

SHARP Health Plan

2025 Formulary

List of covered prescription drugs

FEHB plans from Sharp Health Plan

This drug list applies to all FEHB plans

An electronic version of this Prescription Drug List is available on the Sharp Health Plan website, by visiting sharphealthplan.com/search-drug-list. You can find specific cost sharing information in your plan's coverage documents by logging in to your Sharp Health Plan online account on our website by visiting sharphealthplan.com/login. This document is subject to change and all previous versions are no longer in effect. Last updated 01/01/2025.

Table of Contents

Introduction	iii
Definitions	iii
How often does the Formulary change?	v
Will I be notified of a Formulary change?	vi
How do I locate a Prescription Drug on the Formulary?	vi
How do I know if the drug listed on the Formulary is a Brand or Generic Drug?	vii
What is a Drug Tier?	vii
Are There Any Coverage Requirements or Limits?	viii
What Is Prior Authorization?	ix
What is PA**?	ix
What Is Quantity Limit?	ix
What Is Step Therapy?	x
What Is MO?	x
What Is a Specialty Drug?	x
What Is an Oral Anti-Cancer Drug?	x
What if a Drug Is Not Listed on the Formulary? What is a Formulary Exception?	x
Where Can I Fill My Prescription Drug?	xi
What Is Therapeutic Interchange?	xi
What Is Generic Substitution?	xi
You Have the Right to Appeal	xii
Questions	xiii
Exclusions and Limitations to the Outpatient Prescription Drug Benefit	xiii
Nondiscrimination Notice	xvi
Language Assistance Services	xix
List of Prescription Drugs	1-146
Index	147-211
Step Therapy Criteria	212-213

Introduction

January 2025

This document contains a list of the federal Food and Drug Administration (FDA) approved drugs covered for Sharp Health Plan Members under the FEHB pharmacy outpatient prescription drug benefit, and is also known as the Formulary. The outpatient prescription drug benefit covers outpatient drugs provided to Members through a network retail, specialty or mail order pharmacy. Drugs covered under the pharmacy benefit are generally oral or topical medications, unless otherwise listed on the Formulary. The presence of a drug on the Formulary does not guarantee that it will be prescribed by your Prescribing Provider for a particular medical condition. Refer to the end of this Introduction for information about drug benefit exclusions for the outpatient prescription drug benefit.

If you are in an HMO plan, you should contact your provider for information on how to obtain vaccines. If you are in a Point of Service (POS) plan, you can get vaccines at a network retail pharmacy. Please refer to your FEHB Brochure for additional information. If you have questions regarding your outpatient prescription drug benefit, please call our Customer Service department at 1-855-298-4252.

A Medical Benefit drug is a drug that is physician administered or is self-injectable. Medical Benefit drugs are covered under the Medical Benefit. Refer to the FEHB Brochure for specific information about the Cost Shares, exclusions and limitations for these drugs covered under your Medical Benefit:

1. Medically Necessary formulas and special food products prescribed by a Plan Physician to treat phenylketonuria (PKU), provided that these formulas and special foods exceed the cost of a normal diet.
2. Medically Necessary injectable and non-injectable drugs and supplies that are administered in a physician's office and self-injectable drugs covered under the medical benefit.
3. Immunization or immunological agents, including, but not limited to: biological sera, blood, blood plasma or other blood products administered on an outpatient basis, allergy sera and testing materials.
4. Equipment and supplies for the management and treatment of diabetes, including insulin pumps and all related necessary supplies, blood glucose monitors, testing strips, lancets and lancet puncture devices. Insulin, glucagon and insulin syringes are covered under the outpatient prescription drug benefit.
5. Items that are approved by the FDA as a medical device. Please refer to the FEHB Brochure for information about medical devices covered by Sharp Health Plan.

Definitions

Defined terms are capitalized throughout this Formulary and have the meaning set forth below throughout this Formulary.

“Appeal” is a written or oral request, by or on behalf of a Member, to re-evaluate a specific determination made by Sharp Health Plan or any of its delegated entities (e.g., Plan Providers).

“Brand-Name Drug” is a drug that is marketed under a proprietary, trademark-protected name. The Brand Name Drug shall be listed in all CAPITAL letters.

“Coinsurance” is a percentage of the cost of a Covered Benefit (for example, 20%) that an Enrollee pays after the Enrollee has paid the Deductible, if a Deductible applies to the Covered Benefit, such as the prescription drug benefit.

“Copayment” is a fixed dollar amount (for example, \$20) that an Enrollee pays for a Covered Benefit after the Enrollee has paid the Deductible, if a Deductible applies to the Covered Benefit, such as the prescription drug benefit.

“Deductible” is the amount an Enrollee pays for certain Covered Benefits before Sharp Health Plan begins payment for all or part of the cost of the Covered Benefit under the terms of the policy.

“Drug Tier” is a group of Prescription Drugs that corresponds to a specified cost sharing tier in Sharp Health Plan’s Prescription Drug coverage. The tier in which a Prescription Drug is placed determines the Enrollee’s portion of the cost for the drug.

“Enrollee” is a person enrolled in Sharp Health Plan who is entitled to receive services from the Plan. All references to Enrollees in this Formulary template shall also include Subscribers as defined in this section below. An Enrollee is also referred to as a Member.

“Exception Request” is a request for coverage of a Prescription Drug. If an Enrollee, his or her designee, or prescribing health care provider submits an Exception Request for coverage of a Prescription Drug, Sharp Health Plan must cover the Prescription Drug when the drug is determined to be Medically Necessary to treat the Enrollee’s condition. Drugs and supplies that fall within one of the outpatient prescription drug benefit exclusions described in the FEHB Brochure are not eligible for an Exception Request.

“Exigent Circumstances” are when an Enrollee is suffering from a health condition that may seriously jeopardize the Enrollee’s life, health, or ability to regain maximum function..

“Formulary” is the complete list of drugs preferred for use and eligible for coverage under a Sharp Health Plan product, and includes all drugs covered under the outpatient prescription drug benefit of the Sharp Health Plan product. Formulary is also known as a Prescription Drug list.

“Generic Drug” is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A Generic Drug is listed in bold and italicized lowercase letters.

“Grievance” is a written or oral expression of dissatisfaction regarding Sharp Health Plan, a provider and/or a pharmacy, including quality of care concerns.

“Nonformulary Drug” is a Prescription Drug that is not listed on Sharp Health Plan’s Formulary.

“Out-of-Pocket Cost” are Copayments, Coinsurance, and the applicable Deductible, plus all costs for health care services that are not covered by Sharp Health Plan.

“Prescribing Provider” is a health care provider authorized to write a Prescription to treat a medical condition for a Sharp Health Plan Enrollee.

“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

“Prescription Drug” is a drug that is approved by the federal Food and Drug Administration (FDA) that is prescribed by your Prescribing Provider and requires a prescription under applicable law.

“Prior Authorization” is Sharp Health Plan’s requirement that the Enrollee or the Enrollee's Prescribing Provider obtain the Sharp Health Plan’s Authorization for a Prescription Drug before Sharp Health Plan will cover the drug. Sharp Health Plan shall grant a Prior Authorization when it is Medically Necessary for the Enrollee to obtain the drug.

“Step Therapy” is a process specifying the sequence in which different Prescription Drugs for a given medical condition and medically appropriate for a particular patient are prescribed. Sharp Health Plan may require the Enrollee to try one or more drugs to treat the Enrollee's medical condition before Sharp Health Plan will cover a particular drug for the condition pursuant to a Step Therapy request. If the Enrollee's Prescribing Provider submits a request for Step Therapy exception, Sharp Health Plan shall make exceptions to Step Therapy when the criteria is met.

“Subscriber” means the person who is responsible for payment to Sharp Health Plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

How often does the Formulary change?

The Sharp Health Plan Formulary is developed to identify safe and effective drugs for Members while maintaining affordable benefits. The Formulary and Drug Coverage Requirements and Limits are updated regularly, based on input from the Pharmacy and Therapeutics (P&T) Committee, which meets quarterly. The Formulary and the Drug Coverage Requirements and Limits are subject to change monthly as new clinical information and new drugs become available. The P&T Committee members are clinical pharmacists and actively practicing physicians of various medical specialties. The P&T Committee frequently consults with other medical experts for input to the Committee.

The P&T Committee evaluates clinical effectiveness, safety and overall value through:

- Medical and scientific publications

- Relevant utilization experience
- Physician recommendations

Will I be notified of a Formulary change?

Sharp Health Plan will provide sixty (60) days written notice of a Formulary change to negatively affected Members. The notice will include the date the Member will be impacted by the change. Some examples of Formulary changes that will result in a notice to the member include, but are not limited to:

- A drug or dosage form is moved to a higher Drug Tier that results in an increase in cost sharing
- A drug or dosage form is removed from the Formulary
- Drug Coverage Requirements or Limits for a drug are added or changed

Changes to the Formulary that may occur without prior written notice to the Member include:

- A drug is removed from the Formulary because it is removed from the market by either the drug manufacturer or the FDA
- A drug is added to the Formulary
- A drug is moved to a lower Drug Tier
- A Drug Coverage Requirement or Limit is removed from a drug
- A generic drug is added to the Formulary and the Brand Name drug is moved to a higher Drug Tier or removed from the Formulary

The drug formulary can be accessed by current and prospective Members. To view the most current Formulary, please visit sharphealthplan.com/search-drug-list.

How do I locate a Prescription Drug on the Formulary?

Covered Prescription Drugs are listed alphabetically by Generic name and Brand-Name in the alphabetical Index.

Within the Formulary, drugs are listed alphabetically under the column titled "Prescription Drug Name" by its Brand or Generic name under the therapeutic category and class to which it belongs. If a generic for a Brand Name Drug is not available or is not covered, the Generic Drug name will not be listed separately by its generic name.

You can find a Prescription Drug on the formulary by looking for its Generic or Brand-Name alphabetically in the Index, or by looking for it in the Formulary, where it is listed alphabetically under the therapeutic category and class to which it belongs. Sharp Health Plan uses the Medispan®

classification system for therapeutic category and class. MediSpan® maintains the Master Drug Data Base of drug information for professionals in the health sciences. The Master Drug Data Base provides pricing and descriptive drug information on name brand, generic, prescription and OTC medications and herbal products and is updated daily.

How do I know if the drug listed on the Formulary is a Brand or Generic Drug?

Brand-Name Drugs are listed in all CAPITAL LETTERS followed by the generic name in parentheses in (**lowercase bold italics**).

If a Generic equivalent for a Brand-Name Drug is available and is covered, the Generic Drug will be listed separately from the Brand-Name Drug in all **lowercase bold italics**.

When a Generic Drug is marketed under a Brand-Name, the Brand-Name will be listed after the Generic name in parentheses with the first letter of the word capitalized.

Here is how this is listed on the Formulary:

Drug Type	Listing on the Formulary
Brand-Name Drug and Generic-Name	FIBRICOR TAB 35MG (fenofibric acid)
Generic-Name that is covered on the Formulary	fenofibric acid tab 35mg
Generic Drug marketed with a Brand-Name	amiodarone hcl tab 100mg (Pacerone)

Some drugs are commercially available as both a Brand-Name and a Generic-Name. Contracted pharmacies are required to dispense the Generic version of the drug, unless Prior Authorization for the Brand-Name Drug is obtained from Sharp Health Plan.

The Brand-Name listed in this document is for reference only and is not an indication that the Brand-Name Drug is covered by Sharp Health Plan, unless Sharp Health Plan has Authorized the Brand-Name Drug due to medical necessity or specifically noted.

What is a Drug Tier?

Each covered drug is assigned to a Drug Tier. The Drug Tier is a group of drugs that indicates what your Copayment or Coinsurance is for each drug. A Deductible may also apply. For information about your Copayments, Coinsurance and/or Deductible, please consult your benefits information available online by visiting sharphealthplan.com/login and log in to your Sharp Health Plan online account. When you create a Sharp Health Plan online account, you can easily access your benefit information online 24 hours a day, 7 days a week.

A preferred drug is a drug that the Pharmacy and Therapeutics Committee has determined provides greater value than its alternatives when considering clinical effectiveness, safety and overall value.

The Drug Tier is marked throughout this document by one of the following symbols:

Symbol	Drug Tier	Description
PV	PV	Select drugs covered with no Copayment when recommended for preventive use as indicated under Preventive Care Services, including certain generic and over-the-counter contraceptives for women.
1	Tier 1	Preferred Generic Drugs. These drugs are subject to your Tier 1 Copayment.
2	Tier 2	Preferred Brand-Name Drugs and inhaler spacers. These drugs and inhaler spacers are subject to your Tier 2 Copayment.
3	Tier 3	Non-preferred drugs (may include Brand Name or Generic Drugs). These drugs are subject to your Tier 3 Copayment.

Are There Any Coverage Requirements or Limits?

Some covered Generic and Brand-Name Drugs have coverage requirements or limits on coverage. Symbols are used to identify drugs with a Coverage Requirement or Limit. The following symbols are used in this Formulary:

Symbol	Meaning	Description
PA	Prior Authorization	Requires Prior Authorization by Sharp Health Plan based on specific clinical criteria. See "What is Prior Authorization?" below for additional information.
PA**	Prior Authorization if Step Therapy is not met	Requires Prior Authorization by Sharp Health Plan based on specific clinical criteria, if Step Therapy criteria has not been met.
QL	Quantity Limit	Coverage is limited to a specific quantity per Prescription and/or time period. Prior Authorization is required for other quantities.
ST	Step Therapy	Coverage depends on previous use of another drug. Prior Authorization may be required. See "What Is Step Therapy?" below for additional information.
MO	Mail Order	A maintenance drug that is available for up to a 90-day supply and is eligible to be filled through mail order.
SP	Specialty	A specialty drug that must be filled by a pharmacy in the Sharp Health Plan Specialty Pharmacy network and is limited to a 30-day supply per fill.

OAC	Oral Anti-Cancer	An orally administered anticancer medication. Notwithstanding any Deductible, the total amount of Copayments and Coinsurance does not exceed two hundred fifty dollars (\$250) for an individual Prescription of up to a 30-day supply.
-----	------------------	---

What Is Prior Authorization?

Drugs with a PA symbol in the Coverage Requirements and Limits column of the Formulary are subject to Prior Authorization. Your Prescribing Provider must request Prior Authorization, or approval for coverage, from Sharp Health Plan by calling our Customer Service department, submitting a fax request, or submitting an electronic Prior Authorization Form. Once all the needed supporting information has been received, the Prior Authorization request will be either approved or denied based on our clinical policies within 72 hours for non-urgent requests, or within 24 hours in urgent or Exigent Circumstances. Exigent Circumstances exist when a Member is suffering from a health condition that may seriously jeopardize the Member's life, health, or ability to regain maximum function. Sharp Health Plan will provide coverage for the Prescription, including refills, for the duration of the Prescription for non-urgent requests, and for the duration of the exigency for requests based on Exigent Circumstances.

If Sharp Health Plan denies a request for Prior Authorization, the Member, an Authorized Representative, or the Prescribing Provider can file an Appeal or Grievance. Information about this process is described in the section of the Formulary called, "You Have the Right to Appeal."

If Sharp Health Plan approved a Prior Authorization request for your medication and medical condition, Sharp Health Plan will not discontinue or limit coverage if your Prescribing Provider continues to prescribe it for the same medical condition, provided the drug is appropriately prescribed and is safe and effective for treating your medical condition.

What is PA**?

Drugs with a PA** symbol in the Coverage Requirements and Limits column of the Formulary are subject to Prior Authorization based on specific clinical criteria if Step Therapy has not been met. There may be a situation when it is Medically Necessary for you to receive certain drugs without first trying the alternative drug. In these instances, your doctor may request a Prior Authorization by following the Prior Authorization process described above.

What Is Quantity Limit?

Drugs with a QL symbol in the Coverage Requirements and Limits column of the Formulary are subject to Quantity Limits. Quantity Limits exist when drugs are limited to a determined number of doses based on criteria, including, but not limited to, safety, potential overdose hazard, abuse potential, or approximation of usual doses per month, not to exceed the FDA maximum approved dose. A Member's Prescribing Provider may submit a request for a quantity of medication that exceeds the Quantity Limit by following the Prior Authorization request procedure stated above.

Medical Necessity for the quantity requested must be provided. Once all of the required supporting information has been received, the Prior Authorization request will be either approved or denied within 72 hours for non-urgent requests or within 24 hours in urgent or Exigent Circumstances.

What Is Step Therapy?

Drugs with a ST symbol in the Coverage Requirements and Limits column of the Formulary are subject to Step Therapy. The Step Therapy program encourages safe and cost-effective medication use. Under this program, a “step” approach is required to receive coverage for certain drugs. This means that to receive coverage, you may need to first try a proven, cost-effective drug. Remember, treatment decisions are always between you and your doctor. There may be a situation when it is Medically Necessary for you to receive certain drugs without first trying an alternative drug. In these instances, your doctor may request a Step Therapy Exception by following the Prior Authorization process as described above.

If a request for prior authorization or a step therapy exception is incomplete or relevant information necessary to make a coverage determination is not included, we will notify your provider what additional or relevant information is needed to approve or deny the prior authorization or step therapy exception request, or to appeal the denial.

What Is MO?

Drugs with a MO symbol in the Coverage Requirements and Limits column of the Formulary are classified as Maintenance Drugs and can be filled for a 90-day supply at a retail location or through Mail Order.

What Is a Specialty Drug?

Drugs with a SP symbol in the Coverage Requirements and Limits column of the Formulary are Specialty drugs. A Specialty drug is a drug that the FDA or the manufacturer states must be distributed through a Specialty pharmacy, drugs that require the Member to have special training or clinical monitoring for self-administration, or drugs that the Pharmacy and Therapeutics Committee determines to be a Specialty medication.

What Is an Oral Anti-Cancer Drug?

Drugs with an OAC symbol in the Coverage Requirements and Limits column of the Formulary are Oral Anti-Cancer drugs. Notwithstanding any Deductible, the total amount of Copayments and Coinsurance for these drugs does not exceed two hundred fifty dollars (\$250) for an individual Prescription of up to a 30-day supply.

What if a Drug Is Not Listed on the Formulary? What is a Formulary Exception?

Drugs that are not listed on the Formulary are Nonformulary Drugs and are not covered. There may be times when it is Medically Necessary for you to receive a Nonformulary Drug. In these instances, you, your Authorized Representative or your Prescribing Provider may request a Formulary Exception by following the Prior Authorization Request process described above. Once all of the required supporting information has been received, the Formulary Exception Request will be either approved or denied based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or Exigent Circumstances. If Sharp Health Plan denies a Formulary Exception Request, the Member, an Authorized Representative, or the Provider can file an Appeal with Sharp Health Plan. Nonformulary Brand-Name Drugs approved for coverage will be subject to the Tier 3 Cost Share. Nonformulary Generic Drugs approved for coverage will be subject to the Tier 1 Cost Share. When approved, Sharp Health Plan shall provide coverage of the Nonformulary non-urgent request for the duration of the Prescription, including refills. Sharp Health Plan shall provide coverage, including refills, pursuant to a request based on Exigent Circumstances for the duration of the exigency.

Where Can I Fill My Prescription Drug?

To find a pharmacy in our network, use our Pharmacy Locator tool. First, register for an account at www.caremark.com. The Pharmacy Locator tool is available after you log into your account and will allow you to search for a pharmacy that meets your needs. For example, you can search for a pharmacy close to your home, one that is open 24 hours a day, or one that offers drive-thru service.

Specialty drugs can be filled at CVS Specialty Pharmacy and will be mailed to you. Visit www.CVSSpecialty.com to enroll. You can also take your Specialty drug prescription to a CVS retail pharmacy. Your Prescription will be sent to CVS Specialty Pharmacy to be filled. You may return to your local CVS pharmacy to pick up your Prescription.

Mail order medications can be filled at CVS/caremark. You can enroll with CVS/caremark by visiting info.caremark.com/mailservice.

What Is Therapeutic Interchange?

Sharp Health Plan employs therapeutic interchange as part of its prescription drug benefit. Therapeutic interchange is the practice of replacing (with the Prescribing Provider's approval) a Prescription Drug originally prescribed for a patient with a Prescription Drug that is preferred on the Formulary. Using therapeutic interchange may offer advantages, such as value through improved convenience, affordability, improved outcomes or fewer side effects. Two or more drugs may be considered appropriate for therapeutic interchange if they can be expected to produce similar levels of clinical effectiveness and sound medical outcomes in patients. If, during the Prior Authorization process, the requested medication has a preferred Formulary alternative that may be considered appropriate for therapeutic interchange, a request to consider the preferred drug(s) may be conveyed to the Prescribing Provider. The Prescribing Provider may choose to use therapeutic interchange and select a pharmaceutical that does not require Prior Authorization or Step Therapy.

What Is Generic Substitution?

When a Generic Drug is available, the pharmacy is required to switch a Brand-Name Drug to the generic equivalent, unless Sharp Health Plan has authorized the Brand-Name Drug due to medical necessity. If the brand-name drug is Medically Necessary and Prior Authorization is obtained from Sharp Health Plan at the patient's request, you must pay the difference in cost between the generic drug and the brand drug in addition to the Cost Share for the corresponding Brand-Name Drug tier. The FDA applies rigorous standards for identity, strength, quality, purity and potency before approving a Generic Drug. Generics are required to have the same active ingredient, strength, dosage form, and route of administration as their Brand-Name equivalents.

In a few cases, the Brand-Name Drug is included on the Formulary, but the generic equivalent is not. When that occurs, the Brand-Name Drug will be dispensed and you will be charged the Drug Tier 1 Cost Share. The enrollee may be required to try an interchangeable product before providing coverage for the equivalent branded prescription drug. Nothing in this section will prohibit or supersede a step therapy exception request.

You Have the Right to Appeal

Initial denial of pre-service requests:

If you have a pre-service claim and you do not agree with our decision regarding precertification of an inpatient admission or prior approval of other services, you may request a review in accord with the procedures detailed below. If your claim is in reference to a contraceptive, call CVS at 1-855-298-4252. To ask us in writing to reconsider our initial request, you must:

- a. Write to us within six months from the date of our decision; and
- b. Mail or fax your request to:
 - a. Prescription Claim Appeals MC 109, CVS Caremark, P.O. Box 52084, Phoenix, AZ 85072
 - b. Non-specialty appeals fax number: 1-866-443-1172; and
- c. Include a statement about why you believe our initial decision was wrong, based on specific benefit provisions in your Federal Employees Health Benefits (FEHB) Brochure; and
- d. Include copies of documents that support your claim, such as physicians' letters, operative reports, bills, medical records, and explanation of benefits (EOB) forms.

We will provide you, free of charge and in a timely manner, with any new or additional evidence considered, relied upon or generated by us or at our direction in connection with your claim and any new rationale for our claim decision. We will provide you with this information sufficiently in advance of the date that we are required to provide you with our reconsideration decision to allow you a reasonable opportunity to respond to us before that date. However, our failure to provide

you with new evidence or rationale in sufficient time to allow you to timely respond shall not invalidate our decision on reconsideration. You may respond to that new evidence or rationale at the Office of Personnel Management (OPM) review stage described in Step 4 of the disputed claims process detailed in Section 8 of your FEHB Brochure.

We have 30 days from the date we receive your written request for consideration to complete one of the following:

1. Grant your request for prior approval for a service, drug, or supply.
2. Ask you or your provider for more information.

You or your provider must send the information so that we receive it within 60 days of our request. We will then decide within 30 more days.

If we do not receive the information within 60 days, we will decide within 30 days of the date the information was due. We will base our decision on the information we already have. We will write to you with our decision.

3. Write to you and maintain our denial.

For urgent services

If you have a serious or life-threatening condition (one that may cause permanent loss of bodily function or death if not treated as soon as possible), and you did not indicate that your claim was a claim for urgent care, then call CVS at 1-855-298-4252. We will expedite our review (if we have not yet responded to your claim); or we will inform OPM so they can quickly review your claim on appeal. You may call OPM at 1-202-606-0737 between 8 a.m. and 5 p.m. Eastern Time.

Questions

If you have any questions, please contact Customer Care by calling 1-855-298-4252. If you or somebody who you are helping have questions about Sharp Health Plan, you have the right to obtain assistance and information in your language without any cost to you.

Exclusions and Limitations to the Outpatient Prescription Drug Benefit

The services and supplies listed below are exclusions and limitations to your Outpatient Prescription Drug Benefits and are not covered by Sharp Health Plan:

1. Drugs dispensed by a person or entity other than a Plan Pharmacy, except as Medically Necessary for treatment of an Emergency Medical Condition or urgent care condition..

2. Drugs prescribed by non-Plan Providers and not authorized by Sharp Health Plan.
3. Over-the-counter medications or supplies, except for over-the-counter FDA-approved contraceptive drugs, devices and products, even if written on Prescription, except as specifically identified as covered in this Formulary. This exclusion does not apply to over-the-counter products that Sharp Health Plan must cover as a “preventive care” benefit under federal law with a Prescription or if the prescription legend drug is Medically Necessary due to a documented failure or intolerance to the over-the-counter equivalent or therapeutically comparable drug.
4. Drugs dispensed in institutional packaging (such as unit dose) and drugs that are repackaged.
5. Drugs that are packaged with over-the-counter medications or other non-prescription items/supplies, except for over-the-counter FDA-approved contraceptive drugs, devices and products.
6. Vitamins (other than pediatric or prenatal vitamins listed in this Formulary).
7. Drugs and supplies prescribed solely for the treatment of hair loss, athletic performance, , cosmetic purposes, anti-aging for cosmetic purposes, and mental performance. (Drugs for mental performance are covered when they are Medically Necessary to treat medical conditions affecting memory, including, but not limited to, treatment of the conditions or symptoms of dementia or Alzheimer’s disease.
8. Herbal, nutritional and dietary supplements.
9. Drugs prescribed solely for the purpose of shortening the duration of the common cold.
10. Dental products and medications prescribed for a dental treatment (such as mouthwash to prevent gum disease) are not covered. Drugs prescribed by a dentist to treat a medical condition (such as antibiotics to treat an infection) are covered.
11. Drugs and supplies prescribed in connection with a service or supply that is not a Covered Benefit, unless required to treat a complication that arises as a result of the service or supply.
12. Travel and/or required work-related immunizations.
13. Drugs obtained outside of the United States, unless they are furnished in connection with Urgent Care Services or Emergency Services.
14. Drugs that are prescribed solely for the purposes of losing weight, except when Medically Necessary for the treatment of severe (Class III) obesity. Members must be enrolled in a SHP approved comprehensive weight loss program prior to or concurrent with receiving the weight loss drug and meet Plan criteria for coverage when prescribed for treatment of severe (Class III) obesity. Off-label use of FDA-

approved Prescription Drugs, unless the drug is recognized for treatment of such indication in one of the standard reference compendia (the United States Pharmacopoeia Drug Information, the American Medical Association Drug Evaluations, or the American Hospital Formulary Service Drug Information) or the safety and effectiveness of use for this indication has been adequately demonstrated by at least two studies published in a nationally recognized, major peer-reviewed journal.

15. Replacement of lost, stolen, or destroyed medications.
16. Compounded medications, unless determined to be Medically Necessary and Prior Authorization is obtained.
17. Any Prescription Drug for which there is an over-the-counter product that has the identical active ingredient and dosage as the Prescription Drug, except for over-the-counter FDA-approved contraceptive drugs, devices and products.
18. Services, drugs, or supplies related to abortions, except when the life of the mother would be endangered if the fetus were carried to term, or when the pregnancy is the result of an act of rape or incest.

The exclusions listed above do not apply to:

1. Coverage of an entire class of Prescription Drugs when one drug within that class becomes available over-the-counter, except for FDA-approved contraceptive drugs, devices and products.
2. Drugs listed in this Formulary.
3. Over-the-counter products that are specifically covered and listed as a preventive care benefit under federal law. Covered preventive drugs include FDA-approved tobacco cessation drugs and FDA-approved contraceptive drugs, including FDA-approved contraceptive drugs, devices and products available over-the-counter. Preventive drugs are provided at \$0 Cost Sharing subject to certain exceptions. For more information regarding coverage of certain over-the-counter drugs as preventive drugs, please see the Plan Formulary and your FEHB Brochure.
4. Insulin, glucagon and insulin syringes. These items are covered when Medically Necessary, even if they are available without a Prescription. Please see your Formulary and your FEHB Brochure.
5. Items that are approved by the FDA as a medical device. Please see your FEHB Brochure for information about medical devices covered by Sharp Health Plan.

Some drugs are commercially available as both a Brand-Name version and a generic version. It is the policy of Sharp Health Plan that when a generic version is available, the generic version is on the Formulary. Sharp Health Plan does not cover the corresponding Brand-Name Drug and requires the dispensing pharmacy to dispense the Generic Drug unless prior Authorization for the Brand-Name Drug is obtained. In a few cases, the Brand-Name Drug is included on the Formulary, but the generic equivalent is not. When that occurs, the Brand-Name Drug will be dispensed and you will be

charged the Drug Tier 1 Cost Share. When an interchangeable biological product is available, the pharmacy may be required to fill your Prescription with the interchangeable biological product unless prior Authorization is obtained and the reference product is determined to be Medically Necessary.

DRAFT

Nondiscrimination Notice

Sharp Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. Sharp Health Plan does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability.

Sharp Health Plan:

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

If you need these services, contact Customer Care at 1-800-359-2002.

If you believe that Sharp Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability, you can file a grievance with our Civil Rights Coordinator at:

- Address: Sharp Health Plan Appeal/Grievance Department, 8520 Tech Way, Suite 200, San Diego, CA 92123-1450
- Telephone: 1-800-359-2002 (TTY 711)
- Fax: 1-619-740-8572

You can file a grievance in person or by mail or fax. Please call our Customer Care team at 1-800-359-2002 if you need help filing a grievance. You can also file a discrimination complaint if there is a concern of discrimination based on race, color, national origin, age, disability or sex 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, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

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

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call Sharp Health Plan right away at 1-858-499-8300 or 1-800-359-2002.

IMPORTANTE: ¿Puede leer esta carta? Si no le es posible, podemos ofrecerle ayuda para que alguien se la lea. Además, usted también puede obtener esta carta en su idioma. Para ayuda gratuita, por favor llame a Sharp Health Plan inmediatamente al 1-858-499-8300 o 1-800-359-2002.

DRAFT

Language Assistance Services

English

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-359-2002 (TTY:711).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-359-2002 (TTY:711).

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-359-2002 (TTY:711)。

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-359-2002 (TTY:711).

Tagalog (Tagalog – Filipino):

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-359-2002 (TTY:711).

한국어 (Korean):

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-359-2002 (TTY:711) 번으로 전화해 주십시오.

Հայերեն (Armenian):

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-359-2002 (TTY (հեռատիպ) 711).

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما تماس بگیرد 1-800-359-2002 (TTY:711) با. باشد می فراهم.

Русский (Russian):

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-359-2002 (телетайп: 711).

日本語 (Japanese):

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-359-2002 (TTY:711) まで、お電話にてご連絡ください。

قېبرعلا (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-359-2002 (رقم هاتف الصم والبكم: 711).

ਪੰਜਾਬੀ (Punjabi):

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-359-2002 (TTY/TDD: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ខ្មែរ (Mon Khmer, Cambodian):

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរទូរស័ព្ទ 1-800-359-2002(TTY:711)។

Hmoob (Hmong):

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-359-2002 (TTY:711).

हिंदी (Hindi):

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-359-2002 (TTY:711) पर कॉल करें।कॉल करें।

ภาษาไทย (Thai):

เรียน: ถ้านคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-359-2002 (TTY:711).

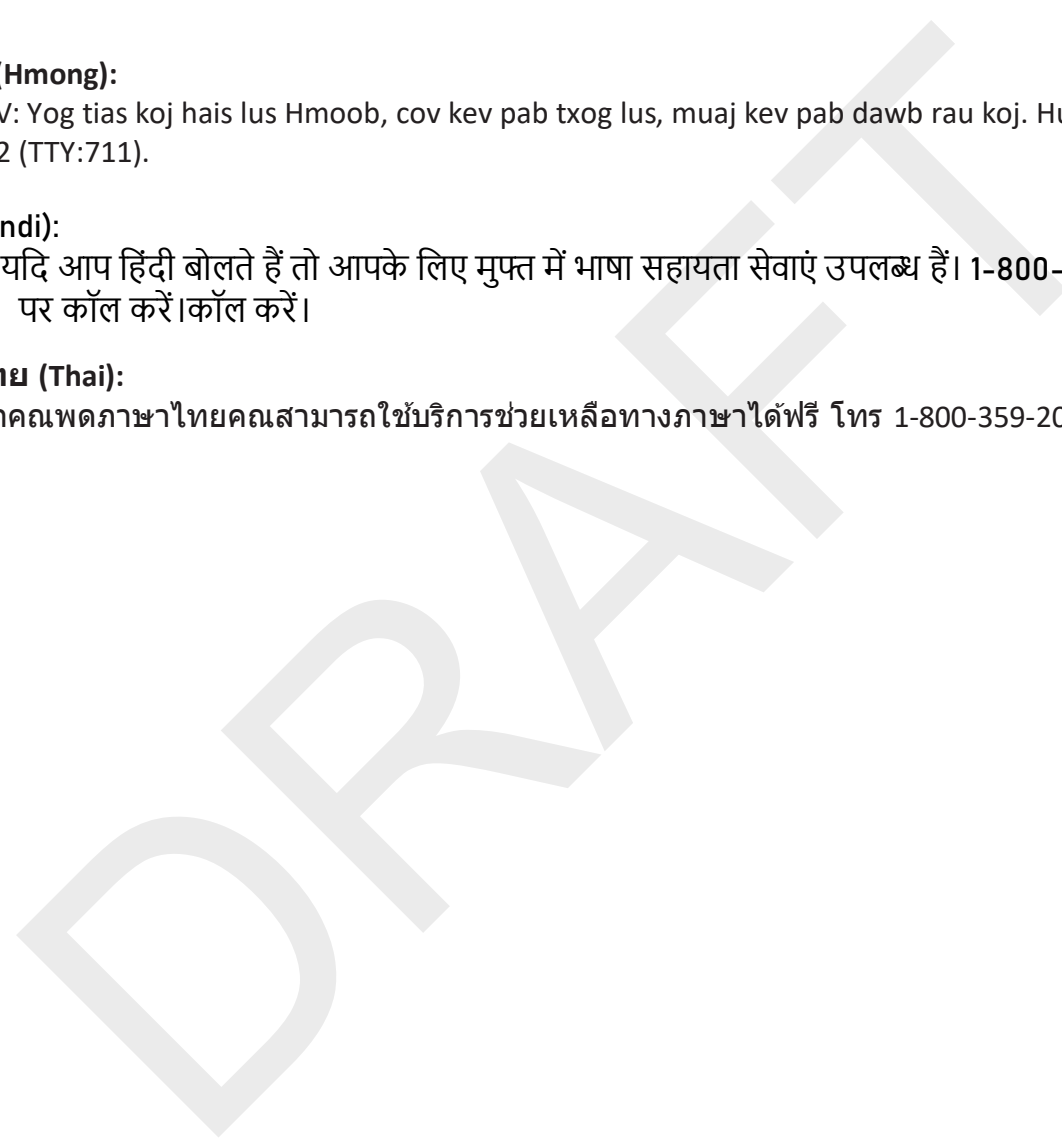


Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	12
AMPHETAMINES	12
ANOREXIANTS NON-AMPHETAMINE.....	16
ANTI-OBESITY AGENTS	17
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - DRUGS TO TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER	17
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)	18
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS.....	18
STIMULANTS - MISC.	18
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES	23
ALLERGENIC EXTRACTS.....	23
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	23
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	23
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION	23
ANTIRHEUMATIC - ENZYME INHIBITORS	23
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS).....	24
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS.....	26
PYRIMIDINE SYNTHESIS INHIBITORS.....	26
ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER	26
ANALGESIC COMBINATIONS	26
SALICYLATES.....	26
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN	27
OPIOID AGONISTS	27
OPIOID COMBINATIONS	32
OPIOID PARTIAL AGONISTS.....	35
ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES	36
ANDROGENS	36
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS	36
INTRARECTAL STEROIDS	36
RECTAL COMBINATIONS.....	36
RECTAL STEROIDS.....	36
VASODILATING AGENTS.....	37
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	37
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	37
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	37
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS.....	37
ANTI-INFECTIVE MISC. - COMBINATIONS	37
ANTIPROTOZOAL AGENTS.....	37
GLYCOPEPTIDES	37
LEPROSTATICS.....	37
LINCOSAMIDES.....	38
MONOBACTAMS	38
OXAZOLIDINONES	38
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS.....	38
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS	38

ANTIANGINALS-OTHER	38
NITRATES	38
ANTIANKXIETY AGENTS - DRUGS TO TREAT ANXIETY.....	39
ANTIANKXIETY AGENTS - MISC.....	39
BENZODIAZEPINES	39
ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS	40
ANTIARRHYTHMICS TYPE I-A.....	40
ANTIARRHYTHMICS TYPE I-B.....	40
ANTIARRHYTHMICS TYPE I-C.....	40
ANTIARRHYTHMICS TYPE III	40
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE.....	41
ANTI-INFLAMMATORY AGENTS	41
BRONCHODILATORS - ANTICHOLINERGICS.....	41
LEUKOTRIENE MODULATORS.....	41
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	41
STEROID INHALANTS	41
SYMPATHOMIMETICS.....	42
XANTHINES	43
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS	43
COUMARIN ANTICOAGULANTS.....	43
DIRECT FACTOR XA INHIBITORS	44
THROMBIN INHIBITORS	44
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES.....	44
AMPA GLUTAMATE RECEPTOR ANTAGONISTS	44
ANTICONVULSANTS - BENZODIAZEPINES	44
ANTICONVULSANTS - MISC.....	45
CARBAMATES.....	47
GABA MODULATORS	48
HYDANTOINS	48
SUCCINIMIDES	48
VALPROIC ACID	48
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION	48
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS).....	48
ANTIDEPRESSANTS - MISC.....	49
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID.....	49
MONOAMINE OXIDASE INHIBITORS (MAOIS).....	49
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	49
SEROTONIN MODULATORS.....	50
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	50
TRICYCLIC AGENTS.....	51
ANTIDIABETICS - DRUGS TO TREAT DIABETES.....	52
ALPHA-GLUCOSIDASE INHIBITORS	52
ANTIDIABETIC - AMYLIN ANALOGS.....	52
ANTIDIABETIC COMBINATIONS.....	52
BIGUANIDES.....	53
DIABETIC OTHER	53

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS.....	54
INCRETIN MIMETIC AGENTS	54
INSULIN.....	54
INSULIN SENSITIZING AGENTS	55
MEGLITINIDE ANALOGUES.....	55
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	55
SULFONYLUREAS	55
ANTIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA	56
ANTIPERISTALTIC AGENTS	56
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING	56
ANTIDOTES - CHELATING AGENTS.....	56
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING.....	56
OPIOID ANTAGONISTS.....	56
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING.....	56
5-HT ₃ RECEPTOR ANTAGONISTS.....	56
ANTIEMETICS - ANTICHOLINERGIC.....	57
ANTIEMETICS - MISCELLANEOUS	57
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	57
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS	57
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....	57
IMIDAZOLE-RELATED ANTIFUNGALS	57
ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES.....	58
ANTI-HISTAMINES - ETHANOLAMINES	58
ANTI-HISTAMINES - NON-SEDATING	58
ANTI-HISTAMINES - PHENOTHIAZINES	58
ANTI-HISTAMINES - PIPERIDINES.....	58
ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL.....	58
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS.....	58
ANTIHYPERLIPIDEMICS - COMBINATIONS	58
ANTIHYPERLIPIDEMICS - MISC.	58
BILE ACID SEQUESTRANTS	59
FIBRIC ACID DERIVATIVES	59
HMG COA REDUCTASE INHIBITORS.....	59
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS.....	60
NICOTINIC ACID DERIVATIVES.....	60
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE	61
ACE INHIBITORS	61
AGENTS FOR PHEOCHROMOCYTOMA.....	61
ANGIOTENSIN II RECEPTOR ANTAGONISTS.....	62
ANTIADRENERGIC ANTIHYPERTENSIVES.....	62
ANTIHYPERTENSIVE COMBINATIONS	63
DIRECT RENIN INHIBITORS.....	65
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)	65
VASODILATORS	65
ANTIMALARIALS - DRUGS TO TREAT MALARIA	65
ANTIMALARIAL COMBINATIONS	65
ANTIMALARIALS - DRUGS TO TREAT MALARIA	65

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS	66
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS.....	66
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS	66
ANTI TB COMBINATIONS	66
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS	66
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER	66
ALKYLATING AGENTS	66
ANTIMETABOLITES	66
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS.....	67
ANTINEOPLASTIC - EGFR INHIBITORS	67
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS.....	67
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	68
ANTINEOPLASTIC - IMMUNOMODULATORS.....	68
ANTINEOPLASTIC COMBINATIONS	69
ANTINEOPLASTIC ENZYME INHIBITORS	69
ANTINEOPLASTICS MISC.	73
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	73
MITOTIC INHIBITORS	73
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE .	73
ANTIPARKINSON ADJUNCTIVE THERAPY	73
ANTIPARKINSON ANTICHOLINERGICS	73
ANTIPARKINSON COMT INHIBITORS	73
ANTIPARKINSON DOPAMINERGICS	74
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	75
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES.....	75
ANTIMANIC AGENTS.....	75
ANTIPSYCHOTICS - MISC.....	76
BENZISOXAZOLES	76
BUTYROPHENONES	76
DIBENZAPINES.....	77
DIHYDROINDOLONES	77
PHENOTHIAZINES.....	78
QUINOLINONE DERIVATIVES.....	78
THIOXANTHENES.....	78
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS	79
ANTIRETROVIRALS.....	79
ANTIVIRAL COMBINATIONS	80
CMV AGENTS	81
HEPATITIS AGENTS	81
HERPES AGENTS	81
INFLUENZA AGENTS	82
MISC. ANTIVIRALS	82
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	82
ALPHA-BETA BLOCKERS	82
BETA BLOCKERS CARDIO-SELECTIVE.....	82
BETA BLOCKERS NON-SELECTIVE	83

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	84
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	84
CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS	86
CARDIAC GLYCOSIDES.....	86
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS	86
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS.....	86
IMPOTENCE AGENTS - DRUGS TO TREAT ERECTILE DYSFUNCTION.....	87
PROSTAGLANDIN VASODILATORS.....	87
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	87
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	88
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	88
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR.....	88
SINUS NODE INHIBITORS	88
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC).....	88
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS	88
CEPHALOSPORINS - 1ST GENERATION.....	88
CEPHALOSPORINS - 2ND GENERATION	89
CEPHALOSPORINS - 3RD GENERATION.....	89
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	89
COMBINATION CONTRACEPTIVES - ORAL.....	89
COMBINATION CONTRACEPTIVES - TRANSDERMAL	97
COMBINATION CONTRACEPTIVES - VAGINAL.....	97
EMERGENCY CONTRACEPTIVES	97
PROGESTIN CONTRACEPTIVES - ORAL.....	97
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	98
GLUCOCORTICOSTEROIDS	98
MINERALOCORTICIDS	99
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS	99
ANTITUSSIVES - DRUGS TO TREAT COUGH	99
COUGH/COLD/ALLERGY COMBINATIONS.....	99
EXPECTORANTS - DRUGS TO TREAT COUGH.....	100
MISC. RESPIRATORY INHALANTS - DRUGS TO TREAT BREATHING DISORDERS.....	100
MUCOLYTICS - DRUGS TO TREAT COUGH.....	100
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS	100
ACNE PRODUCTS.....	100
ANTI-INFLAMMATORY AGENTS - TOPICAL.....	102
ANTIBIOTICS - TOPICAL.....	102
ANTIFUNGALS - TOPICAL	102
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	103
ANTIPSORIATICS.....	103
ANTISEBORRHEIC PRODUCTS.....	103
ANTIVIRALS - TOPICAL	104
BURN PRODUCTS	104
CORTICOSTEROIDS - TOPICAL	104

ECZEMA AGENTS.....	106
EMOLLIENTS.....	106
IMMUNOMODULATING AGENTS - TOPICAL.....	106
IMMUNOSUPPRESSIVE AGENTS - TOPICAL.....	106
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS.....	106
LOCAL ANESTHETICS - TOPICAL.....	106
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL.....	106
ROSACEA AGENTS.....	106
SCABICIDES & PEDICULICIDES.....	107
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	107
DIGESTIVE ENZYMES.....	107
DIURETICS - DRUGS TO TREAT HEART CONDITIONS.....	107
CARBONIC ANHYDRASE INHIBITORS.....	107
DIURETIC COMBINATIONS.....	108
LOOP DIURETICS.....	108
POTASSIUM SPARING DIURETICS.....	108
THIAZIDES AND THIAZIDE-LIKE DIURETICS.....	108
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES.....	109
BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS.....	109
FERTILITY REGULATORS.....	109
GNRH/LHRH ANTAGONISTS.....	109
HORMONE RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS.....	109
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS.....	109
METABOLIC MODIFIERS.....	109
MINERALOCORTICOID RECEPTOR ANTAGONISTS.....	110
POSTERIOR PITUITARY HORMONES.....	110
PROGESTERONE RECEPTOR ANTAGONISTS.....	110
PROLACTIN INHIBITORS.....	110
VASOPRESSIN RECEPTOR ANTAGONISTS.....	110
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES.....	110
ESTROGEN COMBINATIONS.....	110
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES.....	111
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS.....	112
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS.....	112
GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	113
GALLSTONE SOLUBILIZING AGENTS.....	113
GASTROINTESTINAL ANTIALLERGY AGENTS.....	113
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS.....	113
GASTROINTESTINAL STIMULANTS.....	113
INFLAMMATORY BOWEL AGENTS.....	113
INTESTINAL ACIDIFIERS.....	113
IRRITABLE BOWEL SYNDROME (IBS) AGENTS.....	113
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS.....	114
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS.....	114
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS.....	114

ALKALINIZERS.....	114
CYSTINOSIS AGENTS.....	114
PROSTATIC HYPERTROPHY AGENTS.....	114
URINARY ANALGESICS.....	114
URINARY STONE AGENTS.....	114
GOUT AGENTS - DRUGS TO TREAT GOUT.....	115
GOUT AGENT COMBINATIONS.....	115
GOUT AGENTS - DRUGS TO TREAT GOUT.....	115
URICOSURICS.....	115
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS.....	115
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS.....	115
HEMATORHEOLOGIC AGENTS.....	115
PLASMA KALLIKREIN INHIBITORS.....	115
PLATELET AGGREGATION INHIBITORS.....	115
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS.....	115
AGENTS FOR GAUCHER DISEASE.....	115
AGENTS FOR SICKLE CELL DISEASE.....	116
FOLIC ACID/FOLATES.....	116
HEMATOPOIETIC GROWTH FACTORS.....	117
HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS.....	118
HEMOSTATICS - SYSTEMIC.....	118
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS.....	118
BARBITURATE HYPNOTICS.....	118
HYPNOTICS - TRICYCLIC AGENTS.....	118
NON-BARBITURATE HYPNOTICS.....	118
OREXIN RECEPTOR ANTAGONISTS.....	119
SELECTIVE MELATONIN RECEPTOR AGONISTS.....	119
LAXATIVES - DRUGS TO TREAT CONSTIPATION.....	119
LAXATIVE COMBINATIONS.....	119
LAXATIVES - MISCELLANEOUS.....	119
MACROLIDES - DRUGS TO TREAT INFECTIONS.....	119
AZITHROMYCIN.....	119
CLARITHROMYCIN.....	119
ERYTHROMYCINS.....	120
FIDAXOMICIN.....	120
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING.....	120
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL.....	120
PARENTERAL THERAPY SUPPLIES.....	120
RESPIRATORY THERAPY SUPPLIES.....	121
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES.....	122
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG.....	122
MIGRAINE COMBINATIONS.....	123
SEROTONIN AGONISTS.....	123
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION.....	124
FLUORIDE.....	124
PHOSPHATE.....	124

POTASSIUM.....	124
MISCELLANEOUS THERAPEUTIC CLASSES.....	125
CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING	125
IMMUNOMODULATORS - DRUGS TO TREAT CANCER.....	125
IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT.....	125
POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM	126
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT	127
ANESTHETICS TOPICAL ORAL	127
ANTI-INFECTIVES - THROAT	127
STEROIDS - MOUTH/THROAT/DENTAL.....	127
THROAT PRODUCTS - MISC.....	127
MULTIVITAMINS - DRUGS FOR NUTRITION.....	127
PRENATAL VITAMINS.....	127
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS	127
CENTRAL MUSCLE RELAXANTS.....	127
DIRECT MUSCLE RELAXANTS.....	128
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE	128
NASAL AGENT COMBINATIONS.....	128
NASAL ANTIALLERGY	128
NASAL ANTICHOLINERGICS.....	128
NASAL STEROIDS	128
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES.....	128
ALS AGENTS	128
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS	129
BETA-BLOCKERS - OPHTHALMIC	129
CYCLOPLEGIC MYDRIATICS	129
MIOTICS.....	129
OPHTHALMIC ADRENERGIC AGENTS.....	129
OPHTHALMIC ANTI-INFECTIVES	129
OPHTHALMIC IMMUNOMODULATORS	130
OPHTHALMIC INTEGRIN ANTAGONISTS	130
OPHTHALMIC STEROIDS	130
OPHTHALMICS - MISC.....	131
PROSTAGLANDINS - OPHTHALMIC.....	131
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR.....	131
OTIC AGENTS - MISCELLANEOUS.....	131
OTIC ANTI-INFECTIVES.....	131
OTIC COMBINATIONS	132
OTIC STEROIDS	132
OXYTOCICS - DRUGS FOR PREGNANCY	132
OXYTOCICS - DRUGS FOR PREGNANCY.....	132
PENICILLINS - DRUGS TO TREAT INFECTIONS	132
AMINOPENICILLINS	132
NATURAL PENICILLINS	132
PENICILLIN COMBINATIONS.....	132
PENICILLINASE-RESISTANT PENICILLINS.....	133
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	133

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	133
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS	
SYSTEM DISORDERS	133
AGENTS FOR CHEMICAL DEPENDENCY	133
ANTI-CATALECTIC AGENTS.....	133
ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS	133
COMBINATION PSYCHOTHERAPEUTICS.....	134
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS	135
MOVEMENT DISORDER DRUG THERAPY	135
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS	135
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS.....	136
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS	
SYSTEM DISORDERS.....	136
SMOKING DETERRENTS	136
RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS	140
CYSTIC FIBROSIS AGENTS.....	140
PULMONARY FIBROSIS AGENTS	140
SULFONAMIDES - DRUGS TO TREAT INFECTIONS.....	140
SULFONAMIDES - DRUGS TO TREAT INFECTIONS	140
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	140
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	140
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS.....	141
ANTITHYROID AGENTS.....	141
THYROID HORMONES.....	141
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH	
ACID	143
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS	143
H-2 ANTAGONISTS.....	143
MISC. ANTI-ULCER.....	144
PROTON PUMP INHIBITORS.....	144
ULCER DRUGS - PROSTAGLANDINS	144
ULCER THERAPY COMBINATIONS.....	144
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE.....	144
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC).....	144
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS	145
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS.....	145
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS	145
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS	145
SPERMICIDES	145
VAGINAL ANTI-INFECTIVES	145
VAGINAL CONTRACEPTIVE - PH MODULATORS	145
VAGINAL ESTROGENS	145
VAGINAL PROGESTINS.....	146
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS	146
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR ACUTE ALLERGIC REACTION	146
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS.....	146
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS	146

VITAMINS - DRUGS FOR NUTRITION	146
OIL SOLUBLE VITAMINS	146
Index	148

DRAFT

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
------------------------	-----------	----------------------------------

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

AMPHETAMINES

<i>amphetamine sulfate tab 5 mg</i>	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine sulfate tab 10 mg</i>	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	PA, QL (270 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	PA, QL (270 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	PA, QL (270 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	PA, QL (270 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	PA, QL (270 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	PA, QL (270 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	PA, QL (360 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	PA, QL (360 caps every 75 days), MO; PA Required for age greater than or equal to age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	PA, QL (3600 mL every 75 days), MO; PA Required for age greater than or equal to age 19
(Dextroamphetamine Sulfate Oral Solution 5 mg/5ml) PROCENTRA	1	PA, QL (3600 mL every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 2.5 mg) ZENZEDI	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 5 mg</i>	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 5 mg) ZENZEDI	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 7.5 mg) ZENZEDI	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 10 mg</i>	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 10 mg) ZENZEDI	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dextroamphetamine sulfate tab 15 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 15 mg) ZENZEDI	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 20 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 20 mg) ZENZEDI	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 30 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 30 mg) ZENZEDI	1	PA, QL (90 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate cap 10 mg</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate cap 20 mg</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate cap 30 mg</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate cap 40 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate cap 50 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lisdexamfetamine dimesylate cap 60 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate cap 70 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methamphetamine hcl tab 5 mg</i>	1	PA, QL (450 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
ANOREXIANTS NON-AMPHETAMINE		
<i>benzphetamine hcl tab 50 mg</i>	1	PA
<i>diethylpropion hcl tab 25 mg</i>	1	PA
<i>diethylpropion hcl tab er 24hr 75 mg</i>	1	PA
<i>phendimetrazine tartrate tab 35 mg</i>	1	PA
<i>phentermine hcl cap 15 mg</i>	1	PA
<i>phentermine hcl cap 30 mg</i>	1	PA
<i>phentermine hcl cap 37.5 mg</i>	1	PA
<i>phentermine hcl tab 37.5 mg</i>	1	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QSYMIA CAP 3.75-23 (<i>phentermine hcl-topiramate</i>)	2	PA
QSYMIA CAP 7.5-46MG (<i>phentermine hcl-topiramate</i>)	2	PA
QSYMIA CAP 11.25-69 (<i>phentermine hcl-topiramate</i>)	2	PA
QSYMIA CAP 15-92MG (<i>phentermine hcl-topiramate</i>)	2	PA
ANTI-OBESITY AGENTS		
<i>orlistat cap 120 mg</i>	1	PA
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - DRUGS TO TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	PA, QL (360 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	PA, QL (360 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	PA, QL (360 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	MO
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	MO
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	MO
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	MO
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	MO
QELBREE CAP 100MG ER (<i>viloxazine hcl (adhd)</i>)	2	QL (270 caps every 75 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QELBREE CAP 150MG ER (<i>viloxazine hcl (adhd)</i>)	2	QL (270 caps every 75 days), MO
QELBREE CAP 200MG ER (<i>viloxazine hcl (adhd)</i>)	2	QL (270 caps every 75 days), MO
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG (<i>solriamfetol hcl</i>)	2	PA, MO
SUNOSI TAB 150MG (<i>solriamfetol hcl</i>)	2	PA, MO
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG (<i>pitolisant hcl</i>)	2	SP, PA, QL (2 tabs every 1 day)
WAKIX TAB 17.8MG (<i>pitolisant hcl</i>)	2	SP, PA, QL (2 tabs every 1 day)
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg</i>	1	PA, MO
<i>armodafinil tab 150 mg</i>	1	PA, MO
<i>armodafinil tab 200 mg</i>	1	PA, MO
<i>armodafinil tab 250 mg</i>	1	PA, MO
AZSTARYS CAP 26.1-5.2 (<i>serdexmethylphenidate chloride-dexmethylphenidate hcl</i>)	2	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
AZSTARYS CAP 39.2-7.8 (<i>serdexmethylphenidate chloride-dexmethylphenidate hcl</i>)	2	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
AZSTARYS CAP 52.3-10. (<i>serdexmethylphenidate chloride-dexmethylphenidate hcl</i>)	2	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dexmethylphenidate hcl tab 5 mg</i>	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dexmethylphenidate hcl tab 10 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	PA, QL (540 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl chew tab 5 mg</i>	1	PA, QL (540 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl chew tab 10 mg</i>	1	PA, QL (540 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	PA, QL (5400 mL every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	PA, QL (2700 mL every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl tab 5 mg</i>	1	PA, QL (540 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl tab 10 mg</i>	1	PA, QL (540 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl tab 20 mg</i>	1	PA, QL (270 tabs every 75 days), MO; PA Required for age greater than or equal to age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl tab er 10 mg</i>	1	PA, QL (270 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl tab er 20 mg</i>	1	PA, QL (270 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA Required for age greater than or equal to age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate td patch 10 mg/9hr</i>	1	PA, QL (90 patches every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate td patch 15 mg/9hr</i>	1	PA, QL (90 patches every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate td patch 20 mg/9hr</i>	1	PA, QL (90 patches every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate td patch 30 mg/9hr</i>	1	PA, QL (90 patches every 75 days), MO; PA Required for age greater than or equal to age 19
<i>modafinil tab 100 mg</i>	1	PA, MO
<i>modafinil tab 200 mg</i>	1	PA, MO

ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU (<i>timothy grass pollen allergen extract</i>)	2	PA, MO
ORALAIR SUB 300 IR (<i>grass mixed pollens allergen extract</i>)	2	PA, MO
RAGWITEK SUB (<i>short ragweed pollen allergen extract</i>)	2	PA, MO

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

<i>neomycin sulfate tab 500 mg</i>	1	
<i>tobramycin nebu soln 300 mg/4ml</i>	1	SP, PA, QL (8 mL every 1 day)
<i>tobramycin nebu soln 300 mg/5ml</i>	1	SP, PA, QL (10 mL every 1 day)

ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION

ANTIRHEUMATIC - ENZYME INHIBITORS

RINVOQ LQ SOL 1MG/ML (<i>upadacitinib</i>)	2	SP, PA, QL (12 mL every 1 day); Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
--	---	---

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RINVOQ TAB 15MG ER (<i>upadacitinib</i>)	2	SP, PA, QL (1 tab every 1 day); Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
RINVOQ TAB 30MG ER (<i>upadacitinib</i>)	2	SP, PA, QL (1 tab every 1 day); Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
RINVOQ TAB 45MG ER (<i>upadacitinib</i>)	2	SP, PA, QL (56 tabs every 56 days); Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ SOL 1MG/ML (<i>tofacitinib citrate</i>)	2	SP, PA, QL (10 mL every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ TAB 5MG (<i>tofacitinib citrate</i>)	2	SP, PA, QL (2 tabs every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ TAB 10MG (<i>tofacitinib citrate</i>)	2	SP, PA, QL (2 tabs every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ XR TAB 11MG (<i>tofacitinib citrate</i>)	2	SP, PA, QL (1 tab every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ XR TAB 22MG (<i>tofacitinib citrate</i>)	2	SP, PA, QL (1 tab every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib cap 50 mg</i>	1	MO
<i>celecoxib cap 100 mg</i>	1	MO
<i>celecoxib cap 200 mg</i>	1	MO
<i>celecoxib cap 400 mg</i>	1	MO
<i>diclofenac potassium tab 50 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diclofenac sodium tab delayed release 25 mg</i>	1	MO
<i>diclofenac sodium tab delayed release 50 mg</i>	1	MO
<i>diclofenac sodium tab delayed release 75 mg</i>	1	MO
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	MO
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	MO
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	MO
<i>etodolac cap 200 mg</i>	1	MO
<i>etodolac cap 300 mg</i>	1	MO
<i>etodolac tab 400 mg</i>	1	MO
<i>etodolac tab 500 mg</i>	1	MO
<i>etodolac tab er 24hr 400 mg</i>	1	MO
<i>etodolac tab er 24hr 500 mg</i>	1	MO
<i>etodolac tab er 24hr 600 mg</i>	1	MO
<i>flurbiprofen tab 50 mg</i>	1	MO
<i>flurbiprofen tab 100 mg</i>	1	MO
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	MO
(Ibuprofen Tab 400 mg) IBU	1	MO
<i>ibuprofen tab 600 mg</i>	1	MO
(Ibuprofen Tab 600 mg) IBU	1	MO
<i>ibuprofen tab 800 mg</i>	1	MO
(Ibuprofen Tab 800 mg) IBU	1	MO
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	1	PA, MO
<i>indomethacin cap 25 mg</i>	1	MO
<i>indomethacin cap 50 mg</i>	1	MO
<i>indomethacin cap er 75 mg</i>	1	MO
<i>indomethacin suppos 50 mg</i>	1	MO
<i>indomethacin susp 25 mg/5ml</i>	1	MO
<i>ketorolac tromethamine tab 10 mg</i>	1	
<i>meclofenamate sodium cap 50 mg</i>	1	MO
<i>meclofenamate sodium cap 100 mg</i>	1	MO
<i>mefenamic acid cap 250 mg</i>	1	MO
<i>meloxicam susp 7.5 mg/5ml</i>	1	MO
<i>meloxicam tab 7.5 mg</i>	1	MO
<i>meloxicam tab 15 mg</i>	1	MO
<i>nabumetone tab 500 mg</i>	1	MO
<i>nabumetone tab 750 mg</i>	1	MO
<i>naproxen sodium tab 275 mg</i>	1	MO
<i>naproxen sodium tab 550 mg</i>	1	MO
<i>naproxen tab 250 mg</i>	1	MO
<i>naproxen tab 375 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>naproxen tab 500 mg</i>	1	MO
<i>naproxen tab ec 375 mg</i>	1	MO
(Naproxen Tab Ec 375 mg) EC-NAPROXEN	1	MO
<i>naproxen tab ec 500 mg</i>	1	MO
(Naproxen Tab Ec 500 mg) EC-NAPROXEN	1	MO
<i>oxaprozin cap 300 mg</i>	1	MO
<i>oxaprozin tab 600 mg</i>	1	MO
<i>piroxicam cap 10 mg</i>	1	MO
<i>piroxicam cap 20 mg</i>	1	MO
<i>sulindac tab 150 mg</i>	1	MO
<i>sulindac tab 200 mg</i>	1	MO
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20 (<i>apremilast</i>)	2	SP, PA, QL (55 tabs every 28 days); Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 10/20/30 (<i>apremilast</i>)	2	SP, PA, QL (55 tabs every 28 days); Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 20MG (<i>apremilast</i>)	2	SP, PA, QL (2 tabs every 1 day); Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 30MG (<i>apremilast</i>)	2	SP, PA, QL (2 tabs every 1 day); Preferred for Psoriasis, Psoriatic Arthritis
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i>	1	MO
<i>leflunomide tab 20 mg</i>	1	MO
ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER		
ANALGESIC COMBINATIONS		
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL (48 tabs every 25 days)
(Butalbital-Acetaminophen Tab 50-325 mg) TENCON	1	QL (48 tabs every 25 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs every 25 days)
(Butalbital-Acetaminophen-Caffeine Tab 50-325-40 mg) BAC	1	QL (48 tabs every 25 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (48 caps every 25 days)
SALICYLATES		
(Aspirin Chew Tab 81 mg) ASPIRIN CHILDRENS	PV	QL (100 tabs every 30 days); \$0 copay for members capable of pregnancy age 12-59 years at risk for preeclampsia, otherwise not covered

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>aspirin tab delayed release 81 mg</i>	PV	QL (100 tabs every 30 days); \$0 copay for members capable of pregnancy age 12-59 years at risk for preeclampsia, otherwise not covered
<i>diflunisal tab 500 mg</i>	1	MO
<i>salsalate tab 750 mg</i>	1	MO

ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

<i>codeine sulfate tab 30 mg</i>	1	PA, QL (42 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	ST, QL (10 patches every 25 days); PA**
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	ST, QL (10 patches every 25 days); PA**
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	ST, QL (10 patches every 25 days); PA**
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA; High Strength Requires PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	PA; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA; High Strength Requires PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA; High Strength Requires PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA; High Strength Requires PA
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	ST, QL (60 caps every 25 days); PA**
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	ST, QL (60 caps every 25 days); PA**
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	1	ST, QL (60 caps every 25 days); PA**
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	ST, QL (60 caps every 25 days); PA**
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	ST, QL (60 caps every 25 days); PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	ST, QL (30 tabs every 25 days); PA**
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	ST, QL (30 tabs every 25 days); PA**
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	ST, QL (30 tabs every 25 days); PA**
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	ST, QL (30 tabs every 25 days); PA**
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	ST, QL (30 tabs every 25 days); PA**
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	PA; High Strength Requires PA
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	PA, QL (600 mL every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydromorphone hcl tab 2 mg</i>	1	PA, QL (180 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydromorphone hcl tab 4 mg</i>	1	PA, QL (150 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydromorphone hcl tab 8 mg</i>	1	PA, QL (60 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	ST, QL (120 tabs every 25 days); PA**
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	ST, QL (120 tabs every 25 days); PA**
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	ST, QL (120 tabs every 25 days); PA**
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA, QL (120 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	PA, QL (90 mL every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>meperidine hcl tab 50 mg</i>	1	PA, QL (18 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>methadone hcl conc 10 mg/ml</i>	1	QL (30 mL every 25 days); Indicated for opioid addiction
(Methadone Hcl Conc 10 mg/ml) METHADONE HYDROCHLORIDE I	1	PA, QL (30 mL every 25 days); Indicated for opioid addiction
<i>methadone hcl soln 5 mg/5ml</i>	1	ST, QL (450 ml every 25 days); PA**
<i>methadone hcl soln 10 mg/5ml</i>	1	ST, QL (300 mL every 25 days); PA**
<i>methadone hcl tab 5 mg</i>	1	ST, QL (90 tabs every 25 days); PA**
<i>methadone hcl tab 10 mg</i>	1	ST, QL (60 tabs every 25 days); PA**
<i>methadone hcl tab for oral susp 40 mg</i>	1	QL (9 tabs every 25 days); Indicated for opioid addiction
(Methadone Hcl Tab For Oral Susp 40 mg) METHADOSE	1	QL (9 tabs every 25 days); Indicated for opioid addiction
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	ST, QL (60 caps every 25 days); PA**
<i>morphine sulfate cap er 24hr 20 mg</i>	1	ST, QL (60 caps every 25 days); PA**
<i>morphine sulfate cap er 24hr 30 mg</i>	1	ST, QL (60 caps every 25 days); PA**
<i>morphine sulfate cap er 24hr 50 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate cap er 24hr 60 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate cap er 24hr 80 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA; High Strength Requires PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (900 mL every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL (675 mL every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (135 mL every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>morphine sulfate tab 15 mg</i>	1	PA, QL (180 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>morphine sulfate tab 30 mg</i>	1	PA, QL (90 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>morphine sulfate tab er 15 mg</i>	1	ST, QL (90 tabs every 25 days); PA**
<i>morphine sulfate tab er 30 mg</i>	1	ST, QL (90 tabs every 25 days); PA**
<i>morphine sulfate tab er 60 mg</i>	1	PA; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	1	PA; High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	1	PA; High Strength Requires PA
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (180 caps every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (90 mL every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA, QL (900 mL every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl tab 5 mg</i>	1	PA, QL (180 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone hcl tab 10 mg</i>	1	PA, QL (180 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl tab 15 mg</i>	1	PA, QL (120 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL (90 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL (60 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl tab abuse deter 15 mg</i>	1	PA, QL (120 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (180 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (90 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>tramadol hcl oral soln 5 mg/ml</i>	1	PA, QL (1800 mL every 25 days); Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (180 tabs every 25 days); Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
<i>tramadol hcl tab er 24hr 100 mg</i>	1	ST, QL (30 tabs every 25 days); PA**; Not available under age 12
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA; High Strength Requires PA; Not available under age 12
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA; High Strength Requires PA; Not available under age 12

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	ST, QL (30 tabs every 25 days); PA**; Not available under age 12
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA; High Strength Requires PA; Not available under age 12
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA; High Strength Requires PA; Not available under age 12

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	ST, QL (2700 mL every 25 days); PA**; Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	ST, QL (400 tabs every 25 days); PA**; Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	ST, QL (360 tabs every 25 days); PA**; Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	ST, QL (180 tabs every 25 days); PA**; Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	ST, QL (300 caps every 25 days); PA**; Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
(Acetaminophen-Caffeine-Dihydrocodeine Cap 320.5-30-16 mg) TREZIX	1	ST, QL (300 caps every 25 days); PA**; Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (48 caps every 25 days); Not available under age 12
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL (48 caps every 25 days); Not available under age 12
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL (48 caps every 25 days); Not available under age 12
(Butalbital-Aspirin-Caff W/ Codeine Cap 50-325-40-30 mg) ASCOMP/CODEINE	1	QL (48 caps every 25 days); Not available under age 12

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (2700 mL every 25 days); If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	PA, QL (2700 mL every 25 days); If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	ST, QL (240 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (240 tabs every 25 days); If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	ST, QL (180 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (180 tabs every 25 days); If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	ST, QL (180 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (180 tabs every 25 days); If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	ST, QL (50 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	ST, QL (50 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	ST, QL (50 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	ST, QL (360 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
(Oxycodone W/ Acetaminophen Tab 2.5-325 mg) ENDOCET	1	ST, QL (360 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	ST, QL (360 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
(Oxycodone W/ Acetaminophen Tab 5-325 mg) ENDOCET	1	ST, QL (360 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	ST, QL (240 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
(Oxycodone W/ Acetaminophen Tab 7.5-325 mg) ENDOCET	1	ST, QL (240 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
(Oxycodone W/ Acetaminophen Tab 10-325 mg) ENDOCET	1	ST, QL (180 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	ST, QL (40 tabs every 25 days); PA**; Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG (<i>buprenorphine hcl</i>)	2	ST, QL (60 films every 25 days); PA**
BELBUCA MIS 150MCG (<i>buprenorphine hcl</i>)	2	ST, QL (60 films every 25 days); PA**
BELBUCA MIS 300MCG (<i>buprenorphine hcl</i>)	2	ST, QL (60 films every 25 days); PA**
BELBUCA MIS 450MCG (<i>buprenorphine hcl</i>)	2	ST, QL (60 films every 25 days); PA**
BELBUCA MIS 600MCG (<i>buprenorphine hcl</i>)	2	PA; High Strength Requires PA
BELBUCA MIS 750MCG (<i>buprenorphine hcl</i>)	2	PA; High Strength Requires PA
BELBUCA MIS 900MCG (<i>buprenorphine hcl</i>)	2	PA; High Strength Requires PA
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	ST, QL (4 patches every month); PA**
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	ST, QL (4 patches every month); PA**
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	ST, QL (4 patches every month); PA**
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	PA; High Strength Requires PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	PA; High Strength Requires PA
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA, QL (120 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
ZUBSOLV SUB 0.7-0.18 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	
ZUBSOLV SUB 1.4-0.36 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	
ZUBSOLV SUB 2.9-0.71 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZUBSOLV SUB 5.7-1.4 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	
ZUBSOLV SUB 8.6-2.1 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	
ZUBSOLV SUB 11.4-2.9 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
<i>methyltestosterone cap 10 mg</i>	1	PA, MO
NATESTO GEL 5.5MG (<i>testosterone</i>)	2	PA, MO
<i>testosterone td gel 10mg/act (2%)</i>	1	PA, MO
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA, MO
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	PA, MO
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	PA, MO
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA, MO
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	PA, MO
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA, MO
<i>testosterone td soln 30 mg/act</i>	1	PA, MO

ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS

INTRARECTAL STEROIDS

<i>budesonide rectal foam 2 mg/act</i>	1	
CORTIFOAM AER 90MG (<i>hydrocortisone acetate (intrarectal)</i>)	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	

RECTAL COMBINATIONS

<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
PROCTOFOAM AER HC 1% (<i>hydrocortisone acetate w/ pramoxine</i>)	2	

RECTAL STEROIDS

(Hydrocortisone Acetate Suppos 25 mg) ANUCORT-HC	1	
(Hydrocortisone Acetate Suppos 30 mg) HEMMOREX-HC	1	
<i>hydrocortisone perianal cream 1%</i>	1	
(Hydrocortisone Perianal Cream 1%) PROCTOCORT	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
(Hydrocortisone Perianal Cream 2.5%) PROCTO-MED HC	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Hydrocortisone Perianal Cream 2.5%) PROCTOSOL HC	1	
(Hydrocortisone Perianal Cream 2.5%) PROCTOZONE-HC	1	
VASODILATING AGENTS		
<i>nitroglycerin oint 0.4%</i>	1	
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
<i>albendazole tab 200 mg</i>	1	
EMVERM CHW 100MG (<i>mebendazole</i>)	2	
<i>ivermectin tab 3 mg</i>	1	
<i>praziquantel tab 600 mg</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
IMPAVIDO CAP 50MG (<i>miltefosine</i>)	3	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 550MG (<i>rifaximin</i>)	2	MO
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
(Sulfamethoxazole-Trimethoprim Susp 200-40 mg/5ml) SULFATRIM PEDIATRIC	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750 mg/5ml</i>	1	
<i>nitazoxanide tab 500 mg</i>	1	
GLYCOPEPTIDES		
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	1	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	1	
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dapsone tab 100 mg</i>	1	MO
LINCOSAMIDES		
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
MONOBACTAMS		
CAYSTON INH 75MG (<i>aztreonam lysine</i>)	3	SP, PA
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	
<i>linezolid tab 600 mg</i>	1	
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	1	MO
<i>ranolazine tab er 12hr 1000 mg</i>	1	MO
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	1	MO
<i>isosorbide dinitrate tab 10 mg</i>	1	MO
<i>isosorbide dinitrate tab 20 mg</i>	1	MO
<i>isosorbide dinitrate tab 30 mg</i>	1	MO
<i>isosorbide mononitrate tab 10 mg</i>	1	MO
<i>isosorbide mononitrate tab 20 mg</i>	1	MO
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	MO
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	MO
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	MO
<i>nitroglycerin sl tab 0.3 mg</i>	1	MO
<i>nitroglycerin sl tab 0.4 mg</i>	1	MO
<i>nitroglycerin sl tab 0.6 mg</i>	1	MO
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	MO
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	MO
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	MO
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	MO

ANTI-ANXIETY AGENTS - DRUGS TO TREAT ANXIETY

ANTI-ANXIETY AGENTS - MISC.

<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	

BENZODIAZEPINES

<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	QL (150 tabs every 25 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	QL (150 tabs every 25 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	1	QL (150 tabs every 25 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	1	QL (150 tabs every 25 days)
<i>alprazolam tab 0.5 mg</i>	1	QL (150 tabs every 25 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (150 tabs every 25 days)
<i>alprazolam tab 1 mg</i>	1	QL (150 tabs every 25 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tabs every 25 days)
<i>alprazolam tab er 24hr 0.5 mg</i>	1	QL (150 tabs every 25 days)
(Alprazolam Tab Er 24hr 0.5 mg) ALPRAZOLAM XR	1	QL (150 tabs every 25 days)
<i>alprazolam tab er 24hr 1 mg</i>	1	QL (150 tabs every 25 days)
(Alprazolam Tab Er 24hr 1 mg) ALPRAZOLAM XR	1	QL (150 tabs every 25 days)
<i>alprazolam tab er 24hr 2 mg</i>	1	QL (150 tabs every 25 days)
(Alprazolam Tab Er 24hr 2 mg) ALPRAZOLAM XR	1	QL (150 tabs every 25 days)
<i>alprazolam tab er 24hr 3 mg</i>	1	QL (90 tabs every 25 days)
(Alprazolam Tab Er 24hr 3 mg) ALPRAZOLAM XR	1	QL (90 tabs every 25 days)
<i>chlordiazepoxide hcl cap 5 mg</i>	1	QL (360 caps every 25 days)
<i>chlordiazepoxide hcl cap 10 mg</i>	1	QL (360 caps every 25 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	1	QL (360 caps every 25 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (180 tabs every 25 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (180 tabs every 25 days)
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (180 tabs every 25 days)
<i>diazepam conc 5 mg/ml</i>	1	QL (240 mL every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Diazepam Conc 5 mg/ml) DIAZEPAM INTENSOL	1	QL (240 mL every 25 days)
<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL every 25 days)
<i>diazepam tab 2 mg</i>	1	QL (120 tabs every 25 days)
<i>diazepam tab 5 mg</i>	1	QL (120 tabs every 25 days)
<i>diazepam tab 10 mg</i>	1	QL (120 tabs every 25 days)
<i>lorazepam conc 2 mg/ml</i>	1	QL (150 mL every 25 days)
<i>lorazepam tab 0.5 mg</i>	1	QL (150 tabs every 25 days)
<i>lorazepam tab 1 mg</i>	1	QL (150 tabs every 25 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs every 25 days)
<i>oxazepam cap 10 mg</i>	1	QL (120 caps every 25 days)
<i>oxazepam cap 15 mg</i>	1	QL (120 caps every 25 days)
<i>oxazepam cap 30 mg</i>	1	QL (120 caps every 25 days)

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	1	MO
<i>disopyramide phosphate cap 150 mg</i>	1	MO
<i>quinidine gluconate tab er 324 mg</i>	1	MO

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	1	MO
<i>mexiletine hcl cap 200 mg</i>	1	MO
<i>mexiletine hcl cap 250 mg</i>	1	MO

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	1	MO
<i>flecainide acetate tab 100 mg</i>	1	MO
<i>flecainide acetate tab 150 mg</i>	1	MO
<i>propafenone hcl cap er 12hr 225 mg</i>	1	MO
<i>propafenone hcl cap er 12hr 325 mg</i>	1	MO
<i>propafenone hcl cap er 12hr 425 mg</i>	1	MO
<i>propafenone hcl tab 150 mg</i>	1	MO
<i>propafenone hcl tab 225 mg</i>	1	MO
<i>propafenone hcl tab 300 mg</i>	1	MO

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 100 mg</i>	1	MO
(Amiodarone Hcl Tab 100 mg) PACERONE	1	MO
<i>amiodarone hcl tab 200 mg</i>	1	MO
(Amiodarone Hcl Tab 200 mg) PACERONE	1	MO
<i>amiodarone hcl tab 400 mg</i>	1	MO
(Amiodarone Hcl Tab 400 mg) PACERONE	1	MO
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	SP, PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	SP, PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	SP, PA
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (720 mL every 75 days), MO
BRONCHODILATORS - ANTICHOLINERGICS		
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (938 mL every 75 days), MO
SPIRIVA AER 1.25MCG (<i>tiotropium bromide monohydrate</i>)	2	QL (3 inhalers every 75 days), MO
SPIRIVA CAP HANDIHLR (<i>tiotropium bromide monohydrate</i>)	2	QL (90 caps every 75 days), MO
SPIRIVA SPR 2.5MCG (<i>tiotropium bromide monohydrate</i>)	2	QL (3 inhalers every 75 days), MO
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	1	QL (90 caps every 75 days), MO
YUPELRI SOL (<i>revefenacin</i>)	2	QL (270 mL every 75 days), MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	MO
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	MO
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	MO
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	MO
<i>zafirlukast tab 10 mg</i>	1	MO
<i>zafirlukast tab 20 mg</i>	1	MO
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast tab 250 mcg</i>	1	MO
<i>roflumilast tab 500 mcg</i>	1	MO
STEROID INHALANTS		
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (360 mL every 75 days), MO
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (540 mL every 75 days), MO
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (180 mL every 75 days), MO
FLOVENT HFA AER 44MCG (<i>fluticasone propionate hfa</i>)	2	QL (6 inhalers every 75 days), MO
FLOVENT HFA AER 110MCG (<i>fluticasone propionate hfa</i>)	2	QL (6 inhalers every 75 days), MO
FLOVENT HFA AER 220MCG (<i>fluticasone propionate hfa</i>)	2	QL (6 inhalers every 75 days), MO
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	3	QL (6 inhalers every 75 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	3	QL (6 inhalers every 75 days), MO
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	3	QL (6 inhalers every 75 days), MO
PULMICORT INH 90MCG (<i>budesonide (inhalation)</i>)	2	QL (9 inhalers every 75 days), MO
PULMICORT INH 180MCG (<i>budesonide (inhalation)</i>)	2	QL (6 inhalers every 75 days), MO
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG (<i>albuterol-budesonide</i>)	2	QL (9 inhalers every 75 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (6 inhalers every 75 days), MO
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (180 mL every 75 days), MO
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (1125 mL every 75 days), MO
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (1125 mL every 75 days), MO
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (1125 mL every 75 days), MO
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	MO
<i>albuterol sulfate tab 2 mg</i>	1	MO
<i>albuterol sulfate tab 4 mg</i>	1	MO
ANORO ELLIPT AER 62.5-25 (<i>umeclidinium-vilanterol</i>)	2	QL (180 blisters every 75 days), MO
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL (360 mL every 75 days), MO
BREO ELLIPTA INH 50-25MCG (<i>fluticasone furoate-vilanterol</i>)	2	QL (3 inhalers every 75 days), MO
BREO ELLIPTA INH 100-25 (<i>fluticasone furoate-vilanterol</i>)	2	QL (180 blisters every 75 days), MO
BREO ELLIPTA INH 200-25 (<i>fluticasone furoate-vilanterol</i>)	2	QL (180 blisters every 75 days), MO
BREZTRI AERO AER SPHERE (<i>budesonide-glycopyrrolate-formoterol fumarate</i>)	2	QL (3 inhalers every 75 days), MO
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (180 inhalations every 75 days), MO
(Fluticasone-Salmeterol Aer Powder Ba 100-50 mcg/act) WIXELA INHUB	1	QL (180 inhalations every 75 days), MO
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (180 inhalations every 75 days), MO
(Fluticasone-Salmeterol Aer Powder Ba 250-50 mcg/act) WIXELA INHUB	1	QL (180 inhalations every 75 days), MO
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (180 inhalations every 75 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Fluticasone-Salmeterol Aer Powder Ba 500-50 mcg/act) WIXELA INHUB	1	QL (180 inhalations every 75 days), MO
formoterol fumarate soln nebu 20 mcg/2ml	1	QL (360 mL every 75 days), MO
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (1620 mL every 75 days), MO
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL (900 mL every 75 days), MO
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL (900 mL every 75 days), MO
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL (900 mL every 75 days), MO
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL (270 mL every 75 days), MO
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL (6 inhalers every 75 days), MO
SEREVENT DIS AER 50MCG (<i>salmeterol xinafoate</i>)	2	QL (180 inhalations every 75 days), MO
STIOLTO AER 2.5-2.5 (<i>tiotropium bromide-olodaterol hcl</i>)	2	QL (3 inhalers every 75 days), MO
STRIVERDI AER 2.5MCG (<i>olodaterol hcl</i>)	2	QL (3 inhalers every 75 days), MO
terbutaline sulfate tab 2.5 mg	1	MO
terbutaline sulfate tab 5 mg	1	MO
TRELEGY AER 100MCG (<i>fluticasone-umeclidinium-vilanterol</i>)	2	QL (3 inhalers every 75 days), MO
TRELEGY AER 200MCG (<i>fluticasone-umeclidinium-vilanterol</i>)	2	QL (3 inhalers every 75 days), MO
XANTHINES		
theophylline elixir 80 mg/15ml	1	MO
(Theophylline Elixir 80 mg/15ml) ELIXOPHYLLIN	1	MO
theophylline soln 80 mg/15ml	1	MO
theophylline tab er 12hr 300 mg	1	MO
theophylline tab er 12hr 450 mg	1	MO
theophylline tab er 24hr 400 mg	1	MO
theophylline tab er 24hr 600 mg	1	MO
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS		
COUMARIN ANTICOAGULANTS		
warfarin sodium tab 1 mg	1	MO
(Warfarin Sodium Tab 1 mg) JANTOVEN	1	MO
warfarin sodium tab 2 mg	1	MO
(Warfarin Sodium Tab 2 mg) JANTOVEN	1	MO
warfarin sodium tab 2.5 mg	1	MO
(Warfarin Sodium Tab 2.5 mg) JANTOVEN	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
warfarin sodium tab 3 mg	1	MO
(Warfarin Sodium Tab 3 mg) JANTOVEN	1	MO
warfarin sodium tab 4 mg	1	MO
(Warfarin Sodium Tab 4 mg) JANTOVEN	1	MO
warfarin sodium tab 5 mg	1	MO
(Warfarin Sodium Tab 5 mg) JANTOVEN	1	MO
warfarin sodium tab 6 mg	1	MO
(Warfarin Sodium Tab 6 mg) JANTOVEN	1	MO
warfarin sodium tab 7.5 mg	1	MO
(Warfarin Sodium Tab 7.5 mg) JANTOVEN	1	MO
warfarin sodium tab 10 mg	1	MO
(Warfarin Sodium Tab 10 mg) JANTOVEN	1	MO
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG (<i>apixaban</i>)	2	
ELIQUIS TAB 2.5MG (<i>apixaban</i>)	2	MO
ELIQUIS TAB 5MG (<i>apixaban</i>)	2	MO
XARELTO STAR TAB 15/20MG (<i>rivaroxaban</i>)	2	
XARELTO SUS 1MG/ML (<i>rivaroxaban</i>)	2	MO
XARELTO TAB 2.5MG (<i>rivaroxaban</i>)	2	MO
XARELTO TAB 10MG (<i>rivaroxaban</i>)	2	MO
XARELTO TAB 15MG (<i>rivaroxaban</i>)	2	MO
XARELTO TAB 20MG (<i>rivaroxaban</i>)	2	MO
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	1	MO
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	1	MO
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	1	MO
ANTICONSULSANTS - DRUGS TO TREAT SEIZURES		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML (<i>perampanel</i>)	2	MO
FYCOMPA TAB 2MG (<i>perampanel</i>)	2	MO
FYCOMPA TAB 4MG (<i>perampanel</i>)	2	MO
FYCOMPA TAB 6MG (<i>perampanel</i>)	2	MO
FYCOMPA TAB 8MG (<i>perampanel</i>)	2	MO
FYCOMPA TAB 10MG (<i>perampanel</i>)	2	MO
FYCOMPA TAB 12MG (<i>perampanel</i>)	2	MO
ANTICONSULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	1	MO
clobazam tab 10 mg	1	MO
clobazam tab 20 mg	1	MO
clonazepam orally disintegrating tab 0.5 mg	1	QL (300 tabs every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	QL (300 tabs every 25 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	QL (300 tabs every 25 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	1	QL (300 tabs every 25 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	1	QL (300 tabs every 25 days)
<i>clonazepam tab 0.5 mg</i>	1	QL (300 tabs every 25 days)
<i>clonazepam tab 1 mg</i>	1	QL (300 tabs every 25 days)
<i>clonazepam tab 2 mg</i>	1	QL (300 tabs every 25 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
NAYZILAM SPR 5MG (<i>midazolam (anticonvulsant)</i>)	2	
VALTOCO SPR 5MG (<i>diazepam (anticonvulsant)</i>)	2	
VALTOCO SPR 10MG (<i>diazepam (anticonvulsant)</i>)	2	
VALTOCO SPR 15MG (<i>diazepam (anticonvulsant)</i>)	2	
VALTOCO SPR 20MG (<i>diazepam (anticonvulsant)</i>)	2	
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG (<i>eslicarbazepine acetate</i>)	2	MO
APTIOM TAB 400MG (<i>eslicarbazepine acetate</i>)	2	MO
APTIOM TAB 600MG (<i>eslicarbazepine acetate</i>)	2	MO
APTIOM TAB 800MG (<i>eslicarbazepine acetate</i>)	2	MO
<i>carbamazepine cap er 12hr 100 mg</i>	1	MO
<i>carbamazepine cap er 12hr 200 mg</i>	1	MO
<i>carbamazepine cap er 12hr 300 mg</i>	1	MO
<i>carbamazepine chew tab 100 mg</i>	1	MO
<i>carbamazepine susp 100 mg/5ml</i>	1	MO
<i>carbamazepine tab 200 mg</i>	1	MO
(Carbamazepine Tab 200 mg) EPITOL	1	MO
<i>carbamazepine tab er 12hr 100 mg</i>	1	MO
<i>carbamazepine tab er 12hr 200 mg</i>	1	MO
<i>carbamazepine tab er 12hr 400 mg</i>	1	MO
<i>gabapentin cap 100 mg</i>	1	MO
<i>gabapentin cap 300 mg</i>	1	MO
<i>gabapentin cap 400 mg</i>	1	MO
<i>gabapentin oral soln 250 mg/5ml</i>	1	MO
<i>gabapentin tab 600 mg</i>	1	MO
<i>gabapentin tab 800 mg</i>	1	MO
<i>lacosamide oral solution 10 mg/ml</i>	1	MO
<i>lacosamide tab 50 mg</i>	1	MO
<i>lacosamide tab 100 mg</i>	1	MO
<i>lacosamide tab 150 mg</i>	1	MO
<i>lacosamide tab 200 mg</i>	1	MO
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	MO
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	MO
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	MO
<i>lamotrigine tab 25 mg</i>	1	MO
(Lamotrigine Tab 25 mg) SUBVENITE	1	MO
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
(Lamotrigine Tab 25 mg (42) & 100 mg (7) Starter Kit) SUBVENITE STARTER KIT/ORA	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
(Lamotrigine Tab 35 X 25 mg Starter Kit) SUBVENITE STARTER KIT/BLU	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
(Lamotrigine Tab 84 X 25 mg & 14 X 100 mg Starter Kit) SUBVENITE STARTER KIT/GRE	1	
<i>lamotrigine tab 100 mg</i>	1	MO
(Lamotrigine Tab 100 mg) SUBVENITE	1	MO
<i>lamotrigine tab 150 mg</i>	1	MO
(Lamotrigine Tab 150 mg) SUBVENITE	1	MO
<i>lamotrigine tab 200 mg</i>	1	MO
(Lamotrigine Tab 200 mg) SUBVENITE	1	MO
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	MO
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	MO
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	MO
<i>lamotrigine tab er 24hr 50 mg</i>	1	MO
<i>lamotrigine tab er 24hr 100 mg</i>	1	MO
<i>lamotrigine tab er 24hr 200 mg</i>	1	MO
<i>lamotrigine tab er 24hr 250 mg</i>	1	MO
<i>lamotrigine tab er 24hr 300 mg</i>	1	MO
<i>levetiracetam oral soln 100 mg/ml</i>	1	MO
<i>levetiracetam tab 250 mg</i>	1	MO
<i>levetiracetam tab 500 mg</i>	1	MO
(Levetiracetam Tab 500 mg) ROWEEPRA	1	MO
<i>levetiracetam tab 750 mg</i>	1	MO
<i>levetiracetam tab 1000 mg</i>	1	MO
<i>levetiracetam tab er 24hr 500 mg</i>	1	MO
<i>levetiracetam tab er 24hr 750 mg</i>	1	MO
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	MO
<i>oxcarbazepine tab 150 mg</i>	1	MO
<i>oxcarbazepine tab 300 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxcarbazepine tab 600 mg</i>	1	MO
<i>oxcarbazepine tab er 24hr 150 mg</i>	1	MO
<i>oxcarbazepine tab er 24hr 300 mg</i>	1	MO
<i>oxcarbazepine tab er 24hr 600 mg</i>	1	MO
OXTELLAR XR TAB 150MG (<i>oxcarbazepine</i>)	2	MO
OXTELLAR XR TAB 300MG (<i>oxcarbazepine</i>)	2	MO
OXTELLAR XR TAB 600MG (<i>oxcarbazepine</i>)	2	MO
<i>pregabalin cap 25 mg</i>	1	MO
<i>pregabalin cap 50 mg</i>	1	MO
<i>pregabalin cap 75 mg</i>	1	MO
<i>pregabalin cap 100 mg</i>	1	MO
<i>pregabalin cap 150 mg</i>	1	MO
<i>pregabalin cap 200 mg</i>	1	MO
<i>pregabalin cap 225 mg</i>	1	MO
<i>pregabalin cap 300 mg</i>	1	MO
<i>pregabalin soln 20 mg/ml</i>	1	MO
<i>primidone tab 50 mg</i>	1	MO
<i>primidone tab 250 mg</i>	1	MO
<i>rufinamide susp 40 mg/ml</i>	1	MO
<i>rufinamide tab 200 mg</i>	1	MO
<i>rufinamide tab 400 mg</i>	1	MO
<i>topiramate cap er 24hr 25 mg</i>	1	MO
<i>topiramate cap er 24hr 50 mg</i>	1	MO
<i>topiramate cap er 24hr 100 mg</i>	1	MO
<i>topiramate cap er 24hr 200 mg</i>	1	MO
<i>topiramate sprinkle cap 15 mg</i>	1	MO
<i>topiramate sprinkle cap 25 mg</i>	1	MO
<i>topiramate tab 25 mg</i>	1	MO
<i>topiramate tab 50 mg</i>	1	MO
<i>topiramate tab 100 mg</i>	1	MO
<i>topiramate tab 200 mg</i>	1	MO
<i>zonisamide cap 25 mg</i>	1	MO
<i>zonisamide cap 50 mg</i>	1	MO
<i>zonisamide cap 100 mg</i>	1	MO
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	1	MO
<i>felbamate tab 400 mg</i>	1	MO
<i>felbamate tab 600 mg</i>	1	MO
XCOPRI PAK 12.5-25 (<i>cenobamate</i>)	2	PA
XCOPRI PAK 50-100MG (<i>cenobamate</i>)	2	PA
XCOPRI PAK 100-150 (<i>cenobamate</i>)	2	PA, MO
XCOPRI PAK 150-200 (<i>cenobamate</i>)	2	PA
XCOPRI PAK 150-200 (<i>cenobamate</i>)	2	PA, MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XCOPRI TAB 25MG (<i>cenobamate</i>)	2	PA, MO
XCOPRI TAB 50MG (<i>cenobamate</i>)	2	PA, MO
XCOPRI TAB 100MG (<i>cenobamate</i>)	2	PA, MO
XCOPRI TAB 150MG (<i>cenobamate</i>)	2	PA, MO
XCOPRI TAB 200MG (<i>cenobamate</i>)	2	PA, MO
GABA MODULATORS		
<i>tiagabine hcl tab 2 mg</i>	1	MO
<i>tiagabine hcl tab 4 mg</i>	1	MO
<i>tiagabine hcl tab 12 mg</i>	1	MO
<i>tiagabine hcl tab 16 mg</i>	1	MO
<i>vigabatrin powd pack 500 mg</i>	1	SP, PA, QL (6 packets every 1 day)
(Vigabatrin Powd Pack 500 mg) VIGADRONE	1	SP, PA, QL (6 packets every 1 day)
(Vigabatrin Powd Pack 500 mg) VIGPODER	1	SP, PA, QL (6 packets every 1 day)
<i>vigabatrin tab 500 mg</i>	1	SP, PA, QL (6 tabs every 1 day)
HYDANTOINS		
<i>phenytoin chew tab 50 mg</i>	1	MO
<i>phenytoin sodium extended cap 100 mg</i>	1	MO
<i>phenytoin sodium extended cap 200 mg</i>	1	MO
<i>phenytoin sodium extended cap 300 mg</i>	1	MO
<i>phenytoin susp 125 mg/5ml</i>	1	MO
SUCCINIMIDES		
<i>ethosuximide cap 250 mg</i>	1	MO
<i>ethosuximide soln 250 mg/5ml</i>	1	MO
<i>methsuximide cap 300 mg</i>	1	MO
VALPROIC ACID		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	MO
<i>divalproex sodium tab delayed release 125 mg</i>	1	MO
<i>divalproex sodium tab delayed release 250 mg</i>	1	MO
<i>divalproex sodium tab delayed release 500 mg</i>	1	MO
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	MO
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	MO
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	MO
<i>valproic acid cap 250 mg</i>	1	MO
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	MO
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	MO
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	MO
<i>mirtazapine tab 7.5 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>mirtazapine tab 15 mg</i>	1	MO
<i>mirtazapine tab 30 mg</i>	1	MO
<i>mirtazapine tab 45 mg</i>	1	MO
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tab 75 mg</i>	1	MO
<i>bupropion hcl tab 100 mg</i>	1	MO
<i>bupropion hcl tab er 12hr 100 mg</i>	1	MO
<i>bupropion hcl tab er 12hr 150 mg</i>	1	MO
<i>bupropion hcl tab er 12hr 200 mg</i>	1	MO
<i>bupropion hcl tab er 24hr 150 mg</i>	1	MO
<i>bupropion hcl tab er 24hr 300 mg</i>	1	MO
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP 20MG (<i>zuranolone</i>)	2	SP, PA, QL (2 caps every 1 day)
ZURZUVAE CAP 25MG (<i>zuranolone</i>)	2	SP, PA, QL (2 caps every 1 day)
ZURZUVAE CAP 30MG (<i>zuranolone</i>)	2	SP, PA, QL (1 cap every 1 day)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<i>phenelzine sulfate tab 15 mg</i>	1	MO
<i>tranylcypromine sulfate tab 10 mg</i>	1	MO
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	MO
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	MO
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	MO
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	MO
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	MO
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	MO
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	MO
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	MO
<i>fluoxetine hcl cap 10 mg</i>	1	MO
<i>fluoxetine hcl cap 20 mg</i>	1	MO
<i>fluoxetine hcl cap 40 mg</i>	1	MO
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	MO
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	MO
<i>fluoxetine hcl tab 10 mg</i>	1	MO
<i>fluoxetine hcl tab 20 mg</i>	1	MO
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	MO
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	MO
<i>fluvoxamine maleate tab 25 mg</i>	1	MO
<i>fluvoxamine maleate tab 50 mg</i>	1	MO
<i>fluvoxamine maleate tab 100 mg</i>	1	MO
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	MO
<i>paroxetine hcl tab 10 mg</i>	1	MO
<i>paroxetine hcl tab 20 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>paroxetine hcl tab 30 mg</i>	1	MO
<i>paroxetine hcl tab 40 mg</i>	1	MO
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	MO
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	MO
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	MO
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	MO
<i>sertraline hcl tab 25 mg</i>	1	MO
<i>sertraline hcl tab 50 mg</i>	1	MO
<i>sertraline hcl tab 100 mg</i>	1	MO
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	1	MO
<i>nefazodone hcl tab 100 mg</i>	1	MO
<i>nefazodone hcl tab 150 mg</i>	1	MO
<i>nefazodone hcl tab 200 mg</i>	1	MO
<i>nefazodone hcl tab 250 mg</i>	1	MO
<i>trazodone hcl tab 50 mg</i>	1	MO
<i>trazodone hcl tab 100 mg</i>	1	MO
<i>trazodone hcl tab 150 mg</i>	1	MO
<i>trazodone hcl tab 300 mg</i>	1	MO
TRINTELLIX TAB 5MG (<i>vortioxetine hbr</i>)	2	ST, MO; PA**
TRINTELLIX TAB 10MG (<i>vortioxetine hbr</i>)	2	ST, MO; PA**
TRINTELLIX TAB 20MG (<i>vortioxetine hbr</i>)	2	ST, MO; PA**
<i>vilazodone hcl tab 10 mg</i>	1	MO
<i>vilazodone hcl tab 20 mg</i>	1	MO
<i>vilazodone hcl tab 40 mg</i>	1	MO
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	MO
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	MO
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	MO
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	MO
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	MO
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	MO
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	MO
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	MO
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	1	MO
<i>amitriptyline hcl tab 25 mg</i>	1	MO
<i>amitriptyline hcl tab 50 mg</i>	1	MO
<i>amitriptyline hcl tab 75 mg</i>	1	MO
<i>amitriptyline hcl tab 100 mg</i>	1	MO
<i>amitriptyline hcl tab 150 mg</i>	1	MO
<i>amoxapine tab 25 mg</i>	1	MO
<i>amoxapine tab 50 mg</i>	1	MO
<i>amoxapine tab 100 mg</i>	1	MO
<i>amoxapine tab 150 mg</i>	1	MO
<i>clomipramine hcl cap 25 mg</i>	1	MO
<i>clomipramine hcl cap 50 mg</i>	1	MO
<i>clomipramine hcl cap 75 mg</i>	1	MO
<i>desipramine hcl tab 10 mg</i>	1	MO
<i>desipramine hcl tab 25 mg</i>	1	MO
<i>desipramine hcl tab 50 mg</i>	1	MO
<i>desipramine hcl tab 75 mg</i>	1	MO
<i>desipramine hcl tab 100 mg</i>	1	MO
<i>desipramine hcl tab 150 mg</i>	1	MO
<i>doxepin hcl cap 10 mg</i>	1	MO
<i>doxepin hcl cap 25 mg</i>	1	MO
<i>doxepin hcl cap 50 mg</i>	1	MO
<i>doxepin hcl cap 75 mg</i>	1	MO
<i>doxepin hcl cap 100 mg</i>	1	MO
<i>doxepin hcl cap 150 mg</i>	1	MO
<i>doxepin hcl conc 10 mg/ml</i>	1	MO
<i>imipramine hcl tab 10 mg</i>	1	MO
<i>imipramine hcl tab 25 mg</i>	1	MO
<i>imipramine hcl tab 50 mg</i>	1	MO
<i>imipramine pamoate cap 75 mg</i>	1	MO
<i>imipramine pamoate cap 100 mg</i>	1	MO
<i>imipramine pamoate cap 125 mg</i>	1	MO
<i>imipramine pamoate cap 150 mg</i>	1	MO
<i>nortriptyline hcl cap 10 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nortriptyline hcl cap 25 mg</i>	1	MO
<i>nortriptyline hcl cap 50 mg</i>	1	MO
<i>nortriptyline hcl cap 75 mg</i>	1	MO
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	MO
<i>protriptyline hcl tab 5 mg</i>	1	MO
<i>protriptyline hcl tab 10 mg</i>	1	MO
<i>trimipramine maleate cap 25 mg</i>	1	MO
<i>trimipramine maleate cap 50 mg</i>	1	MO
<i>trimipramine maleate cap 100 mg</i>	1	MO

ANTIDIABETICS - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	1	MO
<i>acarbose tab 50 mg</i>	1	MO
<i>acarbose tab 100 mg</i>	1	MO
<i>miglitol tab 25 mg</i>	1	MO
<i>miglitol tab 50 mg</i>	1	MO
<i>miglitol tab 100 mg</i>	1	MO

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG (<i>pramlintide acetate</i>)	2	MO
SYMLINPEN 120 INJ 1000MCG (<i>pramlintide acetate</i>)	2	MO

ANTIDIABETIC COMBINATIONS

<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	MO
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	MO
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	MO
<i>glyburide-metformin tab 1.25-250 mg</i>	1	MO
<i>glyburide-metformin tab 2.5-500 mg</i>	1	MO
<i>glyburide-metformin tab 5-500 mg</i>	1	MO
GLYXAMBI TAB 10-5 MG (<i>empagliflozin-linagliptin</i>)	2	MO
GLYXAMBI TAB 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	MO
JANUMET TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)	2	MO
JANUMET TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)	2	MO
JANUMET XR TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)	2	MO
JANUMET XR TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)	2	MO
JANUMET XR TAB 100-1000 (<i>sitagliptin-metformin hcl</i>)	2	MO
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	MO
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	MO
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	MO
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	MO
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	1	MO
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	1	MO
SOLIQUA INJ 100/33 (<i>insulin glargine-lixisenatide</i>)	2	PA, MO
SYNJARDY TAB (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY TAB 5-500MG (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY TAB 12.5-500 (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY XR TAB (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY XR TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY XR TAB 10-1000 (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY XR TAB 25-1000 (<i>empagliflozin-metformin hcl</i>)	2	MO
TRIJARDY XR TAB (<i>empagliflozin-linagliptin-metformin</i>)	2	MO
XIGDUO XR TAB 2.5-1000 (<i>dapagliflozin propanediol-metformin hcl</i>)	2	MO
XIGDUO XR TAB 5-500MG (<i>dapagliflozin propanediol-metformin hcl</i>)	2	MO
XIGDUO XR TAB 5-1000MG (<i>dapagliflozin propanediol-metformin hcl</i>)	2	MO
XIGDUO XR TAB 10-500MG (<i>dapagliflozin propanediol-metformin hcl</i>)	2	MO
XIGDUO XR TAB 10-1000 (<i>dapagliflozin propanediol-metformin hcl</i>)	2	MO
XULTOPHY INJ 100/3.6 (<i>insulin degludec-liraglutide</i>)	2	PA, MO
BIGUANIDES		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	MO
<i>metformin hcl tab 500 mg</i>	1	MO
<i>metformin hcl tab 850 mg</i>	1	MO
<i>metformin hcl tab 1000 mg</i>	1	MO
<i>metformin hcl tab er 24hr 500 mg</i>	1	MO
<i>metformin hcl tab er 24hr 750 mg</i>	1	MO
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE (<i>glucagon</i>)	2	
BAQSIMI TWO POW 3MG/DOSE (<i>glucagon</i>)	2	
<i>diazoxide susp 50 mg/ml</i>	1	MO
<i>glucagon (rdna) for inj kit 1 mg</i>	1	
GVOKE HYPO 1 INJ 0.5/.1ML (<i>glucagon</i>)	2	
GVOKE HYPO 1 INJ 1MG/.2ML (<i>glucagon</i>)	2	
GVOKE HYPO 2 INJ 0.5/.1ML (<i>glucagon</i>)	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GVOKE HYPO 2 INJ 1MG/.2ML (<i>glucagon</i>)	2	
GVOKE KIT SOL 1MG/0.2M (<i>glucagon</i>)	2	
GVOKE PFS INJ (<i>glucagon</i>)	2	
<i>mifepristone tab 300 mg</i>	1	SP, PA, QL (4 tabs every 1 day)
ZEGALOGUE INJ 0.6/0.6 (<i>dasiglucagon hcl</i>)	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG (<i>sitagliptin phosphate</i>)	2	MO
JANUVIA TAB 50MG (<i>sitagliptin phosphate</i>)	2	MO
JANUVIA TAB 100MG (<i>sitagliptin phosphate</i>)	2	MO
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	1	MO
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	1	MO
INCRETIN MIMETIC AGENTS		
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	1	PA, MO
MOUNJARO INJ 2.5/0.5 (<i>tirzepatide</i>)	2	PA
MOUNJARO INJ 5MG/0.5 (<i>tirzepatide</i>)	2	PA, MO
MOUNJARO INJ 7.5/0.5 (<i>tirzepatide</i>)	2	PA, MO
MOUNJARO INJ 10MG/0.5 (<i>tirzepatide</i>)	2	PA, MO
MOUNJARO INJ 12.5/0.5 (<i>tirzepatide</i>)	2	PA, MO
MOUNJARO INJ 15MG/0.5 (<i>tirzepatide</i>)	2	PA, MO
OZEMPIC INJ 2MG/3ML (<i>semaglutide</i>)	2	PA, MO
OZEMPIC INJ 4MG/3ML (<i>semaglutide</i>)	2	PA, MO
OZEMPIC INJ 8MG/3ML (<i>semaglutide</i>)	2	PA, MO
RYBELSUS TAB 3MG (<i>semaglutide</i>)	2	PA, MO
RYBELSUS TAB 7MG (<i>semaglutide</i>)	2	PA, MO
RYBELSUS TAB 14MG (<i>semaglutide</i>)	2	PA, MO
TRULICITY INJ 0.75/0.5 (<i>dulaglutide</i>)	2	PA, MO
TRULICITY INJ 1.5/0.5 (<i>dulaglutide</i>)	2	PA, MO
TRULICITY INJ 3/0.5 (<i>dulaglutide</i>)	2	PA, MO
TRULICITY INJ 4.5/0.5 (<i>dulaglutide</i>)	2	PA, MO
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	2	PA, MO
INSULIN		
FIASP FLEX INJ TOUCH (<i>insulin aspart (with niacinamide)</i>)	2	MO
FIASP INJ 100/ML (<i>insulin aspart (with niacinamide)</i>)	2	MO
FIASP PENFIL INJ U-100 (<i>insulin aspart (with niacinamide)</i>)	2	MO
HUMULIN R INJ U-500 (<i>insulin regular (human)</i>)	2	MO
LANTUS INJ 100/ML (<i>insulin glargine</i>)	2	MO
LANTUS SOLOS INJ 100/ML (<i>insulin glargine</i>)	2	MO
NOVOLIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	2	MO; RELION not covered

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOVOLIN INJ 70/30 FP (<i>insulin nph isophane & reg (human)</i>)	2	MO; RELION not covered
NOVOLIN N INJ 100 UNIT (<i>insulin nph (human) (isophane)</i>)	2	MO; RELION not covered
NOVOLIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)	2	MO; RELION not covered
NOVOLIN R INJ 100 UNIT (<i>insulin regular (human)</i>)	2	MO; RELION not covered
NOVOLIN R INJ U-100 (<i>insulin regular (human)</i>)	2	MO; RELION not covered
NOVOLOG INJ 100/ML (<i>insulin aspart</i>)	2	MO; RELION not covered
NOVOLOG INJ FLEXPEN (<i>insulin aspart</i>)	2	MO; RELION not covered
NOVOLOG INJ PENFILL (<i>insulin aspart</i>)	2	MO; RELION not covered
NOVOLOG MIX INJ 70/30 (<i>insulin aspart protamine & aspart (human)</i>)	2	MO; RELION not covered
NOVOLOG MIX INJ FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>)	2	MO; RELION not covered
TOUJEO MAX INJ 300/ML (<i>insulin glargine</i>)	2	MO
TOUJEO SOLO INJ 300/ML (<i>insulin glargine</i>)	2	MO
TRESIBA FLEX INJ 100UNIT (<i>insulin degludec</i>)	2	MO
TRESIBA FLEX INJ 200UNIT (<i>insulin degludec</i>)	2	MO
TRESIBA INJ 100UNIT (<i>insulin degludec</i>)	2	MO
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	MO
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	MO
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	MO
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	1	MO
<i>nateglinide tab 120 mg</i>	1	MO
<i>repaglinide tab 0.5 mg</i>	1	MO
<i>repaglinide tab 1 mg</i>	1	MO
<i>repaglinide tab 2 mg</i>	1	MO
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG (<i>dapagliflozin propanediol</i>)	2	MO
FARXIGA TAB 10MG (<i>dapagliflozin propanediol</i>)	2	MO
JARDIANCE TAB 10MG (<i>empagliflozin</i>)	2	MO
JARDIANCE TAB 25MG (<i>empagliflozin</i>)	2	MO
SULFONYLUREAS		
<i>glimepiride tab 1 mg</i>	1	MO
<i>glimepiride tab 2 mg</i>	1	MO
<i>glimepiride tab 4 mg</i>	1	MO
<i>glipizide tab 5 mg</i>	1	MO
<i>glipizide tab 10 mg</i>	1	MO
<i>glipizide tab er 24hr 2.5 mg</i> (Glipizide Tab Er 24hr 2.5 mg) GLIPIZIDE XL	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>glipizide tab er 24hr 5 mg</i>	1	MO
(Glipizide Tab Er 24hr 5 mg) GLIPIZIDE XL	1	MO
<i>glipizide tab er 24hr 10 mg</i>	1	MO
(Glipizide Tab Er 24hr 10 mg) GLIPIZIDE XL	1	MO
<i>glyburide micronized tab 1.5 mg</i>	1	MO
<i>glyburide micronized tab 3 mg</i>	1	MO
<i>glyburide micronized tab 6 mg</i>	1	MO
<i>glyburide tab 1.25 mg</i>	1	MO
<i>glyburide tab 2.5 mg</i>	1	MO
<i>glyburide tab 5 mg</i>	1	MO
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl cap 2 mg</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox granules packet 90 mg</i>	1	SP, PA
<i>deferasirox granules packet 180 mg</i>	1	SP, PA
<i>deferasirox granules packet 360 mg</i>	1	SP, PA
<i>deferasirox tab 90 mg</i>	1	SP, PA
<i>deferasirox tab 180 mg</i>	1	SP, PA
<i>deferasirox tab 360 mg</i>	1	SP, PA
<i>deferasirox tab for oral susp 125 mg</i>	1	SP, PA
<i>deferasirox tab for oral susp 250 mg</i>	1	SP, PA
<i>deferasirox tab for oral susp 500 mg</i>	1	SP, PA
<i>deferiprone tab 500 mg</i>	1	SP, PA
<i>deferiprone tab 1000 mg</i>	1	SP, PA
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
VISTOGARD PAK 10GM (<i>uridine triacetate (emergency treatment)</i>)	2	QL (20 packets every 5 days)
OPIOID ANTAGONISTS		
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	PV	QL (4 sprays every 25 days)
<i>naltrexone hcl tab 50 mg</i>	1	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs every 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL every 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 tabs every 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs every 21 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs every 21 days)
SANCUSO DIS 3.1MG (<i>granisetron</i>)	2	QL (2 patches every 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>meclizine hcl tab 50 mg</i>	1	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
ANTIEMETICS - MISCELLANEOUS		
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	QL (60 caps every 25 days)
<i>dronabinol cap 5 mg</i>	1	QL (60 caps every 25 days)
<i>dronabinol cap 10 mg</i>	1	QL (60 caps every 25 days)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps every 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 caps every 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (6 caps every 21 days)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
<i>flucytosine cap 250 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	PA
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	PA
<i>itraconazole oral soln 10 mg/ml</i>	1	PA
<i>ketoconazole tab 200 mg</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	MO
<i>voriconazole for susp 40 mg/ml</i>	1	
<i>voriconazole tab 50 mg</i>	1	
<i>voriconazole tab 200 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES		
ANTI-HISTAMINES - ETHANOLAMINES		
<i>carbinoxamine maleate extended release susp 4 mg/5ml</i>	1	
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
ANTI-HISTAMINES - NON-SEDATING		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>loratadine tab 10 mg</i>	1	
ANTI-HISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
(Promethazine Hcl Suppos 12.5 mg) PROMETHEGAN	1	
<i>promethazine hcl suppos 25 mg</i>	1	
(Promethazine Hcl Suppos 25 mg) PROMETHEGAN	1	
(Promethazine Hcl Suppos 50 mg) PROMETHEGAN	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
ANTI-HISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
ANTI-HYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	2	MO
ANTI-HYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	MO
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	MO
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	MO
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	MO
NEXLIZET TAB 180/10MG (<i>bempedoic acid-ezetimibe</i>)	2	MO
ANTI-HYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl cap 0.5 gm</i>	1	MO
<i>icosapent ethyl cap 1 gm</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	MO
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	MO
(Cholestyramine Light Powder 4 gm/dose) PREVALITE	1	MO
<i>cholestyramine light powder packets 4 gm</i>	1	MO
(Cholestyramine Light Powder Packets 4 gm) PREVALITE	1	MO
<i>cholestyramine powder 4 gm/dose</i>	1	MO
<i>cholestyramine powder packets 4 gm</i>	1	MO
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	MO
<i>colesevelam hcl tab 625 mg</i>	1	MO
<i>colestipol hcl granule packets 5 gm</i>	1	MO
<i>colestipol hcl granules 5 gm</i>	1	MO
<i>colestipol hcl tab 1 gm</i>	1	MO
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	MO
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	MO
<i>fenofibrate cap 150 mg</i>	1	MO
<i>fenofibrate micronized cap 43 mg</i>	1	MO
<i>fenofibrate micronized cap 67 mg</i>	1	MO
<i>fenofibrate micronized cap 134 mg</i>	1	MO
<i>fenofibrate micronized cap 200 mg</i>	1	MO
<i>fenofibrate tab 48 mg</i>	1	MO
<i>fenofibrate tab 54 mg</i>	1	MO
<i>fenofibrate tab 145 mg</i>	1	MO
<i>fenofibrate tab 160 mg</i>	1	MO
<i>fenofibric acid tab 35 mg</i>	1	MO
<i>fenofibric acid tab 105 mg</i>	1	MO
<i>gemfibrozil tab 600 mg</i>	1	MO
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	MO; \$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	MO; \$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	MO
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	MO
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	1	MO; \$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1	MO; \$0 copay for members age 40 through 75

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	1	MO; \$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 1 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 2 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 4 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>pravastatin sodium tab 10 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	1	MO
<i>rosuvastatin calcium tab 40 mg</i>	1	MO
<i>simvastatin tab 5 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	MO
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	MO
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	MO
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	MO
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	1	MO
<i>benazepril hcl tab 10 mg</i>	1	MO
<i>benazepril hcl tab 20 mg</i>	1	MO
<i>benazepril hcl tab 40 mg</i>	1	MO
<i>captopril tab 12.5 mg</i>	1	MO
<i>captopril tab 25 mg</i>	1	MO
<i>captopril tab 50 mg</i>	1	MO
<i>captopril tab 100 mg</i>	1	MO
<i>enalapril maleate oral soln 1 mg/ml</i>	1	MO
<i>enalapril maleate tab 2.5 mg</i>	1	MO
<i>enalapril maleate tab 5 mg</i>	1	MO
<i>enalapril maleate tab 10 mg</i>	1	MO
<i>enalapril maleate tab 20 mg</i>	1	MO
<i>fosinopril sodium tab 10 mg</i>	1	MO
<i>fosinopril sodium tab 20 mg</i>	1	MO
<i>fosinopril sodium tab 40 mg</i>	1	MO
<i>lisinopril tab 2.5 mg</i>	1	MO
<i>lisinopril tab 5 mg</i>	1	MO
<i>lisinopril tab 10 mg</i>	1	MO
<i>lisinopril tab 20 mg</i>	1	MO
<i>lisinopril tab 30 mg</i>	1	MO
<i>lisinopril tab 40 mg</i>	1	MO
<i>moexipril hcl tab 7.5 mg</i>	1	MO
<i>moexipril hcl tab 15 mg</i>	1	MO
<i>perindopril erbumine tab 2 mg</i>	1	MO
<i>perindopril erbumine tab 4 mg</i>	1	MO
<i>perindopril erbumine tab 8 mg</i>	1	MO
<i>quinapril hcl tab 5 mg</i>	1	MO
<i>quinapril hcl tab 10 mg</i>	1	MO
<i>quinapril hcl tab 20 mg</i>	1	MO
<i>quinapril hcl tab 40 mg</i>	1	MO
<i>ramipril cap 1.25 mg</i>	1	MO
<i>ramipril cap 2.5 mg</i>	1	MO
<i>ramipril cap 5 mg</i>	1	MO
<i>ramipril cap 10 mg</i>	1	MO
<i>trandolapril tab 1 mg</i>	1	MO
<i>trandolapril tab 2 mg</i>	1	MO
<i>trandolapril tab 4 mg</i>	1	MO
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine cap 250 mg</i>	1	SP, PA, QL (16 caps every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	1	MO
<i>candesartan cilexetil tab 8 mg</i>	1	MO
<i>candesartan cilexetil tab 16 mg</i>	1	MO
<i>candesartan cilexetil tab 32 mg</i>	1	MO
<i>irbesartan tab 75 mg</i>	1	MO
<i>irbesartan tab 150 mg</i>	1	MO
<i>irbesartan tab 300 mg</i>	1	MO
<i>losartan potassium tab 25 mg</i>	1	MO
<i>losartan potassium tab 50 mg</i>	1	MO
<i>losartan potassium tab 100 mg</i>	1	MO
<i>olmesartan medoxomil tab 5 mg</i>	1	MO
<i>olmesartan medoxomil tab 20 mg</i>	1	MO
<i>olmesartan medoxomil tab 40 mg</i>	1	MO
<i>telmisartan tab 20 mg</i>	1	MO
<i>telmisartan tab 40 mg</i>	1	MO
<i>telmisartan tab 80 mg</i>	1	MO
<i>valsartan oral soln 4 mg/ml</i>	1	MO
<i>valsartan tab 40 mg</i>	1	MO
<i>valsartan tab 80 mg</i>	1	MO
<i>valsartan tab 160 mg</i>	1	MO
<i>valsartan tab 320 mg</i>	1	MO
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	1	MO
<i>clonidine hcl tab 0.2 mg</i>	1	MO
<i>clonidine hcl tab 0.3 mg</i>	1	MO
<i>clonidine tab er 24hr 0.17 mg</i>	1	MO
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	MO
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	MO
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	MO
<i>doxazosin mesylate tab 1 mg</i>	1	MO
<i>doxazosin mesylate tab 2 mg</i>	1	MO
<i>doxazosin mesylate tab 4 mg</i>	1	MO
<i>doxazosin mesylate tab 8 mg</i>	1	MO
<i>guanfacine hcl tab 1 mg</i>	1	MO
<i>guanfacine hcl tab 2 mg</i>	1	MO
<i>methyldopa tab 250 mg</i>	1	MO
<i>methyldopa tab 500 mg</i>	1	MO
<i>prazosin hcl cap 1 mg</i>	1	MO
<i>prazosin hcl cap 2 mg</i>	1	MO
<i>prazosin hcl cap 5 mg</i>	1	MO
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	MO
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	MO
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	MO
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	MO
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	MO
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	MO
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	MO
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	MO
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	MO
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	MO
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	MO
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	MO
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	MO
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	MO
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	MO
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	MO
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	MO
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	MO
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	MO
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	MO
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	MO
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	MO
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	MO
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	MO
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	MO
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	MO
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	MO
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	MO
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	MO
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	MO
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	MO
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	MO
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	MO
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	MO
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	MO
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	MO
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	MO
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	MO
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	MO
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	MO
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	MO
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	MO
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	MO
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	MO
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	MO
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	MO
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	MO
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	MO
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	MO
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	MO
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	MO
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	MO
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	MO
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	MO
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	MO
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	MO
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	1	MO
<i>eplerenone tab 50 mg</i>	1	MO
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	MO
<i>hydralazine hcl tab 25 mg</i>	1	MO
<i>hydralazine hcl tab 50 mg</i>	1	MO
<i>hydralazine hcl tab 100 mg</i>	1	MO
<i>minoxidil tab 2.5 mg</i>	1	MO
<i>minoxidil tab 10 mg</i>	1	MO
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
COARTEM TAB 20-120MG (<i>artemether-lumefantrine</i>)	3	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>chloroquine phosphate tab 250 mg</i>	1	MO
<i>chloroquine phosphate tab 500 mg</i>	1	MO
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	MO
<i>mefloquine hcl tab 250 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>pyrimethamine tab 25 mg</i>	1	
<i>quinine sulfate cap 324 mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
GUANIDINE TAB 125MG	3	PA
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
ANTI TB COMBINATIONS		
RIFATER TAB (<i>isoniazid-rifampin w/ pyrazinamide</i>)	3	
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	MO
<i>isoniazid tab 100 mg</i>	1	MO
<i>isoniazid tab 300 mg</i>	1	MO
PASER GRA 4GM (<i>aminosalicylic acid</i>)	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
SIRTURO TAB 20MG (<i>bedaquiline fumarate</i>)	3	
SIRTURO TAB 100MG (<i>bedaquiline fumarate</i>)	3	
TRECTOR TAB 250MG (<i>ethionamide</i>)	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>cyclophosphamide cap 25 mg</i>	1	OAC
<i>cyclophosphamide cap 50 mg</i>	1	OAC
GLEOSTINE CAP 10MG (<i>lomustine</i>)	3	SP; OAC
GLEOSTINE CAP 40MG (<i>lomustine</i>)	3	SP; OAC
GLEOSTINE CAP 100MG (<i>lomustine</i>)	3	SP; OAC
<i>temozolomide cap 5 mg</i>	1	SP, PA; OAC
<i>temozolomide cap 20 mg</i>	1	SP, PA; OAC
<i>temozolomide cap 100 mg</i>	1	SP, PA; OAC
<i>temozolomide cap 140 mg</i>	1	SP, PA; OAC
<i>temozolomide cap 180 mg</i>	1	SP, PA; OAC
<i>temozolomide cap 250 mg</i>	1	SP, PA; OAC
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	1	SP, PA; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>capecitabine tab 500 mg</i>	1	SP, PA; OAC
<i>mercaptopurine tab 50 mg</i>	1	OAC
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	OAC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG (<i>axitinib</i>)	2	SP, PA, QL (8 tabs every 1 day); OAC
INLYTA TAB 5MG (<i>axitinib</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
LENVIMA CAP 4MG (<i>lenvatinib mesylate</i>)	2	SP, PA, QL (1 cap every 1 day); OAC
LENVIMA CAP 8 MG (<i>lenvatinib mesylate</i>)	2	SP, PA, QL (2 caps every 1 day); OAC
LENVIMA CAP 10 MG (<i>lenvatinib mesylate</i>)	2	SP, PA, QL (1 cap every 1 day); OAC
LENVIMA CAP 12MG (<i>lenvatinib mesylate</i>)	2	SP, PA, QL (3 caps every 1 day); OAC
LENVIMA CAP 14 MG (<i>lenvatinib mesylate</i>)	2	SP, PA, QL (2 caps every 1 day); OAC
LENVIMA CAP 18 MG (<i>lenvatinib mesylate</i>)	2	SP, PA, QL (3 caps every 1 day); OAC
LENVIMA CAP 20 MG (<i>lenvatinib mesylate</i>)	2	SP, PA, QL (2 caps every 1 day); OAC
LENVIMA CAP 24 MG (<i>lenvatinib mesylate</i>)	2	SP, PA, QL (3 caps every 1 day); OAC
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	1	SP, PA, QL (2 tabs every 1 day); OAC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	1	SP, PA, QL (1 tab every 1 day); OAC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	1	SP, PA, QL (1 tab every 1 day); OAC
<i>gefitinib tab 250 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
TAGRISSO TAB 40MG (<i>osimertinib mesylate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
TAGRISSO TAB 80MG (<i>osimertinib mesylate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	2	SP, PA, QL (1 cap every 1 day); OAC
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	2	SP, PA, QL (1 cap every 1 day); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	1	SP, PA, QL (4 tabs every 1 day); OAC
<i>abiraterone acetate tab 500 mg</i>	1	SP, PA, QL (2 tabs every 1 day); OAC
<i>anastrozole tab 1 mg</i>	PV	MO; OAC, \$0 copay ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	1	OAC
ERLEADA TAB 60MG (<i>apalutamide</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
ERLEADA TAB 240MG (<i>apalutamide</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
<i>exemestane tab 25 mg</i>	PV	MO; OAC, \$0 copay ages 35 and older for the primary prevention of breast cancer
<i>letrozole tab 2.5 mg</i>	1	MO; OAC
<i>megestrol acetate susp 40 mg/ml</i>	1	OAC
<i>megestrol acetate tab 20 mg</i>	1	OAC
<i>megestrol acetate tab 40 mg</i>	1	OAC
<i>nilutamide tab 150 mg</i>	1	OAC
NUBEQA TAB 300MG (<i>darolutamide</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	MO; OAC, \$0 copay ages 35 and older for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	MO; OAC, \$0 copay ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	1	MO; OAC
XTANDI CAP 40MG (<i>enzalutamide</i>)	2	SP, PA, QL (4 caps every 1 day); OAC
XTANDI TAB 40MG (<i>enzalutamide</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
XTANDI TAB 80MG (<i>enzalutamide</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
YONSA TAB 125MG (<i>abiraterone acetate micronized</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG (<i>pomalidomide</i>)	3	SP, PA; OAC
POMALYST CAP 2MG (<i>pomalidomide</i>)	3	SP, PA; OAC
POMALYST CAP 3MG (<i>pomalidomide</i>)	3	SP, PA; OAC
POMALYST CAP 4MG (<i>pomalidomide</i>)	3	SP, PA; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTINEOPLASTIC COMBINATIONS		
LONSURF TAB 15-6.14 (<i>trifluridine-tipiracil</i>)	2	SP, PA, QL (100 tabs every 28 days); OAC
LONSURF TAB 20-8.19 (<i>trifluridine-tipiracil</i>)	2	SP, PA, QL (80 tabs every 28 days); OAC
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG (<i>alectinib hcl</i>)	2	SP, PA, QL (8 caps every 1 day); OAC
ALUNBRIG PAK (<i>brigatinib</i>)	2	PA, QL (1 tab every 1 day); OAC
ALUNBRIG TAB 30MG (<i>brigatinib</i>)	2	PA, QL (4 tabs every 1 day); OAC
ALUNBRIG TAB 90MG (<i>brigatinib</i>)	2	PA, QL (1 tab every 1 day); OAC
ALUNBRIG TAB 180MG (<i>brigatinib</i>)	2	PA, QL (1 tab every 1 day); OAC
AUGTYRO CAP 40MG (<i>repotrectinib</i>)	2	SP, PA, QL (8 caps every 1 day); OAC
BOSULIF CAP 50MG (<i>bosutinib</i>)	2	SP, PA, QL (1 cap every 1 day); OAC
BOSULIF CAP 100MG (<i>bosutinib</i>)	2	SP, PA, QL (10 caps every 1 day); OAC
BOSULIF TAB 100MG (<i>bosutinib</i>)	2	SP, PA, QL (3 tabs every 1 day); OAC
BOSULIF TAB 400MG (<i>bosutinib</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
BOSULIF TAB 500MG (<i>bosutinib</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
BRAFTOVI CAP 75MG (<i>encorafenib</i>)	2	SP, PA, QL (6 caps every 1 day); OAC
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	2	SP, PA, QL (4 caps every 1 day); OAC
CABOMETYX TAB 20MG (<i>cabozantinib s-malate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
CABOMETYX TAB 40MG (<i>cabozantinib s-malate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
CABOMETYX TAB 60MG (<i>cabozantinib s-malate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
CALQUENCE TAB 100MG (<i>acalabrutinib maleate</i>)	2	PA, QL (2 tabs every 1 day); OAC
COPIKTRA CAP 15MG (<i>duvelisib</i>)	2	SP, PA, QL (2 caps every 1 day); OAC
COPIKTRA CAP 25MG (<i>duvelisib</i>)	2	SP, PA, QL (2 caps every 1 day); OAC

PREScription DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COTELLIC TAB 20MG (<i>cobimetinib fumarate</i>)	2	SP, PA, QL (63 tabs every 28 days); OAC
<i>dasatinib tab 20 mg</i>	1	SP, PA, QL (3 tabs every 1 day); OAC
<i>dasatinib tab 50 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
<i>dasatinib tab 70 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
<i>dasatinib tab 80 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
<i>dasatinib tab 100 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
<i>dasatinib tab 140 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 2.5 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
(Everolimus Tab 2.5 mg) TORPENZ	1	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 5 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
(Everolimus Tab 5 mg) TORPENZ	1	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 7.5 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
(Everolimus Tab 7.5 mg) TORPENZ	1	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 10 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
(Everolimus Tab 10 mg) TORPENZ	1	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab for oral susp 2 mg</i>	1	SP, PA, QL (2 tabs every 1 day); OAC
<i>everolimus tab for oral susp 3 mg</i>	1	SP, PA, QL (3 tabs every 1 day); OAC
<i>everolimus tab for oral susp 5 mg</i>	1	SP, PA, QL (2 tabs every 1 day); OAC
GAVRETO CAP 100MG (<i>pralsetinib</i>)	2	SP, PA, QL (4 caps every 1 day); OAC
IBRANCE CAP 75MG (<i>palbociclib</i>)	2	SP, PA, QL (1 cap every 1 day); OAC
IBRANCE CAP 100MG (<i>palbociclib</i>)	2	SP, PA, QL (1 cap every 1 day); OAC
IBRANCE CAP 125MG (<i>palbociclib</i>)	2	SP, PA, QL (1 cap every 1 day); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IBRANCE TAB 75MG (<i>palbociclib</i>)	2	SP, PA, QL (42 tabs every 28 days); OAC
IBRANCE TAB 100MG (<i>palbociclib</i>)	2	SP, PA, QL (42 tabs every 28 days); OAC
IBRANCE TAB 125MG (<i>palbociclib</i>)	2	SP, PA, QL (42 tabs every 28 days); OAC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	1	SP, PA, QL (4 tabs every 1 day); OAC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	1	SP, PA, QL (2 tabs every 1 day); OAC
KISQALI TAB 200DOSE (<i>ribociclib succinate</i>)	2	SP, PA, QL (42 tabs every 28 days); OAC
KISQALI TAB 400DOSE (<i>ribociclib succinate</i>)	2	SP, PA, QL (84 tabs every 28 days); OAC
KISQALI TAB 600DOSE (<i>ribociclib succinate</i>)	2	SP, PA, QL (126 tabs every 28 days); OAC
KOSELUGO CAP 10MG (<i>selumetinib sulfate</i>)	2	PA, QL (8 caps every 1 day); OAC
KOSELUGO CAP 25MG (<i>selumetinib sulfate</i>)	2	PA, QL (4 caps every 1 day); OAC
KRAZATI TAB 200MG (<i>adagrasib</i>)	2	PA, QL (6 tabs every 1 day); OAC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	1	SP, PA, QL (6 tabs every 1 day); OAC
LUMAKRAS TAB 120MG (<i>sotorasib</i>)	2	SP, PA, QL (8 tabs every 1 day); OAC
LUMAKRAS TAB 320MG (<i>sotorasib</i>)	2	SP, PA, QL (3 tabs every 1 day); OAC
LYNPARZA TAB 100MG (<i>olaparib</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
LYNPARZA TAB 150MG (<i>olaparib</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
MEKTOVI TAB 15MG (<i>binimetinib</i>)	2	SP, PA, QL (6 tabs every 1 day); OAC
NINLARO CAP 2.3MG (<i>ixazomib citrate</i>)	2	SP, PA, QL (6 caps every 28 days); OAC
NINLARO CAP 3MG (<i>ixazomib citrate</i>)	2	SP, PA, QL (6 caps every 28 days); OAC
NINLARO CAP 4MG (<i>ixazomib citrate</i>)	2	SP, PA, QL (6 caps every 28 days); OAC
<i>pazopanib hcl tab 200 mg (base equiv)</i>	1	SP, PA, QL (4 tabs every 1 day); OAC
RETEVMO CAP 40MG (<i>selpercatinib</i>)	2	SP, PA, QL (2 caps every 1 day); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RETEVMO CAP 80MG (<i>selpercatinib</i>)	2	SP, PA, QL (4 caps every 1 day); OAC
RETEVMO TAB 40MG (<i>selpercatinib</i>)	2	SP, PA, QL (3 tabs every 1 day); OAC
RETEVMO TAB 80MG (<i>selpercatinib</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
RETEVMO TAB 120MG (<i>selpercatinib</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
RETEVMO TAB 160MG (<i>selpercatinib</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
ROZLYTREK CAP 100MG (<i>entrectinib</i>)	2	SP, PA, QL (1 cap every 1 day); OAC
ROZLYTREK CAP 200MG (<i>entrectinib</i>)	2	SP, PA, QL (3 caps every 1 day); OAC
ROZLYTREK PAK 50MG (<i>entrectinib</i>)	2	SP, PA, QL (12 packets every 1 day); OAC
RYDAPT CAP 25MG (<i>midostaurin</i>)	2	SP, PA, QL (8 caps every 1 day); OAC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	1	SP, PA, QL (4 tabs every 1 day); OAC
SPRYCEL TAB 20MG (<i>dasatinib</i>)	2	SP, PA, QL (3 tabs every 1 day); OAC
SPRYCEL TAB 50MG (<i>dasatinib</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
SPRYCEL TAB 70MG (<i>dasatinib</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
SPRYCEL TAB 80MG (<i>dasatinib</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
SPRYCEL TAB 100MG (<i>dasatinib</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
SPRYCEL TAB 140MG (<i>dasatinib</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
STIVARGA TAB 40MG (<i>regorafenib</i>)	2	SP, PA, QL (3 tabs every 1 day); OAC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	1	SP, PA, QL (1 cap every 1 day); OAC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	1	SP, PA, QL (1 cap every 1 day); OAC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	1	SP, PA, QL (1 cap every 1 day); OAC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	1	SP, PA, QL (1 cap every 1 day); OAC
VITRAKVI CAP 25MG (<i>larotrectinib sulfate</i>)	2	SP, PA, QL (6 caps every 1 day); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VITRAKVI CAP 100MG (<i>larotrectinib sulfate</i>)	2	SP, PA, QL (2 caps every 1 day); OAC
VITRAKVI SOL 20MG/ML (<i>larotrectinib sulfate</i>)	2	SP, PA, QL (10 mL every 1 day); OAC
XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>)	2	SP, PA, QL (3 tabs every 1 day); OAC
ZEJULA TAB 100MG (<i>niraparib tosylate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
ZEJULA TAB 200MG (<i>niraparib tosylate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
ZEJULA TAB 300MG (<i>niraparib tosylate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
ZELBORAF TAB 240MG (<i>vemurafenib</i>)	2	SP, PA, QL (8 tabs every 1 day); OAC
ZYDELIG TAB 100MG (<i>idelalisib</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
ZYDELIG TAB 150MG (<i>idelalisib</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
ZYKADIA TAB 150MG (<i>ceritinib</i>)	2	SP, PA, QL (3 tabs every 1 day); OAC
ANTINEOPLASTICS MISC.		
<i>bexarotene cap 75 mg</i>	1	SP, PA; OAC
<i>hydroxyurea cap 500 mg</i>	1	OAC
<i>tretinoin cap 10 mg</i>	1	OAC
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	1	OAC
<i>leucovorin calcium tab 10 mg</i>	1	OAC
<i>leucovorin calcium tab 15 mg</i>	1	OAC
<i>leucovorin calcium tab 25 mg</i>	1	OAC
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	1	OAC
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	MO
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	1	MO
<i>benztropine mesylate tab 1 mg</i>	1	MO
<i>benztropine mesylate tab 2 mg</i>	1	MO
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	MO
<i>trihexyphenidyl hcl tab 2 mg</i>	1	MO
<i>trihexyphenidyl hcl tab 5 mg</i>	1	MO
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tab 200 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tolcapone tab 100 mg</i>	1	MO
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	MO
<i>amantadine hcl soln 50 mg/5ml</i>	1	MO
<i>amantadine hcl tab 100 mg</i>	1	MO
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	MO
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	MO
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	MO
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	MO
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	MO
<i>carbidopa & levodopa tab 10-100 mg</i>	1	MO
<i>carbidopa & levodopa tab 25-100 mg</i>	1	MO
<i>carbidopa & levodopa tab 25-250 mg</i>	1	MO
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	MO
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	MO
DHIVY TAB 25-100MG (<i>carbidopa-levodopa</i>)	3	MO
INBRIJA CAP 42MG (<i>levodopa</i>)	2	PA, QL (10 caps every 1 day), MO
NEUPRO DIS 1MG/24HR (<i>rotigotine</i>)	2	MO
NEUPRO DIS 2MG/24HR (<i>rotigotine</i>)	2	MO
NEUPRO DIS 3MG/24HR (<i>rotigotine</i>)	2	MO
NEUPRO DIS 4MG/24HR (<i>rotigotine</i>)	2	MO
NEUPRO DIS 6MG/24HR (<i>rotigotine</i>)	2	MO
NEUPRO DIS 8MG/24HR (<i>rotigotine</i>)	2	MO
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pramipexole dihydrochloride tab 1 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	MO
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	MO
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	MO
<i>ropinirole hydrochloride tab 1 mg</i>	1	MO
<i>ropinirole hydrochloride tab 2 mg</i>	1	MO
<i>ropinirole hydrochloride tab 3 mg</i>	1	MO
<i>ropinirole hydrochloride tab 4 mg</i>	1	MO
<i>ropinirole hydrochloride tab 5 mg</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	MO
RYTARY CAP 95MG (<i>carbidopa-levodopa</i>)	2	MO
RYTARY CAP 145MG (<i>carbidopa-levodopa</i>)	2	MO
RYTARY CAP 195MG (<i>carbidopa-levodopa</i>)	2	MO
RYTARY CAP 245MG (<i>carbidopa-levodopa</i>)	2	MO
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	MO
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	MO
<i>selegiline hcl cap 5 mg</i>	1	MO
<i>selegiline hcl tab 5 mg</i>	1	MO
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES		
ANTIMANIC AGENTS		
<i>lithium carbonate cap 150 mg</i>	1	MO
<i>lithium carbonate cap 300 mg</i>	1	MO
<i>lithium carbonate cap 600 mg</i>	1	MO
<i>lithium carbonate tab 300 mg</i>	1	MO
<i>lithium carbonate tab er 300 mg</i>	1	MO
<i>lithium carbonate tab er 450 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lithium oral solution 8 meq/5ml</i>	1	MO
ANTIPSYCHOTICS - MISC.		
<i>lurasidone hcl tab 20 mg</i>	1	MO
<i>lurasidone hcl tab 40 mg</i>	1	MO
<i>lurasidone hcl tab 60 mg</i>	1	MO
<i>lurasidone hcl tab 80 mg</i>	1	MO
<i>lurasidone hcl tab 120 mg</i>	1	MO
VRAYLAR CAP 1.5MG (<i>cariprazine hcl</i>)	2	ST, MO; PA**
VRAYLAR CAP 3MG (<i>cariprazine hcl</i>)	2	ST, MO; PA**
VRAYLAR CAP 4.5MG (<i>cariprazine hcl</i>)	2	ST, MO; PA**
VRAYLAR CAP 6MG (<i>cariprazine hcl</i>)	2	ST, MO; PA**
<i>ziprasidone hcl cap 20 mg</i>	1	MO
<i>ziprasidone hcl cap 40 mg</i>	1	MO
<i>ziprasidone hcl cap 60 mg</i>	1	MO
<i>ziprasidone hcl cap 80 mg</i>	1	MO
BENZISOXAZOLES		
<i>paliperidone tab er 24hr 1.5 mg</i>	1	MO
<i>paliperidone tab er 24hr 3 mg</i>	1	MO
<i>paliperidone tab er 24hr 6 mg</i>	1	MO
<i>paliperidone tab er 24hr 9 mg</i>	1	MO
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	MO
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	MO
<i>risperidone orally disintegrating tab 1 mg</i>	1	MO
<i>risperidone orally disintegrating tab 2 mg</i>	1	MO
<i>risperidone orally disintegrating tab 3 mg</i>	1	MO
<i>risperidone orally disintegrating tab 4 mg</i>	1	MO
<i>risperidone soln 1 mg/ml</i>	1	MO
<i>risperidone tab 0.5 mg</i>	1	MO
<i>risperidone tab 0.25 mg</i>	1	MO
<i>risperidone tab 1 mg</i>	1	MO
<i>risperidone tab 2 mg</i>	1	MO
<i>risperidone tab 3 mg</i>	1	MO
<i>risperidone tab 4 mg</i>	1	MO
BUTYROPHENONES		
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	MO
<i>haloperidol tab 0.5 mg</i>	1	MO
<i>haloperidol tab 1 mg</i>	1	MO
<i>haloperidol tab 2 mg</i>	1	MO
<i>haloperidol tab 5 mg</i>	1	MO
<i>haloperidol tab 10 mg</i>	1	MO
<i>haloperidol tab 20 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIBENZAPINES		
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	MO
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	MO
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	MO
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<i>loxapine succinate cap 5 mg</i>	1	MO
<i>loxapine succinate cap 10 mg</i>	1	MO
<i>loxapine succinate cap 25 mg</i>	1	MO
<i>loxapine succinate cap 50 mg</i>	1	MO
<i>olanzapine orally disintegrating tab 5 mg</i>	1	MO
<i>olanzapine orally disintegrating tab 10 mg</i>	1	MO
<i>olanzapine orally disintegrating tab 15 mg</i>	1	MO
<i>olanzapine orally disintegrating tab 20 mg</i>	1	MO
<i>olanzapine tab 2.5 mg</i>	1	MO
<i>olanzapine tab 5 mg</i>	1	MO
<i>olanzapine tab 7.5 mg</i>	1	MO
<i>olanzapine tab 10 mg</i>	1	MO
<i>olanzapine tab 15 mg</i>	1	MO
<i>olanzapine tab 20 mg</i>	1	MO
(Olanzapine Tab 20 mg) ZYPREXA	1	MO
<i>quetiapine fumarate tab 25 mg</i>	1	MO
<i>quetiapine fumarate tab 50 mg</i>	1	MO
<i>quetiapine fumarate tab 100 mg</i>	1	MO
<i>quetiapine fumarate tab 150 mg</i>	1	MO
<i>quetiapine fumarate tab 200 mg</i>	1	MO
<i>quetiapine fumarate tab 300 mg</i>	1	MO
<i>quetiapine fumarate tab 400 mg</i>	1	MO
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	MO
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	MO
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	MO
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	MO
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	MO
DIHYDROINDOLONES		
<i>molindone hcl tab 5 mg</i>	1	MO
<i>molindone hcl tab 10 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>molindone hcl tab 25 mg</i>	1	MO
PHENOTHIAZINES		
<i>chlorpromazine hcl tab 10 mg</i>	1	MO
<i>chlorpromazine hcl tab 25 mg</i>	1	MO
<i>chlorpromazine hcl tab 50 mg</i>	1	MO
<i>chlorpromazine hcl tab 100 mg</i>	1	MO
<i>chlorpromazine hcl tab 200 mg</i>	1	MO
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	MO
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	MO
<i>fluphenazine hcl tab 1 mg</i>	1	MO
<i>fluphenazine hcl tab 2.5 mg</i>	1	MO
<i>fluphenazine hcl tab 5 mg</i>	1	MO
<i>fluphenazine hcl tab 10 mg</i>	1	MO
<i>perphenazine tab 2 mg</i>	1	MO
<i>perphenazine tab 4 mg</i>	1	MO
<i>perphenazine tab 8 mg</i>	1	MO
<i>perphenazine tab 16 mg</i>	1	MO
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	MO
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	MO
<i>prochlorperazine suppos 25 mg</i>	1	
(Prochlorperazine Suppos 25 mg) COMPRO	1	
<i>thioridazine hcl tab 10 mg</i>	1	MO
<i>thioridazine hcl tab 25 mg</i>	1	MO
<i>thioridazine hcl tab 50 mg</i>	1	MO
<i>thioridazine hcl tab 100 mg</i>	1	MO
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	MO
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	MO
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	MO
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	MO
QUINOLINONE DERIVATIVES		
<i>aripiprazole oral solution 1 mg/ml</i>	1	MO
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	MO
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	MO
<i>aripiprazole tab 2 mg</i>	1	MO
<i>aripiprazole tab 5 mg</i>	1	MO
<i>aripiprazole tab 10 mg</i>	1	MO
<i>aripiprazole tab 15 mg</i>	1	MO
<i>aripiprazole tab 20 mg</i>	1	MO
<i>aripiprazole tab 30 mg</i>	1	MO
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>thiothixene cap 2 mg</i>	1	MO
<i>thiothixene cap 5 mg</i>	1	MO
<i>thiothixene cap 10 mg</i>	1	MO

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	SP, QL (30 mL every 1 day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	SP, QL (2 tabs every 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	SP, QL (1 tab every 1 day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	SP, QL (1 cap every 1 day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	SP, QL (2 caps every 1 day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	SP, QL (1 cap every 1 day)
<i>BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate)</i>	2	SP, QL (1 tab every 1 day); (30-120-15 mg)
<i>BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate)</i>	2	SP, QL (1 tab every 1 day); (50-200-25 mg)
<i>CIMDUO TAB 300-300 (lamivudine-tenofovir disoproxil fumarate)</i>	2	SP, QL (1 tab every 1 day)
<i>CRIXIVAN CAP 200MG (indinavir sulfate)</i>	3	SP, PA
<i>CRIXIVAN CAP 400MG (indinavir sulfate)</i>	3	SP, PA
<i>darunavir tab 600 mg</i>	1	SP, QL (2 tabs every 1 day)
<i>darunavir tab 800 mg</i>	1	SP, QL (1 tab every 1 day)
<i>DESCOVY TAB 120-15MG (emtricitabine-tenofovir alafenamide fumarate)</i>	2	SP, QL (1 tab every 1 day)
<i>DESCOVY TAB 200/25MG (emtricitabine-tenofovir alafenamide fumarate)</i>	2	SP, QL (1 tab every 1 day); \$0 copay for PrEP
<i>DOVATO TAB 50-300MG (dolutegravir sodium-lamivudine)</i>	2	SP, QL (1 tab every 1 day)
<i>efavirenz cap 50 mg</i>	1	SP, QL (3 caps every 1 day)
<i>efavirenz cap 200 mg</i>	1	SP, QL (3 caps every 1 day)
<i>efavirenz tab 600 mg</i>	1	SP, QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	SP, QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	SP, QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	SP, QL (1 tab every 1 day)
<i>emtricitabine caps 200 mg</i>	1	SP, QL (1 cap every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	SP, QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	SP, QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	SP, QL (1 tab every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	SP, QL (1 tab every 1 day); \$0 copay for PrEP
<i>etravirine tab 100 mg</i>	1	SP, QL (4 tabs every 1 day)
<i>etravirine tab 200 mg</i>	1	SP, QL (2 tabs every 1 day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	SP, QL (4 tabs every 1 day)
GENVOYA TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	2	SP, QL (1 tab every 1 day)
ISENTRESS CHW 25MG (<i>raltegravir potassium</i>)	2	SP, QL (6 tabs every 1 day)
ISENTRESS CHW 100MG (<i>raltegravir potassium</i>)	2	SP, QL (6 tabs every 1 day)
ISENTRESS HD TAB 600MG (<i>raltegravir potassium</i>)	2	SP, QL (2 tabs every 1 day)
ISENTRESS POW 100MG (<i>raltegravir potassium</i>)	2	SP, QL (2 packets every 1 day)
ISENTRESS TAB 400MG (<i>raltegravir potassium</i>)	2	SP, QL (4 tabs every 1 day)
<i>lamivudine oral soln 10 mg/ml</i>	1	SP, QL (32 mL every 1 day)
<i>lamivudine tab 150 mg</i>	1	SP, QL (2 tabs every 1 day)
<i>lamivudine tab 300 mg</i>	1	SP, QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	SP, QL (2 tabs every 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	SP, QL (16 mL every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	SP, QL (10 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	SP, QL (4 tabs every 1 day)
<i>maraviroc tab 150 mg</i>	1	SP, QL (2 tabs every 1 day)
<i>maraviroc tab 300 mg</i>	1	SP, QL (4 tabs every 1 day)
<i>nevirapine susp 50 mg/5ml</i>	1	SP, QL (40 mL every 1 day)
<i>nevirapine tab 200 mg</i>	1	SP, QL (2 tabs every 1 day)
<i>nevirapine tab er 24hr 400 mg</i>	1	SP, QL (1 tab every 1 day)
ODEFSEY TAB (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)	2	SP, QL (1 tab every 1 day)
<i>ritonavir tab 100 mg</i>	1	SP, QL (12 tabs every 1 day)
SYM TUZA TAB (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	2	SP, QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	SP, QL (1 tab every 1 day)
TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>)	2	SP, QL (12 tabs every 1 day)
TIVICAY TAB 50MG (<i>dolutegravir sodium</i>)	2	SP, QL (2 tabs every 1 day)
TRIUMEQ PD TAB (<i>abacavir-dolutegravir-lamivudine</i>)	2	SP, QL (6 tabs every 1 day)
TRIUMEQ TAB (<i>abacavir-dolutegravir-lamivudine</i>)	2	SP, QL (1 tab every 1 day)
<i>zidovudine cap 100 mg</i>	1	SP, QL (6 caps every 1 day)
<i>zidovudine syrup 10 mg/ml</i>	1	SP, QL (64 mL every 1 day)
<i>zidovudine tab 300 mg</i>	1	SP, QL (2 tabs every 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100 (<i>nirmatrelvir-ritonavir</i>)	PV	QL (1 carton every 90 days)
PAXLOVID TAB 300-100 (<i>nirmatrelvir-ritonavir</i>)	PV	QL (1 carton every 90 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CMV AGENTS		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (1000 mL every 30 days), MO
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL (4 tabs every 1 day), MO
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	1	SP
<i>entecavir tab 0.5 mg</i>	1	SP, QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i>	1	SP, QL (1 tab every 1 day)
EPCLUSA PAK 150-37.5 (<i>sofosbuvir-velpatasvir</i>)	2	SP, PA, QL (1 packet every 1 day); For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG (<i>sofosbuvir-velpatasvir</i>)	2	SP, PA, QL (1 packet every 1 day); For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG (<i>sofosbuvir-velpatasvir</i>)	2	SP, PA, QL (1 tab every 1 day); For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100 (<i>sofosbuvir-velpatasvir</i>)	2	SP, PA, QL (1 tab every 1 day); For genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK (<i>ledipasvir-sofosbuvir</i>)	2	SP, PA, QL (1 packet every 1 day); For genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG (<i>ledipasvir-sofosbuvir</i>)	2	SP, PA, QL (1 packet every 1 day); For genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG (<i>ledipasvir-sofosbuvir</i>)	2	SP, PA, QL (1 tab every 1 day); For genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG (<i>ledipasvir-sofosbuvir</i>)	2	SP, PA, QL (1 tab every 1 day); For genotypes 1, 4, 5, 6
<i>lamivudine tab 100 mg (hbv)</i>	1	SP
<i>ribavirin cap 200 mg</i>	1	SP, PA
<i>ribavirin tab 200 mg</i>	1	SP, PA
VEMLIDY TAB 25MG (<i>tenofovir alafenamide fumarate</i>)	2	SP, QL (1 tab every 1 day)
VOSEVI TAB (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	2	SP, PA, QL (1 tab every 1 day); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).
HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	
RELENZA MIS DISKHALE (<i>zanamivir</i>)	2	
<i>rimantadine hydrochloride tab 100 mg</i>	1	
MISC. ANTIVIRALS		
LAGEVRIO CAP 200MG (<i>molnupiravir</i>)	PV	QL (40 caps every 90 days)
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
ALPHA-BETA BLOCKERS		
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	MO
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	MO
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	MO
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	MO
<i>carvedilol tab 3.125 mg</i>	1	MO
<i>carvedilol tab 6.25 mg</i>	1	MO
<i>carvedilol tab 12.5 mg</i>	1	MO
<i>carvedilol tab 25 mg</i>	1	MO
<i>labetalol hcl tab 100 mg</i>	1	MO
<i>labetalol hcl tab 200 mg</i>	1	MO
<i>labetalol hcl tab 300 mg</i>	1	MO
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	1	MO
<i>acebutolol hcl cap 400 mg</i>	1	MO
<i>atenolol tab 25 mg</i>	1	MO
<i>atenolol tab 50 mg</i>	1	MO
<i>atenolol tab 100 mg</i>	1	MO
<i>betaxolol hcl tab 10 mg</i>	1	MO
<i>betaxolol hcl tab 20 mg</i>	1	MO
<i>bisoprolol fumarate tab 5 mg</i>	1	MO
<i>bisoprolol fumarate tab 10 mg</i>	1	MO
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	MO
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	MO
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	MO
<i>metoprolol tartrate tab 25 mg</i>	1	MO
<i>metoprolol tartrate tab 37.5 mg</i>	1	MO
<i>metoprolol tartrate tab 50 mg</i>	1	MO
<i>metoprolol tartrate tab 75 mg</i>	1	MO
<i>metoprolol tartrate tab 100 mg</i>	1	MO
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	MO
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	MO
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	MO
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	MO
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol tab 20 mg</i>	1	MO
<i>nadolol tab 40 mg</i>	1	MO
<i>nadolol tab 80 mg</i>	1	MO
<i>pindolol tab 5 mg</i>	1	MO
<i>pindolol tab 10 mg</i>	1	MO
<i>propranolol hcl cap er 24hr 60 mg</i>	1	MO
<i>propranolol hcl cap er 24hr 80 mg</i>	1	MO
<i>propranolol hcl cap er 24hr 120 mg</i>	1	MO
<i>propranolol hcl cap er 24hr 160 mg</i>	1	MO
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	MO
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	MO
<i>propranolol hcl tab 10 mg</i>	1	MO
<i>propranolol hcl tab 20 mg</i>	1	MO
<i>propranolol hcl tab 40 mg</i>	1	MO
<i>propranolol hcl tab 60 mg</i>	1	MO
<i>propranolol hcl tab 80 mg</i>	1	MO
<i>sotalol hcl (afib/afI) tab 80 mg</i>	1	MO
<i>sotalol hcl (afib/afI) tab 120 mg</i>	1	MO
<i>sotalol hcl (afib/afI) tab 160 mg</i>	1	MO
<i>sotalol hcl tab 80 mg</i>	1	MO
<i>sotalol hcl tab 120 mg</i>	1	MO
<i>sotalol hcl tab 160 mg</i>	1	MO
<i>sotalol hcl tab 240 mg</i>	1	MO
<i>timolol maleate tab 5 mg</i>	1	MO
<i>timolol maleate tab 10 mg</i>	1	MO
<i>timolol maleate tab 20 mg</i>	1	MO

PRESCRIPTION DRUG NAME

DRUG TIER

COVERAGE REQUIREMENTS
AND LIMITS

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

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

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	MO
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	MO
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	MO
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	MO
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	MO
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	MO
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	MO
(Diltiazem Hcl Cap Er 24hr 120 mg) DILT-XR	1	MO
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	MO
(Diltiazem Hcl Cap Er 24hr 180 mg) DILT-XR	1	MO
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	MO
(Diltiazem Hcl Cap Er 24hr 240 mg) DILT-XR	1	MO
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	MO
(Diltiazem Hcl Coated Beads Cap Er 24hr 120 mg) CARTIA XT	1	MO
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	MO
(Diltiazem Hcl Coated Beads Cap Er 24hr 180 mg) CARTIA XT	1	MO
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	MO
(Diltiazem Hcl Coated Beads Cap Er 24hr 240 mg) CARTIA XT	1	MO
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	MO
(Diltiazem Hcl Coated Beads Cap Er 24hr 300 mg) CARTIA XT	1	MO
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 120 mg) TIADYLT ER	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 180 mg) TIADYLT ER	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 240 mg) TIADYLT ER	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 300 mg) TIADYLT ER	1	MO
diltiazem hcl extended release beads cap er 24hr 360 mg	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 360 mg) TIADYLT ER	1	MO
diltiazem hcl extended release beads cap er 24hr 420 mg	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 420 mg) TIADYLT ER	1	MO
diltiazem hcl tab 30 mg	1	MO
diltiazem hcl tab 60 mg	1	MO
diltiazem hcl tab 90 mg	1	MO
diltiazem hcl tab 120 mg	1	MO
felodipine tab er 24hr 2.5 mg	1	MO
felodipine tab er 24hr 5 mg	1	MO
felodipine tab er 24hr 10 mg	1	MO
isradipine cap 2.5 mg	1	MO
isradipine cap 5 mg	1	MO
levamlodipine maleate tab 2.5 mg	1	MO
levamlodipine maleate tab 5 mg	1	MO
nicardipine hcl cap 20 mg	1	MO
nicardipine hcl cap 30 mg	1	MO
nifedipine cap 10 mg	1	MO
nifedipine cap 20 mg	1	MO
nifedipine tab er 24hr 30 mg	1	MO
nifedipine tab er 24hr 60 mg	1	MO
nifedipine tab er 24hr 90 mg	1	MO
nifedipine tab er 24hr osmotic release 30 mg	1	MO
nifedipine tab er 24hr osmotic release 60 mg	1	MO
nifedipine tab er 24hr osmotic release 90 mg	1	MO
nimodipine cap 30 mg	1	
nisoldipine tab er 24hr 8.5 mg	1	MO
nisoldipine tab er 24hr 17 mg	1	MO
nisoldipine tab er 24hr 20 mg	1	MO
nisoldipine tab er 24hr 25.5 mg	1	MO
nisoldipine tab er 24hr 30 mg	1	MO
nisoldipine tab er 24hr 34 mg	1	MO
nisoldipine tab er 24hr 40 mg	1	MO
verapamil hcl cap er 24hr 100 mg	1	MO
verapamil hcl cap er 24hr 120 mg	1	MO
verapamil hcl cap er 24hr 180 mg	1	MO
verapamil hcl cap er 24hr 200 mg	1	MO
verapamil hcl cap er 24hr 240 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>verapamil hcl cap er 24hr 300 mg</i>	1	MO
<i>verapamil hcl cap er 24hr 360 mg</i>	1	MO
<i>verapamil hcl tab 40 mg</i>	1	MO
<i>verapamil hcl tab 80 mg</i>	1	MO
<i>verapamil hcl tab 120 mg</i>	1	MO
<i>verapamil hcl tab er 120 mg</i>	1	MO
<i>verapamil hcl tab er 180 mg</i>	1	MO
<i>verapamil hcl tab er 240 mg</i>	1	MO

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	1	MO
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	1	MO
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	MO
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	MO

CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	MO
ENTRESTO CAP 6-6MG (<i>sacubitril-valsartan</i>)	2	PA, MO
ENTRESTO CAP 15-16MG (<i>sacubitril-valsartan</i>)	2	PA, MO
ENTRESTO TAB 24-26MG (<i>sacubitril-valsartan</i>)	2	PA, MO
ENTRESTO TAB 49-51MG (<i>sacubitril-valsartan</i>)	2	PA, MO
ENTRESTO TAB 97-103MG (<i>sacubitril-valsartan</i>)	2	PA, MO
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPSYNVI TAB 10-20MG (<i>macitentan-tadalafil</i>)	2	SP, PA, QL (1 tab every 1 day)
OPSYNVI TAB 10-40MG (<i>macitentan-tadalafil</i>)	2	SP, PA, QL (1 tab every 1 day)
IMPOTENCE AGENTS - DRUGS TO TREAT ERECTILE DYSFUNCTION		
<i>sildenafil citrate tab 25 mg</i>	1	QL (8 tabs every 21 days)
<i>sildenafil citrate tab 50 mg</i>	1	QL (8 tabs every 21 days)
<i>sildenafil citrate tab 100 mg</i>	1	QL (8 tabs every 21 days)
<i>tadalafil tab 2.5 mg</i>	1	QL (1 tab every 1 day), MO
<i>tadalafil tab 5 mg</i>	1	QL (1 tab every 1 day), MO
<i>tadalafil tab 10 mg</i>	1	QL (8 tabs every 21 days)
<i>tadalafil tab 20 mg</i>	1	QL (8 tabs every 21 days)
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	1	QL (8 tabs every 21 days)
<i>vardenafil hcl tab 2.5 mg</i>	1	QL (8 tabs every 21 days)
<i>vardenafil hcl tab 5 mg</i>	1	QL (8 tabs every 21 days)
<i>vardenafil hcl tab 10 mg</i>	1	QL (8 tabs every 21 days)
<i>vardenafil hcl tab 20 mg</i>	1	QL (8 tabs every 21 days)
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG (<i>treprostinil diolamine</i>)	2	SP, PA
ORENITRAM TAB 0.125MG (<i>treprostinil diolamine</i>)	2	SP, PA
ORENITRAM TAB 1MG (<i>treprostinil diolamine</i>)	2	SP, PA
ORENITRAM TAB 2.5MG (<i>treprostinil diolamine</i>)	2	SP, PA
ORENITRAM TAB 5MG (<i>treprostinil diolamine</i>)	2	SP, PA
ORENITRAM TAB MONTH 1 (<i>treprostinil diolamine</i>)	2	SP, PA
ORENITRAM TAB MONTH 2 (<i>treprostinil diolamine</i>)	2	SP, PA
ORENITRAM TAB MONTH 3 (<i>treprostinil diolamine</i>)	2	SP, PA
TYVASO DPI POW 16-32-48 (<i>treprostinil</i>)	2	SP, PA, QL (9 cartridges every 1 day)
TYVASO DPI POW 16MCG (<i>treprostinil</i>)	2	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW 32MCG (<i>treprostinil</i>)	2	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW 48MCG (<i>treprostinil</i>)	2	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW 64MCG (<i>treprostinil</i>)	2	SP, PA, QL (4 cartridges every 1 day)
TYVASO RF KT SOL 0.6MG/ML (<i>treprostinil</i>)	2	SP, PA, QL (2.9 mL every 1 day)
TYVASO SOL 0.6MG/ML (<i>treprostinil</i>)	2	SP, PA, QL (2.9 mL every 1 day)
TYVASO ST KT SOL 0.6MG/ML (<i>treprostinil</i>)	2	SP, PA, QL (2.9 mL every 1 day)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	1	SP, PA, QL (1 tab every 1 day)
<i>ambrisentan tab 10 mg</i>	1	SP, PA, QL (1 tab every 1 day)
<i>bosentan tab 62.5 mg</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>bosentan tab 125 mg</i>	1	SP, PA, QL (2 tabs every 1 day)
OPSUMIT TAB 10MG (<i>macitentan</i>)	2	SP, PA, QL (1 tab every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	SP, PA, QL (224 mL every 30 days)
<i>sildenafil citrate tab 20 mg</i>	1	SP, PA, QL (12 tabs every 1 day)
<i>tadalafil tab 20 mg (pah)</i>	1	SP, PA, QL (2 tabs every 1 day)
(Tadalafil Tab 20 mg (Pah)) ALYQ	1	SP, PA, QL (2 tabs every 1 day)
TADLIQ SUS 20MG/5ML (<i>tadalafil (pulmonary hypertension)</i>)	2	SP, PA, QL (10 mL every 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800 (<i>selexipag</i>)	2	SP, PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG (<i>selexipag</i>)	2	SP, PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG (<i>selexipag</i>)	2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG (<i>selexipag</i>)	2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG (<i>selexipag</i>)	2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	2	SP, PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG (<i>riociguat</i>)	2	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG (<i>riociguat</i>)	2	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG (<i>riociguat</i>)	2	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG (<i>riociguat</i>)	2	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG (<i>riociguat</i>)	2	SP, PA, QL (3 tabs every 1 day)
SINUS NODE INHIBITORS		
CORLANOR TAB 5MG (<i>ivabradine hcl</i>)	2	MO
CORLANOR TAB 7.5MG (<i>ivabradine hcl</i>)	2	MO
<i>ivabradine hcl tab 5 mg (base equiv)</i>	1	MO
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	1	MO
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG (<i>vericiguat</i>)	2	MO
VERQUVO TAB 5MG (<i>vericiguat</i>)	2	MO
VERQUVO TAB 10MG (<i>vericiguat</i>)	2	MO
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
COMBINATION CONTRACEPTIVES - ORAL		
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	PV	MO
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) AZURETTE	PV	MO
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) KARIVA	PV	MO
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) PIMTREA	PV	MO
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) SIMLIYA	PV	MO
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) VIORELE	PV	MO
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) VOLNEA	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025mg-Mg) VELIVET	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) APRI	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) CYRED EQ	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ENSKYCE	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ISIBLOOM	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) JULEBER	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) KALLIGA	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) RECLIPSEN	PV	MO
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	PV	MO
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	PV	MO
(Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03-0.451 mg) TYDEMY	PV	MO
drospirenone-ethinyl estradiol tab 3-0.02 mg	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) JASMIEL	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) LO-ZUMANDIMINE	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) LORYNA	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) NIKKI	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) VESTURA	PV	MO
drospirenone-ethinyl estradiol tab 3-0.03 mg	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg) OCELLA	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg) SYEDA	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg) ZUMANDIMINE	PV	MO
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	PV	MO
(Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg) KELNOR 1/35	PV	MO
(Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg) ZOVIA 1/35	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	PV	MO
(Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-50 mcg) KELNOR 1/50	PV	MO
<i>FALESSA KIT (levonorgestrel-ethinyl estradiol & folic acid)</i>	PV	MO
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	PV	MO
(Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 mg ð Est 0.01 mg) RIVELSA	PV	MO
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	PV	MO
(Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)) CAMRESE LO	PV	MO
(Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)) LOJAIMIESS	PV	MO
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	PV	MO
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) ASHLYNA	PV	MO
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) CAMRESE	PV	MO
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) DAYSEE	PV	MO
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) JAIMIESS	PV	MO
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) SIMPESS	PV	MO
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	PV	MO
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) ICLEVIA	PV	MO
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) INTROVALE	PV	MO
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) JOLESSA	PV	MO
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) SETLAKIN	PV	MO
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AFIRMELLE	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AUBRA EQ	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AVIANE	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) DELYLA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) FALMINA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) LESSINA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) LUTERA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) SRONYX	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) VIENVA	PV	MO
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ALTAVERA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) AYUNA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) CHATEAL EQ	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) KURVELO	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) LEVORA 0.15/30-28	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) MARLISSA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) PORTIA-28	PV	MO
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	PV	MO
(Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg) ENPRESSE-28	PV	MO
(Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg) LEVONEST	PV	MO
(Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg) TRIVORA-28	PV	MO
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	PV	MO
(Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg) AMETHYST	PV	MO
(Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg) DOLISHALE	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	PV	MO
(Levonorgestrel-Ethinyl Estradiol-Fe Tab 0.1 mg-20 mcg (21)) JOYEAUX	PV	MO
LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	PV	MO
NATAZIA TAB (estradiol valerate-dienogest)	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) BALZIVA	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) BRIELLYN	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) PHILITH	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) VYFEMLA	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) NECON 0.5/35-28	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) NORTREL 0.5/35 (28)	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) WERA	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) ALYACEN 1/35	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) DASETTA 1/35	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) NORTREL 1/35	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) NYLIA 1/35	PV	MO
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	PV	MO
(Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 mg-35 mcg) WYMZYA FE	PV	MO
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	PV	MO
(Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 mg-25 mcg) KAITLIB FE	PV	MO
(Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 mg-25 mcg) LAYOLIS FE	PV	MO
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	PV	MO
(Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg) TILIA FE	PV	MO
(Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg) TRI-LEGEST FE	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) AUROVELA 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) JUNEL 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) LARIN 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) LOESTRIN 1/20-21	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) MICROGESTIN 1/20	PV	MO
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) AUROVELA 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) HAILEY 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) JUNEL 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) LARIN 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) LOESTRIN 1.5/30-21	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) MICROGESTIN 1.5/30	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) AUROVELA FE 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) BLISOVI FE 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) HAILEY FE 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) JUNEL FE 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) LARIN FE 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) LOESTRIN FE 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) MICROGESTIN FE 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) TARINA FE 1/20 EQ	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) AUROVELA FE 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) BLISOVI FE 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) HAILEY FE 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) JUNEL FE 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) LARIN FE 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) LOESTRIN FE 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) MICROGESTIN FE 1.5/30	PV	MO
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	PV	MO
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) CHARLOTTE 24 FE	PV	MO
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) FINZALA	PV	MO
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) MIBELAS 24 FE	PV	MO
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)) GEMMILY	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)) MERZEE	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)) TAYSOFY	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) AUROVELA 24 FE	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) BLISOVI 24 FE	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) HAILEY 24 FE	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) JUNEL FE 24	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) LARIN 24 FE	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) TARINA 24 FE	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) ALYACEN 7/7/7	PV	MO
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) DASETTA 7/7/7	PV	MO
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) NORTREL 7/7/7	PV	MO
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) NYLIA 7/7/7	PV	MO
(Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 mg-Mcg) ARANELLE	PV	MO
(Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 mg-Mcg) LEENA	PV	MO
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	PV	MO
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) ESTARYLLA	PV	MO
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) MILI	PV	MO
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) MONO-LINYAH	PV	MO
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) SPRINTEC 28	PV	MO
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) VYLIBRA	PV	MO
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-ESTARYLLA	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-MARZIA	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-MILI	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-SPRINTEC	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-VYLIBRA LO	PV	MO
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-ESTARYLLA	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-LINYAH	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-MILI	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-SPRINTEC	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-VYLIBRA	PV	MO
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) CRYSELLE-28	PV	MO
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) ELINEST	PV	MO
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) LOW-OGESTREL	PV	MO
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) TURQOZ	PV	MO
(Norgestrel & Ethinyl Estradiol Tab 0.5 mg-50 mcg) OGESTREL	PV	MO
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	PV	MO
(Norelgestromin-Ethinyl Estradiol Td Ptwk 150-35 mcg/24hr) XULANE	PV	MO
(Norelgestromin-Ethinyl Estradiol Td Ptwk 150-35 mcg/24hr) ZAFEMY	PV	MO
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS (segesterone acetate-ethinyl estradiol)	PV	QL (1 ring every 300 days), MO; Quantity max 1 per fill; Quantity max 1 per 300 days
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	PV	QL (13 rings every 300 days), MO
(Etonogestrel-Ethinyl Estradiol Va Ring 0.12-0.015 mg/24hr) ELURYNG	PV	QL (13 rings every 300 days), MO
(Etonogestrel-Ethinyl Estradiol Va Ring 0.12-0.015 mg/24hr) ENILLORING	PV	QL (13 rings every 300 days), MO
(Etonogestrel-Ethinyl Estradiol Va Ring 0.12-0.015 mg/24hr) HALOETTE	PV	QL (13 rings every 300 days), MO
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG (ulipristal acetate)	PV	
(Levonorgestrel Tab 1.5 mg) OPTION 2	PV	MO
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab 0.35 mg	PV	MO
(Norethindrone Tab 0.35 mg) CAMILA	PV	MO
(Norethindrone Tab 0.35 mg) DEBLITANE	PV	MO
(Norethindrone Tab 0.35 mg) EMZAHH	PV	MO
(Norethindrone Tab 0.35 mg) ERRIN	PV	MO
(Norethindrone Tab 0.35 mg) HEATHER	PV	MO
(Norethindrone Tab 0.35 mg) INCASSIA	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Norethindrone Tab 0.35 mg) JENCYCLA	PV	MO
(Norethindrone Tab 0.35 mg) LYLEQ	PV	MO
(Norethindrone Tab 0.35 mg) LYZA	PV	MO
(Norethindrone Tab 0.35 mg) NORA-BE	PV	MO
(Norethindrone Tab 0.35 mg) NORLYROC	PV	MO
(Norethindrone Tab 0.35 mg) SHAROBEL	PV	MO

CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

GLUCOCORTICOSTEROIDS

<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>deflazacort susp 22.75 mg/ml</i>	1	SP, PA, QL (54 mL every 30 days)
<i>deflazacort tab 6 mg</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>deflazacort tab 18 mg</i>	1	SP, PA, QL (1 tab every 1 day)
<i>deflazacort tab 30 mg</i>	1	SP, PA, QL (1 tab every 1 day)
<i>deflazacort tab 36 mg</i>	1	SP, PA, QL (1 tab every 1 day)
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
(Dexamethasone Tab Therapy Pack 1.5 mg (21)) HIDEX 6-DAY	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
EMFLAZA SUS 22.75/ML (<i>deflazacort</i>)	3	SP, PA
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG (<i>methylprednisolone</i>)	3	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisolone tab 5 mg</i>	1	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
MINERALOCORTICIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	MO
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS		
ANTITUSSIVES - DRUGS TO TREAT COUGH		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	Not available under age 6
(Hydrocodone Bitart-Homatropine Methylbrom Soln 5-1.5 mg/5ml) HYDROMET	1	Not available under age 6
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	Not available under age 6
COUGH/COLD/ALLERGY COMBINATIONS		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	Not available under age 12
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
(Promethazine & Phenylephrine Syrup 6.25-5 mg/5ml) PROMETHAZINE VC	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	Not available under age 12
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EXPECTORANTS - DRUGS TO TREAT COUGH		
<i>potassium iodide oral soln 1 gm/ml</i>	1	
MISC. RESPIRATORY INHALANTS - DRUGS TO TREAT BREATHING DISORDERS		
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
(Sodium Chloride Soln Nebu 3%) NEBUSAL	1	
<i>sodium chloride soln nebu 7%</i>	1	
(Sodium Chloride Soln Nebu 7%) PULMOSAL	1	
<i>sodium chloride soln nebu 10%</i>	1	
MUCOLYTICS - DRUGS TO TREAT COUGH		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS		
ACNE PRODUCTS		
<i>adapalene cream 0.1%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>adapalene gel 0.1%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>adapalene gel 0.3%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	
AKLIEF CRE 0.005% (<i>trifarotene</i>)	2	PA
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide gel 8%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
(Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%) NEUAC	1	
<i>clindamycin phosphate foam 1%</i>	1	
(Clindamycin Phosphate Foam 1%) CLINDACIN	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
(Clindamycin Phosphate Swab 1%) CLINDACIN ETZ PLEDGETS	1	
(Clindamycin Phosphate Swab 1%) CLINDACIN-P	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
EPIDUO FORTE GEL 0.3-2.5% (<i>adapalene-benzoyl peroxide</i>)	2	
EPIDUO GEL 0.1-2.5% (<i>adapalene-benzoyl peroxide</i>)	2	
<i>erythromycin gel 2%</i>	1	
(Erythromycin Pads 2%) ERY	1	
<i>erythromycin soln 2%</i>	1	
<i>isotretinoin cap 10 mg</i>	1	PA
(Isotretinoin Cap 10 mg) ACCUTANE	1	PA
(Isotretinoin Cap 10 mg) AMNESTEEM	1	PA
(Isotretinoin Cap 10 mg) CLARAVIS	1	PA
(Isotretinoin Cap 10 mg) ZENATANE	1	PA
<i>isotretinoin cap 20 mg</i>	1	PA
(Isotretinoin Cap 20 mg) ACCUTANE	1	PA
(Isotretinoin Cap 20 mg) AMNESTEEM	1	PA
(Isotretinoin Cap 20 mg) CLARAVIS	1	PA
(Isotretinoin Cap 20 mg) ZENATANE	1	PA
<i>isotretinoin cap 30 mg</i>	1	PA
(Isotretinoin Cap 30 mg) ACCUTANE	1	PA
(Isotretinoin Cap 30 mg) CLARAVIS	1	PA
(Isotretinoin Cap 30 mg) ZENATANE	1	PA
<i>isotretinoin cap 40 mg</i>	1	PA
(Isotretinoin Cap 40 mg) ACCUTANE	1	PA
(Isotretinoin Cap 40 mg) AMNESTEEM	1	PA
(Isotretinoin Cap 40 mg) CLARAVIS	1	PA
(Isotretinoin Cap 40 mg) ZENATANE	1	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
(Sulfacetamide Sodium W/ Sulfur Emulsion 10-1%) SULFAMEZ WASH	1	
<i>tretinoin cream 0.1%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin cream 0.05%</i>	1	PA; PA Required for age greater than or equal to age 35

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tretinoin cream 0.025%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin gel 0.01%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin gel 0.05%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin gel 0.025%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin microsphere gel 0.1%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin microsphere gel 0.04%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin microsphere gel 0.08%</i>	1	PA; PA Required for age greater than or equal to age 35
TWYNEO CRE 0.1-3% (<i>tretinoin-benzoyl peroxide</i>)	2	PA; PA Required for age greater than or equal to age 35
WINLEVI CRE 1% (<i>clascoterone</i>)	2	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine patch 1.3%</i>	1	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1	PA
<i>diclofenac sodium soln 1.5%</i>	1	
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin oint 2%</i>	1	
ANTIFUNGALS - TOPICAL		
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>ciclopirox solution 8%</i>	1	PA
(Ciclopirox Solution 8%) CICLODAN	1	PA
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>econazole nitrate cream 1%</i>	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle Cream 1-1.9%) IODOQUIMEZ-HC	1	
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
<i>naftifine hcl cream 1%</i>	1	
<i>naftifine hcl cream 2%</i>	1	
<i>naftifine hcl gel 2%</i>	1	
NAFTIN GEL 2% (<i>naftifine hcl</i>)	2	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
(Nystatin Topical Powder 100000 unit/gm) KLAYESTA	1	
(Nystatin Topical Powder 100000 unit/gm) NYAMYC	1	
(Nystatin Topical Powder 100000 unit/gm) NYSTOP	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	
<i>sulconazole nitrate cream 1%</i>	1	
<i>sulconazole nitrate solution 1%</i>	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene gel 1%</i>	1	SP, PA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	1	PA
<i>acitretin cap 17.5 mg</i>	1	PA
<i>acitretin cap 25 mg</i>	1	PA
<i>calcipotriene oint 0.005%</i>	1	
(Calcipotriene Oint 0.005%) CALCITRENE	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>methoxsalen rapid cap 10 mg</i>	1	
<i>tazarotene cream 0.1%</i>	1	PA
<i>tazarotene cream 0.05%</i>	1	PA
<i>tazarotene gel 0.1%</i>	1	PA
<i>tazarotene gel 0.05%</i>	1	PA
ZORYVE CRE 0.3% (<i>roflumilast (topical)</i>)	2	
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotion 2.5%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZORYVE MIS 0.3% (<i>roflumilast (antiseborrheic)</i>)	2	
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	
<i>penciclovir cream 1%</i>	1	
BURN PRODUCTS		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
(Silver Sulfadiazine Cream 1%) SSD	1	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone valerate aerosol foam 0.12%</i>	1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	
BRYHALI LOT 0.01% (<i>halobetasol propionate</i>)	2	
<i>clobetasol propionate cream 0.05%</i>	1	
(Clobetasol Propionate Emollient Base Cream 0.05%) CLOBETASOL PROPIONATE EMO	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotion 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
(Clobetasol Propionate Shampoo 0.05%) CLODAN	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>desonide cream 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desoximetasone spray 0.25%</i>	1	
ENSTILAR AER (<i>calcipotriene-betamethasone dipropionate</i>)	2	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate lotion 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
(Hydrocortisone Cream 1%) ALA-CORT	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>lidocaine-hydrocortisone acetate cream 1-1%</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
(Triamcinolone Acetonide Cream 0.5%) TRIDERM	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ECZEMA AGENTS		
CIBINQO TAB 50MG (<i>abrocitinib</i>)	2	SP, PA, QL (1 tab every 1 day)
CIBINQO TAB 100MG (<i>abrocitinib</i>)	2	SP, PA, QL (1 tab every 1 day)
CIBINQO TAB 200MG (<i>abrocitinib</i>)	2	SP, PA, QL (1 tab every 1 day)
OPZELURA CRE 1.5% (<i>ruxolitinib phosphate (topical)</i>)	2	PA
EMOLLIENTS		
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1%</i>	1	PA
<i>tacrolimus oint 0.1%</i>	1	PA
<i>tacrolimus oint 0.03%</i>	1	PA
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
<i>podofilox gel 0.5%</i>	1	
<i>podofilox soln 0.5%</i>	1	
LOCAL ANESTHETICS - TOPICAL		
<i>ethyl chloride aerosol spray</i>	1	
(Lidocaine Hcl Cream 3%) LIDOPIN	1	
<i>lidocaine hcl lotion 3%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL every 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 gm every 25 days)
<i>lidocaine patch 5%</i>	1	PA
(Lidocaine Patch 5%) LIDOCAN	1	PA
(Lidocaine Patch 5%) TRIDACAINE II	1	PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm every 25 days)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2% (<i>crisaborole</i>)	2	
ZORYVE CRE 0.15% (<i>roflumilast (dermatologic)</i>)	2	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	
FINACEA AER 15% (<i>azelaic acid</i>)	2	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
ORACEA CAP 40MG (<i>doxycycline (rosacea)</i>)	1	
SOOLANTRA CRE 1% (<i>ivermectin (rosacea)</i>)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SCABICIDES & PEDICULICIDES		
(Crotamiton Lotion 10%) CROTAN	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
CREON CAP 6000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
CREON CAP 12000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
CREON CAP 24000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
CREON CAP 36000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
VIKACE TAB 10440 (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
VIKACE TAB 20880 (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 5000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 10000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 15000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 20000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 25000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 40000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 60000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide cap er 12hr 500 mg</i>	1	MO
<i>acetazolamide tab 125 mg</i>	1	MO
<i>acetazolamide tab 250 mg</i>	1	MO
<i>dichlorphenamide tab 50 mg</i>	1	SP, PA, QL (4 tabs every 1 day)
(Dichlorphenamide Tab 50 mg) ORMALVI	1	SP, PA, QL (4 tabs every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methazolamide tab 25 mg</i>	1	MO
<i>methazolamide tab 50 mg</i>	1	MO
DIURETIC COMBINATIONS		
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	MO
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	MO
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	MO
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	MO
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	MO
LOOP DIURETICS		
<i>bumetanide tab 0.5 mg</i>	1	MO
<i>bumetanide tab 1 mg</i>	1	MO
<i>bumetanide tab 2 mg</i>	1	MO
<i>ethacrynic acid tab 25 mg</i>	1	MO
<i>furosemide oral soln 8 mg/ml</i>	1	MO
<i>furosemide oral soln 10 mg/ml</i>	1	MO
<i>furosemide tab 20 mg</i>	1	MO
<i>furosemide tab 40 mg</i>	1	MO
<i>furosemide tab 80 mg</i>	1	MO
<i>toremide tab 5 mg</i>	1	MO
<i>toremide tab 10 mg</i>	1	MO
<i>toremide tab 20 mg</i>	1	MO
<i>toremide tab 100 mg</i>	1	MO
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	1	MO
<i>spironolactone susp 25 mg/5ml</i>	1	MO
<i>spironolactone tab 25 mg</i>	1	MO
<i>spironolactone tab 50 mg</i>	1	MO
<i>spironolactone tab 100 mg</i>	1	MO
<i>triamterene cap 50 mg</i>	1	MO
<i>triamterene cap 100 mg</i>	1	MO
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tab 25 mg</i>	1	MO
<i>chlorthalidone tab 50 mg</i>	1	MO
<i>hydrochlorothiazide cap 12.5 mg</i>	1	MO
<i>hydrochlorothiazide tab 12.5 mg</i>	1	MO
<i>hydrochlorothiazide tab 25 mg</i>	1	MO
<i>hydrochlorothiazide tab 50 mg</i>	1	MO
<i>indapamide tab 1.25 mg</i>	1	MO
<i>indapamide tab 2.5 mg</i>	1	MO
<i>metolazone tab 2.5 mg</i>	1	MO
<i>metolazone tab 5 mg</i>	1	MO
<i>metolazone tab 10 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES		
BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	MO
<i>alendronate sodium tab 5 mg</i>	1	MO
<i>alendronate sodium tab 10 mg</i>	1	MO
<i>alendronate sodium tab 35 mg</i>	1	MO
<i>alendronate sodium tab 70 mg</i>	1	MO
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	MO
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	MO
<i>risedronate sodium tab 5 mg</i>	1	MO
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	MO
<i>risedronate sodium tab 150 mg</i>	1	MO
<i>risedronate sodium tab delayed release 35 mg</i>	1	MO
FERTILITY REGULATORS		
<i>clomiphene citrate tab 50 mg</i>	1	Only covered if member has supplemental benefit. Limit 3 fills per calendar year.
GNRH/LHRH ANTAGONISTS		
ORLISSA TAB 150MG (<i>elagolix sodium</i>)	2	
ORLISSA TAB 200MG (<i>elagolix sodium</i>)	2	
HORMONE RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS		
<i>raloxifene hcl tab 60 mg</i>	1	MO; \$0 copay ages 35 and older for the primary prevention of breast cancer
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML (<i>nafarelin acetate</i>)	3	
METABOLIC MODIFIERS		
<i>betaine powder for oral solution</i>	1	SP, PA
<i>calcitriol cap 0.5 mcg</i>	1	MO
<i>calcitriol cap 0.25 mcg</i>	1	MO
<i>calcitriol oral soln 1 mcg/ml</i>	1	MO
<i>carglumic acid soluble tab 200 mg</i>	1	SP, PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	SP, PA, QL (4 tabs every 1 day)
<i>doxercalciferol cap 0.5 mcg</i>	1	MO
<i>doxercalciferol cap 1 mcg</i>	1	MO
<i>doxercalciferol cap 2.5 mcg</i>	1	MO
GALAFOLD CAP 123MG (<i>migalastat hcl</i>)	2	SP, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	MO
<i>levocarnitine tab 330 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nitisinone cap 2 mg</i>	1	SP, PA
<i>nitisinone cap 5 mg</i>	1	SP, PA
<i>nitisinone cap 10 mg</i>	1	SP, PA
<i>nitisinone cap 20 mg</i>	1	SP, PA
ORFADIN SUS 4MG/ML (<i>nitisinone</i>)	2	SP, PA
<i>paricalcitol cap 1 mcg</i>	1	MO
<i>paricalcitol cap 2 mcg</i>	1	MO
<i>paricalcitol cap 4 mcg</i>	1	MO
PHEBURANE MIS 483/GM (<i>sodium phenylbutyrate</i>)	2	SP, PA, QL (46.4 gm every 1 day)
<i>sapropterin dihydrochloride powder packet 100 mg</i> (Sapropterin Dihydrochloride Powder Packet 100 mg) JAVYGTOR	1	SP, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i> (Sapropterin Dihydrochloride Powder Packet 500 mg) JAVYGTOR	1	SP, PA
<i>sapropterin dihydrochloride tab 100 mg</i> (Sapropterin Dihydrochloride Tab 100 mg) JAVYGTOR	1	SP, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	SP, PA, QL (26.6 gm every 1 day)
<i>sodium phenylbutyrate tab 500 mg</i>	1	SP, PA, QL (40 tabs every 1 day)
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG (<i>finerenone</i>)	2	PA, MO
KERENDIA TAB 20MG (<i>finerenone</i>)	2	PA, MO
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	MO
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	MO
<i>desmopressin acetate tab 0.1 mg</i>	1	MO
<i>desmopressin acetate tab 0.2 mg</i>	1	MO
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone tab 200 mg</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	1	
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan tab 15 mg</i>	1	SP, PA
<i>tolvaptan tab 30 mg</i>	1	SP, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
CLIMARA PRO DIS WEEKLY (<i>estradiol-levonorgestrel</i>)	2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMBIPATCH DIS (<i>estradiol & norethindrone acetate</i>)	2	MO
DUAVEE TAB 0.45-20 (<i>conjugated estrogens-bazedoxifene</i>)	2	MO
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	MO
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	MO
(Estradiol & Norethindrone Acetate Tab 1-0.5 mg) MIMVEY	1	MO
MYFEMBREE TAB (<i>relugolix-estradiol-norethindrone acetate</i>)	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	MO
(Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 mg-2.5 mcg) FYAVOLV	1	MO
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	MO
(Norethindrone Acetate-Ethinyl Estradiol Tab 1 mg-5 mcg) FYAVOLV	1	MO
(Norethindrone Acetate-Ethinyl Estradiol Tab 1 mg-5 mcg) JINTELI	1	MO
ORIAHNN CAP (<i>elagolix sodium-estradiol-norethindrone acetate</i>)	2	
PREMPHASE TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	MO
PREMPRO TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	MO
PREMPRO TAB 0.3-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	MO
PREMPRO TAB 0.45-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	MO
PREMPRO TAB 0.625-5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	MO
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	1	MO
<i>estradiol tab 0.5 mg</i>	1	MO
<i>estradiol tab 1 mg</i>	1	MO
<i>estradiol tab 2 mg</i>	1	MO
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1	MO
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	MO
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	MO
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	MO
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	MO
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Estradiol Td Patch Twice Weekly 0.1 mg/24hr) DOTTI	1	MO
(Estradiol Td Patch Twice Weekly 0.1 mg/24hr) LYLLANA	1	MO
estradiol td patch twice weekly 0.05 mg/24hr	1	MO
(Estradiol Td Patch Twice Weekly 0.05 mg/24hr) DOTTI	1	MO
(Estradiol Td Patch Twice Weekly 0.05 mg/24hr) LYLLANA	1	MO
estradiol td patch twice weekly 0.025 mg/24hr	1	MO
(Estradiol Td Patch Twice Weekly 0.025 mg/24hr) DOTTI	1	MO
(Estradiol Td Patch Twice Weekly 0.025 mg/24hr) LYLLANA	1	MO
estradiol td patch twice weekly 0.075 mg/24hr	1	MO
(Estradiol Td Patch Twice Weekly 0.075 mg/24hr) DOTTI	1	MO
(Estradiol Td Patch Twice Weekly 0.075 mg/24hr) LYLLANA	1	MO
estradiol td patch twice weekly 0.0375 mg/24hr	1	MO
(Estradiol Td Patch Twice Weekly 0.0375 mg/24hr) DOTTI	1	MO
(Estradiol Td Patch Twice Weekly 0.0375 mg/24hr) LYLLANA	1	MO
estradiol td patch weekly 0.1 mg/24hr	1	MO
estradiol td patch weekly 0.05 mg/24hr	1	MO
estradiol td patch weekly 0.06 mg/24hr	1	MO
estradiol td patch weekly 0.025 mg/24hr	1	MO
estradiol td patch weekly 0.075 mg/24hr	1	MO
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	MO

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

CIPRO (5%) SUS 250MG/5 (<i>ciprofloxacin</i>)	3	
CIPRO (10%) SUS 500MG/5 (<i>ciprofloxacin</i>)	3	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
ofloxacin tab 300 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ofloxacin tab 400 mg</i>	1	
GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol cap 300 mg</i>	1	MO
<i>ursodiol tab 250 mg</i>	1	MO
<i>ursodiol tab 500 mg</i>	1	MO
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	MO
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	1	PA, MO
<i>lubiprostone cap 24 mcg</i>	1	PA, MO
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium cap 750 mg</i>	1	
<i>mesalamine cap dr 400 mg</i>	1	MO
<i>mesalamine cap er 24hr 0.375 gm</i>	1	MO
<i>mesalamine cap er 500 mg</i>	1	MO
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	MO
<i>mesalamine tab delayed release 800 mg</i>	1	
<i>sulfasalazine tab 500 mg</i>	1	MO
<i>sulfasalazine tab delayed release 500 mg</i>	1	MO
VELSIPITY TAB 2MG (<i>etrasimod arginine</i>)	2	SP, PA, QL (1 tab every 1 day)
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	MO
(Lactulose (Encephalopathy) Solution 10 gm/15ml) ENULOSE	1	MO
(Lactulose (Encephalopathy) Solution 10 gm/15ml) GENERLAC	1	MO
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	PA, MO
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	PA, MO
LINZESS CAP 72MCG (<i>linaclotide</i>)	2	PA, MO
LINZESS CAP 145MCG (<i>linaclotide</i>)	2	PA, MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LINZESS CAP 290MCG (<i>linaclotide</i>)	2	PA, MO
VIBERZI TAB 75MG (<i>eluxadoline</i>)	2	PA, MO
VIBERZI TAB 100MG (<i>eluxadoline</i>)	2	PA, MO
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG (<i>naloxegol oxalate</i>)	2	
MOVANTIK TAB 25MG (<i>naloxegol oxalate</i>)	2	
SYMPROIC TAB 0.2MG (<i>naldemedine tosylate</i>)	2	
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA TAB 210MG (<i>ferric citrate</i>)	2	MO
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	MO
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	MO
<i>sevelamer carbonate packet 0.8 gm</i>	1	MO
<i>sevelamer carbonate packet 2.4 gm</i>	1	MO
<i>sevelamer carbonate tab 800 mg</i>	1	MO
<i>sevelamer hcl tab 400 mg</i>	1	MO
<i>sevelamer hcl tab 800 mg</i>	1	MO
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
ALKALINIZERS		
(Potassium Citrate & Citric Acid Powder Pack 3300-1002 mg) CYTRA K CRYSTALS	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG (<i>cysteamine bitartrate</i>)	2	SP, PA
CYSTAGON CAP 150MG (<i>cysteamine bitartrate</i>)	2	SP, PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	MO
<i>dutasteride cap 0.5 mg</i>	1	MO
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	MO
<i>finasteride tab 5 mg</i>	1	MO
<i>silodosin cap 4 mg</i>	1	MO
<i>silodosin cap 8 mg</i>	1	MO
<i>tamsulosin hcl cap 0.4 mg</i>	1	MO
URINARY ANALGESICS		
(Phenazopyridine Hcl Tab 200 mg) PHENAZO	1	
URINARY STONE AGENTS		
<i>tiopronin tab 100 mg</i>	1	SP, PA
<i>tiopronin tab delayed release 100 mg</i>	1	SP, PA
<i>tiopronin tab delayed release 300 mg</i>	1	SP, PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GOUT AGENTS - DRUGS TO TREAT GOUT		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	MO
GOUT AGENTS - DRUGS TO TREAT GOUT		
<i>allopurinol tab 100 mg</i>	1	MO
<i>allopurinol tab 200 mg</i>	1	MO
<i>allopurinol tab 300 mg</i>	1	MO
<i>colchicine tab 0.6 mg</i>	1	
<i>febuxostat tab 40 mg</i>	1	MO
<i>febuxostat tab 80 mg</i>	1	MO
MITIGARE CAP 0.6MG (<i>colchicine</i>)	1	
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	MO
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS		
HEMATOALOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG (<i>fostamatinib disodium</i>)	2	PA, QL (2 tabs every 1 day), MO
TAVALISSE TAB 150MG (<i>fostamatinib disodium</i>)	2	PA, QL (2 tabs every 1 day), MO
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	MO
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP 110MG (<i>berotralstat hcl</i>)	2	PA, QL (1 cap every 1 day), MO
ORLADEYO CAP 150MG (<i>berotralstat hcl</i>)	2	PA, QL (1 cap every 1 day), MO
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl cap 0.5 mg</i>	1	MO
<i>anagrelide hcl cap 1 mg</i>	1	MO
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	MO
BRILINTA TAB 60MG (<i>ticagrelor</i>)	2	MO
BRILINTA TAB 90MG (<i>ticagrelor</i>)	2	MO
<i>cilostazol tab 50 mg</i>	1	MO
<i>cilostazol tab 100 mg</i>	1	MO
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	MO
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	MO
<i>dipyridamole tab 50 mg</i>	1	MO
<i>dipyridamole tab 75 mg</i>	1	MO
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	MO
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	MO
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	2	SP, PA, QL (2 caps every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>miglustat cap 100 mg</i>	1	SP, PA, QL (3 caps every 1 day)
(Miglustat Cap 100 mg) YARGESA	1	SP, PA, QL (3 caps every 1 day)
AGENTS FOR SICKLE CELL DISEASE		
SIKLOS TAB 100MG (<i>hydroxyurea (sickle cell disease)</i>)	2	
SIKLOS TAB 1000MG (<i>hydroxyurea (sickle cell disease)</i>)	2	
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i>	PV	QL (100 caps every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Cap 0.8 mg) FA-8	PV	QL (100 caps every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
<i>folic acid tab 1 mg</i>	1	MO
<i>folic acid tab 400 mcg</i>	PV	QL (100 tabs every 30 days); \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 400 mcg) FOLATE	PV	QL (100 tabs every 30 days); \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 400 mcg) GNP FOLIC ACID	PV	QL (100 tabs every 30 days); \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 400 mcg) RA FOLIC ACID	PV	QL (100 tabs every 30 days); \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 400 mcg) SM FOLIC ACID	PV	QL (100 tabs every 30 days); \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 400 mcg) YL FOLIC ACID	PV	QL (100 tabs every 30 days); \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>folic acid tab 800 mcg</i>	PV	QL (100 tabs every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 800 mcg) CVS FOLIC ACID	PV	QL (100 tabs every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 800 mcg) KP FOLIC ACID	PV	QL (100 tabs every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 800 mcg) QC FOLIC ACID	PV	QL (100 tabs every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 800 mcg) RA FOLIC ACID	PV	QL (100 tabs every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered

HEMATOPOIETIC GROWTH FACTORS

ALVAIZ TAB 9MG (<i>eltrombopag choline</i>)	2	SP, PA, QL (2 tabs every 1 day)
ALVAIZ TAB 18MG (<i>eltrombopag choline</i>)	2	SP, PA, QL (3 tabs every 1 day)
ALVAIZ TAB 36MG (<i>eltrombopag choline</i>)	2	SP, PA, QL (3 tabs every 1 day)
ALVAIZ TAB 54MG (<i>eltrombopag choline</i>)	2	SP, PA, QL (2 tabs every 1 day)
DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC; 1 carton of 1 blister card (10 tabs)
DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC; 1 carton of 2 blister card (15 tabs)
DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)	2	SP, PA, QL (3 tabs every 1 day); OAC; 1 carton of 1 blister card (15 tabs)
PROMACTA PAK 25MG (<i>eltrombopag olamine</i>)	2	SP, PA, QL (6 packets every 1 day)
PROMACTA POW 12.5MG (<i>eltrombopag olamine</i>)	2	SP, PA, QL (4 packets every 1 day)
PROMACTA TAB 12.5MG (<i>eltrombopag olamine</i>)	2	SP, PA, QL (2 tabs every 1 day)
PROMACTA TAB 25MG (<i>eltrombopag olamine</i>)	2	SP, PA, QL (3 tabs every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROMACTA TAB 50MG (<i>eltrombopag olamine</i>)	2	SP, PA, QL (3 tabs every 1 day)
PROMACTA TAB 75MG (<i>eltrombopag olamine</i>)	2	SP, PA, QL (2 tabs every 1 day)

HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1	
<i>aminocaproic acid tab 500 mg</i>	1	
<i>aminocaproic acid tab 1000 mg</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS

BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	1	MO
<i>phenobarbital tab 15 mg</i>	1	MO
<i>phenobarbital tab 16.2 mg</i>	1	MO
<i>phenobarbital tab 30 mg</i>	1	MO
<i>phenobarbital tab 32.4 mg</i>	1	MO
<i>phenobarbital tab 60 mg</i>	1	MO
<i>phenobarbital tab 64.8 mg</i>	1	MO
<i>phenobarbital tab 97.2 mg</i>	1	MO
<i>phenobarbital tab 100 mg</i>	1	MO

HYPNOTICS - TRICYCLIC AGENTS

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	

NON-BARBITURATE HYPNOTICS

<i>estazolam tab 1 mg</i>	1	QL (15 tabs every 25 days)
<i>estazolam tab 2 mg</i>	1	QL (15 tabs every 25 days)
<i>eszopiclone tab 1 mg</i>	1	QL (15 tabs every 25 days)
<i>eszopiclone tab 2 mg</i>	1	QL (15 tabs every 25 days)
<i>eszopiclone tab 3 mg</i>	1	QL (15 tabs every 25 days)
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	1	
<i>temazepam cap 7.5 mg</i>	1	QL (15 caps every 25 days)
<i>temazepam cap 15 mg</i>	1	QL (15 caps every 25 days)
<i>temazepam cap 22.5 mg</i>	1	QL (15 caps every 25 days)
<i>temazepam cap 30 mg</i>	1	QL (15 caps every 25 days)
<i>triazolam tab 0.25 mg</i>	1	QL (10 tabs every 25 days)
<i>triazolam tab 0.125 mg</i>	1	QL (10 tabs every 25 days)
<i>zaleplon cap 5 mg</i>	1	QL (15 caps every 25 days)
<i>zaleplon cap 10 mg</i>	1	QL (15 caps every 25 days)
<i>zolpidem tartrate tab 5 mg</i>	1	QL (15 tabs every 25 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (15 tabs every 25 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL (15 tabs every 25 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL (15 tabs every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG (<i>suvorexant</i>)	2	PA
BELSOMRA TAB 10MG (<i>suvorexant</i>)	2	PA
BELSOMRA TAB 15MG (<i>suvorexant</i>)	2	PA
BELSOMRA TAB 20MG (<i>suvorexant</i>)	2	PA
DAYVIGO TAB 5MG (<i>leborexant</i>)	2	ST
DAYVIGO TAB 10MG (<i>leborexant</i>)	2	ST
QUVIVIQ TAB 25MG (<i>daridorexant hcl</i>)	2	ST
QUVIVIQ TAB 50MG (<i>daridorexant hcl</i>)	2	ST
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon tab 8 mg</i>	1	QL (15 tabs every 25 days)
<i>tasimelteon capsule 20 mg</i>	1	SP, PA, QL (1 cap every 1 day)
LAXATIVES - DRUGS TO TREAT CONSTIPATION		
LAXATIVE COMBINATIONS		
CLENPIQ SOL (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)	PV	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
(Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln 236 gm) GAVILYTE-G	1	
(Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln 240 gm) GAVILYTE-C	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
(Peg 3350-Kcl-Sod Bicarb-Nacl For Soln 420 gm) GAVILYTE-N/FLAVOR PACK	1	
PREPOPIK PAK (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)	PV	\$0 copay for members age 45 through 75
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	PV	\$0 copay for members age 45 through 75
LAXATIVES - MISCELLANEOUS		
<i>lactulose solution 10 gm/15ml</i>	1	MO
(Lactulose Solution 10 gm/15ml) CONSTULOSE	1	MO
MACROLIDES - DRUGS TO TREAT INFECTIONS		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	

ERYTHROMYCINS

<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
(Erythromycin Ethylsuccinate Tab 400 mg) E.E.S. 400	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
(Erythromycin Tab Delayed Release 250 mg) ERY-TAB	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
(Erythromycin Tab Delayed Release 333 mg) ERY-TAB	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
(Erythromycin Tab Delayed Release 500 mg) ERY-TAB	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	

FIDAXOMICIN

DIFICID SUS (<i>fidaxomicin</i>)	2	
DIFICID TAB 200MG (<i>fidaxomicin</i>)	2	

MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CONDOMS MIS	PV	QL (36 condoms every 75 days), MO
DUREX MIS REALFEEL (<i>condoms non-latex lubricated - male</i>)	PV	QL (36 condoms every 75 days), MO
FC2 FEMALE MIS CONDOM (<i>condoms - female</i>)	PV	QL (36 condoms every 75 days)
FC FEMALE MIS CONDOM (<i>condoms - female</i>)	PV	QL (36 condoms every 75 days)
MALE MIS CONDOM (<i>condoms latex lubricated - male</i>)	PV	QL (36 condoms every 75 days)
TRUSTEX MIS FLAVORS (<i>condoms latex non-lubricated - male</i>)	PV	QL (36 condoms every 75 days), MO

PARENTERAL THERAPY SUPPLIES

BD INSULIN PEN NEEDLES - OTC (<i>insulin pen needle</i>)	2	
BD INSULIN SYRINGE - OTC (<i>insulin syringe/needle u-100</i>)	2	
BD INSULIN SYRINGE - OTC (<i>insulin syringes (disposable)</i>)	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BD INSULIN SYRINGE - RX (<i>insulin syringe/needle u-100</i>)	2	
BD INSULIN SYRINGE - RX (<i>insulin syringe/needle u-500</i>)	2	
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS LRG MASK (<i>spacer/aerosol-holding chambers</i>)	2	
AERCHMBR PLS MIS MED MASK (<i>spacer/aerosol-holding chambers</i>)	2	
AERCHMBR PLS MIS SM MASK (<i>spacer/aerosol-holding chambers</i>)	2	
AERCHMBR Z- MIS STAT PLS (<i>spacer/aerosol-holding chambers</i>)	2	
AEROCHAMBER MIS CHAMBER (<i>spacer/aerosol-holding chambers</i>)	2	
AEROCHAMBER MIS FLO SIGNA (<i>spacer/aerosol-holding chambers</i>)	2	
AEROCHAMBER MIS MV (<i>spacer/aerosol-holding chambers</i>)	2	
AEROCHAMBER MIS PLUS (<i>spacer/aerosol-holding chambers</i>)	2	
AEROVENT MIS PLUS (<i>spacer/aerosol-holding chambers</i>)	2	
BREATHE EASE MIS LG MASK (<i>spacer/aerosol-holding chambers</i>)	2	
BREATHE EASE MIS MED MASK (<i>spacer/aerosol-holding chambers</i>)	2	
BREATHE EASE MIS SM MASK (<i>spacer/aerosol-holding chambers</i>)	2	
COMPACT SPAC MIS CHAMBER (<i>spacer/aerosol-holding chambers</i>)	2	
COMPACT SPAC MIS LG MASK (<i>spacer/aerosol-holding chambers</i>)	2	
COMPACT SPAC MIS MD MASK (<i>spacer/aerosol-holding chambers</i>)	2	
COMPACT SPAC MIS SM MASK (<i>spacer/aerosol-holding chambers</i>)	2	
EASIVENT MIS (<i>spacer/aerosol-holding chambers</i>)	2	
EASIVENT MIS MASK LG (<i>spacer/aerosol-holding chambers</i>)	2	
EASIVENT MIS MASK MED (<i>spacer/aerosol-holding chambers</i>)	2	
EASIVENT MIS MASK SM (<i>spacer/aerosol-holding chambers</i>)	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLEXICHAMBER MIS (<i>spacer/aerosol-holding chambers</i>)	2	
FLEXICHAMBER MIS MASK LRG (<i>spacer/aerosol-holding chamber supplies - masks</i>)	2	
FLEXICHAMBER MIS MASK SM (<i>spacer/aerosol-holding chamber supplies - masks</i>)	2	
HOLD CHAMBER MIS ADLT LG (<i>spacer/aerosol-holding chambers</i>)	2	
HOLD CHAMBER MIS MEDIUM (<i>spacer/aerosol-holding chambers</i>)	2	
HOLD CHAMBER MIS SMALL (<i>spacer/aerosol-holding chambers</i>)	2	
INSPIREASE MIS DD SYST (<i>spacer/aerosol-holding chambers</i>)	2	
MICROCHAMBER MIS (<i>spacer/aerosol-holding chambers</i>)	2	
MICROSPACER MIS (<i>spacer/aerosol-holding chambers</i>)	2	
OPTICHAMBER MIS DIA LG (<i>spacer/aerosol-holding chambers</i>)	2	
OPTICHAMBER MIS DIA MD (<i>spacer/aerosol-holding chambers</i>)	2	
OPTICHAMBER MIS DIA SM (<i>spacer/aerosol-holding chambers</i>)	2	
OPTICHAMBER MIS DIAMOND (<i>spacer/aerosol-holding chambers</i>)	2	
POCKET CHAMB MIS (<i>spacer/aerosol-holding chambers</i>)	2	
POCKET SPACE MIS (<i>spacer/aerosol-holding chambers</i>)	2	
PROCHAMBER MIS VHC (<i>spacer/aerosol-holding chambers</i>)	2	
RITFLO MIS (<i>spacer/aerosol-holding chambers</i>)	2	
VORTEX VALVE MIS CHAMBER (<i>spacer/aerosol-holding chambers</i>)	2	

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

NURTEC TAB 75MG ODT (<i>rimegepant sulfate</i>)	2	
QULIPTA TAB 10MG (<i>atogepant</i>)	2	MO
QULIPTA TAB 30MG (<i>atogepant</i>)	2	MO
QULIPTA TAB 60MG (<i>atogepant</i>)	2	MO
UBRELVY TAB 50MG (<i>ubrogepant</i>)	2	
UBRELVY TAB 100MG (<i>ubrogepant</i>)	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MIGRAINE COMBINATIONS		
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs every 25 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs every 25 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs every 25 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs every 25 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tabs every 25 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs every 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs every 25 days)
ONZETRA XSAI MIS 11MG (<i>sumatriptan succinate</i>)	2	ST, QL (16 nosepieces (8 pouches) every 25 days); PA**
REYVOW TAB 50MG (<i>lasmiditan succinate</i>)	3	
REYVOW TAB 100MG (<i>lasmiditan succinate</i>)	3	
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs every 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs every 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tabs every 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs every 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 sprays (4 boxes) every 25 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 sprays (2 boxes) every 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 injections every 25 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (18 injections every 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 injections every 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (18 injections every 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 injections every 25 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs every 25 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs every 25 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs every 25 days)
ZEMBRACE SYM INJ 3/0.5ML (<i>sumatriptan succinate</i>)	2	ST, QL (24 injections every 25 days); PA**
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	1	QL (12 inhalers every 25 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 bottles every 25 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs every 25 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs every 25 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs every 25 days)

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

FLUORIDE

FLUORABON DRO (<i>sodium fluoride</i>)	PV	MO; \$0 applies for ages 5 and under
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	PV	MO; \$0 applies for ages 5 and under
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	PV	MO; \$0 applies for ages 5 and under
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	MO
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	PV	MO; \$0 applies for ages 5 and under
(Sodium Fluoride Soln 0.25 mg/drop F (From 0.55 mg/drop Naf)) FLURA-DROPS	PV	MO; \$0 applies for ages 5 and under
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	PV	MO; \$0 applies for ages 5 and under
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1	MO

PHOSPHATE

(Potassium Phosphate Monobasic Tab 500 mg) PHOSPHO-TRIN K500	1	MO
--	---	----

POTASSIUM

(Potassium Bicarbonate Effer Tab 25 meq) EFFER-K	1	MO
(Potassium Bicarbonate Effer Tab 25 meq) K-PRIME	1	MO
(Potassium Bicarbonate Effer Tab 25 meq) KLOR-CON/EF	1	MO
<i>potassium chloride cap er 8 meq</i>	1	MO
<i>potassium chloride cap er 10 meq</i>	1	MO
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	MO
(Potassium Chloride Microencapsulated Crys Er Tab 10 meq) KLOR-CON M10	1	MO
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	MO
(Potassium Chloride Microencapsulated Crys Er Tab 15 meq) KLOR-CON M15	1	MO
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	MO
(Potassium Chloride Microencapsulated Crys Er Tab 20 meq) KLOR-CON M20	1	MO
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	MO
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	MO
<i>potassium chloride powder packet 20 meq</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Potassium Chloride Powder Packet 20 meq) KLOR-CON	1	MO
potassium chloride tab er 8 meq (600 mg)	1	MO
(Potassium Chloride Tab Er 8 meq (600 mg)) KLOR-CON 8	1	MO
potassium chloride tab er 10 meq	1	MO
(Potassium Chloride Tab Er 10 meq) KLOR-CON 10	1	MO
potassium chloride tab er 20 meq (1500 mg)	1	MO

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING

penicillamine cap 250 mg	1	SP
penicillamine tab 250 mg	1	SP
trientine hcl cap 250 mg	1	SP

IMMUNOMODULATORS - DRUGS TO TREAT CANCER

lenalidomide cap 5 mg	1	SP, PA, QL (1 cap every 1 day); OAC
lenalidomide cap 10 mg	1	SP, PA, QL (1 cap every 1 day); OAC
lenalidomide cap 15 mg	1	SP, PA, QL (1 cap every 1 day); OAC
lenalidomide cap 20 mg	1	SP, PA, QL (42 caps every 28 days); OAC
lenalidomide cap 25 mg	1	SP, PA, QL (42 caps every 28 days); OAC
lenalidomide caps 2.5 mg	1	SP, PA, QL (1 cap every 1 day); OAC
REVLIMID CAP 2.5MG (lenalidomide)	2	SP, PA, QL (1 cap every 1 day); OAC
REVLIMID CAP 5MG (lenalidomide)	2	SP, PA, QL (1 cap every 1 day); OAC
REVLIMID CAP 10MG (lenalidomide)	2	SP, PA, QL (1 cap every 1 day); OAC
REVLIMID CAP 15MG (lenalidomide)	2	SP, PA, QL (1 cap every 1 day); OAC
REVLIMID CAP 20MG (lenalidomide)	2	SP, PA, QL (42 caps every 28 days); OAC
REVLIMID CAP 25MG (lenalidomide)	2	SP, PA, QL (42 caps every 28 days); OAC
THALOMID CAP 50MG (thalidomide)	2	SP, PA, QL (1 cap every 1 day); OAC
THALOMID CAP 100MG (thalidomide)	2	SP, PA, QL (4 caps every 1 day); OAC

IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT

azathioprine tab 50 mg	1	MO
-------------------------------	---	----

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
azathioprine tab 75 mg	1	MO
(Azathioprine Tab 75 mg) AZASAN	1	MO
azathioprine tab 100 mg	1	MO
(Azathioprine Tab 100 mg) AZASAN	1	MO
cyclosporine cap 25 mg	1	SP
cyclosporine cap 100 mg	1	SP
cyclosporine modified cap 25 mg	1	SP
(Cyclosporine Modified Cap 25 mg) GENGRAF	1	SP
cyclosporine modified cap 50 mg	1	SP
cyclosporine modified cap 100 mg	1	SP
(Cyclosporine Modified Cap 100 mg) GENGRAF	1	SP
cyclosporine modified oral soln 100 mg/ml	1	SP
(Cyclosporine Modified Oral Soln 100 mg/ml) GENGRAF	1	SP
everolimus tab 0.5 mg	1	SP
everolimus tab 0.25 mg	1	SP
everolimus tab 0.75 mg	1	SP
everolimus tab 1 mg	1	SP
mycophenolate mofetil cap 250 mg	1	SP
mycophenolate mofetil for oral susp 200 mg/ml	1	SP
mycophenolate mofetil tab 500 mg	1	SP
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	SP
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1	SP
sirolimus oral soln 1 mg/ml	1	SP
sirolimus tab 0.5 mg	1	SP
sirolimus tab 1 mg	1	SP
sirolimus tab 2 mg	1	SP
tacrolimus cap 0.5 mg	1	SP
tacrolimus cap 1 mg	1	SP
tacrolimus cap 5 mg	1	SP
POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM		
sodium polystyrene sulfonate powder	1	
(Sodium Polystyrene Sulfonate Rectal Susp 30 gm/120ml) SPS	1	
(Sodium Polystyrene Sulfonate Susp 15 gm/60ml) KIONEX	1	
(Sodium Polystyrene Sulfonate Susp 15 gm/60ml) SPS	1	
VELTASSA POW 8.4GM (patiomer sorbitex calcium)	2	MO
VELTASSA POW 16.8GM (patiomer sorbitex calcium)	2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VELTASSA POW 25.2GM (<i>patiomer sorbitex calcium</i>)	2	MO
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
(Triamcinolone Acetonide Dental Paste 0.1%) KOURZEQ	1	
(Triamcinolone Acetonide Dental Paste 0.1%) ORALONE DENTAL PASTE	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	1	MO
<i>pilocarpine hcl tab 5 mg</i>	1	MO
<i>pilocarpine hcl tab 7.5 mg</i>	1	MO
MULTIVITAMINS - DRUGS FOR NUTRITION		
PRENATAL VITAMINS		
(Prenat W/o A W/fefum-Methfol-Fa-Dha Cap 27-0.6-0.4-300 mg) PNV-DHA	1	
(Prenatal Vit W/ Dss-Iron Carbonyl-Fa Tab 90-1 mg) INATAL GT	1	
(Prenatal Vit W/ Fe Fum-Methylfolate-Fa Tab 27-0.6-0.4 mg) PNV-SELECT	1	
(Prenatal Vit W/ Fe Fumarate-Fa Chew Tab 29-1 mg) PRENATAL 19	1	
(Prenatal Vit W/ Fe Fumarate-Fa Tab 28-1 mg) TRINATE	1	
(Prenatal Vit W/ Iron Carbonyl-Fa Tab 50-1.25 mg) ELITE-OB	1	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen oral soln 5 mg/5ml</i>	1	
<i>baclofen oral soln 10 mg/5ml</i>	1	
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 15 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	PA
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
LYVISPAH GRA 5MG (<i>baclofen</i>)	2	
LYVISPAH GRA 10MG (<i>baclofen</i>)	2	
LYVISPAH GRA 20MG (<i>baclofen</i>)	2	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>methocarbamol tab 1000 mg</i>	1	
(Methocarbamol Tab 1000 mg) TANLOR	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 bottle every 25 days)
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 bottles every 25 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	QL (2 bottles every 25 days)
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 bottle every 25 days)
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	MO
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	MO
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 bottles every 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 bottle every 25 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	QL (34 gm every 25 days)
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML (<i>edaravone</i>)	2	SP, PA, QL (75 mL every 30 days)
RADICAVA ORS SUS STARTER (<i>edaravone</i>)	2	SP, PA, QL (75 mL every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>riluzole tab 50 mg</i>	1	MO
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS		
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	MO
BETOPTIC-S SUS 0.25% OP (<i>betaxolol hcl (ophth)</i>)	2	MO
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	MO
<i>carteolol hcl ophth soln 1%</i>	1	MO
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	MO
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	MO
<i>levobunolol hcl ophth soln 0.5%</i>	1	MO
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	MO
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	MO
<i>timolol maleate ophth soln 0.5%</i>	1	MO
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	MO
<i>timolol maleate ophth soln 0.25%</i>	1	MO
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	MO
<i>timolol maleate preservative free ophth soln 0.25%</i>	1	MO
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate ophth soln 1%</i>	1	MO
<i>cyclopentolate hcl ophth soln 1%</i>	1	MO
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
(Phenylephrine Hcl Ophth Soln 2.5%) ALTAFRIN	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
(Phenylephrine Hcl Ophth Soln 10%) ALTAFRIN	1	
<i>tropicamide ophth soln 0.5%</i>	1	MO
<i>tropicamide ophth soln 1%</i>	1	MO
MIOTICS		
<i>pilocarpine hcl ophth soln 1%</i>	1	MO
<i>pilocarpine hcl ophth soln 2%</i>	1	MO
<i>pilocarpine hcl ophth soln 4%</i>	1	MO
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1% (<i>brimonidine tartrate</i>)	2	MO
ALPHAGAN P SOL 0.15% (<i>brimonidine tartrate</i>)	2	MO
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.1%</i>	1	MO
<i>brimonidine tartrate ophth soln 0.2%</i>	1	MO
<i>brimonidine tartrate ophth soln 0.15%</i>	1	MO
SIMBRINZA SUS 1-0.2% (<i>brinzolamide-brimonidine tartrate</i>)	2	MO
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bacitracin-polymyxin b ophth oint</i>	1	
(Bacitracin-Polymyxin B Ophth Oint) POLYCIN	1	
BESIVANCE SUS 0.6% (<i> besifloxacin hcl</i>)	2	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 1.5%</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
(Neomycin-Bacitrac Zn-Polymyx 5(3.5)mg-400unt-10000unt Op Oin) NEO-POLYCIN	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBEX OIN 0.3% OP (<i> tobramycin (ophth)</i>)	3	
<i>trifluridine ophth soln 1%</i>	1	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP (<i> cyclosporine (ophth)</i>)	1	MO
RESTASIS MUL EMU 0.05% OP (<i> cyclosporine (ophth)</i>)	2	MO
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5% (<i> lifitegrast</i>)	2	MO
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
(Bacitracin-Polymyxin-Neomycin-Hc Ophth Oint 1%) NEO-POLYCIN HC	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.2%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1% (<i>tobramycin-dexamethasone</i>)	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMICS - MISC.		
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	MO
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	MO
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP (<i>nepafenac</i>)	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	1	MO
<i>latanoprost ophth soln 0.005%</i>	1	MO
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	MO
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	MO
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTIC STEROIDS		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
(Fluocinolone Acetonide (Otic) Oil 0.01%) FLAC	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS - DRUGS FOR PREGNANCY		
OXYTOCICS - DRUGS FOR PREGNANCY		
<i>methylergonovine maleate tab 0.2 mg</i>	1	
(Methylergonovine Maleate Tab 0.2 mg)	1	
METHERGINE		
PENICILLINS - DRUGS TO TREAT INFECTIONS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
NATURAL PENICILLINS		
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
AUGMENTIN SUS 125/5ML (<i>amoxicillin & pot clavulanate</i>)	3	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	MO
<i>medroxyprogesterone acetate tab 5 mg</i>	1	MO
<i>medroxyprogesterone acetate tab 10 mg</i>	1	MO
<i>megestrol acetate susp 625 mg/5ml</i>	1	MO
<i>norethindrone acetate tab 5 mg</i>	1	MO
(Norethindrone Acetate Tab 5 mg) GALLIFREY	1	MO
<i>progesterone cap 100 mg</i>	1	MO
<i>progesterone cap 200 mg</i>	1	MO
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	MO
<i>disulfiram tab 250 mg</i>	1	MO
<i>disulfiram tab 500 mg</i>	1	MO
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	1	
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PAK 6GM (<i>sodium oxybate</i>)	2	SP, PA, QL (1 packet every 1 day)
LUMRYZ PAK 7.5GM (<i>sodium oxybate</i>)	2	SP, PA, QL (1 packet every 1 day)
LUMRYZ PAK 9GM (<i>sodium oxybate</i>)	2	SP, PA, QL (1 packet every 1 day)
LUMRYZ PKG 4.5GM (<i>sodium oxybate</i>)	2	SP, PA, QL (1 packet every 1 day)
XYWAV SOL 0.5GM/ML (<i>calcium, magnesium, potassium, & sodium oxybates</i>)	2	PA, QL (18 mL every 1 day)
ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	MO
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	MO
<i>donepezil hydrochloride tab 5 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>donepezil hydrochloride tab 10 mg</i>	1	MO
<i>donepezil hydrochloride tab 23 mg</i>	1	MO
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	MO
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	MO
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	MO
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	MO
<i>galantamine hydrobromide tab 4 mg</i>	1	MO
<i>galantamine hydrobromide tab 8 mg</i>	1	MO
<i>galantamine hydrobromide tab 12 mg</i>	1	MO
<i>memantine hcl cap er 24hr 7 mg</i>	1	MO
<i>memantine hcl cap er 24hr 14 mg</i>	1	MO
<i>memantine hcl cap er 24hr 21 mg</i>	1	MO
<i>memantine hcl cap er 24hr 28 mg</i>	1	MO
<i>memantine hcl oral solution 2 mg/ml</i>	1	MO
<i>memantine hcl tab 5 mg</i>	1	MO
<i>memantine hcl tab 10 mg</i>	1	MO
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
<i>NAMZARIC CAP (memantine hcl-donepezil hcl)</i>	2	
<i>NAMZARIC CAP 7-10MG (memantine hcl-donepezil hcl)</i>	2	MO
<i>NAMZARIC CAP 14-10MG (memantine hcl-donepezil hcl)</i>	2	MO
<i>NAMZARIC CAP 21-10MG (memantine hcl-donepezil hcl)</i>	2	MO
<i>NAMZARIC CAP 28-10MG (memantine hcl-donepezil hcl)</i>	2	MO
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	MO
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	MO
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	MO
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	MO
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	MO
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	MO
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	MO
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	MO
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	MO
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	MO
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	MO
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	MO
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	MO
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	MO
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	MO
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	MO
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	MO
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	MO
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB 100MG (<i>flibanserin</i>)	3	QL (1 tab every 1 day), MO
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG (<i>deutetrabenazine</i>)	2	SP, PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG (<i>deutetrabenazine</i>)	2	SP, PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG (<i>deutetrabenazine</i>)	2	SP, PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 6MG (<i>deutetrabenazine</i>)	2	SP, PA, QL (3 tabs every 1 day)
AUSTEDO XR TAB 12MG (<i>deutetrabenazine</i>)	2	SP, PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 18MG (<i>deutetrabenazine</i>)	2	SP, PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 24MG (<i>deutetrabenazine</i>)	2	SP, PA, QL (2 tabs every 1 day)
AUSTEDO XR TAB 30MG ER (<i>deutetrabenazine</i>)	2	SP, PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 36MG ER (<i>deutetrabenazine</i>)	2	SP, PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 42MG ER (<i>deutetrabenazine</i>)	2	SP, PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 48MG ER (<i>deutetrabenazine</i>)	2	SP, PA, QL (1 tab every 1 day)
AUSTEDO XR TAB TITR KIT (<i>deutetrabenazine</i>)	2	SP, PA, QL (1 kit every 28 days)
INGREZZA CAP 40-80MG (<i>valbenazine tosylate</i>)	2	SP, PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG (<i>valbenazine tosylate</i>)	2	SP, PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG (<i>valbenazine tosylate</i>)	2	SP, PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG (<i>valbenazine tosylate</i>)	2	SP, PA, QL (1 cap every 1 day)
<i>tetrabenazine tab 12.5 mg</i>	1	SP, PA, QL (4 tabs every 1 day)
<i>tetrabenazine tab 25 mg</i>	1	SP, PA, QL (2 tabs every 1 day)
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
<i>dalfampridine tab er 12hr 10 mg</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	SP, PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	SP, PA, QL (2 caps every 1 day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	SP, PA, QL (60 caps every 30 days)
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	1	SP, PA, QL (1 cap every 1 day)
MAYZENT PAK STARTER (<i>siponimod fumarate</i>)	2	SP, PA, QL (12 tablet starter pack)
MAYZENT PAK STARTER (<i>siponimod fumarate</i>)	2	SP, PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG (<i>siponimod fumarate</i>)	2	SP, PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG (<i>siponimod fumarate</i>)	2	SP, PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG (<i>siponimod fumarate</i>)	2	SP, PA, QL (1 tab every 1 day)
<i>teriflunomide tab 7 mg</i>	1	SP, PA, QL (1 tab every 1 day)
<i>teriflunomide tab 14 mg</i>	1	SP, PA, QL (1 tab every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VUMERITY CAP 231MG (<i>diroximel fumarate</i>)	2	SP, PA, QL (4 caps every 1 day)
ZEPOSIA 7DAY CAP STR PACK (<i>ozanimod hcl</i>)	2	SP, PA, QL (7 caps every 7 days); Preferred for Multiple Sclerosis Agents, Ulcerative Colitis
ZEPOSIA CAP 0.92MG (<i>ozanimod hcl</i>)	2	SP, PA, QL (1 cap every 1 day); Preferred for Multiple Sclerosis Agents, Ulcerative Colitis
ZEPOSIA CAP STR KIT (<i>ozanimod hcl</i>)	2	SP, PA, QL (28 caps every 28 days); Preferred for Multiple Sclerosis Agents, Ulcerative Colitis

POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS

<i>gabapentin (once-daily) tab 300 mg</i>	1	MO
<i>gabapentin (once-daily) tab 600 mg</i>	1	MO
GRALISE TAB 450MG (<i>gabapentin (once-daily)</i>)	2	MO
GRALISE TAB 750MG (<i>gabapentin (once-daily)</i>)	2	MO
GRALISE TAB 900MG (<i>gabapentin (once-daily)</i>)	2	MO
<i>pregabalin tab er 24hr 82.5 mg</i>	1	MO
<i>pregabalin tab er 24hr 165 mg</i>	1	MO
<i>pregabalin tab er 24hr 330 mg</i>	1	MO

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

<i>ergoloid mesylates tab 1 mg</i>	1	MO
<i>pimozide tab 1 mg</i>	1	MO
<i>pimozide tab 2 mg</i>	1	MO

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) CVS NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) CVS NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) CVS NICOTINE POLACRILEX S	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) EQ NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) GNP NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) GOODSENSE NICOTINE POLACR	PV	\$0 limited to 2 treatment cycles/year

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Nicotine Polacrilex Gum 2 mg) HM NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) KLS QUIT2	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) NICORELIEF	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) RA NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) RA NICOTINE GUM	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) SM NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) THRIVE	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) CVS NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) CVS NICOTINE GUM	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) CVS NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) EQ NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) GNP NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) GOODSENSE NICOTINE GUM	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) GOODSENSE NICOTINE POLACR	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) HM NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) KLS QUIT4	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) RA NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) RA NICOTINE GUM	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) SM NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) SM NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	PV	\$0 limited to 2 treatment cycles/year

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Nicotine Polacrilex Lozenge 2 mg) CVS NICOTINE LOZENGE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 2 mg) CVS NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 2 mg) EQ NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 2 mg) GNP NICOTINE MINI LOZENGE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 2 mg) GNP NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 2 mg) GOODSENSE NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 2 mg) HM NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 2 mg) KLS QUIT2	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 2 mg) NICOTINE MINI LOZENGE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 2 mg) RA MINI NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 2 mg) RA NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 2 mg) SM NICOTINE	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 4 mg</i>	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) CVS NICOTINE LOZENGE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) CVS NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) EQ NICOTINE LOZENGES	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) EQ NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) GNP NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) GNP NICOTINE POLACRILEX M	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) GOODSENSE NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) GOODSENSE NICOTINE POLACR	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) KLS QUIT4	PV	\$0 limited to 2 treatment cycles/year

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Nicotine Polacrilex Lozenge 4 mg) NICOTINE MINI LOZENGE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) RA MINI NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) RA NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) SM NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 7 mg/24hr) CVS NICOTINE TRANSDERMAL	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 7 mg/24hr) EQ NICOTINE STEP 3	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 7 mg/24hr) GNP NICOTINE TRANSDERMAL	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 7 mg/24hr) NICOTINE STEP 3	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 7 mg/24hr) NICOTINE TRANSDERMAL SYST	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 7 mg/24hr) SM NICOTINE TRANSDERMAL S	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 14 mg/24hr) CVS NICOTINE TRANSDERMAL	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 14 mg/24hr) EQ NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 14 mg/24hr) GNP NICOTINE TRANSDERMAL	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 14 mg/24hr) NICOTINE TRANSDERMAL SYST	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 14 mg/24hr) RA NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 14 mg/24hr) SM NICOTINE TRANSDERMAL S	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 21 mg/24hr) CVS NICOTINE TRANSDERMAL	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 21 mg/24hr) EQ NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 21 mg/24hr) NICOTINE STEP 1	PV	\$0 limited to 2 treatment cycles/year

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Nicotine Td Patch 24hr 21 mg/24hr) NICOTINE TRANSDERMAL SYST	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 21 mg/24hr) RA NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 21 mg/24hr) RA NICOTINE TRANSDERMAL S	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 21 mg/24hr) SM NICOTINE TRANSDERMAL S	PV	\$0 limited to 2 treatment cycles/year
NICOTROL INH (<i>nicotine</i>)	PV	\$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML (<i>nicotine</i>)	PV	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	PV	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 1 mg (base equiv)</i>	PV	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	PV	\$0 limited to 2 treatment cycles/year

RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG (<i>ivacaftor</i>)	3	PA, MO
KALYDECO PAK 50MG (<i>ivacaftor</i>)	3	PA, MO
KALYDECO PAK 75MG (<i>ivacaftor</i>)	3	PA, MO
KALYDECO TAB 150MG (<i>ivacaftor</i>)	3	PA, MO

PULMONARY FIBROSIS AGENTS

OFEV CAP 100MG (<i>nintedanib esylate</i>)	2	SP, PA, QL (2 caps every 1 day)
OFEV CAP 150MG (<i>nintedanib esylate</i>)	2	SP, PA, QL (2 caps every 1 day)
<i>pirfenidone cap 267 mg</i>	1	SP, PA, QL (9 caps every 1 day)
<i>pirfenidone tab 267 mg</i>	1	SP, PA, QL (9 tabs every 1 day)
<i>pirfenidone tab 801 mg</i>	1	SP, PA, QL (3 tabs every 1 day)

SULFONAMIDES - DRUGS TO TREAT INFECTIONS

SULFONAMIDES - DRUGS TO TREAT INFECTIONS

<i>sulfadiazine tab 500 mg</i>	1	
--------------------------------	---	--

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Doxycycline Monohydrate Cap 100 mg) MONDOXYNE NL	1	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
(Doxycycline Monohydrate Tab 100 mg) AVIDOXY	1	
doxycycline monohydrate tab 150 mg	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

methimazole tab 5 mg	1	MO
methimazole tab 10 mg	1	MO
propylthiouracil tab 50 mg	1	MO

THYROID HORMONES

levothyroxine sodium tab 25 mcg	1	MO
(Levothyroxine Sodium Tab 25 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 25 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 25 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 25 mcg) UNITHROID	1	MO
levothyroxine sodium tab 50 mcg	1	MO
(Levothyroxine Sodium Tab 50 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 50 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 50 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 50 mcg) UNITHROID	1	MO
levothyroxine sodium tab 75 mcg	1	MO
(Levothyroxine Sodium Tab 75 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 75 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 75 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 75 mcg) UNITHROID	1	MO
levothyroxine sodium tab 88 mcg	1	MO
(Levothyroxine Sodium Tab 88 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 88 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 88 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 88 mcg) UNITHROID	1	MO
levothyroxine sodium tab 100 mcg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Levothyroxine Sodium Tab 100 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 100 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 100 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 100 mcg) UNITHROID	1	MO
levothyroxine sodium tab 112 mcg	1	MO
(Levothyroxine Sodium Tab 112 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 112 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 112 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 112 mcg) UNITHROID	1	MO
levothyroxine sodium tab 125 mcg	1	MO
(Levothyroxine Sodium Tab 125 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 125 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 125 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 125 mcg) UNITHROID	1	MO
levothyroxine sodium tab 137 mcg	1	MO
(Levothyroxine Sodium Tab 137 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 137 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 137 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 137 mcg) UNITHROID	1	MO
levothyroxine sodium tab 150 mcg	1	MO
(Levothyroxine Sodium Tab 150 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 150 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 150 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 150 mcg) UNITHROID	1	MO
levothyroxine sodium tab 175 mcg	1	MO
(Levothyroxine Sodium Tab 175 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 175 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 175 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 175 mcg) UNITHROID	1	MO
levothyroxine sodium tab 200 mcg	1	MO
(Levothyroxine Sodium Tab 200 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 200 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 200 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 200 mcg) UNITHROID	1	MO
levothyroxine sodium tab 300 mcg	1	MO
(Levothyroxine Sodium Tab 300 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 300 mcg) UNITHROID	1	MO
liothyronine sodium tab 5 mcg	1	MO
liothyronine sodium tab 25 mcg	1	MO
liothyronine sodium tab 50 mcg	1	MO
SYNTHROID TAB 25MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 50MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 75MCG (<i>levothyroxine sodium</i>)	2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYNTHROID TAB 88MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 100MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 112MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 125MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 137MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 150MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 175MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 200MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 300MCG (<i>levothyroxine sodium</i>)	2	MO

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	1	MO
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	MO
(Hyoscyamine Sulfate Elixir 0.125 mg/5ml) HYOSYNE	1	MO
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	MO
(Hyoscyamine Sulfate Sl Tab 0.125 mg) OSCIMIN	1	MO
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	MO
(Hyoscyamine Sulfate Soln 0.125 mg/ml) HYOSYNE	1	MO
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	MO
(Hyoscyamine Sulfate Tab 0.125 mg) OSCIMIN	1	MO
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	MO
(Hyoscyamine Sulfate Tab Disint 0.125 mg) NULEV	1	MO
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	

H-2 ANTAGONISTS

<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1	MO
<i>cimetidine tab 400 mg</i>	1	MO
<i>cimetidine tab 800 mg</i>	1	MO
<i>famotidine for susp 40 mg/5ml</i>	1	MO
<i>famotidine tab 20 mg</i>	1	MO
<i>famotidine tab 40 mg</i>	1	MO
<i>nizatidine cap 150 mg</i>	1	MO
<i>nizatidine cap 300 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	1	MO
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps every year), MO
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps every year), MO
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets every year), MO
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets every year), MO
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets every year), MO
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps every year), MO
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps every year), MO
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps every year), MO
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps every year), MO
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps every year), MO
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs every year), MO
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs every year), MO
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs every year), MO
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	1	MO
<i>misoprostol tab 200 mcg</i>	1	MO
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
TALICIA CAP (<i>amoxicillin-rifabutin-omeprazole</i>)	2	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	MO
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	MO
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	MO
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	MO
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	MO
<i>oxybutynin chloride tab 5 mg</i>	1	MO
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	MO
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	MO
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>solifenacin succinate tab 5 mg</i>	1	MO
<i>solifenacin succinate tab 10 mg</i>	1	MO
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	MO
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	MO
<i>tolterodine tartrate tab 1 mg</i>	1	MO
<i>tolterodine tartrate tab 2 mg</i>	1	MO
<i>tropium chloride cap er 24hr 60 mg</i>	1	MO
<i>tropium chloride tab 20 mg</i>	1	MO
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB 75MG (<i>vibegron</i>)	2	ST, MO
<i>mirabegron tab er 24 hr 25 mg</i>	1	MO
<i>mirabegron tab er 24 hr 50 mg</i>	1	MO
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	1	MO
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS		
SPERMICIDES		
ENCARE SUP 100MG (<i>nonoxynol-9</i>)	PV	
GYNOL II GEL 3% (<i>nonoxynol-9</i>)	PV	
SHUR-SEAL GEL 2% (<i>nonoxynol-9</i>)	PV	
TODAY SPONGE MIS (<i>nonoxynol-9</i>)	PV	
VCF VAGINAL AER CONTRACP (<i>nonoxynol-9</i>)	PV	
VCF VAGINAL GEL CONTRACE (<i>nonoxynol-9</i>)	PV	
VCF VAGINAL MIS CONTRACP (<i>nonoxynol-9</i>)	PV	
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
(Miconazole Nitrate Vaginal Suppos 200 mg) MICONAZOLE 3	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL (<i>lactic acid-citric acid-potassium bitartrate</i>)	PV	
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	MO
IMVEXXY MAIN SUP 4MCG (<i>estradiol vaginal</i>)	2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IMVEXXY MAIN SUP 10MCG (<i>estradiol vaginal</i>)	2	MO
IMVEXXY STRT SUP 4MCG (<i>estradiol vaginal</i>)	2	MO
IMVEXXY STRT SUP 10MCG (<i>estradiol vaginal</i>)	2	MO
VAGIFEM TAB 10MCG (<i>estradiol vaginal</i>)	1	MO
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG (<i>progesterone (vaginal)</i>)	2	
CRINONE GEL 8% VAG (<i>progesterone (vaginal)</i>)	2	PA
ENDOMETRIN SUP 100MG (<i>progesterone (vaginal)</i>)	2	
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR ACUTE ALLERGIC REACTION		
AUVI-Q INJ 0.1MG (<i>epinephrine (anaphylaxis)</i>)	2	
AUVI-Q INJ 0.3MG (<i>epinephrine (anaphylaxis)</i>)	2	
AUVI-Q INJ 0.15MG (<i>epinephrine (anaphylaxis)</i>)	2	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa cap 100 mg</i>	1	SP, PA, QL (6 caps every 1 day)
<i>droxidopa cap 200 mg</i>	1	SP, PA, QL (6 caps every 1 day)
<i>droxidopa cap 300 mg</i>	1	SP, PA, QL (6 caps every 1 day)
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
VITAMINS - DRUGS FOR NUTRITION		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	MO
<i>phytonadione tab 5 mg</i>	1	

SHARP Health Plan

Consider us your personal health care assistant®

sharphealthplan.com
customer.service@sharp.com
1-855-298-4252

Index

A	
abacavir sulfate soln 20 mg/ml (base equiv) ..	79
abacavir sulfate tab 300 mg (base equiv)	79
abacavir sulfate-lamivudine tab 600-300 mg .	79
abacavir-dolutegravir-lamivudine	
see TRIUMEQ PD TAB	80
see TRIUMEQ TAB	80
abiraterone acetate micronized	
see YONSA TAB 125MG	68
abiraterone acetate tab 250 mg	68
abiraterone acetate tab 500 mg	68
abrocitinib	
see CIBINQO TAB 100MG	106
see CIBINQO TAB 200MG	106
see CIBINQO TAB 50MG	106
acalabrutinib maleate	
see CALQUENCE TAB 100MG	69
acamprosate calcium tab delayed release 333	
mg	133
acarbose tab 100 mg	52
acarbose tab 25 mg	52
acarbose tab 50 mg	52
ACCUTANE	
see Isotretinoin Cap 10 mg	101
see Isotretinoin Cap 20 mg	101
see Isotretinoin Cap 30 mg	101
see Isotretinoin Cap 40 mg	101
acebutolol hcl cap 200 mg	82
acebutolol hcl cap 400 mg	82
acetaminophen w/ codeine soln 120-12 mg/5ml	
.....	32
acetaminophen w/ codeine tab 300-15 mg	32
acetaminophen w/ codeine tab 300-30 mg	32
acetaminophen w/ codeine tab 300-60 mg	32
acetaminophen-caffeine-dihydrocodeine cap	
320.5-30-16 mg	32
Acetaminophen-Caffeine-Dihydrocodeine Cap	
320.5-30-16 mg	32
acetazolamide cap er 12hr 500 mg	107
acetazolamide tab 125 mg	107
acetazolamide tab 250 mg	107
acetic acid otic soln 2%	131
acetylcysteine inhal soln 10%	100
acetylcysteine inhal soln 20%	100
acitretin cap 10 mg	103
acitretin cap 17.5 mg	103
acitretin cap 25 mg	103
acyclovir cap 200 mg	81
acyclovir oint 5%	104
acyclovir susp 200 mg/5ml	81
acyclovir tab 400 mg	81
acyclovir tab 800 mg	81
adagrasib	
see KRAZATI TAB 200MG	71
adapalene cream 0.1%	100
adapalene gel 0.1%	100
adapalene gel 0.3%	100
adapalene-benzoyl peroxide	
see EPIDUO FORTE GEL 0.3-2.5%	101
see EPIDUO GEL 0.1-2.5%	101
adapalene-benzoyl peroxide gel 0.1-2.5%	100
adapalene-benzoyl peroxide gel 0.3-2.5%	100
ADDYI TAB 100MG	135
adefovir dipivoxil tab 10 mg	81
ADEMPAS TAB 0.5MG	88
ADEMPAS TAB 1.5MG	88
ADEMPAS TAB 1MG	88
ADEMPAS TAB 2.5MG	88
ADEMPAS TAB 2MG	88
AERCHMBR PLS MIS LRG MASK	121
AERCHMBR PLS MIS MED MASK	121
AERCHMBR PLS MIS SM MASK	121
AERCHMBR Z- MIS STAT PLS	121
AEROCHAMBER MIS CHAMBER	121
AEROCHAMBER MIS FLOSIGNA	121
AEROCHAMBER MIS MV	121
AEROCHAMBER MIS PLUS	121
AEROVENT MIS PLUS	121
AFIRMELLE	
see Levonorgestrel & Ethinyl Estradiol Tab 0.1	
mg-20 mcg	91
AIRSUPRA AER 90-80MCG	42
AKLIEF CRE 0.005%	100
ALA-CORT	
see Hydrocortisone Cream 1%	105
albendazole tab 200 mg	37
albuterol sulfate inhal aero 108 mcg/act (90mcg	
base equiv)	42

albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	Alprazolam Tab Er 24hr 1 mg	39
..... 42	alprazolam tab er 24hr 2 mg	39
albuterol sulfate soln nebu 0.5% (5 mg/ml) 42	Alprazolam Tab Er 24hr 2 mg	39
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) 42	alprazolam tab er 24hr 3 mg	39
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) 42	Alprazolam Tab Er 24hr 3 mg	39
albuterol sulfate syrup 2 mg/5ml 42	ALPRAZOLAM XR	
albuterol sulfate tab 2 mg 42	see Alprazolam Tab Er 24hr 0.5 mg.....39	
albuterol sulfate tab 4 mg 42	see Alprazolam Tab Er 24hr 1 mg.....39	
albuterol-budesonide	see Alprazolam Tab Er 24hr 2 mg.....39	
see AIRSUPRA AER 90-80MCG..... 42	see Alprazolam Tab Er 24hr 3 mg.....39	
alclometasone dipropionate cream 0.05% 104	ALTAFRIN	
alclometasone dipropionate oint 0.05% 104	see Phenylephrine Hcl Ophth Soln 10% .....129	
ALECENSA CAP 150MG..... 69	see Phenylephrine Hcl Ophth Soln 2.5% .....129	
alectinib hcl	ALTAVERA	
see ALECENSA CAP 150MG..... 69	see Levonorgestrel & Ethinyl Estradiol Tab	
alendronate sodium oral soln 70 mg/75ml ... 109	0.15 mg-30 mcg.....92	
alendronate sodium tab 10 mg 109	ALUNBRIG PAK.....69	
alendronate sodium tab 35 mg 109	ALUNBRIG TAB 180MG.....69	
alendronate sodium tab 5 mg 109	ALUNBRIG TAB 30MG.....69	
alendronate sodium tab 70 mg 109	ALUNBRIG TAB 90MG.....69	
alfuzosin hcl tab er 24hr 10 mg 114	ALVAIZ TAB 18MG.....117	
aliskiren fumarate tab 150 mg (base equivalent)	ALVAIZ TAB 36MG.....117	
..... 65	ALVAIZ TAB 54MG.....117	
aliskiren fumarate tab 300 mg (base equivalent)	ALVAIZ TAB 9MG.....117	
..... 65	ALYACEN 1/35	
allopurinol tab 100 mg 115	see Norethindrone & Ethinyl Estradiol Tab 1	
allopurinol tab 200 mg 115	mg-35 mcg.....93	
allopurinol tab 300 mg 115	ALYACEN 7/7/7	
almotriptan malate tab 12.5 mg 123	see Norethindrone-Eth Estradiol Tab 0.5-	
almotriptan malate tab 6.25 mg 123	35/0.75-35/1-35 mg-Mcg.....96	
alosetron hcl tab 0.5 mg (base equiv) 113	ALYQ	
alosetron hcl tab 1 mg (base equiv) 113	see Tadalafil Tab 20 mg (Pah).....88	
ALPHAGAN P SOL 0.1%..... 129	amantadine hcl cap 100 mg.....74	
ALPHAGAN P SOL 0.15%..... 129	amantadine hcl soln 50 mg/5ml.....74	
alprazolam orally disintegrating tab 0.25 mg 39	amantadine hcl tab 100 mg.....74	
alprazolam orally disintegrating tab 0.5 mg ... 39	ambrisentan tab 10 mg.....87	
alprazolam orally disintegrating tab 1 mg 39	ambrisentan tab 5 mg.....87	
alprazolam orally disintegrating tab 2 mg 39	AMETHYST	
alprazolam tab 0.25 mg 39	see Levonorgestrel-Ethinyl Estradiol	
alprazolam tab 0.5 mg 39	(Continuous) Tab 90-20 mcg.....92	
alprazolam tab 1 mg 39	amiloride & hydrochlorothiazide tab 5-50 mg	
alprazolam tab 2 mg 39	.....108	
alprazolam tab er 24hr 0.5 mg 39	amiloride hcl tab 5 mg.....108	
Alprazolam Tab Er 24hr 0.5 mg..... 39	aminocaproic acid oral soln 0.25 gm/ml.....118	
alprazolam tab er 24hr 1 mg 39	aminocaproic acid tab 1000 mg.....118	
	aminocaproic acid tab 500 mg.....118	
	aminosalicylic acid	

see PASER GRA 4GM	66
amiodarone hcl tab 100 mg	40
Amiodarone Hcl Tab 100 mg	40
amiodarone hcl tab 200 mg	40
Amiodarone Hcl Tab 200 mg	40
amiodarone hcl tab 400 mg	40
Amiodarone Hcl Tab 400 mg	40
amitriptyline hcl tab 10 mg	51
amitriptyline hcl tab 100 mg	51
amitriptyline hcl tab 150 mg	51
amitriptyline hcl tab 25 mg	51
amitriptyline hcl tab 50 mg	51
amitriptyline hcl tab 75 mg	51
amlodipine besylate tab 10 mg (base equivalent)	84
amlodipine besylate tab 2.5 mg (base equivalent)	84
amlodipine besylate tab 5 mg (base equivalent)	84
amlodipine besylate-atorvastatin calcium tab 10-10 mg	86
amlodipine besylate-atorvastatin calcium tab 10-20 mg	86
amlodipine besylate-atorvastatin calcium tab 10-40 mg	86
amlodipine besylate-atorvastatin calcium tab 10-80 mg	86
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	86
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	86
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	86
amlodipine besylate-atorvastatin calcium tab 5- 10 mg	86
amlodipine besylate-atorvastatin calcium tab 5- 20 mg	86
amlodipine besylate-atorvastatin calcium tab 5- 40 mg	86
amlodipine besylate-atorvastatin calcium tab 5- 80 mg	86
amlodipine besylate-benazepril hcl cap 10-20 mg	63
amlodipine besylate-benazepril hcl cap 10-40 mg	63
amlodipine besylate-benazepril hcl cap 2.5-10 mg	63

amlodipine besylate-benazepril hcl cap 5-10 mg	63
amlodipine besylate-benazepril hcl cap 5-20 mg	63
amlodipine besylate-benazepril hcl cap 5-40 mg	63
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	63
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	63
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	63
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	63
amlodipine besylate-valsartan tab 10-160 mg	63
amlodipine besylate-valsartan tab 10-320 mg	63
amlodipine besylate-valsartan tab 5-160 mg ..	63
amlodipine besylate-valsartan tab 5-320 mg ..	63
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	63
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	63
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	63
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	63
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	63
AMNESTEEM	
see Isotretinoin Cap 10 mg	101
see Isotretinoin Cap 20 mg	101
see Isotretinoin Cap 40 mg	101
amoxapine tab 100 mg	51
amoxapine tab 150 mg	51
amoxapine tab 25 mg	51
amoxapine tab 50 mg	51
amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg	144
amoxicillin & k clavulanate chew tab 400-57 mg	132
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	132
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	132
amoxicillin & k clavulanate for susp 400-57 mg/5ml	132

amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	132	amphetamine-dextroamphetamine tab 15 mg	13
amoxicillin & k clavulanate tab 250-125 mg	132	amphetamine-dextroamphetamine tab 20 mg	13
amoxicillin & k clavulanate tab 500-125 mg	133	amphetamine-dextroamphetamine tab 30 mg	13
amoxicillin & k clavulanate tab 875-125 mg	133	amphetamine-dextroamphetamine tab 5 mg	13
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	133	amphetamine-dextroamphetamine tab 7.5 mg	13
amoxicillin & pot clavulanate		ampicillin cap 500 mg	132
see AUGMENTIN SUS 125/5ML.....	133	anagrelide hcl cap 0.5 mg	115
amoxicillin (trihydrate) cap 250 mg	132	anagrelide hcl cap 1 mg	115
amoxicillin (trihydrate) cap 500 mg	132	anastrozole tab 1 mg	68
amoxicillin (trihydrate) chew tab 125 mg	132	ANNOVERA MIS	97
amoxicillin (trihydrate) chew tab 250 mg	132	ANORO ELLIPT AER 62.5-25	42
amoxicillin (trihydrate) for susp 125 mg/5ml	132	ANUCORT-HC	
amoxicillin (trihydrate) for susp 200 mg/5ml	132	see Hydrocortisone Acetate Suppos 25 mg...36	
amoxicillin (trihydrate) for susp 250 mg/5ml	132	apalutamide	
amoxicillin (trihydrate) for susp 400 mg/5ml	132	see ERLEADA TAB 240MG.....	68
amoxicillin (trihydrate) tab 500 mg	132	see ERLEADA TAB 60MG	68
amoxicillin (trihydrate) tab 875 mg	132	apixaban	
amoxicillin-rifabutin-omeprazole		see ELIQUIS ST P TAB 5MG	44
see TALICIA CAP	144	see ELIQUIS TAB 2.5MG	44
amphetamine sulfate tab 10 mg	12	see ELIQUIS TAB 5MG	44
amphetamine sulfate tab 5 mg	12	apraclonidine hcl ophth soln 0.5% (base equivalent)	129
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	12	apremilast	
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	12	see OTEZLA TAB 10/20	26
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	12	see OTEZLA TAB 10/20/30.....	26
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	12	see OTEZLA TAB 20MG.....	26
amphetamine-dextroamphetamine cap er 24hr 10 mg	12	see OTEZLA TAB 30MG.....	26
amphetamine-dextroamphetamine cap er 24hr 15 mg	12	aprepitant capsule 125 mg	57
amphetamine-dextroamphetamine cap er 24hr 20 mg	12	aprepitant capsule 40 mg	57
amphetamine-dextroamphetamine cap er 24hr 25 mg	13	aprepitant capsule 80 mg	57
amphetamine-dextroamphetamine cap er 24hr 30 mg	13	aprepitant capsule therapy pack 80 & 125 mg	57
amphetamine-dextroamphetamine cap er 24hr 5 mg	12	APRI	
amphetamine-dextroamphetamine tab 10 mg	13	see Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg	90
amphetamine-dextroamphetamine tab 12.5 mg	13	APTIOM TAB 200MG.....	45
		APTIOM TAB 400MG.....	45
		APTIOM TAB 600MG.....	45
		APTIOM TAB 800MG.....	45
		ARANELLE	
		see Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 mg-Mcg.....	96
		arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	42

aripiprazole oral solution 1 mg/ml	78	atomoxetine hcl cap 80 mg (base equiv)	17
aripiprazole orally disintegrating tab 10 mg ...	78	atorvastatin calcium tab 10 mg (base equivalent)	59
aripiprazole orally disintegrating tab 15 mg ...	78	atorvastatin calcium tab 20 mg (base equivalent)	59
aripiprazole tab 10 mg	78	atorvastatin calcium tab 40 mg (base equivalent)	59
aripiprazole tab 15 mg	78	atorvastatin calcium tab 80 mg (base equivalent)	59
aripiprazole tab 2 mg	78	atovaquone susp 750 mg/5ml	37
aripiprazole tab 20 mg	78	atovaquone-proguanil hcl tab 250-100 mg	65
aripiprazole tab 30 mg	78	atovaquone-proguanil hcl tab 62.5-25 mg	65
aripiprazole tab 5 mg	78	atropine sulfate ophth soln 1%	129
armodafinil tab 150 mg	18	AUBRA EQ	
armodafinil tab 200 mg	18	see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg	91
armodafinil tab 250 mg	18	AUGMENTIN SUS 125/5ML	133
armodafinil tab 50 mg	18	AUGTYRO CAP 40MG	69
artemether-lumefantrine		AUROVELA 1.5/30	
see COARTEM TAB 20-120MG	65	see Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg	94
ASCOMP/CODEINE		AUROVELA 1/20	
see Butalbital-Aspirin-Caff W/ Codeine Cap 50-325-40-30 mg	32	see Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg	94
asenapine maleate sl tab 10 mg (base equiv) . 77		AUROVELA 24 FE	
asenapine maleate sl tab 2.5 mg (base equiv) 77		see Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24).....	95
asenapine maleate sl tab 5 mg (base equiv) ... 77		AUROVELA FE 1.5/30	
ASHLYNA		see Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg.....	95
see Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7).....	91	AUROVELA FE 1/20	
Aspirin Chew Tab 81 mg.....	26	see Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg.....	94
ASPIRIN CHILDRENS		AURYXIA TAB 210MG.....	114
see Aspirin Chew Tab 81 mg.....	26	AUSTEDO TAB 12MG	135
aspirin tab delayed release 81 mg	27	AUSTEDO TAB 6MG	135
aspirin-dipyridamole cap er 12hr 25-200 mg 115		AUSTEDO TAB 9MG	135
atazanavir sulfate cap 150 mg (base equiv) 79		AUSTEDO XR TAB 12MG.....	135
atazanavir sulfate cap 200 mg (base equiv) 79		AUSTEDO XR TAB 18MG.....	135
atazanavir sulfate cap 300 mg (base equiv) 79		AUSTEDO XR TAB 24MG.....	135
atenolol & chlorthalidone tab 100-25 mg	63	AUSTEDO XR TAB 30MG ER.....	135
atenolol & chlorthalidone tab 50-25 mg	63	AUSTEDO XR TAB 36MG ER.....	135
atenolol tab 100 mg	82	AUSTEDO XR TAB 42MG ER.....	135
atenolol tab 25 mg	82	AUSTEDO XR TAB 48MG ER.....	135
atenolol tab 50 mg	82	AUSTEDO XR TAB 6MG.....	135
atogepant		AUSTEDO XR TAB TITR KIT.....	135
see QULIPTA TAB 10MG	122	AUVI-Q INJ 0.15MG.....	146
see QULIPTA TAB 30MG	122		
see QULIPTA TAB 60MG	122		
atomoxetine hcl cap 10 mg (base equiv)	17		
atomoxetine hcl cap 100 mg (base equiv)	17		
atomoxetine hcl cap 18 mg (base equiv)	17		
atomoxetine hcl cap 25 mg (base equiv)	17		
atomoxetine hcl cap 40 mg (base equiv)	17		
atomoxetine hcl cap 60 mg (base equiv)	17		

AUVI-Q INJ 0.1MG.....	146
AUVI-Q INJ 0.3MG.....	146
avatrombopag maleate	
see DOPTLET TAB 20MG.....	117
AVIANE	
see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg.....	92
AVIDOXY	
see Doxycycline Monohydrate Tab 100 mg	141
axitinib	
see INLYTA TAB 1MG.....	67
see INLYTA TAB 5MG.....	67
AYUNA	
see Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg.....	92
AZASAN	
see Azathioprine Tab 100 mg.....	126
see Azathioprine Tab 75 mg.....	126
azathioprine tab 100 mg	126
Azathioprine Tab 100 mg.....	126
azathioprine tab 50 mg	125
azathioprine tab 75 mg	126
Azathioprine Tab 75 mg.....	126
azelaic acid	
see FINACEA AER 15%.....	106
azelaic acid gel 15%	106
azelastine hcl nasal spray 0.1% (137 mcg/spray)	128
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	128
azelastine hcl ophth soln 0.05%	131
azelastine hcl-fluticasone prop nasal spray 137- 50 mcg/act	128
azithromycin for susp 100 mg/5ml	119
azithromycin for susp 200 mg/5ml	119
azithromycin powd pack for susp 1 gm	119
azithromycin tab 250 mg	119
azithromycin tab 500 mg	119
azithromycin tab 600 mg	119
AZSTARYS CAP 26.1-5.2.....	18
AZSTARYS CAP 39.2-7.8.....	18
AZSTARYS CAP 52.3-10.....	18
aztreonam lysine	
see CAYSTON INH 75MG.....	38
AZURETTE	
see Desogest-Eth Estrad & Eth Estrad Tab 0.15- 0.02/0.01 mg(21/5).....	89

B	
BAC	
see Butalbital-Acetaminophen-Caffeine Tab 50-325-40 mg.....	26
bacitracin ophth oint 500 unit/gm	129
bacitracin-polymyxin b ophth oint	130
Bacitracin-Polymyxin B Ophth Oint.....	130
bacitracin-polymyxin-neomycin-hc ophth oint 1%	130
Bacitracin-Polymyxin-Neomycin-Hc Ophth Oint 1%.....	130
baclofen	
see LYVISPAH GRA 10MG.....	128
see LYVISPAH GRA 20MG.....	128
see LYVISPAH GRA 5MG.....	128
baclofen oral soln 10 mg/5ml	127
baclofen oral soln 5 mg/5ml	127
baclofen tab 10 mg	127
baclofen tab 15 mg	127
baclofen tab 20 mg	127
baclofen tab 5 mg	127
balsalazide disodium cap 750 mg	113
BALZIVA	
see Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg.....	93
BAQSIMI ONE POW 3MG/DOSE.....	53
BAQSIMI TWO POW 3MG/DOSE.....	53
BD INSULIN PEN NEEDLES - OTC.....	120
BD INSULIN SYRINGE - OTC.....	120
BD INSULIN SYRINGE - RX.....	121
bedaquiline fumarate	
see SIRTURO TAB 100MG.....	66
see SIRTURO TAB 20MG.....	66
BELBUCA MIS 150MCG.....	35
BELBUCA MIS 300MCG.....	35
BELBUCA MIS 450MCG.....	35
BELBUCA MIS 600MCG.....	35
BELBUCA MIS 750MCG.....	35
BELBUCA MIS 75MCG.....	35
BELBUCA MIS 900MCG.....	35
BELSOMRA TAB 10MG.....	119
BELSOMRA TAB 15MG.....	119
BELSOMRA TAB 20MG.....	119
BELSOMRA TAB 5MG.....	119
bempedoic acid	
see NEXLETOL TAB 180MG.....	58
bempedoic acid-ezetimibe	

see NEXLIZET TAB 180/10MG	58	betamethasone valerate lotion 0.1% (base equivalent)	104
benazepril & hydrochlorothiazide tab 10-12.5 mg	63	betamethasone valerate oint 0.1% (base equivalent)	104
benazepril & hydrochlorothiazide tab 20-12.5 mg	63	betaxolol hcl (ophth)	
benazepril & hydrochlorothiazide tab 20-25 mg	63	see BETOPTIC-S SUS 0.25% OP	129
.....	63	betaxolol hcl ophth soln 0.5%	129
benazepril & hydrochlorothiazide tab 5-6.25 mg	63	betaxolol hcl tab 10 mg	82
.....	63	betaxolol hcl tab 20 mg	82
benazepril hcl tab 10 mg	61	bethanechol chloride tab 10 mg	145
benazepril hcl tab 20 mg	61	bethanechol chloride tab 25 mg	145
benazepril hcl tab 40 mg	61	bethanechol chloride tab 5 mg	145
benazepril hcl tab 5 mg	61	bethanechol chloride tab 50 mg	145
benzonatate cap 100 mg	99	BETOPTIC-S SUS 0.25% OP	129
benzonatate cap 150 mg	99	bexarotene cap 75 mg	73
benzonatate cap 200 mg	99	bexarotene gel 1%	103
benzoyl peroxide foam 9.8%	100	bicalutamide tab 50 mg	68
benzoyl peroxide gel 8%	100	bictegravir-emtricitabine-tenofovir alafenamide fumarate	
benzoyl peroxide-erythromycin gel 5-3%	100	see BIKTARVY TAB	79
benzoyl peroxide-hydrocortisone lotion 5-0.5%	100	BIKTARVY TAB	79
.....	100	bimatoprost ophth soln 0.03%	131
benzphetamine hcl tab 50 mg	16	binimetinib	
benztropine mesylate tab 0.5 mg	73	see MEKTOVI TAB 15MG	71
benztropine mesylate tab 1 mg	73	bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	144
benztropine mesylate tab 2 mg	73	bisoprolol & hydrochlorothiazide tab 10-6.25 mg	63
bepotastine besilate ophth soln 1.5%	131	bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	63
berotralstat hcl		bisoprolol & hydrochlorothiazide tab 5-6.25 mg	63
see ORLADEYO CAP 110MG	115	.....	63
see ORLADEYO CAP 150MG	115	bisoprolol fumarate tab 10 mg	82
besifloxacin hcl		bisoprolol fumarate tab 5 mg	82
see BESIVANCE SUS 0.6%	130	BLISOVI 24 FE	
BESIVANCE SUS 0.6%	130	see Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)	95
betaine powder for oral solution	109	BLISOVI FE 1.5/30	
betamethasone dipropionate augmented cream 0.05%	104	see Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg	95
betamethasone dipropionate augmented gel 0.05%	104	BLISOVI FE 1/20	
betamethasone dipropionate augmented lotion 0.05%	104	see Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg	94
betamethasone dipropionate augmented oint 0.05%	104	bosentan tab 125 mg	87
betamethasone dipropionate cream 0.05% ..	104	bosentan tab 62.5 mg	87
betamethasone dipropionate lotion 0.05% ..	104	BOSULIF CAP 100MG	69
betamethasone valerate aerosol foam 0.12%	104	BOSULIF CAP 50MG	69
.....	104		
betamethasone valerate cream 0.1% (base equivalent)	104		

BOSULIF TAB 100MG.....	69	<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	74
BOSULIF TAB 400MG.....	69	<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	74
BOSULIF TAB 500MG.....	69	BRUKINSA CAP 80MG	69
bosutinib		BRYHALI LOT 0.01%	104
see BOSULIF CAP 100MG.....	69	budesonide (inhalation)	
see BOSULIF CAP 50MG.....	69	see PULMICORT INH 180MCG	42
see BOSULIF TAB 100MG.....	69	see PULMICORT INH 90MCG	42
see BOSULIF TAB 400MG.....	69	budesonide delayed release particles cap 3 mg	
see BOSULIF TAB 500MG.....	69	.....	98
BRAFTOVI CAP 75MG.....	69	budesonide inhalation susp 0.25 mg/2ml	41
BREATHE EASE MIS LG MASK.....	121	budesonide inhalation susp 0.5 mg/2ml	41
BREATHE EASE MIS MED MASK	121	budesonide inhalation susp 1 mg/2ml	41
BREATHE EASE MIS SM MASK.....	121	budesonide rectal foam 2 mg/act	36
BREO ELLIPTA INH 100-25	42	budesonide-glycopyrrolate-formoterol fumarate	
BREO ELLIPTA INH 200-25	42	see BREZTRI AERO AER SPHERE	42
BREO ELLIPTA INH 50-25MCG.....	42	bumetanide tab 0.5 mg	108
BREZTRI AERO AER SPHERE	42	bumetanide tab 1 mg	108
BRIELLYN		bumetanide tab 2 mg	108
see Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg	93	buprenorphine hcl	
brigatinib		see BELBUCA MIS 150MCG.....	35
see ALUNBRIG PAK.....	69	see BELBUCA MIS 300MCG.....	35
see ALUNBRIG TAB 180MG.....	69	see BELBUCA MIS 450MCG.....	35
see ALUNBRIG TAB 30MG.....	69	see BELBUCA MIS 600MCG.....	35
see ALUNBRIG TAB 90MG.....	69	see BELBUCA MIS 750MCG.....	35
BRILINTA TAB 60MG	115	see BELBUCA MIS 75MCG	35
BRILINTA TAB 90MG	115	see BELBUCA MIS 900MCG.....	35
brimonidine tartrate		buprenorphine hcl sl tab 2 mg (base equiv)	35
see ALPHAGAN P SOL 0.1%.....	129	buprenorphine hcl sl tab 8 mg (base equiv)	35
see ALPHAGAN P SOL 0.15%.....	129	buprenorphine hcl-naloxone hcl dihydrate	
brimonidine tartrate gel 0.33% (base equivalent)	106	see ZUBSOLV SUB 0.7-0.18.....	35
brimonidine tartrate ophth soln 0.1%	129	see ZUBSOLV SUB 1.4-0.36.....	35
brimonidine tartrate ophth soln 0.15%	129	see ZUBSOLV SUB 11.4-2.9.....	36
brimonidine tartrate ophth soln 0.2%	129	see ZUBSOLV SUB 2.9-0.71.....	35
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	129	see ZUBSOLV SUB 5.7-1.4.....	36
brinzolamide ophth susp 1%	131	see ZUBSOLV SUB 8.6-2.1.....	36
brinzolamide-brimonidine tartrate		buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	35
see SIMBRINZA SUS 1-0.2%	129	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	35
bromfenac sodium ophth soln 0.07% (base equivalent)	131	buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	35
bromfenac sodium ophth soln 0.075% (base equivalent)	131	buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	35
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	131	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	35

buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	35	Calcipotriene Oint 0.005%.....	103
buprenorphine td patch weekly 10 mcg/hr	35	calcipotriene soln 0.005% (50 mcg/ml)	103
buprenorphine td patch weekly 15 mcg/hr	35	calcipotriene-betamethasone dipropionate	
buprenorphine td patch weekly 20 mcg/hr	35	see ENSTILAR AER.....	105
buprenorphine td patch weekly 5 mcg/hr	35	calcitonin (salmon) nasal soln 200 unit/act ...	109
buprenorphine td patch weekly 7.5 mcg/hr	35	CALCITRENE	
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	136	see Calcipotriene Oint 0.005%.....	103
bupropion hcl tab 100 mg	49	calcitriol cap 0.25 mcg	109
bupropion hcl tab 75 mg	49	calcitriol cap 0.5 mcg	109
bupropion hcl tab er 12hr 100 mg	49	calcitriol oral soln 1 mcg/ml	109
bupropion hcl tab er 12hr 150 mg	49	calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	114
bupropion hcl tab er 12hr 200 mg	49	calcium acetate (phosphate binder) tab 667 mg	114
bupropion hcl tab er 24hr 150 mg	49	calcium, magnesium, potassium, & sodium oxybates	
bupropion hcl tab er 24hr 300 mg	49	see XYWAV SOL 0.5GM/ML.....	133
bupirone hcl tab 10 mg	39	CALQUENCE TAB 100MG.....	69
bupirone hcl tab 15 mg	39	CAMILA	
bupirone hcl tab 30 mg	39	see Norethindrone Tab 0.35 mg.....	97
bupirone hcl tab 5 mg	39	CAMRESE	
bupirone hcl tab 7.5 mg	39	see Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)	91
butalbital-acetaminophen tab 50-325 mg	26	CAMRESE LO	
Butalbital-Acetaminophen Tab 50-325 mg.....	26	see Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)	91
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	32	candesartan cilexetil tab 16 mg	62
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	32	candesartan cilexetil tab 32 mg	62
butalbital-acetaminophen-caffeine tab 50-325-40 mg	26	candesartan cilexetil tab 4 mg	62
Butalbital-Acetaminophen-Caffeine Tab 50-325-40 mg.....	26	candesartan cilexetil tab 8 mg	62
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	32	candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	63
Butalbital-Aspirin-Caff W/ Codeine Cap 50-325-40-30 mg.....	32	candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	64
butalbital-aspirin-caffeine cap 50-325-40 mg .	26	candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	64
butorphanol tartrate nasal soln 10 mg/ml	35	capecitabine tab 150 mg	66
C		capecitabine tab 500 mg	67
cabergoline tab 0.5 mg	110	captopril & hydrochlorothiazide tab 25-15 mg 64	
CABOMETYX TAB 20MG	69	captopril & hydrochlorothiazide tab 25-25 mg 64	
CABOMETYX TAB 40MG	69	captopril & hydrochlorothiazide tab 50-15 mg 64	
CABOMETYX TAB 60MG	69	captopril & hydrochlorothiazide tab 50-25 mg 64	
cabozantinib s-malate		captopril tab 100 mg	61
see CABOMETYX TAB 20MG	69	captopril tab 12.5 mg	61
see CABOMETYX TAB 40MG	69	captopril tab 25 mg	61
see CABOMETYX TAB 60MG	69	captopril tab 50 mg	61
calcipotriene oint 0.005%	103	carbamazepine cap er 12hr 100 mg	45

<i>carbamazepine cap er 12hr 200 mg</i>	45	see VRAYLAR CAP 4.5MG	76
<i>carbamazepine cap er 12hr 300 mg</i>	45	see VRAYLAR CAP 6MG	76
<i>carbamazepine chew tab 100 mg</i>	45	<i>carisoprodol tab 350 mg</i>	127
<i>carbamazepine susp 100 mg/5ml</i>	45	<i>carteolol hcl ophth soln 1%</i>	129
<i>carbamazepine tab 200 mg</i>	45	CARTIA XT	
Carbamazepine Tab 200 mg	45	see Diltiazem Hcl Coated Beads Cap Er 24hr	
<i>carbamazepine tab er 12hr 100 mg</i>	45	120 mg.....	84
<i>carbamazepine tab er 12hr 200 mg</i>	45	see Diltiazem Hcl Coated Beads Cap Er 24hr	
<i>carbamazepine tab er 12hr 400 mg</i>	45	180 mg.....	84
<i>carbidopa & levodopa orally disintegrating tab</i>		see Diltiazem Hcl Coated Beads Cap Er 24hr	
10-100 mg	74	240 mg.....	84
<i>carbidopa & levodopa orally disintegrating tab</i>		see Diltiazem Hcl Coated Beads Cap Er 24hr	
25-100 mg	74	300 mg.....	84
<i>carbidopa & levodopa orally disintegrating tab</i>		<i>carvedilol phosphate cap er 24hr 10 mg</i>	82
25-250 mg	74	<i>carvedilol phosphate cap er 24hr 20 mg</i>	82
<i>carbidopa & levodopa tab 10-100 mg</i>	74	<i>carvedilol phosphate cap er 24hr 40 mg</i>	82
<i>carbidopa & levodopa tab 25-100 mg</i>	74	<i>carvedilol phosphate cap er 24hr 80 mg</i>	82
<i>carbidopa & levodopa tab 25-250 mg</i>	74	<i>carvedilol tab 12.5 mg</i>	82
<i>carbidopa & levodopa tab er 25-100 mg</i>	74	<i>carvedilol tab 25 mg</i>	82
<i>carbidopa & levodopa tab er 50-200 mg</i>	74	<i>carvedilol tab 3.125 mg</i>	82
<i>carbidopa tab 25 mg</i>	73	<i>carvedilol tab 6.25 mg</i>	82
<i>carbidopa-levodopa</i>		CAYSTON INH 75MG	38
see DHIVY TAB 25-100MG	74	<i>cefaclor cap 250 mg</i>	89
see RYTARY CAP 145MG.....	75	<i>cefaclor cap 500 mg</i>	89
see RYTARY CAP 195MG.....	75	<i>cefaclor for susp 250 mg/5ml</i>	89
see RYTARY CAP 245MG.....	75	<i>cefadroxil cap 500 mg</i>	88
see RYTARY CAP 95MG.....	75	<i>cefadroxil for susp 250 mg/5ml</i>	88
<i>carbidopa-levodopa-entacapone tabs 12.5-50-</i>		<i>cefadroxil for susp 500 mg/5ml</i>	88
200 mg	74	<i>cefadroxil tab 1 gm</i>	88
<i>carbidopa-levodopa-entacapone tabs 18.75-75-</i>		<i>cefдинир cap 300 mg</i>	89
200 mg	74	<i>cefдинир for susp 125 mg/5ml</i>	89
<i>carbidopa-levodopa-entacapone tabs 25-100-</i>		<i>cefдинир for susp 250 mg/5ml</i>	89
200 mg	74	<i>cefixime cap 400 mg</i>	89
<i>carbidopa-levodopa-entacapone tabs 31.25-</i>		<i>cefixime for susp 100 mg/5ml</i>	89
125-200 mg	74	<i>cefixime for susp 200 mg/5ml</i>	89
<i>carbidopa-levodopa-entacapone tabs 37.5-150-</i>		<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	89
200 mg	74	<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	89
<i>carbidopa-levodopa-entacapone tabs 50-200-</i>		<i>cefpodoxime proxetil tab 100 mg</i>	89
200 mg	74	<i>cefpodoxime proxetil tab 200 mg</i>	89
<i>carbinoxamine maleate extended release susp 4</i>		<i>cefprozil for susp 125 mg/5ml</i>	89
<i>mg/5ml</i>	58	<i>cefprozil for susp 250 mg/5ml</i>	89
<i>carbinoxamine maleate soln 4 mg/5ml</i>	58	<i>cefprozil tab 250 mg</i>	89
<i>carbinoxamine maleate tab 4 mg</i>	58	<i>cefprozil tab 500 mg</i>	89
<i>carglumic acid soluble tab 200 mg</i>	109	<i>cefuroxime axetil tab 250 mg</i>	89
<i>cariprazine hcl</i>		<i>cefuroxime axetil tab 500 mg</i>	89
see VRAYLAR CAP 1.5MG.....	76	<i>celecoxib cap 100 mg</i>	24
see VRAYLAR CAP 3MG	76	<i>celecoxib cap 200 mg</i>	24

celecoxib cap 400 mg	24	chlorzoxazone tab 500 mg	127
celecoxib cap 50 mg	24	cholestyramine light powder 4 gm/dose	59
cenobamate		Cholestyramine Light Powder 4 gm/dose	59
see XCOPRI PAK 100-150	47	cholestyramine light powder packets 4 gm	59
see XCOPRI PAK 12.5-25	47	Cholestyramine Light Powder Packets 4 gm	59
see XCOPRI PAK 150-200	47	cholestyramine powder 4 gm/dose	59
see XCOPRI PAK 50-100MG	47	cholestyramine powder packets 4 gm	59
see XCOPRI TAB 100MG	48	choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	59
see XCOPRI TAB 150MG	48	choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	59
see XCOPRI TAB 200MG	48	CIBINQO TAB 100MG	106
see XCOPRI TAB 25MG	48	CIBINQO TAB 200MG	106
see XCOPRI TAB 50MG	48	CIBINQO TAB 50MG	106
cephalexin cap 250 mg	88	CICLODAN	
cephalexin cap 500 mg	89	see Ciclopirox Solution 8%.....	102
cephalexin cap 750 mg	89	ciclopirox gel 0.77%	102
cephalexin for susp 125 mg/5ml	89	ciclopirox olamine cream 0.77% (base equiv) 102	
cephalexin for susp 250 mg/5ml	89	ciclopirox olamine susp 0.77% (base equiv) ...102	
cephalexin tab 250 mg	89	ciclopirox shampoo 1%	102
cephalexin tab 500 mg	89	ciclopirox solution 8%	102
CERDELGA CAP 84MG	115	Ciclopirox Solution 8%	102
ceritinib		cilostazol tab 100 mg	115
see ZYKADIA TAB 150MG.....	73	cilostazol tab 50 mg	115
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	58	CIMDUO TAB 300-300.....	79
cevimeline hcl cap 30 mg	127	cimetidine tab 200 mg	143
CHARLOTTE 24 FE		cimetidine tab 300 mg	143
see Norethindrone Ace-Eth Estradiol-Fe Chew		cimetidine tab 400 mg	143
Tab 1 mg-20 mcg (24)	95	cimetidine tab 800 mg	143
CHATEAL EQ		cinacalcet hcl tab 30 mg (base equiv)	109
see Levonorgestrel & Ethinyl Estradiol Tab		cinacalcet hcl tab 60 mg (base equiv)	109
0.15 mg-30 mcg.....	92	cinacalcet hcl tab 90 mg (base equiv)	109
chlordiazepoxide hcl cap 10 mg	39	CIPRO (10%) SUS 500MG/5	112
chlordiazepoxide hcl cap 25 mg	39	CIPRO (5%) SUS 250MG/5	112
chlordiazepoxide hcl cap 5 mg	39	ciprofloxacin	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	143	see CIPRO (10%) SUS 500MG/5	112
chlordiazepoxide-amitriptyline tab 10-25 mg 134		see CIPRO (5%) SUS 250MG/5	112
chlordiazepoxide-amitriptyline tab 5-12.5 mg	134	ciprofloxacin hcl ophth soln 0.3% (base equivalent)	130
chloroquine phosphate tab 250 mg	65	ciprofloxacin hcl otic soln 0.2% (base equivalent)	131
chloroquine phosphate tab 500 mg	65	ciprofloxacin hcl tab 250 mg (base equiv)	112
chlorpromazine hcl tab 10 mg	78	ciprofloxacin hcl tab 500 mg (base equiv)	112
chlorpromazine hcl tab 100 mg	78	ciprofloxacin hcl tab 750 mg (base equiv)	112
chlorpromazine hcl tab 200 mg	78	ciprofloxacin-dexamethasone otic susp 0.3-0.1%	132
chlorpromazine hcl tab 25 mg	78		
chlorpromazine hcl tab 50 mg	78		
chlorthalidone tab 25 mg	108		
chlorthalidone tab 50 mg	108		

citalopram hydrobromide oral soln 10 mg/5ml		clindamycin phosphate-benzoyl peroxide gel 1-5%	101
.....	49	clindamycin phosphate-tretinoin gel 1.2-0.025%	101
citalopram hydrobromide tab 10 mg (base equiv)	49	.....	101
citalopram hydrobromide tab 20 mg (base equiv)	49	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	100
citalopram hydrobromide tab 40 mg (base equiv)	49	Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%	100
CLARAVIS		clobazam suspension 2.5 mg/ml	44
see Isotretinoin Cap 10 mg	101	clobazam tab 10 mg	44
see Isotretinoin Cap 20 mg	101	clobazam tab 20 mg	44
see Isotretinoin Cap 30 mg	101	clobetazol propionate cream 0.05%	104
see Isotretinoin Cap 40 mg	101	CLOBETASOL PROPIONATE EMO	
clarithromycin for susp 125 mg/5ml	119	see Clobetasol Propionate Emollient Base Cream 0.05%	104
clarithromycin for susp 250 mg/5ml	119	Clobetasol Propionate Emollient Base Cream 0.05%	104
clarithromycin tab 250 mg	120	clobetazol propionate foam 0.05%	104
clarithromycin tab 500 mg	120	clobetazol propionate gel 0.05%	104
clarithromycin tab er 24hr 500 mg	120	clobetazol propionate lotion 0.05%	104
clascoterone		clobetazol propionate oint 0.05%	104
see WINLEVI CRE 1%	102	clobetazol propionate shampoo 0.05%	104
clemastine fumarate tab 2.68 mg	58	Clobetasol Propionate Shampoo 0.05%	104
CLENPIQ SOL	119	clobetazol propionate soln 0.05%	104
CLIMARA PRO DIS WEEKLY	110	CLODAN	
CLINDACIN		see Clobetasol Propionate Shampoo 0.05%	104
see Clindamycin Phosphate Foam 1%	100	clomiphene citrate tab 50 mg	109
CLINDACIN ETZ PLEDGETS		clomipramine hcl cap 25 mg	51
see Clindamycin Phosphate Swab 1%	100	clomipramine hcl cap 50 mg	51
CLINDACIN-P		clomipramine hcl cap 75 mg	51
see Clindamycin Phosphate Swab 1%	100	clonazepam orally disintegrating tab 0.125 mg	45
clindamycin hcl cap 150 mg	38	.....	45
clindamycin hcl cap 300 mg	38	clonazepam orally disintegrating tab 0.25 mg	45
clindamycin hcl cap 75 mg	38	clonazepam orally disintegrating tab 0.5 mg	44
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	38	clonazepam orally disintegrating tab 1 mg	45
clindamycin phosphate foam 1%	100	clonazepam orally disintegrating tab 2 mg	45
Clindamycin Phosphate Foam 1%	100	clonazepam tab 0.5 mg	45
clindamycin phosphate gel 1%	100	clonazepam tab 1 mg	45
clindamycin phosphate lotion 1%	100	clonazepam tab 2 mg	45
clindamycin phosphate soln 1%	100	clonidine hcl tab 0.1 mg	62
clindamycin phosphate swab 1%	100	clonidine hcl tab 0.2 mg	62
Clindamycin Phosphate Swab 1%	100	clonidine hcl tab 0.3 mg	62
clindamycin phosphate vaginal cream 2%	145	clonidine hcl tab er 12hr 0.1 mg	17
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	101	clonidine tab er 24hr 0.17 mg	62
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	101	clonidine td patch weekly 0.1 mg/24hr	62
		clonidine td patch weekly 0.2 mg/24hr	62
		clonidine td patch weekly 0.3 mg/24hr	62

clopidogrel bisulfate tab 300 mg (base equiv)	115	condoms latex non-lubricated - male	
.....	115	see TRUSTEX MIS FLAVORS	120
clopidogrel bisulfate tab 75 mg (base equiv)	115	CONDOMS MIS	120
clorazepate dipotassium tab 15 mg	39	condoms non-latex lubricated - male	
clorazepate dipotassium tab 3.75 mg	39	see DUREX MIS REALFEEL.....	120
clorazepate dipotassium tab 7.5 mg	39	conjugated estrogens-basedoxifene	
clotrimazole cream 1%	102	see DUAVEE TAB 0.45-20	111
clotrimazole soln 1%	102	conjugated estrogens-medroxyprogesterone	
clotrimazole troche 10 mg	127	acetate	
clotrimazole w/ betamethasone cream 1-0.05%	102	see PREMPHASE TAB.....	111
.....	102	see PREMPRO TAB	111
clotrimazole w/ betamethasone lotion 1-0.05%	103	see PREMPRO TAB 0.3-1.5.....	111
.....	103	see PREMPRO TAB 0.45-1.5.....	111
clozapine orally disintegrating tab 100 mg	77	see PREMPRO TAB 0.625-5.....	111
clozapine orally disintegrating tab 12.5 mg	77	CONSTULOSE	
clozapine orally disintegrating tab 150 mg	77	see Lactulose Solution 10 gm/15ml	119
clozapine orally disintegrating tab 200 mg	77	COPIKTRA CAP 15MG.....	69
clozapine orally disintegrating tab 25 mg	77	COPIKTRA CAP 25MG.....	69
clozapine tab 100 mg	77	CORLANOR TAB 5MG.....	88
clozapine tab 200 mg	77	CORLANOR TAB 7.5MG	88
clozapine tab 25 mg	77	CORTIFOAM AER 90MG	36
clozapine tab 50 mg	77	COTELLIC TAB 20MG	70
COARTEM TAB 20-120MG	65	CREON CAP 12000UNT.....	107
cobimetinib fumarate		CREON CAP 24000UNT.....	107
see COTELLIC TAB 20MG	70	CREON CAP 3000UNIT.....	107
codeine sulfate tab 30 mg	27	CREON CAP 36000UNT.....	107
colchicine		CREON CAP 6000UNIT.....	107
see MITIGARE CAP 0.6MG	115	CRINONE GEL 4% VAG.....	146
colchicine tab 0.6 mg	115	CRINONE GEL 8% VAG.....	146
colchicine w/ probenecid tab 0.5-500 mg	115	crisaborole	
colesevelam hcl packet for susp 3.75 gm	59	see EUCRISA OIN 2%.....	106
colesevelam hcl tab 625 mg	59	CRIXIVAN CAP 200MG.....	79
colestipol hcl granule packets 5 gm	59	CRIXIVAN CAP 400MG.....	79
colestipol hcl granules 5 gm	59	cromolyn sodium ophth soln 4%	131
colestipol hcl tab 1 gm	59	cromolyn sodium oral conc 100 mg/5ml	113
COMBIPATCH DIS.....	111	cromolyn sodium soln nebu 20 mg/2ml	41
COMPACT SPAC MIS CHAMBER.....	121	Crotamiton Lotion 10%	107
COMPACT SPAC MIS LG MASK.....	121	CROTAN	
COMPACT SPAC MIS MD MASK	121	see Crotamiton Lotion 10%	107
COMPACT SPAC MIS SM MASK.....	121	CRYSELLE-28	
COMPRO		see Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg.....	97
see Prochlorperazine Suppos 25 mg	78	CVS FOLIC ACID	
condoms - female		see Folic Acid Tab 800 mcg.....	117
see FC FEMALE MIS CONDOM	120	CVS NICOTINE	
see FC2 FEMALE MIS CONDOM	120	see Nicotine Polacrilex Gum 2 mg	136
condoms latex lubricated - male		see Nicotine Polacrilex Gum 4 mg	137
see MALE MIS CONDOM	120		

CVS NICOTINE GUM	
see Nicotine Polacrilex Gum 4 mg.....	137
CVS NICOTINE LOZENGE	
see Nicotine Polacrilex Lozenge 2 mg	138
see Nicotine Polacrilex Lozenge 4 mg	138
CVS NICOTINE POLACRILEX	
see Nicotine Polacrilex Gum 2 mg.....	136
see Nicotine Polacrilex Gum 4 mg.....	137
see Nicotine Polacrilex Lozenge 2 mg	138
see Nicotine Polacrilex Lozenge 4 mg	138
CVS NICOTINE POLACRILEX S	
see Nicotine Polacrilex Gum 2 mg.....	136
CVS NICOTINE TRANSDERMAL	
see Nicotine Td Patch 24hr 14 mg/24hr	139
see Nicotine Td Patch 24hr 21 mg/24hr	139
see Nicotine Td Patch 24hr 7 mg/24hr	139
cyclobenzaprine hcl tab 10 mg	128
cyclobenzaprine hcl tab 5 mg	127
cyclopentolate hcl ophth soln 1%	129
cyclophosphamide cap 25 mg	66
cyclophosphamide cap 50 mg	66
cycloserine cap 250 mg	66
cyclosporine (ophth)	
see RESTASIS EMU 0.05% OP	130
see RESTASIS MUL EMU 0.05% OP	130
cyclosporine cap 100 mg	126
cyclosporine cap 25 mg	126
cyclosporine modified cap 100 mg	126
Cyclosporine Modified Cap 100 mg	126
cyclosporine modified cap 25 mg	126
Cyclosporine Modified Cap 25 mg	126
cyclosporine modified cap 50 mg	126
Cyclosporine Modified Oral Soln 100 mg/ml ..	126
Cyclosporine Modified Oral Soln 100 mg/ml ..	126
cyproheptadine hcl syrup 2 mg/5ml	58
cyproheptadine hcl tab 4 mg	58
CYRED EQ	
see Desogestrel & Ethinyl Estradiol Tab 0.15	
mg-30 mcg	90
CYSTAGON CAP 150MG.....	114
CYSTAGON CAP 50MG.....	114
cysteamine bitartrate	
see CYSTAGON CAP 150MG.....	114
see CYSTAGON CAP 50MG.....	114
CYTRA K CRYSTALS	
see Potassium Citrate & Citric Acid Powder	
Pack 3300-1002 mg	114

D	
dabigatran etexilate mesylate cap 110 mg	
(etexilate base eq)	44
dabigatran etexilate mesylate cap 150 mg	
(etexilate base eq)	44
dabigatran etexilate mesylate cap 75 mg	
(etexilate base eq)	44
dalfampridine tab er 12hr 10 mg	135
danazol cap 100 mg	36
danazol cap 200 mg	36
danazol cap 50 mg	36
dantrolene sodium cap 100 mg	128
dantrolene sodium cap 25 mg	128
dantrolene sodium cap 50 mg	128
dapagliflozin propanediol	
see FARXIGA TAB 10MG	55
see FARXIGA TAB 5MG	55
dapagliflozin propanediol-metformin hcl	
see XIGDUO XR TAB 10-1000	53
see XIGDUO XR TAB 10-500MG	53
see XIGDUO XR TAB 2.5-1000	53
see XIGDUO XR TAB 5-1000MG	53
see XIGDUO XR TAB 5-500MG	53
dapsone gel 5%	101
dapsone gel 7.5%	101
dapsone tab 100 mg	38
dapsone tab 25 mg	37
daridorexant hcl	
see QUVIVIQ TAB 25MG	119
see QUVIVIQ TAB 50MG	119
darifenacin hydrobromide tab er 24hr 15 mg	
(base equiv)	144
darifenacin hydrobromide tab er 24hr 7.5 mg	
(base equiv)	144
darolutamide	
see NUBEQA TAB 300MG	68
darunavir tab 600 mg	79
darunavir tab 800 mg	79
darunavir-cobicistat-emtricitabine-tenofovir	
alafenamide	
see SYMTUZA TAB.....	80
dasatinib	
see SPRYCEL TAB 100MG.....	72
see SPRYCEL TAB 140MG.....	72
see SPRYCEL TAB 20MG	72
see SPRYCEL TAB 50MG	72
see SPRYCEL TAB 70MG	72

see SPRYCEL TAB 80MG.....	72	<i>desipramine hcl tab 10 mg</i>	51
<i>dasatinib tab 100 mg</i>	70	<i>desipramine hcl tab 100 mg</i>	51
<i>dasatinib tab 140 mg</i>	70	<i>desipramine hcl tab 150 mg</i>	51
<i>dasatinib tab 20 mg</i>	70	<i>desipramine hcl tab 25 mg</i>	51
<i>dasatinib tab 50 mg</i>	70	<i>desipramine hcl tab 50 mg</i>	51
<i>dasatinib tab 70 mg</i>	70	<i>desipramine hcl tab 75 mg</i>	51
<i>dasatinib tab 80 mg</i>	70	<i>desloratadine tab 5 mg</i>	58
DASETTA 1/35		<i>desloratadine tab orally disintegrating 2.5 mg</i>	
see Norethindrone & Ethinyl Estradiol Tab 1		.....	58
mg-35 mcg	93	<i>desloratadine tab orally disintegrating 5 mg</i> ..	58
DASETTA 7/7/7		<i>desmopressin acetate nasal spray soln 0.01%</i>	
see Norethindrone-Eth Estradiol Tab 0.5-		.....	110
35/0.75-35/1-35 mg-Mcg	96	<i>desmopressin acetate nasal spray soln 0.01%</i>	
<i>dasiglucagon hcl</i>		<i>(refrigerated)</i>	110
see ZEGALOGUE INJ 0.6/0.6.....	54	<i>desmopressin acetate tab 0.1 mg</i>	110
DAYSEE		<i>desmopressin acetate tab 0.2 mg</i>	110
see Levonorg-Eth Est Tab 0.15-0.03mg(84) &		<i>desogest-eth estrad & eth estrad tab 0.15-</i>	
Eth Est Tab 0.01mg(7).....	91	<i>0.02/0.01 mg(21/5)</i>	89
DAYVIGO TAB 10MG	119	Desogest-Eth Estrad & Eth Estrad Tab 0.15-	
DAYVIGO TAB 5MG	119	0.02/0.01 mg(21/5).....	89
DEBLITANE		Desogest-Ethin Est Tab 0.1-0.025/0.125-	
see Norethindrone Tab 0.35 mg	97	0.025/0.15-0.025mg-Mg	90
<i>deferasirox granules packet 180 mg</i>	56	Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30	
<i>deferasirox granules packet 360 mg</i>	56	mcg	90
<i>deferasirox granules packet 90 mg</i>	56	<i>desonide cream 0.05%</i>	104
<i>deferasirox tab 180 mg</i>	56	<i>desonide lotion 0.05%</i>	104
<i>deferasirox tab 360 mg</i>	56	<i>desonide oint 0.05%</i>	104
<i>deferasirox tab 90 mg</i>	56	<i>desoximetasone cream 0.05%</i>	104
<i>deferasirox tab for oral susp 125 mg</i>	56	<i>desoximetasone cream 0.25%</i>	104
<i>deferasirox tab for oral susp 250 mg</i>	56	<i>desoximetasone gel 0.05%</i>	104
<i>deferasirox tab for oral susp 500 mg</i>	56	<i>desoximetasone oint 0.25%</i>	104
<i>deferiprone tab 1000 mg</i>	56	<i>desoximetasone spray 0.25%</i>	105
<i>deferiprone tab 500 mg</i>	56	<i>desvenlafaxine succinate tab er 24hr 100 mg</i>	
<i>deflazacort</i>		<i>(base equiv)</i>	50
see EMFLAZA SUS 22.75/ML	98	<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	
<i>deflazacort susp 22.75 mg/ml</i>	98	<i>(base equiv)</i>	50
<i>deflazacort tab 18 mg</i>	98	<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	
<i>deflazacort tab 30 mg</i>	98	<i>(base equiv)</i>	50
<i>deflazacort tab 36 mg</i>	98	<i>deutetrabenazine</i>	
<i>deflazacort tab 6 mg</i>	98	see AUSTEDO TAB 12MG.....	135
DELYLA		see AUSTEDO TAB 6MG.....	135
see Levonorgestrel & Ethinyl Estradiol Tab 0.1		see AUSTEDO TAB 9MG.....	135
mg-20 mcg	92	see AUSTEDO XR TAB 12MG.....	135
<i>demeclocycline hcl tab 150 mg</i>	140	see AUSTEDO XR TAB 18MG.....	135
<i>demeclocycline hcl tab 300 mg</i>	140	see AUSTEDO XR TAB 24MG.....	135
DESCOVY TAB 120-15MG	79	see AUSTEDO XR TAB 30MG ER	135
DESCOVY TAB 200/25MG	79	see AUSTEDO XR TAB 36MG ER	135

see AUSTEDO XR TAB 42MG ER	135	dextroamphetamine sulfate tab 30 mg	15
see AUSTEDO XR TAB 48MG ER	135	Dextroamphetamine Sulfate Tab 30 mg	15
see AUSTEDO XR TAB 6MG	135	dextroamphetamine sulfate tab 5 mg	14
see AUSTEDO XR TAB TITR KIT	135	Dextroamphetamine Sulfate Tab 5 mg	14
dexamethasone elixir 0.5 mg/5ml	98	dextroamphetamine sulfate tab 7.5 mg	14
dexamethasone sodium phosphate ophth soln		Dextroamphetamine Sulfate Tab 7.5 mg	14
0.1%	130	DHIVY TAB 25-100MG	74
dexamethasone soln 0.5 mg/5ml	98	diazepam (anticonvulsant)	
dexamethasone tab 0.5 mg	98	see VALTOCO SPR 10MG	45
dexamethasone tab 0.75 mg	98	see VALTOCO SPR 15MG	45
dexamethasone tab 1 mg	98	see VALTOCO SPR 20MG	45
dexamethasone tab 1.5 mg	98	see VALTOCO SPR 5MG	45
dexamethasone tab 2 mg	98	diazepam conc 5 mg/ml	39
dexamethasone tab 4 mg	98	Diazepam Conc 5 mg/ml	40
dexamethasone tab 6 mg	98	DIAZEPAM INTENSOL	
dexamethasone tab therapy pack 1.5 mg (21)	98	see Diazepam Conc 5 mg/ml	40
Dexamethasone Tab Therapy Pack 1.5 mg (21)	98	diazepam oral soln 1 mg/ml	40
dexamethasone tab therapy pack 1.5 mg (35)	98	diazepam rectal gel delivery system 10 mg	45
dexamethasone tab therapy pack 1.5 mg (51)	98	diazepam rectal gel delivery system 2.5 mg	45
dexmethylphenidate hcl cap er 24 hr 10 mg ...	18	diazepam rectal gel delivery system 20 mg	45
dexmethylphenidate hcl cap er 24 hr 15 mg ...	18	diazepam tab 10 mg	40
dexmethylphenidate hcl cap er 24 hr 20 mg ...	18	diazepam tab 2 mg	40
dexmethylphenidate hcl cap er 24 hr 25 mg ...	19	diazepam tab 5 mg	40
dexmethylphenidate hcl cap er 24 hr 30 mg ...	19	diazoxide susp 50 mg/ml	53
dexmethylphenidate hcl cap er 24 hr 35 mg ...	19	dichlorphenamide tab 50 mg	107
dexmethylphenidate hcl cap er 24 hr 40 mg ...	19	Dichlorphenamide Tab 50 mg	107
dexmethylphenidate hcl cap er 24 hr 5 mg	18	diclofenac epolamine patch 1.3%	102
dexmethylphenidate hcl tab 10 mg	19	diclofenac potassium tab 50 mg	24
dexmethylphenidate hcl tab 2.5 mg	19	diclofenac sodium (actinic keratoses) gel 3% .103	
dexmethylphenidate hcl tab 5 mg	19	diclofenac sodium gel 1% (1.16% diethylamine	
dextroamphetamine sulfate cap er 24hr 10 mg		equiv)	102
.....	13	diclofenac sodium ophth soln 0.1%	131
dextroamphetamine sulfate cap er 24hr 15 mg		diclofenac sodium soln 1.5%	102
.....	14	diclofenac sodium tab delayed release 25 mg .25	
dextroamphetamine sulfate cap er 24hr 5 mg	13	diclofenac sodium tab delayed release 50 mg .25	
dextroamphetamine sulfate oral solution 5		diclofenac sodium tab delayed release 75 mg .25	
mg/5ml	14	diclofenac sodium tab er 24hr 100 mg	25
Dextroamphetamine Sulfate Oral Solution 5		diclofenac w/ misoprostol tab delayed release	
mg/5ml	14	50-0.2 mg	25
dextroamphetamine sulfate tab 10 mg	14	diclofenac w/ misoprostol tab delayed release	
Dextroamphetamine Sulfate Tab 10 mg	14	75-0.2 mg	25
dextroamphetamine sulfate tab 15 mg	15	dicloxacillin sodium cap 250 mg	133
Dextroamphetamine Sulfate Tab 15 mg	15	dicloxacillin sodium cap 500 mg	133
dextroamphetamine sulfate tab 2.5 mg	14	dicyclomine hcl cap 10 mg	143
Dextroamphetamine Sulfate Tab 2.5 mg	14	dicyclomine hcl oral soln 10 mg/5ml	143
dextroamphetamine sulfate tab 20 mg	15	dicyclomine hcl tab 20 mg	143
Dextroamphetamine Sulfate Tab 20 mg	15	diethylpropion hcl tab 25 mg	16

diethylpropion hcl tab er 24hr 75 mg	16	Diltiazem Hcl Extended Release Beads Cap Er	
DIFICID SUS.....	120	24hr 240 mg	84
DIFICID TAB 200MG	120	diltiazem hcl extended release beads cap er	
diflunisal tab 500 mg	27	24hr 300 mg	84
difluprednate ophth emulsion 0.05%	130	Diltiazem Hcl Extended Release Beads Cap Er	
digoxin oral soln 0.05 mg/ml	86	24hr 300 mg	85
digoxin tab 125 mcg (0.125 mg)	86	diltiazem hcl extended release beads cap er	
digoxin tab 250 mcg (0.25 mg)	86	24hr 360 mg	85
digoxin tab 62.5 mcg (0.0625 mg)	86	Diltiazem Hcl Extended Release Beads Cap Er	
diltiazem hcl cap er 12hr 120 mg	84	24hr 360 mg	85
diltiazem hcl cap er 12hr 60 mg	84	diltiazem hcl extended release beads cap er	
diltiazem hcl cap er 12hr 90 mg	84	24hr 420 mg	85
diltiazem hcl cap er 24hr 120 mg	84	Diltiazem Hcl Extended Release Beads Cap Er	
Diltiazem Hcl Cap Er 24hr 120 mg.....	84	24hr 420 mg	85
diltiazem hcl cap er 24hr 180 mg	84	diltiazem hcl tab 120 mg	85
Diltiazem Hcl Cap Er 24hr 180 mg.....	84	diltiazem hcl tab 30 mg	85
diltiazem hcl cap er 24hr 240 mg	84	diltiazem hcl tab 60 mg	85
Diltiazem Hcl Cap Er 24hr 240 mg.....	84	diltiazem hcl tab 90 mg	85
diltiazem hcl coated beads cap er 24hr 120 mg		DILT-XR	
.....	84	see Diltiazem Hcl Cap Er 24hr 120 mg.....	84
Diltiazem Hcl Coated Beads Cap Er 24hr 120 mg		see Diltiazem Hcl Cap Er 24hr 180 mg.....	84
.....	84	see Diltiazem Hcl Cap Er 24hr 240 mg.....	84
diltiazem hcl coated beads cap er 24hr 180 mg		dimethyl fumarate capsule delayed release 120	
.....	84	mg	135
Diltiazem Hcl Coated Beads Cap Er 24hr 180 mg		dimethyl fumarate capsule delayed release 240	
.....	84	mg	135
diltiazem hcl coated beads cap er 24hr 240 mg		dimethyl fumarate capsule dr starter pack 120	
.....	84	mg & 240 mg	135
Diltiazem Hcl Coated Beads Cap Er 24hr 240 mg		diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	
.....	84	.....	56
diltiazem hcl coated beads cap er 24hr 300 mg		diphenoxylate w/ atropine tab 2.5-0.025 mg ..	56
.....	84	dipyridamole tab 25 mg	115
Diltiazem Hcl Coated Beads Cap Er 24hr 300 mg		dipyridamole tab 50 mg	115
.....	84	dipyridamole tab 75 mg	115
diltiazem hcl coated beads cap er 24hr 360 mg		diroximel fumarate	
.....	84	see VUMERITY CAP 231MG	136
diltiazem hcl extended release beads cap er		disopyramide phosphate cap 100 mg	40
24hr 120 mg	84	disopyramide phosphate cap 150 mg	40
Diltiazem Hcl Extended Release Beads Cap Er		disulfiram tab 250 mg	133
24hr 120 mg.....	84	disulfiram tab 500 mg	133
diltiazem hcl extended release beads cap er		divalproex sodium cap delayed release sprinkle	
24hr 180 mg	84	125 mg	48
Diltiazem Hcl Extended Release Beads Cap Er		divalproex sodium tab delayed release 125 mg	
24hr 180 mg.....	84	.....	48
diltiazem hcl extended release beads cap er		divalproex sodium tab delayed release 250 mg	
24hr 240 mg	84	.....	48

divalproex sodium tab delayed release 500 mg	
.....	48
divalproex sodium tab er 24 hr 250 mg	48
divalproex sodium tab er 24 hr 500 mg	48
dofetilide cap 125 mcg (0.125 mg)	40
dofetilide cap 250 mcg (0.25 mg)	40
dofetilide cap 500 mcg (0.5 mg)	40
DOLISHALE	
see Levonorgestrel-Ethinyl Estradiol	
(Continuous) Tab 90-20 mcg	92
dolutegravir sodium	
see TIVICAY PD TAB 5MG	80
see TIVICAY TAB 50MG	80
dolutegravir sodium-lamivudine	
see DOVATO TAB 50-300MG	79
donepezil hydrochloride orally disintegrating	
tab 10 mg	133
donepezil hydrochloride orally disintegrating	
tab 5 mg	133
donepezil hydrochloride tab 10 mg	134
donepezil hydrochloride tab 23 mg	134
donepezil hydrochloride tab 5 mg	133
DOPTELET TAB 20MG	117
dorzolamide hcl ophth soln 2%	131
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	129
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	129
DOTTI	
see Estradiol Td Patch Twice Weekly 0.025 mg/24hr	112
see Estradiol Td Patch Twice Weekly 0.0375 mg/24hr	112
see Estradiol Td Patch Twice Weekly 0.05 mg/24hr	112
see Estradiol Td Patch Twice Weekly 0.075 mg/24hr	112
see Estradiol Td Patch Twice Weekly 0.1 mg/24hr	112
DOVATO TAB 50-300MG	79
doxazosin mesylate tab 1 mg	62
doxazosin mesylate tab 2 mg	62
doxazosin mesylate tab 4 mg	62
doxazosin mesylate tab 8 mg	62
doxepin hcl (sleep) tab 3 mg (base equiv)	118
doxepin hcl (sleep) tab 6 mg (base equiv)	118
doxepin hcl cap 10 mg	51
doxepin hcl cap 100 mg	51
doxepin hcl cap 150 mg	51
doxepin hcl cap 25 mg	51
doxepin hcl cap 50 mg	51
doxepin hcl cap 75 mg	51
doxepin hcl conc 10 mg/ml	51
doxercalciferol cap 0.5 mcg	109
doxercalciferol cap 1 mcg	109
doxercalciferol cap 2.5 mcg	109
doxycycline (rosacea)	
see ORACEA CAP 40MG	106
doxycycline hyclate cap 100 mg	140
doxycycline hyclate cap 50 mg	140
doxycycline hyclate tab 100 mg	140
doxycycline monohydrate cap 100 mg	140
Doxycycline Monohydrate Cap 100 mg	141
doxycycline monohydrate cap 50 mg	140
doxycycline monohydrate for susp 25 mg/5ml	
.....	141
doxycycline monohydrate tab 100 mg	141
Doxycycline Monohydrate Tab 100 mg	141
doxycycline monohydrate tab 150 mg	141
doxycycline monohydrate tab 50 mg	141
doxycycline monohydrate tab 75 mg	141
doxylamine-pyridoxine tab delayed release 10-10 mg	57
dronabinol cap 10 mg	57
dronabinol cap 2.5 mg	57
dronabinol cap 5 mg	57
dronedarone hcl	
see MULTAQ TAB 400MG	40
drospirenone-ethinyl estradiol tab 3-0.02 mg	90
Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg	90
drospirenone-ethinyl estradiol tab 3-0.03 mg	90
Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg	90
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	90
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	90
Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03-0.451 mg	90
droxidopa cap 100 mg	146
droxidopa cap 200 mg	146
droxidopa cap 300 mg	146
DUAVEE TAB 0.45-20	111
dulaglutide	
see TRULICITY INJ 0.75/0.5	54

see TRULICITY INJ 1.5/0.5	54
see TRULICITY INJ 3/0.5	54
see TRULICITY INJ 4.5/0.5	54
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	50
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	50
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	50
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	50
DUREX MIS REALFEEL.....	120
dutasteride cap 0.5 mg	114
dutasteride-tamsulosin hcl cap 0.5-0.4 mg ...	114
duvelisib	
see COPIKTRA CAP 15MG	69
see COPIKTRA CAP 25MG	69
E	
E.E.S. 400	
see Erythromycin Ethylsuccinate Tab 400 mg	120
EASIVENT MIS.....	121
EASIVENT MIS MASK LG	121
EASIVENT MIS MASK MED.....	121
EASIVENT MIS MASK SM	121
EC-NAPROXEN	
see Naproxen Tab Ec 375 mg.....	26
see Naproxen Tab Ec 500 mg.....	26
econazole nitrate cream 1%	103
edaravone	
see RADICAVA ORS SUS 105/5ML	128
see RADICAVA ORS SUS STARTER.....	128
efavirenz cap 200 mg	79
efavirenz cap 50 mg	79
efavirenz tab 600 mg	79
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	79
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	79
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	79
EFFER-K	
see Potassium Bicarbonate Effer Tab 25 meq	124
elagolix sodium	
see ORILISSA TAB 150MG	109
see ORILISSA TAB 200MG	109

elagolix sodium-estradiol-norethindrone acetate	
see ORIAHNN CAP.....	111
eletriptan hydrobromide tab 20 mg (base equivalent)	123
eletriptan hydrobromide tab 40 mg (base equivalent)	123
eliglustat tartrate	
see CERDELGA CAP 84MG	115
ELINEST	
see Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg	97
ELIQUIS ST P TAB 5MG	44
ELIQUIS TAB 2.5MG	44
ELIQUIS TAB 5MG	44
ELITE-OB	
see Prenatal Vit W/ Iron Carbonyl-Fa Tab 50-1.25 mg.....	127
ELIXOPHYLLIN	
see Theophylline Elixir 80 mg/15ml	43
ELLA TAB 30MG	97
eltrombopag choline	
see ALVAIZ TAB 18MG.....	117
see ALVAIZ TAB 36MG.....	117
see ALVAIZ TAB 54MG.....	117
see ALVAIZ TAB 9MG.....	117
eltrombopag olamine	
see PROMACTA PAK 25MG	117
see PROMACTA POW 12.5MG.....	117
see PROMACTA TAB 12.5MG.....	117
see PROMACTA TAB 25MG	117
see PROMACTA TAB 50MG	118
see PROMACTA TAB 75MG	118
ELURYNG	
see Etonogestrel-Ethinyl Estradiol Va Ring 0.12-0.015 mg/24hr	97
eluxadoline	
see VIBERZI TAB 100MG.....	114
see VIBERZI TAB 75MG.....	114
elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide	
see GENVOYA TAB	80
EMFLAZA SUS 22.75/ML.....	98
empagliflozin	
see JARDIANCE TAB 10MG	55
see JARDIANCE TAB 25MG	55
empagliflozin-linagliptin	

see GLYXAMBI TAB 10-5 MG.....	52	see Oxycodone W/ Acetaminophen Tab 2.5-	
see GLYXAMBI TAB 25-5 MG.....	52	325 mg.....	34
empagliflozin-linagliptin-metformin		see Oxycodone W/ Acetaminophen Tab 5-325	
see TRIJARDY XR TAB.....	53	mg	34
empagliflozin-metformin hcl		see Oxycodone W/ Acetaminophen Tab 7.5-	
see SYNJARDY TAB	53	325 mg.....	34
see SYNJARDY TAB 12.5-500.....	53	ENDOMETRIN SUP 100MG	146
see SYNJARDY TAB 5-1000MG	53	ENILLORING	
see SYNJARDY TAB 5-500MG	53	see Etonogestrel-Ethinyl Estradiol Va Ring	
see SYNJARDY XR TAB	53	0.12-0.015 mg/24hr	97
see SYNJARDY XR TAB 10-1000	53	ENPRESSE-28	
see SYNJARDY XR TAB 25-1000	53	see Levonorgestrel-Eth Estra Tab 0.05-	
see SYNJARDY XR TAB 5-1000MG	53	30/0.075-40/0.125-30mg-Mcg	92
emtricitabine caps 200 mg	79	ENSKYCE	
emtricitabine-rilpivirine-tenofovir alafenamide fumarate		see Desogestrel & Ethinyl Estradiol Tab 0.15	
see ODEFSEY TAB	80	mg-30 mcg	90
emtricitabine-tenofovir alafenamide fumarate		ENSTILAR AER	105
see DESCOVY TAB 120-15MG	79	entacapone tab 200 mg	73
see DESCOVY TAB 200/25MG	79	entecavir tab 0.5 mg	81
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	79	entecavir tab 1 mg	81
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	79	entrectinib	
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	79	see ROZLYTREK CAP 100MG	72
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	80	see ROZLYTREK CAP 200MG	72
EMVERM CHW 100MG.....	37	see ROZLYTREK PAK 50MG	72
EMZAHH		ENTRESTO CAP 15-16MG	86
see Norethindrone Tab 0.35 mg	97	ENTRESTO CAP 6-6MG	86
enalapril maleate & hydrochlorothiazide tab 10-25 mg	64	ENTRESTO TAB 24-26MG	86
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	64	ENTRESTO TAB 49-51MG	86
enalapril maleate oral soln 1 mg/ml	61	ENTRESTO TAB 97-103MG	86
enalapril maleate tab 10 mg	61	ENULOSE	
enalapril maleate tab 2.5 mg	61	see Lactulose (Encephalopathy) Solution 10	
enalapril maleate tab 20 mg	61	gm/15ml	113
enalapril maleate tab 5 mg	61	enzalutamide	
ENCARE SUP 100MG	145	see XTANDI CAP 40MG.....	68
encorafenib		see XTANDI TAB 40MG.....	68
see BRAFTOVI CAP 75MG	69	see XTANDI TAB 80MG.....	68
ENDOCET		EPCLUSA PAK 150-37.5	81
see Oxycodone W/ Acetaminophen Tab 10-		EPCLUSA PAK 200-50MG.....	81
325 mg.....	34	EPCLUSA TAB 200-50MG.....	81
		EPCLUSA TAB 400-100	81
		EPIDUO FORTE GEL 0.3-2.5%.....	101
		EPIDUO GEL 0.1-2.5%.....	101
		epinastine hcl ophth soln 0.05%	131
		epinephrine (anaphylaxis)	
		see AUVI-Q INJ 0.15MG.....	146
		see AUVI-Q INJ 0.1MG.....	146
		see AUVI-Q INJ 0.3MG.....	146

epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	146
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	146
EPITOL	
see Carbamazepine Tab 200 mg	45
eplerenone tab 25 mg	65
eplerenone tab 50 mg	65
EQ NICOTINE	
see Nicotine Td Patch 24hr 14 mg/24hr	139
see Nicotine Td Patch 24hr 21 mg/24hr	139
EQ NICOTINE LOZENGES	
see Nicotine Polacrilex Lozenge 4 mg	138
EQ NICOTINE POLACRILEX	
see Nicotine Polacrilex Gum 2 mg	136
see Nicotine Polacrilex Gum 4 mg	137
see Nicotine Polacrilex Lozenge 2 mg	138
see Nicotine Polacrilex Lozenge 4 mg	138
EQ NICOTINE STEP 3	
see Nicotine Td Patch 24hr 7 mg/24hr	139
ergocalciferol cap 1.25 mg (50000 unit)	146
ergoloid mesylates tab 1 mg	136
ergotamine w/ caffeine tab 1-100 mg	123
ERIVEDGE CAP 150MG	67
ERLEADA TAB 240MG	68
ERLEADA TAB 60MG	68
erlotinib hcl tab 100 mg (base equivalent)	67
erlotinib hcl tab 150 mg (base equivalent)	67
erlotinib hcl tab 25 mg (base equivalent)	67
ERRIN	
see Norethindrone Tab 0.35 mg	97
ERY	
see Erythromycin Pads 2%	101
ERY-TAB	
see Erythromycin Tab Delayed Release 250 mg	120
see Erythromycin Tab Delayed Release 333 mg	120
see Erythromycin Tab Delayed Release 500 mg	120
erythromycin ethylsuccinate for susp 200 mg/5ml	120
erythromycin ethylsuccinate for susp 400 mg/5ml	120
erythromycin ethylsuccinate tab 400 mg	120
Erythromycin Ethylsuccinate Tab 400 mg	120
erythromycin gel 2%	101
erythromycin ophth oint 5 mg/gm	130
Erythromycin Pads 2%	101
erythromycin soln 2%	101
erythromycin tab 250 mg	120
erythromycin tab 500 mg	120
erythromycin tab delayed release 250 mg	120
Erythromycin Tab Delayed Release 250 mg	120
erythromycin tab delayed release 333 mg	120
Erythromycin Tab Delayed Release 333 mg	120
erythromycin tab delayed release 500 mg	120
Erythromycin Tab Delayed Release 500 mg	120
erythromycin w/ delayed release particles cap 250 mg	120
escitalopram oxalate soln 5 mg/5ml (base equiv)	49
escitalopram oxalate tab 10 mg (base equiv) ..	49
escitalopram oxalate tab 20 mg (base equiv) ..	49
escitalopram oxalate tab 5 mg (base equiv) ..	49
eslicarbazepine acetate	
see APTIOM TAB 200MG	45
see APTIOM TAB 400MG	45
see APTIOM TAB 600MG	45
see APTIOM TAB 800MG	45
esomeprazole magnesium cap delayed release 20 mg (base eq)	144
esomeprazole magnesium cap delayed release 40 mg (base eq)	144
esomeprazole magnesium for delayed release susp packet 10 mg	144
esomeprazole magnesium for delayed release susp packet 20 mg	144
esomeprazole magnesium for delayed release susp packet 40 mg	144
ESTARYLLA	
see Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg	96
estazolam tab 1 mg	118
estazolam tab 2 mg	118
estradiol & norethindrone acetate	
see COMBIPATCH DIS	111
estradiol & norethindrone acetate tab 0.5-0.1 mg	111
estradiol & norethindrone acetate tab 1-0.5 mg	111
Estradiol & Norethindrone Acetate Tab 1-0.5 mg	111

estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	111	eszopiclone tab 2 mg	118
estradiol tab 0.5 mg	111	eszopiclone tab 3 mg	118
estradiol tab 1 mg	111	ethacrynic acid tab 25 mg	108
estradiol tab 2 mg	111	ethambutol hcl tab 100 mg	66
estradiol td gel 0.25 mg/0.25gm (0.1%)	111	ethambutol hcl tab 400 mg	66
estradiol td gel 0.5 mg/0.5gm (0.1%)	111	ethionamide	
estradiol td gel 0.75 mg/0.75gm (0.1%)	111	see TRECATOR TAB 250MG	66
estradiol td gel 1 mg/gm (0.1%)	111	ethosuximide cap 250 mg	48
estradiol td gel 1.25 mg/1.25gm (0.1%)	111	ethosuximide soln 250 mg/5ml	48
estradiol td patch twice weekly 0.025 mg/24hr		ethyl chloride aerosol spray	106
.....	112	ethynodiol diacetate & ethinyl estradiol tab 1	
Estradiol Td Patch Twice Weekly 0.025 mg/24hr		mg-35 mcg	90
.....	112	Ethynodiol Diacetate & Ethinyl Estradiol Tab 1	
estradiol td patch twice weekly 0.0375 mg/24hr		mg-35 mcg	90
.....	112	ethynodiol diacetate & ethinyl estradiol tab 1	
Estradiol Td Patch Twice Weekly 0.0375 mg/24hr		mg-50 mcg	91
.....	112	Ethynodiol Diacetate & Ethinyl Estradiol Tab 1	
estradiol td patch twice weekly 0.05 mg/24hr		mg-50 mcg	91
.....	112	etodolac cap 200 mg	25
Estradiol Td Patch Twice Weekly 0.05 mg/24hr		etodolac cap 300 mg	25
.....	112	etodolac tab 400 mg	25
estradiol td patch twice weekly 0.075 mg/24hr		etodolac tab 500 mg	25
.....	112	etodolac tab er 24hr 400 mg	25
Estradiol Td Patch Twice Weekly 0.075 mg/24hr		etodolac tab er 24hr 500 mg	25
.....	112	etodolac tab er 24hr 600 mg	25
estradiol td patch twice weekly 0.1 mg/24hr 111		etonogestrel-ethinyl estradiol va ring 0.12-0.015	
Estradiol Td Patch Twice Weekly 0.1 mg/24hr 112		mg/24hr	97
estradiol td patch weekly 0.025 mg/24hr	112	Etonogestrel-Ethinyl Estradiol Va Ring 0.12-0.015	
estradiol td patch weekly 0.0375 mg/24hr (37.5		mg/24hr	97
mcg/24hr)	112	etoposide cap 50 mg	73
estradiol td patch weekly 0.05 mg/24hr	112	etrasimod arginine	
estradiol td patch weekly 0.06 mg/24hr	112	see VELSIPIITY TAB 2MG.....	113
estradiol td patch weekly 0.075 mg/24hr	112	etravirine tab 100 mg	80
estradiol td patch weekly 0.1 mg/24hr	112	etravirine tab 200 mg	80
estradiol vaginal		EUCRISA OIN 2%	106
see IMVEXXY MAIN SUP 10MCG	146	EUTHYROX	
see IMVEXXY MAIN SUP 4MCG	145	see Levothyroxine Sodium Tab 100 mcg	142
see IMVEXXY STRT SUP 10MCG	146	see Levothyroxine Sodium Tab 112 mcg	142
see IMVEXXY STRT SUP 4MCG	146	see Levothyroxine Sodium Tab 125 mcg	142
see VAGIFEM TAB 10MCG	146	see Levothyroxine Sodium Tab 137 mcg	142
estradiol vaginal cream 0.1 mg/gm	145	see Levothyroxine Sodium Tab 150 mcg	142
estradiol valerate-dienogest		see Levothyroxine Sodium Tab 175 mcg	142
see NATAZIA TAB	93	see Levothyroxine Sodium Tab 200 mcg	142
estradiol-levonorgestrel		see Levothyroxine Sodium Tab 25 mcg	141
see CLIMARA PRO DIS WEEKLY	110	see Levothyroxine Sodium Tab 50 mcg	141
eszopiclone tab 1 mg	118	see Levothyroxine Sodium Tab 75 mcg	141
		see Levothyroxine Sodium Tab 88 mcg	141

<i>everolimus tab 0.25 mg</i>	126	<i>fenofibrate micronized cap 134 mg</i>	59
<i>everolimus tab 0.5 mg</i>	126	<i>fenofibrate micronized cap 200 mg</i>	59
<i>everolimus tab 0.75 mg</i>	126	<i>fenofibrate micronized cap 43 mg</i>	59
<i>everolimus tab 1 mg</i>	126	<i>fenofibrate micronized cap 67 mg</i>	59
<i>everolimus tab 10 mg</i>	70	<i>fenofibrate tab 145 mg</i>	59
Everolimus Tab 10 mg	70	<i>fenofibrate tab 160 mg</i>	59
<i>everolimus tab 2.5 mg</i>	70	<i>fenofibrate tab 48 mg</i>	59
Everolimus Tab 2.5 mg	70	<i>fenofibrate tab 54 mg</i>	59
<i>everolimus tab 5 mg</i>	70	<i>fenofibric acid tab 105 mg</i>	59
Everolimus Tab 5 mg	70	<i>fenofibric acid tab 35 mg</i>	59
<i>everolimus tab 7.5 mg</i>	70	<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	
Everolimus Tab 7.5 mg	70	.....	27
<i>everolimus tab for oral susp 2 mg</i>	70	<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	
<i>everolimus tab for oral susp 3 mg</i>	70	.....	27
<i>everolimus tab for oral susp 5 mg</i>	70	<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	
<i>exemestane tab 25 mg</i>	68	.....	27
<i>ezetimibe tab 10 mg</i>	60	<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	58	.....	27
<i>ezetimibe-simvastatin tab 10-20 mg</i>	58	<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	58	.....	27
<i>ezetimibe-simvastatin tab 10-80 mg</i>	58	<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	
F		.....	27
FA-8		<i>fentanyl citrate lozenge on a handle 200 mcg</i> ..	27
see Folic Acid Cap 0.8 mg	116	<i>fentanyl citrate lozenge on a handle 400 mcg</i> ..	27
FALESSA KIT	91	<i>fentanyl citrate lozenge on a handle 600 mcg</i> ..	27
FALMINA		<i>fentanyl citrate lozenge on a handle 800 mcg</i> ..	27
see Levonorgestrel & Ethinyl Estradiol Tab 0.1		<i>fentanyl td patch 72hr 100 mcg/hr</i>	27
mg-20 mcg	92	<i>fentanyl td patch 72hr 12 mcg/hr</i>	27
<i>famciclovir tab 125 mg</i>	82	<i>fentanyl td patch 72hr 25 mcg/hr</i>	27
<i>famciclovir tab 250 mg</i>	82	<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	27
<i>famciclovir tab 500 mg</i>	82	<i>fentanyl td patch 72hr 50 mcg/hr</i>	27
<i>famotidine for susp 40 mg/5ml</i>	143	<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	27
<i>famotidine tab 20 mg</i>	143	<i>fentanyl td patch 72hr 75 mcg/hr</i>	27
<i>famotidine tab 40 mg</i>	143	<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	27
FARXIGA TAB 10MG	55	<i>ferric citrate</i>	
FARXIGA TAB 5MG	55	see AURYXIA TAB 210MG	114
FC FEMALE MIS CONDOM	120	<i>fesoterodine fumarate tab er 24hr 4 mg</i>	144
FC2 FEMALE MIS CONDOM	120	<i>fesoterodine fumarate tab er 24hr 8 mg</i>	144
<i>febuxostat tab 40 mg</i>	115	FIASP FLEX INJ TOUCH	54
<i>febuxostat tab 80 mg</i>	115	FIASP INJ 100/ML	54
<i>felbamate susp 600 mg/5ml</i>	47	FIASP PENFIL INJ U-100	54
<i>felbamate tab 400 mg</i>	47	<i>fidaxomicin</i>	
<i>felbamate tab 600 mg</i>	47	see DIFICID SUS	120
<i>felodipine tab er 24hr 10 mg</i>	85	see DIFICID TAB 200MG	120
<i>felodipine tab er 24hr 2.5 mg</i>	85	FINACEA AER 15%	106
<i>felodipine tab er 24hr 5 mg</i>	85	<i>finasteride tab 5 mg</i>	114
<i>fenofibrate cap 150 mg</i>	59	<i>finerenone</i>	

see KERENDIA TAB 10MG	110	fluoxetine hcl cap 40 mg	49
see KERENDIA TAB 20MG	110	fluoxetine hcl cap delayed release 90 mg	49
 fingolimod hcl cap 0.5 mg (base equiv)	135	fluoxetine hcl solution 20 mg/5ml	49
FINZALA		fluoxetine hcl tab 10 mg	49
see Norethindrone Ace-Eth Estradiol-Fe Chew		fluoxetine hcl tab 20 mg	49
Tab 1 mg-20 mcg (24)	95	fluphenazine hcl elixir 2.5 mg/5ml	78
FLAC		fluphenazine hcl oral conc 5 mg/ml	78
see Fluocinolone Acetonide (Otic) Oil 0.01%		fluphenazine hcl tab 1 mg	78
.....	132	fluphenazine hcl tab 10 mg	78
 flavoxate hcl tab 100 mg	145	fluphenazine hcl tab 2.5 mg	78
 flecainide acetate tab 100 mg	40	fluphenazine hcl tab 5 mg	78
 flecainide acetate tab 150 mg	40	FLURA-DROPS	
 flecainide acetate tab 50 mg	40	see Sodium Fluoride Soln 0.25 mg/drop F	
FLEXICHAMBER MIS	122	(From 0.55 mg/drop Naf)	124
FLEXICHAMBER MIS MASK LRG	122	 flurbiprofen sodium ophth soln 0.03%	131
FLEXICHAMBER MIS MASK SM	122	 flurbiprofen tab 100 mg	25
 flibanserin		 flurbiprofen tab 50 mg	25
see ADDYI TAB 100MG	135	 fluticasone furoate-vilanterol	
 fluconazole for susp 10 mg/ml	57	see BREO ELLIPTA INH 100-25	42
 fluconazole for susp 40 mg/ml	57	see BREO ELLIPTA INH 200-25	42
 fluconazole tab 100 mg	57	see BREO ELLIPTA INH 50-25MCG.....	42
 fluconazole tab 150 mg	57	 fluticasone propionate cream 0.05%	105
 fluconazole tab 200 mg	57	 fluticasone propionate hfa inhal aer 110	
 fluconazole tab 50 mg	57	mcg/act	41
 flucytosine cap 250 mg	57	 fluticasone propionate hfa inhal aer 220	
 fludrocortisone acetate tab 0.1 mg	99	mcg/act	42
 flunisolide nasal soln 25 mcg/act (0.025%) ...	128	 fluticasone propionate hfa inhal aero 44	
 fluocinolone acetonide (otic) oil 0.01%	132	mcg/act	42
Fluocinolone Acetonide (Otic) Oil 0.01%.....	132	 fluticasone propionate lotion 0.05%	105
 fluocinolone acetonide cream 0.01%	105	 fluticasone propionate nasal susp 50 mcg/act	
 fluocinolone acetonide cream 0.025%	105	.....	128
 fluocinolone acetonide oil 0.01% (body oil) ..	105	 fluticasone propionate oint 0.005%	105
 fluocinolone acetonide oil 0.01% (scalp oil) ..	105	 fluticasone-salmeterol aer powder ba 100-50	
 fluocinolone acetonide oint 0.025%	105	mcg/act	42
 fluocinolone acetonide soln 0.01%	105	Fluticasone-Salmeterol Aer Powder Ba 100-50	
 fluocinonide cream 0.05%	105	mcg/act	42
 fluocinonide emulsified base cream 0.05% ...	105	 fluticasone-salmeterol aer powder ba 250-50	
 fluocinonide gel 0.05%	105	mcg/act	42
 fluocinonide oint 0.05%	105	Fluticasone-Salmeterol Aer Powder Ba 250-50	
 fluocinonide soln 0.05%	105	mcg/act	42
FLUORABON DRO.....	124	 fluticasone-salmeterol aer powder ba 500-50	
 fluorometholone ophth susp 0.1%	130	mcg/act	42
 fluorouracil cream 5%	103	Fluticasone-Salmeterol Aer Powder Ba 500-50	
 fluorouracil soln 2%	103	mcg/act	43
 fluorouracil soln 5%	103	 fluticasone-umeclidinium-vilanterol	
 fluoxetine hcl cap 10 mg	49	see TRELEGY AER 100MCG	43
 fluoxetine hcl cap 20 mg	49	see TRELEGY AER 200MCG	43

fluvastatin sodium cap 20 mg (base equivalent)	44
.....	59
fluvastatin sodium cap 40 mg (base equivalent)	44
.....	59
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	44
.....	60
fluvoxamine maleate cap er 24hr 100 mg	44
.....	49
fluvoxamine maleate cap er 24hr 150 mg	44
.....	49
fluvoxamine maleate tab 100 mg	44
.....	49
fluvoxamine maleate tab 25 mg	44
.....	49
fluvoxamine maleate tab 50 mg	44
.....	49
FOLATE	
see Folic Acid Tab 400 mcg	116
folic acid cap 0.8 mg	116
.....	116
Folic Acid Cap 0.8 mg	116
folic acid tab 1 mg	116
.....	116
folic acid tab 400 mcg	116
.....	116
Folic Acid Tab 400 mcg	116
folic acid tab 800 mcg	117
.....	117
Folic Acid Tab 800 mcg	117
formoterol fumarate soln nebu 20 mcg/2ml	43
fosamprenavir calcium tab 700 mg (base equiv)	80
.....	80
fosfomycin tromethamine powd pack 3 gm (base equivalent)	38
.....	38
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	64
.....	64
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	64
.....	64
fosinopril sodium tab 10 mg	61
.....	61
fosinopril sodium tab 20 mg	61
.....	61
fosinopril sodium tab 40 mg	61
.....	61
fostamatinib disodium	
see TAVALISSE TAB 100MG	115
see TAVALISSE TAB 150MG	115
frovatriptan succinate tab 2.5 mg (base equivalent)	123
.....	123
furosemide oral soln 10 mg/ml	108
.....	108
furosemide oral soln 8 mg/ml	108
.....	108
furosemide tab 20 mg	108
.....	108
furosemide tab 40 mg	108
.....	108
furosemide tab 80 mg	108
.....	108
FYAVOLV	
see Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 mg-2.5 mcg	111
see Norethindrone Acetate-Ethinyl Estradiol Tab 1 mg-5 mcg	111
FYCOMPA SUS 0.5MG/ML	44
.....	44
FYCOMPA TAB 10MG	44
.....	44
FYCOMPA TAB 12MG	44
.....	44
FYCOMPA TAB 2MG	44
.....	44
FYCOMPA TAB 4MG	44
.....	44
FYCOMPA TAB 6MG	44
.....	44
FYCOMPA TAB 8MG	44
.....	44
G	
gabapentin (once-daily)	
see GRALISE TAB 450MG	136
see GRALISE TAB 750MG	136
see GRALISE TAB 900MG	136
gabapentin (once-daily) tab 300 mg	136
.....	136
gabapentin (once-daily) tab 600 mg	136
.....	136
gabapentin cap 100 mg	45
.....	45
gabapentin cap 300 mg	45
.....	45
gabapentin cap 400 mg	45
.....	45
gabapentin oral soln 250 mg/5ml	45
.....	45
gabapentin tab 600 mg	45
.....	45
gabapentin tab 800 mg	45
.....	45
GALAFOLD CAP 123MG	109
galantamine hydrobromide cap er 24hr 16 mg	134
.....	134
galantamine hydrobromide cap er 24hr 24 mg	134
.....	134
galantamine hydrobromide cap er 24hr 8 mg	134
.....	134
galantamine hydrobromide oral soln 4 mg/ml	134
.....	134
galantamine hydrobromide tab 12 mg	134
.....	134
galantamine hydrobromide tab 4 mg	134
.....	134
galantamine hydrobromide tab 8 mg	134
.....	134
GALLIFREY	
see Norethindrone Acetate Tab 5 mg	133
gatifloxacin ophth soln 0.5%	130
GAVILYTE-C	
see Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln 240 gm	119
GAVILYTE-G	
see Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln 236 gm	119
GAVILYTE-N/FLAVOR PACK	
see Peg 3350-Kcl-Sod Bicarb-Nacl For Soln 420 gm	119
GAVRETO CAP 100MG	70
gefitinib tab 250 mg	67
.....	67
gemfibrozil tab 600 mg	59
.....	59

GEMMILY	
see Norethindrone Ace-Ethinyl Estradiol-Fe	
Cap 1 mg-20 mcg (24).....	95
GEMTESA TAB 75MG	145
GENERLAC	
see Lactulose (Encephalopathy) Solution 10	
gm/15ml	113
GENGRAF	
see Cyclosporine Modified Cap 100 mg	126
see Cyclosporine Modified Cap 25 mg	126
see Cyclosporine Modified Oral Soln 100	
mg/ml	126
gentamicin sulfate cream 0.1%	102
gentamicin sulfate oint 0.1%	102
gentamicin sulfate ophth soln 0.3%	130
GENVOYA TAB	80
gilteritinib fumarate	
see XOSPATA TAB 40MG	73
GLEOSTINE CAP 100MG	66
GLEOSTINE CAP 10MG	66
GLEOSTINE CAP 40MG	66
glimepiride tab 1 mg	55
glimepiride tab 2 mg	55
glimepiride tab 4 mg	55
glipizide tab 10 mg	55
glipizide tab 5 mg	55
glipizide tab er 24hr 10 mg	56
Glipizide Tab Er 24hr 10 mg.....	56
glipizide tab er 24hr 2.5 mg	55
Glipizide Tab Er 24hr 2.5 mg.....	55
glipizide tab er 24hr 5 mg	56
Glipizide Tab Er 24hr 5 mg.....	56
GLIPIZIDE XL	
see Glipizide Tab Er 24hr 10 mg.....	56
see Glipizide Tab Er 24hr 2.5 mg.....	55
see Glipizide Tab Er 24hr 5 mg.....	56
glipizide-metformin hcl tab 2.5-250 mg	52
glipizide-metformin hcl tab 2.5-500 mg	52
glipizide-metformin hcl tab 5-500 mg	52
glucagon	
see BAQSIMI ONE POW 3MG/DOSE.....	53
see BAQSIMI TWO POW 3MG/DOSE.....	53
see GVOKE HYPO 1 INJ 0.5/.1ML.....	53
see GVOKE HYPO 1 INJ 1MG/.2ML.....	53
see GVOKE HYPO 2 INJ 0.5/.1ML.....	53
see GVOKE HYPO 2 INJ 1MG/.2ML.....	54
see GVOKE KIT SOL 1MG/0.2M	54
see GVOKE PFS INJ	54
glucagon (rdna) for inj kit 1 mg	53
glyburide micronized tab 1.5 mg	56
glyburide micronized tab 3 mg	56
glyburide micronized tab 6 mg	56
glyburide tab 1.25 mg	56
glyburide tab 2.5 mg	56
glyburide tab 5 mg	56
glyburide-metformin tab 1.25-250 mg	52
glyburide-metformin tab 2.5-500 mg	52
glyburide-metformin tab 5-500 mg	52
glycopyrrolate oral soln 1 mg/5ml	143
glycopyrrolate tab 1 mg	143
glycopyrrolate tab 2 mg	143
GLYXAMBI TAB 10-5 MG	52
GLYXAMBI TAB 25-5 MG	52
GNP FOLIC ACID	
see Folic Acid Tab 400 mcg.....	116
GNP NICOTINE MINI LOZENGE	
see Nicotine Polacrilex Lozenge 2 mg	138
GNP NICOTINE POLACRILEX	
see Nicotine Polacrilex Gum 2 mg	136
see Nicotine Polacrilex Gum 4 mg	137
see Nicotine Polacrilex Lozenge 2 mg	138
see Nicotine Polacrilex Lozenge 4 mg	138
GNP NICOTINE POLACRILEX M	
see Nicotine Polacrilex Lozenge 4 mg	138
GNP NICOTINE TRANSDERMAL	
see Nicotine Td Patch 24hr 14 mg/24hr.....	139
see Nicotine Td Patch 24hr 7 mg/24hr.....	139
GOODSENSE NICOTINE	
see Nicotine Polacrilex Lozenge 2 mg	138
see Nicotine Polacrilex Lozenge 4 mg	138
GOODSENSE NICOTINE GUM	
see Nicotine Polacrilex Gum 4 mg	137
GOODSENSE NICOTINE POLACR	
see Nicotine Polacrilex Gum 2 mg	136
see Nicotine Polacrilex Gum 4 mg	137
see Nicotine Polacrilex Lozenge 4 mg	138
GRALISE TAB 450MG.....	136
GRALISE TAB 750MG.....	136
GRALISE TAB 900MG.....	136
granisetron	
see SANCUSO DIS 3.1MG.....	57
granisetron hcl tab 1 mg	56
grass mixed pollens allergen extract	
see ORALAIR SUB 300 IR.....	23

GRASTEK SUB 2800BAU.....	23	HARVONI PAK 45-200MG.....	81
<i>griseofulvin microsize susp 125 mg/5ml</i>	57	HARVONI TAB 45-200MG.....	81
<i>griseofulvin microsize tab 500 mg</i>	57	HARVONI TAB 90-400MG.....	81
<i>griseofulvin ultramicrosize tab 125 mg</i>	57	HEATHER	
<i>griseofulvin ultramicrosize tab 250 mg</i>	57	see Norethindrone Tab 0.35 mg.....	97
<i>guanfacine hcl tab 1 mg</i>	62	HEMMOREX-HC	
<i>guanfacine hcl tab 2 mg</i>	62	see Hydrocortisone Acetate Suppos 30 mg ...	36
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> .	17	HIDEX 6-DAY	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> .	17	see Dexamethasone Tab Therapy Pack 1.5 mg	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> .	17	(21).....	98
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> .	17	HM NICOTINE POLACRILEX	
GUANIDINE TAB 125MG.....	66	see Nicotine Polacrilex Gum 2 mg	137
GVOKE HYPO 1 INJ 0.5/.1ML	53	see Nicotine Polacrilex Gum 4 mg	137
GVOKE HYPO 1 INJ 1MG/.2ML.....	53	see Nicotine Polacrilex Lozenge 2 mg	138
GVOKE HYPO 2 INJ 0.5/.1ML	53	HOLD CHAMBER MIS ADLT LG.....	122
GVOKE HYPO 2 INJ 1MG/.2ML.....	54	HOLD CHAMBER MIS MEDIUM.....	122
GVOKE KIT SOL 1MG/0.2M.....	54	HOLD CHAMBER MIS SMALL	122
GVOKE PFS INJ	54	HUMULIN R INJ U-500.....	54
GYNOL II GEL 3%	145	<i>hydralazine hcl tab 10 mg</i>	65
H		<i>hydralazine hcl tab 100 mg</i>	65
HAILEY 1.5/30		<i>hydralazine hcl tab 25 mg</i>	65
see Norethindrone Ace & Ethinyl Estradiol Tab		<i>hydralazine hcl tab 50 mg</i>	65
1.5 mg-30 mcg.....	94	<i>hydrochlorothiazide cap 12.5 mg</i>	108
HAILEY 24 FE		<i>hydrochlorothiazide tab 12.5 mg</i>	108
see Norethindrone Ace-Ethinyl Estradiol-Fe		<i>hydrochlorothiazide tab 25 mg</i>	108
Tab 1 mg-20 mcg (24)	95	<i>hydrochlorothiazide tab 50 mg</i>	108
HAILEY FE 1.5/30		<i>hydrocod polst-chlorphen polst er susp 10-8</i>	
see Norethindrone Ace & Ethinyl Estradiol-Fe		<i>mg/5ml</i>	99
Tab 1.5 mg-30 mcg	95	<i>hydrocodone bitart-homatropine methylbrom</i>	
HAILEY FE 1/20		<i>soln 5-1.5 mg/5ml</i>	99
see Norethindrone Ace & Ethinyl Estradiol-Fe		Hydrocodone Bitart-Homatropine Methylbrom	
Tab 1 mg-20 mcg	94	Soln 5-1.5 mg/5ml.....	99
<i>halobetasol propionate</i>		<i>hydrocodone bitart-homatropine</i>	
see BRYHALI LOT 0.01%.....	104	<i>methylbromide tab 5-1.5 mg</i>	99
<i>halobetasol propionate cream 0.05%</i>	105	<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	27
<i>halobetasol propionate oint 0.05%</i>	105	<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	27
HALOETTE		<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	27
see Etonogestrel-Ethinyl Estradiol Va Ring		<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	27
0.12-0.015 mg/24hr.....	97	<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	27
<i>haloperidol lactate oral conc 2 mg/ml</i>	76	<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	28
<i>haloperidol tab 0.5 mg</i>	76	<i>hydrocodone bitartrate tab er 24hr deter 100</i>	
<i>haloperidol tab 1 mg</i>	76	<i>mg</i>	28
<i>haloperidol tab 10 mg</i>	76	<i>hydrocodone bitartrate tab er 24hr deter 120</i>	
<i>haloperidol tab 2 mg</i>	76	<i>mg</i>	28
<i>haloperidol tab 20 mg</i>	76	<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	
<i>haloperidol tab 5 mg</i>	76	.....	28
HARVONI PAK	81		

hydrocodone bitartrate tab er 24hr deter 30 mg		hydrocortisone valerate oint 0.2%.....105
.....	28	hydrocortisone w/ acetic acid otic soln 1-2% .132
hydrocodone bitartrate tab er 24hr deter 40 mg		HYDROMET
.....	28	see Hydrocodone Bitart-Homatropine
hydrocodone bitartrate tab er 24hr deter 60 mg		Methylbrom Soln 5-1.5 mg/5ml.....99
.....	28	hydromorphone hcl liqd 1 mg/ml .....28
hydrocodone bitartrate tab er 24hr deter 80 mg		hydromorphone hcl tab 2 mg .....28
.....	28	hydromorphone hcl tab 4 mg .....28
hydrocodone-acetaminophen soln 10-325		hydromorphone hcl tab 8 mg .....28
mg/15ml	33	hydromorphone hcl tab er 24hr 12 mg .....28
hydrocodone-acetaminophen soln 7.5-325		hydromorphone hcl tab er 24hr 16 mg .....28
mg/15ml	33	hydromorphone hcl tab er 24hr 32 mg .....28
hydrocodone-acetaminophen tab 10-300 mg .	33	hydromorphone hcl tab er 24hr 8 mg .....28
hydrocodone-acetaminophen tab 10-325 mg .	33	hydroxychloroquine sulfate tab 200 mg .....65
hydrocodone-acetaminophen tab 5-300 mg ...	33	hydroxyurea (sickle cell disease)
hydrocodone-acetaminophen tab 5-325 mg ...	33	see SIKLOS TAB 1000MG .....116
hydrocodone-acetaminophen tab 7.5-300 mg	33	see SIKLOS TAB 100MG .....116
hydrocodone-acetaminophen tab 7.5-325 mg	33	hydroxyurea cap 500 mg.....73
hydrocodone-ibuprofen tab 10-200 mg	33	hydroxyzine hcl syrup 10 mg/5ml.....39
hydrocodone-ibuprofen tab 5-200 mg	33	hydroxyzine hcl tab 10 mg.....39
hydrocodone-ibuprofen tab 7.5-200 mg	33	hydroxyzine hcl tab 25 mg.....39
hydrocortisone acetate (intrarectal)		hydroxyzine hcl tab 50 mg.....39
see CORTIFOAM AER 90MG.....	36	hydroxyzine pamoate cap 100 mg.....39
Hydrocortisone Acetate Suppos 25 mg	36	hydroxyzine pamoate cap 25 mg.....39
Hydrocortisone Acetate Suppos 30 mg	36	hydroxyzine pamoate cap 50 mg.....39
hydrocortisone acetate w/ pramoxine		hyoscyamine sulfate elixir 0.125 mg/5ml .....143
see PROCTOFOAM AER HC 1%.....	36	Hyoscyamine Sulfate Elixir 0.125 mg/5ml
hydrocortisone acetate w/ pramoxine perianal		hyoscyamine sulfate sl tab 0.125 mg.....143
cream 1-1%	36	Hyoscyamine Sulfate Sl Tab 0.125 mg.....143
hydrocortisone butyrate cream 0.1%	105	hyoscyamine sulfate soln 0.125 mg/ml .....143
hydrocortisone butyrate oint 0.1%	105	Hyoscyamine Sulfate Soln 0.125 mg/ml.....143
hydrocortisone butyrate soln 0.1%	105	hyoscyamine sulfate tab 0.125 mg .....143
hydrocortisone cream 1%	105	Hyoscyamine Sulfate Tab 0.125 mg
Hydrocortisone Cream 1%.....	105	hyoscyamine sulfate tab disint 0.125 mg .....143
hydrocortisone cream 2.5%	105	Hyoscyamine Sulfate Tab Disint 0.125 mg
hydrocortisone enema 100 mg/60ml	36	HYOSYNE
hydrocortisone lotion 2.5%	105	see Hyoscyamine Sulfate Elixir 0.125 mg/5ml
hydrocortisone oint 1%	105	.....143
hydrocortisone oint 2.5%	105	see Hyoscyamine Sulfate Soln 0.125 mg/ml 143
hydrocortisone perianal cream 1%	36	I
Hydrocortisone Perianal Cream 1%	36	ibandronate sodium tab 150 mg (base
hydrocortisone perianal cream 2.5%	36	equivalent).....109
Hydrocortisone Perianal Cream 2.5%	36, 37	IBRANCE CAP 100MG.....70
hydrocortisone tab 10 mg	98	IBRANCE CAP 125MG.....70
hydrocortisone tab 20 mg	98	IBRANCE CAP 75MG.....70
hydrocortisone tab 5 mg	98	IBRANCE TAB 100MG.....71
hydrocortisone valerate cream 0.2%	105	IBRANCE TAB 125MG.....71

IBRANCE TAB 75MG	71	indapamide tab 2.5 mg	108
IBU		indinavir sulfate	
see Ibuprofen Tab 400 mg	25	see CRIXIVAN CAP 200MG	79
see Ibuprofen Tab 600 mg	25	see CRIXIVAN CAP 400MG	79
see Ibuprofen Tab 800 mg	25	indomethacin cap 25 mg	25
ibuprofen susp 100 mg/5ml	25	indomethacin cap 50 mg	25
ibuprofen tab 400 mg	25	indomethacin cap er 75 mg	25
Ibuprofen Tab 400 mg	25	indomethacin suppos 50 mg	25
ibuprofen tab 600 mg	25	indomethacin susp 25 mg/5ml	25
Ibuprofen Tab 600 mg	25	INGREZZA CAP 40-80MG	135
ibuprofen tab 800 mg	25	INGREZZA CAP 40MG	135
Ibuprofen Tab 800 mg	25	INGREZZA CAP 60MG	135
ibuprofen-famotidine tab 800-26.6 mg	25	INGREZZA CAP 80MG	135
ICLEVIA		INLYTA TAB 1MG	67
see Levonorgestrel & Ethinyl Estradiol (91-Day)		INLYTA TAB 5MG	67
Tab 0.15-0.03 mg	91	INSPIREASE MIS DD SYST	122
icosapent ethyl cap 0.5 gm	58	insulin aspart	
icosapent ethyl cap 1 gm	58	see NOVOLOG INJ 100/ML	55
idelalisib		see NOVOLOG INJ FLEXPEN	55
see ZYDELIG TAB 100MG	73	see NOVOLOG INJ PENFILL	55
see ZYDELIG TAB 150MG	73	insulin aspart (with niacinamide)	
ILEVRO DRO 0.3% OP	131	see FIASP FLEX INJ TOUCH	54
imatinib mesylate tab 100 mg (base equivalent)		see FIASP INJ 100/ML	54
.....	71	see FIASP PENFIL INJ U-100	54
imatinib mesylate tab 400 mg (base equivalent)		insulin aspart protamine & aspart (human)	
.....	71	see NOVOLOG MIX INJ 70/30	55
imipramine hcl tab 10 mg	51	see NOVOLOG MIX INJ FLEXPEN	55
imipramine hcl tab 25 mg	51	insulin degludec	
imipramine hcl tab 50 mg	51	see TRESIBA FLEX INJ 100UNIT	55
imipramine pamoate cap 100 mg	51	see TRESIBA FLEX INJ 200UNIT	55
imipramine pamoate cap 125 mg	51	see TRESIBA INJ 100UNIT	55
imipramine pamoate cap 150 mg	51	insulin degludec-liraglutide	
imipramine pamoate cap 75 mg	51	see XULTOPHY INJ 100/3.6	53
imiquimod cream 3.75%	106	insulin glargine	
imiquimod cream 5%	106	see LANTUS INJ 100/ML	54
IMPAVIDO CAP 50MG	37	see LANTUS SOLOS INJ 100/ML	54
IMVEXXY MAIN SUP 10MCG	146	see TOUJEO MAX INJ 300/ML	55
IMVEXXY MAIN SUP 4MCG	145	see TOUJEO SOLO INJ 300/ML	55
IMVEXXY STRT SUP 10MCG	146	insulin glargine-lixisenatide	
IMVEXXY STRT SUP 4MCG	146	see SOLIQUA INJ 100/33	53
INATAL GT		insulin nph (human) (isophane)	
see Prenatal Vit W/ Dss-Iron Carbonyl-Fa Tab		see NOVOLIN N INJ 100 UNIT	55
90-1 mg	127	see NOVOLIN N INJ U-100	55
INBRIJA CAP 42MG	74	insulin nph isophane & reg (human)	
INCASSIA		see NOVOLIN INJ 70/30	54
see Norethindrone Tab 0.35 mg	97	see NOVOLIN INJ 70/30 FP	55
indapamide tab 1.25 mg	108	insulin pen needle	

see BD INSULIN PEN NEEDLES - OTC	120
insulin regular (human)	
see HUMULIN R INJ U-500	54
see NOVOLIN R INJ 100 UNIT	55
see NOVOLIN R INJ U-100	55
insulin syringe/needle u-100	
see BD INSULIN SYRINGE - OTC	120
see BD INSULIN SYRINGE - RX	121
insulin syringe/needle u-500	
see BD INSULIN SYRINGE - RX	121
insulin syringes (disposable)	
see BD INSULIN SYRINGE - OTC	120
INTROVALE	
see Levonorgestrel & Ethinyl Estradiol (91-Day)	
Tab 0.15-0.03 mg	91
IODOQUIMEZ-HC	
see Iodoquinol-Hydrocortisone In Aloe Vehicle	
Cream 1-1.9%	103
Iodoquinol-Hydrocortisone In Aloe Vehicle	
Cream 1-1.9%	103
ipratropium bromide inhal soln 0.02%	41
ipratropium bromide nasal soln 0.03% (21	
mcg/spray)	128
ipratropium bromide nasal soln 0.06% (42	
mcg/spray)	128
ipratropium-albuterol nebu soln 0.5-2.5(3)	
mg/3ml	43
irbesartan tab 150 mg	62
irbesartan tab 300 mg	62
irbesartan tab 75 mg	62
irbesartan-hydrochlorothiazide tab 150-12.5 mg	
.....	64
irbesartan-hydrochlorothiazide tab 300-12.5 mg	
.....	64
ISENTRESS CHW 100MG	80
ISENTRESS CHW 25MG	80
ISENTRESS HD TAB 600MG	80
ISENTRESS POW 100MG	80
ISENTRESS TAB 400MG	80
ISIBLOOM	
see Desogestrel & Ethinyl Estradiol Tab 0.15	
mg-30 mcg	90
isoniazid syrup 50 mg/5ml	66
isoniazid tab 100 mg	66
isoniazid tab 300 mg	66
isoniazid-rifampin w/ pyrazinamide	
see RIFATER TAB	66

isosorbide dinitrate tab 10 mg	38
isosorbide dinitrate tab 20 mg	38
isosorbide dinitrate tab 30 mg	38
isosorbide dinitrate tab 5 mg	38
isosorbide dinitrate-hydralazine hcl tab 20-37.5	
mg	86
isosorbide mononitrate tab 10 mg	38
isosorbide mononitrate tab 20 mg	38
isosorbide mononitrate tab er 24hr 120 mg	38
isosorbide mononitrate tab er 24hr 30 mg	38
isosorbide mononitrate tab er 24hr 60 mg	38
isotretinoin cap 10 mg	101
Isotretinoin Cap 10 mg	101
isotretinoin cap 20 mg	101
Isotretinoin Cap 20 mg	101
isotretinoin cap 30 mg	101
Isotretinoin Cap 30 mg	101
isotretinoin cap 40 mg	101
Isotretinoin Cap 40 mg	101
isradipine cap 2.5 mg	85
isradipine cap 5 mg	85
itraconazole cap 100 mg	57
itraconazole oral soln 10 mg/ml	57
ivabradine hcl	
see CORLANOR TAB 5MG	88
see CORLANOR TAB 7.5MG	88
ivabradine hcl tab 5 mg (base equiv)	88
ivabradine hcl tab 7.5 mg (base equiv)	88
ivacaftor	
see KALYDECO PAK 25MG	140
see KALYDECO PAK 50MG	140
see KALYDECO PAK 75MG	140
see KALYDECO TAB 150MG	140
ivermectin (rosacea)	
see SOOLANTRA CRE 1%	106
ivermectin tab 3 mg	37
ixazomib citrate	
see NINLARO CAP 2.3MG	71
see NINLARO CAP 3MG	71
see NINLARO CAP 4MG	71

J

JAIMIESS	
see Levonorg-Eth Est Tab 0.15-0.03mg(84) &	
Eth Est Tab 0.01mg(7)	91
JANTOVEN	
see Warfarin Sodium Tab 1 mg	43
see Warfarin Sodium Tab 10 mg	44

see Warfarin Sodium Tab 2 mg	43	JUNEL FE 1.5/30	
see Warfarin Sodium Tab 2.5 mg	43	see Norethindrone Ace & Ethinyl Estradiol-Fe	
see Warfarin Sodium Tab 3 mg	44	Tab 1.5 mg-30 mcg	95
see Warfarin Sodium Tab 4 mg	44	JUNEL FE 1/20	
see Warfarin Sodium Tab 5 mg	44	see Norethindrone Ace & Ethinyl Estradiol-Fe	
see Warfarin Sodium Tab 6 mg	44	Tab 1 mg-20 mcg	94
see Warfarin Sodium Tab 7.5 mg	44	JUNEL FE 24	
JANUMET TAB 50-1000	52	see Norethindrone Ace-Ethinyl Estradiol-Fe	
JANUMET TAB 50-500MG	52	Tab 1 mg-20 mcg (24)	95
JANUMET XR TAB 100-1000	52	K	
JANUMET XR TAB 50-1000	52	KAITLIB FE	
JANUMET XR TAB 50-500MG	52	see Norethindrone & Ethinyl Estradiol-Fe	
JANUVIA TAB 100MG	54	Chew Tab 0.8 mg-25 mcg	93
JANUVIA TAB 25MG	54	KALLIGA	
JANUVIA TAB 50MG	54	see Desogestrel & Ethinyl Estradiol Tab 0.15	
JARDIANCE TAB 10MG	55	mg-30 mcg	90
JARDIANCE TAB 25MG	55	KALYDECO PAK 25MG	140
JASMIEL		KALYDECO PAK 50MG	140
see Drospirenone-Ethinyl Estradiol Tab 3-0.02		KALYDECO PAK 75MG	140
mg	90	KALYDECO TAB 150MG	140
JAVYGTOR		KARIVA	
see Sapropterin Dihydrochloride Powder		see Desogest-Eth Estrad & Eth Estrad Tab 0.15-	
Packet 100 mg	110	0.02/0.01 mg(21/5)	89
see Sapropterin Dihydrochloride Powder		KELNOR 1/35	
Packet 500 mg	110	see Ethynodiol Diacetate & Ethinyl Estradiol	
see Sapropterin Dihydrochloride Tab 100 mg		Tab 1 mg-35 mcg	90
.....	110	KELNOR 1/50	
JENCYCLA		see Ethynodiol Diacetate & Ethinyl Estradiol	
see Norethindrone Tab 0.35 mg	98	Tab 1 mg-50 mcg	91
JINTELI		KERENDIA TAB 10MG	110
see Norethindrone Acetate-Ethinyl Estradiol		KERENDIA TAB 20MG	110
Tab 1 mg-5 mcg	111	ketoconazole cream 2%	103
JOLESSA		ketoconazole shampoo 2%	103
see Levonorgestrel & Ethinyl Estradiol (91-Day)		ketoconazole tab 200 mg	57
Tab 0.15-0.03 mg	91	ketorolac tromethamine ophth soln 0.4%	131
JOYEAUX		ketorolac tromethamine ophth soln 0.5%	131
see Levonorgestrel-Ethinyl Estradiol-Fe Tab 0.1		ketorolac tromethamine tab 10 mg	25
mg-20 mcg (21)	93	KIONEX	
JULEBER		see Sodium Polystyrene Sulfonate Susp 15	
see Desogestrel & Ethinyl Estradiol Tab 0.15		gm/60ml	126
mg-30 mcg	90	KISQALI TAB 200DOSE	71
JUNEL 1.5/30		KISQALI TAB 400DOSE	71
see Norethindrone Ace & Ethinyl Estradiol Tab		KISQALI TAB 600DOSE	71
1.5 mg-30 mcg	94	KLAYESTA	
JUNEL 1/20		see Nystatin Topical Powder 100000 unit/gm	
see Norethindrone Ace & Ethinyl Estradiol Tab		.....	103
1 mg-20 mcg	94	KLOR-CON	

see Potassium Chloride Powder Packet 20 meq	125
KLOR-CON 10	
see Potassium Chloride Tab Er 10 meq	125
KLOR-CON 8	
see Potassium Chloride Tab Er 8 meq (600 mg)	125
KLOR-CON M10	
see Potassium Chloride Microencapsulated	
Crys Er Tab 10 meq	124
KLOR-CON M15	
see Potassium Chloride Microencapsulated	
Crys Er Tab 15 meq	124
KLOR-CON M20	
see Potassium Chloride Microencapsulated	
Crys Er Tab 20 meq	124
KLOR-CON/EF	
see Potassium Bicarbonate Effer Tab 25 meq	124
KLS QUIT2	
see Nicotine Polacrilex Gum 2 mg	137
see Nicotine Polacrilex Lozenge 2 mg	138
KLS QUIT4	
see Nicotine Polacrilex Gum 4 mg	137
see Nicotine Polacrilex Lozenge 4 mg	138
KOSELUGO CAP 10MG	71
KOSELUGO CAP 25MG	71
KOURZEQ	
see Triamcinolone Acetonide Dental Paste	
0.1%	127
KP FOLIC ACID	
see Folic Acid Tab 800 mcg	117
K-PRIME	
see Potassium Bicarbonate Effer Tab 25 meq	124
KRAZATI TAB 200MG	71
KURVELO	
see Levonorgestrel & Ethinyl Estradiol Tab	
0.15 mg-30 mcg	92
L	
labetalol hcl tab 100 mg	82
labetalol hcl tab 200 mg	82
labetalol hcl tab 300 mg	82
lacosamide oral solution 10 mg/ml	45
lacosamide tab 100 mg	45
lacosamide tab 150 mg	45
lacosamide tab 200 mg	45

lacosamide tab 50 mg	45
lactic acid (ammonium lactate) cream 12%	106
lactic acid (ammonium lactate) lotion 12%	106
lactic acid-citric acid-potassium bitartrate	
see PHEXXI GEL	145
lactulose (encephalopathy) solution 10 gm/15ml	113
Lactulose (Encephalopathy) Solution 10 gm/15ml	113
lactulose solution 10 gm/15ml	119
Lactulose Solution 10 gm/15ml	119
LAGEVRIO CAP 200MG	82
lamivudine oral soln 10 mg/ml	80
lamivudine tab 100 mg (hbv)	81
lamivudine tab 150 mg	80
lamivudine tab 300 mg	80
lamivudine-tenofovir disoproxil fumarate	
see CIMDUO TAB 300-300	79
lamivudine-zidovudine tab 150-300 mg	80
lamotrigine orally disintegrating tab 100 mg	46
lamotrigine orally disintegrating tab 200 mg	46
lamotrigine orally disintegrating tab 25 mg	45
lamotrigine orally disintegrating tab 50 mg	45
lamotrigine tab 100 mg	46
Lamotrigine Tab 100 mg	46
lamotrigine tab 150 mg	46
Lamotrigine Tab 150 mg	46
lamotrigine tab 200 mg	46
Lamotrigine Tab 200 mg	46
lamotrigine tab 25 mg	46
Lamotrigine Tab 25 mg	46
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	46
Lamotrigine Tab 25 mg (42) & 100 mg (7) Starter Kit	46
lamotrigine tab 35 x 25 mg starter kit	46
Lamotrigine Tab 35 X 25 mg Starter Kit	46
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	46
Lamotrigine Tab 84 X 25 mg & 14 X 100 mg Starter Kit	46
lamotrigine tab chewable dispersible 25 mg	46
lamotrigine tab chewable dispersible 5 mg	46
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	46
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	46

lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	46	leflunomide tab 10 mg	26
lamotrigine tab er 24hr 100 mg	46	leflunomide tab 20 mg	26
lamotrigine tab er 24hr 200 mg	46	lemborexant	
lamotrigine tab er 24hr 25 mg	46	see DAYVIGO TAB 10MG	119
lamotrigine tab er 24hr 250 mg	46	see DAYVIGO TAB 5MG	119
lamotrigine tab er 24hr 300 mg	46	lenalidomide	
lamotrigine tab er 24hr 50 mg	46	see REVLIMID CAP 10MG	125
lansoprazole cap delayed release 15 mg	144	see REVLIMID CAP 15MG	125
lansoprazole cap delayed release 30 mg	144	see REVLIMID CAP 2.5MG	125
LANTUS INJ 100/ML	54	see REVLIMID CAP 20MG	125
LANTUS SOLOS INJ 100/ML	54	see REVLIMID CAP 25MG	125
lapatinib ditosylate tab 250 mg (base equiv) ..	71	see REVLIMID CAP 5MG	125
LARIN 1.5/30		lenalidomide cap 10 mg	125
see Norethindrone Ace & Ethinyl Estradiol Tab		lenalidomide cap 15 mg	125
1.5 mg-30 mcg	94	lenalidomide cap 20 mg	125
LARIN 1/20		lenalidomide cap 25 mg	125
see Norethindrone Ace & Ethinyl Estradiol Tab		lenalidomide cap 5 mg	125
1 mg-20 mcg	94	lenalidomide caps 2.5 mg	125
LARIN 24 FE		lenvatinib mesylate	
see Norethindrone Ace-Ethinyl Estradiol-Fe		see LENVIMA CAP 10 MG	67
Tab 1 mg-20 mcg (24)	95	see LENVIMA CAP 12MG	67
LARIN FE 1.5/30		see LENVIMA CAP 14 MG	67
see Norethindrone Ace & Ethinyl Estradiol-Fe		see LENVIMA CAP 18 MG	67
Tab 1.5 mg-30 mcg	95	see LENVIMA CAP 20 MG	67
LARIN FE 1/20		see LENVIMA CAP 24 MG	67
see Norethindrone Ace & Ethinyl Estradiol-Fe		see LENVIMA CAP 4MG	67
Tab 1 mg-20 mcg	94	see LENVIMA CAP 8 MG	67
larotrectinib sulfate		LENVIMA CAP 10 MG	67
see VITRAKVI CAP 100MG	73	LENVIMA CAP 12MG	67
see VITRAKVI CAP 25MG	72	LENVIMA CAP 14 MG	67
see VITRAKVI SOL 20MG/ML	73	LENVIMA CAP 18 MG	67
lasmiditan succinate		LENVIMA CAP 20 MG	67
see REYVOW TAB 100MG	123	LENVIMA CAP 24 MG	67
see REYVOW TAB 50MG	123	LENVIMA CAP 4MG	67
latanoprost ophth soln 0.005%	131	LENVIMA CAP 8 MG	67
LAYOLIS FE		LESSINA	
see Norethindrone & Ethinyl Estradiol-Fe		see Levonorgestrel & Ethinyl Estradiol Tab 0.1	
Chew Tab 0.8 mg-25 mcg	93	mg-20 mcg	92
ledipasvir-sofosbuvir		letrozole tab 2.5 mg	68
see HARVONI PAK	81	leucovorin calcium tab 10 mg	73
see HARVONI PAK 45-200MG	81	leucovorin calcium tab 15 mg	73
see HARVONI TAB 45-200MG	81	leucovorin calcium tab 25 mg	73
see HARVONI TAB 90-400MG	81	leucovorin calcium tab 5 mg	73
LEENA		levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	43
see Norethindrone-Eth Estradiol Tab 0.5-35/1-		levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	43
35/0.5-35 mg-Mcg	96		

levabuterol hcl soln nebu 1.25 mg/3ml (base equiv)	43	Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg.....	92
levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	43	Levonorgestrel Tab 1.5 mg.....	97
levabuterol tartrate inhal aerosol 45 mcg/act (base equiv)	43	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	92
levamlodipine maleate tab 2.5 mg	85	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg	92
levamlodipine maleate tab 5 mg	85	levonorgestrel-ethinyl estradiol & folic acid see FALESSA KIT	91
levetiracetam oral soln 100 mg/ml	46	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	92
levetiracetam tab 1000 mg	46	Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg	92
levetiracetam tab 250 mg	46	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	93
levetiracetam tab 500 mg	46	Levonorgestrel-Ethinyl Estradiol-Fe Tab 0.1 mg-20 mcg (21).....	93
Levetiracetam Tab 500 mg	46	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	91
levetiracetam tab 750 mg	46	Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7).....	91
levetiracetam tab er 24hr 500 mg	46	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	91
levetiracetam tab er 24hr 750 mg	46	Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7).....	91
levobunolol hcl ophth soln 0.5%	129	LEVORA 0.15/30-28 see Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg	92
levocarnitine oral soln 1 gm/10ml (10%)	109	LEVO-T see Levothyroxine Sodium Tab 100 mcg	142
levocarnitine tab 330 mg	109	see Levothyroxine Sodium Tab 112 mcg	142
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	58	see Levothyroxine Sodium Tab 125 mcg	142
levocetirizine dihydrochloride tab 5 mg	58	see Levothyroxine Sodium Tab 137 mcg	142
levodopa see INBRIJA CAP 42MG.....	74	see Levothyroxine Sodium Tab 150 mcg	142
levofloxacin ophth soln 1.5%	130	see Levothyroxine Sodium Tab 175 mcg	142
levofloxacin oral soln 25 mg/ml	112	see Levothyroxine Sodium Tab 200 mcg	142
levofloxacin tab 250 mg	112	see Levothyroxine Sodium Tab 25 mcg	141
levofloxacin tab 500 mg	112	see Levothyroxine Sodium Tab 300 mcg	142
levofloxacin tab 750 mg	112	see Levothyroxine Sodium Tab 50 mcg	141
LEVONEST see Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg.....	92	see Levothyroxine Sodium Tab 75 mcg	141
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	91	see Levothyroxine Sodium Tab 88 mcg	141
Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 mg ð Est 0.01 mg.....	91	levothyroxine sodium see SYNTHROID TAB 100MCG	143
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	91	see SYNTHROID TAB 112MCG	143
Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg.....	91	see SYNTHROID TAB 125MCG	143
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91	see SYNTHROID TAB 137MCG	143
Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg.....	91, 92	see SYNTHROID TAB 150MCG	143
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	92		

see SYNTHROID TAB 175MCG	143	lidocaine oint 5%	106
see SYNTHROID TAB 200MCG	143	lidocaine patch 5%	106
see SYNTHROID TAB 25MCG	142	Lidocaine Patch 5%	106
see SYNTHROID TAB 300MCG	143	lidocaine-hydrocortisone acetate cream 1-1%	
see SYNTHROID TAB 50MCG	142	.....	105
see SYNTHROID TAB 75MCG	142	lidocaine-prilocaine cream 2.5-2.5%	106
see SYNTHROID TAB 88MCG	143	LIDOCAN	
levothyroxine sodium tab 100 mcg	141	see Lidocaine Patch 5%	106
Levothyroxine Sodium Tab 100 mcg	142	LIDOPIN	
levothyroxine sodium tab 112 mcg	142	see Lidocaine Hcl Cream 3%	106
Levothyroxine Sodium Tab 112 mcg	142	lifitegrast	
levothyroxine sodium tab 125 mcg	142	see XIIDRA DRO 5%	130
Levothyroxine Sodium Tab 125 mcg	142	linaclotide	
levothyroxine sodium tab 137 mcg	142	see LINZESS CAP 145MCG	113
Levothyroxine Sodium Tab 137 mcg	142	see LINZESS CAP 290MCG	114
levothyroxine sodium tab 150 mcg	142	see LINZESS CAP 72MCG	113
Levothyroxine Sodium Tab 150 mcg	142	linezolid for susp 100 mg/5ml	38
levothyroxine sodium tab 175 mcg	142	linezolid tab 600 mg	38
Levothyroxine Sodium Tab 175 mcg	142	LINZESS CAP 145MCG	113
levothyroxine sodium tab 200 mcg	142	LINZESS CAP 290MCG	114
Levothyroxine Sodium Tab 200 mcg	142	LINZESS CAP 72MCG	113
levothyroxine sodium tab 25 mcg	141	liothyronine sodium tab 25 mcg	142
Levothyroxine Sodium Tab 25 mcg	141	liothyronine sodium tab 5 mcg	142
levothyroxine sodium tab 300 mcg	142	liothyronine sodium tab 50 mcg	142
Levothyroxine Sodium Tab 300 mcg	142	liraglutide	
levothyroxine sodium tab 50 mcg	141	see VICTOZA INJ 18MG/3ML	54
Levothyroxine Sodium Tab 50 mcg	141	liraglutide soln pen-injector 18 mg/3ml (6	
levothyroxine sodium tab 75 mcg	141	mg/ml)	54
Levothyroxine Sodium Tab 75 mcg	141	lisdexamfetamine dimesylate cap 10 mg	15
levothyroxine sodium tab 88 mcg	141	lisdexamfetamine dimesylate cap 20 mg	15
Levothyroxine Sodium Tab 88 mcg	141	lisdexamfetamine dimesylate cap 30 mg	15
LEVOXYL		lisdexamfetamine dimesylate cap 40 mg	15
see Levothyroxine Sodium Tab 100 mcg	142	lisdexamfetamine dimesylate cap 50 mg	15
see Levothyroxine Sodium Tab 112 mcg	142	lisdexamfetamine dimesylate cap 60 mg	16
see Levothyroxine Sodium Tab 125 mcg	142	lisdexamfetamine dimesylate cap 70 mg	16
see Levothyroxine Sodium Tab 137 mcg	142	lisdexamfetamine dimesylate chew tab 10 mg 16	
see Levothyroxine Sodium Tab 150 mcg	142	lisdexamfetamine dimesylate chew tab 20 mg 16	
see Levothyroxine Sodium Tab 175 mcg	142	lisdexamfetamine dimesylate chew tab 30 mg 16	
see Levothyroxine Sodium Tab 200 mcg	142	lisdexamfetamine dimesylate chew tab 40 mg 16	
see Levothyroxine Sodium Tab 25 mcg	141	lisdexamfetamine dimesylate chew tab 50 mg 16	
see Levothyroxine Sodium Tab 50 mcg	141	lisdexamfetamine dimesylate chew tab 60 mg 16	
see Levothyroxine Sodium Tab 75 mcg	141	lisinopril & hydrochlorothiazide tab 10-12.5 mg	
see Levothyroxine Sodium Tab 88 mcg	141	.....	64
Lidocaine Hcl Cream 3%	106	lisinopril & hydrochlorothiazide tab 20-12.5 mg	
lidocaine hcl lotion 3%	106	.....	64
lidocaine hcl soln 4%	106	lisinopril & hydrochlorothiazide tab 20-25 mg. 64	
lidocaine hcl viscous soln 2%	127	lisinopril tab 10 mg	61

<i>lisinopril tab 2.5 mg</i>	61	see Drospirenone-Ethinyl Estradiol Tab 3-0.02	
<i>lisinopril tab 20 mg</i>	61	mg.....	90
<i>lisinopril tab 30 mg</i>	61	losartan potassium & hydrochlorothiazide tab	
<i>lisinopril tab 40 mg</i>	61	100-12.5 mg	64
<i>lisinopril tab 5 mg</i>	61	losartan potassium & hydrochlorothiazide tab	
<i>lithium carbonate cap 150 mg</i>	75	100-25 mg	64
<i>lithium carbonate cap 300 mg</i>	75	losartan potassium & hydrochlorothiazide tab	
<i>lithium carbonate cap 600 mg</i>	75	50-12.5 mg	64
<i>lithium carbonate tab 300 mg</i>	75	losartan potassium tab 100 mg	62
<i>lithium carbonate tab er 300 mg</i>	75	losartan potassium tab 25 mg	62
<i>lithium carbonate tab er 450 mg</i>	75	losartan potassium tab 50 mg	62
<i>lithium oral solution 8 meq/5ml</i>	76	loteprednol etabonate ophth gel 0.5%	130
LO LOESTRIN TAB 1-10-10.....	93	loteprednol etabonate ophth susp 0.2%	130
LOESTRIN 1.5/30-21		loteprednol etabonate ophth susp 0.5%	130
see Norethindrone Ace & Ethinyl Estradiol Tab		lovastatin tab 10 mg	60
1.5 mg-30 mcg.....	94	lovastatin tab 20 mg	60
LOESTRIN 1/20-21		lovastatin tab 40 mg	60
see Norethindrone Ace & Ethinyl Estradiol Tab		LOW-OGESTREL	
1 mg-20 mcg.....	94	see Norgestrel & Ethinyl Estradiol Tab 0.3 mg-	
LOESTRIN FE 1.5/30		30 mcg.....	97
see Norethindrone Ace & Ethinyl Estradiol-Fe		loxapine succinate cap 10 mg	77
Tab 1.5 mg-30 mcg.....	95	loxapine succinate cap 25 mg	77
LOESTRIN FE 1/20		loxapine succinate cap 5 mg	77
see Norethindrone Ace & Ethinyl Estradiol-Fe		loxapine succinate cap 50 mg	77
Tab 1 mg-20 mcg.....	94	LO-ZUMANDIMINE	
lofexidine hcl tab 0.18 mg (base equivalent)	133	see Drospirenone-Ethinyl Estradiol Tab 3-0.02	
LOJAIMIESS		mg.....	90
see Levonorg-Eth Est Tab 0.1-0.02mg(84) &		lubiprostone cap 24 mcg	113
Eth Est Tab 0.01mg(7).....	91	lubiprostone cap 8 mcg	113
lomustine		LUMAKRAS TAB 120MG.....	71
see GLEOSTINE CAP 100MG.....	66	LUMAKRAS TAB 320MG.....	71
see GLEOSTINE CAP 10MG.....	66	LUMRYZ PAK 6GM.....	133
see GLEOSTINE CAP 40MG.....	66	LUMRYZ PAK 7.5GM.....	133
LONSURF TAB 15-6.14.....	69	LUMRYZ PAK 9GM.....	133
LONSURF TAB 20-8.19.....	69	LUMRYZ PKG 4.5GM.....	133
loperamide hcl cap 2 mg	56	lurasidone hcl tab 120 mg	76
lopinavir-ritonavir soln 400-100 mg/5ml (80-20		lurasidone hcl tab 20 mg	76
mg/ml)	80	lurasidone hcl tab 40 mg	76
lopinavir-ritonavir tab 100-25 mg	80	lurasidone hcl tab 60 mg	76
lopinavir-ritonavir tab 200-50 mg	80	lurasidone hcl tab 80 mg	76
loratadine tab 10 mg	58	LUTERA	
lorazepam conc 2 mg/ml	40	see Levonorgestrel & Ethinyl Estradiol Tab 0.1	
lorazepam tab 0.5 mg	40	mg-20 mcg.....	92
lorazepam tab 1 mg	40	LYLEQ	
lorazepam tab 2 mg	40	see Norethindrone Tab 0.35 mg.....	98
LORYNA		LYLLANA	

see Estradiol Td Patch Twice Weekly 0.025 mg/24hr	112
see Estradiol Td Patch Twice Weekly 0.0375 mg/24hr	112
see Estradiol Td Patch Twice Weekly 0.05 mg/24hr	112
see Estradiol Td Patch Twice Weekly 0.075 mg/24hr	112
see Estradiol Td Patch Twice Weekly 0.1 mg/24hr	112
LYNPARZA TAB 100MG.....	71
LYNPARZA TAB 150MG.....	71
LYVISPAH GRA 10MG	128
LYVISPAH GRA 20MG	128
LYVISPAH GRA 5MG	128
LYZA	
see Norethindrone Tab 0.35 mg	98

M

macitentan

see OPSUMIT TAB 10MG	87
----------------------------	----

macitentan-tadalafil

see OPSYNOVI TAB 10-20MG	87
see OPSYNOVI TAB 10-40MG	87

mafenide acetate packet for topical soln 5% (50 gm).....

.....	104
-------	-----

malathion lotion 0.5%

.....	107
-------	-----

MALE MIS CONDOM

.....	120
-------	-----

maraviroc tab 150 mg

.....	80
-------	----

maraviroc tab 300 mg

.....	80
-------	----

MARLISSA

see Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg.....	92
--	----

MAYZENT PAK STARTER

.....	135
-------	-----

MAYZENT TAB 0.25MG.....

.....	135
-------	-----

MAYZENT TAB 1MG

.....	135
-------	-----

MAYZENT TAB 2MG

.....	135
-------	-----

mebendazole

see EMVERM CHW 100MG.....	37
---------------------------	----

meclizine hcl tab 12.5 mg

.....	57
-------	----

meclizine hcl tab 25 mg

.....	57
-------	----

meclizine hcl tab 50 mg

.....	57
-------	----

meclofenamate sodium cap 100 mg

.....	25
-------	----

meclofenamate sodium cap 50 mg

.....	25
-------	----

MEDROL TAB 2MG.....

.....	98
-------	----

medroxyprogesterone acetate tab 10 mg.....

.....	133
-------	-----

medroxyprogesterone acetate tab 2.5 mg.....

.....	133
-------	-----

medroxyprogesterone acetate tab 5 mg.....

.....	133
-------	-----

mefenamic acid cap 250 mg

25

mefloquine hcl tab 250 mg

65

megestrol acetate susp 40 mg/ml

68

megestrol acetate susp 625 mg/5ml

133

megestrol acetate tab 20 mg

68

megestrol acetate tab 40 mg

68

MEKTOVI TAB 15MG.....

71

meloxicam susp 7.5 mg/5ml.....

25

meloxicam tab 15 mg.....

25

meloxicam tab 7.5 mg.....

25

memantine hcl cap er 24hr 14 mg

134

memantine hcl cap er 24hr 21 mg

134

memantine hcl cap er 24hr 28 mg

134

memantine hcl cap er 24hr 7 mg

134

memantine hcl oral solution 2 mg/ml

134

memantine hcl tab 10 mg

134

memantine hcl tab 28 x 5 mg & 21 x 10 mg

titration pack

134

memantine hcl tab 5 mg

134

memantine hcl-donepezil hcl

see NAMZARIC CAP.....

134

see NAMZARIC CAP 14-10MG.....

134

see NAMZARIC CAP 21-10MG.....

134

see NAMZARIC CAP 28-10MG.....

134

see NAMZARIC CAP 7-10MG

134

mepidine hcl oral soln 50 mg/5ml

28

mepidine hcl tab 50 mg.....

29

meprobamate tab 200 mg.....

39

meprobamate tab 400 mg.....

39

mercaptopurine tab 50 mg.....

67

MERZEE

see Norethindrone Ace-Ethinyl Estradiol-Fe

Cap 1 mg-20 mcg (24).....

95

mesalamine cap dr 400 mg

113

mesalamine cap er 24hr 0.375 gm.....

113

mesalamine cap er 500 mg.....

113

mesalamine enema 4 gm

113

mesalamine suppos 1000 mg

113

mesalamine tab delayed release 1.2 gm

113

mesalamine tab delayed release 800 mg

113

metaxalone tab 800 mg

128

metformin hcl oral soln 500 mg/5ml

53

metformin hcl tab 1000 mg

53

metformin hcl tab 500 mg.....

53

metformin hcl tab 850 mg.....

53

metformin hcl tab er 24hr 500 mg.....

53

metformin hcl tab er 24hr 750 mg.....

53

methadone hcl conc 10 mg/ml	29	methylphenidate hcl cap er 24hr 60 mg (xr)	20
Methadone Hcl Conc 10 mg/ml	29	methylphenidate hcl cap er 30 mg (cd)	20
methadone hcl soln 10 mg/5ml	29	methylphenidate hcl cap er 40 mg (cd)	21
methadone hcl soln 5 mg/5ml	29	methylphenidate hcl cap er 50 mg (cd)	21
methadone hcl tab 10 mg	29	methylphenidate hcl cap er 60 mg (cd)	21
methadone hcl tab 5 mg	29	methylphenidate hcl chew tab 10 mg	21
methadone hcl tab for oral susp 40 mg	29	methylphenidate hcl chew tab 2.5 mg	21
Methadone Hcl Tab For Oral Susp 40 mg	29	methylphenidate hcl chew tab 5 mg	21
METHADONE HYDROCHLORIDE I		methylphenidate hcl soln 10 mg/5ml	21
see Methadone Hcl Conc 10 mg/ml	29	methylphenidate hcl soln 5 mg/5ml	21
METHADOSE		methylphenidate hcl tab 10 mg	21
see Methadone Hcl Tab For Oral Susp 40 mg	29	methylphenidate hcl tab 20 mg	21
methamphetamine hcl tab 5 mg	16	methylphenidate hcl tab 5 mg	21
methazolamide tab 25 mg	108	methylphenidate hcl tab er 10 mg	22
methazolamide tab 50 mg	108	methylphenidate hcl tab er 20 mg	22
methenamine hippurate tab 1 gm	38	methylphenidate hcl tab er 24hr 18 mg	22
methenamine mandelate tab 0.5 gm	38	methylphenidate hcl tab er 24hr 27 mg	22
METHERGINE		methylphenidate hcl tab er 24hr 36 mg	22
see Methylergonovine Maleate Tab 0.2 mg	132	methylphenidate hcl tab er 24hr 54 mg	22
methimazole tab 10 mg	141	methylphenidate hcl tab er osmotic release	
methimazole tab 5 mg	141	(osm) 18 mg	22
methocarbamol tab 1000 mg	128	methylphenidate hcl tab er osmotic release	
Methocarbamol Tab 1000 mg	128	(osm) 27 mg	22
methocarbamol tab 500 mg	128	methylphenidate hcl tab er osmotic release	
methocarbamol tab 750 mg	128	(osm) 36 mg	22
methotrexate sodium tab 2.5 mg (base equiv)	67	methylphenidate hcl tab er osmotic release	
methoxsalen rapid cap 10 mg	103	(osm) 54 mg	22
methscopolamine bromide tab 2.5 mg	143	methylphenidate hcl tab er osmotic release	
methscopolamine bromide tab 5 mg	143	(osm) 72 mg	22
methsuximide cap 300 mg	48	methylphenidate td patch 10 mg/9hr	23
methyl dopa tab 250 mg	62	methylphenidate td patch 15 mg/9hr	23
methyl dopa tab 500 mg	62	methylphenidate td patch 20 mg/9hr	23
methylergonovine maleate tab 0.2 mg	132	methylphenidate td patch 30 mg/9hr	23
Methylergonovine Maleate Tab 0.2 mg	132	methylprednisolone	
methylphenidate hcl cap er 10 mg (cd)	19	see MEDROL TAB 2MG	98
methylphenidate hcl cap er 20 mg (cd)	19	methylprednisolone tab 16 mg	98
methylphenidate hcl cap er 24hr 10 mg (la) ...	19	methylprednisolone tab 32 mg	98
methylphenidate hcl cap er 24hr 10 mg (xr) ...	19	methylprednisolone tab 4 mg	98
methylphenidate hcl cap er 24hr 15 mg (xr) ...	20	methylprednisolone tab 8 mg	98
methylphenidate hcl cap er 24hr 20 mg (la) ...	20	methylprednisolone tab therapy pack 4 mg (21)	
methylphenidate hcl cap er 24hr 20 mg (xr) ...	20	.....	98
methylphenidate hcl cap er 24hr 30 mg (la) ...	20	methyltestosterone cap 10 mg	36
methylphenidate hcl cap er 24hr 30 mg (xr) ...	20	metoclopramide hcl orally disintegrating tab 5	
methylphenidate hcl cap er 24hr 40 mg (la) ...	20	mg (base eq)	113
methylphenidate hcl cap er 24hr 40 mg (xr) ...	20	metoclopramide hcl soln 5 mg/5ml (10	
methylphenidate hcl cap er 24hr 50 mg (xr) ...	20	mg/10ml) (base equiv)	113
methylphenidate hcl cap er 24hr 60 mg (la) ...	20		

metoclopramide hcl tab 10 mg (base equivalent)	113	see Norethindrone Ace & Ethinyl Estradiol Tab	
.....	113	1.5 mg-30 mcg	94
metoclopramide hcl tab 5 mg (base equivalent)	113	MICROGESTIN 1/20	
.....	113	see Norethindrone Ace & Ethinyl Estradiol Tab	
metolazone tab 10 mg	108	1 mg-20 mcg	94
metolazone tab 2.5 mg	108	MICROGESTIN FE 1.5/30	
metolazone tab 5 mg	108	see Norethindrone Ace & Ethinyl Estradiol-Fe	
metoprolol & hydrochlorothiazide tab 100-25		Tab 1.5 mg-30 mcg.....	95
mg	64	MICROGESTIN FE 1/20	
metoprolol & hydrochlorothiazide tab 100-50		see Norethindrone Ace & Ethinyl Estradiol-Fe	
mg	64	Tab 1 mg-20 mcg.....	94
metoprolol & hydrochlorothiazide tab 50-25 mg		MICROSPACER MIS	122
.....	64	midazolam (anticonvulsant)	
metoprolol succinate tab er 24hr 100 mg		see NAYZILAM SPR 5MG.....	45
(tartrate equiv)	83	midazolam hcl syrup 2 mg/ml (base equivalent)	
metoprolol succinate tab er 24hr 200 mg		.....	118
(tartrate equiv)	83	midodrine hcl tab 10 mg	146
metoprolol succinate tab er 24hr 25 mg		midodrine hcl tab 2.5 mg	146
(tartrate equiv)	82	midodrine hcl tab 5 mg	146
metoprolol succinate tab er 24hr 50 mg		midostaurin	
(tartrate equiv)	82	see RYDAPT CAP 25MG	72
metoprolol tartrate tab 100 mg	83	mifepristone tab 200 mg	110
metoprolol tartrate tab 25 mg	83	mifepristone tab 300 mg	54
metoprolol tartrate tab 37.5 mg	83	migalastat hcl	
metoprolol tartrate tab 50 mg	83	see GALAFOLD CAP 123MG	109
metoprolol tartrate tab 75 mg	83	miglitol tab 100 mg	52
metronidazole cap 375 mg	37	miglitol tab 25 mg	52
metronidazole cream 0.75%	106	miglitol tab 50 mg	52
metronidazole gel 0.75%	106	miglustat cap 100 mg	116
metronidazole gel 1%	106	Miglustat Cap 100 mg	116
metronidazole lotion 0.75%	106	MILI	
metronidazole tab 250 mg	37	see Norgestimate & Ethinyl Estradiol Tab 0.25	
metronidazole tab 500 mg	37	mg-35 mcg	96
metronidazole vaginal gel 0.75%	145	miltefosine	
metyrosine cap 250 mg	61	see IMPAVIDO CAP 50MG	37
mexiletine hcl cap 150 mg	40	MIMVEY	
mexiletine hcl cap 200 mg	40	see Estradiol & Norethindrone Acetate Tab 1-	
mexiletine hcl cap 250 mg	40	0.5 mg.....	111
MIBELAS 24 FE		minocycline hcl cap 100 mg	141
see Norethindrone Ace-Eth Estradiol-Fe Chew		minocycline hcl cap 50 mg	141
Tab 1 mg-20 mcg (24)	95	minocycline hcl cap 75 mg	141
MICONAZOLE 3		minocycline hcl tab 100 mg	141
see Miconazole Nitrate Vaginal Suppos 200 mg		minocycline hcl tab 50 mg	141
.....	145	minocycline hcl tab 75 mg	141
Miconazole Nitrate Vaginal Suppos 200 mg ...	145	minoxidil tab 10 mg	65
MICROCHAMBER MIS	122	minoxidil tab 2.5 mg	65
MICROGESTIN 1.5/30		mirabegron tab er 24 hr 25 mg	145

<i>mirabegron tab er 24 hr 50 mg</i>	145	<i>morphine sulfate cap er 24hr 60 mg</i>	29
<i>mirtazapine orally disintegrating tab 15 mg</i> ..	48	<i>morphine sulfate cap er 24hr 80 mg</i>	29
<i>mirtazapine orally disintegrating tab 30 mg</i> ..	48	<i>morphine sulfate oral soln 10 mg/5ml</i>	30
<i>mirtazapine orally disintegrating tab 45 mg</i> ..	48	<i>morphine sulfate oral soln 100 mg/5ml (20</i>	
<i>mirtazapine tab 15 mg</i>	49	<i>mg/ml)</i>	30
<i>mirtazapine tab 30 mg</i>	49	<i>morphine sulfate oral soln 20 mg/5ml</i>	30
<i>mirtazapine tab 45 mg</i>	49	<i>morphine sulfate tab 15 mg</i>	30
<i>mirtazapine tab 7.5 mg</i>	48	<i>morphine sulfate tab 30 mg</i>	30
<i>misoprostol tab 100 mcg</i>	144	<i>morphine sulfate tab er 100 mg</i>	30
<i>misoprostol tab 200 mcg</i>	144	<i>morphine sulfate tab er 15 mg</i>	30
MITIGARE CAP 0.6MG	115	<i>morphine sulfate tab er 200 mg</i>	30
<i>modafinil tab 100 mg</i>	23	<i>morphine sulfate tab er 30 mg</i>	30
<i>modafinil tab 200 mg</i>	23	<i>morphine sulfate tab er 60 mg</i>	30
<i>moexipril hcl tab 15 mg</i>	61	MOUNJARO INJ 10MG/0.5	54
<i>moexipril hcl tab 7.5 mg</i>	61	MOUNJARO INJ 12.5/0.5.....	54
<i>molindone hcl tab 10 mg</i>	77	MOUNJARO INJ 15MG/0.5	54
<i>molindone hcl tab 25 mg</i>	78	MOUNJARO INJ 2.5/0.5.....	54
<i>molindone hcl tab 5 mg</i>	77	MOUNJARO INJ 5MG/0.5	54
<i>molnupiravir</i>		MOUNJARO INJ 7.5/0.5.....	54
see LAGEVRIO CAP 200MG	82	MOVANTIK TAB 12.5MG	114
<i>mometasone furoate cream 0.1%</i>	105	MOVANTIK TAB 25MG	114
<i>mometasone furoate nasal susp 50 mcg/act</i>	128	<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2</i>	
<i>mometasone furoate oint 0.1%</i>	105	<i>times daily)</i>	130
<i>mometasone furoate solution 0.1% (lotion)</i> .	105	<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	
MONDOXYNE NL		.....	130
see Doxycycline Monohydrate Cap 100 mg	141	<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	112
MONO-LINYAH		MULTAQ TAB 400MG.....	40
see Norgestimate & Ethinyl Estradiol Tab 0.25		<i>mupirocin oint 2%</i>	102
mg-35 mcg	96	<i>mycophenolate mofetil cap 250 mg</i>	126
<i>montelukast sodium chew tab 4 mg (base equiv)</i>		<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	
.....	41	.....	126
<i>montelukast sodium chew tab 5 mg (base equiv)</i>		<i>mycophenolate mofetil tab 500 mg</i>	126
.....	41	<i>mycophenolate sodium tab dr 180 mg</i>	
<i>montelukast sodium oral granules packet 4 mg</i>		<i>(mycophenolic acid equiv)</i>	126
<i>(base equiv)</i>	41	<i>mycophenolate sodium tab dr 360 mg</i>	
<i>montelukast sodium tab 10 mg (base equiv)</i> ..	41	<i>(mycophenolic acid equiv)</i>	126
<i>morphine sulfate beads cap er 24hr 120 mg</i> ...	29	MYFEMBREE TAB.....	111
<i>morphine sulfate beads cap er 24hr 30 mg</i>	29	N	
<i>morphine sulfate beads cap er 24hr 45 mg</i>	29	<i>nabumetone tab 500 mg</i>	25
<i>morphine sulfate beads cap er 24hr 60 mg</i>	29	<i>nabumetone tab 750 mg</i>	25
<i>morphine sulfate beads cap er 24hr 75 mg</i>	29	<i>nadolol tab 20 mg</i>	83
<i>morphine sulfate beads cap er 24hr 90 mg</i>	29	<i>nadolol tab 40 mg</i>	83
<i>morphine sulfate cap er 24hr 10 mg</i>	29	<i>nadolol tab 80 mg</i>	83
<i>morphine sulfate cap er 24hr 100 mg</i>	29	<i>nafarelin acetate</i>	
<i>morphine sulfate cap er 24hr 20 mg</i>	29	see SYNAREL SOL 2MG/ML.....	109
<i>morphine sulfate cap er 24hr 30 mg</i>	29	<i>naftifine hcl</i>	
<i>morphine sulfate cap er 24hr 50 mg</i>	29	see NAFTIN GEL 2%.....	103

naftifine hcl cream 1%	103	neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	130
naftifine hcl cream 2%	103	Neomycin-Bacitrac Zn-Polymyx 5(3.5)mg-400unt-10000unt Op Oin	130
naftifine hcl gel 2%	103	neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	130
NAFTIN GEL 2%.....	103	neomycin-polymyxin-dexamethasone ophth oint 0.1%	130
naldemedine tosylate		neomycin-polymyxin-dexamethasone ophth susp 0.1%	131
see SYMPROIC TAB 0.2MG	114	neomycin-polymyxin-hc ophth susp	131
naloxegol oxalate		neomycin-polymyxin-hc otic soln 1%	132
see MOVANTIK TAB 12.5MG.....	114	neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	132
see MOVANTIK TAB 25MG	114	NEO-POLYCIN	
naloxone hcl nasal spray 4 mg/0.1ml	56	see Neomycin-Bacitrac Zn-Polymyx 5(3.5)mg-400unt-10000unt Op Oin	130
naltrexone hcl tab 50 mg	56	NEO-POLYCIN HC	
NAMZARIC CAP.....	134	see Bacitracin-Polymyxin-Neomycin-Hc Ophth Oint 1%.....	130
NAMZARIC CAP 14-10MG.....	134	nepafenac	
NAMZARIC CAP 21-10MG.....	134	see ILEVRO DRO 0.3% OP	131
NAMZARIC CAP 28-10MG.....	134	NEUAC	
NAMZARIC CAP 7-10MG.....	134	see Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%	100
naproxen sodium tab 275 mg	25	NEUPRO DIS 1MG/24HR	74
naproxen sodium tab 550 mg	25	NEUPRO DIS 2MG/24HR	74
naproxen tab 250 mg	25	NEUPRO DIS 3MG/24HR	74
naproxen tab 375 mg	25	NEUPRO DIS 4MG/24HR	74
naproxen tab 500 mg	26	NEUPRO DIS 6MG/24HR	74
naproxen tab ec 375 mg	26	NEUPRO DIS 8MG/24HR	74
Naproxen Tab Ec 375 mg.....	26	nevirapine susp 50 mg/5ml	80
naproxen tab ec 500 mg	26	nevirapine tab 200 mg	80
Naproxen Tab Ec 500 mg.....	26	nevirapine tab er 24hr 400 mg	80
naratriptan hcl tab 1 mg (base equiv)	123	NEXLETOL TAB 180MG.....	58
naratriptan hcl tab 2.5 mg (base equiv)	123	NEXLIZET TAB 180/10MG	58
NATAZIA TAB	93	niacin tab er 1000 mg (antihyperlipidemic)	60
nateglinide tab 120 mg	55	niacin tab er 500 mg (antihyperlipidemic)	60
nateglinide tab 60 mg	55	niacin tab er 750 mg (antihyperlipidemic)	60
NATESTO GEL 5.5MG	36	nicardipine hcl cap 20 mg	85
NAYZILAM SPR 5MG.....	45	nicardipine hcl cap 30 mg	85
nebivolol hcl tab 10 mg (base equivalent)	83	NICORELIEF	
nebivolol hcl tab 2.5 mg (base equivalent)	83	see Nicotine Polacrilex Gum 2 mg	137
nebivolol hcl tab 20 mg (base equivalent)	83	nicotine	
nebivolol hcl tab 5 mg (base equivalent)	83	see NICOTROL INH	140
NEBUSAL		see NICOTROL NS SPR 10MG/ML.....	140
see Sodium Chloride Soln Nebu 3%.....	100	NICOTINE MINI LOZENGE	
NECON 0.5/35-28			
see Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg	93		
nefazodone hcl tab 100 mg	50		
nefazodone hcl tab 150 mg	50		
nefazodone hcl tab 200 mg	50		
nefazodone hcl tab 250 mg	50		
nefazodone hcl tab 50 mg	50		
neomycin sulfate tab 500 mg	23		

see Nicotine Polacrilex Lozenge 2 mg	138	see ZEJULA TAB 200MG.....	73
see Nicotine Polacrilex Lozenge 4 mg	139	see ZEJULA TAB 300MG.....	73
<i>nicotine polacrilex gum 2 mg</i>	136	<i>nirmatrelvir-ritonavir</i>	
Nicotine Polacrilex Gum 2 mg.....	136, 137	see PAXLOVID TAB 150-100.....	80
<i>nicotine polacrilex gum 4 mg</i>	137	see PAXLOVID TAB 300-100.....	80
Nicotine Polacrilex Gum 4 mg.....	137	<i>nisoldipine tab er 24hr 17 mg</i>	85
<i>nicotine polacrilex lozenge 2 mg</i>	137	<i>nisoldipine tab er 24hr 20 mg</i>	85
Nicotine Polacrilex Lozenge 2 mg	138	<i>nisoldipine tab er 24hr 25.5 mg</i>	85
<i>nicotine polacrilex lozenge 4 mg</i>	138	<i>nisoldipine tab er 24hr 30 mg</i>	85
Nicotine Polacrilex Lozenge 4 mg	138, 139	<i>nisoldipine tab er 24hr 34 mg</i>	85
NICOTINE STEP 1		<i>nisoldipine tab er 24hr 40 mg</i>	85
see Nicotine Td Patch 24hr 21 mg/24hr	139	<i>nisoldipine tab er 24hr 8.5 mg</i>	85
NICOTINE STEP 3		<i>nitazoxanide tab 500 mg</i>	37
see Nicotine Td Patch 24hr 7 mg/24hr	139	<i>nitisinone</i>	
<i>nicotine td patch 24hr 14 mg/24hr</i>	139	see ORFADIN SUS 4MG/ML	110
Nicotine Td Patch 24hr 14 mg/24hr	139	<i>nitisinone cap 10 mg</i>	110
<i>nicotine td patch 24hr 21 mg/24hr</i>	139	<i>nitisinone cap 2 mg</i>	110
Nicotine Td Patch 24hr 21 mg/24hr	139, 140	<i>nitisinone cap 20 mg</i>	110
<i>nicotine td patch 24hr 7 mg/24hr</i>	139	<i>nitisinone cap 5 mg</i>	110
Nicotine Td Patch 24hr 7 mg/24hr	139	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	38
NICOTINE TRANSDERMAL SYST		<i>nitrofurantoin macrocrystalline cap 25 mg</i>	38
see Nicotine Td Patch 24hr 14 mg/24hr	139	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	38
see Nicotine Td Patch 24hr 21 mg/24hr	140	<i>nitrofurantoin monohydrate macrocrystalline</i>	
see Nicotine Td Patch 24hr 7 mg/24hr	139	<i>cap 100 mg</i>	38
NICOTROL INH	140	<i>nitrofurantoin susp 25 mg/5ml</i>	38
NICOTROL NS SPR 10MG/ML.....	140	<i>nitroglycerin oint 0.4%</i>	37
<i>nifedipine cap 10 mg</i>	85	<i>nitroglycerin sl tab 0.3 mg</i>	38
<i>nifedipine cap 20 mg</i>	85	<i>nitroglycerin sl tab 0.4 mg</i>	38
<i>nifedipine tab er 24hr 30 mg</i>	85	<i>nitroglycerin sl tab 0.6 mg</i>	38
<i>nifedipine tab er 24hr 60 mg</i>	85	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	38
<i>nifedipine tab er 24hr 90 mg</i>	85	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	38
<i>nifedipine tab er 24hr osmotic release 30 mg</i> .	85	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	39
<i>nifedipine tab er 24hr osmotic release 60 mg</i> .	85	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	39
<i>nifedipine tab er 24hr osmotic release 90 mg</i> .	85	<i>nitroglycerin tl soln 0.4 mg/spray (400</i>	
NIKKI		<i>mcg/spray)</i>	39
see Drospirenone-Ethinyl Estradiol Tab 3-0.02		<i>nizatidine cap 150 mg</i>	143
mg	90	<i>nizatidine cap 300 mg</i>	143
<i>nilutamide tab 150 mg</i>	68	<i>nonoxynol-9</i>	
<i>nimodipine cap 30 mg</i>	85	see ENCARE SUP 100MG	145
NINLARO CAP 2.3MG	71	see GYNOL II GEL 3%.....	145
NINLARO CAP 3MG	71	see SHUR-SEAL GEL 2%	145
NINLARO CAP 4MG	71	see TODAY SPONGE MIS.....	145
<i>nintedanib esylate</i>		see VCF VAGINAL AER CONTRACP	145
see OFEV CAP 100MG	140	see VCF VAGINAL GEL CONTRACE.....	145
see OFEV CAP 150MG	140	see VCF VAGINAL MIS CONTRACP	145
<i>niraparib tosylate</i>		NORA-BE	
see ZEJULA TAB 100MG.....	73	see Norethindrone Tab 0.35 mg	98

norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	97
Norelgestromin-Ethinyl Estradiol Td Ptwk 150-35 mcg/24hr	97
Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg.....	93
Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg.....	93
Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg.....	93
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	93
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 mg-35 mcg	93
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	93
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 mg-25 mcg	93
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	94
Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg	94
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	94
Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg	94
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	94
Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg	94
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	95
Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg	95
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	95
Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)	95
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	95
Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)	95
Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)	95
norethindrone acetate tab 5 mg	133
Norethindrone Acetate Tab 5 mg	133
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	111
Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 mg-2.5 mcg.....	111
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	111
Norethindrone Acetate-Ethinyl Estradiol Tab 1 mg-5 mcg.....	111
norethindrone acetate-ethinyl estradiol-fe fum (biphasic)	
see LO LOESTRIN TAB 1-10-10	93
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	93
Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg	93
norethindrone tab 0.35 mg	97
Norethindrone Tab 0.35 mg	97, 98
Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg	96
Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 mg-Mcg	96
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	96
Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg	96
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	96
Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg	96
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	96
Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg	96, 97
Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg	97
Norgestrel & Ethinyl Estradiol Tab 0.5 mg-50 mcg	97
NORLYROC	
see Norethindrone Tab 0.35 mg	98
NORTREL 0.5/35 (28)	
see Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg	93
NORTREL 1/35	
see Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg	93
NORTREL 7/7/7	

see Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg	96	see Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg	90
nortriptyline hcl cap 10 mg	51	ODEFSEY TAB	80
nortriptyline hcl cap 25 mg	52	ODOMZO CAP 200MG	67
nortriptyline hcl cap 50 mg	52	OFEV CAP 100MG	140
nortriptyline hcl cap 75 mg	52	OFEV CAP 150MG	140
nortriptyline hcl soln 10 mg/5ml	52	ofloxacin ophth soln 0.3%	130
NOVOLIN INJ 70/30	54	ofloxacin otic soln 0.3%	131
NOVOLIN INJ 70/30 FP	55	ofloxacin tab 300 mg	112
NOVOLIN N INJ 100 UNIT	55	ofloxacin tab 400 mg	113
NOVOLIN N INJ U-100	55	OGESTREL	
NOVOLIN R INJ 100 UNIT	55	see Norgestrel & Ethinyl Estradiol Tab 0.5 mg-50 mcg	97
NOVOLIN R INJ U-100	55	olanzapine orally disintegrating tab 10 mg	77
NOVOLOG INJ 100/ML	55	olanzapine orally disintegrating tab 15 mg	77
NOVOLOG INJ FLEXPEN	55	olanzapine orally disintegrating tab 20 mg	77
NOVOLOG INJ PENFILL	55	olanzapine orally disintegrating tab 5 mg	77
NOVOLOG MIX INJ 70/30	55	olanzapine tab 10 mg	77
NOVOLOG MIX INJ FLEXPEN	55	olanzapine tab 15 mg	77
NUBEQA TAB 300MG	68	olanzapine tab 2.5 mg	77
NULEV		olanzapine tab 20 mg	77
see Hyoscyamine Sulfate Tab Disint 0.125 mg	143	Olanzapine Tab 20 mg	77
NURTEC TAB 75MG ODT	122	olanzapine tab 5 mg	77
NYAMYC		olanzapine tab 7.5 mg	77
see Nystatin Topical Powder 100000 unit/gm	103	olanzapine-fluoxetine hcl cap 12-25 mg	134
NYLIA 1/35		olanzapine-fluoxetine hcl cap 12-50 mg	134
see Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg	93	olanzapine-fluoxetine hcl cap 3-25 mg	134
NYLIA 7/7/7		olanzapine-fluoxetine hcl cap 6-25 mg	134
see Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg	96	olanzapine-fluoxetine hcl cap 6-50 mg	134
nystatin cream 100000 unit/gm	103	olaparib	
nystatin oint 100000 unit/gm	103	see LYNPARZA TAB 100MG	71
nystatin susp 100000 unit/ml	127	see LYNPARZA TAB 150MG	71
nystatin tab 500000 unit	57	olmesartan medoxomil tab 20 mg	62
nystatin topical powder 100000 unit/gm	103	olmesartan medoxomil tab 40 mg	62
Nystatin Topical Powder 100000 unit/gm	103	olmesartan medoxomil tab 5 mg	62
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	103	olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	64
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	103	olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	64
NYSTOP		olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	64
see Nystatin Topical Powder 100000 unit/gm	103	olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	64
O		olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	64
OCELLA		olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	65

olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	64	ORILISSA TAB 150MG	109
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	64	ORILISSA TAB 200MG	109
olodaterol hcl		ORLADEYO CAP 110MG	115
see STRIVERDI AER 2.5MCG	43	ORLADEYO CAP 150MG	115
olopatadine hcl nasal soln 0.6%	128	orlistat cap 120 mg	17
olopatadine hcl ophth soln 0.1% (base equivalent)	131	ORMALVI	
olopatadine hcl ophth soln 0.2% (base equivalent)	131	see Dichlorphenamide Tab 50 mg	107
omega-3-acid ethyl esters cap 1 gm	59	orphenadrine citrate tab er 12hr 100 mg	128
omeprazole cap delayed release 10 mg	144	OSCIMIN	
omeprazole cap delayed release 20 mg	144	see Hyoscyamine Sulfate SI Tab 0.125 mg ...	143
omeprazole cap delayed release 40 mg	144	see Hyoscyamine Sulfate Tab 0.125 mg	143
ondansetron hcl oral soln 4 mg/5ml	56	oseltamivir phosphate cap 30 mg (base equiv)	82
ondansetron hcl tab 24 mg	56	oseltamivir phosphate cap 45 mg (base equiv)	82
ondansetron hcl tab 4 mg	56	oseltamivir phosphate cap 75 mg (base equiv)	82
ondansetron hcl tab 8 mg	56	oseltamivir phosphate for susp 6 mg/ml (base equiv)	82
ondansetron orally disintegrating tab 4 mg ...	56	osimertinib mesylate	
ondansetron orally disintegrating tab 8 mg ...	57	see TAGRISSO TAB 40MG	67
ONZETRA XSAI MIS 11MG	123	see TAGRISSO TAB 80MG	67
OPSUMIT TAB 10MG	87	OTEZLA TAB 10/20	26
OPSYNVI TAB 10-20MG	87	OTEZLA TAB 10/20/30	26
OPSYNVI TAB 10-40MG	87	OTEZLA TAB 20MG	26
OPTICHAMBER MIS DIA LG	122	OTEZLA TAB 30MG	26
OPTICHAMBER MIS DIA MD	122	oxaprozin cap 300 mg	26
OPTICHAMBER MIS DIA SM	122	oxaprozin tab 600 mg	26
OPTICHAMBER MIS DIAMOND	122	oxazepam cap 10 mg	40
OPTION 2		oxazepam cap 15 mg	40
see Levonorgestrel Tab 1.5 mg	97	oxazepam cap 30 mg	40
OPZELURA CRE 1.5%	106	oxcarbazepine	
ORACEA CAP 40MG	106	see OXTELLAR XR TAB 150MG	47
ORALAIR SUB 300 IR	23	see OXTELLAR XR TAB 300MG	47
ORALONE DENTAL PASTE		see OXTELLAR XR TAB 600MG	47
see Triamcinolone Acetonide Dental Paste 0.1%	127	oxcarbazepine susp 300 mg/5ml (60 mg/ml) ..	46
ORENITRAM TAB 0.125MG	87	oxcarbazepine tab 150 mg	46
ORENITRAM TAB 0.25MG	87	oxcarbazepine tab 300 mg	46
ORENITRAM TAB 1MG	87	oxcarbazepine tab 600 mg	47
ORENITRAM TAB 2.5MG	87	oxcarbazepine tab er 24hr 150 mg	47
ORENITRAM TAB 5MG	87	oxcarbazepine tab er 24hr 300 mg	47
ORENITRAM TAB MONTH 1	87	oxcarbazepine tab er 24hr 600 mg	47
ORENITRAM TAB MONTH 2	87	oxiconazole nitrate cream 1%	103
ORENITRAM TAB MONTH 3	87	OXTELLAR XR TAB 150MG	47
ORFADIN SUS 4MG/ML	110	OXTELLAR XR TAB 300MG	47
ORIAHNN CAP	111	OXTELLAR XR TAB 600MG	47
		oxybutynin chloride solution 5 mg/5ml	144
		oxybutynin chloride tab 5 mg	144
		oxybutynin chloride tab er 24hr 10 mg	144
		oxybutynin chloride tab er 24hr 15 mg	144

oxybutynin chloride tab er 24hr 5 mg	144
oxycodone hcl cap 5 mg	30
oxycodone hcl conc 100 mg/5ml (20 mg/ml) ..	30
oxycodone hcl soln 5 mg/5ml	30
oxycodone hcl tab 10 mg	31
oxycodone hcl tab 15 mg	31
oxycodone hcl tab 20 mg	31
oxycodone hcl tab 30 mg	31
oxycodone hcl tab 5 mg	30
oxycodone hcl tab abuse deter 15 mg	31
oxycodone w/ acetaminophen tab 10-325 mg	34
Oxycodone W/ Acetaminophen Tab 10-325 mg	34
oxycodone w/ acetaminophen tab 2.5-325 mg	34
Oxycodone W/ Acetaminophen Tab 2.5-325 mg	34
oxycodone w/ acetaminophen tab 5-325 mg ..	34
Oxycodone W/ Acetaminophen Tab 5-325 mg.	34
oxycodone w/ acetaminophen tab 7.5-325 mg	34
Oxycodone W/ Acetaminophen Tab 7.5-325 mg	34
oxymorphone hcl tab 10 mg	31
oxymorphone hcl tab 5 mg	31
ozanimod hcl	
see ZEPOSIA 7DAY CAP STR PACK	136
see ZEPOSIA CAP 0.92MG	136
see ZEPOSIA CAP STR KIT	136
OZEMPIC INJ 2MG/3ML	54
OZEMPIC INJ 4MG/3ML	54
OZEMPIC INJ 8MG/3ML	54
P	
PACERONE	
see Amiodarone Hcl Tab 100 mg	40
see Amiodarone Hcl Tab 200 mg	40
see Amiodarone Hcl Tab 400 mg	40
palbociclib	
see IBRANCE CAP 100MG	70
see IBRANCE CAP 125MG	70
see IBRANCE CAP 75MG	70
see IBRANCE TAB 100MG	71
see IBRANCE TAB 125MG	71
see IBRANCE TAB 75MG	71
paliperidone tab er 24hr 1.5 mg	76
paliperidone tab er 24hr 3 mg	76
paliperidone tab er 24hr 6 mg	76
paliperidone tab er 24hr 9 mg	76

pancrelipase (lipase-protease-amylase)	
see CREON CAP 12000UNT	107
see CREON CAP 24000UNT	107
see CREON CAP 3000UNIT	107
see CREON CAP 36000UNT	107
see CREON CAP 6000UNIT	107
see VIOKACE TAB 10440	107
see VIOKACE TAB 20880	107
see ZENPEP CAP 10000UNT	107
see ZENPEP CAP 15000UNT	107
see ZENPEP CAP 20000UNT	107
see ZENPEP CAP 25000UNT	107
see ZENPEP CAP 3000UNIT	107
see ZENPEP CAP 40000UNT	107
see ZENPEP CAP 5000UNIT	107
see ZENPEP CAP 60000UNT	107
 pantoprazole sodium ec tab 20 mg (base equiv)	144
 pantoprazole sodium ec tab 40 mg (base equiv)	144
 paricalcitol cap 1 mcg	110
 paricalcitol cap 2 mcg	110
 paricalcitol cap 4 mcg	110
 paroxetine hcl oral susp 10 mg/5ml (base equiv)	49
 paroxetine hcl tab 10 mg	49
 paroxetine hcl tab 20 mg	49
 paroxetine hcl tab 30 mg	50
 paroxetine hcl tab 40 mg	50
 paroxetine hcl tab er 24hr 12.5 mg	50
 paroxetine hcl tab er 24hr 25 mg	50
 paroxetine hcl tab er 24hr 37.5 mg	50
 PASER GRA 4GM	66
patiromer sorbitex calcium	
see VELTASSA POW 16.8GM.....	126
see VELTASSA POW 25.2GM.....	127
see VELTASSA POW 8.4GM	126
PAXLOVID TAB 150-100	80
PAXLOVID TAB 300-100	80
pazopanib hcl tab 200 mg (base equiv)	71
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	119
Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln 236 gm	119
Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln 240 gm	119
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	119

Peg 3350-Kcl-Sod Bicarb-Nacl For Soln 420 gm	
.....	119
peniclovir cream 1%	104
penicillamine cap 250 mg	125
penicillamine tab 250 mg	125
penicillin v potassium for soln 125 mg/5ml ..	132
penicillin v potassium for soln 250 mg/5ml ..	132
penicillin v potassium tab 250 mg	132
penicillin v potassium tab 500 mg	132
pentamidine isethionate for nebulization soln	
300 mg	37
pentazocine w/ naloxone hcl tab 50-0.5 mg ...	35
pentoxifylline tab er 400 mg	115
perampanel	
see FYCOMPA SUS 0.5MG/ML.....	44
see FYCOMPA TAB 10MG.....	44
see FYCOMPA TAB 12MG.....	44
see FYCOMPA TAB 2MG.....	44
see FYCOMPA TAB 4MG.....	44
see FYCOMPA TAB 6MG.....	44
see FYCOMPA TAB 8MG.....	44
perindopril erbumine tab 2 mg	61
perindopril erbumine tab 4 mg	61
perindopril erbumine tab 8 mg	61
permethrin cream 5%	107
perphenazine tab 16 mg	78
perphenazine tab 2 mg	78
perphenazine tab 4 mg	78
perphenazine tab 8 mg	78
perphenazine-amitriptyline tab 2-10 mg	134
perphenazine-amitriptyline tab 2-25 mg	135
perphenazine-amitriptyline tab 4-10 mg	135
perphenazine-amitriptyline tab 4-25 mg	135
perphenazine-amitriptyline tab 4-50 mg	135
PHEBURANE MIS 483/GM.....	110
PHENAZO	
see Phenazopyridine Hcl Tab 200 mg.....	114
Phenazopyridine Hcl Tab 200 mg.....	114
phendimetrazine tartrate tab 35 mg	16
phenelzine sulfate tab 15 mg	49
phenobarbital elixir 20 mg/5ml	118
phenobarbital tab 100 mg	118
phenobarbital tab 15 mg	118
phenobarbital tab 16.2 mg	118
phenobarbital tab 30 mg	118
phenobarbital tab 32.4 mg	118
phenobarbital tab 60 mg	118
phenobarbital tab 64.8 mg	118
phenobarbital tab 97.2 mg	118
phenoxybenzamine hcl cap 10 mg	62
phentermine hcl cap 15 mg	16
phentermine hcl cap 30 mg	16
phentermine hcl cap 37.5 mg	16
phentermine hcl tab 37.5 mg	16
phentermine hcl-topiramate	
see QSYMIA CAP 11.25-69.....	17
see QSYMIA CAP 15-92MG.....	17
see QSYMIA CAP 3.75-23.....	17
see QSYMIA CAP 7.5-46MG.....	17
phenylephrine hcl ophth soln 10%	129
Phenylephrine Hcl Ophth Soln 10%.....	129
phenylephrine hcl ophth soln 2.5%	129
Phenylephrine Hcl Ophth Soln 2.5%.....	129
phenytoin chew tab 50 mg	48
phenytoin sodium extended cap 100 mg	48
phenytoin sodium extended cap 200 mg	48
phenytoin sodium extended cap 300 mg	48
phenytoin susp 125 mg/5ml	48
PHEXXI GEL.....	145
PHILITH	
see Norethindrone & Ethinyl Estradiol Tab 0.4	
mg-35 mcg.....	93
PHOSPHO-TRIN K500	
see Potassium Phosphate Monobasic Tab 500	
mg.....	124
phytonadione tab 5 mg	146
pilocarpine hcl ophth soln 1%	129
pilocarpine hcl ophth soln 2%	129
pilocarpine hcl ophth soln 4%	129
pilocarpine hcl tab 5 mg	127
pilocarpine hcl tab 7.5 mg	127
pimecrolimus cream 1%	106
pimozide tab 1 mg	136
pimozide tab 2 mg	136
PIMTREA	
see Desogest-Eth Estrad & Eth Estrad Tab 0.15-	
0.02/0.01 mg(21/5).....	89
pindolol tab 10 mg	83
pindolol tab 5 mg	83
pioglitazone hcl tab 15 mg (base equiv)	55
pioglitazone hcl tab 30 mg (base equiv)	55
pioglitazone hcl tab 45 mg (base equiv)	55
pioglitazone hcl-glimepiride tab 30-2 mg	52
pioglitazone hcl-glimepiride tab 30-4 mg	52

pioglitazone hcl-metformin hcl tab 15-500 mg	52	potassium chloride microencapsulated crys er tab 15 meq	124
pioglitazone hcl-metformin hcl tab 15-850 mg	52	Potassium Chloride Microencapsulated Crys Er Tab 15 meq	124
pirfenidone cap 267 mg	140	potassium chloride microencapsulated crys er tab 20 meq	124
pirfenidone tab 267 mg	140	Potassium Chloride Microencapsulated Crys Er Tab 20 meq	124
pirfenidone tab 801 mg	140	potassium chloride oral soln 10% (20 meq/15ml)	124
piroxicam cap 10 mg	26	potassium chloride oral soln 20% (40 meq/15ml)	124
piroxicam cap 20 mg	26	potassium chloride powder packet 20 meq	124
pitavastatin calcium tab 1 mg	60	Potassium Chloride Powder Packet 20 meq	125
pitavastatin calcium tab 2 mg	60	potassium chloride tab er 10 meq	125
pitavastatin calcium tab 4 mg	60	Potassium Chloride Tab Er 10 meq	125
pitolisant hcl		potassium chloride tab er 20 meq (1500 mg)	125
see WAKIX TAB 17.8MG	18	potassium chloride tab er 8 meq (600 mg)	125
see WAKIX TAB 4.45MG	18	Potassium Chloride Tab Er 8 meq (600 mg)	125
PNV-DHA		Potassium Citrate & Citric Acid Powder Pack 3300-1002 mg	114
see Prenat W/o A W/fefum-Methfol-Fa-Dha Cap 27-0.6-0.4-300 mg	127	potassium citrate tab er 10 meq (1080 mg)	114
PNV-SELECT		potassium citrate tab er 15 meq (1620 mg)	114
see Prenatal Vit W/ Fe Fum-Methylfolate-Fa Tab 27-0.6-0.4 mg	127	potassium citrate tab er 5 meq (540 mg)	114
POCKET CHAMB MIS	122	potassium iodide oral soln 1 gm/ml	100
POCKET SPACE MIS	122	Potassium Phosphate Monobasic Tab 500 mg	124
podofilox gel 0.5%	106	pralsetinib	
podofilox soln 0.5%	106	see GAVRETO CAP 100MG	70
POLYCIN		pramipexole dihydrochloride tab 0.125 mg	74
see Bacitracin-Polymyxin B Ophth Oint	130	pramipexole dihydrochloride tab 0.25 mg	74
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	130	pramipexole dihydrochloride tab 0.5 mg	74
pomalidomide		pramipexole dihydrochloride tab 0.75 mg	74
see POMALYST CAP 1MG	68	pramipexole dihydrochloride tab 1 mg	75
see POMALYST CAP 2MG	68	pramipexole dihydrochloride tab 1.5 mg	75
see POMALYST CAP 3MG	68	pramipexole dihydrochloride tab er 24hr 0.375 mg	75
see POMALYST CAP 4MG	68	pramipexole dihydrochloride tab er 24hr 0.75 mg	75
POMALYST CAP 1MG	68	pramipexole dihydrochloride tab er 24hr 1.5 mg	75
POMALYST CAP 2MG	68	pramipexole dihydrochloride tab er 24hr 2.25 mg	75
POMALYST CAP 3MG	68	pramipexole dihydrochloride tab er 24hr 3 mg	75
POMALYST CAP 4MG	68	pramipexole dihydrochloride tab er 24hr 3.75 mg	75
PORTIA-28		pramipexole dihydrochloride tab er 24hr 4.5 mg	75
see Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg	92		
posaconazole susp 40 mg/ml	57		
Potassium Bicarbonate Effer Tab 25 meq	124		
potassium chloride cap er 10 meq	124		
potassium chloride cap er 8 meq	124		
potassium chloride microencapsulated crys er tab 10 meq	124		
Potassium Chloride Microencapsulated Crys Er Tab 10 meq	124		

pramlintide acetate	
see SYMLINPEN 60 INJ 1000MCG.....	52
see SYMLINPEN 120 INJ 1000MCG.....	52
prasugrel hcl tab 10 mg (base equiv)	115
prasugrel hcl tab 5 mg (base equiv)	115
pravastatin sodium tab 10 mg	60
pravastatin sodium tab 20 mg	60
pravastatin sodium tab 40 mg	60
pravastatin sodium tab 80 mg	60
praziquantel tab 600 mg	37
prazosin hcl cap 1 mg	62
prazosin hcl cap 2 mg	62
prazosin hcl cap 5 mg	62
PRED SOD PHO SOL 1% OP	131
prednisolone acetate ophth susp 1%	131
prednisolone sod phos orally disintegr tab 10 mg (base eq)	98
prednisolone sod phos orally disintegr tab 15 mg (base eq)	98
prednisolone sod phos orally disintegr tab 30 mg (base eq)	99
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	99
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	99
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	99
prednisolone soln 15 mg/5ml	99
prednisolone tab 5 mg	99
prednisone oral soln 5 mg/5ml	99
prednisone tab 1 mg	99
prednisone tab 10 mg	99
prednisone tab 2.5 mg	99
prednisone tab 20 mg	99
prednisone tab 5 mg	99
prednisone tab 50 mg	99
prednisone tab therapy pack 10 mg (21)	99
prednisone tab therapy pack 10 mg (48)	99
prednisone tab therapy pack 5 mg (21)	99
prednisone tab therapy pack 5 mg (48)	99
pregabalin cap 100 mg	47
pregabalin cap 150 mg	47
pregabalin cap 200 mg	47
pregabalin cap 225 mg	47
pregabalin cap 25 mg	47
pregabalin cap 300 mg	47
pregabalin cap 50 mg	47
pregabalin cap 75 mg	47
pregabalin soln 20 mg/ml	47
pregabalin tab er 24hr 165 mg	136
pregabalin tab er 24hr 330 mg	136
pregabalin tab er 24hr 82.5 mg	136
PREMPHASE TAB	111
PREMPRO TAB	111
PREMPRO TAB 0.3-1.5	111
PREMPRO TAB 0.45-1.5	111
PREMPRO TAB 0.625-5	111
Prenat W/o A W/fefum-Methfol-Fa-Dha Cap 27-0.6-0.4-300 mg	127
PRENATAL 19	
see Prenatal Vit W/ Fe Fumarate-Fa Chew Tab 29-1 mg.....	127
Prenatal Vit W/ Dss-Iron Carbonyl-Fa Tab 90-1 mg	127
Prenatal Vit W/ Fe Fumarate-Fa Chew Tab 29-1 mg	127
Prenatal Vit W/ Fe Fumarate-Fa Tab 28-1 mg	127
Prenatal Vit W/ Fe Fum-Methylfolate-Fa Tab 27-0.6-0.4 mg	127
Prenatal Vit W/ Iron Carbonyl-Fa Tab 50-1.25 mg	127
PREPOPIK PAK	119
PREVALITE	
see Cholestyramine Light Powder 4 gm/dose.....	59
see Cholestyramine Light Powder Packets 4 gm.....	59
primaquine phosphate tab 26.3 mg (15 mg base)	66
primidone tab 250 mg	47
primidone tab 50 mg	47
probenecid tab 500 mg	115
PROCENTRA	
see Dextroamphetamine Sulfate Oral Solution 5 mg/5ml.....	14
PROCHAMBER MIS VHC	122
prochlorperazine maleate tab 10 mg (base equivalent)	78
prochlorperazine maleate tab 5 mg (base equivalent)	78
prochlorperazine suppos 25 mg	78
Prochlorperazine Suppos 25 mg	78
PROCTOCORT	
see Hydrocortisone Perianal Cream 1%.....	36

PROCTOFOAM AER HC 1%.....	36	<i>propafenone hcl tab 300 mg</i>	40
PROCTO-MED HC		<i>propranolol hcl cap er 24hr 120 mg</i>	83
see Hydrocortisone Perianal Cream 2.5%.....	36	<i>propranolol hcl cap er 24hr 160 mg</i>	83
PROCTOSOL HC		<i>propranolol hcl cap er 24hr 60 mg</i>	83
see Hydrocortisone Perianal Cream 2.5%.....	37	<i>propranolol hcl cap er 24hr 80 mg</i>	83
PROCTOZONE-HC		<i>propranolol hcl oral soln 20 mg/5ml</i>	83
see Hydrocortisone Perianal Cream 2.5%.....	37	<i>propranolol hcl oral soln 40 mg/5ml</i>	83
<i>progesterone (vaginal)</i>		<i>propranolol hcl tab 10 mg</i>	83
see CRINONE GEL 4% VAG	146	<i>propranolol hcl tab 20 mg</i>	83
see CRINONE GEL 8% VAG	146	<i>propranolol hcl tab 40 mg</i>	83
see ENDOMETRIN SUP 100MG	146	<i>propranolol hcl tab 60 mg</i>	83
<i>progesterone cap 100 mg</i>	133	<i>propranolol hcl tab 80 mg</i>	83
<i>progesterone cap 200 mg</i>	133	<i>propylthiouracil tab 50 mg</i>	141
PROMACTA PAK 25MG.....	117	<i>protriptyline hcl tab 10 mg</i>	52
PROMACTA POW 12.5MG	117	<i>protriptyline hcl tab 5 mg</i>	52
PROMACTA TAB 12.5MG.....	117	<i>pseudoephed-bromphen-dm syrup 30-2-10</i>	
PROMACTA TAB 25MG.....	117	<i>mg/5ml</i>	99
PROMACTA TAB 50MG.....	118	PULMICORT INH 180MCG	42
PROMACTA TAB 75MG.....	118	PULMICORT INH 90MCG	42
<i>promethazine & phenylephrine syrup 6.25-5</i>		PULMOSAL	
<i>mg/5ml</i>	99	see Sodium Chloride Soln Nebu 7%	100
Promethazine & Phenylephrine Syrup 6.25-5		<i>pyrazinamide tab 500 mg</i>	66
<i>mg/5ml</i>	99	<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	66
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	58	<i>pyridostigmine bromide tab 60 mg</i>	66
<i>promethazine hcl suppos 12.5 mg</i>	58	<i>pyridostigmine bromide tab er 180 mg</i>	66
Promethazine Hcl Suppos 12.5 mg	58	<i>pyrimethamine tab 25 mg</i>	66
<i>promethazine hcl suppos 25 mg</i>	58	Q	
Promethazine Hcl Suppos 25 mg	58	QC FOLIC ACID	
Promethazine Hcl Suppos 50 mg	58	see Folic Acid Tab 800 mcg	117
<i>promethazine hcl tab 12.5 mg</i>	58	QELBREE CAP 100MG ER.....	17
<i>promethazine hcl tab 25 mg</i>	58	QELBREE CAP 150MG ER.....	18
<i>promethazine hcl tab 50 mg</i>	58	QELBREE CAP 200MG ER.....	18
PROMETHAZINE VC		QSYMIA CAP 11.25-69.....	17
see Promethazine & Phenylephrine Syrup		QSYMIA CAP 15-92MG.....	17
6.25-5 mg/5ml.....	99	QSYMIA CAP 3.75-23.....	17
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>		QSYMIA CAP 7.5-46MG.....	17
.....	99	<i>quetiapine fumarate tab 100 mg</i>	77
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	99	<i>quetiapine fumarate tab 150 mg</i>	77
PROMETHEGAN		<i>quetiapine fumarate tab 200 mg</i>	77
see Promethazine Hcl Suppos 12.5 mg.....	58	<i>quetiapine fumarate tab 25 mg</i>	77
see Promethazine Hcl Suppos 25 mg	58	<i>quetiapine fumarate tab 300 mg</i>	77
see Promethazine Hcl Suppos 50 mg	58	<i>quetiapine fumarate tab 400 mg</i>	77
<i>propafenone hcl cap er 12hr 225 mg</i>	40	<i>quetiapine fumarate tab 50 mg</i>	77
<i>propafenone hcl cap er 12hr 325 mg</i>	40	<i>quetiapine fumarate tab er 24hr 150 mg</i>	77
<i>propafenone hcl cap er 12hr 425 mg</i>	40	<i>quetiapine fumarate tab er 24hr 200 mg</i>	77
<i>propafenone hcl tab 150 mg</i>	40	<i>quetiapine fumarate tab er 24hr 300 mg</i>	77
<i>propafenone hcl tab 225 mg</i>	40	<i>quetiapine fumarate tab er 24hr 400 mg</i>	77

quetiapine fumarate tab er 24hr 50 mg	77	ramipril cap 5 mg	61
quinapril hcl tab 10 mg	61	ranolazine tab er 12hr 1000 mg	38
quinapril hcl tab 20 mg	61	ranolazine tab er 12hr 500 mg	38
quinapril hcl tab 40 mg	61	rasagiline mesylate tab 0.5 mg (base equiv) ...	75
quinapril hcl tab 5 mg	61	rasagiline mesylate tab 1 mg (base equiv)	75
quinidine gluconate tab er 324 mg	40	RECLIPSEN	
quinine sulfate cap 324 mg	66	see Desogestrel & Ethinyl Estradiol Tab 0.15	
QULIPTA TAB 10MG	122	mg-30 mcg	90
QULIPTA TAB 30MG	122	regorafenib	
QULIPTA TAB 60MG	122	see STIVARGA TAB 40MG	72
QUVIVIQ TAB 25MG	119	RELENZA MIS DISKHALE	82
QUVIVIQ TAB 50MG	119	relugolix-estradiol-norethindrone acetate	
R		see MYFEMBREE TAB	111
RA FOLIC ACID		repaglinide tab 0.5 mg	55
see Folic Acid Tab 400 mcg	116	repaglinide tab 1 mg	55
see Folic Acid Tab 800 mcg	117	repaglinide tab 2 mg	55
RA MINI NICOTINE		repotrectinib	
see Nicotine Polacrilex Lozenge 2 mg	138	see AUGTYRO CAP 40MG	69
see Nicotine Polacrilex Lozenge 4 mg	139	RESTASIS EMU 0.05% OP.....	130
RA NICOTINE		RESTASIS MUL EMU 0.05% OP	130
see Nicotine Polacrilex Gum 2 mg.....	137	RETEVMO CAP 40MG.....	71
see Nicotine Polacrilex Gum 4 mg.....	137	RETEVMO CAP 80MG.....	72
see Nicotine Td Patch 24hr 14 mg/24hr	139	RETEVMO TAB 120MG	72
see Nicotine Td Patch 24hr 21 mg/24hr	140	RETEVMO TAB 160MG	72
RA NICOTINE GUM		RETEVMO TAB 40MG.....	72
see Nicotine Polacrilex Gum 2 mg.....	137	RETEVMO TAB 80MG.....	72
see Nicotine Polacrilex Gum 4 mg.....	137	revefenacin	
RA NICOTINE POLACRILEX		see YUPELRI SOL	41
see Nicotine Polacrilex Lozenge 2 mg	138	REVLIMID CAP 10MG	125
see Nicotine Polacrilex Lozenge 4 mg	139	REVLIMID CAP 15MG	125
RA NICOTINE TRANSDERMAL S		REVLIMID CAP 2.5MG	125
see Nicotine Td Patch 24hr 21 mg/24hr	140	REVLIMID CAP 20MG	125
rabeprazole sodium ec tab 20 mg	144	REVLIMID CAP 25MG	125
RADICAVA ORS SUS 105/5ML	128	REVLIMID CAP 5MG	125
RADICAVA ORS SUS STARTER	128	REYVOW TAB 100MG.....	123
RAGWITEK SUB	23	REYVOW TAB 50MG.....	123
raloxifene hcl tab 60 mg	109	ribavirin cap 200 mg	81
raltegravir potassium		ribavirin tab 200 mg	81
see ISENTRESS CHW 100MG	80	ribociclib succinate	
see ISENTRESS CHW 25MG	80	see KISQALI TAB 200DOSE.....	71
see ISENTRESS HD TAB 600MG	80	see KISQALI TAB 400DOSE.....	71
see ISENTRESS POW 100MG	80	see KISQALI TAB 600DOSE.....	71
see ISENTRESS TAB 400MG.....	80	rifabutin cap 150 mg	66
ramelteon tab 8 mg	119	rifampin cap 150 mg	66
ramipril cap 1.25 mg	61	rifampin cap 300 mg	66
ramipril cap 10 mg	61	RIFATER TAB	66
ramipril cap 2.5 mg	61	rifaximin	

see XIFAXAN TAB 550MG	37
riluzole tab 50 mg	129
rimantadine hydrochloride tab 100 mg	82
rimegepant sulfate	
see NURTEC TAB 75MG ODT.....	122
RINVOQ LQ SOL 1MG/ML.....	23
RINVOQ TAB 15MG ER	24
RINVOQ TAB 30MG ER	24
RINVOQ TAB 45MG ER	24
riociguat	
see ADEMPAS TAB 0.5MG	88
see ADEMPAS TAB 1.5MG	88
see ADEMPAS TAB 1MG	88
see ADEMPAS TAB 2.5MG	88
see ADEMPAS TAB 2MG	88
risedronate sodium tab 150 mg	109
risedronate sodium tab 30 mg	109
risedronate sodium tab 35 mg	109
risedronate sodium tab 5 mg	109
risedronate sodium tab delayed release 35 mg	109
risperidone orally disintegrating tab 0.25 mg . 76	
risperidone orally disintegrating tab 0.5 mg ... 76	
risperidone orally disintegrating tab 1 mg 76	
risperidone orally disintegrating tab 2 mg 76	
risperidone orally disintegrating tab 3 mg 76	
risperidone orally disintegrating tab 4 mg 76	
risperidone soln 1 mg/ml	76
risperidone tab 0.25 mg	76
risperidone tab 0.5 mg	76
risperidone tab 1 mg	76
risperidone tab 2 mg	76
risperidone tab 3 mg	76
risperidone tab 4 mg	76
RITEFLO MIS	122
ritonavir tab 100 mg	80
rivaroxaban	
see XARELTO STAR TAB 15/20MG.....	44
see XARELTO SUS 1MG/ML.....	44
see XARELTO TAB 10MG.....	44
see XARELTO TAB 15MG.....	44
see XARELTO TAB 2.5MG.....	44
see XARELTO TAB 20MG.....	44
rivastigmine tartrate cap 1.5 mg (base equivalent)	134
rivastigmine tartrate cap 3 mg (base equivalent)	134

rivastigmine tartrate cap 4.5 mg (base equivalent)	134
rivastigmine tartrate cap 6 mg (base equivalent)	134
rivastigmine td patch 24hr 13.3 mg/24hr	134
rivastigmine td patch 24hr 4.6 mg/24hr	134
rivastigmine td patch 24hr 9.5 mg/24hr	134
RIVELSA	
see Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 mg ð Est 0.01 mg	91
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	123
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	123
rizatriptan benzoate tab 10 mg (base equivalent)	123
rizatriptan benzoate tab 5 mg (base equivalent)	123
roflumilast (antiseborrheic)	
see ZORYVE MIS 0.3%	104
roflumilast (dermatologic)	
see ZORYVE CRE 0.15%.....	106
roflumilast (topical)	
see ZORYVE CRE 0.3%	103
roflumilast tab 250 mcg	41
roflumilast tab 500 mcg	41
ropinirole hydrochloride tab 0.25 mg	75
ropinirole hydrochloride tab 0.5 mg	75
ropinirole hydrochloride tab 1 mg	75
ropinirole hydrochloride tab 2 mg	75
ropinirole hydrochloride tab 3 mg	75
ropinirole hydrochloride tab 4 mg	75
ropinirole hydrochloride tab 5 mg	75
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	75
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	75
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	75
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	75
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	75
rosuvastatin calcium tab 10 mg	60
rosuvastatin calcium tab 20 mg	60
rosuvastatin calcium tab 40 mg	60
rosuvastatin calcium tab 5 mg	60

rotigotine	
see NEUPRO DIS 1MG/24HR	74
see NEUPRO DIS 2MG/24HR	74
see NEUPRO DIS 3MG/24HR	74
see NEUPRO DIS 4MG/24HR	74
see NEUPRO DIS 6MG/24HR	74
see NEUPRO DIS 8MG/24HR	74
ROWEEPR	
see Levetiracetam Tab 500 mg	46
ROZLYTREK CAP 100MG	72
ROZLYTREK CAP 200MG	72
ROZLYTREK PAK 50MG	72
rufinamide susp 40 mg/ml	47
rufinamide tab 200 mg	47
rufinamide tab 400 mg	47
ruxolitinib phosphate (topical)	
see OPZELURA CRE 1.5%	106
RYBELSUS TAB 14MG	54
RYBELSUS TAB 3MG	54
RYBELSUS TAB 7MG	54
RYDAPT CAP 25MG	72
RYTARY CAP 145MG	75
RYTARY CAP 195MG	75
RYTARY CAP 245MG	75
RYTARY CAP 95MG	75
S	
sacubitril-valsartan	
see ENTRESTO CAP 15-16MG.....	86
see ENTRESTO CAP 6-6MG	86
see ENTRESTO TAB 24-26MG.....	86
see ENTRESTO TAB 49-51MG.....	86
see ENTRESTO TAB 97-103MG.....	86
salmeterol xinafoate	
see SEREVENT DIS AER 50MCG	43
salsalate tab 750 mg	27
SANCUSO DIS 3.1MG	57
sapropterin dihydrochloride powder packet 100 mg	110
Sapropterin Dihydrochloride Powder Packet 100 mg	110
sapropterin dihydrochloride powder packet 500 mg	110
Sapropterin Dihydrochloride Powder Packet 500 mg	110
sapropterin dihydrochloride tab 100 mg	110
Sapropterin Dihydrochloride Tab 100 mg	110
saxagliptin hcl tab 2.5 mg (base equiv)	54
saxagliptin hcl tab 5 mg (base equiv)	54
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	52
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	53
saxagliptin-metformin hcl tab er 24hr 5-500 mg	52
scopolamine td patch 72hr 1 mg/3days	57
segesterone acetate-ethinyl estradiol	
see ANNOVERA MIS	97
selegiline hcl cap 5 mg	75
selegiline hcl tab 5 mg	75
selenium sulfide lotion 2.5%	103
selexipag	
see UPTRAVI PACK TAB 200/800	88
see UPTRAVI TAB 1000MCG	88
see UPTRAVI TAB 1200MCG	88
see UPTRAVI TAB 1400MCG	88
see UPTRAVI TAB 1600MCG	88
see UPTRAVI TAB 200MCG	88
see UPTRAVI TAB 400MCG	88
see UPTRAVI TAB 600MCG	88
see UPTRAVI TAB 800MCG	88
selpercatinib	
see RETEVMO CAP 40MG	71
see RETEVMO CAP 80MG	72
see RETEVMO TAB 120MG	72
see RETEVMO TAB 160MG	72
see RETEVMO TAB 40MG	72
see RETEVMO TAB 80MG	72
selumetinib sulfate	
see KOSELUGO CAP 10MG	71
see KOSELUGO CAP 25MG	71
semaglutide	
see OZEMPIC INJ 2MG/3ML	54
see OZEMPIC INJ 4MG/3ML	54
see OZEMPIC INJ 8MG/3ML	54
see RYBELSUS TAB 14MG	54
see RYBELSUS TAB 3MG	54
see RYBELSUS TAB 7MG	54
serdexmethylphenidate chloride-dexmethylphenidate hcl	
see AZSTARYS CAP 26.1-5.2.....	18
see AZSTARYS CAP 39.2-7.8.....	18
see AZSTARYS CAP 52.3-10.....	18
SEREVENT DIS AER 50MCG	43

sertraline hcl oral concentrate for solution 20 mg/ml	50	sirolimus tab 0.5 mg	126
sertraline hcl tab 100 mg	50	sirolimus tab 1 mg	126
sertraline hcl tab 25 mg	50	sirolimus tab 2 mg	126
sertraline hcl tab 50 mg	50	SIRTURO TAB 100MG	66
SETLAKIN		SIRTURO TAB 20MG	66
see Levonorgestrel & Ethinyl Estradiol (91-Day)		sitagliptin phosphate	
Tab 0.15-0.03 mg	91	see JANUVIA TAB 100MG	54
sevelamer carbonate packet 0.8 gm	114	see JANUVIA TAB 25MG	54
sevelamer carbonate packet 2.4 gm	114	see JANUVIA TAB 50MG	54
sevelamer carbonate tab 800 mg	114	sitagliptin-metformin hcl	
sevelamer hcl tab 400 mg	114	see JANUMET TAB 50-1000	52
sevelamer hcl tab 800 mg	114	see JANUMET TAB 50-500MG	52
SHAROBEL		see JANUMET XR TAB 100-1000	52
see Norethindrone Tab 0.35 mg	98	see JANUMET XR TAB 50-1000	52
short ragweed pollen allergen extract		see JANUMET XR TAB 50-500MG	52
see RAGWITEK SUB	23	SM FOLIC ACID	
SHUR-SEAL GEL 2%	145	see Folic Acid Tab 400 mcg	116
SIKLOS TAB 1000MG	116	SM NICOTINE	
SIKLOS TAB 100MG	116	see Nicotine Polacrilex Gum 4 mg	137
sildenafil citrate for suspension 10 mg/ml	88	see Nicotine Polacrilex Lozenge 2 mg	138
sildenafil citrate tab 100 mg	87	SM NICOTINE POLACRILEX	
sildenafil citrate tab 20 mg	88	see Nicotine Polacrilex Gum 2 mg	137
sildenafil citrate tab 25 mg	87	see Nicotine Polacrilex Gum 4 mg	137
sildenafil citrate tab 50 mg	87	see Nicotine Polacrilex Lozenge 4 mg	139
silodosin cap 4 mg	114	SM NICOTINE TRANSDERMAL S	
silodosin cap 8 mg	114	see Nicotine Td Patch 24hr 14 mg/24hr	139
silver sulfadiazine cream 1%	104	see Nicotine Td Patch 24hr 21 mg/24hr	140
Silver Sulfadiazine Cream 1%	104	see Nicotine Td Patch 24hr 7 mg/24hr	139
SIMBRINZA SUS 1-0.2%	129	sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	119
SIMLIYA		sodium chloride soln nebu 0.9%	100
see Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)	89	sodium chloride soln nebu 10%	100
SIMPESSE		sodium chloride soln nebu 3%	100
see Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)	91	Sodium Chloride Soln Nebu 3%	100
simvastatin tab 10 mg	60	sodium chloride soln nebu 7%	100
simvastatin tab 20 mg	60	Sodium Chloride Soln Nebu 7%	100
simvastatin tab 40 mg	60	sodium fluoride	
simvastatin tab 5 mg	60	see FLUORABON DRO	124
simvastatin tab 80 mg	60	sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	124
siponimod fumarate		sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	124
see MAYZENT PAK STARTER	135	sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	124
see MAYZENT TAB 0.25MG	135	Sodium Fluoride Soln 0.25 mg/drop F (From 0.55 mg/drop Naf)	124
see MAYZENT TAB 1MG	135		
see MAYZENT TAB 2MG	135		
sirolimus oral soln 1 mg/ml	126		

sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	124	sotalol hcl tab 240 mg	83
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	124	sotalol hcl tab 80 mg	83
sodium fluoride tab 1 mg f (from 2.2 mg naf)	124	sotorasib	
sodium oxybate		see LUMAKRAS TAB 120MG	71
see LUMRYZ PAK 6GM.....	133	see LUMAKRAS TAB 320MG	71
see LUMRYZ PAK 7.5GM.....	133	spacer/aerosol-holding chamber supplies - masks	
see LUMRYZ PAK 9GM.....	133	see FLEXICHAMBER MIS MASK LRG	122
see LUMRYZ PKG 4.5GM.....	133	see FLEXICHAMBER MIS MASK SM	122
sodium phenylbutyrate		spacer/aerosol-holding chambers	
see PHEBURANE MIS 483/GM	110	see AERCHMBR PLS MIS LRG MASK	121
sodium phenylbutyrate oral powder 3 gm/teaspoonful	110	see AERCHMBR PLS MIS MED MASK.....	121
sodium phenylbutyrate tab 500 mg	110	see AERCHMBR PLS MIS SM MASK	121
sodium picosulfate-magnesium oxide-anhydrous citric acid		see AERCHMBR Z- MIS STAT PLS.....	121
see CLENPIQ SOL.....	119	see AEROCHAMBER MIS CHAMBER	121
see PREPOPIK PAK.....	119	see AEROCHAMBER MIS FLOSIGNA	121
sodium polystyrene sulfonate powder	126	see AEROCHAMBER MIS MV	121
Sodium Polystyrene Sulfonate Rectal Susp 30 gm/120ml	126	see AEROCHAMBER MIS PLUS	121
Sodium Polystyrene Sulfonate Susp 15 gm/60ml	126	see AEROVENT MIS PLUS.....	121
sofosbuvir-velpatasvir		see BREATHE EASE MIS LG MASK	121
see EPCLUSA PAK 150-37.5.....	81	see BREATHE EASE MIS MED MASK	121
see EPCLUSA PAK 200-50MG	81	see BREATHE EASE MIS SM MASK	121
see EPCLUSA TAB 200-50MG	81	see COMPACT SPAC MIS CHAMBER	121
see EPCLUSA TAB 400-100.....	81	see COMPACT SPAC MIS LG MASK.....	121
sofosbuvir-velpatasvir-voxilaprevir		see COMPACT SPAC MIS MD MASK	121
see VOSEVI TAB.....	81	see COMPACT SPAC MIS SM MASK.....	121
solifenacin succinate tab 10 mg	145	see EASIVENT MIS.....	121
solifenacin succinate tab 5 mg	145	see EASIVENT MIS MASK LG	121
SOLIQUA INJ 100/33.....	53	see EASIVENT MIS MASK MED.....	121
solriamfetol hcl		see EASIVENT MIS MASK SM	121
see SUNOSI TAB 150MG	18	see FLEXICHAMBER MIS	122
see SUNOSI TAB 75MG.....	18	see HOLD CHAMBER MIS ADLT LG	122
sonidegib phosphate		see HOLD CHAMBER MIS MEDIUM.....	122
see ODOMZO CAP 200MG	67	see HOLD CHAMBER MIS SMALL	122
SOOLANTRA CRE 1%.....	106	see INSPIREASE MIS DD SYST.....	122
sorafenib tosylate tab 200 mg (base equivalent)	72	see MICROCHAMBER MIS	122
sotalol hcl (afib/afI) tab 120 mg	83	see MICROSPACER MIS	122
sotalol hcl (afib/afI) tab 160 mg	83	see OPTICHAMBER MIS DIA LG	122
sotalol hcl (afib/afI) tab 80 mg	83	see OPTICHAMBER MIS DIA MD	122
sotalol hcl tab 120 mg	83	see OPTICHAMBER MIS DIA SM.....	122
sotalol hcl tab 160 mg	83	see OPTICHAMBER MIS DIAMOND	122
		see POCKET CHAMB MIS	122
		see POCKET SPACE MIS	122
		see PROCHAMBER MIS VHC	122
		see RITEFLO MIS	122
		see VORTEX VALVE MIS CHAMBER	122
		spinosad susp 0.9%	107

SPIRIVA AER 1.25MCG.....	41	<i>sulfacetamide sodium lotion 10% (acne)</i>	101
SPIRIVA CAP HANDIHLR.....	41	<i>sulfacetamide sodium ophth oint 10%</i>	130
SPIRIVA SPR 2.5MCG.....	41	<i>sulfacetamide sodium ophth soln 10%</i>	130
spironolactone & hydrochlorothiazide tab 25-25		Sulfacetamide Sodium W/ Sulfur Emulsion 10-1%	
mg	108	.....	101
spironolactone susp 25 mg/5ml	108	<i>sulfacetamide sodium-prednisolone ophth soln</i>	
spironolactone tab 100 mg	108	10-0.23(0.25)%	131
spironolactone tab 25 mg	108	sulfadiazine tab 500 mg	140
spironolactone tab 50 mg	108	sulfamethoxazole-trimethoprim susp 200-40	
SPRINTEC 28		mg/5ml	37
see Norgestimate & Ethinyl Estradiol Tab 0.25		Sulfamethoxazole-Trimethoprim Susp 200-40	
mg-35 mcg	96	mg/5ml.....	37
SPRYCEL TAB 100MG.....	72	sulfamethoxazole-trimethoprim tab 400-80 mg	
SPRYCEL TAB 140MG.....	72	.....	37
SPRYCEL TAB 20MG.....	72	sulfamethoxazole-trimethoprim tab 800-160 mg	
SPRYCEL TAB 50MG.....	72	.....	37
SPRYCEL TAB 70MG.....	72	SULFAMEZ WASH	
SPRYCEL TAB 80MG.....	72	see Sulfacetamide Sodium W/ Sulfur Emulsion	
SPS		10-1%	101
see Sodium Polystyrene Sulfonate Rectal Susp		sulfasalazine tab 500 mg	113
30 gm/120ml.....	126	sulfasalazine tab delayed release 500 mg	113
see Sodium Polystyrene Sulfonate Susp 15		SULFATRIM PEDIATRIC	
gm/60ml	126	see Sulfamethoxazole-Trimethoprim Susp 200-	
SRONYX		40 mg/5ml	37
see Levonorgestrel & Ethinyl Estradiol Tab 0.1		sulindac tab 150 mg	26
mg-20 mcg	92	sulindac tab 200 mg	26
SSD		sumatriptan nasal spray 20 mg/act	123
see Silver Sulfadiazine Cream 1%.....	104	sumatriptan nasal spray 5 mg/act	123
STIOLTO AER 2.5-2.5	43	sumatriptan succinate	
STIVARGA TAB 40MG	72	see ONZETRA XSAI MIS 11MG	123
STRIVERDI AER 2.5MCG.....	43	see ZEMBRACE SYM INJ 3/0.5ML.....	123
SUBVENITE		sumatriptan succinate inj 6 mg/0.5ml	123
see Lamotrigine Tab 100 mg	46	sumatriptan succinate solution auto-injector 4	
see Lamotrigine Tab 150 mg	46	mg/0.5ml	123
see Lamotrigine Tab 200 mg	46	sumatriptan succinate solution auto-injector 6	
see Lamotrigine Tab 25 mg.....	46	mg/0.5ml	123
SUBVENITE STARTER KIT/BLU		sumatriptan succinate solution cartridge 4	
see Lamotrigine Tab 35 X 25 mg Starter Kit..	46	mg/0.5ml	123
SUBVENITE STARTER KIT/GRE		sumatriptan succinate solution cartridge 6	
see Lamotrigine Tab 84 X 25 mg & 14 X 100 mg		mg/0.5ml	123
Starter Kit.....	46	sumatriptan succinate tab 100 mg	123
SUBVENITE STARTER KIT/ORA		sumatriptan succinate tab 25 mg	123
see Lamotrigine Tab 25 mg (42) & 100 mg (7)		sumatriptan succinate tab 50 mg	123
Starter Kit.....	46	sunitinib malate cap 12.5 mg (base equivalent)	
sucralfate tab 1 gm	144	.....	72
sulconazole nitrate cream 1%	103	sunitinib malate cap 25 mg (base equivalent) ..	72
sulconazole nitrate solution 1%	103		

sunitinib malate cap 37.5 mg (base equivalent)	
.....	72
sunitinib malate cap 50 mg (base equivalent)	72
SUNOSI TAB 150MG	18
SUNOSI TAB 75MG.....	18
suvorexant	
see BELSOMRA TAB 10MG	119
see BELSOMRA TAB 15MG	119
see BELSOMRA TAB 20MG	119
see BELSOMRA TAB 5MG	119
SYEDA	
see Drospirenone-Ethinyl Estradiol Tab 3-0.03	
mg	90
SYMLINPEN 60 INJ 1000MCG	52
SYMLINPEN 120 INJ 1000MCG.....	52
SYMPROIC TAB 0.2MG	114
SYMTUZA TAB.....	80
SYNAREL SOL 2MG/ML.....	109
SYNJARDY TAB	53
SYNJARDY TAB 12.5-500.....	53
SYNJARDY TAB 5-1000MG	53
SYNJARDY TAB 5-500MG	53
SYNJARDY XR TAB	53
SYNJARDY XR TAB 10-1000.....	53
SYNJARDY XR TAB 25-1000.....	53
SYNJARDY XR TAB 5-1000MG	53
SYNTHROID TAB 100MCG.....	143
SYNTHROID TAB 112MCG.....	143
SYNTHROID TAB 125MCG.....	143
SYNTHROID TAB 137MCG.....	143
SYNTHROID TAB 150MCG.....	143
SYNTHROID TAB 175MCG.....	143
SYNTHROID TAB 200MCG.....	143
SYNTHROID TAB 25MCG	142
SYNTHROID TAB 300MCG.....	143
SYNTHROID TAB 50MCG	142
SYNTHROID TAB 75MCG	142
SYNTHROID TAB 88MCG	143
T	
tacrolimus cap 0.5 mg	126
tacrolimus cap 1 mg	126
tacrolimus cap 5 mg	126
tacrolimus oint 0.03%	106
tacrolimus oint 0.1%	106
tadalafil (pulmonary hypertension)	
see TADLIQ SUS 20MG/5ML	88
tadalafil tab 10 mg	87
tadalafil tab 2.5 mg	87
tadalafil tab 20 mg	87
tadalafil tab 20 mg (pah)	88
Tadalafil Tab 20 mg (Pah).....	88
tadalafil tab 5 mg	87
TADLIQ SUS 20MG/5ML.....	88
tafluprost preservative free (pf) ophth soln	
0.0015%	131
TAGRISSE TAB 40MG.....	67
TAGRISSE TAB 80MG.....	67
TALICIA CAP.....	144
tamoxifen citrate tab 10 mg (base equivalent)	68
tamoxifen citrate tab 20 mg (base equivalent)	68
tamsulosin hcl cap 0.4 mg	114
TANLOR	
see Methocarbamol Tab 1000 mg	128
TARINA 24 FE	
see Norethindrone Ace-Ethinyl Estradiol-Fe	
Tab 1 mg-20 mcg (24).....	95
TARINA FE 1/20 EQ	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1 mg-20 mcg.....	94
tasimelteon capsule 20 mg	119
TAVALISSE TAB 100MG	115
TAVALISSE TAB 150MG	115
TAYSOFY	
see Norethindrone Ace-Ethinyl Estradiol-Fe	
Cap 1 mg-20 mcg (24).....	95
tazarotene cream 0.05%	103
tazarotene cream 0.1%	103
tazarotene gel 0.05%	103
tazarotene gel 0.1%	103
telmisartan tab 20 mg	62
telmisartan tab 40 mg	62
telmisartan tab 80 mg	62
telmisartan-amlodipine tab 40-10 mg	65
telmisartan-amlodipine tab 40-5 mg	65
telmisartan-amlodipine tab 80-10 mg	65
telmisartan-amlodipine tab 80-5 mg	65
telmisartan-hydrochlorothiazide tab 40-12.5 mg	
.....	65
telmisartan-hydrochlorothiazide tab 80-12.5 mg	
.....	65
telmisartan-hydrochlorothiazide tab 80-25 mg	
.....	65
temazepam cap 15 mg	118
temazepam cap 22.5 mg	118

temazepam cap 30 mg	118	theophylline soln 80 mg/15ml	43
temazepam cap 7.5 mg	118	theophylline tab er 12hr 300 mg	43
temozolomide cap 100 mg	66	theophylline tab er 12hr 450 mg	43
temozolomide cap 140 mg	66	theophylline tab er 24hr 400 mg	43
temozolomide cap 180 mg	66	theophylline tab er 24hr 600 mg	43
temozolomide cap 20 mg	66	thioridazine hcl tab 10 mg	78
temozolomide cap 250 mg	66	thioridazine hcl tab 100 mg	78
temozolomide cap 5 mg	66	thioridazine hcl tab 25 mg	78
TENCON		thioridazine hcl tab 50 mg	78
see Butalbital-Acetaminophen Tab 50-325 mg		thiothixene cap 1 mg	78
.....	26	thiothixene cap 10 mg	79
tenofovir alafenamide fumarate		thiothixene cap 2 mg	79
see VEMLIDY TAB 25MG	81	thiothixene cap 5 mg	79
tenofovir disoproxil fumarate tab 300 mg	80	THRIVE	
terazosin hcl cap 1 mg (base equivalent)	62	see Nicotine Polacrilex Gum 2 mg	137
terazosin hcl cap 10 mg (base equivalent)	63	TIADYL ER	
terazosin hcl cap 2 mg (base equivalent)	63	see Diltiazem Hcl Extended Release Beads Cap	
terazosin hcl cap 5 mg (base equivalent)	63	Er 24hr 120 mg	84
terbinafine hcl tab 250 mg	57	see Diltiazem Hcl Extended Release Beads Cap	
terbutaline sulfate tab 2.5 mg	43	Er 24hr 180 mg	84
terbutaline sulfate tab 5 mg	43	see Diltiazem Hcl Extended Release Beads Cap	
terconazole vaginal cream 0.4%	145	Er 24hr 240 mg	84
terconazole vaginal cream 0.8%	145	see Diltiazem Hcl Extended Release Beads Cap	
terconazole vaginal suppos 80 mg	145	Er 24hr 300 mg	85
teriflunomide tab 14 mg	135	see Diltiazem Hcl Extended Release Beads Cap	
teriflunomide tab 7 mg	135	Er 24hr 360 mg	85
testosterone		see Diltiazem Hcl Extended Release Beads Cap	
see NATESTO GEL 5.5MG	36	Er 24hr 420 mg	85
testosterone td gel 10mg/act (2%)	36	tiagabine hcl tab 12 mg	48
testosterone td gel 12.5 mg/act (1%)	36	tiagabine hcl tab 16 mg	48
testosterone td gel 20.25 mg/1.25gm (1.62%)	36	tiagabine hcl tab 2 mg	48
testosterone td gel 20.25 mg/act (1.62%)	36	tiagabine hcl tab 4 mg	48
testosterone td gel 25 mg/2.5gm (1%)	36	ticagrelor	
testosterone td gel 40.5 mg/2.5gm (1.62%)	36	see BRILINTA TAB 60MG	115
testosterone td gel 50 mg/5gm (1%)	36	see BRILINTA TAB 90MG	115
testosterone td soln 30 mg/act	36	TILIA FE	
tetrabenazine tab 12.5 mg	135	see Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-	
tetrabenazine tab 25 mg	135	20/1-30/1-35 mg-Mcg	93
tetracycline hcl cap 250 mg	141	timolol maleate ophth gel forming soln 0.25%	
tetracycline hcl cap 500 mg	141	.....	129
thalidomide		timolol maleate ophth gel forming soln 0.5%	129
see THALOMID CAP 100MG	125	timolol maleate ophth soln 0.25%	129
see THALOMID CAP 50MG	125	timolol maleate ophth soln 0.5%	129
THALOMID CAP 100MG	125	timolol maleate ophth soln 0.5% (once-daily)	
THALOMID CAP 50MG	125	.....	129
theophylline elixir 80 mg/15ml	43	timolol maleate preservative free ophth soln	
Theophylline Elixir 80 mg/15ml	43	0.25%	129

timolol maleate preservative free ophth soln	
0.5%	129
timolol maleate tab 10 mg	83
timolol maleate tab 20 mg	83
timolol maleate tab 5 mg	83
timothy grass pollen allergen extract	
see GRASTEK SUB 2800BAU.....	23
tinidazole tab 250 mg	37
tinidazole tab 500 mg	37
tiopronin tab 100 mg	114
tiopronin tab delayed release 100 mg	114
tiopronin tab delayed release 300 mg	114
tiotropium bromide monohydrate	
see SPIRIVA AER 1.25MCG.....	41
see SPIRIVA CAP HANDIHLR.....	41
see SPIRIVA SPR 2.5MCG	41
tiotropium bromide monohydrate inhal cap 18	
mcg (base equiv)	41
tiotropium bromide-olodaterol hcl	
see STIOLTO AER 2.5-2.5	43
tirzepatide	
see MOUNJARO INJ 10MG/0.5	54
see MOUNJARO INJ 12.5/0.5	54
see MOUNJARO INJ 15MG/0.5	54
see MOUNJARO INJ 2.5/0.5	54
see MOUNJARO INJ 5MG/0.5	54
see MOUNJARO INJ 7.5/0.5	54
TIVICAY PD TAB 5MG	80
TIVICAY TAB 50MG.....	80
tizanidine hcl cap 2 mg (base equivalent)	128
tizanidine hcl cap 4 mg (base equivalent)	128
tizanidine hcl cap 6 mg (base equivalent)	128
tizanidine hcl tab 2 mg (base equivalent)	128
tizanidine hcl tab 4 mg (base equivalent)	128
TOBRADEX OIN 0.3-0.1%	131
tobramycin (ophth)	
see TOBEX OIN 0.3% OP	130
tobramycin nebu soln 300 mg/4ml	23
tobramycin nebu soln 300 mg/5ml	23
tobramycin ophth soln 0.3%	130
tobramycin-dexamethasone	
see TOBRADEX OIN 0.3-0.1%	131
tobramycin-dexamethasone ophth susp 0.3-	
0.1%	131
TOBEX OIN 0.3% OP	130
TODAY SPONGE MIS.....	145
tofacitinib citrate	
see XELJANZ SOL 1MG/ML	24
see XELJANZ TAB 10MG	24
see XELJANZ TAB 5MG	24
see XELJANZ XR TAB 11MG.....	24
see XELJANZ XR TAB 22MG.....	24
tolcapone tab 100 mg	74
tolterodine tartrate cap er 24hr 2 mg	145
tolterodine tartrate cap er 24hr 4 mg	145
tolterodine tartrate tab 1 mg	145
tolterodine tartrate tab 2 mg	145
tolvaptan tab 15 mg	110
tolvaptan tab 30 mg	110
topiramate cap er 24hr 100 mg	47
topiramate cap er 24hr 200 mg	47
topiramate cap er 24hr 25 mg	47
topiramate cap er 24hr 50 mg	47
topiramate sprinkle cap 15 mg	47
topiramate sprinkle cap 25 mg	47
topiramate tab 100 mg	47
topiramate tab 200 mg	47
topiramate tab 25 mg	47
topiramate tab 50 mg	47
toremifene citrate tab 60 mg (base equivalent)	
.....	68
TORPENZ	
see Everolimus Tab 10 mg.....	70
see Everolimus Tab 2.5 mg.....	70
see Everolimus Tab 5 mg.....	70
see Everolimus Tab 7.5 mg.....	70
toremide tab 10 mg	108
toremide tab 100 mg	108
toremide tab 20 mg	108
toremide tab 5 mg	108
TOUJEO MAX INJ 300/ML.....	55
TOUJEO SOLO INJ 300/ML.....	55
tramadol hcl oral soln 5 mg/ml	31
tramadol hcl tab 50 mg	31
tramadol hcl tab er 24hr 100 mg	31
tramadol hcl tab er 24hr 200 mg	31
tramadol hcl tab er 24hr 300 mg	31
tramadol hcl tab er 24hr biphasic release 100	
mg	32
tramadol hcl tab er 24hr biphasic release 200	
mg	32
tramadol hcl tab er 24hr biphasic release 300	
mg	32
tramadol-acetaminophen tab 37.5-325 mg	34

trandolapril tab 1 mg	61	tretinoin microsphere gel 0.08%	102
trandolapril tab 2 mg	61	tretinoin microsphere gel 0.1%	102
trandolapril tab 4 mg	61	tretinoin-benzoyl peroxide	
trandolapril-verapamil hcl tab er 1-240 mg	65	see TWYNEO CRE 0.1-3%.....	102
trandolapril-verapamil hcl tab er 2-180 mg	65	TREZIX	
trandolapril-verapamil hcl tab er 2-240 mg	65	see Acetaminophen-Caffeine-Dihydrocodeine	
trandolapril-verapamil hcl tab er 4-240 mg	65	Cap 320.5-30-16 mg	32
tranexamic acid tab 650 mg	118	triamcinolone acetonide cream 0.025%	105
tranylcypromine sulfate tab 10 mg	49	triamcinolone acetonide cream 0.1%	105
travoprost ophth soln 0.004% (benzalkonium		triamcinolone acetonide cream 0.5%	105
free) (bak free)	131	Triamcinolone Acetonide Cream 0.5%.....	105
trazodone hcl tab 100 mg	50	triamcinolone acetonide dental paste 0.1% ...127	
trazodone hcl tab 150 mg	50	Triamcinolone Acetonide Dental Paste 0.1% ..127	
trazodone hcl tab 300 mg	50	triamcinolone acetonide lotion 0.025%	105
trazodone hcl tab 50 mg	50	triamcinolone acetonide lotion 0.1%	105
TRECTOR TAB 250MG	66	triamcinolone acetonide oint 0.025%	105
TRELEGY AER 100MCG	43	triamcinolone acetonide oint 0.1%	105
TRELEGY AER 200MCG	43	triamcinolone acetonide oint 0.5%	105
treprostinil		triamterene & hydrochlorothiazide cap 37.5-25	
see TYVASO DPI POW 16-32-48	87	mg	108
see TYVASO DPI POW 16MCG.....	87	triamterene & hydrochlorothiazide tab 37.5-25	
see TYVASO DPI POW 32MCG.....	87	mg	108
see TYVASO DPI POW 48MCG.....	87	triamterene & hydrochlorothiazide tab 75-50	
see TYVASO DPI POW 64MCG.....	87	mg	108
see TYVASO RF KT SOL 0.6MG/ML	87	triamterene cap 100 mg	108
see TYVASO SOL 0.6MG/ML	87	triamterene cap 50 mg	108
see TYVASO ST KT SOL 0.6MG/ML	87	triazolam tab 0.125 mg	118
treprostinil diolamine		triazolam tab 0.25 mg	118
see ORENITRAM TAB 0.125MG	87	TRIDACAINE II	
see ORENITRAM TAB 0.25MG.....	87	see Lidocaine Patch 5%	106
see ORENITRAM TAB 1MG	87	TRIDERM	
see ORENITRAM TAB 2.5MG.....	87	see Triamcinolone Acetonide Cream 0.5%..105	
see ORENITRAM TAB 5MG	87	trientine hcl cap 250 mg	125
see ORENITRAM TAB MONTH 1.....	87	TRI-ESTARYLLA	
see ORENITRAM TAB MONTH 2.....	87	see Norgestimate-Eth Estrad Tab 0.18-	
see ORENITRAM TAB MONTH 3.....	87	35/0.215-35/0.25-35 mg-Mcg.....	96
TRESIBA FLEX INJ 100UNIT	55	trifarotene	
TRESIBA FLEX INJ 200UNIT	55	see AKLIEF CRE 0.005%	100
TRESIBA INJ 100UNIT	55	trifluoperazine hcl tab 1 mg (base equivalent) 78	
tretinoin cap 10 mg	73	trifluoperazine hcl tab 10 mg (base equivalent)	
tretinoin cream 0.025%	102	.....	78
tretinoin cream 0.05%	101	trifluoperazine hcl tab 2 mg (base equivalent) 78	
tretinoin cream 0.1%	101	trifluoperazine hcl tab 5 mg (base equivalent) 78	
tretinoin gel 0.01%	102	trifluridine ophth soln 1%	130
tretinoin gel 0.025%	102	trifluridine-tipiracil	
tretinoin gel 0.05%	102	see LONSURF TAB 15-6.14.....	69
tretinoin microsphere gel 0.04%	102	see LONSURF TAB 20-8.19.....	69

trihexyphenidyl hcl oral soln 0.4 mg/ml	73
trihexyphenidyl hcl tab 2 mg	73
trihexyphenidyl hcl tab 5 mg	73
TRIJARDY XR TAB.....	53
TRI-LEGEST FE	
see Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-	
20/1-30/1-35 mg-Mcg	93
TRI-LINYAH	
see Norgestimate-Eth Estrad Tab 0.18-	
35/0.215-35/0.25-35 mg-Mcg.....	96
TRI-LO-ESTARYLLA	
see Norgestimate-Eth Estrad Tab 0.18-	
25/0.215-25/0.25-25 mg-Mcg.....	96
TRI-LO-MARZIA	
see Norgestimate-Eth Estrad Tab 0.18-	
25/0.215-25/0.25-25 mg-Mcg.....	96
TRI-LO-MILI	
see Norgestimate-Eth Estrad Tab 0.18-	
25/0.215-25/0.25-25 mg-Mcg.....	96
TRI-LO-SPRINTEC	
see Norgestimate-Eth Estrad Tab 0.18-	
25/0.215-25/0.25-25 mg-Mcg.....	96
trimethobenzamide hcl cap 300 mg	57
trimethoprim tab 100 mg	37
TRI-MILI	
see Norgestimate-Eth Estrad Tab 0.18-	
35/0.215-35/0.25-35 mg-Mcg.....	96
trimipramine maleate cap 100 mg	52
trimipramine maleate cap 25 mg	52
trimipramine maleate cap 50 mg	52
TRINATE	
see Prenatal Vit W/ Fe Fumarate-Fa Tab 28-1	
mg	127
TRINTELLIX TAB 10MG	50
TRINTELLIX TAB 20MG	50
TRINTELLIX TAB 5MG	50
TRI-SPRINTEC	
see Norgestimate-Eth Estrad Tab 0.18-	
35/0.215-35/0.25-35 mg-Mcg.....	97
TRIUMEQ PD TAB.....	80
TRIUMEQ TAB	80
TRIVORA-28	
see Levonorgestrel-Eth Estra Tab 0.05-	
30/0.075-40/0.125-30mg-Mcg.....	92
TRI-VYLIBRA	
see Norgestimate-Eth Estrad Tab 0.18-	
35/0.215-35/0.25-35 mg-Mcg.....	97
TRI-VYLIBRA LO	
see Norgestimate-Eth Estrad Tab 0.18-	
25/0.215-25/0.25-25 mg-Mcg.....	96
tropicamide ophth soln 0.5%	129
tropicamide ophth soln 1%	129
tropium chloride cap er 24hr 60 mg	145
tropium chloride tab 20 mg	145
TRULICITY INJ 0.75/0.5.....	54
TRULICITY INJ 1.5/0.5.....	54
TRULICITY INJ 3/0.5.....	54
TRULICITY INJ 4.5/0.5.....	54
TRUSTEX MIS FLAVORS	120
TURQOZ	
see Norgestrel & Ethinyl Estradiol Tab 0.3 mg-	
30 mcg.....	97
TWYNEO CRE 0.1-3%.....	102
TYDEMY	
see Drospirenone-Ethinyl Estrad-Levomefolate	
Tab 3-0.03-0.451 mg	90
TYVASO DPI POW 16-32-48	87
TYVASO DPI POW 16MCG	87
TYVASO DPI POW 32MCG	87
TYVASO DPI POW 48MCG	87
TYVASO DPI POW 64MCG	87
TYVASO RF KT SOL 0.6MG/ML.....	87
TYVASO SOL 0.6MG/ML	87
TYVASO ST KT SOL 0.6MG/ML.....	87
U	
UBRELVY TAB 100MG	122
UBRELVY TAB 50MG	122
ubrogepant	
see UBRELVY TAB 100MG.....	122
see UBRELVY TAB 50MG	122
ulipristal acetate	
see ELLA TAB 30MG	97
umeclidinium-vilanterol	
see ANORO ELLIPT AER 62.5-25.....	42
UNITHROID	
see Levothyroxine Sodium Tab 100 mcg	142
see Levothyroxine Sodium Tab 112 mcg	142
see Levothyroxine Sodium Tab 125 mcg	142
see Levothyroxine Sodium Tab 137 mcg	142
see Levothyroxine Sodium Tab 150 mcg	142
see Levothyroxine Sodium Tab 175 mcg	142
see Levothyroxine Sodium Tab 200 mcg	142
see Levothyroxine Sodium Tab 25 mcg	141
see Levothyroxine Sodium Tab 300 mcg	142

see Levothyroxine Sodium Tab 50 mcg	141
see Levothyroxine Sodium Tab 75 mcg	141
see Levothyroxine Sodium Tab 88 mcg	141
upadacitinib	
see RINVOQ LQ SOL 1MG/ML	23
see RINVOQ TAB 15MG ER	24
see RINVOQ TAB 30MG ER	24
see RINVOQ TAB 45MG ER	24
UPTRAVI PACK TAB 200/800.....	88
UPTRAVI TAB 1000MCG	88
UPTRAVI TAB 1200MCG	88
UPTRAVI TAB 1400MCG	88
UPTRAVI TAB 1600MCG	88
UPTRAVI TAB 200MCG	88
UPTRAVI TAB 400MCG	88
UPTRAVI TAB 600MCG	88
UPTRAVI TAB 800MCG	88
uridine triacetate (emergency treatment)	
see VISTOGARD PAK 10GM.....	56
ursodiol cap 300 mg	113
ursodiol tab 250 mg	113
ursodiol tab 500 mg	113
V	
VAGIFEM TAB 10MCG	146
valacyclovir hcl tab 1 gm	82
valacyclovir hcl tab 500 mg	82
valbenazine tosylate	
see INGREZZA CAP 40-80MG	135
see INGREZZA CAP 40MG	135
see INGREZZA CAP 60MG	135
see INGREZZA CAP 80MG	135
valganciclovir hcl for soln 50 mg/ml (base equiv)	81
valganciclovir hcl tab 450 mg (base equivalent)	81
valproate sodium oral soln 250 mg/5ml (base equiv)	48
valproic acid cap 250 mg	48
valsartan oral soln 4 mg/ml	62
valsartan tab 160 mg	62
valsartan tab 320 mg	62
valsartan tab 40 mg	62
valsartan tab 80 mg	62
valsartan-hydrochlorothiazide tab 160-12.5 mg	65
valsartan-hydrochlorothiazide tab 160-25 mg 65	

valsartan-hydrochlorothiazide tab 320-12.5 mg	65
valsartan-hydrochlorothiazide tab 320-25 mg. 65	
valsartan-hydrochlorothiazide tab 80-12.5 mg 65	
VALTOCO SPR 10MG	45
VALTOCO SPR 15MG	45
VALTOCO SPR 20MG	45
VALTOCO SPR 5MG	45
vancomycin hcl cap 125 mg (base equivalent). 37	
vancomycin hcl cap 250 mg (base equivalent). 37	
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	37
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	37
ildenafil hcl orally disintegrating tab 10 mg. 87	
ildenafil hcl tab 10 mg.	87
ildenafil hcl tab 2.5 mg.	87
ildenafil hcl tab 20 mg.	87
ildenafil hcl tab 5 mg	87
varenicline tartrate tab 0.5 mg (base equiv) .140	
varenicline tartrate tab 1 mg (base equiv) ....140	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	140
VCF VAGINAL AER CONTRACP	145
VCF VAGINAL GEL CONTRACE.....	145
VCF VAGINAL MIS CONTRACP	145
VELIVET	
see Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025mg-Mg	90
VELSIPITY TAB 2MG	113
VELTASSA POW 16.8GM	126
VELTASSA POW 25.2GM	127
VELTASSA POW 8.4GM	126
VEMLIDY TAB 25MG	81
vemurafenib	
see ZELBORAF TAB 240MG	73
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	51
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	50
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	50
venlafaxine hcl tab 100 mg (base equivalent) .51	
venlafaxine hcl tab 25 mg (base equivalent) ...51	
venlafaxine hcl tab 37.5 mg (base equivalent) 51	
venlafaxine hcl tab 50 mg (base equivalent) ...51	
venlafaxine hcl tab 75 mg (base equivalent) ...51	

venlafaxine hcl tab er 24hr 225 mg (base equivalent)	51	VIOKACE TAB 10440.....	107
verapamil hcl cap er 24hr 100 mg	85	VIOKACE TAB 20880.....	107
verapamil hcl cap er 24hr 120 mg	85	VIORELE	
verapamil hcl cap er 24hr 180 mg	85	see Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)	89
verapamil hcl cap er 24hr 200 mg	85	vismodegib	
verapamil hcl cap er 24hr 240 mg	85	see ERIVEDGE CAP 150MG	67
verapamil hcl cap er 24hr 300 mg	86	VISTOGARD PAK 10GM	56
verapamil hcl cap er 24hr 360 mg	86	VITRAKVI CAP 100MG	73
verapamil hcl tab 120 mg	86	VITRAKVI CAP 25MG	72
verapamil hcl tab 40 mg	86	VITRAKVI SOL 20MG/ML.....	73
verapamil hcl tab 80 mg	86	VOLNEA	
verapamil hcl tab er 120 mg	86	see Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)	89
verapamil hcl tab er 180 mg	86	voriconazole for susp 40 mg/ml	57
verapamil hcl tab er 240 mg	86	voriconazole tab 200 mg	57
vericiguat		voriconazole tab 50 mg	57
see VERQUVO TAB 10MG	88	VORTEX VALVE MIS CHAMBER	122
see VERQUVO TAB 2.5MG	88	vortioxetine hbr	
see VERQUVO TAB 5MG	88	see TRINTELLIX TAB 10MG	50
VERQUVO TAB 10MG.....	88	see TRINTELLIX TAB 20MG	50
VERQUVO TAB 2.5MG.....	88	see TRINTELLIX TAB 5MG	50
VERQUVO TAB 5MG.....	88	VOSEVI TAB	81
VESTURA		VRAYLAR CAP 1.5MG	76
see Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg	90	VRAYLAR CAP 3MG	76
vibegron		VRAYLAR CAP 4.5MG	76
see GEMTESA TAB 75MG.....	145	VRAYLAR CAP 6MG	76
VIBERZI TAB 100MG.....	114	VUMERITY CAP 231MG	136
VIBERZI TAB 75MG.....	114	VYFEMLA	
VICTOZA INJ 18MG/3ML	54	see Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg	93
VIENVA		VYLIBRA	
see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg	92	see Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg	96
vigabatrin powd pack 500 mg	48	W	
Vigabatrin Powd Pack 500 mg	48	WAKIX TAB 17.8MG	18
vigabatrin tab 500 mg	48	WAKIX TAB 4.45MG.....	18
VIGADRONE		warfarin sodium tab 1 mg	43
see Vigabatrin Powd Pack 500 mg	48	Warfarin Sodium Tab 1 mg.....	43
VIGPODER		warfarin sodium tab 10 mg	44
see Vigabatrin Powd Pack 500 mg	48	Warfarin Sodium Tab 10 mg.....	44
vilazodone hcl tab 10 mg	50	warfarin sodium tab 2 mg	43
vilazodone hcl tab 20 mg	50	Warfarin Sodium Tab 2 mg.....	43
vilazodone hcl tab 40 mg	50	warfarin sodium tab 2.5 mg	43
viloxazine hcl (adhd)		Warfarin Sodium Tab 2.5 mg.....	43
see QELBREE CAP 100MG ER	17	warfarin sodium tab 3 mg	44
see QELBREE CAP 150MG ER	18	Warfarin Sodium Tab 3 mg.....	44
see QELBREE CAP 200MG ER	18		

warfarin sodium tab 4 mg	44	XIGDUO XR TAB 5-1000MG	53
Warfarin Sodium Tab 4 mg.....	44	XIGDUO XR TAB 5-500MG	53
warfarin sodium tab 5 mg	44	XIIDRA DRO 5%.....	130
Warfarin Sodium Tab 5 mg.....	44	XOSPATA TAB 40MG	73
warfarin sodium tab 6 mg	44	XTANDI CAP 40MG.....	68
Warfarin Sodium Tab 6 mg.....	44	XTANDI TAB 40MG.....	68
warfarin sodium tab 7.5 mg	44	XTANDI TAB 80MG.....	68
Warfarin Sodium Tab 7.5 mg.....	44	XULANE	
WERA		see Norelgestromin-Ethinyl Estradiol Td Ptwk	
see Norethindrone & Ethinyl Estradiol Tab 0.5		150-35 mcg/24hr	97
mg-35 mcg	93	XULTOPHY INJ 100/3.6.....	53
WINLEVI CRE 1%	102	XYWAV SOL 0.5GM/ML.....	133
WIXELA INHUB		Y	
see Fluticasone-Salmeterol Aer Powder Ba		YARGESA	
100-50 mcg/act	42	see Miglustat Cap 100 mg	116
see Fluticasone-Salmeterol Aer Powder Ba		YL FOLIC ACID	
250-50 mcg/act	42	see Folic Acid Tab 400 mcg.....	116
see Fluticasone-Salmeterol Aer Powder Ba		YONSA TAB 125MG.....	68
500-50 mcg/act	43	YUPELRI SOL.....	41
WYMZYA FE		Z	
see Norethindrone & Ethinyl Estradiol-Fe		ZAFEMY	
Chew Tab 0.4 mg-35 mcg.....	93	see Norelgestromin-Ethinyl Estradiol Td Ptwk	
X		150-35 mcg/24hr	97
XARELTO STAR TAB 15/20MG.....	44	zafirlukast tab 10 mg	41
XARELTO SUS 1MG/ML	44	zafirlukast tab 20 mg	41
XARELTO TAB 10MG.....	44	zaleplon cap 10 mg	118
XARELTO TAB 15MG.....	44	zaleplon cap 5 mg	118
XARELTO TAB 2.5MG.....	44	zanamivir	
XARELTO TAB 20MG.....	44	see RELENZA MIS DISKHALE	82
XCOPRI PAK 100-150	47	zanubrutinib	
XCOPRI PAK 12.5-25.....	47	see BRUKINSA CAP 80MG.....	69
XCOPRI PAK 150-200	47	ZEGALOGUE INJ 0.6/0.6	54
XCOPRI PAK 50-100MG	47	ZEJULA TAB 100MG	73
XCOPRI TAB 100MG	48	ZEJULA TAB 200MG	73
XCOPRI TAB 150MG	48	ZEJULA TAB 300MG	73
XCOPRI TAB 200MG	48	ZELBORAF TAB 240MG.....	73
XCOPRI TAB 25MG	48	ZEMBRACE SYM INJ 3/0.5ML.....	123
XCOPRI TAB 50MG	48	ZENATANE	
XELJANZ SOL 1MG/ML	24	see Isotretinoin Cap 10 mg.....	101
XELJANZ TAB 10MG.....	24	see Isotretinoin Cap 20 mg.....	101
XELJANZ TAB 5MG	24	see Isotretinoin Cap 30 mg.....	101
XELJANZ XR TAB 11MG.....	24	see Isotretinoin Cap 40 mg.....	101
XELJANZ XR TAB 22MG.....	24	ZENPEP CAP 10000UNT.....	107
XIFAXAN TAB 550MG	37	ZENPEP CAP 15000UNT.....	107
XIGDUO XR TAB 10-1000.....	53	ZENPEP CAP 20000UNT.....	107
XIGDUO XR TAB 10-500MG	53	ZENPEP CAP 25000UNT.....	107
XIGDUO XR TAB 2.5-1000	53	ZENPEP CAP 3000UNIT.....	107

ZENPEP CAP 40000UNT.....	107	zonisamide cap 100 mg	47
ZENPEP CAP 5000UNIT.....	107	zonisamide cap 25 mg	47
ZENPEP CAP 60000UNT.....	107	zonisamide cap 50 mg	47
ZENZEDI		ZORYVE CRE 0.15%	106
see Dextroamphetamine Sulfate Tab 10 mg.	14	ZORYVE CRE 0.3%	103
see Dextroamphetamine Sulfate Tab 15 mg.	15	ZORYVE MIS 0.3%	104
see Dextroamphetamine Sulfate Tab 2.5 mg	14	ZOVIA 1/35	
see Dextroamphetamine Sulfate Tab 20 mg.	15	see Ethynodiol Diacetate & Ethinyl Estradiol	
see Dextroamphetamine Sulfate Tab 30 mg.	15	Tab 1 mg-35 mcg.....	90
see Dextroamphetamine Sulfate Tab 5 mg...	14	ZUBSOLV SUB 0.7-0.18.....	35
see Dextroamphetamine Sulfate Tab 7.5 mg	14	ZUBSOLV SUB 1.4-0.36.....	35
ZEPOSIA 7DAY CAP STR PACK	136	ZUBSOLV SUB 11.4-2.9.....	36
ZEPOSIA CAP 0.92MG.....	136	ZUBSOLV SUB 2.9-0.71.....	35
ZEPOSIA CAP STR KIT.....	136	ZUBSOLV SUB 5.7-1.4.....	36
zidovudine cap 100 mg	80	ZUBSOLV SUB 8.6-2.1.....	36
zidovudine syrup 10 mg/ml	80	ZUMANDIMINE	
zidovudine tab 300 mg	80	see Drospirenone-Ethinyl Estradiol Tab 3-0.03	
ziprasidone hcl cap 20 mg	76	mg	90
ziprasidone hcl cap 40 mg	76	zuranolone	
ziprasidone hcl cap 60 mg	76	see ZURZUVAE CAP 20MG.....	49
ziprasidone hcl cap 80 mg	76	see ZURZUVAE CAP 25MG.....	49
zolmitriptan nasal spray 2.5 mg/spray unit ..	123	see ZURZUVAE CAP 30MG.....	49
zolmitriptan nasal spray 5 mg/spray unit	123	ZURZUVAE CAP 20MG.....	49
zolmitriptan orally disintegrating tab 2.5 mg	123	ZURZUVAE CAP 25MG.....	49
zolmitriptan orally disintegrating tab 5 mg ..	124	ZURZUVAE CAP 30MG.....	49
zolmitriptan tab 2.5 mg	124	ZYDELIG TAB 100MG.....	73
zolmitriptan tab 5 mg	124	ZYDELIG TAB 150MG.....	73
zolpidem tartrate tab 10 mg	118	ZYKADIA TAB 150MG	73
zolpidem tartrate tab 5 mg	118	ZYPREXA	
zolpidem tartrate tab er 12.5 mg	118	see Olanzapine Tab 20 mg.....	77
zolpidem tartrate tab er 6.25 mg	118		

Step Therapy Criteria

Step Therapy Group

GSTP URINARY ANTISPASMODICS 834-D

Drug Names

GEMTESA

Step Therapy Criteria

Coverage will be provided to the member if the member has filled a prescription for at least a 30 day supply of at least TWO generic urinary antispasmodic drugs within the past 180 day

Step Therapy Group

HPGST ANTIPSYCHOTICS 478-D

Drug Names

VRAYLAR

Step Therapy Criteria

Coverage will be provided if the member has filled a prescription for a 30 day supply of aripiprazole, clozapine, olanzapine, paliperidone ext-rel, risperidone, quetiapine, quetiapine ext-rel, or ziprasidone within the past 365 days

Step Therapy Group

HPGST INSOMNIA AGENTS 406-D

Drug Names

DAYVIGO, QUVIVIQ

Step Therapy Criteria

Coverage will be provided if the member has filled a prescription for a generic non-benzodiazepine hypnotic (at least 30 day supply within the past 180 days)

Step Therapy Group

HPGST SSRI 409-D

Drug Names

TRINTELLIX

Step Therapy Criteria

Coverage will be provided if the member has filled a prescription of a generic SSRI product (at least a 30 day supply within the past 365 days)

Step Therapy Group

HPGST TRIPTANS 410-D

Drug Names

ONZETRA XSAIL, ZEMBRACE SYMTOUCH

Step Therapy Criteria

Coverage will be provided if the member has filled a prescription of a generic triptan (almotriptan, eletriptan, frovatriptan, sumatriptan, naratriptan, rizatriptan, rizatriptan ODT, zolmitriptan, Sumatriptan-Naproxen Sodium) at least a 30 day supply within the past 180 days

Step Therapy Group

OPIOID ER 2219-M

Drug Names

BELBUCA, BUPRENORPHINE, FENTANYL, HYDROCODONE BITARTRATE ER, HYDROMORPHONE HYDROCHLORI, METHADONE HYDROCHLORIDE, MORPHINE SULFATE ER, TRAMADOL HCL ER, TRAMADOL HYDROCHLORIDE ER

Step Therapy Criteria

Coverage will be provided if the member has filled a cumulative 7-day or greater supply of an immediate-release opioid agent within the past 90 days OR has been receiving an extended-release opioid agent for a cumulative 30 days or greater within the past 90 days.

Step Therapy Group

Drug Names

OPIOID IR COMBO PRODUCTS 1358-E
ACETAMINOPHEN/CAFFEINE/DI, ACETAMINOPHEN/CODEINE,
ACETAMINOPHEN/CODEINE PHO, ENDOCET, HYDROCODONE BITARTRATE/AC,
HYDROCODONE/IBUPROFEN, OXYCODONE/ACETAMINOPHEN, TRAMADOL
HYDROCHLORIDE/AC, TREZIX

Step Therapy Criteria

Coverage will be provided to the member for up to a 7-day supply of immediate-release opioids if the member does not have at least a cumulative 7-day supply of an opioid agent (immediate- or extended-release) within the past 90 days.

DRAFT

SHARP Health Plan

Consider us your personal health care assistant®

sharphealthplan.com

customer.service@sharp.com

1-855-298-4252