3) QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE)	\$0 (Tier 3) QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE)	\$0 (Tier 3) QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE)	\$0 (Tier 3) QL (1 pen / 28 days), PA
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	\$0 (Tier 1) QL (90 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	\$0 (Tier 1) QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	\$0 (Tier 1) QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	\$0 (Tier 1) QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	\$0 (Tier 3) QL (30 tabs / 30 days), PA
RYBELSUS TAB 7MG	\$0 (Tier 3) QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	\$0 (Tier 3) QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	\$0 (Tier 3) QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0 (Tier 3) QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	\$0 (Tier 3) QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	\$0 (Tier 3) QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0 (Tier 3) QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	\$0 (Tier 3) QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	\$0 (Tier 3) QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0 (Tier 3) QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	\$0 (Tier 3) QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	\$0 (Tier 3) QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	\$0 (Tier 3) QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	\$0 (Tier 3) QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	\$0 (Tier 3) QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	\$0 (Tier 3) QL (4 pens / 28 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
TRULICITY INJ 1.5/0.5	\$0 (Tier 3) QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	\$0 (Tier 3) QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	\$0 (Tier 3) QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	\$0 (Tier 3) QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0 (Tier 3) QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0 (Tier 3) QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0 (Tier 3) QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0 (Tier 3) QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS	
ADMELOG INJ 100U/ML	\$0 (Tier 3)
ADMELOG SOLO INJ 100U/ML	\$0 (Tier 3)
AFREZZA POW 4-8 UNIT	\$0 (Tier 5) NDS
AFREZZA POW 4-8-12	\$0 (Tier 5) NDS
AFREZZA POW 4UNIT	\$0 (Tier 3)
AFREZZA POW 8 UNIT	\$0 (Tier 3)
AFREZZA POW 8-12UNIT	\$0 (Tier 5) NDS
AFREZZA POW 12 UNIT	\$0 (Tier 5) NDS
ALCOHOL SWABS: BD- EMBECTA/MHC/RUGBY	\$0 (Tier 3) PA
APIDRA INJ SOLOSTAR	\$0 (Tier 3)
APIDRA INJ U-100	\$0 (Tier 3)
BASAGLAR INJ 100UNIT	\$0 (Tier 3)
BASAGLAR INJ TEMPO PN	\$0 (Tier 3)
CEQUR SIMPL KIT PATCH 2U (3-DAY)	\$0 (Tier 4) QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	\$0 (Tier 4) QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	\$0 (Tier 4) QL (2 inserters / year), PA
FIASP FLEX INJ TOUCH	\$0 (Tier 3)
FIASP INJ 100/ML	\$0 (Tier 3)
FIASP PENFIL INJ U-100	\$0 (Tier 3)
FIASP PMPCRT INJ U-100	\$0 (Tier 3) B/D
GAUZE PADS 2" X 2"	\$0 (Tier 3) PA
GLARGIN YFGN INJ 100U/ML	\$0 (Tier 3)
GLARGIN YFGN SOL 100U/ML	\$0 (Tier 4)
HUMALOG INJ 100/ML	\$0 (Tier 3)
HUMALOG JR INJ 100/ML	\$0 (Tier 3)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
HUMALOG KWIK INJ 100/ML	\$0 (Tier 3)	
HUMALOG KWIK INJ 200/ML	\$0 (Tier 3)	
HUMALOG MIX INJ 50/50KWP	\$0 (Tier 3)	
HUMALOG MIX INJ 75/25KWP	\$0 (Tier 3)	
HUMALOG MIX SUS 75/25	\$0 (Tier 3)	
HUMALOG TMPO INJ 100/ML	\$0 (Tier 3)	
HUMULIN INJ 70/30	\$0 (Tier 3)	
HUMULIN INJ 70/30KWP	\$0 (Tier 3)	
HUMULIN N INJ U-100	\$0 (Tier 3)	
HUMULIN N INJ U-100KWP	\$0 (Tier 3)	
HUMULIN R INJ U-100	\$0 (Tier 3)	
HUMULIN R INJ U-500	\$0 (Tier 5)	NDS; KWIKPEN
HUMULIN R INJ U-500	\$0 (Tier 5)	NDS, B/D
INS ASP PROT INJ FLEXPEN	\$0 (Tier 4)	
INS DEGL FLX INJ 100UNIT	\$0 (Tier 4)	
INS DEGL FLX INJ 200UNIT	\$0 (Tier 4)	
INSULIN ASPA INJ 70/30	\$0 (Tier 4)	
INSULIN ASPA INJ 100/ML	\$0 (Tier 4)	
INSULIN ASPA INJ FLEXPEN	\$0 (Tier 4)	
INSULIN ASPA INJ PENFILL	\$0 (Tier 4)	
INSULIN DEGL INJ 100UNIT	\$0 (Tier 4)	
INSULIN GLAR INJ 300/ML	\$0 (Tier 4)	
INSULIN LISP INJ 100/ML	\$0 (Tier 3)	
INSULIN LISP INJ JUNIOR	\$0 (Tier 3)	
INSULIN LISP INJ PROTAMIN	\$0 (Tier 3)	
INSULIN PEN NEEDLES: BD-EMBECTA	\$0 (Tier 3)	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	\$0 (Tier 3)	PA
INSULIN SYRINGES: BD-EMBECTA	\$0 (Tier 3)	PA
LANTUS INJ 100/ML	\$0 (Tier 3)	
LANTUS SOLOS INJ 100/ML	\$0 (Tier 3)	
LYUMJEV INJ 100UT/ML	\$0 (Tier 3)	
LYUMJEV KWPN INJ 100UT/ML	\$0 (Tier 3)	
LYUMJEV KWPN INJ 200UT/ML	\$0 (Tier 3)	
LYUMJEV TMPO INJ 100UT/ML	\$0 (Tier 3)	
NOVOLIN70/30 INJ RELION	\$0 (Tier 3)	
NOVOLIN INJ 70/30	\$0 (Tier 3)	
NOVOLIN INJ 70/30 FP	\$0 (Tier 3)	
NOVOLIN N INJ 100 UNIT	\$0 (Tier 3)	
NOVOLIN N INJ RELION	\$0 (Tier 3)	
NOVOLIN N INJ U-100	\$0 (Tier 3)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
NOVOLIN R INJ 100 UNIT	\$0 (Tier 3)
NOVOLIN R INJ RELION	\$0 (Tier 3)
NOVOLIN R INJ U-100	\$0 (Tier 3)
NOVOLOG INJ 100/ML	\$0 (Tier 3)
NOVOLOG INJ FLEX REL	\$0 (Tier 3)
NOVOLOG INJ FLEXPEN	\$0 (Tier 3)
NOVOLOG INJ PENFILL	\$0 (Tier 3)
NOVOLOG INJ RELION	\$0 (Tier 3)
NOVOLOG MIX INJ 70/30	\$0 (Tier 3)
NOVOLOG MIX INJ FLEX REL	\$0 (Tier 3)
NOVOLOG MIX INJ FLEXPEN	\$0 (Tier 3)
NOVOLOG RELI INJ 70/30	\$0 (Tier 3)
OMNIPOD 5 DX KIT INT G7G6	\$0 (Tier 4) QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	\$0 (Tier 4) QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	\$0 (Tier 4) QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	\$0 (Tier 4) QL (15 pods / 30 days), PA
OMNIPOD 5 LB KIT INTRO G6	\$0 (Tier 4) QL (1 kit / year), PA
OMNIPOD 5 LB MIS PODS G6	\$0 (Tier 4) QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	\$0 (Tier 4) QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	\$0 (Tier 4) QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	\$0 (Tier 4) QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	\$0 (Tier 4) QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	\$0 (Tier 4) QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	\$0 (Tier 4) QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	\$0 (Tier 4) QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	\$0 (Tier 4) QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	\$0 (Tier 4) QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	\$0 (Tier 4) QL (15 pods / 30 days), PA
REZVOGLAR INJ 100UT/ML	\$0 (Tier 4)
SEMGLEE INJ 100U/ML	\$0 (Tier 3)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

SOLIQUA INJ 100/33	\$0 (Tier 3) QL (5 pens / 25 days)
TOUJEO MAX INJ 300/ML	\$0 (Tier 3)
TOUJEO SOLO INJ 300/ML	\$0 (Tier 3)
TRESIBA FLEX INJ 100UNIT	\$0 (Tier 3)
TRESIBA FLEX INJ 200UNIT	\$0 (Tier 3)
TRESIBA INJ 100UNIT	\$0 (Tier 3)
XULTOPHY INJ 100/3.6	\$0 (Tier 3) QL (5 pens / 30 days)

CALCIUM REGULATORS

<i>alendronate sodium oral soln 70 mg/75ml</i>	\$0 (Tier 4) ST
<i>alendronate sodium tab 10 mg</i>	\$0 (Tier 1)
<i>alendronate sodium tab 35 mg</i>	\$0 (Tier 1)
<i>alendronate sodium tab 70 mg</i>	\$0 (Tier 1)
<i>calcitonin (salmon) spray</i>	\$0 (Tier 3) B/D
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	\$0 (Tier 4) B/D, QL (1 injection / 90 days)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	\$0 (Tier 2) B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	\$0 (Tier 3) B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	\$0 (Tier 3) B/D
PAMIDRONATE INJ 6MG/ML	\$0 (Tier 3) B/D
PROLIA INJ 60MG/ML	\$0 (Tier 4) QL (1 syringe / 180 days)
<i>risedronate sodium tab 5 mg</i>	\$0 (Tier 3)
<i>risedronate sodium tab 30 mg</i>	\$0 (Tier 4)
<i>risedronate sodium tab 35 mg</i>	\$0 (Tier 3)
<i>risedronate sodium tab 150 mg</i>	\$0 (Tier 3)
<i>risedronate sodium tab delayed release 35 mg</i>	\$0 (Tier 4) ST
TERIPARATIDE INJ 620/2.48	\$0 (Tier 5) NDS, PA
XGEVA INJ	\$0 (Tier 5) NDS, PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	\$0 (Tier 4) B/D
<i>zoledronic acid iv soln 5 mg/100ml</i>	\$0 (Tier 4) B/D

CHELATING AGENTS

CHEMET CAP 100MG	\$0 (Tier 5) NDS
<i>deferasirox granules packet 90 mg</i>	\$0 (Tier 5) NDS, PA
<i>deferasirox granules packet 180 mg</i>	\$0 (Tier 5) NDS, PA
<i>deferasirox granules packet 360 mg</i>	\$0 (Tier 5) NDS, PA
<i>deferasirox tab 90 mg</i>	\$0 (Tier 3) PA
<i>deferasirox tab 180 mg</i>	\$0 (Tier 4) PA
<i>deferasirox tab 360 mg</i>	\$0 (Tier 4) PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

<i>deferasirox tab for oral susp 125 mg</i>	\$0 (Tier 4) PA
<i>deferasirox tab for oral susp 250 mg</i>	\$0 (Tier 5) NDS, PA
<i>deferasirox tab for oral susp 500 mg</i>	\$0 (Tier 5) NDS, PA
<i>kionex sus 15gm/60</i>	\$0 (Tier 3)
LOKELMA PAK 5GM	\$0 (Tier 3)
LOKELMA PAK 10GM	\$0 (Tier 3)
<i>penicillamine tab 250 mg</i>	\$0 (Tier 5) NDS
<i>sodium polystyrene sulfonate powder</i>	\$0 (Tier 3)
<i>sps</i>	\$0 (Tier 3)
<i>sps rectal</i>	\$0 (Tier 3)
<i>trientine hcl cap 250 mg</i>	\$0 (Tier 5) NDS, PA

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

<i>afirmelle</i>	\$0 (Tier 2)
<i>altavera</i>	\$0 (Tier 3)
<i>alyacen 1/35</i>	\$0 (Tier 3)
<i>alyacen 7/7/7</i>	\$0 (Tier 3)
<i>amethia tab</i>	\$0 (Tier 3)
<i>amethyst</i>	\$0 (Tier 3)
<i>apri</i>	\$0 (Tier 2)
<i>aranelle</i>	\$0 (Tier 3)
<i>ashlyna</i>	\$0 (Tier 3)
<i>aubra eq</i>	\$0 (Tier 2)
<i>aurovela 1/20</i>	\$0 (Tier 3)
<i>aurovela 24 fe</i>	\$0 (Tier 3)
<i>aurovela fe 1.5/30</i>	\$0 (Tier 2)
<i>aurovela fe 1/20</i>	\$0 (Tier 2)
<i>aviane</i>	\$0 (Tier 2)
<i>ayuna</i>	\$0 (Tier 3)
<i>azurette</i>	\$0 (Tier 3)
<i>balziva</i>	\$0 (Tier 3)
<i>blisovi 24 fe</i>	\$0 (Tier 3)
<i>blisovi fe 1.5/30</i>	\$0 (Tier 2)
<i>briellyn</i>	\$0 (Tier 3)
<i>camila</i>	\$0 (Tier 2)
<i>camrese</i>	\$0 (Tier 3)
<i>camrese lo</i>	\$0 (Tier 3)
<i>chateal eq</i>	\$0 (Tier 3)
<i>cryselle-28</i>	\$0 (Tier 3)
<i>cyred eq</i>	\$0 (Tier 2)
<i>dasetta 1/35</i>	\$0 (Tier 3)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>dasetta 7/7/7</i>	\$0 (Tier 3)	
<i>daysee</i>	\$0 (Tier 3)	
<i>deblitane</i>	\$0 (Tier 2)	
DEPO-SQ PROV INJ 104	\$0 (Tier 3)	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	\$0 (Tier 3)	
<i>dolishale</i>	\$0 (Tier 3)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	\$0 (Tier 3)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	\$0 (Tier 3)	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0 (Tier 3)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0 (Tier 3)	
<i>elinest</i>	\$0 (Tier 3)	
<i>eluryng</i>	\$0 (Tier 3)	
<i>emzahh tab 0.35mg</i>	\$0 (Tier 2)	
<i>enilloring</i>	\$0 (Tier 3)	
<i>enpresse-28</i>	\$0 (Tier 2)	
<i>enskyce</i>	\$0 (Tier 2)	
<i>errin</i>	\$0 (Tier 2)	
<i>estarylla</i>	\$0 (Tier 2)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0 (Tier 2)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	\$0 (Tier 3)	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	\$0 (Tier 3)	
<i>falmina</i>	\$0 (Tier 2)	
<i>feirza tab 1.5/30</i>	\$0 (Tier 2)	
<i>feirza tab 1/20</i>	\$0 (Tier 2)	
<i>finzala</i>	\$0 (Tier 3)	
<i>hailey 1.5/30</i>	\$0 (Tier 3)	
<i>hailey 24 fe</i>	\$0 (Tier 3)	
<i>haloette</i>	\$0 (Tier 3)	
<i>heather</i>	\$0 (Tier 2)	
<i>iclevia</i>	\$0 (Tier 3)	
<i>incassia</i>	\$0 (Tier 2)	
<i>introvale</i>	\$0 (Tier 3)	
<i>isibloom</i>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>jasmiel</i>	\$0 (Tier 3)	
<i>jolessa</i>	\$0 (Tier 3)	
<i>juleber</i>	\$0 (Tier 2)	
<i>junel 1.5/30</i>	\$0 (Tier 3)	
<i>junel 1/20</i>	\$0 (Tier 3)	
<i>junel fe 1.5/30</i>	\$0 (Tier 2)	
<i>junel fe 1/20</i>	\$0 (Tier 2)	
<i>junel fe 24</i>	\$0 (Tier 3)	
<i>kaitlib fe</i>	\$0 (Tier 3)	
<i>kariva</i>	\$0 (Tier 3)	
<i>kelnor 1/35</i>	\$0 (Tier 2)	
<i>kelnor 1/50</i>	\$0 (Tier 3)	
<i>kurvelo</i>	\$0 (Tier 3)	
<i>larin 1.5/30</i>	\$0 (Tier 3)	
<i>larin 1/20</i>	\$0 (Tier 3)	
<i>larin 24 fe</i>	\$0 (Tier 3)	
<i>larin fe 1.5/30</i>	\$0 (Tier 2)	
<i>larin fe 1/20</i>	\$0 (Tier 2)	
<i>layolis fe</i>	\$0 (Tier 3)	
<i>lessina</i>	\$0 (Tier 2)	
<i>levonest</i>	\$0 (Tier 2)	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	\$0 (Tier 3)	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0 (Tier 3)	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0 (Tier 3)	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0 (Tier 3)	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0 (Tier 2)	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0 (Tier 3)	
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	\$0 (Tier 2)	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	\$0 (Tier 3)	
<i>levora 0.15/30-28</i>	\$0 (Tier 3)	
<i>LILETTA IUD 52MG</i>	\$0 (Tier 3)	
<i>loestrin 1.5/30-21</i>	\$0 (Tier 3)	
<i>loestrin 1/20-21</i>	\$0 (Tier 3)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>loestrin fe 1.5/30</i>	\$0 (Tier 2)	
<i>loestrin fe 1/20</i>	\$0 (Tier 2)	
<i>loryna</i>	\$0 (Tier 3)	
<i>low-ogestrel</i>	\$0 (Tier 3)	
<i>lutra</i>	\$0 (Tier 2)	
<i>lyleq</i>	\$0 (Tier 2)	
<i>lyza</i>	\$0 (Tier 2)	
<i>marlissa</i>	\$0 (Tier 3)	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	\$0 (Tier 3)	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	\$0 (Tier 3)	
<i>mibelas 24 fe</i>	\$0 (Tier 3)	
<i>microgestin 1.5/30</i>	\$0 (Tier 3)	
<i>microgestin 1/20</i>	\$0 (Tier 3)	
<i>microgestin fe 1.5/30</i>	\$0 (Tier 2)	
<i>microgestin fe 1/20</i>	\$0 (Tier 2)	
<i>mili</i>	\$0 (Tier 2)	
<i>mono-lynyah</i>	\$0 (Tier 2)	
<i>necon 0.5/35-28</i>	\$0 (Tier 3)	
NEXPLANON IMP 68MG	\$0 (Tier 3)	
<i>nikki</i>	\$0 (Tier 3)	
<i>nora-be</i>	\$0 (Tier 2)	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	\$0 (Tier 3)	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	\$0 (Tier 3)	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	\$0 (Tier 3)	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	\$0 (Tier 3)	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	\$0 (Tier 2)	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0 (Tier 3)	
<i>norethindrone tab 0.35 mg</i>	\$0 (Tier 2)	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0 (Tier 2)	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	\$0 (Tier 3)	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	\$0 (Tier 3)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>norlyroc</i>	\$0 (Tier 2)	
<i>nortrel 0.5/35 (28)</i>	\$0 (Tier 3)	
<i>nortrel 1/35 (21)</i>	\$0 (Tier 3)	
<i>nortrel 1/35 (28)</i>	\$0 (Tier 3)	
<i>nortrel 7/7/7</i>	\$0 (Tier 3)	
<i>nylia 1/35</i>	\$0 (Tier 3)	
<i>nylia 7/7/7</i>	\$0 (Tier 3)	
<i>ocella</i>	\$0 (Tier 3)	
<i>philith</i>	\$0 (Tier 3)	
<i>pimtrea</i>	\$0 (Tier 3)	
<i>portia-28</i>	\$0 (Tier 3)	
<i>reclipsen</i>	\$0 (Tier 2)	
<i>rivelsa</i>	\$0 (Tier 3)	
<i>setlakin</i>	\$0 (Tier 3)	
<i>sharobel</i>	\$0 (Tier 2)	
<i>simliya</i>	\$0 (Tier 3)	
<i>simpesse</i>	\$0 (Tier 3)	
<i>sprintec 28</i>	\$0 (Tier 2)	
<i>sronyx</i>	\$0 (Tier 2)	
<i>syeda</i>	\$0 (Tier 3)	
<i>tarina 24 fe</i>	\$0 (Tier 3)	
<i>tarina fe 1/20 eq</i>	\$0 (Tier 2)	
<i>tilia fe</i>	\$0 (Tier 3)	
<i>tri-estarylla</i>	\$0 (Tier 3)	
<i>tri-legest fe</i>	\$0 (Tier 3)	
<i>tri-linyah</i>	\$0 (Tier 3)	
<i>tri-lo-estarylla</i>	\$0 (Tier 3)	
<i>tri-lo-marzia</i>	\$0 (Tier 3)	
<i>tri-lo-mili</i>	\$0 (Tier 3)	
<i>tri-lo-sprintec</i>	\$0 (Tier 3)	
<i>tri-mili</i>	\$0 (Tier 3)	
<i>tri-nymyo tab</i>	\$0 (Tier 3)	
<i>tri-sprintec</i>	\$0 (Tier 3)	
<i>tri-vylibra</i>	\$0 (Tier 3)	
<i>tri-vylibra lo</i>	\$0 (Tier 3)	
<i>trivora-28</i>	\$0 (Tier 2)	
<i>turqoz</i>	\$0 (Tier 3)	
<i>tydemy</i>	\$0 (Tier 3)	
<i>valtya 1/50 tab</i>	\$0 (Tier 3)	
<i>velivet</i>	\$0 (Tier 3)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>vestura</i>	\$0 (Tier 3)	
<i>vienva</i>	\$0 (Tier 2)	
<i>viorele</i>	\$0 (Tier 3)	
<i>vyfemla</i>	\$0 (Tier 3)	
<i>vylibra</i>	\$0 (Tier 2)	
<i>wera</i>	\$0 (Tier 3)	
<i>wymzya fe</i>	\$0 (Tier 3)	
<i>xarah fe tab</i>	\$0 (Tier 3)	
<i>xelria fe chw 0.4mg-35</i>	\$0 (Tier 3)	
<i>xulane</i>	\$0 (Tier 3)	
<i>zafemy</i>	\$0 (Tier 3)	
<i>zovia 1/35</i>	\$0 (Tier 2)	
<i>zumandimine</i>	\$0 (Tier 3)	

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

<i>dotti</i>	\$0 (Tier 3)	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	\$0 (Tier 3)	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	\$0 (Tier 3)	
<i>estradiol tab 0.5 mg</i>	\$0 (Tier 2)	
<i>estradiol tab 1 mg</i>	\$0 (Tier 2)	
<i>estradiol tab 2 mg</i>	\$0 (Tier 2)	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	\$0 (Tier 3)	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	\$0 (Tier 3)	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	\$0 (Tier 3)	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	\$0 (Tier 3)	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	\$0 (Tier 3)	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	\$0 (Tier 3)	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	\$0 (Tier 3)	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	\$0 (Tier 3)	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	\$0 (Tier 3)	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	\$0 (Tier 3)	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	\$0 (Tier 3)	
<i>estradiol vaginal cream 0.1 mg/gm</i>	\$0 (Tier 3)	
<i>estradiol vaginal tab 10 mcg</i>	\$0 (Tier 4)	

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>estradiol valerate im in oil 10 mg/ml</i>	\$0 (Tier 4)	
<i>estradiol valerate im in oil 20 mg/ml</i>	\$0 (Tier 4)	
<i>estradiol valerate im in oil 40 mg/ml</i>	\$0 (Tier 4)	
<i>fyavolv tab 0.5mg-2.5mcg</i>	\$0 (Tier 3)	
<i>fyavolv tab 1mg-5mcg</i>	\$0 (Tier 3)	
<i>jinteli</i>	\$0 (Tier 3)	
<i>lyllana</i>	\$0 (Tier 3)	
<i>mimvey</i>	\$0 (Tier 3)	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	\$0 (Tier 3)	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	\$0 (Tier 3)	
<i>yuvaferm</i>	\$0 (Tier 4)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
DEXAMETHASON CON 1MG/ML	\$0 (Tier 4)	
<i>dexamethasone elixir 0.5 mg/5ml</i>	\$0 (Tier 3)	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	\$0 (Tier 3)	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	\$0 (Tier 3)	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	\$0 (Tier 3)	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	\$0 (Tier 3)	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	\$0 (Tier 3)	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	\$0 (Tier 3)	
<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	\$0 (Tier 3)	
<i>dexamethasone soln 0.5 mg/5ml</i>	\$0 (Tier 3)	
<i>dexamethasone tab 0.5 mg</i>	\$0 (Tier 3)	
<i>dexamethasone tab 0.75 mg</i>	\$0 (Tier 3)	
<i>dexamethasone tab 1 mg</i>	\$0 (Tier 3)	
<i>dexamethasone tab 1.5 mg</i>	\$0 (Tier 3)	
<i>dexamethasone tab 2 mg</i>	\$0 (Tier 3)	
<i>dexamethasone tab 4 mg</i>	\$0 (Tier 3)	
<i>dexamethasone tab 6 mg</i>	\$0 (Tier 3)	
<i>fludrocortisone acetate tab 0.1 mg</i>	\$0 (Tier 2)	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>hydrocortisone tab 5 mg</i>	\$0 (Tier 3)	
<i>hydrocortisone tab 10 mg</i>	\$0 (Tier 3)	
<i>hydrocortisone tab 20 mg</i>	\$0 (Tier 3)	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	\$0 (Tier 3) B/D	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	\$0 (Tier 3) B/D	
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	\$0 (Tier 3) B/D	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	\$0 (Tier 3) B/D	
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	\$0 (Tier 3) B/D	
<i>methylprednisolone tab 4 mg</i>	\$0 (Tier 3) B/D	
<i>methylprednisolone tab 8 mg</i>	\$0 (Tier 3) B/D	
<i>methylprednisolone tab 16 mg</i>	\$0 (Tier 3) B/D	
<i>methylprednisolone tab 32 mg</i>	\$0 (Tier 3) B/D	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	\$0 (Tier 2)	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	\$0 (Tier 4) B/D	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	\$0 (Tier 2) B/D	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	\$0 (Tier 4) B/D	
<i>prednisolone soln 15 mg/5ml</i>	\$0 (Tier 2) B/D	
<i>PREDNISON CON 5MG/ML</i>	\$0 (Tier 4) B/D	
<i>prednisone oral soln 5 mg/5ml</i>	\$0 (Tier 4) B/D	
<i>prednisone tab 1 mg</i>	\$0 (Tier 1) B/D	
<i>prednisone tab 2.5 mg</i>	\$0 (Tier 1) B/D	
<i>prednisone tab 5 mg</i>	\$0 (Tier 1) B/D	
<i>prednisone tab 10 mg</i>	\$0 (Tier 1) B/D	
<i>prednisone tab 20 mg</i>	\$0 (Tier 1) B/D	
<i>prednisone tab 50 mg</i>	\$0 (Tier 1) B/D	
<i>prednisone tab therapy pack 5 mg (21)</i>	\$0 (Tier 3)	
<i>prednisone tab therapy pack 5 mg (48)</i>	\$0 (Tier 3)	
<i>prednisone tab therapy pack 10 mg (21)</i>	\$0 (Tier 3)	
<i>prednisone tab therapy pack 10 mg (48)</i>	\$0 (Tier 3)	
<i>SOLU-CORTEF INJ 100MG</i>	\$0 (Tier 4)	
<i>SOLU-CORTEF INJ 250MG</i>	\$0 (Tier 4)	
<i>SOLU-CORTEF INJ 500MG</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
SOLU-CORTEF INJ 1000MG	\$0 (Tier 4)
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR	
BAQSIMI ONE POW 3MG/DOSE	\$0 (Tier 4)
<i>diazoxide susp 50 mg/ml</i>	\$0 (Tier 5) NDS
ZEGALOGUE INJ 0.6/0.6	\$0 (Tier 3)
MISCELLANEOUS	
ALDURAZYME INJ 2.9MG/5M	\$0 (Tier 5) NDS, PA
<i>betaine powder for oral solution</i>	\$0 (Tier 5) NDS
<i>cabergoline tab 0.5 mg</i>	\$0 (Tier 3)
<i>carglumic acid soluble tab 200 mg</i>	\$0 (Tier 5) NDS, PA
CERDELGA CAP 84MG	\$0 (Tier 5) NDS, PA
CEREZYME INJ 400UNIT	\$0 (Tier 5) NDS, PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	\$0 (Tier 4) B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	\$0 (Tier 4) B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	\$0 (Tier 5) NDS, B/D, QL (120 tabs / 30 days)
CYSTAGON CAP 50MG	\$0 (Tier 4) PA
CYSTAGON CAP 150MG	\$0 (Tier 4) PA
<i>desmopressin acetate inj 4 mcg/ml</i>	\$0 (Tier 5) NDS
<i>desmopressin acetate nasal spray soln 0.01%</i>	\$0 (Tier 4)
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	\$0 (Tier 4)
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	\$0 (Tier 5) NDS
<i>desmopressin acetate tab 0.1 mg</i>	\$0 (Tier 3)
<i>desmopressin acetate tab 0.2 mg</i>	\$0 (Tier 3)
FABRAZYME INJ 5MG	\$0 (Tier 5) NDS, PA
FABRAZYME INJ 35MG	\$0 (Tier 5) NDS, PA
GENOTROPIN INJ 0.2MG	\$0 (Tier 3) PA
GENOTROPIN INJ 0.4MG	\$0 (Tier 5) NDS, PA
GENOTROPIN INJ 0.6MG	\$0 (Tier 5) NDS, PA
GENOTROPIN INJ 0.8MG	\$0 (Tier 5) NDS, PA
GENOTROPIN INJ 1.2MG	\$0 (Tier 5) NDS, PA
GENOTROPIN INJ 1.4MG	\$0 (Tier 5) NDS, PA
GENOTROPIN INJ 1.6MG	\$0 (Tier 5) NDS, PA
GENOTROPIN INJ 1.8MG	\$0 (Tier 5) NDS, PA
GENOTROPIN INJ 1MG	\$0 (Tier 5) NDS, PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
GENOTROPIN INJ 2MG	\$0 (Tier 5) NDS, PA
GENOTROPIN INJ 5MG	\$0 (Tier 5) NDS, PA
GENOTROPIN INJ 12MG	\$0 (Tier 5) NDS, PA
INCRELEX INJ 40MG/4ML	\$0 (Tier 5) NDS, PA
<i>javygtor</i>	\$0 (Tier 5) NDS, PA
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	\$0 (Tier 5) NDS, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	\$0 (Tier 4) B/D
<i>levocarnitine tab 330 mg</i>	\$0 (Tier 4) B/D
LUMIZYME INJ 50MG	\$0 (Tier 5) NDS, PA
LUPR DEP-PED INJ 3M 30MG	\$0 (Tier 5) NDS, PA
LUPR DEP-PED INJ 7.5MG	\$0 (Tier 5) NDS, PA
LUPR DEP-PED INJ 11.25MG	\$0 (Tier 5) NDS, PA
LUPR DEP-PED INJ 15MG	\$0 (Tier 5) NDS, PA
LUPRON DEPOT INJ 45MG	\$0 (Tier 5) NDS, PA
<i>mifepristone tab 300 mg</i>	\$0 (Tier 5) NDS, PA
NAGLAZYME INJ 1MG/ML	\$0 (Tier 5) NDS, PA
<i>nitisinone cap 2 mg</i>	\$0 (Tier 5) NDS, PA
<i>nitisinone cap 5 mg</i>	\$0 (Tier 5) NDS, PA
<i>nitisinone cap 10 mg</i>	\$0 (Tier 5) NDS, PA
<i>nitisinone cap 20 mg</i>	\$0 (Tier 5) NDS, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	\$0 (Tier 4) PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	\$0 (Tier 4) PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	\$0 (Tier 4) PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	\$0 (Tier 5) NDS, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	\$0 (Tier 5) NDS, PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	\$0 (Tier 4) PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	\$0 (Tier 4) PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	\$0 (Tier 5) NDS, PA
<i>raloxifene hcl tab 60 mg</i>	\$0 (Tier 3)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	\$0 (Tier 5) NDS, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	\$0 (Tier 5) NDS, PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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<i>sapropterin dihydrochloride tab 100 mg</i>	\$0 (Tier 5)	NDS, PA
SIGNIFOR INJ 0.3MG/ML	\$0 (Tier 5)	NDS, PA
SIGNIFOR INJ 0.6MG/ML	\$0 (Tier 5)	NDS, PA
SIGNIFOR INJ 0.9MG/ML	\$0 (Tier 5)	NDS, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	\$0 (Tier 5)	NDS, PA
<i>sodium phenylbutyrate tab 500 mg</i>	\$0 (Tier 5)	NDS, PA
SOMATULINE INJ 60/0.2ML	\$0 (Tier 5)	NDS, PA
SOMATULINE INJ 90/0.3ML	\$0 (Tier 5)	NDS, PA
SOMATULINE INJ 120/.5ML	\$0 (Tier 5)	NDS, PA
SOMAVERT INJ 10MG	\$0 (Tier 5)	NDS, PA
SOMAVERT INJ 15MG	\$0 (Tier 5)	NDS, PA
SOMAVERT INJ 20MG	\$0 (Tier 5)	NDS, PA
SOMAVERT INJ 25MG	\$0 (Tier 5)	NDS, PA
SOMAVERT INJ 30MG	\$0 (Tier 5)	NDS, PA
SYNAREL SOL 2MG/ML	\$0 (Tier 5)	NDS, PA
VEOZAH TAB 45MG	\$0 (Tier 4)	PA

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>gallifrey tab 5mg</i>	\$0 (Tier 3)	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate tab 5 mg</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate tab 10 mg</i>	\$0 (Tier 1)	
<i>megestrol acetate susp 40 mg/ml</i>	\$0 (Tier 3)	
<i>megestrol acetate susp 625 mg/5ml</i>	\$0 (Tier 4)	PA
<i>norethindrone acetate tab 5 mg</i>	\$0 (Tier 3)	
<i>progesterone cap 100 mg</i>	\$0 (Tier 3)	
<i>progesterone cap 200 mg</i>	\$0 (Tier 3)	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

<i>euthyrox</i>	\$0 (Tier 1)	
<i>levo-t</i>	\$0 (Tier 1)	
<i>levothyroxine sodium tab 25 mcg</i>	\$0 (Tier 1)	
<i>levothyroxine sodium tab 50 mcg</i>	\$0 (Tier 1)	
<i>levothyroxine sodium tab 75 mcg</i>	\$0 (Tier 1)	
<i>levothyroxine sodium tab 88 mcg</i>	\$0 (Tier 1)	
<i>levothyroxine sodium tab 100 mcg</i>	\$0 (Tier 1)	
<i>levothyroxine sodium tab 112 mcg</i>	\$0 (Tier 1)	
<i>levothyroxine sodium tab 125 mcg</i>	\$0 (Tier 1)	
<i>levothyroxine sodium tab 137 mcg</i>	\$0 (Tier 1)	
<i>levothyroxine sodium tab 150 mcg</i>	\$0 (Tier 1)	
<i>levothyroxine sodium tab 175 mcg</i>	\$0 (Tier 1)	

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

<i>levothyroxine sodium tab 200 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 300 mcg</i>	\$0 (Tier 1)
<i>levoxyl</i>	\$0 (Tier 1)
<i>liothyronine sodium tab 5 mcg</i>	\$0 (Tier 3)
<i>liothyronine sodium tab 25 mcg</i>	\$0 (Tier 3)
<i>liothyronine sodium tab 50 mcg</i>	\$0 (Tier 3)
<i>methimazole tab 5 mg</i>	\$0 (Tier 1)
<i>methimazole tab 10 mg</i>	\$0 (Tier 1)
<i>propylthiouracil tab 50 mg</i>	\$0 (Tier 3)
SYNTHROID TAB 25MCG	\$0 (Tier 4)
SYNTHROID TAB 50MCG	\$0 (Tier 4)
SYNTHROID TAB 75MCG	\$0 (Tier 4)
SYNTHROID TAB 88MCG	\$0 (Tier 4)
SYNTHROID TAB 100MCG	\$0 (Tier 4)
SYNTHROID TAB 112MCG	\$0 (Tier 4)
SYNTHROID TAB 125MCG	\$0 (Tier 4)
SYNTHROID TAB 137MCG	\$0 (Tier 4)
SYNTHROID TAB 150MCG	\$0 (Tier 4)
SYNTHROID TAB 175MCG	\$0 (Tier 4)
SYNTHROID TAB 200MCG	\$0 (Tier 4)
SYNTHROID TAB 300MCG	\$0 (Tier 4)
<i>unithroid</i>	\$0 (Tier 1)

VITAMIN D ANALOGS

<i>calcitriol (oral)</i>	\$0 (Tier 4) B/D
<i>calcitriol cap 0.5 mcg</i>	\$0 (Tier 2) B/D
<i>calcitriol cap 0.25 mcg</i>	\$0 (Tier 2) B/D
<i>doxercalciferol cap 0.5 mcg</i>	\$0 (Tier 4) B/D
<i>doxercalciferol cap 1 mcg</i>	\$0 (Tier 4) B/D
<i>doxercalciferol cap 2.5 mcg</i>	\$0 (Tier 4) B/D
<i>paricalcitol cap 1 mcg</i>	\$0 (Tier 4) B/D
<i>paricalcitol cap 2 mcg</i>	\$0 (Tier 4) B/D
<i>paricalcitol cap 4 mcg</i>	\$0 (Tier 4) B/D

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS**ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING**

<i>aprepitant capsule 40 mg</i>	\$0 (Tier 4) B/D
<i>aprepitant capsule 80 mg</i>	\$0 (Tier 4) B/D
<i>aprepitant capsule 125 mg</i>	\$0 (Tier 4) B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0 (Tier 4) B/D

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>compro</i>	\$0 (Tier 4)	
<i>dronabinol cap 2.5 mg</i>	\$0 (Tier 4)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	\$0 (Tier 4)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	\$0 (Tier 4)	B/D, QL (60 caps / 30 days)
<i>granisetron hcl inj 1 mg/ml</i>	\$0 (Tier 4)	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	\$0 (Tier 4)	
<i>granisetron hcl tab 1 mg</i>	\$0 (Tier 4)	B/D
<i>meclizine hcl tab 12.5 mg</i>	\$0 (Tier 2)	
<i>meclizine hcl tab 25 mg</i>	\$0 (Tier 2)	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	\$0 (Tier 3)	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	\$0 (Tier 3)	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	\$0 (Tier 1)	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	\$0 (Tier 3)	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	\$0 (Tier 3)	
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	\$0 (Tier 3)	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	\$0 (Tier 4)	B/D
<i>ondansetron hcl tab 4 mg</i>	\$0 (Tier 3)	B/D
<i>ondansetron hcl tab 8 mg</i>	\$0 (Tier 3)	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	\$0 (Tier 3)	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	\$0 (Tier 3)	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	\$0 (Tier 4)	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	\$0 (Tier 2)	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	\$0 (Tier 2)	
<i>prochlorperazine suppos 25 mg</i>	\$0 (Tier 4)	
<i>promethazine hcl inj 25 mg/ml</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl inj 50 mg/ml</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 12.5 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 25 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 50 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine td patch 72hr 1 mg/3days</i>	\$0 (Tier 4)	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<i>dicyclomine hcl cap 10 mg</i>	\$0 (Tier 3)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	\$0 (Tier 4)
<i>dicyclomine hcl tab 20 mg</i>	\$0 (Tier 3)
<i>glycopyrrolate tab 1 mg</i>	\$0 (Tier 3) QL (90 tabs / 30 days)
<i>glycopyrrolate tab 2 mg</i>	\$0 (Tier 3) QL (120 tabs / 30 days)

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>famotidine for susp 40 mg/5ml</i>	\$0 (Tier 4)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0 (Tier 3)
<i>famotidine inj 40 mg/4ml</i>	\$0 (Tier 3)
<i>famotidine inj 200 mg/20ml</i>	\$0 (Tier 3)
<i>famotidine preservative free inj 20 mg/2ml</i>	\$0 (Tier 3)
<i>famotidine tab 20 mg</i>	\$0 (Tier 1)
<i>famotidine tab 40 mg</i>	\$0 (Tier 1)
<i>nizatidine cap 150 mg</i>	\$0 (Tier 4)
<i>nizatidine cap 300 mg</i>	\$0 (Tier 4)

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium cap 750 mg</i>	\$0 (Tier 3)
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NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>budesonide delayed release particles cap 3 mg</i>	\$0 (Tier 4)	QL (90 caps / 30 days), PA
<i>budesonide tab er 24hr 9 mg</i>	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone enema 100 mg/60ml</i>	\$0 (Tier 4)	
<i>mesalamine cap dr 400 mg</i>	\$0 (Tier 4)	QL (180 caps / 30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	\$0 (Tier 4)	QL (120 caps / 30 days)
<i>mesalamine enema 4 gm</i>	\$0 (Tier 4)	QL (1680 mL / 28 days)
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	\$0 (Tier 4)	QL (28 bottles / 28 days)
<i>mesalamine suppos 1000 mg</i>	\$0 (Tier 4)	QL (30 suppositories / 30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	\$0 (Tier 4)	QL (120 tabs / 30 days)
<i>sulfasalazine tab 500 mg</i>	\$0 (Tier 2)	
<i>sulfasalazine tab delayed release 500 mg</i>	\$0 (Tier 3)	

LAXATIVES

<i>constulose</i>	\$0 (Tier 3)	
<i>enulose</i>	\$0 (Tier 3)	
<i>gavilyte-c</i>	\$0 (Tier 2)	
<i>gavilyte-g</i>	\$0 (Tier 2)	
<i>gavilyte-n sol flav pk</i>	\$0 (Tier 2)	
<i>generlac</i>	\$0 (Tier 3)	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	\$0 (Tier 3)	
<i>lactulose solution 10 gm/15ml</i>	\$0 (Tier 3)	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	\$0 (Tier 2)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0 (Tier 2)	
PLENVU SOL	\$0 (Tier 4)	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	\$0 (Tier 3)	

MISCELLANEOUS

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	\$0 (Tier 4)	QL (60 tabs / 30 days), PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	\$0 (Tier 3)	
CREON CAP 6000UNIT	\$0 (Tier 3)	
CREON CAP 12000UNT	\$0 (Tier 3)	
CREON CAP 24000UNT	\$0 (Tier 3)	

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
CREON CAP 36000UNT	\$0 (Tier 3)	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	\$0 (Tier 4)	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0 (Tier 4)	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0 (Tier 3)	
GATTEX KIT 5MG	\$0 (Tier 5)	NDS, PA
LINZESS CAP 72MCG	\$0 (Tier 3)	QL (30 caps / 30 days)
LINZESS CAP 145MCG	\$0 (Tier 3)	QL (30 caps / 30 days)
LINZESS CAP 290MCG	\$0 (Tier 3)	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	\$0 (Tier 3)	
<i>misoprostol tab 100 mcg</i>	\$0 (Tier 3)	
<i>misoprostol tab 200 mcg</i>	\$0 (Tier 3)	
MOVANTIK TAB 12.5MG	\$0 (Tier 3)	QL (30 tabs / 30 days)
MOVANTIK TAB 25MG	\$0 (Tier 3)	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	\$0 (Tier 5)	NDS, QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	\$0 (Tier 5)	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate susp 1 gm/10ml</i>	\$0 (Tier 2)	QL (1200 mL / 30 days)
<i>sucralfate tab 1 gm</i>	\$0 (Tier 3)	
TRULANCE TAB 3MG	\$0 (Tier 4)	QL (30 tabs / 30 days)
<i>ursodiol cap 300 mg</i>	\$0 (Tier 3)	
<i>ursodiol tab 250 mg</i>	\$0 (Tier 4)	
<i>ursodiol tab 500 mg</i>	\$0 (Tier 4)	
VOWST CAP	\$0 (Tier 5)	NDS, QL (12 caps / 30 days), PA
XERMELO TAB 250MG	\$0 (Tier 5)	NDS, QL (84 tabs / 28 days), PA
XIFAXAN TAB 550MG	\$0 (Tier 5)	NDS, PA
ZENPEP CAP 3000UNIT	\$0 (Tier 4)	
ZENPEP CAP 5000UNIT	\$0 (Tier 4)	
ZENPEP CAP 10000UNT	\$0 (Tier 4)	
ZENPEP CAP 15000UNT	\$0 (Tier 4)	
ZENPEP CAP 20000UNT	\$0 (Tier 4)	
ZENPEP CAP 25000UNT	\$0 (Tier 4)	
ZENPEP CAP 40000UNT	\$0 (Tier 4)	
ZENPEP CAP 60000UNT	\$0 (Tier 4)	

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID**

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	\$0 (Tier 3) QL (30 caps / 30 days), ST
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	\$0 (Tier 3) QL (30 caps / 30 days), ST
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	\$0 (Tier 2) QL (30 packets / 30 days)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	\$0 (Tier 2) QL (30 packets / 30 days)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	\$0 (Tier 2) QL (30 packets / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	\$0 (Tier 3) QL (60 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	\$0 (Tier 3) QL (60 caps / 30 days)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	\$0 (Tier 4) QL (60 tabs / 30 days), ST
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	\$0 (Tier 4) QL (60 tabs / 30 days), ST
<i>omeprazole cap delayed release 10 mg</i>	\$0 (Tier 1)
<i>omeprazole cap delayed release 20 mg</i>	\$0 (Tier 1)
<i>omeprazole cap delayed release 40 mg</i>	\$0 (Tier 1)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	\$0 (Tier 1)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	\$0 (Tier 1)
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	\$0 (Tier 4)
<i>rabeprazole sodium ec tab 20 mg</i>	\$0 (Tier 3) QL (30 tabs / 30 days)

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS**BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE**

<i>alfuzosin hcl tab er 24hr 10 mg</i>	\$0 (Tier 2) QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	\$0 (Tier 3) QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	\$0 (Tier 3) QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	\$0 (Tier 1) QL (30 tabs / 30 days)
<i>silodosin cap 4 mg</i>	\$0 (Tier 3) QL (30 caps / 30 days)
<i>silodosin cap 8 mg</i>	\$0 (Tier 3) QL (30 caps / 30 days)
<i>tadalafil tab 5 mg</i>	\$0 (Tier 3) QL (30 tabs / 30 days), PA
<i>tamsulosin hcl cap 0.4 mg</i>	\$0 (Tier 1) QL (60 caps / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
MISCELLANEOUS		
<i>acetic acid irrigation soln 0.25%</i>	\$0 (Tier 2)	
<i>bethanechol chloride tab 5 mg</i>	\$0 (Tier 3)	
<i>bethanechol chloride tab 10 mg</i>	\$0 (Tier 3)	
<i>bethanechol chloride tab 25 mg</i>	\$0 (Tier 3)	
<i>bethanechol chloride tab 50 mg</i>	\$0 (Tier 3)	
<i>potassium citrate tab er 5 meq (540 mg)</i>	\$0 (Tier 3)	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	\$0 (Tier 3)	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	\$0 (Tier 3)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	\$0 (Tier 4)	QL (30 tabs / 30 days), ST
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	\$0 (Tier 4)	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
GEMTESA TAB 75MG	\$0 (Tier 4)	QL (30 tabs / 30 days)
MYRBETRIQ SUS 8MG/ML	\$0 (Tier 4)	QL (300 mL / 28 days)
MYRBETRIQ TAB 25MG	\$0 (Tier 4)	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	\$0 (Tier 4)	QL (30 tabs / 30 days)
<i>oxybutynin chloride solution 5 mg/5ml</i>	\$0 (Tier 3)	QL (600 mL / 30 days)
<i>oxybutynin chloride tab 5 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	\$0 (Tier 3)	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	\$0 (Tier 3)	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	\$0 (Tier 3)	QL (60 tabs / 30 days)
<i>solifenacin succinate tab 5 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	\$0 (Tier 4)	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	\$0 (Tier 4)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	\$0 (Tier 4)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days)
<i>tolterodine tartrate tab 2 mg</i>	\$0 (Tier 4)	QL (60 tabs / 30 days)
<i>tropium chloride cap er 24hr 60 mg</i>	\$0 (Tier 4)	QL (30 caps / 30 days)
<i>tropium chloride tab 20 mg</i>	\$0 (Tier 3)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	\$0 (Tier 3)	
<i>metronidazole vaginal gel 0.75%</i>	\$0 (Tier 3)	
<i>terconazole vaginal cream 0.4%</i>	\$0 (Tier 3)	

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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<i>terconazole vaginal cream 0.8%</i>	\$0 (Tier 3)	
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<i>terconazole vaginal suppos 80 mg</i>	\$0 (Tier 3)	
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HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	\$0 (Tier 4)	QL (60 caps / 30 days)
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<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	\$0 (Tier 4)	QL (120 caps / 30 days)
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<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	\$0 (Tier 4)	QL (60 caps / 30 days)
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ELIQUIS ST P TAB 5MG	\$0 (Tier 3)	QL (74 tabs / 30 days)
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ELIQUIS TAB 2.5MG	\$0 (Tier 3)	QL (60 tabs / 30 days)
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ELIQUIS TAB 5MG	\$0 (Tier 3)	QL (74 tabs / 30 days)
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<i>enoxaparin sodium inj 300 mg/3ml</i>	\$0 (Tier 4)	
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<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	\$0 (Tier 4)	
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<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	\$0 (Tier 4)	
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<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	\$0 (Tier 4)	
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<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	\$0 (Tier 4)	
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<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	\$0 (Tier 4)	
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<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	\$0 (Tier 4)	
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<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	\$0 (Tier 4)	
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<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	\$0 (Tier 4)	
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<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	\$0 (Tier 5)	NDS
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<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	\$0 (Tier 5)	NDS
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<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	\$0 (Tier 5)	NDS
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HEP SOD/NAACL INJ 25000UNT	\$0 (Tier 3)	
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<i>heparin sodium (porcine) inj 1000 unit/ml</i>	\$0 (Tier 3)	B/D
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<i>heparin sodium (porcine) inj 5000 unit/ml</i>	\$0 (Tier 3)	B/D
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<i>heparin sodium (porcine) inj 10000 unit/ml</i>	\$0 (Tier 3)	B/D
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<i>heparin sodium (porcine) inj 20000 unit/ml</i>	\$0 (Tier 3)	B/D
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NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	\$0 (Tier 3)	B/D
<i>jantoven</i>	\$0 (Tier 1)	
<i>rivaroxaban tab 2.5 mg</i>	\$0 (Tier 3)	QL (60 tabs / 30 days)
<i>warfarin sodium tab 1 mg</i>	\$0 (Tier 1)	
<i>warfarin sodium tab 2 mg</i>	\$0 (Tier 1)	
<i>warfarin sodium tab 2.5 mg</i>	\$0 (Tier 1)	
<i>warfarin sodium tab 3 mg</i>	\$0 (Tier 1)	
<i>warfarin sodium tab 4 mg</i>	\$0 (Tier 1)	
<i>warfarin sodium tab 5 mg</i>	\$0 (Tier 1)	
<i>warfarin sodium tab 6 mg</i>	\$0 (Tier 1)	
<i>warfarin sodium tab 7.5 mg</i>	\$0 (Tier 1)	
<i>warfarin sodium tab 10 mg</i>	\$0 (Tier 1)	
XARELTO STAR TAB 15/20MG	\$0 (Tier 3)	QL (51 tabs / 30 days)
XARELTO SUS 1MG/ML	\$0 (Tier 3)	QL (620 mL / 30 days)
XARELTO TAB 2.5MG	\$0 (Tier 3)	QL (60 tabs / 30 days)
XARELTO TAB 10MG	\$0 (Tier 3)	QL (30 tabs / 30 days)
XARELTO TAB 15MG	\$0 (Tier 3)	QL (30 tabs / 30 days)
XARELTO TAB 20MG	\$0 (Tier 3)	QL (30 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA INJ 6/0.6ML	\$0 (Tier 5)	NDS, QL (2 syringes / 28 days), PA
PROCRIT INJ 2000/ML	\$0 (Tier 3)	PA
PROCRIT INJ 3000/ML	\$0 (Tier 3)	PA
PROCRIT INJ 4000/ML	\$0 (Tier 3)	PA
PROCRIT INJ 10000/ML	\$0 (Tier 3)	PA
PROCRIT INJ 20000/ML	\$0 (Tier 5)	NDS, PA
PROCRIT INJ 40000/ML	\$0 (Tier 5)	NDS, PA
ZARXIO INJ 300/0.5	\$0 (Tier 5)	NDS, PA
ZARXIO INJ 480/0.8	\$0 (Tier 5)	NDS, PA
MISCELLANEOUS		
ALVAIZ TAB 9MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
ALVAIZ TAB 18MG	\$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
ALVAIZ TAB 36MG	\$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
ALVAIZ TAB 54MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
<i>anagrelide hcl cap 0.5 mg</i>	\$0 (Tier 4)	
<i>anagrelide hcl cap 1 mg</i>	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
BERINERT INJ 500UNIT	\$0 (Tier 5)	NDS, QL (24 boxes / 30 days), PA
<i>cilostazol tab 50 mg</i>	\$0 (Tier 2)	
<i>cilostazol tab 100 mg</i>	\$0 (Tier 2)	
DOPTelet TAB 20MG	\$0 (Tier 5)	NDS, PA
HAEGARDA INJ 2000UNIT	\$0 (Tier 5)	NDS, QL (30 vials / 30 days), PA
HAEGARDA INJ 3000UNIT	\$0 (Tier 5)	NDS, QL (20 vials / 30 days), PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	\$0 (Tier 5)	NDS, QL (9 syringes / 30 days), PA
<i>l-glutamine (sickle cell)</i>	\$0 (Tier 5)	NDS, PA
<i>pentoxifylline tab er 400 mg</i>	\$0 (Tier 2)	
<i>sajazir</i>	\$0 (Tier 5)	NDS, QL (9 syringes / 30 days), PA
SIKLOS TAB 100MG	\$0 (Tier 4)	
SIKLOS TAB 1000MG	\$0 (Tier 5)	NDS
TAVNEOS CAP 10MG	\$0 (Tier 5)	NDS, QL (180 caps / 30 days), PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	\$0 (Tier 4)	
<i>tranexamic acid tab 650 mg</i>	\$0 (Tier 3)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0 (Tier 4)	
BRILINTA TAB 60MG	\$0 (Tier 3)	
BRILINTA TAB 90MG	\$0 (Tier 3)	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	\$0 (Tier 1)	
<i>dipyridamole tab 25 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older
<i>dipyridamole tab 50 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older
<i>dipyridamole tab 75 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	\$0 (Tier 3)	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	\$0 (Tier 3)	
<i>ticagrelor tab 60 mg</i>	\$0 (Tier 3)	
<i>ticagrelor tab 90 mg</i>	\$0 (Tier 3)	

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE
IMMUNE SYSTEM*****AUTOIMMUNE AGENTS***

ADALIMU-AACF INJ 40/0.8ML	\$0 (Tier 5) NDS, QL (2 packs / year), PA
ADALIMU-AACF INJ 40/0.8ML	\$0 (Tier 5) NDS, QL (56 pens / 365 days), PA
ADALIMU-AACF KIT 40/0.8ML	\$0 (Tier 5) NDS, QL (56 syringes / 365 days), PA
COSENTYX INJ 75MG/0.5	\$0 (Tier 5) NDS, QL (16 syringes / 365 days), PA
COSENTYX INJ 125/5ML	\$0 (Tier 5) NDS, PA
COSENTYX INJ 150MG/ML	\$0 (Tier 5) NDS, QL (32 syringes / 365 days), PA
COSENTYX INJ 300DOSE	\$0 (Tier 5) NDS, QL (32 syringes / 365 days), PA
COSENTYX PEN INJ 150MG/ML	\$0 (Tier 5) NDS, QL (32 pens / 365 days), PA
COSENTYX PEN INJ 300DOSE	\$0 (Tier 5) NDS, QL (32 pens / 365 days), PA
COSENTYX UNO INJ 300/2ML	\$0 (Tier 5) NDS, QL (16 pens / 365 days), PA
DUPIXENT INJ 200/1.14	\$0 (Tier 5) NDS, QL (4 syringes / 28 days), PA
DUPIXENT INJ 200MG	\$0 (Tier 5) NDS, QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	\$0 (Tier 5) NDS, QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	\$0 (Tier 5) NDS, QL (4 syringes / 28 days), PA
ENBREL INJ 25/0.5ML	\$0 (Tier 5) NDS, QL (16 syringes / 28 days), PA
ENBREL INJ 25MG	\$0 (Tier 5) NDS, QL (16 vials / 28 days), PA
ENBREL INJ 50MG/ML	\$0 (Tier 5) NDS, QL (8 syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	\$0 (Tier 5) NDS, QL (8 cartridges / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	\$0 (Tier 5) NDS, QL (8 pens / 28 days), PA
HUMIRA INJ 10/0.1ML	\$0 (Tier 5) NDS, QL (2 syringes / 28 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
HUMIRA INJ 20/0.2ML	\$0 (Tier 5)	NDS, QL (4 syringes / 28 days), PA
HUMIRA INJ 40/0.4ML	\$0 (Tier 5)	NDS, QL (6 syringes / 28 days), PA
HUMIRA KIT 40MG/0.8	\$0 (Tier 5)	NDS, QL (6 syringes / 28 days), PA
HUMIRA PEN INJ 40/0.4ML	\$0 (Tier 5)	NDS, QL (6 pens / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	\$0 (Tier 5)	NDS, QL (6 pens / 28 days), PA
HUMIRA PEN INJ 80/0.8ML	\$0 (Tier 5)	NDS, QL (4 pens / 28 days), PA
HUMIRA PEN KIT CD/UC/HS	\$0 (Tier 5)	NDS, QL (3 pens / 28 days), PA
HUMIRA PEN KIT PED UC	\$0 (Tier 5)	NDS, QL (4 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	\$0 (Tier 5)	NDS, QL (3 pens / 28 days), PA
IDACIO 2-PEN INJ 40/0.8ML	\$0 (Tier 5)	NDS, QL (56 pens / 365 days), PA
IDACIO 2-SYR INJ 40/0.8ML	\$0 (Tier 5)	NDS, QL (56 syringes / 365 days), PA
IDACIO CROHN INJ DISEASE	\$0 (Tier 5)	NDS, QL (2 packs / year), PA
IDACIO PLAQU INJ PSORIASIS	\$0 (Tier 5)	NDS, QL (2 packs / year), PA
INFLIXIMAB INJ 100MG	\$0 (Tier 5)	NDS, PA
PYZCHIVA INJ 45/0.5ML	\$0 (Tier 3)	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 90MG/ML	\$0 (Tier 5)	NDS, QL (1 syringe / 28 days), PA
PYZCHIVA INJ 130/26ML	\$0 (Tier 5)	NDS, PA
REMICADE INJ 100MG	\$0 (Tier 5)	NDS, PA
RENFLEXIS INJ 100MG	\$0 (Tier 5)	NDS, PA
RINVOQ LQ SOL 1MG/ML	\$0 (Tier 5)	NDS, QL (360 mL / 30 days), PA
RINVOQ TAB 15MG ER	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
RINVOQ TAB 30MG ER	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
RINVOQ TAB 45MG ER	\$0 (Tier 5)	NDS, QL (168 tabs / year), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
SKYRIZI INJ 150MG/ML	\$0 (Tier 5)	NDS, QL (6 syringes / 365 days), PA
SKYRIZI INJ 180/1.2	\$0 (Tier 5)	NDS, QL (1 cartridge / 56 days), PA
SKYRIZI INJ 360/2.4	\$0 (Tier 5)	NDS, QL (1 cartridge / 56 days), PA
SKYRIZI PEN INJ 150MG/ML	\$0 (Tier 5)	NDS, QL (6 pens / 365 days), PA
SKYRIZI SOL 60MG/ML	\$0 (Tier 5)	NDS, PA
SOTYKTU TAB 6MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
STELARA INJ 5MG/ML	\$0 (Tier 5)	NDS, PA
STELARA INJ 45MG/0.5	\$0 (Tier 5)	NDS, QL (1 syringe / 28 days), PA
STELARA INJ 45MG/0.5	\$0 (Tier 5)	NDS, QL (1 vial / 28 days), PA
STELARA INJ 90MG/ML	\$0 (Tier 5)	NDS, QL (1 syringe / 28 days), PA
TREMFYA CROH INJ 200/2ML	\$0 (Tier 5)	NDS, QL (2 pens / 28 days), PA
TREMFYA INJ 100MG/ML	\$0 (Tier 5)	NDS, QL (1 pen / 28 days), PA
TREMFYA INJ 100MG/ML	\$0 (Tier 5)	NDS, QL (1 syringe / 28 days), PA
TREMFYA INJ 200/2ML	\$0 (Tier 5)	NDS, QL (2 pens / 28 days), PA
TREMFYA INJ 200/2ML	\$0 (Tier 5)	NDS, QL (2 syringes / 28 days), PA
TREMFYA INJ 200/20ML	\$0 (Tier 5)	NDS, PA
TYENNE INJ 80MG/4ML	\$0 (Tier 5)	NDS, PA
TYENNE INJ 162/0.9	\$0 (Tier 5)	NDS, QL (4 pens / 28 days), PA
TYENNE INJ 162MG	\$0 (Tier 5)	NDS, QL (4 syringes / 28 days), PA
TYENNE INJ 200/10ML	\$0 (Tier 5)	NDS, PA
TYENNE INJ 400/20ML	\$0 (Tier 5)	NDS, PA
VELSIPITY TAB 2MG	\$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
XELJANZ SOL 1MG/ML	\$0 (Tier 5)	NDS, QL (480 mL / 24 days), PA
XELJANZ TAB 5MG	\$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
XELJANZ TAB 10MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
XELJANZ XR TAB 11MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
XELJANZ XR TAB 22MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
YESINTEK INJ 45/0.5ML	\$0 (Tier 3) QL (1 syringe / 28 days), PA
YESINTEK INJ 45/0.5ML	\$0 (Tier 3) QL (1 vial / 28 days), PA
YESINTEK INJ 90MG/ML	\$0 (Tier 5) NDS, QL (1 syringe / 28 days), PA
YESINTEK INJ 130/26ML	\$0 (Tier 3) PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS

<i>hydroxychloroquine sulfate tab 200 mg</i>	\$0 (Tier 3)
JYLAMVO SOL 2MG/ML	\$0 (Tier 4) B/D
<i>leflunomide tab 10 mg</i>	\$0 (Tier 3) QL (30 tabs / 30 days)
<i>leflunomide tab 20 mg</i>	\$0 (Tier 3) QL (30 tabs / 30 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	\$0 (Tier 3)
XATMEP SOL 2.5MG/ML	\$0 (Tier 4) B/D

IMMUNOGLOBULINS

ALYGLO INJ 5GM/50ML	\$0 (Tier 5) NDS, PA
ALYGLO INJ 10/100ML	\$0 (Tier 5) NDS, PA
ALYGLO INJ 20/200ML	\$0 (Tier 5) NDS, PA
BIVIGAM INJ 10%	\$0 (Tier 5) NDS, PA
FLEBOGAMMA INJ 10/200ML	\$0 (Tier 5) NDS, PA
FLEBOGAMMA INJ 20/400ML	\$0 (Tier 5) NDS, PA
FLEBOGAMMA INJ DIF 5%	\$0 (Tier 5) NDS, PA
GAMASTAN INJ	\$0 (Tier 4) B/D
GAMMAGARD INJ 1GM/10ML	\$0 (Tier 5) NDS, PA
GAMMAGARD INJ 2.5GM/25	\$0 (Tier 5) NDS, PA
GAMMAGARD INJ 5GM/50ML	\$0 (Tier 5) NDS, PA
GAMMAGARD INJ 10GM/100	\$0 (Tier 5) NDS, PA
GAMMAGARD INJ 20GM/200	\$0 (Tier 5) NDS, PA
GAMMAGARD INJ 30GM/300	\$0 (Tier 5) NDS, PA
GAMMAGARD SD INJ 5GM HU	\$0 (Tier 5) NDS, PA
GAMMAGARD SD INJ 10GM HU	\$0 (Tier 5) NDS, PA
GAMMAKED INJ 1GM/10ML	\$0 (Tier 5) NDS, PA
GAMMAKED INJ 5GM/50ML	\$0 (Tier 5) NDS, PA
GAMMAKED INJ 10GM/100	\$0 (Tier 5) NDS, PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
GAMMAKED INJ 20GM/200	\$0 (Tier 5) NDS, PA
GAMMAPLEX INJ 5%	\$0 (Tier 5) NDS, PA
GAMMAPLEX INJ 10%	\$0 (Tier 5) NDS, PA
GAMUNEX-C INJ 1GM/10ML	\$0 (Tier 5) NDS, PA
GAMUNEX-C INJ 2.5GM/25	\$0 (Tier 5) NDS, PA
GAMUNEX-C INJ 5GM/50ML	\$0 (Tier 5) NDS, PA
GAMUNEX-C INJ 10GM/100	\$0 (Tier 5) NDS, PA
GAMUNEX-C INJ 20GM/200	\$0 (Tier 5) NDS, PA
GAMUNEX-C INJ 40/400ML	\$0 (Tier 5) NDS, PA
OCTAGAM INJ 1GM	\$0 (Tier 5) NDS, PA
OCTAGAM INJ 2.5GM	\$0 (Tier 5) NDS, PA
OCTAGAM INJ 2GM/20ML	\$0 (Tier 5) NDS, PA
OCTAGAM INJ 5GM	\$0 (Tier 5) NDS, PA
OCTAGAM INJ 5GM/50ML	\$0 (Tier 5) NDS, PA
OCTAGAM INJ 10/100ML	\$0 (Tier 5) NDS, PA
OCTAGAM INJ 10GM	\$0 (Tier 5) NDS, PA
OCTAGAM INJ 20/200ML	\$0 (Tier 5) NDS, PA
OCTAGAM INJ 30/300ML	\$0 (Tier 5) NDS, PA
PANZYGA SOL 1GM/10ML	\$0 (Tier 5) NDS, PA
PANZYGA SOL 2.5/25ML	\$0 (Tier 5) NDS, PA
PANZYGA SOL 5GM/50ML	\$0 (Tier 5) NDS, PA
PANZYGA SOL 10/100ML	\$0 (Tier 5) NDS, PA
PANZYGA SOL 20/200ML	\$0 (Tier 5) NDS, PA
PANZYGA SOL 30/300ML	\$0 (Tier 5) NDS, PA
PRIVIGEN INJ 5 GRAMS	\$0 (Tier 5) NDS, PA
PRIVIGEN INJ 10GRAMS	\$0 (Tier 5) NDS, PA
PRIVIGEN INJ 20GRAMS	\$0 (Tier 5) NDS, PA
PRIVIGEN INJ 40GRAMS	\$0 (Tier 5) NDS, PA
IMMUNOMODULATORS	
ACTIMMUNE INJ 2MU/0.5	\$0 (Tier 5) NDS, PA
ARCALYST INJ 220MG	\$0 (Tier 5) NDS, PA
IMMUNOSUPPRESSANTS	
ASTAGRAF XL CAP 0.5MG	\$0 (Tier 4) B/D
ASTAGRAF XL CAP 1MG	\$0 (Tier 4) B/D
ASTAGRAF XL CAP 5MG	\$0 (Tier 5) NDS, B/D
<i>azathioprine tab 50 mg</i>	\$0 (Tier 3) B/D
BENLYSTA INJ 120MG	\$0 (Tier 5) NDS, PA
BENLYSTA INJ 200MG/ML	\$0 (Tier 5) NDS, QL (8 syringes / 28 days), PA
BENLYSTA INJ 400MG	\$0 (Tier 5) NDS, PA

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

<i>cyclosporine cap 25 mg</i>	\$0 (Tier 4) B/D
<i>cyclosporine cap 100 mg</i>	\$0 (Tier 4) B/D
<i>cyclosporine modified cap 25 mg</i>	\$0 (Tier 4) B/D
<i>cyclosporine modified cap 50 mg</i>	\$0 (Tier 4) B/D
<i>cyclosporine modified cap 100 mg</i>	\$0 (Tier 4) B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	\$0 (Tier 4) B/D
ENVARUSUS XR TAB 0.75MG	\$0 (Tier 4) B/D
ENVARUSUS XR TAB 1MG	\$0 (Tier 4) B/D
ENVARUSUS XR TAB 4MG	\$0 (Tier 5) NDS, B/D
<i>everolimus tab 0.5 mg</i>	\$0 (Tier 5) NDS, B/D
<i>everolimus tab 0.25 mg</i>	\$0 (Tier 5) NDS, B/D
<i>everolimus tab 0.75 mg</i>	\$0 (Tier 5) NDS, B/D
<i>everolimus tab 1 mg</i>	\$0 (Tier 5) NDS, B/D
<i>gengraf</i>	\$0 (Tier 4) B/D
<i>gengraf sol 100mg/ml</i>	\$0 (Tier 4) B/D
<i>mycophenolate mofetil cap 250 mg</i>	\$0 (Tier 3) B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	\$0 (Tier 5) NDS, B/D
<i>mycophenolate mofetil tab 500 mg</i>	\$0 (Tier 3) B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	\$0 (Tier 4) B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	\$0 (Tier 4) B/D
NULOJIX INJ 250MG	\$0 (Tier 5) NDS, B/D
PROGRAF GRA 0.2MG	\$0 (Tier 4) B/D
PROGRAF GRA 1MG	\$0 (Tier 4) B/D
REZUROCK TAB 200MG	\$0 (Tier 5) NDS, QL (30 tabs / 30 days), PA
<i>sirolimus oral soln 1 mg/ml</i>	\$0 (Tier 5) NDS, B/D
<i>sirolimus tab 0.5 mg</i>	\$0 (Tier 4) B/D
<i>sirolimus tab 1 mg</i>	\$0 (Tier 4) B/D
<i>sirolimus tab 2 mg</i>	\$0 (Tier 4) B/D
<i>tacrolimus cap 0.5 mg</i>	\$0 (Tier 4) B/D
<i>tacrolimus cap 1 mg</i>	\$0 (Tier 4) B/D
<i>tacrolimus cap 5 mg</i>	\$0 (Tier 4) B/D

VACCINES

ABRYSVO INJ	\$0 (Tier 1)
ACTHIB INJ	\$0 (Tier 1)
ADACEL INJ	\$0 (Tier 1)
AREXVY INJ 120MCG	\$0 (Tier 1)
BCG VACCINE INJ 50MG	\$0 (Tier 1)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
BEXSERO INJ	\$0 (Tier 1)
BOOSTRIX INJ	\$0 (Tier 1)
DAPTACEL INJ	\$0 (Tier 1)
DENGVAIXA SUS	\$0 (Tier 1)
DIP/TET PED INJ 25-5LFU	\$0 (Tier 1) B/D
ENGRIX-B INJ 10/0.5ML	\$0 (Tier 1) B/D
ENGRIX-B INJ 20MCG/ML	\$0 (Tier 1) B/D
GARDASIL 9 INJ	\$0 (Tier 1)
HAVRIX INJ 720UNIT	\$0 (Tier 1)
HAVRIX INJ 1440UNIT	\$0 (Tier 1)
HEPLISAV-B INJ 20/0.5ML	\$0 (Tier 1) B/D
HIBERIX SOL 10MCG	\$0 (Tier 1)
IMOVAX RABIE INJ 2.5/ML	\$0 (Tier 1) B/D
INFANRIX INJ	\$0 (Tier 1)
IPOL INJ INACTIVE	\$0 (Tier 1)
IXCHIQ INJ	\$0 (Tier 1)
IXIARO INJ	\$0 (Tier 1)
JYNNEOS INJ	\$0 (Tier 1) B/D
KINRIX INJ	\$0 (Tier 1)
M-M-R II INJ	\$0 (Tier 1)
MENACTRA INJ	\$0 (Tier 1)
MENQUADFI INJ	\$0 (Tier 1)
MENVEO INJ	\$0 (Tier 1)
MENVEO SOL	\$0 (Tier 1)
MRESVIA INJ 50MCG	\$0 (Tier 1)
PEDIARIX INJ 0.5ML	\$0 (Tier 1)
PEDVAX HIB INJ	\$0 (Tier 1)
PENBRAYA INJ	\$0 (Tier 1)
PENTACEL INJ	\$0 (Tier 1)
PRIORIX INJ	\$0 (Tier 1)
PROQUAD INJ	\$0 (Tier 1)
QUADRACEL INJ 0.5ML	\$0 (Tier 1)
RABAVERT INJ	\$0 (Tier 1) B/D
RECOMBIVA HB INJ 5MCG/0.5	\$0 (Tier 1) B/D
RECOMBIVA HB INJ 10MCG/ML	\$0 (Tier 1) B/D
RECOMBIVA-HB INJ 40MCG/ML	\$0 (Tier 1) B/D
ROTARIX SUS	\$0 (Tier 1)
ROTATEQ SOL	\$0 (Tier 1)
SHINGRIX INJ 50/0.5ML	\$0 (Tier 1) QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	\$0 (Tier 1) B/D

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
TICOVAC INJ	\$0 (Tier 1)	
TRUMENBA INJ	\$0 (Tier 1)	
TWINRIX INJ	\$0 (Tier 1)	
TYPHIM VI INJ	\$0 (Tier 1)	
VAQTA INJ 25/0.5ML	\$0 (Tier 1)	
VAQTA INJ 50UNT/ML	\$0 (Tier 1)	
VARIVAX INJ	\$0 (Tier 1)	
VAXCHORA SUS	\$0 (Tier 1)	
VIMKUNYA INJ 40/0.8ML	\$0 (Tier 1)	
VIVOTIF CAP EC	\$0 (Tier 1)	
YF-VAX INJ	\$0 (Tier 1)	

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	\$0 (Tier 4)	
D10W/NACL INJ 0.2%	\$0 (Tier 3)	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0 (Tier 3)	
<i>dextrose 5% in lactated ringers</i>	\$0 (Tier 3)	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0 (Tier 3)	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	\$0 (Tier 3)	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0 (Tier 3)	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0 (Tier 3)	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0 (Tier 3)	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0 (Tier 3)	
ISOLYTE-P INJ /D5W	\$0 (Tier 4)	
ISOLYTE-S INJ PH 7.4	\$0 (Tier 4)	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (Tier 3)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0 (Tier 3)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0 (Tier 3)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (Tier 3)	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0 (Tier 3)	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0 (Tier 3)	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	\$0 (Tier 3)	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (Tier 3)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	\$0 (Tier 3)	

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (Tier 3)	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	\$0 (Tier 3)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0 (Tier 4)	
<i>lactated ringer's solution</i>	\$0 (Tier 3)	
MAGNESIUM SU INJ 2GM/50ML	\$0 (Tier 3)	
MAGNESIUM SU INJ 4G/100ML	\$0 (Tier 3)	
MAGNESIUM SU INJ 20/500ML	\$0 (Tier 3)	
MAGNESIUM SU INJ 40G/1000	\$0 (Tier 3)	
MAGNESIUM SU INJ 80MG/ML	\$0 (Tier 3)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0 (Tier 3)	
<i>magnesium sulfate inj 50%</i>	\$0 (Tier 3)	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	\$0 (Tier 3)	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	\$0 (Tier 3)	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	\$0 (Tier 3)	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	\$0 (Tier 3)	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	\$0 (Tier 3)	
<i>multiple electrolytes ph 5.5</i>	\$0 (Tier 4)	
<i>multiple electrolytes ph 7.4</i>	\$0 (Tier 4)	
POT CHL 20MEQ/L IN NACL 0.9% INJ	\$0 (Tier 4)	
POT CHL 20MEQ/L IN NACL 0.45% INJ	\$0 (Tier 4)	
POT CHL 40MEQ/L IN NACL 0.9% INJ	\$0 (Tier 4)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0 (Tier 3)	
<i>potassium chloride inj 2 meq/ml</i>	\$0 (Tier 3)	
<i>potassium chloride inj 10 meq/50ml</i>	\$0 (Tier 3)	
<i>potassium chloride inj 10 meq/100ml</i>	\$0 (Tier 3)	
<i>potassium chloride inj 20 meq/50ml</i>	\$0 (Tier 3)	
<i>potassium chloride inj 20 meq/100ml</i>	\$0 (Tier 3)	
<i>potassium chloride inj 40 meq/100ml</i>	\$0 (Tier 3)	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	\$0 (Tier 3)	
<i>sodium chloride iv soln 0.9%</i>	\$0 (Tier 3)	
<i>sodium chloride iv soln 0.45%</i>	\$0 (Tier 3)	
<i>sodium chloride iv soln 3%</i>	\$0 (Tier 3)	
<i>sodium chloride iv soln 5%</i>	\$0 (Tier 3)	

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NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
TPN ELECTROL INJ	\$0 (Tier 4) B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
<i>klor-con</i>	\$0 (Tier 4)
<i>klor-con 8</i>	\$0 (Tier 2)
<i>klor-con 10</i>	\$0 (Tier 2)
<i>klor-con m10</i>	\$0 (Tier 2)
<i>klor-con m15</i>	\$0 (Tier 2)
<i>klor-con m20</i>	\$0 (Tier 2)
M-NATAL PLUS TAB	\$0 (Tier 3)
<i>potassium chloride cap er 8 meq</i>	\$0 (Tier 2)
<i>potassium chloride cap er 10 meq</i>	\$0 (Tier 2)
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	\$0 (Tier 2)
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	\$0 (Tier 2)
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	\$0 (Tier 2)
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	\$0 (Tier 4)
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	\$0 (Tier 4)
<i>potassium chloride powder packet 20 meq</i>	\$0 (Tier 4)
<i>potassium chloride tab er 8 meq (600 mg)</i>	\$0 (Tier 2)
<i>potassium chloride tab er 10 meq</i>	\$0 (Tier 2)
<i>potassium chloride tab er 20 meq (1500 mg)</i>	\$0 (Tier 2)
PRENATAL TAB 27-1MG	\$0 (Tier 3)
PRENATAL TAB PLUS	\$0 (Tier 3)
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0 (Tier 2)
WESTAB PLUS TAB 27-1MG	\$0 (Tier 3)
IV NUTRITION	
CLINIMIX INJ 4.25/D5W	\$0 (Tier 4) B/D
CLINIMIX INJ 4.25/D10	\$0 (Tier 4) B/D
CLINIMIX INJ 5%/D15W	\$0 (Tier 4) B/D
CLINIMIX INJ 5%/D20W	\$0 (Tier 4) B/D
CLINIMIX INJ 6/5	\$0 (Tier 4) B/D
CLINIMIX INJ 8/10	\$0 (Tier 4) B/D
CLINIMIX INJ 8/14	\$0 (Tier 4) B/D
<i>clinisol sf 15%</i>	\$0 (Tier 4) B/D
CLINOLIPID EMU 20%	\$0 (Tier 4) B/D

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NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>dextrose inj 5%</i>	\$0 (Tier 3)	
<i>dextrose inj 10%</i>	\$0 (Tier 3)	
<i>dextrose inj 50%</i>	\$0 (Tier 3)	B/D
<i>dextrose inj 70%</i>	\$0 (Tier 3)	B/D
INTRALIPID INJ 20%	\$0 (Tier 4)	B/D
INTRALIPID INJ 30%	\$0 (Tier 4)	B/D
NUTRILIPID EMU 20%	\$0 (Tier 4)	B/D
<i>plenamine</i>	\$0 (Tier 4)	B/D
PREMASOL SOL 10%	\$0 (Tier 5)	NDS, B/D
PROSOL INJ 20%	\$0 (Tier 4)	B/D
TRAVASOL INJ 10%	\$0 (Tier 4)	B/D
TROPHAMINE INJ 10%	\$0 (Tier 4)	B/D

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	\$0 (Tier 3)	
<i>neo-polycin hc ophth oint 1%</i>	\$0 (Tier 3)	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	\$0 (Tier 2)	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	\$0 (Tier 2)	
<i>neomycin-polymyxin-hc ophth susp</i>	\$0 (Tier 4)	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0 (Tier 2)	
TOBRADEX OIN 0.3-0.1%	\$0 (Tier 3)	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0 (Tier 3)	
ZYLET SUS 0.5-0.3%	\$0 (Tier 3)	

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

<i>bacitracin ophth oint 500 unit/gm</i>	\$0 (Tier 3)	
<i>bacitracin-polymyxin b ophth oint</i>	\$0 (Tier 2)	
BESIVANCE SUS 0.6%	\$0 (Tier 3)	
CILOXAN OIN 0.3% OP	\$0 (Tier 3)	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	\$0 (Tier 2)	
<i>erythromycin ophth oint 5 mg/gm</i>	\$0 (Tier 2)	
<i>gatifloxacin ophth soln 0.5%</i>	\$0 (Tier 3)	
<i>gentamicin sulfate ophth soln 0.3%</i>	\$0 (Tier 2)	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	\$0 (Tier 3)	QL (12 mL / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
NATACYN SUS 5% OP	\$0 (Tier 4)	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	\$0 (Tier 3)	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	\$0 (Tier 3)	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	\$0 (Tier 3)	
ofloxacin ophth soln 0.3%	\$0 (Tier 2)	
polycin ophth oint	\$0 (Tier 2)	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	\$0 (Tier 1)	
sulfacetamide sodium ophth oint 10%	\$0 (Tier 3)	
sulfacetamide sodium ophth soln 10%	\$0 (Tier 3)	
tobramycin ophth soln 0.3%	\$0 (Tier 1)	
trifluridine ophth soln 1%	\$0 (Tier 4)	
XDEMVY DRO 0.25%	\$0 (Tier 5)	NDS, PA
ZIRGAN GEL 0.15%	\$0 (Tier 4)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
bromfenac sodium ophth soln 0.07% (base equivalent)	\$0 (Tier 3)	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	\$0 (Tier 4)	
bromfenac sodium ophth soln 0.075% (base equivalent)	\$0 (Tier 4)	
dexamethasone sodium phosphate ophth soln 0.1%	\$0 (Tier 3)	
diclofenac sodium ophth soln 0.1%	\$0 (Tier 2)	
difluprednate ophth emulsion 0.05%	\$0 (Tier 4)	
FLAREX SUS 0.1% OP	\$0 (Tier 4)	
fluorometholone ophth susp 0.1%	\$0 (Tier 3)	
flurbiprofen sodium ophth soln 0.03%	\$0 (Tier 3)	
ketorolac tromethamine ophth soln 0.4%	\$0 (Tier 3)	
ketorolac tromethamine ophth soln 0.5%	\$0 (Tier 2)	
LOTEMAX OIN 0.5%	\$0 (Tier 3)	
loteprednol etabonate ophth susp 0.2%	\$0 (Tier 3)	
PRED SOD PHO SOL 1% OP	\$0 (Tier 3)	
prednisolone acetate ophth susp 1%	\$0 (Tier 3)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
azelastine hcl ophth soln 0.05%	\$0 (Tier 2)	
cromolyn sodium ophth soln 4%	\$0 (Tier 2)	
ZERVIAE DRO 0.24%	\$0 (Tier 4)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl ophth soln 0.5%</i>	\$0 (Tier 3)	
BETOPTIC-S SUS 0.25% OP	\$0 (Tier 4)	
<i>brimonidine tartrate ophth soln 0.2%</i>	\$0 (Tier 1)	
<i>brimonidine tartrate ophth soln 0.15%</i>	\$0 (Tier 4)	
<i>brinzolamide ophth susp 1%</i>	\$0 (Tier 4)	
<i>carteolol hcl ophth soln 1%</i>	\$0 (Tier 2)	
COMBIGAN SOL 0.2/0.5%	\$0 (Tier 3)	
<i>dorzolamide hcl ophth soln 2%</i>	\$0 (Tier 2)	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	\$0 (Tier 2)	
<i>latanoprost ophth soln 0.005%</i>	\$0 (Tier 1)	
<i>levobunolol hcl ophth soln 0.5%</i>	\$0 (Tier 2)	
LUMIGAN SOL 0.01% OP	\$0 (Tier 3)	
<i>pilocarpine hcl ophth soln 1%</i>	\$0 (Tier 3)	
<i>pilocarpine hcl ophth soln 2%</i>	\$0 (Tier 3)	
<i>pilocarpine hcl ophth soln 4%</i>	\$0 (Tier 3)	
RHOPRESSA SOL 0.02%	\$0 (Tier 4)	
ROCKLATAN DRO	\$0 (Tier 4)	
SIMBRINZA SUS 1-0.2%	\$0 (Tier 4)	
<i>timolol maleate ophth gel forming soln 0.5%</i>	\$0 (Tier 3)	
<i>timolol maleate ophth gel forming soln 0.25%</i>	\$0 (Tier 3)	
<i>timolol maleate ophth soln 0.5%</i>	\$0 (Tier 1)	
<i>timolol maleate ophth soln 0.25%</i>	\$0 (Tier 1)	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	\$0 (Tier 4)	
VYZULTA SOL 0.024%	\$0 (Tier 4)	
MISCELLANEOUS		
ATROPINE SUL SOL 1% OP	\$0 (Tier 3)	
<i>atropine sulfate ophth soln 1%</i>	\$0 (Tier 3)	
CYSTADROPS SOL 0.37%	\$0 (Tier 5) NDS, PA	
CYSTARAN SOL 0.44%	\$0 (Tier 5) NDS, PA	
EYSUVIS DRO 0.25%	\$0 (Tier 4)	
MIEBO DRO 1.3GM/ML	\$0 (Tier 3)	
<i>proparacaine hcl ophth soln 0.5%</i>	\$0 (Tier 3)	
RESTASIS EMU 0.05% OP	\$0 (Tier 3)	
RESTASIS MUL EMU 0.05% OP	\$0 (Tier 3)	
XIIDRA DRO 5%	\$0 (Tier 3)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
<i>acetic acid otic soln 2%</i>	\$0 (Tier 3)	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	\$0 (Tier 4)	
<i>flac</i>	\$0 (Tier 3)	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	\$0 (Tier 3)	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	\$0 (Tier 4)	
<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0 (Tier 3)	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0 (Tier 3)	
<i>ofloxacin otic soln 0.3%</i>	\$0 (Tier 4)	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	\$0 (Tier 3)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	\$0 (Tier 3)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	\$0 (Tier 3)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	\$0 (Tier 3)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	\$0 (Tier 4)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	\$0 (Tier 3)	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	\$0 (Tier 3)	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	\$0 (Tier 3)	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AER 17MCG	\$0 (Tier 4)	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	\$0 (Tier 3)	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	\$0 (Tier 2)	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	\$0 (Tier 3)	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	\$0 (Tier 3)	

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES**

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	\$0 (Tier 3)	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	\$0 (Tier 2)	QL (300 mL / 30 days)
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyproheptadine hcl tab 4 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>desloratadine tab 5 mg</i>	\$0 (Tier 3)	QL (30 tabs / 30 days)
<i>diphenhydramine hcl inj 50 mg/ml</i>	\$0 (Tier 3)	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	\$0 (Tier 4)	PA; PA applies if 70 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	\$0 (Tier 4)	PA; PA applies if 70 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 10 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 25 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 50 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate cap 25 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate cap 50 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	\$0 (Tier 4)	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>olopatadine hcl nasal soln 0.6%</i>	\$0 (Tier 4)	
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0 (Tier 3)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0 (Tier 3)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0 (Tier 3)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	\$0 (Tier 3)	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	\$0 (Tier 3)	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	\$0 (Tier 2)	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	\$0 (Tier 3)	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	\$0 (Tier 3)	
<i>albuterol sulfate tab 2 mg</i>	\$0 (Tier 4)	
<i>albuterol sulfate tab 4 mg</i>	\$0 (Tier 4)	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	\$0 (Tier 4)	B/D
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	\$0 (Tier 4)	B/D
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	\$0 (Tier 4)	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	\$0 (Tier 4)	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	\$0 (Tier 4)	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	\$0 (Tier 4)	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	\$0 (Tier 3)	QL (2 inhalers / 30 days), ST
SEREVENT DIS AER 50MCG	\$0 (Tier 3)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	\$0 (Tier 4)	
<i>terbutaline sulfate tab 5 mg</i>	\$0 (Tier 4)	

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
VENTOLIN HFA (INSTITUTIONAL PACK)	\$0 (Tier 3)	QL (6 inhalers / 30 days)
VENTOLIN HFA AER	\$0 (Tier 3)	QL (2 inhalers / 30 days)

LEUKOTRIENE MODULATORS

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	\$0 (Tier 2)	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	\$0 (Tier 2)	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	\$0 (Tier 4)	
<i>montelukast sodium tab 10 mg (base equiv)</i>	\$0 (Tier 1)	
<i>zafirlukast tab 10 mg</i>	\$0 (Tier 3)	
<i>zafirlukast tab 20 mg</i>	\$0 (Tier 3)	

MISCELLANEOUS

<i>acetylcysteine inhal soln 10%</i>	\$0 (Tier 4)	B/D
<i>acetylcysteine inhal soln 20%</i>	\$0 (Tier 4)	B/D
ALYFTREK TAB 4-20-50	\$0 (Tier 5)	NDS, QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	\$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
ARALAST NP INJ 500MG	\$0 (Tier 5)	NDS, PA
ARALAST NP INJ 1000MG	\$0 (Tier 5)	NDS, PA
BRONCHITOL CAP 40MG	\$0 (Tier 5)	NDS, QL (560 caps / 28 days), PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	\$0 (Tier 3)	B/D
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0 (Tier 3)	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0 (Tier 3)	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	\$0 (Tier 3)	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	\$0 (Tier 3)	(generic of Adrenaclick)
FASENRA INJ 10MG/0.5	\$0 (Tier 5)	NDS, QL (1 syringe / 28 days), PA
FASENRA INJ 30MG/ML	\$0 (Tier 5)	NDS, QL (1 syringe / 28 days), PA
FASENRA PEN INJ 30MG/ML	\$0 (Tier 5)	NDS, QL (1 pen / 28 days), PA

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)
KALYDECO GRA 5.8MG	\$0 (Tier 5) NDS, QL (56 packets / 28 days), PA
KALYDECO GRA 13.4MG	\$0 (Tier 5) NDS, QL (56 packets / 28 days), PA
KALYDECO PAK 25MG	\$0 (Tier 5) NDS, QL (56 packets / 28 days), PA
KALYDECO PAK 50MG	\$0 (Tier 5) NDS, QL (56 packets / 28 days), PA
KALYDECO PAK 75MG	\$0 (Tier 5) NDS, QL (56 packets / 28 days), PA
KALYDECO TAB 150MG	\$0 (Tier 5) NDS, QL (60 tabs / 30 days), PA
OFEV CAP 100MG	\$0 (Tier 5) NDS, QL (60 caps / 30 days), PA
OFEV CAP 150MG	\$0 (Tier 5) NDS, QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	\$0 (Tier 5) NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	\$0 (Tier 5) NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	\$0 (Tier 5) NDS, QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	\$0 (Tier 5) NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	\$0 (Tier 5) NDS, QL (112 tabs / 28 days), PA
<i>pirfenidone cap 267 mg</i>	\$0 (Tier 5) NDS, QL (270 caps / 30 days), PA
<i>pirfenidone tab 267 mg</i>	\$0 (Tier 5) NDS, QL (270 tabs / 30 days), PA
<i>pirfenidone tab 534 mg</i>	\$0 (Tier 5) NDS, QL (90 tabs / 30 days), PA
<i>pirfenidone tab 801 mg</i>	\$0 (Tier 5) NDS, QL (90 tabs / 30 days), PA
PROLASTIN-C INJ 1000MG	\$0 (Tier 5) NDS, PA
PULMOZYME SOL 1MG/ML	\$0 (Tier 5) NDS, PA
<i>roflumilast tab 250 mcg</i>	\$0 (Tier 4) QL (56 tabs / year)
<i>roflumilast tab 500 mcg</i>	\$0 (Tier 4) QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	\$0 (Tier 5) NDS, QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	\$0 (Tier 5) NDS, QL (56 tabs / 28 days), PA

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NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
THEO-24 CAP 100MG CR	\$0 (Tier 4)	
THEO-24 CAP 200MG CR	\$0 (Tier 4)	
THEO-24 CAP 300MG CR	\$0 (Tier 4)	
THEO-24 CAP 400MG ER	\$0 (Tier 4)	
<i>theophylline elixir 80 mg/15ml</i>	\$0 (Tier 4)	
<i>theophylline soln 80 mg/15ml</i>	\$0 (Tier 4)	
<i>theophylline tab er 12hr 100 mg</i>	\$0 (Tier 4)	
<i>theophylline tab er 12hr 200 mg</i>	\$0 (Tier 4)	
<i>theophylline tab er 12hr 300 mg</i>	\$0 (Tier 4)	
<i>theophylline tab er 12hr 450 mg</i>	\$0 (Tier 4)	
<i>theophylline tab er 24hr 400 mg</i>	\$0 (Tier 3)	
<i>theophylline tab er 24hr 600 mg</i>	\$0 (Tier 3)	
TRIKAFTA PAK 59.5MG	\$0 (Tier 5)	NDS, QL (56 packs / 28 days), PA
TRIKAFTA PAK 75MG	\$0 (Tier 5)	NDS, QL (56 packs / 28 days), PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	\$0 (Tier 5)	NDS, QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	\$0 (Tier 5)	NDS, QL (84 tabs / 28 days), PA
XOLAIR INJ 75/0.5	\$0 (Tier 5)	NDS, QL (4 pens / 28 days), PA
XOLAIR INJ 75/0.5	\$0 (Tier 5)	NDS, QL (4 syringes / 28 days), PA
XOLAIR INJ 150MG/ML	\$0 (Tier 5)	NDS, QL (8 pens / 28 days), PA
XOLAIR INJ 150MG/ML	\$0 (Tier 5)	NDS, QL (8 syringes / 28 days), PA
XOLAIR INJ 300/2ML	\$0 (Tier 5)	NDS, QL (4 pens / 28 days), PA
XOLAIR INJ 300/2ML	\$0 (Tier 5)	NDS, QL (4 syringes / 28 days), PA
XOLAIR SOL 150MG	\$0 (Tier 5)	NDS, QL (8 vials / 28 days), PA
ZEMAIRA INJ 1000MG	\$0 (Tier 5)	NDS, PA
ZEMAIRA INJ 4000MG	\$0 (Tier 5)	NDS, PA
ZEMAIRA INJ 5000MG	\$0 (Tier 5)	NDS, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	\$0 (Tier 3)	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0 (Tier 2)	QL (1 bottle / 30 days)

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>mometasone furoate nasal susp 50 mcg/act</i>	\$0 (Tier 4)	QL (2 inhalers / 30 days)
XHANCE MIS 93MCG	\$0 (Tier 4)	QL (32 mL / 30 days), PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO AER 80MCG	\$0 (Tier 4)	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	\$0 (Tier 4)	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	\$0 (Tier 3)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	\$0 (Tier 3)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	\$0 (Tier 3)	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	\$0 (Tier 4)	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	\$0 (Tier 4)	B/D
<i>fluticasone propionate aer pow ba 50 mcg/act</i>	\$0 (Tier 3)	QL (180 inhalations / 30 days)
<i>fluticasone propionate aer pow ba 100 mcg/act</i>	\$0 (Tier 3)	QL (240 inhalations / 30 days)
<i>fluticasone propionate aer pow ba 250 mcg/act</i>	\$0 (Tier 3)	QL (240 inhalations / 30 days)
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	\$0 (Tier 3)	QL (2 inhalers / 30 days)
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	\$0 (Tier 3)	QL (2 inhalers / 30 days)
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	\$0 (Tier 3)	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR HFA AER 45/21	\$0 (Tier 3)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	\$0 (Tier 3)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	\$0 (Tier 3)	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	\$0 (Tier 3)	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	\$0 (Tier 3)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	\$0 (Tier 3)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	\$0 (Tier 3)	QL (60 blisters / 30 days)

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NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>breyna aer 80/4.5</i>	\$0 (Tier 3)	QL (3 inhalers / 30 days)
<i>breyna aer 160/4.5</i>	\$0 (Tier 3)	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	\$0 (Tier 3)	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	\$0 (Tier 3)	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	\$0 (Tier 4)	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	\$0 (Tier 4)	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	\$0 (Tier 4)	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	\$0 (Tier 1)	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	\$0 (Tier 3)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	\$0 (Tier 1)	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	\$0 (Tier 1)	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	\$0 (Tier 3)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	\$0 (Tier 3)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
SYMBICORT AER 80-4.5	\$0 (Tier 4)	QL (3 inhalers / 30 days)
SYMBICORT AER 160-4.5	\$0 (Tier 4)	QL (3 inhalers / 30 days)
<i>wixela inhub</i>	\$0 (Tier 3)	QL (60 inhalations / 30 days)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

<i>accutane</i>	\$0 (Tier 4)	PA
<i>amnesteem</i>	\$0 (Tier 4)	PA
<i>amnesteem cap 30mg</i>	\$0 (Tier 4)	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0 (Tier 4)	QL (46.6 gm / 30 days)
<i>claravis</i>	\$0 (Tier 4)	PA

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NAME OF DRUG**WHAT THE NECESSARY ACTIONS
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LEVEL)**

<i>clindamycin phosphate gel 1% (once-daily)</i>	\$0 (Tier 3) QL (75 mL / 30 days)
<i>clindamycin phosphate lotion 1%</i>	\$0 (Tier 3) QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	\$0 (Tier 3) QL (60 mL / 30 days)
<i>ery</i>	\$0 (Tier 3) QL (60 pledgets / 30 days)
<i>erythromycin gel 2%</i>	\$0 (Tier 3) QL (60 gm / 30 days)
<i>erythromycin soln 2%</i>	\$0 (Tier 3) QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	\$0 (Tier 4) PA
<i>isotretinoin cap 20 mg</i>	\$0 (Tier 4) PA
<i>isotretinoin cap 30 mg</i>	\$0 (Tier 4) PA
<i>isotretinoin cap 40 mg</i>	\$0 (Tier 4) PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	\$0 (Tier 4) QL (118 mL / 30 days)
<i>tretinoin cream 0.1%</i>	\$0 (Tier 4) QL (45 gm / 30 days), PA
<i>tretinoin cream 0.05%</i>	\$0 (Tier 4) QL (45 gm / 30 days), PA
<i>tretinoin cream 0.025%</i>	\$0 (Tier 4) QL (45 gm / 30 days), PA
<i>tretinoin gel 0.01%</i>	\$0 (Tier 4) QL (45 gm / 30 days), PA
<i>tretinoin gel 0.025%</i>	\$0 (Tier 4) QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i>	\$0 (Tier 3) QL (75 gm / 30 days)
<i>zenatane</i>	\$0 (Tier 4) PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate cream 0.1%</i>	\$0 (Tier 3) QL (30 gm / 30 days)
<i>gentamicin sulfate oint 0.1%</i>	\$0 (Tier 3) QL (30 gm / 30 days)
<i>mupirocin oint 2%</i>	\$0 (Tier 2) QL (220 gm / 30 days)
<i>silver sulfadiazine cream 1%</i>	\$0 (Tier 2)
<i>ssd</i>	\$0 (Tier 2)
<i>SULFAMYLON CRE 85MG/GM</i>	\$0 (Tier 4) QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox gel 0.77%</i>	\$0 (Tier 3) QL (100 gm / 30 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	\$0 (Tier 3) QL (90 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	\$0 (Tier 3) QL (60 mL / 30 days)
<i>ciclopirox shampoo 1%</i>	\$0 (Tier 3) QL (120 mL / 30 days)
<i>clotrimazole cream 1%</i>	\$0 (Tier 2) QL (45 gm / 30 days)
<i>clotrimazole soln 1%</i>	\$0 (Tier 3) QL (60 mL / 30 days)

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
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(TIER
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<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	\$0 (Tier 3) QL (45 gm / 30 days)
<i>econazole nitrate cream 1%</i>	\$0 (Tier 3) QL (85 gm / 30 days)
<i>ketoconazole cream 2%</i>	\$0 (Tier 3) QL (60 gm / 30 days)
<i>ketoconazole shampoo 2%</i>	\$0 (Tier 2) QL (120 mL / 30 days)
<i>klayesta</i>	\$0 (Tier 3) QL (60 gm / 30 days)
<i>nyamyc</i>	\$0 (Tier 3) QL (60 gm / 30 days)
<i>nystatin cream 100000 unit/gm</i>	\$0 (Tier 2) QL (30 gm / 30 days)
<i>nystatin oint 100000 unit/gm</i>	\$0 (Tier 2) QL (30 gm / 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	\$0 (Tier 3) QL (60 gm / 30 days)
<i>nystop</i>	\$0 (Tier 3) QL (60 gm / 30 days)
<i>selenium sulfide lotion 2.5%</i>	\$0 (Tier 2)

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	\$0 (Tier 4) PA
<i>acitretin cap 17.5 mg</i>	\$0 (Tier 4) PA
<i>acitretin cap 25 mg</i>	\$0 (Tier 4) PA
<i>calcipotriene cream 0.005%</i>	\$0 (Tier 4) QL (120 gm / 30 days), PA
<i>calcipotriene oint 0.005%</i>	\$0 (Tier 4) QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	\$0 (Tier 3) QL (120 mL / 30 days), PA
<i>calcitrene</i>	\$0 (Tier 4) QL (120 gm / 30 days), PA
ENSTILAR AER	\$0 (Tier 5) NDS, QL (120 gm / 30 days), PA
<i>methoxsalen rapid cap 10 mg</i>	\$0 (Tier 5) NDS
<i>tazarotene cream 0.1%</i>	\$0 (Tier 3) QL (60 gm / 30 days), PA
<i>tazarotene cream 0.05%</i>	\$0 (Tier 3) QL (60 gm / 30 days), PA
TAZORAC CRE 0.05%	\$0 (Tier 4) QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i>	\$0 (Tier 1)
<i>alclometasone dipropionate cream 0.05%</i>	\$0 (Tier 3) QL (60 gm / 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	\$0 (Tier 3) QL (60 gm / 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0 (Tier 2) QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0 (Tier 4) QL (120 gm / 30 days)

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0 (Tier 4)	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	\$0 (Tier 4)	QL (120 gm / 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	\$0 (Tier 3)	QL (120 gm / 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	\$0 (Tier 3)	QL (120 mL / 30 days)
<i>betamethasone dipropionate oint 0.05%</i>	\$0 (Tier 4)	QL (120 gm / 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	\$0 (Tier 3)	QL (120 gm / 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	\$0 (Tier 3)	QL (120 mL / 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	\$0 (Tier 3)	QL (120 gm / 30 days)
<i>clobetasol propionate cream 0.05%</i>	\$0 (Tier 4)	QL (60 gm / 30 days)
<i>clobetasol propionate e</i>	\$0 (Tier 4)	QL (60 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	\$0 (Tier 4)	QL (60 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	\$0 (Tier 4)	QL (60 gm / 30 days)
<i>clobetasol propionate soln 0.05%</i>	\$0 (Tier 4)	QL (50 mL / 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	\$0 (Tier 4)	QL (60 gm / 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	\$0 (Tier 4)	QL (120 gm / 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	\$0 (Tier 3)	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	\$0 (Tier 3)	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	\$0 (Tier 3)	QL (120 gm / 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	\$0 (Tier 4)	QL (60 mL / 30 days)
<i>fluocinonide cream 0.05%</i>	\$0 (Tier 3)	QL (120 gm / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	\$0 (Tier 3)	QL (120 gm / 30 days)
<i>fluocinonide gel 0.05%</i>	\$0 (Tier 4)	QL (60 gm / 30 days)
<i>fluocinonide oint 0.05%</i>	\$0 (Tier 4)	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05%</i>	\$0 (Tier 3)	QL (60 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	\$0 (Tier 3)	
<i>fluticasone propionate oint 0.005%</i>	\$0 (Tier 3)	
<i>halobetasol propionate cream 0.05%</i>	\$0 (Tier 4)	QL (50 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	\$0 (Tier 4)	QL (50 gm / 30 days)
<i>hydrocortisone cream 1%</i>	\$0 (Tier 1)	
<i>hydrocortisone cream 2.5%</i>	\$0 (Tier 2)	
<i>hydrocortisone lotion 2.5%</i>	\$0 (Tier 2)	
<i>hydrocortisone oint 1%</i>	\$0 (Tier 2)	QL (30 gm / 30 days)
<i>hydrocortisone oint 2.5%</i>	\$0 (Tier 2)	
<i>hydrocortisone valerate cream 0.2%</i>	\$0 (Tier 3)	QL (60 gm / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>mometasone furoate cream 0.1%</i>	\$0 (Tier 3)	
<i>mometasone furoate oint 0.1%</i>	\$0 (Tier 3)	
<i>mometasone furoate solution 0.1% (lotion)</i>	\$0 (Tier 3)	
<i>triamcinolone acetonide cream 0.1%</i>	\$0 (Tier 2)	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	\$0 (Tier 2)	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	\$0 (Tier 2)	QL (454 gm / 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	\$0 (Tier 3)	
<i>triamcinolone acetonide lotion 0.025%</i>	\$0 (Tier 3)	
<i>triamcinolone acetonide oint 0.1%</i>	\$0 (Tier 2)	
<i>triamcinolone acetonide oint 0.5%</i>	\$0 (Tier 2)	
<i>triamcinolone acetonide oint 0.025%</i>	\$0 (Tier 2)	
<i>triderm</i>	\$0 (Tier 2)	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	\$0 (Tier 3)	QL (60 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	\$0 (Tier 3)	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	\$0 (Tier 4)	QL (50 gm / 30 days), PA
<i>lidocaine patch 5%</i>	\$0 (Tier 4)	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0 (Tier 2)	B/D, QL (30 gm / 30 days)
<i>lidocan</i>	\$0 (Tier 4)	QL (3 patches / 1 day), PA
<i>tridacaine dis 5% patch</i>	\$0 (Tier 4)	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid gel 15%</i>	\$0 (Tier 4)	QL (50 gm / 30 days)
<i>bexarotene gel 1%</i>	\$0 (Tier 5)	NDS, QL (60 gm / 30 days), PA
<i>diclofenac sodium soln 1.5%</i>	\$0 (Tier 3)	QL (300 mL / 28 days)
<i>fluorouracil cream 5%</i>	\$0 (Tier 4)	QL (40 gm / 30 days)
<i>fluorouracil soln 2%</i>	\$0 (Tier 3)	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	\$0 (Tier 3)	QL (10 mL / 30 days)
<i>hydrocortisone perianal cream 1%</i>	\$0 (Tier 3)	
<i>hydrocortisone perianal cream 2.5%</i>	\$0 (Tier 3)	
<i>imiquimod cream 5%</i>	\$0 (Tier 3)	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0 (Tier 2)	
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>metronidazole cream 0.75%</i>	\$0 (Tier 3)	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	\$0 (Tier 3)	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	\$0 (Tier 4)	QL (59 mL / 30 days)
<i>nitroglycerin oint 0.4%</i>	\$0 (Tier 4)	QL (30 gm / 30 days)
PANRETIN GEL 0.1%	\$0 (Tier 5)	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus cream 1%</i>	\$0 (Tier 4)	QL (100 gm / 30 days), PA
<i>podofilox soln 0.5%</i>	\$0 (Tier 3)	QL (7 mL / 28 days)
<i>procto-med hc</i>	\$0 (Tier 3)	
<i>proctocort cre 1%</i>	\$0 (Tier 3)	
<i>proctosol hc</i>	\$0 (Tier 3)	
<i>proctozone-hc</i>	\$0 (Tier 3)	
<i>tacrolimus oint 0.1%</i>	\$0 (Tier 4)	QL (100 gm / 30 days), PA
<i>tacrolimus oint 0.03%</i>	\$0 (Tier 4)	QL (100 gm / 30 days), PA
VALCHLOR GEL 0.016%	\$0 (Tier 5)	NDS, QL (60 gm / 30 days), PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotion 0.5%</i>	\$0 (Tier 4)	QL (59 mL / 30 days)
<i>permethrin cream 5%</i>	\$0 (Tier 3)	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL 0.01%	\$0 (Tier 5)	NDS, QL (30 gm / 30 days), PA
SANTYL OIN 250/GM	\$0 (Tier 4)	QL (180 gm / 30 days)
<i>sodium chloride irrigation soln 0.9%</i>	\$0 (Tier 3)	
<i>water for irrigation, sterile irrigation soln</i>	\$0 (Tier 2)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	\$0 (Tier 4)	
<i>chlorhexidine gluconate soln 0.12%</i>	\$0 (Tier 1)	
<i>clotrimazole troche 10 mg</i>	\$0 (Tier 3)	QL (150 lozenges / 30 days)
<i>kourzeq</i>	\$0 (Tier 3)	
<i>lidocaine hcl viscous soln 2%</i>	\$0 (Tier 2)	
<i>nystatin susp 100000 unit/ml</i>	\$0 (Tier 2)	
<i>periogard</i>	\$0 (Tier 1)	
<i>pilocarpine hcl tab 5 mg</i>	\$0 (Tier 3)	
<i>pilocarpine hcl tab 7.5 mg</i>	\$0 (Tier 3)	
<i>triamcinolone acetanide dental paste 0.1%</i>	\$0 (Tier 3)	

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

D. Índice de medicamentos cubiertos

En esta sección, puede buscar un medicamento por su nombre en orden alfabético. De este modo, obtendrá el número de página en la que puede encontrar información adicional sobre la cobertura de su medicamento.

Si tiene preguntas, llame a CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 p m, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.



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<i>ampicillin & sulbactam sodium for iv</i>		<i>aripiprazole tab 2 mg</i>	80
soln 1.5 (1-0.5) gm	34	<i>aripiprazole tab 20 mg</i>	80
<i>ampicillin & sulbactam sodium for iv</i>		<i>aripiprazole tab 30 mg</i>	80
soln 15 (10-5) gm	34	<i>aripiprazole tab 5 mg</i>	80
<i>ampicillin & sulbactam sodium for iv</i>		<i>ARISTADA INJ 1064MG</i>	80
soln 3 (2-1) gm	34	<i>ARISTADA INJ 441MG/1</i>	80
<i>ampicillin cap 500 mg</i>	34	<i>ARISTADA INJ 662MG/2</i>	80
<i>ampicillin sodium for inj 1 gm</i>	34	<i>ARISTADA INJ 882MG/3</i>	80
<i>ampicillin sodium for inj 125 mg</i>	35	<i>ARISTADA INJ INITIO</i>	80
<i>ampicillin sodium for inj 2 gm</i>	34	<i>armodafinil tab 150 mg</i>	100
<i>ampicillin sodium for inj 250 mg</i>	35	<i>armodafinil tab 200 mg</i>	100
<i>ampicillin sodium for inj 500 mg</i>	35	<i>armodafinil tab 250 mg</i>	100
<i>ampicillin sodium for iv soln 1 gm</i>	35	<i>armodafinil tab 50 mg</i>	100
<i>ampicillin sodium for iv soln 10 gm</i>	35	<i>ARNUITY ELPT INH 100MCG</i>	149
<i>ampicillin sodium for iv soln 2 gm</i>	35	<i>ARNUITY ELPT INH 200MCG</i>	149
<i>anagrelide hcl cap 0.5 mg</i>	128	<i>ARNUITY ELPT INH 50MCG</i>	149
<i>anagrelide hcl cap 1 mg</i>	128	<i>asenapine maleate sl tab 10 mg (base</i>	
<i>anastrozole tab 1 mg</i>	39	equiv)	80
<i>ANORO ELLIPT AER 62.5-25</i>	143	<i>asenapine maleate sl tab 2.5 mg (base</i>	
<i>APIDRA INJ SOLOSTAR</i>	105	equiv)	80
<i>APIDRA INJ U-100</i>	105	<i>asenapine maleate sl tab 5 mg (base</i>	
<i>aprepitant capsule 125 mg</i>	120	equiv)	80
<i>aprepitant capsule 40 mg</i>	120	<i>ashlyna</i>	109
<i>aprepitant capsule 80 mg</i>	120	<i>aspirin-dipyridamole cap er 12hr 25-</i>	
<i>aprepitant capsule therapy pack 80 &</i>		200 mg	129
125 mg	120	<i>ASTAGRAF XL CAP 0.5MG</i>	134
<i>apri</i>	109	<i>ASTAGRAF XL CAP 1MG</i>	134
<i>APTIOM TAB 200MG</i>	86	<i>ASTAGRAF XL CAP 5MG</i>	134
<i>APTIOM TAB 400MG</i>	86	<i>atazanavir sulfate cap 150 mg (base</i>	
<i>APTIOM TAB 600MG</i>	86	equiv)	27
<i>APTIOM TAB 800MG</i>	86	<i>atazanavir sulfate cap 200 mg (base</i>	
<i>APTIVUS CAP 250MG</i>	27	equiv)	27

<i>atazanavir sulfate cap 300 mg (base equiv)</i>	27	AUSTEDO TAB 6MG.....	98
<i>atenolol & chlorthalidone tab 100-25 mg</i>	63	AUSTEDO TAB 9MG.....	98
<i>atenolol & chlorthalidone tab 50-25 mg</i>	63	AUSTEDO XR TAB 12MG	98
<i>atenolol tab 100 mg</i>	64	AUSTEDO XR TAB 18MG	98
<i>atenolol tab 25 mg</i>	64	AUSTEDO XR TAB 24MG	98
<i>atenolol tab 50 mg</i>	64	AUSTEDO XR TAB 30MG ER	98
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	94	AUSTEDO XR TAB 36MG ER	99
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	94	AUSTEDO XR TAB 42MG ER	99
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	94	AUSTEDO XR TAB 48MG ER	99
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	94	AUSTEDO XR TAB 6MG.....	98
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	94	AUSTEDO XR TAB TITR KIT.....	99
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	94	AUVELITY TAB 45-105MG	73
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	94	<i>aviane</i>	109
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	61	<i>ayuna</i>	109
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	61	AYVAKIT TAB 100MG	42
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	61	AYVAKIT TAB 200MG	42
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	61	AYVAKIT TAB 25MG	42
<i>atovaquone susp 750 mg/5ml</i>	23	AYVAKIT TAB 300MG	42
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	26	AYVAKIT TAB 50MG	42
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	26	<i>azacitidine for inj 100 mg</i>	37
ATROPINE SUL SOL 1% OP	142	<i>azathioprine tab 50 mg</i>	134
<i>atropine sulfate ophth soln 1%</i>	142	<i>azelaic acid gel 15%</i>	154
ATROVENT HFA AER 17MCG	143	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	144
<i>aubra eq</i>	109	<i>azelastine hcl ophth soln 0.05%</i>	141
AUGTYRO CAP 160MG	42	<i>azithromycin for susp 100 mg/5ml</i> ...	32
AUGTYRO CAP 40MG	42	<i>azithromycin for susp 200 mg/5ml</i> ...	32
<i>aurovela 1/20</i>	109	<i>azithromycin iv for soln 500 mg</i>	32
<i>aurovela 24 fe</i>	109	<i>azithromycin powd pack for susp 1 gm</i>	33
<i>aurovela fe 1.5/30</i>	109	<i>azithromycin tab 250 mg</i>	33
<i>aurovela fe 1/20</i>	109	<i>azithromycin tab 500 mg</i>	33
AUSTEDO TAB 12MG	98	<i>azithromycin tab 600 mg</i>	33
		<i>aztreonam for inj 1 gm</i>	23
		<i>aztreonam for inj 2 gm</i>	23
		<i>azurette</i>	109
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		<i>bacitracin ophth oint 500 unit/gm</i> ..	140
		<i>bacitracin-polymyxin b ophth oint</i> ..	140
		<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	140
		<i>baclofen tab 10 mg</i>	100
		<i>baclofen tab 20 mg</i>	100
		<i>baclofen tab 5 mg</i>	100
		BAFIERTAM CAP 95MG	99
		<i>balsalazide disodium cap 750 mg</i> ...	122
		BALVERSA TAB 3MG	42

BALVERSA TAB 4MG.....	42	<i>betamethasone dipropionate oint</i>	
BALVERSA TAB 5MG.....	42	0.05%.....	153
<i>balziva</i>	109	<i>betamethasone valerate cream 0.1%</i>	
BAQSIMI ONE POW 3MG/DOSE.....	117	(base equivalent).....	153
BARACLUDE SOL	30	<i>betamethasone valerate lotion 0.1%</i>	
BASAGLAR INJ 100UNIT	105	(base equivalent).....	153
BASAGLAR INJ TEMPO PN	105	<i>betamethasone valerate oint 0.1%</i>	
BCG VACCINE INJ 50MG	135	(base equivalent).....	153
<i>benazepril & hydrochlorothiazide tab</i>		BETASERON INJ 0.3MG	99
10-12.5 mg.....	55	<i>betaxolol hcl ophth soln 0.5%</i>	142
<i>benazepril & hydrochlorothiazide tab</i>		<i>bethanechol chloride tab 10 mg</i>	126
20-12.5 mg.....	55	<i>bethanechol chloride tab 25 mg</i>	126
<i>benazepril & hydrochlorothiazide tab</i>		<i>bethanechol chloride tab 5 mg</i>	126
20-25 mg	55	<i>bethanechol chloride tab 50 mg</i>	126
<i>benazepril & hydrochlorothiazide tab 5-</i>		BETOPTIC-S SUS 0.25% OP	142
6.25mg	55	BEVESPI AER 9-4.8MCG	143
<i>benazepril hcl tab 10 mg</i>	56	<i>bexarotene cap 75 mg</i>	40
<i>benazepril hcl tab 20 mg</i>	56	<i>bexarotene gel 1%</i>	154
<i>benazepril hcl tab 40 mg</i>	56	BEXSERO INJ	136
<i>benazepril hcl tab 5 mg</i>	56	<i>bicalutamide tab 50 mg</i>	39
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BENLYSTA INJ 400MG	134	BIKTARVY TAB 50-200-25 MG	28
<i>benzoyl peroxide-erythromycin gel 5-</i>		<i>bisoprolol & hydrochlorothiazide tab</i>	
3%	150	10-6.25 mg	63
<i>benztropine mesylate inj 1 mg/ml</i>	77	<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>benztropine mesylate tab 0.5 mg</i>	77	2.5-6.25 mg.....	63
<i>benztropine mesylate tab 1 mg</i>	77	<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
<i>benztropine mesylate tab 2 mg</i>	77	6.25 mg	63
BERINERT INJ 500UNIT	129	<i>bisoprolol fumarate tab 10 mg</i>	64
BESIVANCE SUS 0.6%.....	140	<i>bisoprolol fumarate tab 5 mg</i>	64
BESREMI SOL 500MCG	40	BIVIGAM INJ 10%	133
<i>betaine powder for oral solution</i>	117	<i>blisovi 24 fe</i>	109
<i>betamethasone dipropionate</i>		<i>blisovi fe 1.5/30</i>	109
<i>augmented cream 0.05%</i>	152	BOOSTRIX INJ	136
<i>betamethasone dipropionate</i>		<i>bortezomib for inj 3.5 mg</i>	42
<i>augmented gel 0.05%</i>	152	BORTEZOMIB INJ 1MG	42
<i>betamethasone dipropionate</i>		BORTEZOMIB INJ 2.5MG	42
<i>augmented lotion 0.05%</i>	153	<i>bosentan tab 125 mg</i>	70
<i>betamethasone dipropionate</i>		<i>bosentan tab 62.5 mg</i>	70
<i>augmented oint 0.05%</i>	153	BOSULIF CAP 100MG	42
<i>betamethasone dipropionate cream</i>		BOSULIF CAP 50MG	42
0.05%	153	BOSULIF TAB 100MG	42
<i>betamethasone dipropionate lotion</i>		BOSULIF TAB 400MG	42
0.05%	153	BOSULIF TAB 500MG	43

BRAFTOVI CAP 75MG	43	<i>bumetanide tab 0.5 mg</i>	67
BREO ELLIPTA INH 100-25	149	<i>bumetanide tab 1 mg</i>	67
BREO ELLIPTA INH 200-25	149	<i>bumetanide tab 2 mg</i>	67
BREO ELLIPTA INH 50-25MCG	149	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	101
<i>breyana aer 160/4.5</i>	150	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	101
<i>breyana aer 80/4.5</i>	150	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	101
BREZTRI AERO AER SPHERE	143	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	101
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	143	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	101
<i>briellyn</i>	109	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	101
BRILINTA TAB 60MG	129	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	101
BRILINTA TAB 90MG	129	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	101
<i>brimonidine tartrate ophth soln 0.15%</i>	142	<i>buprenorphine td patch weekly 10 mcg/hr</i>	19
<i>brimonidine tartrate ophth soln 0.2%</i>	142	<i>buprenorphine td patch weekly 15 mcg/hr</i>	19
<i>brinzolamide ophth susp 1%</i>	142	<i>buprenorphine td patch weekly 20 mcg/hr</i>	20
BRIVIACT SOL 10MG/ML	86	<i>buprenorphine td patch weekly 5 mcg/hr</i>	19
BRIVIACT TAB 100MG	86	<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	19
BRIVIACT TAB 10MG	86	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	101
BRIVIACT TAB 25MG	86	<i>bupropion hcl tab 100 mg</i>	73
BRIVIACT TAB 50MG	86	<i>bupropion hcl tab 75 mg</i>	73
BRIVIACT TAB 75MG	86	<i>bupropion hcl tab er 12hr 100 mg</i>	73
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	141	<i>bupropion hcl tab er 12hr 150 mg</i>	73
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	141	<i>bupropion hcl tab er 12hr 200 mg</i>	73
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	141	<i>bupropion hcl tab er 24hr 150 mg</i>	73
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	77	<i>bupropion hcl tab er 24hr 300 mg</i>	73
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	77	<i>buspirone hcl tab 10 mg</i>	71
BRONCHITOL CAP 40MG	146	<i>buspirone hcl tab 15 mg</i>	71
BRUKINSA CAP 80MG	43	<i>buspirone hcl tab 30 mg</i>	71
<i>budesonide delayed release particles cap 3 mg</i>	123	<i>buspirone hcl tab 5 mg</i>	71
<i>budesonide inhalation susp 0.25 mg/2ml</i>	149	<i>buspirone hcl tab 7.5 mg</i>	71
<i>budesonide inhalation susp 0.5 mg/2ml</i>	149	<i>butorphanol tartrate inj 1 mg/ml</i>	21
<i>budesonide tab er 24hr 9 mg</i>	123	<i>butorphanol tartrate inj 2 mg/ml</i>	21
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	150	<i>butorphanol tartrate nasal soln 10 mg/ml</i>	21
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	150		
<i>bumetanide inj 0.25 mg/ml</i>	67		

C	
<i>cabergoline tab 0.5 mg</i>	117
CABOMETYX TAB 20MG	43
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CABOMETYX TAB 60MG	43
<i>calcipotriene cream 0.005%</i>	152
<i>calcipotriene oint 0.005%</i>	152
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	152
<i>calcitonin (salmon) spray</i>	108
<i>calcitrene</i>	152
<i>calcitriol (oral)</i>	120
<i>calcitriol cap 0.25 mcg</i>	120
<i>calcitriol cap 0.5 mcg</i>	120
CALQUENCE CAP 100MG	43
CALQUENCE TAB 100MG	43
<i>camila</i>	109
<i>camrese</i>	109
<i>camrese lo</i>	109
<i>candesartan cilexetil tab 16 mg</i>	59
<i>candesartan cilexetil tab 32 mg</i>	59
<i>candesartan cilexetil tab 4 mg</i>	59
<i>candesartan cilexetil tab 8 mg</i>	59
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	58
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	58
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<i>captopril & hydrochlorothiazide tab 25-</i> <i>25 mg</i>	55
<i>captopril & hydrochlorothiazide tab 50-</i> <i>15 mg</i>	55
<i>captopril & hydrochlorothiazide tab 50-</i> <i>25 mg</i>	55
<i>captopril tab 100 mg</i>	56
<i>captopril tab 12.5 mg</i>	56
<i>captopril tab 25 mg</i>	56
<i>captopril tab 50 mg</i>	56
<i>carb/levo orally disintegrating tab 10-</i> <i>100mg</i>	77
<i>carb/levo orally disintegrating tab 25-</i> <i>100mg</i>	77
<i>carb/levo orally disintegrating tab 25-</i> <i>250mg</i>	77
<i>carbamazepine cap er 12hr 100 mg</i> .	86
<i>carbamazepine cap er 12hr 200 mg</i> .	86
<i>carbamazepine cap er 12hr 300 mg</i> .	86
<i>carbamazepine chew tab 100 mg</i>	86
<i>carbamazepine chew tab 200 mg</i>	86
<i>carbamazepine susp 100 mg/5ml</i>	86
<i>carbamazepine tab 200 mg</i>	86
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<i>carbidopa & levodopa tab er 25-100</i> <i>mg</i>	77
<i>carbidopa & levodopa tab er 50-200</i> <i>mg</i>	77
<i>carbidopa tab 25 mg</i>	77
<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i>	77
<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	78
<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i>	78
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	78
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<i>carboplatin iv soln 150 mg/15ml</i>	36
<i>carboplatin iv soln 450 mg/45ml</i>	36
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<i>cartia xt</i>	65
<i>carvedilol tab 12.5 mg</i>	64
<i>carvedilol tab 25 mg</i>	64
<i>carvedilol tab 3.125 mg</i>	64

<i>carvedilol tab 6.25 mg</i>	64	<i>cefprozil tab 250 mg</i>	32
<i>caspofungin acetate for iv soln 50 mg</i>	26	<i>cefprozil tab 500 mg</i>	32
<i>caspofungin acetate for iv soln 70 mg</i>	26	<i>ceftazidime for inj 1 gm</i>	32
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<i>cefaclor cap 250 mg</i>	31	<i>ceftazidime for iv soln 2 gm</i>	32
<i>cefaclor cap 500 mg</i>	31	<i>ceftriaxone sodium for inj 1 gm</i>	32
<i>cefadroxil cap 500 mg</i>	31	<i>ceftriaxone sodium for inj 10 gm</i>	32
<i>cefadroxil for susp 250 mg/5ml</i>	31	<i>ceftriaxone sodium for inj 2 gm</i>	32
<i>cefadroxil for susp 500 mg/5ml</i>	31	<i>ceftriaxone sodium for inj 250 mg</i>	32
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<i>cefazolin sodium for inj 1 gm</i>	31	<i>cefuroxime axetil tab 250 mg</i>	32
<i>cefazolin sodium for inj 10 gm</i>	31	<i>cefuroxime axetil tab 500 mg</i>	32
<i>cefazolin sodium for inj 2 gm</i>	31	<i>cefuroxime sodium for inj 750 mg</i>	32
<i>cefazolin sodium for inj 3 gm</i>	31	<i>cefuroxime sodium for iv soln 1.5 gm</i>	32
<i>cefazolin sodium for inj 500 mg</i>	31	<i>celecoxib cap 100 mg</i>	18
<i>cefazolin sodium for iv soln 1 gm</i>	31	<i>celecoxib cap 200 mg</i>	18
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CEFAZOLIN/DEX SOL 1GM/50ML-4% 31		<i>celecoxib cap 50 mg</i>	18
CEFAZOLIN/DEX SOL 2GM/50ML-3% 31		<i>cephalexin cap 250 mg</i>	32
CEFAZOLIN/DEX SOL 3GM/150ML-4%	31	<i>cephalexin cap 500 mg</i>	32
CEFAZOLIN/DEX SOL 3GM/50ML-2% 31		<i>cephalexin for susp 125 mg/5ml</i>	32
<i>cefdinir cap 300 mg</i>	31	<i>cephalexin for susp 250 mg/5ml</i>	32
<i>cefdinir for susp 125 mg/5ml</i>	31	CEQUR SIMPL KIT PATCH 2U (3-DAY)	105
<i>cefdinir for susp 250 mg/5ml</i>	31	CEQUR SIMPL KIT PATCH 2U (4-DAY)	105
<i>cefepime hcl for inj 1 gm</i>	31	CEQUR SIMPL MIS INSERTER	105
<i>cefepime hcl for iv soln 2 gm</i>	31	CERDELGA CAP 84MG	117
<i>cefixime cap 400 mg</i>	31	CEREZYME INJ 400UNIT	117
<i>cefixime for susp 100 mg/5ml</i>	32	<i>cetirizine hcl oral soln 1 mg/ml (5</i> <i>mg/5ml)</i>	144
<i>cefixime for susp 200 mg/5ml</i>	32	<i>cevimeline hcl cap 30 mg</i>	155
<i>cefotetan disodium for inj 1 gm</i>	32	<i>chateal eq</i>	109
<i>cefotetan disodium for inj 2 gm</i>	32	CHEMET CAP 100MG	108
<i>cefoxitin sodium for iv soln 1 gm</i>	32	<i>chlorhexidine gluconate soln 0.12%</i> 155	
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<i>cefoxitin sodium for iv soln 2 gm</i>	32	<i>chloroquine phosphate tab 500 mg</i> ..	26
<i>cefpodoxime proxetil for susp 100</i> <i>mg/5ml</i>	32	<i>chlorpromazine hcl conc 100 mg/ml</i> .80	
<i>cefpodoxime proxetil for susp 50</i> <i>mg/5ml</i>	32	<i>chlorpromazine hcl conc 30 mg/ml</i> ...80	
<i>cefpodoxime proxetil tab 100 mg</i>	32	<i>chlorpromazine hcl inj 25 mg/ml</i>	80
<i>cefpodoxime proxetil tab 200 mg</i>	32	<i>chlorpromazine hcl inj 50 mg/2ml</i>	80
<i>cefprozil for susp 125 mg/5ml</i>	32	<i>chlorpromazine hcl tab 10 mg</i>	80
<i>cefprozil for susp 250 mg/5ml</i>	32	<i>chlorpromazine hcl tab 100 mg</i>	80
		<i>chlorpromazine hcl tab 200 mg</i>	80

<i>chlorpromazine hcl tab 25 mg</i>	80	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ..	36
<i>chlorpromazine hcl tab 50 mg</i>	80	<i>citalopram hydrobromide oral soln 10</i>	
<i>chlorthalidone tab 25 mg</i>	67	<i>mg/5ml</i>	73
<i>chlorthalidone tab 50 mg</i>	67	<i>citalopram hydrobromide tab 10 mg</i>	
<i>cholestyramine light powder 4 gm/dose</i>		<i>(base equiv)</i>	73
<i>.....</i>	62	<i>citalopram hydrobromide tab 20 mg</i>	
<i>cholestyramine light powder packets 4</i>		<i>(base equiv)</i>	73
<i>gm</i>	62	<i>citalopram hydrobromide tab 40 mg</i>	
<i>cholestyramine powder 4 gm/dose</i> ...	62	<i>(base equiv)</i>	73
<i>cholestyramine powder packets 4 gm</i>	63	<i>claravis</i>	150
<i>choline fenofibrate cap dr 135 mg</i>		<i>clarithromycin for susp 125 mg/5ml</i> .	33
<i>(fenofibric acid equiv)</i>	61	<i>clarithromycin for susp 250 mg/5ml</i> .	33
<i>choline fenofibrate cap dr 45 mg</i>		<i>clarithromycin tab 250 mg</i>	33
<i>(fenofibric acid equiv)</i>	61	<i>clarithromycin tab 500 mg</i>	33
<i>ciclopirox gel 0.77%</i>	151	<i>clarithromycin tab er 24hr 500 mg</i> ...	33
<i>ciclopirox olamine cream 0.77% (base</i>		<i>clindamycin hcl cap 150 mg</i>	23
<i>equiv)</i>	151	<i>clindamycin hcl cap 300 mg</i>	23
<i>ciclopirox olamine susp 0.77% (base</i>		<i>clindamycin hcl cap 75 mg</i>	23
<i>equiv)</i>	151	<i>clindamycin palmitate hcl for soln 75</i>	
<i>ciclopirox shampoo 1%</i>	151	<i>mg/5ml (base equiv)</i>	23
<i>cilostazol tab 100 mg</i>	129	<i>clindamycin phosphate gel 1% (once-</i>	
<i>cilostazol tab 50 mg</i>	129	<i>daily)</i>	151
<i>CILOXAN OIN 0.3% OP</i>	140	<i>clindamycin phosphate in d5w iv soln</i>	
<i>CIMDUO TAB 300-300</i>	28	<i>300 mg/50ml</i>	23
<i>cinacalcet hcl tab 30 mg (base equiv)</i>		<i>clindamycin phosphate in d5w iv soln</i>	
<i>.....</i>	117	<i>600 mg/50ml</i>	23
<i>cinacalcet hcl tab 60 mg (base equiv)</i>		<i>clindamycin phosphate in d5w iv soln</i>	
<i>.....</i>	117	<i>900 mg/50ml</i>	23
<i>cinacalcet hcl tab 90 mg (base equiv)</i>		<i>clindamycin phosphate inj 300 mg/2ml</i>	
<i>.....</i>	117	<i>.....</i>	23
<i>CIPRO (10%) SUS 500MG/5</i>	33	<i>clindamycin phosphate inj 600 mg/4ml</i>	
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	33	<i>.....</i>	23
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	33	<i>clindamycin phosphate inj 900 mg/6ml</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base</i>		<i>.....</i>	23
<i>equivalent)</i>	140	<i>clindamycin phosphate lotion 1%</i> ...	151
<i>ciprofloxacin hcl tab 250 mg (base</i>		<i>clindamycin phosphate soln 1%</i>	151
<i>equiv)</i>	33	<i>clindamycin phosphate vaginal cream</i>	
<i>ciprofloxacin hcl tab 500 mg (base</i>		<i>2%</i>	126
<i>equiv)</i>	33	<i>CLINDMYC/NAC INJ 300/50ML</i>	23
<i>ciprofloxacin hcl tab 750 mg (base</i>		<i>CLINDMYC/NAC INJ 600/50ML</i>	23
<i>equiv)</i>	33	<i>CLINDMYC/NAC INJ 900/50ML</i>	23
<i>ciprofloxacin-dexamethasone otic susp</i>		<i>CLINIMIX INJ 4.25/D10</i>	139
<i>0.3-0.1%</i>	143	<i>CLINIMIX INJ 4.25/D5W</i>	139
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>		<i>CLINIMIX INJ 5%/D15W</i>	139
<i>.....</i>	36	<i>CLINIMIX INJ 5%/D20W</i>	139
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>		<i>CLINIMIX INJ 6/5</i>	139
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<i>clinisol sf 15%</i>	139	<i>clozapine orally disintegrating tab 12.5 mg</i>	80
CLINOLIPID EMU 20%	139	<i>clozapine orally disintegrating tab 150 mg</i>	81
<i>clobazam suspension 2.5 mg/ml</i>	87	<i>clozapine orally disintegrating tab 200 mg</i>	81
<i>clobazam tab 10 mg</i>	87	<i>clozapine orally disintegrating tab 25 mg</i>	80
<i>clobazam tab 20 mg</i>	87	<i>clozapine tab 100 mg</i>	81
<i>clobetasol propionate cream 0.05%</i>	153	<i>clozapine tab 200 mg</i>	81
<i>clobetasol propionate e</i>	153	<i>clozapine tab 25 mg</i>	81
<i>clobetasol propionate gel 0.05%</i>	153	<i>clozapine tab 50 mg</i>	81
<i>clobetasol propionate oint 0.05%</i> ...	153	COARTEM TAB 20-120MG	26
<i>clobetasol propionate soln 0.05%</i> ...	153	COBENFY CAP 100-20MG.....	81
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<i>clonazepam orally disintegrating tab 0.25 mg</i>	87	<i>colchicine tab 0.6 mg</i>	18
<i>clonazepam orally disintegrating tab 0.5 mg</i>	87	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	18
<i>clonazepam orally disintegrating tab 1 mg</i>	87	<i>colesevelam hcl packet for susp 3.75 gm</i>	63
<i>clonazepam orally disintegrating tab 2 mg</i>	87	<i>colesevelam hcl tab 625 mg</i>	63
<i>clonazepam tab 0.5 mg</i>	87	<i>colestipol hcl granule packets 5 gm</i> ..	63
<i>clonazepam tab 1 mg</i>	87	<i>colestipol hcl granules 5 gm</i>	63
<i>clonazepam tab 2 mg</i>	87	<i>colestipol hcl tab 1 gm</i>	63
<i>clonidine hcl tab 0.1 mg</i>	69	<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	23
<i>clonidine hcl tab 0.2 mg</i>	69	COMBIGAN SOL 0.2/0.5%	142
<i>clonidine hcl tab 0.3 mg</i>	69	COMBIVENT AER 20-100	143
<i>clonidine td patch weekly 0.1 mg/24hr</i>	69	COMETRIQ (60MG DOSE)	43
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<i>clorazepate dipotassium tab 15 mg</i> ..	87	<i>compro</i>	121
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<i>clorazepate dipotassium tab 7.5 mg</i> ..	87	COPAXONE INJ 20MG/ML.....	99
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		COSENTYX INJ 150MG/ML	130
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CYCLOPHOSPH TAB 25MG	36
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<i>cyclophosphamide cap 25 mg</i>	<i>37</i>
<i>cyclophosphamide cap 50 mg</i>	<i>37</i>
<i>cyclophosphamide for inj 1 gm</i>	<i>37</i>
<i>cyclophosphamide for inj 2 gm</i>	<i>37</i>
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<i>mg/ml</i>	<i>135</i>
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	<i>144</i>
<i>cyproheptadine hcl tab 4 mg</i>	<i>144</i>
<i>cyred eq</i>	<i>109</i>
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CYSTAGON CAP 50MG	117
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<i>cytarabine inj 20 mg/ml</i>	<i>37</i>
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D10W/NACL INJ 0.2%	137
D2.5W/NACL INJ 0.45%	137
<i>dabigatran etexilate mesylate cap 110</i>	<i>127</i>
<i>mg (etexilate base eq)</i>	<i>127</i>
<i>dabigatran etexilate mesylate cap 150</i>	<i>127</i>
<i>mg (etexilate base eq)</i>	<i>127</i>
<i>dabigatran etexilate mesylate cap 75</i>	<i>127</i>
<i>mg (etexilate base eq)</i>	<i>127</i>
<i>dalfampridine tab er 12hr 10 mg</i>	<i>99</i>
<i>danazol cap 100 mg.....</i>	<i>102</i>
<i>danazol cap 200 mg.....</i>	<i>102</i>
<i>danazol cap 50 mg</i>	<i>102</i>
<i>dantrolene sodium cap 100 mg.....</i>	<i>100</i>
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<i>daptomycin for iv soln 500 mg</i>	<i>23</i>
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<i>darifenacin hydrobromide tab er 24hr</i>	<i>126</i>
<i>15 mg (base equiv).....</i>	<i>126</i>
<i>darifenacin hydrobromide tab er 24hr</i>	<i>126</i>
<i>7.5 mg (base equiv).....</i>	<i>126</i>
<i>darunavir tab 600 mg</i>	<i>27</i>
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<i>dasatinib tab 100 mg</i>	<i>44</i>
<i>dasatinib tab 140 mg</i>	<i>44</i>
<i>dasatinib tab 20 mg</i>	<i>43</i>
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<i>deferasirox granules packet 360 mg</i>	108	10 mg/ml	115
<i>deferasirox granules packet 90 mg</i>	108	<i>dexamethasone sodium phosphate inj</i>	
<i>deferasirox tab 180 mg</i>	108	100 mg/10ml	115
<i>deferasirox tab 360 mg</i>	108	<i>dexamethasone sodium phosphate inj</i>	
<i>deferasirox tab 90 mg</i>	108	120 mg/30ml	115
<i>deferasirox tab for oral susp 125 mg</i>		<i>dexamethasone sodium phosphate inj</i>	
.....	109	20 mg/5ml.....	115
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.....	109	4 mg/ml	115
<i>deferasirox tab for oral susp 500 mg</i>		<i>dexamethasone sodium phosphate inj</i>	
.....	109	soln pref syr 4 mg/ml	115
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<i>desipramine hcl tab 100 mg</i>	74	<i>dexamethasone tab 2 mg</i>	115
<i>desipramine hcl tab 150 mg</i>	74	<i>dexamethasone tab 4 mg</i>	115
<i>desipramine hcl tab 25 mg</i>	73	<i>dexamethasone tab 6 mg</i>	115
<i>desipramine hcl tab 50 mg</i>	73	<i>dexmethylphenidate hcl tab 10 mg</i> ..	95
<i>desipramine hcl tab 75 mg</i>	73	<i>dexmethylphenidate hcl tab 2.5 mg</i> .	94
<i>desloratadine tab 5 mg</i>	144	<i>dexmethylphenidate hcl tab 5 mg</i>	94
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<i>desmopressin acetate nasal spray soln</i>		0.45%.....	137
0.01%	117	<i>dextrose 2.5% w/ sodium chloride</i>	
<i>desmopressin acetate nasal spray soln</i>		0.45%.....	137
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<i>desmopressin acetate preservative free</i>		<i>dextrose 5% w/ sodium chloride 0.2%</i>	
(pf) inj 4 mcg/ml	117		137
<i>desmopressin acetate tab 0.1 mg</i> ...	117	<i>dextrose 5% w/ sodium chloride</i>	
<i>desmopressin acetate tab 0.2 mg</i> ...	117	0.225%.....	137
<i>desogest-eth estrad & eth estrad tab</i>		<i>dextrose 5% w/ sodium chloride 0.3%</i>	
0.15-0.02/0.01 mg(21/5).....	110		137
<i>desvenlafaxine succinate tab er 24hr</i>		<i>dextrose 5% w/ sodium chloride 0.45%</i>	
100 mg (base equiv)	74		137
<i>desvenlafaxine succinate tab er 24hr</i>		<i>dextrose 5% w/ sodium chloride 0.9%</i>	
25 mg (base equiv)	74		137
<i>desvenlafaxine succinate tab er 24hr</i>		<i>dextrose inj 10%</i>	140
50 mg (base equiv)	74	<i>dextrose inj 5%</i>	140
DEXAMETHASON CON 1MG/ML	115	<i>dextrose inj 50%</i>	140
<i>dexamethasone elixir 0.5 mg/5ml</i> ..	115	<i>dextrose inj 70%</i>	140
<i>dexamethasone sod phosphate</i>		DIACOMIT CAP 250MG	87
<i>preservative free inj 10 mg/ml</i>	115	DIACOMIT CAP 500MG	87
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mg.....	88	diltiazem hcl cap er 12hr 90 mg.....	65
diazepam rectal gel delivery system 2.5		diltiazem hcl coated beads cap er 24hr	
mg.....	88	120 mg	65
diazepam rectal gel delivery system 20		diltiazem hcl coated beads cap er 24hr	
mg.....	88	180 mg	65
diazepam tab 10 mg	88	diltiazem hcl coated beads cap er 24hr	
diazepam tab 2 mg	88	240 mg	65
diazepam tab 5 mg	88	diltiazem hcl coated beads cap er 24hr	
diazoxide susp 50 mg/ml	117	300 mg	65
diclofenac potassium tab 50 mg.....	18	diltiazem hcl coated beads cap er 24hr	
diclofenac sodium ophth soln 0.1%	141	360 mg	65
diclofenac sodium soln 1.5%	154	diltiazem hcl extended release beads	
diclofenac sodium tab delayed release		cap er 24hr 120 mg	65
25 mg	18	diltiazem hcl extended release beads	
diclofenac sodium tab delayed release		cap er 24hr 180 mg	65
50 mg	18	diltiazem hcl extended release beads	
diclofenac sodium tab delayed release		cap er 24hr 240 mg	65
75 mg	18	diltiazem hcl extended release beads	
diclofenac sodium tab er 24hr 100 mg		cap er 24hr 300 mg	65
.....	18	diltiazem hcl extended release beads	
diclofenac w/ misoprostol tab delayed		cap er 24hr 360 mg	66
release 50-0.2 mg.....	18	diltiazem hcl extended release beads	
diclofenac w/ misoprostol tab delayed		cap er 24hr 420 mg	66
release 75-0.2 mg.....	18	diltiazem hcl iv soln 125 mg/25ml (5	
dicloxacillin sodium cap 250 mg.....	35	mg/ml).....	66
dicloxacillin sodium cap 500 mg.....	35	diltiazem hcl iv soln 25 mg/5ml (5	
dicyclomine hcl cap 10 mg	122	mg/ml).....	66
dicyclomine hcl oral soln 10 mg/5ml		diltiazem hcl iv soln 50 mg/10ml (5	
.....	122	mg/ml).....	66
dicyclomine hcl tab 20 mg.....	122	diltiazem hcl tab 120 mg	66
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.....	141	diltiazem hcl tab er 24hr 180 mg	66
digoxin inj 0.25 mg/ml	69	diltiazem hcl tab er 24hr 240 mg	66
digoxin oral soln 0.05 mg/ml	69	diltiazem hcl tab er 24hr 300 mg	66
digoxin tab 125 mcg (0.125 mg).....	69	diltiazem hcl tab er 24hr 360 mg	66
digoxin tab 250 mcg (0.25 mg).....	69	diltiazem hcl tab er 24hr 420 mg	66
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diphenoxylate w/ atropine tab 2.5-0.025 mg	124
dipyridamole tab 25 mg	129
dipyridamole tab 50 mg	129
dipyridamole tab 75 mg	129
disopyramide phosphate cap 100 mg	60
disopyramide phosphate cap 150 mg	60
disulfiram tab 250 mg	101
disulfiram tab 500 mg	101
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divalproex sodium tab delayed release 125 mg	88
divalproex sodium tab delayed release 250 mg	88
divalproex sodium tab delayed release 500 mg	88
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divalproex sodium tab er 24 hr 500 mg	88
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	41
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dofetilide cap 250 mcg (0.25 mg)	60
dofetilide cap 500 mcg (0.5 mg)	60
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dorzolamide hcl-timolol maleate ophth soln 2-0.5%	142
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doxazosin mesylate tab 1 mg	57
doxazosin mesylate tab 2 mg	57
doxazosin mesylate tab 4 mg	57
doxazosin mesylate tab 8 mg	57
doxepin hcl (sleep) tab 3 mg (base equiv)	96
doxepin hcl (sleep) tab 6 mg (base equiv)	96
doxepin hcl cap 10 mg	74
doxepin hcl cap 100 mg	74
doxepin hcl cap 150 mg	74
doxepin hcl cap 25 mg	74
doxepin hcl cap 50 mg	74
doxepin hcl cap 75 mg	74
doxepin hcl conc 10 mg/ml	74
doxercalciferol cap 0.5 mcg	120
doxercalciferol cap 1 mcg	120
doxercalciferol cap 2.5 mcg	120
doxorubicin hcl inj 2 mg/ml	40
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml	40
doxy 100	35
doxycycline hyclate cap 100 mg	36
doxycycline hyclate cap 50 mg	35
doxycycline hyclate for inj 100 mg ...	36
doxycycline hyclate tab 100 mg	36
doxycycline hyclate tab 20 mg	36
doxycycline monohydrate cap 100 mg	36
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doxycycline monohydrate tab 100 mg	36
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<i>doxycycline monohydrate tab 75 mg</i>	36
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DRIZALMA CAP 40MG DR.....	74
DRIZALMA CAP 60MG DR.....	74
<i>dronabinol cap 10 mg</i>	121
<i>dronabinol cap 2.5 mg</i>	121
<i>dronabinol cap 5 mg</i>	121
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	110
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	110
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	110
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	110
<i>droxidopa cap 100 mg</i>	69
<i>droxidopa cap 200 mg</i>	69
<i>droxidopa cap 300 mg</i>	69
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DULERA AER 200-5MCG.....	150
DULERA AER 50-5MCG	150
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	74
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	74
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	74
DUPIXENT INJ 200/1.14	130
DUPIXENT INJ 200MG	130
DUPIXENT INJ 300/2ML	130
<i>dutasteride cap 0.5 mg</i>	125
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	125

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EDARBYCLOR TAB 40-25MG	58
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<i>efavirenz tab 600 mg</i>	27

<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	28
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	28
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	29
ELIGARD INJ 22.5MG	39
ELIGARD INJ 30MG	39
ELIGARD INJ 45MG.....	39
ELIGARD INJ 7.5MG.....	39
<i>elinest</i>	110
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ELIQUIS TAB 2.5MG.....	127
ELIQUIS TAB 5MG	127
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EMGALITY INJ 100MG/ML	97
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<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	29
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	29
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	29
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	29
EMTRIVA SOL 10MG/ML.....	27
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<i>emzahh tab 0.35mg</i>	110
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	55
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	55
<i>enalapril maleate tab 10 mg</i>	56
<i>enalapril maleate tab 2.5 mg</i>	56
<i>enalapril maleate tab 20 mg</i>	56
<i>enalapril maleate tab 5 mg</i>	56
ENBREL INJ 25/0.5ML	130
ENBREL INJ 25MG	130
ENBREL INJ 50MG/ML	130
ENBREL MINI INJ 50MG/ML.....	130
ENBREL SRCLK INJ 50MG/ML	130
<i>endocet tab 10-325mg</i>	21
<i>endocet tab 2.5-325mg</i>	21

<i>endocet tab 5-325mg</i>	21	<i>epitol</i>	88
<i>endocet tab 7.5-325mg</i>	21	<i>eplerenone tab 25 mg</i>	57
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<i>enoxaparin sodium inj 300 mg/3ml</i>	127	ERIVEDGE CAP 150MG	44
<i>enoxaparin sodium inj soln pref syr 100</i> <i>mg/ml</i>	127	ERLEADA TAB 240MG.....	39
<i>enoxaparin sodium inj soln pref syr 120</i> <i>mg/0.8ml</i>	127	ERLEADA TAB 60MG	39
<i>enoxaparin sodium inj soln pref syr 150</i> <i>mg/ml</i>	127	<i>erlotinib hcl tab 100 mg (base</i> <i>equivalent)</i>	44
<i>enoxaparin sodium inj soln pref syr 30</i> <i>mg/0.3ml</i>	127	<i>erlotinib hcl tab 150 mg (base</i> <i>equivalent)</i>	44
<i>enoxaparin sodium inj soln pref syr 40</i> <i>mg/0.4ml</i>	127	<i>erlotinib hcl tab 25 mg (base</i> <i>equivalent)</i>	44
<i>enoxaparin sodium inj soln pref syr 60</i> <i>mg/0.6ml</i>	127	<i>errin</i>	110
<i>enoxaparin sodium inj soln pref syr 80</i> <i>mg/0.8ml</i>	127	<i>ertapenem sodium for inj 1 gm (base</i> <i>equivalent)</i>	23
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<i>entacapone tab 200 mg</i>	78	<i>erythromycin ethylsuccinate tab 400</i> <i>mg</i>	33
<i>entecavir tab 0.5 mg</i>	30	<i>erythromycin gel 2%</i>	151
<i>entecavir tab 1 mg</i>	30	<i>erythromycin lactobionate for inj 500</i> <i>mg</i>	33
ENTRESTO CAP 15-16MG	58	<i>erythromycin ophth oint 5 mg/gm.</i>	140
ENTRESTO CAP 6-6MG	58	<i>erythromycin soln 2%</i>	151
ENTRESTO TAB 24-26MG	58	<i>erythromycin tab 250 mg</i>	33
ENTRESTO TAB 49-51MG	58	<i>erythromycin tab 500 mg</i>	33
ENTRESTO TAB 97-103MG	58	<i>erythromycin tab delayed release 250</i> <i>mg</i>	33
<i>enulose</i>	123	<i>erythromycin tab delayed release 333</i> <i>mg</i>	33
ENVARUSUS XR TAB 0.75MG	135	<i>erythromycin tab delayed release 500</i> <i>mg</i>	33
ENVARUSUS XR TAB 1MG	135	<i>erythromycin w/ delayed release</i> <i>particles cap 250 mg</i>	33
ENVARUSUS XR TAB 4MG	135	<i>escitalopram oxalate soln 5 mg/5ml</i> <i>(base equiv)</i>	74
EPCLUSA PAK 150-37.5	30	<i>escitalopram oxalate tab 10 mg (base</i> <i>equiv)</i>	74
EPCLUSA PAK 200-50MG	30	<i>escitalopram oxalate tab 20 mg (base</i> <i>equiv)</i>	75
EPCLUSA TAB 200-50MG	30	<i>escitalopram oxalate tab 5 mg (base</i> <i>equiv)</i>	74
EPCLUSA TAB 400-100	30		
EPIDIOLEX SOL 100MG/ML	88		
<i>epinephrine inj 1 mg/ml (1:1000)</i>	69		
<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.15ml (1:1000)</i>	146		
<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.3ml (1:2000)</i>	146		
<i>epinephrine solution auto-injector 0.3</i> <i>mg/0.3ml (1:1000)</i>	146		

esomeprazole magnesium cap delayed release 20 mg (base eq)	125
esomeprazole magnesium cap delayed release 40 mg (base eq)	125
esomeprazole magnesium for delayed release susp packet 10 mg	125
esomeprazole magnesium for delayed release susp packet 20 mg	125
esomeprazole magnesium for delayed release susp packet 40 mg	125
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estradiol td patch twice weekly 0.0375 mg/24hr	114
estradiol td patch twice weekly 0.05 mg/24hr	114
estradiol td patch twice weekly 0.075 mg/24hr	114
estradiol td patch twice weekly 0.1 mg/24hr	114
estradiol td patch weekly 0.025 mg/24hr	114
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	114
estradiol td patch weekly 0.05 mg/24hr	114
estradiol td patch weekly 0.06 mg/24hr	114
estradiol td patch weekly 0.075 mg/24hr	114
estradiol td patch weekly 0.1 mg/24hr	114
estradiol vaginal cream 0.1 mg/gm	114
estradiol vaginal tab 10 mcg.....	114
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estradiol valerate im in oil 20 mg/ml	115

estradiol valerate im in oil 40 mg/ml	115
ethambutol hcl tab 100 mg	29
ethambutol hcl tab 400 mg	29
ethosuximide cap 250 mg	88
ethosuximide soln 250 mg/5ml.....	88
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	110
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	110
etodolac cap 200 mg.....	19
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etodolac tab 400 mg	19
etodolac tab 500 mg	19
etodolac tab er 24hr 400 mg	19
etodolac tab er 24hr 500 mg	19
etodolac tab er 24hr 600 mg	19
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	110
etoposide inj 1 gm/50ml (20 mg/ml)	41
etoposide inj 100 mg/5ml (20 mg/ml)	41
etoposide inj 500 mg/25ml (20 mg/ml)	41
etravirine tab 100 mg	27
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everolimus tab 0.75 mg.....	135
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everolimus tab 10 mg	44
everolimus tab 2.5 mg	44
everolimus tab 5 mg	44
everolimus tab 7.5 mg	44
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everolimus tab for oral susp 5 mg	44
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EZALLOR SPR CAP 20MG	62
EZALLOR SPR CAP 40MG	62
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famciclovir tab 250 mg	30
famciclovir tab 500 mg	30
famotidine for susp 40 mg/5ml	122
famotidine in nacl 0.9% iv soln 20 mg/50ml.....	122
famotidine inj 200 mg/20ml	122
famotidine inj 40 mg/4ml.....	122
famotidine preservative free inj 20 mg/2ml	122
famotidine tab 20 mg	122
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febuxostat tab 80 mg	18
feirza tab 1.5/30.....	110
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felbamate susp 600 mg/5ml.....	89
felbamate tab 400 mg	89
felbamate tab 600 mg	89
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felodipine tab er 24hr 2.5 mg	66
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fentanyl td patch 72hr 62.5 mcg/hr.. 20	
fentanyl td patch 72hr 75 mcg/hr 20	
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fesoterodine fumarate tab er 24hr 8 mg	126
FETZIMA CAP 120MG	75
FETZIMA CAP 20MG	75
FETZIMA CAP 40MG	75
FETZIMA CAP 80MG	75
FETZIMA CAP TITRATIO.....	75
FIASP FLEX INJ TOUCH.....	105
FIASP INJ 100/ML.....	105
FIASP PENFIL INJ U-100	105
FIASP PMPCRT INJ U-100	105
finasteride tab 5 mg.....	125
ingolimod hcl cap 0.5 mg (base equiv)	99
FINTEPLA SOL 2.2MG/ML.....	89
finzala.....	110
FIRMAGON INJ 120MG	39
FIRMAGON INJ 80MG	39
flac.....	143
FLAREX SUS 0.1% OP	141
FLEBOGAMMA INJ 10/200ML	133
FLEBOGAMMA INJ 20/400ML	133
FLEBOGAMMA INJ DIF 5%	133
flecainide acetate tab 100 mg	60
flecainide acetate tab 150 mg	60
flecainide acetate tab 50 mg	60
fluconazole for susp 10 mg/ml.....	26
fluconazole for susp 40 mg/ml.....	26
fluconazole in nacl 0.9% inj 200 mg/100ml.....	26
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fluconazole tab 100 mg	26
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<i>fluconazole tab 200 mg</i>	26	<i>fluphenazine hcl tab 2.5 mg</i>	81
<i>fluconazole tab 50 mg</i>	26	<i>fluphenazine hcl tab 5 mg</i>	81
<i>flucytosine cap 250 mg</i>	26	<i>flurbiprofen sodium ophth soln 0.03%</i>	
<i>flucytosine cap 500 mg</i>	26	.....	141
<i>fludrocortisone acetate tab 0.1 mg</i> .	115	<i>flurbiprofen tab 100 mg</i>	19
<i>flunisolide nasal soln 25 mcg/act</i>		<i>fluticasone propionate aer pow ba 100</i>	
<i>(0.025%)</i>	148	<i>mcg/act</i>	149
<i>fluocinolone acetonide (otic) oil 0.01%</i>		<i>fluticasone propionate aer pow ba 250</i>	
.....	143	<i>mcg/act</i>	149
<i>fluocinolone acetonide cream 0.01%</i>		<i>fluticasone propionate aer pow ba 50</i>	
.....	153	<i>mcg/act</i>	149
<i>fluocinolone acetonide cream 0.025%</i>		<i>fluticasone propionate cream 0.05%</i>	
.....	153	.....	153
<i>fluocinolone acetonide oil 0.01% (body</i>		<i>fluticasone propionate hfa inhal aer</i> 110	
<i>oil)</i>	153	<i>mcg/act</i>	149
<i>fluocinolone acetonide oil 0.01% (scalp</i>		<i>fluticasone propionate hfa inhal aer</i> 220	
<i>oil)</i>	153	<i>mcg/act</i>	149
<i>fluocinolone acetonide oint 0.025%</i> 153		<i>fluticasone propionate hfa inhal aero</i> 44	
<i>fluocinolone acetonide soln 0.01%</i> . 153		<i>mcg/act</i>	149
<i>fluocinonide cream 0.05%</i>	153	<i>fluticasone propionate nasal susp 50</i>	
<i>fluocinonide emulsified base cream</i>		<i>mcg/act</i>	148
<i>0.05%</i>	153	<i>fluticasone propionate oint 0.005%</i> 153	
<i>fluocinonide gel 0.05%</i>	153	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluocinonide oint 0.05%</i>	153	<i>100-50 mcg/act</i>	150
<i>fluocinonide soln 0.05%</i>	153	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluorometholone ophth susp 0.1%</i> .. 141		<i>113-14 mcg/act</i>	150
<i>fluorouracil cream 5%</i>	154	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluorouracil iv soln 1 gm/20ml (50</i>		<i>232-14 mcg/act</i>	150
<i>mg/ml)</i>	37	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluorouracil iv soln 2.5 gm/50ml (50</i>		<i>250-50 mcg/act</i>	150
<i>mg/ml)</i>	37	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluorouracil iv soln 5 gm/100ml (50</i>		<i>500-50 mcg/act</i>	150
<i>mg/ml)</i>	37	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluorouracil iv soln 500 mg/10ml (50</i>		<i>55-14 mcg/act</i>	150
<i>mg/ml)</i>	37	<i>fluvastatin sodium cap 20 mg (base</i>	
<i>fluorouracil soln 2%</i>	154	<i>equivalent)</i>	62
<i>fluorouracil soln 5%</i>	154	<i>fluvastatin sodium cap 40 mg (base</i>	
<i>fluoxetine hcl cap 10 mg</i>	75	<i>equivalent)</i>	62
<i>fluoxetine hcl cap 20 mg</i>	75	<i>fluvastatin sodium tab er 24 hr 80 mg</i>	
<i>fluoxetine hcl cap 40 mg</i>	75	<i>(base equivalent)</i>	62
<i>fluoxetine hcl solution 20 mg/5ml</i> 75		<i>fluvoxamine maleate tab 100 mg</i> 71	
<i>fluphenazine decanoate inj 25 mg/ml</i> 81		<i>fluvoxamine maleate tab 25 mg</i>	71
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> 81		<i>fluvoxamine maleate tab 50 mg</i>	71
<i>fluphenazine hcl inj 2.5 mg/ml</i>	81	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine hcl oral conc 5 mg/ml</i> .. 81		<i>10 mg/0.8ml</i>	127
<i>fluphenazine hcl tab 1 mg</i>	81	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine hcl tab 10 mg</i>	81	<i>2.5 mg/0.5ml</i>	127

<i>fondaparinux sodium subcutaneous inj</i> 5 mg/0.4ml	127
<i>fondaparinux sodium subcutaneous inj</i> 7.5 mg/0.6ml	127
<i>formoterol fumarate soln nebu 20</i> mcg/2ml	145
<i>fosamprenavir calcium tab 700 mg</i> (base equiv)	27
<i>fosinopril sodium & hydrochlorothiazide</i> tab 10-12.5 mg	56
<i>fosinopril sodium & hydrochlorothiazide</i> tab 20-12.5 mg	56
<i>fosinopril sodium tab 10 mg</i>	56
<i>fosinopril sodium tab 20 mg</i>	56
<i>fosinopril sodium tab 40 mg</i>	56
FOTIVDA CAP 0.89MG	44
FOTIVDA CAP 1.34MG	44
FRINDOVYX INJ 1GM/2ML	37
FRINDOVYX INJ 2GM/4ML	37
FRINDOVYX INJ 500MG/ML	37
FRUZAQLA CAP 1MG	44
FRUZAQLA CAP 5MG	44
FULPHILA INJ 6/0.6ML	128
<i>fulvestrant inj soln pref syr 250</i> mg/5ml	39
<i>furosemide inj</i>	67
<i>furosemide oral soln 10 mg/ml</i>	67
<i>furosemide oral soln 8 mg/ml</i>	67
<i>furosemide tab 20 mg</i>	67
<i>furosemide tab 40 mg</i>	67
<i>furosemide tab 80 mg</i>	67
FUZEON INJ 90MG	27
<i>fyavolv tab 0.5mg-2.5mcg</i>	115
<i>fyavolv tab 1mg-5mcg</i>	115
FYCOMPA SUS 0.5MG/ML	89
FYCOMPA TAB 10MG	89
FYCOMPA TAB 12MG	89
FYCOMPA TAB 2MG	89
FYCOMPA TAB 4MG	89
FYCOMPA TAB 6MG	89
FYCOMPA TAB 8MG	89

G

<i>gabapentin (once-daily) tab 300 mg</i> .	99
<i>gabapentin (once-daily) tab 600 mg</i> .	99
<i>gabapentin cap 100 mg</i>	89
<i>gabapentin cap 300 mg</i>	89
<i>gabapentin cap 400 mg</i>	89

<i>gabapentin oral soln 250 mg/5ml</i>	89
<i>gabapentin tab 600 mg</i>	89
<i>gabapentin tab 800 mg</i>	89
<i>galantamine hydrobromide cap er 24hr</i> 16 mg	72
<i>galantamine hydrobromide cap er 24hr</i> 24 mg	72
<i>galantamine hydrobromide cap er 24hr</i> 8 mg	71
<i>galantamine hydrobromide oral soln 4</i> mg/ml	72
<i>galantamine hydrobromide tab 12 mg</i>	72
<i>galantamine hydrobromide tab 4 mg</i>	72
<i>galantamine hydrobromide tab 8 mg</i>	72
<i>gallifrey tab 5mg</i>	119
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GAMMAGARD INJ 10GM/100	133
GAMMAGARD INJ 1GM/10ML	133
GAMMAGARD INJ 2.5GM/25	133
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GAMMAGARD SD INJ 5GM HU	133
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GAMMAKED INJ 1GM/10ML	133
GAMMAKED INJ 20GM/200	134
GAMMAKED INJ 5GM/50ML	133
GAMMAPLEX INJ 10%	134
GAMMAPLEX INJ 5%	134
GAMUNEX-C INJ 10GM/100	134
GAMUNEX-C INJ 1GM/10ML	134
GAMUNEX-C INJ 2.5GM/25	134
GAMUNEX-C INJ 20GM/200	134
GAMUNEX-C INJ 40/400ML	134
GAMUNEX-C INJ 5GM/50ML	134
<i>ganciclovir sodium for inj 500 mg</i>	30
GARDASIL 9 INJ	136
<i>gatifloxacin ophth soln 0.5%</i>	140
GATTEX KIT 5MG	124
GAUZE PADS 2	105
<i>gavilyte-c</i>	123
<i>gavilyte-g</i>	123
<i>gavilyte-n sol flav pk</i>	123
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<i>gefitinib tab 250 mg</i>	45

<i>gemcitabine hcl for inj 1 gm</i>	37	GLEOSTINE CAP 100MG	37
<i>gemcitabine hcl for inj 2 gm</i>	37	GLEOSTINE CAP 10MG	37
<i>gemcitabine hcl for inj 200 mg</i>	37	GLEOSTINE CAP 40MG	37
<i>gemcitabine hcl inj 1 gm/26.3ml (38</i> <i>mg/ml) (base equiv)</i>	37	<i>glimepiride tab 1 mg</i>	102
<i>gemcitabine hcl inj 2 gm/52.6ml (38</i> <i>mg/ml) (base equiv)</i>	37	<i>glimepiride tab 2 mg</i>	102
<i>gemcitabine hcl inj 200 mg/5.26ml (38</i> <i>mg/ml) (base equiv)</i>	37	<i>glimepiride tab 4 mg</i>	102
<i>gemfibrozil tab 600 mg</i>	61	<i>glipizide tab 10 mg</i>	102
GEMTESA TAB 75MG	126	<i>glipizide tab 5 mg</i>	102
<i>generlac</i>	123	<i>glipizide tab er 24hr 10 mg</i>	102
<i>gengraf</i>	135	<i>glipizide tab er 24hr 2.5 mg</i>	102
<i>gengraf sol 100mg/ml</i>	135	<i>glipizide tab er 24hr 5 mg</i>	102
GENOTROPIN INJ 0.2MG	117	<i>glipizide xl</i>	102
GENOTROPIN INJ 0.4MG	117	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	102
GENOTROPIN INJ 0.6MG	117	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	102
GENOTROPIN INJ 0.8MG	117	<i>glipizide-metformin hcl tab 5-500 mg</i>	103
GENOTROPIN INJ 1.2MG	117	<i>glycopyrrolate tab 1 mg</i>	122
GENOTROPIN INJ 1.4MG	117	<i>glycopyrrolate tab 2 mg</i>	122
GENOTROPIN INJ 1.6MG	117	<i>glydo</i>	154
GENOTROPIN INJ 1.8MG	117	GLYXAMBI TAB 10-5 MG	103
GENOTROPIN INJ 12MG.....	118	GLYXAMBI TAB 25-5 MG	103
GENOTROPIN INJ 1MG.....	117	GOMEKLI CAP 1MG	45
GENOTROPIN INJ 2MG.....	118	GOMEKLI CAP 2MG	45
GENOTROPIN INJ 5MG.....	118	GOMEKLI TAB 1MG	45
<i>gentamicin in saline inj 0.8 mg/ml</i> ...	23	<i>granisetron hcl inj 1 mg/ml</i>	121
<i>gentamicin in saline inj 1 mg/ml</i>	23	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	121
<i>gentamicin in saline inj 1.2 mg/ml</i> ...	23	<i>granisetron hcl tab 1 mg</i>	121
<i>gentamicin in saline inj 1.6 mg/ml</i> ...	23	<i>griseofulvin microsize susp 125 mg/5ml</i>	26
<i>gentamicin in saline inj 2 mg/ml</i>	24	<i>griseofulvin microsize tab 500 mg</i>	26
<i>gentamicin sulfate cream 0.1%</i>	151	<i>griseofulvin ultramicrosize tab 125 mg</i>	26
<i>gentamicin sulfate inj 10 mg/ml</i>	24	<i>griseofulvin ultramicrosize tab 250 mg</i>	26
<i>gentamicin sulfate inj 40 mg/ml</i>	24	<i>guanfacine hcl tab 1 mg</i>	69
<i>gentamicin sulfate oint 0.1%</i>	151	<i>guanfacine hcl tab 2 mg</i>	69
<i>gentamicin sulfate ophth soln 0.3%</i> 140		<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i>	95
GENVOYA TAB	29	<i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv)</i>	95
GILOTRIF TAB 20MG	45	<i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv)</i>	95
GILOTRIF TAB 30MG	45	<i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv)</i>	95
GILOTRIF TAB 40MG	45		
GLARGIN YFGN INJ 100U/ML	105		
GLARGIN YFGN SOL 100U/ML	105		
<i>glatiramer acetate soln prefilled syringe</i> <i>20 mg/ml</i>	100		
<i>glatiramer acetate soln prefilled syringe</i> <i>40 mg/ml</i>	100		
<i>glatopa</i>	100		

H	
HAEGARDA INJ 2000UNIT	129
HAEGARDA INJ 3000UNIT	129
<i>hailey 1.5/30</i>	110
<i>hailey 24 fe</i>	110
<i>halobetasol propionate cream 0.05%</i>	153
<i>halobetasol propionate oint 0.05%</i> .	153
<i>haloette</i>	110
<i>haloperidol decanoate im soln 100</i> <i>mg/ml</i>	81
<i>haloperidol decanoate im soln 50</i> <i>mg/ml</i>	81
<i>haloperidol lactate inj 5 mg/ml</i>	81
<i>haloperidol lactate oral conc 2 mg/ml</i>	82
<i>haloperidol tab 0.5 mg</i>	82
<i>haloperidol tab 1 mg</i>	82
<i>haloperidol tab 10 mg</i>	82
<i>haloperidol tab 2 mg</i>	82
<i>haloperidol tab 20 mg</i>	82
<i>haloperidol tab 5 mg</i>	82
HARVONI PAK 33.75-150MG	30
HARVONI PAK 45-200MG	30
HARVONI TAB 45-200MG	30
HARVONI TAB 90-400MG	30
HAVRIX INJ 1440UNIT	136
HAVRIX INJ 720UNIT.....	136
<i>heather</i>	110
HEP SOD/NACL INJ 25000UNT	127
<i>heparin sodium (porcine) inj 1000</i> <i>unit/ml</i>	127
<i>heparin sodium (porcine) inj 10000</i> <i>unit/ml</i>	127
<i>heparin sodium (porcine) inj 20000</i> <i>unit/ml</i>	127
<i>heparin sodium (porcine) inj 5000</i> <i>unit/ml</i>	127
<i>heparin sodium (porcine) pf inj 1000</i> <i>unit/ml</i>	128
HEPLISAV-B INJ 20/0.5ML	136
HERCEP HYLEC SOL 60-10000	45
HERCEPTIN INJ 150MG	45
HERZUMA INJ 150MG	45
HERZUMA INJ 420MG	45
HIBERIX SOL 10MCG.....	136
HUMALOG INJ 100/ML	105
HUMALOG JR INJ 100/ML	105
HUMALOG KWIK INJ 100/ML	106
HUMALOG KWIK INJ 200/ML	106
HUMALOG MIX INJ 50/50KWP	106
HUMALOG MIX INJ 75/25KWP	106
HUMALOG MIX SUS 75/25	106
HUMALOG TMPO INJ 100/ML	106
HUMIRA INJ 10/0.1ML.....	130
HUMIRA INJ 20/0.2ML.....	131
HUMIRA INJ 40/0.4ML.....	131
HUMIRA KIT 40MG/0.8	131
HUMIRA PEN INJ 40/0.4ML	131
HUMIRA PEN INJ 40MG/0.8	131
HUMIRA PEN INJ 80/0.8ML	131
HUMIRA PEN KIT CD/UC/HS.....	131
HUMIRA PEN KIT PED UC.....	131
HUMIRA PEN KIT PS/UV.....	131
HUMULIN INJ 70/30	106
HUMULIN INJ 70/30KWP.....	106
HUMULIN N INJ U-100.....	106
HUMULIN N INJ U-100KWP	106
HUMULIN R INJ U-100.....	106
HUMULIN R INJ U-500.....	106
<i>hydralazine hcl inj 20 mg/ml</i>	69
<i>hydralazine hcl tab 10 mg</i>	69
<i>hydralazine hcl tab 100 mg</i>	69
<i>hydralazine hcl tab 25 mg</i>	69
<i>hydralazine hcl tab 50 mg</i>	69
<i>hydrochlorothiazide cap 12.5 mg</i>	67
<i>hydrochlorothiazide tab 12.5 mg</i>	67
<i>hydrochlorothiazide tab 25 mg</i>	67
<i>hydrochlorothiazide tab 50 mg</i>	68
<i>hydrocodone bitartrate tab er 24hr</i> <i>deter 100 mg</i>	20
<i>hydrocodone bitartrate tab er 24hr</i> <i>deter 120 mg</i>	20
<i>hydrocodone bitartrate tab er 24hr</i> <i>deter 20 mg</i>	20
<i>hydrocodone bitartrate tab er 24hr</i> <i>deter 30 mg</i>	20
<i>hydrocodone bitartrate tab er 24hr</i> <i>deter 40 mg</i>	20
<i>hydrocodone bitartrate tab er 24hr</i> <i>deter 60 mg</i>	20
<i>hydrocodone bitartrate tab er 24hr</i> <i>deter 80 mg</i>	20
<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	21

<i>hydrocodone-acetaminophen tab 10-325 mg</i>	22	IBRANCE CAP 100MG	45
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	21	IBRANCE CAP 125MG	45
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	21	IBRANCE CAP 75MG	45
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	22	IBRANCE TAB 100MG	45
<i>hydrocortisone cream 1%</i>	153	IBRANCE TAB 125MG	45
<i>hydrocortisone cream 2.5%</i>	153	IBRANCE TAB 75MG	45
<i>hydrocortisone enema 100 mg/60ml</i>	123	<i>ibu</i>	19
<i>hydrocortisone lotion 2.5%</i>	153	<i>ibuprofen susp 100 mg/5ml</i>	19
<i>hydrocortisone oint 1%</i>	153	<i>ibuprofen tab 400 mg</i>	19
<i>hydrocortisone oint 2.5%</i>	153	<i>ibuprofen tab 600 mg</i>	19
<i>hydrocortisone perianal cream 1%</i> ..	154	<i>ibuprofen tab 800 mg</i>	19
<i>hydrocortisone perianal cream 2.5%</i>	154	<i>icatibant acetate subcutaneous soln</i>	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	115	<i>pref syr 30 mg/3ml</i>	129
<i>hydrocortisone tab 10 mg</i>	116	<i>iclevia</i>	110
<i>hydrocortisone tab 20 mg</i>	116	ICLUSIG TAB 10MG	45
<i>hydrocortisone tab 5 mg</i>	116	ICLUSIG TAB 15MG	45
<i>hydrocortisone valerate cream 0.2%</i>	153	ICLUSIG TAB 30MG	45
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	143	ICLUSIG TAB 45MG	45
<i>hydromorphone hcl liqd 1 mg/ml</i>	22	IDACIO 2-PEN INJ 40/0.8ML	131
<i>hydromorphone hcl tab 2 mg</i>	22	IDACIO 2-SYR INJ 40/0.8ML	131
<i>hydromorphone hcl tab 4 mg</i>	22	IDACIO CROHN INJ DISEASE	131
<i>hydromorphone hcl tab 8 mg</i>	22	IDACIO PLAQU INJ PSORIASIS	131
<i>hydroxychloroquine sulfate tab 200 mg</i>	133	IDHIFA TAB 100MG	45
<i>hydroxyurea cap 500 mg</i>	40	IDHIFA TAB 50MG	45
<i>hydroxyzine hcl im soln 25 mg/ml</i> ..	144	<i>imatinib mesylate tab 100 mg (base equivalent)</i>	46
<i>hydroxyzine hcl im soln 50 mg/ml</i> ..	144	<i>imatinib mesylate tab 400 mg (base equivalent)</i>	46
<i>hydroxyzine hcl syrup 10 mg/5ml</i> ..	144	IMBRUVICA CAP 140MG	46
<i>hydroxyzine hcl tab 10 mg</i>	144	IMBRUVICA CAP 70MG	46
<i>hydroxyzine hcl tab 25 mg</i>	144	IMBRUVICA SUS 70MG/ML	46
<i>hydroxyzine hcl tab 50 mg</i>	144	IMBRUVICA TAB 140MG	46
<i>hydroxyzine pamoate cap 25 mg</i>	144	IMBRUVICA TAB 280MG	46
<i>hydroxyzine pamoate cap 50 mg</i>	144	IMBRUVICA TAB 420MG	46
I		<i>imipenem-cilastatin intravenous for soln 250 mg</i>	24
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	108	<i>imipenem-cilastatin intravenous for soln 500 mg</i>	24
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	108	<i>imipramine hcl tab 10 mg</i>	75
		<i>imipramine hcl tab 25 mg</i>	75
		<i>imipramine hcl tab 50 mg</i>	75
		<i>imiquimod cream 5%</i>	154
		IMKELDI SOL 80MG/ML	46
		IMOVAX RABIE INJ 2.5/ML	136
		IMPAVIDO CAP 50MG	24
		INBRIJA CAP 42MG	78
		<i>incassia</i>	110

INCRELEX INJ 40MG/4ML.....	118	<i>ipratropium bromide nasal soln 0.06%</i>	
INCRUSE ELPT INH 62.5MCG.....	143	(42 mcg/spray)	143
<i>indapamide tab 1.25 mg</i>	68	<i>ipratropium-albuterol nebu soln 0.5-</i>	
<i>indapamide tab 2.5 mg</i>	68	2.5(3) mg/3ml	143
INFANRIX INJ.....	136	<i>irbesartan tab 150 mg</i>	59
INFLIXIMAB INJ 100MG	131	<i>irbesartan tab 300 mg</i>	59
INLYTA TAB 1MG	46	<i>irbesartan tab 75 mg</i>	59
INLYTA TAB 5MG	46	<i>irbesartan-hydrochlorothiazide tab</i>	
INQOVI TAB 35-100MG	37	150-12.5 mg.....	58
INREBIC CAP 100MG	46	<i>irbesartan-hydrochlorothiazide tab</i>	
INS ASP PROT INJ FLEXPEN	106	300-12.5 mg.....	58
INS DEGL FLX INJ 100UNIT.....	106	<i>irinotecan hcl inj 100 mg/5ml (20</i>	
INS DEGL FLX INJ 200UNIT.....	106	mg/ml).....	41
INSULIN ASPA INJ 100/ML	106	<i>irinotecan hcl inj 300 mg/15ml (20</i>	
INSULIN ASPA INJ 70/30	106	mg/ml).....	41
INSULIN ASPA INJ FLEXPEN	106	<i>irinotecan hcl inj 40 mg/2ml (20</i>	
INSULIN ASPA INJ PENFILL	106	mg/ml).....	41
INSULIN DEGL INJ 100UNIT	106	<i>irinotecan hcl inj 500 mg/25ml (20</i>	
INSULIN GLAR INJ 300/ML.....	106	mg/ml).....	41
INSULIN LISP INJ 100/ML	106	ISENTRESS CHW 100MG	27
INSULIN LISP INJ JUNIOR.....	106	ISENTRESS CHW 25MG	27
INSULIN LISP INJ PROTAMIN.....	106	ISENTRESS HD TAB 600MG	27
INSULIN PEN NEEDLES: BD-EMBECTA		ISENTRESS POW 100MG.....	27
.....	106	ISENTRESS TAB 400MG.....	27
INSULIN SAFETY NEEDLES: BD-		<i>isibloom</i>	110
EMBECTA	106	ISOLYTE-P INJ /D5W.....	137
INSULIN SYRINGES: BD-EMBECTA .	106	ISOLYTE-S INJ PH 7.4	137
INTELENCE TAB 25MG	27	<i>isoniazid syrup 50 mg/5ml</i>	29
INTRALIPID INJ 20%.....	140	<i>isoniazid tab 100 mg</i>	29
INTRALIPID INJ 30%.....	140	<i>isoniazid tab 300 mg</i>	29
<i>introvale</i>	110	<i>isosorbide dinitrate tab 10 mg</i>	70
INVEGA HAFYE INJ 1092MG	82	<i>isosorbide dinitrate tab 20 mg</i>	70
INVEGA HAFYE INJ 1560MG	82	<i>isosorbide dinitrate tab 30 mg</i>	70
INVEGA SUST INJ 117/0.75.....	82	<i>isosorbide dinitrate tab 5 mg</i>	70
INVEGA SUST INJ 156MG/ML	82	<i>isosorbide mononitrate tab er 24hr 120</i>	
INVEGA SUST INJ 234/1.5	82	mg	70
INVEGA SUST INJ 39/0.25	82	<i>isosorbide mononitrate tab er 24hr 30</i>	
INVEGA SUST INJ 78/0.5ML	82	mg	70
INVEGA TRINZ INJ 273MG	82	<i>isosorbide mononitrate tab er 24hr 60</i>	
INVEGA TRINZ INJ 410MG	82	mg	70
INVEGA TRINZ INJ 546MG	82	<i>isotretinoin cap 10 mg</i>	151
INVEGA TRINZ INJ 819MG	82	<i>isotretinoin cap 20 mg</i>	151
IPOL INJ INACTIVE	136	<i>isotretinoin cap 30 mg</i>	151
<i>ipratropium bromide inhal soln 0.02%</i>		<i>isotretinoin cap 40 mg</i>	151
.....	143	<i>isradipine cap 2.5 mg</i>	66
<i>ipratropium bromide nasal soln 0.03%</i>		<i>isradipine cap 5 mg</i>	66
(21 mcg/spray).....	143	ITOVEBI TAB 3MG	46

ITOVEBI TAB 9MG.....	46
<i>itraconazole cap 100 mg</i>	26
<i>ivabradine hcl tab 5 mg (base equiv)</i>	69
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	69
<i>ivermectin tab 3 mg</i>	24
IWILFIN TAB 192MG	41
IXCHIQ INJ	136
IXIARO INJ	136

J

JAKAFI TAB 10MG	46
JAKAFI TAB 15MG	46
JAKAFI TAB 20MG	46
JAKAFI TAB 25MG	46
JAKAFI TAB 5MG	46
<i>jantoven</i>	128
JANUMET TAB 50-1000	103
JANUMET TAB 50-500MG	103
JANUMET XR TAB 100-1000	103
JANUMET XR TAB 50-1000	103
JANUMET XR TAB 50-500MG	103
JANUVIA TAB 100MG	103
JANUVIA TAB 25MG	103
JANUVIA TAB 50MG	103
JARDIANCE TAB 10MG	103
JARDIANCE TAB 25MG	103
<i>jasmiel</i>	111
<i>javygtor</i>	118
JAYPIRCA TAB 100MG	46
JAYPIRCA TAB 50MG	46
JENTADUETO TAB 2.5-1000	103
JENTADUETO TAB 2.5-500	103
JENTADUETO TAB 2.5-850	103
JENTADUETO TAB XR 2.5-1000MG	103
JENTADUETO TAB XR 5-1000MG	103
<i>jinteli</i>	115
<i>jolessa</i>	111
<i>juleber</i>	111
JULUCA TAB 50-25MG	29
<i>junel 1.5/30</i>	111
<i>junel 1/20</i>	111
<i>junel fe 1.5/30</i>	111
<i>junel fe 1/20</i>	111
<i>junel fe 24</i>	111
JYLAMVO SOL 2MG/ML	133
JYNNEOS INJ	136

K

KADCYLA INJ 100MG	46
KADCYLA INJ 160MG	47
<i>kaitlib fe</i>	111
KALYDECO GRA 13.4MG	147
KALYDECO GRA 5.8MG	147
KALYDECO PAK 25MG	147
KALYDECO PAK 50MG	147
KALYDECO PAK 75MG	147
KALYDECO TAB 150MG	147
KANJINTI INJ 420MG	47
KANJINTI SOL 150MG	47
<i>kariva</i>	111
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	137
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	137
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	137
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	137
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	137
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	137
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	137
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	137
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	138
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	137
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	138
KCL/D5W/NACL INJ 0.3/0.9%	138
<i>kelnor 1/35</i>	111
<i>kelnor 1/50</i>	111
KERENDIA TAB 10MG	57
KERENDIA TAB 20MG	57
KESIMPTA INJ 20/.4ML	100
<i>ketoconazole cream 2%</i>	152
<i>ketoconazole shampoo 2%</i>	152
<i>ketoconazole tab 200 mg</i>	26
<i>ketorolac tromethamine ophth soln 0.4%</i>	141

<i>ketorolac tromethamine ophth soln</i>		<i>lamivudine-zidovudine tab 150-300 mg</i>	
0.5%.....	141	.....	29
<i>ketorolac tromethamine tab 10 mg...</i>	19	<i>lamotrigine orally disintegrating tab</i>	
KEYTRUDA INJ 100MG/4M.....	47	100 mg	89
KINRIX INJ	136	<i>lamotrigine orally disintegrating tab</i>	
<i>kionex sus 15gm/60.....</i>	109	200 mg	89
KISQALI 200 DOSE	47	<i>lamotrigine orally disintegrating tab 25</i>	
KISQALI 200 PAK FEMARA	47	mg	89
KISQALI 400 DOSE	47	<i>lamotrigine orally disintegrating tab 50</i>	
KISQALI 400 PAK FEMARA	47	mg	89
KISQALI 600 DOSE	47	<i>lamotrigine tab 100 mg</i>	89
KISQALI 600 PAK FEMARA	47	<i>lamotrigine tab 150 mg</i>	89
<i>klayesta</i>	152	<i>lamotrigine tab 200 mg</i>	89
<i>klor-con.....</i>	139	<i>lamotrigine tab 25 mg.....</i>	89
<i>klor-con 10</i>	139	<i>lamotrigine tab chewable dispersible 25</i>	
<i>klor-con 8.....</i>	139	mg	90
<i>klor-con m10</i>	139	<i>lamotrigine tab chewable dispersible 5</i>	
<i>klor-con m15</i>	139	mg	90
<i>klor-con m20</i>	139	<i>lamotrigine tab er 24hr 100 mg</i>	90
KOSELUGO CAP 10MG	47	<i>lamotrigine tab er 24hr 200 mg</i>	90
KOSELUGO CAP 25MG	47	<i>lamotrigine tab er 24hr 25 mg.....</i>	90
<i>kourzeq.....</i>	155	<i>lamotrigine tab er 24hr 250 mg</i>	90
KRAZATI TAB 200MG	47	<i>lamotrigine tab er 24hr 300 mg</i>	90
<i>kurvelo.....</i>	111	<i>lamotrigine tab er 24hr 50 mg.....</i>	90
L		<i>lanreotide acetate extended release inj</i>	
<i>labetalol hcl tab 100 mg</i>	64	120 mg/0.5ml	118
<i>labetalol hcl tab 200 mg</i>	64	<i>lansoprazole cap delayed release 15</i>	
<i>labetalol hcl tab 300 mg</i>	64	mg	125
<i>lacosamide iv inj 200 mg/20ml (10</i>		<i>lansoprazole cap delayed release 30</i>	
<i>mg/ml).....</i>	89	mg	125
<i>lacosamide oral</i>	89	<i>lansoprazole tab delayed release orally</i>	
<i>lacosamide tab 100 mg.....</i>	89	disintegrating 15 mg	125
<i>lacosamide tab 150 mg.....</i>	89	<i>lansoprazole tab delayed release orally</i>	
<i>lacosamide tab 200 mg.....</i>	89	disintegrating 30 mg	125
<i>lacosamide tab 50 mg</i>	89	LANTUS INJ 100/ML.....	106
<i>lactated ringer's solution</i>	138	LANTUS SOLOS INJ 100/ML	106
<i>lactic acid (ammonium lactate) cream</i>		<i>lapatinib ditosylate tab 250 mg (base</i>	
12%.....	154	equiv)	47
<i>lactic acid (ammonium lactate) lotion</i>		<i>larin 1.5/30</i>	111
12%.....	154	<i>larin 1/20</i>	111
<i>lactulose (encephalopathy) solution 10</i>		<i>larin 24 fe</i>	111
<i>gm/15ml.....</i>	123	<i>larin fe 1.5/30.....</i>	111
<i>lactulose solution 10 gm/15ml</i>	123	<i>larin fe 1/20</i>	111
<i>lamivudine oral soln 10 mg/ml.....</i>	27	<i>latanoprost ophth soln 0.005%.....</i>	142
<i>lamivudine tab 100 mg (hbv)</i>	30	<i>layolis fe</i>	111
<i>lamivudine tab 150 mg</i>	27	LAZCLUZE TAB 240MG	47
<i>lamivudine tab 300 mg</i>	27	LAZCLUZE TAB 80MG	47

<i>leflunomide tab 10 mg</i>	133	<i>levetiracetam in sodium chloride iv soln</i>	
<i>leflunomide tab 20 mg</i>	133	500 mg/100ml	90
<i>lenalidomide cap 10 mg</i>	40	<i>levetiracetam inj 500 mg/5ml (100</i>	
<i>lenalidomide cap 15 mg</i>	40	mg/ml).....	90
<i>lenalidomide cap 20 mg</i>	40	<i>levetiracetam oral soln 100 mg/ml</i> ...	90
<i>lenalidomide cap 25 mg</i>	40	<i>levetiracetam tab 1000 mg</i>	90
<i>lenalidomide cap 5 mg</i>	40	<i>levetiracetam tab 250 mg</i>	90
<i>lenalidomide caps 2.5 mg</i>	40	<i>levetiracetam tab 500 mg</i>	90
LENVIMA CAP 10 MG	47	<i>levetiracetam tab 750 mg</i>	90
LENVIMA CAP 12MG	47	<i>levetiracetam tab er 24hr 500 mg</i>	90
LENVIMA CAP 14 MG	47	<i>levetiracetam tab er 24hr 750 mg</i>	90
LENVIMA CAP 18 MG	47	<i>levobunolol hcl ophth soln 0.5%</i>	142
LENVIMA CAP 20 MG	47	<i>levocarnitine oral soln 1 gm/10ml</i>	
LENVIMA CAP 24 MG	48	(10%).....	118
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LENVIMA CAP 8 MG.....	47	<i>levocetirizine dihydrochloride soln 2.5</i>	
<i>lessina</i>	111	mg/5ml (0.5 mg/ml)	145
<i>letrozole tab 2.5 mg</i>	39	<i>levocetirizine dihydrochloride tab 5 mg</i>	
<i>leucovorin calcium for inj 100 mg</i>	54	.....	145
<i>leucovorin calcium for inj 200 mg</i>	54	<i>levofloxacin in d5w iv soln 250</i>	
<i>leucovorin calcium for inj 350 mg</i>	54	mg/50ml	33
<i>leucovorin calcium for inj 50 mg</i>	54	<i>levofloxacin in d5w iv soln 500</i>	
<i>leucovorin calcium for inj 500 mg</i>	54	mg/100ml.....	33
<i>leucovorin calcium inj 500 mg/50ml</i>		<i>levofloxacin in d5w iv soln 750</i>	
(10 mg/ml)	54	mg/150ml.....	33
<i>leucovorin calcium tab 10 mg</i>	55	<i>levofloxacin iv soln 25 mg/ml</i>	33
<i>leucovorin calcium tab 15 mg</i>	55	<i>levofloxacin oral soln 25 mg/ml</i>	33
<i>leucovorin calcium tab 25 mg</i>	55	<i>levofloxacin tab 250 mg</i>	33
<i>leucovorin calcium tab 5 mg</i>	55	<i>levofloxacin tab 500 mg</i>	33
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mg/ml).....	39	<i>levonor-eth est tab 0.15-</i>	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i>		0.02/0.025/0.03 mg ð est 0.01	
(base equiv).....	145	mg	111
<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i>		<i>levonorgestrel & ethinyl estradiol (91-</i>	
(base equiv).....	145	day) tab 0.15-0.03 mg	111
<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>		<i>levonorgestrel & ethinyl estradiol tab</i>	
(base equiv).....	145	0.1 mg-20 mcg	111
<i>levalbuterol hcl soln nebu conc 1.25</i>		<i>levonorgestrel & ethinyl estradiol tab</i>	
mg/0.5ml (base equiv)	145	0.15 mg-30 mcg.....	111
<i>levalbuterol tartrate inhal aerosol 45</i>		<i>levonorgestrel-eth estra tab 0.05-</i>	
mcg/act (base equiv).....	145	30/0.075-40/0.125-30mg-mcg ...	111
LEVETIRACETA TAB 250MG	90	<i>levonorgestrel-ethinyl estradiol</i>	
<i>levetiracetam in sodium chloride iv soln</i>		(continuous) tab 90-20 mcg	111
1000 mg/100ml.....	90	<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>	
<i>levetiracetam in sodium chloride iv soln</i>		eth est tab 0.01mg(7)	111
1500 mg/100ml.....	90		

<i>levonorg-eth est tab 0.15-0.03mg(84)</i>	
<i>& eth est tab 0.01mg(7)</i>	111
<i>levora 0.15/30-28</i>	111
<i>levo-t</i>	119
<i>levothyroxine sodium tab 100 mcg</i>	119
<i>levothyroxine sodium tab 112 mcg</i>	119
<i>levothyroxine sodium tab 125 mcg</i>	119
<i>levothyroxine sodium tab 137 mcg</i>	119
<i>levothyroxine sodium tab 150 mcg</i>	119
<i>levothyroxine sodium tab 175 mcg</i>	119
<i>levothyroxine sodium tab 200 mcg</i>	120
<i>levothyroxine sodium tab 25 mcg</i>	119
<i>levothyroxine sodium tab 300 mcg</i>	120
<i>levothyroxine sodium tab 50 mcg</i>	119
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<i>l-glutamine (sickle cell)</i>	129
<i>lidocaine hcl local inj 0.5%</i>	18
<i>lidocaine hcl local inj 1%</i>	18
<i>lidocaine hcl local inj 2%</i>	18
<i>lidocaine hcl local preservative free (pf)</i>	
<i>inj 0.5%</i>	18
<i>lidocaine hcl local preservative free (pf)</i>	
<i>inj 1%</i>	18
<i>lidocaine hcl local preservative free (pf)</i>	
<i>inj 1.5%</i>	18
<i>lidocaine hcl soln 4%</i>	154
<i>lidocaine hcl viscous soln 2%</i>	155
<i>lidocaine oint 5%</i>	154
<i>lidocaine patch 5%</i>	154
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
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<i>lidocan</i>	154
<i>LILETTA IUD 52MG</i>	111
<i>linezolid for susp 100 mg/5ml</i>	24
<i>LINEZOLID INJ 2MG/ML</i>	24
<i>linezolid iv soln 600 mg/300ml (2</i>	
<i>mg/ml)</i>	24
<i>linezolid tab 600 mg</i>	24
<i>LINZESS CAP 145MCG</i>	124
<i>LINZESS CAP 290MCG</i>	124
<i>LINZESS CAP 72MCG</i>	124
<i>liothyronine sodium tab 25 mcg</i>	120
<i>liothyronine sodium tab 5 mcg</i>	120
<i>liothyronine sodium tab 50 mcg</i>	120
<i>liraglutide soln pen-injector 18 mg/3ml</i>	
<i>(6 mg/ml)</i>	103
<i>lisdexamphetamine dimesylate cap 10</i>	
<i>mg</i>	95
<i>lisdexamphetamine dimesylate cap 20</i>	
<i>mg</i>	95
<i>lisdexamphetamine dimesylate cap 30</i>	
<i>mg</i>	95
<i>lisdexamphetamine dimesylate cap 40</i>	
<i>mg</i>	95
<i>lisdexamphetamine dimesylate cap 50</i>	
<i>mg</i>	95
<i>lisdexamphetamine dimesylate cap 60</i>	
<i>mg</i>	95
<i>lisdexamphetamine dimesylate cap 70</i>	
<i>mg</i>	95
<i>lisdexamphetamine dimesylate chew tab</i>	
<i>10 mg</i>	95
<i>lisdexamphetamine dimesylate chew tab</i>	
<i>20 mg</i>	95
<i>lisdexamphetamine dimesylate chew tab</i>	
<i>30 mg</i>	95
<i>lisdexamphetamine dimesylate chew tab</i>	
<i>40 mg</i>	95
<i>lisdexamphetamine dimesylate chew tab</i>	
<i>50 mg</i>	95
<i>lisdexamphetamine dimesylate chew tab</i>	
<i>60 mg</i>	95
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<i>12.5 mg</i>	56
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<i>12.5 mg</i>	56
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
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<i>lisinopril tab 20 mg</i>	56
<i>lisinopril tab 30 mg</i>	56
<i>lisinopril tab 40 mg</i>	56
<i>lisinopril tab 5 mg</i>	56
<i>lithium carbonate cap 150 mg</i>	99
<i>lithium carbonate cap 300 mg</i>	99
<i>lithium carbonate cap 600 mg</i>	99
<i>lithium carbonate tab 300 mg</i>	99
<i>lithium carbonate tab er 300 mg</i>	99
<i>lithium carbonate tab er 450 mg</i>	99
<i>lithium oral solution 8 meq/5ml</i>	99

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<i>loestrin 1.5/30-21</i>	111	LUMAKRAS TAB 320MG	48
<i>loestrin 1/20-21</i>	111	LUMIGAN SOL 0.01% OP	142
<i>loestrin fe 1.5/30</i>	112	LUMIZYME INJ 50MG.....	118
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LONSURF TAB 20-8.19	38	LUPRON DEPOT INJ 11.25MG	39
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<i>lopinavir-ritonavir tab 200-50 mg</i>	29	<i>lurasidone hcl tab 20 mg</i>	82
<i>lorazepam conc 2 mg/ml</i>	71	<i>lurasidone hcl tab 40 mg</i>	82
<i>lorazepam inj 2 mg/ml</i>	71	<i>lurasidone hcl tab 60 mg</i>	82
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<i>losartan potassium tab 25 mg</i>	59	LYTGOBI (16 MG DAILY DOSE)	48
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<i>lovastatin tab 10 mg</i>	62	LYUMJEV KWPN INJ 200UT/ML	106
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<i>loxapine succinate cap 25 mg</i>	82	MAGNESIUM SU INJ 2GM/50ML	138
<i>loxapine succinate cap 5 mg</i>	82	MAGNESIUM SU INJ 40G/1000	138
<i>loxapine succinate cap 50 mg</i>	82	MAGNESIUM SU INJ 4G/100ML.....	138
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		<i>magnesium sulfate inj 50%</i>	138
		<i>magnesium sulfate iv soln 2 gm/50ml</i> <i>(40 mg/ml)</i>	138
		<i>magnesium sulfate iv soln 20</i> <i>gm/500ml (40 mg/ml)</i>	138

<i>magnesium sulfate iv soln 4 gm/100ml</i> (40 mg/ml)	138
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<i>magnesium sulfate iv soln 40</i> <i>gm/1000ml (40 mg/ml)</i>	138
<i>malathion lotion 0.5%</i>	155
<i>maraviroc tab 150 mg</i>	27
<i>maraviroc tab 300 mg</i>	27
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<i>meclizine hcl tab 12.5 mg</i>	121
<i>meclizine hcl tab 25 mg</i>	121
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<i>medroxyprogesterone acetate im susp</i> <i>prefilled syr 150 mg/ml</i>	112
<i>medroxyprogesterone acetate tab 10</i> <i>mg</i>	119
<i>medroxyprogesterone acetate tab 2.5</i> <i>mg</i>	119
<i>medroxyprogesterone acetate tab 5 mg</i>	119
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<i>memantine hcl cap er 24hr 7 mg</i>	72
<i>memantine hcl oral solution 2 mg/ml</i>	72
<i>memantine hcl tab 10 mg</i>	72
<i>memantine hcl tab 5 mg</i>	72
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<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 21-10 mg</i>	72
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<i>mesalamine suppos 1000 mg</i>	123
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<i>mesna tab 400 mg</i>	55
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<i>metformin hcl tab 1000 mg</i>	103
<i>metformin hcl tab 500 mg</i>	103
<i>metformin hcl tab 850 mg</i>	103
<i>metformin hcl tab er 24hr 500 mg</i> .	103
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<i>methadone hcl soln 5 mg/5ml</i>	20
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<i>methadone hcl tab 5 mg</i>	20
<i>methadone hydrochloride i</i>	20
<i>methazolamide tab 25 mg</i>	68
<i>methazolamide tab 50 mg</i>	68
<i>methenamine hippurate tab 1 gm</i>	24
<i>methimazole tab 10 mg</i>	120
<i>methimazole tab 5 mg</i>	120
<i>methotrexate sodium for inj 1 gm</i>	38
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<i>methylphenidate hcl chew tab 2.5 mg</i>	<i>95</i>	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	<i>64</i>
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<i>methylphenidate hcl tab er 20 mg</i>	<i>96</i>	<i>metronidazole iv soln 500 mg/100ml</i>	<i>24</i>
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	<i>116</i>	<i>metronidazole lotion 0.75%</i>	<i>155</i>
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	<i>116</i>	<i>metronidazole tab 250 mg</i>	<i>24</i>
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	<i>116</i>	<i>metronidazole tab 500 mg</i>	<i>24</i>
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<i>mirtazapine tab 15 mg</i>	75
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<i>modafinil tab 100 mg</i>	100
<i>modafinil tab 200 mg</i>	101
<i>moexipril hcl tab 15 mg</i>	56
<i>moexipril hcl tab 7.5 mg</i>	56
<i>molindone hcl tab 10 mg</i>	83
<i>molindone hcl tab 25 mg</i>	83
<i>molindone hcl tab 5 mg</i>	83
<i>mometasone furoate cream 0.1%</i> ..	154
<i>mometasone furoate nasal susp 50 mcg/act</i>	149
<i>mometasone furoate oint 0.1%</i>	154
<i>mometasone furoate solution 0.1% (lotion)</i>	154
MONJUVI INJ 200MG	48
<i>mono-lynyah</i>	112
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	146
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	146
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	146
<i>montelukast sodium tab 10 mg (base equiv)</i>	146
<i>morphine sulfate iv soln 10 mg/ml</i> ...	22
<i>morphine sulfate iv soln 2 mg/ml</i>	22
<i>morphine sulfate iv soln 4 mg/ml</i>	22
<i>morphine sulfate iv soln 8 mg/ml</i>	22
<i>morphine sulfate oral soln 10 mg/5ml</i>	22
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	22
<i>morphine sulfate oral soln 20 mg/5ml</i>	22
<i>morphine sulfate tab 15 mg</i>	22
<i>morphine sulfate tab 30 mg</i>	22
<i>morphine sulfate tab er 100 mg</i>	21
<i>morphine sulfate tab er 15 mg</i>	21
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<i>morphine sulfate tab er 30 mg</i>	21
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<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	33
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	140
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	34
MRESVIA INJ 50MCG.....	136
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<i>multiple electrolytes ph 7.4</i>	138
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<i>mycophenolate mofetil cap 250 mg</i>	135
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	135
<i>mycophenolate mofetil tab 500 mg</i>	135
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	135
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	135
MYRBETRIQ SUS 8MG/ML	126
MYRBETRIQ TAB 25MG	126
MYRBETRIQ TAB 50MG	126
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<i>nabumetone tab 500 mg</i>	19
<i>nabumetone tab 750 mg</i>	19
<i>nadolol tab 20 mg</i>	64
<i>nadolol tab 40 mg</i>	64
<i>nadolol tab 80 mg</i>	64
<i>nafcillin sodium for inj 1 gm</i>	35
<i>nafcillin sodium for inj 2 gm</i>	35

<i>nafcillin sodium for iv soln 10 gm</i>	35	<i>nefazodone hcl tab 50 mg</i>	75
<i>NAGLAZYME INJ 1MG/ML</i>	118	<i>neomycin sulfate tab 500 mg</i>	24
<i>nalbuphine hcl inj 10 mg/ml</i>	22	<i>neomycin-bacitrac zn-polymyx</i>	
<i>nalbuphine hcl inj 20 mg/ml</i>	22	<i>5(3.5)mg-400unt-10000unt op oin</i>	
<i>naloxone hcl inj 0.4 mg/ml</i>	101	.....	141
<i>naloxone hcl inj 4 mg/10ml</i>	101	<i>neomycin-polymy-gramicid op sol</i>	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>		<i>1.75-10000-0.025mg-unt-mg/ml</i>	141
.....	101	<i>neomycin-polymyxin-dexamethasone</i>	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>		<i>ophth oint 0.1%</i>	140
.....	101	<i>neomycin-polymyxin-dexamethasone</i>	
<i>naloxone hcl soln prefilled syringe 0.4</i>		<i>ophth susp 0.1%</i>	140
<i>mg/ml</i>	101	<i>neomycin-polymyxin-hc ophth susp</i>	140
<i>naloxone hcl soln prefilled syringe 2</i>		<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>mg/2ml</i>	101	.....	143
<i>naltrexone hcl tab 50 mg</i>	101	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>NAMZARIC CAP 14-10MG</i>	72	<i>mg/ml-10000 unit/ml-1%</i>	143
<i>NAMZARIC CAP 21-10MG</i>	72	<i>neo-polycin 5(3.5)mg-400unt-</i>	
<i>NAMZARIC CAP 28-10MG</i>	72	<i>10000unt op oin</i>	141
<i>NAMZARIC CAP 7-10MG</i>	72	<i>neo-polycin hc ophth oint 1%</i>	140
<i>NAMZARIC CAP PACK</i>	72	<i>NERLYNX TAB 40MG</i>	48
<i>naproxen sodium tab 275 mg</i>	19	<i>NEUPRO DIS 1MG/24HR</i>	78
<i>naproxen sodium tab 550 mg</i>	19	<i>NEUPRO DIS 2MG/24HR</i>	78
<i>naproxen tab 250 mg</i>	19	<i>NEUPRO DIS 3MG/24HR</i>	78
<i>naproxen tab 375 mg</i>	19	<i>NEUPRO DIS 4MG/24HR</i>	78
<i>naproxen tab 500 mg</i>	19	<i>NEUPRO DIS 6MG/24HR</i>	78
<i>naproxen tab ec 375 mg</i>	19	<i>NEUPRO DIS 8MG/24HR</i>	78
<i>naratriptan hcl tab 1 mg (base equiv)</i>		<i>nevirapine susp 50 mg/5ml</i>	27
.....	97	<i>nevirapine tab 200 mg</i>	27
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>		<i>nevirapine tab er 24hr 400 mg</i>	27
.....	97	<i>NEXLETOL TAB 180MG</i>	63
<i>NATACYN SUS 5% OP</i>	141	<i>NEXLIZET TAB 180/10MG</i>	63
<i>nateglinide tab 120 mg</i>	104	<i>NEXPLANON IMP 68MG</i>	112
<i>nateglinide tab 60 mg</i>	104	<i>niacin tab er 1000 mg</i>	
<i>NAYZILAM SPR 5MG</i>	90	<i>(antihyperlipidemic)</i>	63
<i>nebivolol hcl tab 10 mg (base</i>		<i>niacin tab er 500 mg</i>	
<i>equivalent)</i>	64	<i>(antihyperlipidemic)</i>	63
<i>nebivolol hcl tab 2.5 mg (base</i>		<i>niacin tab er 750 mg</i>	
<i>equivalent)</i>	64	<i>(antihyperlipidemic)</i>	63
<i>nebivolol hcl tab 20 mg (base</i>		<i>nicardipine hcl cap 20 mg</i>	66
<i>equivalent)</i>	64	<i>nicardipine hcl cap 30 mg</i>	66
<i>nebivolol hcl tab 5 mg (base</i>		<i>NICOTROL INH</i>	101
<i>equivalent)</i>	64	<i>NICOTROL NS SPR 10MG/ML</i>	101
<i>necon 0.5/35-28</i>	112	<i>nifedipine tab er 24hr 30 mg</i>	66
<i>nefazodone hcl tab 100 mg</i>	75	<i>nifedipine tab er 24hr 60 mg</i>	66
<i>nefazodone hcl tab 150 mg</i>	75	<i>nifedipine tab er 24hr 90 mg</i>	66
<i>nefazodone hcl tab 200 mg</i>	75	<i>nifedipine tab er 24hr osmotic release</i>	
<i>nefazodone hcl tab 250 mg</i>	75	<i>30 mg</i>	66

<i>nifedipine tab er 24hr osmotic release</i>		<i>norethindrone & ethinyl estradiol-fe</i>	
60 mg	66	chew tab 0.4 mg-35 mcg	112
<i>nifedipine tab er 24hr osmotic release</i>		<i>norethindrone ace & ethinyl estradiol</i>	
90 mg	66	tab 1 mg-20 mcg	112
<i>nikki</i>	112	<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>nilutamide tab 150 mg</i>	39	tab 1 mg-20 mcg	112
<i>nimodipine cap 30 mg</i>	66	<i>norethindrone ace-eth estradiol-fe</i>	
NINLARO CAP 2.3MG	48	chew tab 1 mg-20 mcg (24)	112
NINLARO CAP 3MG	48	<i>norethindrone acetate tab 5 mg</i>	119
NINLARO CAP 4MG	48	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>nisoldipine tab er 24hr 17 mg</i>	66	tab 0.5 mg-2.5 mcg	115
<i>nisoldipine tab er 24hr 20 mg</i>	66	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>nisoldipine tab er 24hr 25.5 mg</i>	66	tab 1 mg-5 mcg	115
<i>nisoldipine tab er 24hr 30 mg</i>	67	<i>norethindrone ac-ethinyl estrad-fe tab</i>	
<i>nisoldipine tab er 24hr 34 mg</i>	67	1-20/1-30/1-35 mg-mcg	112
<i>nisoldipine tab er 24hr 40 mg</i>	67	<i>norethindrone tab 0.35 mg</i>	112
<i>nisoldipine tab er 24hr 8.5 mg</i>	66	<i>norgestimate & ethinyl estradiol tab</i>	
<i>nitazoxanide tab 500 mg</i>	24	0.25 mg-35 mcg	112
<i>nitisinone cap 10 mg</i>	118	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>nitisinone cap 2 mg</i>	118	25/0.215-25/0.25-25 mg-mcg	112
<i>nitisinone cap 20 mg</i>	118	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>nitisinone cap 5 mg</i>	118	35/0.215-35/0.25-35 mg-mcg	112
NITRO-BID OIN 2%	70	<i>norlyroc</i>	113
<i>nitrofurantoin macrocrystalline cap 100</i>		<i>nortrel 0.5/35 (28)</i>	113
<i>mg</i>	24	<i>nortrel 1/35 (21)</i>	113
<i>nitrofurantoin macrocrystalline cap 50</i>		<i>nortrel 1/35 (28)</i>	113
<i>mg</i>	24	<i>nortrel 7/7/7</i>	113
<i>nitrofurantoin monohydrate</i>		<i>nortriptyline hcl cap 10 mg</i>	75
macrocrystalline cap 100 mg	24	<i>nortriptyline hcl cap 25 mg</i>	75
<i>nitroglycerin oint 0.4%</i>	155	<i>nortriptyline hcl cap 50 mg</i>	75
<i>nitroglycerin sl tab 0.3 mg</i>	70	<i>nortriptyline hcl cap 75 mg</i>	75
<i>nitroglycerin sl tab 0.4 mg</i>	70	<i>nortriptyline hcl soln 10 mg/5ml</i>	75
<i>nitroglycerin sl tab 0.6 mg</i>	70	NORVIR POW 100MG	27
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>		NOVOLIN INJ 70/30	106
.....	70	NOVOLIN INJ 70/30 FP	106
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>		NOVOLIN N INJ 100 UNIT	106
.....	70	NOVOLIN N INJ RELION	106
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>		NOVOLIN N INJ U-100	106
.....	70	NOVOLIN R INJ 100 UNIT	107
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>		NOVOLIN R INJ RELION	107
.....	70	NOVOLIN R INJ U-100	107
<i>nizatidine cap 150 mg</i>	122	NOVOLIN70/30 INJ RELION	106
<i>nizatidine cap 300 mg</i>	122	NOVOLOG INJ 100/ML	107
<i>nora-be</i>	112	NOVOLOG INJ FLEX REL	107
<i>norelgestromin-ethinyl estradiol td</i>		NOVOLOG INJ FLEXPEN	107
ptwk 150-35 mcg/24hr	112	NOVOLOG INJ PENFILL	107
		NOVOLOG INJ RELION	107

NOVOLOG MIX INJ 70/30	107	<i>octreotide acetate subcutaneous soln</i>	
NOVOLOG MIX INJ FLEX REL	107	<i>pref syr 50 mcg/ml</i>	118
NOVOLOG MIX INJ FLEXPEN	107	<i>octreotide acetate subcutaneous soln</i>	
NOVOLOG RELI INJ 70/30	107	<i>pref syr 500 mcg/ml.....</i>	118
NUBEQA TAB 300MG	39	ODEFSEY TAB	29
NUDEXTA CAP 20-10MG.....	99	ODOMZO CAP 200MG.....	48
NULOJIX INJ 250MG.....	135	OFEV CAP 100MG	147
NUPLAZID CAP 34MG	83	OFEV CAP 150MG	147
NUPLAZID TAB 10MG	83	<i>ofloxacin ophth soln 0.3%</i>	141
NURTEC TAB 75MG ODT	97	<i>ofloxacin otic soln 0.3%</i>	143
NUTRILIPID EMU 20%	140	OGIVRI INJ 150MG	48
NUZYRA INJ 100MG	36	OGIVRI INJ 420MG	48
NUZYRA TAB 150MG	36	OGSIVEO TAB 100MG	49
<i>nyamyc</i>	152	OGSIVEO TAB 150MG	49
<i>nylia 1/35.....</i>	113	OGSIVEO TAB 50MG	49
<i>nylia 7/7/7.....</i>	113	OJEMDA SUS 25MG/ML	49
<i>nystatin cream 100000 unit/gm</i>	152	OJEMDA TAB 100MG	49
<i>nystatin oint 100000 unit/gm</i>	152	OJJAARA TAB 100MG	49
<i>nystatin susp 100000 unit/ml</i>	155	OJJAARA TAB 150MG	49
<i>nystatin tab 500000 unit.....</i>	26	OJJAARA TAB 200MG	49
<i>nystatin topical powder 100000</i>		<i>olanzapine for im inj 10 mg.....</i>	83
<i>unit/gm</i>	152	<i>olanzapine orally disintegrating tab 10</i>	
<i>nystop.....</i>	152	<i>mg</i>	83
O		<i>olanzapine orally disintegrating tab 15</i>	
<i>ocella</i>	113	<i>mg</i>	83
OCTAGAM INJ 10/100ML.....	134	<i>olanzapine orally disintegrating tab 20</i>	
OCTAGAM INJ 10GM.....	134	<i>mg</i>	83
OCTAGAM INJ 1GM	134	<i>olanzapine orally disintegrating tab 5</i>	
OCTAGAM INJ 2.5GM.....	134	<i>mg</i>	83
OCTAGAM INJ 20/200ML.....	134	<i>olanzapine tab 10 mg.....</i>	83
OCTAGAM INJ 2GM/20ML.....	134	<i>olanzapine tab 15 mg.....</i>	83
OCTAGAM INJ 30/300ML.....	134	<i>olanzapine tab 2.5 mg.....</i>	83
OCTAGAM INJ 5GM	134	<i>olanzapine tab 20 mg.....</i>	83
OCTAGAM INJ 5GM/50ML.....	134	<i>olanzapine tab 5 mg</i>	83
<i>octreotide acetate inj 100 mcg/ml (0.1</i>		<i>olanzapine tab 7.5 mg.....</i>	83
<i>mg/ml).....</i>	118	<i>olmesartan medoxomil tab 20 mg</i>	60
<i>octreotide acetate inj 1000 mcg/ml (1</i>		<i>olmesartan medoxomil tab 40 mg</i>	60
<i>mg/ml).....</i>	118	<i>olmesartan medoxomil tab 5 mg.....</i>	60
<i>octreotide acetate inj 200 mcg/ml (0.2</i>		<i>olmesartan medoxomil-</i>	
<i>mg/ml).....</i>	118	<i>hydrochlorothiazide tab 20-12.5 mg</i>	
<i>octreotide acetate inj 50 mcg/ml (0.05</i>		.....	58
<i>mg/ml).....</i>	118	<i>olmesartan medoxomil-</i>	
<i>octreotide acetate inj 500 mcg/ml (0.5</i>		<i>hydrochlorothiazide tab 40-12.5 mg</i>	
<i>mg/ml).....</i>	118	.....	58
<i>octreotide acetate subcutaneous soln</i>		<i>olmesartan medoxomil-</i>	
<i>pref syr 100 mcg/ml.....</i>	118	<i>hydrochlorothiazide tab 40-25 mg .</i>	58

<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i>	58	<i>ondansetron hcl tab 8 mg</i>	121
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	59	<i>ondansetron orally disintegrating tab 4 mg</i>	121
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	59	<i>ondansetron orally disintegrating tab 8 mg</i>	121
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	58	ONTRUZANT INJ 150MG	49
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	59	ONTRUZANT INJ 420MG	49
<i>olopatadine hcl nasal soln 0.6%</i>	145	ONUREG TAB 200MG.....	38
<i>omega-3-acid ethyl esters cap 1 gm</i>	63	ONUREG TAB 300MG.....	38
<i>omeprazole cap delayed release 10 mg</i>	125	OPIPZA MIS 10MG	83
<i>omeprazole cap delayed release 20 mg</i>	125	OPIPZA MIS 2MG.....	83
<i>omeprazole cap delayed release 40 mg</i>	125	OPIPZA MIS 5MG.....	83
OMNIPOD 5 DX KIT INT G7G6	107	OPSUMIT TAB 10MG	70
OMNIPOD 5 DX MIS POD G7G6.....	107	ORGOVYX TAB 120MG.....	39
OMNIPOD 5 G7 KIT INTRO	107	ORKAMBI GRA 100-125.....	147
OMNIPOD 5 G7 MIS PODS.....	107	ORKAMBI GRA 150-188.....	147
OMNIPOD 5 LB KIT INTRO G6.....	107	ORKAMBI GRA 75-94MG	147
OMNIPOD 5 LB MIS PODS G6	107	ORKAMBI TAB 100-125	147
OMNIPOD DASH KIT INTRO.....	107	ORKAMBI TAB 200-125	147
OMNIPOD DASH MIS PODS	107	ORSERDU TAB 345MG.....	39
OMNIPOD GO KIT 10UNT/DY	107	ORSERDU TAB 86MG.....	39
OMNIPOD GO KIT 15UNT/DY	107	<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	30
OMNIPOD GO KIT 20UNT/DY	107	<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	30
OMNIPOD GO KIT 25UNT/DY	107	<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	30
OMNIPOD GO KIT 30UNT/DY	107	<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	30
OMNIPOD GO KIT 35UNT/DY	107	<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	35
OMNIPOD GO KIT 40UNT/DY	107	<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	35
OMNIPOD MIS CLASSIC.....	107	<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	35
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	121	<i>oxaliplatin for iv inj 100 mg</i>	37
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	121	<i>oxaliplatin for iv inj 50 mg</i>	37
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	121	<i>oxaliplatin iv soln 100 mg/20ml</i>	37
<i>ondansetron hcl oral soln 4 mg/5ml</i>	121	<i>oxaliplatin iv soln 200 mg/40ml</i>	37
<i>ondansetron hcl tab 4 mg</i>	121	<i>oxaliplatin iv soln 50 mg/10ml</i>	37
		<i>oxaprozin tab 600 mg</i>	19
		<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	90
		<i>oxcarbazepine tab 150 mg</i>	90
		<i>oxcarbazepine tab 300 mg</i>	90
		<i>oxcarbazepine tab 600 mg</i>	90

<i>oxybutynin chloride solution 5 mg/5ml</i>	126
<i>oxybutynin chloride tab 5 mg</i>	126
<i>oxybutynin chloride tab er 24hr 10 mg</i>	126
<i>oxybutynin chloride tab er 24hr 15 mg</i>	126
<i>oxybutynin chloride tab er 24hr 5 mg</i>	126
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	22
<i>oxycodone hcl soln 5 mg/5ml</i>	22
<i>oxycodone hcl tab 10 mg</i>	22
<i>oxycodone hcl tab 15 mg</i>	22
<i>oxycodone hcl tab 20 mg</i>	22
<i>oxycodone hcl tab 30 mg</i>	22
<i>oxycodone hcl tab 5 mg</i>	22
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	22
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	22
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	22
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	22
<i>OXYCONTIN TAB 10MG ER</i>	21
<i>OXYCONTIN TAB 15MG ER</i>	21
<i>OXYCONTIN TAB 20MG ER</i>	21
<i>OXYCONTIN TAB 30MG ER</i>	21
<i>OXYCONTIN TAB 40MG ER</i>	21
<i>OXYCONTIN TAB 60MG ER</i>	21
<i>OXYCONTIN TAB 80MG ER</i>	21
<i>OZEMPIC (0.25 OR 0.5 MG/DOSE)</i>	104
<i>OZEMPIC (0.25 OR 0.5MG/DOSE)</i>	104
<i>OZEMPIC (1MG/DOSE)</i>	104
<i>OZEMPIC (2MG/DOSE)</i>	104
P	
<i>pacerone</i>	60
<i>paclitaxel inj 100mg</i>	41
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	41
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	41
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	41
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	41

<i>paliperidone tab er 24hr 1.5 mg</i>	83
<i>paliperidone tab er 24hr 3 mg</i>	83
<i>paliperidone tab er 24hr 6 mg</i>	83
<i>paliperidone tab er 24hr 9 mg</i>	83
<i>pamidronate disodium iv soln 3 mg/ml</i>	108
<i>pamidronate disodium iv soln 9 mg/ml</i>	108
<i>PAMIDRONATE INJ 6MG/ML</i>	108
<i>PANRETIN GEL 0.1%</i>	155
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	125
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	125
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	125
<i>PANZYGA SOL 10/100ML</i>	134
<i>PANZYGA SOL 1GM/10ML</i>	134
<i>PANZYGA SOL 2.5/25ML</i>	134
<i>PANZYGA SOL 20/200ML</i>	134
<i>PANZYGA SOL 30/300ML</i>	134
<i>PANZYGA SOL 5GM/50ML</i>	134
<i>paricalcitol cap 1 mcg</i>	120
<i>paricalcitol cap 2 mcg</i>	120
<i>paricalcitol cap 4 mcg</i>	120
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	75
<i>paroxetine hcl tab 10 mg</i>	75
<i>paroxetine hcl tab 20 mg</i>	75
<i>paroxetine hcl tab 30 mg</i>	75
<i>paroxetine hcl tab 40 mg</i>	76
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	76
<i>paroxetine hcl tab er 24hr 25 mg</i>	76
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	76
<i>PAXLOVID PAK</i>	30
<i>PAXLOVID TAB 150-100</i>	30
<i>PAXLOVID TAB 300-100</i>	30
<i>pazopanib hcl tab 200 mg (base equiv)</i>	49
<i>PEDIARIX INJ 0.5ML</i>	136
<i>PEDVAX HIB INJ</i>	136
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	123
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	123
<i>PEGASYS INJ</i>	30
<i>PEGASYS INJ 180MCG/M</i>	30

PEMAZYRE TAB 13.5MG	49	<i>phenobarbital tab 32.4 mg</i>	91
PEMAZYRE TAB 4.5MG	49	<i>phenobarbital tab 60 mg</i>	91
PEMAZYRE TAB 9MG	49	<i>phenobarbital tab 64.8 mg</i>	91
<i>pemetrexed disodium for iv soln 100</i>		<i>phenobarbital tab 97.2 mg</i>	91
<i>mg (base equiv)</i>	38	<i>phenytek</i>	91
<i>pemetrexed disodium for iv soln 1000</i>		<i>phenytoin chew tab 50 mg</i>	91
<i>mg (base equiv)</i>	38	<i>phenytoin sodium extended cap 100</i>	
<i>pemetrexed disodium for iv soln 500</i>		<i>mg</i>	91
<i>mg (base equiv)</i>	38	<i>phenytoin sodium extended cap 200</i>	
<i>pemetrexed disodium for iv soln 750</i>		<i>mg</i>	91
<i>mg (base equiv)</i>	38	<i>phenytoin sodium extended cap 300</i>	
PENBRAYA INJ	136	<i>mg</i>	91
<i>penicillamine tab 250 mg</i>	109	<i>phenytoin sodium inj 50 mg/ml</i>	91
<i>penicillin g potassium for inj 20000000</i>		<i>phenytoin susp 125 mg/5ml</i>	91
<i>unit</i>	35	PHESGO SOL	49
<i>penicillin g potassium for inj 5000000</i>		<i>philith</i>	113
<i>unit</i>	35	PIFELTRO TAB 100MG	27
<i>penicillin g sodium for inj 5000000 unit</i>		<i>pilocarpine hcl ophth soln 1%</i>	142
.....	35	<i>pilocarpine hcl ophth soln 2%</i>	142
<i>penicillin v potassium for soln 125</i>		<i>pilocarpine hcl ophth soln 4%</i>	142
<i>mg/5ml</i>	35	<i>pilocarpine hcl tab 5 mg</i>	155
<i>penicillin v potassium for soln 250</i>		<i>pilocarpine hcl tab 7.5 mg</i>	155
<i>mg/5ml</i>	35	<i>pimecrolimus cream 1%</i>	155
<i>penicillin v potassium tab 250 mg</i>	35	<i>pimozide tab 1 mg</i>	83
<i>penicillin v potassium tab 500 mg</i>	35	<i>pimozide tab 2 mg</i>	83
PENTACEL INJ	136	<i>pimtrea</i>	113
<i>pentamidine isethionate inh</i>	24	<i>pindolol tab 10 mg</i>	64
<i>pentamidine isethionate inj</i>	24	<i>pindolol tab 5 mg</i>	64
<i>pentoxifylline tab er 400 mg</i>	129	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	
<i>perindopril erbumine tab 2 mg</i>	56	.....	104
<i>perindopril erbumine tab 4 mg</i>	56	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	
<i>perindopril erbumine tab 8 mg</i>	56	.....	104
<i>periogard</i>	155	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	
<i>permethrin cream 5%</i>	155	.....	104
<i>perphenazine tab 16 mg</i>	83	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>perphenazine tab 2 mg</i>	83	<i>500 mg</i>	104
<i>perphenazine tab 4 mg</i>	83	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>perphenazine tab 8 mg</i>	83	<i>850 mg</i>	104
<i>pfizerpen</i>	35	<i>piperacillin sod-tazobactam na for inj</i>	
<i>phenelzine sulfate tab 15 mg</i>	76	<i>3.375 gm (3-0.375 gm)</i>	35
<i>phenobarbital elixir 20 mg/5ml</i>	90	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>phenobarbital sodium inj 130 mg/ml</i> 90		<i>13.5 gm (12-1.5 gm)</i>	35
<i>phenobarbital sodium inj 65 mg/ml</i> ..90		<i>piperacillin sod-tazobactam sod for inj</i>	
<i>phenobarbital tab 100 mg</i>	91	<i>2.25 gm (2-0.25 gm)</i>	35
<i>phenobarbital tab 15 mg</i>	90	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>phenobarbital tab 16.2 mg</i>	91	<i>4.5 gm (4-0.5 gm)</i>	35
<i>phenobarbital tab 30 mg</i>	91		

<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	35
PIQRAY 200MG TAB DOSE.....	49
PIQRAY 250MG TAB DOSE.....	49
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<i>pirfenidone cap 267 mg</i>	147
<i>pirfenidone tab 267 mg</i>	147
<i>pirfenidone tab 534 mg</i>	147
<i>pirfenidone tab 801 mg</i>	147
<i>piroxicam cap 10 mg</i>	19
<i>piroxicam cap 20 mg</i>	19
<i>pitavastatin calcium tab 1 mg</i>	62
<i>pitavastatin calcium tab 2 mg</i>	62
<i>pitavastatin calcium tab 4 mg</i>	62
<i>plenamine</i>	140
PLENVU SOL	123
<i>podofilox soln 0.5%</i>	155
<i>polycin ophth oint</i>	141
<i>polymyxin b sulfate for inj 500000 unit</i>	24
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%.....	141
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POMALYST CAP 2MG	40
POMALYST CAP 3MG	40
POMALYST CAP 4MG	40
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<i>posaconazole susp 40 mg/ml</i>	26
<i>posaconazole tab delayed release 100</i> <i>mg</i>	26
POT CHL 20MEQ/L IN NACL 0.45% INJ	138
POT CHL 20MEQ/L IN NACL 0.9% INJ	138
POT CHL 40MEQ/L IN NACL 0.9% INJ	138
<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i>	138
<i>potassium chloride cap er 10 meq ..</i>	139
<i>potassium chloride cap er 8 meq</i>	139
<i>potassium chloride inj 10 meq/100ml</i>	138
<i>potassium chloride inj 10 meq/50ml</i>	138
<i>potassium chloride inj 2 meq/ml</i>	138
<i>potassium chloride inj 20 meq/100ml</i>	138
<i>potassium chloride inj 20 meq/50ml</i>	138
<i>potassium chloride inj 40 meq/100ml</i>	138
<i>potassium chloride microencapsulated</i> <i>crys er tab 10 meq</i>	139
<i>potassium chloride microencapsulated</i> <i>crys er tab 15 meq</i>	139
<i>potassium chloride microencapsulated</i> <i>crys er tab 20 meq</i>	139
<i>potassium chloride oral soln 10% (20</i> <i>meq/15ml)</i>	139
<i>potassium chloride oral soln 20% (40</i> <i>meq/15ml)</i>	139
<i>potassium chloride powder packet 20</i> <i>meq</i>	139
<i>potassium chloride tab er 10 meq ..</i>	139
<i>potassium chloride tab er 20 meq</i> <i>(1500 mg)</i>	139
<i>potassium chloride tab er 8 meq (600</i> <i>mg)</i>	139
<i>potassium citrate tab er 10 meq (1080</i> <i>mg)</i>	126
<i>potassium citrate tab er 15 meq (1620</i> <i>mg)</i>	126
<i>potassium citrate tab er 5 meq (540</i> <i>mg)</i>	126
<i>pramipexole dihydrochloride tab 0.125</i> <i>mg</i>	78
<i>pramipexole dihydrochloride tab 0.25</i> <i>mg</i>	78
<i>pramipexole dihydrochloride tab 0.5</i> <i>mg</i>	78
<i>pramipexole dihydrochloride tab 0.75</i> <i>mg</i>	78
<i>pramipexole dihydrochloride tab 1 mg</i>	78
<i>pramipexole dihydrochloride tab 1.5</i> <i>mg</i>	78
<i>pramipexole dihydrochloride tab er</i> <i>24hr 0.375 mg</i>	78
<i>pramipexole dihydrochloride tab er</i> <i>24hr 0.75 mg</i>	78
<i>pramipexole dihydrochloride tab er</i> <i>24hr 1.5 mg</i>	78
<i>pramipexole dihydrochloride tab er</i> <i>24hr 2.25 mg</i>	78

<i>pramipexole dihydrochloride tab er</i>		<i>pregabalin cap 25 mg</i>	91
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<i>pramipexole dihydrochloride tab er</i>		<i>pregabalin cap 50 mg</i>	91
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<i>pramipexole dihydrochloride tab er</i>		<i>pregabalin soln 20 mg/ml</i>	92
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<i>prasugrel hcl tab 5 mg (base equiv)</i>	129	<i>prevalite</i>	63
<i>pravastatin sodium tab 10 mg</i>	62	PREVYMIS TAB 240MG	31
<i>pravastatin sodium tab 20 mg</i>	62	PREVYMIS TAB 480MG	31
<i>pravastatin sodium tab 40 mg</i>	62	PREZCOBIX TAB 800-150	29
<i>pravastatin sodium tab 80 mg</i>	62	PREZISTA SUS 100MG/ML	27
<i>praziquantel tab 600 mg</i>	24	PREZISTA TAB 150MG.....	28
<i>prazosin hcl cap 1 mg</i>	57	PREZISTA TAB 75MG	28
<i>prazosin hcl cap 2 mg</i>	57	PRIFTIN TAB 150MG	29
<i>prazosin hcl cap 5 mg</i>	57	<i>primaquine phosphate tab 26.3 mg (15</i>	
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<i>prednisolone acetate ophth susp 1%</i>		PRIMAQUINE TAB 26.3MG.....	26
.....	141	<i>primidone tab 125 mg</i>	92
<i>prednisolone sod phosphate oral soln</i>		<i>primidone tab 250 mg</i>	92
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<i>mg/5ml (base equiv)</i>	116	PRIVIGEN INJ 10GRAMS	134
<i>prednisolone sodium phosphate oral</i>		PRIVIGEN INJ 20GRAMS	134
<i>soln 25 mg/5ml (base eq)</i>	116	PRIVIGEN INJ 40GRAMS	134
<i>prednisolone soln 15 mg/5ml</i>	116	PRIVIGEN INJ 5 GRAMS.....	134
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<i>prednisone oral soln 5 mg/5ml</i>	116	<i>prochlorperazine edisylate inj 10</i>	
<i>prednisone tab 1 mg</i>	116	<i>mg/2ml</i>	121
<i>prednisone tab 10 mg</i>	116	<i>prochlorperazine maleate tab 10 mg</i>	
<i>prednisone tab 2.5 mg</i>	116	<i>(base equivalent)</i>	121
<i>prednisone tab 20 mg</i>	116	<i>prochlorperazine maleate tab 5 mg</i>	
<i>prednisone tab 5 mg</i>	116	<i>(base equivalent)</i>	121
<i>prednisone tab 50 mg</i>	116	<i>prochlorperazine suppos 25 mg</i>	121
<i>prednisone tab therapy pack 10 mg</i>		PROCRIT INJ 10000/ML.....	128
<i>(21)</i>	116	PROCRIT INJ 2000/ML.....	128
<i>prednisone tab therapy pack 10 mg</i>		PROCRIT INJ 20000/ML.....	128
<i>(48)</i>	116	PROCRIT INJ 3000/ML.....	128
<i>prednisone tab therapy pack 5 mg (21)</i>		PROCRIT INJ 4000/ML.....	128
.....	116	PROCRIT INJ 40000/ML.....	128
<i>prednisone tab therapy pack 5 mg (48)</i>		<i>proctocort cre 1%</i>	155
.....	116	<i>procto-med hc</i>	155
<i>pregabalin cap 100 mg</i>	91	<i>proctosol hc</i>	155
<i>pregabalin cap 150 mg</i>	91	<i>proctozone-hc</i>	155
<i>pregabalin cap 200 mg</i>	91	<i>progesterone cap 100 mg</i>	119
<i>pregabalin cap 225 mg</i>	91	<i>progesterone cap 200 mg</i>	119

PROGRAF GRA 0.2MG	135
PROGRAF GRA 1MG.....	135
PROLASTIN-C INJ 1000MG	147
PROLIA INJ 60MG/ML	108
<i>promethazine hcl inj 25 mg/ml</i>	<i>121</i>
<i>promethazine hcl inj 50 mg/ml</i>	<i>121</i>
<i>promethazine hcl oral soln 6.25</i>	
<i>mg/5ml</i>	<i>122</i>
<i>promethazine hcl tab 12.5 mg</i>	<i>122</i>
<i>promethazine hcl tab 25 mg</i>	<i>122</i>
<i>promethazine hcl tab 50 mg</i>	<i>122</i>
<i>propafenone hcl cap er 12hr 225 mg</i>	<i>60</i>
<i>propafenone hcl cap er 12hr 325 mg</i>	<i>60</i>
<i>propafenone hcl cap er 12hr 425 mg</i>	<i>60</i>
<i>propafenone hcl tab 150 mg.....</i>	<i>60</i>
<i>propafenone hcl tab 225 mg.....</i>	<i>60</i>
<i>propafenone hcl tab 300 mg.....</i>	<i>60</i>
<i>proparacaine hcl ophth soln 0.5% ..</i>	<i>142</i>
<i>propranolol hcl cap er 24hr 120 mg ..</i>	<i>64</i>
<i>propranolol hcl cap er 24hr 160 mg ..</i>	<i>64</i>
<i>propranolol hcl cap er 24hr 60 mg....</i>	<i>64</i>
<i>propranolol hcl cap er 24hr 80 mg....</i>	<i>64</i>
<i>propranolol hcl oral soln 20 mg/5ml .</i>	<i>65</i>
<i>propranolol hcl oral soln 40 mg/5ml .</i>	<i>65</i>
<i>propranolol hcl tab 10 mg</i>	<i>65</i>
<i>propranolol hcl tab 20 mg</i>	<i>65</i>
<i>propranolol hcl tab 40 mg</i>	<i>65</i>
<i>propranolol hcl tab 60 mg</i>	<i>65</i>
<i>propranolol hcl tab 80 mg</i>	<i>65</i>
<i>propylthiouracil tab 50 mg</i>	<i>120</i>
PROQUAD INJ.....	136
PROSOL INJ 20%.....	140
<i>protriptyline hcl tab 10 mg</i>	<i>76</i>
<i>protriptyline hcl tab 5 mg.....</i>	<i>76</i>
PULMOZYME SOL 1MG/ML.....	147
PURIXAN SUS 20MG/ML.....	38
<i>pyrazinamide tab 500 mg</i>	<i>29</i>
<i>pyridostigmine bromide tab 60 mg ...</i>	<i>99</i>
<i>pyrimethamine tab 25 mg</i>	<i>24</i>
PYZCHIVA INJ 130/26ML.....	131
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QINLOCK TAB 50MG.....	49
QUADRACEL INJ 0.5ML	136
<i>quetiapine fumarate tab 100 mg</i>	<i>84</i>
<i>quetiapine fumarate tab 150 mg</i>	<i>84</i>

<i>quetiapine fumarate tab 200 mg</i>	<i>84</i>
<i>quetiapine fumarate tab 25 mg</i>	<i>84</i>
<i>quetiapine fumarate tab 300 mg</i>	<i>84</i>
<i>quetiapine fumarate tab 400 mg</i>	<i>84</i>
<i>quetiapine fumarate tab 50 mg</i>	<i>84</i>
<i>quetiapine fumarate tab er 24hr 150</i>	
<i>mg</i>	<i>84</i>
<i>quetiapine fumarate tab er 24hr 200</i>	
<i>mg</i>	<i>84</i>
<i>quetiapine fumarate tab er 24hr 300</i>	
<i>mg</i>	<i>84</i>
<i>quetiapine fumarate tab er 24hr 400</i>	
<i>mg</i>	<i>84</i>
<i>quetiapine fumarate tab er 24hr 50 mg</i>	
<i>.....</i>	<i>84</i>
<i>quinapril hcl tab 10 mg.....</i>	<i>56</i>
<i>quinapril hcl tab 20 mg.....</i>	<i>56</i>
<i>quinapril hcl tab 40 mg.....</i>	<i>56</i>
<i>quinapril hcl tab 5 mg</i>	<i>56</i>
<i>quinidine sulfate tab 200 mg</i>	<i>60</i>
<i>quinidine sulfate tab 300 mg</i>	<i>60</i>
<i>quinine sulfate cap 324 mg</i>	<i>27</i>
QULIPTA TAB 10MG	97
QULIPTA TAB 30MG	97
QULIPTA TAB 60MG	97
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<i>rabeprazole sodium ec tab 20 mg ..</i>	<i>125</i>
RALDESY SOL 10MG/ML	76
<i>raloxifene hcl tab 60 mg</i>	<i>118</i>
<i>ramipril cap 1.25 mg.....</i>	<i>57</i>
<i>ramipril cap 10 mg</i>	<i>57</i>
<i>ramipril cap 2.5 mg</i>	<i>57</i>
<i>ramipril cap 5 mg</i>	<i>57</i>
<i>ranolazine tab er 12hr 1000 mg.....</i>	<i>70</i>
<i>ranolazine tab er 12hr 500 mg</i>	<i>70</i>
<i>rasagiline mesylate tab 0.5 mg (base</i>	
<i>equiv)</i>	<i>78</i>
<i>rasagiline mesylate tab 1 mg (base</i>	
<i>equiv)</i>	<i>78</i>
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RELISTOR INJ 8/0.4ML	124	<i>risedronate sodium tab 5 mg</i>	108
REMICADE INJ 100MG	131	<i>risedronate sodium tab delayed release</i>	
RENFLEXIS INJ 100MG	131	35 mg	108
<i>repaglinide tab 0.5 mg</i>	104	<i>risperidone microspheres for im</i>	
<i>repaglinide tab 1 mg</i>	104	extended rel susp 12.5 mg	84
<i>repaglinide tab 2 mg</i>	104	<i>risperidone microspheres for im</i>	
REPATHA INJ 140MG/ML	63	extended rel susp 25 mg	84
REPATHA PUSH INJ 420/3.5	63	<i>risperidone microspheres for im</i>	
REPATHA SURE INJ 140MG/ML	63	extended rel susp 37.5 mg	84
RESTASIS EMU 0.05% OP	142	<i>risperidone microspheres for im</i>	
RESTASIS MUL EMU 0.05% OP	142	extended rel susp 50 mg	84
RETEVMO CAP 40MG	49	<i>risperidone orally disintegrating tab</i>	
RETEVMO CAP 80MG	49	0.25 mg	84
RETEVMO TAB 120MG	50	<i>risperidone orally disintegrating tab 0.5</i>	
RETEVMO TAB 160MG	50	mg	84
RETEVMO TAB 40MG	49	<i>risperidone orally disintegrating tab 1</i>	
RETEVMO TAB 80MG	49	mg	85
REVUFORJ TAB 110MG	50	<i>risperidone orally disintegrating tab 2</i>	
REVUFORJ TAB 160MG	50	mg	85
REVUFORJ TAB 25MG	50	<i>risperidone orally disintegrating tab 3</i>	
REXULTI TAB 0.25MG	84	mg	85
REXULTI TAB 0.5MG	84	<i>risperidone orally disintegrating tab 4</i>	
REXULTI TAB 1MG	84	mg	85
REXULTI TAB 2MG	84	<i>risperidone soln 1 mg/ml</i>	85
REXULTI TAB 3MG	84	<i>risperidone tab 0.25 mg</i>	85
REXULTI TAB 4MG	84	<i>risperidone tab 0.5 mg</i>	85
REYATAZ POW 50MG	28	<i>risperidone tab 1 mg</i>	85
REZLIDHIA CAP 150MG	50	<i>risperidone tab 2 mg</i>	85
REZUROCK TAB 200MG	135	<i>risperidone tab 3 mg</i>	85
REZVOGLAR INJ 100UT/ML	107	<i>risperidone tab 4 mg</i>	85
RHOPRESSA SOL 0.02%	142	<i>ritonavir tab 100 mg</i>	28
<i>ribavirin cap 200 mg</i>	31	<i>rivaroxaban tab 2.5 mg</i>	128
<i>ribavirin tab 200 mg</i>	31	<i>rivastigmine tartrate cap 1.5 mg (base</i>	
<i>rifabutin cap 150 mg</i>	29	equivalent)	72
<i>rifampin cap 150 mg</i>	29	<i>rivastigmine tartrate cap 3 mg (base</i>	
<i>rifampin cap 300 mg</i>	29	equivalent)	72
<i>rifampin for inj 600 mg</i>	29	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
<i>riluzole tab 50 mg</i>	99	equivalent)	72
<i>rimantadine hydrochloride tab 100 mg</i>		<i>rivastigmine tartrate cap 6 mg (base</i>	
.....	31	equivalent)	72
RINVOQ LQ SOL 1MG/ML	131	<i>rivastigmine td patch 24hr 13.3</i>	
RINVOQ TAB 15MG ER	131	mg/24hr	73
RINVOQ TAB 30MG ER	131	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	
RINVOQ TAB 45MG ER	131	.....	73
<i>risedronate sodium tab 150 mg</i>	108	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	
<i>risedronate sodium tab 30 mg</i>	108		73
<i>risedronate sodium tab 35 mg</i>	108	<i>rivelsa</i>	113

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<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	97	RYBELSUS TAB 14MG.....	104
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	98	RYBELSUS TAB 3MG.....	104
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	98	RYBELSUS TAB 7MG.....	104
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<i>roflumilast tab 500 mcg</i>	147	<i>sajazir</i>	129
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ROMVIMZA CAP 20MG	50	<i>sapropterin dihydrochloride powder packet 100 mg</i>	118
ROMVIMZA CAP 30MG	50	<i>sapropterin dihydrochloride powder packet 500 mg</i>	118
<i>ropinirole hydrochloride tab 0.25 mg</i> 79		<i>sapropterin dihydrochloride tab 100 mg</i>	119
<i>ropinirole hydrochloride tab 0.5 mg</i> ..	79	SCEMBLIX TAB 100MG	50
<i>ropinirole hydrochloride tab 1 mg</i>	79	SCEMBLIX TAB 20MG	50
<i>ropinirole hydrochloride tab 2 mg</i>	79	SCEMBLIX TAB 40MG	50
<i>ropinirole hydrochloride tab 3 mg</i>	79	<i>scopolamine td patch 72hr 1 mg/3days</i>	122
<i>ropinirole hydrochloride tab 4 mg</i>	79	SECUADO DIS 3.8MG	85
<i>ropinirole hydrochloride tab 5 mg</i>	79	SECUADO DIS 5.7MG	85
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	79	SECUADO DIS 7.6MG	85
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	79	<i>selegiline hcl cap 5 mg</i>	79
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	79	<i>selegiline hcl tab 5 mg</i>	79
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	79	<i>selenium sulfide lotion 2.5%</i>	152
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	79	SELZENTRY SOL 20MG/ML.....	28
<i>rosuvastatin calcium tab 10 mg</i>	62	SEMGLEE INJ 100U/ML.....	107
<i>rosuvastatin calcium tab 20 mg</i>	62	SEREVENT DIS AER 50MCG.....	145
<i>rosuvastatin calcium tab 40 mg</i>	62	<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	76
<i>rosuvastatin calcium tab 5 mg</i>	62	<i>sertraline hcl tab 100 mg</i>	76
ROTARIX SUS.....	136	<i>sertraline hcl tab 25 mg</i>	76
ROTATEQ SOL	136	<i>sertraline hcl tab 50 mg</i>	76
<i>roweepra</i>	92	<i>setlakin</i>	113
ROZLYTREK CAP 100MG	50	<i>sharobel</i>	113
ROZLYTREK CAP 200MG	50	SHINGRIX INJ 50/0.5ML	136
ROZLYTREK PAK 50MG	50	SIGNIFOR INJ 0.3MG/ML	119
RUBRACA TAB 200MG	50	SIGNIFOR INJ 0.6MG/ML	119
RUBRACA TAB 250MG	50	SIGNIFOR INJ 0.9MG/ML	119
RUBRACA TAB 300MG	50	SIKLOS TAB 1000MG	129
<i>rufinamide susp 40 mg/ml</i>	92	SIKLOS TAB 100MG	129
<i>rufinamide tab 200 mg</i>	92	<i>sildenafil citrate tab 20 mg</i>	70
<i>rufinamide tab 400 mg</i>	92	<i>silodosin cap 4 mg</i>	125
		<i>silodosin cap 8 mg</i>	125
		<i>silver sulfadiazine cream 1%</i>	151
		SIMBRINZA SUS 1-0.2%	142
		<i>simliya</i>	113

<i>simpesse</i>	113	SOMAVERT INJ 15MG	119
<i>simvastatin tab 10 mg</i>	62	SOMAVERT INJ 20MG	119
<i>simvastatin tab 20 mg</i>	62	SOMAVERT INJ 25MG	119
<i>simvastatin tab 40 mg</i>	62	SOMAVERT INJ 30MG	119
<i>simvastatin tab 5 mg</i>	62	<i>sorafenib tosylate tab 200 mg (base</i>	
<i>simvastatin tab 80 mg</i>	62	<i>equivalent)</i>	50
<i>sirolimus oral soln 1 mg/ml</i>	135	<i>sotalol hcl (afib/afl) tab 120 mg</i>	61
<i>sirolimus tab 0.5 mg</i>	135	<i>sotalol hcl (afib/afl) tab 160 mg</i>	61
<i>sirolimus tab 1 mg</i>	135	<i>sotalol hcl (afib/afl) tab 80 mg</i>	61
<i>sirolimus tab 2 mg</i>	135	<i>sotalol hcl tab 120 mg</i>	61
SIRTURO TAB 100MG	29	<i>sotalol hcl tab 160 mg</i>	61
SIRTURO TAB 20MG	29	<i>sotalol hcl tab 240 mg</i>	61
SKYRIZI INJ 150MG/ML	132	<i>sotalol hcl tab 80 mg</i>	61
SKYRIZI INJ 180/1.2	132	SOTYKTU TAB 6MG	132
SKYRIZI INJ 360/2.4	132	<i>spironolactone & hydrochlorothiazide</i>	
SKYRIZI PEN INJ 150MG/ML	132	<i>tab 25-25 mg</i>	68
SKYRIZI SOL 60MG/ML	132	<i>spironolactone tab 100 mg</i>	57
SOD OXYBATE SOL 500MG/ML	101	<i>spironolactone tab 25 mg</i>	57
<i>sod sulfate-pot sulf-mg sulf oral sol</i>		<i>spironolactone tab 50 mg</i>	57
<i>17.5-3.13-1.6 gm/177ml</i>	123	<i>sprintec 28</i>	113
<i>sodium chloride inj 2.5 meq/ml</i>		SPRITAM TAB 1000MG	92
<i>(14.6%)</i>	138	SPRITAM TAB 250MG	92
<i>sodium chloride irrigation soln 0.9%</i>		SPRITAM TAB 500MG	92
.....	155	SPRITAM TAB 750MG	92
<i>sodium chloride iv soln 0.45%</i>	138	<i>sps</i>	109
<i>sodium chloride iv soln 0.9%</i>	138	<i>sps rectal</i>	109
<i>sodium chloride iv soln 3%</i>	138	<i>sronyx</i>	113
<i>sodium chloride iv soln 5%</i>	138	<i>ssd</i>	151
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>		STELARA INJ 45MG/0.5	132
<i>mg/ml soln</i>	139	STELARA INJ 5MG/ML	132
<i>sodium phenylbutyrate oral powder 3</i>		STELARA INJ 90MG/ML	132
<i>gm/teaspoonful</i>	119	STIVARGA TAB 40MG	50
<i>sodium phenylbutyrate tab 500 mg</i>	119	<i>streptomycin sulfate for inj 1 gm</i>	24
<i>sodium polystyrene sulfonate powder</i>		STRIBILD TAB	29
.....	109	<i>subvenite</i>	92
<i>solifenacin succinate tab 10 mg</i>	126	<i>sucralfate susp 1 gm/10ml</i>	124
<i>solifenacin succinate tab 5 mg</i>	126	<i>sucralfate tab 1 gm</i>	124
SOLQUA INJ 100/33	108	<i>sulfacetamide sodium lotion 10%</i>	
SOLTAMOX SOL 10MG/5ML	39	<i>(acne)</i>	151
SOLU-CORTEF INJ 1000MG	117	<i>sulfacetamide sodium ophth oint 10%</i>	
SOLU-CORTEF INJ 100MG	116	.....	141
SOLU-CORTEF INJ 250MG	116	<i>sulfacetamide sodium ophth soln 10%</i>	
SOLU-CORTEF INJ 500MG	116	.....	141
SOMATULINE INJ 120/.5ML	119	<i>sulfacetamide sodium-prednisolone</i>	
SOMATULINE INJ 60/0.2ML	119	<i>ophth soln 10-0.23(0.25)%</i>	140
SOMATULINE INJ 90/0.3ML	119	<i>sulfadiazine tab 500 mg</i>	24
SOMAVERT INJ 10MG	119		

<i>sulfamethoxazole-trimethoprim iv soln</i>		SYNAREL SOL 2MG/ML	119
400-80 mg/5ml	24	SYNJARDY TAB 12.5-1000MG	104
<i>sulfamethoxazole-trimethoprim susp</i>		SYNJARDY TAB 12.5-500	104
200-40 mg/5ml	24	SYNJARDY TAB 5-1000MG	104
<i>sulfamethoxazole-trimethoprim tab</i>		SYNJARDY TAB 5-500MG	104
400-80 mg	25	SYNJARDY XR TAB 10-1000	104
<i>sulfamethoxazole-trimethoprim tab</i>		SYNJARDY XR TAB 12.5-1000	104
800-160 mg	25	SYNJARDY XR TAB 25-1000	104
SULFAMYLON CRE 85MG/GM	151	SYNJARDY XR TAB 5-1000MG	104
<i>sulfasalazine tab 500 mg</i>	123	SYNTHROID TAB 100MCG	120
<i>sulfasalazine tab delayed release 500</i>		SYNTHROID TAB 112MCG	120
<i>mg</i>	123	SYNTHROID TAB 125MCG	120
<i>sulindac tab 150 mg</i>	19	SYNTHROID TAB 137MCG	120
<i>sulindac tab 200 mg</i>	19	SYNTHROID TAB 150MCG	120
<i>sumatriptan nasal spray 20 mg/act</i> ..	98	SYNTHROID TAB 175MCG	120
<i>sumatriptan nasal spray 5 mg/act</i>	98	SYNTHROID TAB 200MCG	120
<i>sumatriptan succinate inj 6 mg/0.5ml</i>		SYNTHROID TAB 25MCG	120
.....	98	SYNTHROID TAB 300MCG	120
<i>sumatriptan succinate solution auto-</i>		SYNTHROID TAB 50MCG	120
<i>injector 4 mg/0.5ml</i>	98	SYNTHROID TAB 75MCG	120
<i>sumatriptan succinate solution auto-</i>		SYNTHROID TAB 88MCG	120
<i>injector 6 mg/0.5ml</i>	98	T	
<i>sumatriptan succinate solution</i>		TABLOID TAB 40MG	38
<i>cartridge 4 mg/0.5ml</i>	98	TABRECTA TAB 150MG	51
<i>sumatriptan succinate solution</i>		TABRECTA TAB 200MG	51
<i>cartridge 6 mg/0.5ml</i>	98	<i>tacrolimus cap 0.5 mg</i>	135
<i>sumatriptan succinate tab 100 mg</i> ...	98	<i>tacrolimus cap 1 mg</i>	135
<i>sumatriptan succinate tab 25 mg</i>	98	<i>tacrolimus cap 5 mg</i>	135
<i>sumatriptan succinate tab 50 mg</i>	98	<i>tacrolimus oint 0.03%</i>	155
<i>sunitinib malate cap 12.5 mg (base</i>		<i>tacrolimus oint 0.1%</i>	155
<i>equivalent)</i>	51	<i>tadalafil tab 20 mg (pah)</i>	71
<i>sunitinib malate cap 25 mg (base</i>		<i>tadalafil tab 5 mg</i>	125
<i>equivalent)</i>	51	TAFINLAR CAP 50MG	51
<i>sunitinib malate cap 37.5 mg (base</i>		TAFINLAR CAP 75MG	51
<i>equivalent)</i>	51	TAFINLAR TAB 10MG	51
<i>sunitinib malate cap 50 mg (base</i>		TAGRISSO TAB 40MG	51
<i>equivalent)</i>	51	TAGRISSO TAB 80MG	51
SUNLENCA TAB 300MG	28	TALZENNA CAP 0.1MG	51
<i>syeda</i>	113	TALZENNA CAP 0.25MG	51
SYMBICORT AER 160-4.5	150	TALZENNA CAP 0.35MG	51
SYMBICORT AER 80-4.5	150	TALZENNA CAP 0.5MG	51
SYMDEKO TAB 100-150	147	TALZENNA CAP 0.75MG	51
SYMDEKO TAB 50-75MG	147	TALZENNA CAP 1MG	51
SYMPAZAN MIS 10MG	92	<i>tamoxifen citrate tab 10 mg (base</i>	
SYMPAZAN MIS 20MG	92	<i>equivalent)</i>	39
SYMPAZAN MIS 5MG	92	<i>tamoxifen citrate tab 20 mg (base</i>	
SYMTUZA TAB	29	<i>equivalent)</i>	39

<i>tamsulosin hcl cap 0.4 mg</i>	125	<i>terazosin hcl cap 5 mg (base</i>	
<i>tarina 24 fe</i>	113	<i>equivalent)</i>	57
<i>tarina fe 1/20 eq</i>	113	<i>terbinafine hcl tab 250 mg</i>	26
TASIGNA CAP 150MG	51	<i>terbutaline sulfate tab 2.5 mg</i>	145
TASIGNA CAP 200MG	51	<i>terbutaline sulfate tab 5 mg</i>	145
TASIGNA CAP 50MG	51	<i>terconazole vaginal cream 0.4%</i>	126
<i>tasimelteon capsule 20 mg</i>	96	<i>terconazole vaginal cream 0.8%</i>	127
TAVNEOS CAP 10MG	129	<i>terconazole vaginal suppos 80 mg</i> .	127
<i>tazarotene cream 0.05%</i>	152	TERIPARATIDE INJ 620/2.48	108
<i>tazarotene cream 0.1%</i>	152	<i>testosterone cypionate im inj in oil 100</i>	
<i>tazicef</i>	32	<i>mg/ml</i>	102
TAZORAC CRE 0.05%	152	<i>testosterone cypionate im inj in oil 200</i>	
TAZVERIK TAB 200MG	51	<i>mg/ml</i>	102
TECENTRIQ INJ 1200/20	52	<i>testosterone enanthate im inj in oil 200</i>	
TECENTRIQ INJ 840/14	51	<i>mg/ml</i>	102
TECENTRIQ INJ HYBREZA	52	<i>testosterone pump</i>	102
TEFLARO INJ 400MG	32	<i>testosterone td gel 12.5 mg/act (1%)</i>	
TEFLARO INJ 600MG	32	.....	102
<i>telmisartan tab 20 mg</i>	60	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	
<i>telmisartan tab 40 mg</i>	60	.....	102
<i>telmisartan tab 80 mg</i>	60	<i>testosterone td gel 50 mg/5gm (1%)</i>	
<i>telmisartan-amlodipine tab 40-10 mg</i>		.....	102
.....	59	<i>tetrabenazine tab 12.5 mg</i>	99
<i>telmisartan-amlodipine tab 40-5 mg</i>	59	<i>tetrabenazine tab 25 mg</i>	99
<i>telmisartan-amlodipine tab 80-10 mg</i>		<i>tetracycline hcl cap 250 mg</i>	36
.....	59	<i>tetracycline hcl cap 500 mg</i>	36
<i>telmisartan-amlodipine tab 80-5 mg</i>	59	THALOMID CAP 100MG.....	40
<i>telmisartan-hydrochlorothiazide tab 40-</i>		THALOMID CAP 150MG.....	40
<i>12.5 mg</i>	59	THALOMID CAP 200MG.....	40
<i>telmisartan-hydrochlorothiazide tab 80-</i>		THALOMID CAP 50MG	40
<i>12.5 mg</i>	59	THEO-24 CAP 100MG CR	148
<i>telmisartan-hydrochlorothiazide tab 80-</i>		THEO-24 CAP 200MG CR	148
<i>25 mg</i>	59	THEO-24 CAP 300MG CR	148
<i>temazepam cap 15 mg</i>	96	THEO-24 CAP 400MG ER.....	148
<i>temazepam cap 30 mg</i>	96	<i>theophylline elixir 80 mg/15ml</i>	148
<i>temazepam cap 7.5 mg</i>	96	<i>theophylline soln 80 mg/15ml</i>	148
TENIVAC INJ 5-2LF	136	<i>theophylline tab er 12hr 100 mg</i>	148
<i>tenofovir disoproxil fumarate tab 300</i>		<i>theophylline tab er 12hr 200 mg</i>	148
<i>mg</i>	28	<i>theophylline tab er 12hr 300 mg</i>	148
TEPMETKO TAB 225MG	52	<i>theophylline tab er 12hr 450 mg</i>	148
<i>terazosin hcl cap 1 mg (base</i>		<i>theophylline tab er 24hr 400 mg</i>	148
<i>equivalent)</i>	57	<i>theophylline tab er 24hr 600 mg</i>	148
<i>terazosin hcl cap 10 mg (base</i>		<i>thioridazine hcl tab 10 mg</i>	85
<i>equivalent)</i>	57	<i>thioridazine hcl tab 100 mg</i>	85
<i>terazosin hcl cap 2 mg (base</i>		<i>thioridazine hcl tab 25 mg</i>	85
<i>equivalent)</i>	57	<i>thioridazine hcl tab 50 mg</i>	85
		<i>thiothixene cap 1 mg</i>	85

<i>thiothixene cap 10 mg</i>	85	<i>tolterodine tartrate cap er 24hr 2 mg</i>	126
<i>thiothixene cap 2 mg</i>	85	<i>tolterodine tartrate cap er 24hr 4 mg</i>	126
<i>thiothixene cap 5 mg</i>	85	<i>tolterodine tartrate tab 1 mg</i>	126
<i>tiadylt er</i>	67	<i>tolterodine tartrate tab 2 mg</i>	126
<i>tiagabine hcl tab 12 mg</i>	92	<i>topiramate sprinkle cap 15 mg</i>	92
<i>tiagabine hcl tab 16 mg</i>	92	<i>topiramate sprinkle cap 25 mg</i>	92
<i>tiagabine hcl tab 2 mg</i>	92	<i>topiramate sprinkle cap 50 mg</i>	92
<i>tiagabine hcl tab 4 mg</i>	92	<i>topiramate tab 100 mg</i>	92
<i>TIBSOVO TAB 250MG</i>	52	<i>topiramate tab 200 mg</i>	92
<i>ticagrelor tab 60 mg</i>	129	<i>topiramate tab 25 mg</i>	92
<i>ticagrelor tab 90 mg</i>	129	<i>topiramate tab 50 mg</i>	92
<i>TICOVAC INJ</i>	137	<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	39
<i>tigecycline for iv soln 50 mg</i>	36	<i>torpenz tab 10mg</i>	52
<i>tilia fe</i>	113	<i>torpenz tab 2.5mg</i>	52
<i>timolol maleate ophth gel forming soln</i> <i>0.25%</i>	142	<i>torpenz tab 5mg</i>	52
<i>timolol maleate ophth gel forming soln</i> <i>0.5%</i>	142	<i>torpenz tab 7.5mg</i>	52
<i>timolol maleate ophth soln 0.25%</i> ..	142	<i>torseamide tab 10 mg</i>	68
<i>timolol maleate ophth soln 0.5%</i>	142	<i>torseamide tab 100 mg</i>	68
<i>timolol maleate tab 10 mg</i>	65	<i>torseamide tab 20 mg</i>	68
<i>timolol maleate tab 20 mg</i>	65	<i>torseamide tab 5 mg</i>	68
<i>timolol maleate tab 5 mg</i>	65	<i>TOUJEO MAX INJ 300/ML</i>	108
<i>tinidazole tab 250 mg</i>	25	<i>TOUJEO SOLO INJ 300/ML</i>	108
<i>tinidazole tab 500 mg</i>	25	<i>TPN ELECTROL INJ</i>	139
<i>TIVICAY PD TAB 5MG</i>	28	<i>TRADJENTA TAB 5MG</i>	104
<i>TIVICAY TAB 10MG</i>	28	<i>tramadol hcl tab 50 mg</i>	22
<i>TIVICAY TAB 25MG</i>	28	<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i>	22
<i>TIVICAY TAB 50MG</i>	28	<i>trandolapril tab 1 mg</i>	57
<i>tizanidine hcl tab 2 mg (base</i> <i>equivalent)</i>	100	<i>trandolapril tab 2 mg</i>	57
<i>tizanidine hcl tab 4 mg (base</i> <i>equivalent)</i>	100	<i>trandolapril tab 4 mg</i>	57
<i>TOBI PODHALR CAP 28MG</i>	25	<i>tranexamic acid iv soln 1000 mg/10ml</i> <i>(100 mg/ml)</i>	129
<i>TOBRADEX OIN 0.3-0.1%</i>	140	<i>tranexamic acid tab 650 mg</i>	129
<i>tobramycin nebu soln 300 mg/5ml</i> ...	25	<i>tranylcypromine sulfate tab 10 mg</i> ...	76
<i>tobramycin ophth soln 0.3%</i>	141	<i>TRAVASOL INJ 10%</i>	140
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i> <i>mg/ml) (base equiv)</i>	25	<i>travoprost ophth soln 0.004%</i> <i>(benzalkonium free) (bak free)</i> ...	142
<i>tobramycin sulfate inj 10 mg/ml (base</i> <i>equivalent)</i>	25	<i>TRAZIMERA INJ 150MG</i>	52
<i>tobramycin sulfate inj 2 gm/50ml (40</i> <i>mg/ml) (base equiv)</i>	25	<i>TRAZIMERA INJ 420MG</i>	52
<i>tobramycin sulfate inj 80 mg/2ml (40</i> <i>mg/ml) (base equiv)</i>	25	<i>trazodone hcl tab 100 mg</i>	76
<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	140	<i>trazodone hcl tab 150 mg</i>	76
		<i>trazodone hcl tab 50 mg</i>	76
		<i>TRECATOR TAB 250MG</i>	29

TRELEGY AER ELLIPTA 100-62.5-25 MCG.....	143	<i>tridacaine dis 5% patch</i>	154
TRELEGY AER ELLIPTA 200-62.5-25 MCG.....	143	<i>triderm</i>	154
TREMFYA CROH INJ 200/2ML.....	132	<i>trientine hcl cap 250 mg</i>	109
TREMFYA INJ 100MG/ML.....	132	<i>tri-estarylla</i>	113
TREMFYA INJ 200/20ML.....	132	<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	85
TREMFYA INJ 200/2ML.....	132	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	85
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	71	<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	85
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	71	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	85
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	71	<i>trifluridine ophth soln 1%</i>	141
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	71	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	79
TRESIBA FLEX INJ 100UNIT.....	108	<i>trihexyphenidyl hcl tab 2 mg</i>	79
TRESIBA FLEX INJ 200UNIT.....	108	<i>trihexyphenidyl hcl tab 5 mg</i>	79
TRESIBA INJ 100UNIT	108	TRIJARDY XR TAB ER 24HR 10-5- 1000MG	104
<i>tretinoin cap 10 mg</i>	41	TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	104
<i>tretinoin cream 0.025%</i>	151	TRIJARDY XR TAB ER 24HR 25-5- 1000MG	104
<i>tretinoin cream 0.05%</i>	151	TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG	104
<i>tretinoin cream 0.1%</i>	151	TRIKAFTA PAK 59.5MG	148
<i>tretinoin gel 0.01%</i>	151	TRIKAFTA PAK 75MG.....	148
<i>tretinoin gel 0.025%</i>	151	TRIKAFTA TAB 100-50-75MG & 150MG	148
<i>triamcinolone acetonide cream 0.025%</i>	154	TRIKAFTA TAB 50-25-37.5MG & 75MG	148
<i>triamcinolone acetonide cream 0.1%</i>	154	<i>tri-legend fe</i>	113
<i>triamcinolone acetonide cream 0.5%</i>	154	<i>tri-linyah</i>	113
<i>triamcinolone acetonide dental paste 0.1%</i>	155	<i>tri-lo-estarylla</i>	113
<i>triamcinolone acetonide lotion 0.025%</i>	154	<i>tri-lo-marzia</i>	113
<i>triamcinolone acetonide lotion 0.1%</i>	154	<i>tri-lo-mili</i>	113
<i>triamcinolone acetonide oint 0.025%</i>	154	<i>tri-lo-sprintec</i>	113
<i>triamcinolone acetonide oint 0.1%</i> .	154	<i>trimethoprim tab 100 mg</i>	25
<i>triamcinolone acetonide oint 0.5%</i> .	154	<i>tri-mili</i>	113
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	68	<i>trimipramine maleate cap 100 mg</i>	76
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	68	<i>trimipramine maleate cap 25 mg</i>	76
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	68	<i>trimipramine maleate cap 50 mg</i>	76
		TRINTELLIX TAB 10MG	76
		TRINTELLIX TAB 20MG	76
		TRINTELLIX TAB 5MG.....	76
		<i>tri-nymyo tab</i>	113
		<i>tri-sprintec</i>	113

TRIUMEQ PD TAB.....	29	VALCHLOR GEL 0.016%	155
TRIUMEQ TAB	29	valganciclovir hcl for soln 50 mg/ml	
trivora-28	113	(base equiv)	31
tri-vylibra	113	valganciclovir hcl tab 450 mg (base	
tri-vylibra lo	113	equivalent)	31
TROGARZO INJ 150MG/ML	28	valproate sodium inj 100 mg/ml	92
TROPHAMINE INJ 10%	140	valproate sodium oral soln 250 mg/5ml	
trospium chloride cap er 24hr 60 mg		(base equiv)	92
.....	126	valproic acid cap 250 mg	92
trospium chloride tab 20 mg.....	126	valsartan tab 160 mg	60
TRULANCE TAB 3MG.....	124	valsartan tab 320 mg	60
TRULICITY INJ 0.75/0.5	104	valsartan tab 40 mg.....	60
TRULICITY INJ 1.5/0.5	105	valsartan tab 80 mg.....	60
TRULICITY INJ 3/0.5	105	valsartan-hydrochlorothiazide tab 160-	
TRULICITY INJ 4.5/0.5	105	12.5 mg	59
TRUMENBA INJ	137	valsartan-hydrochlorothiazide tab 160-	
TRUQAP PAK 160MG	52	25 mg	59
TRUQAP PAK 200MG	52	valsartan-hydrochlorothiazide tab 320-	
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TRUQAP TAB 200MG	52	valsartan-hydrochlorothiazide tab 320-	
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TYENNE INJ 162MG	132	vancomycin hcl for iv soln 1 gm (base	
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U		(base equivalent).....	25
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ursodiol cap 300 mg.....	124	equivalent)	25
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varenicline tartrate tab 1 mg (base equiv)	101	verapamil hcl tab er 180 mg	67
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Este formulario se actualizó el 07/01/2025. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Servicios para los Miembros de CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. O visite ccama.org.