

CCA Senior Care Options (HMO D-SNP)

2026 List of Covered Drugs (*Drug List* or Formulary)



**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE
DRUGS WE COVER IN THIS PLAN**

H2225_26_LOCD_C | Formulary ID 00026339, Version Number 6

This *Drug List* was updated on 10/06/2025.

For more recent information or other questions, contact us at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week or visit ccama.org.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

10/06/2025

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs and non-drug products are covered by CCA Senior Care Options. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by CCA Senior Care Options. Key terms and their definitions appear in the last chapter of the *Member Handbook*, otherwise known as *the Evidence of Coverage*.

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A. Disclaimers

This is a list of drugs that members can get in *CCA Senior Care Options*.

- ❖ Senior Care Options (HMO D-SNP) is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- ❖ When this document says "we," "us," or "our," it means Commonwealth Care Alliance, Inc. When it says "plan" or "our plan," it means CCA Senior Care Options.
- ❖ In the Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. does business as Commonwealth Care Alliance Massachusetts (CCA).
- ❖ Estate Recovery Awareness: MassHealth (Medicaid) is required by federal law to recover money from the estates of certain MassHealth (Medicaid) members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth (Medicaid) estate recovery, please visit www.mass.gov/estater recovery.
- ❖ The List of Covered Drugs may change at any time. You will receive notice when necessary.
- ❖ You can always check CCA Senior Care Options' up-to-date *List of Covered Drugs* online at ccama.org or by calling Member Services 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. This call is free.
- ❖ **You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. This call is free.**
- ❖ We will keep your request for alternative formats and special language on file for future mailings. Please contact Member Services to change your request for a preferred language and/or format.
- ❖ This document is available for free in other languages.
- ❖ **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.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

Notice of Nondiscrimination

Commonwealth Care Alliance, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of, or exclude people or treat them differently because of, medical condition, health status, receipt of health services, claims experience, medical history, disability (including behavioral impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence. Commonwealth Care Alliance, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services.

If you believe that Commonwealth Care Alliance, Inc. has failed to provide these services or discriminated in another way based on medical condition, health status, receipt of health services, claims experience, medical history, disability (including behavioral impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence, you can file a grievance with:

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

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Massachusetts 2026 ND



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Notice of Availability

Interpreter Services

English: If you speak English, free language assistance services are available. Auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-610-2273 (TTY: 711).

Spanish: Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. También están disponibles sin costo recursos auxiliares y servicios para proporcionar información en formatos accesibles. Llame al 1-866-610-2273 (TTY: 711).

Chinese Mandarin: 如果您讲普通话，我们可以提供免费的语言协助服务。此外，还免费提供以无障碍格式提供信息的辅助工具和服务。请致电 1-866-610-2273 (TTY: 711)。

Chinese Cantonese: 如果您講粵語，我們可以提供免費的語言協助服務。此外，還免費提供以無障礙格式提供資訊的輔助工具和服务。請致電 1-866-610-2273 (TTY: 711)。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit ang mga libreng serbisyo sa tulong sa wika. Ang mga pantulong na tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-866-610-2273 (TTY: 711).

French: Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles. Des aides et services auxiliaires permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-610-2273 (TTY : 711).

Vietnamese: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và phương tiện phụ trợ cung cấp thông tin ở định dạng dễ tiếp cận cũng được miễn phí. Gọi 1-866-610-2273 (TTY: 711).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer +1-866-610-2273 (TTY: 711) an.

Korean: 한국어를 구사하는 경우, 무료 언어 지원 서비스를 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 보조 도구와 서비스도 무료로 제공됩니다. 1-866-610-2273 (TTY: 711) 으로 전화하세요.

Russian: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Звоните по номеру 1-866-610-2273 (TTY: 711).

Arabic: إذا كنت تتحدث اللغة العربية، تتوفر خدمات المساعدة اللغوية المجانية. وتتوفر أيضًا مساعدات وخدمات إضافية لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل على الرقم 1-866-610-2273 (TTY: 711).



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Hindi: यदि आप हिन्दी बोलते हैं, तो निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूप में सूचना उपलब्ध कराने के लिए सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-866-610-2273 (TTY: 711) पर कॉल करें।

Italian: Se parla italiano, può usufruire di servizi di assistenza linguistica gratuiti. Sono disponibili gratuitamente anche dei servizi e supporti ausiliari che forniscono informazioni in formati accessibili. Chiami il numero 1-866-610-2273 (TTY: 711)

Portuguese: se você fala português, serviços de assistência linguística gratuitos estão disponíveis. Recursos e serviços auxiliares para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-866-610-2273 (TTY: 711).

Cape Verdean Creole: Si bu ta papia Kriolu di Kabu Verdi, sirvisus di apoiu lingustikui ta sta dispunível. També ta sta dispunível apoiu y sirvisus ausiliaris pa da informason na formatus asesível. Txoma pa 1-866-610-2273 (TTY: 711).

Haitian Creole: Si ou pale kreyòl Ayisyen, gen sèvis asistans lang gratis ki disponib. Gen èd ak sèvis oksilyè pou bay enfòmasyon nan fòm aksèsib ki disponib gratis tou. Rele 1-866-610-2273 (TTY: 711).

Polish: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-610-2273 (TTY: 711).

Japanese: 日本語を話せる方は、無料の言語支援サービスをご利用いただけます。受け入れ可能な方法で情報を入手するための補助手段やサービスも無料でご利用いただけます。1-866-610-2273 (TTY: 711) にお電話ください。

Gujarati: જો તમે ગુજરાતી બોલનાર છો, તો મફત ભાષા સહાય સેવા ઉપલબ્ધ છે. માહિતીને સુલભ ફોર્મેટમાં પ્રદાન કરવા માટે સહાયક સહાય અને સેવા પણ મફતમાં ઉપલબ્ધ છે. 1-866-610-2273 (TTY: 711) પર કોલ કરો.

Lao/Laotian: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສາພາສາ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເພື່ອສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-866-610-2273 (TTY: 711).

Greek: Εάν μιλάτε ελληνικά, διατίθενται δωρεάν υπηρεσίες γλωσσικής βοήθειας. Διατίθενται επίσης δωρεάν βοηθητικά μέσα και υπηρεσίες για την παροχή πληροφοριών σε προσβάσιμη μορφή. Καλέστε στο 1-866-610-2273 (TTY: 711).

Khmer: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ នោះនឹងមានការផ្តល់ជូនសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ ជំនួយ និងសេវាក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានក៏នឹងមានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅ 1-866-610-2273 (TTY: 711)។

Notice of Availability 2026



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information,** visit ccama.org.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.)

The drugs on the *Drug List* that starts in **Section C** are the drugs covered by CCA Senior Care Options. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- CCA Senior Care Options will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - CCA Senior Care Options agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a CCA Senior Care Options network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at ccama.org or call Member Services 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week.

B2. Does the *Drug List* ever change?

Yes, and CCA Senior Care Options must follow Medicare and MassHealth (Medicaid) rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from CCA Senior Care Options before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

For more information on these drug rules, refer to question B4.

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:



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- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug isn't safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check CCA Senior Care Options' up-to-date *Drug List* online at ccama.org. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week to check the current *Drug List*.

B3. What happens when there's a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.
 - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. If you are taking the drug, we will send



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you a notice to replace the drug that is taken off the market, please contact your healthcare provider. Your provider will issue a prescription for a new medication to replace the drug that is taken off the market.

We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.
- We add a generic drug and replace a brand name drug currently on the *Drug List*, or
- we add a new biosimilar to replace an original biological product currently on the *Drug List*, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 31-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from CCA Senior Care Options before you fill your prescription. Prior authorization is different from a referral. CCA Senior Care Options may not cover the drug if you don't get prior authorization.



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- **Quantity limits:** Sometimes CCA Senior Care Options limits the amount of a drug you can get.
- **Step therapy:** Sometimes CCA Senior Care Options requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.
- **Indication-based coverage:** If CCA Senior Care Options covers a drug only for some medical conditions, we clearly identify it on the *Drug List* along with the specific medical conditions that are covered. Prior authorization is required for non-preferred diabetic testing supplies (glucose monitors and test strips).

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C**. You can also get more information by visiting our website at ccama.org. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled "List of Drugs by Medical Condition" has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if CCA Senior Care Options changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in Section D. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs as well as over-the-counter (OTC) drugs are listed in the index.

To search by medical condition, find **Section C** labeled “List of Drugs by Medical Condition”. The drugs in this section are grouped into categories depending on the type of medical conditions they’re used to treat. For example, if you have a heart condition, you should look in cardiovascular agents. That’s where you’ll find drugs that treat heart conditions.

B8. What if the drug I want to take isn’t on the *Drug List*?

If you don’t find your drug on the *Drug List*, call Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week and ask about it. If you learn that CCA Senior Care Options won’t cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that’s like the one you want to take. **Or**
- Ask CCA Senior Care Options to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I’m a new CCA Senior Care Options member and can’t find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you’re a member of CCA Senior Care Options. This will give you time to talk to your doctor or other prescriber. They can help you decide if there’s a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we’ll allow multiple refills to provide up to a maximum of 31-day supply days of medication.

We’ll cover a 31-day supply of your drug if:

- you’re taking a drug that isn’t on our *Drug List*, **or**
- our plan rules don’t let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by CCA Senior Care Options, **or**
- you’re taking a drug that’s part of a step therapy restriction.

If you’re taking a covered drug that CCA Senior Care Options doesn’t consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug. If the pharmacy isn’t able to bill CCA Senior Care Options for this one-time supply, MassHealth (Medicaid) will pay for it.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new CCA Senior Care Options member.
- This is in addition to the temporary supply during the first 90- days you're a member of CCA Senior Care Options.

We will provide an emergency supply of at least 31 days (unless the prescription is written for fewer days) for all non-formulary medications including those that may have step therapy or prior authorization requirements for an unplanned level of care change. An unplanned level of care transition could be any of the following:

- a discharge or admission to a long-term care facility
- a discharge or admission to a hospital, or
- a nursing facility skilled level change.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask CCA Senior Care Options to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, CCA Senior Care Options may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call *Member Services*. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9** of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours.

A member, a member's prescriber, and/or appointed representative (with written consent) can request the exception by completing the Prescription Drug Coverage Determination Request form available on our website at ccama.org. The form may be submitted by mail or fax:



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

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

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

CCA Senior Care Options covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to **Chapter 5** of the *Member Handbook*

B15. What are OTC drugs?

OTC stands for "over-the-counter". CCA Senior Care Options covers some OTC drugs when they're written as prescriptions by your provider.

You can read the MassHealth (Medicaid) *Drug List* to find out what OTC drugs are covered.

B16. Does CCA Senior Care Options cover non-drug OTC products?

CCA Senior Care Options covers some non-drug OTC products when they're written as prescriptions by your provider. Examples of non-drug OTC products include gauze pads and dressings, alcohol swabs, and certain needles/syringes.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

You can read the CCA Senior Care Options *Drug List* to find out what non-drug OTC products are covered.

B17. Does CCA Senior Care Options cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 100-day supply of your drugs sent directly to your home. There is no copay for mail-order drugs. Specialty drugs are limited up to a 31-day supply.
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered drugs. There is no copay for retail pharmacy prescriptions. Specialty drugs are limited up to a 31-day supply.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What's my copay?

CCA Senior Care Options members have no copays for prescription and OTC drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

Every drug in the plan's Drug List is on tier 1. You have no copays for prescription and OTC drugs on CCA Senior Care Option's Drug List. To find your drugs, you can look in the Drug List.

Tier 1 consists of both part D drugs and non-Medicare covered drugs, and/or non-Medicare covered OTC drugs.

If you have questions, call Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by CCA Senior Care Options. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by CCA Senior Care Options. For non-Part D drugs or OTC items that are covered by MassHealth (Medicaid), plans should place an asterisk (*) or another symbol by the drug to indicate that the member may need to follow a different process for appeals and include the following text.

Note: The asterisk (*) next to a drug means the drug isn't a "Part D drug." These drugs have different rules for appeals.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or MassHealth (Medicaid).
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at 866-610-2273 (TTY 711), 8 am to 8pm, 7 days a week or at the numbers listed at the bottom of this page or at the numbers in the footer of this document.
- You can also read **Chapter 9** of the Member Handbook to learn how to appeal a decision.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, cardiovascular agents. That's where you'll find drugs that treat heart conditions.

Here are the meanings of the codes used in the "Necessary actions, restrictions, or limits on use" column:

NDS = Non-Extended Day Supply. You may be able to receive greater than a 1-month supply of most of the drugs on your Formulary via retail or mail order. Drugs noted with "NDS" are limited to a 1-month supply for both Retail and Mail Order.

PA = Prior approval (or prior authorization). For some drugs, you or your doctor or other prescriber must get approval from CCA Senior Care Options before you fill your prescription. If you don't get approval, CCA Senior Care Options may not cover the drug.

B/D = Prior Authorization Restriction for Part B vs Part D Determination: This drug may be eligible for payment under Medicare Part B or Medicare Part D. You or your healthcare provider are required to get a prior authorization from CCA Senior Care Options to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, CCA may not cover this drug. PA_BVD does not apply to Medicaid Only members.

QL = Quantity Limit. Sometimes CCA Senior Care Options limits the amount of a drug you can get.

ST = Step Therapy. Sometimes CCA Senior Care Options requires you to do step therapy. This means you will have to try drugs in a certain order for your medical conditions. You might have to try one drug before we will cover another drug. If your healthcare provider thinks the first drug doesn't work for you, then we will cover the second.

Asterisk (*) = Denotes non-Part D drugs



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *valsartan*), brand name drugs are capitalized (for example, MYRBETRIQ). The information in the “Necessary actions, restrictions, or limits on use” column tells you if CCA Senior Care Options has any rules for covering your drug.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

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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>	Tier 1	
<i>allopurinol tab 300 mg</i>	Tier 1	
<i>colchicine tab 0.6 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	
<i>probenecid tab 500 mg</i>	Tier 1	

MISCELLANEOUS

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

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

<i>celecoxib cap 50 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>celecoxib cap 100 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>celecoxib cap 200 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	
<i>diflunisal tab 500 mg</i>	Tier 1	
<i>etodolac cap 200 mg</i>	Tier 1	
<i>etodolac cap 300 mg</i>	Tier 1	
<i>etodolac tab 400 mg</i>	Tier 1	
<i>etodolac tab 500 mg</i>	Tier 1	
<i>etodolac tab er 24hr 400 mg</i>	Tier 1	
<i>etodolac tab er 24hr 500 mg</i>	Tier 1	
<i>etodolac tab er 24hr 600 mg</i>	Tier 1	
<i>flurbiprofen tab 100 mg</i>	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ibu</i>	Tier 1	
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	
<i>ibuprofen tab 400 mg</i>	Tier 1	
<i>ibuprofen tab 600 mg</i>	Tier 1	
<i>ibuprofen tab 800 mg</i>	Tier 1	
<i>meloxicam tab 7.5 mg</i>	Tier 1	
<i>meloxicam tab 15 mg</i>	Tier 1	
<i>nabumetone tab 500 mg</i>	Tier 1	
<i>nabumetone tab 750 mg</i>	Tier 1	
<i>naproxen sodium tab 275 mg</i>	Tier 1	
<i>naproxen sodium tab 550 mg</i>	Tier 1	
<i>naproxen tab 250 mg</i>	Tier 1	
<i>naproxen tab 375 mg</i>	Tier 1	
<i>naproxen tab 500 mg</i>	Tier 1	
<i>naproxen tab ec 375 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>piroxicam cap 10 mg</i>	Tier 1	
<i>piroxicam cap 20 mg</i>	Tier 1	
<i>sulindac tab 150 mg</i>	Tier 1	
<i>sulindac tab 200 mg</i>	Tier 1	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 1	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 1	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 1	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 1	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 1	QL (4 patches / 28 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i>	Tier 1	QL (90 mL / 30 days), PA
<i>morphine sulfate tab er 15 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
OXYCONTIN TAB 10MG ER	Tier 1	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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OXYCONTIN TAB 15MG ER	Tier 1	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG ER	Tier 1	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG ER	Tier 1	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG ER	Tier 1	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	Tier 1	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	Tier 1	QL (60 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	Tier 1	
<i>butorphanol tartrate inj 2 mg/ml</i>	Tier 1	
<i>endocet tab 2.5-325mg</i>	Tier 1	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	Tier 1	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	Tier 1	QL (600 mL / 30 days)
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>morphine sulfate iv soln 2 mg/ml</i>	Tier 1	B/D
<i>morphine sulfate iv soln 4 mg/ml</i>	Tier 1	B/D
<i>morphine sulfate iv soln 8 mg/ml</i>	Tier 1	B/D
<i>morphine sulfate iv soln 10 mg/ml</i>	Tier 1	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	QL (900 mL / 30 days)

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

<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Tier 1	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 1	QL (240 tabs / 30 days)

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS**ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole tab 200 mg</i>	Tier 1	QL (672 tabs / year), PA
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	Tier 1	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	Tier 1	
ARIKAYCE SUS	Tier 1	PA
<i>atovaquone susp 750 mg/5ml</i>	Tier 1	QL (300 mL / 30 days), PA
<i>aztreonam for inj 1 gm</i>	Tier 1	
<i>aztreonam for inj 2 gm</i>	Tier 1	
CAYSTON INH 75MG	Tier 1	PA
<i>clindamycin hcl cap 75 mg</i>	Tier 1	
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	Tier 1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	Tier 1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	Tier 1	
<i>clindamycin phosphate inj 300 mg/2ml</i>	Tier 1	
<i>clindamycin phosphate inj 600 mg/4ml</i>	Tier 1	
<i>clindamycin phosphate inj 900 mg/6ml</i>	Tier 1	
CLINDMYC/NAC INJ 300/50ML	Tier 1	
CLINDMYC/NAC INJ 600/50ML	Tier 1	
CLINDMYC/NAC INJ 900/50ML	Tier 1	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	Tier 1	
<i>dapsone tab 25 mg</i>	Tier 1	
<i>dapsone tab 100 mg</i>	Tier 1	
<i>daptomycin for iv soln 350 mg</i>	Tier 1	
<i>daptomycin for iv soln 500 mg</i>	Tier 1	
DAPTOMYCIN INJ 350MG	Tier 1	
EMVERM CHW 100MG	Tier 1	QL (12 tabs / year)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	Tier 1	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	Tier 1	
<i>gentamicin in saline inj 1 mg/ml</i>	Tier 1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	Tier 1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	Tier 1	
<i>gentamicin in saline inj 2 mg/ml</i>	Tier 1	
<i>gentamicin sulfate inj 10 mg/ml</i>	Tier 1	
<i>gentamicin sulfate inj 40 mg/ml</i>	Tier 1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Tier 1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	Tier 1	
IMPAVIDO CAP 50MG	Tier 1	PA
<i>ivermectin tab 3 mg</i>	Tier 1	QL (20 tabs / 90 days), PA
<i>ivermectin tab 6 mg</i>	Tier 1	QL (10 tabs / 90 days), PA
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	QL (1800 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
LINEZOLID INJ 2MG/ML	Tier 1	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	Tier 1	
<i>linezolid tab 600 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>meropenem iv for soln 1 gm</i>	Tier 1	
<i>meropenem iv for soln 2 gm</i>	Tier 1	
<i>meropenem iv for soln 500 mg</i>	Tier 1	
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
<i>metronidazole iv soln 500 mg/100ml</i>	Tier 1	
<i>metronidazole tab 250 mg</i>	Tier 1	
<i>metronidazole tab 500 mg</i>	Tier 1	
<i>neomycin sulfate tab 500 mg</i>	Tier 1	
<i>nitazoxanide tab 500 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	
<i>pentamidine isethionate inh</i>	Tier 1	B/D
<i>pentamidine isethionate inj</i>	Tier 1	
<i>polymyxin b sulfate for inj 500000 unit</i>	Tier 1	
<i>praziquantel tab 600 mg</i>	Tier 1	
<i>pyrimethamine tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>streptomycin sulfate for inj 1 gm</i>	Tier 1	
<i>sulfadiazine tab 500 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim susp 200- 40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800- 160 mg</i>	Tier 1	
<i>tinidazole tab 250 mg</i>	Tier 1	
<i>tinidazole tab 500 mg</i>	Tier 1	
TOBI PODHALR CAP 28MG	Tier 1	PA
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 1	PA
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	Tier 1	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	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>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	Tier 1	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	Tier 1	
<i>trimethoprim tab 100 mg</i>	Tier 1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Tier 1	QL (80 caps / 180 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Tier 1	QL (160 caps / 180 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	Tier 1	
VANCOMYCIN INJ 1 GM	Tier 1	
VANCOMYCIN INJ 500MG	Tier 1	
VANCOMYCIN INJ 750MG	Tier 1	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
<i>amphotericin b for iv soln 50 mg</i>	Tier 1	B/D
<i>amphotericin b liposome iv for susp 50 mg</i>	Tier 1	B/D
<i>caspofungin acetate for iv soln 50 mg</i>	Tier 1	
<i>caspofungin acetate for iv soln 70 mg</i>	Tier 1	
CRESEMBA CAP 74.5MG	Tier 1	PA
CRESEMBA CAP 186MG	Tier 1	PA
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	Tier 1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	Tier 1	
<i>fluconazole tab 50 mg</i>	Tier 1	
<i>fluconazole tab 100 mg</i>	Tier 1	
<i>fluconazole tab 150 mg</i>	Tier 1	
<i>fluconazole tab 200 mg</i>	Tier 1	

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

<i>flucytosine cap 250 mg</i>	Tier 1	PA
<i>flucytosine cap 500 mg</i>	Tier 1	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>griseofulvin microsize tab 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	Tier 1	
<i>itraconazole cap 100 mg</i>	Tier 1	QL (120 caps / 30 days)
<i>ketoconazole tab 200 mg</i>	Tier 1	PA
<i>miconazole sodium for iv soln 50 mg</i>	Tier 1	
<i>miconazole sodium for iv soln 100 mg</i>	Tier 1	
<i>nystatin tab 500000 unit</i>	Tier 1	
<i>posaconazole tab delayed release 100 mg</i>	Tier 1	QL (93 tabs / 30 days), PA
<i>terbinafine hcl tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole for inj 200 mg</i>	Tier 1	PA
<i>voriconazole for susp 40 mg/ml</i>	Tier 1	QL (600 mL / 28 days), PA
<i>voriconazole tab 50 mg</i>	Tier 1	QL (480 tabs / 30 days)
<i>voriconazole tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days)

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	
<i>chloroquine phosphate tab 250 mg</i>	Tier 1	
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	
COARTEM TAB 20-120MG	Tier 1	
<i>mefloquine hcl tab 250 mg</i>	Tier 1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	
PRIMAQUINE TAB 26.3MG	Tier 1	
<i>quinine sulfate cap 324 mg</i>	Tier 1	PA

ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1	
APTIVUS CAP 250MG	Tier 1	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 1	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 1	

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

<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 1	
<i>darunavir tab 600 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>darunavir tab 800 mg</i>	Tier 1	QL (30 tabs / 30 days)
EDURANT PED TAB 2.5MG	Tier 1	
EDURANT TAB 25MG	Tier 1	
<i>efavirenz tab 600 mg</i>	Tier 1	
<i>emtricitabine caps 200 mg</i>	Tier 1	
EMTRIVA SOL 10MG/ML	Tier 1	
<i>etravirine tab 100 mg</i>	Tier 1	
<i>etravirine tab 200 mg</i>	Tier 1	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 1	
INTELENCE TAB 25MG	Tier 1	
ISENTRESS CHW 25MG	Tier 1	
ISENTRESS CHW 100MG	Tier 1	
ISENTRESS HD TAB 600MG	Tier 1	
ISENTRESS POW 100MG	Tier 1	
ISENTRESS TAB 400MG	Tier 1	
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1	
<i>lamivudine tab 150 mg</i>	Tier 1	
<i>lamivudine tab 300 mg</i>	Tier 1	
<i>maraviroc tab 150 mg</i>	Tier 1	
<i>maraviroc tab 300 mg</i>	Tier 1	
<i>nevirapine susp 50 mg/5ml</i>	Tier 1	
<i>nevirapine tab 200 mg</i>	Tier 1	
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1	
NORVIR POW 100MG	Tier 1	
PIFELTRO TAB 100MG	Tier 1	
PREZISTA SUS 100MG/ML	Tier 1	QL (400 mL / 30 days)
PREZISTA TAB 75MG	Tier 1	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	Tier 1	QL (240 tabs / 30 days)
REYATAZ POW 50MG	Tier 1	
<i>ritonavir tab 100 mg</i>	Tier 1	
RUKOBIA TAB 600MG ER	Tier 1	
SELZENTRY SOL 20MG/ML	Tier 1	
SUNLENCA TAB 300MG	Tier 1	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 1	
TIVICAY PD TAB 5MG	Tier 1	
TIVICAY TAB 50MG	Tier 1	
TROGARZO INJ 150MG/ML	Tier 1	

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NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
TYBOST TAB 150MG	Tier 1	
VIRACEPT TAB 250MG	Tier 1	
VIRACEPT TAB 625MG	Tier 1	
VIREAD POW 40MG/GM	Tier 1	
VIREAD TAB 150MG	Tier 1	
VIREAD TAB 200MG	Tier 1	
VIREAD TAB 250MG	Tier 1	
<i>zidovudine cap 100 mg</i>	Tier 1	
<i>zidovudine syrup 10 mg/ml</i>	Tier 1	
<i>zidovudine tab 300 mg</i>	Tier 1	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	
BIKTARVY TAB 30-120-15 MG	Tier 1	
BIKTARVY TAB 50-200-25 MG	Tier 1	
CIMDUO TAB 300-300	Tier 1	
DELSTRIGO TAB	Tier 1	
DESCOVY TAB 120-15MG	Tier 1	
DESCOVY TAB 200/25MG	Tier 1	
DOVATO TAB 50-300MG	Tier 1	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 1	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 1	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 1	
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	Tier 1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 1	
EVOTAZ TAB 300-150	Tier 1	
GENVOYA TAB	Tier 1	
JULUCA TAB 50-25MG	Tier 1	
KALETRA SOL	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>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 1	
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 1	
ODEFSEY TAB	Tier 1	
PREZCOBIX TAB 675/150	Tier 1	
PREZCOBIX TAB 800-150	Tier 1	
STRIBILD TAB	Tier 1	
SYMTUZA TAB	Tier 1	
TRIUMEQ PD TAB	Tier 1	
TRIUMEQ TAB	Tier 1	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
PRIFTIN TAB 150MG	Tier 1	
<i>pyrazinamide tab 500 mg</i>	Tier 1	
<i>rifabutin cap 150 mg</i>	Tier 1	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
<i>rifampin for inj 600 mg</i>	Tier 1	
SIRTURO TAB 20MG	Tier 1	PA
SIRTURO TAB 100MG	Tier 1	PA
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir cap 200 mg</i>	Tier 1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	Tier 1	B/D
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	
<i>acyclovir tab 400 mg</i>	Tier 1	
<i>acyclovir tab 800 mg</i>	Tier 1	
<i>adefovir dipivoxil tab 10 mg</i>	Tier 1	
BARACLUDE SOL	Tier 1	ST
<i>entecavir tab 0.5 mg</i>	Tier 1	
<i>entecavir tab 1 mg</i>	Tier 1	
EPCLUSA PAK 150-37.5	Tier 1	PA
EPCLUSA PAK 200-50MG	Tier 1	PA
EPCLUSA TAB 200-50MG	Tier 1	PA
EPCLUSA TAB 400-100	Tier 1	PA
<i>famciclovir tab 125 mg</i>	Tier 1	

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

<i>famciclovir tab 250 mg</i>	Tier 1	
<i>famciclovir tab 500 mg</i>	Tier 1	
<i>ganciclovir sodium for inj 500 mg</i>	Tier 1	B/D
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	
LIVTENCITY TAB 200MG	Tier 1	QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	Tier 1	PA
MAVYRET TAB 100-40MG	Tier 1	PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	QL (1080 mL / year)
PAXLOVID PAK	Tier 1	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	Tier 1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	Tier 1	QL (60 tabs / 90 days)
PEGASYS INJ	Tier 1	PA
PEGASYS INJ 180MCG/M	Tier 1	PA
PREVYMIS TAB 240MG	Tier 1	QL (28 tabs / 28 days), PA
PREVYMIS TAB 480MG	Tier 1	QL (28 tabs / 28 days), PA
RELENZA MIS DISKHALE	Tier 1	QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	Tier 1	
<i>ribavirin tab 200 mg</i>	Tier 1	
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 1	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 1	
VOSEVI TAB	Tier 1	PA
XOFLUZA TAB 40MG	Tier 1	QL (1 tab / 180 days)
XOFLUZA TAB 80MG	Tier 1	QL (1 tab / 180 days)

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor cap 250 mg</i>	Tier 1	
<i>cefaclor cap 500 mg</i>	Tier 1	

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

<i>cefadroxil cap 500 mg</i>	Tier 1
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1
CEFAZOLIN INJ 1GM/50ML	Tier 1
CEFAZOLIN INJ 2GM	Tier 1
CEFAZOLIN INJ 3GM	Tier 1
<i>cefazolin sodium for inj 1 gm</i>	Tier 1
<i>cefazolin sodium for inj 2 gm</i>	Tier 1
<i>cefazolin sodium for inj 3 gm</i>	Tier 1
<i>cefazolin sodium for inj 10 gm</i>	Tier 1
<i>cefazolin sodium for inj 500 mg</i>	Tier 1
<i>cefazolin sodium for iv soln 1 gm</i>	Tier 1
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 1
CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 1
CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 1
CEFAZOLIN/DEX SOL 3GM/50ML-2%	Tier 1
CEFAZOLIN/DEX SOL 3GM/150ML-4%	Tier 1
<i>cefdinir cap 300 mg</i>	Tier 1
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1
<i>cefepime hcl for inj 1 gm</i>	Tier 1
<i>cefepime hcl for iv soln 2 gm</i>	Tier 1
<i>cefixime cap 400 mg</i>	Tier 1
<i>cefixime for susp 100 mg/5ml</i>	Tier 1
<i>cefixime for susp 200 mg/5ml</i>	Tier 1
<i>cefotetan disodium for inj 1 gm</i>	Tier 1
<i>cefotetan disodium for inj 2 gm</i>	Tier 1
<i>cefoxitin sodium for iv soln 1 gm</i>	Tier 1
<i>cefoxitin sodium for iv soln 2 gm</i>	Tier 1
<i>cefoxitin sodium for iv soln 10 gm</i>	Tier 1
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 1
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 1
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 1
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 1
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1
<i>cefprozil tab 250 mg</i>	Tier 1
<i>cefprozil tab 500 mg</i>	Tier 1
<i>ceftazidime for inj 1 gm</i>	Tier 1
<i>ceftazidime for inj 6 gm</i>	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>ceftazidime for iv soln 2 gm</i>	Tier 1
<i>ceftriaxone sodium for inj 1 gm</i>	Tier 1
<i>ceftriaxone sodium for inj 2 gm</i>	Tier 1
<i>ceftriaxone sodium for inj 10 gm</i>	Tier 1
<i>ceftriaxone sodium for inj 250 mg</i>	Tier 1
<i>ceftriaxone sodium for inj 500 mg</i>	Tier 1
<i>ceftriaxone sodium for iv soln 1 gm</i>	Tier 1
<i>ceftriaxone sodium for iv soln 2 gm</i>	Tier 1
<i>cefuroxime axetil tab 250 mg</i>	Tier 1
<i>cefuroxime axetil tab 500 mg</i>	Tier 1
<i>cefuroxime sodium for inj 750 mg</i>	Tier 1
<i>cefuroxime sodium for iv soln 1.5 gm</i>	Tier 1
<i>cephalexin cap 250 mg</i>	Tier 1
<i>cephalexin cap 500 mg</i>	Tier 1
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1
<i>tazicef</i>	Tier 1
TEFLARO INJ 400MG	Tier 1
TEFLARO INJ 600MG	Tier 1

ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS

<i>azithromycin for susp 100 mg/5ml</i>	Tier 1
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1
<i>azithromycin iv for soln 500 mg</i>	Tier 1
<i>azithromycin tab 250 mg</i>	Tier 1
<i>azithromycin tab 500 mg</i>	Tier 1
<i>azithromycin tab 600 mg</i>	Tier 1
<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1
<i>clarithromycin tab 250 mg</i>	Tier 1
<i>clarithromycin tab 500 mg</i>	Tier 1
<i>clarithromycin tab er 24hr 500 mg</i>	Tier 1
DIFICID SUS	Tier 1
DIFICID TAB 200MG	Tier 1
<i>e.e.s. 400</i>	Tier 1
ERYTHROCIN INJ 500MG	Tier 1
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 1
<i>erythromycin lactobionate for inj 500 mg</i>	Tier 1
<i>erythromycin tab 250 mg</i>	Tier 1
<i>erythromycin tab 500 mg</i>	Tier 1
<i>erythromycin tab delayed release 250 mg</i>	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>erythromycin tab delayed release 333 mg</i>	Tier 1
<i>erythromycin tab delayed release 500 mg</i>	Tier 1
<i>erythromycin w/ delayed release particles cap 250 mg</i>	Tier 1
<i>fidaxomicin tab 200 mg</i>	Tier 1
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	Tier 1
<i>ciprofloxacin 400 mg/200ml in d5w</i>	Tier 1
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	Tier 1
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	Tier 1
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	Tier 1
<i>levofloxacin iv soln 25 mg/ml</i>	Tier 1
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1
<i>levofloxacin tab 250 mg</i>	Tier 1
<i>levofloxacin tab 500 mg</i>	Tier 1
<i>levofloxacin tab 750 mg</i>	Tier 1
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	Tier 1
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 1
PENICILLINS - DRUGS TO TREAT INFECTIONS	
<i>amoxicillin & k clavulanate for susp 200- 28.5 mg/5ml</i>	Tier 1
<i>amoxicillin & k clavulanate for susp 250- 62.5 mg/5ml</i>	Tier 1
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1
<i>amoxicillin & k clavulanate for susp 600- 42.9 mg/5ml</i>	Tier 1
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1
<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	Tier 1	
<i>ampicillin cap 500 mg</i>	Tier 1	
<i>ampicillin sodium for inj 1 gm</i>	Tier 1	
<i>ampicillin sodium for inj 2 gm</i>	Tier 1	
<i>ampicillin sodium for inj 250 mg</i>	Tier 1	
<i>ampicillin sodium for inj 500 mg</i>	Tier 1	
<i>ampicillin sodium for iv soln 1 gm</i>	Tier 1	
<i>ampicillin sodium for iv soln 2 gm</i>	Tier 1	
<i>ampicillin sodium for iv soln 10 gm</i>	Tier 1	
<i>BICILLIN L-A INJ 600000</i>	Tier 1	
<i>BICILLIN L-A INJ 1200000</i>	Tier 1	
<i>BICILLIN L-A INJ 2400000</i>	Tier 1	
<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	
<i>nafcillin sodium for inj 1 gm</i>	Tier 1	
<i>nafcillin sodium for inj 2 gm</i>	Tier 1	
<i>nafcillin sodium for iv soln 10 gm</i>	Tier 1	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	Tier 1	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	Tier 1	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	Tier 1	
<i>penicillin g potassium for inj 5000000 unit</i>	Tier 1	
<i>penicillin g potassium for inj 20000000 unit</i>	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>penicillin g sodium for inj 5000000 unit</i>	Tier 1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	
<i>penicillin v potassium tab 250 mg</i>	Tier 1	
<i>penicillin v potassium tab 500 mg</i>	Tier 1	
<i>pfizerpen</i>	Tier 1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 1	

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxy 100</i>	Tier 1	
<i>doxycycline hyclate cap 50 mg</i>	Tier 1	
<i>doxycycline hyclate cap 100 mg</i>	Tier 1	
<i>doxycycline hyclate for inj 100 mg</i>	Tier 1	
<i>doxycycline hyclate tab 20 mg</i>	Tier 1	
<i>doxycycline hyclate tab 100 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	Tier 1	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 75 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
NUZYRA INJ 100MG	Tier 1	
NUZYRA TAB 150MG	Tier 1	QL (30 tabs / 14 days)
<i>tetracycline hcl cap 250 mg</i>	Tier 1	
<i>tetracycline hcl cap 500 mg</i>	Tier 1	
<i>tigecycline for iv soln 50 mg</i>	Tier 1	

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER**ALKYLATING AGENTS**

BENDAMUSTINE SOL 100/4ML	Tier 1	B/D
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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 RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

BENDEKA INJ 100/4ML	Tier 1	B/D
<i>carboplatin iv soln 50 mg/5ml</i>	Tier 1	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	Tier 1	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	Tier 1	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	Tier 1	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	Tier 1	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	Tier 1	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	Tier 1	B/D
CYCLOPHOSPH INJ 1GM	Tier 1	B/D
CYCLOPHOSPH INJ 1GM/2ML	Tier 1	B/D
CYCLOPHOSPH INJ 2GM/4ML	Tier 1	B/D
CYCLOPHOSPH INJ 500/5ML	Tier 1	B/D
CYCLOPHOSPH INJ 500MG/ML	Tier 1	B/D
CYCLOPHOSPH INJ 1000MG	Tier 1	B/D
CYCLOPHOSPH INJ 2000MG	Tier 1	B/D
CYCLOPHOSPH TAB 25MG	Tier 1	B/D
CYCLOPHOSPH TAB 50MG	Tier 1	B/D
CYCLOPHOSPHA INJ 2GM/10ML	Tier 1	B/D
CYCLOPHOSPHA INJ 500/2.5M	Tier 1	B/D
<i>cyclophosphamide cap 25 mg</i>	Tier 1	B/D
<i>cyclophosphamide cap 50 mg</i>	Tier 1	B/D
<i>cyclophosphamide for inj 1 gm</i>	Tier 1	B/D
<i>cyclophosphamide for inj 2 gm</i>	Tier 1	B/D
<i>cyclophosphamide for inj 500 mg</i>	Tier 1	B/D
FRINDOVYX INJ 1GM/2ML	Tier 1	B/D
FRINDOVYX INJ 2GM/4ML	Tier 1	B/D
FRINDOVYX INJ 500MG/ML	Tier 1	B/D
GLEOSTINE CAP 10MG	Tier 1	
GLEOSTINE CAP 40MG	Tier 1	
GLEOSTINE CAP 100MG	Tier 1	
LEUKERAN TAB 2MG	Tier 1	PA
<i>oxaliplatin for iv inj 50 mg</i>	Tier 1	B/D
<i>oxaliplatin for iv inj 100 mg</i>	Tier 1	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	Tier 1	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	Tier 1	B/D
<i>oxaliplatin iv soln 200 mg/40ml</i>	Tier 1	B/D
VIVIMUSTA INJ 100/4ML	Tier 1	B/D

ANTIMETABOLITES

<i>azacitidine for inj 100 mg</i>	Tier 1	B/D
<i>cytarabine inj 20 mg/ml</i>	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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	Tier 1	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	Tier 1	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	Tier 1	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	Tier 1	B/D
<i>gemcitabine hcl for inj 1 gm</i>	Tier 1	B/D
<i>gemcitabine hcl for inj 2 gm</i>	Tier 1	B/D
<i>gemcitabine hcl for inj 200 mg</i>	Tier 1	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	Tier 1	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	Tier 1	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	Tier 1	B/D
INQOVI TAB 35-100MG	Tier 1	QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	Tier 1	QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	Tier 1	QL (80 tabs / 28 days), PA
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	Tier 1	
<i>mercaptopurine tab 50 mg</i>	Tier 1	
<i>methotrexate sodium for inj 1 gm</i>	Tier 1	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Tier 1	B/D
ONUREG TAB 200MG	Tier 1	QL (14 tabs / 28 days), PA
ONUREG TAB 300MG	Tier 1	QL (14 tabs / 28 days), PA
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	Tier 1	B/D

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	Tier 1	B/D
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	Tier 1	B/D
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	Tier 1	B/D
TABLOID TAB 40MG	Tier 1	PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), PA
<i>abiraterone acetate tab 500 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>abirtega tab 250mg</i>	Tier 1	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	Tier 1	QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	Tier 1	QL (60 tabs / 30 days), PA
<i>anastrozole tab 1 mg</i>	Tier 1	
<i>bicalutamide tab 50 mg</i>	Tier 1	
ELIGARD INJ 7.5MG	Tier 1	PA
ELIGARD INJ 22.5MG	Tier 1	PA
ELIGARD INJ 30MG	Tier 1	PA
ELIGARD INJ 45MG	Tier 1	PA
ERLEADA TAB 60MG	Tier 1	QL (120 tabs / 30 days), PA
ERLEADA TAB 240MG	Tier 1	QL (30 tabs / 30 days), PA
EULEXIN CAP 125MG	Tier 1	
<i>exemestane tab 25 mg</i>	Tier 1	
FIRMAGON INJ 80MG	Tier 1	PA
FIRMAGON INJ 120MG	Tier 1	PA
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	Tier 1	B/D
<i>letrozole tab 2.5 mg</i>	Tier 1	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	Tier 1	PA
LUPRON DEPOT INJ 3.75MG	Tier 1	PA
LUPRON DEPOT INJ 11.25MG	Tier 1	PA
LYSODREN TAB 500MG	Tier 1	
<i>megestrol acetate tab 20 mg</i>	Tier 1	
<i>megestrol acetate tab 40 mg</i>	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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nilutamide tab 150 mg</i>	Tier 1	
NUBEQA TAB 300MG	Tier 1	QL (120 tabs / 30 days), PA
ORGOVYX TAB 120MG	Tier 1	PA
ORSERDU TAB 86MG	Tier 1	QL (90 tabs / 30 days), PA
ORSERDU TAB 345MG	Tier 1	QL (30 tabs / 30 days), PA
SOLTAMOX SOL 10MG/5ML	Tier 1	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 1	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 1	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 1	PA
XTANDI CAP 40MG	Tier 1	QL (120 caps / 30 days), PA
XTANDI TAB 40MG	Tier 1	QL (120 tabs / 30 days), PA
XTANDI TAB 80MG	Tier 1	QL (60 tabs / 30 days), PA
YONSA TAB 125MG	Tier 1	QL (120 tabs / 30 days), PA
IMMUNOMODULATORS		
<i>lenalidomide cap 5 mg</i>	Tier 1	QL (28 caps / 28 days), PA
<i>lenalidomide cap 10 mg</i>	Tier 1	QL (28 caps / 28 days), PA
<i>lenalidomide cap 15 mg</i>	Tier 1	QL (28 caps / 28 days), PA
<i>lenalidomide cap 20 mg</i>	Tier 1	QL (21 caps / 28 days), PA
<i>lenalidomide cap 25 mg</i>	Tier 1	QL (21 caps / 28 days), PA
<i>lenalidomide caps 2.5 mg</i>	Tier 1	QL (28 caps / 28 days), PA
POMALYST CAP 1MG	Tier 1	QL (21 caps / 28 days), PA
POMALYST CAP 2MG	Tier 1	QL (21 caps / 28 days), PA
POMALYST CAP 3MG	Tier 1	QL (21 caps / 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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
POMALYST CAP 4MG	Tier 1	QL (21 caps / 28 days), PA
THALOMID CAP 50MG	Tier 1	QL (84 caps / 28 days), PA
THALOMID CAP 100MG	Tier 1	QL (112 caps / 28 days), PA
MISCELLANEOUS		
BESREMI SOL 500MCG	Tier 1	QL (2 syringes / 28 days), PA
<i>bexarotene cap 75 mg</i>	Tier 1	QL (300 caps / 30 days), PA
<i>doxorubicin hcl inj 2 mg/ml</i>	Tier 1	B/D
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	Tier 1	B/D
<i>hydroxyurea cap 500 mg</i>	Tier 1	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	Tier 1	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	Tier 1	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	Tier 1	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	Tier 1	B/D
IWILFIN TAB 192MG	Tier 1	QL (240 tabs / 30 days), PA
<i>leucovorin calcium for inj 50 mg</i>	Tier 1	B/D
<i>leucovorin calcium for inj 100 mg</i>	Tier 1	B/D
<i>leucovorin calcium for inj 200 mg</i>	Tier 1	B/D
<i>leucovorin calcium for inj 350 mg</i>	Tier 1	B/D
<i>leucovorin calcium for inj 500 mg</i>	Tier 1	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	Tier 1	B/D
<i>leucovorin calcium tab 5 mg</i>	Tier 1	
<i>leucovorin calcium tab 10 mg</i>	Tier 1	
<i>leucovorin calcium tab 15 mg</i>	Tier 1	
<i>leucovorin calcium tab 25 mg</i>	Tier 1	
MATULANE CAP 50MG	Tier 1	
<i>mesna tab 400 mg</i>	Tier 1	
MODEYSO CAP 125MG	Tier 1	QL (20 caps / 28 days), PA
<i>tretinoin cap 10 mg</i>	Tier 1	
WELIREG TAB 40MG	Tier 1	QL (90 tabs / 30 days), PA
MITOTIC INHIBITORS		
<i>docetaxel for inj conc 20 mg/ml</i>	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 RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

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

MOLECULAR TARGET AGENTS

ALECENSA CAP 150MG	Tier 1	QL (240 caps / 30 days), PA
ALUNBRIG PAK	Tier 1	QL (30 tabs / 30 days), PA
ALUNBRIG TAB 30MG	Tier 1	QL (120 tabs / 30 days), PA
ALUNBRIG TAB 90MG	Tier 1	QL (30 tabs / 30 days), PA
ALUNBRIG TAB 180MG	Tier 1	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUGTYRO CAP 40MG	Tier 1	QL (240 caps / 30 days), PA
AUGTYRO CAP 160MG	Tier 1	QL (60 caps / 30 days), PA
AVMAPKI PAK FAKZYNJA	Tier 1	QL (1 pack / 28 days), PA
AYVAKIT TAB 25MG	Tier 1	QL (30 tabs / 30 days), PA
AYVAKIT TAB 50MG	Tier 1	QL (30 tabs / 30 days), PA
AYVAKIT TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
AYVAKIT TAB 200MG	Tier 1	QL (30 tabs / 30 days), PA
AYVAKIT TAB 300MG	Tier 1	QL (30 tabs / 30 days), PA
BALVERSA TAB 3MG	Tier 1	QL (84 tabs / 28 days), PA
BALVERSA TAB 4MG	Tier 1	QL (56 tabs / 28 days), PA
BALVERSA TAB 5MG	Tier 1	QL (28 tabs / 28 days), PA
<i>bortezomib for inj 3.5 mg</i>	Tier 1	PA
BORTEZOMIB INJ 1MG	Tier 1	PA
BORTEZOMIB INJ 2.5MG	Tier 1	PA
BOSULIF CAP 50MG	Tier 1	QL (30 caps / 30 days), PA
BOSULIF CAP 100MG	Tier 1	QL (300 caps / 30 days), PA
BOSULIF TAB 100MG	Tier 1	QL (180 tabs / 30 days), PA
BOSULIF TAB 400MG	Tier 1	QL (30 tabs / 30 days), PA
BOSULIF TAB 500MG	Tier 1	QL (30 tabs / 30 days), PA
BRAFTOVI CAP 75MG	Tier 1	QL (180 caps / 30 days), PA
BRUKINSA CAP 80MG	Tier 1	QL (120 caps / 30 days), PA
CABOMETYX TAB 20MG	Tier 1	QL (30 tabs / 30 days), PA
CABOMETYX TAB 40MG	Tier 1	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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CABOMETYX TAB 60MG	Tier 1	QL (30 tabs / 30 days), PA
CALQUENCE TAB 100MG	Tier 1	QL (60 tabs / 30 days), PA
CAPRELSA TAB 100MG	Tier 1	QL (60 tabs / 30 days), PA
CAPRELSA TAB 300MG	Tier 1	QL (30 tabs / 30 days), PA
COMETRIQ (60MG DOSE)	Tier 1	QL (84 caps / 28 days), PA
COMETRIQ KIT 100MG	Tier 1	QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	Tier 1	QL (112 caps / 28 days), PA
COPIKTRA CAP 15MG	Tier 1	QL (56 caps / 28 days), PA
COPIKTRA CAP 25MG	Tier 1	QL (56 caps / 28 days), PA
COTELLIC TAB 20MG	Tier 1	QL (63 tabs / 28 days), PA
DANZITEN TAB 71MG	Tier 1	QL (112 tabs / 28 days), PA
DANZITEN TAB 95MG	Tier 1	QL (112 tabs / 28 days), PA
<i>dasatinib tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>dasatinib tab 50 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>dasatinib tab 70 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>dasatinib tab 80 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>dasatinib tab 100 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>dasatinib tab 140 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
DAURISMO TAB 25MG	Tier 1	QL (60 tabs / 30 days), PA
DAURISMO TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
ERIVEDGE CAP 150MG	Tier 1	QL (30 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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>everolimus tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>everolimus tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>everolimus tab 7.5 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>everolimus tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>everolimus tab for oral susp 2 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>everolimus tab for oral susp 3 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>everolimus tab for oral susp 5 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
FOTIVDA CAP 0.89MG	Tier 1	QL (21 caps / 28 days), PA
FOTIVDA CAP 1.34MG	Tier 1	QL (21 caps / 28 days), PA
FRUZAQLA CAP 1MG	Tier 1	QL (84 caps / 28 days), PA
FRUZAQLA CAP 5MG	Tier 1	QL (21 caps / 28 days), PA
GAVRETO CAP 100MG	Tier 1	QL (120 caps / 30 days), PA
<i>gefitinib tab 250 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
GILOTRIF TAB 20MG	Tier 1	QL (30 tabs / 30 days), PA
GILOTRIF TAB 30MG	Tier 1	QL (30 tabs / 30 days), PA
GILOTRIF TAB 40MG	Tier 1	QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	Tier 1	QL (168 caps / 28 days), PA
GOMEKLI CAP 2MG	Tier 1	QL (84 caps / 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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GOMEKLI TAB 1MG	Tier 1	QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	Tier 1	PA
HERCEPTIN INJ 150MG	Tier 1	PA
HERNEXEOS TAB 60MG	Tier 1	QL (120 tabs / 30 days), PA
HERZUMA INJ 150MG	Tier 1	PA
HERZUMA INJ 420MG	Tier 1	PA
IBRANCE CAP 75MG	Tier 1	QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	Tier 1	QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	Tier 1	QL (21 caps / 28 days), PA
IBRANCE TAB 75MG	Tier 1	QL (21 tabs / 28 days), PA
IBRANCE TAB 100MG	Tier 1	QL (21 tabs / 28 days), PA
IBRANCE TAB 125MG	Tier 1	QL (21 tabs / 28 days), PA
IBTROZI CAP 200MG	Tier 1	QL (90 caps / 30 days), PA
ICLUSIG TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
ICLUSIG TAB 15MG	Tier 1	QL (30 tabs / 30 days), PA
ICLUSIG TAB 30MG	Tier 1	QL (30 tabs / 30 days), PA
ICLUSIG TAB 45MG	Tier 1	QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	Tier 1	QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 1	QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	Tier 1	QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	Tier 1	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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IMBRUVICA SUS 70MG/ML	Tier 1	QL (216 mL / 27 days), PA
IMBRUVICA TAB 140MG	Tier 1	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 280MG	Tier 1	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	Tier 1	QL (30 tabs / 30 days), PA
IMKELDI SOL 80MG/ML	Tier 1	QL (280 mL / 28 days), PA
INLYTA TAB 1MG	Tier 1	QL (180 tabs / 30 days), PA
INLYTA TAB 5MG	Tier 1	QL (120 tabs / 30 days), PA
INREBIC CAP 100MG	Tier 1	QL (120 caps / 30 days), PA
ITOVEBI TAB 3MG	Tier 1	QL (56 tabs / 28 days), PA
ITOVEBI TAB 9MG	Tier 1	QL (28 tabs / 28 days), PA
JAKAFI TAB 5MG	Tier 1	QL (60 tabs / 30 days), PA
JAKAFI TAB 10MG	Tier 1	QL (60 tabs / 30 days), PA
JAKAFI TAB 15MG	Tier 1	QL (60 tabs / 30 days), PA
JAKAFI TAB 20MG	Tier 1	QL (60 tabs / 30 days), PA
JAKAFI TAB 25MG	Tier 1	QL (60 tabs / 30 days), PA
JAYPIRCA TAB 50MG	Tier 1	QL (30 tabs / 30 days), PA
JAYPIRCA TAB 100MG	Tier 1	QL (60 tabs / 30 days), PA
KADCYLA INJ 100MG	Tier 1	B/D
KADCYLA INJ 160MG	Tier 1	B/D
KANJINTI INJ 420MG	Tier 1	PA
KANJINTI SOL 150MG	Tier 1	PA
KEYTRUDA INJ 100MG/4M	Tier 1	PA
KISQALI 200 DOSE	Tier 1	QL (21 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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KISQALI 400 DOSE	Tier 1	QL (42 tabs / 28 days), PA
KISQALI 400 PAK FEMARA	Tier 1	QL (70 tabs / 28 days), PA
KISQALI 600 DOSE	Tier 1	QL (63 tabs / 28 days), PA
KISQALI 600 PAK FEMARA	Tier 1	QL (91 tabs / 28 days), PA
KOSELUGO CAP 10MG	Tier 1	QL (240 caps / 30 days), PA
KOSELUGO CAP 25MG	Tier 1	QL (120 caps / 30 days), PA
KRAZATI TAB 200MG	Tier 1	QL (180 tabs / 30 days), PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 1	QL (180 tabs / 30 days), PA
LAZCLUZE TAB 80MG	Tier 1	QL (60 tabs / 30 days), PA
LAZCLUZE TAB 240MG	Tier 1	QL (30 tabs / 30 days), PA
LENVIMA CAP 4MG	Tier 1	QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	Tier 1	QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	Tier 1	QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	Tier 1	QL (90 caps / 30 days), PA
LENVIMA CAP 14 MG	Tier 1	QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	Tier 1	QL (90 caps / 30 days), PA
LENVIMA CAP 20 MG	Tier 1	QL (60 caps / 30 days), PA
LENVIMA CAP 24 MG	Tier 1	QL (90 caps / 30 days), PA
LORBRENA TAB 25MG	Tier 1	QL (90 tabs / 30 days), PA
LORBRENA TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
LUMAKRAS TAB 120MG	Tier 1	QL (240 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)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LUMAKRAS TAB 240MG	Tier 1	QL (120 tabs / 30 days), PA
LUMAKRAS TAB 320MG	Tier 1	QL (90 tabs / 30 days), PA
LYNPARZA TAB 100MG	Tier 1	QL (120 tabs / 30 days), PA
LYNPARZA TAB 150MG	Tier 1	QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE)	Tier 1	QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE)	Tier 1	QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE)	Tier 1	QL (140 tabs / 28 days), PA
MEKINIST SOL 0.05/ML	Tier 1	QL (1260 mL / 30 days), PA
MEKINIST TAB 0.5MG	Tier 1	QL (90 tabs / 30 days), PA
MEKINIST TAB 2MG	Tier 1	QL (30 tabs / 30 days), PA
MEKTOVI TAB 15MG	Tier 1	QL (180 tabs / 30 days), PA
MONJUVI INJ 200MG	Tier 1	PA
NERLYNX TAB 40MG	Tier 1	QL (180 tabs / 30 days), PA
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	Tier 1	QL (120 caps / 30 days), PA
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	Tier 1	QL (112 caps / 28 days), PA
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	Tier 1	QL (112 caps / 28 days), PA
NINLARO CAP 2.3MG	Tier 1	QL (3 caps / 28 days), PA
NINLARO CAP 3MG	Tier 1	QL (3 caps / 28 days), PA
NINLARO CAP 4MG	Tier 1	QL (3 caps / 28 days), PA
ODOMZO CAP 200MG	Tier 1	QL (30 caps / 30 days), PA
OGIVRI INJ 150MG	Tier 1	PA
OGIVRI INJ 420MG	Tier 1	PA
OGSIVEO TAB 50MG	Tier 1	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)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OGSIVEO TAB 100MG	Tier 1	QL (56 tabs / 28 days), PA
OGSIVEO TAB 150MG	Tier 1	QL (56 tabs / 28 days), PA
OJEMDA SUS 25MG/ML	Tier 1	QL (96 mL / 28 days), PA
OJEMDA TAB 100MG	Tier 1	QL (24 tabs / 28 days), PA
OJJAARA TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
OJJAARA TAB 150MG	Tier 1	QL (30 tabs / 30 days), PA
OJJAARA TAB 200MG	Tier 1	QL (30 tabs / 30 days), PA
ONTRUZANT INJ 150MG	Tier 1	PA
ONTRUZANT INJ 420MG	Tier 1	PA
<i>pazopanib hcl tab 200 mg (base equiv)</i>	Tier 1	QL (120 tabs / 30 days), PA
PEMAZYRE TAB 4.5MG	Tier 1	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 9MG	Tier 1	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 13.5MG	Tier 1	QL (28 tabs / 28 days), PA
PHESGO SOL	Tier 1	PA
PIQRAY 200MG TAB DOSE	Tier 1	QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	Tier 1	QL (56 tabs / 28 days), PA
PIQRAY 300MG TAB DOSE	Tier 1	QL (56 tabs / 28 days), PA
QINLOCK TAB 50MG	Tier 1	QL (90 tabs / 30 days), PA
RETEVMO TAB 40MG	Tier 1	QL (90 tabs / 30 days), PA
RETEVMO TAB 80MG	Tier 1	QL (120 tabs / 30 days), PA
RETEVMO TAB 120MG	Tier 1	QL (60 tabs / 30 days), PA
RETEVMO TAB 160MG	Tier 1	QL (60 tabs / 30 days), PA
REVUFORJ TAB 25MG	Tier 1	QL (240 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)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REVUFORJ TAB 110MG	Tier 1	QL (120 tabs / 30 days), PA
REVUFORJ TAB 160MG	Tier 1	QL (60 tabs / 30 days), PA
REZLIDHIA CAP 150MG	Tier 1	QL (60 caps / 30 days), PA
ROMVIMZA CAP 14MG	Tier 1	QL (8 caps / 28 days), PA
ROMVIMZA CAP 20MG	Tier 1	QL (8 caps / 28 days), PA
ROMVIMZA CAP 30MG	Tier 1	QL (8 caps / 28 days), PA
ROZLYTREK CAP 100MG	Tier 1	QL (180 caps / 30 days), PA
ROZLYTREK CAP 200MG	Tier 1	QL (90 caps / 30 days), PA
ROZLYTREK PAK 50MG	Tier 1	QL (336 packets / 28 days), PA
RUBRACA TAB 200MG	Tier 1	QL (120 tabs / 30 days), PA
RUBRACA TAB 250MG	Tier 1	QL (120 tabs / 30 days), PA
RUBRACA TAB 300MG	Tier 1	QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	Tier 1	QL (224 caps / 28 days), PA
SCSEMBLIX TAB 20MG	Tier 1	QL (60 tabs / 30 days), PA
SCSEMBLIX TAB 40MG	Tier 1	QL (300 tabs / 30 days), PA
SCSEMBLIX TAB 100MG	Tier 1	QL (120 tabs / 30 days), PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Tier 1	QL (120 tabs / 30 days), PA
STIVARGA TAB 40MG	Tier 1	QL (84 tabs / 28 days), PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Tier 1	QL (30 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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), PA
TABRECTA TAB 150MG	Tier 1	QL (112 tabs / 28 days), PA
TABRECTA TAB 200MG	Tier 1	QL (112 tabs / 28 days), PA
TAFINLAR CAP 50MG	Tier 1	QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	Tier 1	QL (120 caps / 30 days), PA
TAFINLAR TAB 10MG	Tier 1	QL (840 tabs / 28 days), PA
TAGRISSE TAB 40MG	Tier 1	QL (30 tabs / 30 days), PA
TAGRISSE TAB 80MG	Tier 1	QL (30 tabs / 30 days), PA
TALZENNA CAP 0.1MG	Tier 1	QL (30 caps / 30 days), PA
TALZENNA CAP 0.5MG	Tier 1	QL (30 caps / 30 days), PA
TALZENNA CAP 0.25MG	Tier 1	QL (90 caps / 30 days), PA
TALZENNA CAP 0.35MG	Tier 1	QL (30 caps / 30 days), PA
TALZENNA CAP 0.75MG	Tier 1	QL (30 caps / 30 days), PA
TALZENNA CAP 1MG	Tier 1	QL (30 caps / 30 days), PA
TAZVERIK TAB 200MG	Tier 1	QL (240 tabs / 30 days), PA
TECENTRIQ INJ 840/14	Tier 1	PA
TECENTRIQ INJ 1200/20	Tier 1	PA
TECENTRIQ INJ HYBREZA	Tier 1	QL (1 vial / 21 days), PA
TEPMETKO TAB 225MG	Tier 1	QL (60 tabs / 30 days), PA
TIBSOVO TAB 250MG	Tier 1	QL (60 tabs / 30 days), PA
<i>torpenz</i>	Tier 1	QL (30 tabs / 30 days), PA
TRAZIMERA INJ 150MG	Tier 1	PA
TRAZIMERA INJ 420MG	Tier 1	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)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUQAP PAK 160MG	Tier 1	QL (4 packs / 28 days), PA
TRUQAP PAK 200MG	Tier 1	QL (4 packs / 28 days), PA
TRUQAP TAB 160MG	Tier 1	QL (64 tabs / 28 days), PA
TRUQAP TAB 200MG	Tier 1	QL (64 tabs / 28 days), PA
TRUXIMA INJ 100/10ML	Tier 1	PA
TRUXIMA INJ 500/50ML	Tier 1	PA
TUKYSA TAB 50MG	Tier 1	QL (120 tabs / 30 days), PA
TUKYSA TAB 150MG	Tier 1	QL (120 tabs / 30 days), PA
TURALIO CAP 125MG	Tier 1	QL (120 caps / 30 days), PA
VANFLYTA TAB 17.7MG	Tier 1	QL (56 tabs / 28 days), PA
VANFLYTA TAB 26.5MG	Tier 1	QL (56 tabs / 28 days), PA
VENCLEXTA TAB 10MG	Tier 1	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 50MG	Tier 1	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 100MG	Tier 1	QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	Tier 1	QL (42 tabs / 28 days), PA
VERZENIO TAB 50MG	Tier 1	QL (56 tabs / 28 days), PA
VERZENIO TAB 100MG	Tier 1	QL (56 tabs / 28 days), PA
VERZENIO TAB 150MG	Tier 1	QL (56 tabs / 28 days), PA
VERZENIO TAB 200MG	Tier 1	QL (56 tabs / 28 days), PA
VITRAKVI CAP 25MG	Tier 1	QL (180 caps / 30 days), PA
VITRAKVI CAP 100MG	Tier 1	QL (60 caps / 30 days), PA
VITRAKVI SOL 20MG/ML	Tier 1	QL (300 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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIZIMPRO TAB 15MG	Tier 1	QL (30 tabs / 30 days), PA
VIZIMPRO TAB 30MG	Tier 1	QL (30 tabs / 30 days), PA
VIZIMPRO TAB 45MG	Tier 1	QL (30 tabs / 30 days), PA
VONJO CAP 100MG	Tier 1	QL (120 caps / 30 days), PA
VORANIGO TAB 10MG	Tier 1	QL (60 tabs / 30 days), PA
VORANIGO TAB 40MG	Tier 1	QL (30 tabs / 30 days), PA
XALKORI CAP 20MG	Tier 1	QL (120 caps / 30 days), PA
XALKORI CAP 50MG	Tier 1	QL (120 caps / 30 days), PA
XALKORI CAP 150MG	Tier 1	QL (180 caps / 30 days), PA
XALKORI CAP 200MG	Tier 1	QL (120 caps / 30 days), PA
XALKORI CAP 250MG	Tier 1	QL (120 caps / 30 days), PA
XOSPATA TAB 40MG	Tier 1	QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	Tier 1	QL (16 tabs / 28 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	Tier 1	QL (4 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY)	Tier 1	QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY)	Tier 1	QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY)	Tier 1	QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	Tier 1	QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	Tier 1	QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY)	Tier 1	QL (8 tabs / 28 days), PA
ZEJULA TAB 100MG	Tier 1	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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZEJULA TAB 200MG	Tier 1	QL (30 tabs / 30 days), PA
ZEJULA TAB 300MG	Tier 1	QL (30 tabs / 30 days), PA
ZELBORAF TAB 240MG	Tier 1	QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	Tier 1	PA
ZIRABEV INJ 400/16ML	Tier 1	PA
ZOLINZA CAP 100MG	Tier 1	QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	Tier 1	QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	Tier 1	QL (60 tabs / 30 days), PA
ZYKADIA TAB 150MG	Tier 1	QL (84 tabs / 28 days), PA

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

ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>benazepril hcl tab 5 mg</i>	Tier 1	
<i>benazepril hcl tab 10 mg</i>	Tier 1	
<i>benazepril hcl tab 20 mg</i>	Tier 1	
<i>benazepril hcl tab 40 mg</i>	Tier 1	
<i>captopril tab 12.5 mg</i>	Tier 1	
<i>captopril tab 25 mg</i>	Tier 1	
<i>captopril tab 50 mg</i>	Tier 1	
<i>captopril tab 100 mg</i>	Tier 1	
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	
<i>enalapril maleate tab 5 mg</i>	Tier 1	
<i>enalapril maleate tab 10 mg</i>	Tier 1	
<i>enalapril maleate tab 20 mg</i>	Tier 1	
<i>fosinopril sodium tab 10 mg</i>	Tier 1	
<i>fosinopril sodium tab 20 mg</i>	Tier 1	
<i>fosinopril sodium tab 40 mg</i>	Tier 1	
<i>lisinopril tab 2.5 mg</i>	Tier 1	
<i>lisinopril tab 5 mg</i>	Tier 1	
<i>lisinopril tab 10 mg</i>	Tier 1	
<i>lisinopril tab 20 mg</i>	Tier 1	
<i>lisinopril tab 30 mg</i>	Tier 1	

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

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

ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>eplerenone tab 25 mg</i>	Tier 1	
<i>eplerenone tab 50 mg</i>	Tier 1	
KERENDIA TAB 10MG	Tier 1	QL (30 tabs / 30 days)
KERENDIA TAB 20MG	Tier 1	QL (30 tabs / 30 days)
KERENDIA TAB 40MG	Tier 1	QL (30 tabs / 30 days)
<i>spironolactone tab 25 mg</i>	Tier 1	
<i>spironolactone tab 50 mg</i>	Tier 1	
<i>spironolactone tab 100 mg</i>	Tier 1	

ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>doxazosin mesylate tab 1 mg</i>	Tier 1
<i>doxazosin mesylate tab 2 mg</i>	Tier 1
<i>doxazosin mesylate tab 4 mg</i>	Tier 1
<i>doxazosin mesylate tab 8 mg</i>	Tier 1
<i>prazosin hcl cap 1 mg</i>	Tier 1
<i>prazosin hcl cap 2 mg</i>	Tier 1
<i>prazosin hcl cap 5 mg</i>	Tier 1
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS
TO TREAT HIGH BLOOD PRESSURE**

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	Tier 1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	Tier 1	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150- 12.5 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300- 12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 1	QL (30 tabs / 30 days)

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

<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	QL (30 tabs / 30 days)

**ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT
HIGH BLOOD PRESSURE**

<i>candesartan cilexetil tab 4 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 16 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 32 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>irbesartan tab 75 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>irbesartan tab 150 mg</i>	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 RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

<i>irbesartan tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>losartan potassium tab 25 mg</i>	Tier 1	
<i>losartan potassium tab 50 mg</i>	Tier 1	
<i>losartan potassium tab 100 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>telmisartan tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>telmisartan tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>telmisartan tab 80 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>valsartan tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>valsartan tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>valsartan tab 160 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>valsartan tab 320 mg</i>	Tier 1	QL (30 tabs / 30 days)

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

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

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>quinidine sulfate tab 200 mg</i>	Tier 1	
<i>quinidine sulfate tab 300 mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	Tier 1	
<i>sotalol hcl tab 80 mg</i>	Tier 1	
<i>sotalol hcl tab 120 mg</i>	Tier 1	
<i>sotalol hcl tab 160 mg</i>	Tier 1	
<i>sotalol hcl tab 240 mg</i>	Tier 1	
ANTIPIPEMICS, FIBRATES		
<i>fenofibrate micronized cap 67 mg</i>	Tier 1	
<i>fenofibrate micronized cap 134 mg</i>	Tier 1	
<i>fenofibrate micronized cap 200 mg</i>	Tier 1	
<i>fenofibrate tab 48 mg</i>	Tier 1	
<i>fenofibrate tab 54 mg</i>	Tier 1	
<i>fenofibrate tab 145 mg</i>	Tier 1	
<i>fenofibrate tab 160 mg</i>	Tier 1	
<i>gemfibrozil tab 600 mg</i>	Tier 1	
ANTIPIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days)
<i>lovastatin tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>lovastatin tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>lovastatin tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>pravastatin sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>simvastatin tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	Tier 1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine light powder packets 4 gm</i>	Tier 1	
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine powder packets 4 gm</i>	Tier 1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 1	
<i>colesevelam hcl tab 625 mg</i>	Tier 1	
<i>colestipol hcl granule packets 5 gm</i>	Tier 1	
<i>colestipol hcl granules 5 gm</i>	Tier 1	
<i>colestipol hcl tab 1 gm</i>	Tier 1	
<i>ezetimibe tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1	QL (30 tabs / 30 days)
NEXLETOL TAB 180MG	Tier 1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	Tier 1	QL (30 tabs / 30 days)
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 1	QL (60 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	Tier 1	QL (60 tabs / 30 days)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	Tier 1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	PA
<i>prevalite</i>	Tier 1	
REPATHA INJ 140MG/ML	Tier 1	QL (6 syringes / 28 days), PA
REPATHA SURE INJ 140MG/ML	Tier 1	QL (6 autoinjectors / 28 days), PA
VASCEPA CAP 0.5GM	Tier 1	
VASCEPA CAP 1GM	Tier 1	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	Tier 1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1	

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
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<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Tier 1	

BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

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

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

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1	
<i>cartia xt</i>	Tier 1	
<i>dilt-xr</i>	Tier 1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	Tier 1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	Tier 1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	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>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	Tier 1	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	Tier 1	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	Tier 1	
<i>diltiazem hcl tab 30 mg</i>	Tier 1	
<i>diltiazem hcl tab 60 mg</i>	Tier 1	
<i>diltiazem hcl tab 90 mg</i>	Tier 1	
<i>diltiazem hcl tab 120 mg</i>	Tier 1	
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	
<i>isradipine cap 2.5 mg</i>	Tier 1	
<i>isradipine cap 5 mg</i>	Tier 1	
<i>nicardipine hcl cap 20 mg</i>	Tier 1	
<i>nicardipine hcl cap 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	
<i>nimodipine cap 30 mg</i>	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>tiadylt er</i>	Tier 1
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 1
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 1
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 1
<i>verapamil hcl cap er 24hr 200 mg</i>	Tier 1
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 1
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 1
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 1
<i>verapamil hcl iv soln 2.5 mg/ml</i>	Tier 1
<i>verapamil hcl tab 40 mg</i>	Tier 1
<i>verapamil hcl tab 80 mg</i>	Tier 1
<i>verapamil hcl tab 120 mg</i>	Tier 1
<i>verapamil hcl tab er 120 mg</i>	Tier 1
<i>verapamil hcl tab er 180 mg</i>	Tier 1
<i>verapamil hcl tab er 240 mg</i>	Tier 1

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 1
<i>acetazolamide tab 125 mg</i>	Tier 1
<i>acetazolamide tab 250 mg</i>	Tier 1
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1
<i>amiloride hcl tab 5 mg</i>	Tier 1
<i>bumetanide inj 0.25 mg/ml</i>	Tier 1
<i>bumetanide tab 0.5 mg</i>	Tier 1
<i>bumetanide tab 1 mg</i>	Tier 1
<i>bumetanide tab 2 mg</i>	Tier 1
<i>chlorthalidone tab 25 mg</i>	Tier 1
<i>chlorthalidone tab 50 mg</i>	Tier 1
<i>furosemide inj</i>	Tier 1
<i>furosemide oral soln 8 mg/ml</i>	Tier 1
<i>furosemide oral soln 10 mg/ml</i>	Tier 1
<i>furosemide tab 20 mg</i>	Tier 1
<i>furosemide tab 40 mg</i>	Tier 1
<i>furosemide tab 80 mg</i>	Tier 1
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1
<i>indapamide tab 1.25 mg</i>	Tier 1
<i>indapamide tab 2.5 mg</i>	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>methazolamide tab 25 mg</i>	Tier 1
<i>methazolamide tab 50 mg</i>	Tier 1
<i>metolazone tab 2.5 mg</i>	Tier 1
<i>metolazone tab 5 mg</i>	Tier 1
<i>metolazone tab 10 mg</i>	Tier 1
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1
<i>torsemide tab 5 mg</i>	Tier 1
<i>torsemide tab 10 mg</i>	Tier 1
<i>torsemide tab 20 mg</i>	Tier 1
<i>torsemide tab 100 mg</i>	Tier 1
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1

MISCELLANEOUS

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days)
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days)
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 1	
<i>CORLANOR SOL 5MG/5ML</i>	Tier 1	QL (450 mL / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	Tier 1	
<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 1	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	QL (30 tabs / 30 days)
<i>droxidopa cap 100 mg</i>	Tier 1	QL (90 caps / 30 days), PA
<i>droxidopa cap 200 mg</i>	Tier 1	QL (180 caps / 30 days), PA
<i>droxidopa cap 300 mg</i>	Tier 1	QL (180 caps / 30 days), PA
<i>epinephrine inj 1 mg/ml (1:1000)</i>	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>guanfacine hcl tab 1 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>guanfacine hcl tab 2 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>hydralazine hcl inj 20 mg/ml</i>	Tier 1	
<i>hydralazine hcl tab 10 mg</i>	Tier 1	
<i>hydralazine hcl tab 25 mg</i>	Tier 1	
<i>hydralazine hcl tab 50 mg</i>	Tier 1	
<i>hydralazine hcl tab 100 mg</i>	Tier 1	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days)
<i>metyrosine cap 250 mg</i>	Tier 1	PA
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	
<i>minoxidil tab 2.5 mg</i>	Tier 1	
<i>minoxidil tab 10 mg</i>	Tier 1	
<i>ranolazine tab er 12hr 500 mg</i>	Tier 1	
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 1	
VERQUVO TAB 2.5MG	Tier 1	QL (30 tabs / 30 days), PA
VERQUVO TAB 5MG	Tier 1	QL (30 tabs / 30 days), PA
VERQUVO TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA

NITRATES - DRUGS TO TREAT HEART CONDITIONS

<i>isosorbide dinitrate tab 5 mg</i>	Tier 1
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1
NITRO-BID OIN 2%	Tier 1
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	Tier 1	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TAB 0.5MG	Tier 1	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG	Tier 1	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG	Tier 1	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2.5MG	Tier 1	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG	Tier 1	QL (90 tabs / 30 days), PA
<i>alyq</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>ambrisentan tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>ambrisentan tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>bosentan tab 62.5 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>bosentan tab 125 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>bosentan tab for oral susp 32 mg</i>	Tier 1	QL (120 tabs / 30 days), PA
OPSUMIT TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
<i>sildenafil citrate tab 20 mg</i>	Tier 1	QL (360 tabs / 30 days), PA
<i>tadalafil tab 20 mg (pah)</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 1	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 1	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 1	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 1	PA
UPTRAVI PACK TAB 200/800	Tier 1	QL (1 pack / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
UPTRAVI TAB 200MCG	Tier 1	QL (140 tabs / 28 days), PA
UPTRAVI TAB 400MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG	Tier 1	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG	Tier 1	QL (60 tabs / 30 days), PA
WINREVAIR INJ 45MG	Tier 1	QL (2 vials / 21 days), PA
WINREVAIR INJ 60MG	Tier 1	QL (2 vials / 21 days), PA
YUTREPIA CAP 26.5MCG	Tier 1	QL (140 caps / 28 days), PA
YUTREPIA CAP 53MCG	Tier 1	QL (140 caps / 28 days), PA
YUTREPIA CAP 79.5MCG	Tier 1	QL (140 caps / 28 days), PA
YUTREPIA CAP 106MCG	Tier 1	QL (224 caps / 28 days), PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIANXIETY - DRUGS TO TREAT ANXIETY

<i>alprazolam tab 0.5 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>buspirone hcl tab 5 mg</i>	Tier 1	
<i>buspirone hcl tab 7.5 mg</i>	Tier 1	
<i>buspirone hcl tab 10 mg</i>	Tier 1	
<i>buspirone hcl tab 15 mg</i>	Tier 1	
<i>buspirone hcl tab 30 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 25 mg</i>	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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	
<i>lorazepam conc 2 mg/ml</i>	Tier 1	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	Tier 1	
<i>lorazepam inj 4 mg/ml</i>	Tier 1	
<i>lorazepam intensol</i>	Tier 1	QL (150 mL / 30 days)
<i>lorazepam tab 0.5 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	Tier 1	QL (150 tabs / 30 days)
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	Tier 1	QL (200 mL / 30 days)
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 1	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 1	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 1	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 1	PA; PA applies if 29 years and younger
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 5 mg</i>	Tier 1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 10 mg</i>	Tier 1	PA; PA applies if 29 years and younger

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>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	Tier 1	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	Tier 1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	Tier 1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	Tier 1	
NAMZARIC CAP 7-10MG	Tier 1	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 1	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 1	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 1	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl tab 10 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>amoxapine tab 25 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>amoxapine tab 50 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>amoxapine tab 100 mg</i>	Tier 1	PA; PA applies if 65 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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amoxapine tab 150 mg</i>	Tier 1	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	Tier 1	QL (60 tabs / 30 days), PA
<i>bupropion hcl tab 75 mg</i>	Tier 1	
<i>bupropion hcl tab 100 mg</i>	Tier 1	
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	
<i>clomipramine hcl cap 25 mg</i>	Tier 1	PA
<i>clomipramine hcl cap 50 mg</i>	Tier 1	PA
<i>clomipramine hcl cap 75 mg</i>	Tier 1	PA
<i>desipramine hcl tab 10 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>desipramine hcl tab 25 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>desipramine hcl tab 50 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>desipramine hcl tab 75 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>desipramine hcl tab 100 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>desipramine hcl tab 150 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days)
<i>doxepin hcl cap 10 mg</i>	Tier 1	PA; PA applies if 65 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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>doxepin hcl cap 25 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>doxepin hcl cap 50 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>doxepin hcl cap 75 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>doxepin hcl cap 100 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>doxepin hcl cap 150 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>doxepin hcl conc 10 mg/ml</i>	Tier 1	PA; PA applies if 65 years and older
DRIZALMA CAP 20MG DR	Tier 1	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	Tier 1	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	Tier 1	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	Tier 1	QL (60 caps / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	Tier 1	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	Tier 1	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	Tier 1	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	
FETZIMA CAP 20MG	Tier 1	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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FETZIMA CAP 40MG	Tier 1	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	Tier 1	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	Tier 1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	Tier 1	QL (2 packs / year), PA
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	
<i>imipramine hcl tab 10 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>imipramine hcl tab 25 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>imipramine hcl tab 50 mg</i>	Tier 1	PA; PA applies if 65 years and older
MARPLAN TAB 10MG	Tier 1	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	Tier 1	
<i>mirtazapine tab 7.5 mg</i>	Tier 1	
<i>mirtazapine tab 15 mg</i>	Tier 1	
<i>mirtazapine tab 30 mg</i>	Tier 1	
<i>mirtazapine tab 45 mg</i>	Tier 1	
<i>nefazodone hcl tab 50 mg</i>	Tier 1	
<i>nefazodone hcl tab 100 mg</i>	Tier 1	
<i>nefazodone hcl tab 150 mg</i>	Tier 1	
<i>nefazodone hcl tab 200 mg</i>	Tier 1	
<i>nefazodone hcl tab 250 mg</i>	Tier 1	
<i>nortriptyline hcl cap 10 mg</i>	Tier 1	
<i>nortriptyline hcl cap 25 mg</i>	Tier 1	
<i>nortriptyline hcl cap 50 mg</i>	Tier 1	
<i>nortriptyline hcl cap 75 mg</i>	Tier 1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	Tier 1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	Tier 1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl tab 10 mg</i>	Tier 1	PA; PA applies if 65 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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>paroxetine hcl tab 20 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>paroxetine hcl tab 30 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>paroxetine hcl tab 40 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	
<i>protriptyline hcl tab 5 mg</i>	Tier 1	
<i>protriptyline hcl tab 10 mg</i>	Tier 1	
RALDESY SOL 10MG/ML	Tier 1	QL (1800 mL / 30 days), PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	
<i>sertraline hcl tab 25 mg</i>	Tier 1	
<i>sertraline hcl tab 50 mg</i>	Tier 1	
<i>sertraline hcl tab 100 mg</i>	Tier 1	
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 1	
<i>trazodone hcl tab 50 mg</i>	Tier 1	
<i>trazodone hcl tab 100 mg</i>	Tier 1	
<i>trazodone hcl tab 150 mg</i>	Tier 1	
<i>trimipramine maleate cap 25 mg</i>	Tier 1	QL (120 caps / 30 days)
<i>trimipramine maleate cap 50 mg</i>	Tier 1	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	Tier 1	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	Tier 1	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 20MG	Tier 1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1	
<i>vilazodone hcl tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days)
ZURZUVAE CAP 20MG	Tier 1	QL (28 caps / 14 days), PA
ZURZUVAE CAP 25MG	Tier 1	QL (28 caps / 14 days), PA
ZURZUVAE CAP 30MG	Tier 1	QL (14 caps / 14 days), PA

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl cap 100 mg</i>	Tier 1	QL (120 caps / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	Tier 1	
<i>amantadine hcl tab 100 mg</i>	Tier 1	
<i>benztropine mesylate inj 1 mg/ml</i>	Tier 1	
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>benztropine mesylate tab 1 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>benztropine mesylate tab 2 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	Tier 1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	Tier 1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	Tier 1	
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	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>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	
<i>entacapone tab 200 mg</i>	Tier 1	
INBRIJA CAP 42MG	Tier 1	QL (300 caps / 30 days), PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	
<i>selegiline hcl cap 5 mg</i>	Tier 1	
<i>selegiline hcl tab 5 mg</i>	Tier 1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIM INJ 720MG	Tier 1	QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	Tier 1	QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	Tier 1	QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	Tier 1	QL (1 syringe / 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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ABILIFY MAIN INJ 400MG	Tier 1	QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	Tier 1	QL (1 syringe / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), ST
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days), ST
<i>aripiprazole tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	Tier 1	QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	Tier 1	QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	Tier 1	QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	Tier 1	QL (1 syringe / 56 days)
ARISTADA INJ INITIO	Tier 1	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days)
CAPLYTA CAP 10.5MG	Tier 1	QL (30 caps / 30 days)
CAPLYTA CAP 21MG	Tier 1	QL (30 caps / 30 days)
CAPLYTA CAP 42MG	Tier 1	QL (30 caps / 30 days)
<i>chlorpromazine hcl conc 30 mg/ml</i>	Tier 1	
<i>chlorpromazine hcl conc 100 mg/ml</i>	Tier 1	
<i>chlorpromazine hcl inj 25 mg/ml</i>	Tier 1	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	Tier 1	
<i>chlorpromazine hcl tab 10 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 25 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 50 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 100 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 200 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	Tier 1	PA
<i>clozapine orally disintegrating tab 25 mg</i>	Tier 1	PA
<i>clozapine orally disintegrating tab 100 mg</i>	Tier 1	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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clozapine orally disintegrating tab 150 mg</i>	Tier 1	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	Tier 1	
<i>clozapine tab 50 mg</i>	Tier 1	
<i>clozapine tab 100 mg</i>	Tier 1	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days)
COBENFY CAP 50-20MG	Tier 1	QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	Tier 1	QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	Tier 1	QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	Tier 1	QL (2 packs / year), PA
ERZOFRI INJ 39/0.25	Tier 1	QL (1 syringe / 28 days)
ERZOFRI INJ 78/0.5ML	Tier 1	QL (1 syringe / 28 days)
ERZOFRI INJ 117/0.75	Tier 1	QL (1 syringe / 28 days)
ERZOFRI INJ 156MG/ML	Tier 1	QL (1 syringe / 28 days)
ERZOFRI INJ 234/1.5	Tier 1	QL (1 syringe / 28 days)
ERZOFRI INJ 351/2.25	Tier 1	QL (2 syringes / year)
FANAPT PAK PACK A	Tier 1	QL (2 packs / year), PA
FANAPT PAK PACK B	Tier 1	QL (2 packs / year), PA
FANAPT PAK PACK C	Tier 1	QL (2 packs / year), PA
FANAPT TAB 1MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	Tier 1	QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	Tier 1	QL (60 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	Tier 1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	Tier 1	

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

<i>fluphenazine hcl tab 1 mg</i>	Tier 1	
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 1	
<i>fluphenazine hcl tab 5 mg</i>	Tier 1	
<i>fluphenazine hcl tab 10 mg</i>	Tier 1	
<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	
<i>haloperidol tab 0.5 mg</i>	Tier 1	
<i>haloperidol tab 1 mg</i>	Tier 1	
<i>haloperidol tab 2 mg</i>	Tier 1	
<i>haloperidol tab 5 mg</i>	Tier 1	
<i>haloperidol tab 10 mg</i>	Tier 1	
<i>haloperidol tab 20 mg</i>	Tier 1	
INVEGA HAFYE INJ 1092MG	Tier 1	QL (1 injection / 180 days)
INVEGA HAFYE INJ 1560MG	Tier 1	QL (1 injection / 180 days)
INVEGA SUST INJ 39/0.25	Tier 1	QL (1 syringe / 28 days)
INVEGA SUST INJ 78/0.5ML	Tier 1	QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	Tier 1	QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	Tier 1	QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	Tier 1	QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	Tier 1	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	Tier 1	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	Tier 1	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	Tier 1	QL (1 syringe / 90 days)
<i>loxapine succinate cap 5 mg</i>	Tier 1	
<i>loxapine succinate cap 10 mg</i>	Tier 1	
<i>loxapine succinate cap 25 mg</i>	Tier 1	
<i>loxapine succinate cap 50 mg</i>	Tier 1	
<i>lurasidone hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 60 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>lurasidone hcl tab 120 mg</i>	Tier 1	QL (30 tabs / 30 days)
LYBALVI TAB 5-10MG	Tier 1	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	Tier 1	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	Tier 1	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	Tier 1	QL (30 tabs / 30 days)
<i>molindone hcl tab 5 mg</i>	Tier 1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>molindone hcl tab 10 mg</i>	Tier 1	
<i>molindone hcl tab 25 mg</i>	Tier 1	
NUPLAZID CAP 34MG	Tier 1	QL (30 caps / 30 days), PA
NUPLAZID TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
<i>olanzapine for im inj 10 mg</i>	Tier 1	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), ST
<i>olanzapine tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)
OIPZA MIS 2MG	Tier 1	QL (30 films / 30 days), PA
OIPZA MIS 5MG	Tier 1	QL (30 films / 30 days), PA
OIPZA MIS 10MG	Tier 1	QL (90 films / 30 days), PA
<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	Tier 1	
<i>perphenazine tab 4 mg</i>	Tier 1	
<i>perphenazine tab 8 mg</i>	Tier 1	
<i>perphenazine tab 16 mg</i>	Tier 1	
<i>pimozide tab 1 mg</i>	Tier 1	
<i>pimozide tab 2 mg</i>	Tier 1	
<i>quetiapine fumarate tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 150 mg</i>	Tier 1	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 RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

<i>quetiapine fumarate tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	Tier 1	QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	Tier 1	QL (60 tabs / 30 days)
REXULTI TAB 1MG	Tier 1	QL (60 tabs / 30 days)
REXULTI TAB 2MG	Tier 1	QL (60 tabs / 30 days)
REXULTI TAB 3MG	Tier 1	QL (30 tabs / 30 days)
REXULTI TAB 4MG	Tier 1	QL (30 tabs / 30 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	Tier 1	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 25 mg</i>	Tier 1	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	Tier 1	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	Tier 1	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 1	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 1	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 1	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 1	QL (120 tabs / 30 days), ST
<i>risperidone soln 1 mg/ml</i>	Tier 1	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	Tier 1	
<i>risperidone tab 0.25 mg</i>	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>risperidone tab 1 mg</i>	Tier 1	
<i>risperidone tab 2 mg</i>	Tier 1	
<i>risperidone tab 3 mg</i>	Tier 1	
<i>risperidone tab 4 mg</i>	Tier 1	
SECUADO DIS 3.8MG	Tier 1	QL (30 patches / 30 days)
SECUADO DIS 5.7MG	Tier 1	QL (30 patches / 30 days)
SECUADO DIS 7.6MG	Tier 1	QL (30 patches / 30 days)
<i>thioridazine hcl tab 10 mg</i>	Tier 1	
<i>thioridazine hcl tab 25 mg</i>	Tier 1	
<i>thioridazine hcl tab 50 mg</i>	Tier 1	
<i>thioridazine hcl tab 100 mg</i>	Tier 1	
<i>thiothixene cap 1 mg</i>	Tier 1	
<i>thiothixene cap 2 mg</i>	Tier 1	
<i>thiothixene cap 5 mg</i>	Tier 1	
<i>thiothixene cap 10 mg</i>	Tier 1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	
VERSACLOZ SUS 50MG/ML	Tier 1	QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5MG	Tier 1	QL (60 caps / 30 days)
VRAYLAR CAP 3MG	Tier 1	QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	Tier 1	QL (30 caps / 30 days)
VRAYLAR CAP 6MG	Tier 1	QL (30 caps / 30 days)
<i>ziprasidone hcl cap 20 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	Tier 1	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	Tier 1	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	Tier 1	QL (2 vials / 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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZYPREXA RELP INJ 405MG	Tier 1	QL (1 vial / 28 days), PA
ANTIEPILEPTIC AGENTS		
APTiom TAB 200MG	Tier 1	QL (30 tabs / 30 days)
APTiom TAB 400MG	Tier 1	QL (30 tabs / 30 days)
APTiom TAB 600MG	Tier 1	QL (60 tabs / 30 days)
APTiom TAB 800MG	Tier 1	QL (60 tabs / 30 days)
BRIVIACT SOL 10MG/ML	Tier 1	QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	Tier 1	QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	Tier 1	QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	Tier 1	QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	Tier 1	QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	Tier 1	QL (60 tabs / 30 days), PA
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	
<i>carbamazepine chew tab 100 mg</i>	Tier 1	
<i>carbamazepine chew tab 200 mg</i>	Tier 1	
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	
<i>carbamazepine tab 200 mg</i>	Tier 1	
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1	
<i>clobazam suspension 2.5 mg/ml</i>	Tier 1	QL (480 mL / 30 days), PA
<i>clobazam tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>clobazam tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days)

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clonazepam orally disintegrating tab 2 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAP 250MG	Tier 1	QL (360 caps / 30 days), PA
DIACOMIT CAP 500MG	Tier 1	QL (180 caps / 30 days), PA
DIACOMIT PAK 250MG	Tier 1	QL (360 packets / 30 days), PA
DIACOMIT PAK 500MG	Tier 1	QL (180 packets / 30 days), PA
<i>diazepam inj</i>	Tier 1	
<i>diazepam intensol</i>	Tier 1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam oral soln 1 mg/ml</i>	Tier 1	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>	Tier 1	
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1	
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 1	
<i>diazepam tab 2 mg</i>	Tier 1	QL (120 tabs / 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)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diazepam tab 5 mg</i>	Tier 1	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>	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAP 30MG	Tier 1	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	
EPIDIOLEX SOL 100MG/ML	Tier 1	QL (600 mL / 30 days), PA
<i>eslicarbazepine acetate tab 200 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 400 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 600 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>eslicarbazepine acetate tab 800 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>ethosuximide cap 250 mg</i>	Tier 1	
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	
<i>felbamate susp 600 mg/5ml</i>	Tier 1	
<i>felbamate tab 400 mg</i>	Tier 1	
<i>felbamate tab 600 mg</i>	Tier 1	
FINTEPLA SOL 2.2MG/ML	Tier 1	QL (360 mL / 30 days), PA
FYCOMPA SUS 0.5MG/ML	Tier 1	QL (680 mL / 28 days), PA
FYCOMPA TAB 2MG	Tier 1	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	Tier 1	QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	Tier 1	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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FYCOMPA TAB 8MG	Tier 1	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	Tier 1	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	Tier 1	QL (360 caps / 30 days)
<i>gabapentin cap 300 mg</i>	Tier 1	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	Tier 1	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	Tier 1	
<i>lacosamide oral</i>	Tier 1	QL (1200 mL / 30 days)
<i>lacosamide tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>lacosamide tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>lacosamide tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>lacosamide tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	Tier 1	
<i>lamotrigine tab 100 mg</i>	Tier 1	
<i>lamotrigine tab 150 mg</i>	Tier 1	
<i>lamotrigine tab 200 mg</i>	Tier 1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 25 mg</i>	Tier 1	ST
<i>lamotrigine tab er 24hr 50 mg</i>	Tier 1	ST
<i>lamotrigine tab er 24hr 100 mg</i>	Tier 1	ST
<i>lamotrigine tab er 24hr 200 mg</i>	Tier 1	ST
<i>lamotrigine tab er 24hr 250 mg</i>	Tier 1	ST
<i>lamotrigine tab er 24hr 300 mg</i>	Tier 1	ST
LEVETIRACETA TAB 250MG	Tier 1	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	Tier 1	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	Tier 1	
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	
<i>levetiracetam tab 250 mg</i>	Tier 1	
<i>levetiracetam tab 500 mg</i>	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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levetiracetam tab 750 mg</i>	Tier 1	
<i>levetiracetam tab 1000 mg</i>	Tier 1	
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1	
<i>methsuximide cap 300 mg</i>	Tier 1	
NAYZILAM SPR 5MG	Tier 1	QL (10 nasal units / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	
<i>oxcarbazepine tab 150 mg</i>	Tier 1	
<i>oxcarbazepine tab 300 mg</i>	Tier 1	
<i>oxcarbazepine tab 600 mg</i>	Tier 1	
<i>perampanel tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>perampanel tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>perampanel tab 6 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>perampanel tab 8 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>perampanel tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>perampanel tab 12 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	Tier 1	PA; PA applies if 65 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	Tier 1	PA; PA applies if 65 years and older
<i>phenobarbital tab 15 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 16.2 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 30 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>phenobarbital tab 32.4 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 60 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 64.8 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 97.2 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenytek</i>	Tier 1	
<i>phenytoin chew tab 50 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	
<i>phenytoin sodium inj 50 mg/ml</i>	Tier 1	
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	
<i>pregabalin cap 25 mg</i>	Tier 1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 50 mg</i>	Tier 1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 75 mg</i>	Tier 1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 150 mg</i>	Tier 1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 200 mg</i>	Tier 1	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 225 mg</i>	Tier 1	QL (60 caps / 30 days), PA; PA applies if 65 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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pregabalin cap 300 mg</i>	Tier 1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin soln 20 mg/ml</i>	Tier 1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone tab 50 mg</i>	Tier 1	
<i>primidone tab 125 mg</i>	Tier 1	
<i>primidone tab 250 mg</i>	Tier 1	
<i>roweepra</i>	Tier 1	
<i>rufinamide susp 40 mg/ml</i>	Tier 1	QL (2400 mL / 30 days), PA
<i>rufinamide tab 200 mg</i>	Tier 1	QL (480 tabs / 30 days), PA
<i>rufinamide tab 400 mg</i>	Tier 1	QL (240 tabs / 30 days), PA
SPRITAM TAB 250MG	Tier 1	QL (360 tabs / 30 days)
SPRITAM TAB 500MG	Tier 1	QL (180 tabs / 30 days)
SPRITAM TAB 750MG	Tier 1	QL (120 tabs / 30 days)
SPRITAM TAB 1000MG	Tier 1	QL (90 tabs / 30 days)
<i>subvenite</i>	Tier 1	
SYMPAZAN MIS 5MG	Tier 1	QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	Tier 1	QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	Tier 1	QL (60 films / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	Tier 1	
<i>tiagabine hcl tab 4 mg</i>	Tier 1	
<i>tiagabine hcl tab 12 mg</i>	Tier 1	
<i>tiagabine hcl tab 16 mg</i>	Tier 1	
<i>topiramate oral soln 25 mg/ml</i>	Tier 1	QL (480 mL / 30 days), PA
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	
<i>topiramate sprinkle cap 50 mg</i>	Tier 1	
<i>topiramate tab 25 mg</i>	Tier 1	
<i>topiramate tab 50 mg</i>	Tier 1	
<i>topiramate tab 100 mg</i>	Tier 1	
<i>topiramate tab 200 mg</i>	Tier 1	
<i>valproate sodium inj 100 mg/ml</i>	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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	
<i>valproic acid cap 250 mg</i>	Tier 1	
VALTOCO SPR 5MG	Tier 1	QL (10 blister packs / 30 days)
VALTOCO SPR 10MG	Tier 1	QL (10 blister packs / 30 days)
VALTOCO SPR 15MG	Tier 1	QL (10 blister packs / 30 days)
VALTOCO SPR 20MG	Tier 1	QL (10 blister packs / 30 days)
<i>vigabatrin powd pack 500 mg</i>	Tier 1	QL (180 packets / 30 days), PA
<i>vigabatrin tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days), PA
<i>vigadrone</i>	Tier 1	QL (180 packets / 30 days), PA
<i>vigadrone</i>	Tier 1	QL (180 tabs / 30 days), PA
VIGAFYDE SOL 100MG/ML	Tier 1	QL (900 mL / 30 days), PA
<i>vigpoder</i>	Tier 1	QL (180 packets / 30 days), PA
XCOPRI PAK 12.5-25	Tier 1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	Tier 1	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	Tier 1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	Tier 1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	Tier 1	QL (28 tabs / 28 days)
XCOPRI TAB 25MG	Tier 1	QL (30 tabs / 30 days)
XCOPRI TAB 50MG	Tier 1	QL (30 tabs / 30 days)
XCOPRI TAB 100MG	Tier 1	QL (30 tabs / 30 days)
XCOPRI TAB 150MG	Tier 1	QL (60 tabs / 30 days)
XCOPRI TAB 200MG	Tier 1	QL (60 tabs / 30 days)
ZONISADE SUS 100MG/5	Tier 1	QL (900 mL / 30 days), PA
<i>zonisamide cap 25 mg</i>	Tier 1	
<i>zonisamide cap 50 mg</i>	Tier 1	
<i>zonisamide cap 100 mg</i>	Tier 1	
ZTALMY SUS 50MG/ML	Tier 1	QL (1100 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 RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT
ADHD**

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 1	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 1	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 1	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 1	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), PA

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

<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>methylphenidate hcl chew tab 2.5 mg</i>	Tier 1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl chew tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl chew tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	QL (90 tabs / 30 days), PA

HYPNOTICS - DRUGS TO TREAT INSOMNIA

DAYVIGO TAB 5MG	Tier 1	QL (30 tabs / 30 days)
DAYVIGO TAB 10MG	Tier 1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days)
<i>eszopiclone tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>eszopiclone tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>ramelteon tab 8 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>tasimelteon capsule 20 mg</i>	Tier 1	QL (30 caps / 30 days), PA
<i>temazepam cap 7.5 mg</i>	Tier 1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 15 mg</i>	Tier 1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 30 mg</i>	Tier 1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon cap 5 mg</i>	Tier 1	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 10 mg</i>	Tier 1	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 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 NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

AIMOVIG INJ 70MG/ML	Tier 1	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	Tier 1	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	Tier 1	QL (8 mL / 30 days), PA
EMGALITY INJ 100MG/ML	Tier 1	QL (3 syringes / 30 days), PA
EMGALITY INJ 120MG/ML	Tier 1	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	Tier 1	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (12 tabs / 30 days)
NURTEC TAB 75MG ODT	Tier 1	QL (16 tabs / 30 days), PA
QULIPTA TAB 10MG	Tier 1	QL (30 tabs / 30 days), PA
QULIPTA TAB 30MG	Tier 1	QL (30 tabs / 30 days), PA
QULIPTA TAB 60MG	Tier 1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Tier 1	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	Tier 1	QL (24 units / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	Tier 1	QL (12 units / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 1	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Tier 1	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Tier 1	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	Tier 1	QL (18 injections / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	Tier 1	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	Tier 1	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	Tier 1	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TAB 6MG	Tier 1	QL (60 tabs / 30 days), PA
AUSTEDO TAB 9MG	Tier 1	QL (120 tabs / 30 days), PA
AUSTEDO TAB 12MG	Tier 1	QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 6MG	Tier 1	QL (90 tabs / 30 days), PA
AUSTEDO XR TAB 12MG	Tier 1	QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 18MG	Tier 1	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 24MG	Tier 1	QL (60 tabs / 30 days), PA
AUSTEDO XR TAB 30MG ER	Tier 1	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 36MG ER	Tier 1	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 42MG ER	Tier 1	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 48MG ER	Tier 1	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	Tier 1	QL (2 packs / year), PA
<i>lithium carbonate cap 150 mg</i>	Tier 1	
<i>lithium carbonate cap 300 mg</i>	Tier 1	
<i>lithium carbonate cap 600 mg</i>	Tier 1	
<i>lithium carbonate tab 300 mg</i>	Tier 1	
<i>lithium carbonate tab er 300 mg</i>	Tier 1	
<i>lithium carbonate tab er 450 mg</i>	Tier 1	
<i>lithium oral solution 8 meq/5ml</i>	Tier 1	
NUDEXTA CAP 20-10MG	Tier 1	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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	
<i>riluzole tab 50 mg</i>	Tier 1	
<i>tetrabenazine tab 12.5 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>tetrabenazine tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days), PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

<i>BAFIERTAM CAP 95MG</i>	Tier 1	QL (120 caps / 30 days), PA
<i>BETASERON INJ 0.3MG</i>	Tier 1	QL (14 kits / 28 days), PA
<i>COPAXONE INJ 20MG/ML</i>	Tier 1	QL (30 syringes / 30 days), PA
<i>COPAXONE INJ 40MG/ML</i>	Tier 1	QL (12 syringes / 28 days), PA
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days), PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Tier 1	QL (30 syringes / 30 days), PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 1	QL (12 syringes / 28 days), PA
<i>glatopa</i>	Tier 1	QL (12 syringes / 28 days), PA
<i>glatopa</i>	Tier 1	QL (30 syringes / 30 days), PA
<i>KESIMPTA INJ 20/.4ML</i>	Tier 1	QL (16 pens / 365 days), PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>baclofen tab 10 mg</i>	Tier 1	
<i>baclofen tab 20 mg</i>	Tier 1	
<i>carisoprodol tab 350 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), PA; PA applies if 65 years and older

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

<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), PA; PA applies if 65 years and older
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
<i>methocarbamol tab 500 mg</i>	Tier 1	QL (360 tabs / 30 days), PA; PA applies if 65 years and older
<i>methocarbamol tab 750 mg</i>	Tier 1	QL (240 tabs / 30 days), PA; PA applies if 65 years and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

<i>armodafinil tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>modafinil tab 100 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>modafinil tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
SOD OXYBATE SOL 500MG/ML	Tier 1	QL (540 mL / 30 days), PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 1	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	QL (180 tabs / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2- 0.5 mg (base equiv)</i>	Tier 1	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Tier 1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Tier 1	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 1	QL (90 films / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>disulfiram tab 250 mg</i>	Tier 1	
<i>disulfiram tab 500 mg</i>	Tier 1	
KLOXXADO SPR 8MG	Tier 1	
<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl inj 4 mg/10ml</i>	Tier 1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naltrexone hcl tab 50 mg</i>	Tier 1	
NICOTROL NS SPR 10MG/ML	Tier 1	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	Tier 1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	Tier 1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	Tier 1	QL (2 packs / year)
VIVITROL INJ 380MG	Tier 1	

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

<i>danazol cap 50 mg</i>	Tier 1	
<i>danazol cap 100 mg</i>	Tier 1	
<i>danazol cap 200 mg</i>	Tier 1	
<i>depo-testosterone</i>	Tier 1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone pump</i>	Tier 1	QL (150 gm / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>testosterone td gel 12.5 mg/act (1%)</i>	Tier 1	QL (300 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	Tier 1	QL (300 gm / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	Tier 1	QL (300 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose tab 25 mg</i>	Tier 1	
<i>acarbose tab 50 mg</i>	Tier 1	
<i>acarbose tab 100 mg</i>	Tier 1	
<i>dapagliflozin propanediol tab 5 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days)
<i>dapagliflozin propanediol tab 10 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days)
FARXIGA TAB 5MG	Tier 1	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	Tier 1	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	Tier 1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	Tier 1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	Tier 1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	Tier 1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	Tier 1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	Tier 1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	Tier 1	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	Tier 1	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	Tier 1	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	Tier 1	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	Tier 1	QL (30 tabs / 30 days), ST
JARDIANCE TAB 25MG	Tier 1	QL (30 tabs / 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 RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

JENTADUETO TAB 2.5-500	Tier 1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	Tier 1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	Tier 1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	Tier 1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	Tier 1	QL (30 tabs / 30 days)
<i>metformin hcl oral soln 500 mg/5ml</i>	Tier 1	QL (765 mL / 30 days)
<i>metformin hcl tab 500 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	Tier 1	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO INJ 2.5/0.5	Tier 1	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	Tier 1	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	Tier 1	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	Tier 1	QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	Tier 1	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	Tier 1	QL (4 pens / 28 days), PA
<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE)	Tier 1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE)	Tier 1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE)	Tier 1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	Tier 1	QL (240 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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RYBELSUS TAB 3MG	Tier 1	QL (30 tabs / 30 days), PA
RYBELSUS TAB 7MG	Tier 1	QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	Tier 1	QL (30 tabs / 30 days), PA
TRADJENTA TAB 5MG	Tier 1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	Tier 1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	Tier 1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	Tier 1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	Tier 1	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	Tier 1	QL (4 pens / 28 days), PA
TRULICITY INJ 1.5/0.5	Tier 1	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	Tier 1	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	Tier 1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	Tier 1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	Tier 1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	Tier 1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	Tier 1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	Tier 1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG INJ 100U/ML	Tier 1	B/D
ADMELOG SOLO INJ 100U/ML	Tier 1	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	Tier 1	PA
APIDRA INJ SOLOSTAR	Tier 1	
APIDRA INJ U-100	Tier 1	B/D
BASAGLAR INJ 100UNIT	Tier 1	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	Tier 1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	Tier 1	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	Tier 1	QL (2 inserters / year), PA
FIASP FLEX INJ TOUCH	Tier 1	
FIASP INJ 100/ML	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
FIASP PENFIL INJ U-100	Tier 1	
FIASP PMPCRT INJ U-100	Tier 1	B/D
GAUZE PADS 2" X 2"	Tier 1	PA
GLARGIN YFGN INJ 100U/ML	Tier 1	
GLARGIN YFGN SOL 100U/ML	Tier 1	
HUMALOG INJ 100/ML	Tier 1	
HUMALOG INJ 100/ML	Tier 1	B/D
HUMALOG JR INJ 100/ML	Tier 1	
HUMALOG KWIK INJ 100/ML	Tier 1	
HUMALOG KWIK INJ 200/ML	Tier 1	
HUMALOG MIX INJ 50/50KWP	Tier 1	
HUMALOG MIX INJ 75/25KWP	Tier 1	
HUMALOG MIX SUS 75/25	Tier 1	
HUMALOG TMPO INJ 100/ML	Tier 1	
HUMULIN INJ 70/30	Tier 1	
HUMULIN INJ 70/30KWP	Tier 1	
HUMULIN N INJ U-100	Tier 1	
HUMULIN N INJ U-100KWP	Tier 1	
HUMULIN R INJ U-100	Tier 1	B/D
HUMULIN R INJ U-500	Tier 1	
HUMULIN R INJ U-500	Tier 1	B/D
INSULIN GLAR INJ 300/ML	Tier 1	
INSULIN LISP INJ 100/ML	Tier 1	
INSULIN LISP INJ 100/ML	Tier 1	B/D
INSULIN LISP INJ JUNIOR	Tier 1	
INSULIN LISP INJ PROTAMIN	Tier 1	
INSULIN PEN NEEDLES: EMBECTA-BD	Tier 1	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	Tier 1	PA
INSULIN SYRINGES: EMBECTA-BD	Tier 1	PA
LANTUS INJ 100/ML	Tier 1	
LANTUS SOLOS INJ 100/ML	Tier 1	
LYUMJEV INJ 100UT/ML	Tier 1	B/D
LYUMJEV KWPN INJ 100UT/ML	Tier 1	
LYUMJEV KWPN INJ 200UT/ML	Tier 1	
NOVOLIN INJ 70/30	Tier 1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	Tier 1	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	Tier 1	(brand RELION not covered)

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 N INJ U-100	Tier 1	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	Tier 1	(brand RELION not covered)
NOVOLIN R INJ U-100	Tier 1	B/D; (brand RELION not covered)
NOVOLOG INJ 100/ML	Tier 1	B/D
NOVOLOG INJ FLEX REL	Tier 1	
NOVOLOG INJ FLEXPEN	Tier 1	
NOVOLOG INJ PENFILL	Tier 1	
NOVOLOG INJ RELION	Tier 1	B/D
NOVOLOG MIX INJ 70/30	Tier 1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	Tier 1	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	Tier 1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	Tier 1	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	Tier 1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	Tier 1	QL (15 pods / 30 days), PA
REZVOGLAR INJ 100UT/ML	Tier 1	
SEMGLEE INJ 100U/ML	Tier 1	
SOLIQUA INJ 100/33	Tier 1	QL (5 pens / 25 days)
TOUJEO MAX INJ 300/ML	Tier 1	
TOUJEO SOLO INJ 300/ML	Tier 1	
TRESIBA FLEX INJ 100UNIT	Tier 1	
TRESIBA FLEX INJ 200UNIT	Tier 1	
TRESIBA INJ 100UNIT	Tier 1	
XULTOPHY INJ 100/3.6	Tier 1	QL (5 pens / 30 days)

CALCIUM REGULATORS

<i>alendronate sodium oral soln 70 mg/75ml</i>	Tier 1	ST
<i>alendronate sodium tab 10 mg</i>	Tier 1	
<i>alendronate sodium tab 35 mg</i>	Tier 1	
<i>alendronate sodium tab 70 mg</i>	Tier 1	
BONSITY INJ 560/2.24	Tier 1	QL (1 pen / 28 days), PA
<i>calcitonin (salmon) spray</i>	Tier 1	B/D

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

<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	Tier 1	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	Tier 1	B/D
PAMIDRONATE INJ 6MG/ML	Tier 1	B/D
PROLIA INJ 60MG/ML	Tier 1	QL (1 syringe / 180 days)
<i>risedronate sodium tab 5 mg</i>	Tier 1	
<i>risedronate sodium tab 35 mg</i>	Tier 1	
<i>risedronate sodium tab 150 mg</i>	Tier 1	
<i>risedronate sodium tab delayed release 35 mg</i>	Tier 1	ST
TERIPARATIDE INJ 560/2.24	Tier 1	QL (1 pen / 28 days), PA; (ALVOGEN product)
WYOST INJ 120/1.7	Tier 1	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	Tier 1	B/D
<i>zoledronic acid iv soln 5 mg/100ml</i>	Tier 1	B/D

CHELATING AGENTS

CHEMET CAP 100MG	Tier 1	
<i>deferasirox tab 90 mg</i>	Tier 1	PA
<i>deferasirox tab 180 mg</i>	Tier 1	PA
<i>deferasirox tab 360 mg</i>	Tier 1	PA
<i>deferasirox tab for oral susp 125 mg</i>	Tier 1	PA
<i>deferasirox tab for oral susp 250 mg</i>	Tier 1	PA
<i>deferasirox tab for oral susp 500 mg</i>	Tier 1	PA
<i>kionex</i>	Tier 1	
LOKELMA PAK 5GM	Tier 1	
LOKELMA PAK 10GM	Tier 1	
<i>penicillamine tab 250 mg</i>	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
<i>sps</i>	Tier 1	
<i>sps rectal</i>	Tier 1	
<i>trientine hcl cap 250 mg</i>	Tier 1	PA

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

<i>afirmelle</i>	Tier 1	
<i>altavera</i>	Tier 1	
<i>alyacen 1/35</i>	Tier 1	
<i>alyacen 7/7/7</i>	Tier 1	
<i>amethyst</i>	Tier 1	
<i>apri</i>	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>aranelle</i>	Tier 1	
<i>ashlyna</i>	Tier 1	
<i>aubra eq</i>	Tier 1	
<i>aurovela 1/20</i>	Tier 1	
<i>aurovela 24 fe</i>	Tier 1	
<i>aurovela fe 1.5/30</i>	Tier 1	
<i>aurovela fe 1/20</i>	Tier 1	
<i>aviane</i>	Tier 1	
<i>ayuna</i>	Tier 1	
<i>azurette</i>	Tier 1	
<i>balziva</i>	Tier 1	
<i>blisovi 24 fe</i>	Tier 1	
<i>blisovi fe 1.5/30</i>	Tier 1	
<i>briellyn</i>	Tier 1	
<i>camila</i>	Tier 1	
<i>camrese</i>	Tier 1	
<i>camrese lo</i>	Tier 1	
<i>chateal eq</i>	Tier 1	
<i>cryselle-28</i>	Tier 1	
<i>cyred eq</i>	Tier 1	
<i>dasetta 1/35</i>	Tier 1	
<i>dasetta 7/7/7</i>	Tier 1	
<i>daysee</i>	Tier 1	
<i>deblitane</i>	Tier 1	
DEPO-SQ PROV INJ 104	Tier 1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 1	
<i>dolishale</i>	Tier 1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Tier 1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 1	
<i>elinest</i>	Tier 1	
<i>eluryng</i>	Tier 1	
<i>emzahh</i>	Tier 1	
<i>enilloring</i>	Tier 1	
<i>enskyce</i>	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>errin</i>	Tier 1	
<i>estarylla</i>	Tier 1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	Tier 1	
<i>falmina</i>	Tier 1	
<i>feirza tab 1.5/30</i>	Tier 1	
<i>feirza tab 1/20</i>	Tier 1	
<i>finzala</i>	Tier 1	
<i>galbriela chw</i>	Tier 1	
<i>hailey 1.5/30</i>	Tier 1	
<i>hailey 24 fe</i>	Tier 1	
<i>haloette</i>	Tier 1	
<i>heather</i>	Tier 1	
<i>iclevia</i>	Tier 1	
<i>incassia</i>	Tier 1	
<i>introvale</i>	Tier 1	
<i>isibloom</i>	Tier 1	
<i>jaimiess tab</i>	Tier 1	
<i>jasmiel</i>	Tier 1	
<i>jolessa</i>	Tier 1	
<i>juleber</i>	Tier 1	
<i>junel 1.5/30</i>	Tier 1	
<i>junel 1/20</i>	Tier 1	
<i>junel fe 1.5/30</i>	Tier 1	
<i>junel fe 1/20</i>	Tier 1	
<i>junel fe 24</i>	Tier 1	
<i>kaitlib fe</i>	Tier 1	
<i>kariva</i>	Tier 1	
<i>kelnor 1/35</i>	Tier 1	
<i>kurvelo</i>	Tier 1	
<i>larin 1.5/30</i>	Tier 1	
<i>larin 1/20</i>	Tier 1	
<i>larin 24 fe</i>	Tier 1	
<i>larin fe 1.5/30</i>	Tier 1	
<i>larin fe 1/20</i>	Tier 1	
<i>lessina</i>	Tier 1	
<i>levonest</i>	Tier 1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	Tier 1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	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>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 1	
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	Tier 1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Tier 1	
<i>levora 0.15/30-28</i>	Tier 1	
<i>LILETTA IUD 52MG</i>	Tier 1	
<i>loestrin 1.5/30-21</i>	Tier 1	
<i>loestrin 1/20-21</i>	Tier 1	
<i>loestrin fe 1.5/30</i>	Tier 1	
<i>loestrin fe 1/20</i>	Tier 1	
<i>lojaimiess tab</i>	Tier 1	
<i>loryna</i>	Tier 1	
<i>low-ogestrel</i>	Tier 1	
<i>luteru</i>	Tier 1	
<i>lyleq</i>	Tier 1	
<i>lyza</i>	Tier 1	
<i>marlissa</i>	Tier 1	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 1	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 1	
<i>meleya tab 0.35mg</i>	Tier 1	
<i>mibelas 24 fe</i>	Tier 1	
<i>microgestin 1.5/30</i>	Tier 1	
<i>microgestin 1/20</i>	Tier 1	
<i>microgestin fe 1.5/30</i>	Tier 1	
<i>microgestin fe 1/20</i>	Tier 1	
<i>mili</i>	Tier 1	
<i>mono-lynyah</i>	Tier 1	
<i>necon 0.5/35-28</i>	Tier 1	
<i>NEXPLANON IMP 68MG</i>	Tier 1	
<i>nikki</i>	Tier 1	
<i>nora-be</i>	Tier 1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Tier 1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	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>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Tier 1	
<i>norethindrone tab 0.35 mg</i>	Tier 1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 1	
<i>norlyroc</i>	Tier 1	
<i>nortrel 0.5/35 (28)</i>	Tier 1	
<i>nortrel 1/35 (21)</i>	Tier 1	
<i>nortrel 1/35 (28)</i>	Tier 1	
<i>nortrel 7/7/7</i>	Tier 1	
<i>nylia 1/35</i>	Tier 1	
<i>nylia 7/7/7</i>	Tier 1	
<i>ocella</i>	Tier 1	
<i>orquidea tab 0.35mg</i>	Tier 1	
<i>philith</i>	Tier 1	
<i>pimtrea</i>	Tier 1	
<i>portia-28</i>	Tier 1	
<i>reclipsen</i>	Tier 1	
<i>rivelsa</i>	Tier 1	
<i>rosyrah tab</i>	Tier 1	
<i>setlakin</i>	Tier 1	
<i>sharobel</i>	Tier 1	
<i>simliya</i>	Tier 1	
<i>simpesse</i>	Tier 1	
<i>sprintec 28</i>	Tier 1	
<i>sronyx</i>	Tier 1	
<i>syeda</i>	Tier 1	
<i>tarina 24 fe</i>	Tier 1	
<i>tarina fe 1/20 eq</i>	Tier 1	
<i>tilia fe</i>	Tier 1	
<i>tri-estarylla</i>	Tier 1	
<i>tri-legest fe</i>	Tier 1	
<i>tri-linyah</i>	Tier 1	
<i>tri-lo-estarylla</i>	Tier 1	
<i>tri-lo-marzia</i>	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
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<i>tri-lo-mili</i>	Tier 1	
<i>tri-lo-sprintec</i>	Tier 1	
<i>tri-mili</i>	Tier 1	
<i>tri-sprintec</i>	Tier 1	
<i>tri-vylibra</i>	Tier 1	
<i>tri-vylibra lo</i>	Tier 1	
<i>turqoz</i>	Tier 1	
<i>valtya 1/50 tab</i>	Tier 1	
<i>velivet</i>	Tier 1	
<i>vestura</i>	Tier 1	
<i>vienva</i>	Tier 1	
<i>violele</i>	Tier 1	
<i>vyfemla</i>	Tier 1	
<i>vylibra</i>	Tier 1	
<i>wera</i>	Tier 1	
<i>wymzya fe</i>	Tier 1	
<i>xarah fe tab</i>	Tier 1	
<i>xelria fe chw 0.4mg-35</i>	Tier 1	
<i>xulane</i>	Tier 1	
<i>zafemy</i>	Tier 1	
<i>zovia 1/35</i>	Tier 1	
<i>zumandimine</i>	Tier 1	

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

<i>abigale lo tab 0.5-0.1</i>	Tier 1	
<i>abigale tab 1-0.5mg</i>	Tier 1	
<i>dotti</i>	Tier 1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	Tier 1	
<i>estradiol tab 0.5 mg</i>	Tier 1	
<i>estradiol tab 1 mg</i>	Tier 1	
<i>estradiol tab 2 mg</i>	Tier 1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Tier 1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Tier 1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Tier 1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	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>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Tier 1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Tier 1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Tier 1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	Tier 1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Tier 1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Tier 1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Tier 1	
<i>estradiol vaginal cream 0.01%</i>	Tier 1	
<i>estradiol vaginal tab 10 mcg</i>	Tier 1	
<i>estradiol valerate im in oil 10 mg/ml</i>	Tier 1	
<i>estradiol valerate im in oil 20 mg/ml</i>	Tier 1	
<i>estradiol valerate im in oil 40 mg/ml</i>	Tier 1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 1	
<i>fyavolv tab 1mg-5mcg</i>	Tier 1	
<i>jinteli</i>	Tier 1	
<i>lyllana</i>	Tier 1	
<i>mimvey</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 1	
<i>yuvaferm</i>	Tier 1	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>DEXAMETHASON CON 1MG/ML</i>	Tier 1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)</i>	Tier 1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	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>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	Tier 1	
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	Tier 1	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	Tier 1	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	Tier 1	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	Tier 1	B/D
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	Tier 1	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	Tier 1	B/D
<i>methylprednisolone tab 4 mg</i>	Tier 1	B/D
<i>methylprednisolone tab 8 mg</i>	Tier 1	B/D
<i>methylprednisolone tab 16 mg</i>	Tier 1	B/D
<i>methylprednisolone tab 32 mg</i>	Tier 1	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	Tier 1	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	B/D
<i>prednisolone soln 15 mg/5ml</i>	Tier 1	B/D
PREDNISONE CON 5MG/ML	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 RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	B/D
<i>prednisone tab 1 mg</i>	Tier 1	B/D
<i>prednisone tab 2.5 mg</i>	Tier 1	B/D
<i>prednisone tab 5 mg</i>	Tier 1	B/D
<i>prednisone tab 10 mg</i>	Tier 1	B/D
<i>prednisone tab 20 mg</i>	Tier 1	B/D
<i>prednisone tab 50 mg</i>	Tier 1	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
SOLU-CORTEF INJ 250MG	Tier 1	
SOLU-CORTEF INJ 500MG	Tier 1	
SOLU-CORTEF INJ 1000MG	Tier 1	

GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR

BAQSIMI ONE POW 3MG/DOSE	Tier 1	
BAQSIMI TWO POW 3MG/DOSE	Tier 1	
<i>diazoxide susp 50 mg/ml</i>	Tier 1	
ZEGALOGUE INJ 0.6/0.6	Tier 1	

MISCELLANEOUS

ALDURAZYME INJ 2.9MG/5M	Tier 1	PA
<i>betaine powder for oral solution</i>	Tier 1	
<i>cabergoline tab 0.5 mg</i>	Tier 1	
<i>carglumic acid soluble tab 200 mg</i>	Tier 1	PA
CERDELGA CAP 84MG	Tier 1	PA
CEREZYME INJ 400UNIT	Tier 1	PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 1	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 1	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 1	B/D, QL (120 tabs / 30 days)
CYSTAGON CAP 50MG	Tier 1	PA
CYSTAGON CAP 150MG	Tier 1	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	Tier 1	
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 1	

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	Tier 1	
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	
FABRAZYME INJ 5MG	Tier 1	PA
FABRAZYME INJ 35MG	Tier 1	PA
GENOTROPIN INJ 0.2MG	Tier 1	PA
GENOTROPIN INJ 0.4MG	Tier 1	PA
GENOTROPIN INJ 0.6MG	Tier 1	PA
GENOTROPIN INJ 0.8MG	Tier 1	PA
GENOTROPIN INJ 1.2MG	Tier 1	PA
GENOTROPIN INJ 1.4MG	Tier 1	PA
GENOTROPIN INJ 1.6MG	Tier 1	PA
GENOTROPIN INJ 1.8MG	Tier 1	PA
GENOTROPIN INJ 1MG	Tier 1	PA
GENOTROPIN INJ 2MG	Tier 1	PA
GENOTROPIN INJ 5MG	Tier 1	PA
GENOTROPIN INJ 12MG	Tier 1	PA
INCRELEX INJ 40MG/4ML	Tier 1	PA
<i>javygtor</i>	Tier 1	PA
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	Tier 1	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	B/D
<i>levocarnitine tab 330 mg</i>	Tier 1	B/D
LUMIZYME INJ 50MG	Tier 1	PA
LUPR DEP-PED INJ 3M 30MG	Tier 1	PA
LUPR DEP-PED INJ 7.5MG	Tier 1	PA
LUPR DEP-PED INJ 11.25MG	Tier 1	PA
LUPR DEP-PED INJ 15MG	Tier 1	PA
LUPRON DEPOT INJ 45MG	Tier 1	PA
<i>mifepristone tab 300 mg</i>	Tier 1	PA
NAGLAZYME INJ 1MG/ML	Tier 1	PA
<i>nitisinone cap 2 mg</i>	Tier 1	PA
<i>nitisinone cap 5 mg</i>	Tier 1	PA
<i>nitisinone cap 10 mg</i>	Tier 1	PA
<i>nitisinone cap 20 mg</i>	Tier 1	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 1	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 1	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>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 1	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 1	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 1	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	Tier 1	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	Tier 1	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	Tier 1	PA
<i>raloxifene hcl tab 60 mg</i>	Tier 1	
REVCovi INJ 1.6MG/ML	Tier 1	PA
REZDIFFRA TAB 60MG	Tier 1	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 80MG	Tier 1	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 100MG	Tier 1	QL (30 tabs / 30 days), PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	Tier 1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	Tier 1	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 1	PA
SIGNIFOR INJ 0.3MG/ML	Tier 1	PA
SIGNIFOR INJ 0.6MG/ML	Tier 1	PA
SIGNIFOR INJ 0.9MG/ML	Tier 1	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	Tier 1	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 1	PA
SOMATULINE INJ 60/0.2ML	Tier 1	PA
SOMATULINE INJ 90/0.3ML	Tier 1	PA
SOMAVERT INJ 10MG	Tier 1	PA
SOMAVERT INJ 15MG	Tier 1	PA
SOMAVERT INJ 20MG	Tier 1	PA
SOMAVERT INJ 25MG	Tier 1	PA
SOMAVERT INJ 30MG	Tier 1	PA
SYNAREL SOL 2MG/ML	Tier 1	PA
<i>tolvaptan tab 15 mg</i>	Tier 1	PA; (generic of JYNARQUE)

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>tolvaptan tab 30 mg</i>	Tier 1	PA; (generic of JYNARQUE)
<i>tolvaptan tab therapy pack 15 mg</i>	Tier 1	PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	Tier 1	PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	Tier 1	PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	Tier 1	PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	Tier 1	PA

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>gallifrey</i>	Tier 1	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	
<i>megestrol acetate susp 625 mg/5ml</i>	Tier 1	PA
<i>norethindrone acetate tab 5 mg</i>	Tier 1	
<i>progesterone cap 100 mg</i>	Tier 1	
<i>progesterone cap 200 mg</i>	Tier 1	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

<i>levo-t</i>	Tier 1	
<i>levothyroxine sodium tab 25 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 50 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 75 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 88 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 112 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 125 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 137 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 150 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 175 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1	
<i>levoxyl</i>	Tier 1	
<i>liothyronine sodium tab 5 mcg</i>	Tier 1	
<i>liothyronine sodium tab 25 mcg</i>	Tier 1	
<i>liothyronine sodium tab 50 mcg</i>	Tier 1	
<i>methimazole tab 5 mg</i>	Tier 1	
<i>methimazole tab 10 mg</i>	Tier 1	
<i>propylthiouracil tab 50 mg</i>	Tier 1	
SYNTHROID TAB 25MCG	Tier 1	
SYNTHROID TAB 50MCG	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)**

SYNTHROID TAB 75MCG	Tier 1
SYNTHROID TAB 88MCG	Tier 1
SYNTHROID TAB 100MCG	Tier 1
SYNTHROID TAB 112MCG	Tier 1
SYNTHROID TAB 125MCG	Tier 1
SYNTHROID TAB 137MCG	Tier 1
SYNTHROID TAB 150MCG	Tier 1
SYNTHROID TAB 175MCG	Tier 1
SYNTHROID TAB 200MCG	Tier 1
SYNTHROID TAB 300MCG	Tier 1
<i>unithroid</i>	Tier 1

VITAMIN D ANALOGS

<i>calcitriol (oral)</i>	Tier 1	B/D
<i>calcitriol cap 0.5 mcg</i>	Tier 1	B/D
<i>calcitriol cap 0.25 mcg</i>	Tier 1	B/D
<i>paricalcitol cap 1 mcg</i>	Tier 1	B/D
<i>paricalcitol cap 2 mcg</i>	Tier 1	B/D
<i>paricalcitol cap 4 mcg</i>	Tier 1	B/D

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

<i>aprepitant capsule 40 mg</i>	Tier 1	B/D
<i>aprepitant capsule 80 mg</i>	Tier 1	B/D
<i>aprepitant capsule 125 mg</i>	Tier 1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 1	B/D
<i>compro</i>	Tier 1	
<i>dronabinol cap 2.5 mg</i>	Tier 1	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	Tier 1	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	Tier 1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl inj 1 mg/ml</i>	Tier 1	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	Tier 1	
<i>granisetron hcl tab 1 mg</i>	Tier 1	B/D
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>meclizine hcl tab 25 mg</i>	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	Tier 1	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	Tier 1	
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	Tier 1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	B/D
<i>ondansetron hcl tab 4 mg</i>	Tier 1	B/D
<i>ondansetron hcl tab 8 mg</i>	Tier 1	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	Tier 1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine suppos 25 mg</i>	Tier 1	
<i>promethazine hcl inj 25 mg/ml</i>	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl inj 50 mg/ml</i>	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>promethazine hcl tab 25 mg</i>	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 50 mg</i>	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 1	QL (10 patches / 30 days)
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
<i>dicyclomine hcl cap 10 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	PA; PA applies if 65 years and older
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>glycopyrrolate tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>glycopyrrolate tab 2 mg</i>	Tier 1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 1	
<i>famotidine inj 40 mg/4ml</i>	Tier 1	
<i>famotidine inj 200 mg/20ml</i>	Tier 1	
<i>famotidine preservative free inj 20 mg/2ml</i>	Tier 1	
<i>famotidine tab 20 mg</i>	Tier 1	
<i>famotidine tab 40 mg</i>	Tier 1	
<i>nizatidine cap 150 mg</i>	Tier 1	
<i>nizatidine cap 300 mg</i>	Tier 1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	Tier 1	
<i>budesonide delayed release particles cap 3 mg</i>	Tier 1	QL (90 caps / 30 days)
<i>budesonide tab er 24hr 9 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 1	
<i>mesalamine cap dr 400 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	QL (120 caps / 30 days)
<i>mesalamine enema 4 gm</i>	Tier 1	QL (1680 mL / 28 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	Tier 1	QL (28 bottles / 28 days)
<i>mesalamine suppos 1000 mg</i>	Tier 1	QL (30 suppositories / 30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	Tier 1	QL (120 tabs / 30 days)
<i>sulfasalazine tab 500 mg</i>	Tier 1	
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	
LAXATIVES		
<i>constulose</i>	Tier 1	
<i>enulose</i>	Tier 1	
<i>gavilyte-c</i>	Tier 1	
<i>gavilyte-g</i>	Tier 1	
<i>gavilyte-n/flavor pack</i>	Tier 1	
<i>generlac</i>	Tier 1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	
<i>lactulose solution 10 gm/15ml</i>	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	
PLENVU SOL	Tier 1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Tier 1	
MISCELLANEOUS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	Tier 1	
CREON CAP 6000UNIT	Tier 1	
CREON CAP 12000UNT	Tier 1	
CREON CAP 24000UNT	Tier 1	
CREON CAP 36000UNT	Tier 1	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	Tier 1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
GATTEX KIT 5MG	Tier 1	PA
LINZESS CAP 72MCG	Tier 1	QL (30 caps / 30 days)
LINZESS CAP 145MCG	Tier 1	QL (30 caps / 30 days)
LINZESS CAP 290MCG	Tier 1	QL (30 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
<i>loperamide hcl cap 2 mg</i>	Tier 1	
<i>misoprostol tab 100 mcg</i>	Tier 1	
<i>misoprostol tab 200 mcg</i>	Tier 1	
MOVANTIK TAB 12.5MG	Tier 1	QL (30 tabs / 30 days)
MOVANTIK TAB 25MG	Tier 1	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	Tier 1	QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	Tier 1	QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	Tier 1	QL (28 vials / 28 days), PA
<i>sucralfate susp 1 gm/10ml</i>	Tier 1	
<i>sucralfate tab 1 gm</i>	Tier 1	
TRULANCE TAB 3MG	Tier 1	QL (30 tabs / 30 days)
<i>ursodiol cap 300 mg</i>	Tier 1	
<i>ursodiol tab 250 mg</i>	Tier 1	
<i>ursodiol tab 500 mg</i>	Tier 1	
VOQUEZNA PAK DUAL PAK	Tier 1	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	Tier 1	QL (2 kits / year), PA
VOWST CAP	Tier 1	QL (12 caps / 30 days), PA
XERMELO TAB 250MG	Tier 1	QL (84 tabs / 28 days), PA
XIFAXAN TAB 550MG	Tier 1	PA
ZENPEP CAP 3000UNIT	Tier 1	
ZENPEP CAP 5000UNIT	Tier 1	
ZENPEP CAP 10000UNT	Tier 1	
ZENPEP CAP 15000UNT	Tier 1	
ZENPEP CAP 20000UNT	Tier 1	
ZENPEP CAP 25000UNT	Tier 1	
ZENPEP CAP 40000UNT	Tier 1	
ZENPEP CAP 60000UNT	Tier 1	

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Tier 1	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	Tier 1	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	Tier 1	
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	Tier 1	QL (30 packets / 30 days)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	Tier 1	QL (30 packets / 30 days)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	Tier 1	QL (30 packets / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	Tier 1	
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 1	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>	Tier 1	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>tadalafil tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	QL (60 caps / 30 days)

MISCELLANEOUS

<i>acetic acid irrigation soln 0.25%</i>	Tier 1	
<i>bethanechol chloride tab 5 mg</i>	Tier 1	
<i>bethanechol chloride tab 10 mg</i>	Tier 1	
<i>bethanechol chloride tab 25 mg</i>	Tier 1	
<i>bethanechol chloride tab 50 mg</i>	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	

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

<i>fesoterodine fumarate tab er 24hr 4 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	Tier 1	QL (30 tabs / 30 days)
GEMTESA TAB 75MG	Tier 1	QL (30 tabs / 30 days)
<i>mirabegron tab er 24 hr 25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>mirabegron tab er 24 hr 50 mg</i>	Tier 1	QL (30 tabs / 30 days)
MYRBETRIQ SUS 8MG/ML	Tier 1	QL (300 mL / 28 days)
MYRBETRIQ TAB 25MG	Tier 1	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	Tier 1	QL (30 tabs / 30 days)
<i>oxybutynin chloride solution 5 mg/5ml</i>	Tier 1	QL (600 mL / 30 days)
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>solifenacin succinate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>tropium chloride tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS**ANTICOAGULANTS - BLOOD THINNERS**

<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	Tier 1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	Tier 1	QL (120 caps / 30 days)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	Tier 1	QL (60 caps / 30 days)
ELIQUIS ST P TAB 5MG	Tier 1	QL (74 tabs / 30 days)
ELIQUIS TAB 2.5MG	Tier 1	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	Tier 1	QL (74 tabs / 30 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 1	
HEP SOD/NAACL INJ 25000UNT	Tier 1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	Tier 1	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 1	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	Tier 1	B/D
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	Tier 1	B/D
<i>jantoven</i>	Tier 1	
<i>rivaroxaban for susp 1 mg/ml</i>	Tier 1	QL (620 mL / 30 days)
<i>rivaroxaban tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>warfarin sodium tab 1 mg</i>	Tier 1	
<i>warfarin sodium tab 2 mg</i>	Tier 1	
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	
<i>warfarin sodium tab 3 mg</i>	Tier 1	
<i>warfarin sodium tab 4 mg</i>	Tier 1	
<i>warfarin sodium tab 5 mg</i>	Tier 1	
<i>warfarin sodium tab 6 mg</i>	Tier 1	
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	
<i>warfarin sodium tab 10 mg</i>	Tier 1	
XARELTO STAR TAB 15/20MG	Tier 1	QL (51 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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XARELTO TAB 2.5MG	Tier 1	QL (60 tabs / 30 days)
XARELTO TAB 10MG	Tier 1	QL (30 tabs / 30 days)
XARELTO TAB 15MG	Tier 1	QL (30 tabs / 30 days)
XARELTO TAB 20MG	Tier 1	QL (30 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA INJ 6/0.6ML	Tier 1	QL (2 syringes / 28 days), PA
PROCRIT INJ 2000/ML	Tier 1	PA
PROCRIT INJ 3000/ML	Tier 1	PA
PROCRIT INJ 4000/ML	Tier 1	PA
PROCRIT INJ 10000/ML	Tier 1	PA
PROCRIT INJ 20000/ML	Tier 1	PA
PROCRIT INJ 40000/ML	Tier 1	PA
ZARXIO INJ 300/0.5	Tier 1	PA
ZARXIO INJ 480/0.8	Tier 1	PA
MISCELLANEOUS		
ALVAIZ TAB 9MG	Tier 1	QL (60 tabs / 30 days), PA
ALVAIZ TAB 18MG	Tier 1	QL (90 tabs / 30 days), PA
ALVAIZ TAB 36MG	Tier 1	QL (90 tabs / 30 days), PA
ALVAIZ TAB 54MG	Tier 1	QL (60 tabs / 30 days), PA
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	
<i>anagrelide hcl cap 1 mg</i>	Tier 1	
BERINERT INJ 500UNIT	Tier 1	QL (24 boxes / 30 days), PA
<i>cilostazol tab 50 mg</i>	Tier 1	
<i>cilostazol tab 100 mg</i>	Tier 1	
DOPTelet TAB 20MG	Tier 1	PA
HAEGARDA INJ 2000UNIT	Tier 1	QL (30 vials / 30 days), PA
HAEGARDA INJ 3000UNIT	Tier 1	QL (20 vials / 30 days), PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	Tier 1	QL (9 syringes / 30 days), PA
<i>l-glutamine (sickle cell)</i>	Tier 1	PA
<i>pentoxifylline tab er 400 mg</i>	Tier 1	
<i>sajazir</i>	Tier 1	QL (9 syringes / 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
SIKLOS TAB 100MG	Tier 1	
SIKLOS TAB 1000MG	Tier 1	
TAVNEOS CAP 10MG	Tier 1	QL (180 caps / 30 days), PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	Tier 1	
<i>tranexamic acid tab 650 mg</i>	Tier 1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	
<i>dipyridamole tab 25 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>dipyridamole tab 50 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>dipyridamole tab 75 mg</i>	Tier 1	PA; PA applies if 65 years and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 1	
<i>ticagrelor tab 60 mg</i>	Tier 1	
<i>ticagrelor tab 90 mg</i>	Tier 1	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
BIMZELX INJ 160MG/ML	Tier 1	QL (2 pens / 28 days), PA
BIMZELX INJ 160MG/ML	Tier 1	QL (2 syringes / 28 days), PA
BIMZELX INJ 320MG/2	Tier 1	QL (2 pens / 28 days), PA
BIMZELX INJ 320MG/2	Tier 1	QL (2 syringes / 28 days), PA
DUPIXENT INJ 200/1.14	Tier 1	QL (4 syringes / 28 days), PA
DUPIXENT INJ 200MG	Tier 1	QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	Tier 1	QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	Tier 1	QL (4 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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENBREL INJ 25/0.5ML	Tier 1	QL (16 syringes / 28 days), PA
ENBREL INJ 25MG	Tier 1	QL (16 vials / 28 days), PA
ENBREL INJ 50MG/ML	Tier 1	QL (8 syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	Tier 1	QL (8 cartridges / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	Tier 1	QL (8 pens / 28 days), PA
HADLIMA INJ 40/0.4ML	Tier 1	QL (6 syringes / 28 days), PA
HADLIMA INJ 40/0.8ML	Tier 1	QL (6 syringes / 28 days), PA
HADLIMA PUSH INJ 40/0.4ML	Tier 1	QL (6 autoinjectors / 28 days), PA
HADLIMA PUSH INJ 40/0.8ML	Tier 1	QL (6 autoinjectors / 28 days), PA
HUMIRA INJ 10/0.1ML	Tier 1	QL (2 syringes / 28 days), PA
HUMIRA INJ 20/0.2ML	Tier 1	QL (4 syringes / 28 days), PA
HUMIRA INJ 40/0.4ML	Tier 1	QL (6 syringes / 28 days), PA
HUMIRA KIT 40MG/0.8	Tier 1	QL (6 syringes / 28 days), PA
HUMIRA PEN INJ 40/0.4ML	Tier 1	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	Tier 1	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 80/0.8ML	Tier 1	QL (4 pens / 28 days), PA
HUMIRA PEN KIT CD/UC/HS	Tier 1	QL (3 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	Tier 1	QL (3 pens / 28 days), PA
INFLIXIMAB INJ 100MG	Tier 1	PA
KINERET INJ	Tier 1	QL (28 syringes / 28 days), PA
PYZCHIVA INJ 45/0.5ML	Tier 1	QL (1 pen / 28 days), PA
PYZCHIVA INJ 45/0.5ML	Tier 1	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 45/0.5ML	Tier 1	QL (1 vial / 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 DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PYZCHIVA INJ 90MG/ML	Tier 1	QL (1 pen / 28 days), PA
PYZCHIVA INJ 90MG/ML	Tier 1	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 130/26ML	Tier 1	PA
REMICADE INJ 100MG	Tier 1	PA
RENFLEXIS INJ 100MG	Tier 1	PA
RINVOQ LQ SOL 1MG/ML	Tier 1	QL (360 mL / 30 days), PA
RINVOQ TAB 15MG ER	Tier 1	QL (30 tabs / 30 days), PA
RINVOQ TAB 30MG ER	Tier 1	QL (30 tabs / 30 days), PA
RINVOQ TAB 45MG ER	Tier 1	QL (168 tabs / year), PA
SKYRIZI INJ 150MG/ML	Tier 1	QL (6 syringes / 365 days), PA
SKYRIZI INJ 180/1.2	Tier 1	QL (1 cartridge / 56 days), PA
SKYRIZI INJ 360/2.4	Tier 1	QL (1 cartridge / 56 days), PA
SKYRIZI PEN INJ 150MG/ML	Tier 1	QL (6 pens / 365 days), PA
SKYRIZI SOL 60MG/ML	Tier 1	PA
SOTYKTU TAB 6MG	Tier 1	QL (30 tabs / 30 days), PA
STELARA INJ 5MG/ML	Tier 1	PA
STELARA INJ 45/0.5ML	Tier 1	QL (1 syringe / 28 days), PA
STELARA INJ 45/0.5ML	Tier 1	QL (1 vial / 28 days), PA
STELARA INJ 90MG/ML	Tier 1	QL (1 syringe / 28 days), PA
TREMFYA INJ 100MG/ML	Tier 1	QL (1 pen / 28 days), PA
TREMFYA INJ 100MG/ML	Tier 1	QL (1 syringe / 28 days), PA
TREMFYA INJ 200/2ML	Tier 1	QL (2 pens / 28 days), PA
TREMFYA INJ 200/2ML	Tier 1	QL (2 syringes / 28 days), PA
TREMFYA INJ 200/20ML	Tier 1	PA
TYENNE INJ 80MG/4ML	Tier 1	PA
TYENNE INJ 162/0.9	Tier 1	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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TYENNE INJ 162MG	Tier 1	QL (4 syringes / 28 days), PA
TYENNE INJ 200/10ML	Tier 1	PA
TYENNE INJ 400/20ML	Tier 1	PA
USTEKINUMAB INJ 45/0.5ML	Tier 1	QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 45/0.5ML	Tier 1	QL (1 vial / 28 days), PA
USTEKINUMAB INJ 90MG/ML	Tier 1	QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 130/26ML	Tier 1	PA
VELSIPITY TAB 2MG	Tier 1	QL (30 tabs / 30 days), PA
XELJANZ SOL 1MG/ML	Tier 1	QL (480 mL / 24 days), PA
XELJANZ TAB 5MG	Tier 1	QL (60 tabs / 30 days), PA
XELJANZ TAB 10MG	Tier 1	QL (60 tabs / 30 days), PA
XELJANZ XR TAB 11MG	Tier 1	QL (30 tabs / 30 days), PA
XELJANZ XR TAB 22MG	Tier 1	QL (30 tabs / 30 days), PA
YESINTEK INJ 45/0.5ML	Tier 1	QL (1 syringe / 28 days), PA
YESINTEK INJ 45/0.5ML	Tier 1	QL (1 vial / 28 days), PA
YESINTEK INJ 90MG/ML	Tier 1	QL (1 syringe / 28 days), PA
YESINTEK INJ 130/26ML	Tier 1	PA

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

<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	
JYLAMVO SOL 2MG/ML	Tier 1	B/D
<i>leflunomide tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>leflunomide tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	
XATMEP SOL 2.5MG/ML	Tier 1	B/D

IMMUNOGLOBULINS

ALYGLO INJ 5GM/50ML	Tier 1	PA
ALYGLO INJ 10/100ML	Tier 1	PA
ALYGLO INJ 20/200ML	Tier 1	PA

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
BIVIGAM INJ 10%	Tier 1	PA
FLEBOGAMMA INJ 10/200ML	Tier 1	PA
FLEBOGAMMA INJ 20/400ML	Tier 1	PA
FLEBOGAMMA INJ DIF 5%	Tier 1	PA
GAMASTAN INJ	Tier 1	B/D
GAMMAGARD INJ 1GM/10ML	Tier 1	PA
GAMMAGARD INJ 2.5GM/25	Tier 1	PA
GAMMAGARD INJ 5GM/50ML	Tier 1	PA
GAMMAGARD INJ 10GM/100	Tier 1	PA
GAMMAGARD INJ 20GM/200	Tier 1	PA
GAMMAGARD INJ 30GM/300	Tier 1	PA
GAMMAGARD SD INJ 5GM HU	Tier 1	PA
GAMMAGARD SD INJ 10GM HU	Tier 1	PA
GAMMAKED INJ 1GM/10ML	Tier 1	PA
GAMMAKED INJ 5GM/50ML	Tier 1	PA
GAMMAKED INJ 10GM/100	Tier 1	PA
GAMMAKED INJ 20GM/200	Tier 1	PA
GAMMAPLEX INJ 5%	Tier 1	PA
GAMMAPLEX INJ 10%	Tier 1	PA
GAMUNEX-C INJ 1GM/10ML	Tier 1	PA
GAMUNEX-C INJ 2.5GM/25	Tier 1	PA
GAMUNEX-C INJ 5GM/50ML	Tier 1	PA
GAMUNEX-C INJ 10GM/100	Tier 1	PA
GAMUNEX-C INJ 20GM/200	Tier 1	PA
GAMUNEX-C INJ 40/400ML	Tier 1	PA
OCTAGAM INJ 1GM	Tier 1	PA
OCTAGAM INJ 2.5GM	Tier 1	PA
OCTAGAM INJ 2GM/20ML	Tier 1	PA
OCTAGAM INJ 5GM	Tier 1	PA
OCTAGAM INJ 5GM/50ML	Tier 1	PA
OCTAGAM INJ 10/100ML	Tier 1	PA
OCTAGAM INJ 10GM	Tier 1	PA
OCTAGAM INJ 20/200ML	Tier 1	PA
OCTAGAM INJ 30/300ML	Tier 1	PA
PANZYGA SOL 1GM/10ML	Tier 1	PA
PANZYGA SOL 2.5/25ML	Tier 1	PA
PANZYGA SOL 5GM/50ML	Tier 1	PA
PANZYGA SOL 10/100ML	Tier 1	PA
PANZYGA SOL 20/200ML	Tier 1	PA
PANZYGA SOL 30/300ML	Tier 1	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)**

PRIVIGEN INJ 5 GRAMS	Tier 1	PA
PRIVIGEN INJ 10GRAMS	Tier 1	PA
PRIVIGEN INJ 20GRAMS	Tier 1	PA
PRIVIGEN INJ 40GRAMS	Tier 1	PA

IMMUNOMODULATORS

ACTIMMUNE INJ 2MU/0.5	Tier 1	PA
ARCALYST INJ 220MG	Tier 1	PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL CAP 0.5MG	Tier 1	B/D
ASTAGRAF XL CAP 1MG	Tier 1	B/D
ASTAGRAF XL CAP 5MG	Tier 1	B/D
<i>azathioprine tab 50 mg</i>	Tier 1	B/D
BENLYSTA INJ 120MG	Tier 1	PA
BENLYSTA INJ 200MG/ML	Tier 1	QL (8 pens / 28 days), PA
BENLYSTA INJ 200MG/ML	Tier 1	QL (8 syringes / 28 days), PA
BENLYSTA INJ 400MG	Tier 1	PA
<i>cyclosporine cap 25 mg</i>	Tier 1	B/D
<i>cyclosporine cap 100 mg</i>	Tier 1	B/D
<i>cyclosporine modified cap 25 mg</i>	Tier 1	B/D
<i>cyclosporine modified cap 50 mg</i>	Tier 1	B/D
<i>cyclosporine modified cap 100 mg</i>	Tier 1	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	B/D
<i>everolimus tab 0.5 mg</i>	Tier 1	B/D
<i>everolimus tab 0.25 mg</i>	Tier 1	B/D
<i>everolimus tab 0.75 mg</i>	Tier 1	B/D
<i>everolimus tab 1 mg</i>	Tier 1	B/D
<i>engraf</i>	Tier 1	B/D
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	Tier 1	B/D
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 1	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 1	B/D
NULOJIX INJ 250MG	Tier 1	B/D
PROGRAF GRA 0.2MG	Tier 1	B/D
PROGRAF GRA 1MG	Tier 1	B/D

NAME OF DRUG	WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL)	RESTRICTIONS OR LIMITS ON USE
REZUROCK TAB 200MG	Tier 1	QL (30 tabs / 30 days), PA
<i>sirolimus oral soln 1 mg/ml</i>	Tier 1	B/D
<i>sirolimus tab 0.5 mg</i>	Tier 1	B/D
<i>sirolimus tab 1 mg</i>	Tier 1	B/D
<i>sirolimus tab 2 mg</i>	Tier 1	B/D
<i>tacrolimus cap 0.5 mg</i>	Tier 1	B/D
<i>tacrolimus cap 1 mg</i>	Tier 1	B/D
<i>tacrolimus cap 5 mg</i>	Tier 1	B/D
VACCINES		
ABRYSVO INJ	Tier 1	PA
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY INJ 120MCG	Tier 1	PA
BCG VACCINE INJ 50MG	Tier 1	
BEXSERO INJ	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
DENG VAXIA SUS	Tier 1	
ENGERIX-B INJ 10/0.5ML	Tier 1	B/D
ENGERIX-B INJ 20MCG/ML	Tier 1	B/D
GARDASIL 9 INJ	Tier 1	
HAVRIX INJ 720UNIT	Tier 1	
HAVRIX INJ 1440UNIT	Tier 1	
HEPLISAV-B INJ 20/0.5ML	Tier 1	B/D
HIBERIX SOL 10MCG	Tier 1	
IMOVAX RABIE INJ 2.5/ML	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS INJ	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENQUADFI INJ	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
MRESVIA INJ 50MCG	Tier 1	PA
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAX HIB INJ	Tier 1	
PENBRAYA INJ	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)

PENMENVY INJ	Tier 1	
PENTACEL INJ	Tier 1	
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAVERT INJ	Tier 1	B/D
RECOMBIVA HB INJ 5MCG/0.5	Tier 1	B/D
RECOMBIVA HB INJ 10MCG/ML	Tier 1	B/D
RECOMBIVA-HB INJ 40MCG/ML	Tier 1	B/D
ROTARIX SUS	Tier 1	
ROTATEQ SOL	Tier 1	
SHINGRIX INJ 50/0.5ML	Tier 1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC INJ	Tier 1	
TRUMENBA INJ	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI INJ	Tier 1	
VAQTA INJ 25/0.5ML	Tier 1	
VAQTA INJ 50UNT/ML	Tier 1	
VARIVAX INJ	Tier 1	
VAXCHORA SUS	Tier 1	
VIMKUNYA INJ 40/0.8ML	Tier 1	
VIVOTIF CAP EC	Tier 1	
YF-VAX INJ	Tier 1	

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	Tier 1
D10W/NACL INJ 0.2%	Tier 1
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	Tier 1
<i>dextrose 5% in lactated ringers</i>	Tier 1
<i>dextrose 5% w/ sodium chloride 0.2%</i>	Tier 1
<i>dextrose 5% w/ sodium chloride 0.3%</i>	Tier 1
<i>dextrose 5% w/ sodium chloride 0.9%</i>	Tier 1
<i>dextrose 5% w/ sodium chloride 0.45%</i>	Tier 1
<i>dextrose 5% w/ sodium chloride 0.225%</i>	Tier 1
<i>dextrose 10% w/ sodium chloride 0.45%</i>	Tier 1
ISOLYTE-P INJ /D5W	Tier 1
ISOLYTE-S INJ PH 7.4	Tier 1
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	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>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	Tier 1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	Tier 1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	Tier 1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	Tier 1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	Tier 1	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 1	
<i>lactated ringer's solution</i>	Tier 1	
MAGNESIUM SU INJ 2GM/50ML	Tier 1	
MAGNESIUM SU INJ 4G/100ML	Tier 1	
MAGNESIUM SU INJ 20/500ML	Tier 1	
MAGNESIUM SU INJ 40G/1000	Tier 1	
MAGNESIUM SU INJ 80MG/ML	Tier 1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	Tier 1	
<i>magnesium sulfate inj 50%</i>	Tier 1	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	Tier 1	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	Tier 1	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	Tier 1	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	Tier 1	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	Tier 1	
<i>multiple electrolytes ph 5.5</i>	Tier 1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	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>potassium chloride inj 2 meq/ml</i>	Tier 1	
<i>potassium chloride inj 10 meq/50ml</i>	Tier 1	
<i>potassium chloride inj 10 meq/100ml</i>	Tier 1	
<i>potassium chloride inj 20 meq/50ml</i>	Tier 1	
<i>potassium chloride inj 20 meq/100ml</i>	Tier 1	
<i>potassium chloride inj 40 meq/100ml</i>	Tier 1	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	Tier 1	
<i>sodium chloride iv soln 0.9%</i>	Tier 1	
<i>sodium chloride iv soln 0.45%</i>	Tier 1	
<i>sodium chloride iv soln 3%</i>	Tier 1	
<i>sodium chloride iv soln 5%</i>	Tier 1	
TPN ELECTROL INJ	Tier 1	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i>	Tier 1	
<i>klor-con 8</i>	Tier 1	
<i>klor-con 10</i>	Tier 1	
<i>klor-con m10</i>	Tier 1	
<i>klor-con m15</i>	Tier 1	
<i>klor-con m20</i>	Tier 1	
M-NATAL PLUS TAB	Tier 1	
<i>potassium chloride cap er 8 meq</i>	Tier 1	
<i>potassium chloride cap er 10 meq</i>	Tier 1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	Tier 1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 1	
<i>potassium chloride powder packet 20 meq</i>	Tier 1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	
<i>potassium chloride tab er 10 meq</i>	Tier 1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	
PRENATAL TAB 27-1MG	Tier 1	
PRENATAL TAB PLUS	Tier 1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	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)**

WESTAB PLUS TAB 27-1MG

Tier 1

IV NUTRITION

CLINIMIX INJ 4.25/D5W

Tier 1

B/D

CLINIMIX INJ 4.25/D10

Tier 1

B/D

CLINIMIX INJ 5%/D15W

Tier 1

B/D

CLINIMIX INJ 5%/D20W

Tier 1

B/D

CLINIMIX INJ 6/5

Tier 1

B/D

CLINIMIX INJ 8/10

Tier 1

B/D

CLINIMIX INJ 8/14

Tier 1

B/D

clinisol sf 15%

Tier 1

B/D

CLINOLIPID EMU 20%

Tier 1

B/D

dextrose inj 5%

Tier 1

dextrose inj 10%

Tier 1

dextrose inj 50%

Tier 1

B/D

dextrose inj 70%

Tier 1

B/D

INTRALIPID INJ 20%

Tier 1

B/D

INTRALIPID INJ 30%

Tier 1

B/D

NUTRILIPID EMU 20%

Tier 1

B/D

plenamine

Tier 1

B/D

PREMASOL SOL 10%

Tier 1

B/D

PROSOL INJ 20%

Tier 1

B/D

TRAVASOL INJ 10%

Tier 1

B/D

TROPHAMINE INJ 10%

Tier 1

B/D

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS**ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT
INFECTIONS AND INFLAMMATION***bacitracin-polymyxin-neomycin-hc ophth
oint 1%*

Tier 1

neo-polycin hc ophth oint 1%

Tier 1

*neomycin-polymyxin-dexamethasone
ophth oint 0.1%*

Tier 1

*neomycin-polymyxin-dexamethasone
ophth susp 0.1%*

Tier 1

neomycin-polymyxin-hc ophth susp

Tier 1

*sulfacetamide sodium-prednisolone ophth
soln 10-0.23(0.25)%*

Tier 1

TOBRADEX OIN 0.3-0.1%

Tier 1

*tobramycin-dexamethasone ophth susp
0.3-0.1%*

Tier 1

ZYLET SUS 0.5-0.3%

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
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
BESIVANCE SUS 0.6%	Tier 1	
CILOXAN OIN 0.3% OP	Tier 1	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	QL (12 mL / 30 days)
NATACYN SUS 5% OP	Tier 1	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	
<i>polycin ophth oint</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium ophth oint 10%</i>	Tier 1	
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	
<i>tobramycin ophth soln 0.3%</i>	Tier 1	
<i>trifluridine ophth soln 1%</i>	Tier 1	
XDEMVY DRO 0.25%	Tier 1	PA
ZIRGAN GEL 0.15%	Tier 1	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
<i>difluprednate ophth emulsion 0.05%</i>	Tier 1	
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	
LOTEMAX OIN 0.5%	Tier 1	
PRED SOD PHO SOL 1% OP	Tier 1	
<i>prednisolone acetate ophth susp 1%</i>	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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	
ZERVIAE DRO 0.24%	Tier 1	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl ophth soln 0.5%</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	
<i>brinzolamide ophth susp 1%</i>	Tier 1	ST
<i>carteolol hcl ophth soln 1%</i>	Tier 1	
COMBIGAN SOL 0.2/0.5%	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	Tier 1	
<i>latanoprost ophth soln 0.005%</i>	Tier 1	
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1	
LUMIGAN SOL 0.01% OP	Tier 1	
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1	
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1	
RHOPRESSA SOL 0.02%	Tier 1	
ROCKLATAN DRO	Tier 1	
SIMBRINZA SUS 1-0.2%	Tier 1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 1	
<i>timolol maleate ophth soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	
VYZULTA SOL 0.024%	Tier 1	
MISCELLANEOUS		
ATROPINE SUL SOL 1% OP	Tier 1	
<i>atropine sulfate ophth soln 1%</i>	Tier 1	
CYSTADROPS SOL 0.37%	Tier 1	PA
CYSTARAN SOL 0.44%	Tier 1	PA
EYSUVIS DRO 0.25%	Tier 1	
MIEBO DRO 1.3GM/ML	Tier 1	
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
RESTASIS EMU 0.05% OP	Tier 1	
RESTASIS MUL EMU 0.05% OP	Tier 1	
XIIDRA DRO 5%	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)****OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR****OTIC AGENTS**

<i>acetic acid otic soln 2%</i>	Tier 1
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 1
<i>flac</i>	Tier 1
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1
<i>ofloxacin otic soln 0.3%</i>	Tier 1

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD**

ANORO ELLIPT AER 62.5-25	Tier 1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	Tier 1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	Tier 1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	Tier 1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 1	QL (60 blisters / 30 days)

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA AER 17MCG	Tier 1	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	Tier 1	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	
SPIRIVA RESP AER 1.25MCG	Tier 1	QL (1 inhaler / 30 days)

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

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Tier 1	QL (300 mL / 30 days)
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl inj 50 mg/ml</i>	Tier 1	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	Tier 1	PA; PA applies if 65 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	Tier 1	PA; PA applies if 65 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Tier 1	QL (300 mL / 30 days)

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levocetirizine dihydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	
<i>albuterol sulfate tab 2 mg</i>	Tier 1	
<i>albuterol sulfate tab 4 mg</i>	Tier 1	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 1	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Tier 1	QL (2 inhalers / 30 days), ST
SEREVENT DIS AER 50MCG	Tier 1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1	
<i>terbutaline sulfate tab 5 mg</i>	Tier 1	
VENTOLIN HFA (INSTITUTIONAL PACK)	Tier 1	QL (6 inhalers / 30 days)
VENTOLIN HFA AER	Tier 1	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	Tier 1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	
<i>zafirlukast tab 10 mg</i>	Tier 1	
<i>zafirlukast tab 20 mg</i>	Tier 1	
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	Tier 1	B/D
<i>acetylcysteine inhal soln 20%</i>	Tier 1	B/D
ALYFTREK TAB 4-20-50	Tier 1	QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	Tier 1	QL (56 tabs / 28 days), PA
ARALAST NP INJ 500MG	Tier 1	PA
ARALAST NP INJ 1000MG	Tier 1	PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 1	B/D
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Tier 1	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Tier 1	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	Tier 1	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Tier 1	(generic of Adrenaclick)
FASENRA INJ 10MG/0.5	Tier 1	QL (1 syringe / 28 days), PA
FASENRA INJ 30MG/ML	Tier 1	QL (1 syringe / 28 days), PA
FASENRA PEN INJ 30MG/ML	Tier 1	QL (1 pen / 28 days), PA
KALYDECO GRA 5.8MG	Tier 1	QL (56 packets / 28 days), PA
KALYDECO GRA 13.4MG	Tier 1	QL (56 packets / 28 days), PA
KALYDECO PAK 25MG	Tier 1	QL (56 packets / 28 days), PA
KALYDECO PAK 50MG	Tier 1	QL (56 packets / 28 days), PA
KALYDECO PAK 75MG	Tier 1	QL (56 packets / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KALYDECO TAB 150MG	Tier 1	QL (60 tabs / 30 days), PA
OFEV CAP 100MG	Tier 1	QL (60 caps / 30 days), PA
OFEV CAP 150MG	Tier 1	QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	Tier 1	QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	Tier 1	QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	Tier 1	QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	Tier 1	QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	Tier 1	QL (112 tabs / 28 days), PA
<i>pirfenidone cap 267 mg</i>	Tier 1	QL (270 caps / 30 days), PA
<i>pirfenidone tab 267 mg</i>	Tier 1	QL (270 tabs / 30 days), PA
<i>pirfenidone tab 534 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>pirfenidone tab 801 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
PROLASTIN-C INJ 1000MG	Tier 1	PA
PULMOZYME SOL 1MG/ML	Tier 1	PA
<i>roflumilast tab 250 mcg</i>	Tier 1	QL (56 tabs / year)
<i>roflumilast tab 500 mcg</i>	Tier 1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	Tier 1	QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	Tier 1	QL (56 tabs / 28 days), PA
<i>theophylline elixir 80 mg/15ml</i>	Tier 1	
<i>theophylline soln 80 mg/15ml</i>	Tier 1	
<i>theophylline tab er 12hr 100 mg</i>	Tier 1	
<i>theophylline tab er 12hr 200 mg</i>	Tier 1	
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	
TRIKAFTA PAK 59.5MG	Tier 1	QL (56 packs / 28 days), PA

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRIKAFTA PAK 75MG	Tier 1	QL (56 packs / 28 days), PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	Tier 1	QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	Tier 1	QL (84 tabs / 28 days), PA
XOLAIR INJ 75/0.5	Tier 1	QL (4 pens / 28 days), PA
XOLAIR INJ 75/0.5	Tier 1	QL (4 syringes / 28 days), PA
XOLAIR INJ 150MG/ML	Tier 1	QL (8 pens / 28 days), PA
XOLAIR INJ 150MG/ML	Tier 1	QL (8 syringes / 28 days), PA
XOLAIR INJ 300/2ML	Tier 1	QL (4 pens / 28 days), PA
XOLAIR INJ 300/2ML	Tier 1	QL (4 syringes / 28 days), PA
XOLAIR SOL 150MG	Tier 1	QL (8 vials / 28 days), PA
ZEMAIRA INJ 1000MG	Tier 1	PA
ZEMAIRA INJ 4000MG	Tier 1	PA
ZEMAIRA INJ 5000MG	Tier 1	PA

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 1	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (1 bottle / 30 days)
XHANCE MIS 93MCG	Tier 1	QL (32 mL / 30 days), PA

STERIOD INHALANTS - DRUGS TO TREAT ASTHMA

ALVESCO AER 80MCG	Tier 1	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	Tier 1	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	Tier 1	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	Tier 1	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	Tier 1	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 1	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 1	B/D

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	Tier 1	QL (2 inhalers / 30 days)
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	Tier 1	QL (2 inhalers / 30 days)
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	Tier 1	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD

ADVAIR HFA AER 45/21	Tier 1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	Tier 1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	Tier 1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	Tier 1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	Tier 1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	Tier 1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	Tier 1	QL (60 blisters / 30 days)
<i>breynd</i>	Tier 1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Tier 1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Tier 1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	Tier 1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	Tier 1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	Tier 1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	Tier 1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	Tier 1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	Tier 1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	Tier 1	QL (60 inhalations / 30 days)

NAME OF DRUG**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS****DERMATOLOGY, ACNE**

<i>accutane</i>	Tier 1	PA
<i>amnesteem</i>	Tier 1	PA
<i>amnesteem cap 30mg</i>	Tier 1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 1	QL (46.6 gm / 30 days)
<i>claravis</i>	Tier 1	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Tier 1	QL (45 gm / 30 days)
<i>clindamycin phosphate gel 1% (once-daily)</i>	Tier 1	QL (75 mL / 30 days), PA
<i>clindamycin phosphate lotion 1%</i>	Tier 1	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	Tier 1	QL (60 mL / 30 days)
<i>ery</i>	Tier 1	QL (60 pledgets / 30 days)
<i>erythromycin gel 2%</i>	Tier 1	QL (60 gm / 30 days)
<i>erythromycin soln 2%</i>	Tier 1	QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	Tier 1	PA
<i>isotretinoin cap 20 mg</i>	Tier 1	PA
<i>isotretinoin cap 30 mg</i>	Tier 1	PA
<i>isotretinoin cap 40 mg</i>	Tier 1	PA
<i>neuac gel 1.2-5%</i>	Tier 1	QL (45 gm / 30 days)
<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 1	QL (118 mL / 30 days)
<i>tretinoin cream 0.1%</i>	Tier 1	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.05%</i>	Tier 1	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.025%</i>	Tier 1	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.01%</i>	Tier 1	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.025%</i>	Tier 1	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i>	Tier 1	QL (60 gm / 30 days)
<i>zenatane</i>	Tier 1	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate cream 0.1%</i>	Tier 1	QL (30 gm / 30 days)
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	QL (30 gm / 30 days)
<i>mupirocin oint 2%</i>	Tier 1	QL (220 gm / 30 days)
<i>silver sulfadiazine cream 1%</i>	Tier 1	
<i>ssd</i>	Tier 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SULFAMYLOX CRE 85MG/GM	Tier 1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 1	QL (90 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Tier 1	QL (60 mL / 30 days)
<i>ciclopirox shampoo 1%</i>	Tier 1	QL (120 mL / 30 days)
<i>clotrimazole cream 1%</i>	Tier 1	QL (45 gm / 30 days)
<i>clotrimazole soln 1%</i>	Tier 1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1	QL (45 gm / 30 days)
<i>econazole nitrate cream 1%</i>	Tier 1	QL (85 gm / 30 days)
<i>ketconazole cream 2%</i>	Tier 1	QL (60 gm / 30 days)
<i>ketconazole shampoo 2%</i>	Tier 1	QL (120 mL / 30 days)
<i>klayesta</i>	Tier 1	QL (60 gm / 30 days)
<i>nyamyc</i>	Tier 1	QL (60 gm / 30 days)
<i>nystatin cream 100000 unit/gm</i>	Tier 1	QL (30 gm / 30 days)
<i>nystatin oint 100000 unit/gm</i>	Tier 1	QL (30 gm / 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	Tier 1	QL (60 gm / 30 days)
<i>nystop</i>	Tier 1	QL (60 gm / 30 days)
<i>selenium sulfide lotion 2.5%</i>	Tier 1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	Tier 1	PA
<i>acitretin cap 17.5 mg</i>	Tier 1	PA
<i>acitretin cap 25 mg</i>	Tier 1	PA
<i>calcipotriene cream 0.005%</i>	Tier 1	QL (120 gm / 30 days), PA
<i>calcipotriene oint 0.005%</i>	Tier 1	QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/mL)</i>	Tier 1	QL (120 mL / 30 days), PA
<i>calcitrene</i>	Tier 1	QL (120 gm / 30 days), PA
ENSTILAR AER	Tier 1	QL (120 gm / 30 days), PA
<i>tazarotene cream 0.1%</i>	Tier 1	QL (60 gm / 30 days), PA
<i>tazarotene cream 0.05%</i>	Tier 1	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	Tier 1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	QL (120 gm / 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	QL (120 gm / 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	QL (120 mL / 30 days)
<i>betamethasone dipropionate oint 0.05%</i>	Tier 1	QL (120 gm / 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	QL (120 gm / 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Tier 1	QL (120 mL / 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	QL (120 gm / 30 days)
<i>clobetasol propionate cream 0.05%</i>	Tier 1	QL (120 gm / 30 days)
<i>clobetasol propionate e</i>	Tier 1	QL (120 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	Tier 1	QL (120 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	Tier 1	QL (120 gm / 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	Tier 1	QL (236 mL / 30 days)
<i>clobetasol propionate soln 0.05%</i>	Tier 1	QL (100 mL / 30 days)
<i>clodan</i>	Tier 1	QL (236 mL / 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	QL (120 gm / 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Tier 1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Tier 1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1	QL (120 gm / 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	Tier 1	QL (60 mL / 30 days)
<i>fluocinonide cream 0.1%</i>	Tier 1	QL (120 gm / 30 days)
<i>fluocinonide cream 0.05%</i>	Tier 1	QL (120 gm / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 1	QL (120 gm / 30 days)
<i>fluocinonide gel 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide oint 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05%</i>	Tier 1	QL (60 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	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 DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluticasone propionate oint 0.005%</i>	Tier 1	
<i>halobetasol propionate cream 0.05%</i>	Tier 1	QL (50 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	Tier 1	QL (50 gm / 30 days)
<i>hydrocortisone cream 1%</i>	Tier 1	
<i>hydrocortisone cream 2.5%</i>	Tier 1	
<i>hydrocortisone lotion 2.5%</i>	Tier 1	
<i>hydrocortisone oint 1%</i>	Tier 1	QL (30 gm / 30 days)
<i>hydrocortisone oint 2.5%</i>	Tier 1	
<i>hydrocortisone valerate cream 0.2%</i>	Tier 1	QL (60 gm / 30 days)
<i>mometasone furoate cream 0.1%</i>	Tier 1	
<i>mometasone furoate oint 0.1%</i>	Tier 1	
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 1	
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	QL (454 gm / 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1	
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	
<i>triderm</i>	Tier 1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	Tier 1	QL (60 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	Tier 1	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	Tier 1	QL (50 gm / 30 days), PA
<i>lidocaine patch 5%</i>	Tier 1	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	B/D, QL (30 gm / 30 days)
<i>lidocan</i>	Tier 1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i>	Tier 1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene gel 1%</i>	Tier 1	QL (60 gm / 30 days), PA
<i>diclofenac sodium soln 1.5%</i>	Tier 1	QL (300 mL / 28 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	THE NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EUCRISA OIN 2%	Tier 1	QL (120 gm / 30 days), PA
<i>fluorouracil cream 5%</i>	Tier 1	QL (40 gm / 30 days)
<i>fluorouracil soln 2%</i>	Tier 1	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	Tier 1	QL (10 mL / 30 days)
<i>hydrocortisone perianal cream 1%</i>	Tier 1	
<i>hydrocortisone perianal cream 2.5%</i>	Tier 1	
<i>imiquimod cream 5%</i>	Tier 1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	
<i>metronidazole cream 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	Tier 1	QL (59 mL / 30 days)
<i>nitroglycerin oint 0.4%</i>	Tier 1	QL (30 gm / 30 days)
PANRETIN GEL 0.1%	Tier 1	QL (60 gm / 30 days), PA
<i>pimecrolimus cream 1%</i>	Tier 1	QL (100 gm / 30 days), PA
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL / 28 days)
<i>procto-med hc</i>	Tier 1	
<i>proctocort</i>	Tier 1	
<i>proctosol hc</i>	Tier 1	
<i>proctozone-hc</i>	Tier 1	
<i>tacrolimus oint 0.1%</i>	Tier 1	QL (100 gm / 30 days), PA
<i>tacrolimus oint 0.03%</i>	Tier 1	QL (100 gm / 30 days), PA
VALCHLOR GEL 0.016%	Tier 1	QL (60 gm / 30 days), PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotion 0.5%</i>	Tier 1	QL (59 mL / 30 days)
<i>permethrin cream 5%</i>	Tier 1	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OIN 250/GM	Tier 1	QL (180 gm / 30 days), PA
<i>sodium chloride irrigation soln 0.9%</i>	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	Tier 1	
<i>chlorhexidine gluconate soln 0.12%</i>	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>clotrimazole troche 10 mg</i>	Tier 1	QL (150 lozenges / 30 days)
<i>kourzeq</i>	Tier 1	
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
<i>periogard</i>	Tier 1	
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.



If you have questions, please call CCA Senior Care Options at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit ccama.org.

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<i>betamethasone dipropionate</i>		<i>blisovi 24 fe</i>	106
<i>augmented gel 0.05%</i>	148	<i>blisovi fe 1.5/30</i>	106
<i>betamethasone dipropionate</i>		BONSITY INJ 560/2.24	104
<i>augmented lotion 0.05%</i>	148	BOOSTRIX INJ	132
<i>betamethasone dipropionate</i>		<i>bortezomib for inj 3.5 mg</i>	42
<i>augmented oint 0.05%</i>	148	BORTEZOMIB INJ 1MG	42
<i>betamethasone dipropionate cream</i>		BORTEZOMIB INJ 2.5MG	42
<i>0.05%</i>	148	<i>bosentan tab 125 mg</i>	68
<i>betamethasone dipropionate lotion</i>		<i>bosentan tab 62.5 mg</i>	68
<i>0.05%</i>	148	<i>bosentan tab for oral susp 32 mg</i>	68
<i>betamethasone dipropionate oint</i>		BOSULIF CAP 100MG	42
<i>0.05%</i>	148	BOSULIF CAP 50MG	42
<i>betamethasone valerate cream 0.1%</i>		BOSULIF TAB 100MG	42
<i>(base equivalent)</i>	148	BOSULIF TAB 400MG	42
<i>betamethasone valerate lotion 0.1%</i>		BOSULIF TAB 500MG	42
<i>(base equivalent)</i>	148	BRAFTOVI CAP 75MG	42
<i>betamethasone valerate oint 0.1%</i>		BREO ELLIPTA INH 100-25	145
<i>(base equivalent)</i>	148	BREO ELLIPTA INH 200-25	145
BETASERON INJ 0.3MG	97	BREO ELLIPTA INH 50-25MCG	145
<i>betaxolol hcl ophth soln 0.5%</i>	138	<i>breyana</i>	145
<i>betaxolol hcl tab 10 mg</i>	62	BREZTRI AERO AER SPHERE	139
<i>betaxolol hcl tab 20 mg</i>	62	BREZTRI AERO AER SPHERE	
<i>bethanechol chloride tab 10 mg</i>	122	(INSTITUTIONAL PACK)	139
<i>bethanechol chloride tab 25 mg</i>	122	<i>briellyn</i>	106
<i>bethanechol chloride tab 5 mg</i>	122	<i>brimonidine tartrate ophth soln 0.2%</i>	
<i>bethanechol chloride tab 50 mg</i>	122	.....	138
BEVESPI AER 9-4.8MCG	139	<i>brinzolamide ophth susp 1%</i>	138
<i>bexarotene cap 75 mg</i>	40	BRIVIACT SOL 10MG/ML	84
<i>bexarotene gel 1%</i>	149	BRIVIACT TAB 100MG	84
BEXSERO INJ	132	BRIVIACT TAB 10MG	84
<i>bicalutamide tab 50 mg</i>	38	BRIVIACT TAB 25MG	84
BICILLIN L-A INJ 1200000	34	BRIVIACT TAB 50MG	84
BICILLIN L-A INJ 2400000	34	BRIVIACT TAB 75MG	84
BICILLIN L-A INJ 600000	34	<i>bromocriptine mesylate cap 5 mg (base</i>	
BIKTARVY TAB 30-120-15 MG	28	<i>equivalent)</i>	76
BIKTARVY TAB 50-200-25 MG	28	<i>bromocriptine mesylate tab 2.5 mg</i>	
BIMZELX INJ 160MG/ML	126	<i>(base equivalent)</i>	76
BIMZELX INJ 320MG/2	126	BRUKINSA CAP 80MG	42
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>budesonide delayed release particles</i>	
<i>10-6.25 mg</i>	62	<i>cap 3 mg</i>	119
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>budesonide inhalation susp 0.25</i>	
<i>2.5-6.25 mg</i>	61	<i>mg/2ml</i>	144
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		<i>budesonide inhalation susp 0.5 mg/2ml</i>	
<i>6.25 mg</i>	62	.....	144

<i>budesonide tab er 24hr 9 mg</i>	119	<i>buspirone hcl tab 5 mg</i>	69
<i>budesonide-formoterol fumarate dihyd</i>		<i>buspirone hcl tab 7.5 mg</i>	69
<i>aerosol 160-4.5 mcg/act</i>	145	<i>butorphanol tartrate inj 1 mg/ml</i>	21
<i>budesonide-formoterol fumarate dihyd</i>		<i>butorphanol tartrate inj 2 mg/ml</i>	21
<i>aerosol 80-4.5 mcg/act</i>	145	C	
<i>bumetanide inj 0.25 mg/ml</i>	65	<i>cabergoline tab 0.5 mg</i>	113
<i>bumetanide tab 0.5 mg</i>	65	CABOMETYX TAB 20MG	42
<i>bumetanide tab 1 mg</i>	65	CABOMETYX TAB 40MG	42
<i>bumetanide tab 2 mg</i>	65	CABOMETYX TAB 60MG	43
<i>buprenorphine hcl sl tab 2 mg (base</i>		<i>calcipotriene cream 0.005%</i>	147
<i>equiv)</i>	98	<i>calcipotriene oint 0.005%</i>	147
<i>buprenorphine hcl sl tab 8 mg (base</i>		<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	147
<i>equiv)</i>	98	<i>calcitonin (salmon) spray</i>	104
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>calcitrene</i>	147
<i>12-3 mg (base equiv)</i>	98	<i>calcitriol (oral)</i>	117
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>calcitriol cap 0.25 mcg</i>	117
<i>2-0.5 mg (base equiv)</i>	98	<i>calcitriol cap 0.5 mcg</i>	117
<i>buprenorphine hcl-naloxone hcl sl film</i>		CALQUENCE TAB 100MG	43
<i>4-1 mg (base equiv)</i>	98	<i>camila</i>	106
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>camrese</i>	106
<i>8-2 mg (base equiv)</i>	98	<i>camrese lo</i>	106
<i>buprenorphine hcl-naloxone hcl sl tab</i>		<i>candesartan cilexetil tab 16 mg</i>	58
<i>2-0.5 mg (base equiv)</i>	99	<i>candesartan cilexetil tab 32 mg</i>	58
<i>buprenorphine hcl-naloxone hcl sl tab</i>		<i>candesartan cilexetil tab 4 mg</i>	58
<i>8-2 mg (base equiv)</i>	99	<i>candesartan cilexetil tab 8 mg</i>	58
<i>buprenorphine td patch weekly 10</i>		<i>candesartan cilexetil-</i>	
<i>mcg/hr</i>	19	<i>hydrochlorothiazide tab 16-12.5 mg</i>	57
<i>buprenorphine td patch weekly 15</i>		<i>candesartan cilexetil-</i>	
<i>mcg/hr</i>	19	<i>hydrochlorothiazide tab 32-12.5 mg</i>	57
<i>buprenorphine td patch weekly 20</i>		<i>candesartan cilexetil-</i>	
<i>mcg/hr</i>	19	<i>hydrochlorothiazide tab 32-25 mg</i> .	57
<i>buprenorphine td patch weekly 5</i>		CAPLYTA CAP 10.5MG	78
<i>mcg/hr</i>	19	CAPLYTA CAP 21MG	78
<i>buprenorphine td patch weekly 7.5</i>		CAPLYTA CAP 42MG	78
<i>mcg/hr</i>	19	CAPRELSA TAB 100MG	43
<i>bupropion hcl (smoking deterrent) tab</i>		CAPRELSA TAB 300MG	43
<i>er 12hr 150 mg</i>	99	<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>bupropion hcl tab 100 mg</i>	72	<i>15 mg</i>	54
<i>bupropion hcl tab 75 mg</i>	72	<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>bupropion hcl tab er 12hr 100 mg</i>	72	<i>25 mg</i>	55
<i>bupropion hcl tab er 12hr 150 mg</i>	72	<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>bupropion hcl tab er 12hr 200 mg</i>	72	<i>15 mg</i>	55
<i>bupropion hcl tab er 24hr 150 mg</i>	72	<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>bupropion hcl tab er 24hr 300 mg</i>	72	<i>25 mg</i>	55
<i>buspirone hcl tab 10 mg</i>	69		
<i>buspirone hcl tab 15 mg</i>	69		
<i>buspirone hcl tab 30 mg</i>	69		

<i>captopril tab 100 mg</i>	55
<i>captopril tab 12.5 mg</i>	55
<i>captopril tab 25 mg</i>	55
<i>captopril tab 50 mg</i>	55
<i>carb/levo orally disintegrating tab 10-100mg</i>	76
<i>carb/levo orally disintegrating tab 25-100mg</i>	76
<i>carb/levo orally disintegrating tab 25-250mg</i>	76
<i>carbamazepine cap er 12hr 100 mg</i> ..	84
<i>carbamazepine cap er 12hr 200 mg</i> ..	84
<i>carbamazepine cap er 12hr 300 mg</i> ..	84
<i>carbamazepine chew tab 100 mg</i>	84
<i>carbamazepine chew tab 200 mg</i>	84
<i>carbamazepine susp 100 mg/5ml</i>	84
<i>carbamazepine tab 200 mg</i>	84
<i>carbamazepine tab er 12hr 100 mg</i> ..	84
<i>carbamazepine tab er 12hr 200 mg</i> ..	84
<i>carbamazepine tab er 12hr 400 mg</i> ..	84
<i>carbidopa & levodopa tab 10-100 mg</i> 76	
<i>carbidopa & levodopa tab 25-100 mg</i> 76	
<i>carbidopa & levodopa tab 25-250 mg</i> 76	
<i>carbidopa & levodopa tab er 25-100 mg</i>	76
<i>carbidopa & levodopa tab er 50-200 mg</i>	76
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	76
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	77
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	77
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	77
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	77
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	77
<i>carboplatin iv soln 150 mg/15ml</i>	36
<i>carboplatin iv soln 450 mg/45ml</i>	36
<i>carboplatin iv soln 50 mg/5ml</i>	36
<i>carboplatin iv soln 600 mg/60ml</i>	36
<i>carglumic acid soluble tab 200 mg</i> ..	113
<i>carisoprodol tab 350 mg</i>	97
<i>carteolol hcl ophth soln 1%</i>	138
<i>cartia xt</i>	63
<i>carvedilol tab 12.5 mg</i>	62
<i>carvedilol tab 25 mg</i>	62
<i>carvedilol tab 3.125 mg</i>	62
<i>carvedilol tab 6.25 mg</i>	62
<i>caspofungin acetate for iv soln 50 mg</i>	25
<i>caspofungin acetate for iv soln 70 mg</i>	25
<i>CAYSTON INH 75MG</i>	22
<i>cefaclor cap 250 mg</i>	30
<i>cefaclor cap 500 mg</i>	30
<i>cefadroxil cap 500 mg</i>	31
<i>cefadroxil for susp 250 mg/5ml</i>	31
<i>cefadroxil for susp 500 mg/5ml</i>	31
<i>CEFAZOLIN INJ 1GM/50ML</i>	31
<i>CEFAZOLIN INJ 2GM</i>	31
<i>CEFAZOLIN INJ 3GM</i>	31
<i>cefazolin sodium for inj 1 gm</i>	31
<i>cefazolin sodium for inj 10 gm</i>	31
<i>cefazolin sodium for inj 2 gm</i>	31
<i>cefazolin sodium for inj 3 gm</i>	31
<i>cefazolin sodium for inj 500 mg</i>	31
<i>cefazolin sodium for iv soln 1 gm</i>	31
<i>CEFAZOLIN SOLN 2GM/100ML-4%</i> ...	31
<i>CEFAZOLIN/DEX SOL 1GM/50ML-4%</i> 31	
<i>CEFAZOLIN/DEX SOL 2GM/50ML-3%</i> 31	
<i>CEFAZOLIN/DEX SOL 3GM/150ML-4%</i>	31
<i>CEFAZOLIN/DEX SOL 3GM/50ML-2%</i> 31	
<i>cefdinir cap 300 mg</i>	31
<i>cefdinir for susp 125 mg/5ml</i>	31
<i>cefdinir for susp 250 mg/5ml</i>	31
<i>cefepime hcl for inj 1 gm</i>	31
<i>cefepime hcl for iv soln 2 gm</i>	31
<i>cefixime cap 400 mg</i>	31
<i>cefixime for susp 100 mg/5ml</i>	31
<i>cefixime for susp 200 mg/5ml</i>	31
<i>cefotetan disodium for inj 1 gm</i>	31
<i>cefotetan disodium for inj 2 gm</i>	31
<i>cefoxitin sodium for iv soln 1 gm</i>	31
<i>cefoxitin sodium for iv soln 10 gm</i>	31
<i>cefoxitin sodium for iv soln 2 gm</i>	31
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	31
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	31
<i>cefpodoxime proxetil tab 100 mg</i>	31

<i>cefepodoxime proxetil tab 200 mg</i>	31	<i>chlorpromazine hcl tab 10 mg</i>	78
<i>cefprozil for susp 125 mg/5ml</i>	31	<i>chlorpromazine hcl tab 100 mg</i>	78
<i>cefprozil for susp 250 mg/5ml</i>	31	<i>chlorpromazine hcl tab 200 mg</i>	78
<i>cefprozil tab 250 mg</i>	31	<i>chlorpromazine hcl tab 25 mg</i>	78
<i>cefprozil tab 500 mg</i>	31	<i>chlorpromazine hcl tab 50 mg</i>	78
<i>ceftazidime for inj 1 gm</i>	31	<i>chlorthalidone tab 25 mg</i>	65
<i>ceftazidime for inj 6 gm</i>	31	<i>chlorthalidone tab 50 mg</i>	65
<i>ceftazidime for iv soln 2 gm</i>	32	<i>cholestyramine light powder 4 gm/dose</i>	61
<i>ceftriaxone sodium for inj 1 gm</i>	32	<i>cholestyramine light powder packets 4</i> <i>gm</i>	61
<i>ceftriaxone sodium for inj 10 gm</i>	32	<i>cholestyramine powder 4 gm/dose</i> ...	61
<i>ceftriaxone sodium for inj 2 gm</i>	32	<i>cholestyramine powder packets 4 gm</i>	61
<i>ceftriaxone sodium for inj 250 mg</i>	32	<i>ciclopirox olamine cream 0.77% (base</i> <i>equiv)</i>	147
<i>ceftriaxone sodium for inj 500 mg</i>	32	<i>ciclopirox olamine susp 0.77% (base</i> <i>equiv)</i>	147
<i>ceftriaxone sodium for iv soln 1 gm</i> ..	32	<i>ciclopirox shampoo 1%</i>	147
<i>ceftriaxone sodium for iv soln 2 gm</i> ..	32	<i>cilostazol tab 100 mg</i>	125
<i>cefuroxime axetil tab 250 mg</i>	32	<i>cilostazol tab 50 mg</i>	125
<i>cefuroxime axetil tab 500 mg</i>	32	<i>CILOXAN OIN 0.3% OP</i>	137
<i>cefuroxime sodium for inj 750 mg</i>	32	<i>CIMDUO TAB 300-300</i>	28
<i>cefuroxime sodium for iv soln 1.5 gm</i>	32	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	113
<i>celecoxib cap 100 mg</i>	18	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	113
<i>celecoxib cap 200 mg</i>	18	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	113
<i>celecoxib cap 400 mg</i>	18	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	33
<i>celecoxib cap 50 mg</i>	18	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	33
<i>cephalexin cap 250 mg</i>	32	<i>ciprofloxacin hcl ophth soln 0.3% (base</i> <i>equivalent)</i>	137
<i>cephalexin cap 500 mg</i>	32	<i>ciprofloxacin hcl tab 250 mg (base</i> <i>equiv)</i>	33
<i>cephalexin for susp 125 mg/5ml</i>	32	<i>ciprofloxacin hcl tab 500 mg (base</i> <i>equiv)</i>	33
<i>cephalexin for susp 250 mg/5ml</i>	32	<i>ciprofloxacin hcl tab 750 mg (base</i> <i>equiv)</i>	33
<i>CEQR SIMPL KIT PATCH 2U (3-DAY)</i>	102	<i>ciprofloxacin-dexamethasone otic susp</i> <i>0.3-0.1%</i>	139
<i>CEQR SIMPL KIT PATCH 2U (4-DAY)</i>	102	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	36
<i>CEQR SIMPL MIS INSERTER</i>	102	<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	36
<i>CERDELGA CAP 84MG</i>	113	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ..	36
<i>CEREZYME INJ 400UNIT</i>	113	<i>citalopram hydrobromide oral soln 10</i> <i>mg/5ml</i>	72
<i>cetirizine hcl oral soln 1 mg/ml (5</i> <i>mg/5ml)</i>	140		
<i>cevimeline hcl cap 30 mg</i>	150		
<i>chateal eq</i>	106		
<i>CHEMET CAP 100MG</i>	105		
<i>chlorhexidine gluconate soln 0.12%</i> ..	150		
<i>chloroquine phosphate tab 250 mg</i> ...	26		
<i>chloroquine phosphate tab 500 mg</i> ...	26		
<i>chlorpromazine hcl conc 100 mg/ml</i> ..	78		
<i>chlorpromazine hcl conc 30 mg/ml</i> ...	78		
<i>chlorpromazine hcl inj 25 mg/ml</i>	78		
<i>chlorpromazine hcl inj 50 mg/2ml</i>	78		

<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	72	<i>clinisol sf 15%</i>	136
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	72	<i>CLINOLIPID EMU 20%</i>	136
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	72	<i>clobazam suspension 2.5 mg/ml</i>	84
<i>claravis</i>	146	<i>clobazam tab 10 mg</i>	84
<i>clarithromycin for susp 125 mg/5ml</i> .32		<i>clobazam tab 20 mg</i>	84
<i>clarithromycin for susp 250 mg/5ml</i> .32		<i>clobetasol propionate cream 0.05%</i>	148
<i>clarithromycin tab 250 mg</i>.....32		<i>clobetasol propionate e</i>	148
<i>clarithromycin tab 500 mg</i>.....32		<i>clobetasol propionate gel 0.05%</i>	148
<i>clarithromycin tab er 24hr 500 mg</i> ...32		<i>clobetasol propionate oint 0.05%</i> ...	148
<i>clindamycin hcl cap 150 mg</i>.....22		<i>clobetasol propionate shampoo 0.05%</i>	148
<i>clindamycin hcl cap 300 mg</i>.....22		<i>clobetasol propionate soln 0.05%</i> ...148	
<i>clindamycin hcl cap 75 mg</i>.....22		<i>clodan</i>	148
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	22	<i>clomipramine hcl cap 25 mg</i>	72
<i>clindamycin phosphate gel 1% (once-daily)</i>	146	<i>clomipramine hcl cap 50 mg</i>	72
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	23	<i>clomipramine hcl cap 75 mg</i>	72
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	23	<i>clonazepam orally disintegrating tab 0.125 mg</i>	84
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	23	<i>clonazepam orally disintegrating tab 0.25 mg</i>	84
<i>clindamycin phosphate inj 300 mg/2ml</i>	23	<i>clonazepam orally disintegrating tab 0.5 mg</i>	84
<i>clindamycin phosphate inj 600 mg/4ml</i>	23	<i>clonazepam orally disintegrating tab 1 mg</i>	84
<i>clindamycin phosphate inj 900 mg/6ml</i>	23	<i>clonazepam orally disintegrating tab 2 mg</i>	85
<i>clindamycin phosphate lotion 1%</i> ...146		<i>clonazepam tab 0.5 mg</i>.....85	
<i>clindamycin phosphate soln 1%</i> ....146		<i>clonazepam tab 1 mg</i>	85
<i>clindamycin phosphate vaginal cream 2%</i>	123	<i>clonazepam tab 2 mg</i>	85
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	146	<i>clonidine hcl tab 0.1 mg</i>.....66	
<i>CLINDMYC/NAC INJ 300/50ML</i>	23	<i>clonidine hcl tab 0.2 mg</i>.....66	
<i>CLINDMYC/NAC INJ 600/50ML</i>	23	<i>clonidine hcl tab 0.3 mg</i>.....66	
<i>CLINDMYC/NAC INJ 900/50ML</i>	23	<i>clonidine td patch weekly 0.1 mg/24hr</i>	66
<i>CLINIMIX INJ 4.25/D10</i>.....136		<i>clonidine td patch weekly 0.2 mg/24hr</i>	66
<i>CLINIMIX INJ 4.25/D5W</i>.....136		<i>clonidine td patch weekly 0.3 mg/24hr</i>	66
<i>CLINIMIX INJ 5%/D15W</i>	136	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	126
<i>CLINIMIX INJ 5%/D20W</i>	136	<i>clorazepate dipotassium tab 15 mg</i> ..85	
<i>CLINIMIX INJ 6/5</i>	136	<i>clorazepate dipotassium tab 3.75 mg</i> 85	
<i>CLINIMIX INJ 8/10</i>	136	<i>clorazepate dipotassium tab 7.5 mg</i> .85	
<i>CLINIMIX INJ 8/14</i>	136	<i>clotrimazole cream 1%</i>	147
		<i>clotrimazole soln 1%</i>	147
		<i>clotrimazole troche 10 mg</i>	151

<i>clotrimazole w/ betamethasone cream</i>	
1-0.05%.....	147
<i>clozapine orally disintegrating tab 100</i>	
mg	78
<i>clozapine orally disintegrating tab 12.5</i>	
mg	78
<i>clozapine orally disintegrating tab 150</i>	
mg	79
<i>clozapine orally disintegrating tab 200</i>	
mg	79
<i>clozapine orally disintegrating tab 25</i>	
mg	78
<i>clozapine tab 100 mg</i>	79
<i>clozapine tab 200 mg</i>	79
<i>clozapine tab 25 mg</i>	79
<i>clozapine tab 50 mg</i>	79
COARTEM TAB 20-120MG	26
COBENFY CAP 100-20MG	79
COBENFY CAP 125-30MG	79
COBENFY CAP 50-20MG	79
COBENFY STRT CAP PACK	79
<i>colchicine tab 0.6 mg</i>	18
<i>colchicine w/ probenecid tab 0.5-500</i>	
mg	18
<i>colesevelam hcl packet for susp 3.75</i>	
gm	61
<i>colesevelam hcl tab 625 mg</i>	61
<i>colestipol hcl granule packets 5 gm</i> ..	61
<i>colestipol hcl granules 5 gm</i>	61
<i>colestipol hcl tab 1 gm</i>	61
<i>colistimethate sod for inj 150 mg</i>	
(colistin base activity)	23
COMBIGAN SOL 0.2/0.5%	138
COMBIVENT AER 20-100	139
COMETRIQ (60MG DOSE)	43
COMETRIQ KIT 100MG	43
COMETRIQ KIT 140MG	43
<i>compro</i>	117
<i>constulose</i>	120
COPAXONE INJ 20MG/ML	97
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		etravirine tab 200 mg	27
		EUCRISA OIN 2%.....	150
		EULEXIN CAP 125MG	38

<i>everolimus tab 0.25 mg</i>	131	FASENRA INJ 10MG/0.5	142
<i>everolimus tab 0.5 mg</i>	131	FASENRA INJ 30MG/ML.....	142
<i>everolimus tab 0.75 mg</i>	131	FASENRA PEN INJ 30MG/ML	142
<i>everolimus tab 1 mg</i>	131	<i>feirza tab 1.5/30</i>	107
<i>everolimus tab 10 mg</i>	44	<i>feirza tab 1/20</i>	107
<i>everolimus tab 2.5 mg</i>	44	<i>felbamate susp 600 mg/5ml</i>	86
<i>everolimus tab 5 mg</i>	44	<i>felbamate tab 400 mg</i>	86
<i>everolimus tab 7.5 mg</i>	44	<i>felbamate tab 600 mg</i>	86
<i>everolimus tab for oral susp 2 mg</i> ...	44	<i>felodipine tab er 24hr 10 mg</i>	64
<i>everolimus tab for oral susp 3 mg</i> ...	44	<i>felodipine tab er 24hr 2.5 mg</i>	64
<i>everolimus tab for oral susp 5 mg</i> ...	44	<i>felodipine tab er 24hr 5 mg</i>	64
EVOTAZ TAB 300-150	28	<i>fenofibrate micronized cap 134 mg</i> ...	60
<i>exemestane tab 25 mg</i>	38	<i>fenofibrate micronized cap 200 mg</i> ...	60
EYSUVIS DRO 0.25%.....	138	<i>fenofibrate micronized cap 67 mg</i>	60
<i>ezetimibe tab 10 mg</i>	61	<i>fenofibrate tab 145 mg</i>	60
<i>ezetimibe-simvastatin tab 10-10 mg</i> ..	61	<i>fenofibrate tab 160 mg</i>	60
<i>ezetimibe-simvastatin tab 10-20 mg</i> ..	61	<i>fenofibrate tab 48 mg</i>	60
<i>ezetimibe-simvastatin tab 10-40 mg</i> ..	61	<i>fenofibrate tab 54 mg</i>	60
<i>ezetimibe-simvastatin tab 10-80 mg</i> ..	61	<i>fentanyl td patch 72hr 100 mcg/hr</i> ...	20
F		<i>fentanyl td patch 72hr 12 mcg/hr</i>	19
FABRAZYME INJ 35MG	114	<i>fentanyl td patch 72hr 25 mcg/hr</i>	19
FABRAZYME INJ 5MG	114	<i>fentanyl td patch 72hr 37.5 mcg/hr</i> ..	19
<i>falmina</i>	107	<i>fentanyl td patch 72hr 50 mcg/hr</i>	19
<i>famciclovir tab 125 mg</i>	29	<i>fentanyl td patch 72hr 62.5 mcg/hr</i> ..	19
<i>famciclovir tab 250 mg</i>	30	<i>fentanyl td patch 72hr 75 mcg/hr</i>	20
<i>famciclovir tab 500 mg</i>	30	<i>fentanyl td patch 72hr 87.5 mcg/hr</i> ..	20
<i>famotidine for susp 40 mg/5ml</i>	119	<i>fesoterodine fumarate tab er 24hr 4</i>	
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>mg</i>	123
<i>mg/50ml</i>	119	<i>fesoterodine fumarate tab er 24hr 8</i>	
<i>famotidine inj 200 mg/20ml</i>	119	<i>mg</i>	123
<i>famotidine inj 40 mg/4ml</i>	119	FETZIMA CAP 120MG	74
<i>famotidine preservative free inj 20</i>		FETZIMA CAP 20MG.....	73
<i>mg/2ml</i>	119	FETZIMA CAP 40MG.....	74
<i>famotidine tab 20 mg</i>	119	FETZIMA CAP 80MG.....	74
<i>famotidine tab 40 mg</i>	119	FETZIMA CAP TITRATIO	74
FANAPT PAK PACK A	79	FIASP FLEX INJ TOUCH	102
FANAPT PAK PACK B	79	FIASP INJ 100/ML	102
FANAPT PAK PACK C	79	FIASP PENFIL INJ U-100	103
FANAPT TAB 10MG	79	FIASP PMPCRT INJ U-100	103
FANAPT TAB 12MG	79	<i>fidaxomicin tab 200 mg</i>	33
FANAPT TAB 1MG	79	<i>finasteride tab 5 mg</i>	122
FANAPT TAB 2MG	79	<i>ingolimod hcl cap 0.5 mg (base equiv)</i>	
FANAPT TAB 4MG	79	.....	97
FANAPT TAB 6MG	79	FINTEPLA SOL 2.2MG/ML	86
FANAPT TAB 8MG	79	<i>finzala</i>	107
FARXIGA TAB 10MG.....	100	FIRMAGON INJ 120MG.....	38
FARXIGA TAB 5MG	100	FIRMAGON INJ 80MG.....	38

<i>flac</i>	139
<i>FLEBOGAMMA INJ 10/200ML</i>	130
<i>FLEBOGAMMA INJ 20/400ML</i>	130
<i>FLEBOGAMMA INJ DIF 5%</i>	130
<i>flecainide acetate tab 100 mg</i>	59
<i>flecainide acetate tab 150 mg</i>	59
<i>flecainide acetate tab 50 mg</i>	59
<i>fluconazole for susp 10 mg/ml</i>	25
<i>fluconazole for susp 40 mg/ml</i>	25
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	25
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	25
<i>fluconazole tab 100 mg</i>	25
<i>fluconazole tab 150 mg</i>	25
<i>fluconazole tab 200 mg</i>	25
<i>fluconazole tab 50 mg</i>	25
<i>flucytosine cap 250 mg</i>	26
<i>flucytosine cap 500 mg</i>	26
<i>fludrocortisone acetate tab 0.1 mg</i> ..	112
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	144
<i>fluocinolone acetonide (otic) oil 0.01%</i>	139
<i>fluocinolone acetonide cream 0.01%</i>	148
<i>fluocinolone acetonide cream 0.025%</i>	148
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	148
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	148
<i>fluocinolone acetonide oint 0.025%</i> ..	148
<i>fluocinolone acetonide soln 0.01%</i> ..	148
<i>fluocinonide cream 0.05%</i>	148
<i>fluocinonide cream 0.1%</i>	148
<i>fluocinonide emulsified base cream 0.05%</i>	148
<i>fluocinonide gel 0.05%</i>	148
<i>fluocinonide oint 0.05%</i>	148
<i>fluocinonide soln 0.05%</i>	148
<i>fluorometholone ophth susp 0.1%</i> ..	137
<i>fluorouracil cream 5%</i>	150
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	37
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	37

<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	37
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	37
<i>fluorouracil soln 2%</i>	150
<i>fluorouracil soln 5%</i>	150
<i>fluoxetine hcl cap 10 mg</i>	74
<i>fluoxetine hcl cap 20 mg</i>	74
<i>fluoxetine hcl cap 40 mg</i>	74
<i>fluoxetine hcl solution 20 mg/5ml</i>	74
<i>fluphenazine decanoate inj 25 mg/ml</i> ..	79
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	79
<i>fluphenazine hcl inj 2.5 mg/ml</i>	79
<i>fluphenazine hcl oral conc 5 mg/ml</i> ..	79
<i>fluphenazine hcl tab 1 mg</i>	80
<i>fluphenazine hcl tab 10 mg</i>	80
<i>fluphenazine hcl tab 2.5 mg</i>	80
<i>fluphenazine hcl tab 5 mg</i>	80
<i>flurbiprofen sodium ophth soln 0.03%</i>	137
<i>flurbiprofen tab 100 mg</i>	18
<i>fluticasone propionate cream 0.05%</i>	148
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	145
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	145
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	145
<i>fluticasone propionate nasal susp 50 mcg/act</i>	144
<i>fluticasone propionate oint 0.005%</i> ..	149
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	145
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	145
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	145
<i>fluvoxamine maleate tab 100 mg</i>	70
<i>fluvoxamine maleate tab 25 mg</i>	69
<i>fluvoxamine maleate tab 50 mg</i>	70
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	124
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	124
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	124

<i>fondaparinux sodium subcutaneous inj</i>	
7.5 mg/0.6ml.....	124
<i>fosamprenavir calcium tab 700 mg</i>	
(base equiv)	27
<i>fosfomycin tromethamine powd pack 3</i>	
gm (base equivalent)	23
<i>fosinopril sodium & hydrochlorothiazide</i>	
tab 10-12.5 mg	55
<i>fosinopril sodium & hydrochlorothiazide</i>	
tab 20-12.5 mg	55
<i>fosinopril sodium tab 10 mg</i>	55
<i>fosinopril sodium tab 20 mg</i>	55
<i>fosinopril sodium tab 40 mg</i>	55
FOTIVDA CAP 0.89MG.....	44
FOTIVDA CAP 1.34MG.....	44
FRINDOVYX INJ 1GM/2ML	36
FRINDOVYX INJ 2GM/4ML	36
FRINDOVYX INJ 500MG/ML.....	36
FRUZAQLA CAP 1MG	44
FRUZAQLA CAP 5MG	44
FULPHILA INJ 6/0.6ML	125
<i>fulvestrant inj soln pref syr 250</i>	
mg/5ml.....	38
<i>furosemide inj</i>	65
<i>furosemide oral soln 10 mg/ml</i>	65
<i>furosemide oral soln 8 mg/ml</i>	65
<i>furosemide tab 20 mg</i>	65
<i>furosemide tab 40 mg</i>	65
<i>furosemide tab 80 mg</i>	65
<i>fyavolv tab 0.5mg-2.5mcg</i>	111
<i>fyavolv tab 1mg-5mcg</i>	111
FYCOMPA SUS 0.5MG/ML	86
FYCOMPA TAB 10MG	87
FYCOMPA TAB 12MG.....	87
FYCOMPA TAB 2MG.....	86
FYCOMPA TAB 4MG.....	86
FYCOMPA TAB 6MG.....	86
FYCOMPA TAB 8MG.....	87
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<i>gabapentin cap 100 mg</i>	87
<i>gabapentin cap 300 mg</i>	87
<i>gabapentin cap 400 mg</i>	87
<i>gabapentin oral soln 250 mg/5ml</i>	87
<i>gabapentin tab 600 mg</i>	87
<i>gabapentin tab 800 mg</i>	87
<i>galantamine hydrobromide cap er 24hr</i>	
16 mg	70

<i>galantamine hydrobromide cap er 24hr</i>	
24 mg	70
<i>galantamine hydrobromide cap er 24hr</i>	
8 mg.....	70
<i>galantamine hydrobromide oral soln 4</i>	
mg/ml.....	70
<i>galantamine hydrobromide tab 12 mg</i>	
.....	70
<i>galantamine hydrobromide tab 4 mg</i>	70
<i>galantamine hydrobromide tab 8 mg</i>	70
<i>galbriela chw</i>	107
<i>gallifrey</i>	116
GAMASTAN INJ	130
GAMMAGARD INJ 10GM/100.....	130
GAMMAGARD INJ 1GM/10ML	130
GAMMAGARD INJ 2.5GM/25	130
GAMMAGARD INJ 20GM/200.....	130
GAMMAGARD INJ 30GM/300.....	130
GAMMAGARD INJ 5GM/50ML	130
GAMMAGARD SD INJ 10GM HU	130
GAMMAGARD SD INJ 5GM HU	130
GAMMAKED INJ 10GM/100	130
GAMMAKED INJ 1GM/10ML.....	130
GAMMAKED INJ 20GM/200	130
GAMMAKED INJ 5GM/50ML.....	130
GAMMAPLEX INJ 10%	130
GAMMAPLEX INJ 5%.....	130
GAMUNEX-C INJ 10GM/100	130
GAMUNEX-C INJ 1GM/10ML.....	130
GAMUNEX-C INJ 2.5GM/25.....	130
GAMUNEX-C INJ 20GM/200	130
GAMUNEX-C INJ 40/400ML.....	130
GAMUNEX-C INJ 5GM/50ML.....	130
<i>ganciclovir sodium for inj 500 mg</i>	30
GARDASIL 9 INJ.....	132
<i>gatifloxacin ophth soln 0.5%</i>	137
GATTEX KIT 5MG	120
GAUZE PADS 2	103
<i>gavilyte-c</i>	120
<i>gavilyte-g</i>	120
<i>gavilyte-n/flavor pack</i>	120
GAVRETO CAP 100MG.....	44
<i>gefitinib tab 250 mg</i>	44
<i>gemcitabine hcl for inj 1 gm</i>	37
<i>gemcitabine hcl for inj 2 gm</i>	37
<i>gemcitabine hcl for inj 200 mg</i>	37

<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	37
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	37
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	37
<i>gemfibrozil tab 600 mg</i>	60
<i>GEMTESA TAB 75MG</i>	123
<i>generlac</i>	120
<i>gengraf</i>	131
<i>GENOTROPIN INJ 0.2MG</i>	114
<i>GENOTROPIN INJ 0.4MG</i>	114
<i>GENOTROPIN INJ 0.6MG</i>	114
<i>GENOTROPIN INJ 0.8MG</i>	114
<i>GENOTROPIN INJ 1.2MG</i>	114
<i>GENOTROPIN INJ 1.4MG</i>	114
<i>GENOTROPIN INJ 1.6MG</i>	114
<i>GENOTROPIN INJ 1.8MG</i>	114
<i>GENOTROPIN INJ 12MG</i>	114
<i>GENOTROPIN INJ 1MG</i>	114
<i>GENOTROPIN INJ 2MG</i>	114
<i>GENOTROPIN INJ 5MG</i>	114
<i>gentamicin in saline inj 0.8 mg/ml</i>	23
<i>gentamicin in saline inj 1 mg/ml</i>	23
<i>gentamicin in saline inj 1.2 mg/ml</i>	23
<i>gentamicin in saline inj 1.6 mg/ml</i>	23
<i>gentamicin in saline inj 2 mg/ml</i>	23
<i>gentamicin sulfate cream 0.1%</i>	146
<i>gentamicin sulfate inj 10 mg/ml</i>	23
<i>gentamicin sulfate inj 40 mg/ml</i>	23
<i>gentamicin sulfate oint 0.1%</i>	146
<i>gentamicin sulfate ophth soln 0.3%</i>	137
<i>GENVOYA TAB</i>	28
<i>GILOTRIF TAB 20MG</i>	44
<i>GILOTRIF TAB 30MG</i>	44
<i>GILOTRIF TAB 40MG</i>	44
<i>GLARGIN YFGN INJ 100U/ML</i>	103
<i>GLARGIN YFGN SOL 100U/ML</i>	103
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	97
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	97
<i>glatopa</i>	97
<i>GLEOSTINE CAP 100MG</i>	36
<i>GLEOSTINE CAP 10MG</i>	36
<i>GLEOSTINE CAP 40MG</i>	36
<i>glimepiride tab 1 mg</i>	100

<i>glimepiride tab 2 mg</i>	100
<i>glimepiride tab 4 mg</i>	100
<i>glipizide tab 10 mg</i>	100
<i>glipizide tab 5 mg</i>	100
<i>glipizide tab er 24hr 10 mg</i>	100
<i>glipizide tab er 24hr 2.5 mg</i>	100
<i>glipizide tab er 24hr 5 mg</i>	100
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	100
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	100
<i>glipizide-metformin hcl tab 5-500 mg</i>	100
<i>glycopyrrolate tab 1 mg</i>	119
<i>glycopyrrolate tab 2 mg</i>	119
<i>glydo</i>	149
<i>GLYXAMBI TAB 10-5 MG</i>	100
<i>GLYXAMBI TAB 25-5 MG</i>	100
<i>GOMEKLI CAP 1MG</i>	44
<i>GOMEKLI CAP 2MG</i>	44
<i>GOMEKLI TAB 1MG</i>	45
<i>granisetron hcl inj 1 mg/ml</i>	117
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	117
<i>granisetron hcl tab 1 mg</i>	117
<i>griseofulvin microsize susp 125 mg/5ml</i>	26
<i>griseofulvin microsize tab 500 mg</i>	26
<i>griseofulvin ultramicrosize tab 125 mg</i>	26
<i>griseofulvin ultramicrosize tab 250 mg</i>	26
<i>guanfacine hcl tab 1 mg</i>	67
<i>guanfacine hcl tab 2 mg</i>	67
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	93
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	93
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	93
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	93
H	
<i>HADLIMA INJ 40/0.4ML</i>	127
<i>HADLIMA INJ 40/0.8ML</i>	127
<i>HADLIMA PUSH INJ 40/0.4ML</i>	127
<i>HADLIMA PUSH INJ 40/0.8ML</i>	127

HAEGARDA INJ 2000UNIT	125	HUMALOG MIX SUS 75/25	103
HAEGARDA INJ 3000UNIT	125	HUMALOG TMPO INJ 100/ML	103
<i>hailey 1.5/30</i>	107	HUMIRA INJ 10/0.1ML	127
<i>hailey 24 fe</i>	107	HUMIRA INJ 20/0.2ML	127
<i>halobetasol propionate cream 0.05%</i>	149	HUMIRA INJ 40/0.4ML	127
<i>halobetasol propionate oint 0.05%</i> .	149	HUMIRA KIT 40MG/0.8	127
<i>haloette</i>	107	HUMIRA PEN INJ 40/0.4ML	127
<i>haloperidol decanoate im soln 100</i> <i>mg/ml</i>	80	HUMIRA PEN INJ 40MG/0.8	127
<i>haloperidol decanoate im soln 50</i> <i>mg/ml</i>	80	HUMIRA PEN INJ 80/0.8ML	127
<i>haloperidol lactate inj 5 mg/ml</i>	80	HUMIRA PEN KIT CD/UC/HS	127
<i>haloperidol lactate oral conc 2 mg/ml</i>	80	HUMIRA PEN KIT PS/UV	127
<i>haloperidol tab 0.5 mg</i>	80	HUMULIN INJ 70/30	103
<i>haloperidol tab 1 mg</i>	80	HUMULIN INJ 70/30KWP	103
<i>haloperidol tab 10 mg</i>	80	HUMULIN N INJ U-100	103
<i>haloperidol tab 2 mg</i>	80	HUMULIN N INJ U-100KWP	103
<i>haloperidol tab 20 mg</i>	80	HUMULIN R INJ U-100	103
<i>haloperidol tab 5 mg</i>	80	HUMULIN R INJ U-500	103
HAVRIX INJ 1440UNIT	132	<i>hydralazine hcl inj 20 mg/ml</i>	67
HAVRIX INJ 720UNIT	132	<i>hydralazine hcl tab 10 mg</i>	67
<i>heather</i>	107	<i>hydralazine hcl tab 100 mg</i>	67
HEP SOD/NACL INJ 25000UNT	124	<i>hydralazine hcl tab 25 mg</i>	67
<i>heparin sodium (porcine) inj 1000</i> <i>unit/ml</i>	124	<i>hydralazine hcl tab 50 mg</i>	67
<i>heparin sodium (porcine) inj 10000</i> <i>unit/ml</i>	124	<i>hydrochlorothiazide cap 12.5 mg</i>	65
<i>heparin sodium (porcine) inj 20000</i> <i>unit/ml</i>	124	<i>hydrochlorothiazide tab 12.5 mg</i>	65
<i>heparin sodium (porcine) inj 5000</i> <i>unit/ml</i>	124	<i>hydrochlorothiazide tab 25 mg</i>	65
<i>heparin sodium (porcine) pf inj 1000</i> <i>unit/ml</i>	124	<i>hydrochlorothiazide tab 50 mg</i>	65
HEPLISAV-B INJ 20/0.5ML	132	<i>hydrocodone bitartrate tab er 24hr</i> <i>deter 100 mg</i>	20
HERCEP HYLEC SOL 60-10000	45	<i>hydrocodone bitartrate tab er 24hr</i> <i>deter 120 mg</i>	20
HERCEPTIN INJ 150MG	45	<i>hydrocodone bitartrate tab er 24hr</i> <i>deter 20 mg</i>	20
HERNEXEOS TAB 60MG	45	<i>hydrocodone bitartrate tab er 24hr</i> <i>deter 30 mg</i>	20
HERZUMA INJ 150MG	45	<i>hydrocodone bitartrate tab er 24hr</i> <i>deter 40 mg</i>	20
HERZUMA INJ 420MG	45	<i>hydrocodone bitartrate tab er 24hr</i> <i>deter 60 mg</i>	20
HIBERIX SOL 10MCG	132	<i>hydrocodone bitartrate tab er 24hr</i> <i>deter 80 mg</i>	20
HUMALOG INJ 100/ML	103	<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	21
HUMALOG JR INJ 100/ML	103	<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i>	21
HUMALOG KWIK INJ 100/ML	103	<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	21
HUMALOG KWIK INJ 200/ML	103		
HUMALOG MIX INJ 50/50KWP	103		
HUMALOG MIX INJ 75/25KWP	103		

<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	21	<i>IBTROZI CAP 200MG</i>	45
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	21	<i>ibu</i>	19
<i>hydrocortisone cream 1%</i>	149	<i>ibuprofen susp 100 mg/5ml</i>	19
<i>hydrocortisone cream 2.5%</i>	149	<i>ibuprofen tab 400 mg</i>	19
<i>hydrocortisone enema 100 mg/60ml</i>	119	<i>ibuprofen tab 600 mg</i>	19
<i>hydrocortisone lotion 2.5%</i>	149	<i>ibuprofen tab 800 mg</i>	19
<i>hydrocortisone oint 1%</i>	149	<i>icatibant acetate subcutaneous soln</i>	
<i>hydrocortisone oint 2.5%</i>	149	<i>pref syr 30 mg/3ml</i>	125
<i>hydrocortisone perianal cream 1%</i> .	150	<i>iclevia</i>	107
<i>hydrocortisone perianal cream 2.5%</i>	150	<i>ICLUSIG TAB 10MG</i>	45
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	112	<i>ICLUSIG TAB 15MG</i>	45
<i>hydrocortisone tab 10 mg</i>	112	<i>ICLUSIG TAB 30MG</i>	45
<i>hydrocortisone tab 20 mg</i>	112	<i>ICLUSIG TAB 45MG</i>	45
<i>hydrocortisone tab 5 mg</i>	112	<i>IDHIFA TAB 100MG</i>	45
<i>hydrocortisone valerate cream 0.2%</i>	149	<i>IDHIFA TAB 50MG</i>	45
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	139	<i>imatinib mesylate tab 100 mg (base equivalent)</i>	45
<i>hydromorphone hcl liqd 1 mg/ml</i>	21	<i>imatinib mesylate tab 400 mg (base equivalent)</i>	45
<i>hydromorphone hcl tab 2 mg</i>	21	<i>IMBRUVICA CAP 140MG</i>	45
<i>hydromorphone hcl tab 4 mg</i>	21	<i>IMBRUVICA CAP 70MG</i>	45
<i>hydromorphone hcl tab 8 mg</i>	21	<i>IMBRUVICA SUS 70MG/ML</i>	46
<i>hydroxychloroquine sulfate tab 200 mg</i>	129	<i>IMBRUVICA TAB 140MG</i>	46
<i>hydroxyurea cap 500 mg</i>	40	<i>IMBRUVICA TAB 280MG</i>	46
<i>hydroxyzine hcl im soln 25 mg/ml</i> ..	140	<i>IMBRUVICA TAB 420MG</i>	46
<i>hydroxyzine hcl im soln 50 mg/ml</i> ..	140	<i>imipenem-cilastatin intravenous for soln 250 mg</i>	23
<i>hydroxyzine hcl syrup 10 mg/5ml</i> ...	140	<i>imipenem-cilastatin intravenous for soln 500 mg</i>	23
<i>hydroxyzine hcl tab 10 mg</i>	140	<i>imipramine hcl tab 10 mg</i>	74
<i>hydroxyzine hcl tab 25 mg</i>	140	<i>imipramine hcl tab 25 mg</i>	74
<i>hydroxyzine hcl tab 50 mg</i>	140	<i>imipramine hcl tab 50 mg</i>	74
<i>hydroxyzine pamoate cap 25 mg</i> ...	140	<i>imiquimod cream 5%</i>	150
<i>hydroxyzine pamoate cap 50 mg</i> ...	140	<i>IMKELDI SOL 80MG/ML</i>	46
I		<i>IMOVAX RABIE INJ 2.5/ML</i>	132
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	105	<i>IMPAVIDO CAP 50MG</i>	23
<i>IBRANCE CAP 100MG</i>	45	<i>INBRIJA CAP 42MG</i>	77
<i>IBRANCE CAP 125MG</i>	45	<i>incassia</i>	107
<i>IBRANCE CAP 75MG</i>	45	<i>INCRELEX INJ 40MG/4ML</i>	114
<i>IBRANCE TAB 100MG</i>	45	<i>INCRUSE ELPT INH 62.5MCG</i>	139
<i>IBRANCE TAB 125MG</i>	45	<i>indapamide tab 1.25 mg</i>	65
<i>IBRANCE TAB 75MG</i>	45	<i>indapamide tab 2.5 mg</i>	65
		<i>INFANRIX INJ</i>	132
		<i>INFLIXIMAB INJ 100MG</i>	127
		<i>INLYTA TAB 1MG</i>	46
		<i>INLYTA TAB 5MG</i>	46
		<i>INQOVI TAB 35-100MG</i>	37

INREBIC CAP 100MG	46	<i>irinotecan hcl inj 500 mg/25ml (20</i>	
INSULIN GLAR INJ 300/ML	103	<i>mg/ml)</i>	40
INSULIN LISP INJ 100/ML	103	ISENTRESS CHW 100MG	27
INSULIN LISP INJ JUNIOR	103	ISENTRESS CHW 25MG	27
INSULIN LISP INJ PROTAMIN	103	ISENTRESS HD TAB 600MG	27
INSULIN PEN NEEDLES: EMBECTA-BD		ISENTRESS POW 100MG	27
.....	103	ISENTRESS TAB 400MG	27
INSULIN SAFETY NEEDLES: EMBECTA-		<i>isibloom</i>	107
BD	103	ISOLYTE-P INJ /D5W	133
INSULIN SYRINGES: EMBECTA-BD	103	ISOLYTE-S INJ PH 7.4	133
INTELENCE TAB 25MG	27	<i>isoniazid syrup 50 mg/5ml</i>	29
INTRALIPID INJ 20%	136	<i>isoniazid tab 100 mg</i>	29
INTRALIPID INJ 30%	136	<i>isoniazid tab 300 mg</i>	29
<i>introvale</i>	107	<i>isosorbide dinitrate tab 10 mg</i>	67
INVEGA HAFYE INJ 1092MG	80	<i>isosorbide dinitrate tab 20 mg</i>	67
INVEGA HAFYE INJ 1560MG	80	<i>isosorbide dinitrate tab 30 mg</i>	67
INVEGA SUST INJ 117/0.75	80	<i>isosorbide dinitrate tab 5 mg</i>	67
INVEGA SUST INJ 156MG/ML	80	<i>isosorbide mononitrate tab er 24hr 120</i>	
INVEGA SUST INJ 234/1.5	80	<i>mg</i>	67
INVEGA SUST INJ 39/0.25	80	<i>isosorbide mononitrate tab er 24hr 30</i>	
INVEGA SUST INJ 78/0.5ML	80	<i>mg</i>	67
INVEGA TRINZ INJ 273MG	80	<i>isosorbide mononitrate tab er 24hr 60</i>	
INVEGA TRINZ INJ 410MG	80	<i>mg</i>	67
INVEGA TRINZ INJ 546MG	80	<i>isotretinoin cap 10 mg</i>	146
INVEGA TRINZ INJ 819MG	80	<i>isotretinoin cap 20 mg</i>	146
IPOL INJ INACTIVE	132	<i>isotretinoin cap 30 mg</i>	146
<i>ipratropium bromide inhal soln 0.02%</i>		<i>isotretinoin cap 40 mg</i>	146
.....	139	<i>isradipine cap 2.5 mg</i>	64
<i>ipratropium bromide nasal soln 0.03%</i>		<i>isradipine cap 5 mg</i>	64
<i>(21 mcg/spray)</i>	139	ITOVEBI TAB 3MG	46
<i>ipratropium bromide nasal soln 0.06%</i>		ITOVEBI TAB 9MG	46
<i>(42 mcg/spray)</i>	139	<i>itraconazole cap 100 mg</i>	26
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>ivabradine hcl tab 5 mg (base equiv)</i>	67
<i>2.5(3) mg/3ml</i>	139	<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	67
<i>irbesartan tab 150 mg</i>	58	<i>ivermectin tab 3 mg</i>	23
<i>irbesartan tab 300 mg</i>	59	<i>ivermectin tab 6 mg</i>	23
<i>irbesartan tab 75 mg</i>	58	IWILFIN TAB 192MG	40
<i>irbesartan-hydrochlorothiazide tab</i>		IXIARO INJ	132
<i>150-12.5 mg</i>	57	J	
<i>irbesartan-hydrochlorothiazide tab</i>		<i>jaimiess tab</i>	107
<i>300-12.5 mg</i>	57	JAKAFI TAB 10MG	46
<i>irinotecan hcl inj 100 mg/5ml (20</i>		JAKAFI TAB 15MG	46
<i>mg/ml)</i>	40	JAKAFI TAB 20MG	46
<i>irinotecan hcl inj 300 mg/15ml (20</i>		JAKAFI TAB 25MG	46
<i>mg/ml)</i>	40	JAKAFI TAB 5MG	46
<i>irinotecan hcl inj 40 mg/2ml (20</i>		<i>jantoven</i>	124
<i>mg/ml)</i>	40		

JANUMET TAB 50-1000	100
JANUMET TAB 50-500MG.....	100
JANUMET XR TAB 100-1000.....	100
JANUMET XR TAB 50-1000	100
JANUMET XR TAB 50-500MG.....	100
JANUVIA TAB 100MG	100
JANUVIA TAB 25MG.....	100
JANUVIA TAB 50MG.....	100
JARDIANCE TAB 10MG	100
JARDIANCE TAB 25MG	100
<i>jasmiel</i>	107
<i>javygtor</i>	114
JAYPIRCA TAB 100MG.....	46
JAYPIRCA TAB 50MG.....	46
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JENTADUETO TAB 2.5-500.....	101
JENTADUETO TAB 2.5-850.....	101
JENTADUETO TAB XR 2.5-1000MG .	101
JENTADUETO TAB XR 5-1000MG ...	101
<i>jinteli</i>	111
<i>jolessa</i>	107
<i>juleber</i>	107
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<i>junel 1/20</i>	107
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<i>junel fe 1/20</i>	107
<i>junel fe 24</i>	107
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KALYDECO PAK 25MG	142
KALYDECO PAK 50MG	142
KALYDECO PAK 75MG	142
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KANJINTI SOL 150MG	46
<i>kariva</i>	107
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	133

<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	134
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	134
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	134
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	134
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	134
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	134
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	134
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	134
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	134
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	134
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KERENDIA TAB 10MG	56
KERENDIA TAB 20MG	56
KERENDIA TAB 40MG	56
KESIMPTA INJ 20/.4ML	97
<i>ketoconazole cream 2%</i>	147
<i>ketoconazole shampoo 2%</i>	147
<i>ketoconazole tab 200 mg</i>	26
<i>ketorolac tromethamine ophth soln 0.4%</i>	137
<i>ketorolac tromethamine ophth soln 0.5%</i>	137
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<i>klor-con 8</i>	135
<i>klor-con m10</i>	135

<i>klor-con m15</i>	135
<i>klor-con m20</i>	135
KLOXXADO SPR 8MG	99
KOSELUGO CAP 10MG	47
KOSELUGO CAP 25MG	47
<i>kourzeq</i>	151
KRAZATI TAB 200MG	47
<i>kurvelo</i>	107

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<i>labetalol hcl tab 100 mg</i>	62
<i>labetalol hcl tab 200 mg</i>	62
<i>labetalol hcl tab 300 mg</i>	62
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	87
<i>lacosamide oral</i>	87
<i>lacosamide tab 100 mg</i>	87
<i>lacosamide tab 150 mg</i>	87
<i>lacosamide tab 200 mg</i>	87
<i>lacosamide tab 50 mg</i>	87
<i>lactated ringer's solution</i>	134
<i>lactic acid (ammonium lactate) cream 12%</i>	150
<i>lactic acid (ammonium lactate) lotion 12%</i>	150
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	120
<i>lactulose solution 10 gm/15ml</i>	120
<i>lamivudine oral soln 10 mg/ml</i>	27
<i>lamivudine tab 100 mg (hbv)</i>	30
<i>lamivudine tab 150 mg</i>	27
<i>lamivudine tab 300 mg</i>	27
<i>lamivudine-zidovudine tab 150-300 mg</i>	29
<i>lamotrigine tab 100 mg</i>	87
<i>lamotrigine tab 150 mg</i>	87
<i>lamotrigine tab 200 mg</i>	87
<i>lamotrigine tab 25 mg</i>	87
<i>lamotrigine tab chewable dispersible 25 mg</i>	87
<i>lamotrigine tab chewable dispersible 5 mg</i>	87
<i>lamotrigine tab er 24hr 100 mg</i>	87
<i>lamotrigine tab er 24hr 200 mg</i>	87
<i>lamotrigine tab er 24hr 25 mg</i>	87
<i>lamotrigine tab er 24hr 250 mg</i>	87
<i>lamotrigine tab er 24hr 300 mg</i>	87
<i>lamotrigine tab er 24hr 50 mg</i>	87

<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	114
<i>lansoprazole cap delayed release 15 mg</i>	122
<i>lansoprazole cap delayed release 30 mg</i>	122
LANTUS INJ 100/ML	103
LANTUS SOLOS INJ 100/ML	103
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	47
<i>larin 1.5/30</i>	107
<i>larin 1/20</i>	107
<i>larin 24 fe</i>	107
<i>larin fe 1.5/30</i>	107
<i>larin fe 1/20</i>	107
<i>latanoprost ophth soln 0.005%</i>	138
LAZCLUZE TAB 240MG	47
LAZCLUZE TAB 80MG	47
<i>leflunomide tab 10 mg</i>	129
<i>leflunomide tab 20 mg</i>	129
<i>lenalidomide cap 10 mg</i>	39
<i>lenalidomide cap 15 mg</i>	39
<i>lenalidomide cap 20 mg</i>	39
<i>lenalidomide cap 25 mg</i>	39
<i>lenalidomide cap 5 mg</i>	39
<i>lenalidomide caps 2.5 mg</i>	39
LENVIMA CAP 10 MG	47
LENVIMA CAP 12MG	47
LENVIMA CAP 14 MG	47
LENVIMA CAP 18 MG	47
LENVIMA CAP 20 MG	47
LENVIMA CAP 24 MG	47
LENVIMA CAP 4MG	47
LENVIMA CAP 8 MG	47
<i>lessina</i>	107
<i>letrozole tab 2.5 mg</i>	38
<i>leucovorin calcium for inj 100 mg</i>	40
<i>leucovorin calcium for inj 200 mg</i>	40
<i>leucovorin calcium for inj 350 mg</i>	40
<i>leucovorin calcium for inj 50 mg</i>	40
<i>leucovorin calcium for inj 500 mg</i>	40
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	40
<i>leucovorin calcium tab 10 mg</i>	40
<i>leucovorin calcium tab 15 mg</i>	40
<i>leucovorin calcium tab 25 mg</i>	40
<i>leucovorin calcium tab 5 mg</i>	40

LEUKERAN TAB 2MG	36	levofloxacin tab 750 mg	33
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	38	levonest.....	107
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	141	levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg	107
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	141	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	108
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levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....	141	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg ...	108
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levetiracetam in sodium chloride iv soln 1000 mg/100ml	87	levora 0.15/30-28	108
levetiracetam in sodium chloride iv soln 1500 mg/100ml	87	levo-t	116
levetiracetam in sodium chloride iv soln 500 mg/100ml	87	levothyroxine sodium tab 100 mcg .	116
levetiracetam inj 500 mg/5ml (100 mg/ml)	87	levothyroxine sodium tab 112 mcg .	116
levetiracetam oral soln 100 mg/ml ...	87	levothyroxine sodium tab 125 mcg .	116
levetiracetam tab 1000 mg.....	88	levothyroxine sodium tab 137 mcg .	116
levetiracetam tab 250 mg.....	87	levothyroxine sodium tab 150 mcg .	116
levetiracetam tab 500 mg.....	87	levothyroxine sodium tab 175 mcg .	116
levetiracetam tab 750 mg.....	88	levothyroxine sodium tab 200 mcg .	116
levetiracetam tab er 24hr 500 mg ...	88	levothyroxine sodium tab 25 mcg...	116
levetiracetam tab er 24hr 750 mg ...	88	levothyroxine sodium tab 300 mcg .	116
levobunolol hcl ophth soln 0.5%.....	138	levothyroxine sodium tab 50 mcg...	116
levocarnitine oral soln 1 gm/10ml (10%).....	114	levothyroxine sodium tab 75 mcg...	116
levocarnitine tab 330 mg.....	114	levothyroxine sodium tab 88 mcg...	116
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml).....	140	levoxyl.....	116
levocetirizine dihydrochloride tab 5 mg	141	l-glutamine (sickle cell)	125
levofloxacin in d5w iv soln 250 mg/50ml	33	lidocaine hcl local inj 0.5%	18
levofloxacin in d5w iv soln 500 mg/100ml	33	lidocaine hcl local inj 1%.....	18
levofloxacin in d5w iv soln 750 mg/150ml	33	lidocaine hcl local inj 2%.....	18
levofloxacin iv soln 25 mg/ml.....	33	lidocaine hcl local preservative free (pf) inj 0.5%.....	18
levofloxacin oral soln 25 mg/ml.....	33	lidocaine hcl local preservative free (pf) inj 1%.....	18
levofloxacin tab 250 mg	33	lidocaine hcl local preservative free (pf) inj 1.5%.....	18
levofloxacin tab 500 mg	33	lidocaine hcl soln 4%	149
		lidocaine hcl viscous soln 2%.....	151
		lidocaine oint 5%	149
		lidocaine patch 5%	149
		lidocaine-prilocaine cream 2.5-2.5%	149
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LILETTA IUD 52MG	108	<i>lorazepam intensol</i>	70
<i>linezolid for susp 100 mg/5ml</i>	23	<i>lorazepam tab 0.5 mg</i>	70
LINEZOLID INJ 2MG/ML	24	<i>lorazepam tab 1 mg</i>	70
<i>linezolid iv soln 600 mg/300ml (2</i>		<i>lorazepam tab 2 mg</i>	70
<i>mg/ml)</i>	24	LORBRENA TAB 100MG	47
<i>linezolid tab 600 mg</i>	24	LORBRENA TAB 25MG	47
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LINZESS CAP 72MCG	120	<i>hydrochlorothiazide tab 100-12.5 mg</i>	
<i>liothyronine sodium tab 25 mcg</i>	116		57
<i>liothyronine sodium tab 5 mcg</i>	116	<i>losartan potassium &</i>	
<i>liothyronine sodium tab 50 mcg</i>	116	<i>hydrochlorothiazide tab 100-25 mg</i>	57
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<i>12.5 mg</i>	55	<i>hydrochlorothiazide tab 50-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-</i>			57
<i>12.5 mg</i>	55	<i>losartan potassium tab 100 mg</i>	59
<i>lisinopril & hydrochlorothiazide tab 20-</i>		<i>losartan potassium tab 25 mg</i>	59
<i>25 mg</i>	55	<i>losartan potassium tab 50 mg</i>	59
<i>lisinopril tab 10 mg</i>	55	LOTEMAX OIN 0.5%	137
<i>lisinopril tab 2.5 mg</i>	55	<i>lovastatin tab 10 mg</i>	60
<i>lisinopril tab 20 mg</i>	55	<i>lovastatin tab 20 mg</i>	60
<i>lisinopril tab 30 mg</i>	55	<i>lovastatin tab 40 mg</i>	60
<i>lisinopril tab 40 mg</i>	56	<i>low-ogestrel</i>	108
<i>lisinopril tab 5 mg</i>	55	<i>loxapine succinate cap 10 mg</i>	80
<i>lithium carbonate cap 150 mg</i>	96	<i>loxapine succinate cap 25 mg</i>	80
<i>lithium carbonate cap 300 mg</i>	96	<i>loxapine succinate cap 5 mg</i>	80
<i>lithium carbonate cap 600 mg</i>	96	<i>loxapine succinate cap 50 mg</i>	80
<i>lithium carbonate tab 300 mg</i>	96	LUMAKRAS TAB 120MG	47
<i>lithium carbonate tab er 300 mg</i>	96	LUMAKRAS TAB 240MG	48
<i>lithium carbonate tab er 450 mg</i>	96	LUMAKRAS TAB 320MG	48
<i>lithium oral solution 8 meq/5ml</i>	96	LUMIGAN SOL 0.01% OP	138
LIVTENCITY TAB 200MG	30	LUMIZYME INJ 50MG	114
<i>loestrin 1.5/30-21</i>	108	LUPR DEP-PED INJ 11.25MG	114
<i>loestrin 1/20-21</i>	108	LUPR DEP-PED INJ 15MG	114
<i>loestrin fe 1.5/30</i>	108	LUPR DEP-PED INJ 3M 30MG	114
<i>loestrin fe 1/20</i>	108	LUPR DEP-PED INJ 7.5MG	114
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<i>loperamide hcl cap 2 mg</i>	121	<i>lurasidone hcl tab 40 mg</i>	80
<i>lopinavir-ritonavir tab 100-25 mg</i>	29	<i>lurasidone hcl tab 60 mg</i>	80
<i>lopinavir-ritonavir tab 200-50 mg</i>	29	<i>lurasidone hcl tab 80 mg</i>	80
<i>lorazepam conc 2 mg/ml</i>	70	<i>lutura</i>	108
<i>lorazepam inj 2 mg/ml</i>	70	LYBALVI TAB 10-10MG	80
<i>lorazepam inj 4 mg/ml</i>	70	LYBALVI TAB 15-10MG	80

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<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i>	134
<i>magnesium sulfate inj 50%</i>	134
<i>magnesium sulfate iv soln 2 gm/50ml</i> <i>(40 mg/ml)</i>	134
<i>magnesium sulfate iv soln 20</i> <i>gm/500ml (40 mg/ml)</i>	134
<i>magnesium sulfate iv soln 4 gm/100ml</i> <i>(40 mg/ml)</i>	134
<i>magnesium sulfate iv soln 4 gm/50ml</i> <i>(80 mg/ml)</i>	134
<i>magnesium sulfate iv soln 40</i> <i>gm/1000ml (40 mg/ml)</i>	134
<i>malathion lotion 0.5%</i>	150
<i>maraviroc tab 150 mg</i>	27
<i>maraviroc tab 300 mg</i>	27
<i>marlissa</i>	108
MARPLAN TAB 10MG	74
MATULANE CAP 50MG	40
MAVYRET PAK 50-20MG	30
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<i>meclizine hcl tab 12.5 mg</i>	117
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<i>medroxyprogesterone acetate im susp</i> <i>150 mg/ml</i>	108
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<i>medroxyprogesterone acetate tab 10</i> <i>mg</i>	116
<i>medroxyprogesterone acetate tab 2.5</i> <i>mg</i>	116
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<i>meloxicam tab 7.5 mg</i>	19
<i>memantine hcl cap er 24hr 14 mg</i>	70
<i>memantine hcl cap er 24hr 21 mg</i>	70
<i>memantine hcl cap er 24hr 28 mg</i>	70
<i>memantine hcl cap er 24hr 7 mg</i>	70
<i>memantine hcl oral solution 2 mg/ml</i>	70
<i>memantine hcl tab 10 mg</i>	70
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<i>metronidazole gel 0.75%</i>	150	<i>moexipril hcl tab 7.5 mg</i>	56
<i>metronidazole iv soln 500 mg/100ml</i>	24	<i>molindone hcl tab 10 mg</i>	81
<i>metronidazole lotion 0.75%</i>	150	<i>molindone hcl tab 25 mg</i>	81
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<i>mg</i>	74	<i>morphine sulfate tab er 200 mg</i>	20
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<i>omeprazole cap delayed release 40 mg</i>	122	ORKAMBI GRA 75-94MG	143
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<i>ondansetron hcl inj 4 mg/2ml (2</i> <i>mg/ml)</i>	118	<i>oseltamivir phosphate cap 45 mg (base</i> <i>equiv)</i>	30
<i>ondansetron hcl inj 40 mg/20ml (2</i> <i>mg/ml)</i>	118	<i>oseltamivir phosphate cap 75 mg (base</i> <i>equiv)</i>	30
<i>ondansetron hcl inj soln pref syr 4</i> <i>mg/2ml</i>	118	<i>oseltamivir phosphate for susp 6</i> <i>mg/ml (base equiv)</i>	30
<i>ondansetron hcl oral soln 4 mg/5ml</i>	118	<i>oxacillin sodium for inj 1 gm (base</i> <i>equivalent)</i>	34
<i>ondansetron hcl tab 4 mg</i>	118	<i>oxacillin sodium for inj 2 gm (base</i> <i>equivalent)</i>	34
<i>ondansetron hcl tab 8 mg</i>	118	<i>oxacillin sodium for iv soln 10 gm</i> <i>(base equivalent)</i>	34
<i>ondansetron orally disintegrating tab 4</i> <i>mg</i>	118	<i>oxaliplatin for iv inj 100 mg</i>	36
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		<i>oxaliplatin iv soln 200 mg/40ml</i>	36
		<i>oxaliplatin iv soln 50 mg/10ml</i>	36
		<i>oxcarbazepine susp 300 mg/5ml (60</i> <i>mg/ml)</i>	88
		<i>oxcarbazepine tab 150 mg</i>	88
		<i>oxcarbazepine tab 300 mg</i>	88
		<i>oxcarbazepine tab 600 mg</i>	88
		<i>oxybutynin chloride solution 5 mg/5ml</i>	123
		<i>oxybutynin chloride tab 5 mg</i>	123
		<i>oxybutynin chloride tab er 24hr 10 mg</i>	123
		<i>oxybutynin chloride tab er 24hr 15 mg</i>	123

<i>oxybutynin chloride tab er 24hr 5 mg</i>	123
<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>	20
<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 0.5MG/DOSE)</i>	101
<i>OZEMPIC (1MG/DOSE)</i>	101
<i>OZEMPIC (2MG/DOSE)</i>	101
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<i>pacerone</i>	59
<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>	81
<i>paliperidone tab er 24hr 3 mg</i>	81
<i>paliperidone tab er 24hr 6 mg</i>	81
<i>paliperidone tab er 24hr 9 mg</i>	81
<i>pamidronate disodium iv soln 3 mg/ml</i>	105
<i>pamidronate disodium iv soln 9 mg/ml</i>	105

<i>PAMIDRONATE INJ 6MG/ML</i>	105
<i>PANRETIN GEL 0.1%</i>	150
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	122
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	122
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	122
<i>PANZYGA SOL 10/100ML</i>	130
<i>PANZYGA SOL 1GM/10ML</i>	130
<i>PANZYGA SOL 2.5/25ML</i>	130
<i>PANZYGA SOL 20/200ML</i>	130
<i>PANZYGA SOL 30/300ML</i>	130
<i>PANZYGA SOL 5GM/50ML</i>	130
<i>paricalcitol cap 1 mcg</i>	117
<i>paricalcitol cap 2 mcg</i>	117
<i>paricalcitol cap 4 mcg</i>	117
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	74
<i>paroxetine hcl tab 10 mg</i>	74
<i>paroxetine hcl tab 20 mg</i>	75
<i>paroxetine hcl tab 30 mg</i>	75
<i>paroxetine hcl tab 40 mg</i>	75
<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>	132
<i>PEDVAX HIB INJ</i>	132
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	120
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	120
<i>PEGASYS INJ</i>	30
<i>PEGASYS INJ 180MCG/M</i>	30
<i>PEMAZYRE TAB 13.5MG</i>	49
<i>PEMAZYRE TAB 4.5MG</i>	49
<i>PEMAZYRE TAB 9MG</i>	49
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	37
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	38
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	38
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	38

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penicillamine tab 250 mg	105	phenytoin chew tab 50 mg	89
penicillin g potassium for inj 20000000 unit	34	phenytoin sodium extended cap 100 mg	89
penicillin g potassium for inj 5000000 unit	34	phenytoin sodium extended cap 200 mg	89
penicillin g sodium for inj 5000000 unit	35	phenytoin sodium extended cap 300 mg	89
penicillin v potassium for soln 125 mg/5ml	35	phenytoin sodium inj 50 mg/ml.....	89
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penicillin v potassium tab 250 mg	35	PHESGO SOL	49
penicillin v potassium tab 500 mg	35	philith	109
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pentamidine isethionate inj.....	24	pilocarpine hcl ophth soln 4%	138
pentoxifylline tab er 400 mg	125	pilocarpine hcl tab 5 mg.....	151
perampanel tab 10 mg	88	pilocarpine hcl tab 7.5 mg	151
perampanel tab 12 mg	88	pimecrolimus cream 1%.....	150
perampanel tab 2 mg.....	88	pimozide tab 1 mg	81
perampanel tab 4 mg.....	88	pimozide tab 2 mg	81
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perindopril erbumine tab 2 mg	56	pindolol tab 5 mg	63
perindopril erbumine tab 4 mg	56	pioglitazone hcl tab 15 mg (base equiv)	101
perindopril erbumine tab 8 mg	56	pioglitazone hcl tab 30 mg (base equiv)	101
periogard	151	pioglitazone hcl tab 45 mg (base equiv)	101
permethrin cream 5%.....	150	pioglitazone hcl-metformin hcl tab 15- 500 mg	101
perphenazine tab 16 mg	81	pioglitazone hcl-metformin hcl tab 15- 850 mg	101
perphenazine tab 2 mg	81	piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	35
perphenazine tab 4 mg	81	piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	35
perphenazine tab 8 mg	81	piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	35
pfizerpen	35	piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	35
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phenobarbital tab 60 mg	89		
phenobarbital tab 64.8 mg	89		
phenobarbital tab 97.2 mg	89		

<i>pirfenidone cap 267 mg</i>	143
<i>pirfenidone tab 267 mg</i>	143
<i>pirfenidone tab 534 mg</i>	143
<i>pirfenidone tab 801 mg</i>	143
<i>piroxicam cap 10 mg</i>	19
<i>piroxicam cap 20 mg</i>	19
<i>plenamine</i>	136
<i>PLENVU SOL</i>	120
<i>podofilox soln 0.5%</i>	150
<i>polycin ophth oint</i>	137
<i>polymyxin b sulfate for inj 500000 unit</i>	24
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	137
<i>POMALYST CAP 1MG</i>	39
<i>POMALYST CAP 2MG</i>	39
<i>POMALYST CAP 3MG</i>	39
<i>POMALYST CAP 4MG</i>	40
<i>portia-28</i>	109
<i>posaconazole tab delayed release 100</i> <i>mg</i>	26
<i>POT CHL 20MEQ/L IN NACL 0.45% INJ</i>	134
<i>POT CHL 20MEQ/L IN NACL 0.9% INJ</i>	134
<i>POT CHL 40MEQ/L IN NACL 0.9% INJ</i>	134
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<i>potassium chloride cap er 10 meq</i> ..	135
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<i>potassium chloride inj 20 meq/100ml</i>	135
<i>potassium chloride inj 20 meq/50ml</i>	135
<i>potassium chloride inj 40 meq/100ml</i>	135
<i>potassium chloride microencapsulated</i> <i>crys er tab 10 meq</i>	135
<i>potassium chloride microencapsulated</i> <i>crys er tab 15 meq</i>	135
<i>potassium chloride microencapsulated</i> <i>crys er tab 20 meq</i>	135
<i>potassium chloride oral soln 10% (20</i> <i>meq/15ml)</i>	135
<i>potassium chloride oral soln 20% (40</i> <i>meq/15ml)</i>	135
<i>potassium chloride powder packet 20</i> <i>meq</i>	135
<i>potassium chloride tab er 10 meq</i> ..	135
<i>potassium chloride tab er 20 meq</i> <i>(1500 mg)</i>	135
<i>potassium chloride tab er 8 meq (600</i> <i>mg)</i>	135
<i>potassium citrate tab er 10 meq (1080</i> <i>mg)</i>	122
<i>potassium citrate tab er 15 meq (1620</i> <i>mg)</i>	122
<i>potassium citrate tab er 5 meq (540</i> <i>mg)</i>	122
<i>pramipexole dihydrochloride tab 0.125</i> <i>mg</i>	77
<i>pramipexole dihydrochloride tab 0.25</i> <i>mg</i>	77
<i>pramipexole dihydrochloride tab 0.5</i> <i>mg</i>	77
<i>pramipexole dihydrochloride tab 0.75</i> <i>mg</i>	77
<i>pramipexole dihydrochloride tab 1 mg</i>	77
<i>pramipexole dihydrochloride tab 1.5</i> <i>mg</i>	77
<i>prasugrel hcl tab 10 mg (base equiv)</i>	126
<i>prasugrel hcl tab 5 mg (base equiv)</i>	126
<i>pravastatin sodium tab 10 mg</i>	60
<i>pravastatin sodium tab 20 mg</i>	60
<i>pravastatin sodium tab 40 mg</i>	60
<i>pravastatin sodium tab 80 mg</i>	60
<i>praziquantel tab 600 mg</i>	24
<i>prazosin hcl cap 1 mg</i>	56
<i>prazosin hcl cap 2 mg</i>	56
<i>prazosin hcl cap 5 mg</i>	56
<i>PRED SOD PHO SOL 1% OP</i>	137
<i>prednisolone acetate ophth susp 1%</i>	137
<i>prednisolone sod phosphate oral soln</i> <i>15 mg/5ml (base equiv)</i>	112

<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	112	<i>primidone tab 50 mg</i>	90
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	112	PRIORIX INJ	133
<i>prednisolone soln 15 mg/5ml</i>	112	PRIVIGEN INJ 10GRAMS	131
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<i>prednisone oral soln 5 mg/5ml</i>	113	PRIVIGEN INJ 40GRAMS	131
<i>prednisone tab 1 mg</i>	113	PRIVIGEN INJ 5 GRAMS	131
<i>prednisone tab 10 mg</i>	113	<i>probenecid tab 500 mg</i>	18
<i>prednisone tab 2.5 mg</i>	113	<i>prochlorperazine edisylate inj 10 mg/2ml</i>	118
<i>prednisone tab 20 mg</i>	113	<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	118
<i>prednisone tab 5 mg</i>	113	<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	118
<i>prednisone tab 50 mg</i>	113	<i>prochlorperazine suppos 25 mg</i>	118
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<i>prednisone tab therapy pack 5 mg (21)</i>	113	PROCRT INJ 20000/ML.....	125
<i>prednisone tab therapy pack 5 mg (48)</i>	113	PROCRT INJ 3000/ML	125
<i>pregabalin cap 100 mg</i>	89	PROCRT INJ 4000/ML	125
<i>pregabalin cap 150 mg</i>	89	PROCRT INJ 40000/ML.....	125
<i>pregabalin cap 200 mg</i>	89	<i>proctocort</i>	150
<i>pregabalin cap 225 mg</i>	89	<i>procto-med hc</i>	150
<i>pregabalin cap 25 mg</i>	89	<i>proctosol hc</i>	150
<i>pregabalin cap 300 mg</i>	90	<i>proctozone-hc</i>	150
<i>pregabalin cap 50 mg</i>	89	<i>progesterone cap 100 mg</i>	116
<i>pregabalin cap 75 mg</i>	89	<i>progesterone cap 200 mg</i>	116
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<i>prevalite</i>	61	<i>promethazine hcl inj 25 mg/ml</i>	118
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PREVYMIS TAB 480MG	30	<i>promethazine hcl oral soln 6.25 mg/5ml</i>	118
PREZCOBIX TAB 675/150	29	<i>promethazine hcl tab 12.5 mg</i>	118
PREZCOBIX TAB 800-150	29	<i>promethazine hcl tab 25 mg</i>	119
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<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	26	<i>propafenone hcl tab 150 mg</i>	59
PRIMAQUINE TAB 26.3MG	26	<i>propafenone hcl tab 225 mg</i>	59
<i>primidone tab 125 mg</i>	90	<i>propafenone hcl tab 300 mg</i>	59
<i>primidone tab 250 mg</i>	90	<i>proparacaine hcl ophth soln 0.5%</i> ..	138
		<i>propranolol hcl cap er 24hr 120 mg</i> ..	63
		<i>propranolol hcl cap er 24hr 160 mg</i> ..	63
		<i>propranolol hcl cap er 24hr 60 mg</i>	63

<i>propranolol hcl cap er 24hr 80 mg</i>	63
<i>propranolol hcl oral soln 20 mg/5ml</i> ..	63
<i>propranolol hcl oral soln 40 mg/5ml</i> ..	63
<i>propranolol hcl tab 10 mg</i>	63
<i>propranolol hcl tab 20 mg</i>	63
<i>propranolol hcl tab 40 mg</i>	63
<i>propranolol hcl tab 60 mg</i>	63
<i>propranolol hcl tab 80 mg</i>	63
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<i>protriptyline hcl tab 5 mg</i>	75
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<i>pyridostigmine bromide tab 60 mg</i> ...	97
<i>pyrimethamine tab 25 mg</i>	24
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<i>quetiapine fumarate tab 150 mg</i>	81
<i>quetiapine fumarate tab 200 mg</i>	82
<i>quetiapine fumarate tab 25 mg</i>	81
<i>quetiapine fumarate tab 300 mg</i>	82
<i>quetiapine fumarate tab 400 mg</i>	82
<i>quetiapine fumarate tab 50 mg</i>	81
<i>quetiapine fumarate tab er 24hr 150</i> <i>mg</i>	82
<i>quetiapine fumarate tab er 24hr 200</i> <i>mg</i>	82
<i>quetiapine fumarate tab er 24hr 300</i> <i>mg</i>	82
<i>quetiapine fumarate tab er 24hr 400</i> <i>mg</i>	82
<i>quetiapine fumarate tab er 24hr 50 mg</i>	82
<i>quinapril hcl tab 10 mg</i>	56
<i>quinapril hcl tab 20 mg</i>	56
<i>quinapril hcl tab 40 mg</i>	56
<i>quinapril hcl tab 5 mg</i>	56
<i>quinidine sulfate tab 200 mg</i>	60
<i>quinidine sulfate tab 300 mg</i>	60
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<i>ramelteon tab 8 mg</i>	94
<i>ramipril cap 1.25 mg</i>	56
<i>ramipril cap 10 mg</i>	56
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<i>ranolazine tab er 12hr 1000 mg</i>	67
<i>ranolazine tab er 12hr 500 mg</i>	67
<i>rasagiline mesylate tab 0.5 mg (base</i> <i>equiv)</i>	77
<i>rasagiline mesylate tab 1 mg (base</i> <i>equiv)</i>	77
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<i>repaglinide tab 2 mg</i>	101
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REXULTI TAB 4MG	82	<i>mg</i>	82
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REZDIFFRA TAB 100MG	115	<i>risperidone tab 0.25 mg</i>	82
REZDIFFRA TAB 60MG	115	<i>risperidone tab 0.5 mg</i>	82
REZDIFFRA TAB 80MG	115	<i>risperidone tab 1 mg</i>	83
REZLIDHIA CAP 150MG	50	<i>risperidone tab 2 mg</i>	83
REZUROCK TAB 200MG	132	<i>risperidone tab 3 mg</i>	83
REZVOGLAR INJ 100UT/ML	104	<i>risperidone tab 4 mg</i>	83
RHOPRESSA SOL 0.02%	138	<i>ritonavir tab 100 mg</i>	27
<i>ribavirin cap 200 mg</i>	30	<i>rivaroxaban for susp 1 mg/ml</i>	124
<i>ribavirin tab 200 mg</i>	30	<i>rivaroxaban tab 2.5 mg</i>	124
<i>rifabutin cap 150 mg</i>	29	<i>rivastigmine tartrate cap 1.5 mg (base</i>	
<i>rifampin cap 150 mg</i>	29	<i>equivalent)</i>	71
<i>rifampin cap 300 mg</i>	29	<i>rivastigmine tartrate cap 3 mg (base</i>	
<i>rifampin for inj 600 mg</i>	29	<i>equivalent)</i>	71
<i>riluzole tab 50 mg</i>	97	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
<i>rimantadine hydrochloride tab 100 mg</i>		<i>equivalent)</i>	71
<i>.....</i>	30	<i>rivastigmine tartrate cap 6 mg (base</i>	
RINVOQ LQ SOL 1MG/ML	128	<i>equivalent)</i>	71
RINVOQ TAB 15MG ER	128	<i>rivastigmine td patch 24hr 13.3</i>	
RINVOQ TAB 30MG ER	128	<i>mg/24hr</i>	71
RINVOQ TAB 45MG ER	128	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	
<i>risedronate sodium tab 150 mg</i>	105	<i>.....</i>	71
<i>risedronate sodium tab 35 mg</i>	105	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	
<i>risedronate sodium tab 5 mg</i>	105	<i>.....</i>	71
<i>risedronate sodium tab delayed release</i>		<i>rivelsa</i>	109
<i>35 mg</i>	105	<i>rizatriptan benzoate oral disintegrating</i>	
<i>risperidone microspheres for im</i>		<i>tab 10 mg (base eq)</i>	95
<i>extended rel susp 12.5 mg</i>	82	<i>rizatriptan benzoate oral disintegrating</i>	
<i>risperidone microspheres for im</i>		<i>tab 5 mg (base eq)</i>	95
<i>extended rel susp 25 mg</i>	82	<i>rizatriptan benzoate tab 10 mg (base</i>	
<i>risperidone microspheres for im</i>		<i>equivalent)</i>	95
<i>extended rel susp 37.5 mg</i>	82	<i>rizatriptan benzoate tab 5 mg (base</i>	
<i>risperidone microspheres for im</i>		<i>equivalent)</i>	95
<i>extended rel susp 50 mg</i>	82	ROCKLATAN DRO	138
<i>risperidone orally disintegrating tab</i>		<i>roflumilast tab 250 mcg</i>	143
<i>0.25 mg</i>	82	<i>roflumilast tab 500 mcg</i>	143
<i>risperidone orally disintegrating tab 0.5</i>		ROMVIMZA CAP 14MG	50
<i>mg</i>	82	ROMVIMZA CAP 20MG	50
<i>risperidone orally disintegrating tab 1</i>		ROMVIMZA CAP 30MG	50
<i>mg</i>	82	<i>ropinirole hydrochloride tab 0.25 mg</i>	77
<i>risperidone orally disintegrating tab 2</i>		<i>ropinirole hydrochloride tab 0.5 mg ..</i>	77
<i>mg</i>	82	<i>ropinirole hydrochloride tab 1 mg</i>	77
<i>risperidone orally disintegrating tab 3</i>		<i>ropinirole hydrochloride tab 2 mg</i>	77
<i>mg</i>	82	<i>ropinirole hydrochloride tab 3 mg</i>	77
		<i>ropinirole hydrochloride tab 4 mg</i>	77

<i>ropinirole hydrochloride tab 5 mg</i>	77	SEMGLEE INJ 100U/ML	104
<i>rosuvastatin calcium tab 10 mg</i>	60	SEREVENT DIS AER 50MCG	141
<i>rosuvastatin calcium tab 20 mg</i>	60	<i>sertraline hcl oral concentrate for</i>	
<i>rosuvastatin calcium tab 40 mg</i>	60	<i>solution 20 mg/ml</i>	75
<i>rosuvastatin calcium tab 5 mg</i>	60	<i>sertraline hcl tab 100 mg</i>	75
<i>rosyrah tab</i>	109	<i>sertraline hcl tab 25 mg</i>	75
ROTARIX SUS	133	<i>sertraline hcl tab 50 mg</i>	75
ROTATEQ SOL	133	<i>setlakin</i>	109
<i>roweepra</i>	90	<i>sharobel</i>	109
ROZLYTREK CAP 100MG	50	SHINGRIX INJ 50/0.5ML	133
ROZLYTREK CAP 200MG	50	SIGNIFOR INJ 0.3MG/ML	115
ROZLYTREK PAK 50MG	50	SIGNIFOR INJ 0.6MG/ML	115
RUBRACA TAB 200MG	50	SIGNIFOR INJ 0.9MG/ML	115
RUBRACA TAB 250MG	50	SIKLOS TAB 1000MG	126
RUBRACA TAB 300MG	50	SIKLOS TAB 100MG	126
<i>rufinamide susp 40 mg/ml</i>	90	<i>sildenafil citrate tab 20 mg</i>	68
<i>rufinamide tab 200 mg</i>	90	<i>silver sulfadiazine cream 1%</i>	146
<i>rufinamide tab 400 mg</i>	90	SIMBRINZA SUS 1-0.2%	138
RUKOBIA TAB 600MG ER	27	<i>simliya</i>	109
RYBELSUS TAB 14MG	102	<i>simpesse</i>	109
RYBELSUS TAB 3MG	102	<i>simvastatin tab 10 mg</i>	61
RYBELSUS TAB 7MG	102	<i>simvastatin tab 20 mg</i>	61
RYDAPT CAP 25MG	50	<i>simvastatin tab 40 mg</i>	61
S		<i>simvastatin tab 5 mg</i>	60
<i>sacubitril-valsartan tab 24-26 mg</i>	58	<i>simvastatin tab 80 mg</i>	61
<i>sacubitril-valsartan tab 49-51 mg</i>	58	<i>sirolimus oral soln 1 mg/ml</i>	132
<i>sacubitril-valsartan tab 97-103 mg</i>	58	<i>sirolimus tab 0.5 mg</i>	132
<i>sajazir</i>	125	<i>sirolimus tab 1 mg</i>	132
SANTYL OIN 250/GM	150	<i>sirolimus tab 2 mg</i>	132
<i>sapropterin dihydrochloride powder</i>		SIRTURO TAB 100MG	29
<i>packet 100 mg</i>	115	SIRTURO TAB 20MG	29
<i>sapropterin dihydrochloride powder</i>		SKYRIZI INJ 150MG/ML	128
<i>packet 500 mg</i>	115	SKYRIZI INJ 180/1.2	128
<i>sapropterin dihydrochloride tab 100 mg</i>		SKYRIZI INJ 360/2.4	128
.....	115	SKYRIZI PEN INJ 150MG/ML	128
SCEMBLIX TAB 100MG	50	SKYRIZI SOL 60MG/ML	128
SCEMBLIX TAB 20MG	50	SOD OXYBATE SOL 500MG/ML	98
SCEMBLIX TAB 40MG	50	<i>sod sulfate-pot sulf-mg sulf oral sol</i>	
<i>scopolamine td patch 72hr 1 mg/3days</i>		17.5-3.13-1.6 gm/177ml	120
.....	119	<i>sodium chloride inj 2.5 meq/ml</i>	
SECUADO DIS 3.8MG	83	(14.6%)	135
SECUADO DIS 5.7MG	83	<i>sodium chloride irrigation soln 0.9%</i>	
SECUADO DIS 7.6MG	83	.....	150
<i>selegiline hcl cap 5 mg</i>	77	<i>sodium chloride iv soln 0.45%</i>	135
<i>selegiline hcl tab 5 mg</i>	77	<i>sodium chloride iv soln 0.9%</i>	135
<i>selenium sulfide lotion 2.5%</i>	147	<i>sodium chloride iv soln 3%</i>	135
SELZENTRY SOL 20MG/ML	27	<i>sodium chloride iv soln 5%</i>	135

sodium fluoride chew; tab; 1.1 (0.5 f)	
mg/ml soln	135
<i>sodium phenylbutyrate oral powder 3</i>	
<i>gm/teaspoonful</i>	<i>115</i>
<i>sodium phenylbutyrate tab 500 mg</i>	<i>115</i>
<i>sodium polystyrene sulfonate powder</i>	
<i>.....</i>	<i>105</i>
<i>solifenacin succinate tab 10 mg.....</i>	<i>123</i>
<i>solifenacin succinate tab 5 mg</i>	<i>123</i>
SOLQUA INJ 100/33	104
SOLTAMOX SOL 10MG/5ML	39
SOLU-CORTEF INJ 1000MG.....	113
SOLU-CORTEF INJ 250MG	113
SOLU-CORTEF INJ 500MG	113
SOMATULINE INJ 60/0.2ML	115
SOMATULINE INJ 90/0.3ML	115
SOMAVERT INJ 10MG.....	115
SOMAVERT INJ 15MG.....	115
SOMAVERT INJ 20MG.....	115
SOMAVERT INJ 25MG.....	115
SOMAVERT INJ 30MG.....	115
<i>sorafenib tosylate tab 200 mg (base</i>	
<i>equivalent)</i>	<i>50</i>
<i>sotalol hcl (afib/af) tab 120 mg</i>	<i>60</i>
<i>sotalol hcl (afib/af) tab 160 mg</i>	<i>60</i>
<i>sotalol hcl (afib/af) tab 80 mg</i>	<i>60</i>
<i>sotalol hcl tab 120 mg</i>	<i>60</i>
<i>sotalol hcl tab 160 mg</i>	<i>60</i>
<i>sotalol hcl tab 240 mg</i>	<i>60</i>
<i>sotalol hcl tab 80 mg</i>	<i>60</i>
SOTYKTU TAB 6MG.....	128
SPIRIVA RESP AER 1.25MCG	139
<i>spironolactone & hydrochlorothiazide</i>	
<i>tab 25-25 mg.....</i>	<i>66</i>
<i>spironolactone tab 100 mg</i>	<i>56</i>
<i>spironolactone tab 25 mg</i>	<i>56</i>
<i>spironolactone tab 50 mg</i>	<i>56</i>
<i>sprintec 28</i>	<i>109</i>
SPRITAM TAB 1000MG.....	90
SPRITAM TAB 250MG.....	90
SPRITAM TAB 500MG.....	90
SPRITAM TAB 750MG.....	90
<i>sps</i>	<i>105</i>
<i>sps rectal</i>	<i>105</i>
<i>sronyx</i>	<i>109</i>
<i>ssd</i>	<i>146</i>
STELARA INJ 45/0.5ML	128
STELARA INJ 5MG/ML	128
STELARA INJ 90MG/ML	128
STIVARGA TAB 40MG	50
<i>streptomycin sulfate for inj 1 gm.....</i>	<i>24</i>
STRIBILD TAB.....	29
<i>subvenite</i>	<i>90</i>
<i>sucalfate susp 1 gm/10ml</i>	<i>121</i>
<i>sucalfate tab 1 gm</i>	<i>121</i>
<i>sulfacetamide sodium lotion 10%</i>	
<i>(acne).....</i>	<i>146</i>
<i>sulfacetamide sodium ophth oint 10%</i>	
<i>.....</i>	<i>137</i>
<i>sulfacetamide sodium ophth soln 10%</i>	
<i>.....</i>	<i>137</i>
<i>sulfacetamide sodium-prednisolone</i>	
<i>ophth soln 10-0.23(0.25)%</i>	<i>136</i>
<i>sulfadiazine tab 500 mg</i>	<i>24</i>
<i>sulfamethoxazole-trimethoprim iv soln</i>	
<i>400-80 mg/5ml.....</i>	<i>24</i>
<i>sulfamethoxazole-trimethoprim susp</i>	
<i>200-40 mg/5ml.....</i>	<i>24</i>
<i>sulfamethoxazole-trimethoprim tab</i>	
<i>400-80 mg</i>	<i>24</i>
<i>sulfamethoxazole-trimethoprim tab</i>	
<i>800-160 mg</i>	<i>24</i>
SULFAMYLON CRE 85MG/GM	147
<i>sulfasalazine tab 500 mg.....</i>	<i>120</i>
<i>sulfasalazine tab delayed release 500</i>	
<i>mg</i>	<i>120</i>
<i>sulindac tab 150 mg</i>	<i>19</i>
<i>sulindac tab 200 mg</i>	<i>19</i>
<i>sumatriptan nasal spray 20 mg/act ..</i>	<i>95</i>
<i>sumatriptan nasal spray 5 mg/act</i>	<i>95</i>
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	
<i>.....</i>	<i>95</i>
<i>sumatriptan succinate solution auto-</i>	
<i>injector 4 mg/0.5ml.....</i>	<i>95</i>
<i>sumatriptan succinate solution auto-</i>	
<i>injector 6 mg/0.5ml.....</i>	<i>95</i>
<i>sumatriptan succinate solution</i>	
<i>cartridge 4 mg/0.5ml</i>	<i>95</i>
<i>sumatriptan succinate solution</i>	
<i>cartridge 6 mg/0.5ml</i>	<i>96</i>
<i>sumatriptan succinate tab 100 mg....</i>	<i>96</i>
<i>sumatriptan succinate tab 25 mg</i>	<i>96</i>
<i>sumatriptan succinate tab 50 mg</i>	<i>96</i>

<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	50
<i>sunitinib malate cap 25 mg (base equivalent)</i>	50
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	50
<i>sunitinib malate cap 50 mg (base equivalent)</i>	51
SUNLENCA TAB 300MG	27
syeda	109
SYMDEKO TAB 100-150	143
SYMDEKO TAB 50-75MG	143
SYMPAZAN MIS 10MG	90
SYMPAZAN MIS 20MG	90
SYMPAZAN MIS 5MG	90
SYMTUZA TAB.....	29
SYNAREL SOL 2MG/ML.....	115
SYNTHROID TAB 100MCG.....	117
SYNTHROID TAB 112MCG.....	117
SYNTHROID TAB 125MCG.....	117
SYNTHROID TAB 137MCG.....	117
SYNTHROID TAB 150MCG.....	117
SYNTHROID TAB 175MCG.....	117
SYNTHROID TAB 200MCG.....	117
SYNTHROID TAB 25MCG	116
SYNTHROID TAB 300MCG.....	117
SYNTHROID TAB 50MCG	116
SYNTHROID TAB 75MCG	117
SYNTHROID TAB 88MCG	117
T	
TABLOID TAB 40MG.....	38
TABRECTA TAB 150MG.....	51
TABRECTA TAB 200MG.....	51
<i>tacrolimus cap 0.5 mg</i>	132
<i>tacrolimus cap 1 mg</i>	132
<i>tacrolimus cap 5 mg</i>	132
<i>tacrolimus oint 0.03%</i>	150
<i>tacrolimus oint 0.1%</i>	150
<i>tadalafil tab 20 mg (pah)</i>	68
<i>tadalafil tab 5 mg</i>	122
TAFINLAR CAP 50MG	51
TAFINLAR CAP 75MG	51
TAFINLAR TAB 10MG	51
TAGRISSO TAB 40MG	51
TAGRISSO TAB 80MG	51
TALZENNA CAP 0.1MG	51
TALZENNA CAP 0.25MG.....	51

TALZENNA CAP 0.35MG	51
TALZENNA CAP 0.5MG	51
TALZENNA CAP 0.75MG	51
TALZENNA CAP 1MG.....	51
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	39
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	39
<i>tamsulosin hcl cap 0.4 mg</i>	122
<i>tarina 24 fe</i>	109
<i>tarina fe 1/20 eq</i>	109
<i>tasimelteon capsule 20 mg</i>	94
TAVNEOS CAP 10MG.....	126
<i>tazarotene cream 0.05%</i>	147
<i>tazarotene cream 0.1%</i>	147
<i>tazicef</i>	32
TAZVERIK TAB 200MG	51
TECENTRIQ INJ 1200/20	51
TECENTRIQ INJ 840/14.....	51
TECENTRIQ INJ HYBREZA.....	51
TEFLARO INJ 400MG.....	32
TEFLARO INJ 600MG.....	32
<i>telmisartan tab 20 mg</i>	59
<i>telmisartan tab 40 mg</i>	59
<i>telmisartan tab 80 mg</i>	59
<i>telmisartan-amlodipine tab 40-10 mg</i>	58
<i>telmisartan-amlodipine tab 40-5 mg</i>	58
<i>telmisartan-amlodipine tab 80-10 mg</i>	58
<i>telmisartan-amlodipine tab 80-5 mg</i>	58
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	58
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	58
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	58
<i>temazepam cap 15 mg</i>	94
<i>temazepam cap 30 mg</i>	94
<i>temazepam cap 7.5 mg</i>	94
TENIVAC INJ 5-2LF.....	133
<i>tenofovir disoproxil fumarate tab 300 mg</i>	27
TEPMETKO TAB 225MG	51
<i>terazosin hcl cap 1 mg (base equivalent)</i>	56

<i>terazosin hcl cap 10 mg (base equivalent)</i>	56	<i>thiothixene cap 5 mg</i>	83
<i>terazosin hcl cap 2 mg (base equivalent)</i>	56	<i>tiadylt er</i>	65
<i>terazosin hcl cap 5 mg (base equivalent)</i>	56	<i>tiagabine hcl tab 12 mg</i>	90
<i>terbinafine hcl tab 250 mg</i>	26	<i>tiagabine hcl tab 16 mg</i>	90
<i>terbutaline sulfate tab 2.5 mg</i>	141	<i>tiagabine hcl tab 2 mg</i>	90
<i>terbutaline sulfate tab 5 mg</i>	141	<i>tiagabine hcl tab 4 mg</i>	90
<i>terconazole vaginal cream 0.4%</i>	123	TIBSOVO TAB 250MG	51
<i>terconazole vaginal cream 0.8%</i>	123	<i>ticagrelor tab 60 mg</i>	126
<i>terconazole vaginal suppos 80 mg</i> ..	123	<i>ticagrelor tab 90 mg</i>	126
TERIPARATIDE INJ 560/2.24	105	TICOVAC INJ	133
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	99	<i>tigecycline for iv soln 50 mg</i>	35
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	99	<i>tilia fe</i>	109
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	99	<i>timolol maleate ophth gel forming soln 0.25%</i>	138
<i>testosterone pump</i>	99	<i>timolol maleate ophth gel forming soln 0.5%</i>	138
<i>testosterone td gel 12.5 mg/act (1%)</i>	100	<i>timolol maleate ophth soln 0.25%</i> ..	138
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	100	<i>timolol maleate ophth soln 0.5%</i>	138
<i>testosterone td gel 50 mg/5gm (1%)</i>	100	<i>timolol maleate tab 10 mg</i>	63
<i>tetrabenazine tab 12.5 mg</i>	97	<i>timolol maleate tab 20 mg</i>	63
<i>tetrabenazine tab 25 mg</i>	97	<i>timolol maleate tab 5 mg</i>	63
<i>tetracycline hcl cap 250 mg</i>	35	<i>tinidazole tab 250 mg</i>	24
<i>tetracycline hcl cap 500 mg</i>	35	<i>tinidazole tab 500 mg</i>	24
THALOMID CAP 100MG	40	TIVICAY PD TAB 5MG	27
THALOMID CAP 50MG	40	TIVICAY TAB 50MG	27
<i>theophylline elixir 80 mg/15ml</i>	143	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	98
<i>theophylline soln 80 mg/15ml</i>	143	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	98
<i>theophylline tab er 12hr 100 mg</i>	143	TOBI PODHALR CAP 28MG	24
<i>theophylline tab er 12hr 200 mg</i>	143	TOBRADEX OIN 0.3-0.1%	136
<i>theophylline tab er 12hr 300 mg</i>	143	<i>tobramycin nebu soln 300 mg/5ml</i> ...	24
<i>theophylline tab er 12hr 450 mg</i>	143	<i>tobramycin ophth soln 0.3%</i>	137
<i>theophylline tab er 24hr 400 mg</i>	143	<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	24
<i>theophylline tab er 24hr 600 mg</i>	143	<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	25
<i>thioridazine hcl tab 10 mg</i>	83	<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	24
<i>thioridazine hcl tab 100 mg</i>	83	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	25
<i>thioridazine hcl tab 25 mg</i>	83	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	136
<i>thioridazine hcl tab 50 mg</i>	83	<i>tolterodine tartrate cap er 24hr 2 mg</i>	123
<i>thiothixene cap 1 mg</i>	83	<i>tolterodine tartrate cap er 24hr 4 mg</i>	123
<i>thiothixene cap 10 mg</i>	83		
<i>thiothixene cap 2 mg</i>	83		

<i>tolterodine tartrate tab 1 mg</i>	123	<i>trazodone hcl tab 50 mg</i>	75
<i>tolterodine tartrate tab 2 mg</i>	123	TRELEGY AER ELLIPTA 100-62.5-25	
<i>tolvaptan tab 15 mg</i>	115	MCG	139
<i>tolvaptan tab 30 mg</i>	116	TRELEGY AER ELLIPTA 200-62.5-25	
<i>tolvaptan tab therapy pack 15 mg</i> ..	116	MCG	139
<i>tolvaptan tab therapy pack 30 & 15 mg</i>		TREMFYA INJ 100MG/ML	128
.....	116	TREMFYA INJ 200/20ML	128
<i>tolvaptan tab therapy pack 45 & 15 mg</i>		TREMFYA INJ 200/2ML	128
.....	116	<i>treprostinil inj soln 100 mg/20ml (5</i>	
<i>tolvaptan tab therapy pack 60 & 30 mg</i>		<i>mg/ml)</i>	68
.....	116	<i>treprostinil inj soln 20 mg/20ml (1</i>	
<i>tolvaptan tab therapy pack 90 & 30 mg</i>		<i>mg/ml)</i>	68
.....	116	<i>treprostinil inj soln 200 mg/20ml (10</i>	
<i>topiramate oral soln 25 mg/ml</i>	90	<i>mg/ml)</i>	68
<i>topiramate sprinkle cap 15 mg</i>	90	<i>treprostinil inj soln 50 mg/20ml (2.5</i>	
<i>topiramate sprinkle cap 25 mg</i>	90	<i>mg/ml)</i>	68
<i>topiramate sprinkle cap 50 mg</i>	90	TRESIBA FLEX INJ 100UNIT	104
<i>topiramate tab 100 mg</i>	90	TRESIBA FLEX INJ 200UNIT	104
<i>topiramate tab 200 mg</i>	90	TRESIBA INJ 100UNIT	104
<i>topiramate tab 25 mg</i>	90	<i>tretinoin cap 10 mg</i>	40
<i>topiramate tab 50 mg</i>	90	<i>tretinoin cream 0.025%</i>	146
<i>toremifene citrate tab 60 mg (base</i>		<i>tretinoin cream 0.05%</i>	146
<i>equivalent)</i>	39	<i>tretinoin cream 0.1%</i>	146
<i>torpenz</i>	51	<i>tretinoin gel 0.01%</i>	146
<i>toremide tab 10 mg</i>	66	<i>tretinoin gel 0.025%</i>	146
<i>toremide tab 100 mg</i>	66	<i>triamcinolone acetonide cream 0.025%</i>	
<i>toremide tab 20 mg</i>	66	.....	149
<i>toremide tab 5 mg</i>	66	<i>triamcinolone acetonide cream 0.1%</i>	
TOUJEO MAX INJ 300/ML	104	.....	149
TOUJEO SOLO INJ 300/ML	104	<i>triamcinolone acetonide cream 0.5%</i>	
TPN ELECTROL INJ	135	.....	149
TRADJENTA TAB 5MG	102	<i>triamcinolone acetonide dental paste</i>	
<i>tramadol hcl tab 50 mg</i>	22	<i>0.1%</i>	151
<i>tramadol-acetaminophen tab 37.5-325</i>		<i>triamcinolone acetonide lotion 0.025%</i>	
<i>mg</i>	22	.....	149
<i>trandolapril tab 1 mg</i>	56	<i>triamcinolone acetonide lotion 0.1%</i>	
<i>trandolapril tab 2 mg</i>	56	.....	149
<i>trandolapril tab 4 mg</i>	56	<i>triamcinolone acetonide oint 0.025%</i>	
<i>tranexamic acid iv soln 1000 mg/10ml</i>		.....	149
<i>(100 mg/ml)</i>	126	<i>triamcinolone acetonide oint 0.1%</i> .	149
<i>tranexamic acid tab 650 mg</i>	126	<i>triamcinolone acetonide oint 0.5%</i> .	149
<i>tranylcypromine sulfate tab 10 mg</i> ...	75	<i>triamterene & hydrochlorothiazide cap</i>	
TRAVASOL INJ 10%	136	<i>37.5-25 mg</i>	66
TRAZIMERA INJ 150MG	51	<i>triamterene & hydrochlorothiazide tab</i>	
TRAZIMERA INJ 420MG	51	<i>37.5-25 mg</i>	66
<i>trazodone hcl tab 100 mg</i>	75	<i>triamterene & hydrochlorothiazide tab</i>	
<i>trazodone hcl tab 150 mg</i>	75	<i>75-50 mg</i>	66

<i>tridacaine ii</i>	149	TRIUMEQ TAB	29
<i>triderm</i>	149	<i>tri-vylibra</i>	110
<i>trientine hcl cap 250 mg</i>	105	<i>tri-vylibra lo</i>	110
<i>tri-estarylla</i>	109	TROGARZO INJ 150MG/ML	27
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	83	TROPHAMINE INJ 10%	136
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	83	<i>trospium chloride tab 20 mg</i>	123
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	83	TRULANCE TAB 3MG	121
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	83	TRULICITY INJ 0.75/0.5	102
<i>trifluridine ophth soln 1%</i>	137	TRULICITY INJ 1.5/0.5	102
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	77	TRULICITY INJ 3/0.5	102
<i>trihexyphenidyl hcl tab 2 mg</i>	77	TRULICITY INJ 4.5/0.5	102
<i>trihexyphenidyl hcl tab 5 mg</i>	77	TRUMENBA INJ	133
TRIJARDY XR TAB ER 24HR 10-5- 1000MG	102	TRUQAP PAK 160MG	52
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	102	TRUQAP PAK 200MG	52
TRIJARDY XR TAB ER 24HR 25-5- 1000MG	102	TRUQAP TAB 160MG	52
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG	102	TRUQAP TAB 200MG	52
TRIKAFTA PAK 59.5MG	143	TRUXIMA INJ 100/10ML	52
TRIKAFTA PAK 75MG	144	TRUXIMA INJ 500/50ML	52
TRIKAFTA TAB 100-50-75MG & 150MG	144	TUKYSA TAB 150MG	52
TRIKAFTA TAB 50-25-37.5MG & 75MG	144	TUKYSA TAB 50MG	52
<i>tri-legest fe</i>	109	TURALIO CAP 125MG	52
<i>tri-linyah</i>	109	<i>turqoz</i>	110
<i>tri-lo-estarylla</i>	109	<i>twice-daily clindamycin phosphate (topical)</i>	146
<i>tri-lo-marzia</i>	109	TWINRIX INJ	133
<i>tri-lo-mili</i>	110	TYBOST TAB 150MG	28
<i>tri-lo-sprintec</i>	110	TYENNE INJ 162/0.9	128
<i>trimethoprim tab 100 mg</i>	25	TYENNE INJ 162MG	129
<i>tri-mili</i>	110	TYENNE INJ 200/10ML	129
<i>trimipramine maleate cap 100 mg</i>	75	TYENNE INJ 400/20ML	129
<i>trimipramine maleate cap 25 mg</i>	75	TYENNE INJ 80MG/4ML	128
<i>trimipramine maleate cap 50 mg</i>	75	TYPHIM VI INJ	133
TRINTELLIX TAB 10MG	75	U	
TRINTELLIX TAB 20MG	75	UBRELVY TAB 100MG	96
TRINTELLIX TAB 5MG	75	UBRELVY TAB 50MG	96
<i>tri-sprintec</i>	110	<i>unithroid</i>	117
TRIUMEQ PD TAB	29	UPTRAVI PACK TAB 200/800	68
		UPTRAVI TAB 1000MCG	69
		UPTRAVI TAB 1200MCG	69
		UPTRAVI TAB 1400MCG	69
		UPTRAVI TAB 1600MCG	69
		UPTRAVI TAB 200MCG	69
		UPTRAVI TAB 400MCG	69
		UPTRAVI TAB 600MCG	69
		UPTRAVI TAB 800MCG	69
		<i>ursodiol cap 300 mg</i>	121
		<i>ursodiol tab 250 mg</i>	121

ursodiol tab 500 mg	121
USTEKINUMAB INJ 130/26ML	129
USTEKINUMAB INJ 45/0.5ML	129
USTEKINUMAB INJ 90MG/ML	129

V

valacyclovir hcl tab 1 gm.....	30
valacyclovir hcl tab 500 mg	30
VALCHLOR GEL 0.016%	150
valganciclovir hcl for soln 50 mg/ml (base equiv)	30
valganciclovir hcl tab 450 mg (base equivalent)	30
valproate sodium inj 100 mg/ml.....	90
valproate sodium oral soln 250 mg/5ml (base equiv)	91
valproic acid cap 250 mg.....	91
valsartan tab 160 mg.....	59
valsartan tab 320 mg.....	59
valsartan tab 40 mg	59
valsartan tab 80 mg	59
valsartan-hydrochlorothiazide tab 160- 12.5 mg	58
valsartan-hydrochlorothiazide tab 160- 25 mg	58
valsartan-hydrochlorothiazide tab 320- 12.5 mg	58
valsartan-hydrochlorothiazide tab 320- 25 mg	58
valsartan-hydrochlorothiazide tab 80- 12.5 mg	58
VALTOCO SPR 10MG.....	91
VALTOCO SPR 15MG.....	91
VALTOCO SPR 20MG.....	91
VALTOCO SPR 5MG.....	91
valtya 1/50 tab	110
vancomycin hcl cap 125 mg (base equivalent)	25
vancomycin hcl cap 250 mg (base equivalent)	25
vancomycin hcl for iv soln 1 gm (base equivalent)	25
vancomycin hcl for iv soln 1.25 gm (base equivalent)	25
vancomycin hcl for iv soln 1.5 gm (base equivalent)	25
vancomycin hcl for iv soln 10 gm (base equivalent)	25

vancomycin hcl for iv soln 5 gm (base equivalent)	25
vancomycin hcl for iv soln 500 mg (base equivalent)	25
vancomycin hcl for iv soln 750 mg (base equivalent)	25
VANCOMYCIN INJ 1 GM.....	25
VANCOMYCIN INJ 500MG	25
VANCOMYCIN INJ 750MG	25
VANFLYTA TAB 17.7MG	52
VANFLYTA TAB 26.5MG	52
VAQTA INJ 25/0.5ML	133
VAQTA INJ 50UNT/ML.....	133
varenicline tartrate tab 0.5 mg (base equiv)	99
varenicline tartrate tab 1 mg (base equiv)	99
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack.....	99
VARIVAX INJ	133
VASCEPA CAP 0.5GM	61
VASCEPA CAP 1GM.....	61
VAXCHORA SUS	133
velivet	110
VELSIPITY TAB 2MG	129
VENCLEXTA TAB 100MG.....	52
VENCLEXTA TAB 10MG.....	52
VENCLEXTA TAB 50MG.....	52
VENCLEXTA TAB START PK.....	52
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	75
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	75
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	75
venlafaxine hcl tab 100 mg (base equivalent)	76
venlafaxine hcl tab 25 mg (base equivalent)	75
venlafaxine hcl tab 37.5 mg (base equivalent)	75
venlafaxine hcl tab 50 mg (base equivalent)	75
venlafaxine hcl tab 75 mg (base equivalent)	76
VENTOLIN HFA (INSTITUTIONAL PACK)	141

VENTOLIN HFA AER	141	VITRAKVI CAP 25MG	52
<i>verapamil hcl cap er 24hr 100 mg</i>	65	VITRAKVI SOL 20MG/ML	52
<i>verapamil hcl cap er 24hr 120 mg</i>	65	VIVIMUSTA INJ 100/4ML.....	36
<i>verapamil hcl cap er 24hr 180 mg</i>	65	VIVITROL INJ 380MG.....	99
<i>verapamil hcl cap er 24hr 200 mg</i>	65	VIVOTIF CAP EC.....	133
<i>verapamil hcl cap er 24hr 240 mg</i>	65	VIZIMPRO TAB 15MG.....	53
<i>verapamil hcl cap er 24hr 300 mg</i>	65	VIZIMPRO TAB 30MG.....	53
<i>verapamil hcl cap er 24hr 360 mg</i>	65	VIZIMPRO TAB 45MG.....	53
<i>verapamil hcl iv soln 2.5 mg/ml</i>	65	VONJO CAP 100MG.....	53
<i>verapamil hcl tab 120 mg</i>	65	VOQUEZNA PAK DUAL PAK	121
<i>verapamil hcl tab 40 mg</i>	65	VOQUEZNA PAK TRIP PK	121
<i>verapamil hcl tab 80 mg</i>	65	VORANIGO TAB 10MG.....	53
<i>verapamil hcl tab er 120 mg</i>	65	VORANIGO TAB 40MG.....	53
<i>verapamil hcl tab er 180 mg</i>	65	<i>voriconazole for inj 200 mg</i>	26
<i>verapamil hcl tab er 240 mg</i>	65	<i>voriconazole for susp 40 mg/ml</i>	26
VERQUVO TAB 10MG	67	<i>voriconazole tab 200 mg</i>	26
VERQUVO TAB 2.5MG	67	<i>voriconazole tab 50 mg</i>	26
VERQUVO TAB 5MG	67	VOSEVI TAB	30
VERSACLOZ SUS 50MG/ML.....	83	VOWST CAP.....	121
VERZENIO TAB 100MG.....	52	VRAYLAR CAP 1.5MG	83
VERZENIO TAB 150MG.....	52	VRAYLAR CAP 3MG	83
VERZENIO TAB 200MG.....	52	VRAYLAR CAP 4.5MG	83
VERZENIO TAB 50MG	52	VRAYLAR CAP 6MG	83
<i>vestura</i>	110	<i>vyfemla</i>	110
<i>vienna</i>	110	<i>vylibra</i>	110
<i>vigabatrin powd pack 500 mg</i>	91	VYZULTA SOL 0.024%	138
<i>vigabatrin tab 500 mg</i>	91	W	
<i>vigadrone</i>	91	<i>warfarin sodium tab 1 mg</i>	124
VIGAFYDE SOL 100MG/ML.....	91	<i>warfarin sodium tab 10 mg</i>	124
<i>vigpoder</i>	91	<i>warfarin sodium tab 2 mg</i>	124
<i>vilazodone hcl tab 10 mg</i>	76	<i>warfarin sodium tab 2.5 mg</i>	124
<i>vilazodone hcl tab 20 mg</i>	76	<i>warfarin sodium tab 3 mg</i>	124
<i>vilazodone hcl tab 40 mg</i>	76	<i>warfarin sodium tab 4 mg</i>	124
VIMKUNYA INJ 40/0.8ML.....	133	<i>warfarin sodium tab 5 mg</i>	124
<i>vincristine sulfate iv soln 1 mg/ml</i>	41	<i>warfarin sodium tab 6 mg</i>	124
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	41	<i>warfarin sodium tab 7.5 mg</i>	124
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	41	<i>water for irrigation, sterile irrigation soln</i>	150
<i>violele</i>	110	WELIREG TAB 40MG	40
VIRACEPT TAB 250MG	28	<i>wera</i>	110
VIRACEPT TAB 625MG	28	WESTAB PLUS TAB 27-1MG.....	136
VIREAD POW 40MG/GM.....	28	WINREVAIR INJ 45MG	69
VIREAD TAB 150MG.....	28	WINREVAIR INJ 60MG	69
VIREAD TAB 200MG.....	28	<i>wixela inhub</i>	145
VIREAD TAB 250MG.....	28	<i>wymzya fe</i>	110
VITRAKVI CAP 100MG.....	52	WYOST INJ 120/1.7.....	105

X	
XALKORI CAP 150MG.....	53
XALKORI CAP 200MG.....	53
XALKORI CAP 20MG.....	53
XALKORI CAP 250MG.....	53
XALKORI CAP 50MG.....	53
<i>xarah fe tab</i>	110
XARELTO STAR TAB 15/20MG	124
XARELTO TAB 10MG	125
XARELTO TAB 15MG	125
XARELTO TAB 2.5MG	125
XARELTO TAB 20MG	125
XATMEP SOL 2.5MG/ML.....	129
XCOPRI PAK 100-150.....	91
XCOPRI PAK 12.5-25	91
XCOPRI PAK 150-200MG (MAINTENANCE).....	91
XCOPRI PAK 150-200MG (TITRATION)	91
XCOPRI PAK 50-100MG.....	91
XCOPRI TAB 100MG.....	91
XCOPRI TAB 150MG.....	91
XCOPRI TAB 200MG.....	91
XCOPRI TAB 25MG	91
XCOPRI TAB 50MG	91
XDEMVY DRO 0.25%	137
XELJANZ SOL 1MG/ML	129
XELJANZ TAB 10MG.....	129
XELJANZ TAB 5MG.....	129
XELJANZ XR TAB 11MG	129
XELJANZ XR TAB 22MG	129
<i>xelria fe chw 0.4mg-35</i>	110
XERMELO TAB 250MG	121
XHANCE MIS 93MCG.....	144
XIFAXAN TAB 550MG.....	121
XIGDUO XR TAB 10-1000	102
XIGDUO XR TAB 10-500MG	102
XIGDUO XR TAB 2.5-1000	102
XIGDUO XR TAB 5-1000MG	102
XIGDUO XR TAB 5-500MG	102
XIIDRA DRO 5%	138
XOFLUZA TAB 40MG	30
XOFLUZA TAB 80MG	30
XOLAIR INJ 150MG/ML.....	144
XOLAIR INJ 300/2ML	144
XOLAIR INJ 75/0.5	144
XOLAIR SOL 150MG.....	144
XOSPATA TAB 40MG	53
XPOVIO PAK (100 MG ONCE WEEKLY)	53
XPOVIO PAK (40 MG ONCE WEEKLY)	53
XPOVIO PAK (40 MG TWICE WEEKLY)	53
XPOVIO PAK (60 MG ONCE WEEKLY)	53
XPOVIO PAK (60 MG TWICE WEEKLY)	53
XPOVIO PAK (80 MG ONCE WEEKLY)	53
XPOVIO PAK (80 MG TWICE WEEKLY)	53
XTANDI CAP 40MG	39
XTANDI TAB 40MG	39
XTANDI TAB 80MG	39
<i>xulane</i>	110
XULTOPHY INJ 100/3.6	104
Y	
YESINTEK INJ 130/26ML	129
YESINTEK INJ 45/0.5ML.....	129
YESINTEK INJ 90MG/ML.....	129
YF-VAX INJ.....	133
YONSA TAB 125MG.....	39
YUTREPIA CAP 106MCG	69
YUTREPIA CAP 26.5MCG	69
YUTREPIA CAP 53MCG	69
YUTREPIA CAP 79.5MCG	69
<i>yuvaferm</i>	111
Z	
<i>zafemy</i>	110
<i>zafirlukast tab 10 mg</i>	142
<i>zafirlukast tab 20 mg</i>	142
<i>zaleplon cap 10 mg</i>	94
<i>zaleplon cap 5 mg</i>	94
ZARXIO INJ 300/0.5	125
ZARXIO INJ 480/0.8	125
ZEGALOGUE INJ 0.6/0.6	113
ZEJULA TAB 100MG.....	53
ZEJULA TAB 200MG.....	54
ZEJULA TAB 300MG.....	54
ZELBORAF TAB 240MG.....	54
ZEMAIRA INJ 1000MG.....	144
ZEMAIRA INJ 4000MG.....	144
ZEMAIRA INJ 5000MG.....	144
<i>zenatane</i>	146
ZENPEP CAP 10000UNT.....	121
ZENPEP CAP 15000UNT.....	121

ZENPEP CAP 20000UNT.....	121	<i>zoledronic acid iv soln 5 mg/100ml.</i>	105
ZENPEP CAP 25000UNT.....	121	ZOLINZA CAP 100MG.....	54
ZENPEP CAP 3000UNIT	121	<i>zolpidem tartrate tab 10 mg</i>	94
ZENPEP CAP 40000UNT.....	121	<i>zolpidem tartrate tab 5 mg</i>	94
ZENPEP CAP 5000UNIT	121	ZONISADE SUS 100MG/5.....	91
ZENPEP CAP 60000UNT.....	121	<i>zonisamide cap 100 mg</i>	91
ZERVIAE DRO 0.24%	138	<i>zonisamide cap 25 mg</i>	91
<i>zidovudine cap 100 mg</i>	28	<i>zonisamide cap 50 mg</i>	91
<i>zidovudine syrup 10 mg/ml</i>	28	<i>zovia 1/35</i>	110
<i>zidovudine tab 300 mg</i>	28	ZTALMY SUS 50MG/ML	91
<i>ziprasidone hcl cap 20 mg</i>	83	<i>zumandimine</i>	110
<i>ziprasidone hcl cap 40 mg</i>	83	ZURZUVAE CAP 20MG.....	76
<i>ziprasidone hcl cap 60 mg</i>	83	ZURZUVAE CAP 25MG.....	76
<i>ziprasidone hcl cap 80 mg</i>	83	ZURZUVAE CAP 30MG.....	76
<i>ziprasidone mesylate for inj 20 mg</i> <i>(base equivalent)</i>	83	ZYDELIG TAB 100MG.....	54
ZIRABEV INJ 100/4ML.....	54	ZYDELIG TAB 150MG.....	54
ZIRABEV INJ 400/16ML.....	54	ZYKADIA TAB 150MG.....	54
ZIRGAN GEL 0.15%.....	137	ZYLET SUS 0.5-0.3%.....	136
<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i>	105	ZYPREXA RELP INJ 210MG.....	83
		ZYPREXA RELP INJ 300MG.....	83
		ZYPREXA RELP INJ 405MG.....	84

MassHealth Over-the-Counter Drug List

Allergy Agents, Ophthalmic

- *alcaftadine
- *ketotifen
- *naphazoline
- *Naphcon-A
(naphazoline/
pheniramine)
- *Opcon-A (naphazoline/
pheniramine)

Analgesics

- *acetaminophen ≤ 4
grams/day
- *aspirin 81 mg
- *aspirin 325 mg, 500 mg,
650 mg
- *aspirin suppository
- *aspirin with buffers
- *capsaicin
- *diclofenac 1% gel
- *ibuprofen
- *lidocaine 4% patches $\leq$
4 patches/day
- *naproxen capsule,
tablet

Anthelmintic Agents

- *Reese's Pinworm
(pyrantel pamoate)

Antihistamines/ Decongestants

- *cetirizine syrup, tablet
- *cetirizine/pseudoephedri
ne
- chlorpheniramine
- diphenhydramine
- doxylamine
- fexofenadine tablet
- *fexofenadine/pseudoeph
edrine

- *loratadine tablet,
solution
- *loratadine/pseudoephed
rine
- *pseudoephedrine ≤ 240
mg/day

Antimicrobials, Topical

- *bacitracin
- *chlorhexidine gluconate
- *clotrimazole
- *double antibiotic
- *ointment
- *hydrogen peroxide
- *iodine
- *isopropyl alcohol
- *miconazole
- *neomycin
- *povidone
- *terbinafine 1% cream
- *tolnaftate cream,
powder
- *triple antibiotic
ointment

Compounding Agents

- *cherry syrup
- gelatin capsule, empty
- *Ora-Plus suspending
vehicle
- *Ora-Sweet oral syrup
- *Ora-Sweet-SF oral
syrup
- *simple syrup

Contraceptives, Oral

- *levonorgestrel 1.5 mg
tablet
- *Opill (norgestrel tablet)

Contraceptives, Topical

- *nonoxynol-9

Dermatologic Agents, Topical

- *benzoyl peroxide
- *calamine lotion
- *colloidal oatmeal
- *hydrocortisone cream,
lotion, ointment
- *hydrophilic ointment
- *lanolin
- *petrolatum
- *selenium sulfide
- *vitamin A and D
ointment
- *witch hazel
- *zinc oxide

Gastrointestinal Agents

- *Align (bifidobacterium
infantis) < 21 years
- *aluminum carbonate
- *aluminum hydroxide
- *bisacodyl enema,
suppository
- *bisacodyl tablet
- *bismuth subsalicylate
- *calcium polycarbophil
- *cimetidine tablet
- *Culturelle (lactobacillus
rhamnosus GG) < 21
years
- *dextrin
- *docusate sodium
capsule, tablet
- *docusate sodium enema
- *docusate sodium
solution, syrup

- *famotidine tablet
- *Florastor
(saccharomyces
boulardii) < 21 years
- *glycerin
- *lactase
- *loperamide
- *magaldrate
- *magnesium salts
- *meclizine
- *methylcellulose
- *mineral oil
- *polyethylene glycol
3350
- *psyllium capsule
- *psyllium powder
- *sennosides tablet
- *sennosides syrup
- *simethicone
- *sodium bicarbonate
- *sodium phosphate

Intranasal Sprays

- *budesonide nasal spray
≤ 1 inhaler/30 days
- *triamcinolone nasal
spray ≤ 1 inhaler/30
days

Medical Foods

- *levomethylfolate tablet
≤ 1 unit/day

Opioid Reversal Agents

- *Narcan (naloxone 4 mg
nasal spray) †
- *Rivive (naloxone 3 mg
nasal spray)

Otic Agents

- *carbamide peroxide

Pediculicides/Scabicides

- *permethrin
- *piperonyl
- *butoxide/pyrethrins

Respiratory Agents

- *sodium chloride for
inhalation

Smoking Cessation

- *nicotine gum, lozenge,
patch

Tear/Saliva

Replacement Agents

- *artificial tears
- *saliva substitute

Vitamins/Nutrients/ Supplements

- *calcium replacement
- *cod liver oil
- *coenzyme Q10 < 21
years
- *electrolyte solution,
pediatric
- *ferrous fumarate
- *ferrous gluconate
- *ferrous sulfate
- *folic acid
- *glucose products < 21
years
- *iron polysaccharide
complex
- *magnesium salts
- *melatonin
- *melatonin/pyridoxine
tablet
- *multivitamins
- *niacinamide
- *nicotinic acid
- *pediatric multivitamins

- *Phos-Flur (sodium
fluoride oral rinse)
- *prenatal vitamins
- *potassium phosphate
- *sodium chloride tablet
- *sodium fluoride
- *vitamin A (retinol)
- *vitamin B-1 (thiamine)
- *vitamin B-2 (riboflavin)
- *vitamin B-3 (niacin)
- *vitamin B-6
(pyridoxine)
- *vitamin B-12
(cyanocobalamin)
- *vitamin B complex
- *vitamin C (ascorbic
acid)
- *vitamin D
- *vitamin E, oral
- *vitamins, multiple
vitamins,
- *multiple/minerals
- *vitamins, pediatric
- *vitamins, prenatal

† Brand and generic products are covered by MassHealth without PA.

This *Drug List* was updated on 10/06/2025.

For more recent information or other questions, contact us at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week or visit ccama.org.

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