



2020 Formulary

List of covered prescription drugs

This drug list applies to all Large Group HMO and Large Group POS products, and the following Small Group HMO products: HMO GF 1, HMO GF 2, HMO GF 3, HMO GF 4, HMO GF 5, HMO GF 6, HMO GF 7, Bronze HDHP NG 1, CalChoice Bronze HDHP NG 3, CalChoice Bronze HMO NG 2, CalChoice Silver HMO NG 1, CalChoice Silver HMO NG 2, CalChoice Silver HMO NG 3, Silver HMO NG 1, Silver HMO NG 2, CalChoice Gold HMO NG 2, CalChoice Gold HMO NG 3, CalChoice Gold HMO NG 5, Gold HMO NG 1, Gold HMO NG 2, Gold HMO NG 3, Gold HMO NG 4, Gold HMO NG 5, Gold HMO NG 6, Gold HMO NG 7, CalChoice Platinum HMO NG 1, CalChoice Platinum HMO NG 2, CalChoice Platinum HMO NG 3, Platinum HMO NG 1, Platinum HMO NG 2, Platinum HMO NG 3, Platinum HMO NG 4, Platinum HMO NG 7, Platinum HMO NG 8

List of covered prescription drugs for **Employer-sponsored plans from Sharp Health Plan**

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 Connect 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This document is subject to change and all previous versions are no longer in effect.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 12/01/2020.



Table of Contents

Introduction	i-xii
Definitions	i
How often does the Formulary change?	iii
Will I be notified of a Formulary change?	iii
How do I locate a Prescription Drug on the Formulary?	iv
How do I know if the drug listed on the Formulary is a Brand or Generic Drug?	iv
What is a Drug Tier?	iv
Are There Any Coverage Requirements or Limits?	v
What is Prior Authorization?	v
What is PA**?	vi
What is Quantity Limit?	vi
What is Step Therapy?	vi
What is MO?	vi
What is a Specialty Drug?	vii
What is an Oral Anti-Cancer Drug?	vii
What if a Drug is Not Listed on the Formulary? What is a Formulary Exception?	vii
Where Can I Fill My Prescription Drug?	vii
What is Therapeutic Interchange?	vii

What is Generic Substitution?	viii
You Have the Right to Appeal Questions?	viii
Exclusions and Limitations to the Outpatient prescription Drug Benefit	viii
Nondiscrimination Notice	x
Language Assistance Services	xi
List of Prescription Drugs	1-208
Index	209-307
Step Therapy Criteria	308-310

Introduction

December 2020

This document contains a list of the federal Food and Drug Administration (FDA) approved drugs covered for Sharp Health Plan Members under the 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 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 your Member Handbook 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 or self-injectable drugs.
3. FDA-approved medications used to induce spontaneous and non-spontaneous abortions that may only be dispensed by, or under direct supervision of, a physician.
4. 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.
5. 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.)
6. Items that are approved by the FDA as a medical device. Please refer to the Member Handbook under Disposable Medical Supplies, Durable Medical Equipment, and Family Planning 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 and in the Glossary section of your Member Handbook.

"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 Member Handbook 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, or when an Enrollee is undergoing a current course of treatment using a Nonformulary Drug.

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

“Prescription Drug” is a drug that is prescribed by the Enrollee's 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 by 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.

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

Brand-Name Drugs are listed in all CAPITALS 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 (<i>fenofibric acid</i>)
Generic-Name that is covered on the Formulary	<i>fenofibric acid tab 35mg</i>
Generic Drug marketed with a Brand-Name	<i>amiodarone hcl tab 100mg</i> (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 *SharpConnect* account. When you create a *SharpConnect* 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 specific criteria are met. This Drug Tier includes 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 or when an enrollee is undergoing a current course of treatment using a Nonformulary Drug. 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 fails to respond to a completed Prior Authorization request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on Exigent Circumstances, the request is deemed granted.

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 the needed 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 the alternative drug. In these instances, your doctor may request a Step Therapy Exception Request by following the Prior Authorization as described above. If Sharp Health Plan fails to respond to a completed Step Therapy request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on Exigent Circumstances, the request is deemed granted.

If you have moved from another insurance plan to Sharp Health Plan and are taking a medication that your previous insurer covered, Sharp Health Plan will not require you to follow Step Therapy in order to obtain the medication. Your doctor may need to submit a request to Sharp Health Plan in order to provide you with this continuity of coverage.

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 at 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, your Prescribing Provider may request a Formulary Exception, by following the Prior Authorization Request process described above. Once all the needed supporting information has been received, the 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 an 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/mailemail.

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 its therapeutic equivalent. Using therapeutic interchange may offer advantages, such as value through improved convenience, affordability, improved outcomes or fewer side effects. Two or more drugs are considered therapeutically equivalent 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 therapeutic equivalent on the Sharp Health Plan Formulary, 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?

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. 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, you must pay the Cost Share for the corresponding tier.

You Have the Right to Appeal

If you do not agree with a coverage decision, you, your Authorized Representative or your doctor may request an Appeal. You must submit your request within 180 days from the postmark date of the denial notice.

Appeals Due to Denial of Coverage for a Nonformulary Drug

If an exception request for coverage of a Nonformulary drug is denied, you, your Authorized Representative or your doctor may request an external Exception Request review. Sharp Health Plan will ensure that a decision is made within 72 hours in routine circumstances or 24 hours in urgent circumstances.

All Other Appeals

If a decision is made to delay, deny or modify coverage of a Formulary Drug, you, your Authorized Representative or your doctor may request an Appeal. A decision will be made within 30 days in routine circumstances or 72 hours in urgent circumstances.

For all types of Appeals, the circumstance may be considered urgent if the routine decision-making process might seriously jeopardize your life or health, or when you are experiencing severe pain.

Please refer to your Member Handbook for more information on the Appeal process.

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, except when coverage is otherwise required for treatment of an Emergency Medical Condition.
3. Over-the-counter medications or supplies, 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.
6. Vitamins (other than pediatric or prenatal vitamins listed in this Formulary).
7. Drugs and supplies prescribed solely for the treatment of hair loss, sexual dysfunction, athletic performance, cosmetic purposes, anti-aging for cosmetic purposes, and mental performance. (Drugs for mental performance are not excluded from coverage when they are used to treat diagnosed mental illness or 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. Drugs prescribed by a dentist or when prescribed for a dental treatment.
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. Infertility drugs are excluded, unless added by the employer as a supplemental benefit.
14. Drugs obtained outside of the United States, unless they are furnished in connection with Urgent Care Services or Emergency Services.
15. Drugs that are prescribed solely for the purposes of losing weight, except when Medically Necessary for the treatment of morbid obesity. Members must be enrolled in a Sharp Health Plan-approved comprehensive weight loss program prior to or concurrent with receiving the weight loss drug.
16. 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.
17. Replacement of lost, stolen, or destroyed medications.
18. Compounded medications, unless determined to be Medically Necessary and Prior Authorization is obtained.
19. Brand-Name Drugs when a generic equivalent is available. 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 Drug is available, Sharp Health Plan does not cover the corresponding Brand-Name Drug. If a generic version of a drug is available, the brand-name version will require Prior Authorization. Sharp Health Plan requires the dispensing pharmacy to dispense the Generic Drug, unless Prior Authorization for the Brand-Name Drug is obtained.
20. Any Prescription Drug for which there is an over-the-counter product that has the identical active ingredient and dosage as the Prescription Drug.

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.
2. Drugs listed in this Formulary.
3. Over-the-counter products that are specifically covered and listed as a preventive care benefit under California State or federal law. Covered preventive drugs include FDA-approved tobacco cessation drugs and FDA-approved contraceptive drugs. 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 your Formulary and your Member Handbook under Family Planning and Preventive Care Services.

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:
 - Qualified sign language interpreters
 - 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:
 - Qualified interpreters
 - 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, or you can also complete the online Grievance / Appeal form on the plan's website sharphealthplan.com. 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.

The California Department of Managed Health Care is responsible for regulating health care service plans. If your grievance has not been satisfactorily resolved by Sharp Health Plan or your grievance has remained unresolved for more than 30 days, you may call toll-free the Department of Managed Health Care for assistance:

- 1-888-466-2219 Voice
- 1-877-688-9891 TDD

The Department of Managed Health Care's website has complaint forms and instructions online: www.dmhc.ca.gov.

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.

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: Չանգահարեք 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。

عبرعلا (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):

ਪਿਆਨ 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: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 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: ถ้ามองคุณภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-359-2002 (TTY:711).

List of Prescription Drugs

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	12
AMPHETAMINES	12
ANOREXIANTS NON-AMPHETAMINE	17
ANTI-OBESITY AGENTS	17
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS	17
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS).....	18
STIMULANTS - MISC.	18
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES	24
ALLERGENIC EXTRACTS.....	24
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS.....	24
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	24
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS	25
ANTIRHEUMATIC - ENZYME INHIBITORS	25
GOLD COMPOUNDS.....	25
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	25
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS.....	27
PYRIMIDINE SYNTHESIS INHIBITORS	27
ANALGESICS - NONNARCOTIC	27
ANALGESIC COMBINATIONS	27
SALICYLATES	27
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN	39
OPIOID AGONISTS.....	39
OPIOID COMBINATIONS	45
OPIOID PARTIAL AGONISTS.....	48
ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES ..	49
ANABOLIC STEROIDS.....	49
ANDROGENS	49
ANORECTAL AGENTS - RECTAL PREPARATIONS.....	50
INTRARECTAL STEROIDS	50
RECTAL COMBINATIONS.....	50
RECTAL STEROIDS.....	50
VASODILATING AGENTS.....	50
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES....	50
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	50
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS..	51
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	51
ANTI-INFECTIVE MISC. - COMBINATIONS.....	51
ANTIPROTOZOAL AGENTS	51
GLYCOPEPTIDES.....	51
LEPROSTATICS.....	51
LINCOSAMIDES	52
MONOBACTAMS.....	52
OXAZOLIDINONES	52

PLEUROMUTILINS	52
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS.....	52
ANTIANGINALS-OTHER.....	52
NITRATES	52
ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY	53
ANTIANSXIETY AGENTS - MISC.....	53
BENZODIAZEPINES.....	53
ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS	54
ANTIARRHYTHMICS TYPE I-A	54
ANTIARRHYTHMICS TYPE I-B	55
ANTIARRHYTHMICS TYPE I-C	55
ANTIARRHYTHMICS TYPE III	55
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE.....	55
ANTI-INFLAMMATORY AGENTS	55
ASTHMA AND BRONCHODILATOR AGENT COMBINATIONS	55
BRONCHODILATORS - ANTICHOLINERGICS	55
LEUKOTRIENE MODULATORS	56
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	56
STEROID INHALANTS	56
SYMPATHOMIMETICS	57
XANTHINES	58
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS	59
COUMARIN ANTICOAGULANTS	59
DIRECT FACTOR XA INHIBITORS	59
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES.....	59
AMPA GLUTAMATE RECEPTOR ANTAGONISTS.....	59
ANTICONVULSANTS - BENZODIAZEPINES.....	60
ANTICONVULSANTS - MISC.	60
CARBAMATES.....	64
GABA MODULATORS	64
HYDANTOINS	64
SUCCINIMIDES.....	65
VALPROIC ACID.....	65
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION	65
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS).....	65
ANTIDEPRESSANTS - MISC.	65
MONOAMINE OXIDASE INHIBITORS (MAOIS).....	66
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	66
SEROTONIN MODULATORS	67
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS).....	67
TRICYCLIC AGENTS.....	68
ANTIDIABETICS - DRUGS TO TREAT DIABETES	69
ALPHA-GLUCOSIDASE INHIBITORS	69
ANTIDIABETIC - AMYLIN ANALOGS	70
ANTIDIABETIC COMBINATIONS	70
BIGUANIDES	71

DIABETIC OTHER.....	71
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	72
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC	72
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS).....	72
INSULIN	72
INSULIN SENSITIZING AGENTS.....	73
MEGLITINIDE ANALOGUES.....	73
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS.....	73
SULFONYLUREAS	73
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA	
.....	74
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS.....	74
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.....	74
ANTIPERISTALTIC AGENTS	74
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE	
OR POISONING.....	74
ANTIDOTES - CHELATING AGENTS	74
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR	
POISONING	75
OPIOID ANTAGONISTS	75
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING.....	75
5-HT ₃ RECEPTOR ANTAGONISTS	75
ANTIEMETICS - ANTICHOLINERGIC.....	75
ANTIEMETICS - MISCELLANEOUS	76
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	76
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....	76
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS	76
IMIDAZOLE-RELATED ANTIFUNGALS.....	76
ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES	77
ANTIHIISTAMINES - ALKYLAMINES	77
ANTIHIISTAMINES - ETHANOLAMINES.....	77
ANTIHIISTAMINES - NON-SEDATING.....	77
ANTIHIISTAMINES - PHENOTHIAZINES.....	77
ANTIHIISTAMINES - PIPERIDINES.....	77
ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL	78
ANTIHYPERLIPIDEMICS - COMBINATIONS	78
ANTIHYPERLIPIDEMICS - MISC.....	78
BILE ACID SEQUESTRANTS	78
FIBRIC ACID DERIVATIVES	78
HMG COA REDUCTASE INHIBITORS	79
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS.....	80
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS.....	80
NICOTINIC ACID DERIVATIVES	81
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE ..	81
ACE INHIBITORS	81
AGENTS FOR PHEOCHROMOCYTOMA.....	82
ANGIOTENSIN II RECEPTOR ANTAGONISTS	82

ANTIADRENERGIC ANTIHYPERTENSIVES	82
ANTIHYPERTENSIVE COMBINATIONS	83
ANTIHYPERTENSIVES - MISC.	87
DIRECT RENIN INHIBITORS	87
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)	87
VASODILATORS.....	87
ANTIMALARIALS - DRUGS TO TREAT MALARIA.....	87
ANTIMALARIAL COMBINATIONS	87
ANTIMALARIALS - DRUGS TO TREAT MALARIA	88
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS	88
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS	88
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS.....	88
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS	88
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER	89
ALKYLATING AGENTS	89
ANTIMETABOLITES	89
ANTINEOPLASTIC - BCL-2 INHIBITORS	90
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS.....	90
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS.....	90
ANTINEOPLASTIC - IMMUNOMODULATORS	91
ANTINEOPLASTIC - XPO1 INHIBITORS	91
ANTINEOPLASTIC COMBINATIONS.....	91
ANTINEOPLASTIC ENZYME INHIBITORS.....	92
ANTINEOPLASTICS MISC.	97
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	97
MITOTIC INHIBITORS.....	97
TOPOISOMERASE I INHIBITORS	97
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE	98
ANTIPARKINSON ADJUVANTS.....	98
ANTIPARKINSON ANTICHOLINERGICS.....	98
ANTIPARKINSON COMT INHIBITORS	98
ANTIPARKINSON DOPAMINERGICS	98
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	100
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES	100
ANTIMANIC AGENTS	100
ANTIPSYCHOTICS - MISC.	100
BENZISOXAZOLES	101
BUTYROPHENONES	102
DIBENZAPINES.....	102
DIHYDROINDOLONES.....	103
PHENOTHIAZINES.....	103
QUINOLINONE DERIVATIVES	104

THIOXANTHENES	104
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT	105
IODINE ANTISEPTICS.....	105
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS.....	105
ANTIRETROVIRALS	105
CMV AGENTS	109
HEPATITIS AGENTS.....	109
HERPES AGENTS	110
INFLUENZA AGENTS.....	110
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND	
HEART CONDITIONS.....	110
ALPHA-BETA BLOCKERS	110
BETA BLOCKERS CARDIO-SELECTIVE.....	111
BETA BLOCKERS NON-SELECTIVE.....	111
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD	
PRESSURE AND HEART CONDITIONS.....	112
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
AND HEART CONDITIONS	112
CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS.....	115
CARDIAC GLYCOSIDES.....	115
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND	
CIRCULATION CONDITIONS	115
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS	115
IMPOTENCE AGENTS	116
PROSTAGLANDIN VASODILATORS	116
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS .	117
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	117
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	117
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR .	118
SINUS NODE INHIBITORS.....	118
TRANSTHYRETIN STABILIZERS.....	118
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS.....	118
CEPHALOSPORINS - 1ST GENERATION.....	118
CEPHALOSPORINS - 2ND GENERATION	118
CEPHALOSPORINS - 3RD GENERATION	119
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	119
COMBINATION CONTRACEPTIVES - ORAL	119
COMBINATION CONTRACEPTIVES - TRANSDERMAL.....	128
COMBINATION CONTRACEPTIVES - VAGINAL	128
EMERGENCY CONTRACEPTIVES	128
PROGESTIN CONTRACEPTIVES - ORAL	129
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	
.....	129
GLUCOCORTICOSTEROIDS	129
MINERALOCORTICIDS.....	131
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND	
ALLERGY SYMPTOMS	131

ANTITUSSIVES	131
COUGH/COLD/ALLERGY COMBINATIONS	131
MISC. RESPIRATORY INHALANTS.....	132
MUCOLYTICS.....	132
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS.....	132
ACNE PRODUCTS	132
ANTI-INFLAMMATORY AGENTS - TOPICAL.....	135
ANTIBIOTICS - TOPICAL.....	135
ANTIFUNGALS - TOPICAL.....	136
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL.....	137
ANTIPSORIATICS.....	137
ANTISEBORRHEIC PRODUCTS	138
ANTIVIRALS - TOPICAL.....	138
BURN PRODUCTS.....	138
CORTICOSTEROIDS - TOPICAL	138
EMOLLIENTS	142
ENZYMES - TOPICAL	142
IMMUNOMODULATING AGENTS - TOPICAL.....	142
IMMUNOSUPPRESSIVE AGENTS - TOPICAL.....	142
KERATOLYTIC/ANTIMITOTIC AGENTS.....	142
LOCAL ANESTHETICS - TOPICAL.....	142
MISC. TOPICAL.....	143
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	143
ROSACEA AGENTS	143
SCABICIDES & PEDICULICIDES	143
WOUND CARE PRODUCTS	143
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL	
DISORDERS	144
DIGESTIVE ENZYMES	144
DIURETICS - DRUGS TO TREAT HEART CONDITIONS	145
CARBONIC ANHYDRASE INHIBITORS	145
DIURETIC COMBINATIONS.....	145
LOOP DIURETICS.....	145
POTASSIUM SPARING DIURETICS.....	146
THIAZIDES AND THIAZIDE-LIKE DIURETICS	146
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE	
HORMONES.....	146
BONE DENSITY REGULATORS.....	146
GNRH/LHRH ANTAGONISTS	147
HORMONE RECEPTOR MODULATORS.....	147
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS.....	147
METABOLIC MODIFIERS	147
POSTERIOR PITUITARY HORMONES	148
PROGESTERONE RECEPTOR ANTAGONISTS.....	148
PROLACTIN INHIBITORS.....	148
VASOPRESSIN RECEPTOR ANTAGONISTS	148
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	149

ESTROGEN COMBINATIONS	149
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	150
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS	151
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS.....	151
GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS	152
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)	152
BILE ACID SYNTHESIS DISORDER AGENTS.....	152
FARNESOID X RECEPTOR (FXR) AGONISTS	152
GALLSTONE SOLUBILIZING AGENTS	152
GASTROINTESTINAL ANTIALLERGY AGENTS	152
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS	152
GASTROINTESTINAL STIMULANTS	153
INFLAMMATORY BOWEL AGENTS	153
INTESTINAL ACIDIFIERS	153
IRRITABLE BOWEL SYNDROME (IBS) AGENTS	153
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS.....	154
PHOSPHATE BINDER AGENTS.....	154
TRYPTOPHAN HYDROXYLASE INHIBITORS	154
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS	154
ACIDIFIERS	154
ALKALINIZERS	154
CYSTINOSIS AGENTS.....	155
INTERSTITIAL CYSTITIS AGENTS.....	155
PROSTATIC HYPERTROPHY AGENTS	155
URINARY ANALGESICS	155
URINARY STONE AGENTS	155
GOUT AGENTS - DRUGS TO TREAT GOUT.....	155
GOUT AGENT COMBINATIONS	155
GOUT AGENTS - DRUGS TO TREAT GOUT	155
URICOSURICS	156
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS	156
HEMATORHEOLOGIC AGENTS.....	156
PLATELET AGGREGATION INHIBITORS	156
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS .	156
AGENTS FOR GAUCHER DISEASE.....	156
AGENTS FOR SICKLE CELL ANEMIA	156
FOLIC ACID/FOLATES.....	157
HEMATOPOIETIC GROWTH FACTORS.....	158
HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS	158
HEMOSTATICS - SYSTEMIC	158
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS.....	159
BARBITURATE HYPNOTICS.....	159
HYPNOTICS - TRICYCLIC AGENTS.....	159

NON-BARBITURATE HYPNOTICS	159
OREXIN RECEPTOR ANTAGONISTS.....	160
SELECTIVE MELATONIN RECEPTOR AGONISTS	160
LAXATIVES - DRUGS TO TREAT CONSTIPATION.....	160
LAXATIVE COMBINATIONS.....	160
LAXATIVES - MISCELLANEOUS	160
MACROLIDES - DRUGS TO TREAT INFECTIONS	161
AZITHROMYCIN	161
CLARITHROMYCIN	161
ERYTHROMYCINS.....	161
FIDAXOMICIN	162
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING.....	162
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	162
PARENTERAL THERAPY SUPPLIES.....	162
RESPIRATORY THERAPY SUPPLIES	162
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES	165
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG	165
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES	165
SEROTONIN AGONISTS	165
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION.....	166
FLUORIDE.....	166
IODINE PRODUCTS	167
PHOSPHATE	167
POTASSIUM	167
ZINC	168
MISCELLANEOUS THERAPEUTIC CLASSES.....	168
CHELATING AGENTS	168
IMMUNOMODULATORS	169
IMMUNOSUPPRESSIVE AGENTS.....	169
POTASSIUM REMOVING AGENTS	170
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT	170
ANESTHETICS TOPICAL ORAL.....	170
ANTI-INFECTIVES - THROAT	170
STEROIDS - MOUTH/THROAT/DENTAL.....	171
THROAT PRODUCTS - MISC.	171
MULTIVITAMINS - DRUGS FOR NUTRITION.....	171
PRENATAL VITAMINS	171
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS	178
CENTRAL MUSCLE RELAXANTS	178
DIRECT MUSCLE RELAXANTS	178
MUSCLE RELAXANT COMBINATIONS	178
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE	179
NASAL AGENT COMBINATIONS.....	179
NASAL ANTIALLERGY	179

NASAL ANTICHOLINERGICS	179
NASAL STEROIDS	179
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES	179
.....	179
ALS AGENTS	179
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS.....	179
ARTIFICIAL TEARS AND LUBRICANTS.....	179
BETA-BLOCKERS - OPTHALMIC.....	179
CYCLOPLEGIC MYDRIATICS.....	180
MIOTICS.....	180
OPHTHALMIC ADRENERGIC AGENTS	180
OPHTHALMIC ANTI-INFECTIVES	181
OPHTHALMIC IMMUNOMODULATORS	182
OPHTHALMIC INTEGRIN ANTAGONISTS.....	182
OPHTHALMIC KINASE INHIBITORS	182
OPHTHALMIC NERVE GROWTH FACTORS	182
OPHTHALMIC STEROIDS.....	182
OPHTHALMIC SURGICAL AIDS	183
OPHTHALMICS - MISC.	183
PROSTAGLANDINS - OPTHALMIC.....	184
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR	184
OTIC AGENTS - MISCELLANEOUS	184
OTIC ANTI-INFECTIVES	184
OTIC COMBINATIONS.....	184
OTIC STEROIDS	185
OXYTOCICS - DRUGS FOR PREGNANCY	185
OXYTOCICS - DRUGS FOR PREGNANCY	185
PENICILLINS - DRUGS TO TREAT INFECTIONS	185
AMINOPENICILLINS	185
NATURAL PENICILLINS	186
PENICILLIN COMBINATIONS	186
PENICILLINASE-RESISTANT PENICILLINS	186
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES.....	186
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	186
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS	187
TO TREAT NERVOUS SYSTEM DISORDERS.....	187
AGENTS FOR CHEMICAL DEPENDENCY	187
ANTI-CATALECTIC AGENTS	187
ANTIDEMENTIA AGENTS	187
COMBINATION PSYCHOTHERAPEUTICS	188
FIBROMYALGIA AGENTS	189
MOVEMENT DISORDER DRUG THERAPY.....	189
MULTIPLE SCLEROSIS AGENTS.....	189
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS.....	190
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS	190
PSEUDOBULBAR AFFECT (PBA) AGENTS	190

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	190
SMOKING DETERRENTS.....	190
VASOMOTOR SYMPTOM AGENTS.....	195
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS.....	195
CYSTIC FIBROSIS AGENTS	195
PULMONARY FIBROSIS AGENTS	196
SULFONAMIDES - DRUGS TO TREAT INFECTIONS.....	196
SULFONAMIDES - DRUGS TO TREAT INFECTIONS.....	196
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	196
AMINOMETHYLCYCLINES	196
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	196
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS	197
ANTITHYROID AGENTS.....	197
THYROID HORMONES.....	197
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID	201
ANTISPASMODICS	201
H-2 ANTAGONISTS	202
MISC. ANTI-ULCER	203
PROTON PUMP INHIBITORS	203
ULCER DRUGS - PROSTAGLANDINS	204
ULCER THERAPY COMBINATIONS.....	204
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS	204
URINARY ANTI-INFECTIVE COMBINATIONS.....	204
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS	205
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE	205
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)...	205
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS	206
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	206
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS	206
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS	206
MISCELLANEOUS VAGINAL PRODUCTS	206
SPERMICIDES	206
VAGINAL ANTI-INFECTIVES	206
VAGINAL ESTROGENS	207
VAGINAL PROGESTINS	207
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS	207
ANAPHYLAXIS THERAPY AGENTS	207
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	208
VITAMINS - DRUGS FOR NUTRITION	208

OIL SOLUBLE VITAMINS	208
Index.....	209

Sharp Health Plan effective: 12/01/2020

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
AMPHETAMINES		
ADZENYS XR TAB 3.1MG (<i>amphetamine</i>)	3	PA, QL (60 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
ADZENYS XR TAB 6.3MG (<i>amphetamine</i>)	3	PA, QL (60 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
ADZENYS XR TAB 9.4MG (<i>amphetamine</i>)	3	PA, QL (60 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
ADZENYS XR TAB 12.5MG (<i>amphetamine</i>)	3	PA, QL (30 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
ADZENYS XR TAB 15.7 MG (<i>amphetamine</i>)	3	PA, QL (30 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
ADZENYS XR TAB 18.8MG (<i>amphetamine</i>)	3	PA, QL (30 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>amphetamine extended release susp 1.25 mg/ml</i>	1	PA, QL (450 mL / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>amphetamine sulfate tab 5 mg</i>	1	PA, QL (120 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>amphetamine sulfate tab 10 mg</i>	1	PA, QL (120 tabs / 25 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 5 mg</i>	1	PA, QL (90 caps / 25 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 (90 caps / 25 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 (30 caps / 25 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 (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	PA, QL (30 caps / 25 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 (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	PA, QL (90 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	PA, QL (90 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	PA, QL (90 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	PA, QL (90 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	PA, QL (60 tabs / 25 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 tab 20 mg</i>	1	PA, QL (60 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	PA, QL (30 tabs / 25 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 (120 caps / 25 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 (120 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	PA, QL (60 caps / 25 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 (1200 mL / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 2.5 mg</i> (Zenzedi)	1	PA, QL (120 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 5 mg</i>	1	PA, QL (120 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 5 mg</i> (Zenzedi)	1	PA, QL (120 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 7.5 mg</i> (Zenzedi)	1	PA, QL (120 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 10 mg</i>	1	PA, QL (120 tabs / 25 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 10 mg</i> (Zenzedi)	1	PA, QL (120 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 15 mg</i> (Zenzedi)	1	PA, QL (60 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 20 mg</i> (Zenzedi)	1	PA, QL (60 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 30 mg</i> (Zenzedi)	1	PA, QL (30 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
DYANAVEL XR SUS 2.5MG/ML (amphetamine)	3	PA, QL (240 mL / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>methamphetamine hcl tab 5 mg</i>	1	PA, QL (150 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
MYDAYIS CAP 12.5MG (amphetamine-dextroamphetamine)	2	PA, QL (60 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
MYDAYIS CAP 25MG (amphetamine-dextroamphetamine)	2	PA, QL (60 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
MYDAYIS CAP 37.5MG (amphetamine-dextroamphetamine)	2	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
MYDAYIS CAP 50MG (amphetamine-dextroamphetamine)	2	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CAP 10MG (lisdexamfetamine dimesylate)	2	PA, QL (60 caps / 25 days), MO; PA Required for Age greater than or equal to age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VYVANSE CAP 20MG (<i>lisdexamfetamine dimesylate</i>)	2	PA, QL (60 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CAP 30MG (<i>lisdexamfetamine dimesylate</i>)	2	PA, QL (60 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CAP 40MG (<i>lisdexamfetamine dimesylate</i>)	2	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CAP 50MG (<i>lisdexamfetamine dimesylate</i>)	2	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CAP 60MG (<i>lisdexamfetamine dimesylate</i>)	2	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CAP 70MG (<i>lisdexamfetamine dimesylate</i>)	2	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CHW 10MG (<i>lisdexamfetamine dimesylate</i>)	2	PA, QL (30 chews / 25 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CHW 20MG (<i>lisdexamfetamine dimesylate</i>)	2	PA, QL (30 chews / 25 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CHW 30MG (<i>lisdexamfetamine dimesylate</i>)	2	PA, QL (30 chews / 25 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CHW 40MG (<i>lisdexamfetamine dimesylate</i>)	2	PA, QL (30 chews / 25 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CHW 50MG (<i>lisdexamfetamine dimesylate</i>)	2	PA, QL (30 chews / 25 days), MO; PA Required for Age greater than or equal to age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VYVANSE CHW 60MG (<i>lisdexamfetamine dimesylate</i>)	2	PA, QL (30 chews / 25 days), MO; PA Required for Age greater than or equal to age 19
ANOREXIANTS NON-AMPHETAMINE		
<i>benzphetamine hcl tab 25 mg</i>	1	PA
<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 cap er 24hr 105 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
ANTI-OBESITY AGENTS		
XENICAL CAP 120MG (<i>orlistat</i>)	3	PA
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	PA, QL (120 caps / 25 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 (120 caps / 25 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 (120 caps / 25 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 (60 caps / 25 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 (30 caps / 25 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 (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	PA, QL (30 caps / 25 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

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

STIMULANTS - MISC.

APTENSIO XR CAP 10MG (<i>methylphenidate hcl</i>)	3	PA, QL (60 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
APTENSIO XR CAP 15MG (<i>methylphenidate hcl</i>)	3	PA, QL (60 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
APTENSIO XR CAP 20MG (<i>methylphenidate hcl</i>)	3	PA, QL (60 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
APTENSIO XR CAP 30MG (<i>methylphenidate hcl</i>)	3	PA, QL (60 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
APTENSIO XR CAP 40MG (<i>methylphenidate hcl</i>)	3	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
APTENSIO XR CAP 50MG (<i>methylphenidate hcl</i>)	3	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
APTENSIO XR CAP 60MG (methylphenidate hcl)	3	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
armodafinil tab 50 mg	1	PA, MO
armodafinil tab 150 mg	1	PA, MO
armodafinil tab 200 mg	1	PA, MO
armodafinil tab 250 mg	1	PA, MO
DAYTRANA DIS 10MG/9HR (methylphenidate)	3	PA, QL (30 patches / 25 days), MO; PA Required for Age greater than or equal to age 19
DAYTRANA DIS 15MG/9HR (methylphenidate)	3	PA, QL (30 patches / 25 days), MO; PA Required for Age greater than or equal to age 19
DAYTRANA DIS 20MG/9HR (methylphenidate)	3	PA, QL (30 patches / 25 days), MO; PA Required for Age greater than or equal to age 19
DAYTRANA DIS 30MG/9HR (methylphenidate)	3	PA, QL (30 patches / 25 days), MO; PA Required for Age greater than or equal to age 19
dexmethylphenidate hcl cap er 24 hr 5 mg	1	PA, QL (60 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
dexmethylphenidate hcl cap er 24 hr 5 mg	1	PA, QL (60 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
dexmethylphenidate hcl cap er 24 hr 10 mg	1	PA, QL (60 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
dexmethylphenidate hcl cap er 24 hr 15 mg	1	PA, QL (60 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
dexmethylphenidate hcl cap er 24 hr 20 mg	1	PA, QL (60 caps / 25 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 (30 caps / 25 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 (30 caps / 25 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 (30 caps / 25 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 (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	PA, QL (120 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>dexmethylphenidate hcl tab 5 mg</i>	1	PA, QL (120 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>dexmethylphenidate hcl tab 10 mg</i>	1	PA, QL (60 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
METHYLPHENID TAB 72MG ER	3	PA, QL (30 tabs / 25 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 (60 caps / 25 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 (60 caps / 25 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 (60 caps / 25 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 10 mg (xr)</i>	1	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	PA, QL (180 caps / 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 (60 caps / 25 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 / 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 (60 caps / 25 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 / 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 (30 caps / 25 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 / 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 / 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 (30 caps / 25 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 / 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 30 mg (cd)</i>	1	PA, QL (60 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	PA, QL (30 caps / 25 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 (30 caps / 25 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 (30 caps / 25 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 (180 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>methylphenidate hcl chew tab 5 mg</i>	1	PA, QL (180 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>methylphenidate hcl chew tab 10 mg</i>	1	PA, QL (180 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	PA, QL (1800 mL / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	PA, QL (900 mL / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>methylphenidate hcl tab 5 mg</i>	1	PA, QL (180 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>methylphenidate hcl tab 10 mg</i>	1	PA, QL (180 tabs / 25 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 20 mg</i>	1	PA, QL (90 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>methylphenidate hcl tab er 10 mg</i>	1	PA, QL (90 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>methylphenidate hcl tab er 20 mg</i>	1	PA, QL (90 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
<i>methylphenidate hcl tab er 20 mg</i> (Metadate Er)	1	PA, QL (90 tabs / 25 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 (60 tabs / 25 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 (60 tabs / 25 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 (60 tabs / 25 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 (30 tabs / 25 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 (60 tabs / 25 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 (60 tabs / 25 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 (60 tabs / 25 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 osmotic release (osm) 54 mg</i>	1	PA, QL (30 tabs / 25 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
QUILLICHEW CHW 20MG ER <i>(methylphenidate hcl)</i>	3	PA, QL (60 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
QUILLICHEW CHW 30MG ER <i>(methylphenidate hcl)</i>	3	PA, QL (60 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
QUILLICHEW CHW 40MG ER <i>(methylphenidate hcl)</i>	3	PA, QL (30 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
QUILLIVANT SUS 25MG/5ML <i>(methylphenidate hcl)</i>	3	PA, QL (360 mL / 25 days), MO; PA Required for Age greater than or equal to age 19

ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU <i>(timothy grass pollen allergen extract)</i>	2	PA, MO
ODACTRA SUB <i>(dust mite mixed allergen extract)</i>	3	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

ARIKAYCE SUS <i>(amikacin sulfate liposome)</i>	3	SP, PA
BETHKIS NEB 300/4ML <i>(tobramycin)</i>	2	SP, PA, QL (224 mL / 28 days)
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>tobramycin nebu soln 300 mg/5ml</i>	1	SP, PA, QL (280 mL / 28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS		
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER (<i>upadacitinib</i>)	2	SP, PA, QL (30 tabs / 30 days)
XELJANZ TAB 5MG (<i>tofacitinib citrate</i>)	2	SP, PA, QL (60 tabs / 30 days)
XELJANZ TAB 10MG (<i>tofacitinib citrate</i>)	2	SP, PA, QL (60 tabs / 30 days)
XELJANZ XR TAB 11MG (<i>tofacitinib citrate</i>)	2	SP, PA, QL (30 tabs / 30 days)
XELJANZ XR TAB 22MG (<i>tofacitinib citrate</i>)	2	SP, PA, QL (30 tabs / 30 days)
GOLD COMPOUNDS		
RIDAURA CAP 3MG (<i>auranofin</i>)	3	MO
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
<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
DUEXIS TAB 800-26.6 (<i>ibuprofen-famotidine</i>)	3	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>fenoprofen calcium tab 600 mg</i>	1	MO
<i>flurbiprofen tab 50 mg</i>	1	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>flurbiprofen tab 100 mg</i>	1	MO
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	MO
<i>ibuprofen tab 400 mg (Ibu)</i>	1	MO
<i>ibuprofen tab 600 mg</i>	1	MO
<i>ibuprofen tab 600 mg (Ibu)</i>	1	MO
<i>ibuprofen tab 800 mg</i>	1	MO
<i>ibuprofen tab 800 mg (Ibu)</i>	1	MO
<i>indomethacin cap 20 mg</i>	1	
<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>ketoprofen cap 50 mg</i>	1	MO
<i>ketoprofen cap 75 mg</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 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
NALFON CAP 400MG (fenoprofen calcium)	3	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
<i>naproxen tab 500 mg</i>	1	MO
<i>naproxen tab ec 375 mg (Ec-naproxen)</i>	1	MO
<i>naproxen tab ec 375 mg (Naproxen Dr)</i>	1	MO
<i>naproxen tab ec 500 mg (Ec-naproxen)</i>	1	MO
<i>naproxen tab ec 500 mg (Naproxen Dr)</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
<i>tolmetin sodium cap 400 mg</i>	1	MO
<i>tolmetin sodium tab 600 mg</i>	1	MO
ZIPSOR CAP 25MG (diclofenac potassium)	3	ST; PA**

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30 (apremilast)	2	SP, PA, QL (55 tabs / 28 days)
OTEZLA TAB 30MG (apremilast)	2	SP, PA, QL (60 tabs / 30 days)
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab 10 mg	1	MO
leflunomide tab 20 mg	1	MO
ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS		
acetaminophen-salicylamide-phenyltoloxamine cap 300-200-20mg (Duraxin)	1	
butalbital-acetaminophen cap 50-300 mg	1	QL (48 caps / 25 days)
butalbital-acetaminophen tab 25-325 mg	1	QL (96 tabs / 25 days)
butalbital-acetaminophen tab 50-300 mg	1	QL (48 tabs / 25 days)
butalbital-acetaminophen tab 50-300 mg (Bupap)	1	QL (48 tabs / 25 days)
butalbital-acetaminophen tab 50-325 mg	1	QL (48 tabs / 25 days)
butalbital-acetaminophen tab 50-325 mg (Tencon)	1	QL (48 tabs / 25 days)
butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml (Vtol Lq)	1	QL (240 mL / 25 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	QL (48 tabs / 25 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	1	QL (48 caps / 25 days)
SALICYLATES		
aspirin chew tab 81 mg	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
aspirin chew tab 81 mg (Aspirin 81 Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>aspirin chew tab 81 mg</i> (Aspirin Adult Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Aspirin Adult Low Strengt)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Aspirin Childrens)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Aspirin Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Aspirin Low Strength)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Bayer Chewable Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Childrens Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
aspirin chew tab 81 mg (Childrens Aspirin Low Str)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
aspirin chew tab 81 mg (Cvs Aspirin Adult Low Dos)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
aspirin chew tab 81 mg (Eq Aspirin Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
aspirin chew tab 81 mg (Eq Childrens Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
aspirin chew tab 81 mg (Eq Aspirin Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
aspirin chew tab 81 mg (Gnp Adult Aspirin Low Str)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
aspirin chew tab 81 mg (Goodsense Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>aspirin chew tab 81 mg</i> (Goodsense Aspirin Adult L)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Hm Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Px Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Qc Aspirin Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Qc Chewable Aspirin Low D)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Qc Childrens Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Ra Aspirin Adult Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>aspirin chew tab 81 mg</i> (Ra Aspirin Adult Low Stre)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Ra Aspirin Childrens)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Ra Childrens Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Sb Childrens Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Sm Aspirin Adult Low Stre)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Sm Aspirin Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Sm Childrens Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>aspirin chew tab 81 mg</i> (St Joseph Low Dose Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Tgt Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin chew tab 81 mg</i> (Tgt Childrens Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i>	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i>	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Adult Aspirin Ec Low Stre)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Adult Aspirin Regimen)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or 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> (Adult Aspirin Regimen)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Aspir-low)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Aspirin 81)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Aspirin Adult Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Aspirin Adult Low Strengt)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Aspirin Ec Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Aspirin Enteric Coated Ad)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or 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> (Aspirin Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Aspirin Regimen Low Dose/)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Bayer Aspirin Ec Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Bayer Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Cvs Aspirin Adult Low Str)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Cvs Aspirin Ec)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Cvs Aspirin Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or 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> (Cvs Aspirin Low Strength)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Ec-81 Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Ecotrin Low Strength)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Eq Adult Aspirin Low Stre)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Eq Aspirin Adult Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Eq Aspirin Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Eq Aspirin Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or 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> (Gnp Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Gnp Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Gnp Aspirin Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Gnp Aspirin Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Goodsense Aspirin Low Dos)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (H-e-b Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Hm Aspirin Ec Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or 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> (Kls Aspirin Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Kls Aspirin Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Kp Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Miniprin Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Px Enteric Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Qc Aspirin Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Ra Aspirin Ec)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or 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> (Ra Aspirin Ec Adult Low S)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Sb Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Sb Aspirin Adult Low Stre)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Sb Low Dose Asa Ec)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Sm Aspirin Adult Low Stre)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Sm Aspirin Ec Low Strengt)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (St Joseph Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or 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> (Tgt Aspirin)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i> (Tgt Aspirin Low Dose)	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<i>diflunisal tab 500 mg</i>	1	MO
<i>salsalate tab 500 mg</i>	1	MO
<i>salsalate tab 750 mg</i>	1	MO

ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

CODEINE SULF TAB 15MG	3	QL (42 tabs / 25 days); Subject to initial 7-day limit
CODEINE SULF TAB 60MG	3	QL (42 tabs / 25 days); Subject to initial 7-day limit
<i>codeine sulfate tab 30 mg</i>	1	QL (42 tabs / 25 days); Subject to initial 7-day limit
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	1	PA
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 / 25 days); PA**
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	ST, QL (10 patches / 25 days); PA**
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	ST, QL (10 patches / 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
HYDROMORPHON SUP 3MG	3	QL (120 supp / 25 days); Subject to initial 7-day limit
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	QL (600 mL / 25 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 2 mg</i>	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 4 mg</i>	1	QL (150 tabs / 25 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab 8 mg</i>	1	QL (60 tabs / 25 days); Subject to initial 7-day limit
<i>hydromorphone hcl tab er 24hr deter 8 mg</i>	1	ST, QL (30 tabs / 25 days); PA**
<i>hydromorphone hcl tab er 24hr deter 12 mg</i>	1	ST, QL (30 tabs / 25 days); PA**
<i>hydromorphone hcl tab er 24hr deter 16 mg</i>	1	ST, QL (30 tabs / 25 days); PA**
<i>hydromorphone hcl tab er 24hr deter 32 mg</i>	1	PA; High Strength Requires PA
KADIAN CAP 200MG ER (<i>morphine sulfate</i>)	3	PA; High Strength Requires PA

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	QL (90 mL / 25 days); Subject to initial 7-day limit
<i>meperidine hcl tab 50 mg</i>	1	QL (18 tabs / 25 days); Subject to initial 7-day limit
<i>meperidine hcl tab 100 mg</i>	1	QL (18 tabs / 25 days); Subject to initial 7-day limit
<i>methadone hcl conc 10 mg/ml</i>	1	QL (30 mL / 25 days); Indicated for opioid addiction
<i>methadone hcl conc 10 mg/ml</i> (Methadone Hcl Intensol)	1	QL (30 mL / 25 days); Indicated for opioid addiction
<i>methadone hcl soln 5 mg/5ml</i>	1	ST, QL (450 ml / 25 days); PA**
<i>methadone hcl soln 10 mg/5ml</i>	1	ST, QL (300 mL / 25 days); PA**
<i>methadone hcl tab 5 mg</i>	1	ST, QL (90 tabs / 25 days); PA**
<i>methadone hcl tab 10 mg</i>	1	ST, QL (60 tabs / 25 days); PA**
<i>methadone hcl tab for oral susp 40 mg</i>	1	QL (9 tabs / 25 days); Indicated for opioid addiction
<i>methadone hcl tab for oral susp 40 mg</i> (Methadose)	1	QL (9 tabs / 25 days); Indicated for opioid addiction
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	ST, QL (30 caps / 25 days); PA**
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	ST, QL (30 caps / 25 days); PA**
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	ST, QL (30 caps / 25 days); PA**
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	ST, QL (30 caps / 25 days); PA**
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	ST, QL (30 caps / 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 / 25 days); PA**
<i>morphine sulfate cap er 24hr 20 mg</i>	1	ST, QL (60 caps / 25 days); PA**

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>morphine sulfate cap er 24hr 30 mg</i>	1	ST, QL (60 caps / 25 days); PA**
<i>morphine sulfate cap er 24hr 40 mg</i>	1	ST, QL (60 caps / 25 days); PA**
<i>morphine sulfate cap er 24hr 50 mg</i>	1	ST, QL (30 caps / 25 days); PA**
<i>morphine sulfate cap er 24hr 60 mg</i>	1	ST, QL (30 caps / 25 days); PA**
<i>morphine sulfate cap er 24hr 80 mg</i>	1	ST, QL (30 caps / 25 days); PA**
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA; High Strength Requires PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	QL (900 mL / 25 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	QL (675 mL / 25 days); Subject to initial 7-day limit
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	QL (135 mL / 25 days); Subject to initial 7-day limit
<i>morphine sulfate suppos 5 mg</i>	1	QL (180 supp / 25 days); Subject to initial 7-day limit
<i>morphine sulfate suppos 10 mg</i>	1	QL (180 supp / 25 days); Subject to initial 7-day limit
<i>morphine sulfate suppos 20 mg</i>	1	QL (120 supp / 25 days); Subject to initial 7-day limit
<i>morphine sulfate suppos 30 mg</i>	1	QL (90 supp / 25 days); Subject to initial 7-day limit
<i>morphine sulfate tab 15 mg</i>	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
<i>morphine sulfate tab 30 mg</i>	1	QL (90 tabs / 25 days); Subject to initial 7-day limit
<i>morphine sulfate tab er 15 mg</i>	1	ST, QL (90 tabs / 25 days); PA**
<i>morphine sulfate tab er 30 mg</i>	1	ST, QL (90 tabs / 25 days); PA**
<i>morphine sulfate tab er 60 mg</i>	1	PA; High Strength Requires PA

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
NUCYNTA ER TAB 50MG (<i>tapentadol hcl</i>)	2	ST, QL (60 tabs / 25 days); PA**
NUCYNTA ER TAB 100MG (<i>tapentadol hcl</i>)	2	ST, QL (60 tabs / 25 days); PA**
NUCYNTA ER TAB 150MG (<i>tapentadol hcl</i>)	2	PA; High Strength Requires PA
NUCYNTA ER TAB 200MG (<i>tapentadol hcl</i>)	2	PA; High Strength Requires PA
NUCYNTA ER TAB 250MG (<i>tapentadol hcl</i>)	2	PA; High Strength Requires PA
NUCYNTA TAB 50MG (<i>tapentadol hcl</i>)	2	QL (120 tabs / 25 days); Subject to initial 7-day limit
NUCYNTA TAB 75MG (<i>tapentadol hcl</i>)	2	QL (90 tabs / 25 days); Subject to initial 7-day limit
NUCYNTA TAB 100MG (<i>tapentadol hcl</i>)	2	QL (60 tabs / 25 days); Subject to initial 7-day limit
<i>oxycodone hcl cap 5 mg</i>	1	QL (180 caps / 25 days); Subject to initial 7-day limit
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	QL (90 mL / 25 days); Subject to initial 7-day limit
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL (900 mL / 25 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 10 mg</i>	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 15 mg</i>	1	QL (120 tabs / 25 days); Subject to initial 7-day limit
<i>oxycodone hcl tab 20 mg</i>	1	QL (90 tabs / 25 days); Subject to initial 7-day limit

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone hcl tab 30 mg</i>	1	QL (60 tabs / 25 days); Subject to initial 7-day limit
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	ST, QL (60 tabs / 25 days); PA**
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	ST, QL (60 tabs / 25 days); PA**
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	ST, QL (60 tabs / 25 days); PA**
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	ST, QL (60 tabs / 25 days); PA**
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	PA; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA; High Strength Requires PA
<i>oxymorphone hcl tab 5 mg</i>	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab 10 mg</i>	1	QL (90 tabets / 25 days); Subject to initial 7-day limit
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	ST, QL (60 tabs / 25 days); PA**
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	ST, QL (60 tabs / 25 days); PA**
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	ST, QL (60 tabs / 25 days); PA**
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	ST, QL (60 tabs / 25 days); PA**
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	PA; High Strength Requires PA
SUBSYS SPR 100MCG (<i>fentanyl</i>)	2	PA
SUBSYS SPR 200MCG (<i>fentanyl</i>)	2	PA
SUBSYS SPR 400MCG (<i>fentanyl</i>)	2	PA
SUBSYS SPR 600MCG (<i>fentanyl</i>)	2	PA
SUBSYS SPR 800MCG (<i>fentanyl</i>)	2	PA
SUBSYS SPR 1200MCG (<i>fentanyl</i>)	2	PA
SUBSYS SPR 1600MCG (<i>fentanyl</i>)	2	PA

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	1	ST, QL (30 caps / 25 days); PA**
<i>tramadol hcl cap er 24hr biphasic release 150 mg</i>	1	ST, QL (30 caps / 25 days); PA**
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	1	ST, PA; High Strength Requires PA, PA**
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	1	ST, PA; High Strength Requires PA, PA**
<i>tramadol hcl tab 50 mg</i>	1	QL (180 tabs / 25 days); Subject to initial 7-day limit
<i>tramadol hcl tab er 24hr 100 mg</i>	1	ST, QL (30 tabs / 25); PA**
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA; High Strength Requires PA
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA; High Strength Requires PA
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	ST, QL (30 tabs / 25); PA**
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA; High Strength Requires PA
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA; High Strength Requires PA
XTAMPZA ER CAP 9MG (<i>oxycodone</i>)	2	ST, QL (60 caps / 25 days); PA**
XTAMPZA ER CAP 13.5MG (<i>oxycodone</i>)	2	ST, QL (60 caps / 25 days); PA**
XTAMPZA ER CAP 18MG (<i>oxycodone</i>)	2	ST, QL (60 caps / 25 days); PA**
XTAMPZA ER CAP 27MG (<i>oxycodone</i>)	2	ST, QL (60 caps / 25 days); PA**
XTAMPZA ER CAP 36MG (<i>oxycodone</i>)	2	PA; High Strength Requires PA
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	ST, QL (2700 mL / 25 days); Subject to initial 7-day limit, PA**
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	ST, QL (400 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit, PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	ST, QL (300 caps / 25 days); Subject to initial 7-day limit, PA**
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i> (Trezix)	1	ST, QL (300 caps / 25 days); Subject to initial 7-day limit, PA**
<i>acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg</i>	1	ST, QL (300 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg</i> (Dvorah)	1	ST, QL (300 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> (Ascomp/codeine)	1	QL (48 caps / 25 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	ST, QL (2700 mL / 25 days); Subject to initial 7-day limit, PA**
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>hydrocodone-acetaminophen tab 5-325 mg</i> (Lorcet)	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit, PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>hydrocodone-acetaminophen tab 10-325 mg (Lorcet Hd)</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	ST, QL (50 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	ST, QL (50 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	ST, QL (50 tabs / 25 days); Subject to initial 7-day limit, PA**
LORTAB ELX 10-300MG (<i>hydrocodone-acetaminophen</i>)	3	ST, QL (2025 mL / 25 days); Subject to initial 7-day limit, PA**
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>oxycodone w/ acetaminophen tab 5-325 mg (Endocet)</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)</i>	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>oxycodone w/ acetaminophen tab 10-325 mg (Endocet)</i>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit, PA**
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit, PA**

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	ST, QL (40 tabs / 25 days); Subject to initial 7-day limit, PA**
OPIOID PARTIAL AGONISTS		
<i>BELBUCA MIS 75MCG (buprenorphine hcl)</i>	2	ST, QL (60 tabs / 25 days); PA**
<i>BELBUCA MIS 150MCG (buprenorphine hcl)</i>	2	ST, QL (60 tabs / 25 days); PA**
<i>BELBUCA MIS 300MCG (buprenorphine hcl)</i>	2	ST, QL (60 tabs / 25 days); PA**
<i>BELBUCA MIS 450MCG (buprenorphine hcl)</i>	2	ST, QL (60 tabs / 25 days); PA**
<i>BELBUCA MIS 600MCG (buprenorphine hcl)</i>	2	PA; High Strength Requires PA
<i>BELBUCA MIS 750MCG (buprenorphine hcl)</i>	2	PA; High Strength Requires PA
<i>BELBUCA MIS 900MCG (buprenorphine hcl)</i>	2	PA; High Strength Requires PA
<i>BUNAVAIL MIS 2.1-0.3 (buprenorphine hcl-naloxone hcl dihydrate)</i>	3	
<i>BUNAVAIL MIS 4.2-0.7 (buprenorphine hcl-naloxone hcl dihydrate)</i>	3	
<i>BUNAVAIL MIS 6.3-1MG (buprenorphine hcl-naloxone hcl dihydrate)</i>	3	
<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 / month)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	ST, QL (4 patches / month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	ST, QL (4 patches / month)
<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 tab 50-0.5 mg</i>	1	QL (120 tabs / 25 days); Subject to initial 7-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	
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

ANABOLIC STEROIDS

ANADROL-50 TAB 50MG (<i>oxymetholone</i>)	3	PA
<i>oxandrolone tab 2.5 mg</i>	1	PA
<i>oxandrolone tab 10 mg</i>	1	PA

ANDROGENS

ANDRODERM DIS 2MG/24HR (<i>testosterone</i>)	2	PA, MO
ANDRODERM DIS 4MG/24HR (<i>testosterone</i>)	2	PA, MO
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
METHITEST TAB 10MG (<i>methyltestosterone</i>)	3	PA, MO
<i>methyltestosterone cap 10 mg</i>	1	PA, MO
NATESTO GEL 5.5MG (<i>testosterone</i>)	3	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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 AGENTS - RECTAL PREPARATIONS

INTRARECTAL STEROIDS

CORTIFOAM AER 90MG (<i>hydrocortisone acetate (intrarectal)</i>)	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
UCERIS AER 2MG/ACT (<i>budesonide (intrarectal)</i>)	3	

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

<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 1%</i> (Procto-pak)	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i> (Procto-med Hc)	1	
<i>hydrocortisone perianal cream 2.5%</i> (Proctosol Hc)	1	
<i>hydrocortisone perianal cream 2.5%</i> (Proctozone-hc)	1	

VASODILATING AGENTS

RECTIV OIN 0.4% (<i>nitroglycerin (intra-anal)</i>)	3	
---	---	--

ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES

ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES

<i>albendazole tab 200 mg</i>	1	
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
EMVERM CHW 100MG (<i>mebendazole</i>)	2	

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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		
AEMCOLO TAB 194MG (<i>rifamycin sodium</i>)	3	
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	
PRIMSOL SOL 50MG/5ML (<i>trimethoprim hcl</i>)	3	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 200MG (<i>rifaximin</i>)	3	
XIFAXAN TAB 550MG (<i>rifaximin</i>)	2	MO
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> (Sulfatrim Pediatric)	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML (<i>nitazoxanide</i>)	3	
ALINIA TAB 500MG (<i>nitazoxanide</i>)	3	
<i>atovaquone susp 750 mg/5ml</i>	1	
GLYCOPEPTIDES		
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	
VANCOMYCIN SOL 250/5ML	3	
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	MO
<i>dapsone tab 100 mg</i>	1	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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, QL (84 mL / 28 days)
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	
<i>linezolid tab 600 mg</i>	1	
SIVEXTRO TAB 200MG (<i>tedizolid phosphate</i>)	3	
PLEUROMUTILINS		
XENLETA TAB 600MG (<i>lefamulin acetate</i>)	3	
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		
DILATRATE SR CAP 40MG (<i>isosorbide dinitrate</i>)	3	MO
<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 dinitrate tab 40 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
NITRO-BID OIN 2% (<i>nitroglycerin</i>)	3	MO
NITRO-DUR DIS 0.3MG/HR (<i>nitroglycerin</i>)	2	MO
NITRO-DUR DIS 0.8MG/HR (<i>nitroglycerin</i>)	2	MO
<i>nitroglycerin sl tab 0.3 mg</i>	1	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 0.1 mg/hr</i> (Minitran)	1	MO
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	MO
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> (Minitran)	1	MO
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	MO
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> (Minitran)	1	MO
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	MO
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> (Minitran)	1	MO
<i>nitroglycerin tl soln 0.4 mg/spray</i> (400 mcg/spray)	1	MO
NITROMIST AER 400MCG (<i>nitroglycerin</i>)	3	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

ALPRAZOLAM CON 1 MG/ML (<i>alprazolam</i>)	3	
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	
<i>alprazolam orally disintegrating tab 1 mg</i>	1	
<i>alprazolam orally disintegrating tab 2 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>alprazolam tab 0.5 mg</i>	1	
<i>alprazolam tab 0.25 mg</i>	1	
<i>alprazolam tab 1 mg</i>	1	
<i>alprazolam tab 2 mg</i>	1	
<i>alprazolam tab er 24hr 0.5 mg</i>	1	
<i>alprazolam tab er 24hr 0.5 mg</i> (Alprazolam Xr)	1	
<i>alprazolam tab er 24hr 1 mg</i>	1	
<i>alprazolam tab er 24hr 1 mg</i> (Alprazolam Xr)	1	
<i>alprazolam tab er 24hr 2 mg</i>	1	
<i>alprazolam tab er 24hr 2 mg</i> (Alprazolam Xr)	1	
<i>alprazolam tab er 24hr 3 mg</i>	1	
<i>alprazolam tab er 24hr 3 mg</i> (Alprazolam Xr)	1	
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	
<i>clorazepate dipotassium tab 7.5 mg</i>	1	
<i>clorazepate dipotassium tab 15 mg</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg</i>	1	
<i>diazepam tab 5 mg</i>	1	
<i>diazepam tab 10 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	
<i>lorazepam tab 1 mg</i>	1	
<i>lorazepam tab 2 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	

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
NORPACE CAP 100MG CR (<i>disopyramide phosphate</i>)	2	MO
NORPACE CAP 150MG CR (<i>disopyramide phosphate</i>)	2	MO
<i>quinidine gluconate tab er 324 mg</i>	1	MO

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>quinidine sulfate tab 200 mg</i>	1	MO
<i>quinidine sulfate tab 300 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
<i>amiodarone hcl tab 100 mg (Pacerone)</i>	1	MO
<i>amiodarone hcl tab 200 mg</i>	1	MO
<i>amiodarone hcl tab 200 mg (Pacerone)</i>	1	MO
<i>amiodarone hcl tab 400 mg</i>	1	MO
<i>amiodarone hcl tab 400 mg (Pacerone)</i>	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
<i>MULTAQ TAB 400MG (dronedarone hcl)</i>	2	MO
ANTIASTHMATIC 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 (240 mL / 25 days), MO
ASTHMA AND BRONCHODILATOR AGENT COMBINATIONS		
<i>dyphylline-guaifenesin liqd 100-100 mg/5ml (Difil-g Forte)</i>	1	
BRONCHODILATORS - ANTICHOLINERGICS		
<i>ATROVENT HFA AER 17MCG (ipratropium bromide hfa)</i>	3	QL (2 inhalers / 25 days), MO
<i>INCRUSE ELPT INH 62.5MCG (umeclidinium bromide)</i>	2	QL (1 inhaler / 25 days), MO
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (300 mL / 25 days), MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SPIRIVA AER 1.25MCG (<i>tiotropium bromide monohydrate</i>)	2	QL (1 inhaler / 25 days), MO
SPIRIVA CAP HANDIHLR (<i>tiotropium bromide monohydrate</i>)	2	QL (1 inhaler / 25 days), MO
SPIRIVA SPR 2.5MCG (<i>tiotropium bromide monohydrate</i>)	2	QL (1 inhaler / 25 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
<i>zileuton tab er 12hr 600 mg</i>	1	MO
<i>ZYFLO TAB 600MG (zileuton)</i>	3	MO
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>DALIRESP TAB 250MCG (roflumilast)</i>	2	MO
<i>DALIRESP TAB 500MCG (roflumilast)</i>	2	MO
STEROID INHALANTS		
<i>ARNUITY ELPT INH 50MCG (fluticasone furoate (inhalation))</i>	2	QL (1 inhaler / 25 days), MO
<i>ARNUITY ELPT INH 100MCG (fluticasone furoate (inhalation))</i>	2	QL (1 inhaler / 25 days), MO
<i>ARNUITY ELPT INH 200MCG (fluticasone furoate (inhalation))</i>	2	QL (1 inhaler / 25 days), MO
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (120 mL / 25 days), MO
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (180 mL / 25 days), MO
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (60 mL / 25 days), MO
<i>FLOVENT DISK AER 50MCG (fluticasone propionate (inhalation))</i>	2	QL (3 inhalers / 25 days), MO
<i>FLOVENT DISK AER 100MCG (fluticasone propionate (inhalation))</i>	2	QL (4 inhalers / 25 days), MO
<i>FLOVENT DISK AER 250MCG (fluticasone propionate (inhalation))</i>	2	QL (4 inhalers / 25 days), MO
<i>FLOVENT HFA AER 44MCG (fluticasone propionate hfa)</i>	2	QL (2 inhalers / 25 days), MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLOVENT HFA AER 110MCG (<i>fluticasone propionate hfa</i>)	2	QL (2 inhalers / 25 days), MO
FLOVENT HFA AER 220MCG (<i>fluticasone propionate hfa</i>)	2	QL (2 inhalers / 25 days), MO
PULMICORT INH 90MCG (<i>budesonide (inhalation)</i>)	2	QL (3 inhalers / 25 days), MO
PULMICORT INH 180MCG (<i>budesonide (inhalation)</i>)	2	QL (2 inhalers / 25 days), MO
QVAR REDIHA AER 80MCG (<i>beclomethasone dipropionate hfa</i>)	2	QL (2 inhalers / 25 days), MO
QVAR REDIHAL AER 40MCG (<i>beclomethasone dipropionate hfa</i>)	2	QL (2 inhalers / 25 days), MO

SYMPATHOMIMETICS

ADVAIR DISKU AER 100/50 (<i>fluticasone-salmeterol</i>)	1	QL (1 inhaler / 25 day), MO
ADVAIR DISKU AER 250/50 (<i>fluticasone-salmeterol</i>)	1	QL (1 inhaler / 25 day), MO
ADVAIR DISKU AER 500/50 (<i>fluticasone-salmeterol</i>)	1	QL (1 inhaler / 25 day), MO
ADVAIR HFA AER 45/21 (<i>fluticasone-salmeterol</i>)	2	QL (1 inhaler / 25 days), MO
ADVAIR HFA AER 115/21 (<i>fluticasone-salmeterol</i>)	2	QL (1 inhaler / 25 days), MO
ADVAIR HFA AER 230/21 (<i>fluticasone-salmeterol</i>)	2	QL (1 inhaler / 25 days), MO
ALBUTEROL NEB 0.5%	3	PA, QL (180 mL / 75 days), MO
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 inhalers / 25 days), MO
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (60 mL / 25 days), MO
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (375 mL / 25 days), MO
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (375 mL / 25 days), MO
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (375 mL / 25 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
<i>albuterol sulfate tab er 12hr 4 mg</i>	1	MO
<i>albuterol sulfate tab er 12hr 8 mg</i>	1	MO
ANORO ELLIPT AER 62.5-25 (<i>umeclidinium-vilanterol</i>)	2	QL (1 inhaler / 25 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ARCAPTA CAP 75MCG (<i>indacaterol maleate</i>)	3	QL (30 caps / 25 days), MO
BEVESPI AER 9-4.8MCG (<i>glycopyrrolate-formoterol fumarate</i>)	2	QL (1 inhaler / 25 days), MO
BREO ELLIPTA INH 100-25 (<i>fluticasone furoate-vilanterol</i>)	2	QL (1 inhaler / 25 days), MO
BREO ELLIPTA INH 200-25 (<i>fluticasone furoate-vilanterol</i>)	2	QL (1 inhaler / 25 days), MO
BROVANA NEB 15MCG (<i>arformoterol tartrate</i>)	3	QL (60 vials / 25 days), MO
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (540 mL / 25 days), MO
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days), MO
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days), MO
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days), MO
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (45 mL / 25 days), MO
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers / 25 days), MO
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	1	MO
PERFORMIST NEB 20MCG (<i>formoterol fumarate</i>)	2	QL (60 vials / 25 days), MO
SEREVENT DIS AER 50MCG (<i>salmeterol xinafoate</i>)	2	QL (1 inhaler / 25 days), MO
STIOLTO AER 2.5-2.5 (<i>tiotropium bromide-olodaterol hcl</i>)	2	QL (1 inhaler / 25 days), MO
STRIVERDI AER 2.5MCG (<i>olodaterol hcl</i>)	2	QL (1 inhaler / 25 days), MO
SYMBICORT AER 80-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)	2	QL (1 inhaler / 25 days), MO
SYMBICORT AER 160-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)	2	QL (1 inhaler / 25 days), MO
<i>terbutaline sulfate tab 2.5 mg</i>	1	MO
<i>terbutaline sulfate tab 5 mg</i>	1	MO
TRELEGY AER ELLIPTA (<i>fluticasone-umeclidinium-vilanterol</i>)	2	QL (1 inhaler / 25 days), MO
XANTHINES		
ELIXOPHYLLIN ELX 80/15ML (<i>theophylline</i>)	3	MO
THEO-24 CAP 100MG CR (<i>theophylline</i>)	3	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
THEO-24 CAP 200MG CR (<i>theophylline</i>)	3	MO
THEO-24 CAP 300MG CR (<i>theophylline</i>)	3	MO
THEO-24 CAP 400MG ER (<i>theophylline</i>)	3	MO
<i>theophylline soln 80 mg/15ml</i>	1	MO
<i>theophylline tab er 12hr 300 mg</i>	1	MO
<i>theophylline tab er 12hr 450 mg</i>	1	MO
<i>theophylline tab er 24hr 400 mg</i>	1	MO
<i>theophylline tab er 24hr 600 mg</i>	1	MO

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

<i>warfarin sodium tab 1 mg</i>	1	MO
<i>warfarin sodium tab 1 mg</i> (Jantoven)	1	MO
<i>warfarin sodium tab 2 mg</i>	1	MO
<i>warfarin sodium tab 2 mg</i> (Jantoven)	1	MO
<i>warfarin sodium tab 2.5 mg</i>	1	MO
<i>warfarin sodium tab 2.5 mg</i> (Jantoven)	1	MO
<i>warfarin sodium tab 3 mg</i>	1	MO
<i>warfarin sodium tab 3 mg</i> (Jantoven)	1	MO
<i>warfarin sodium tab 4 mg</i>	1	MO
<i>warfarin sodium tab 4 mg</i> (Jantoven)	1	MO
<i>warfarin sodium tab 5 mg</i>	1	MO
<i>warfarin sodium tab 5 mg</i> (Jantoven)	1	MO
<i>warfarin sodium tab 6 mg</i>	1	MO
<i>warfarin sodium tab 6 mg</i> (Jantoven)	1	MO
<i>warfarin sodium tab 7.5 mg</i>	1	MO
<i>warfarin sodium tab 7.5 mg</i> (Jantoven)	1	MO
<i>warfarin sodium tab 10 mg</i>	1	MO
<i>warfarin sodium tab 10 mg</i> (Jantoven)	1	MO

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG (<i>apixaban</i>)	2	MO
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 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

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

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam suspension 2.5 mg/ml</i>	1	MO
<i>clobazam tab 10 mg</i>	1	MO
<i>clobazam tab 20 mg</i>	1	MO
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<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	
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG (<i>eslicarbazepine acetate</i>)	3	MO
APTIOM TAB 400MG (<i>eslicarbazepine acetate</i>)	3	MO
APTIOM TAB 600MG (<i>eslicarbazepine acetate</i>)	3	MO
APTIOM TAB 800MG (<i>eslicarbazepine acetate</i>)	3	MO
BANZEL SUS 40MG/ML (<i>rufinamide</i>)	3	MO
BANZEL TAB 200MG (<i>rufinamide</i>)	3	MO
BANZEL TAB 400MG (<i>rufinamide</i>)	3	MO
BRIVIACT SOL 10MG/ML (<i>brivaracetam</i>)	3	MO
BRIVIACT TAB 10MG (<i>brivaracetam</i>)	3	MO
BRIVIACT TAB 25MG (<i>brivaracetam</i>)	3	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BRIVIACT TAB 50MG (<i>brivaracetam</i>)	3	MO
BRIVIACT TAB 75MG (<i>brivaracetam</i>)	3	MO
BRIVIACT TAB 100MG (<i>brivaracetam</i>)	3	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
<i>carbamazepine tab 200 mg</i> (Eitol)	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
DIACOMIT CAP 250MG (<i>stiripentol</i>)	3	SP, QL (360 caps / 30 days)
DIACOMIT CAP 500MG (<i>stiripentol</i>)	3	SP, QL (180 caps / 30 days)
DIACOMIT PAK 250MG (<i>stiripentol</i>)	3	SP, QL (360 caps / 30 days)
DIACOMIT PAK 500MG (<i>stiripentol</i>)	3	SP, QL (180 caps / 30 days)
EPIDIOLEX SOL 100MG/ML (<i>cannabidiol</i>)	3	SP, PA, QL (600 mL / 30 days)
FINTEPLA SOL 2.2MG/ML (<i>fenfluramine hcl (anticonvulsant)</i>)	3	SP
<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>lamotrigine orally disintegrating tab 25 mg</i>	1	MO
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	MO
<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
<i>lamotrigine tab 25 mg</i> (Subvenite)	1	MO
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Subvenite Starter Kit/ora)	1	
lamotrigine tab 35 x 25 mg starter kit	1	
lamotrigine tab 35 x 25 mg starter kit (Subvenite Starter Kit/blu)	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Subvenite Starter Kit/gre)	1	
lamotrigine tab 100 mg	1	MO
lamotrigine tab 100 mg (Subvenite)	1	MO
lamotrigine tab 150 mg	1	MO
lamotrigine tab 150 mg (Subvenite)	1	MO
lamotrigine tab 200 mg	1	MO
lamotrigine tab 200 mg (Subvenite)	1	MO
lamotrigine tab chewable dispersible 5 mg	1	MO
lamotrigine tab chewable dispersible 25 mg	1	MO
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab er 24hr 25 mg	1	MO
lamotrigine tab er 24hr 50 mg	1	MO
lamotrigine tab er 24hr 100 mg	1	MO
lamotrigine tab er 24hr 200 mg	1	MO
lamotrigine tab er 24hr 250 mg	1	MO
lamotrigine tab er 24hr 300 mg	1	MO
levetiracetam oral soln 100 mg/ml	1	MO
levetiracetam tab 250 mg	1	MO
levetiracetam tab 500 mg	1	MO
levetiracetam tab 500 mg (Roweepra)	1	MO
levetiracetam tab 750 mg	1	MO
levetiracetam tab 750 mg (Roweepra)	1	MO
levetiracetam tab 1000 mg	1	MO
levetiracetam tab 1000 mg (Roweepra)	1	MO
levetiracetam tab er 24hr 500 mg	1	MO
levetiracetam tab er 24hr 500 mg (Roweepra Xr)	1	MO
levetiracetam tab er 24hr 750 mg	1	MO
levetiracetam tab er 24hr 750 mg (Roweepra Xr)	1	MO
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxcarbazepine tab 150 mg</i>	1	MO
<i>oxcarbazepine tab 300 mg</i>	1	MO
<i>oxcarbazepine tab 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>topiramate cap er 24hr sprinkle 25 mg</i>	1	MO
<i>topiramate cap er 24hr sprinkle 50 mg</i>	1	MO
<i>topiramate cap er 24hr sprinkle 100 mg</i>	1	MO
<i>topiramate cap er 24hr sprinkle 150 mg</i>	1	MO
<i>topiramate cap er 24hr sprinkle 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
TROKENDI XR CAP 25MG <i>(topiramate)</i>	2	MO
TROKENDI XR CAP 50MG <i>(topiramate)</i>	2	MO
TROKENDI XR CAP 100MG <i>(topiramate)</i>	2	MO
TROKENDI XR CAP 200MG <i>(topiramate)</i>	2	MO
VIMPAT SOL 10MG/ML <i>(lacosamide)</i>	2	MO
VIMPAT TAB 50MG <i>(lacosamide)</i>	2	MO
VIMPAT TAB 100MG <i>(lacosamide)</i>	2	MO
VIMPAT TAB 150MG <i>(lacosamide)</i>	2	MO
VIMPAT TAB 200MG <i>(lacosamide)</i>	2	MO

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>)	3	PA
XCOPRI PAK 50-100MG (<i>cenobamate</i>)	3	PA
XCOPRI PAK 150-200 (<i>cenobamate</i>)	3	PA
XCOPRI PAK 150-200 (<i>cenobamate</i>)	3	PA, MO
XCOPRI TAB 50-200MG (<i>cenobamate</i>)	3	PA, MO
XCOPRI TAB 50MG (<i>cenobamate</i>)	3	PA, MO
XCOPRI TAB 100MG (<i>cenobamate</i>)	3	PA, MO
XCOPRI TAB 150MG (<i>cenobamate</i>)	3	PA, MO
XCOPRI TAB 200MG (<i>cenobamate</i>)	3	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 (180 packets / 30 days)
<i>vigabatrin powd pack 500 mg</i>	1	SP, PA, QL (180 powder packets / 30 days)
<i>vigabatrin powd pack 500 mg</i> (Vigadrone)	1	SP, PA, QL (180 packets / 30 days)
<i>vigabatrin tab 500 mg</i>	1	SP, PA, QL (180 tabs / 30 days)
HYDANTOINS		
DILANTIN CAP 30MG (<i>phenytoin sodium extended</i>)	3	MO
PEGANONE TAB 250MG (<i>ethotoin</i>)	3	MO
<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

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SUCCINIMIDES		
<i>CELONTIN CAP 300MG (methsuximide)</i>	3	MO
<i>ethosuximide cap 250 mg</i>	1	MO
<i>ethosuximide soln 250 mg/5ml</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
<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
<i>maprotiline hcl tab 25 mg</i>	1	MO
<i>maprotiline hcl tab 50 mg</i>	1	MO
<i>maprotiline hcl tab 75 mg</i>	1	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR (selegiline)	3	MO
EMSAM DIS 9MG/24HR (selegiline)	3	MO
EMSAM DIS 12MG/24H (selegiline)	3	MO
MARPLAN TAB 10MG (isocarboxazid)	3	MO
phenelzine sulfate tab 15 mg	1	MO
tranylcypromine sulfate tab 10 mg	1	MO
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide oral soln 10 mg/5ml	1	MO
citalopram hydrobromide tab 10 mg (base equiv)	1	MO
citalopram hydrobromide tab 20 mg (base equiv)	1	MO
citalopram hydrobromide tab 40 mg (base equiv)	1	MO
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	MO
escitalopram oxalate tab 5 mg (base equiv)	1	MO
escitalopram oxalate tab 10 mg (base equiv)	1	MO
escitalopram oxalate tab 20 mg (base equiv)	1	MO
fluoxetine hcl cap 10 mg	1	MO
fluoxetine hcl cap 20 mg	1	MO
fluoxetine hcl cap 40 mg	1	MO
fluoxetine hcl cap delayed release 90 mg	1	MO
fluoxetine hcl solution 20 mg/5ml	1	MO
fluoxetine hcl tab 10 mg	1	MO
fluoxetine hcl tab 20 mg	1	MO
fluvoxamine maleate cap er 24hr 100 mg	1	MO
fluvoxamine maleate cap er 24hr 150 mg	1	MO
fluvoxamine maleate tab 25 mg	1	MO
fluvoxamine maleate tab 50 mg	1	MO
fluvoxamine maleate tab 100 mg	1	MO
paroxetine hcl tab 10 mg	1	MO
paroxetine hcl tab 20 mg	1	MO
paroxetine hcl tab 30 mg	1	MO
paroxetine hcl tab 40 mg	1	MO

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
PAXIL SUS 10MG/5ML (<i>paroxetine hcl</i>)	3	MO
PEXEVA TAB 10MG (<i>paroxetine mesylate</i>)	3	ST, MO; PA**
PEXEVA TAB 20MG (<i>paroxetine mesylate</i>)	3	ST, MO; PA**
PEXEVA TAB 30MG (<i>paroxetine mesylate</i>)	3	ST, MO; PA**
PEXEVA TAB 40MG (<i>paroxetine mesylate</i>)	3	ST, MO; PA**
<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**
VIIBRYD KIT STARTER (<i>vilazodone hcl</i>)	2	ST; PA**
VIIBRYD TAB 10MG (<i>vilazodone hcl</i>)	2	ST, MO; PA**
VIIBRYD TAB 20MG (<i>vilazodone hcl</i>)	2	ST, MO; PA**
VIIBRYD TAB 40MG (<i>vilazodone hcl</i>)	2	ST, MO; PA**
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAX TAB 50MG ER	3	MO
DESVENLAFAX TAB 100MG ER	3	MO
<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

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
FETZIMA CAP 20MG (<i>levomilnacipran hcl</i>)	3	ST, MO; PA**
FETZIMA CAP 40MG (<i>levomilnacipran hcl</i>)	3	ST, MO; PA**
FETZIMA CAP 80MG (<i>levomilnacipran hcl</i>)	3	ST, MO; PA**
FETZIMA CAP 120MG (<i>levomilnacipran hcl</i>)	3	ST, MO; PA**
FETZIMA CAP TITRATIO (<i>levomilnacipran hcl</i>)	3	ST; PA**
<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
<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

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
SOLIQUA INJ 100/33 <i>(insulin glargine-lixisenatide)</i>	2	MO; PA**
SYNJARDY TAB <i>(empagliflozin-metformin hcl)</i>	2	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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-metformin hcl</i>)	2	MO
XIGDUO XR TAB 5-500MG (<i>dapagliflozin-metformin hcl</i>)	2	MO
XIGDUO XR TAB 5-1000MG (<i>dapagliflozin-metformin hcl</i>)	2	MO
XIGDUO XR TAB 10-500MG (<i>dapagliflozin-metformin hcl</i>)	2	MO
XIGDUO XR TAB 10-1000 (<i>dapagliflozin-metformin hcl</i>)	2	MO
XULTOPHY INJ 100/3.6 (<i>insulin degludec-liraglutide</i>)	2	MO; PA**
BIGUANIDES		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	MO
METFORMIN HCL ORAL SOLN 500 MG/5ML	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		
<i>diazoxide susp 50 mg/ml</i>	1	MO
GLUCAGEN INJ HYPOKIT (<i>glucagon hcl (rdna)</i>)	2	
GLUCAGON KIT 1MG (<i>glucagon (rdna)</i>)	2	
KORLYM TAB 300MG (<i>mifepristone (hyperglycemia)</i>)	3	SP, PA, QL (120 tabs / 30 days)

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG (<i>bromocriptine mesylate (diabetes)</i>)	3	MO
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ 2/1.5ML (<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
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	2	PA, MO
INSULIN		
BASAGLAR INJ 100UNIT (<i>insulin glargine</i>)	2	MO
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
LEVEMIR INJ (<i>insulin detemir</i>)	2	MO
LEVEMIR INJ FLEXTUOC (<i>insulin detemir</i>)	2	MO
NOVOLIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	2	MO; RELION not covered
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

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOVOLOG INJ 100/ML (<i>insulin aspart</i>)	2	MO
NOVOLOG INJ FLEXPEN (<i>insulin aspart</i>)	2	MO
NOVOLOG INJ PENFILL (<i>insulin aspart</i>)	2	MO
NOVOLOG MIX INJ 70/30 (<i>insulin aspart protamine & aspart (human)</i>)	2	MO
NOVOLOG MIX INJ FLEXPEN (<i>insulin aspart protamine & aspart (human)</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		
AVANDIA TAB 2MG (<i>rosiglitazone maleate</i>)	3	MO
AVANDIA TAB 4MG (<i>rosiglitazone maleate</i>)	3	MO
<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>	1	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
glipizide tab er 24hr 2.5 mg (Glipizide XI)	1	MO
glipizide tab er 24hr 5 mg	1	MO
glipizide tab er 24hr 5 mg (Glipizide XI)	1	MO
glipizide tab er 24hr 10 mg	1	MO
glipizide tab er 24hr 10 mg (Glipizide XI)	1	MO
glyburide micronized tab 1.5 mg	1	MO
glyburide micronized tab 3 mg	1	MO
glyburide micronized tab 6 mg	1	MO
glyburide tab 1.25 mg	1	MO
glyburide tab 2.5 mg	1	MO
glyburide tab 5 mg	1	MO
tolbutamide tab 500 mg	1	MO

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

MYTESI TAB 125MG (<i>crofelemer</i>)	3	MO
--	---	----

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>lactobacillus cap</i> (Lactojen)	1	
-------------------------------------	---	--

ANTIPERISTALTIC AGENTS

diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
loperamide hcl cap 2 mg	1	
opium tincture 1% (10 mg/ml) (morphine equiv)	1	

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

ANTIDOTES - CHELATING AGENTS

CHEMET CAP 100MG (<i>succimer</i>)	3	
deferasirox granules packet 90 mg	1	SP, PA
deferasirox granules packet 180 mg	1	SP, PA
deferasirox granules packet 360 mg	1	SP, PA
deferasirox tab 90 mg	1	SP, PA
deferasirox tab 180 mg	1	SP, PA
deferasirox tab 360 mg	1	SP, PA
deferasirox tab for oral susp 125 mg	1	SP, PA
deferasirox tab for oral susp 250 mg	1	SP, PA
deferasirox tab for oral susp 500 mg	1	SP, PA
FERPRX 2-DAY TAB 1000MG (<i>deferiprone</i>)	3	SP, PA

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FERRIPROX TAB 500MG (<i>deferiprone</i>)	3	SP, PA
FERRIPROX TAB 1000MG (<i>deferiprone</i>)	3	SP, PA
JADENU SPRKL GRA 90MG (<i>deferasirox</i>)	3	SP, PA
JADENU SPRKL GRA 180MG (<i>deferasirox</i>)	3	SP, PA
JADENU SPRKL GRA 360MG (<i>deferasirox</i>)	3	SP, PA
JADENU TAB 180MG (<i>deferasirox</i>)	3	SP, PA

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

RADIOGARDASE CAP 0.5GM (<i>prussian blue insoluble (ferric hexacyanoferrate ii)</i>)	3	
VISTOGARD PAK 10GM (<i>uridine triacetate (emergency treatment)</i>)	2	SP, QL (20 packets / 5 days)

OPIOID ANTAGONISTS

<i>naltrexone hcl tab 50 mg</i>	1	
NARCAN SPR (<i>naloxone hcl</i>)	2	QL (4 bottles / 180 days)

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT3 RECEPTOR ANTAGONISTS

ANZEMET TAB 50MG (<i>dolasetron mesylate</i>)	3	QL (6 tabs / 21 days)
ANZEMET TAB 100MG (<i>dolasetron mesylate</i>)	3	QL (6 tabs / 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs / 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL / 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 tabs / 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs / 21 days)
SANCUSO DIS 3.1MG (<i>granisetron</i>)	2	QL (2 patches / 21 days)

ANTIEMETICS - ANTICHOLINERGIC

<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5 (netupitant-palonosetron)	3	QL (2 caps / 21 days)
doxylamine-pyridoxine tab delayed release 10-10 mg	1	
dronabinol cap 2.5 mg	1	QL (60 caps / 25 days)
dronabinol cap 5 mg	1	QL (60 caps / 25 days)
dronabinol cap 10 mg	1	QL (60 caps / 25 days)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	1	QL (3 caps / 180 days)
aprepitant capsule 80 mg	1	QL (4 caps / 21 days)
aprepitant capsule 125 mg	1	QL (2 caps / 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (6 kits / 21 days)
EMEND SUS 125MG (aprepitant)	3	QL (6 kits / 21 days)
VARUBI TAB 90MG (rolapitant hcl)	2	QL (4 tabs / 21 days)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
BIO-STATIN CAP 500000 (nystatin)	3	
BIO-STATIN CAP 1000000 (nystatin)	3	
flucytosine cap 250 mg	1	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
nystatin oral powder (Bio-statin)	1	
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	PA
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 186 MG (isavuconazonium sulfate)	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
itraconazole cap 100 mg	1	PA
itraconazole oral soln 10 mg/ml	1	PA
ketoconazole tab 200 mg	1	
NOXAFIL SUS 40MG/ML (posaconazole)	3	MO

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>voriconazole for susp 40 mg/ml</i>	1	
<i>voriconazole tab 50 mg</i>	1	
<i>voriconazole tab 200 mg</i>	1	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
ANTIHISTAMINES - ALKYLAMINES		
<i>brompheniramine tannate chew tab 12 mg</i>	1	
ANTIHISTAMINES - ETHANOLAMINES		
<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	
KARBINAL ER SUS 4MG/5ML (<i>carbinoxamine maleate</i>)	3	
ANTIHISTAMINES - 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	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 12.5 mg</i> (Promethegan)	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i> (Promethegan)	1	
<i>promethazine hcl suppos 50 mg</i> (Promethegan)	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	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	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL		
ANTIHYPERLIPIDEMICS - 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
<i>NEXLIZET TAB 180/10MG (bempedoic acid-ezetimibe)</i>	3	MO
ANTIHYPERLIPIDEMICS - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	MO
<i>VASCEPA CAP 0.5GM (icosapent ethyl)</i>	2	MO
<i>VASCEPA CAP 1GM (icosapent ethyl)</i>	2	MO
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	MO
<i>cholestyramine light powder 4 gm/dose (Prevalite)</i>	1	MO
<i>cholestyramine light powder packets 4 gm</i>	1	MO
<i>cholestyramine light powder packets 4 gm (Prevalite)</i>	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>ANTARA CAP 30MG (fenofibrate micronized)</i>	3	MO
<i>ANTARA CAP 90MG (fenofibrate micronized)</i>	3	MO
<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 50 mg</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 130 mg</i>	1	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fenofibrate micronized cap 134 mg</i>	1	MO
<i>fenofibrate micronized cap 200 mg</i>	1	MO
<i>fenofibrate tab 40 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
FIBRICOR TAB 35MG (<i>fenofibric acid</i>)	3	MO
FIBRICOR TAB 105MG (<i>fenofibric acid</i>)	3	MO
<i>gemfibrozil tab 600 mg</i>	1	MO
<i>HMG COA REDUCTASE INHIBITORS</i>		
<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
<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>pravastatin sodium tab 10 mg</i>	1	MO; \$0 copay for members age 40 through 75

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG (<i>lomitapide mesylate</i>)	3	SP, PA, QL (28 caps / 28 days)
JUXTAPID CAP 10MG (<i>lomitapide mesylate</i>)	3	SP, PA, QL (28 caps / 28 days)
JUXTAPID CAP 20MG (<i>lomitapide mesylate</i>)	3	SP, PA, QL (28 caps / 28 days)
JUXTAPID CAP 30MG (<i>lomitapide mesylate</i>)	3	SP, PA, QL (28 caps / 28 days)
JUXTAPID CAP 40MG (<i>lomitapide mesylate</i>)	3	SP, PA, QL (28 caps / 28 days)

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JUXTAPID CAP 60MG (<i>lomitapide mesylate</i>)	3	SP, PA, QL (28 caps / 28 days)
NICOTINIC ACID DERIVATIVES		
<i>niacin (antihyperlipidemic) tab 500 mg</i>	1	
<i>niacin (antihyperlipidemic) tab 500 mg (Niacor)</i>	1	
<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
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 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
EPANED SOL 1MG/ML (<i>enalapril maleate</i>)	3	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

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>QBRELIS SOL 1MG/ML (lisinopril)</i>	3	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	
<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 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 td patch weekly 0.1 mg/24hr</i>	1	MO
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>methyldopa & hydrochlorothiazide tab 250-15 mg</i>	1	MO
<i>methyldopa & hydrochlorothiazide tab 250-25 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

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	MO
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	MO
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	MO
TEKTURNA HCT TAB 150-12.5 (<i>aliskiren-hydrochlorothiazide</i>)	2	ST, MO; PA**
TEKTURNA HCT TAB 150-25MG (<i>aliskiren-hydrochlorothiazide</i>)	2	ST, MO; PA**
TEKTURNA HCT TAB 300-12.5 (<i>aliskiren-hydrochlorothiazide</i>)	2	ST, MO; PA**
TEKTURNA HCT TAB 300-25MG (<i>aliskiren-hydrochlorothiazide</i>)	2	ST, MO; PA**
<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

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
ANTIHYPERTENSIVES - MISC.		
<i>VECAMYL TAB 2.5MG (mecamylamine hcl)</i>	3	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	
<i>COARTEM TAB 20-120MG (artemether-lumefantrine)</i>	3	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

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

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>chloroquine phosphate tab 250 mg</i>	1	QL (10-day supply, limit of 1 fill per 60 days), MO
<i>chloroquine phosphate tab 500 mg</i>	1	QL (10-day supply, limit of 1 fill per 60 days), MO
DARAPRIM TAB 25MG (<i>pyrimethamine</i>)	3	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	QL (10-day supply, limit of 1 fill per 60 days), MO
<i>mefloquine hcl tab 250 mg</i>	1	MO
<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

FIRDAPSE TAB 10MG (<i>amifampridine phosphate</i>)	3	SP, PA, QL (240 tabs / 30 days)
GUANIDINE TAB 125MG	3	
<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	
RUZURGI TAB 10MG (<i>amifampridine</i>)	3	SP, PA, QL (300 tabs / 30 days)

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

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	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG (<i>rifapentine</i>)	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	OAC
GLEOSTINE CAP 40MG (<i>lomustine</i>)	3	OAC
GLEOSTINE CAP 100MG (<i>lomustine</i>)	3	OAC
LEUKERAN TAB 2MG (<i>chlorambucil</i>)	2	OAC
<i>melphalan tab 2 mg</i>	1	OAC
MYLERAN TAB 2MG (<i>busulfan</i>)	2	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, QL (120 tabs / 30 days); OAC
<i>capecitabine tab 500 mg</i>	1	SP, PA, QL (300 tabs / 30 days); OAC
<i>mercaptopurine tab 50 mg</i>	1	OAC
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	OAC
PURIXAN SUS 20MG/ML (<i>mercaptopurine</i>)	3	SP, PA; OAC
TABLOID TAB 40MG (<i>thioguanine</i>)	2	OAC
TREXALL TAB 5MG (<i>methotrexate sodium</i>)	2	OAC
TREXALL TAB 7.5MG (<i>methotrexate sodium</i>)	2	OAC
TREXALL TAB 10MG (<i>methotrexate sodium</i>)	2	OAC
TREXALL TAB 15MG (<i>methotrexate sodium</i>)	2	OAC

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XATMEP SOL 2.5MG/ML (<i>methotrexate</i>)	3	OAC
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG (<i>venetoclax</i>)	3	SP, PA, QL (120 tabs / 30 days); OAC
VENCLEXTA TAB 50MG (<i>venetoclax</i>)	3	SP, PA, QL (120 tabs / 30 days); OAC
VENCLEXTA TAB 100MG (<i>venetoclax</i>)	3	SP, PA, QL (180 tabs / 30 days); OAC
VENCLEXTA TAB START PK (<i>venetoclax</i>)	3	SP, PA, QL (1 pack / 28 days); OAC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	3	SP, PA, QL (30 caps / 30 days); OAC
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	2	SP, PA, QL (30 caps / 30 days); OAC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	1	SP, PA, QL (120 tabs / 30 days); 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
EMCYT CAP 140MG (<i>estramustine phosphate sodium</i>)	2	OAC
ERLEADA TAB 60MG (<i>apalutamide</i>)	2	SP, PA, QL (120 tabs / 30 days); OAC
<i>exemestane tab 25 mg</i>	PV	MO; OAC, \$0 copay ages 35 and older for the primary prevention of breast cancer
<i>flutamide cap 125 mg</i>	1	OAC
<i>letrozole tab 2.5 mg</i>	1	MO; OAC
LYSODREN TAB 500MG (<i>mitotane</i>)	2	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 (120 tabs / 30 days); OAC
SOLTAMOX SOL 10MG/5ML (<i>tamoxifen citrate</i>)	3	MO; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 (120 caps / 30 days); OAC
YONSA TAB 125MG (<i>abiraterone acetate</i>)	2	SP, PA, QL (120 tabs / 30 days); OAC
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG (<i>pomalidomide</i>)	3	SP, PA, QL (42 caps / 28 days); OAC
POMALYST CAP 2MG (<i>pomalidomide</i>)	3	SP, PA, QL (42 caps / 28 days); OAC
POMALYST CAP 3MG (<i>pomalidomide</i>)	3	SP, PA, QL (42 caps / 28 days); OAC
POMALYST CAP 4MG (<i>pomalidomide</i>)	3	SP, PA, QL (42 caps / 28 days); OAC
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG (<i>selinexor</i>)	3	SP, PA; OAC
XPOVIO PAK 60MG (<i>selinexor</i>)	3	SP, PA; OAC
XPOVIO PAK 60MG (<i>selinexor</i>)	3	SP, PA, QL (12 tabs / 28 days); OAC
XPOVIO PAK 80MG (<i>selinexor</i>)	3	SP, PA, QL (16 tabs / 28 days); OAC
XPOVIO PAK 80MG (<i>selinexor</i>)	3	SP, PA, QL (32 tabs / 28 days); OAC
XPOVIO PAK 100MG (<i>selinexor</i>)	3	SP, PA, QL (20 tabs / 28 days); OAC
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG (<i>decitabine-cedazuridine</i>)	3	SP; OAC
KISQALI 200 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	2	SP, PA, QL (49 packs / 28 days); OAC
KISQALI 400 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	2	SP, PA, QL (70 packs / 28 days); OAC
KISQALI 600 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	2	SP, PA, QL (91 packs / 28 days); OAC

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LONSURF TAB 15-6.14 (trifluridine-tipiracil)	3	SP, PA, QL (100 tabs / 28 days); OAC
LONSURF TAB 20-8.19 (trifluridine-tipiracil)	3	SP, PA, QL (80 tabs / 28 days); OAC
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG (everolimus)	2	SP, PA, QL (60 tabs / 30 days); OAC
AFINITOR DIS TAB 3MG (everolimus)	2	SP, PA, QL (90 tabs / 30 days); OAC
AFINITOR DIS TAB 5MG (everolimus)	2	SP, PA, QL (60 tabs / 30 days); OAC
AFINITOR TAB 10MG (everolimus)	2	SP, PA, QL (30 tabs / 30 days); OAC
ALECENSA CAP 150MG (alectinib hcl)	3	SP, PA, QL (224 caps / 28 days); OAC
ALUNBRIG PAK (brigatinib)	3	SP, PA, QL (30 packets / 30 days); OAC
ALUNBRIG TAB 30MG (brigatinib)	3	SP, PA, QL (120 tabs / 30 days); OAC
ALUNBRIG TAB 90MG (brigatinib)	3	SP, PA, QL (30 tabs / 30 days); OAC
ALUNBRIG TAB 180MG (brigatinib)	3	SP, PA, QL (30 tabs / 30 days); OAC
BOSULIF TAB 100MG (bosutinib)	2	SP, PA, QL (90 tabs / 30 days); OAC
BOSULIF TAB 400MG (bosutinib)	2	SP, PA, QL (30 tabs / 30 days); OAC
BOSULIF TAB 500MG (bosutinib)	2	SP, PA, QL (30 tabs / 30 days); OAC
BRAFTOVI CAP 75MG (encorafenib)	3	SP, PA, QL (180 caps / 30 days); OAC
CABOMETYX TAB 20MG (cabozantinib s-malate)	2	SP, PA, QL (30 tabs / 30 days); OAC
CABOMETYX TAB 40MG (cabozantinib s-malate)	2	SP, PA, QL (30 tabs / 30 days); OAC
CABOMETYX TAB 60MG (cabozantinib s-malate)	2	SP, PA, QL (30 tabs / 30 days); OAC
CALQUENCE CAP 100MG (acalabrutinib)	3	SP, PA, QL (60 caps / 30 days); OAC
CAPRELSA TAB 100MG (vandetanib)	3	SP, PA, QL (60 tabs / 30 days); OAC
CAPRELSA TAB 300MG (vandetanib)	3	SP, PA, QL (30 tabs / 30 days); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMETRIQ KIT 60MG (<i>cabozantinib s-malate</i>)	3	SP, PA, QL (84 caps / 30 days); OAC
COMETRIQ KIT 100MG (<i>cabozantinib s-malate</i>)	3	SP, PA, QL (56 caps / 30 days); OAC
COMETRIQ KIT 140MG (<i>cabozantinib s-malate</i>)	3	SP, PA, QL (112 caps / 30 days); OAC
COPIKTRA CAP 15MG (<i>duvelisib</i>)	2	SP, PA, QL (60 caps / 30 days)
COPIKTRA CAP 25MG (<i>duvelisib</i>)	2	SP, PA, QL (60 caps / 30 days)
COTELLIC TAB 20MG (<i>cobimetinib fumarate</i>)	3	SP, PA, QL (63 tabs / 28 days); OAC
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	1	SP, PA, QL (60 tabs / 30 days); OAC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	1	SP, PA, QL (30 tabs / 30 days); OAC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	1	SP, PA, QL (30 tabs / 30 days); OAC
<i>everolimus tab 2.5 mg</i>	1	SP, PA, QL (30 tabs / 30 days); OAC
<i>everolimus tab 5 mg</i>	1	SP, PA, QL (30 tabs / 30 days); OAC
<i>everolimus tab 7.5 mg</i>	1	SP, PA, QL (30 tabs / 30 days); OAC
GILOTRIF TAB 20MG (<i>afatinib dimaleate</i>)	3	SP, PA, QL (30 tabs / 30 days); OAC
GILOTRIF TAB 30MG (<i>afatinib dimaleate</i>)	3	SP, PA, QL (30 tabs / 30 days); OAC
GILOTRIF TAB 40MG (<i>afatinib dimaleate</i>)	3	SP, PA, QL (30 tabs / 30 days); OAC
IBRANCE CAP 75MG (<i>palbociclib</i>)	2	SP, PA, QL (21 caps / 28 days); OAC
IBRANCE CAP 100MG (<i>palbociclib</i>)	2	SP, PA, QL (21 caps / 28 days); OAC
IBRANCE CAP 125MG (<i>palbociclib</i>)	2	SP, PA, QL (21 caps / 28 days); OAC
IBRANCE TAB 75MG (<i>palbociclib</i>)	2	SP, PA, QL (21 tabs / 28 days); OAC
IBRANCE TAB 100MG (<i>palbociclib</i>)	2	SP, PA, QL (21 tabs / 28 days); OAC
IBRANCE TAB 125MG (<i>palbociclib</i>)	2	SP, PA, QL (21 tabs / 28 days); OAC
ICLUSIG TAB 15MG (<i>ponatinib hcl</i>)	3	SP, PA, QL (60 tabs / 30 days); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ICLUSIG TAB 45MG (<i>ponatinib hcl</i>)	3	SP, PA, QL (30 tabs / 30 days); OAC
IDHIFA TAB 50MG (<i>enasidenib mesylate</i>)	3	SP, PA, QL (30 tabs / 30 days); OAC
IDHIFA TAB 100MG (<i>enasidenib mesylate</i>)	3	SP, PA, QL (30 tabs / 30 days); OAC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	1	SP, PA, QL (90 tabs / 30 days); OAC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	1	SP, PA, QL (60 tabs / 30 days); OAC
IMBRUVICA CAP 70MG (<i>ibrutinib</i>)	3	SP, PA, QL (30 caps / 30 days); OAC
IMBRUVICA CAP 140MG (<i>ibrutinib</i>)	3	SP, PA, QL (90 caps / 30 day); OAC
IMBRUVICA TAB 140MG (<i>ibrutinib</i>)	3	SP, PA, QL (30 tabs / 30 days); OAC
IMBRUVICA TAB 280MG (<i>ibrutinib</i>)	3	SP, PA, QL (30 tabs / 30 days); OAC
IMBRUVICA TAB 420MG (<i>ibrutinib</i>)	3	SP, PA, QL (30 tabs / 30 days); OAC
IMBRUVICA TAB 560MG (<i>ibrutinib</i>)	3	SP, PA, QL (30 tabs / 30 days); OAC
INLYTA TAB 1MG (<i>axitinib</i>)	3	SP, PA, QL (240 tabs / 30 days); OAC
INLYTA TAB 5MG (<i>axitinib</i>)	3	SP, PA, QL (120 tabs / 30 days); OAC
IRESSA TAB 250MG (<i>gefitinib</i>)	2	SP, PA, QL (30 tabs / 30 days); OAC
JAKAFI TAB 5MG (<i>ruxolitinib phosphate</i>)	3	SP, PA, QL (60 tabs / 30 days); OAC
JAKAFI TAB 10MG (<i>ruxolitinib phosphate</i>)	3	SP, PA, QL (60 tabs / 30 days); OAC
JAKAFI TAB 15MG (<i>ruxolitinib phosphate</i>)	3	SP, PA, QL (60 tabs / 30 days); OAC
JAKAFI TAB 20MG (<i>ruxolitinib phosphate</i>)	3	SP, PA, QL (60 tabs / 30 days); OAC
JAKAFI TAB 25MG (<i>ruxolitinib phosphate</i>)	3	SP, PA, QL (60 tabs / 30 days); OAC
KISQALI TAB 200DOSE (<i>ribociclib succinate</i>)	2	SP, PA, QL (21 tabs / 28 days); OAC
KISQALI TAB 400DOSE (<i>ribociclib succinate</i>)	2	SP, PA, QL (42 tabs / 28 days); OAC
KISQALI TAB 600DOSE (<i>ribociclib succinate</i>)	2	SP, PA, QL (63 tabs / 28 days); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LENVIMA CAP 4MG (<i>lenvatinib mesylate</i>)	3	SP, PA, QL (30 caps / 30 days); OAC
LENVIMA CAP 8 MG (<i>lenvatinib mesylate</i>)	3	SP, PA, QL (60 caps / 30 days); OAC
LENVIMA CAP 10 MG (<i>lenvatinib mesylate</i>)	3	SP, PA, QL (30 caps / 30 days); OAC
LENVIMA CAP 12MG (<i>lenvatinib mesylate</i>)	3	SP, PA, QL (90 caps / 30 day); OAC
LENVIMA CAP 14 MG (<i>lenvatinib mesylate</i>)	3	SP, PA, QL (60 caps / 30 days); OAC
LENVIMA CAP 18 MG (<i>lenvatinib mesylate</i>)	3	SP, PA, QL (90 caps / 30 day); OAC
LENVIMA CAP 20 MG (<i>lenvatinib mesylate</i>)	3	SP, PA, QL (60 caps / 30 days); OAC
LENVIMA CAP 24 MG (<i>lenvatinib mesylate</i>)	3	SP, PA, QL (90 caps / 30 day); OAC
LORBRENA TAB 25MG (<i>lorlatinib</i>)	3	SP, PA, QL (90 tabs / 30 days); OAC
LORBRENA TAB 100MG (<i>lorlatinib</i>)	3	SP, PA, QL (30 tabs / 30 days); OAC
LYNPARZA TAB 100MG (<i>olaparib</i>)	2	SP, PA, QL (120 tabs / 30 days); OAC
LYNPARZA TAB 150MG (<i>olaparib</i>)	2	SP, PA, QL (120 tabs / 30 days); OAC
MEKINIST TAB 0.5MG (<i>trametinib dimethyl sulfoxide</i>)	3	SP, PA, QL (90 tabs / 30 days); OAC
MEKINIST TAB 2MG (<i>trametinib dimethyl sulfoxide</i>)	3	SP, PA, QL (30 tabs / 30 days); OAC
MEKTOVI TAB 15MG (<i>binimetinib</i>)	3	SP, PA, QL (180 tabs / 30 days); OAC
NERLYNX TAB 40MG (<i>neratinib maleate</i>)	3	SP, PA, QL (180 tabs / 30 days); OAC
NEXAVAR TAB 200MG (<i>sorafenib tosylate</i>)	3	SP, PA, QL (120 tabs / 30 days); OAC
NINLARO CAP 2.3MG (<i>ixazomib citrate</i>)	3	SP, PA, QL (6 caps / 28 days); OAC
NINLARO CAP 3MG (<i>ixazomib citrate</i>)	3	SP, PA, QL (6 caps / 28 days); OAC
NINLARO CAP 4MG (<i>ixazomib citrate</i>)	3	SP, PA, QL (6 caps / 28 days); OAC
RUBRACA TAB 200MG (<i>rucaparib camsylate</i>)	2	SP, PA, QL (120 tabs / 30 days); OAC
RUBRACA TAB 250MG (<i>rucaparib camsylate</i>)	2	SP, PA, QL (120 tabs / 30 days); OAC

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RUBRACA TAB 300MG (<i>rucaparib camsylate</i>)	2	SP, PA, QL (120 tabs / 30 days); OAC
RYDAPT CAP 25MG (<i>midostaurin</i>)	2	SP, PA, QL (224 caps / 28 days); OAC
SPRYCEL TAB 20MG (<i>dasatinib</i>)	2	SP, PA, QL (90 tabs / 30 days); OAC
SPRYCEL TAB 50MG (<i>dasatinib</i>)	2	SP, PA, QL (30 tabs / 30 days); OAC
SPRYCEL TAB 70MG (<i>dasatinib</i>)	2	SP, PA, QL (30 tabs / 30 days); OAC
SPRYCEL TAB 80MG (<i>dasatinib</i>)	2	SP, PA, QL (30 tabs / 30 days); OAC
SPRYCEL TAB 100MG (<i>dasatinib</i>)	2	SP, PA, QL (30 tabs / 30 days); OAC
SPRYCEL TAB 140MG (<i>dasatinib</i>)	2	SP, PA, QL (30 tabs / 30 days); OAC
STIVARGA TAB 40MG (<i>regorafenib</i>)	3	SP, PA, QL (84 tabs / 28 days); OAC
SUTENT CAP 12.5MG (<i>sunitinib malate</i>)	2	SP, PA, QL (30 caps / 30 days); OAC
SUTENT CAP 25MG (<i>sunitinib malate</i>)	2	SP, PA, QL (30 caps / 30 days); OAC
SUTENT CAP 37.5MG (<i>sunitinib malate</i>)	2	SP, PA, QL (30 caps / 30 days); OAC
SUTENT CAP 50MG (<i>sunitinib malate</i>)	2	SP, PA, QL (30 caps / 30 days); OAC
TAFINLAR CAP 50MG (<i>dabrafenib mesylate</i>)	3	SP, PA, QL (120 caps / 30 days); OAC
TAFINLAR CAP 75MG (<i>dabrafenib mesylate</i>)	3	SP, PA, QL (120 caps / 30 days); OAC
TAGRISSE TAB 40MG (<i>osimertinib mesylate</i>)	3	SP, PA, QL (30 tabs / 30 days); OAC
TAGRISSE TAB 80MG (<i>osimertinib mesylate</i>)	3	SP, PA, QL (30 tabs / 30 days); OAC
TIBSOVO TAB 250MG (<i>ivosidenib</i>)	3	SP, PA, QL (60 tabs / 30 days); OAC
TUKYSA TAB 50MG (<i>tucatinib</i>)	3	SP, PA, QL (120 tabs / 30 days); OAC
TUKYSA TAB 150MG (<i>tucatinib</i>)	3	SP, PA, QL (120 tabs / 30 days); OAC
TYKERB TAB 250MG (<i>lapatinib ditosylate</i>)	2	SP, PA, QL (180 tabs / 30 days); OAC
VERZENIO TAB 50MG (<i>abemaciclib</i>)	3	SP, QL (60 tabs / 30 days); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VERZENIO TAB 100MG (<i>abemaciclib</i>)	3	SP, QL (60 tabs / 30 days); OAC
VERZENIO TAB 150MG (<i>abemaciclib</i>)	3	SP, QL (60 tabs / 30 days); OAC
VERZENIO TAB 200MG (<i>abemaciclib</i>)	3	SP, QL (60 tabs / 30 days); OAC
VITRAKVI CAP 25MG (<i>larotrectinib sulfate</i>)	3	SP, PA, QL (180 caps / 30 days); OAC
VITRAKVI CAP 100MG (<i>larotrectinib sulfate</i>)	3	SP, PA, QL (60 caps / 30 days); OAC
VITRAKVI SOL 20MG/ML (<i>larotrectinib sulfate</i>)	3	SP, PA, QL (300 mL / 30 days); OAC
VOTRIENT TAB 200MG (<i>pazopanib hcl</i>)	2	SP, PA, QL (120 tabs / 30 days); OAC
XALKORI CAP 200MG (<i>crizotinib</i>)	3	SP, PA, QL (60 caps / 30 days); OAC
XALKORI CAP 250MG (<i>crizotinib</i>)	3	SP, PA, QL (60 caps / 30 days); OAC
ZEJULA CAP 100MG (<i>niraparib tosylate</i>)	2	SP, PA, QL (90 caps / 30 day); OAC
ZELBORAF TAB 240MG (<i>vemurafenib</i>)	3	SP, PA, QL (240 tabs / 30 days); OAC
ZOLINZA CAP 100MG (<i>vorinostat</i>)	2	SP, PA, QL (120 caps / 30 days); OAC
ANTINEOPLASTICS MISC.		
<i>bexarotene cap 75 mg</i>	1	SP, PA; OAC
<i>hydroxyurea cap 500 mg</i>	1	OAC
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	2	OAC
<i>tretinoin cap 10 mg</i>	1	OAC
CHEMOTHERAPY RESCUE/ANTIDOTE 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
MESNEX TAB 400MG (<i>mesna</i>)	3	OAC
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	1	SP; OAC
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG (<i>topotecan hcl</i>)	3	SP, PA; OAC
HYCAMTIN CAP 1MG (<i>topotecan hcl</i>)	3	SP, PA; OAC

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
ANTIPARKINSON ADJUVANTS		
<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
<i>tolcapone tab 100 mg</i>	1	MO
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	MO
<i>amantadine hcl syrup 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

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<i>NEUPRO DIS 1MG/24HR (rotigotine)</i>	2	MO
<i>NEUPRO DIS 2MG/24HR (rotigotine)</i>	2	MO
<i>NEUPRO DIS 3MG/24HR (rotigotine)</i>	2	MO
<i>NEUPRO DIS 4MG/24HR (rotigotine)</i>	2	MO
<i>NEUPRO DIS 6MG/24HR (rotigotine)</i>	2	MO
<i>NEUPRO DIS 8MG/24HR (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
<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

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>)	3	MO
RYTARY CAP 145MG (<i>carbidopa-levodopa</i>)	3	MO
RYTARY CAP 195MG (<i>carbidopa-levodopa</i>)	3	MO
RYTARY CAP 245MG (<i>carbidopa-levodopa</i>)	3	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
ZELAPAR TAB 1.25MG (<i>selegiline hcl</i>)	3	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
LITHIUM SOL 8MEQ/5ML	3	MO

ANTIPSYCHOTICS - MISC.

EQUETRO CAP 100MG (<i>carbamazepine (antipsychotic)</i>)	3	MO
EQUETRO CAP 200MG (<i>carbamazepine (antipsychotic)</i>)	3	MO
EQUETRO CAP 300MG (<i>carbamazepine (antipsychotic)</i>)	3	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LATUDA TAB 20MG (<i>lurasidone hcl</i>)	2	ST, MO; PA**
LATUDA TAB 40MG (<i>lurasidone hcl</i>)	2	ST, MO; PA**
LATUDA TAB 60MG (<i>lurasidone hcl</i>)	2	ST, MO; PA**
LATUDA TAB 80MG (<i>lurasidone hcl</i>)	2	ST, MO; PA**
LATUDA TAB 120MG (<i>lurasidone hcl</i>)	2	ST, MO; PA**
NUPLAZID CAP 34MG (<i>pimavanserin tartrate</i>)	3	SP, PA
NUPLAZID TAB 10MG (<i>pimavanserin tartrate</i>)	3	SP, PA
VRAYLAR CAP 1.5-3MG (<i>cariprazine hcl</i>)	2	ST; PA**
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

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BUTYROPHENONES		
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	MO
<i>haloperidol syp 2mg/ml</i> (Haloperidol)	1	
<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
DIBENZAPINES		
ADASUVE INH 10MG (<i>loxapine</i>)	3	ST; PA**
<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	
CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	3	
CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	3	
<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

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>olanzapine tab 15 mg</i>	1	MO
<i>olanzapine tab 20 mg</i>	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 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
SAPHRIS SUB 2.5MG (<i>asenapine maleate</i>)	3	ST, MO; PA**
SAPHRIS SUB 5MG (<i>asenapine maleate</i>)	3	ST, MO; PA**
SAPHRIS SUB 10MG (<i>asenapine maleate</i>)	3	ST, MO; PA**
VERSACLOZ SUS 50MG/ML (<i>clozapine</i>)	3	
DIHYDROINDOLONES		
<i>molindone hcl tab 5 mg</i>	1	MO
<i>molindone hcl tab 10 mg</i>	1	MO
<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

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<i>prochlorperazine suppos 25 mg (Compro)</i>	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
REXULTI TAB 0.5MG (<i>brexpiprazole</i>)	3	ST, MO; PA**
REXULTI TAB 0.25MG (<i>brexpiprazole</i>)	3	ST, MO; PA**
REXULTI TAB 1MG (<i>brexpiprazole</i>)	3	ST, MO; PA**
REXULTI TAB 2MG (<i>brexpiprazole</i>)	3	ST, MO; PA**
REXULTI TAB 3MG (<i>brexpiprazole</i>)	3	ST, MO; PA**
REXULTI TAB 4MG (<i>brexpiprazole</i>)	3	ST, MO; PA**
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	1	MO
<i>thiothixene cap 2 mg</i>	1	MO
<i>thiothixene cap 5 mg</i>	1	MO
<i>thiothixene cap 10 mg</i>	1	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT		
IODINE ANTISEPTICS		
IODOFLEX PAD PAD (<i>cadexomer iodine</i>)	3	
IODOSORB GEL (<i>cadexomer iodine</i>)	3	
IODOSORB GEL 0.9% (<i>cadexomer iodine</i>)	3	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	SP, QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	SP, QL (60 tabs / 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	SP, QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	SP, QL (60 tabs / 30 days)
APTIVUS CAP 250MG (<i>tipranavir</i>)	3	SP, QL (120 caps / 30 days)
APTIVUS SOL (<i>tipranavir</i>)	3	SP, QL (285 mL / 28 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	SP, QL (30 caps / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	SP, QL (60 caps / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	SP, QL (30 caps / 30 days)
ATRIPLA TAB (<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	2	SP, QL (30 tabs / 30 days)
BIKTARVY TAB (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	2	SP, QL (30 tabs / 30 days)
CIMDUO TAB 300-300 (<i>lamivudine-tenofovir disoproxil fumarate</i>)	2	SP, QL (30 tabs / 30 days)
CRIXIVAN CAP 200MG (<i>indinavir sulfate</i>)	3	SP, QL (450 caps / 30 days)
CRIXIVAN CAP 400MG (<i>indinavir sulfate</i>)	3	SP, QL (180 caps / 30 days)
DESCOVY TAB 200/25 (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	2	SP, QL (30 tabs / 30 days)
<i>didanosine delayed release capsule 200 mg</i>	1	SP, QL (30 caps / 30 days)
<i>didanosine delayed release capsule 250 mg</i>	1	SP, QL (30 caps / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>didanosine delayed release capsule 400 mg</i>	1	SP, QL (30 caps / 30 days)
DOVATO TAB 50-300MG (<i>dolutegravir sodium-lamivudine</i>)	2	SP, QL (30 tabs / 30 days)
EDURANT TAB 25MG (<i>rilpivirine hcl</i>)	2	SP, QL (60 tabs / 30 days)
<i>efavirenz cap 50 mg</i>	1	SP, QL (90 caps / 30 day)
<i>efavirenz cap 200 mg</i>	1	SP, QL (90 caps / 30 day)
<i>efavirenz tab 600 mg</i>	1	SP, QL (30 tabs / 30 days)
EMTRIVA CAP 200MG (<i>emtricitabine</i>)	2	SP, QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML (<i>emtricitabine</i>)	2	SP, QL (680 mL / 28 days)
EVOTAZ TAB 300-150 (<i>atazanavir sulfate-cobicistat</i>)	2	SP, QL (30 tabs / 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	SP, QL (120 tabs / 30 days)
GENVOYA TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	2	SP, QL (30 tabs / 30 days)
INTELENCE TAB 25MG (<i>etravirine</i>)	2	SP, QL (120 tabs / 30 days)
INTELENCE TAB 100MG (<i>etravirine</i>)	2	SP, QL (120 tabs / 30 days)
INTELENCE TAB 200MG (<i>etravirine</i>)	2	SP, QL (60 tabs / 30 days)
INVIRASE TAB 500MG (<i>saquinavir mesylate</i>)	3	SP, QL (120 tabs / 30 days)
ISENTRESS CHW 25MG (<i>raltegravir potassium</i>)	2	SP, QL (180 tabs / 30 days)
ISENTRESS CHW 100MG (<i>raltegravir potassium</i>)	2	SP, QL (180 tabs / 30 days)
ISENTRESS HD TAB 600MG (<i>raltegravir potassium</i>)	2	SP, QL (60 tabs / 30 days)
ISENTRESS POW 100MG (<i>raltegravir potassium</i>)	2	SP, QL (60 powder packets / 30 days)
ISENTRESS TAB 400MG (<i>raltegravir potassium</i>)	2	SP, QL (120 tabs / 30 days)
JULUCA TAB 50-25MG (<i>dolutegravir sodium-rilpivirine hcl</i>)	3	SP, QL (30 tabs / 30 days)
KALETRA TAB 100-25MG (<i>lopinavir-ritonavir</i>)	2	SP, QL (240 tabs / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KALETRA TAB 200-50MG (<i>lopinavir-ritonavir</i>)	2	SP, QL (120 tabs / 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	1	SP, QL (900 mL / 30 days)
<i>lamivudine tab 150 mg</i>	1	SP, QL (60 tabs / 30 days)
<i>lamivudine tab 300 mg</i>	1	SP, QL (30 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	SP, QL (60 tabs / 30 days)
LEXIVA SUS 50MG/ML (<i>fosamprenavir calcium</i>)	3	SP, QL (1575 mL / 28 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	SP, QL (390 mL / 30 days)
<i>nevirapine susp 50 mg/5ml</i>	1	SP, QL (1200 mL / 30 days)
<i>nevirapine tab 200 mg</i>	1	SP, QL (60 tabs / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	1	SP, QL (90 caps / 30 day)
<i>nevirapine tab er 24hr 400 mg</i>	1	SP, QL (30 tabs / 30 days)
NORVIR POW 100MG (<i>ritonavir</i>)	2	SP, QL (360 powder packets / 30 days)
NORVIR SOL 80MG/ML (<i>ritonavir</i>)	2	SP, QL (480 mL / 30 days)
ODEFSEY TAB (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)	2	SP, QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150 (<i>darunavir-cobicistat</i>)	2	SP, QL (30 tabs / 30 days)
PREZISTA SUS 100MG/ML (<i>darunavir ethanolate</i>)	2	SP, QL (400 mL / 30 days)
PREZISTA TAB 75MG (<i>darunavir ethanolate</i>)	2	SP, QL (300 tabs / 30 days)
PREZISTA TAB 150MG (<i>darunavir ethanolate</i>)	2	SP, QL (180 tabs / 30 days)
PREZISTA TAB 600MG (<i>darunavir ethanolate</i>)	2	SP, QL (60 tabs / 30 days)
PREZISTA TAB 800MG (<i>darunavir ethanolate</i>)	2	SP, QL (30 tabs / 30 days)
REYATAZ POW 50MG (<i>atazanavir sulfat</i>)	3	SP, QL (180 packets / 30 days)
<i>ritonavir tab 100 mg</i>	1	SP, QL (360 tabs / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SELZENTRY SOL 20MG/ML (<i>maraviroc</i>)	3	SP, QL (1840 mL / 30 days)
SELZENTRY TAB 25MG (<i>maraviroc</i>)	3	SP, QL (240 tabs / 30 days)
SELZENTRY TAB 75MG (<i>maraviroc</i>)	3	SP, QL (60 tabs / 30 days)
SELZENTRY TAB 150MG (<i>maraviroc</i>)	3	SP, QL (60 tabs / 30 days)
SELZENTRY TAB 300MG (<i>maraviroc</i>)	3	SP, QL (120 tabs / 30 days)
stavudine cap 15 mg	1	SP, QL (60 caps / 30 days)
stavudine cap 20 mg	1	SP, QL (60 caps / 30 days)
stavudine cap 30 mg	1	SP, QL (60 caps / 30 days)
stavudine cap 40 mg	1	SP, QL (60 caps / 30 days)
SYMFI LO TAB (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	2	SP, QL (30 tabs / 30 days)
SYMFI TAB (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	2	SP, QL (30 tabs / 30 days)
SYMTUZA TAB (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	2	SP, QL (1 tab / 1 day)
TEMIXYS TAB 300-300 (<i>lamivudine-tenofovir disoproxil fumarate</i>)	2	SP, QL (30 tabs / 30 days)
tenofovir disoproxil fumarate tab 300 mg	1	SP, QL (30 tabs / 30 days)
TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>)	2	SP, QL (60 tabs / 30 days)
TIVICAY TAB 10MG (<i>dolutegravir sodium</i>)	2	SP, QL (60 tabs / 30 days)
TIVICAY TAB 25MG (<i>dolutegravir sodium</i>)	2	SP, QL (60 tabs / 30 days)
TIVICAY TAB 50MG (<i>dolutegravir sodium</i>)	2	SP, QL (60 tabs / 30 days)
TRIUMEQ TAB (<i>abacavir-dolutegravir-lamivudine</i>)	2	SP, QL (30 tabs / 30 days)
TRUVADA TAB 100-150 (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	2	SP, QL (30 tabs / 30 days)
TRUVADA TAB 133-200 (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	2	SP, QL (30 tabs / 30 days)
TRUVADA TAB 167-250 (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	2	SP, QL (30 tabs / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRUVADA TAB 200-300 (emtricitabine-tenofovir disoproxil fumarate)	2	SP, QL (30 tabs / 30 days); \$0 copay for PrEP
TYBOST TAB 150MG (cobicistat)	3	SP, QL (30 tabs / 30 days)
VIRACEPT TAB 250MG (nelfinavir mesylate)	3	SP, QL (300 tabs / 30 days)
VIRACEPT TAB 625MG (nelfinavir mesylate)	3	SP, QL (120 tabs / 30 days)
VIREAD POW 40MG/GM (tenofovir disoproxil fumarate)	3	SP, QL (240 grams / 30 days)
VIREAD TAB 150MG (tenofovir disoproxil fumarate)	3	SP, QL (30 tabs / 30 days)
VIREAD TAB 200MG (tenofovir disoproxil fumarate)	3	SP, QL (30 tabs / 30 days)
VIREAD TAB 250MG (tenofovir disoproxil fumarate)	3	SP, QL (30 tabs / 30 days)
zidovudine cap 100 mg	1	SP, QL (180 caps / 30 days)
zidovudine syrup 10 mg/ml	1	SP, QL (1800 mL / 30 days)
zidovudine tab 300 mg	1	SP, QL (60 tabs / 30 days)
CMV AGENTS		
PREVYMIS TAB 240MG (letermovir)	3	MO
PREVYMIS TAB 480MG (letermovir)	3	MO
valganciclovir hcl for soln 50 mg/ml (base equiv)	1	QL (100 mL / 30 days), MO
valganciclovir hcl tab 450 mg (base equivalent)	1	QL (100 tabs / 30 days), MO
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	1	SP
BARACLUDGE SOL (entecavir)	2	SP
entecavir tab 0.5 mg	1	SP
entecavir tab 1 mg	1	SP
EPCLUSA TAB 400-100 (sofosbuvir-velpatasvir)	2	SP, PA, QL (28 tabs / 28 days)
HARVONI PAK (ledipasvir-sofosbuvir)	2	SP, PA, QL (28 packets / 28 days)
HARVONI PAK 45-200MG (ledipasvir-sofosbuvir)	2	SP, PA, QL (28 packets / 28 days)
HARVONI TAB 45-200MG (ledipasvir-sofosbuvir)	2	SP, PA, QL (28 tabs / 28 days)
HARVONI TAB 90-400MG (ledipasvir-sofosbuvir)	2	SP, PA, QL (28 tabs / 28 days)

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
SOVALDI PAK 150MG (<i>sofosbuvir</i>)	3	SP, PA, QL (28 packets / 28 days)
SOVALDI PAK 200MG (<i>sofosbuvir</i>)	3	SP, PA, QL (28 packets / 28 days)
SOVALDI TAB 200MG (<i>sofosbuvir</i>)	3	SP, PA, QL (28 tabs / 28 days)
SOVALDI TAB 400MG (<i>sofosbuvir</i>)	3	SP, PA, QL (28 tabs / 28 days)
VEMLIDY TAB 25MG (<i>tenofovir alafenamide fumarate</i>)	2	SP, QL (30 tabs / 30 days)
VOSEVI TAB (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	2	SP, PA, QL (28 tabs / 28 days)

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	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
SITAVIG TAB 50MG (<i>acyclovir</i>)	3	
<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	

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
---	---	----

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
BYSTOLIC TAB 2.5MG (<i>nebivolol hcl</i>)	2	MO
BYSTOLIC TAB 5MG (<i>nebivolol hcl</i>)	2	MO
BYSTOLIC TAB 10MG (<i>nebivolol hcl</i>)	2	MO
BYSTOLIC TAB 20MG (<i>nebivolol hcl</i>)	2	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
<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
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL SOL 4.28/ML (<i>propranolol hcl</i>)	3	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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/afl) tab 80 mg</i>	1	MO
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	MO
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	MO
<i>sotalol hcl tab 80 mg</i>	1	MO
<i>sotalol hcl tab 80 mg (Sorine)</i>	1	MO
<i>sotalol hcl tab 120 mg</i>	1	MO
<i>sotalol hcl tab 120 mg (Sorine)</i>	1	MO
<i>sotalol hcl tab 160 mg</i>	1	MO
<i>sotalol hcl tab 160 mg (Sorine)</i>	1	MO
<i>sotalol hcl tab 240 mg</i>	1	MO
<i>sotalol hcl tab 240 mg (Sorine)</i>	1	MO
SOTYLIZE SOL 5MG/ML (<i>sotalol hcl</i>)	3	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

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

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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> (Dilt-xr)	1	MO
<i>diltiazem hcl cap er 24hr 180 mg</i> (Dilt-xr)	1	MO
<i>diltiazem hcl cap er 24hr 240 mg</i> (Dilt-xr)	1	MO
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	MO
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (Cartia Xt)	1	MO
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	MO
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (Cartia Xt)	1	MO
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	MO
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (Cartia Xt)	1	MO
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	MO
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (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
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (Taztia Xt)	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (Tiadylt Er)	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (Taztia Xt)	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (Tiadylt Er)	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (Taztia Xt)	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (Tiadylt Er)	1	MO

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 300 mg (Taztia Xt)</i>	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 300 mg (Tiadylt Er)</i>	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt)</i>	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 360 mg (Tiadylt Er)</i>	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 420 mg (Tiadylt Er)</i>	1	MO
<i>diltiazem hcl tab 30 mg</i>	1	MO
<i>diltiazem hcl tab 60 mg</i>	1	MO
<i>diltiazem hcl tab 90 mg</i>	1	MO
<i>diltiazem hcl tab 120 mg</i>	1	MO
<i>felodipine tab er 24hr 2.5 mg</i>	1	MO
<i>felodipine tab er 24hr 5 mg</i>	1	MO
<i>felodipine tab er 24hr 10 mg</i>	1	MO
<i>isradipine cap 2.5 mg</i>	1	MO
<i>isradipine cap 5 mg</i>	1	MO
<i>nicardipine hcl cap 20 mg</i>	1	MO
<i>nicardipine hcl cap 30 mg</i>	1	MO
<i>nifedipine cap 10 mg</i>	1	MO
<i>nifedipine cap 20 mg</i>	1	MO
<i>nifedipine tab er 24hr 30 mg</i>	1	MO
<i>nifedipine tab er 24hr 60 mg</i>	1	MO
<i>nifedipine tab er 24hr 90 mg</i>	1	MO
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	MO
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	MO
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	MO
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	MO
<i>nisoldipine tab er 24hr 17 mg</i>	1	MO
<i>nisoldipine tab er 24hr 20 mg</i>	1	MO
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	MO

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nisoldipine tab er 24hr 30 mg</i>	1	MO
<i>nisoldipine tab er 24hr 34 mg</i>	1	MO
<i>nisoldipine tab er 24hr 40 mg</i>	1	MO
<i>verapamil hcl cap er 24hr 100 mg</i>	1	MO
<i>verapamil hcl cap er 24hr 120 mg</i>	1	MO
<i>verapamil hcl cap er 24hr 180 mg</i>	1	MO
<i>verapamil hcl cap er 24hr 200 mg</i>	1	MO
<i>verapamil hcl cap er 24hr 240 mg</i>	1	MO
<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 125 mcg (0.125 mg)</i>	1	MO
<i>digoxin tab 125 mcg (0.125 mg)</i> (Digitek)	1	MO
<i>digoxin tab 125 mcg (0.125 mg)</i> (Digox)	1	MO
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	MO
<i>digoxin tab 250 mcg (0.25 mg)</i> (Digitek)	1	MO
<i>digoxin tab 250 mcg (0.25 mg)</i> (Digox)	1	MO
LANOXIN TAB 0.0625MG (<i>digoxin</i>)	2	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

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
BIDIL TAB (<i>isosorbide dinitrate-hydralazine hcl</i>)	2	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
IMPOTENCE AGENTS		
<i>tadalafil tab 2.5 mg</i>	1	PA, MO
<i>tadalafil tab 5 mg</i>	1	PA, MO
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
TYVASO REFIL SOL 0.6MG/ML (<i>treprostinil</i>)	3	SP, PA, QL (2.9 mL / 1 day)
TYVASO SOL 0.6MG/ML (<i>treprostinil</i>)	3	SP, PA, QL (2.9 mL / 1 day)
TYVASO START SOL 0.6MG/ML (<i>treprostinil</i>)	3	SP, PA, QL (2.9 mL / 1 day)
VENTAVIS SOL 10MCG/ML (<i>iloprost</i>)	3	SP, PA, QL (270 mL / 30 days)
VENTAVIS SOL 20MCG/ML (<i>iloprost</i>)	3	SP, PA, QL (270 mL / 30 days)

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	1	SP, PA, QL (30 tabs / 30 days)
<i>ambrisentan tab 10 mg</i>	1	SP, PA, QL (30 tabs / 30 days)
<i>bosentan tab 62.5 mg</i>	1	SP, PA, QL (60 tabs / 30 days)
<i>bosentan tab 125 mg</i>	1	SP, PA, QL (60 tabs / 30 days)
OPSUMIT TAB 10MG (<i>macitentan</i>)	2	SP, PA, QL (30 tabs / 30 days)
TRACLEER TAB 32MG (<i>bosentan</i>)	3	SP, PA, QL (112 tabs / 28 days)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	SP, PA, QL (224 mL / 30 days)
<i>sildenafil citrate tab 20 mg</i>	1	SP, PA, QL (90 tabs / 30 days)
<i>tadalafil tab 20 mg (pah)</i>	1	SP, PA, QL (60 tabs / 30 days)
<i>tadalafil tab 20 mg (pah)</i> (Alyq)	1	SP, PA, QL (60 tabs / 30 days)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB 200/800 (<i>selexipag</i>)	2	SP, PA, QL (1 pack / 28 days)
UPTRAVI TAB 200MCG (<i>selexipag</i>)	2	SP, PA, QL (140 tabs / 28 days)
UPTRAVI TAB 400MCG (<i>selexipag</i>)	2	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 600MCG (<i>selexipag</i>)	2	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 800MCG (<i>selexipag</i>)	2	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	2	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	2	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	2	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	2	SP, PA, QL (60 tabs / 30 days)

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

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS TAB 0.5MG (<i>riociguat</i>)	2	SP, PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1.5MG (<i>riociguat</i>)	2	SP, PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1MG (<i>riociguat</i>)	2	SP, PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2.5MG (<i>riociguat</i>)	2	SP, PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2MG (<i>riociguat</i>)	2	SP, PA, QL (90 tabs / 30 days)

SINUS NODE INHIBITORS

CORLANOR SOL 5MG/5ML (<i>ivabradine hcl</i>)	3	MO
CORLANOR TAB 5MG (<i>ivabradine hcl</i>)	2	MO
CORLANOR TAB 7.5MG (<i>ivabradine hcl</i>)	2	MO

TRANSTHYRETIN STABILIZERS

VYNDAMAX CAP 61MG (<i>tafamidis</i>)	3	SP, QL (30 caps / 30 days)
--	---	----------------------------

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	
<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	
CEFACLOR ER TAB 500MG	3	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>cefditoren pivoxil tab 200 mg (base equivalent)</i>	1	
<i>cefditoren pivoxil tab 400 mg (base equivalent)</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	
SUPRAX CAP 400MG (<i>cefixime</i>)	2	
SUPRAX CHW 100MG (<i>cefixime</i>)	2	
SUPRAX CHW 200MG (<i>cefixime</i>)	2	
SUPRAX SUS 100/5ML (<i>cefixime</i>)	2	
SUPRAX SUS 200/5ML (<i>cefixime</i>)	2	
SUPRAX SUS 500/5ML (<i>cefixime</i>)	2	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
COMBINATION CONTRACEPTIVES - ORAL		
<i>BALCOLTRA TAB 0.1-20 (levonorgestrel-ethinyl estradiol-ferrous bisglycinate)</i>	PV	MO
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	PV	MO
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (Azurette)	PV	MO
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (Bekyree)	PV	MO
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (Kariva)	PV	MO
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (Pimtrea)	PV	MO
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (Simliya)	PV	MO

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant)	PV	MO
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	PV	MO
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	PV	MO
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)	PV	MO
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)	PV	MO
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	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 (Gianvi)	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

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (Loryna)	PV	MO
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (Nikki)	PV	MO
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	PV	MO
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (Ocella)	PV	MO
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (Syeda)	PV	MO
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (Zarah)	PV	MO
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (Zumandimine)	PV	MO
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	PV	MO
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (Kelnor 1/35)	PV	MO
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (Zovia 1/35e)	PV	MO
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	PV	MO
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (Kelnor 1/50)	PV	MO
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	PV	MO
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (Fayosim)	PV	MO
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (Rivelsa)	PV	MO
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	PV	MO
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (Amethia Lo)	PV	MO
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (Camrese Lo)	PV	MO
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (Lojaimiess)	PV	MO
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	PV	MO

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia)	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) (Simpesse)	PV	MO
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	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
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	PV	MO
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle)	PV	MO
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra)	PV	MO
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq)	PV	MO
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 (Larissia)	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 (Orsythia)	PV	MO
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx)	PV	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (Vienna)	PV	MO
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	PV	MO
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Altavera)	PV	MO
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Ayuna)	PV	MO
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Chateal)	PV	MO
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Chateal Eq)	PV	MO
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Kurvelo)	PV	MO
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Levora 0.15/30-28)	PV	MO
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Lillow)	PV	MO
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Marlissa)	PV	MO
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Portia-28)	PV	MO
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	PV	MO
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (Enpresse-28)	PV	MO
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (Levonest)	PV	MO
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (Trivora-28)	PV	MO
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	PV	MO
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> (Amethyst)	PV	MO
LO LOESTRIN TAB 1-10-10 <i>(norethindrone acetate-ethinyl estradiol-fe fum (biphasic))</i>	PV	MO
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (Balziva)	PV	MO
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (Briellyn)	PV	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (Philith)	PV	MO
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (Vyfemla)	PV	MO
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> (Necon 0.5/35-28)	PV	MO
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> (Nortrel 0.5/35 (28))	PV	MO
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> (Wera)	PV	MO
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (Alyacen 1/35)	PV	MO
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (Cyclafem 1/35)	PV	MO
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (Dasetta 1/35)	PV	MO
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (Nortrel 1/35)	PV	MO
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (Pirmella 1/35)	PV	MO
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	PV	MO
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> (Wymzya Fe)	PV	MO
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	PV	MO
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (Kaitlib Fe)	PV	MO
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (Layolis Fe)	PV	MO
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> (Tilia Fe)	PV	MO
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> (Tri-legest Fe)	PV	MO
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	PV	MO
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (Aurovela 1/20)	PV	MO
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (Junel 1/20)	PV	MO
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (Larin 1/20)	PV	MO
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (Microgestin 1/20)	PV	MO

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	PV	MO
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (Aurovela 1.5/30)	PV	MO
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (Hailey 1.5/30)	PV	MO
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (Junel 1.5/30)	PV	MO
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (Larin 1.5/30)	PV	MO
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (Microgestin 1.5/30)	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (Aurovela Fe 1/20)	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (Blisovi Fe 1/20)	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (Hailey Fe 1/20)	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (Junel Fe 1/20)	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (Larin Fe 1/20)	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (Microgestin Fe)	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (Tarina Fe 1/20)	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (Tarina Fe 1/20 Eq)	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Aurovela Fe 1.5/30)	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Blisovi Fe 1.5/30)	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Hailey Fe 1.5/30)	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Junel Fe 1.5/30)	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Larin Fe 1.5/30)	PV	MO

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Microgestin Fe 1.5/30)	PV	MO
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	PV	MO
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (Charlotte 24 Fe)	PV	MO
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (Melodetta 24 Fe)	PV	MO
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (Mibelas 24 Fe)	PV	MO
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Aurovela 24 Fe)	PV	MO
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Blisovi 24 Fe)	PV	MO
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Hailey 24 Fe)	PV	MO
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Junel Fe 24)	PV	MO
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Larin 24 Fe)	PV	MO
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Tarina 24 Fe)	PV	MO
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (Alyacen 7/7/7)	PV	MO
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (Cyclafem 7/7/7)	PV	MO
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (Dasetta 7/7/7)	PV	MO
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (Nortrel 7/7/7)	PV	MO
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (Pirmella 7/7/7)	PV	MO
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> (Aranelle)	PV	MO
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> (Leena)	PV	MO

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	PV	MO
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Estarylla)	PV	MO
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Femynor)	PV	MO
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Mili)	PV	MO
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Mono-linyah)	PV	MO
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Previfem)	PV	MO
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Sprintec 28)	PV	MO
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Vylibra)	PV	MO
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	PV	MO
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-lo-estarylla)	PV	MO
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-lo-marzia)	PV	MO
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-lo-mili)	PV	MO
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-lo-sprintec)	PV	MO
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-vylibra Lo)	PV	MO
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	PV	MO
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri Femynor)	PV	MO
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-estarylla)	PV	MO
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-linyah)	PV	MO

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-mili)	PV	MO
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-previfem)	PV	MO
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-sprintec)	PV	MO
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-vylibra)	PV	MO
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (Cryselle-28)	PV	MO
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (Elinest)	PV	MO
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (Low-ogestrel)	PV	MO
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (Xulane)	PV	MO
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	PV	QL (13 rings / 300 days), MO
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (Eluryng)	PV	QL (13 rings / 300 days), MO
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG (<i>ulipristal acetate</i>)	PV	
<i>levonorgestrel tab 1.5 mg</i>	PV	
<i>levonorgestrel tab 1.5 mg</i> (Aftera)	PV	
<i>levonorgestrel tab 1.5 mg</i> (Econtra Ez)	PV	
<i>levonorgestrel tab 1.5 mg</i> (Econtra One-step)	PV	
<i>levonorgestrel tab 1.5 mg</i> (My Choice)	PV	
<i>levonorgestrel tab 1.5 mg</i> (My Way)	PV	
<i>levonorgestrel tab 1.5 mg</i> (New Day)	PV	
<i>levonorgestrel tab 1.5 mg</i> (Opcicon One-step)	PV	
<i>levonorgestrel tab 1.5 mg</i> (Option 2)	PV	
<i>levonorgestrel tab 1.5 mg</i> (Preventeza)	PV	
<i>levonorgestrel tab 1.5 mg</i> (React)	PV	
<i>levonorgestrel tab 1.5 mg</i> (Take Action)	PV	

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME

**DRUG
TIER**

**COVERAGE
REQUIREMENTS AND
LIMITS**

PROGESTIN CONTRACEPTIVES - ORAL

<i>norethindrone tab 0.35 mg</i>	PV	MO
<i>norethindrone tab 0.35 mg</i> (Camila)	PV	MO
<i>norethindrone tab 0.35 mg</i> (Deblitane)	PV	MO
<i>norethindrone tab 0.35 mg</i> (Errin)	PV	MO
<i>norethindrone tab 0.35 mg</i> (Heather)	PV	MO
<i>norethindrone tab 0.35 mg</i> (Incassia)	PV	MO
<i>norethindrone tab 0.35 mg</i> (Jencycla)	PV	MO
<i>norethindrone tab 0.35 mg</i> (Lyza)	PV	MO
<i>norethindrone tab 0.35 mg</i> (Nora-be)	PV	MO
<i>norethindrone tab 0.35 mg</i> (Norlyda)	PV	MO
<i>norethindrone tab 0.35 mg</i> (Norlyroc)	PV	MO
<i>norethindrone tab 0.35 mg</i> (Sharobel)	PV	MO
<i>norethindrone tab 0.35 mg</i> (Tulana)	PV	MO

CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

GLUCOCORTICOSTEROIDS

<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>budesonide tab er 24hr 9 mg</i>	1	
<i>cortisone acetate tab 25 mg</i>	1	
DEXAMETHASON CON 1MG/ML <i>(dexamethasone)</i>	3	
<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 0.5 mg</i> (Decadron)	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i> (Decadron)	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 4 mg</i> (Decadron)	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab 6 mg</i> (Decadron)	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i> (Hidex 6-day)	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
<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	
<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 10 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	
PREDNISONE CON 5MG/ML (<i>prednisone</i>)	3	
<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	

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml (Hydromet)</i>	1	
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>CLARINEX-D TAB 2.5-120 (desloratadine-pseudoephedrine)</i>	3	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1	
<i>guaifenesin-codeine soln 100-10 mg/5ml (G Tussin Ac)</i>	1	
<i>guaifenesin-codeine soln 100-10 mg/5ml (Guaiatussin Ac)</i>	1	
<i>guaifenesin-codeine soln 100-10 mg/5ml (Maxi-tuss Ac)</i>	1	
<i>guaifenesin-codeine soln 100-10 mg/5ml (Virtussin A/c)</i>	1	
<i>guaifenesin-codeine soln 100-10 mg/5ml (Virtussin Ac/alc)</i>	1	
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm)</i>	1	
<i>pseudoephedrine w/ cod-gg soln 30-10-100 mg/5ml (Virtussin Dac)</i>	1	
SEMPREX-D CAP 8-60MG (<i>acrivastine & pseudoephedrine</i>)	3	
TUSSICAPS CAP 10-8MG (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>)	3	
TUZISTRA XR SUS (<i>codeine polistirex-chlorpheniramine polistirex</i>)	3	
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5% (<i>sodium chloride (inhalant)</i>)	3	
NEBUSAL NEB 6% (<i>sodium chloride (inhalant)</i>)	3	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 3%</i> (Nebusal)	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 7%</i> (Pulmosal)	1	
<i>sodium chloride soln nebu 10%</i>	1	
MUCOLYTICS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS		
ACNE PRODUCTS		
ABSORICA CAP 10MG (<i>isotretinoin</i>)	3	PA
ABSORICA CAP 20MG (<i>isotretinoin</i>)	3	PA
ABSORICA CAP 25MG (<i>isotretinoin</i>)	3	PA
ABSORICA CAP 30MG (<i>isotretinoin</i>)	3	PA
ABSORICA CAP 35MG (<i>isotretinoin</i>)	3	PA
ABSORICA CAP 40MG (<i>isotretinoin</i>)	3	PA
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
AZELEX CRE 20% (<i>azelaic acid (acne)</i>)	3	ST; PA**
BENZIQ GEL 5.25% (<i>benzoyl peroxide</i>)	3	
BENZIQ LS GEL 2.75% (<i>benzoyl peroxide</i>)	3	
<i>benzoyl peroxide foam 5.3%</i> (Benzepro)	1	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide foam 9.8%</i> (Benzepro Short Contact)	1	
<i>benzoyl peroxide liq 2.5%</i> (Bp Wash)	1	
<i>benzoyl peroxide liq 5.25%</i> (Benziq Wash)	1	
<i>benzoyl peroxide liq 7%</i> (Bp Wash)	1	
<i>benzoyl peroxide liq 7%</i> (Pr Benzoyl Peroxide Wash)	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	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> (Neuac)	1	
<i>clindamycin phosphate foam 1%</i>	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	
<i>clindamycin phosphate swab 1%</i> (Clindacin Etz Pledgets)	1	
<i>clindamycin phosphate swab 1%</i> (Clindacin-p)	1	
<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-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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIFFERIN LOT 0.1% (adapalene)	3	PA; PA Required for Age greater than or equal to age 35
EPIDUO FORTE GEL 0.3-2.5% (adapalene-benzoyl peroxide)	2	
EPIDUO GEL 0.1-2.5% (adapalene-benzoyl peroxide)	2	
erythromycin gel 2%	1	
erythromycin pads 2% (Ery)	1	
erythromycin soln 2%	1	
FABIOR AER 0.1% (tazarotene (acne))	3	PA
isotretinoin cap 10 mg	1	PA
isotretinoin cap 10 mg (Amnesteem)	1	PA
isotretinoin cap 10 mg (Claravis)	1	PA
isotretinoin cap 10 mg (Myorisan)	1	PA
isotretinoin cap 10 mg (Zenatane)	1	PA
isotretinoin cap 20 mg	1	PA
isotretinoin cap 20 mg (Amnesteem)	1	PA
isotretinoin cap 20 mg (Claravis)	1	PA
isotretinoin cap 20 mg (Myorisan)	1	PA
isotretinoin cap 20 mg (Zenatane)	1	PA
isotretinoin cap 30 mg	1	PA
isotretinoin cap 30 mg (Claravis)	1	PA
isotretinoin cap 30 mg (Myorisan)	1	PA
isotretinoin cap 30 mg (Zenatane)	1	PA
isotretinoin cap 40 mg	1	PA
isotretinoin cap 40 mg (Amnesteem)	1	PA
isotretinoin cap 40 mg (Claravis)	1	PA
isotretinoin cap 40 mg (Myorisan)	1	PA
isotretinoin cap 40 mg (Zenatane)	1	PA
RETIN-A MICR GEL 0.06% (tretinoin microsphere)	3	PA; PA Required for Age greater than or equal to age 35
RETIN-A MICR GEL 0.08% (tretinoin microsphere)	3	PA; PA Required for Age greater than or equal to age 35
RIAX AER 5.5% (benzoyl peroxide)	3	ST; PA**
RIAX AER 9.5% (benzoyl peroxide)	3	ST; PA**
sulfacetamide sodium lotion 10% (acne)	1	
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i> (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
<i>tretinoin cream 0.025%</i>	1	PA; PA Required for Age greater than or equal to age 35
<i>tretinoin cream 0.025%</i> (Avita)	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 gel 0.025%</i> (Avita)	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
ZACLIR LOT 8% (<i>benzoyl peroxide</i>)	3	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine patch 1.3%</i>	1	
<i>diclofenac sodium gel 1%</i>	1	PA
<i>diclofenac sodium soln 1.5%</i>	1	
DICLOTREX PAK (<i>diclofenac sodium-camphor-menthol</i>)	3	
REXAPHENAC CRE 1% (<i>diclofenac sodium (topical)</i>)	3	
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1% (<i>retapamulin</i>)	3	
CENTANY AT KIT 2% (<i>mupirocin</i>)	3	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CENTANY OIN 2% (<i>mupirocin</i>)	3	
CORTISPORIN CRE 0.5% (<i>neomycin-polymyxin-hc</i>)	3	
CORTISPORIN OIN 1% (<i>bacitracin-polymyxin-neomycin hc</i>)	3	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin oint 2%</i>	1	
NEO-SYNALAR CRE (<i>neomycin sulfate-fluocinolone acetonide</i>)	3	
XEPI CRE 1% (<i>ozonoxacin</i>)	3	
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
<i>ciclopirox solution 8%</i> (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	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>econazole nitrate cream 1%</i>	1	
ECOZA AER 1% (<i>econazole nitrate</i>)	3	
ERTACZO CRE 2% (<i>sertaconazole nitrate</i>)	3	
EXELDERM SOL 1% (<i>sulconazole nitrate</i>)	3	
EXODERM LOT 25-1% (<i>sodium thiosulfate-salicylic acid</i>)	3	
JUBLIA SOL 10% (<i>efinaconazole</i>)	3	PA
KERYDIN SOL 5% (<i>tavaborole</i>)	3	PA
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
<i>luliconazole cream 1%</i>	1	
MENTAX CRE 1% (<i>butenafine hcl</i>)	3	
<i>naftifine hcl cream 1%</i>	1	
<i>naftifine hcl cream 2%</i>	1	
<i>naftifine hcl gel 1%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NAFTIN CRE 2% (<i>naftifine hcl</i>)	2	
NAFTIN GEL 1% (<i>naftifine hcl</i>)	2	
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	
<i>nystatin topical powder 100000 unit/gm</i> (Nyamyc)	1	
<i>nystatin topical powder 100000 unit/gm</i> (Nystop)	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
OXISTAT LOT 1% (<i>oxiconazole nitrate</i>)	3	
<i>sulconazole nitrate cream 1%</i>	1	
SULCONAZOLE SOL 1%	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	
FLUROPLEX CRE 1% (<i>fluorouracil (topical)</i>)	3	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
PANRETIN GEL 0.1% (<i>alitretinoin</i>)	3	
PICATO GEL 0.05% (<i>ingenol mebutate</i>)	2	
PICATO GEL 0.015% (<i>ingenol mebutate</i>)	2	
TARGRETIN GEL 1% (<i>bexarotene (topical)</i>)	3	SP, PA
TOLAK CRE 4% (<i>fluorouracil (topical)</i>)	2	
VALCHLOR GEL 0.016% (<i>mechlorethamine hcl (topical)</i>)	3	SP, PA, QL (4 gm / 1 day)
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 foam 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i> (Calcitrene)	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methoxsalen rapid cap 10 mg</i>	1	
<i>tazarotene cream 0.1%</i>	1	PA
TAZORAC CRE 0.1% (<i>tazarotene</i>)	2	PA
TAZORAC CRE 0.05% (<i>tazarotene</i>)	2	PA
TAZORAC GEL 0.1% (<i>tazarotene</i>)	2	PA
TAZORAC GEL 0.05% (<i>tazarotene</i>)	2	PA
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotion 2.5%</i>	1	
SODIUM SULFA LIQ 10% WASH (<i>sulfacetamide sodium in bakuchiol vehicle</i>)	3	
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	
DENAVIR CRE 1% (<i>penciclovir</i>)	3	
XERESE CRE 5-1% (<i>acyclovir-hydrocortisone</i>)	3	
BURN PRODUCTS		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
<i>silver sulfadiazine cream 1% (Ssd)</i>	1	
SULFAMYLLON CRE 85MG/GM (<i>mafenide acetate</i>)	3	
CORTICOSTEROIDS - TOPICAL		
ALA SCALP LOT 2% (<i>hydrocortisone (topical)</i>)	3	
ALA-SCALP LOT 2% (<i>hydrocortisone (topical)</i>)	3	
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>amcinonide cream 0.1%</i>	1	
<i>amcinonide lotion 0.1%</i>	1	
AMCINONIDE OIN 0.1%	3	
<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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate oint 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>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	1	
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	1	
CAPEX SHA 0.01% (<i>fluocinolone acetonide</i>)	2	
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
<i>clobetasol propionate emulsion foam 0.05%</i>	1	
<i>clobetasol propionate emulsion foam 0.05%</i> (Tovet)	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	
<i>clobetasol propionate shampoo 0.05%</i> (Clodan)	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>clocortolone pivalate cream 0.1%</i>	1	
CORDRAN 80X3 TAP 4MCG/CM (<i>flurandrenolide</i>)	3	
CORDRAN CRE 0.025% (<i>flurandrenolide</i>)	3	
<i>desonide cream 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>desoximetasone spray 0.25%</i>	1	
DUOBRII LOT (<i>halobetasol propionate-tazarotene</i>)	3	
ENSTILAR AER (<i>calcipotriene-betamethasone dipropionate</i>)	3	
EPIFOAM AER 1% (<i>pramoxine-hc</i>)	3	
<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>flurandrenolide cream 0.05%</i>	1	
<i>flurandrenolide cream 0.05%</i> (Nolix)	1	
<i>flurandrenolide lotion 0.05%</i>	1	
<i>flurandrenolide lotion 0.05%</i> (Nolix)	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate lotion 0.05%</i>	1	
<i>fluticasone propionate lotion 0.05%</i> (Beser)	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halcinonide cream 0.1%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
HALOG OIN 0.1% (<i>halcinonide</i>)	3	
HALOG SOL 0.1% (<i>halcinonide</i>)	3	
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate lotion 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydrocortisone cream 1%	1	
hydrocortisone cream 1% (Ala-cort)	1	
hydrocortisone cream 2.5%	1	
hydrocortisone cream 2.5% (Ala-cort)	1	
hydrocortisone lotion 2.5%	1	
hydrocortisone oint 1%	1	
hydrocortisone oint 2.5%	1	
hydrocortisone valerate cream 0.2%	1	
hydrocortisone valerate oint 0.2%	1	
lidocaine-hydrocortisone acetate cream 1-1%	1	
mometasone furoate cream 0.1%	1	
mometasone furoate oint 0.1%	1	
mometasone furoate solution 0.1% (lotion)	1	
PANDEL CRE 0.1% (hydrocortisone probutate)	3	
prednicarbate cream 0.1%	1	
prednicarbate oint 0.1%	1	
SERNIVO SPR (betamethasone dipropionate (topical))	3	
SERNIVO SPR 0.05% (betamethasone dipropionate (topical))	3	
TEXACORT SOL 2.5% (hydrocortisone (topical))	2	
triamcinolone acetonide cream 0.1%	1	
triamcinolone acetonide cream 0.1% (Triderm)	1	
triamcinolone acetonide cream 0.5%	1	
triamcinolone acetonide cream 0.5% (Triderm)	1	
triamcinolone acetonide cream 0.025%	1	
triamcinolone acetonide lotion 0.1%	1	
triamcinolone acetonide lotion 0.025%	1	
triamcinolone acetonide oint 0.1%	1	
triamcinolone acetonide oint 0.5%	1	
triamcinolone acetonide oint 0.05%	1	
triamcinolone acetonide oint 0.05% (Trianex)	1	
triamcinolone acetonide oint 0.025%	1	
ULTRAVATE LOT 0.05% (halobetasol propionate)	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VERDESO AER 0.05% (<i>desonide</i>)	3	
EMOLLIENTS		
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 10%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM (<i>collagenase</i>)	3	
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	
ZYCLARA CRE 3.75% (<i>imiquimod</i>)	2	
ZYCLARA PUMP CRE 2.5% (<i>imiquimod</i>)	2	
ZYCLARA PUMP CRE 3.75% (<i>imiquimod</i>)	2	
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 AGENTS		
CONDYLOX GEL 0.5% (<i>podofilox</i>)	2	
<i>podofilox soln 0.5%</i>	1	
<i>salicylic acid cream 6%</i> (Salimez)	1	
SALIMEZ FORT CRE 10% (<i>salicylic acid</i>)	3	
SALVAX DUO KIT PLUS (<i>salicylic acid & urea in lactic acid vehicle</i>)	3	
LOCAL ANESTHETICS - TOPICAL		
ANACAINE OIN (<i>benzocaine (topical)</i>)	3	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED STRM	3	
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine hcl cream 3%</i> (Lidopin)	1	
<i>lidocaine hcl gel 2%</i> (7t Lido Gel)	1	QL (30 grams / 25 days)
<i>lidocaine hcl lotion 3%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL / 25 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60 mL / 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (12 inj / 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (3 inj / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (6 inj / 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i> (Glydo)	1	QL (10 inj / 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 grams / 25 days)
<i>lidocaine patch 5%</i>	1	PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 grams / 25 days)
LIDTOPIC MAX CRE 10% (<i>lidocaine hcl</i>)	3	
PRAMOX GEL 1% (<i>pramoxine hcl</i>)	1	
MISC. TOPICAL		
DRYSOL SOL 20% (<i>aluminum chloride</i>)	3	
QBREXZA PAD 2.4% (<i>glycopyrronium tosylate</i>)	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2% (<i>crisaborole</i>)	2	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	1	
FINACEA AER 15% (<i>azelaic acid</i>)	2	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole cream 0.75%</i> (Rosadan)	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 0.75%</i> (Rosadan)	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
MIRVASO GEL 0.33% (<i>brimonidine tartrate (topical)</i>)	3	
RHOFADE CRE 1% (<i>oxymetazoline hcl (topical)</i>)	3	
SOOLANTRA CRE 1% (<i>ivermectin (rosacea)</i>)	2	
SCABICIDES & PEDICULICIDES		
<i>crotamiton lotion 10%</i> (Crotan)	1	
<i>lindane shampoo 1%</i>	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
SKLICE LOT 0.5% (<i>ivermectin (pediculicide)</i>)	3	
<i>spinosad susp 0.9%</i>	1	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01% (<i>becaplermin</i>)	3	

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

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
PANCREAZE CAP 2600UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	3	MO
PANCREAZE CAP 4200UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	3	MO
PANCREAZE CAP 10500UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	3	MO
PANCREAZE CAP 16800UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	3	MO
PANCREAZE CAP 21000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	3	MO
PERTZYE CAP 4000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	3	MO
PERTZYE CAP 8000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	3	MO
PERTZYE CAP 16000U (<i>pancrelipase (lipase-protease-amylase)</i>)	3	MO
PERTZYE CAP 24000U (<i>pancrelipase (lipase-protease-amylase)</i>)	3	MO
SUCRAID SOL 8500/ML (<i>sacrosidase</i>)	3	MO
VIOKACE TAB 10440 (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
VIOKACE 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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 25000 (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 40000 (<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
KEVEYIS TAB 50MG (<i>dichlorphenamide</i>)	3	SP, PA, QL (120 tabs / 30 days)
<i>methazolamide tab 25 mg</i>	1	MO
<i>methazolamide tab 50 mg</i>	1	MO

DIURETIC COMBINATIONS

ALDACTAZIDE TAB 50/50 (<i>spironolactone & hydrochlorothiazide</i>)	3	MO
<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

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 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
DIURIL SUS 250/5ML (<i>chlorothiazide</i>)	3	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
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES		
BONE DENSITY REGULATORS		
<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
BINOSTO TAB 70MG (<i>alendronate sodium</i>)	3	ST, MO; PA**
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	MO
FOSAMAX + D TAB 70-2800 (<i>alendronate sodium-cholecalciferol</i>)	3	ST, MO; PA**
FOSAMAX + D TAB 70-5600 (<i>alendronate sodium-cholecalciferol</i>)	3	ST, MO; PA**

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
GNRH/LHRH ANTAGONISTS		
ORLISSA TAB 150MG (<i>elagolix sodium</i>)	2	
ORLISSA TAB 200MG (<i>elagolix sodium</i>)	2	
HORMONE RECEPTOR MODULATORS		
OSPHENA TAB 60MG (<i>ospemifene</i>)	2	MO
<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>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
CARBAGLU TAB 200MG (<i>carglumic acid</i>)	3	SP, PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	SP, PA, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	SP, PA, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	SP, PA, QL (120 tabs / 30 days)
CYSTADANE POW (<i>betaine</i>)	3	SP
<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>)	3	SP, PA, QL (14 caps / 28 days)
KUVAN POW 100MG (<i>sapropterin dihydrochloride</i>)	3	SP, PA
KUVAN POW 500MG (<i>sapropterin dihydrochloride</i>)	3	SP, PA
KUVAN TAB 100MG (<i>sapropterin dihydrochloride</i>)	3	SP, PA

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	MO
<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
NITYR TAB 2MG (<i>nitisinone</i>)	3	SP, PA
NITYR TAB 5MG (<i>nitisinone</i>)	3	SP, PA
NITYR TAB 10MG (<i>nitisinone</i>)	3	SP, PA
ORFADIN CAP 20MG (<i>nitisinone</i>)	2	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
RAYALDEE CAP 30MCG (<i>calcifediol</i>)	3	MO
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	SP, PA, QL (25 gm / 1 day)
<i>sodium phenylbutyrate tab 500 mg</i>	1	SP, PA, QL (40 tabs / 1 day)
XURIDEN POW 2GM (<i>uridine triacetate</i>)	3	SP, QL (120 packets / 30 days)
POSTERIOR PITUITARY HORMONES		
DDAVP SOL 0.01% (<i>desmopressin acetate refrigerated</i>)	2	MO
<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
NOCDURNA SUB 27.7MCG (<i>desmopressin acetate</i>)	3	MO
NOCDURNA SUB 55.3MCG (<i>desmopressin acetate</i>)	3	MO
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone tab 200 mg</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	1	
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK 30-15MG (<i>tolvaptan</i>)	3	SP, PA, QL (56 tabs / 28 days)
JYNARQUE PAK 45-15MG (<i>tolvaptan</i>)	3	SP, PA, QL (56 tabs / 28 days)

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JYNARQUE PAK 60-30MG (<i>tolvaptan</i>)	3	SP, PA, QL (56 tabs / 28 days)
JYNARQUE PAK 90-30MG (<i>tolvaptan</i>)	3	SP, PA, QL (56 tabs / 28 days)
JYNARQUE TAB 15MG (<i>tolvaptan</i>)	3	SP, PA, QL (56 tabs / 28 days)
JYNARQUE TAB 15MG (<i>tolvaptan</i>)	3	SP, PA, QL (60 tabs / 30 days)
JYNARQUE TAB 30MG (<i>tolvaptan</i>)	3	SP, PA, QL (30 tabs / 30 days)
SAMSCA TAB 15MG (<i>tolvaptan</i>)	3	SP, PA
SAMSCA TAB 30MG (<i>tolvaptan</i>)	3	SP, PA
<i>tolvaptan tab 30 mg</i>	1	SP, PA

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

ESTROGEN COMBINATIONS

ANGELIQ TAB 0.5-1MG (<i>drospirenone-estradiol</i>)	3	MO
ANGELIQ TAB 0.25-0.5 (<i>drospirenone-estradiol</i>)	3	MO
CLIMARA PRO DIS WEEKLY (<i>estradiol-levonorgestrel</i>)	2	MO
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>	PV	MO
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (Amabelz)	1	MO
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	PV	MO
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (Amabelz)	1	MO
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (Lopreeza)	1	MO
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (Mimvey)	1	MO
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	PV	MO
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (Fyavolv)	1	MO
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (Fyavolv)	1	MO
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (Jinteli)	1	MO
PREFEST TAB (<i>estradiol-norgestimate</i>)	3	MO
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
<i>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</i>		
ALORA DIS 0.1MG (<i>estradiol</i>)	3	MO
ALORA DIS 0.05MG (<i>estradiol</i>)	3	MO
ALORA DIS 0.025MG (<i>estradiol</i>)	3	MO
ALORA DIS 0.075MG (<i>estradiol</i>)	3	MO
DIVIGEL GEL 0.5MG (<i>estradiol</i>)	2	MO
DIVIGEL GEL 0.25MG (<i>estradiol</i>)	2	MO
DIVIGEL GEL 0.75MG (<i>estradiol</i>)	2	MO
DIVIGEL GEL 1.25MG (<i>estradiol</i>)	2	MO
DIVIGEL GEL 1MG/GM (<i>estradiol</i>)	2	MO
ELESTRIN GEL 0.06% (<i>estradiol</i>)	3	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 patch twice weekly 0.1 mg/24hr</i>	1	MO
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> (Dotti)	1	MO
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	MO
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> (Dotti)	1	MO
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estradiol td patch twice weekly 0.025 mg/24hr (Dotti)	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 0.0375 mg/24hr	1	MO
estradiol td patch twice weekly 0.0375 mg/24hr (Dotti)	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
ESTROGEL GEL (estradiol)	3	MO
EVAMIST SPR 1.53MG (estradiol)	2	MO
MENEST TAB 0.3MG (esterified estrogens)	3	MO
MENEST TAB 0.625MG (esterified estrogens)	3	MO
MENEST TAB 1.25MG (esterified estrogens)	3	MO
MENOSTAR DIS 14MCG (estradiol)	3	MO
PREMARIN TAB 0.3MG (estrogens, conjugated)	2	MO
PREMARIN TAB 0.9MG (estrogens, conjugated)	2	MO
PREMARIN TAB 0.45MG (estrogens, conjugated)	2	MO
PREMARIN TAB 0.625MG (estrogens, conjugated)	2	MO
PREMARIN TAB 1.25MG (estrogens, conjugated)	2	MO

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

BAXDELA TAB 450MG (delafloxacin meglumine)	3	
---	---	--

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CIPRO (5%) SUS 250MG/5 (ciprofloxacin)	3	
CIPRO (10%) SUS 500MG/5 (ciprofloxacin)	3	
ciprofloxacin hcl tab 100 mg (base equiv)	1	
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	
ofloxacin tab 400 mg	1	

GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB 3MG (plecanatide)	3	PA, MO
---	---	--------

BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAP 50MG (cholic acid)	3	SP, PA
---	---	--------

CHOLBAM CAP 250MG (cholic acid)	3	SP, PA
--	---	--------

FARNESOID X RECEPTOR (FXR) AGONISTS

OICALIVA TAB 5MG (obeticholic acid)	3	SP, PA, QL (30 tabs / 30 days)
--	---	--------------------------------

OICALIVA TAB 10MG (obeticholic acid)	3	SP, PA, QL (30 tabs / 30 days)
---	---	--------------------------------

GALLSTONE SOLUBILIZING AGENTS

CHENODAL TAB 250MG (chenodiol)	3	
---	---	--

ursodiol cap 300 mg	1	MO
----------------------------	---	----

ursodiol tab 250 mg	1	MO
----------------------------	---	----

ursodiol tab 500 mg	1	MO
----------------------------	---	----

GASTROINTESTINAL ANTIALLERGY AGENTS

cromolyn sodium oral conc 100 mg/5ml	1	MO
---	---	----

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

AMITIZA CAP 8MCG (lubiprostone)	2	PA, MO
--	---	--------

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AMITIZA CAP 24MCG (<i>lubiprostone</i>)	2	PA, MO
GASTROINTESTINAL STIMULANTS		
METOCLOPRAMI TAB 10MG ODT	3	
<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	
DIPENTUM CAP 250MG (<i>olsalazine sodium</i>)	3	MO
<i>mesalamine cap dr 400 mg</i>	1	MO
<i>mesalamine cap er 24hr 0.375 gm</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	
PENTASA CAP 250MG CR (<i>mesalamine</i>)	2	MO
PENTASA CAP 500MG CR (<i>mesalamine</i>)	2	MO
SFROWASA ENE 4GM (<i>mesalamine</i>)	3	
<i>sulfasalazine tab 500 mg</i>	1	MO
<i>sulfasalazine tab delayed release 500 mg</i>	1	MO
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	MO
<i>lactulose (encephalopathy) solution 10 gm/15ml (Enulose)</i>	1	MO
<i>lactulose (encephalopathy) solution 10 gm/15ml (Generlac)</i>	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
LINZESS CAP 290MCG (<i>linaclotide</i>)	2	PA, MO
VIBERZI TAB 75MG (<i>eluxadoline</i>)	2	PA, MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
RELISTOR TAB 150MG (<i>methylnaltrexone bromide</i>)	3	
SYMPROIC TAB 0.2MG (<i>naldemedine tosylate</i>)	2	
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG (<i>ferric citrate</i>)	3	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
PHOSLYRA SOL (<i>calcium acetate (phosphate binder)</i>)	2	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
VELPHORO CHW 500MG (<i>sucroferric oxyhydroxide</i>)	2	MO
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG (<i>telotristat etiprate</i>)	3	SP, PA, QL (90 tabs / 30 days)
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
ACIDIFIERS		
K-PHOS TAB NO 2 (<i>potassium & sodium acid phosphates</i>)	3	
ALKALINIZERS		
ORACIT SOL (<i>sodium citrate & citric acid</i>)	3	
<i>potassium citrate & citric acid powder pack 3300-1002 mg (Cytra K Crystals)</i>	1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg (Taron-crystals)</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	3	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	MO
CARDURA XL TAB 4MG (<i>doxazosin mesylate (bph)</i>)	3	ST, MO; PA**
CARDURA XL TAB 8MG (<i>doxazosin mesylate (bph)</i>)	3	ST, MO; PA**
<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		
<i>phenazopyridine hcl tab 200 mg</i> (Phenazo)	1	
URINARY STONE AGENTS		
LITHOSTAT TAB 250MG (<i>acetohydroxamic acid</i>)	3	MO
THIOLA EC TAB 100MG (<i>tiopronin</i>)	3	MO
THIOLA EC TAB 300MG (<i>tiopronin</i>)	3	MO
THIOLA TAB 100MG (<i>tiopronin</i>)	3	MO
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 300 mg</i>	1	MO
<i>colchicine cap 0.6 mg</i>	1	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>colchicine tab 0.6 mg</i>	1	
<i>febuxostat tab 40 mg</i>	1	MO
<i>febuxostat tab 80 mg</i>	1	MO
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	MO
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS		
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	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 (60 caps / 30 days)
<i>miglustat cap 100 mg</i>	1	SP, PA, QL (90 caps / 30 days)
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP 200MG (<i>hydroxyurea (sickle cell anemia)</i>)	3	MO
DROXIA CAP 300MG (<i>hydroxyurea (sickle cell anemia)</i>)	3	MO
DROXIA CAP 400MG (<i>hydroxyurea (sickle cell anemia)</i>)	3	MO
SIKLOS TAB 100MG (<i>hydroxyurea (sickle cell anemia)</i>)	3	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SIKLOS TAB 1000MG (<i>hydroxyurea (sickle cell anemia)</i>)	3	
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i>	PV	QL (100 caps / 30 days), MO; \$0 copay for ages 55 and under, otherwise not covered
<i>folic acid cap 0.8 mg</i> (Fa-8)	PV	QL (100 caps / 30 days), MO; \$0 copay for ages 55 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 / 30 days); \$0 copay for ages 55 and under, otherwise not covered
<i>folic acid tab 400 mcg</i> (Folate)	PV	QL (100 tabs / 30 days); \$0 copay for ages 55 and under, otherwise not covered
<i>folic acid tab 400 mcg</i> (Gnp Folic Acid)	PV	QL (100 tabs / 30 days); \$0 copay for ages 55 and under, otherwise not covered
<i>folic acid tab 400 mcg</i> (Hm Folic Acid)	PV	QL (100 tabs / 30 days); \$0 copay for ages 55 and under, otherwise not covered
<i>folic acid tab 400 mcg</i> (Px Folic Acid)	PV	QL (100 tabs / 30 days); \$0 copay for ages 55 and under, otherwise not covered
<i>folic acid tab 400 mcg</i> (Ra Folic Acid)	PV	QL (100 tabs / 30 days); \$0 copay for ages 55 and under, otherwise not covered
<i>folic acid tab 400 mcg</i> (Sm Folic Acid)	PV	QL (100 tabs / 30 days); \$0 copay for ages 55 and under, otherwise not covered
<i>folic acid tab 400 mcg</i> (Yl Folic Acid)	PV	QL (100 tabs / 30 days); \$0 copay for ages 55 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 / 30 days), MO; \$0 copay for ages 55 and under, otherwise not covered
<i>folic acid tab 800 mcg</i> (Cvs Folic Acid)	PV	QL (100 tabs / 30 days), MO; \$0 copay for ages 55 and under, otherwise not covered
<i>folic acid tab 800 mcg</i> (Fa-8)	PV	QL (100 tabs / 30 days), MO; \$0 copay for ages 55 and under, otherwise not covered
<i>folic acid tab 800 mcg</i> (Kp Folic Acid)	PV	QL (100 tabs / 30 days), MO; \$0 copay for ages 55 and under, otherwise not covered
<i>folic acid tab 800 mcg</i> (Qc Folic Acid)	PV	QL (100 tabs / 30 days), MO; \$0 copay for ages 55 and under, otherwise not covered
<i>folic acid tab 800 mcg</i> (Ra Folic Acid)	PV	QL (100 tabs / 30 days), MO; \$0 copay for ages 55 and under, otherwise not covered

HEMATOPOIETIC GROWTH FACTORS

MULPLETA TAB 3MG (<i>lusutrombopag</i>)	2	SP, PA, QL (7 tabs / 14 days)
PROMACTA PAK 25MG (<i>eltrombopag olamine</i>)	3	SP, PA, QL (180 packets / 30 days)
PROMACTA POW 12.5MG (<i>eltrombopag olamine</i>)	3	SP, PA, QL (120 packets / 30 days)
PROMACTA TAB 12.5MG (<i>eltrombopag olamine</i>)	3	SP, PA, QL (30 tabs / 30 days)
PROMACTA TAB 25MG (<i>eltrombopag olamine</i>)	3	SP, PA, QL (30 tabs / 30 days)
PROMACTA TAB 50MG (<i>eltrombopag olamine</i>)	3	SP, PA, QL (60 tabs / 30 days)
PROMACTA TAB 75MG (<i>eltrombopag olamine</i>)	3	SP, PA, QL (60 tabs / 30 days)

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	

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

<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
SECONAL SOD CAP 100MG (<i>secobarbital sodium</i>)	3	PA

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

EDLUAR SUB 5MG (<i>zolpidem tartrate</i>)	3	PA
EDLUAR SUB 10MG (<i>zolpidem tartrate</i>)	3	PA
<i>estazolam tab 1 mg</i>	1	QL (15 tabs / 25 days)
<i>estazolam tab 2 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 1 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 2 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 3 mg</i>	1	QL (15 tabs / 25 days)
<i>flurazepam hcl cap 15 mg</i>	1	QL (15 caps / 25 days)
<i>flurazepam hcl cap 30 mg</i>	1	QL (15 caps / 25 days)
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	1	
<i>temazepam cap 7.5 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 15 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 22.5 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 30 mg</i>	1	QL (15 caps / 25 days)
<i>triazolam tab 0.25 mg</i>	1	QL (10 tabs / 25 days)
<i>triazolam tab 0.125 mg</i>	1	QL (10 tabs / 25 days)
<i>zaleplon cap 5 mg</i>	1	QL (15 caps / 25 days)
<i>zaleplon cap 10 mg</i>	1	QL (15 caps / 25 days)
<i>zolpidem tartrate sl tab 1.75 mg</i>	1	PA

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>zolpidem tartrate sl tab 3.5 mg</i>	1	PA
<i>zolpidem tartrate tab 5 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL (15 tabs / 25 days)
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
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG (<i>tasimelteon</i>)	3	SP, PA, QL (30 caps / 30 days)
<i>ramelteon tab 8 mg</i>	1	QL (15 tabs / 25 days)
LAXATIVES - DRUGS TO TREAT CONSTIPATION		
LAXATIVE COMBINATIONS		
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i> (Gavilyte-h)	1	\$0 copay for members age 50 through 74
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i> (Peg-prep)	1	\$0 copay for members age 50 through 74
CLENPIQ SOL (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)	3	\$0 copay for members age 50 through 74
GOLYTELY SOL (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (Gavilyte-g)	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i> (Gavilyte-c)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (Gavilyte-n/flavor Pack)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (Trilyte)	1	
SUPREP BOWEL SOL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	2	\$0 copay for members age 50 through 74
LAXATIVES - MISCELLANEOUS		
KRISTALOSE PAK 10GM (<i>lactulose</i>)	3	MO
KRISTALOSE PAK 20GM (<i>lactulose</i>)	3	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lactulose solution 10 gm/15ml</i>	1	MO
<i>lactulose solution 10 gm/15ml</i> (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	QL (6 tabs / 5 days); 6 tablets or one blister pack of 6 tablets per five days; limit of one fill per 60 days
<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	
<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	
<i>erythromycin ethylsuccinate tab 400 mg</i> (E.e.s. 400)	1	
<i>erythromycin stearate tab 250 mg</i> (Erythrocin Stearate)	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i> (Ery-tab)	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i> (Ery-tab)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin tab delayed release 500 mg (Ery-tab)</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
FIDAXOMICIN		
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		
FC2 FEMALE MIS CONDOM (<i>condoms - female</i>)	PV	
FC FEMALE MIS CONDOM (<i>condoms - female</i>)	PV	
PARENTERAL THERAPY SUPPLIES		
BD INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	2	
BD INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	2	
BD INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	2	
BD INSULIN SYRINGE (<i>insulin syringe/needle u-100</i>)	2	
BD INSULIN SYRINGE (<i>insulin syringes (disposable)</i>)	2	
BD U-500 MIS 31GX6MM (<i>insulin syringe/needle u-500</i>)	2	
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS FLOW-VU (<i>spacer/aerosol-holding chambers</i>)	2	
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 FLOSIGNA (<i>spacer/aerosol-holding chambers</i>)	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AEROCHAMBER MIS MV (spacer/aerosol-holding chambers)	2	
AEROCHAMBER MIS PLUS (spacer/aerosol-holding chambers)	2	
AEROVENT MIS PLUS (spacer/aerosol-holding chambers)	2	
BREATHE EASE MIS LG MASK (spacer/aerosol-holding chambers)	2	
BREATHE EASE MIS MED MASK (spacer/aerosol-holding chambers)	2	
BREATHE EASE MIS SM MASK (spacer/aerosol-holding chambers)	2	
BREATHERITE MIS (spacer/aerosol-holding chambers)	2	
BREATHERITE MIS LG MASK (spacer/aerosol-holding chambers)	2	
BREATHERITE MIS MED MASK (spacer/aerosol-holding chambers)	2	
BREATHERITE MIS SM MASK (spacer/aerosol-holding chambers)	2	
BREATHERITE MIS SPACER (spacer/aerosol-holding chambers)	2	
BREATHERITE MIS W/MASK (spacer/aerosol-holding chambers)	2	
COMPACT SPAC MIS CHAMBER (spacer/aerosol-holding chambers)	2	
COMPACT SPAC MIS LG MASK (spacer/aerosol-holding chambers)	2	
COMPACT SPAC MIS MD MASK (spacer/aerosol-holding chambers)	2	
COMPACT SPAC MIS SM MASK (spacer/aerosol-holding chambers)	2	
EASIVENT MIS (spacer/aerosol-holding chambers)	2	
EASIVENT MIS MASK LG (spacer/aerosol-holding chambers)	2	
EASIVENT MIS MASK MED (spacer/aerosol-holding chambers)	2	
EASIVENT MIS MASK SM (spacer/aerosol-holding chambers)	2	
FLEXICHAMBER MIS (spacer/aerosol-holding chambers)	2	
FLEXICHAMBER MIS MASK LRG (spacer/aerosol-holding chamber supplies - masks)	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLEXICHAMBER MIS MASK SM (spacer/aerosol-holding chamber supplies - masks)	2	
HOLD CHAMBER MIS ADLT LG (spacer/aerosol-holding chambers)	2	
HOLD CHAMBER MIS MEDIUM (spacer/aerosol-holding chambers)	2	
HOLD CHAMBER MIS SMALL (spacer/aerosol-holding chambers)	2	
INSPIRACHAMB MIS LARGE (spacer/aerosol-holding chambers)	2	
INSPIRACHAMB MIS MEDIUM (spacer/aerosol-holding chambers)	2	
INSPIRACHAMB MIS MOUTHPC (spacer/aerosol-holding chambers)	2	
INSPIRACHAMB MIS SMALL (spacer/aerosol-holding chambers)	2	
INSPIREASE MIS DD SYST (spacer/aerosol-holding chambers)	2	
LITEAIRE MIS (spacer/aerosol-holding chambers)	2	
MICROCHAMBER MIS (spacer/aerosol-holding chambers)	2	
MICROSPACER MIS (spacer/aerosol-holding chambers)	2	
OPTICHAMBER MIS ADV LRG (spacer/aerosol-holding chambers)	2	
OPTICHAMBER MIS ADV MED (spacer/aerosol-holding chambers)	2	
OPTICHAMBER MIS ADV SM (spacer/aerosol-holding chambers)	2	
OPTICHAMBER MIS DIA LG (spacer/aerosol-holding chambers)	2	
OPTICHAMBER MIS DIA MD (spacer/aerosol-holding chambers)	2	
OPTICHAMBER MIS DIA SM (spacer/aerosol-holding chambers)	2	
OPTICHAMBER MIS DIAMOND (spacer/aerosol-holding chambers)	2	
OPTIHALER MIS (spacer/aerosol-holding chambers)	2	
POCKET CHAMB MIS (spacer/aerosol-holding chambers)	2	
POCKET SPACE MIS (spacer/aerosol-holding chambers)	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RITEFLO MIS (<i>spacer/aerosol-holding chambers</i>)	2	
VALVD HOLDNG MIS CHAMBER (<i>spacer/aerosol-holding chambers</i>)	2	
VORTEX VALVE MIS CHAMBER (<i>spacer/aerosol-holding chambers</i>)	2	
WATCHHALER MIS (<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	
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES		
ERGOMAR SUB 2MG (<i>ergotamine tartrate</i>)	3	
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs / 25 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs / 25 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs / 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs / 25 days)
ONZETRA XSAI MIS 11MG (<i>sumatriptan succinate</i>)	2	ST, QL (16 nosepieces (8 pouches) / 25 days); PA**
REYVOW TAB 50MG (<i>lasmiditan succinate</i>)	2	
REYVOW TAB 100MG (<i>lasmiditan succinate</i>)	2	
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 sprays (4 boxes) / 25 days)

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 sprays (2 boxes) / 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 inj / 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 inj / 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (18 inj / 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 inj / 25 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (12 inj / 25 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs / 25 days)
ZOMIG SPR 2.5MG (<i>zolmitriptan</i>)	2	QL (12 units (2 boxes) / 25 days)
ZOMIG SPR 5MG (<i>zolmitriptan</i>)	2	QL (12 units (2 boxes) / 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 0.5 mg f (from 1.1 mg naf)</i> (Fluoritab)	PV	MO; \$0 applies for ages 5 and under
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i> (Ludent)	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 0.25 mg f (from 0.55 mg naf)</i> (Fluoritab)	PV	MO; \$0 applies for ages 5 and under
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i> (Ludent)	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 chew tab 1 mg f (from 2.2 mg naf)</i> (Fluoritab)	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Ludent)	1	MO
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Nafrinse)	1	MO
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	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
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)	PV	MO; \$0 applies for ages 5 and under
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Nafrinse Drops)	PV	MO; \$0 applies for ages 5 and under
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	PV	MO; \$0 applies for ages 5 and under
sodium fluoride tab 1 mg f (from 2.2 mg naf)	1	MO
IODINE PRODUCTS		
iodine solution strong 5% (lugol's)	1	
PHOSPHATE		
K-PHOS TAB (potassium phosphate monobasic)	3	MO
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	1	MO
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospha 250 Neutral)	1	MO
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospho-trin 250 Neutral)	1	MO
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-phos 250 Neutral)	1	MO
POTASSIUM		
EFFER-K TAB 10MEQ (potassium bicarbonate-citric acid)	3	
EFFER-K TAB 20MEQ (potassium bicarbonate-citric acid)	3	
pot bicarbonate & chloride effer tab 25 meq	1	MO
potassium bicarbonate effer tab 25 meq	1	MO
potassium bicarbonate effer tab 25 meq (Effer-k)	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>potassium bicarbonate effer tab 25 meq</i> (K-prime)	1	MO
<i>potassium bicarbonate effer tab 25 meq</i> (Klor-con/ef)	1	MO
<i>potassium chloride cap er 8 meq</i>	1	MO
<i>potassium chloride cap er 8 meq</i> (Klor-con Sprinkle)	1	MO
<i>potassium chloride cap er 10 meq</i>	1	MO
<i>potassium chloride cap er 10 meq</i> (Klor-con Sprinkle)	1	MO
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	MO
<i>potassium chloride microencapsulated crys er tab 10 meq</i> (Klor-con M10)	1	MO
<i>potassium chloride microencapsulated crys er tab 15 meq</i> (Klor-con M15)	1	MO
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	MO
<i>potassium chloride microencapsulated crys er tab 20 meq</i> (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
<i>potassium chloride powder packet 20 meq</i> (Klor-con)	1	MO
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	MO
<i>potassium chloride tab er 8 meq (600 mg)</i> (Klor-con 8)	1	MO
<i>potassium chloride tab er 10 meq</i>	1	MO
<i>potassium chloride tab er 10 meq</i> (Klor-con 10)	1	MO
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	MO
ZINC		
GALZIN CAP 25MG (<i>zinc acetate (oral)</i>)	3	
GALZIN CAP 50MG (<i>zinc acetate (oral)</i>)	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>penicillamine cap 250 mg</i>	1	
<i>penicillamine tab 250 mg</i>	1	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>trientine hcl cap 250 mg</i>	1	
<i>trientine hcl cap 250 mg</i> (Clovique)	1	
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG (<i>lenalidomide</i>)	2	SP, PA, QL (28 caps / 28 days); OAC
REVLIMID CAP 5MG (<i>lenalidomide</i>)	2	SP, PA, QL (28 caps / 28 days); OAC
REVLIMID CAP 10MG (<i>lenalidomide</i>)	2	SP, PA, QL (28 caps / 28 days); OAC
REVLIMID CAP 15MG (<i>lenalidomide</i>)	2	SP, PA, QL (28 caps / 28 days); OAC
REVLIMID CAP 20MG (<i>lenalidomide</i>)	2	SP, PA, QL (42 caps / 28 days); OAC
REVLIMID CAP 25MG (<i>lenalidomide</i>)	2	SP, PA, QL (42 caps / 28 days); OAC
THALOMID CAP 50MG (<i>thalidomide</i>)	2	SP, PA, QL (28 caps / 28 days); OAC
THALOMID CAP 100MG (<i>thalidomide</i>)	2	SP, PA, QL (28 caps / 28 days); OAC
THALOMID CAP 150MG (<i>thalidomide</i>)	2	SP, PA, QL (56 caps / 28 days); OAC
THALOMID CAP 200MG (<i>thalidomide</i>)	2	SP, PA, QL (56 caps / 28 days); OAC
IMMUNOSUPPRESSIVE AGENTS		
AZASAN TAB 75 MG (<i>azathioprine</i>)	2	MO
AZASAN TAB 100MG (<i>azathioprine</i>)	2	MO
<i>azathioprine tab 50 mg</i>	1	MO
<i>cyclosporine cap 25 mg</i>	1	SP
<i>cyclosporine cap 100 mg</i>	1	SP
<i>cyclosporine modified cap 25 mg</i>	1	SP
<i>cyclosporine modified cap 25 mg</i> (Gengraf)	1	SP
<i>cyclosporine modified cap 50 mg</i>	1	SP
<i>cyclosporine modified cap 100 mg</i>	1	SP
<i>cyclosporine modified cap 100 mg</i> (Gengraf)	1	SP
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	SP
<i>cyclosporine modified oral soln 100 mg/ml</i> (Gengraf)	1	SP
<i>everolimus tab 0.5 mg</i>	1	SP
<i>everolimus tab 0.25 mg</i>	1	SP
<i>everolimus tab 0.75 mg</i>	1	SP

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>mycophenolate mofetil cap 250 mg</i>	1	SP
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	SP
<i>mycophenolate mofetil tab 500 mg</i>	1	SP
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	SP
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	SP
SANDIMMUNE SOL 100MG/ML <i>(cyclosporine)</i>	3	SP
<i>sirolimus oral soln 1 mg/ml</i>	1	SP
<i>sirolimus tab 0.5 mg</i>	1	SP
<i>sirolimus tab 1 mg</i>	1	SP
<i>sirolimus tab 2 mg</i>	1	SP
<i>tacrolimus cap 0.5 mg</i>	1	SP
<i>tacrolimus cap 1 mg</i>	1	SP
<i>tacrolimus cap 5 mg</i>	1	SP

POTASSIUM REMOVING AGENTS

LOKELMA PAK 5GM <i>(sodium zirconium cyclosilicate)</i>	2	MO
LOKELMA PAK 10GM <i>(sodium zirconium cyclosilicate)</i>	2	MO
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml (Kionex)</i>	1	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml (Sps)</i>	1	
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
VELTASSA POW 8.4GM <i>(patiromer sorbitex calcium)</i>	2	MO
VELTASSA POW 16.8GM <i>(patiromer sorbitex calcium)</i>	2	MO
VELTASSA POW 25.2GM <i>(patiromer 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	
----------------------------------	---	--

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nystatin susp 100000 unit/ml</i>	1	
ORAVIG TAB 50MG (<i>miconazole (mouth-throat)</i>)	3	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i> (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		
ATABEX EC TAB 29-1MG (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	3	
ATABEX OB TAB 29-1MG (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>)	3	
BAL-CARE MIS DHA (<i>prenatal w/fe polysacch cmplx-sod feredetate-fa-omega 3</i>)	3	
C-NATE DHA CAP 28-1-200 (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	
CITRANATAL CAP HARMONY (<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha</i>)	2	
CITRANATAL CAP MEDLEY (<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha</i>)	2	
CITRANATAL MIS (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i>)	2	
CITRANATAL MIS 90 DHA (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i>)	2	
CITRANATAL MIS B-CALM (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa & vit b6</i>)	2	
CITRANATAL PAK ASSURE (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i>)	2	
CITRANATAL PAK DHA (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i>)	2	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CITRANATAL TAB BLOOM (<i>prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid</i>)	2	
CITRANATAL TAB RX (<i>prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa</i>)	2	
CO-NATAL FA TAB 29-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
COMPLETE NAT PAK DHA (<i>prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i>)	3	
COMPLETENATE CHW (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
CONCEPT DHA CAP (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>)	3	
CONCEPT OB CAP (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>)	3	
DUET DHA 400 MIS 25-1-400 (<i>prenatal w/fe polysacch cmlpx-sod feredetate-fa-omega 3</i>)	3	
DUET DHA MIS BALANCED (<i>prenatal w/fe polysacch cmlpx-sod feredetate-fa-omega 3</i>)	3	
FOLIVANE-OB CAP (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>)	3	
M-VIT TAB 27-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
MARNATAL-F CAP (<i>prenatal without vit a w/ iron polysaccharide complex-fa</i>)	3	
MYNATAL CAP (<i>prenatal multivit-min w/fe-fa</i>)	3	
MYNATAL PLUS TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
MYNATAL TAB (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	3	
MYNATAL TAB ADVANCE (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	3	
MYNATAL-Z TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
MYNATE 90 TAB PLUS (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NATACHEW CHW (<i>prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid</i>)	3	
NATALVIT TAB 75-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
NEEVO DHA CAP 27-1.13 (<i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i>)	3	
NEONATAL PLS TAB 27-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
NESTABS DHA PAK (<i>prenatal vit without vit a w/ fe bisglycinate-fa-omeg 3</i>)	3	
NESTABS TAB (<i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i>)	3	
O-CAL TAB PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
OB COMPLETE CAP ONE (<i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil</i>)	3	
OB COMPLETE CAP PETITE (<i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3</i>)	3	
OB COMPLETE TAB (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	3	
OB COMPLETE TAB PREMIER (<i>prenatal vit w/ iron carbonyl-fe aspart glycinate-fa</i>)	3	
OB COMPLETE/ CAP DHA (<i>prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid</i>)	3	
OBSTETRIX EC TAB (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	3	
OBSTETRIX PAK DHA (<i>prenatal w/fe carbonyl-fa-dss-omega 3 fatty acids</i>)	3	
PNV FOLIC AC TAB + IRON (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
PNV PRENATAL TAB PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
PNV TABS TAB 29-1MG (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	3	
PNV-DHA CAP DOCUSATE (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>)	3	
PNV-OMEGA CAP (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>)	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PR NATAL 400 PAK (<i>prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i>)	3	
PR NATAL 400 PAK EC (<i>prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i>)	3	
PR NATAL 430 PAK (<i>prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i>)	3	
PR NATAL 430 PAK EC (<i>prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i>)	3	
PREMESISRX TAB (<i>prenatal w/ calcium-vit b6-vit b12-folic acid-ginger</i>)	3	
PRENA1 CHW (<i>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</i>)	3	
PRENA1 PEARL CAP (<i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i>)	3	
PRENA 1 TRUE MIS (<i>prenatal without a w/ fe amino acid chelate-fa-dha</i>)	3	
PRENAISSANCE CAP (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>)	3	
PRENAISSANCE CAP PLUS (<i>prenatal w/o vit a w/ fe carbonyl-dss-fa-dha</i>)	3	
<i>prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i> (Pnv-dha)	1	
PRENATA CHW 29-1MG (<i>prenatal without a vit w/ fe fumarate-folic acid</i>)	3	
PRENATAL 19 CHW 29-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
PRENATAL 19 TAB (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	1	
PRENATAL 19 TAB 29-1MG (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	3	
PRENATAL PLS MIS MV + DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	
PRENATAL TAB 27-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
PRENATAL VIT TAB LOW IRON (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i> (Inatal Gt)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i> (Pnv-select)	1	
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i> (Prenatal 19)	1	
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i> (Trinate)	1	
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i> (Prenatabs Rx)	1	
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i> (Elite-ob)	1	
PRENATAL+FE TAB 29-1MG (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	3	
PRENATAL-U CAP 106.5-1 (<i>prenatal without a vit w/ fe fumarate-folic acid</i>)	3	
PRENATE AM TAB 1MG (<i>prenatal w/ calcium-vit b6-vit b12-folic acid-ginger</i>)	3	
PRENATE CAP ENHANCE (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>)	3	
PRENATE CAP ESSENT (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>)	3	
PRENATE CAP PIXIE (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>)	3	
PRENATE CAP RESTORE (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>)	3	
PRENATE CHW 0.6-0.4 (<i>prenatal multivitamins & minerals w/ l-methylfolate-fa</i>)	3	
PRENATE DHA CAP (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>)	3	
PRENATE MINI CAP (<i>prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha</i>)	3	
PRENATE TAB ELITE (<i>prenatal w/ fe asparto glycinate-l methylfolate-folic acid</i>)	3	
PREPLUS TAB 27-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
PRETAB TAB 29-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROVIDA OB CAP (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>)	3	
R-NATAL OB CAP 20-1-320 (<i>prenatal w/o vit a w/ fe carbonyl-folic acid-dha</i>)	3	
REDICHEW RX CHW (<i>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</i>)	3	
RELNATE DHA CAP (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	
SE-NATAL 19 CHW (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
SE-NATAL 19 TAB (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	3	
SELECT-OB CHW (<i>prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa</i>)	3	
SELECT-OB CHW (<i>prenatal vit w/ iron polysaccharide complex-folic acid</i>)	3	
SELECT-OB+ PAK DHA (<i>prenatal mv & min w/fe polysaccharide complex-fa-dha</i>)	3	
TARON-C DHA CAP (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>)	3	
TARON-PREX CAP (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>)	3	
THRIVITE RX TAB 29-1MG (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	3	
TRI-TABS DHA MIS (<i>prenatal vit without vit a w/ fe bisglycinate-fa-omeg 3</i>)	3	
TRICARE PRE CAP 27-1-500 (<i>prenatal w/fe fumarate-fa-dss-fish oil</i>)	3	
TRICARE TAB PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
TRINATAL RX TAB 1 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
TRIVEEN-DUO PAK DHA (<i>prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i>)	3	
VINATE DHA CAP 27-1.13 (<i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i>)	3	
VINATE II TAB (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>)	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VINATE ONE TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
VIRT-C DHA CAP (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>)	3	
VIRT-NATE CAP DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	
VIRT-PN DHA CAP (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>)	3	
VIRT-PN PLUS CAP (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>)	3	
VITAFOL CAP ULTRA (<i>prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha</i>)	3	
VITAFOL-NANO TAB (<i>prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid</i>)	3	
VITAFOL-OB PAK +DHA (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	3	
VITAFOL-OB TAB 65-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
VITAFOL-ONE CAP (<i>prenatal mv & min w/fe polysaccharide complex-fa-dha</i>)	3	
VITAMEDMD CAP ONE RX (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>)	3	
VITAPEARL CAP (<i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i>)	3	
VITATRUE MIS (<i>prenatal without a w/ fe amino acid chelate-fa-dha</i>)	3	
VIVA DHA CAP (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	
VOL-PLUS TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	3	
VOL-TAB RX TAB (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	3	
VP-HEME OB MIS + DHA (<i>prenatal vit w/ fe poly cplx-fe heme polypept-fa & omega 3</i>)	3	
VP-PNV-DHA CAP (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZATEAN-PN CAP DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>)	3	
ZATEAN-PN CAP PLUS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>)	3	

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 250 mg</i>	1	PA
<i>carisoprodol tab 350 mg</i>	1	PA
<i>carisoprodol tab 350 mg (Vanadom)</i>	1	PA
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>metaxalone tab 400 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	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	

MUSCLE RELAXANT COMBINATIONS

<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	1	PA
<i>carisoprodol w/ aspirin tab 200-325 mg</i>	1	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 / 25 days)
DYMISTA SPR 137-50 (<i>azelastine hcl-fluticasone propionate</i>)	2	ST, QL (1 bottle / 25 days); PA**
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 bottles / 25 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	QL (2 bottles / 25 days)
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 bottle / 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 / 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 bottle / 25 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	QL (2 bottles / 25 days)
XHANCE MIS 93MCG (<i>fluticasone propionate (nasal)</i>)	3	QL (2 bottles / 25 days)
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES		
ALS AGENTS		
<i>riluzole tab 50 mg</i>	1	MO
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT MIS 5MG OP (<i>artificial tear insert</i>)	3	
BETA-BLOCKERS - OPTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	MO
BETIMOL SOL 0.5% (<i>timolol</i>)	2	MO
BETIMOL SOL 0.25% (<i>timolol</i>)	2	MO
BETOPTIC-S SUS 0.25% OP (<i>betaxolol hcl (ophth)</i>)	2	MO
<i>carteolol hcl ophth soln 1%</i>	1	MO
COMBIGAN SOL 0.2/0.5% (<i>brimonidine tartrate-timolol maleate</i>)	2	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1	MO
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</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
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	3	MO
CYCLOMYDRIL SOL OP (<i>cyclopentolate w/ phenylephrine</i>)	3	MO
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	MO
<i>cyclopentolate hcl ophth soln 1%</i>	1	MO
<i>cyclopentolate hcl ophth soln 2%</i>	1	MO
ISOPTO ATROP SOL 1% OP (<i>atropine sulfate (ophthalmic)</i>)	3	MO
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 2.5%</i> (Altafrin)	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i> (Altafrin)	1	
<i>tropicamide ophth soln 0.5%</i>	1	MO
<i>tropicamide ophth soln 1%</i>	1	MO
MIOTICS		
PHOSPHOLINE SOL 0.125%OP (<i>echothiophate iodide</i>)	3	MO
<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%</i> (<i>base equivalent</i>)	1	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>brimonidine tartrate ophth soln 0.2%</i>	1	MO
<i>brimonidine tartrate ophth soln 0.15%</i>	1	MO
IOPIDINE SOL 1% OP (<i>apraclonidine hcl</i>)	3	
SIMBRINZA SUS 1-0.2% (<i>brinzolamide-brimonidine tartrate</i>)	2	MO
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1% (<i>azithromycin (ophth)</i>)	3	
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>bacitracin-polymyxin b ophth oint</i> (Ak-poly-bac)	1	
<i>bacitracin-polymyxin b ophth oint</i> (Polycin)	1	
BESIVANCE SUS 0.6% (<i>besifloxacin hcl</i>)	2	
BETADINE SOL 5% OP (<i>povidone-iodine (ophth)</i>)	3	
CILOXAN OIN 0.3% OP (<i>ciprofloxacin hcl (ophth)</i>)	2	
<i>ciprofloxacin hcl ophth soln 0.3%</i> (base equivalent)	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i> (Gentak)	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>moxifloxacin hcl ophth soln 0.5%</i> (base eq) (2 times daily)	1	
<i>moxifloxacin hcl ophth soln 0.5%</i> (base equiv)	1	
NATACYN SUS 5% OP (<i>natamycin</i>)	3	
<i>neomycin-bacitracin-zn-polymyxin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitracin-zn-polymyxin 5(3.5)mg-400unt-10000unt op oin</i> (Neo-polycin)	1	
<i>neomycin-polymyxin-gramicidin 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	
POVIDONE IOD SOL 5%	3	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP (<i>tobramycin (ophth)</i>)	3	
<i>trifluridine ophth soln 1%</i>	1	
ZIRGAN GEL 0.15% (<i>ganciclovir ophthalmic</i>)	3	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% (<i>cyclosporine (ophth)</i>)	2	MO
RESTASIS MUL EMU 0.05% (<i>cyclosporine (ophth)</i>)	2	MO
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5% (<i>lifitegrast</i>)	2	MO
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02% (<i>netarsudil dimesylate</i>)	2	MO
ROCKLATAN DRO (<i>netarsudil dimesylate-latanoprost</i>)	2	ST, MO; PA**
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML (<i>cenegermin-bkbj</i>)	3	SP, PA, QL (112 mL / year)
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> (Neo-polycin Hc)	1	
BLEPHAMIDE OIN S.O.P. (<i>sulfacetamide sod-prednisolone</i>)	3	
BLEPHAMIDE SUS OP (<i>sulfacetamide sod-prednisolone</i>)	3	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
DUREZOL EMU 0.05% (<i>difluprednate</i>)	2	
<i>fluorometholone ophth susp 0.1%</i>	1	
FML FORTE SUS 0.25% OP (<i>fluorometholone (ophth)</i>)	2	
FML OIN 0.1% OP (<i>fluorometholone (ophth)</i>)	2	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MAXIDEX SUS 0.1% OP (dexamethasone ophth)	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
PRED MILD SUS 0.12% OP (prednisolone acetate ophth)	2	
PRED SOD PHO SOL 1% OP	3	
PRED-G S.O.P OIN OP (gentamicin-prednisolone acetate)	3	
PRED-G SUS OP (gentamicin-prednisolone acetate)	3	
prednisolone acetate ophth susp 1%	1	
PREDNISOLONE SUS 1% (prednisolone acetate ophth)	3	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1% (tobramycin-dexamethasone)	2	
TOBRADEX ST SUS 0.3-0.05 (tobramycin-dexamethasone)	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP (gelatin adsorbable ophth)	3	
OPHTHALMICS - MISC.		
ACUVAIL SOL 0.45% (ketorolac tromethamine ophth)	2	
ALOCRI SOL 2% (nedocromil sodium ophth)	3	
ALOMIDE SOL 0.1% OP (lodoxamide tromethamine)	3	
azelastine hcl ophth soln 0.05%	1	
AZOPT SUS 1% OP (brinzolamide)	2	MO
BEPREVE DRO 1.5% (bepotastine besilate)	3	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	
BROMSITE DRO 0.075% (bromfenac sodium ophth)	3	
cromolyn sodium ophth soln 4%	1	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CYSTARAN SOL 0.44% (<i>cysteamine hcl</i>)	3	SP, PA, QL (60 mL / 28 days)
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	MO
DORZOLAMIDE SOL 2%	3	MO
<i>epinastine hcl ophth soln 0.05%</i>	1	
FLURA-SAFE SOL (<i>fluorexon-benoxinate</i>)	3	
<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	
LASTACFT SOL 0.25% (<i>alcaftadine</i>)	2	
NEVANAC SUS 0.1% (<i>nepafenac</i>)	2	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
PAREMYD SOL 1-0.25% (<i>hydroxyamphetamine-tropicamide</i>)	3	
PAZEO DRO 0.7% (<i>olopatadine hcl</i>)	2	
PROLENSA SOL 0.07% (<i>bromfenac sodium (ophth)</i>)	3	
PROSTAGLANDINS - OPHTHALMIC		
<i>latanoprost ophth soln 0.005%</i>	1	MO
LUMIGAN SOL 0.01% (<i>bimatoprost</i>)	2	ST, MO; PA**
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	MO
VYZULTA SOL 0.024% (<i>latanoprostene bunod</i>)	3	ST, MO; PA**
ZIOPTAN DRO 0.0015% (<i>tafluprost</i>)	3	ST, MO; PA**
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	
OTIC COMBINATIONS		
CIPRO HC SUS OTIC (<i>ciprofloxacin-hydrocortisone</i>)	3	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CIPRODEX SUS 0.3-0.1% (ciprofloxacin-dexamethasone)	2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
CORTISPORIN SUS -TC OTIC (neomycin-colistin-hc-thonzonium)	3	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
PRAMOTIC DRO 1-0.1% (pramoxine-chloroxylonol)	3	
OTIC STEROIDS		
fluocinolone acetonide (otic) oil 0.01%	1	
fluocinolone acetonide (otic) oil 0.01% (Flac)	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
OXYTOCICS - DRUGS FOR PREGNANCY		
OXYTOCICS - DRUGS FOR PREGNANCY		
methylergonovine maleate tab 0.2 mg	1	
methylergonovine maleate tab 0.2 mg (Methergine)	1	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin cap 500 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 200-28.5 mg</i>	1	
<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	
<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	
<i>AUGMENTIN SUS 125/5ML (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

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>progesterone micronized cap 100 mg</i>	1	MO
<i>progesterone micronized 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
ANTI-CATAPLECTIC AGENTS		
<i>XYREM SOL 500MG/ML (sodium oxybate)</i>	3	SP, PA
ANTIDEMENTIA AGENTS		
<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
<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>NAMENDA XR CAP TITRATIO (memantine hcl)</i>	3	
<i>NAMZARIC CAP (memantine hcl-donepezil hcl)</i>	2	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NAMZARIC CAP 7-10MG (<i>memantine hcl-donepezil hcl</i>)	2	MO
NAMZARIC CAP 14-10MG (<i>memantine hcl-donepezil hcl</i>)	2	MO
NAMZARIC CAP 21-10MG (<i>memantine hcl-donepezil hcl</i>)	2	MO
NAMZARIC CAP 28-10MG (<i>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
<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

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK (<i>milnacipran hcl</i>)	3	
SAVELLA TAB 12.5MG (<i>milnacipran hcl</i>)	3	MO
SAVELLA TAB 25MG (<i>milnacipran hcl</i>)	3	MO
SAVELLA TAB 50MG (<i>milnacipran hcl</i>)	3	MO
SAVELLA TAB 100MG (<i>milnacipran hcl</i>)	3	MO
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG (<i>deutetrabenazine</i>)	2	SP, PA, QL (60 tabs / 30 days)
AUSTEDO TAB 9MG (<i>deutetrabenazine</i>)	2	SP, PA, QL (120 tabs / 30 days)
AUSTEDO TAB 12MG (<i>deutetrabenazine</i>)	2	SP, PA, QL (120 tabs / 30 days)
INGREZZA CAP 40-80MG (<i>valbenazine tosylate</i>)	2	SP, PA
INGREZZA CAP 40MG (<i>valbenazine tosylate</i>)	2	SP, PA, QL (30 caps / 30 days)
INGREZZA CAP 80MG (<i>valbenazine tosylate</i>)	2	SP, PA, QL (30 caps / 30 days)
<i>tetrabenazine tab 12.5 mg</i>	1	SP, PA, QL (120 tabs / 30 days)
<i>tetrabenazine tab 25 mg</i>	1	SP, PA, QL (60 tabs / 30 days)
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG (<i>teriflunomide</i>)	2	SP, PA, QL (30 tabs / 30 days)
AUBAGIO TAB 14MG (<i>teriflunomide</i>)	2	SP, PA, QL (30 tabs / 30 days)
<i>dalfampridine tab er 12hr 10 mg</i>	1	SP, PA, QL (60 tabs / 30 days)
GILENYA CAP 0.5MG (<i> fingolimod hcl</i>)	2	SP, PA, QL (30 caps / 30 days)
MAVENCLAD PAK 10MG(4) (<i>cladribine (multiple sclerosis)</i>)	3	SP, PA, QL (20 tabs / 9 months)
MAVENCLAD PAK 10MG(5) (<i>cladribine (multiple sclerosis)</i>)	3	SP, PA, QL (20 tabs / 9 months)
MAVENCLAD PAK 10MG(6) (<i>cladribine (multiple sclerosis)</i>)	3	SP, PA, QL (20 tabs / 9 months)
MAVENCLAD PAK 10MG(7) (<i>cladribine (multiple sclerosis)</i>)	3	SP, PA, QL (20 tabs / 9 months)
MAVENCLAD PAK 10MG(8) (<i>cladribine (multiple sclerosis)</i>)	3	SP, PA, QL (20 tabs / 9 months)
MAVENCLAD PAK 10MG(9) (<i>cladribine (multiple sclerosis)</i>)	3	SP, PA, QL (20 tabs / 9 months)

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MAVENCLAD PAK 10MG(10) (<i>cladribine (multiple sclerosis)</i>)	3	SP, PA, QL (20 tabs / 9 months)
MAYZENT TAB 0.25MG (<i>siponimod fumarate</i>)	2	SP, PA, QL (112 tabs / 28 days)
MAYZENT TAB 2MG (<i>siponimod fumarate</i>)	2	SP, PA, QL (30 tabs / 30 days)
TECFIDERA CAP 120MG (<i>dimethyl fumarate</i>)	2	SP, PA, QL (14 caps / 28 days)
TECFIDERA CAP 240MG (<i>dimethyl fumarate</i>)	2	SP, PA, QL (60 caps / 30 days)
TECFIDERA MIS STARTER (<i>dimethyl fumarate</i>)	2	SP, PA, QL (60 packs / 30 days)
VUMERITY CAP 231MG (<i>diroximel fumarate</i>)	2	SP, PA, QL (120 caps / 30 days)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE TAB 300MG (<i>gabapentin (once-daily)</i>)	2	MO
GRALISE TAB 600MG (<i>gabapentin (once-daily)</i>)	2	MO
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	1	MO
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	1	MO
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG (<i>dextromethorphan hbr-quinidine sulfate</i>)	2	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
CHANTIX PAK 0.5& 1MG (<i>varenicline tartrate</i>)	PV	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG (<i>varenicline tartrate</i>)	PV	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG (<i>varenicline tartrate</i>)	PV	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 1MG (<i>varenicline tartrate</i>)	PV	\$0 limited to 2 treatment cycles/year

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nicotine polacrilex gum 2 mg</i>	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i> (Cvs Nicotine)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i> (Cvs Nicotine Polacrilex)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i> (Cvs Nicotine Polacrilex S)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i> (Eq Nicotine Polacrilex)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i> (Eq Nicotine Polacrilex)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i> (Gnp Nicotine Polacrilex)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i> (Hm Nicotine Polacrilex)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i> (Kls Quit2)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i> (Px Stop Smoking Aid)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i> (Ra Nicotine)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i> (Ra Nicotine Gum)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i> (Ra Nicotine Polacrilex)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i> (Sm Nicotine Polacrilex)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i> (Sr Nicotine Gum)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i> (Tgt Nicotine Gum)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i> (Tgt Nicotine Polacrilex)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i> (Thrive)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i> (Cvs Nicotine)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i> (Cvs Nicotine Polacrilex)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i> (Eq Nicotine Gum Refill)	PV	\$0 limited to 2 treatment cycles/year

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
nicotine polacrilex gum 4 mg (Eq Nicotine Gum Starter)	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 Gum)	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 (Nicotine)	PV	\$0 limited to 2 treatment cycles/year
nicotine polacrilex gum 4 mg (Nicotine Polacrilex)	PV	\$0 limited to 2 treatment cycles/year
nicotine polacrilex gum 4 mg (Px Stop Smoking Aid)	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 (Ra Nicotine Polacrilex)	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
nicotine polacrilex gum 4 mg (Tgt Nicotine Gum)	PV	\$0 limited to 2 treatment cycles/year
nicotine polacrilex gum 4 mg (Tgt Nicotine Polacrilex)	PV	\$0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 2 mg	PV	\$0 limited to 2 treatment cycles/year
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 (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 (Px Stop Smoking Aid)	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
nicotine polacrilex lozenge 2 mg (Tgt Nicotine Polacrilex)	PV	\$0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 4 mg	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)	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 (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 Polacr)	PV	\$0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 4 mg (Hm Nicotine Polacrilex)	PV	\$0 limited to 2 treatment cycles/year

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
nicotine polacrilex lozenge 4 mg (Kls Quit4)	PV	\$0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 4 mg (Nicotine Mini Lozenge)	PV	\$0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 4 mg (Nicotine Polacrilex)	PV	\$0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 4 mg (Px Stop Smoking Aid)	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
nicotine polacrilex lozenge 4 mg (Tgt Nicotine Polacrilex)	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)	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 (Hm Nicotine Transdermal S)	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 (Ra Nicotine)	PV	\$0 limited to 2 treatment cycles/year
nicotine td patch 24hr 7 mg/24hr (Ra Nicotine Transdermal S)	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
nicotine td patch 24hr 7 mg/24hr (Tgt Nicotine Step Three)	PV	\$0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nicotine td patch 24hr 14 mg/24hr</i> (Gnp Nicotine Transdermal)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i> (Hm Nicotine Transdermal S)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i> (Ra Nicotine)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i> (Sm Nicotine Transdermal S)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i> (Tgt Nicotine Step Two)	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
<i>nicotine td patch 24hr 21 mg/24hr</i> (Cvs Nicotine Transdermal)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i> (Eq Nicotine)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i> (Hm Nicotine Transdermal S)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i> (Nicotine Step 1)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i> (Nicotine Transdermal Syst)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i> (Ra Nicotine)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i> (Ra Nicotine Transdermal S)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i> (Sm Nicotine Transdermal S)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i> (Tgt Nicotine Step One)	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

VASOMOTOR SYMPTOM AGENTS

<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	1	MO
---	---	----

RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG (<i>ivacaftor</i>)	3	SP, PA, QL (56 packets / 28 days)
KALYDECO PAK 50MG (<i>ivacaftor</i>)	3	SP, PA, QL (60 packets / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KALYDECO PAK 75MG (<i>ivacaftor</i>)	3	SP, PA, QL (60 packets / 30 days)
KALYDECO TAB 150MG (<i>ivacaftor</i>)	3	SP, PA, QL (60 tabs / 30 days)
ORKAMBI GRA 100-125 (<i>lumacaftor-ivacaftor</i>)	3	SP, PA, QL (56 packets / 28 days)
ORKAMBI GRA 150-188 (<i>lumacaftor-ivacaftor</i>)	3	SP, PA, QL (56 packets / 28 days)
ORKAMBI TAB 100-125 (<i>lumacaftor-ivacaftor</i>)	3	SP, PA, QL (112 tabs / 28 days)
ORKAMBI TAB 200-125 (<i>lumacaftor-ivacaftor</i>)	3	SP, PA, QL (112 tabs / 28 days)
PULMOZYME SOL 1MG/ML (<i>dornase alfa</i>)	3	SP, PA, QL (150 mL / 30 days)
SYMDEKO TAB 50-75MG (<i>tezacaftor-ivacaftor</i>)	3	SP, PA, QL (56 tabs / 28 days)
SYMDEKO TAB 100-150 (<i>tezacaftor-ivacaftor</i>)	3	SP, PA, QL (56 tabs / 28 days)
TRIKAFTA TAB (<i>elexacaftor-tezacaftor-ivacaftor</i>)	3	SP, PA, QL (84 tabs / 28 days)
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG (<i>pirfenidone</i>)	2	SP, PA, QL (270 caps / 30 days)
ESBRIET TAB 267MG (<i>pirfenidone</i>)	2	SP, PA, QL (270 tabs / 30 days)
ESBRIET TAB 801MG (<i>pirfenidone</i>)	2	SP, PA, QL (90 tabs / 30 days)
OFEV CAP 100MG (<i>nintedanib esylate</i>)	2	SP, PA, QL (60 caps / 30 days)
OFEV CAP 150MG (<i>nintedanib esylate</i>)	2	SP, PA, QL (60 caps / 30 days)
SULFONAMIDES - DRUGS TO TREAT INFECTIONS		
SULFONAMIDES - DRUGS TO TREAT INFECTIONS		
SULFADIAZINE TAB 500MG	3	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG (<i>omadacycline tosylate</i>)	3	
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	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>doxycycline hyclate cap 100 mg</i> (Morgidox 1x100mg)	1	
<i>doxycycline hyclate cap 100 mg</i> (Morgidox 2x100mg)	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab delayed release 50 mg</i>	1	
<i>doxycycline hyclate tab delayed release 75 mg</i>	1	
<i>doxycycline hyclate tab delayed release 100 mg</i>	1	
<i>doxycycline hyclate tab delayed release 150 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i> (Mondoxyne NI)	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i> (Avidoxy)	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
VIBRAMYCIN SYP 50MG/5ML (<i>doxycycline calcium</i>)	2	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	1	MO
<i>methimazole tab 10 mg</i>	1	MO
<i>propylthiouracil tab 50 mg</i>	1	MO

THYROID HORMONES

ARMOUR THYRO TAB 180MG (<i>thyroid</i>)	3	MO
ARMOUR THYRO TAB 240MG (<i>thyroid</i>)	3	MO

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ARMOUR THYRO TAB 300MG (<i>thyroid</i>)	3	MO
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
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

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
NATURE THROI TAB 162.5MG (thyroid)	3	MO
NATURE-THROI TAB 16.25MG (thyroid)	3	MO
NATURE-THROI TAB 32.5MG (thyroid)	3	MO
NATURE-THROI TAB 48.75MG (thyroid)	3	MO
NATURE-THROI TAB 65MG (thyroid)	3	MO
NATURE-THROI TAB 81.25MG (thyroid)	3	MO
NATURE-THROI TAB 97.5MG (thyroid)	3	MO
NATURE-THROI TAB 113.75MG (thyroid)	3	MO
NATURE-THROI TAB 130MG (thyroid)	3	MO
NATURE-THROI TAB 146.25MG (thyroid)	3	MO
NATURE-THROI TAB 195MG (thyroid)	3	MO
NATURE-THROI TAB 260MG (thyroid)	3	MO
NATURE-THROI TAB 325MG (thyroid)	3	MO
SYNTHROID TAB 25MCG (levothyroxine sodium)	2	MO
SYNTHROID TAB 50MCG (levothyroxine sodium)	2	MO
SYNTHROID TAB 75MCG (levothyroxine sodium)	2	MO
SYNTHROID TAB 88MCG (levothyroxine sodium)	2	MO
SYNTHROID TAB 100MCG (levothyroxine sodium)	2	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYNTHROID TAB 112MCG (levothyroxine sodium)	2	MO
SYNTHROID TAB 125MCG (levothyroxine sodium)	2	MO
SYNTHROID TAB 137MCG (levothyroxine sodium)	2	MO
SYNTHROID TAB 150MCG (levothyroxine sodium)	2	MO
SYNTHROID TAB 175MCG (levothyroxine sodium)	2	MO
SYNTHROID TAB 200MCG (levothyroxine sodium)	2	MO
SYNTHROID TAB 300MCG (levothyroxine sodium)	2	MO
thyroid tab 15 mg (1/4 grain) (Np Thyroid 15)	1	MO
thyroid tab 30 mg (1/2 grain) (Np Thyroid 30)	1	MO
thyroid tab 60 mg (1 grain) (Np Thyroid 60)	1	MO
thyroid tab 90 mg (1 1/2 grain) (Np Thyroid 90)	1	MO
thyroid tab 120 mg (2 grain) (Np Thyroid 120)	1	MO
WESTHROID TAB 32.5MG (thyroid)	3	MO
WESTHROID TAB 65MG (thyroid)	3	MO
WESTHROID TAB 97.5MG (thyroid)	3	MO
WESTHROID TAB 130MG (thyroid)	3	MO
WESTHROID TAB 195MG (thyroid)	3	MO
WP THYROID TAB 16.25MG (thyroid)	3	MO
WP THYROID TAB 32.5MG (thyroid)	3	MO
WP THYROID TAB 48.75MG (thyroid)	3	MO
WP THYROID TAB 65MG (thyroid)	3	MO
WP THYROID TAB 81.25MG (thyroid)	3	MO
WP THYROID TAB 97.5MG (thyroid)	3	MO
WP THYROID TAB 113.75MG (thyroid)	3	MO
WP THYROID TAB 130MG (thyroid)	3	MO

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

ANTISPASMODICS

BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
CUVPOSA SOL 1MG/5ML (glycopyrrolate)	3	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	MO
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	MO
<i>hyoscyamine sulfate sl tab 0.125 mg (Oscimin)</i>	1	MO
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	MO
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	MO
<i>hyoscyamine sulfate tab 0.125 mg (Oscimin)</i>	1	MO
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	MO
<i>hyoscyamine sulfate tab disint 0.125 mg (Ed-spaz)</i>	1	MO
<i>hyoscyamine sulfate tab disint 0.125 mg (Nulev)</i>	1	MO
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	MO
<i>hyoscyamine sulfate tab er 12hr 0.375 mg (Oscimin Sr)</i>	1	MO
<i>hyoscyamine sulfate tab er 12hr 0.375 mg (Symax-sr)</i>	1	MO
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
<i>propantheline bromide tab 15 mg</i>	1	
SYMAX DUOTAB TAB (<i>hyoscyamine sulfate</i>)	3	MO
H-2 ANTAGONISTS		
<i>cimetidine hcl soln 300 mg/5ml</i>	1	MO
<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
<i>nizatidine oral soln 15 mg/ml</i>	1	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MISC. ANTI-ULCER		
<i>sucralfate susp 1 gm/10ml</i>	1	MO
<i>sucralfate tab 1 gm</i>	1	MO
PROTON PUMP INHIBITORS		
<i>DEXILANT CAP 30MG DR (dexlansoprazole)</i>	2	ST, QL (90 caps / 365 days), MO; PA**
<i>DEXILANT CAP 60MG DR (dexlansoprazole)</i>	2	ST, QL (90 caps / 365 days), MO; PA**
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps / 365 days), MO
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps / 365 days), MO
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets / year), MO
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets / year), MO
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets / year), MO
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps / 365 days), MO
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps / 365 days), MO
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	1	QL (90 tabs / 365 days), MO
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	1	QL (90 tabs / 365 days), MO
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps / 365 days), MO
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps / 365 days), MO
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps / 365 days), MO
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs / 365 days), MO
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs / 365 days), MO
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	1	QL (90 packets / year), MO
<i>PRILOSEC POW 2.5MG (omeprazole magnesium)</i>	3	ST, QL (90 packets / 365 days), MO; PA**
<i>PRILOSEC POW 10MG (omeprazole magnesium)</i>	3	ST, QL (90 packets / 365 days), MO; PA**
<i>RABEPRAZOLE CAP 10MG DR</i>	3	QL (90 caps / year), MO

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs / 365 days), MO
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	1	MO
<i>misoprostol tab 200 mcg</i>	1	MO
ULCER THERAPY COMBINATIONS		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	
OMECLAMOX- MIS PAK (<i>amoxicillin-clarithromycin w/ omeprazole</i>)	3	
PYLERA CAP (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>)	2	
TALICIA CAP (<i>amoxicillin-rifabutin-omeprazole</i>)	3	
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
URINARY ANTI-INFECTIVE COMBINATIONS		
<i>methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg</i> (Phosphasal)	1	
<i>methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg</i> (Uretron D/s)	1	
<i>methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg</i> (Urin D/s)	1	
<i>methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg</i> (Utira-c)	1	
<i>methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg</i> (Utrona-c)	1	
<i>methenamine-hyosc-meth blue-benz acid-phenyl sal tab 81.6mg</i> (Hyophen)	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg</i> (Uribel)	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg</i> (Uro-mp)	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg</i> (Vilamit Mb)	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 120 mg</i> (Ustell)	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 120 mg</i> (Uticap)	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg</i> (Uro-458)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg</i> (Vilevev Mb)	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal tab 120 mg</i> (Urimar-t)	1	
<i>methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg</i> (Me/naphos/mb/hyo 1)	1	
<i>methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg</i> (Uryl)	1	

URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS

<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
MONUROL PAK GRANULES (<i>fosfomycin tromethamine</i>)	3	
<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	

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
GELNIQUE GEL 10% (<i>oxybutynin chloride</i>)	3	ST, MO; PA**
<i>oxybutynin chloride syrup 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
<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

MO - Available at mail-order **OAC** - Oral Anti-Cancer **PA** - Prior Authorization **PA**** - Prior Authorization if step therapy is not met **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
TOVIAZ TAB 4MG (<i>fesoterodine fumarate</i>)	2	ST, MO; PA**
TOVIAZ TAB 8MG (<i>fesoterodine fumarate</i>)	2	ST, MO; PA**
<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		
MYRBETRIQ TAB 25MG (<i>mirabegron</i>)	2	ST, MO; PA**
MYRBETRIQ TAB 50MG (<i>mirabegron</i>)	2	ST, MO; PA**
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		
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA SUP 6.5MG (<i>prasterone vaginal</i>)	3	MO
SPERMICIDES		
ENCARE SUP 100MG (<i>nonoxynol-9</i>)	PV	
GYNOL II GEL 3% (<i>nonoxynol-9</i>)	PV	
<i>nonoxynol-9 gel 4%</i> (Vcf Vaginal Contraceptive)	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 MIS CONTRACP (<i>nonoxynol-9</i>)	PV	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG (<i>clindamycin phosphate vaginal</i>)	3	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE CRE 2% (<i>clindamycin phosphate (one dose)</i>)	3	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA** - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GYNAZOLE-1 CRE 2% (<i>butoconazole nitrate (one dose)</i>)	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>metronidazole vaginal gel 0.75%</i> (Vandazole)	1	
<i>miconazole nitrate vaginal suppos 200 mg</i> (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 ESTROGENS

<i>estradiol vaginal cream 0.1 mg/gm</i>	1	MO
<i>estradiol vaginal tab 10 mcg</i>	1	MO
<i>estradiol vaginal tab 10 mcg</i> (Yuvaferm)	1	MO
ESTRING MIS 2MG (<i>estradiol vaginal</i>)	2	MO
FEMRING MIS 0.1MG/24 (<i>estradiol acetate vaginal</i>)	3	MO
FEMRING MIS 0.05/24H (<i>estradiol acetate vaginal</i>)	3	MO
IMVEXXY MAIN SUP 4MCG (<i>estradiol vaginal</i>)	3	MO
IMVEXXY MAIN SUP 10MCG (<i>estradiol vaginal</i>)	3	MO
IMVEXXY STRT SUP 4MCG (<i>estradiol vaginal</i>)	3	MO
IMVEXXY STRT SUP 10MCG (<i>estradiol vaginal</i>)	3	MO
PREMARIN VAG CRE 0.625MG (<i>estrogens, conjugated vaginal</i>)	2	MO

VAGINAL PROGESTINS

CRINONE GEL 4% VAG (<i>progesterone vaginal</i>)	2	
--	---	--

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	
EPIPEN 2-PAK INJ 0.3MG (<i>epinephrine anaphylaxis</i>)	2	

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

EPIPEN-JR INJ 0.15MG (<i>epinephrine (anaphylaxis)</i>)	2	
SYMJEPI INJ 0.3MG (<i>epinephrine (anaphylaxis)</i>)	2	
SYMJEPI INJ 0.15MG (<i>epinephrine (anaphylaxis)</i>)	2	

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	

Index

- 7**
7t Lido Gel
 see *lidocaine hcl gel 2%* 142
- A**
abacavir sulfate soln 20 mg/ml (base equiv) 105
abacavir sulfate tab 300 mg (base equiv) 105
abacavir sulfate-lamivudine tab 600-300 mg 105
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg 105
abacavir-dolutegravir-lamivudine
 see TRIUMEQ TAB 108
abemaciclib
 see VERZENIO TAB 100MG 97
 see VERZENIO TAB 150MG 97
 see VERZENIO TAB 200MG 97
 see VERZENIO TAB 50MG 96
abiraterone acetate
 see YONSA TAB 125MG 91
abiraterone acetate tab 250 mg .. 90
ABSORICA CAP 10MG 132
ABSORICA CAP 20MG 132
ABSORICA CAP 25MG 132
ABSORICA CAP 30MG 132
ABSORICA CAP 35MG 132
ABSORICA CAP 40MG 132
acalabrutinib
 see CALQUENCE CAP 100MG 92
acamprosate calcium tab delayed release 333 mg 187
acarbose tab 100 mg 70
acarbose tab 25 mg 69
acarbose tab 50 mg 69
acebutolol hcl cap 200 mg 111
acebutolol hcl cap 400 mg 111
acetaminophen w/ codeine soln 120-12 mg/5ml 45
acetaminophen w/ codeine tab 300-15 mg 45
acetaminophen w/ codeine tab 300-30 mg 45
acetaminophen w/ codeine tab 300-60 mg 46
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg 46
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg 46
acetaminophen-salicylamide-phenyltoloxamine cap 300-200-20mg 27
acetazolamide cap er 12hr 500 mg 145
acetazolamide tab 125 mg 145
acetazolamide tab 250 mg 145
acetic acid otic soln 2% 185
acetoxyamic acid
 see LITHOSTAT TAB 250MG 155
acetylcysteine inhal soln 10%... 132
acetylcysteine inhal soln 20%... 132
acitretin cap 10 mg 137
acitretin cap 17.5 mg 137
acitretin cap 25 mg 137
acrivastine & pseudoephedrine
 see SEMPREX-D CAP 8-60MG 132
ACUVAIL SOL 0.45% 184
acyclovir
 see SITAVIG TAB 50MG 110
acyclovir cap 200 mg 110
acyclovir oint 5% 138
acyclovir susp 200 mg/5ml 110
acyclovir tab 400 mg 110
acyclovir tab 800 mg 110
acyclovir-hydrocortisone
 see XERESE CRE 5-1% 138
adapalene
 see DIFFERIN LOT 0.1% 134
adapalene cream 0.1% 132
adapalene gel 0.1% 132
adapalene gel 0.3% 132
adapalene-benzoyl peroxide
 see EPIDUO FORTE GEL 0.3-2.5% 134
 see EPIDUO GEL 0.1-2.5% 134
adapalene-benzoyl peroxide gel 0.1-2.5% 133
ADASUVE INH 10MG 102
adefovir dipivoxil tab 10 mg 109
ADEMPAS TAB 0.5MG 118

ADEMPAS TAB 1.5MG	118	see <i>bacitracin-polymyxin b ophth oint</i>	181
ADEMPAS TAB 1MG	118	AKYNZEO CAP 300-0.5	76
ADEMPAS TAB 2.5MG	118	ALA SCALP LOT 2%	138
ADEMPAS TAB 2MG	118	Ala-cort	
Adult Aspirin Ec Low Stre		see <i>hydrocortisone cream 1%</i>	141
see <i>aspirin tab delayed release 81 mg</i>	32	see <i>hydrocortisone cream 2.5%</i>	141
Adult Aspirin Regimen		ALA-SCALP LOT 2%	138
see <i>aspirin tab delayed release 81 mg</i>	32, 33	<i>albendazole tab 200 mg</i>	50
ADVAIR DISKU AER 100/50	57	ALBUTEROL NEB 0.5%	57
ADVAIR DISKU AER 250/50	57	<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> ...	57
ADVAIR DISKU AER 500/50	57	<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	57
ADVAIR HFA AER 115/21	57	<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	57
ADVAIR HFA AER 230/21	57	<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	57
ADVAIR HFA AER 45/21	57	<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	57
ADZENYS XR TAB 12.5MG	12	<i>albuterol sulfate syrup 2 mg/5ml</i>	57
ADZENYS XR TAB 15.7 MG	12	<i>albuterol sulfate tab 2 mg</i>	57
ADZENYS XR TAB 18.8MG	12	<i>albuterol sulfate tab 4 mg</i>	57
ADZENYS XR TAB 3.1MG	12	<i>albuterol sulfate tab er 12hr 4 mg</i>	57
ADZENYS XR TAB 6.3MG	12	<i>albuterol sulfate tab er 12hr 8 mg</i>	57
ADZENYS XR TAB 9.4MG	12	<i>alcaftadine</i>	
AEMCOLO TAB 194MG	51	see LASTACRAFT SOL 0.25%	184
AERCHMBR PLS MIS FLOW-VU	162	<i>alclometasone dipropionate cream 0.05%</i>	138
AERCHMBR PLS MIS LRG MASK	162	<i>alclometasone dipropionate oint 0.05%</i>	138
AERCHMBR PLS MIS MED MASK	163	ALDACTAZIDE TAB 50/50	145
AERCHMBR PLS MIS SM MASK	163	ALECENSA CAP 150MG	92
AERCHMBR Z- MIS STAT PLS	163	<i>alectinib hcl</i>	
AEROCHAMBER MIS CHAMBER	163	see ALECENSA CAP 150MG	92
AEROCHAMBER MIS FLOSIGNA	163	<i>alendronate sodium</i>	
AEROCHAMBER MIS MV	163	see BINOSTO TAB 70MG	146
AEROCHAMBER MIS PLUS	163	<i>alendronate sodium oral soln 70 mg/75ml</i>	146
AEROVENT MIS PLUS	163	<i>alendronate sodium tab 10 mg</i> ..	146
<i>afatinib dimaleate</i>		<i>alendronate sodium tab 35 mg</i> ..	146
see GILOTRIF TAB 20MG	93	<i>alendronate sodium tab 5 mg</i>	146
see GILOTRIF TAB 30MG	93	<i>alendronate sodium tab 70 mg</i> ..	146
see GILOTRIF TAB 40MG	93	<i>alendronate sodium-cholecalciferol</i>	
AFINITOR DIS TAB 2MG	92		
AFINITOR DIS TAB 3MG	92		
AFINITOR DIS TAB 5MG	92		
AFINITOR TAB 10MG	92		
Afirmelle			
see <i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	122		
Aftera			
see <i>levonorgestrel tab 1.5 mg</i>	128		
Ak-poly-bac			

see FOSAMAX + D TAB 70-2800..146
 see FOSAMAX + D TAB 70-5600..146
alfuzosin hcl tab er 24hr 10 mg .155
 ALINIA SUS 100/5ML.....51
 ALINIA TAB 500MG.....51
aliskiren fumarate tab 150 mg (base equivalent)87
aliskiren fumarate tab 300 mg (base equivalent)87
aliskiren-hydrochlorothiazide
 see TEKTURNA HCT TAB 150-12.5 .86
 see TEKTURNA HCT TAB 150-25MG86
 see TEKTURNA HCT TAB 300-12.5 .86
 see TEKTURNA HCT TAB 300-25MG86
alitretinoin
 see PANRETIN GEL 0.1%137
allopurinol tab 100 mg155
allopurinol tab 300 mg155
almotriptan malate tab 12.5 mg 165
almotriptan malate tab 6.25 mg 165
 ALOCRI SOL 2%184
 ALOMIDE SOL 0.1% OP.....184
 ALORA DIS 0.025MG150
 ALORA DIS 0.05MG150
 ALORA DIS 0.075MG150
 ALORA DIS 0.1MG150
alose tron hcl tab 0.5 mg (base equiv)153
alose tron hcl tab 1 mg (base equiv)153
 ALPHAGAN P SOL 0.1%.....181
 ALPHAGAN P SOL 0.15%.....181
alprazolam
 see ALPRAZOLAM CON 1 MG/ML....53
 ALPRAZOLAM CON 1 MG/ML53
alprazolam orally disintegrating tab 0.25 mg53
alprazolam orally disintegrating tab 0.5 mg53
alprazolam orally disintegrating tab 1 mg53
alprazolam orally disintegrating tab 2 mg53
alprazolam tab 0.25 mg.....54
alprazolam tab 0.5 mg.....54

alprazolam tab 1 mg54
alprazolam tab 2 mg54
alprazolam tab er 24hr 0.5 mg54
alprazolam tab er 24hr 1 mg54
alprazolam tab er 24hr 2 mg54
alprazolam tab er 24hr 3 mg54
 Alprazolam Xr
 see **alprazolam tab er 24hr 0.5 mg**54
 see **alprazolam tab er 24hr 1 mg**54
 see **alprazolam tab er 24hr 2 mg**54
 see **alprazolam tab er 24hr 3 mg**54
 ALTABAX OIN 1%.....135
 Altafrin
 see **phenylephrine hcl ophth soln 10%**180
 see **phenylephrine hcl ophth soln 2.5%**180
 Altavera
 see **levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg**123
aluminum chloride
 see DRY SOL SOL 20%143
 ALUNBRIG PAK92
 ALUNBRIG TAB 180MG.....92
 ALUNBRIG TAB 30MG92
 ALUNBRIG TAB 90MG92
 Alyacen 1/35
 see **norethindrone & ethinyl estradiol tab 1 mg-35 mcg**...124
 Alyacen 7/7/7
 see **norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg**126
 Alyq
 see **tadalafil tab 20 mg (pah)**..117
 Amabelz
 see **estradiol & norethindrone acetate tab 0.5-0.1 mg**149
 see **estradiol & norethindrone acetate tab 1-0.5 mg**149
amantadine hcl cap 100 mg98
amantadine hcl syrup 50 mg/5ml98

amantadine hcl tab 100 mg	98	amlodipine besylate tab 2.5 mg (base equivalent)	112
ambrisentan tab 10 mg	117	amlodipine besylate tab 5 mg (base equivalent)	112
ambrisentan tab 5 mg	117	amlodipine besylate-atorvastatin calcium tab 10-10 mg	116
amcinonide cream 0.1%	138	amlodipine besylate-atorvastatin calcium tab 10-20 mg	116
amcinonide lotion 0.1%	138	amlodipine besylate-atorvastatin calcium tab 10-40 mg	116
AMCINONIDE OIN 0.1%	138	amlodipine besylate-atorvastatin calcium tab 10-80 mg	116
Amethia		amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	115
see levonorg-eth est tab 0.15- 0.03mg(84) & eth est tab 0.01mg(7)	122	amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	115
Amethia Lo		amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	115
see levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7)	121	amlodipine besylate-atorvastatin calcium tab 5-10 mg	115
Amethyst		amlodipine besylate-atorvastatin calcium tab 5-20 mg	115
see levonorgestrel-ethinyl estradiol (continuous) tab 90- 20 mcg	123	amlodipine besylate-atorvastatin calcium tab 5-40 mg	116
amifampridine		amlodipine besylate-atorvastatin calcium tab 5-80 mg	116
see RUZURGI TAB 10MG	88	amlodipine besylate-benazepril hcl cap 10-20 mg	83
amifampridine phosphate		amlodipine besylate-benazepril hcl cap 10-40 mg	83
see FIRDAPSE TAB 10MG	88	amlodipine besylate-benazepril hcl cap 2.5-10 mg	83
amikacin sulfate liposome		amlodipine besylate-benazepril hcl cap 5-10 mg	83
see ARIKAYCE SUS	24	amlodipine besylate-benazepril hcl cap 5-20 mg	83
amiloride & hydrochlorothiazide tab 5-50 mg	145	amlodipine besylate-benazepril hcl cap 5-40 mg	83
amiloride hcl tab 5 mg	146	amlodipine besylate-olmesartan medoxomil tab 10-20 mg	83
aminocaproic acid oral soln 0.25 gm/ml	159	amlodipine besylate-olmesartan medoxomil tab 10-40 mg	83
aminocaproic acid tab 1000 mg	159	amlodipine besylate-olmesartan medoxomil tab 5-20 mg	83
aminocaproic acid tab 500 mg	159	amlodipine besylate-olmesartan medoxomil tab 5-40 mg	83
aminosalicylic acid			
see PASER GRA 4GM	88		
amiodarone hcl tab 100 mg	55		
amiodarone hcl tab 200 mg	55		
amiodarone hcl tab 400 mg	55		
AMITIZA CAP 24MCG	153		
AMITIZA CAP 8MCG	152		
amitriptyline hcl tab 10 mg	68		
amitriptyline hcl tab 100 mg	68		
amitriptyline hcl tab 150 mg	69		
amitriptyline hcl tab 25 mg	68		
amitriptyline hcl tab 50 mg	68		
amitriptyline hcl tab 75 mg	68		
amlodipine besylate tab 10 mg (base equivalent)	112		

amlodipine besylate-valsartan tab 10-160 mg	84	amoxicillin & k clavulanate tab 875-125 mg	186
amlodipine besylate-valsartan tab 10-320 mg	84	amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	186
amlodipine besylate-valsartan tab 5-160 mg	83	amoxicillin & pot clavulanate see AUGMENTIN SUS 125/5ML....	187
amlodipine besylate-valsartan tab 5-320 mg	84	amoxicillin (trihydrate) cap 250 mg	185
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	84	amoxicillin (trihydrate) cap 500 mg	186
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	84	amoxicillin (trihydrate) chew tab 125 mg	186
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	84	amoxicillin (trihydrate) chew tab 250 mg	186
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	84	amoxicillin (trihydrate) for susp 125 mg/5ml	186
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	84	amoxicillin (trihydrate) for susp 200 mg/5ml	186
Amnesteem		amoxicillin (trihydrate) for susp 250 mg/5ml	186
see isotretinoin cap 10 mg	134	amoxicillin (trihydrate) for susp 400 mg/5ml	186
see isotretinoin cap 20 mg	134	amoxicillin (trihydrate) tab 500 mg	186
see isotretinoin cap 40 mg	134	amoxicillin (trihydrate) tab 875 mg	186
amoxapine tab 100 mg	69	amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	204
amoxapine tab 150 mg	69	amoxicillin-clarithromycin w/omeprazole see OMECLAMOX- MIS PAK.....	204
amoxapine tab 25 mg	69	amoxicillin-rifabutin-omeprazole see TALICIA CAP	204
amoxapine tab 50 mg	69	amphetamine see ADZENYS XR TAB 12.5MG.....	12
amoxicillin & k clavulanate chew tab 200-28.5 mg	186	see ADZENYS XR TAB 15.7 MG.....	12
amoxicillin & k clavulanate chew tab 400-57 mg	186	see ADZENYS XR TAB 18.8MG.....	12
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	186	see ADZENYS XR TAB 3.1MG	12
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	186	see ADZENYS XR TAB 6.3MG	12
amoxicillin & k clavulanate for susp 400-57 mg/5ml	186	see ADZENYS XR TAB 9.4MG	12
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	186	see DYANAVEL XR SUS 2.5MG/ML .15	
amoxicillin & k clavulanate tab 250-125 mg	186	amphetamine extended release susp 1.25 mg/ml	12
amoxicillin & k clavulanate tab 500-125 mg	186	amphetamine sulfate tab 10 mg ..	12
		amphetamine sulfate tab 5 mg	12
		amphetamine-dextroamphetamine see MYDAYIS CAP 12.5MG	15

see MYDAYIS CAP 25MG.....	15	see ELIQUIS ST P TAB 5MG	59
see MYDAYIS CAP 37.5MG	15	see ELIQUIS TAB 2.5MG	59
see MYDAYIS CAP 50MG.....	15	see ELIQUIS TAB 5MG.....	59
amphetamine-dextroamphetamine		apraclonidine hcl	
cap er 24hr 10 mg	13	see IOPIDINE SOL 1% OP	181
amphetamine-dextroamphetamine		apraclonidine hcl ophth soln 0.5%	
cap er 24hr 15 mg	13	(base equivalent)	181
amphetamine-dextroamphetamine		apremilast	
cap er 24hr 20 mg	13	see OTEZLA TAB 10/20/30	27
amphetamine-dextroamphetamine		see OTEZLA TAB 30MG	27
cap er 24hr 25 mg	13	aprepitant	
amphetamine-dextroamphetamine		see EMEND SUS 125MG	76
cap er 24hr 30 mg	13	aprepitant capsule 125 mg	76
amphetamine-dextroamphetamine		aprepitant capsule 40 mg	76
cap er 24hr 5 mg	13	aprepitant capsule 80 mg	76
amphetamine-dextroamphetamine		aprepitant capsule therapy pack 80	
tab 10 mg	13	& 125 mg	76
amphetamine-dextroamphetamine		Apri	
tab 12.5 mg	13	see desogestrel & ethinyl	
amphetamine-dextroamphetamine		estradiol tab 0.15 mg-30 mcg	
tab 15 mg	13	.....	120
amphetamine-dextroamphetamine		APTENSIO XR CAP 10MG.....	18
tab 20 mg	14	APTENSIO XR CAP 15MG.....	18
amphetamine-dextroamphetamine		APTENSIO XR CAP 20MG.....	18
tab 30 mg	14	APTENSIO XR CAP 30MG.....	18
amphetamine-dextroamphetamine		APTENSIO XR CAP 40MG.....	18
tab 5 mg	13	APTENSIO XR CAP 50MG.....	18
amphetamine-dextroamphetamine		APTENSIO XR CAP 60MG.....	19
tab 7.5 mg	13	APTIOM TAB 200MG	60
ampicillin cap 500 mg	186	APTIOM TAB 400MG	60
ANACAINE OIN	142	APTIOM TAB 600MG	60
ANADROL-50 TAB 50MG.....	49	APTIOM TAB 800MG	60
anagrelide hcl cap 0.5 mg	156	APTIVUS CAP 250MG	105
anagrelide hcl cap 1 mg	156	APTIVUS SOL.....	105
anastrozole tab 1 mg	90	Aranelle	
ANDRODERM DIS 2MG/24HR.....	49	see norethindrone-eth estradiol	
ANDRODERM DIS 4MG/24HR.....	49	tab 0.5-35/1-35/0.5-35 mg-	
ANGELIQ TAB 0.25-0.5	149	mcg	126
ANGELIQ TAB 0.5-1MG	149	ARCAPTA CAP 75MCG	58
ANORO ELLIPT AER 62.5-25	57	arformoterol tartrate	
ANTARA CAP 30MG.....	78	see BROVANA NEB 15MCG.....	58
ANTARA CAP 90MG.....	78	ARIKAYCE SUS	24
ANZEMET TAB 100MG.....	75	aripiprazole oral solution 1 mg/ml	
ANZEMET TAB 50MG.....	75	.....	104
apalutamide		aripiprazole orally disintegrating	
see ERLEADA TAB 60MG.....	90	tab 10 mg	104
apixaban			

aripiprazole orally disintegrating tab 15 mg	104
aripiprazole tab 10 mg	104
aripiprazole tab 15 mg	104
aripiprazole tab 2 mg	104
aripiprazole tab 20 mg	104
aripiprazole tab 30 mg	104
aripiprazole tab 5 mg	104
armodafinil tab 150 mg	19
armodafinil tab 200 mg	19
armodafinil tab 250 mg	19
armodafinil tab 50 mg	19
ARMOUR THYRO TAB 180MG	198
ARMOUR THYRO TAB 240MG	198
ARMOUR THYRO TAB 300MG	198
ARNUITY ELPT INH 100MCG	56
ARNUITY ELPT INH 200MCG	56
ARNUITY ELPT INH 50MCG	56
artemether-lumefantrine	
see COARTEM TAB 20-120MG	87
artificial tear insert	
see LACRISERT MIS 5MG OP	180
Ascomp/codeine	
see butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	46
asenapine maleate	
see SAPHRIS SUB 10MG	103
see SAPHRIS SUB 2.5MG	103
see SAPHRIS SUB 5MG	103
Ashlyna	
see levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	122
Aspirin 81	
see aspirin tab delayed release 81 mg	33
Aspirin 81 Low Dose	
see aspirin chew tab 81 mg	27
Aspirin Adult Low Dose	
see aspirin chew tab 81 mg	28
see aspirin tab delayed release 81 mg	33
Aspirin Adult Low Strengt	
see aspirin chew tab 81 mg	28
see aspirin tab delayed release 81 mg	33
aspirin chew tab 81 mg ...	27, 28, 29, 30, 31, 32
Aspirin Childrens	
see aspirin chew tab 81 mg	28
Aspirin Ec Low Dose	
see aspirin tab delayed release 81 mg	33
Aspirin Enteric Coated Ad	
see aspirin tab delayed release 81 mg	33
Aspirin Low Dose	
see aspirin chew tab 81 mg	28
see aspirin tab delayed release 81 mg	34
Aspirin Low Strength	
see aspirin chew tab 81 mg	28
Aspirin Regimen Low Dose/	
see aspirin tab delayed release 81 mg	34
aspirin tab delayed release 81 mg	32, 33, 34, 35, 36, 37, 38, 39
aspirin-dipyridamole cap er 12hr 25-200 mg	156
Aspir-low	
see aspirin tab delayed release 81 mg	33
ATABEX EC TAB 29-1MG	171
ATABEX OB TAB 29-1MG	171
atazanavir sulfate	
see REYATAZ POW 50MG	107
atazanavir sulfate cap 150 mg (base equiv)	105
atazanavir sulfate cap 200 mg (base equiv)	105
atazanavir sulfate cap 300 mg (base equiv)	105
atazanavir sulfate-cobicistat	
see EVOTAZ TAB 300-150	106
atenolol & chlorthalidone tab 100-25 mg	84
atenolol & chlorthalidone tab 50-25 mg	84
atenolol tab 100 mg	111
atenolol tab 25 mg	111
atenolol tab 50 mg	111
atomoxetine hcl cap 10 mg (base equiv)	17

atomoxetine hcl cap 100 mg (base equiv)	18
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
atomoxetine hcl cap 80 mg (base equiv)	17
atorvastatin calcium tab 10 mg (base equivalent)	79
atorvastatin calcium tab 20 mg (base equivalent)	79
atorvastatin calcium tab 40 mg (base equivalent)	79
atorvastatin calcium tab 80 mg (base equivalent)	79
atovaquone susp 750 mg/5ml	51
atovaquone-proguanil hcl tab 250-100 mg	87
atovaquone-proguanil hcl tab 62.5-25 mg	87
ATRIPLA TAB.....	105
ATROPINE SUL SOL 1% OP.....	180
atropine sulfate (ophthalmic) see ISOPTO ATROP SOL 1% OP... 180	
ATROVENT HFA AER 17MCG.....	55
AUBAGIO TAB 14MG.....	189
AUBAGIO TAB 7MG.....	189
Aubra see levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	122
Aubra Eq see levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	122
AUGMENTIN SUS 125/5ML.....	187
auranofin see RIDAURA CAP 3MG.....	25
Aurovela 1.5/30 see norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	125
Aurovela 1/20 see norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg ...	124
Aurovela 24 Fe see norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	126
Aurovela Fe 1.5/30 see norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	125
Aurovela Fe 1/20 see norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	125
AURYXIA TAB 210MG.....	154
AUSTEDO TAB 12MG.....	189
AUSTEDO TAB 6MG.....	189
AUSTEDO TAB 9MG.....	189
AVANDIA TAB 2MG.....	73
AVANDIA TAB 4MG.....	73
Aviane see levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	122
Avidoxy see doxycycline monohydrate tab 100 mg	197
Avita see tretinoin cream 0.025% ... 135 see tretinoin gel 0.025%	135
axitinib see INLYTA TAB 1MG.....	94
see INLYTA TAB 5MG.....	94
Ayuna see levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	123
AZASAN TAB 100MG.....	169
AZASAN TAB 75 MG.....	169
AZASITE SOL 1%.....	181
azathioprine see AZASAN TAB 100MG.....	169
see AZASAN TAB 75 MG.....	169
azathioprine tab 50 mg	169
azelaic acid see FINACEA AER 15%.....	143
azelaic acid (acne) see AZELEX CRE 20%.....	133
azelaic acid gel 15%	143

azelastine hcl nasal spray 0.1% (137 mcg/spray)	179	see norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	123
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	179	BANZEL SUS 40MG/ML	60
azelastine hcl ophth soln 0.05%	184	BANZEL TAB 200MG	60
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act ...	179	BANZEL TAB 400MG	60
azelastine hcl-fluticasone propionate		BARACLUDE SOL.....	109
see DYMISTA SPR 137-50.....	179	BASAGLAR INJ 100UNIT.....	72
AZELEX CRE 20%.....	133	BAXDELA TAB 450MG	151
azithromycin (ophth)		Bayer Aspirin Ec Low Dose	
see AZASITE SOL 1%.....	181	see aspirin tab delayed release 81 mg	34
azithromycin for susp 100 mg/5ml	161	Bayer Chewable Low Dose	
azithromycin for susp 200 mg/5ml	161	see aspirin chew tab 81 mg	28
azithromycin powd pack for susp 1 gm	161	Bayer Low Dose	
azithromycin tab 250 mg	161	see aspirin tab delayed release 81 mg	34
azithromycin tab 500 mg	161	BD INSULIN PEN NEEDLES	162
azithromycin tab 600 mg	161	BD INSULIN SYRINGE.....	162
AZOPT SUS 1% OP.....	184	BD U-500 MIS 31GX6MM	162
aztreonam lysine		becaplermin	
see CAYSTON INH 75MG	52	see REGRANEX GEL 0.01%.....	143
Azurette		beclomethasone dipropionate hfa	
see desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	119	see QVAR REDIHA AER 80MCG.....	57
B		see QVAR REDIHAL AER 40MCG	57
bacitracin ophth oint 500 unit/gm	181	bedaquiline fumarate	
bacitracin-polymyxin b ophth oint	181	see SIRTURO TAB 100MG.....	89
bacitracin-polymyxin-neomycin hc		see SIRTURO TAB 20MG.....	89
see CORTISPORIN OIN 1%	136	Bekyree	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	182	see desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	119
baclofen tab 10 mg	178	BELBUCA MIS 150MCG	48
baclofen tab 20 mg	178	BELBUCA MIS 300MCG	48
baclofen tab 5 mg	178	BELBUCA MIS 450MCG	48
BAL-CARE MIS DHA.....	171	BELBUCA MIS 600MCG	48
BALCOLTRA TAB 0.1-20	119	BELBUCA MIS 750MCG	48
balsalazide disodium cap 750 mg	153	BELBUCA MIS 75MCG	48
Balziva		BELBUCA MIS 900MCG	48
		BELLA/OPIUM SUP 16.2-30.....	202
		BELLA/OPIUM SUP 16.2-60.....	202
		BELSOMRA TAB 10MG.....	160
		BELSOMRA TAB 15MG.....	160
		BELSOMRA TAB 20MG.....	160
		BELSOMRA TAB 5MG	160
		bempedoic acid-ezetimibe	
		see NEXLIZET TAB 180/10MG	78

benazepril & hydrochlorothiazide tab 10-12.5 mg	84	benztropine mesylate tab 0.5 mg	98
benazepril & hydrochlorothiazide tab 20-12.5 mg	84	benztropine mesylate tab 1 mg ...	98
benazepril & hydrochlorothiazide tab 20-25 mg	84	benztropine mesylate tab 2 mg ...	98
benazepril & hydrochlorothiazide tab 5-6.25 mg	84	bepotastine besilate	
benazepril hcl tab 10 mg	81	see BEPREVE DRO 1.5%	184
benazepril hcl tab 20 mg	81	BEPREVE DRO 1.5%	184
benazepril hcl tab 40 mg	81	Beser	
benazepril hcl tab 5 mg	81	see fluticasone propionate lotion	
Benzepro		0.05%	140
see benzoyl peroxide foam 5.3%		besifloxacin hcl	
.....	133	see BESIVANCE SUS 0.6%	181
Benzepro Short Contact		BESIVANCE SUS 0.6%	181
see benzoyl peroxide foam 9.8%		BETADINE SOL 5% OP	181
.....	133	betaine	
BENZIQL GEL 5.25%	133	see CYSTADANE POW	147
BENZIQL LS GEL 2.75%	133	betamethasone dipropionate	
Benziqu Wash		(topical)	
see benzoyl peroxide liq 5.25%		see SERNIVO SPR	141
.....	133	see SERNIVO SPR 0.05%	141
BENZNIDAZOLE TAB 100MG	50	betamethasone dipropionate	
BENZNIDAZOLE TAB 12.5MG	50	augmented cream 0.05%	138
benzocaine (topical)		betamethasone dipropionate	
see ANACAINE OIN	142	augmented gel 0.05%	138
benzonatate cap 100 mg	131	betamethasone dipropionate	
benzonatate cap 150 mg	131	augmented lotion 0.05%	138
benzonatate cap 200 mg	131	betamethasone dipropionate	
benzoyl peroxide		augmented oint 0.05%	138
see BENZIQL GEL 5.25%	133	betamethasone dipropionate cream	
see BENZIQL LS GEL 2.75%	133	0.05%	139
see RIAX AER 5.5%	134	betamethasone dipropionate lotion	
see RIAX AER 9.5%	134	0.05%	139
see ZAQLIR LOT 8%	135	betamethasone dipropionate oint	
benzoyl peroxide foam 5.3%	133	0.05%	139
benzoyl peroxide foam 9.8%	133	betamethasone valerate aerosol	
benzoyl peroxide liq 2.5%	133	foam 0.12%	139
benzoyl peroxide liq 5.25%	133	betamethasone valerate cream	
benzoyl peroxide liq 7%	133	0.1% (base equivalent)	139
benzoyl peroxide-erythromycin gel		betamethasone valerate lotion	
5-3%	133	0.1% (base equivalent)	139
benzoyl peroxide-hydrocortisone		betamethasone valerate oint 0.1%	
lotion 5-0.5%	133	(base equivalent)	139
benzphetamine hcl tab 25 mg	17	betaxolol hcl (ophth)	
benzphetamine hcl tab 50 mg	17	see BETOPTIC-S SUS 0.25% OP ..	180
		betaxolol hcl ophth soln 0.5% ...	180
		betaxolol hcl tab 10 mg	111
		betaxolol hcl tab 20 mg	111
		bethanechol chloride tab 10 mg	206

bethanechol chloride tab 25 mg 206
bethanechol chloride tab 5 mg ..206
bethanechol chloride tab 50 mg 206
 BETHKIS NEB 300/4ML24
 BETIMOL SOL 0.25%180
 BETIMOL SOL 0.5%180
 BETOPTIC-S SUS 0.25% OP180
 BEVESPI AER 9-4.8MCG58
bexarotene (topical)
 see TARGRETIN GEL 1%.....137
bexarotene cap 75 mg.....97
bicalutamide tab 50 mg.....90
**bictegravir-emtricitabine-tenofovir
 alafenamide fumarate**
 see BIKTARVY TAB105
 BIDIL TAB116
 BIKTARVY TAB105
bimatoprost
 see LUMIGAN SOL 0.01%185
binimetinib
 see MEKTOVI TAB 15MG.....95
 BINOSTO TAB 70MG146
 Bio-statin
 see **nystatin oral powder**.....76
 BIO-STATIN CAP 100000076
 BIO-STATIN CAP 500000.....76
**bisacodyl tab & peg 3350-kcl-sod
 bicarb-nacl for soln kit**.....160
**bismuth subcitrate potassium-
 metronidazole-tetracycline**
 see PYLERA CAP204
**bisoprolol & hydrochlorothiazide
 tab 10-6.25 mg**.....84
**bisoprolol & hydrochlorothiazide
 tab 2.5-6.25 mg**.....84
**bisoprolol & hydrochlorothiazide
 tab 5-6.25 mg**.....84
bisoprolol fumarate tab 10 mg ..111
bisoprolol fumarate tab 5 mg111
 BLEPHAMIDE OIN S.O.P.183
 BLEPHAMIDE SUS OP.....183
 Blisovi 24 Fe
 see **norethindrone ace-ethinyl
 estradiol-fe tab 1 mg-20 mcg
 (24)**126
 Blisovi Fe 1.5/30
 see **norethindrone ace & ethinyl
 estradiol-fe tab 1.5 mg-30 mcg**
 125
 Blisovi Fe 1/20
 see **norethindrone ace & ethinyl
 estradiol-fe tab 1 mg-20 mcg**
 125
bosentan
 see TRACLEER TAB 32MG117
bosentan tab 125 mg117
bosentan tab 62.5 mg117
 BOSULIF TAB 100MG92
 BOSULIF TAB 400MG92
 BOSULIF TAB 500MG92
bosutinib
 see BOSULIF TAB 100MG92
 see BOSULIF TAB 400MG92
 see BOSULIF TAB 500MG92
 Bp Wash
 see **benzoyl peroxide liq 2.5%** 133
 see **benzoyl peroxide liq 7%** ...133
 BRAFTOVI CAP 75MG.....92
 BREATHE EASE MIS LG MASK163
 BREATHE EASE MIS MED MASK.....163
 BREATHE EASE MIS SM MASK.....163
 BREATHERITE MIS.....163
 BREATHERITE MIS LG MASK163
 BREATHERITE MIS MED MASK163
 BREATHERITE MIS SM MASK163
 BREATHERITE MIS SPACER163
 BREATHERITE MIS W/MASK163
 BREO ELLIPTA INH 100-2558
 BREO ELLIPTA INH 200-2558
brexpiprazole
 see REXULTI TAB 0.25MG.....104
 see REXULTI TAB 0.5MG104
 see REXULTI TAB 1MG104
 see REXULTI TAB 2MG104
 see REXULTI TAB 3MG104
 see REXULTI TAB 4MG104
 Briellyn
 see **norethindrone & ethinyl
 estradiol tab 0.4 mg-35 mcg** 123
brigatinib
 see ALUNBRIG PAK92
 see ALUNBRIG TAB 180MG92
 see ALUNBRIG TAB 30MG.....92

see ALUNBRIG TAB 90MG92
 BRILINTA TAB 60MG 156
 BRILINTA TAB 90MG 156
brimonidine tartrate
 see ALPHAGAN P SOL 0.1% 181
 see ALPHAGAN P SOL 0.15% 181
brimonidine tartrate (topical)
 see MIRVASO GEL 0.33% 143
brimonidine tartrate ophth soln
0.15% 181
brimonidine tartrate ophth soln
0.2% 181
brimonidine tartrate-timolol
maleate
 see COMBIGAN SOL 0.2/0.5%..... 180
brinzolamide
 see AZOPT SUS 1% OP 184
brinzolamide-brimonidine tartrate
 see SIMBRINZA SUS 1-0.2% 181
brivaracetam
 see BRIVIACT SOL 10MG/ML.....60
 see BRIVIACT TAB 100MG61
 see BRIVIACT TAB 10MG60
 see BRIVIACT TAB 25MG60
 see BRIVIACT TAB 50MG61
 see BRIVIACT TAB 75MG61
 BRIVIACT SOL 10MG/ML60
 BRIVIACT TAB 100MG.....61
 BRIVIACT TAB 10MG60
 BRIVIACT TAB 25MG60
 BRIVIACT TAB 50MG61
 BRIVIACT TAB 75MG61
 Bromfed Dm
 see **pseudoephed-bromphen-dm**
syrup 30-2-10 mg/5ml 132
bromfenac sodium (ophth)
 see BROMSITE DRO 0.075% 184
 see PROLENSA SOL 0.07% 184
bromfenac sodium ophth soln
0.09% (base equiv) (once-daily)
 184
bromocriptine mesylate (diabetes)
 see CYCLOSET TAB 0.8MG72
bromocriptine mesylate cap 5 mg
(base equivalent)98
bromocriptine mesylate tab 2.5 mg
(base equivalent)98

brompheniramine tannate chew
tab 12 mg77
 BROMSITE DRO 0.075% 184
 BROVANA NEB 15MCG58
 BRYHALI LOT 0.01%.....139
budesonide (inhalation)
 see PULMICORT INH 180MCG57
 see PULMICORT INH 90MCG57
budesonide (intrarectal)
 see UCERIS AER 2MG/ACT.....50
budesonide delayed release
particles cap 3 mg129
budesonide inhalation susp 0.25
mg/2ml56
budesonide inhalation susp 0.5
mg/2ml56
budesonide inhalation susp 1
mg/2ml56
budesonide tab er 24hr 9 mg129
budesonide-formoterol fumarate
dihydrate
 see SYMBICORT AER 160-4.5.....58
 see SYMBICORT AER 80-4.558
bumetanide tab 0.5 mg 145
bumetanide tab 1 mg 145
bumetanide tab 2 mg 145
 BUNAVAIL MIS 2.1-0.3 48
 BUNAVAIL MIS 4.2-0.7 48
 BUNAVAIL MIS 6.3-1MG.....48
 Bupap
 see **butalbital-acetaminophen tab**
50-300 mg27
buprenorphine hcl
 see BELBUCA MIS 150MCG48
 see BELBUCA MIS 300MCG48
 see BELBUCA MIS 450MCG48
 see BELBUCA MIS 600MCG48
 see BELBUCA MIS 750MCG48
 see BELBUCA MIS 75MCG.....48
 see BELBUCA MIS 900MCG48
buprenorphine hcl sl tab 2 mg
(base equiv)48
buprenorphine hcl sl tab 8 mg
(base equiv)48
buprenorphine hcl-naloxone hcl
dihydrate
 see BUNAVAIL MIS 2.1-0.348

see BUNAVAIL MIS 4.2-0.748
 see BUNAVAIL MIS 6.3-1MG48
 see ZUBSOLV SUB 0.7-0.18.....49
 see ZUBSOLV SUB 1.4-0.36.....49
 see ZUBSOLV SUB 11.4-2.9.....49
 see ZUBSOLV SUB 2.9-0.71.....49
 see ZUBSOLV SUB 5.7-1.4.....49
 see ZUBSOLV SUB 8.6-2.1.....49
**buprenorphine hcl-naloxone hcl sl
 film 12-3 mg (base equiv)48**
**buprenorphine hcl-naloxone hcl sl
 film 2-0.5 mg (base equiv)48**
**buprenorphine hcl-naloxone hcl sl
 film 4-1 mg (base equiv)48**
**buprenorphine hcl-naloxone hcl sl
 film 8-2 mg (base equiv)48**
**buprenorphine hcl-naloxone hcl sl
 tab 2-0.5 mg (base equiv)48**
**buprenorphine hcl-naloxone hcl sl
 tab 8-2 mg (base equiv)48**
**buprenorphine td patch weekly 10
 mcg/hr49**
**buprenorphine td patch weekly 15
 mcg/hr49**
**buprenorphine td patch weekly 20
 mcg/hr49**
**buprenorphine td patch weekly 5
 mcg/hr48**
**buprenorphine td patch weekly 7.5
 mcg/hr48**
**bupropion hcl (smoking deterrent)
 tab er 12hr 150 mg191**
bupropion hcl tab 100 mg65
bupropion hcl tab 75 mg65
**bupropion hcl tab er 12hr 100 mg
65**
**bupropion hcl tab er 12hr 150 mg
65**
**bupropion hcl tab er 12hr 200 mg
65**
**bupropion hcl tab er 24hr 150 mg
65**
**bupropion hcl tab er 24hr 300 mg
65**
buspironone hcl tab 10 mg53
buspironone hcl tab 15 mg53
buspironone hcl tab 30 mg53

buspironone hcl tab 5 mg53
buspironone hcl tab 7.5 mg53
busulfan
 see MYLERAN TAB 2MG89
**butalbital-acetaminophen cap 50-
 300 mg27**
**butalbital-acetaminophen tab 25-
 325 mg27**
**butalbital-acetaminophen tab 50-
 300 mg27**
**butalbital-acetaminophen tab 50-
 325 mg27**
**butalbital-acetaminophen-caff w/
 cod cap 50-300-40-30 mg46**
**butalbital-acetaminophen-caff w/
 cod cap 50-325-40-30 mg46**
**butalbital-acetaminophen-caffeine
 soln 50-325-40 mg/15ml27**
**butalbital-acetaminophen-caffeine
 tab 50-325-40 mg27**
**butalbital-aspirin-caff w/ codeine
 cap 50-325-40-30 mg46**
**butalbital-aspirin-caffeine cap 50-
 325-40 mg27**
butenafine hcl
 see MENTAX CRE 1%136
butoconazole nitrate (one dose)
 see GYNAZOLE-1 CRE 2%207
**butorphanol tartrate nasal soln 10
 mg/ml49**
 BYSTOLIC TAB 10MG111
 BYSTOLIC TAB 2.5MG111
 BYSTOLIC TAB 20MG111
 BYSTOLIC TAB 5MG111
C
cabergoline tab 0.5 mg148
 CABOMETYX TAB 20MG92
 CABOMETYX TAB 40MG92
 CABOMETYX TAB 60MG92
cabozantinib s-malate
 see CABOMETYX TAB 20MG92
 see CABOMETYX TAB 40MG92
 see CABOMETYX TAB 60MG92
 see COMETRIQ KIT 100MG93
 see COMETRIQ KIT 140MG93
 see COMETRIQ KIT 60MG93
cadexomer iodine

see IODOFLEX PAD PAD 105
 see IODOSORB GEL 105
 see IODOSORB GEL 0.9%..... 105
calcifediol
 see RAYALDEE CAP 30MCG 148
calcipotriene foam 0.005% 137
calcipotriene oint 0.005% 137
calcipotriene soln 0.005% (50 mcg/ml) 137
calcipotriene-betamethasone dipropionate
 see ENSTILAR AER..... 140
calcipotriene-betamethasone dipropionate oint 0.005-0.064%
 139
calcipotriene-betamethasone dipropionate susp 0.005-0.064%
 139
calcitonin (salmon) nasal soln 200 unit/act 146
 Calcitrene
 see **calcipotriene oint 0.005%**. 137
calcitriol cap 0.25 mcg 147
calcitriol cap 0.5 mcg 147
calcitriol oral soln 1 mcg/ml 147
calcium acetate (phosphate binder)
 see PHOSLYRA SOL..... 154
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)..... 154
calcium acetate (phosphate binder) tab 667 mg 154
 CALQUENCE CAP 100MG 92
 Camila
 see **norethindrone tab 0.35 mg**
 129
 Camrese
 see **levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)** 122
 Camrese Lo
 see **levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)** 121
candesartan cilexetil tab 16 mg ..82
candesartan cilexetil tab 32 mg ..82
candesartan cilexetil tab 4 mg82
candesartan cilexetil tab 8 mg82

candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg84
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 84
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg 84
cannabidiol
 see EPIDIOLEX SOL 100MG/ML 61
capecitabine tab 150 mg 89
capecitabine tab 500 mg 89
 CAPEX SHA 0.01% 139
 CAPRELSA TAB 100MG..... 92
 CAPRELSA TAB 300MG..... 92
captopril & hydrochlorothiazide tab 25-15 mg..... 84
captopril & hydrochlorothiazide tab 25-25 mg..... 85
captopril & hydrochlorothiazide tab 50-15 mg..... 85
captopril & hydrochlorothiazide tab 50-25 mg..... 85
captopril tab 100 mg 81
captopril tab 12.5 mg 81
captopril tab 25 mg 81
captopril tab 50 mg 81
 CARBAGLU TAB 200MG 147
carbamazepine (antipsychotic)
 see EQUETRO CAP 100MG 100
 see EQUETRO CAP 200MG 100
 see EQUETRO CAP 300MG 100
carbamazepine cap er 12hr 100 mg
 61
carbamazepine cap er 12hr 200 mg
 61
carbamazepine cap er 12hr 300 mg
 61
carbamazepine chew tab 100 mg 61
carbamazepine susp 100 mg/5ml
 61
carbamazepine tab 200 mg 61
carbamazepine tab er 12hr 100 mg
 61
carbamazepine tab er 12hr 200 mg
 61

carbamazepine tab er 12hr 400 mg.....61	see VRAYLAR CAP 1.5MG..... 101
carbidopa & levodopa orally disintegrating tab 10-100 mg ...98	see VRAYLAR CAP 3MG 101
carbidopa & levodopa orally disintegrating tab 25-100 mg ...98	see VRAYLAR CAP 4.5MG..... 101
carbidopa & levodopa orally disintegrating tab 25-250 mg ...98	see VRAYLAR CAP 6MG 101
carbidopa & levodopa tab 10-100 mg .....98	carisoprodol tab 250 mg 178
carbidopa & levodopa tab 25-100 mg .....98	carisoprodol tab 350 mg 178
carbidopa & levodopa tab 25-250 mg .....98	carisoprodol w/ aspirin & codeine tab 200-325-16 mg 179
carbidopa & levodopa tab er 25- 100 mg .....98	carisoprodol w/ aspirin tab 200- 325 mg 179
carbidopa & levodopa tab er 50- 200 mg .....98	carteolol hcl ophth soln 1% 180
carbidopa tab 25 mg .....98	Cartia Xt
carbidopa-levodopa see RYTARY CAP 145MG 100	see diltiazem hcl coated beads cap er 24hr 120 mg 113
see RYTARY CAP 195MG 100	see diltiazem hcl coated beads cap er 24hr 180 mg 113
see RYTARY CAP 245MG 100	see diltiazem hcl coated beads cap er 24hr 240 mg 113
see RYTARY CAP 95MG 100	see diltiazem hcl coated beads cap er 24hr 300 mg 113
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg .....98	carvedilol phosphate cap er 24hr 10 mg 110
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg .....98	carvedilol phosphate cap er 24hr 20 mg 111
carbidopa-levodopa-entacapone tabs 25-100-200 mg .....98	carvedilol phosphate cap er 24hr 40 mg 111
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg .....99	carvedilol phosphate cap er 24hr 80 mg 111
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg .....99	carvedilol tab 12.5 mg 111
carbidopa-levodopa-entacapone tabs 50-200-200 mg .....99	carvedilol tab 25 mg 111
carbinoxamine maleate see KARBINAL ER SUS 4MG/5ML ...77	carvedilol tab 3.125 mg 111
carbinoxamine maleate soln 4 mg/5ml .....77	carvedilol tab 6.25 mg 111
carbinoxamine maleate tab 4 mg 77	CAYSTON INH 75MG 52
CARDURA XL TAB 4MG 155	Caziant
CARDURA XL TAB 8MG 155	see desogest-ethin est tab 0.1- 0.025/0.125-0.025/0.15- 0.025mg-mg 120
carglumic acid see CARBAGLU TAB 200MG 147	cefaclor cap 250 mg 118
cariprazine hcl see VRAYLAR CAP 1.5-3MG 101	cefaclor cap 500 mg 118
	CEFACTOR ER TAB 500MG 118
	cefaclor for susp 125 mg/5ml ... 118
	cefaclor for susp 250 mg/5ml ... 118
	cefaclor for susp 375 mg/5ml ... 118
	cefadroxil cap 500 mg 118
	cefadroxil for susp 250 mg/5ml 118
	cefadroxil for susp 500 mg/5ml 118
	cefadroxil tab 1 gm 118

cefdinir cap 300 mg	119	CENTANY AT KIT 2%	135
cefdinir for susp 125 mg/5ml	119	CENTANY OIN 2%	136
cefdinir for susp 250 mg/5ml	119	cephalexin cap 250 mg	118
cefditoren pivoxil tab 200 mg (base equivalent)	119	cephalexin cap 500 mg	118
cefditoren pivoxil tab 400 mg (base equivalent)	119	cephalexin cap 750 mg	118
cefixime		cephalexin for susp 125 mg/5ml	118
see SUPRAX CAP 400MG.....	119	cephalexin for susp 250 mg/5ml	118
see SUPRAX CHW 100MG	119	cephalexin tab 250 mg	118
see SUPRAX CHW 200MG	119	cephalexin tab 500 mg	118
see SUPRAX SUS 100/5ML.....	119	CERDELGA CAP 84MG	156
see SUPRAX SUS 200/5ML.....	119	cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	77
see SUPRAX SUS 500/5ML.....	119	cevimeline hcl cap 30 mg	171
cefixime cap 400 mg	119	CHANTIX PAK 0.5& 1MG	191
cefixime for susp 100 mg/5ml ..	119	CHANTIX PAK 1MG	191
cefixime for susp 200 mg/5ml ..	119	CHANTIX TAB 0.5MG	191
cefpodoxime proxetil for susp 100 mg/5ml	119	CHANTIX TAB 1MG	191
cefpodoxime proxetil for susp 50 mg/5ml	119	Charlotte 24 Fe	
cefpodoxime proxetil tab 100 mg	119	see norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	126
cefpodoxime proxetil tab 200 mg	119	Chateal	
cefprozil for susp 125 mg/5ml ..	118	see levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	123
cefprozil for susp 250 mg/5ml ..	118	Chateal Eq	
cefprozil tab 250 mg	119	see levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	123
cefprozil tab 500 mg	119	CHEMET CAP 100MG.....	74
cefuroxime axetil tab 250 mg	119	CHENODAL TAB 250MG.....	152
cefuroxime axetil tab 500 mg	119	chenodiol	
celecoxib cap 100 mg	25	see CHENODAL TAB 250MG	152
celecoxib cap 200 mg	25	Childrens Aspirin	
celecoxib cap 400 mg	25	see aspirin chew tab 81 mg	28
celecoxib cap 50 mg	25	Childrens Aspirin Low Str	
CELONTIN CAP 300MG	65	see aspirin chew tab 81 mg	29
cenegermin-bkbj		chlorambucil	
see OXERVATE SOL 20MCG/ML ...	182	see LEUKERAN TAB 2MG	89
cenobamate		chlordiazepoxide hcl cap 10 mg ..	54
see XCOPRI PAK 12.5-25.....	64	chlordiazepoxide hcl cap 25 mg ..	54
see XCOPRI PAK 150-200	64	chlordiazepoxide hcl cap 5 mg	54
see XCOPRI PAK 50-100MG	64	chlordiazepoxide-amitriptyline tab 10-25 mg	188
see XCOPRI TAB 100MG	64		
see XCOPRI TAB 150MG	64		
see XCOPRI TAB 200MG	64		
see XCOPRI TAB 50-200MG	64		
see XCOPRI TAB 50MG.....	64		

chlordiazepoxide-amitriptyline tab 5-12.5 mg	188	cimetidine tab 200 mg	203
chloroquine phosphate tab 250 mg	88	cimetidine tab 300 mg	203
chloroquine phosphate tab 500 mg	88	cimetidine tab 400 mg	203
chlorothiazide		cimetidine tab 800 mg	203
see DIURIL SUS 250/5ML	146	cinacalcet hcl tab 30 mg (base equiv)	147
chlorpromazine hcl tab 10 mg ...	103	cinacalcet hcl tab 60 mg (base equiv)	147
chlorpromazine hcl tab 100 mg .	103	cinacalcet hcl tab 90 mg (base equiv)	147
chlorpromazine hcl tab 200 mg .	103	CIPRO (10%) SUS 500MG/5	152
chlorpromazine hcl tab 25 mg ...	103	CIPRO (5%) SUS 250MG/5.....	152
chlorpromazine hcl tab 50 mg ...	103	CIPRO HC SUS OTIC.....	185
chlorthalidone tab 25 mg	146	CIPRODEX SUS 0.3-0.1%.....	185
chlorthalidone tab 50 mg	146	ciprofloxacin	
chlorzoxazone tab 500 mg	178	see CIPRO (10%) SUS 500MG/5 .	152
CHOLBAM CAP 250MG	152	see CIPRO (5%) SUS 250MG/5 ...	152
CHOLBAM CAP 50MG	152	ciprofloxacin hcl (ophth)	
cholestyramine light powder 4 gm/dose	78	see CILOXAN OIN 0.3% OP.....	181
cholestyramine light powder packets 4 gm	78	ciprofloxacin hcl ophth soln 0.3% (base equivalent)	181
cholestyramine powder 4 gm/dose	78	ciprofloxacin hcl otic soln 0.2% (base equivalent)	185
cholestyramine powder packets 4 gm	78	ciprofloxacin hcl tab 100 mg (base equiv)	152
cholic acid		ciprofloxacin hcl tab 250 mg (base equiv)	152
see CHOLBAM CAP 250MG	152	ciprofloxacin hcl tab 500 mg (base equiv)	152
see CHOLBAM CAP 50MG.....	152	ciprofloxacin hcl tab 750 mg (base equiv)	152
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	78	ciprofloxacin-dexamethasone	
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	78	see CIPRODEX SUS 0.3-0.1%	185
Ciclodan		ciprofloxacin-dexamethasone otic susp 0.3-0.1%	185
see ciclopirox solution 8%	136	ciprofloxacin-hydrocortisone	
ciclopirox gel 0.77%	136	see CIPRO HC SUS OTIC	185
ciclopirox olamine cream 0.77% (base equiv)	136	cialopram hydrobromide oral soln 10 mg/5ml	66
ciclopirox olamine susp 0.77% (base equiv)	136	cialopram hydrobromide tab 10 mg (base equiv)	66
ciclopirox shampoo 1%	136	cialopram hydrobromide tab 20 mg (base equiv)	66
ciclopirox solution 8%	136	cialopram hydrobromide tab 40 mg (base equiv)	66
cilostazol tab 100 mg	156	CITRANATAL CAP HARMONY	171
cilostazol tab 50 mg	156	CITRANATAL CAP MEDLEY	171
CILOXAN OIN 0.3% OP	181		
CIMDUO TAB 300-300	105		
cimetidine hcl soln 300 mg/5ml	203		

CITRANATAL MIS 171
 CITRANATAL MIS 90 DHA 172
 CITRANATAL MIS B-CALM..... 172
 CITRANATAL PAK ASSURE 172
 CITRANATAL PAK DHA 172
 CITRANATAL TAB BLOOM 172
 CITRANATAL TAB RX..... 172
cladribine (multiple sclerosis)
 see MAVENCLAD PAK 10MG(10) .. 190
 see MAVENCLAD PAK 10MG(4) 190
 see MAVENCLAD PAK 10MG(5) 190
 see MAVENCLAD PAK 10MG(6) 190
 see MAVENCLAD PAK 10MG(7) 190
 see MAVENCLAD PAK 10MG(8) 190
 see MAVENCLAD PAK 10MG(9) 190
 Claravis
 see **isotretinoin cap 10 mg** 134
 see **isotretinoin cap 20 mg** 134
 see **isotretinoin cap 30 mg** 134
 see **isotretinoin cap 40 mg** 134
 CLARINEX-D TAB 2.5-120 131
clarithromycin for susp 125 mg/5ml 161
clarithromycin for susp 250 mg/5ml 161
clarithromycin tab 250 mg 161
clarithromycin tab 500 mg 161
clarithromycin tab er 24hr 500 mg 161
clemastine fumarate tab 2.68 mg 77
 CLENPIQ SOL..... 160
 CLEOCIN SUP 100MG..... 207
 CLIMARA PRO DIS WEEKLY..... 149
 Clindacin Etz Pledgets
 see **clindamycin phosphate swab 1%**..... 133
 Clindacin-p
 see **clindamycin phosphate swab 1%**..... 133
clindamycin hcl cap 150 mg 52
clindamycin hcl cap 300 mg 52
clindamycin hcl cap 75 mg 52
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) 52
clindamycin phosphate (one dose)
 see CLINDESSE CRE 2%..... 207

clindamycin phosphate foam 1%
 133
clindamycin phosphate gel 1% . 133
clindamycin phosphate lotion 1%
 133
clindamycin phosphate soln 1% 133
clindamycin phosphate swab 1%
 133
clindamycin phosphate vaginal
 see CLEOCIN SUP 100MG 207
clindamycin phosphate vaginal cream 2%..... 207
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%..... 133
clindamycin phosphate-benzoyl peroxide gel 1-5%..... 133
clindamycin phosphate-tretinoin gel 1.2-0.025% 133
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%
 133
 CLINDESSE CRE 2% 207
clobazam suspension 2.5 mg/ml. 60
clobazam tab 10 mg 60
clobazam tab 20 mg 60
clobetasol propionate cream 0.05% 139
clobetasol propionate emollient base cream 0.05% 139
clobetasol propionate emulsion foam 0.05% 139
clobetasol propionate foam 0.05%
 139
clobetasol propionate gel 0.05%
 139
clobetasol propionate lotion 0.05%
 139
clobetasol propionate oint 0.05%
 139
clobetasol propionate shampoo 0.05% 139
clobetasol propionate soln 0.05%
 139
clocortolone pivalate cream 0.1%
 139
 Clodan

see **clobetasol propionate**
shampoo 0.05% 139
clomipramine hcl cap 25 mg 69
clomipramine hcl cap 50 mg 69
clomipramine hcl cap 75 mg 69
clonazepam orally disintegrating
tab 0.125 mg 60
clonazepam orally disintegrating
tab 0.25 mg 60
clonazepam orally disintegrating
tab 0.5 mg 60
clonazepam orally disintegrating
tab 1 mg 60
clonazepam orally disintegrating
tab 2 mg 60
clonazepam tab 0.5 mg 60
clonazepam tab 1 mg 60
clonazepam tab 2 mg 60
clonidine hcl tab 0.1 mg 82
clonidine hcl tab 0.2 mg 82
clonidine hcl tab 0.3 mg 82
clonidine hcl tab er 12hr 0.1 mg .. 18
clonidine td patch weekly 0.1
mg/24hr 82
clonidine td patch weekly 0.2
mg/24hr 82
clonidine td patch weekly 0.3
mg/24hr 83
clopidogrel bisulfate tab 300 mg
(base equiv) 156
clopidogrel bisulfate tab 75 mg
(base equiv) 156
clorazepate dipotassium tab 15 mg
..... 54
clorazepate dipotassium tab 3.75
mg 54
clorazepate dipotassium tab 7.5
mg 54
clotrimazole cream 1% 136
clotrimazole soln 1% 136
clotrimazole troche 10 mg 171
clotrimazole w/ betamethasone
cream 1-0.05% 136
clotrimazole w/ betamethasone
lotion 1-0.05% 136
Clotique
see **trientine hcl cap 250 mg** ... 169

clozapine
see VERSACLOZ SUS 50MG/ML ... 103
clozapine orally disintegrating tab
100 mg 102
clozapine orally disintegrating tab
12.5 mg 102
clozapine orally disintegrating tab
150 mg 102
CLOZAPINE ORALLY DISINTEGRATING
TAB 150 MG 102
CLOZAPINE ORALLY DISINTEGRATING
TAB 200 MG 102
clozapine orally disintegrating tab
25 mg 102
clozapine tab 100 mg 102
clozapine tab 200 mg 102
clozapine tab 25 mg 102
clozapine tab 50 mg 102
C-NATE DHA CAP 28-1-200 171
COARTEM TAB 20-120MG 87
cobicistat
see TYBOST TAB 150MG 109
cobimetinib fumarate
see COTELLIC TAB 20MG 93
codeine polistirex-
chlorpheniramine polistirex
see TUZISTRA XR SUS 132
CODEINE SULF TAB 15MG 39
CODEINE SULF TAB 60MG 39
codeine sulfate tab 30 mg 39
colchicine cap 0.6 mg 155
colchicine tab 0.6 mg 156
colchicine w/ probenecid tab 0.5-
500 mg 155
colesevelam hcl packet for susp
3.75 gm 78
colesevelam hcl tab 625 mg 78
colestipol hcl granule packets 5 gm
..... 78
colestipol hcl granules 5 gm 78
colestipol hcl tab 1 gm 78
collagenase
see SANTYL OIN 250/GM 142
COMBIGAN SOL 0.2/0.5% 180
COMBIPATCH DIS 149
COMETRIQ KIT 100MG 93
COMETRIQ KIT 140MG 93

COMETRIQ KIT 60MG.....	93	CREON CAP 6000UNIT	144
COMPACT SPAC MIS CHAMBER	163	CRESEMBA CAP 186 MG	76
COMPACT SPAC MIS LG MASK	163	CRINONE GEL 4% VAG	208
COMPACT SPAC MIS MD MASK.....	163	crisaborole	
COMPACT SPAC MIS SM MASK.....	163	see EUCRISA OIN 2%	143
COMPLETE NAT PAK DHA	172	CRIXIVAN CAP 200MG	105
COMPLETENATE CHW.....	172	CRIXIVAN CAP 400MG	105
Compro		crizotinib	
see prochlorperazine suppos 25		see XALKORI CAP 200MG	97
mg	104	see XALKORI CAP 250MG	97
CO-NATAL FA TAB 29-1MG	172	crofelemer	
CONCEPT DHA CAP.....	172	see MYTESI TAB 125MG	74
CONCEPT OB CAP.....	172	cromolyn sodium ophth soln 4%	
condoms - female		.....	184
see FC FEMALE MIS CONDOM	162	cromolyn sodium oral conc 100	
see FC2 FEMALE MIS CONDOM....	162	mg/5ml	152
CONDYLOX GEL 0.5%	142	cromolyn sodium soln nebu 20	
conjugated estrogens-		mg/2ml	55
bazedoxifene		crotamiton lotion 10%	143
see DUAVEE TAB 0.45-20	149	Crotan	
conjugated estrogens-		see crotamiton lotion 10%	143
medroxyprogesterone acetate		Cryselle-28	
see PREMPHASE TAB.....	150	see norgestrel & ethinyl estradiol	
see PREMPRO TAB	150	tab 0.3 mg-30 mcg	128
see PREMPRO TAB 0.3-1.5	150	CUVPOSA SOL 1MG/5ML	202
see PREMPRO TAB 0.45-1.5	150	Cvs Aspirin Adult Low Dos	
see PREMPRO TAB 0.625-5	150	see aspirin chew tab 81 mg	29
Constulose		Cvs Aspirin Adult Low Str	
see lactulose solution 10		see aspirin tab delayed release 81	
gm/15ml	161	mg	34
COPIKTRA CAP 15MG.....	93	Cvs Aspirin Ec	
COPIKTRA CAP 25MG.....	93	see aspirin tab delayed release 81	
CORDRAN 80X3 TAP 4MCG/CM	139	mg	34
CORDRAN CRE 0.025%	139	Cvs Aspirin Low Dose	
CORLANOR SOL 5MG/5ML	118	see aspirin tab delayed release 81	
CORLANOR TAB 5MG	118	mg	34
CORLANOR TAB 7.5MG	118	Cvs Aspirin Low Strength	
CORTIFOAM AER 90MG	50	see aspirin tab delayed release 81	
cortisone acetate tab 25 mg	129	mg	35
CORTISPORIN CRE 0.5%.....	136	Cvs Folic Acid	
CORTISPORIN OIN 1%.....	136	see folic acid tab 800 mcg	158
CORTISPORIN SUS -TC OTIC	185	Cvs Nicotine	
COTELLIC TAB 20MG	93	see nicotine polacrilex gum 2 mg	
CREON CAP 12000UNT.....	144	.....	191
CREON CAP 24000UNT.....	144	see nicotine polacrilex gum 4 mg	
CREON CAP 3000UNIT	144	.....	192
CREON CAP 36000UNT.....	144	Cvs Nicotine Lozenge	

see **nicotine polacrilex lozenge 2 mg** 193
 see **nicotine polacrilex lozenge 4 mg** 193
 Cvs Nicotine Polacrilex
 see **nicotine polacrilex gum 2 mg** 191
 see **nicotine polacrilex gum 4 mg** 192
 see **nicotine polacrilex lozenge 2 mg** 193
 see **nicotine polacrilex lozenge 4 mg** 193
 Cvs Nicotine Polacrilex S
 see **nicotine polacrilex gum 2 mg** 191
 Cvs Nicotine Transdermal
 see **nicotine td patch 24hr 14 mg/24hr** 195
 see **nicotine td patch 24hr 21 mg/24hr** 195
 see **nicotine td patch 24hr 7 mg/24hr** 194
 Cyclofem 1/35
 see **norethindrone & ethinyl estradiol tab 1 mg-35 mcg** ... 124
 Cyclofem 7/7/7
 see **norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg** 126
cyclobenzaprine hcl tab 10 mg .. 178
cyclobenzaprine hcl tab 5 mg 178
 CYCLOMYDRIL SOL OP 180
cyclopentolate hcl ophth soln 0.5% 180
cyclopentolate hcl ophth soln 1% 180
cyclopentolate hcl ophth soln 2% 180
cyclopentolate w/ phenylephrine
 see CYCLOMYDRIL SOL OP 180
cyclophosphamide cap 25 mg 89
cyclophosphamide cap 50 mg 89
cycloserine cap 250 mg 88
 CYCLOSET TAB 0.8MG 72
cyclosporine

see SANDIMMUNE SOL 100MG/ML 170
cyclosporine (ophth)
 see RESTASIS EMU 0.05% 182
 see RESTASIS MUL EMU 0.05%... 182
cyclosporine cap 100 mg 169
cyclosporine cap 25 mg 169
cyclosporine modified cap 100 mg 170
cyclosporine modified cap 25 mg 169
cyclosporine modified cap 50 mg 170
cyclosporine modified oral soln 100 mg/ml 170
cyproheptadine hcl syrup 2 mg/5ml 77
cyproheptadine hcl tab 4 mg 77
 Cyred
 see **desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg** 120
 Cyred Eq
 see **desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg** 120
 CYSTADANE POW 147
 CYSTAGON CAP 150MG 155
 CYSTAGON CAP 50MG 155
 CYSTARAN SOL 0.44% 184
cysteamine bitartrate
 see CYSTAGON CAP 150MG 155
 see CYSTAGON CAP 50MG 155
cysteamine hcl
 see CYSTARAN SOL 0.44% 184
 Cytra K Crystals
 see **potassium citrate & citric acid powder pack 3300-1002 mg** 154
D
dabrafenib mesylate
 see TAFINLAR CAP 50MG 96
 see TAFINLAR CAP 75MG 96
dalfampridine tab er 12hr 10 mg 190
 DALIRESP TAB 250MCG 56
 DALIRESP TAB 500MCG 56
danazol cap 100 mg 49

danazol cap 200 mg	49
danazol cap 50 mg	49
dantrolene sodium cap 100 mg ..	179
dantrolene sodium cap 25 mg ...	179
dantrolene sodium cap 50 mg ...	179
dapagliflozin propanediol	
see FARXIGA TAB 10MG	73
see FARXIGA TAB 5MG	73
dapagliflozin-metformin hcl	
see XIGDUO XR TAB 10-1000	71
see XIGDUO XR TAB 10-500MG	71
see XIGDUO XR TAB 2.5-1000	71
see XIGDUO XR TAB 5-1000MG	71
see XIGDUO XR TAB 5-500MG	71
dapsone gel 5%	133
dapsone gel 7.5%	133
dapsone tab 100 mg	51
dapsone tab 25 mg	51
DARAPRIM TAB 25MG	88
darifenacin hydrobromide tab er	
24hr 15 mg (base equiv)	206
darifenacin hydrobromide tab er	
24hr 7.5 mg (base equiv)	206
darolutamide	
see NUBEQA TAB 300MG	90
darunavir ethanolate	
see PREZISTA SUS 100MG/ML	107
see PREZISTA TAB 150MG	107
see PREZISTA TAB 600MG	107
see PREZISTA TAB 75MG	107
see PREZISTA TAB 800MG	107
darunavir-cobicistat	
see PREZCOBIX TAB 800-150	107
darunavir-cobicistat-emtricitabine-	
tenofovir alafenamide	
see SYMTUZA TAB	108
dasatinib	
see SPRYCEL TAB 100MG	96
see SPRYCEL TAB 140MG	96
see SPRYCEL TAB 20MG	96
see SPRYCEL TAB 50MG	96
see SPRYCEL TAB 70MG	96
see SPRYCEL TAB 80MG	96
Dasetta 1/35	
see norethindrone & ethinyl	
estradiol tab 1 mg-35 mcg ...	124
Dasetta 7/7/7	
see norethindrone-eth estradiol	
tab 0.5-35/0.75-35/1-35 mg-	
mcg	126
Daysee	
see levonorg-eth est tab 0.15-	
0.03mg(84) & eth est tab	
0.01mg(7)	122
DAYTRANA DIS 10MG/9HR	19
DAYTRANA DIS 15MG/9HR	19
DAYTRANA DIS 20MG/9HR	19
DAYTRANA DIS 30MG/9HR	19
DDAVP SOL 0.01%	148
Deblitane	
see norethindrone tab 0.35 mg	
.....	129
Decadron	
see dexamethasone tab 0.5 mg	
.....	129
see dexamethasone tab 0.75 mg	
.....	129
see dexamethasone tab 4 mg .	129
see dexamethasone tab 6 mg .	129
decitabine-cedazuridine	
see INQOVI TAB 35-100MG	91
deferasirox	
see JADENU SPRKL GRA 180MG	75
see JADENU SPRKL GRA 360MG	75
see JADENU SPRKL GRA 90MG	75
see JADENU TAB 180MG	75
deferasirox granules packet 180	
mg	74
deferasirox granules packet 360	
mg	74
deferasirox granules packet 90 mg	
.....	74
deferasirox tab 180 mg	74
deferasirox tab 360 mg	74
deferasirox tab 90 mg	74
deferasirox tab for oral susp 125	
mg	74
deferasirox tab for oral susp 250	
mg	74
deferasirox tab for oral susp 500	
mg	74
deferiprone	
see FERPRX 2-DAY TAB 1000MG ...	74
see FERRIPROX TAB 1000MG	75

see FERRIPROX TAB 500MG.....75
delafloxacin meglumine
 see BAXDELA TAB 450MG..... 151
 Delyla
 see **levonorgestrel & ethinyl**
estradiol tab 0.1 mg-20 mcg 122
demeclocycline hcl tab 150 mg..197
demeclocycline hcl tab 300 mg..197
 DENAVIR CRE 1% 138
 DESCOVY TAB 200/25.....105
desipramine hcl tab 10 mg69
desipramine hcl tab 100 mg69
desipramine hcl tab 150 mg69
desipramine hcl tab 25 mg69
desipramine hcl tab 50 mg69
desipramine hcl tab 75 mg69
desloratadine tab 5 mg77
desloratadine tab orally
disintegrating 2.5 mg77
desloratadine tab orally
disintegrating 5 mg77
desloratadine-pseudoephedrine
 see CLARINEX-D TAB 2.5-120 131
desmopressin acetate
 see NOCDURNA SUB 27.7MCG 148
 see NOCDURNA SUB 55.3MCG 148
desmopressin acetate nasal spray
soln 0.01% 148
desmopressin acetate nasal spray
soln 0.01% (refrigerated) 148
desmopressin acetate refrigerated
 see DDAVP SOL 0.01% 148
desmopressin acetate tab 0.1 mg
 148
desmopressin acetate tab 0.2 mg
 148
desogest-eth estrad & eth estrad
tab 0.15-0.02/0.01 mg(21/5)
119, 120
desogest-ethin est tab 0.1-
0.025/0.125-0.025/0.15-
0.025mg-mg 120
desogestrel & ethinyl estradiol tab
0.15 mg-30 mcg 120
desonide
 see VERDESO AER 0.05%..... 142
desonide cream 0.05%..... 139

desonide lotion 0.05% 139
desonide oint 0.05% 139
desoximetasone cream 0.05% .. 140
desoximetasone cream 0.25% .. 140
desoximetasone gel 0.05% 140
desoximetasone oint 0.05% 140
desoximetasone oint 0.25% 140
desoximetasone spray 0.25% ... 140
 DESVENLAFAX TAB 100MG ER67
 DESVENLAFAX TAB 50MG ER.....67
desvenlafaxine succinate tab er
24hr 100 mg (base equiv)68
desvenlafaxine succinate tab er
24hr 25 mg (base equiv)67
desvenlafaxine succinate tab er
24hr 50 mg (base equiv)67
deutetrabenazine
 see AUSTEDO TAB 12MG 189
 see AUSTEDO TAB 6MG..... 189
 see AUSTEDO TAB 9MG..... 189
 DEXAMETHASON CON 1MG/ML 129
dexamethasone
 see DEXAMETHASON CON 1MG/ML
 129
dexamethasone (ophth)
 see MAXIDEX SUS 0.1% OP..... 183
dexamethasone elixir 0.5 mg/5ml
 129
dexamethasone sodium phosphate
ophth soln 0.1% 183
dexamethasone soln 0.5 mg/5ml
 129
dexamethasone tab 0.5 mg 129
dexamethasone tab 0.75 mg 129
dexamethasone tab 1 mg 129
dexamethasone tab 1.5 mg 129
dexamethasone tab 2 mg 129
dexamethasone tab 4 mg 129
dexamethasone tab 6 mg 129
dexamethasone tab therapy pack
1.5 mg (21) 129
dexamethasone tab therapy pack
1.5 mg (35) 129
dexamethasone tab therapy pack
1.5 mg (51) 130
 DEXILANT CAP 30MG DR..... 203
 DEXILANT CAP 60MG DR..... 203

dexlansoprazole	
see DEXILANT CAP 30MG DR	203
see DEXILANT CAP 60MG DR	203
dexmethylphenidate hcl cap er 24	
hr 10 mg	19
dexmethylphenidate hcl cap er 24	
hr 15 mg	19
dexmethylphenidate hcl cap er 24	
hr 20 mg	19
dexmethylphenidate hcl cap er 24	
hr 25 mg	20
dexmethylphenidate hcl cap er 24	
hr 30 mg	20
dexmethylphenidate hcl cap er 24	
hr 35 mg	20
dexmethylphenidate hcl cap er 24	
hr 40 mg	20
dexmethylphenidate hcl cap er 24	
hr 5 mg	19
dexmethylphenidate hcl tab 10 mg	20
dexmethylphenidate hcl tab 2.5 mg	20
dexmethylphenidate hcl tab 5 mg	20
dextroamphetamine sulfate cap er	
24hr 10 mg	14
dextroamphetamine sulfate cap er	
24hr 15 mg	14
dextroamphetamine sulfate cap er	
24hr 5 mg	14
dextroamphetamine sulfate oral	
solution 5 mg/5ml	14
dextroamphetamine sulfate tab 10	
mg	14, 15
dextroamphetamine sulfate tab 15	
mg	15
dextroamphetamine sulfate tab 2.5	
mg	14
dextroamphetamine sulfate tab 20	
mg	15
dextroamphetamine sulfate tab 30	
mg	15
dextroamphetamine sulfate tab 5	
mg	14
dextroamphetamine sulfate tab 7.5	
mg	14

dextromethorphan hbr-quinidine	
sulfate	
see NUEDEXTA CAP 20-10MG	190
DIACOMIT CAP 250MG	61
DIACOMIT CAP 500MG	61
DIACOMIT PAK 250MG	61
DIACOMIT PAK 500MG	61
diazepam conc 5 mg/ml	54
diazepam oral soln 1 mg/ml	54
diazepam rectal gel delivery	
system 10 mg	60
diazepam rectal gel delivery	
system 2.5 mg	60
diazepam rectal gel delivery	
system 20 mg	60
diazepam tab 10 mg	54
diazepam tab 2 mg	54
diazepam tab 5 mg	54
diazoxide susp 50 mg/ml	71
dichlorphenamide	
see KEVEYIS TAB 50MG	145
diclofenac epolamine patch 1.3%	135
diclofenac potassium	
see ZIPSOR CAP 25MG	26
diclofenac potassium tab 50 mg ..	25
diclofenac sodium (actinic	
keratoses) gel 3%	137
diclofenac sodium (topical)	
see REXAPHENAC CRE 1%	135
diclofenac sodium gel 1%	135
diclofenac sodium ophth soln 0.1%	184
diclofenac sodium soln 1.5%	135
diclofenac sodium tab delayed	
release 25 mg	25
diclofenac sodium tab delayed	
release 50 mg	25
diclofenac sodium tab delayed	
release 75 mg	25
diclofenac sodium tab er 24hr 100	
mg	25
diclofenac sodium-camphor-	
menthol	
see DICLOTREX PAK	135
diclofenac w/ misoprostol tab	
delayed release 50-0.2 mg	25

diclofenac w/ misoprostol tab	
delayed release 75-0.2 mg	25
DICLOTREX PAK	135
dicloxacillin sodium cap 250 mg	187
dicloxacillin sodium cap 500 mg	187
dicyclomine hcl cap 10 mg	202
dicyclomine hcl oral soln 10	
mg/5ml	202
dicyclomine hcl tab 20 mg	202
didanosine delayed release capsule	
200 mg	105
didanosine delayed release capsule	
250 mg	105
didanosine delayed release capsule	
400 mg	106
diethylpropion hcl tab 25 mg	17
diethylpropion hcl tab er 24hr 75	
mg	17
DIFFERIN LOT 0.1%	134
DIFICID TAB 200MG	162
Difil-g Forte	
see dyphylline-guaifenesin liqd	
100-100 mg/5ml	55
diflunisal tab 500 mg	39
difluprednate	
see DUREZOL EMU 0.05%	183
Digitek	
see digoxin tab 125 mcg (0.125	
mg)	115
see digoxin tab 250 mcg (0.25	
mg)	115
Digox	
see digoxin tab 125 mcg (0.125	
mg)	115
see digoxin tab 250 mcg (0.25	
mg)	115
digoxin	
see LANOXIN TAB 0.0625MG	115
digoxin oral soln 0.05 mg/ml	115
digoxin tab 125 mcg (0.125 mg)	
.....	115
digoxin tab 250 mcg (0.25 mg) .	115
DILANTIN CAP 30MG	64
DILATRATE SR CAP 40MG	52
diltiazem hcl cap er 12hr 120 mg	
.....	113
diltiazem hcl cap er 12hr 60 mg	112
diltiazem hcl cap er 12hr 90 mg	113
diltiazem hcl cap er 24hr 120 mg	
.....	113
diltiazem hcl cap er 24hr 180 mg	
.....	113
diltiazem hcl cap er 24hr 240 mg	
.....	113
diltiazem hcl coated beads cap er	
24hr 120 mg	113
diltiazem hcl coated beads cap er	
24hr 180 mg	113
diltiazem hcl coated beads cap er	
24hr 240 mg	113
diltiazem hcl coated beads cap er	
24hr 300 mg	113
diltiazem hcl coated beads cap er	
24hr 360 mg	113
diltiazem hcl extended release	
beads cap er 24hr 120 mg	113
diltiazem hcl extended release	
beads cap er 24hr 180 mg	113
diltiazem hcl extended release	
beads cap er 24hr 240 mg	113
diltiazem hcl extended release	
beads cap er 24hr 300 mg	114
diltiazem hcl extended release	
beads cap er 24hr 360 mg	114
diltiazem hcl extended release	
beads cap er 24hr 420 mg	114
diltiazem hcl tab 120 mg	114
diltiazem hcl tab 30 mg	114
diltiazem hcl tab 60 mg	114
diltiazem hcl tab 90 mg	114
Dilt-xr	
see diltiazem hcl cap er 24hr 120	
mg	113
see diltiazem hcl cap er 24hr 180	
mg	113
see diltiazem hcl cap er 24hr 240	
mg	113
dimethyl fumarate	
see TECFIDERA CAP 120MG	190
see TECFIDERA CAP 240MG	190
see TECFIDERA MIS STARTER	190
DIPENTUM CAP 250MG	153
diphenoxylate w/ atropine liq 2.5-	
0.025 mg/5ml	74

diphenoxylate w/ atropine tab 2.5-0.025 mg	74	see DOVATO TAB 50-300MG	106
dipyridamole tab 25 mg	156	dolutegravir sodium-rilpivirine hcl	
dipyridamole tab 50 mg	156	see JULUCA TAB 50-25MG	106
dipyridamole tab 75 mg	156	donepezil hydrochloride orally	
diroximel fumarate		disintegrating tab 10 mg	187
see VUMERITY CAP 231MG	190	donepezil hydrochloride orally	
disopyramide phosphate		disintegrating tab 5 mg	187
see NORPACE CAP 100MG CR.....	54	donepezil hydrochloride tab 10 mg	
see NORPACE CAP 150MG CR.....	54	.....	187
disopyramide phosphate cap 100 mg	54	donepezil hydrochloride tab 23 mg	
disopyramide phosphate cap 150 mg	54	.....	187
disulfiram tab 250 mg	187	donepezil hydrochloride tab 5 mg	
disulfiram tab 500 mg	187	.....	187
DIURIL SUS 250/5ML.....	146	dornase alfa	
divalproex sodium cap delayed release sprinkle 125 mg	65	see PULMOZYME SOL 1MG/ML.....	196
divalproex sodium tab delayed release 125 mg	65	dorzolamide hcl ophth soln 2% .	184
divalproex sodium tab delayed release 250 mg	65	dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf ..	180
divalproex sodium tab delayed release 500 mg	65	dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	180
divalproex sodium tab er 24 hr 250 mg	65	DORZOLAMIDE SOL 2%	184
divalproex sodium tab er 24 hr 500 mg	65	Dotti	
DIVIGEL GEL 0.25MG.....	150	see estradiol td patch twice weekly 0.025 mg/24hr	151
DIVIGEL GEL 0.5MG	150	see estradiol td patch twice weekly 0.0375 mg/24hr	151
DIVIGEL GEL 0.75MG.....	150	see estradiol td patch twice weekly 0.05 mg/24hr	150
DIVIGEL GEL 1.25MG.....	150	see estradiol td patch twice weekly 0.075 mg/24hr	151
DIVIGEL GEL 1MG/GM	150	see estradiol td patch twice weekly 0.1 mg/24hr	150
dofetilide cap 125 mcg (0.125 mg)	55	DOVATO TAB 50-300MG	106
dofetilide cap 250 mcg (0.25 mg)	55	doxazosin mesylate (bph)	
dofetilide cap 500 mcg (0.5 mg) .	55	see CARDURA XL TAB 4MG	155
dolasetron mesylate		see CARDURA XL TAB 8MG	155
see ANZEMET TAB 100MG	75	doxazosin mesylate tab 1 mg	83
see ANZEMET TAB 50MG	75	doxazosin mesylate tab 2 mg	83
dolutegravir sodium		doxazosin mesylate tab 4 mg	83
see TIVICAY PD TAB 5MG	108	doxazosin mesylate tab 8 mg	83
see TIVICAY TAB 10MG	108	doxepin hcl (sleep) tab 3 mg (base equiv)	159
see TIVICAY TAB 25MG	108	doxepin hcl (sleep) tab 6 mg (base equiv)	159
see TIVICAY TAB 50MG	108	doxepin hcl cap 10 mg	69
dolutegravir sodium-lamivudine		doxepin hcl cap 100 mg	69
		doxepin hcl cap 150 mg	69

doxepin hcl cap 25 mg	69	drospirenone-ethinyl estradiol tab	
doxepin hcl cap 50 mg	69	3-0.02 mg	120, 121
doxepin hcl cap 75 mg	69	drospirenone-ethinyl estradiol tab	
doxepin hcl conc 10 mg/ml	69	3-0.03 mg	121
doxercalciferol cap 0.5 mcg	147	drospirenone-ethinyl estrad-	
doxercalciferol cap 1 mcg	147	levomefolate tab 3-0.02-0.451	
doxercalciferol cap 2.5 mcg	147	mg	120
doxycycline (rosacea) cap delayed		drospirenone-ethinyl estrad-	
release 40 mg	143	levomefolate tab 3-0.03-0.451	
doxycycline calcium		mg	120
see VIBRAMYCIN SYP 50MG/5ML.....	198	DROXIA CAP 200MG.....	156
doxycycline hyclate cap 100 mg	197	DROXIA CAP 300MG.....	156
doxycycline hyclate cap 50 mg ..	197	DROXIA CAP 400MG.....	156
doxycycline hyclate tab 100 mg	197	DRYSOL SOL 20%.....	143
doxycycline hyclate tab delayed		DUAVEE TAB 0.45-20.....	149
release 100 mg	197	DUET DHA 400 MIS 25-1-400.....	172
doxycycline hyclate tab delayed		DUET DHA MIS BALANCED.....	172
release 150 mg	197	DUEXIS TAB 800-26.6.....	25
doxycycline hyclate tab delayed		dulaglutide	
release 50 mg	197	see TRULICITY INJ 0.75/0.5.....	72
doxycycline hyclate tab delayed		see TRULICITY INJ 1.5/0.5.....	72
release 75 mg	197	duloxetine hcl enteric coated	
doxycycline monohydrate cap 100		pellets cap 20 mg (base eq)	68
mg	197	duloxetine hcl enteric coated	
doxycycline monohydrate cap 50		pellets cap 30 mg (base eq)	68
mg	197	duloxetine hcl enteric coated	
doxycycline monohydrate for susp		pellets cap 40 mg (base eq)	68
25 mg/5ml	197	duloxetine hcl enteric coated	
doxycycline monohydrate tab 100		pellets cap 60 mg (base eq)	68
mg	197	DUOBRII LOT.....	140
doxycycline monohydrate tab 150		Duraxin	
mg	197	see acetaminophen-salicylamide-	
doxycycline monohydrate tab 50		phenyltoloxamine cap 300-200-	
mg	197	20mg	27
doxycycline monohydrate tab 75		DUREZOL EMU 0.05%.....	183
mg	197	dust mite mixed allergen extract	
doxylamine-pyridoxine tab delayed		see ODACTRA SUB.....	24
release 10-10 mg	76	dutasteride cap 0.5 mg	155
dronabinol cap 10 mg	76	dutasteride-tamsulosin hcl cap 0.5-	
dronabinol cap 2.5 mg	76	0.4 mg	155
dronabinol cap 5 mg	76	duvelisib	
dronedarone hcl		see COPIKTRA CAP 15MG.....	93
see MULTAQ TAB 400MG.....	55	see COPIKTRA CAP 25MG.....	93
drospirenone-estradiol		Dvorah	
see ANGELIQ TAB 0.25-0.5.....	149	see acetaminophen-caffeine-	
see ANGELIQ TAB 0.5-1MG.....	149	dihydrocodeine tab 325-30-16	
		mg	46

DYANAVEL XR SUS 2.5MG/ML.....	15
DYMISTA SPR 137-50	179
dyphylline-guaifenesin liqd 100-100 mg/5ml	55
E	
E.e.s. 400	
see erythromycin ethylsuccinate tab 400 mg	161
EASIVENT MIS	163
EASIVENT MIS MASK LG	164
EASIVENT MIS MASK MED	164
EASIVENT MIS MASK SM.....	164
Ec-81 Aspirin	
see aspirin tab delayed release 81 mg	35
echothiophate iodide	
see PHOSPHOLINE SOL 0.125%OP	181
Ec-naproxen	
see naproxen tab ec 375 mg	26
see naproxen tab ec 500 mg	26
econazole nitrate	
see ECOZA AER 1%	136
econazole nitrate cream 1%	136
Econtra Ez	
see levonorgestrel tab 1.5 mg	128
Econtra One-step	
see levonorgestrel tab 1.5 mg	128
Ecotrin Low Strength	
see aspirin tab delayed release 81 mg	35
ECOZA AER 1%	136
EDLUAR SUB 10MG.....	159
EDLUAR SUB 5MG	159
Ed-spaz	
see hyoscyamine sulfate tab disint 0.125 mg	202
EDURANT TAB 25MG.....	106
efavirenz cap 200 mg	106
efavirenz cap 50 mg	106
efavirenz tab 600 mg	106
efavirenz-emtricitabine-tenofovir disoproxil fumarate	
see ATRIPLA TAB.....	105
efavirenz-lamivudine-tenofovir disoproxil fumarate	
see SYMFI LO TAB	108
see SYMFI TAB.....	108
Effer-k	
see potassium bicarbonate effer tab 25 meq	168
EFFER-K TAB 10MEQ	168
EFFER-K TAB 20MEQ	168
efinaconazole	
see JUBLIA SOL 10%	136
elagolix sodium	
see ORILISSA TAB 150MG	147
see ORILISSA TAB 200MG	147
ELESTRIN GEL 0.06%	150
eletriptan hydrobromide tab 20 mg (base equivalent)	165
eletriptan hydrobromide tab 40 mg (base equivalent)	165
elexacaftor-tezacaftor-ivacaftor	
see TRIKAFTA TAB.....	196
eliglustat tartrate	
see CERDELGA CAP 84MG	156
Elinest	
see norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	128
ELIQUIS ST P TAB 5MG	59
ELIQUIS TAB 2.5MG	59
ELIQUIS TAB 5MG	59
Elite-ob	
see prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	175
ELIXOPHYLLIN ELX 80/15ML.....	58
ELLA TAB 30MG	128
ELMIRON CAP 100MG	155
eltrombopag olamine	
see PROMACTA PAK 25MG	158
see PROMACTA POW 12.5MG	158
see PROMACTA TAB 12.5MG	158
see PROMACTA TAB 25MG	158
see PROMACTA TAB 50MG	159
see PROMACTA TAB 75MG	159
Eluryng	
see etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	128
eluxadoline	
see VIBERZI TAB 100MG	154
see VIBERZI TAB 75MG.....	153

elvitegravir-cobicistat- emtricitabine-tenofovir alafenamide	
see GENVOYA TAB	106
EMCYT CAP 140MG	90
EMEND SUS 125MG	76
Emoquette	
see desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	
.....	120
empagliflozin	
see JARDIANCE TAB 10MG.....	73
see JARDIANCE TAB 25MG.....	73
empagliflozin-linagliptin	
see GLYXAMBI TAB 10-5 MG	70
see GLYXAMBI TAB 25-5 MG	70
empagliflozin-linagliptin-metformin	
see TRIJARDY XR TAB	71
empagliflozin-metformin hcl	
see SYNJARDY TAB	70
see SYNJARDY TAB 12.5-500	71
see SYNJARDY TAB 5-1000MG	71
see SYNJARDY TAB 5-500MG	71
see SYNJARDY XR TAB	71
see SYNJARDY XR TAB 10-1000	71
see SYNJARDY XR TAB 25-1000	71
see SYNJARDY XR TAB 5-1000MG..	71
EMSAM DIS 12MG/24H	66
EMSAM DIS 6MG/24HR	66
EMSAM DIS 9MG/24HR	66
emtricitabine	
see EMTRIVA CAP 200MG	106
see EMTRIVA SOL 10MG/ML.....	106
emtricitabine-rilpivirine-tenofovir alafenamide fumarate	
see ODEFSEY TAB.....	107
emtricitabine-tenofovir alafenamide fumarate	
see DESCOVY TAB 200/25	105
emtricitabine-tenofovir disoproxil fumarate	
see TRUVADA TAB 100-150	108
see TRUVADA TAB 133-200	108
see TRUVADA TAB 167-250	108
see TRUVADA TAB 200-300	109
EMTRIVA CAP 200MG.....	106
EMTRIVA SOL 10MG/ML	106
EMVERM CHW 100MG	50
enalapril maleate	
see EPANED SOL 1MG/ML.....	81
enalapril maleate & hydrochlorothiazide tab 10-25 mg	85
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	85
enalapril maleate tab 10 mg	81
enalapril maleate tab 2.5 mg	81
enalapril maleate tab 20 mg	81
enalapril maleate tab 5 mg	81
enasidenib mesylate	
see IDHIFA TAB 100MG.....	94
see IDHIFA TAB 50MG	94
ENCARE SUP 100MG.....	207
encorafenib	
see BRAFTOVI CAP 75MG	92
Endocet	
see oxycodone w/ acetaminophen tab 10-325 mg	47
see oxycodone w/ acetaminophen tab 2.5-325 mg	47
see oxycodone w/ acetaminophen tab 5-325 mg	47
see oxycodone w/ acetaminophen tab 7.5-325 mg	47
Enpresse-28	
see levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg	123
Enskyce	
see desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	
.....	120
ENSTILAR AER.....	140
entacapone tab 200 mg	98
entecavir	
see BARACLUDGE SOL	109
entecavir tab 0.5 mg	109
entecavir tab 1 mg	109
ENTRESTO TAB 24-26MG	116
ENTRESTO TAB 49-51MG	116
ENTRESTO TAB 97-103MG	116
Enulose	

see ***lactulose (encephalopathy) solution 10 gm/15ml*** 153

enzalutamide
 see XTANDI CAP 40MG 91

EPANED SOL 1MG/ML 81

EPCLUSA TAB 400-100 109

EPIDIOLEX SOL 100MG/ML 61

EPIDUO FORTE GEL 0.3-2.5% 134

EPIDUO GEL 0.1-2.5% 134

EPIFOAM AER 1% 140

epinastine hcl ophth soln 0.05%
 184

epinephrine (anaphylaxis)
 see EPIPEN 2-PAK INJ 0.3MG 208
 see EPIPEN-JR INJ 0.15MG 208
 see SYMJEPI INJ 0.15MG 208
 see SYMJEPI INJ 0.3MG 208

epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 208

epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) 208

epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) 208

EPIPEN 2-PAK INJ 0.3MG 208

EPIPEN-JR INJ 0.15MG 208

Epitol
 see ***carbamazepine tab 200 mg*** 61

epplerenone tab 25 mg 87

epplerenone tab 50 mg 87

Eq Adult Aspirin Low Stre
 see ***aspirin tab delayed release 81 mg*** 35

Eq Aspirin Adult Low Dose
 see ***aspirin tab delayed release 81 mg*** 35

Eq Aspirin Low Dose
 see ***aspirin chew tab 81 mg*** 29
 see ***aspirin tab delayed release 81 mg*** 35

Eq Childrens Aspirin
 see ***aspirin chew tab 81 mg*** 29

Eq Nicotine
 see ***nicotine polacrilex lozenge 4 mg*** 194
 see ***nicotine td patch 24hr 14 mg/24hr*** 195

see ***nicotine td patch 24hr 21 mg/24hr*** 195

see ***nicotine td patch 24hr 7 mg/24hr*** 194

Eq Nicotine Gum Refill
 see ***nicotine polacrilex gum 4 mg***
 192

Eq Nicotine Gum Starter
 see ***nicotine polacrilex gum 4 mg***
 192

Eq Nicotine Lozenges
 see ***nicotine polacrilex lozenge 4 mg*** 194

Eq Nicotine Polacrilex
 see ***nicotine polacrilex gum 2 mg***
 191
 see ***nicotine polacrilex gum 4 mg***
 192
 see ***nicotine polacrilex lozenge 2 mg*** 193
 see ***nicotine polacrilex lozenge 4 mg*** 194

Eq Nicotine Step 3
 see ***nicotine td patch 24hr 7 mg/24hr*** 194

Eq Aspirin Low Dose
 see ***aspirin chew tab 81 mg*** 29
 see ***aspirin tab delayed release 81 mg*** 35

Eq Nicotine Polacrilex
 see ***nicotine polacrilex gum 2 mg***
 191
 see ***nicotine polacrilex lozenge 2 mg*** 193
 see ***nicotine polacrilex lozenge 4 mg*** 194

EQUETRO CAP 100MG 100

EQUETRO CAP 200MG 100

EQUETRO CAP 300MG 100

ergocalciferol cap 1.25 mg (50000 unit) 208

ergoloid mesylates tab 1 mg 191

ERGOMAR SUB 2MG 165

ergotamine tartrate
 see ERGOMAR SUB 2MG 165

ERIVEDGE CAP 150MG 90

ERLEADA TAB 60MG 90

erlotinib hcl tab 100 mg (base equivalent)	93	ESBRIET TAB 801MG	196
erlotinib hcl tab 150 mg (base equivalent)	93	escitalopram oxalate soln 5 mg/5ml (base equiv)	66
erlotinib hcl tab 25 mg (base equivalent)	93	escitalopram oxalate tab 10 mg (base equiv)	66
Errin see norethindrone tab 0.35 mg	129	escitalopram oxalate tab 20 mg (base equiv)	66
ERTACZO CRE 2%	136	escitalopram oxalate tab 5 mg (base equiv)	66
Ery see erythromycin pads 2%	134	eslicarbazepine acetate see APTIOM TAB 200MG	60
Ery-tab see erythromycin tab delayed release 250 mg	162	see APTIOM TAB 400MG	60
see erythromycin tab delayed release 333 mg	162	see APTIOM TAB 600MG	60
see erythromycin tab delayed release 500 mg	162	see APTIOM TAB 800MG	60
Erythrocin Stearate see erythromycin stearate tab 250 mg	161	esomeprazole magnesium cap delayed release 20 mg (base eq)	203
erythromycin ethylsuccinate for susp 200 mg/5ml	161	esomeprazole magnesium cap delayed release 40 mg (base eq)	203
erythromycin ethylsuccinate for susp 400 mg/5ml	161	esomeprazole magnesium for delayed release susp packet 10 mg	203
erythromycin ethylsuccinate tab 400 mg	161	esomeprazole magnesium for delayed release susp packet 20 mg	203
erythromycin gel 2%	134	esomeprazole magnesium for delayed release susp packet 40 mg	203
erythromycin ophth oint 5 mg/gm	181	Estarylla see norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	127
erythromycin pads 2%	134	estazolam tab 1 mg	159
erythromycin soln 2%	134	estazolam tab 2 mg	159
erythromycin stearate tab 250 mg	161	esterified estrogens see MENEST TAB 0.3MG	151
erythromycin tab 250 mg	161	see MENEST TAB 0.625MG	151
erythromycin tab 500 mg	162	see MENEST TAB 1.25MG	151
erythromycin tab delayed release 250 mg	162	estradiol see ALORA DIS 0.025MG	150
erythromycin tab delayed release 333 mg	162	see ALORA DIS 0.05MG	150
erythromycin tab delayed release 500 mg	162	see ALORA DIS 0.075MG	150
erythromycin w/ delayed release particles cap 250 mg	162	see ALORA DIS 0.1MG	150
ESBRIET CAP 267MG	196	see DIVIGEL GEL 0.25MG	150
ESBRIET TAB 267MG	196	see DIVIGEL GEL 0.5MG	150
		see DIVIGEL GEL 0.75MG	150

see DIVIGEL GEL 1.25MG 150
 see DIVIGEL GEL 1MG/GM 150
 see ELESTRIN GEL 0.06%..... 150
 see ESTROGEL GEL..... 151
 see EVAMIST SPR 1.53MG 151
 see MENOSTAR DIS 14MCG 151
estradiol & norethindrone acetate
 see COMBIPATCH DIS 149
**estradiol & norethindrone acetate
 tab 0.5-0.1 mg** 149
**estradiol & norethindrone acetate
 tab 1-0.5 mg** 149
estradiol acetate vaginal
 see FEMRING MIS 0.05/24H..... 207
 see FEMRING MIS 0.1MG/24 207
estradiol tab 0.5 mg 150
estradiol tab 1 mg 150
estradiol tab 2 mg 150
**estradiol td patch twice weekly
 0.025 mg/24hr** 150, 151
**estradiol td patch twice weekly
 0.0375 mg/24hr** 151
**estradiol td patch twice weekly
 0.05 mg/24hr** 150
**estradiol td patch twice weekly
 0.075 mg/24hr** 151
**estradiol td patch twice weekly 0.1
 mg/24hr** 150
**estradiol td patch weekly 0.025
 mg/24hr** 151
**estradiol td patch weekly 0.0375
 mg/24hr (37.5 mcg/24hr)** 151
**estradiol td patch weekly 0.05
 mg/24hr** 151
**estradiol td patch weekly 0.06
 mg/24hr** 151
**estradiol td patch weekly 0.075
 mg/24hr** 151
**estradiol td patch weekly 0.1
 mg/24hr** 151
estradiol vaginal
 see ESTRING MIS 2MG 207
 see IMVEXXY MAIN SUP 10MCG .. 207
 see IMVEXXY MAIN SUP 4MCG 207
 see IMVEXXY STRT SUP 10MCG... 208
 see IMVEXXY STRT SUP 4MCG 207

estradiol vaginal cream 0.1 mg/gm
 207
estradiol vaginal tab 10 mcg 207
estradiol-levonorgestrel
 see CLIMARA PRO DIS WEEKLY ... 149
estradiol-norgestimate
 see PREFEST TAB 150
estramustine phosphate sodium
 see EMCYT CAP 140MG 90
 ESTRING MIS 2MG 207
 ESTROGEL GEL 151
estrogens, conjugated
 see PREMARIN TAB 0.3MG 151
 see PREMARIN TAB 0.45MG 151
 see PREMARIN TAB 0.625MG 151
 see PREMARIN TAB 0.9MG 151
 see PREMARIN TAB 1.25MG 151
estrogens, conjugated vaginal
 see PREMARIN VAG CRE 0.625MG208
eszopiclone tab 1 mg 159
eszopiclone tab 2 mg 159
eszopiclone tab 3 mg 159
ethacrynic acid tab 25 mg 145
ethambutol hcl tab 100 mg 88
ethambutol hcl tab 400 mg 88
ethionamide
 see TRECATOR TAB 250MG 89
ethosuximide cap 250 mg 65
ethosuximide soln 250 mg/5ml .. 65
ethotoin
 see PEGANONE TAB 250MG 64
 ETHYL CHLOR AER FN STRM 142
 ETHYL CHLOR AER MED STRM 142
ethyl chloride aerosol spray 142
**ethynodiol diacetate & ethinyl
 estradiol tab 1 mg-35 mcg** 121
**ethynodiol diacetate & ethinyl
 estradiol tab 1 mg-50 mcg** 121
etodolac cap 200 mg 25
etodolac cap 300 mg 25
etodolac tab 400 mg 25
etodolac tab 500 mg 25
etodolac tab er 24hr 400 mg 25
etodolac tab er 24hr 500 mg 25
etodolac tab er 24hr 600 mg 25
**etonogestrel-ethinyl estradiol va
 ring 0.120-0.015 mg/24hr** 128

etoposide cap 50 mg	97
etravirine	
see INTELENCE TAB 100MG	106
see INTELENCE TAB 200MG	106
see INTELENCE TAB 25MG	106
EUCRISA OIN 2%	143
Euthyrox	
see levothyroxine sodium tab 100 mcg	199
see levothyroxine sodium tab 112 mcg	199
see levothyroxine sodium tab 125 mcg	199
see levothyroxine sodium tab 137 mcg	199
see levothyroxine sodium tab 150 mcg	200
see levothyroxine sodium tab 175 mcg	200
see levothyroxine sodium tab 200 mcg	200
see levothyroxine sodium tab 25 mcg	198
see levothyroxine sodium tab 50 mcg	198
see levothyroxine sodium tab 75 mcg	198
see levothyroxine sodium tab 88 mcg	199
EVAMIST SPR 1.53MG	151
everolimus	
see AFINITOR DIS TAB 2MG	92
see AFINITOR DIS TAB 3MG	92
see AFINITOR DIS TAB 5MG	92
see AFINITOR TAB 10MG	92
everolimus tab 0.25 mg	170
everolimus tab 0.5 mg	170
everolimus tab 0.75 mg	170
everolimus tab 2.5 mg	93
everolimus tab 5 mg	93
everolimus tab 7.5 mg	93
EVOTAZ TAB 300-150	106
EXELDERM SOL 1%	136
exemestane tab 25 mg	90
EXODERM LOT 25-1%.....	136
ezetimibe tab 10 mg	80
ezetimibe-simvastatin tab 10-10 mg	78
ezetimibe-simvastatin tab 10-20 mg	78
ezetimibe-simvastatin tab 10-40 mg	78
ezetimibe-simvastatin tab 10-80 mg	78
F	
Fa-8	
see folic acid cap 0.8 mg	157
see folic acid tab 800 mcg	158
FABIOR AER 0.1%	134
Falmina	
see levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	122
famciclovir tab 125 mg	110
famciclovir tab 250 mg	110
famciclovir tab 500 mg	110
famotidine for susp 40 mg/5ml	203
famotidine tab 20 mg	203
famotidine tab 40 mg	203
FARXIGA TAB 10MG	73
FARXIGA TAB 5MG	73
Fayosim	
see levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	121
FC FEMALE MIS CONDOM	162
FC2 FEMALE MIS CONDOM	162
febuxostat tab 40 mg	156
febuxostat tab 80 mg	156
felbamate susp 600 mg/5ml	64
felbamate tab 400 mg	64
felbamate tab 600 mg	64
felodipine tab er 24hr 10 mg	114
felodipine tab er 24hr 2.5 mg	114
felodipine tab er 24hr 5 mg	114
FEMRING MIS 0.05/24H	207
FEMRING MIS 0.1MG/24	207
Femynor	
see norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	127
fenfluramine hcl (anticonvulsant)	
see FINTEPLA SOL 2.2MG/ML	61
fenofibrate cap 150 mg	78

fenofibrate cap 50 mg	78	fenfentanyl citrate lozenge on a handle 200 mcg	39
fenofibrate micronized		fenfentanyl citrate lozenge on a handle 400 mcg	39
see ANTARA CAP 30MG	78	fenfentanyl citrate lozenge on a handle 600 mcg	39
see ANTARA CAP 90MG	78	fenfentanyl citrate lozenge on a handle 800 mcg	39
fenofibrate micronized cap 130 mg	78	fenfentanyl td patch 72hr 100 mcg/hr	40
fenofibrate micronized cap 134 mg	79	fenfentanyl td patch 72hr 12 mcg/hr	40
fenofibrate micronized cap 200 mg	79	fenfentanyl td patch 72hr 25 mcg/hr	40
fenofibrate micronized cap 43 mg	78	fenfentanyl td patch 72hr 37.5 mcg/hr	40
fenofibrate micronized cap 67 mg	78	fenfentanyl td patch 72hr 50 mcg/hr	40
fenofibrate tab 145 mg	79	fenfentanyl td patch 72hr 62.5 mcg/hr	40
fenofibrate tab 160 mg	79	fenfentanyl td patch 72hr 75 mcg/hr	40
fenofibrate tab 40 mg	79	fenfentanyl td patch 72hr 87.5 mcg/hr	40
fenofibrate tab 48 mg	79	FERPRX 2-DAY TAB 1000MG	74
fenofibrate tab 54 mg	79	ferric citrate	
fenofibric acid		see AURYXIA TAB 210MG	154
see FIBRICOR TAB 105MG	79	FERRIPROX TAB 1000MG	75
see FIBRICOR TAB 35MG	79	FERRIPROX TAB 500MG	75
fenopropfen calcium		fesoterodine fumarate	
see NALFON CAP 400MG	26	see TOVIAZ TAB 4MG	206
fenopropfen calcium tab 600 mg	25	see TOVIAZ TAB 8MG	206
fenfentanyl		FETZIMA CAP 120MG	68
see SUBSYS SPR 100MCG	44	FETZIMA CAP 20MG	68
see SUBSYS SPR 1200MCG	44	FETZIMA CAP 40MG	68
see SUBSYS SPR 1600MCG	44	FETZIMA CAP 80MG	68
see SUBSYS SPR 200MCG	44	FETZIMA CAP TITRATIO	68
see SUBSYS SPR 400MCG	44	FIASP FLEX INJ TOUCH	72
see SUBSYS SPR 600MCG	44	FIASP INJ 100/ML	72
see SUBSYS SPR 800MCG	44	FIASP PENFIL INJ U-100	72
fenfentanyl citrate buccal tab 100 mcg (base equiv)	39	FIBRICOR TAB 105MG	79
fenfentanyl citrate buccal tab 200 mcg (base equiv)	39	FIBRICOR TAB 35MG	79
fenfentanyl citrate buccal tab 400 mcg (base equiv)	39	fidaxomicin	
fenfentanyl citrate buccal tab 600 mcg (base equiv)	39	see DIFICID TAB 200MG	162
fenfentanyl citrate buccal tab 800 mcg (base equiv)	39	FINACEA AER 15%	143
fenfentanyl citrate lozenge on a handle 1200 mcg	40	finasteride tab 5 mg	155
fenfentanyl citrate lozenge on a handle 1600 mcg	40	finfingolimod hcl	

see GILENYA CAP 0.5MG	190
FINTEPLA SOL 2.2MG/ML	61
FIRDAPSE TAB 10MG	88
Flac	
see fluocinolone acetonide (otic)	
oil 0.01%	185
flavoxate hcl tab 100 mg	206
flecainide acetate tab 100 mg	55
flecainide acetate tab 150 mg	55
flecainide acetate tab 50 mg	55
FLEXICHAMBER MIS	164
FLEXICHAMBER MIS MASK LRG.....	164
FLEXICHAMBER MIS MASK SM	164
FLOVENT DISK AER 100MCG	56
FLOVENT DISK AER 250MCG	56
FLOVENT DISK AER 50MCG	56
FLOVENT HFA AER 110MCG	57
FLOVENT HFA AER 220MCG	57
FLOVENT HFA AER 44MCG.....	56
fluconazole for susp 10 mg/ml	76
fluconazole for susp 40 mg/ml	76
fluconazole tab 100 mg	76
fluconazole tab 150 mg	76
fluconazole tab 200 mg	76
fluconazole tab 50 mg	76
flucytosine cap 250 mg	76
fludrocortisone acetate tab 0.1 mg	
.....	131
flunisolide nasal soln 25 mcg/act	
(0.025%)	179
fluocinolone acetonide	
see CAPEX SHA 0.01%.....	139
fluocinolone acetonide (otic) oil	
0.01%	185
fluocinolone acetonide cream	
0.01%	140
fluocinolone acetonide cream	
0.025%	140
fluocinolone acetonide oil 0.01%	
(body oil)	140
fluocinolone acetonide oil 0.01%	
(scalp oil)	140
fluocinolone acetonide oint 0.025%	
.....	140
fluocinolone acetonide soln 0.01%	
.....	140
fluocinonide cream 0.05%	140

fluocinonide emulsified base cream	
0.05%	140
fluocinonide gel 0.05%	140
fluocinonide oint 0.05%	140
fluocinonide soln 0.05%	140
FLUORABON DRO.....	166
fluorexon-benoxinate	
see FLURA-SAFE SOL.....	184
Fluoritab	
see sodium fluoride chew tab	
0.25 mg f (from 0.55 mg naf)	
.....	167
see sodium fluoride chew tab 0.5	
mg f (from 1.1 mg naf)	166
see sodium fluoride chew tab 1	
mg f (from 2.2 mg naf)	167
see sodium fluoride soln 0.125	
mg/drop f (0.275 mg/drop naf)	
.....	167
fluorometholone (ophth)	
see FML FORTE SUS 0.25% OP ...	183
see FML OIN 0.1% OP.....	183
fluorometholone ophth susp 0.1%	
.....	183
FLUOROPLEX CRE 1%.....	137
fluorouracil (topical)	
see FLUOROPLEX CRE 1%	137
see TOLAK CRE 4%	137
fluorouracil cream 5%	137
fluorouracil soln 2%	137
fluorouracil soln 5%	137
fluoxetine hcl (pmdd) tab 10 mg	
.....	190
fluoxetine hcl (pmdd) tab 20 mg	
.....	190
fluoxetine hcl cap 10 mg	66
fluoxetine hcl cap 20 mg	66
fluoxetine hcl cap 40 mg	66
fluoxetine hcl cap delayed release	
90 mg	66
fluoxetine hcl solution 20 mg/5ml	
.....	66
fluoxetine hcl tab 10 mg	66
fluoxetine hcl tab 20 mg	66
fluphenazine hcl elixir 2.5 mg/5ml	
.....	103

fluphenazine hcl oral conc 5 mg/ml	
.....	103
fluphenazine hcl tab 1 mg	103
fluphenazine hcl tab 10 mg	103
fluphenazine hcl tab 2.5 mg	103
fluphenazine hcl tab 5 mg	103
Flura-drops	
see sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)	167
flurandrenolide	
see CORDRAN 80X3 TAP 4MCG/CM	139
see CORDRAN CRE 0.025%	139
flurandrenolide cream 0.05%	140
flurandrenolide lotion 0.05%	140
FLURA-SAFE SOL	184
flurazepam hcl cap 15 mg	159
flurazepam hcl cap 30 mg	159
flurbiprofen sodium ophth soln 0.03%	184
flurbiprofen tab 100 mg	26
flurbiprofen tab 50 mg	25
flutamide cap 125 mg	90
fluticasone furoate (inhalation)	
see ARNUITY ELPT INH 100MCG	56
see ARNUITY ELPT INH 200MCG	56
see ARNUITY ELPT INH 50MCG	56
fluticasone furoate-vilanterol	
see BREO ELLIPTA INH 100-25	58
see BREO ELLIPTA INH 200-25	58
fluticasone propionate (inhalation)	
see FLOVENT DISK AER 100MCG	56
see FLOVENT DISK AER 250MCG	56
see FLOVENT DISK AER 50MCG	56
fluticasone propionate (nasal)	
see XHANCE MIS 93MCG	179
fluticasone propionate cream 0.05%	140
fluticasone propionate hfa	
see FLOVENT HFA AER 110MCG	57
see FLOVENT HFA AER 220MCG	57
see FLOVENT HFA AER 44MCG	56
fluticasone propionate lotion 0.05%	140
fluticasone propionate nasal susp 50 mcg/act	179
fluticasone propionate oint 0.005%	140
fluticasone-salmeterol	
see ADVAIR DISKU AER 100/50	57
see ADVAIR DISKU AER 250/50	57
see ADVAIR DISKU AER 500/50	57
see ADVAIR HFA AER 115/21	57
see ADVAIR HFA AER 230/21	57
see ADVAIR HFA AER 45/21	57
fluticasone-umeclidinium-vilanterol	
see TRELEGY AER ELLIPTA	58
fluvastatin sodium cap 20 mg (base equivalent)	79
fluvastatin sodium cap 40 mg (base equivalent)	79
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	79
fluvoxamine maleate cap er 24hr 100 mg	66
fluvoxamine maleate cap er 24hr 150 mg	66
fluvoxamine maleate tab 100 mg	66
fluvoxamine maleate tab 25 mg	66
fluvoxamine maleate tab 50 mg	66
FML FORTE SUS 0.25% OP	183
FML OIN 0.1% OP	183
Folate	
see folic acid tab 400 mcg	157
folic acid cap 0.8 mg	157
folic acid tab 1 mg	157
folic acid tab 400 mcg	157, 158
folic acid tab 800 mcg	158
FOLIVANE-OB CAP	172
formoterol fumarate	
see PERFOROMIST NEB 20MCG	58
FOSAMAX + D TAB 70-2800	146
FOSAMAX + D TAB 70-5600	146
fosamprenavir calcium	
see LEXIVA SUS 50MG/ML	107
fosamprenavir calcium tab 700 mg (base equiv)	106
fosfomycin tromethamine	
see MONUROL PAK GRANULES	205
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	85

fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	85
fosinopril sodium tab 10 mg	81
fosinopril sodium tab 20 mg	81
fosinopril sodium tab 40 mg	81
frovatriptan succinate tab 2.5 mg (base equivalent)	165
furosemide oral soln 10 mg/ml	145
furosemide oral soln 8 mg/ml ...	145
furosemide tab 20 mg	145
furosemide tab 40 mg	145
furosemide tab 80 mg	145
Fyavolv see norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	149
see norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	150
FYCOMPA SUS 0.5MG/ML	59
FYCOMPA TAB 10MG	60
FYCOMPA TAB 12MG	60
FYCOMPA TAB 2MG	59
FYCOMPA TAB 4MG	60
FYCOMPA TAB 6MG	60
FYCOMPA TAB 8MG	60
G	
G Tussin Ac see guaifenesin-codeine soln 100-10 mg/5ml	131
gabapentin (once-daily) see GRALISE TAB 300MG	190
see GRALISE TAB 600MG	190
gabapentin cap 100 mg	61
gabapentin cap 300 mg	61
gabapentin cap 400 mg	61
gabapentin oral soln 250 mg/5ml	61
gabapentin tab 600 mg	61
gabapentin tab 800 mg	61
GALAFOLD CAP 123MG	147
galantamine hydrobromide cap er 24hr 16 mg	187
galantamine hydrobromide cap er 24hr 24 mg	187
galantamine hydrobromide cap er 24hr 8 mg	187
galantamine hydrobromide oral soln 4 mg/ml	187
galantamine hydrobromide tab 12 mg	188
galantamine hydrobromide tab 4 mg	188
galantamine hydrobromide tab 8 mg	188
GALZIN CAP 25MG	169
GALZIN CAP 50MG	169
ganciclovir ophthalmic see ZIRGAN GEL 0.15%	182
gatifloxacin ophth soln 0.5%	181
Gavilyte-c see peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm ...	160
Gavilyte-g see peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm ...	160
Gavilyte-h see bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit ..	160
Gavilyte-n/flavor Pack see peg 3350-kcl-sod bicarb-nacl for soln 420 gm	161
gefitinib see IRESSA TAB 250MG	94
gelatin adsorbable (ophth) see GELFILM MIS OP	183
GELFILM MIS OP	183
GELNIQUE GEL 10%	206
gemfibrozil tab 600 mg	79
Generlac see lactulose (encephalopathy) solution 10 gm/15ml	153
Gengraf see cyclosporine modified cap 100 mg	170
see cyclosporine modified cap 25 mg	169
see cyclosporine modified oral soln 100 mg/ml	170
Gentak see gentamicin sulfate ophth oint 0.3%	181
gentamicin sulfate cream 0.1%	136
gentamicin sulfate oint 0.1%	136

gentamicin sulfate ophth oint 0.3%	74
.....	181
gentamicin sulfate ophth soln	
0.3%	181
gentamicin-prednisolone acetate	
see PRED-G S.O.P OIN OP	183
see PRED-G SUS OP.....	183
GENVOYA TAB	106
Gianvi	
see drospirenone-ethinyl	
estradiol tab 3-0.02 mg	120
GILENYA CAP 0.5MG	190
GILOTRIF TAB 20MG	93
GILOTRIF TAB 30MG	93
GILOTRIF TAB 40MG	93
GLEOSTINE CAP 100MG	89
GLEOSTINE CAP 10MG	89
GLEOSTINE CAP 40MG	89
glimepiride tab 1 mg	73
glimepiride tab 2 mg	73
glimepiride tab 4 mg	73
glipizide tab 10 mg	73
glipizide tab 5 mg	73
glipizide tab er 24hr 10 mg	74
glipizide tab er 24hr 2.5 mg ..	73, 74
glipizide tab er 24hr 5 mg	74
Glipizide XI	
see glipizide tab er 24hr 10 mg ..	74
see glipizide tab er 24hr 2.5 mg ..	74
see glipizide tab er 24hr 5 mg ...	74
glipizide-metformin hcl tab 2.5-250	
mg	70
glipizide-metformin hcl tab 2.5-500	
mg	70
glipizide-metformin hcl tab 5-500	
mg	70
GLUCAGEN INJ HYPOKIT	71
glucagon (rdna)	
see GLUCAGON KIT 1MG	71
glucagon hcl (rdna)	
see GLUCAGEN INJ HYPOKIT.....	71
GLUCAGON KIT 1MG.....	71
glyburide micronized tab 1.5 mg ..	74
glyburide micronized tab 3 mg	74
glyburide micronized tab 6 mg	74
glyburide tab 1.25 mg	74
glyburide tab 2.5 mg	74
glyburide tab 5 mg	74
glyburide-metformin tab 1.25-250	
mg	70
glyburide-metformin tab 2.5-500	
mg	70
glyburide-metformin tab 5-500 mg	
.....	70
glycopyrrolate	
see CUVPOSA SOL 1MG/5ML.....	202
glycopyrrolate tab 1 mg	202
glycopyrrolate tab 2 mg	202
glycopyrrolate-formoterol fumarate	
see BEVESPI AER 9-4.8MCG	58
glycopyrronium tosylate	
see QBREXZA PAD 2.4%	143
Glydo	
see lidocaine hcl	
urethral/mucosal gel prefilled	
syringe 2%	143
GLYXAMBI TAB 10-5 MG	70
GLYXAMBI TAB 25-5 MG	70
Gnp Adult Aspirin Low Str	
see aspirin chew tab 81 mg	29
Gnp Aspirin	
see aspirin tab delayed release 81	
mg	36
Gnp Aspirin Low Dose	
see aspirin tab delayed release 81	
mg	36
Gnp Folic Acid	
see folic acid tab 400 mcg	157
Gnp Nicotine Gum	
see nicotine polacrilex gum 4 mg	
.....	192
Gnp Nicotine Mini Lozenge	
see nicotine polacrilex lozenge 2	
mg	193
Gnp Nicotine Polacrilex	
see nicotine polacrilex gum 2 mg	
.....	191
see nicotine polacrilex gum 4 mg	
.....	192
see nicotine polacrilex lozenge 2	
mg	193
see nicotine polacrilex lozenge 4	
mg	194
Gnp Nicotine Polacrilex M	

see **nicotine polacrilex lozenge 4 mg** 194
 Gnp Nicotine Transdermal
 see **nicotine td patch 24hr 14 mg/24hr** 195
 see **nicotine td patch 24hr 7 mg/24hr** 194
 GOLYTELY SOL 160
 Goodsense Aspirin
 see **aspirin chew tab 81 mg** 29
 Goodsense Aspirin Adult L
 see **aspirin chew tab 81 mg** 30
 Goodsense Aspirin Low Dos
 see **aspirin tab delayed release 81 mg** 36
 Goodsense Nicotine Gum
 see **nicotine polacrilex gum 4 mg** 192
 Goodsense Nicotine Polacr
 see **nicotine polacrilex gum 4 mg** 192
 see **nicotine polacrilex lozenge 4 mg** 194
 GRALISE TAB 300MG 190
 GRALISE TAB 600MG 190
granisetron
 see SANCUSO DIS 3.1MG 75
granisetron hcl tab 1 mg 75
grass mixed pollens allergen extract
 see ORALAIR SUB 300 IR 24
 GRASTEK SUB 2800BAU 24
griseofulvin microsize susp 125 mg/5ml 76
griseofulvin microsize tab 500 mg 76
griseofulvin ultramicrosize tab 125 mg 76
griseofulvin ultramicrosize tab 250 mg 76
 Guaiatussin Ac
 see **guaifenesin-codeine soln 100-10 mg/5ml** 131
guaifenesin-codeine soln 100-10 mg/5ml 131
guanfacine hcl tab 1 mg 83
guanfacine hcl tab 2 mg 83

guanfacine hcl tab er 24hr 1 mg (base equiv) 18
guanfacine hcl tab er 24hr 2 mg (base equiv) 18
guanfacine hcl tab er 24hr 3 mg (base equiv) 18
guanfacine hcl tab er 24hr 4 mg (base equiv) 18
 GUANIDINE TAB 125MG 88
 GYNAZOLE-1 CRE 2% 207
 GYNOL II GEL 3% 207
H
 Hailey 1.5/30
 see **norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg** 125
 Hailey 24 Fe
 see **norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)** 126
 Hailey Fe 1.5/30
 see **norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg** 125
 Hailey Fe 1/20
 see **norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg** 125
halcinonide
 see HALOG OIN 0.1% 140
 see HALOG SOL 0.1% 140
halcinonide cream 0.1% 140
halobetasol propionate
 see BRYHALI LOT 0.01% 139
 see ULTRAVATE LOT 0.05% 141
halobetasol propionate cream 0.05% 140
halobetasol propionate oint 0.05% 140
halobetasol propionate-tazarotene
 see DUOBRII LOT 140
 HALOG OIN 0.1% 140
 HALOG SOL 0.1% 140
 Haloperidol
 see **haloperidol syp 2mg/ml** ... 102
haloperidol lactate oral conc 2 mg/ml 102
haloperidol syp 2mg/ml 102

haloperidol tab 0.5 mg	102	HUMULIN R INJ U-500	72
haloperidol tab 1 mg	102	HYCAMTIN CAP 0.25MG	97
haloperidol tab 10 mg	102	HYCAMTIN CAP 1MG	97
haloperidol tab 2 mg	102	hydralazine hcl tab 10 mg	87
haloperidol tab 20 mg	102	hydralazine hcl tab 100 mg	87
haloperidol tab 5 mg	102	hydralazine hcl tab 25 mg	87
HARVONI PAK	109	hydralazine hcl tab 50 mg	87
HARVONI PAK 45-200MG	109	hydrochlorothiazide cap 12.5 mg	
HARVONI TAB 45-200MG	109	.....	146
HARVONI TAB 90-400MG	109	hydrochlorothiazide tab 12.5 mg	
Heather		.....	146
see norethindrone tab 0.35 mg		hydrochlorothiazide tab 25 mg..	146
.....	129	hydrochlorothiazide tab 50 mg..	146
H-e-b Aspirin		hydrocod polst-chlorphen polst er	
see aspirin tab delayed release 81		susp 10-8 mg/5ml	131
mg	36	hydrocodone polistirex-	
HEMANGEOL SOL 4.28/ML.....	111	chlorpheniramine polistirex	
HETLIOZ CAP 20MG.....	160	see TUSSICAPS CAP 10-8MG	132
Hidex 6-day		hydrocodone w/ homatropine	
see dexamethasone tab therapy		syrup 5-1.5 mg/5ml	131
pack 1.5 mg (21)	129	hydrocodone w/ homatropine tab	
Hm Aspirin		5-1.5 mg	131
see aspirin chew tab 81 mg	30	hydrocodone-acetaminophen	
Hm Aspirin Ec Low Dose		see LORTAB ELX 10-300MG	47
see aspirin tab delayed release 81		hydrocodone-acetaminophen soln	
mg	36	7.5-325 mg/15ml	46
Hm Folic Acid		hydrocodone-acetaminophen tab	
see folic acid tab 400 mcg	157	10-300 mg	46
Hm Nicotine Polacrilex		hydrocodone-acetaminophen tab	
see nicotine polacrilex gum 2 mg		10-325 mg	47
.....	191	hydrocodone-acetaminophen tab 5-	
see nicotine polacrilex gum 4 mg		300 mg	46
.....	192	hydrocodone-acetaminophen tab 5-	
see nicotine polacrilex lozenge 2		325 mg	46
mg	193	hydrocodone-acetaminophen tab	
see nicotine polacrilex lozenge 4		7.5-300 mg	46
mg	194	hydrocodone-acetaminophen tab	
Hm Nicotine Transdermal S		7.5-325 mg	46
see nicotine td patch 24hr 14		hydrocodone-ibuprofen tab 10-200	
mg/24hr	195	mg	47
see nicotine td patch 24hr 21		hydrocodone-ibuprofen tab 5-200	
mg/24hr	195	mg	47
see nicotine td patch 24hr 7		hydrocodone-ibuprofen tab 7.5-	
mg/24hr	194	200 mg	47
HOLD CHAMBER MIS ADLT LG	164	hydrocortisone (topical)	
HOLD CHAMBER MIS MEDIUM.....	164	see ALA SCALP LOT 2%.....	138
HOLD CHAMBER MIS SMALL	164	see ALA-SCALP LOT 2%	138

see TEXACORT SOL 2.5% 141
hydrocortisone acetate (intrarectal)
 see CORTIFOAM AER 90MG.....50
hydrocortisone acetate w/ pramoxine
 see PROCTOFOAM AER HC 1%50
hydrocortisone acetate w/ pramoxine perianal cream 1-1%
50
hydrocortisone butyrate cream 0.1% 140
hydrocortisone butyrate lotion 0.1% 140
hydrocortisone butyrate oint 0.1%
 140
hydrocortisone butyrate soln 0.1%
 140
hydrocortisone cream 1% 141
hydrocortisone cream 2.5% 141
hydrocortisone enema 100 mg/60ml50
hydrocortisone lotion 2.5% 141
hydrocortisone oint 1%..... 141
hydrocortisone oint 2.5% 141
hydrocortisone perianal cream 1%
50
hydrocortisone perianal cream 2.5%50
hydrocortisone probutate
 see PANDEL CRE 0.1% 141
hydrocortisone tab 10 mg 130
hydrocortisone tab 20 mg 130
hydrocortisone tab 5 mg 130
hydrocortisone valerate cream 0.2% 141
hydrocortisone valerate oint 0.2%
 141
hydrocortisone w/ acetic acid otic soln 1-2%..... 185
 Hydromet
 see **hydrocodone w/ homatropine syrup 5-1.5 mg/5ml** 131
 HYDROMORPHON SUP 3MG40
hydromorphone hcl liqd 1 mg/ml 40
hydromorphone hcl tab 2 mg40
hydromorphone hcl tab 4 mg40

hydromorphone hcl tab 8 mg40
hydromorphone hcl tab er 24hr deter 12 mg40
hydromorphone hcl tab er 24hr deter 16 mg40
hydromorphone hcl tab er 24hr deter 32 mg40
hydromorphone hcl tab er 24hr deter 8 mg40
hydroxyamphetamine-tropicamide
 see PAREMYD SOL 1-0.25%..... 184
hydroxychloroquine sulfate tab 200 mg 88
hydroxyurea (sickle cell anemia)
 see DROXIA CAP 200MG..... 156
 see DROXIA CAP 300MG..... 156
 see DROXIA CAP 400MG..... 156
 see SIKLOS TAB 1000MG 157
 see SIKLOS TAB 100MG 156
hydroxyurea cap 500 mg.....97
hydroxyzine hcl syrup 10 mg/5ml
53
hydroxyzine hcl tab 10 mg53
hydroxyzine hcl tab 25 mg53
hydroxyzine hcl tab 50 mg53
hydroxyzine pamoate cap 100 mg
53
hydroxyzine pamoate cap 25 mg .53
hydroxyzine pamoate cap 50 mg .53
 Hyophen
 see **methenamine-hyosc-meth blue-benz acid-phenyl sal tab 81.6mg** 205
hyoscyamine sulfate
 see SYMAX DUOTAB TAB 203
hyoscyamine sulfate elixir 0.125 mg/5ml 202
hyoscyamine sulfate sl tab 0.125 mg 202
hyoscyamine sulfate soln 0.125 mg/ml 202
hyoscyamine sulfate tab 0.125 mg
 202
hyoscyamine sulfate tab disint 0.125 mg 202
hyoscyamine sulfate tab er 12hr 0.375 mg 202

HYPERSAL NEB 3.5% 132

I

**ibandronate sodium tab 150 mg
(base equivalent)** 147

IBRANCE CAP 100MG.....93

IBRANCE CAP 125MG.....93

IBRANCE CAP 75MG93

IBRANCE TAB 100MG.....93

IBRANCE TAB 125MG.....93

IBRANCE TAB 75MG93

ibrutinib

see IMBRUVICA CAP 140MG.....94

see IMBRUVICA CAP 70MG94

see IMBRUVICA TAB 140MG.....94

see IMBRUVICA TAB 280MG.....94

see IMBRUVICA TAB 420MG.....94

see IMBRUVICA TAB 560MG.....94

Ibu

see **ibuprofen tab 400 mg**26

see **ibuprofen tab 600 mg**26

see **ibuprofen tab 800 mg**26

ibuprofen susp 100 mg/5ml26

ibuprofen tab 400 mg26

ibuprofen tab 600 mg26

ibuprofen tab 800 mg26

ibuprofen-famotidine

see DUEXIS TAB 800-26.625

ICLUSIG TAB 15MG93

ICLUSIG TAB 45MG94

icosapent ethyl

see VASCEPA CAP 0.5GM.....78

see VASCEPA CAP 1GM78

IDHIFA TAB 100MG94

IDHIFA TAB 50MG94

ILEVRO DRO 0.3% OP.....184

iloprost

see VENTAVIS SOL 10MCG/ML116

see VENTAVIS SOL 20MCG/ML116

**imatinib mesylate tab 100 mg
(base equivalent)**94

**imatinib mesylate tab 400 mg
(base equivalent)**94

IMBRUVICA CAP 140MG94

IMBRUVICA CAP 70MG94

IMBRUVICA TAB 140MG94

IMBRUVICA TAB 280MG94

IMBRUVICA TAB 420MG94

IMBRUVICA TAB 560MG94

imipramine hcl tab 10 mg69

imipramine hcl tab 25 mg69

imipramine hcl tab 50 mg69

imipramine pamoate cap 100 mg 69

imipramine pamoate cap 125 mg 69

imipramine pamoate cap 150 mg 69

imipramine pamoate cap 75 mg ..69

imiquimod

see ZYCLARA CRE 3.75% 142

see ZYCLARA PUMP CRE 2.5% 142

see ZYCLARA PUMP CRE 3.75%... 142

imiquimod cream 3.75% 142

imiquimod cream 5% 142

IMPAVIDO CAP 50MG.....51

IMVEXXY MAIN SUP 10MCG.....207

IMVEXXY MAIN SUP 4MCG.....207

IMVEXXY STRT SUP 10MCG208

IMVEXXY STRT SUP 4MCG207

Inatal Gt

see **prenatal vit w/ dss-iron**

carbonyl-fa tab 90-1 mg 175

Incassia

see **norethindrone tab 0.35 mg**

..... 129

INCRUSE ELPT INH 62.5MCG55

indacaterol maleate

see ARCAPTA CAP 75MCG.....58

indapamide tab 1.25 mg.....146

indapamide tab 2.5 mg.....146

indinavir sulfate

see CRIXIVAN CAP 200MG 105

see CRIXIVAN CAP 400MG..... 105

indomethacin cap 20 mg26

indomethacin cap 25 mg26

indomethacin cap 50 mg26

indomethacin cap er 75 mg26

ingenol mebutate

see PICATO GEL 0.015% 137

see PICATO GEL 0.05%..... 137

INGREZZA CAP 40-80MG 189

INGREZZA CAP 40MG 189

INGREZZA CAP 80MG 189

INLYTA TAB 1MG.....94

INLYTA TAB 5MG.....94

INQOVI TAB 35-100MG91

INSPIRACHAMB MIS LARGE 164

INSPIRACHAMB MIS MEDIUM	164
INSPIRACHAMB MIS MOUTHPC.....	164
INSPIRACHAMB MIS SMALL	164
INSPIREASE MIS DD SYST.....	164
insulin aspart	
see NOVOLOG INJ 100/ML	73
see NOVOLOG INJ FLEXPEN	73
see NOVOLOG INJ PENFILL	73
insulin aspart (with niacinamide)	
see FIASP FLEX INJ TOUCH.....	72
see FIASP INJ 100/ML	72
see FIASP PENFIL INJ U-100	72
insulin aspart protamine & aspart (human)	
see NOVOLOG MIX INJ 70/30.....	73
see NOVOLOG MIX INJ FLEXPEN....	73
insulin degludec	
see TRESIBA FLEX INJ 100UNIT	73
see TRESIBA FLEX INJ 200UNIT	73
see TRESIBA INJ 100UNIT	73
insulin degludec-liraglutide	
see XULTOPHY INJ 100/3.6.....	71
insulin detemir	
see LEVEMIR INJ	72
see LEVEMIR INJ FLEXTOUC.....	72
insulin glargine	
see BASAGLAR INJ 100UNIT	72
insulin glargine-lixisenatide	
see SOLIQUA INJ 100/33.....	70
insulin nph (human) (isophane)	
see NOVOLIN N INJ 100 UNIT	72
see NOVOLIN N INJ U-100	72
insulin nph isophane & reg (human)	
see NOVOLIN INJ 70/30	72
see NOVOLIN INJ 70/30 FP	72
insulin pen needle	
see BD INSULIN PEN NEEDLES....	162
insulin regular (human)	
see HUMULIN R INJ U-500	72
see NOVOLIN R INJ 100 UNIT	72
see NOVOLIN R INJ U-100	72
insulin syringe/needle u-100	
see BD INSULIN SYRINGE	162
insulin syringe/needle u-500	
see BD U-500 MIS 31GX6MM	162
insulin syringes (disposable)	
see BD INSULIN SYRINGE	162
INTELENCE TAB 100MG	106
INTELENCE TAB 200MG	106
INTELENCE TAB 25MG	106
INTRAROSA SUP 6.5MG	206
Introvale	
see levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	122
INVIRASE TAB 500MG	106
iodine solution strong 5% (lugol's)	
.....	167
IODOFLEX PAD PAD.....	105
IODOSORB GEL	105
IODOSORB GEL 0.9%	105
IOPIDINE SOL 1% OP	181
ipratropium bromide hfa	
see ATROVENT HFA AER 17MCG....	55
ipratropium bromide inhal soln 0.02%	55
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	179
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	179
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	58
irbesartan tab 150 mg	82
irbesartan tab 300 mg	82
irbesartan tab 75 mg	82
irbesartan-hydrochlorothiazide tab 150-12.5 mg	85
irbesartan-hydrochlorothiazide tab 300-12.5 mg	85
IRESSA TAB 250MG.....	94
isavuconazonium sulfate	
see CRESEMBA CAP 186 MG	76
ISENTRESS CHW 100MG.....	106
ISENTRESS CHW 25MG.....	106
ISENTRESS HD TAB 600MG.....	106
ISENTRESS POW 100MG	106
ISENTRESS TAB 400MG	106
Isibloom	
see desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	120
isocarboxazid	
see MARPLAN TAB 10MG	66

isoniazid syrup 50 mg/5ml.....88
isoniazid tab 100 mg88
isoniazid tab 300 mg88
 ISOPTO ATROP SOL 1% OP 180
isosorbide dinitrate
 see DILATRATE SR CAP 40MG52
isosorbide dinitrate tab 10 mg52
isosorbide dinitrate tab 20 mg52
isosorbide dinitrate tab 30 mg52
isosorbide dinitrate tab 40 mg52
isosorbide dinitrate tab 5 mg52
isosorbide dinitrate-hydralazine hcl
 see BIDIL TAB..... 116
isosorbide mononitrate tab 10 mg
 52
isosorbide mononitrate tab 20 mg
 52
isosorbide mononitrate tab er 24hr
 120 mg52
isosorbide mononitrate tab er 24hr
 30 mg52
isosorbide mononitrate tab er 24hr
 60 mg52
isotretinoin
 see ABSORICA CAP 10MG 132
 see ABSORICA CAP 20MG 132
 see ABSORICA CAP 25MG 132
 see ABSORICA CAP 30MG 132
 see ABSORICA CAP 35MG 132
 see ABSORICA CAP 40MG 132
isotretinoin cap 10 mg 134
isotretinoin cap 20 mg 134
isotretinoin cap 30 mg 134
isotretinoin cap 40 mg 134
isradipine cap 2.5 mg 114
isradipine cap 5 mg 114
itraconazole cap 100 mg76
itraconazole oral soln 10 mg/ml .76
ivabradine hcl
 see CORLANOR SOL 5MG/5ML..... 118
 see CORLANOR TAB 5MG..... 118
 see CORLANOR TAB 7.5MG 118
ivacaftor
 see KALYDECO PAK 25MG..... 196
 see KALYDECO PAK 50MG..... 196
 see KALYDECO PAK 75MG..... 196
 see KALYDECO TAB 150MG..... 196

ivermectin (pediculicide)
 see SKLICE LOT 0.5% 143
ivermectin (rosacea)
 see SOOLANTRA CRE 1% 143
ivermectin tab 3 mg51
ivosidenib
 see TIBSOVO TAB 250MG.....96
ixazomib citrate
 see NINLARO CAP 2.3MG.....95
 see NINLARO CAP 3MG95
 see NINLARO CAP 4MG95
J
 JADENU SPRKL GRA 180MG.....75
 JADENU SPRKL GRA 360MG.....75
 JADENU SPRKL GRA 90MG75
 JADENU TAB 180MG75
 Jaimiess
 see **levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)** 122
 JAKAFI TAB 10MG94
 JAKAFI TAB 15MG94
 JAKAFI TAB 20MG94
 JAKAFI TAB 25MG94
 JAKAFI TAB 5MG94
 Jantoven
 see **warfarin sodium tab 1 mg**...59
 see **warfarin sodium tab 10 mg** .59
 see **warfarin sodium tab 2 mg**...59
 see **warfarin sodium tab 2.5 mg**59
 see **warfarin sodium tab 3 mg**...59
 see **warfarin sodium tab 4 mg**...59
 see **warfarin sodium tab 5 mg**...59
 see **warfarin sodium tab 6 mg**...59
 see **warfarin sodium tab 7.5 mg**59
 JANUMET TAB 50-100070
 JANUMET TAB 50-500MG70
 JANUMET XR TAB 100-1000.....70
 JANUMET XR TAB 50-100070
 JANUMET XR TAB 50-500MG.....70
 JANUVIA TAB 100MG72
 JANUVIA TAB 25MG.....72
 JANUVIA TAB 50MG.....72
 JARDIANCE TAB 10MG73
 JARDIANCE TAB 25MG73
 Jasmiel

see **drospirenone-ethinyl estradiol tab 3-0.02 mg** 120

Jencycla
see **norethindrone tab 0.35 mg**
..... 129

Jinteli
see **norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg** 150

Jolessa
see **levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg** 122

JUBLIA SOL 10%..... 136

Juleber
see **desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg**
..... 120

JULUCA TAB 50-25MG..... 106

Junel 1.5/30
see **norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg** 125

Junel 1/20
see **norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg** ... 124

Junel Fe 1.5/30
see **norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg**
..... 125

Junel Fe 1/20
see **norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg**
..... 125

Junel Fe 24
see **norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)** 126

JUXTAPID CAP 10MG 80

JUXTAPID CAP 20MG 80

JUXTAPID CAP 30MG 80

JUXTAPID CAP 40MG 80

JUXTAPID CAP 5MG 80

JUXTAPID CAP 60MG 81

JYNARQUE PAK 30-15MG 148

JYNARQUE PAK 45-15MG 148

JYNARQUE PAK 60-30MG 149

JYNARQUE PAK 90-30MG 149

JYNARQUE TAB 15MG 149

JYNARQUE TAB 30MG 149

K

KADIAN CAP 200MG ER 40

Kaitlib Fe
see **norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg**..... 124

KALETRA TAB 100-25MG..... 106

KALETRA TAB 200-50MG..... 107

Kalliga
see **desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg**
..... 120

KALYDECO PAK 25MG 196

KALYDECO PAK 50MG 196

KALYDECO PAK 75MG 196

KALYDECO TAB 150MG 196

KARBINAL ER SUS 4MG/5ML..... 77

Kariva
see **desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)** 119

Kelnor 1/35
see **ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg**... 121

Kelnor 1/50
see **ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg**... 121

KERYDIN SOL 5% 136

ketoconazole cream 2% 136

ketoconazole shampoo 2% 136

ketoconazole tab 200 mg 76

ketoprofen cap 50 mg 26

ketoprofen cap 75 mg 26

ketorolac tromethamine (ophth)
see ACUVAIL SOL 0.45%..... 184

ketorolac tromethamine ophth soln 0.4% 184

ketorolac tromethamine ophth soln 0.5% 184

ketorolac tromethamine tab 10 mg
..... 26

KEVEYIS TAB 50MG 145

Kionex
see **sodium polystyrene sulfonate oral susp 15 gm/60ml** 170

KISQALI 200 PAK FEMARA..... 91

KISQALI 400 PAK FEMARA.....	91	KORLYM TAB 300MG.....	71
KISQALI 600 PAK FEMARA.....	91	Kp Aspirin	
KISQALI TAB 200DOSE	94	see aspirin tab delayed release 81 mg	37
KISQALI TAB 400DOSE	94	Kp Folic Acid	
KISQALI TAB 600DOSE	94	see folic acid tab 800 mcg	158
Klor-con		K-PHOS TAB	167
see potassium chloride powder packet 20 meq	168	K-PHOS TAB NO 2	154
Klor-con 10		K-prime	
see potassium chloride tab er 10 meq	169	see potassium bicarbonate effer tab 25 meq	168
Klor-con 8		KRISTALOSE PAK 10GM	161
see potassium chloride tab er 8 meq (600 mg)	168	KRISTALOSE PAK 20GM	161
Klor-con M10		Kurvelo	
see potassium chloride microencapsulated crys er tab 10 meq	168	see levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	123
Klor-con M15		KUVAN POW 100MG	147
see potassium chloride microencapsulated crys er tab 15 meq	168	KUVAN POW 500MG	147
Klor-con M20		KUVAN TAB 100MG	147
see potassium chloride microencapsulated crys er tab 20 meq	168	L	
Klor-con Sprinkle		labetalol hcl tab 100 mg	111
see potassium chloride cap er 10 meq	168	labetalol hcl tab 200 mg	111
see potassium chloride cap er 8 meq	168	labetalol hcl tab 300 mg	111
Klor-con/ef		lacosamide	
see potassium bicarbonate effer tab 25 meq	168	see VIMPAT SOL 10MG/ML.....	63
Kls Aspirin Low Dose		see VIMPAT TAB 100MG	63
see aspirin tab delayed release 81 mg	37	see VIMPAT TAB 150MG	63
Kls Quit2		see VIMPAT TAB 200MG	63
see nicotine polacrilex gum 2 mg	191	see VIMPAT TAB 50MG.....	63
see nicotine polacrilex lozenge 2 mg	193	LACRISERT MIS 5MG OP	180
Kls Quit4		lactic acid (ammonium lactate) cream 12%	142
see nicotine polacrilex gum 4 mg	192	lactic acid (ammonium lactate) lotion 10%	142
see nicotine polacrilex lozenge 4 mg	194	lactic acid (ammonium lactate) lotion 12%	142
		lactobacillus cap	74
		Lactojen	
		see lactobacillus cap	74
		lactulose	
		see KRISTALOSE PAK 10GM.....	161
		see KRISTALOSE PAK 20GM.....	161
		lactulose (encephalopathy) solution 10 gm/15ml	153
		lactulose solution 10 gm/15ml .	161
		lamivudine oral soln 10 mg/ml .	107

lamivudine tab 100 mg (hbv)	110	lansoprazole tab delayed release	
lamivudine tab 150 mg	107	orally disintegrating 30 mg	203
lamivudine tab 300 mg	107	lapatinib ditosylate	
lamivudine-tenofovir disoproxil		see TYKERB TAB 250MG	96
fumarate		Larin 1.5/30	
see CIMDUO TAB 300-300	105	see norethindrone ace & ethinyl	
see TEMIXYS TAB 300-300	108	estradiol tab 1.5 mg-30 mcg	125
lamivudine-zidovudine tab 150-300		Larin 1/20	
mg	107	see norethindrone ace & ethinyl	
lamotrigine orally disintegrating		estradiol tab 1 mg-20 mcg ...	124
tab 100 mg	61	Larin 24 Fe	
lamotrigine orally disintegrating		see norethindrone ace-ethinyl	
tab 200 mg	61	estradiol-fe tab 1 mg-20 mcg	
lamotrigine orally disintegrating		(24)	126
tab 25 mg	61	Larin Fe 1.5/30	
lamotrigine orally disintegrating		see norethindrone ace & ethinyl	
tab 50 mg	61	estradiol-fe tab 1.5 mg-30 mcg	
lamotrigine tab 100 mg	62	.....	125
lamotrigine tab 150 mg	62	Larin Fe 1/20	
lamotrigine tab 200 mg	62	see norethindrone ace & ethinyl	
lamotrigine tab 25 mg	61	estradiol-fe tab 1 mg-20 mcg	
lamotrigine tab 25 mg (42) & 100		.....	125
mg (7) starter kit	61, 62	Larissia	
lamotrigine tab 35 x 25 mg starter		see levonorgestrel & ethinyl	
kit	62	estradiol tab 0.1 mg-20 mcg	122
lamotrigine tab 84 x 25 mg & 14 x		larotrectinib sulfate	
100 mg starter kit	62	see VITRAKVI CAP 100MG	97
lamotrigine tab chewable		see VITRAKVI CAP 25MG	97
dispersible 25 mg	62	see VITRAKVI SOL 20MG/ML.....	97
lamotrigine tab chewable		lasmiditan succinate	
dispersible 5 mg	62	see REYVOW TAB 100MG.....	166
lamotrigine tab disint 25 (14) & 50		see REYVOW TAB 50MG	165
mg (14) & 100 mg (7) kit	62	LASTACFT SOL 0.25%.....	184
lamotrigine tab er 24hr 100 mg ...	62	latanoprost ophth soln 0.005% .	184
lamotrigine tab er 24hr 200 mg ...	62	latanoprostene bunod	
lamotrigine tab er 24hr 25 mg	62	see VYZULTA SOL 0.024%.....	185
lamotrigine tab er 24hr 250 mg ...	62	LATUDA TAB 120MG	101
lamotrigine tab er 24hr 300 mg ...	62	LATUDA TAB 20MG.....	101
lamotrigine tab er 24hr 50 mg	62	LATUDA TAB 40MG.....	101
LANOXIN TAB 0.0625MG	115	LATUDA TAB 60MG.....	101
lansoprazole cap delayed release		LATUDA TAB 80MG.....	101
15 mg	203	Layolis Fe	
lansoprazole cap delayed release		see norethindrone & ethinyl	
30 mg	203	estradiol-fe chew tab 0.8 mg-	
lansoprazole tab delayed release		25 mcg.....	124
orally disintegrating 15 mg	203	ledipasvir-sofosbuvir	
		see HARVONI PAK	109

see HARVONI PAK 45-200MG..... 109
 see HARVONI TAB 45-200MG..... 109
 see HARVONI TAB 90-400MG..... 109
 Leena
 see **norethindrone-eth estradiol
 tab 0.5-35/1-35/0.5-35 mg-
 mcg**..... 126
lefamulin acetate
 see XENLETA TAB 600MG52
leflunomide tab 10 mg27
leflunomide tab 20 mg27
lenalidomide
 see REVLIMID CAP 10MG..... 169
 see REVLIMID CAP 15MG..... 169
 see REVLIMID CAP 2.5MG..... 169
 see REVLIMID CAP 20MG..... 169
 see REVLIMID CAP 25MG..... 169
 see REVLIMID CAP 5MG 169
lenvatinib mesylate
 see LENVIMA CAP 10 MG 95
 see LENVIMA CAP 12MG95
 see LENVIMA CAP 14 MG95
 see LENVIMA CAP 18 MG95
 see LENVIMA CAP 20 MG95
 see LENVIMA CAP 24 MG95
 see LENVIMA CAP 4MG.....95
 see LENVIMA CAP 8 MG95
 LENVIMA CAP 10 MG95
 LENVIMA CAP 12MG95
 LENVIMA CAP 14 MG95
 LENVIMA CAP 18 MG95
 LENVIMA CAP 20 MG95
 LENVIMA CAP 24 MG95
 LENVIMA CAP 4MG95
 LENVIMA CAP 8 MG95
 Lessina
 see **levonorgestrel & ethinyl
 estradiol tab 0.1 mg-20 mcg** 122
letermovir
 see PREVYMIS TAB 240MG 109
 see PREVYMIS TAB 480MG 109
letrozole tab 2.5 mg90
leucovorin calcium tab 10 mg.....97
leucovorin calcium tab 15 mg.....97
leucovorin calcium tab 25 mg.....97
leucovorin calcium tab 5 mg.....97
 LEUKERAN TAB 2MG89

**levabuterol hcl soln nebu 0.31
 mg/3ml (base equiv)**58
**levabuterol hcl soln nebu 0.63
 mg/3ml (base equiv)**58
**levabuterol hcl soln nebu 1.25
 mg/3ml (base equiv)**58
**levabuterol hcl soln nebu conc
 1.25 mg/0.5ml (base equiv)**58
**levabuterol tartrate inhal aerosol
 45 mcg/act (base equiv)**58
 LEVEMIR INJ.....72
 LEVEMIR INJ FLEXTOUC72
levetiracetam oral soln 100 mg/ml
62
levetiracetam tab 1000 mg62
levetiracetam tab 250 mg62
levetiracetam tab 500 mg62
levetiracetam tab 750 mg62
levetiracetam tab er 24hr 500 mg
62
levetiracetam tab er 24hr 750 mg
62
levobunolol hcl ophth soln 0.5%
 180
**levocarnitine oral soln 1 gm/10ml
 (10%)** 148
**levocetirizine dihydrochloride soln
 2.5 mg/5ml (0.5 mg/ml)**.....77
**levocetirizine dihydrochloride tab 5
 mg**77
levofloxacin ophth soln 0.5% 181
levofloxacin oral soln 25 mg/ml 152
levofloxacin tab 250 mg 152
levofloxacin tab 500 mg 152
levofloxacin tab 750 mg 152
levomilnacipran hcl
 see FETZIMA CAP 120MG 68
 see FETZIMA CAP 20MG68
 see FETZIMA CAP 40MG 68
 see FETZIMA CAP 80MG 68
 see FETZIMA CAP TITRATIO..... 68
 Levonest
 see **levonorgestrel-eth estra tab
 0.05-30/0.075-40/0.125-
 30mg-mcg** 123

levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg 121

levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 122

levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 122, 123

levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 123

levonorgestrel tab 1.5 mg 128

levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 123

levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg ... 123

levonorgestrel-ethinyl estradiol-ferrous bisglycinate
see BALCOLTRA TAB 0.1-20 119

levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 121

levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) 121, 122

Levora 0.15/30-28
see **levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg** 123

Levo-t
see **levothyroxine sodium tab 100 mcg** 199
see **levothyroxine sodium tab 112 mcg** 199
see **levothyroxine sodium tab 125 mcg** 199
see **levothyroxine sodium tab 137 mcg** 199
see **levothyroxine sodium tab 150 mcg** 200
see **levothyroxine sodium tab 175 mcg** 200
see **levothyroxine sodium tab 200 mcg** 200
see **levothyroxine sodium tab 25 mcg** 198
see **levothyroxine sodium tab 300 mcg** 200

see **levothyroxine sodium tab 50 mcg** 198
see **levothyroxine sodium tab 75 mcg** 198
see **levothyroxine sodium tab 88 mcg** 198, 199

Levoxyl
see **levothyroxine sodium tab 100 mcg** 199

see **levothyroxine sodium tab 50 mcg** 198
see **levothyroxine sodium tab 75 mcg** 198
see **levothyroxine sodium tab 88 mcg** 199

levothyroxine sodium
see SYNTHROID TAB 100MCG 201
see SYNTHROID TAB 112MCG 201
see SYNTHROID TAB 125MCG 201
see SYNTHROID TAB 137MCG 201
see SYNTHROID TAB 150MCG 201
see SYNTHROID TAB 175MCG 201
see SYNTHROID TAB 200MCG 201
see SYNTHROID TAB 25MCG 201
see SYNTHROID TAB 300MCG 201
see SYNTHROID TAB 50MCG 201
see SYNTHROID TAB 75MCG 201
see SYNTHROID TAB 88MCG 201

levothyroxine sodium tab 100 mcg 199

levothyroxine sodium tab 112 mcg 199

levothyroxine sodium tab 125 mcg 199

levothyroxine sodium tab 137 mcg 199

levothyroxine sodium tab 150 mcg 200

levothyroxine sodium tab 175 mcg 200

levothyroxine sodium tab 200 mcg 200

levothyroxine sodium tab 25 mcg 198

levothyroxine sodium tab 300 mcg 200

levothyroxine sodium tab 50 mcg 198

levothyroxine sodium tab 75 mcg 198

levothyroxine sodium tab 88 mcg 198, 199

see **levothyroxine sodium tab 112 mcg**..... 199
 see **levothyroxine sodium tab 125 mcg**..... 199
 see **levothyroxine sodium tab 137 mcg**..... 199
 see **levothyroxine sodium tab 150 mcg**..... 200
 see **levothyroxine sodium tab 175 mcg**..... 200
 see **levothyroxine sodium tab 200 mcg**..... 200
 see **levothyroxine sodium tab 25 mcg**..... 198
 see **levothyroxine sodium tab 50 mcg**..... 198
 see **levothyroxine sodium tab 75 mcg**..... 198
 see **levothyroxine sodium tab 88 mcg**..... 199
 LEXIVA SUS 50MG/ML 107
lidocaine hcl
 see LIDTOPIC MAX CRE 10% 143
lidocaine hcl cream 3% 142
lidocaine hcl gel 2% 142
lidocaine hcl lotion 3% 142
lidocaine hcl soln 4% 142
lidocaine hcl urethral/mucosal gel 2% 142
lidocaine hcl urethral/mucosal gel prefilled syringe 2% 142, 143
lidocaine hcl viscous soln 2%.... 171
lidocaine oint 5% 143
lidocaine patch 5%..... 143
lidocaine-hydrocortisone acetate cream 1-1% 141
lidocaine-prilocaine cream 2.5-2.5% 143
 Lidopin
 see **lidocaine hcl cream 3%**..... 142
 LIDTOPIC MAX CRE 10% 143
lifitegrast
 see XIIDRA DRO 5% 182
 Lillow
 see **levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg**
 123

linaclotide
 see LINZESS CAP 145MCG..... 153
 see LINZESS CAP 290MCG..... 153
 see LINZESS CAP 72MCG 153
lindane shampoo 1% 143
linezolid for susp 100 mg/5ml 52
linezolid tab 600 mg..... 52
 LINZESS CAP 145MCG 153
 LINZESS CAP 290MCG 153
 LINZESS CAP 72MCG 153
liothyronine sodium tab 25 mcg 200
liothyronine sodium tab 5 mcg.. 200
liothyronine sodium tab 50 mcg 200
liraglutide
 see VICTOZA INJ 18MG/3ML..... 72
lisdexamfetamine dimesylate
 see VYVANSE CAP 10MG 15
 see VYVANSE CAP 20MG 16
 see VYVANSE CAP 30MG 16
 see VYVANSE CAP 40MG 16
 see VYVANSE CAP 50MG 16
 see VYVANSE CAP 60MG 16
 see VYVANSE CAP 70MG 16
 see VYVANSE CHW 10MG 16
 see VYVANSE CHW 20MG 16
 see VYVANSE CHW 30MG 16
 see VYVANSE CHW 40MG 16
 see VYVANSE CHW 50MG 16
 see VYVANSE CHW 60MG 17
lisinopril
 see QBRELIS SOL 1MG/ML..... 82
lisinopril & hydrochlorothiazide tab 10-12.5 mg..... 85
lisinopril & hydrochlorothiazide tab 20-12.5 mg..... 85
lisinopril & hydrochlorothiazide tab 20-25 mg..... 85
lisinopril tab 10 mg 81
lisinopril tab 2.5 mg 81
lisinopril tab 20 mg 81
lisinopril tab 30 mg 81
lisinopril tab 40 mg 81
lisinopril tab 5 mg 81
 LITEAIRE MIS 164
lithium carbonate cap 150 mg ... 100
lithium carbonate cap 300 mg ... 100
lithium carbonate cap 600 mg ... 100

lithium carbonate tab 300 mg ...	100
lithium carbonate tab er 300 mg	100
lithium carbonate tab er 450 mg	100
LITHIUM SOL 8MEQ/5ML.....	100
LITHOSTAT TAB 250MG.....	155
LO LOESTRIN TAB 1-10-10.....	123
lodoxamide tromethamine see ALOMIDE SOL 0.1% OP.....	184
Lojaimiess see levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	121
LOKELMA PAK 10GM.....	170
LOKELMA PAK 5GM.....	170
lomitapide mesylate see JUXTAPID CAP 10MG.....	80
see JUXTAPID CAP 20MG.....	80
see JUXTAPID CAP 30MG.....	80
see JUXTAPID CAP 40MG.....	80
see JUXTAPID CAP 5MG.....	80
see JUXTAPID CAP 60MG.....	81
lomustine see GLEOSTINE CAP 100MG.....	89
see GLEOSTINE CAP 10MG.....	89
see GLEOSTINE CAP 40MG.....	89
LONSURF TAB 15-6.14.....	92
LONSURF TAB 20-8.19.....	92
loperamide hcl cap 2 mg	74
lopinavir-ritonavir see KALETRA TAB 100-25MG.....	106
see KALETRA TAB 200-50MG.....	107
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	107
Lopreeza see estradiol & norethindrone acetate tab 1-0.5 mg	149
lorazepam conc 2 mg/ml	54
lorazepam tab 0.5 mg	54
lorazepam tab 1 mg	54
lorazepam tab 2 mg	54
LORBRENA TAB 100MG.....	95
LORBRENA TAB 25MG.....	95
Lorcet see hydrocodone-acetaminophen tab 5-325 mg	46
Lorcet Hd see hydrocodone-acetaminophen tab 10-325 mg	47
lorlatinib see LORBRENA TAB 100MG.....	95
see LORBRENA TAB 25MG.....	95
LORTAB ELX 10-300MG.....	47
Loryna see drospirenone-ethinyl estradiol tab 3-0.02 mg	121
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	85
losartan potassium & hydrochlorothiazide tab 100-25 mg	85
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	85
losartan potassium tab 100 mg ...	82
losartan potassium tab 25 mg	82
losartan potassium tab 50 mg	82
loteprednol etabonate ophth susp 0.5%	183
lovastatin tab 10 mg	79
lovastatin tab 20 mg	79
lovastatin tab 40 mg	79
Low-ogestrel see norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	128
loxapine see ADASUVE INH 10MG.....	102
loxapine succinate cap 10 mg ...	102
loxapine succinate cap 25 mg ...	102
loxapine succinate cap 5 mg	102
loxapine succinate cap 50 mg ...	102
Lo-zumandimine see drospirenone-ethinyl estradiol tab 3-0.02 mg	120
lubiprostone see AMITIZA CAP 24MCG.....	153
see AMITIZA CAP 8MCG.....	152
Ludent see sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	167

see **sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)** 167
 see **sodium fluoride chew tab 1 mg f (from 2.2 mg naf)** 167
luliconazole cream 1% 136
lumacaftor-ivacaftor
 see ORKAMBI GRA 100-125 196
 see ORKAMBI GRA 150-188 196
 see ORKAMBI TAB 100-125 196
 see ORKAMBI TAB 200-125 196
 LUMIGAN SOL 0.01% 185
lurasidone hcl
 see LATUDA TAB 120MG 101
 see LATUDA TAB 20MG 101
 see LATUDA TAB 40MG 101
 see LATUDA TAB 60MG 101
 see LATUDA TAB 80MG 101
lusutrombopag
 see MULPLETA TAB 3MG 158
 Lutera
 see **levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg** 122
 LYNPARZA TAB 100MG 95
 LYNPARZA TAB 150MG 95
 LYSODREN TAB 500MG 90
 Lyza
 see **norethindrone tab 0.35 mg**
 129

M

macitentan
 see OPSUMIT TAB 10MG 117
mafenide acetate
 see SULFAMYLON CRE 85MG/GM. 138
mafenide acetate packet for topical soln 5% (50 gm) 138
malathion lotion 0.5% 143
maprotiline hcl tab 25 mg 65
maprotiline hcl tab 50 mg 65
maprotiline hcl tab 75 mg 65
maraviroc
 see SELZENTRY SOL 20MG/ML 108
 see SELZENTRY TAB 150MG 108
 see SELZENTRY TAB 25MG 108
 see SELZENTRY TAB 300MG 108
 see SELZENTRY TAB 75MG 108
 Marlissa

see **levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg**
 123
 MARNATAL-F CAP 172
 MARPLAN TAB 10MG 66
 MATULANE CAP 50MG 97
 MAVENCLAD PAK 10MG(10) 190
 MAVENCLAD PAK 10MG(4) 190
 MAVENCLAD PAK 10MG(5) 190
 MAVENCLAD PAK 10MG(6) 190
 MAVENCLAD PAK 10MG(7) 190
 MAVENCLAD PAK 10MG(8) 190
 MAVENCLAD PAK 10MG(9) 190
 MAXIDEX SUS 0.1% OP 183
 Maxi-tuss Ac
 see **guaifenesin-codeine soln 100-10 mg/5ml** 131
 MAYZENT TAB 0.25MG 190
 MAYZENT TAB 2MG 190
 Me/naphos/mb/hyo 1
 see **methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg** 205
mebendazole
 see EMVERM CHW 100MG 50
mecamylamine hcl
 see VECAMYL TAB 2.5MG 87
mechlorethamine hcl (topical)
 see VALCHLOR GEL 0.016% 137
meclizine hcl tab 12.5 mg 75
meclizine hcl tab 25 mg 75
meclofenamate sodium cap 100 mg
 26
meclofenamate sodium cap 50 mg
 26
 MEDROL TAB 2MG 130
medroxyprogesterone acetate tab 10 mg 187
medroxyprogesterone acetate tab 2.5 mg 187
medroxyprogesterone acetate tab 5 mg 187
mefenamic acid cap 250 mg 26
mefloquine hcl tab 250 mg 88
megestrol acetate susp 40 mg/ml
 90

megestrol acetate susp 625 mg/5ml	187
megestrol acetate tab 20 mg	90
megestrol acetate tab 40 mg	90
MEKINIST TAB 0.5MG	95
MEKINIST TAB 2MG	95
MEKTOVI TAB 15MG	95
Melodetta 24 Fe see norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	126
meloxicam tab 15 mg	26
meloxicam tab 7.5 mg	26
melphalan tab 2 mg	89
memantine hcl see NAMENDA XR CAP TITRATIO	188
memantine hcl cap er 24hr 14 mg	188
memantine hcl cap er 24hr 21 mg	188
memantine hcl cap er 24hr 28 mg	188
memantine hcl cap er 24hr 7 mg	188
memantine hcl oral solution 2 mg/ml	188
memantine hcl tab 10 mg	188
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	188
memantine hcl tab 5 mg	188
memantine hcl-donepezil hcl see NAMZARIC CAP	188
see NAMZARIC CAP 14-10MG	188
see NAMZARIC CAP 21-10MG	188
see NAMZARIC CAP 28-10MG	188
see NAMZARIC CAP 7-10MG	188
MENEST TAB 0.3MG	151
MENEST TAB 0.625MG	151
MENEST TAB 1.25MG	151
MENOSTAR DIS 14MCG	151
MENTAX CRE 1%	136
mepiridine hcl oral soln 50 mg/5ml	41
mepiridine hcl tab 100 mg	41
mepiridine hcl tab 50 mg	41
meprobamate tab 200 mg	53
meprobamate tab 400 mg	53
mercaptapurine see PURIXAN SUS 20MG/ML	89
mercaptapurine tab 50 mg	89
mesalamine see PENTASA CAP 250MG CR	153
see PENTASA CAP 500MG CR	153
see SFROWASA ENE 4GM	153
mesalamine cap dr 400 mg	153
mesalamine cap er 24hr 0.375 gm	153
mesalamine enema 4 gm	153
mesalamine suppos 1000 mg	153
mesalamine tab delayed release 1.2 gm	153
mesalamine tab delayed release 800 mg	153
mesna see MESNEX TAB 400MG	97
MESNEX TAB 400MG	97
Metadate Er see methylphenidate hcl tab er 20 mg	23
metaproterenol sulfate syrup 10 mg/5ml	58
metaxalone tab 400 mg	178
metaxalone tab 800 mg	178
metformin hcl oral soln 500 mg/5ml	71
METFORMIN HCL ORAL SOLN 500 MG/5ML	71
metformin hcl tab 1000 mg	71
metformin hcl tab 500 mg	71
metformin hcl tab 850 mg	71
metformin hcl tab er 24hr 500 mg	71
metformin hcl tab er 24hr 750 mg	71
methadone hcl conc 10 mg/ml	41
Methadone Hcl Intensol see methadone hcl conc 10 mg/ml	41
methadone hcl soln 10 mg/5ml	41
methadone hcl soln 5 mg/5ml	41
methadone hcl tab 10 mg	41
methadone hcl tab 5 mg	41
methadone hcl tab for oral susp 40 mg	41

Methadose	
see methadone hcl tab for oral susp 40 mg	41
methamphetamine hcl tab 5 mg ..	15
methazolamide tab 25 mg	145
methazolamide tab 50 mg	145
methenamine hippurate tab 1 gm	205
methenamine mandelate tab 0.5 gm	205
methenamine mandelate tab 1 gm	205
methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg	205
methenamine-hyosc-meth blue-benz acid-phenyl sal tab 81.6mg	205
methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg	205
methenamine-hyosc-meth blue-sod phos-phen sal cap 120 mg	205
methenamine-hyosc-meth blue-sod phos-phen sal tab 120 mg	205
methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg	205
methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg	204
Methergine	
see methylergonovine maleate tab 0.2 mg	185
methimazole tab 10 mg	198
methimazole tab 5 mg	198
METHITEST TAB 10MG	49
methocarbamol tab 500 mg	178
methocarbamol tab 750 mg	178
methotrexate	
see XATMEP SOL 2.5MG/ML	90
methotrexate sodium	
see TREXALL TAB 10MG	89
see TREXALL TAB 15MG	89
see TREXALL TAB 5MG	89
see TREXALL TAB 7.5MG	89
methotrexate sodium tab 2.5 mg (base equiv)	89
methoxsalen rapid cap 10 mg ...	138
methscopolamine bromide tab 2.5 mg	202
methscopolamine bromide tab 5 mg	202
methsuximide	
see CELONTIN CAP 300MG	65
methyldopa & hydrochlorothiazide tab 250-15 mg	85
methyldopa & hydrochlorothiazide tab 250-25 mg	85
methyldopa tab 250 mg	83
methyldopa tab 500 mg	83
methylergonovine maleate tab 0.2 mg	185
methylnaltrexone bromide	
see RELISTOR TAB 150MG	154
METHYLPHENID TAB 72MG ER	20
methylphenidate	
see DAYTRANA DIS 10MG/9HR	19
see DAYTRANA DIS 15MG/9HR	19
see DAYTRANA DIS 20MG/9HR	19
see DAYTRANA DIS 30MG/9HR	19
methylphenidate hcl	
see APTENSIO XR CAP 10MG	18
see APTENSIO XR CAP 15MG	18
see APTENSIO XR CAP 20MG	18
see APTENSIO XR CAP 30MG	18
see APTENSIO XR CAP 40MG	18
see APTENSIO XR CAP 50MG	18
see APTENSIO XR CAP 60MG	19
see QUILLICHEW CHW 20MG ER ...	24
see QUILLICHEW CHW 30MG ER ...	24
see QUILLICHEW CHW 40MG ER ...	24
see QUILLIVANT SUS 25MG/5ML ...	24
methylphenidate hcl cap er 10 mg (cd)	20
methylphenidate hcl cap er 20 mg (cd)	20
methylphenidate hcl cap er 24hr 10 mg (la)	20
methylphenidate hcl cap er 24hr 10 mg (xr)	21
methylphenidate hcl cap er 24hr 15 mg (xr)	21
methylphenidate hcl cap er 24hr 20 mg (la)	21
methylphenidate hcl cap er 24hr 20 mg (xr)	21

methylphenidate hcl cap er 24hr 30 mg (la)	21	methylphenidate hcl tab er osmotic release (osm) 18 mg	23
methylphenidate hcl cap er 24hr 30 mg (xr)	21	methylphenidate hcl tab er osmotic release (osm) 27 mg	23
methylphenidate hcl cap er 24hr 40 mg (la)	21	methylphenidate hcl tab er osmotic release (osm) 36 mg	23
methylphenidate hcl cap er 24hr 40 mg (xr)	21	methylphenidate hcl tab er osmotic release (osm) 54 mg	24
methylphenidate hcl cap er 24hr 50 mg (xr)	21	methylprednisolone	
methylphenidate hcl cap er 24hr 60 mg (la)	21	see MEDROL TAB 2MG	130
methylphenidate hcl cap er 24hr 60 mg (xr)	21	methylprednisolone tab 16 mg ..	130
methylphenidate hcl cap er 30 mg (cd)	22	methylprednisolone tab 32 mg ..	130
methylphenidate hcl cap er 40 mg (cd)	22	methylprednisolone tab 4 mg	130
methylphenidate hcl cap er 50 mg (cd)	22	methylprednisolone tab 8 mg	130
methylphenidate hcl cap er 60 mg (cd)	22	methylprednisolone tab therapy pack 4 mg (21)	130
methylphenidate hcl chew tab 10 mg	22	methyltestosterone	
methylphenidate hcl chew tab 2.5 mg	22	see METHITEST TAB 10MG	49
methylphenidate hcl chew tab 5 mg	22	methyltestosterone cap 10 mg	49
methylphenidate hcl soln 10 mg/5ml	22	METOCLOPRAMI TAB 10MG ODT	153
methylphenidate hcl soln 5 mg/5ml	22	metoclopramide hcl orally disintegrating tab 5 mg (base eq)	153
methylphenidate hcl tab 10 mg ...	22	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) ...	153
methylphenidate hcl tab 20 mg ...	23	metoclopramide hcl tab 10 mg (base equivalent)	153
methylphenidate hcl tab 5 mg	22	metoclopramide hcl tab 5 mg (base equivalent)	153
methylphenidate hcl tab er 10 mg	23	metolazone tab 10 mg	146
methylphenidate hcl tab er 20 mg	23	metolazone tab 2.5 mg	146
methylphenidate hcl tab er 24hr 18 mg	23	metolazone tab 5 mg	146
methylphenidate hcl tab er 24hr 27 mg	23	metoprolol & hydrochlorothiazide tab 100-25 mg	85
methylphenidate hcl tab er 24hr 36 mg	23	metoprolol & hydrochlorothiazide tab 100-50 mg	85
methylphenidate hcl tab er 24hr 54 mg	23	metoprolol & hydrochlorothiazide tab 50-25 mg	85
		metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	111
		metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	111
		metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	111
		metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	111
		metoprolol tartrate tab 100 mg ..	111

metoprolol tartrate tab 25 mg ...	111	midodrine hcl tab 2.5 mg	208
metoprolol tartrate tab 37.5 mg	111	midodrine hcl tab 5 mg	208
metoprolol tartrate tab 50 mg ...	111	midostaurin	
metoprolol tartrate tab 75 mg ...	111	see RYDAPT CAP 25MG	96
metronidazole cap 375 mg	51	mifepristone (hyperglycemia)	
metronidazole cream 0.75%	143	see KORLYM TAB 300MG	71
metronidazole gel 0.75%	143	mifepristone tab 200 mg	148
metronidazole gel 1%	143	migalastat hcl	
metronidazole lotion 0.75%	143	see GALAFOLD CAP 123MG.....	147
metronidazole tab 250 mg	51	miglitol tab 100 mg	70
metronidazole tab 500 mg	51	miglitol tab 25 mg	70
metronidazole vaginal gel 0.75%		miglitol tab 50 mg	70
.....	207	miglustat cap 100 mg	156
metyrosine cap 250 mg	82	Mili	
mexiletine hcl cap 150 mg	55	see norgestimate & ethinyl	
mexiletine hcl cap 200 mg	55	estradiol tab 0.25 mg-35 mcg	
mexiletine hcl cap 250 mg	55	.....	127
Mibelas 24 Fe		milnacipran hcl	
see norethindrone ace-eth		see SAVELLA MIS TITR PAK	189
estradiol-fe chew tab 1 mg-20		see SAVELLA TAB 100MG	189
mcg (24)	126	see SAVELLA TAB 12.5MG	189
miconazole (mouth-throat)		see SAVELLA TAB 25MG	189
see ORAVIG TAB 50MG	171	see SAVELLA TAB 50MG	189
Miconazole 3		miltefosine	
see miconazole nitrate vaginal		see IMPAVIDO CAP 50MG	51
suppos 200 mg	207	Mimvey	
miconazole nitrate vaginal suppos		see estradiol & norethindrone	
200 mg	207	acetate tab 1-0.5 mg	149
MICROCHAMBER MIS.....	164	Miniprin Low Dose	
Microgestin 1.5/30		see aspirin tab delayed release 81	
see norethindrone ace & ethinyl		mg	37
estradiol tab 1.5 mg-30 mcg	125	Minitran	
Microgestin 1/20		see nitroglycerin td patch 24hr	
see norethindrone ace & ethinyl		0.1 mg/hr	53
estradiol tab 1 mg-20 mcg ...	124	see nitroglycerin td patch 24hr	
Microgestin Fe		0.2 mg/hr	53
see norethindrone ace & ethinyl		see nitroglycerin td patch 24hr	
estradiol-fe tab 1 mg-20 mcg		0.4 mg/hr	53
.....	125	see nitroglycerin td patch 24hr	
Microgestin Fe 1.5/30		0.6 mg/hr	53
see norethindrone ace & ethinyl		minocycline hcl cap 100 mg	197
estradiol-fe tab 1.5 mg-30 mcg		minocycline hcl cap 50 mg	197
.....	126	minocycline hcl cap 75 mg	197
MICROSPACER MIS.....	164	minocycline hcl tab 100 mg	198
midazolam hcl syrup 2 mg/ml		minocycline hcl tab 50 mg	197
(base equivalent)	159	minocycline hcl tab 75 mg	198
midodrine hcl tab 10 mg	208	minoxidil tab 10 mg	87

minoxidil tab 2.5 mg	87	montelukast sodium tab 10 mg	
mirabegron		(base equiv)	56
see MYRBETRIQ TAB 25MG	206	MONUROL PAK GRANULES	205
see MYRBETRIQ TAB 50MG	206	Morgidox 1x100mg	
mirtazapine orally disintegrating		see doxycycline hyclate cap 100	
tab 15 mg	65	mg	197
mirtazapine orally disintegrating		Morgidox 2x100mg	
tab 30 mg	65	see doxycycline hyclate cap 100	
mirtazapine orally disintegrating		mg	197
tab 45 mg	65	morphine sulfate	
mirtazapine tab 15 mg	65	see KADIAN CAP 200MG ER	40
mirtazapine tab 30 mg	65	morphine sulfate beads cap er 24hr	
mirtazapine tab 45 mg	65	120 mg	41
mirtazapine tab 7.5 mg	65	morphine sulfate beads cap er 24hr	
MIRVASO GEL 0.33%.....	143	30 mg	41
misoprostol tab 100 mcg	204	morphine sulfate beads cap er 24hr	
misoprostol tab 200 mcg	204	45 mg	41
mitotane		morphine sulfate beads cap er 24hr	
see LYSODREN TAB 500MG.....	90	60 mg	41
modafinil tab 100 mg	24	morphine sulfate beads cap er 24hr	
modafinil tab 200 mg	24	75 mg	41
moexipril hcl tab 15 mg	81	morphine sulfate beads cap er 24hr	
moexipril hcl tab 7.5 mg	81	90 mg	41
molindone hcl tab 10 mg	103	morphine sulfate cap er 24hr 10	
molindone hcl tab 25 mg	103	mg	41
molindone hcl tab 5 mg	103	morphine sulfate cap er 24hr 100	
mometasone furoate cream 0.1%		mg	42
.....	141	morphine sulfate cap er 24hr 20	
mometasone furoate nasal susp 50		mg	41
mcg/act	179	morphine sulfate cap er 24hr 30	
mometasone furoate oint 0.1%	141	mg	42
mometasone furoate solution 0.1%		morphine sulfate cap er 24hr 40	
(lotion)	141	mg	42
Mondoxyne NI		morphine sulfate cap er 24hr 50	
see doxycycline monohydrate cap		mg	42
100 mg	197	morphine sulfate cap er 24hr 60	
Mono-linyah		mg	42
see norgestimate & ethinyl		morphine sulfate cap er 24hr 80	
estradiol tab 0.25 mg-35 mcg		mg	42
.....	127	morphine sulfate oral soln 10	
montelukast sodium chew tab 4 mg		mg/5ml	42
(base equiv)	56	morphine sulfate oral soln 100	
montelukast sodium chew tab 5 mg		mg/5ml (20 mg/ml)	42
(base equiv)	56	morphine sulfate oral soln 20	
montelukast sodium oral granules		mg/5ml	42
packet 4 mg (base equiv)	56	morphine sulfate suppos 10 mg ..	42
		morphine sulfate suppos 20 mg ..	42

morphine sulfate suppos 30 mg ..42
morphine sulfate suppos 5 mg42
morphine sulfate tab 15 mg42
morphine sulfate tab 30 mg42
morphine sulfate tab er 100 mg ..43
morphine sulfate tab er 15 mg42
morphine sulfate tab er 200 mg ..43
morphine sulfate tab er 30 mg42
morphine sulfate tab er 60 mg42
 MOVANTIK TAB 12.5MG 154
 MOVANTIK TAB 25MG 154
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) 181
moxifloxacin hcl ophth soln 0.5% (base equiv) 182
moxifloxacin hcl tab 400 mg (base equiv) 152
 MULPLETA TAB 3MG 158
 MULTAQ TAB 400MG 55
mupirocin
 see CENTANY AT KIT 2% 135
 see CENTANY OIN 2% 136
mupirocin oint 2% 136
 M-VIT TAB 27-1MG 172
 My Choice
 see **levonorgestrel tab 1.5 mg** .128
 My Way
 see **levonorgestrel tab 1.5 mg** .128
mycophenolate mofetil cap 250 mg
 170
mycophenolate mofetil for oral susp 200 mg/ml 170
mycophenolate mofetil tab 500 mg
 170
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 170
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 170
 MYDAYIS CAP 12.5MG 15
 MYDAYIS CAP 25MG 15
 MYDAYIS CAP 37.5MG 15
 MYDAYIS CAP 50MG 15
 MYLERAN TAB 2MG 89
 MYNATAL CAP 173
 MYNATAL PLUS TAB 173
 MYNATAL TAB 173
 MYNATAL TAB ADVANCE 173

MYNATAL-Z TAB 173
 MYNATE 90 TAB PLUS 173
 Myorisan
 see **isotretinoin cap 10 mg** 134
 see **isotretinoin cap 20 mg** 134
 see **isotretinoin cap 30 mg** 134
 see **isotretinoin cap 40 mg** 134
 MYRBETRIQ TAB 25MG 206
 MYRBETRIQ TAB 50MG 206
 MYTESI TAB 125MG 74
N
nabumetone tab 500 mg 26
nabumetone tab 750 mg 26
nadolol tab 20 mg 112
nadolol tab 40 mg 112
nadolol tab 80 mg 112
nafarelin acetate
 see SYNAREL SOL 2MG/ML 147
 Nafrinse
 see **sodium fluoride chew tab 1 mg f (from 2.2 mg naf)** 167
 Nafrinse Drops
 see **sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)**
 167
naftifine hcl
 see NAFTIN CRE 2% 137
 see NAFTIN GEL 1% 137
 see NAFTIN GEL 2% 137
naftifine hcl cream 1% 136
naftifine hcl cream 2% 136
naftifine hcl gel 1% 136
 NAFTIN CRE 2% 137
 NAFTIN GEL 1% 137
 NAFTIN GEL 2% 137
naldemedine tosylate
 see SYMPROIC TAB 0.2MG 154
 NALFON CAP 400MG 26
naloxegol oxalate
 see MOVANTIK TAB 12.5MG 154
 see MOVANTIK TAB 25MG 154
naloxone hcl
 see NARCAN SPR 75
naltrexone hcl tab 50 mg 75
 NAMENDA XR CAP TITRATIO 188
 NAMZARIC CAP 188
 NAMZARIC CAP 14-10MG 188

NAMZARIC CAP 21-10MG	188	NEBUSAL NEB 6%	132
NAMZARIC CAP 28-10MG	188	Necon 0.5/35-28	
NAMZARIC CAP 7-10MG	188	see norethindrone & ethinyl	
Naproxen Dr		estradiol tab 0.5 mg-35 mcg	124
see naproxen tab ec 375 mg	26	nedocromil sodium (ophth)	
see naproxen tab ec 500 mg	26	see ALOCRIL SOL 2%	184
naproxen sodium tab 275 mg	26	NEEVO DHA CAP 27-1.13	173
naproxen sodium tab 550 mg	26	nefazodone hcl tab 100 mg	67
naproxen tab 250 mg	26	nefazodone hcl tab 150 mg	67
naproxen tab 375 mg	26	nefazodone hcl tab 200 mg	67
naproxen tab 500 mg	26	nefazodone hcl tab 250 mg	67
naproxen tab ec 375 mg	26	nefazodone hcl tab 50 mg	67
naproxen tab ec 500 mg	26	nelfinavir mesylate	
naratriptan hcl tab 1 mg (base		see VIRACEPT TAB 250MG	109
equiv)	165	see VIRACEPT TAB 625MG	109
naratriptan hcl tab 2.5 mg (base		neomycin sulfate tab 500 mg	24
equiv)	165	neomycin sulfate-fluocinolone	
NARCAN SPR	75	acetamide	
NATACHEW CHW	173	see NEO-SYNALAR CRE	136
NATACYN SUS 5% OP	182	neomycin-bacitrac zn-polymyx	
NATALVIT TAB 75-1MG	173	5(3.5)mg-400unt-10000unt op	
natamycin		oin	182
see NATACYN SUS 5% OP	182	neomycin-colistin-hc-thonzonium	
nateglinide tab 120 mg	73	see CORTISPORIN SUS -TC OTIC	185
nateglinide tab 60 mg	73	neomycin-polymyx-gramicid op sol	
NATESTO GEL 5.5MG	49	1.75-10000-0.025mg-unt-mg/ml	
NATURE THROI TAB 162.5MG	200	.....	182
NATURE-THROI TAB 113.75MG	200	neomycin-polymyxin-	
NATURE-THROI TAB 130MG	200	dexamethasone ophth oint 0.1%	
NATURE-THROI TAB 146.25MG	201	.....	183
NATURE-THROI TAB 16.25MG	200	neomycin-polymyxin-	
NATURE-THROI TAB 195MG	201	dexamethasone ophth susp 0.1%	
NATURE-THROI TAB 260MG	201	.....	183
NATURE-THROI TAB 32.5MG	200	neomycin-polymyxin-hc	
NATURE-THROI TAB 325MG	201	see CORTISPORIN CRE 0.5%	136
NATURE-THROI TAB 48.75MG	200	neomycin-polymyxin-hc ophth susp	
NATURE-THROI TAB 65MG	200	.....	183
NATURE-THROI TAB 81.25MG	200	neomycin-polymyxin-hc otic soln	
NATURE-THROI TAB 97.5MG	200	1%	185
nebivolol hcl		neomycin-polymyxin-hc otic susp	
see BYSTOLIC TAB 10MG	111	3.5 mg/ml-10000 unit/ml-1%	185
see BYSTOLIC TAB 2.5MG	111	NEONATAL PLS TAB 27-1MG	173
see BYSTOLIC TAB 20MG	111	Neo-polycin	
see BYSTOLIC TAB 5MG	111	see neomycin-bacitrac zn-	
Nebusal		polymyx 5(3.5)mg-400unt-	
see sodium chloride soln nebu		10000unt op oin	182
3%	132	Neo-polycin Hc	

see **bacitracin-polymyxin-neomycin-hc ophth oint 1%**. 182
 NEO-SYNALAR CRE..... 136
nepafenac
 see ILEVRO DRO 0.3% OP 184
 see NEVANAC SUS 0.1% 184
neratinib maleate
 see NERLYNX TAB 40MG.....95
 NERLYNX TAB 40MG95
 NESTABS DHA PAK 173
 NESTABS TAB 173
netarsudil dimesylate
 see RHOPRESSA SOL 0.02% 182
netarsudil dimesylate-latanoprost
 see ROCKLATAN DRO 182
netupitant-palonosetron
 see AKYNZEO CAP 300-0.576
 Neucac
 see **clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%**..... 133
 NEUPRO DIS 1MG/24HR.....99
 NEUPRO DIS 2MG/24HR.....99
 NEUPRO DIS 3MG/24HR.....99
 NEUPRO DIS 4MG/24HR.....99
 NEUPRO DIS 6MG/24HR.....99
 NEUPRO DIS 8MG/24HR.....99
 NEVANAC SUS 0.1%..... 184
nevirapine susp 50 mg/5ml 107
nevirapine tab 200 mg 107
nevirapine tab er 24hr 100 mg .. 107
nevirapine tab er 24hr 400 mg .. 107
 New Day
 see **levonorgestrel tab 1.5 mg**. 128
 NEXAVAR TAB 200MG95
 NEXLIZET TAB 180/10MG78
niacin (antihyperlipidemic) tab 500 mg81
niacin tab er 1000 mg (antihyperlipidemic).....81
niacin tab er 500 mg (antihyperlipidemic).....81
niacin tab er 750 mg (antihyperlipidemic).....81
 Niacor
 see **niacin (antihyperlipidemic) tab 500 mg**81

nicardipine hcl cap 20 mg 114
nicardipine hcl cap 30 mg 114
nicotine
 see NICOTROL INH 196
 see NICOTROL NS SPR 10MG/ML. 196
 Nicotine
 see **nicotine polacrilex gum 4 mg** 192
 Nicotine Mini Lozenge
 see **nicotine polacrilex lozenge 2 mg** 193
 see **nicotine polacrilex lozenge 4 mg** 194
 Nicotine Polacrilex
 see **nicotine polacrilex gum 4 mg** 192
 see **nicotine polacrilex lozenge 4 mg** 194
nicotine polacrilex gum 2 mg ... 191, 192
nicotine polacrilex gum 4 mg ... 192, 193
nicotine polacrilex lozenge 2 mg 193
nicotine polacrilex lozenge 4 mg 193, 194
 Nicotine Step 1
 see **nicotine td patch 24hr 21 mg/24hr** 195
 Nicotine Step 3
 see **nicotine td patch 24hr 7 mg/24hr** 194
nicotine td patch 24hr 14 mg/24hr 195
nicotine td patch 24hr 21 mg/24hr 195, 196
nicotine td patch 24hr 7 mg/24hr 194, 195
 Nicotine Transdermal Syst
 see **nicotine td patch 24hr 21 mg/24hr** 195
 see **nicotine td patch 24hr 7 mg/24hr** 195
 NICOTROL INH 196
 NICOTROL NS SPR 10MG/ML 196
nifedipine cap 10 mg 114
nifedipine cap 20 mg 114

nifedipine tab er 24hr 30 mg	114	nitrofurantoin macrocrystalline cap	
nifedipine tab er 24hr 60 mg	114	25 mg	205
nifedipine tab er 24hr 90 mg	114	nitrofurantoin macrocrystalline cap	
nifedipine tab er 24hr osmotic		50 mg	205
release 30 mg	114	nitrofurantoin monohydrate	
nifedipine tab er 24hr osmotic		macrocrystalline cap 100 mg ..	205
release 60 mg	114	nitrofurantoin susp 25 mg/5ml ..	205
nifedipine tab er 24hr osmotic		nitroglycerin	
release 90 mg	114	see NITRO-BID OIN 2%	52
Nikki		see NITRO-DUR DIS 0.3MG/HR	52
see drospirenone-ethinyl		see NITRO-DUR DIS 0.8MG/HR	52
estradiol tab 3-0.02 mg	121	see NITROMIST AER 400MCG	53
nilutamide tab 150 mg	90	nitroglycerin (intra-anal)	
nimodipine cap 30 mg	114	see RECTIV OIN 0.4%	50
NINLARO CAP 2.3MG	95	nitroglycerin sl tab 0.3 mg	52
NINLARO CAP 3MG	95	nitroglycerin sl tab 0.4 mg	53
NINLARO CAP 4MG	95	nitroglycerin sl tab 0.6 mg	53
nintedanib esylate		nitroglycerin td patch 24hr 0.1	
see OFEV CAP 100MG	196	mg/hr	53
see OFEV CAP 150MG	197	nitroglycerin td patch 24hr 0.2	
niraparib tosylate		mg/hr	53
see ZEJULA CAP 100MG	97	nitroglycerin td patch 24hr 0.4	
nisoldipine tab er 24hr 17 mg ..	114	mg/hr	53
nisoldipine tab er 24hr 20 mg ..	114	nitroglycerin td patch 24hr 0.6	
nisoldipine tab er 24hr 25.5 mg ..	114	mg/hr	53
nisoldipine tab er 24hr 30 mg ..	115	nitroglycerin tl soln 0.4 mg/spray	
nisoldipine tab er 24hr 34 mg ..	115	(400 mcg/spray)	53
nisoldipine tab er 24hr 40 mg ..	115	NITROMIST AER 400MCG	53
nisoldipine tab er 24hr 8.5 mg ..	114	NITYR TAB 10MG	148
nitazoxanide		NITYR TAB 2MG	148
see ALINIA SUS 100/5ML	51	NITYR TAB 5MG	148
see ALINIA TAB 500MG	51	nizatidine cap 150 mg	203
nitisinone		nizatidine cap 300 mg	203
see NITYR TAB 10MG	148	nizatidine oral soln 15 mg/ml ..	203
see NITYR TAB 2MG	148	NOCDURNA SUB 27.7MCG	148
see NITYR TAB 5MG	148	NOCDURNA SUB 55.3MCG	148
see ORFADIN CAP 20MG	148	Nolix	
see ORFADIN SUS 4MG/ML	148	see flurandrenolide cream 0.05%	
nitisinone cap 10 mg	148	.....	140
nitisinone cap 2 mg	148	see flurandrenolide lotion 0.05%	
nitisinone cap 5 mg	148	.....	140
NITRO-BID OIN 2%	52	nonoxynol-9	
NITRO-DUR DIS 0.3MG/HR	52	see ENCARE SUP 100MG	207
NITRO-DUR DIS 0.8MG/HR	52	see GYNOL II GEL 3%	207
nitrofurantoin macrocrystalline cap		see SHUR-SEAL GEL 2%	207
100 mg	205	see TODAY SPONGE MIS	207
		see VCF VAGINAL AER CONTRACP	207

see VCF VAGINAL MIS CONTRACP207
nonoxynol-9 gel 4% 207
 Nora-be
 see **norethindrone tab 0.35 mg**
 129
**norelgestromin-ethinyl estradiol td
 ptwk 150-35 mcg/24hr** 128
**norethindrone & ethinyl estradiol
 tab 0.4 mg-35 mcg** 123, 124
**norethindrone & ethinyl estradiol
 tab 0.5 mg-35 mcg** 124
**norethindrone & ethinyl estradiol
 tab 1 mg-35 mcg** 124
**norethindrone & ethinyl estradiol-
 fe chew tab 0.4 mg-35 mcg** 124
**norethindrone & ethinyl estradiol-
 fe chew tab 0.8 mg-25 mcg** 124
**norethindrone ace & ethinyl
 estradiol tab 1 mg-20 mcg**..... 124
**norethindrone ace & ethinyl
 estradiol tab 1.5 mg-30 mcg**... 125
**norethindrone ace & ethinyl
 estradiol-fe tab 1 mg-20 mcg** . 125
**norethindrone ace & ethinyl
 estradiol-fe tab 1.5 mg-30 mcg**
 125, 126
**norethindrone ace-eth estradiol-fe
 chew tab 1 mg-20 mcg (24)** ... 126
**norethindrone ace-ethinyl
 estradiol-fe tab 1 mg-20 mcg
 (24)** 126
norethindrone acetate tab 5 mg 187
**norethindrone acetate-ethinyl
 estradiol tab 0.5 mg-2.5 mcg**.. 149
**norethindrone acetate-ethinyl
 estradiol tab 1 mg-5 mcg**. 149, 150
**norethindrone acetate-ethinyl
 estradiol-fe fum (biphasic)**
 see LO LOESTRIN TAB 1-10-10 ... 123
**norethindrone ac-ethinyl estrad-fe
 tab 1-20/1-30/1-35 mg-mcg**.. 124
norethindrone tab 0.35 mg..... 129
**norethindrone-eth estradiol tab
 0.5-35/0.75-35/1-35 mg-mcg** 126
**norethindrone-eth estradiol tab
 0.5-35/1-35/0.5-35 mg-mcg**.. 126

**norgestimate & ethinyl estradiol
 tab 0.25 mg-35 mcg** 127
**norgestimate-eth estrad tab 0.18-
 25/0.215-25/0.25-25 mg-mcg**
 127
**norgestimate-eth estrad tab 0.18-
 35/0.215-35/0.25-35 mg-mcg**
 127, 128
**norgestrel & ethinyl estradiol tab
 0.3 mg-30 mcg** 128
 Norlyda
 see **norethindrone tab 0.35 mg**
 129
 Norlyroc
 see **norethindrone tab 0.35 mg**
 129
 NORPACE CAP 100MG CR 54
 NORPACE CAP 150MG CR 54
 Nortrel 0.5/35 (28)
 see **norethindrone & ethinyl
 estradiol tab 0.5 mg-35 mcg** 124
 Nortrel 1/35
 see **norethindrone & ethinyl
 estradiol tab 1 mg-35 mcg**... 124
 Nortrel 7/7/7
 see **norethindrone-eth estradiol
 tab 0.5-35/0.75-35/1-35 mg-
 mcg** 126
nortriptyline hcl cap 10 mg 69
nortriptyline hcl cap 25 mg 69
nortriptyline hcl cap 50 mg 69
nortriptyline hcl cap 75 mg 69
nortriptyline hcl soln 10 mg/5ml 69
 NORVIR POW 100MG 107
 NORVIR SOL 80MG/ML 107
 NOVOLIN INJ 70/30 72
 NOVOLIN INJ 70/30 FP 72
 NOVOLIN N INJ 100 UNIT 72
 NOVOLIN N INJ U-100 72
 NOVOLIN R INJ 100 UNIT 72
 NOVOLIN R INJ U-100 72
 NOVLOG INJ 100/ML 73
 NOVLOG INJ FLEXPEN 73
 NOVLOG INJ PENFILL 73
 NOVLOG MIX INJ 70/30 73
 NOVLOG MIX INJ FLEXPEN 73
 NOXAFIL SUS 40MG/ML 76

Np Thyroid 120	
see thyroid tab 120 mg (2 grain)	
.....	201
Np Thyroid 15	
see thyroid tab 15 mg (1/4 grain)	
.....	201
Np Thyroid 30	
see thyroid tab 30 mg (1/2 grain)	
.....	201
Np Thyroid 60	
see thyroid tab 60 mg (1 grain)	
.....	201
Np Thyroid 90	
see thyroid tab 90 mg (1 1/2 grain)	
.....	201
NUBEQA TAB 300MG	90
NUCYNTA ER TAB 100MG	43
NUCYNTA ER TAB 150MG	43
NUCYNTA ER TAB 200MG	43
NUCYNTA ER TAB 250MG	43
NUCYNTA ER TAB 50MG	43
NUCYNTA TAB 100MG	43
NUCYNTA TAB 50MG	43
NUCYNTA TAB 75MG	43
NUEDEXTA CAP 20-10MG	190
Nulev	
see hyoscyamine sulfate tab disint 0.125 mg	
.....	202
NUPLAZID CAP 34MG	101
NUPLAZID TAB 10MG	101
NURTEC TAB 75MG ODT	165
NUZYRA TAB 150MG	197
Nyamyc	
see nystatin topical powder 100000 unit/gm	
.....	137
nystatin	
see BIO-STATIN CAP 1000000	76
see BIO-STATIN CAP 500000	76
nystatin cream 100000 unit/gm	137
nystatin oint 100000 unit/gm	137
nystatin oral powder	76
nystatin susp 100000 unit/ml	171
nystatin tab 500000 unit	76
nystatin topical powder 100000 unit/gm	137
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	137
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	137
Nystop	
see nystatin topical powder 100000 unit/gm	
.....	137
O	
OB COMPLETE CAP ONE	173
OB COMPLETE CAP PETITE	173
OB COMPLETE TAB	173
OB COMPLETE TAB PREMIER	173
OB COMPLETE/ CAP DHA	173
obeticholic acid	
see OCALIVA TAB 10MG	152
see OCALIVA TAB 5MG	152
OBSTETRIX EC TAB	173
OBSTETRIX PAK DHA	173
O-CAL TAB PRENATAL	173
OCALIVA TAB 10MG	152
OCALIVA TAB 5MG	152
Ocella	
see drospirenone-ethinyl estradiol tab 3-0.03 mg	
.....	121
ODACTRA SUB	24
ODEFSEY TAB	107
ODOMZO CAP 200MG	90
OFEV CAP 100MG	196
OFEV CAP 150MG	197
ofloxacin ophth soln 0.3%	182
ofloxacin otic soln 0.3%	185
ofloxacin tab 300 mg	152
ofloxacin tab 400 mg	152
olanzapine orally disintegrating tab 10 mg	102
olanzapine orally disintegrating tab 15 mg	102
olanzapine orally disintegrating tab 20 mg	102
olanzapine orally disintegrating tab 5 mg	102
olanzapine tab 10 mg	102
olanzapine tab 15 mg	103
olanzapine tab 2.5 mg	102
olanzapine tab 20 mg	103
olanzapine tab 5 mg	102
olanzapine tab 7.5 mg	102
olanzapine-fluoxetine hcl cap 12-25 mg	189

olanzapine-fluoxetine hcl cap 12-50 mg	189	olopatadine hcl ophth soln 0.2% (base equivalent)	184
olanzapine-fluoxetine hcl cap 3-25 mg	188	olsalazine sodium	
olanzapine-fluoxetine hcl cap 6-25 mg	189	see DIPENTUM CAP 250MG	153
olanzapine-fluoxetine hcl cap 6-50 mg	189	omadacycline tosylate	
olaparib		see NUZYRA TAB 150MG	197
see LYNPARZA TAB 100MG	95	OMECLAMOX- MIS PAK	204
see LYNPARZA TAB 150MG	95	omega-3-acid ethyl esters cap 1 gm	78
olmesartan medoxomil tab 20 mg	82	omeprazole cap delayed release 10 mg	203
olmesartan medoxomil tab 40 mg	82	omeprazole cap delayed release 20 mg	204
olmesartan medoxomil tab 5 mg	82	omeprazole cap delayed release 40 mg	204
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	85	omeprazole magnesium	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	85	see PRILOSEC POW 10MG	204
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	86	see PRILOSEC POW 2.5MG	204
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	86	ondansetron hcl oral soln 4 mg/5ml	75
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	86	ondansetron hcl tab 24 mg	75
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	86	ondansetron hcl tab 4 mg	75
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	86	ondansetron hcl tab 8 mg	75
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	86	ondansetron orally disintegrating tab 4 mg	75
olodaterol hcl		ondansetron orally disintegrating tab 8 mg	75
see STRIVERDI AER 2.5MCG	58	ONZETRA XSAI MIS 11MG	165
olopatadine hcl		Opcicon One-step	
see PAZEO DRO 0.7%	184	see levonorgestrel tab 1.5 mg	128
olopatadine hcl nasal soln 0.6%	179	opium tincture 1% (10 mg/ml) (morphine equiv)	74
olopatadine hcl ophth soln 0.1% (base equivalent)	184	OPSUMIT TAB 10MG	117
		OPTICHAMBER MIS ADV LRG	164
		OPTICHAMBER MIS ADV MED	164
		OPTICHAMBER MIS ADV SM	164
		OPTICHAMBER MIS DIA LG	164
		OPTICHAMBER MIS DIA MD	165
		OPTICHAMBER MIS DIA SM	165
		OPTICHAMBER MIS DIAMOND	165
		OPTIHALER MIS	165
		Option 2	
		see levonorgestrel tab 1.5 mg	128
		ORACIT SOL	154
		ORALAIR SUB 300 IR	24
		Oralone Dental Paste	

see triamcinolone acetonide	
dental paste 0.1%	171
ORAVIG TAB 50MG	171
ORENITRAM TAB 0.125MG.....	116
ORENITRAM TAB 0.25MG	116
ORENITRAM TAB 1MG.....	116
ORENITRAM TAB 2.5MG	116
ORENITRAM TAB 5MG.....	116
ORFADIN CAP 20MG	148
ORFADIN SUS 4MG/ML	148
ORLISSA TAB 150MG.....	147
ORLISSA TAB 200MG.....	147
ORKAMBI GRA 100-125	196
ORKAMBI GRA 150-188	196
ORKAMBI TAB 100-125.....	196
ORKAMBI TAB 200-125	196
orlistat	
see XENICAL CAP 120MG.....	17
orphenadrine citrate tab er 12hr	
100 mg	178
Orsythia	
see levonorgestrel & ethinyl	
estradiol tab 0.1 mg-20 mcg	122
Oscimin	
see hyoscyamine sulfate sl tab	
0.125 mg	202
see hyoscyamine sulfate tab	
0.125 mg	202
Oscimin Sr	
see hyoscyamine sulfate tab er	
12hr 0.375 mg	202
oseltamivir phosphate cap 30 mg	
(base equiv)	110
oseltamivir phosphate cap 45 mg	
(base equiv)	110
oseltamivir phosphate cap 75 mg	
(base equiv)	110
oseltamivir phosphate for susp 6	
mg/ml (base equiv)	110
osimertinib mesylate	
see TAGRISSO TAB 40MG.....	96
see TAGRISSO TAB 80MG.....	96
ospemifene	
see OSPHENA TAB 60MG	147
OSPHENA TAB 60MG.....	147
OTEZLA TAB 10/20/30	27
OTEZLA TAB 30MG	27
oxandrolone tab 10 mg	49
oxandrolone tab 2.5 mg	49
oxaprozin tab 600 mg	26
oxazepam cap 10 mg	54
oxazepam cap 15 mg	54
oxazepam cap 30 mg	54
oxcarbazepine	
see OXTELLAR XR TAB 150MG	63
see OXTELLAR XR TAB 300MG	63
see OXTELLAR XR TAB 600MG	63
oxcarbazepine susp 300 mg/5ml	
(60 mg/ml)	62
oxcarbazepine tab 150 mg	63
oxcarbazepine tab 300 mg	63
oxcarbazepine tab 600 mg	63
OXERVATE SOL 20MCG/ML.....	182
oxiconazole nitrate	
see OXISTAT LOT 1%	137
OXISTAT LOT 1%.....	137
OXTELLAR XR TAB 150MG	63
OXTELLAR XR TAB 300MG	63
OXTELLAR XR TAB 600MG	63
oxybutynin chloride	
see GELNIQUE GEL 10%	206
oxybutynin chloride syrup 5	
mg/5ml	206
oxybutynin chloride tab 5 mg	206
oxybutynin chloride tab er 24hr 10	
mg	206
oxybutynin chloride tab er 24hr 15	
mg	206
oxybutynin chloride tab er 24hr 5	
mg	206
oxycodone	
see XTAMPZA ER CAP 13.5MG.....	45
see XTAMPZA ER CAP 18MG.....	45
see XTAMPZA ER CAP 27MG.....	45
see XTAMPZA ER CAP 36MG.....	45
see XTAMPZA ER CAP 9MG	45
oxycodone hcl cap 5 mg	43
oxycodone hcl conc 100 mg/5ml	
(20 mg/ml)	43
oxycodone hcl soln 5 mg/5ml	43
oxycodone hcl tab 10 mg	43
oxycodone hcl tab 15 mg	43
oxycodone hcl tab 20 mg	43
oxycodone hcl tab 30 mg	44

oxycodone hcl tab 5 mg.....43
oxycodone hcl tab er 12hr deter 10 mg44
oxycodone hcl tab er 12hr deter 15 mg44
oxycodone hcl tab er 12hr deter 20 mg44
oxycodone hcl tab er 12hr deter 30 mg44
oxycodone hcl tab er 12hr deter 40 mg44
oxycodone hcl tab er 12hr deter 60 mg44
oxycodone hcl tab er 12hr deter 80 mg44
oxycodone w/ acetaminophen tab 10-325 mg47
oxycodone w/ acetaminophen tab 2.5-325 mg47
oxycodone w/ acetaminophen tab 5-325 mg47
oxycodone w/ acetaminophen tab 7.5-325 mg47
oxycodone-aspirin tab 4.8355-325 mg47
oxymetazoline hcl (topical)
 see RHOFADe CRE 1% 143
oxymetholone
 see ANADROL-50 TAB 50MG49
oxymorphone hcl tab 10 mg44
oxymorphone hcl tab 5 mg44
oxymorphone hcl tab er 12hr 10 mg44
oxymorphone hcl tab er 12hr 15 mg44
oxymorphone hcl tab er 12hr 20 mg44
oxymorphone hcl tab er 12hr 30 mg44
oxymorphone hcl tab er 12hr 40 mg44
oxymorphone hcl tab er 12hr 5 mg44
oxymorphone hcl tab er 12hr 7.5 mg44
 OZEMPIC INJ 2/1.5ML.....72
ozenoxacin

see XEPI CRE 1% 136

P

Pacerone

see **amiodarone hcl tab 100 mg** 55
 see **amiodarone hcl tab 200 mg** 55
 see **amiodarone hcl tab 400 mg** 55

palbociclib

see IBRANCE CAP 100MG93
 see IBRANCE CAP 125MG93
 see IBRANCE CAP 75MG93
 see IBRANCE TAB 100MG93
 see IBRANCE TAB 125MG93
 see IBRANCE TAB 75MG93

paliperidone tab er 24hr 1.5 mg 101

paliperidone tab er 24hr 3 mg... 101

paliperidone tab er 24hr 6 mg... 101

paliperidone tab er 24hr 9 mg... 101

PANCREAZE CAP 10500UNT..... 144

PANCREAZE CAP 16800UNT..... 144

PANCREAZE CAP 21000UNT..... 144

PANCREAZE CAP 2600UNIT 144

PANCREAZE CAP 4200UNIT 144

**pancrelipase (lipase-protease-
amylase)**

see CREON CAP 12000UNT 144

see CREON CAP 24000UNT 144

see CREON CAP 3000UNIT..... 144

see CREON CAP 36000UNT 144

see CREON CAP 6000UNIT..... 144

see PANCREAZE CAP 10500UNT .. 144

see PANCREAZE CAP 16800UNT .. 144

see PANCREAZE CAP 21000UNT .. 144

see PANCREAZE CAP 2600UNIT... 144

see PANCREAZE CAP 4200UNIT... 144

see PERTZYE CAP 16000U 144

see PERTZYE CAP 24000U 144

see PERTZYE CAP 4000UNIT 144

see PERTZYE CAP 8000UNIT 144

see VIOKACE TAB 10440 144

see VIOKACE TAB 20880 144

see ZENPEP CAP 10000UNT 145

see ZENPEP CAP 15000UNT 145

see ZENPEP CAP 20000UNT 145

see ZENPEP CAP 25000 145

see ZENPEP CAP 3000UNIT..... 144

see ZENPEP CAP 40000 145

see ZENPEP CAP 5000UNIT..... 144

PANDEL CRE 0.1% 141
 PANRETIN GEL 0.1% 137
**pantoprazole sodium ec tab 20 mg
 (base equiv)** 204
**pantoprazole sodium ec tab 40 mg
 (base equiv)** 204
**pantoprazole sodium for delayed
 release susp packet 40 mg** 204
 PAREMYD SOL 1-0.25% 184
paricalcitol cap 1 mcg 148
paricalcitol cap 2 mcg 148
paricalcitol cap 4 mcg 148
paromomycin sulfate cap 250 mg 24
paroxetine hcl
 see PAXIL SUS 10MG/5ML 67
paroxetine hcl tab 10 mg 66
paroxetine hcl tab 20 mg 66
paroxetine hcl tab 30 mg 66
paroxetine hcl tab 40 mg 66
paroxetine hcl tab er 24hr 12.5 mg
 67
paroxetine hcl tab er 24hr 25 mg 67
paroxetine hcl tab er 24hr 37.5 mg
 67
paroxetine mesylate
 see PEKEVA TAB 10MG 67
 see PEKEVA TAB 20MG 67
 see PEKEVA TAB 30MG 67
 see PEKEVA TAB 40MG 67
**paroxetine mesylate cap 7.5 mg
 (base equiv)** 196
 PASER GRA 4GM 88
patiromer sorbitex calcium
 see VELTASSA POW 16.8GM 171
 see VELTASSA POW 25.2GM 171
 see VELTASSA POW 8.4GM 170
 PAXIL SUS 10MG/5ML 67
 PAZEO DRO 0.7% 184
pazopanib hcl
 see VOTRIENT TAB 200MG 97
**peg 3350-kcl-na bicarb-nacl-na
 sulfate for soln 236 gm** 160
**peg 3350-kcl-na bicarb-nacl-na
 sulfate for soln 240 gm** 160
**peg 3350-kcl-sod bicarb-nacl for
 soln 420 gm** 160, 161

**peg 3350-kcl-sod bicarb-sod
 chloride-sod sulfate**
 see GOLYTELY SOL 160
 PEGANONE TAB 250MG 64
 Peg-prep
 see **bisacodyl tab & peg 3350-kcl-
 sod bicarb-nacl for soln kit** .. 160
 penciclovir
 see DENAVIR CRE 1% 138
penicillamine cap 250 mg 169
penicillamine tab 250 mg 169
**penicillin v potassium for soln 125
 mg/5ml** 186
**penicillin v potassium for soln 250
 mg/5ml** 186
penicillin v potassium tab 250 mg
 186
penicillin v potassium tab 500 mg
 186
**pentamidine isethionate for
 nebulization soln 300 mg** 51
 PENTASA CAP 250MG CR 153
 PENTASA CAP 500MG CR 153
**pentazocine w/ naloxone tab 50-
 0.5 mg** 49
pentosan polysulfate sodium
 see ELMIRON CAP 100MG 155
pentoxifylline tab er 400 mg 156
perampanel
 see FYCOMPA SUS 0.5MG/ML 59
 see FYCOMPA TAB 10MG 60
 see FYCOMPA TAB 12MG 60
 see FYCOMPA TAB 2MG 59
 see FYCOMPA TAB 4MG 60
 see FYCOMPA TAB 6MG 60
 see FYCOMPA TAB 8MG 60
 PERFOROMIST NEB 20MCG 58
perindopril erbumine tab 2 mg ... 81
perindopril erbumine tab 4 mg ... 81
perindopril erbumine tab 8 mg ... 81
permethrin cream 5% 143
perphenazine tab 16 mg 103
perphenazine tab 2 mg 103
perphenazine tab 4 mg 103
perphenazine tab 8 mg 103
**perphenazine-amitriptyline tab 2-
 10 mg** 189

perphenazine-amitriptyline tab 2-25 mg	189	phenytoin sodium extended cap 100 mg	64
perphenazine-amitriptyline tab 4-10 mg	189	phenytoin sodium extended cap 200 mg	64
perphenazine-amitriptyline tab 4-25 mg	189	phenytoin sodium extended cap 300 mg	64
perphenazine-amitriptyline tab 4-50 mg	189	phenytoin susp 125 mg/5ml	64
PERTZYE CAP 16000U	144	Philith	
PERTZYE CAP 24000U	144	see norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	124
PERTZYE CAP 4000UNIT	144	PHOSLYRA SOL	154
PERTZYE CAP 8000UNIT	144	Phospha 250 Neutral	
PEXEVA TAB 10MG	67	see pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	167
PEXEVA TAB 20MG	67	Phosphasal	
PEXEVA TAB 30MG	67	see methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg	204
PEXEVA TAB 40MG	67	PHOSPHOLINE SOL 0.125%OP	181
Phenazo		Phospho-trin 250 Neutral	
see phenazopyridine hcl tab 200 mg	155	see pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	167
phenazopyridine hcl tab 200 mg	155	phytonadione tab 5 mg	208
phendimetrazine tartrate cap er 24hr 105 mg	17	PICATO GEL 0.015%	137
phendimetrazine tartrate tab 35 mg	17	PICATO GEL 0.05%	137
phenelzine sulfate tab 15 mg	66	pilocarpine hcl ophth soln 1% ...	181
phenobarbital elixir 20 mg/5ml	159	pilocarpine hcl ophth soln 2% ...	181
phenobarbital tab 100 mg	159	pilocarpine hcl ophth soln 4% ...	181
phenobarbital tab 15 mg	159	pilocarpine hcl tab 5 mg	171
phenobarbital tab 16.2 mg	159	pilocarpine hcl tab 7.5 mg	171
phenobarbital tab 30 mg	159	pimavanserin tartrate	
phenobarbital tab 32.4 mg	159	see NUPLAZID CAP 34MG	101
phenobarbital tab 60 mg	159	see NUPLAZID TAB 10MG	101
phenobarbital tab 64.8 mg	159	pimecrolimus cream 1%	142
phenobarbital tab 97.2 mg	159	pimozide tab 1 mg	191
phenoxybenzamine hcl cap 10 mg	82	pimozide tab 2 mg	191
phentermine hcl cap 15 mg	17	Pimtrea	
phentermine hcl cap 30 mg	17	see desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	119
phentermine hcl cap 37.5 mg	17	pindolol tab 10 mg	112
phentermine hcl tab 37.5 mg	17	pindolol tab 5 mg	112
phenylephrine hcl ophth soln 10%	180	pioglitazone hcl tab 15 mg (base equiv)	73
phenylephrine hcl ophth soln 2.5%	180		
phenytoin chew tab 50 mg	64		
phenytoin sodium extended			
see DILANTIN CAP 30MG	64		

pioglitazone hcl tab 30 mg (base equiv)	73	see bacitracin-polymyxin b ophth oint	181
pioglitazone hcl tab 45 mg (base equiv)	73	polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	182
pioglitazone hcl-glimepiride tab 30-2 mg	70	pomalidomide	
pioglitazone hcl-glimepiride tab 30-4 mg	70	see POMALYST CAP 1MG	91
pioglitazone hcl-metformin hcl tab 15-500 mg	70	see POMALYST CAP 2MG	91
pioglitazone hcl-metformin hcl tab 15-850 mg	70	see POMALYST CAP 3MG	91
pirfenidone		see POMALYST CAP 4MG	91
see ESBRIET CAP 267MG	196	POMALYST CAP 1MG	91
see ESBRIET TAB 267MG	196	POMALYST CAP 2MG	91
see ESBRIET TAB 801MG	196	POMALYST CAP 3MG	91
Pirmella 1/35		POMALYST CAP 4MG	91
see norethindrone & ethinyl estradiol tab 1 mg-35 mcg ...	124	ponatinib hcl	
Pirmella 7/7/7		see ICLUSIG TAB 15MG	93
see norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	126	see ICLUSIG TAB 45MG	94
piroxicam cap 10 mg	26	Portia-28	
piroxicam cap 20 mg	26	see levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	123
plecanatide		posaconazole	
see TRULANCE TAB 3MG	152	see NOXAFIL SUS 40MG/ML	76
PNV FOLIC AC TAB + IRON	174	pot bicarbonate & chloride effer tab 25 meq	168
PNV PRENATAL TAB PLUS	174	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	167
PNV TABS TAB 29-1MG	174	potassium & sodium acid phosphates	
Pnv-dha		see K-PHOS TAB NO 2	154
see prenat w/o a w/ fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	174	potassium bicarbonate effer tab 25 meq	168
PNV-DHA CAP DOCUSATE	174	potassium bicarbonate-citric acid	
PNV-OMEGA CAP	174	see EFFER-K TAB 10MEQ	168
Pnv-select		see EFFER-K TAB 20MEQ	168
see prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg	175	potassium chloride cap er 10 meq	168
POCKET CHAMB MIS	165	potassium chloride cap er 8 meq	168
POCKET SPACE MIS	165	potassium chloride microencapsulated crys er tab 10 meq	168
podofilox		potassium chloride microencapsulated crys er tab 15 meq	168
see CONDYLOX GEL 0.5%	142		
podofilox soln 0.5%	142		
Polycin			

potassium chloride	
microencapsulated crys er tab 20 meq	168
potassium chloride oral soln 10% (20 meq/15ml)	168
potassium chloride oral soln 20% (40 meq/15ml)	168
potassium chloride powder packet 20 meq	168
potassium chloride tab er 10 meq	168, 169
potassium chloride tab er 20 meq (1500 mg)	169
potassium chloride tab er 8 meq (600 mg)	168
potassium citrate & citric acid powder pack 3300-1002 mg ...	154
potassium citrate tab er 10 meq (1080 mg)	155
potassium citrate tab er 15 meq (1620 mg)	155
potassium citrate tab er 5 meq (540 mg)	154
potassium phosphate monobasic	
see K-PHOS TAB.....	167
POVIDONE IOD SOL 5%.....	182
povidone-iodine (ophth)	
see BETADINE SOL 5% OP.....	181
Pr Benzoyl Peroxide Wash	
see benzoyl peroxide liq 7% ...	133
PR NATAL 400 PAK	174
PR NATAL 400 PAK EC	174
PR NATAL 430 PAK	174
PR NATAL 430 PAK EC	174
pramipexole dihydrochloride tab 0.125 mg	99
pramipexole dihydrochloride tab 0.25 mg	99
pramipexole dihydrochloride tab 0.5 mg	99
pramipexole dihydrochloride tab 0.75 mg	99
pramipexole dihydrochloride tab 1 mg	99
pramipexole dihydrochloride tab 1.5 mg	99
pramipexole dihydrochloride tab er 24hr 0.375 mg	99
pramipexole dihydrochloride tab er 24hr 0.75 mg	99
pramipexole dihydrochloride tab er 24hr 1.5 mg	99
pramipexole dihydrochloride tab er 24hr 2.25 mg	99
pramipexole dihydrochloride tab er 24hr 3 mg	99
pramipexole dihydrochloride tab er 24hr 3.75 mg	99
pramipexole dihydrochloride tab er 24hr 4.5 mg	99
pramlintide acetate	
see SYMLINPEN 60 INJ 1000MCG ..	70
see SYMLINPEN 120 INJ 1000MCG..	70
PRAMOTIC DRO 1-0.1%	185
PRAMOX GEL 1%	143
pramoxine hcl	
see PRAMOX GEL 1%	143
pramoxine-chloroxylenol	
see PRAMOTIC DRO 1-0.1%	185
pramoxine-hc	
see EPIFOAM AER 1%	140
prasterone vaginal	
see INTRAROSA SUP 6.5MG.....	206
prasugrel hcl tab 10 mg (base equiv)	156
prasugrel hcl tab 5 mg (base equiv)	156
pravastatin sodium tab 10 mg	79
pravastatin sodium tab 20 mg	80
pravastatin sodium tab 40 mg	80
pravastatin sodium tab 80 mg	80
praziquantel tab 600 mg	51
prazosin hcl cap 1 mg	83
prazosin hcl cap 2 mg	83
prazosin hcl cap 5 mg	83
PRED MILD SUS 0.12% OP	183
PRED SOD PHO SOL 1% OP.....	183
PRED-G S.O.P OIN OP.....	183
PRED-G SUS OP	183
prednicarbate cream 0.1%	141
prednicarbate oint 0.1%	141
prednisolone acetate (ophth)	
see PRED MILD SUS 0.12% OP ...	183

see PREDNISOLONE SUS 1% 183
prednisolone acetate ophth susp
1% 183
prednisolone sod phos orally
disintegr tab 10 mg (base eq) 130
prednisolone sod phos orally
disintegr tab 15 mg (base eq) 130
prednisolone sod phos orally
disintegr tab 30 mg (base eq) 130
prednisolone sod phosph oral soln
6.7 mg/5ml (5 mg/5ml base) 130
prednisolone sod phosphate oral
soln 10 mg/5ml (base equiv) .130
prednisolone sod phosphate oral
soln 15 mg/5ml (base equiv) .130
prednisolone sod phosphate oral
soln 20 mg/5ml (base equiv) .130
prednisolone sodium phosphate
oral soln 25 mg/5ml (base eq)
 130
 PREDNISOLONE SUS 1%..... 183
prednisolone syrup 15 mg/5ml
(usp solution equivalent) 130
prednisone
 see PREDNISONONE CON 5MG/ML... 130
 PREDNISONONE CON 5MG/ML 130
prednisone oral soln 5 mg/5ml .130
prednisone tab 1 mg 130
prednisone tab 10 mg 130
prednisone tab 2.5 mg 130
prednisone tab 20 mg 130
prednisone tab 5 mg 130
prednisone tab 50 mg 130
prednisone tab therapy pack 10 mg
(21)..... 130
prednisone tab therapy pack 10 mg
(48)..... 131
prednisone tab therapy pack 5 mg
(21)..... 130
prednisone tab therapy pack 5 mg
(48)..... 130
 PREFEST TAB..... 150
pregabalin cap 100 mg 63
pregabalin cap 150 mg 63
pregabalin cap 200 mg 63
pregabalin cap 225 mg 63
pregabalin cap 25 mg 63

pregabalin cap 300 mg 63
pregabalin cap 50 mg 63
pregabalin cap 75 mg 63
pregabalin soln 20 mg/ml 63
 PREMARIN TAB 0.3MG 151
 PREMARIN TAB 0.45MG 151
 PREMARIN TAB 0.625MG..... 151
 PREMARIN TAB 0.9MG 151
 PREMARIN TAB 1.25MG 151
 PREMARIN VAG CRE 0.625MG..... 208
 PREMESISRX TAB..... 174
 PREMPHASE TAB 150
 PREMPRO TAB..... 150
 PREMPRO TAB 0.3-1.5 150
 PREMPRO TAB 0.45-1.5 150
 PREMPRO TAB 0.625-5 150
 PRENA 1 TRUE MIS..... 174
 PRENA1 CHW 174
 PRENA1 PEARL CAP 174
 PRENAISSANCE CAP 174
 PRENAISSANCE CAP PLUS 174
prenat vit w/ iron carbonyl-fe asp
glyc-fa-omega fatty acid
 see OB COMPLETE/ CAP DHA 173
prenat w/o a w/fefum-methfol-fa-
dha cap 27-0.6-0.4-300 mg 174
 PRENATA CHW 29-1MG 174
 Prenatabs Rx
 see **prenatal vit w/ iron carbonyl-**
fa tab 29-1 mg 175
 Prenatal 19
 see **prenatal vit w/ fe fumarate-fa**
chew tab 29-1 mg..... 175
 PRENATAL 19 CHW 29-1MG..... 174
 PRENATAL 19 TAB 174
 PRENATAL 19 TAB 29-1MG 175
prenatal multivitamins & minerals
w/ l-methylfolate-fa
 see PRENATE CHW 0.6-0.4 175
prenatal multivit-min w/fe-fa
 see MYNATAL CAP 173
prenatal mv & min w/fe bisglyc-fe
prot succ-fa-ca-omega 3
 see COMPLETE NAT PAK DHA 172
 see PR NATAL 400 PAK..... 174
 see PR NATAL 400 PAK EC 174
 see PR NATAL 430 PAK..... 174

see PR NATAL 430 PAK EC	174
see TRIVEEN-DUO PAK DHA.....	177
prenatal mv & min w/fe fumarate-fa-dha	
see VITAFOL-OB PAK +DHA.....	177
prenatal mv & min w/fe polysaccharide complex-fa-dha	
see SELECT-OB+ PAK DHA	176
see VITAFOL-ONE CAP	177
PRENATAL PLS MIS MV + DHA	175
PRENATAL TAB 27-1MG.....	175
PRENATAL VIT TAB LOW IRON	175
prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid	
see CITRANATAL TAB BLOOM.....	172
prenatal vit w/ docusate-fe fumarate-folic acid	
see MYNATE 90 TAB PLUS	173
see PRENATAL 19 TAB.....	174
see PRENATAL 19 TAB 29-1MG....	175
see SE-NATAL 19 TAB	176
prenatal vit w/ docusate-iron carbonyl-folic acid	
see ATABEX EC TAB 29-1MG.....	171
see MYNATAL TAB	173
see MYNATAL TAB ADVANCE.....	173
see OBSTETRIX EC TAB.....	173
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	175
prenatal vit w/ fe bisglycinate chelate-folic acid	
see ATABEX OB TAB 29-1MG	171
see VINATE II TAB.....	177
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	175
prenatal vit w/ fe fumarate-fa tab 28-1 mg	175
prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid	
see NATACHEW CHW	173
prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3	
see CONCEPT DHA CAP	172
see TARON-C DHA CAP	176
see VIRT-C DHA CAP.....	177
prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg	175
prenatal vit w/ fe poly cmplx-fe heme polypept-fa & omega 3	
see VP-HEME OB MIS + DHA	178
prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha	
see VITAFOL CAP ULTRA	177
prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids	
see C-NATE DHA CAP 28-1-200... ..	171
see PRENATAL PLS MIS MV + DHA	175
see RELNATE DHA CAP.....	176
see VIRT-NATE CAP DHA	177
see VIVA DHA CAP.....	177
see VP-PNV-DHA CAP.....	178
prenatal vit w/ ferrous fumarate-folic acid	
see COMPLETENATE CHW	172
see CO-NATAL FA TAB 29-1MG ...	172
see M-VIT TAB 27-1MG	172
see MYNATAL PLUS TAB	173
see MYNATAL-Z TAB	173
see NATALVIT TAB 75-1MG.....	173
see NEONATAL PLS TAB 27-1MG .	173
see O-CAL TAB PRENATAL	173
see PNV FOLIC AC TAB + IRON ...	174
see PNV PRENATAL TAB PLUS	174
see PRENATAL 19 CHW 29-1MG ..	174
see PRENATAL TAB 27-1MG	175
see PRENATAL VIT TAB LOW IRON	175
see PREPLUS TAB 27-1MG	176
see PRETAB TAB 29-1MG.....	176
see SE-NATAL 19 CHW.....	176
see TRICARE TAB PRENATAL.....	176
see TRINATAL RX TAB 1	177
see VINATE ONE TAB	177
see VITAFOL-OB TAB 65-1MG	177
see VOL-PLUS TAB	178
prenatal vit w/ iron carbonyl-fa tab 29-1 mg	175
prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	175

prenatal vit w/ iron carbonyl-fe aspart glycinate-fa
 see OB COMPLETE TAB PREMIER . 173

prenatal vit w/ iron carbonyl-folic acid
 see OB COMPLETE TAB..... 173
 see PNV TABS TAB 29-1MG..... 174
 see PRENATAL+FE TAB 29-1MG .. 175
 see THRIVITE RX TAB 29-1MG 176
 see VOL-TAB RX TAB 178

prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa
 see SELECT-OB CHW 176

prenatal vit w/ iron polysaccharide complex-folic acid
 see SELECT-OB CHW 176

prenatal vit without vit a w/ fe bisglycinate-fa-omeg 3
 see NESTABS DHA PAK 173
 see TRI-TABS DHA MIS 176

prenatal vit without vit a w/ fe bisglycinate-folic acid
 see NESTABS TAB 173

prenatal w/ calcium-vit b6-vit b12-folic acid-ginger
 see PREMESISRX TAB 174
 see PRENATE AM TAB 1MG 175

prenatal w/ fe asparto glycinate-l methylfolate-folic acid
 see PRENATE TAB ELITE..... 176

prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid
 see PRENA1 CHW 174
 see REDICHEW RX CHW 176

prenatal w/fe carbonyl-fa-dss-omega 3 fatty acids
 see OBSTETRIX PAK DHA 173

prenatal w/fe fumarate-fa-dss-fish oil
 see TRICARE PRE CAP 27-1-500.. 176

prenatal w/fe polysacch cmplx-sod feredetate-fa-omega 3
 see BAL-CARE MIS DHA 171
 see DUET DHA 400 MIS 25-1-400 172
 see DUET DHA MIS BALANCED.... 172

prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid
 see VITAFOL-NANO TAB 177

prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha
 see PRENATE CAP ESSENT..... 175
 see PRENATE CAP PIXIE 175
 see PRENATE DHA CAP..... 175

prenatal w/o vit a w/ fe carbonyl-dss-fa-dha
 see PRENAISSANCE CAP PLUS 174

prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha
 see PRENATE MINI CAP..... 176

prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil
 see OB COMPLETE CAP ONE..... 173

prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3
 see OB COMPLETE CAP PETITE.... 173

prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha
 see CITRANATAL MIS..... 171
 see CITRANATAL MIS 90 DHA 172
 see CITRANATAL PAK ASSURE 172
 see CITRANATAL PAK DHA..... 172

prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa & vit b6
 see CITRANATAL MIS B-CALM 172

prenatal w/o vit a w/ fe carbonyl-folic acid-dha
 see R-NATAL OB CAP 20-1-320 ... 176

prenatal w/o vit a w/ fe fumarate-dss-fa-dha
 see PNV-DHA CAP DOCUSATE..... 174
 see PRENAISSANCE CAP..... 174
 see TARON-PREX CAP 176

prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha
 see CITRANATAL CAP HARMONY.. 171

prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha
 see CITRANATAL CAP MEDLEY..... 171

prenatal without a vit w/ fe fumarate-folic acid
 see PRENATA CHW 29-1MG 174
 see PRENATAL-U CAP 106.5-1..... 175

prenatal without a vit w/ fe fum-iron polysacch complex -fa

see CONCEPT OB CAP 172
 see FOLIVANE-OB CAP 172
 see PROVIDA OB CAP 176
prenatal without a w/ fe amino acid chelate-fa-dha
 see PRENA 1 TRUE MIS 174
 see VITATRUE MIS 177
prenatal without a w/ fe fumarate-l methylfolate-fa-dha
 see PRENATE CAP ENHANCE 175
 see PRENATE CAP RESTORE 175
 see VIRT-PN DHA CAP 177
 see VITAMEDMD CAP ONE RX 177
 see ZATEAN-PN CAP DHA 178
prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3
 see PNV-OMEGA CAP 174
 see VIRT-PN PLUS CAP 177
 see ZATEAN-PN CAP PLUS 178
prenatal without a w/ fe fumarate-sod feredetate-fa-dha
 see PRENA1 PEARL CAP 174
 see VITAPEARL CAP 177
prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa
 see CITRANATAL TAB RX 172
prenatal without vit a w/ fe fumarate-l methylfolate-omegas
 see NEEVO DHA CAP 27-1.13 173
 see VINATE DHA CAP 27-1.13 177
prenatal without vit a w/ iron polysaccharide complex-fa
 see MARNATAL-F CAP 172
 PRENATAL+FE TAB 29-1MG 175
 PRENATAL-U CAP 106.5-1 175
 PRENATE AM TAB 1MG 175
 PRENATE CAP ENHANCE 175
 PRENATE CAP ESSENT 175
 PRENATE CAP PIXIE 175
 PRENATE CAP RESTORE 175
 PRENATE CHW 0.6-0.4 175
 PRENATE DHA CAP 175
 PRENATE MINI CAP 176
 PRENATE TAB ELITE 176
 PREPLUS TAB 27-1MG 176
 PRETAB TAB 29-1MG 176
 PRETOMANID TAB 200MG 88

Prevalite
 see **cholestyramine light powder 4 gm/dose** 78
 see **cholestyramine light powder packets 4 gm** 78
 Preventeza
 see **levonorgestrel tab 1.5 mg** 128
 Previfem
 see **norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg** 127
 PREVYMIS TAB 240MG 109
 PREVYMIS TAB 480MG 109
 PREZCOBIX TAB 800-150 107
 PREZISTA SUS 100MG/ML 107
 PREZISTA TAB 150MG 107
 PREZISTA TAB 600MG 107
 PREZISTA TAB 75MG 107
 PREZISTA TAB 800MG 107
 PRIFTIN TAB 150MG 88
 PRILOSEC POW 10MG 204
 PRILOSEC POW 2.5MG 204
primaquine phosphate tab 26.3 mg (15 mg base) 88
primidone tab 250 mg 63
primidone tab 50 mg 63
 PRIMSOL SOL 50MG/5ML 51
probenecid tab 500 mg 156
procarbazine hcl
 see MATULANE CAP 50MG 97
prochlorperazine maleate tab 10 mg (base equivalent) 104
prochlorperazine maleate tab 5 mg (base equivalent) 104
prochlorperazine suppos 25 mg 104
 PROCTOFOAM AER HC 1% 50
 Procto-med Hc
 see **hydrocortisone perianal cream 2.5%** 50
 Procto-pak
 see **hydrocortisone perianal cream 1%** 50
 Proctosol Hc
 see **hydrocortisone perianal cream 2.5%** 50
 Proctozone-hc

see hydrocortisone perianal cream 2.5%	50
progesterone (vaginal)	
see CRINONE GEL 4% VAG	208
progesterone micronized cap 100 mg	187
progesterone micronized cap 200 mg	187
PROLENSA SOL 0.07%	184
PROMACTA PAK 25MG	158
PROMACTA POW 12.5MG	158
PROMACTA TAB 12.5MG	158
PROMACTA TAB 25MG	158
PROMACTA TAB 50MG	159
PROMACTA TAB 75MG	159
promethazine & phenylephrine syrup 6.25-5 mg/5ml	131
promethazine hcl suppos 12.5 mg	77
promethazine hcl suppos 25 mg ..	77
promethazine hcl suppos 50 mg ..	77
promethazine hcl syrup 6.25 mg/5ml	77
promethazine hcl tab 12.5 mg	77
promethazine hcl tab 25 mg	77
promethazine hcl tab 50 mg	77
promethazine w/ codeine syrup 6.25-10 mg/5ml	131
promethazine-dm syrup 6.25-15 mg/5ml	131
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	131
Promethegan	
see promethazine hcl suppos 12.5 mg	77
see promethazine hcl suppos 25 mg	77
see promethazine hcl suppos 50 mg	77
propafenone hcl cap er 12hr 225 mg	55
propafenone hcl cap er 12hr 325 mg	55
propafenone hcl cap er 12hr 425 mg	55
propafenone hcl tab 150 mg	55
propafenone hcl tab 225 mg	55
propafenone hcl tab 300 mg	55
propranolol & hydrochlorothiazide tab 40-25 mg	86
propranolol & hydrochlorothiazide tab 80-25 mg	86
propranolol hcl	
see HEMANGEOL SOL 4.28/ML	111
propranolol hcl cap er 24hr 120 mg	112
propranolol hcl cap er 24hr 160 mg	112
propranolol hcl cap er 24hr 60 mg	112
propranolol hcl cap er 24hr 80 mg	112
propranolol hcl oral soln 20 mg/5ml	112
propranolol hcl oral soln 40 mg/5ml	112
propranolol hcl tab 10 mg	112
propranolol hcl tab 20 mg	112
propranolol hcl tab 40 mg	112
propranolol hcl tab 60 mg	112
propranolol hcl tab 80 mg	112
propylthiouracil tab 50 mg	198
protriptyline hcl tab 10 mg	69
protriptyline hcl tab 5 mg	69
PROVIDA OB CAP	176
prussian blue insoluble (ferric hexacyanoferrate ii)	
see RADIOGARDASE CAP 0.5GM....	75
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	131, 132
pseudoephedrine w/ cod-gg soln 30-10-100 mg/5ml	132
PULMICORT INH 180MCG	57
PULMICORT INH 90MCG	57
Pulmosal	
see sodium chloride soln nebu 7%	132
PULMOZYME SOL 1MG/ML	196
PURIXAN SUS 20MG/ML	89
Px Aspirin	
see aspirin chew tab 81 mg	30

Px Enteric Aspirin	
see aspirin tab delayed release 81 mg	37
Px Folic Acid	
see folic acid tab 400 mcg	157
Px Stop Smoking Aid	
see nicotine polacrilex gum 2 mg	191
see nicotine polacrilex gum 4 mg	192
see nicotine polacrilex lozenge 2 mg	193
see nicotine polacrilex lozenge 4 mg	194
PYLERA CAP	204
pyrazinamide tab 500 mg	88
pyridostigmine bromide oral soln 60 mg/5ml	88
pyridostigmine bromide tab 60 mg	88
pyridostigmine bromide tab er 180 mg	88
pyrimethamine	
see DARAPRIM TAB 25MG	88
pyrimethamine tab 25 mg	88
Q	
QBRELIS SOL 1MG/ML	82
QBREXZA PAD 2.4%	143
Qc Aspirin Low Dose	
see aspirin chew tab 81 mg	30
see aspirin tab delayed release 81 mg	37
Qc Chewable Aspirin Low D	
see aspirin chew tab 81 mg	30
Qc Childrens Aspirin	
see aspirin chew tab 81 mg	30
Qc Folic Acid	
see folic acid tab 800 mcg	158
quetiapine fumarate tab 100 mg	103
quetiapine fumarate tab 200 mg	103
quetiapine fumarate tab 25 mg	103
quetiapine fumarate tab 300 mg	103
quetiapine fumarate tab 400 mg	103
quetiapine fumarate tab 50 mg	103
quetiapine fumarate tab er 24hr 150 mg	103
quetiapine fumarate tab er 24hr 200 mg	103
quetiapine fumarate tab er 24hr 300 mg	103
quetiapine fumarate tab er 24hr 400 mg	103
quetiapine fumarate tab er 24hr 500 mg	103
QUILLICHEW CHW 20MG ER	24
QUILLICHEW CHW 30MG ER	24
QUILLICHEW CHW 40MG ER	24
QUILLIVANT SUS 25MG/5ML	24
quinapril hcl tab 10 mg	82
quinapril hcl tab 20 mg	82
quinapril hcl tab 40 mg	82
quinapril hcl tab 5 mg	82
quinapril-hydrochlorothiazide tab 10-12.5 mg	86
quinapril-hydrochlorothiazide tab 20-12.5 mg	86
quinapril-hydrochlorothiazide tab 20-25 mg	86
quinidine gluconate tab er 324 mg	54
quinidine sulfate tab 200 mg	55
quinidine sulfate tab 300 mg	55
quinine sulfate cap 324 mg	88
QVAR REDIIA AER 80MCG	57
QVAR REDIIHAL AER 40MCG	57
R	
Ra Aspirin Adult Low Dose	
see aspirin chew tab 81 mg	30
Ra Aspirin Adult Low Stre	
see aspirin chew tab 81 mg	31
Ra Aspirin Childrens	
see aspirin chew tab 81 mg	31
Ra Aspirin Ec	
see aspirin tab delayed release 81 mg	37
Ra Aspirin Ec Adult Low S	
see aspirin tab delayed release 81 mg	38
Ra Childrens Aspirin	
see aspirin chew tab 81 mg	31

Ra Folic Acid	
see folic acid tab 400 mcg	157
see folic acid tab 800 mcg	158
Ra Mini Nicotine	
see nicotine polacrilex lozenge 2 mg	193
see nicotine polacrilex lozenge 4 mg	194
Ra Nicotine	
see nicotine polacrilex gum 2 mg	191
see nicotine polacrilex gum 4 mg	192
see nicotine td patch 24hr 14 mg/24hr	195
see nicotine td patch 24hr 21 mg/24hr	195
see nicotine td patch 24hr 7 mg/24hr	195
Ra Nicotine Gum	
see nicotine polacrilex gum 2 mg	191
see nicotine polacrilex gum 4 mg	192
Ra Nicotine Polacrilex	
see nicotine polacrilex gum 2 mg	191
see nicotine polacrilex gum 4 mg	192
see nicotine polacrilex lozenge 2 mg	193
see nicotine polacrilex lozenge 4 mg	194
Ra Nicotine Transdermal S	
see nicotine td patch 24hr 21 mg/24hr	195
see nicotine td patch 24hr 7 mg/24hr	195
RABEPRAZOLE CAP 10MG DR.....	204
rabeprazole sodium ec tab 20 mg	204
RADIOGARDASE CAP 0.5GM	75
RAGWITEK SUB.....	24
raloxifene hcl tab 60 mg	147
raltegravir potassium	
see ISENTRESS CHW 100MG	106
see ISENTRESS CHW 25MG	106
see ISENTRESS HD TAB 600MG ..	106
see ISENTRESS POW 100MG.....	106
see ISENTRESS TAB 400MG.....	106
ramelteon tab 8 mg	160
ramipril cap 1.25 mg	82
ramipril cap 10 mg	82
ramipril cap 2.5 mg	82
ramipril cap 5 mg	82
ranolazine tab er 12hr 1000 mg ..	52
ranolazine tab er 12hr 500 mg	52
rasagiline mesylate tab 0.5 mg (base equiv)	100
rasagiline mesylate tab 1 mg (base equiv)	100
RAYALDEE CAP 30MCG	148
React	
see levonorgestrel tab 1.5 mg ..	128
Reclipsen	
see desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	120
RECTIV OIN 0.4%	50
REDICHEW RX CHW	176
regorafenib	
see STIVARGA TAB 40MG	96
REGANEX GEL 0.01%	143
RELENZA MIS DISKHALE	110
RELISTOR TAB 150MG	154
RELNATE DHA CAP	176
repaglinide tab 0.5 mg	73
repaglinide tab 1 mg	73
repaglinide tab 2 mg	73
RESTASIS EMU 0.05%	182
RESTASIS MUL EMU 0.05%	182
retapamulin	
see ALTABAX OIN 1%	135
RETIN-A MICR GEL 0.06%.....	134
RETIN-A MICR GEL 0.08%.....	134
REVLIMID CAP 10MG	169
REVLIMID CAP 15MG	169
REVLIMID CAP 2.5MG	169
REVLIMID CAP 20MG	169
REVLIMID CAP 25MG	169
REVLIMID CAP 5MG	169
REXAPHENAC CRE 1%	135
REXULTI TAB 0.25MG	104
REXULTI TAB 0.5MG	104

REXULTI TAB 1MG.....	104	risedronate sodium tab 30 mg ..	147
REXULTI TAB 2MG.....	104	risedronate sodium tab 35 mg ..	147
REXULTI TAB 3MG.....	104	risedronate sodium tab 5 mg	147
REXULTI TAB 4MG.....	104	risedronate sodium tab delayed	
REYATAZ POW 50MG	107	release 35 mg.....	147
REYVOW TAB 100MG	166	risperidone orally disintegrating	
REYVOW TAB 50MG.....	165	tab 0.25 mg	101
RHOFADE CRE 1%.....	143	risperidone orally disintegrating	
RHOPRESSA SOL 0.02%	182	tab 0.5 mg	101
RIAX AER 5.5%.....	134	risperidone orally disintegrating	
RIAX AER 9.5%.....	134	tab 1 mg	101
ribavirin cap 200 mg	110	risperidone orally disintegrating	
ribavirin tab 200 mg.....	110	tab 2 mg	101
ribociclib succinate		risperidone orally disintegrating	
see KISQALI TAB 200DOSE.....	94	tab 3 mg	101
see KISQALI TAB 400DOSE.....	94	risperidone orally disintegrating	
see KISQALI TAB 600DOSE.....	94	tab 4 mg	101
ribociclib succinate-letrozole		risperidone soln 1 mg/ml.....	101
see KISQALI 200 PAK FEMARA	91	risperidone tab 0.25 mg	101
see KISQALI 400 PAK FEMARA	91	risperidone tab 0.5 mg	101
see KISQALI 600 PAK FEMARA	91	risperidone tab 1 mg	101
RIDAURA CAP 3MG.....	25	risperidone tab 2 mg	101
rifabutin cap 150 mg	88	risperidone tab 3 mg	101
rifampin cap 150 mg	89	risperidone tab 4 mg	101
rifampin cap 300 mg	89	RITEFLO MIS	165
rifamycin sodium		ritonavir	
see AEMCOLO TAB 194MG	51	see NORVIR POW 100MG	107
rifapentine		see NORVIR SOL 80MG/ML.....	107
see PRIFTIN TAB 150MG.....	88	ritonavir tab 100 mg	107
rifaximin		rivaroxaban	
see XIFAXAN TAB 200MG	51	see XARELTO STAR TAB 15/20MG .	59
see XIFAXAN TAB 550MG	51	see XARELTO TAB 10MG.....	59
rilpivirine hcl		see XARELTO TAB 15MG.....	59
see EDURANT TAB 25MG	106	see XARELTO TAB 2.5MG.....	59
riluzole tab 50 mg	179	see XARELTO TAB 20MG.....	59
rimantadine hydrochloride tab 100		rivastigmine tartrate cap 1.5 mg	
mg	110	(base equivalent)	188
rimegepant sulfate		rivastigmine tartrate cap 3 mg	
see NURTEC TAB 75MG ODT	165	(base equivalent)	188
RINVOQ TAB 15MG ER.....	25	rivastigmine tartrate cap 4.5 mg	
riociguat		(base equivalent)	188
see ADEMPAS TAB 0.5MG.....	118	rivastigmine tartrate cap 6 mg	
see ADEMPAS TAB 1.5MG.....	118	(base equivalent)	188
see ADEMPAS TAB 1MG.....	118	rivastigmine td patch 24hr 13.3	
see ADEMPAS TAB 2.5MG.....	118	mg/24hr.....	188
see ADEMPAS TAB 2MG.....	118	rivastigmine td patch 24hr 4.6	
risedronate sodium tab 150 mg.	147	mg/24hr.....	188

rivastigmine td patch 24hr 9.5 mg/24hr 188

Rivelsa
 see **levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg** 121

rizatriptan benzoate oral disintegrating tab 10 mg (base eq)..... 166

rizatriptan benzoate oral disintegrating tab 5 mg (base eq) 166

rizatriptan benzoate tab 10 mg (base equivalent) 166

rizatriptan benzoate tab 5 mg (base equivalent) 166

R-NATAL OB CAP 20-1-320..... 176

ROCKLATAN DRO 182

roflumilast
 see DALIRESP TAB 250MCG 56
 see DALIRESP TAB 500MCG 56

rolapitant hcl
 see VARUBI TAB 90MG 76

ropinirole hydrochloride tab 0.25 mg 99

ropinirole hydrochloride tab 0.5 mg 99

ropinirole hydrochloride tab 1 mg 99

ropinirole hydrochloride tab 2 mg 99

ropinirole hydrochloride tab 3 mg 99

ropinirole hydrochloride tab 4 mg 99

ropinirole hydrochloride tab 5 mg 99

ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) 100

ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) .. 100

ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) .. 100

ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) .. 100

ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) .. 100

Rosadan
 see **metronidazole cream 0.75%** 143
 see **metronidazole gel 0.75%** . 143

rosiglitazone maleate
 see AVANDIA TAB 2MG 73
 see AVANDIA TAB 4MG 73

rosuvastatin calcium tab 10 mg .. 80

rosuvastatin calcium tab 20 mg .. 80

rosuvastatin calcium tab 40 mg .. 80

rosuvastatin calcium tab 5 mg 80

rotigotine
 see NEUPRO DIS 1MG/24HR 99
 see NEUPRO DIS 2MG/24HR 99
 see NEUPRO DIS 3MG/24HR 99
 see NEUPRO DIS 4MG/24HR 99
 see NEUPRO DIS 6MG/24HR 99
 see NEUPRO DIS 8MG/24HR 99

Roweepra
 see **levetiracetam tab 1000 mg** . 62
 see **levetiracetam tab 500 mg** ... 62
 see **levetiracetam tab 750 mg** ... 62

Roweepra Xr
 see **levetiracetam tab er 24hr 500 mg** 62
 see **levetiracetam tab er 24hr 750 mg** 62

RUBRACA TAB 200MG 95

RUBRACA TAB 250MG 95

RUBRACA TAB 300MG 96

rucaparib camsylate
 see RUBRACA TAB 200MG 95
 see RUBRACA TAB 250MG 95
 see RUBRACA TAB 300MG 96

rufinamide
 see BANZEL SUS 40MG/ML 60
 see BANZEL TAB 200MG 60
 see BANZEL TAB 400MG 60

ruxolitinib phosphate
 see JAKAFI TAB 10MG 94
 see JAKAFI TAB 15MG 94
 see JAKAFI TAB 20MG 94
 see JAKAFI TAB 25MG 94
 see JAKAFI TAB 5MG 94

RUZURGI TAB 10MG 88

RYBELSUS TAB 14MG 72

RYBELSUS TAB 3MG 72

RYBELSUS TAB 7MG	72
RYDAPT CAP 25MG	96
RYTARY CAP 145MG	100
RYTARY CAP 195MG	100
RYTARY CAP 245MG	100
RYTARY CAP 95MG	100

S

sacrosidase

see SUCRAID SOL 8500/ML	144
-------------------------------	-----

sacubitril-valsartan

see ENTRESTO TAB 24-26MG	116
see ENTRESTO TAB 49-51MG	116
see ENTRESTO TAB 97-103MG	116

salicylic acid

see SALIMEZ FORT CRE 10%	142
--------------------------------	-----

salicylic acid & urea in lactic acid vehicle

see SALVAX DUO KIT PLUS	142
-------------------------------	-----

salicylic acid cream 6% 142 |

Salimez

see salicylic acid cream 6%	142
---	-----

SALIMEZ FORT CRE 10% 142 |

salmeterol xinafoate

see SEREVENT DIS AER 50MCG	58
----------------------------------	----

salsalate tab 500 mg 39 |

salsalate tab 750 mg 39 |

SALVAX DUO KIT PLUS 142 |

SAMSCA TAB 15MG 149 |

SAMSCA TAB 30MG 149 |

SANCUSO DIS 3.1MG 75 |

SANDIMMUNE SOL 100MG/ML 170 |

SANTYL OIN 250/GM 142 |

SAPHRIS SUB 10MG 103 |

SAPHRIS SUB 2.5MG 103 |

SAPHRIS SUB 5MG 103 |

sapropterin dihydrochloride

see KUVAN POW 100MG	147
---------------------------	-----

see KUVAN POW 500MG	147
---------------------------	-----

see KUVAN TAB 100MG	147
---------------------------	-----

saquinavir mesylate

see INVIRASE TAB 500MG	106
------------------------------	-----

SAVELLA MIS TITR PAK 189 |

SAVELLA TAB 100MG 189 |

SAVELLA TAB 12.5MG 189 |

SAVELLA TAB 25MG 189 |

SAVELLA TAB 50MG 189 |

Sb Aspirin

see aspirin tab delayed release 81 mg	38
--	----

Sb Aspirin Adult Low Stre

see aspirin tab delayed release 81 mg	38
--	----

Sb Childrens Aspirin

see aspirin chew tab 81 mg	31
---	----

Sb Low Dose Asa Ec

see aspirin tab delayed release 81 mg	38
--	----

scopolamine td patch 72hr 1

mg/3days	75
-----------------------	----

secobarbital sodium

see SECONAL SOD CAP 100MG ...	159
-------------------------------	-----

SECONAL SOD CAP 100MG 159 |

SELECT-OB CHW 176 |

SELECT-OB+ PAK DHA 176 |

selegiline

see EMSAM DIS 12MG/24H	66
------------------------------	----

see EMSAM DIS 6MG/24HR	66
------------------------------	----

see EMSAM DIS 9MG/24HR	66
------------------------------	----

selegiline hcl

see ZELAPAR TAB 1.25MG	100
------------------------------	-----

selegiline hcl cap 5 mg 100 |

selegiline hcl tab 5 mg 100 |

selenium sulfide lotion 2.5% 138 |

selexipag

see UPTRAVI TAB 1000MCG	117
-------------------------------	-----

see UPTRAVI TAB 1200MCG	117
-------------------------------	-----

see UPTRAVI TAB 1400MCG	117
-------------------------------	-----

see UPTRAVI TAB 1600MCG	117
-------------------------------	-----

see UPTRAVI TAB 200/800	117
-------------------------------	-----

see UPTRAVI TAB 200MCG	117
------------------------------	-----

see UPTRAVI TAB 400MCG	117
------------------------------	-----

see UPTRAVI TAB 600MCG	117
------------------------------	-----

see UPTRAVI TAB 800MCG	117
------------------------------	-----

selinexor

see XPOVIO PAK 100MG	91
----------------------------	----

see XPOVIO PAK 40MG	91
---------------------------	----

see XPOVIO PAK 60MG	91
---------------------------	----

see XPOVIO PAK 80MG	91
---------------------------	----

SELZENTRY SOL 20MG/ML 108 |

SELZENTRY TAB 150MG 108 |

SELZENTRY TAB 25MG 108 |

SELZENTRY TAB 300MG 108 |

SELZENTRY TAB 75MG 108 |

semaglutide

see OZEMPIC INJ 2/1.5ML	72	see desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	119
see RYBELSUS TAB 14MG	72	Simpesse	
see RYBELSUS TAB 3MG	72	see levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	122
see RYBELSUS TAB 7MG	72	simvastatin tab 10 mg	80
SEMPREX-D CAP 8-60MG	132	simvastatin tab 20 mg	80
SE-NATAL 19 CHW	176	simvastatin tab 40 mg	80
SE-NATAL 19 TAB	176	simvastatin tab 5 mg	80
SEREVENT DIS AER 50MCG	58	simvastatin tab 80 mg	80
SERNIVO SPR	141	siponimod fumarate	
SERNIVO SPR 0.05%	141	see MAYZENT TAB 0.25MG	190
sertaconazole nitrate		see MAYZENT TAB 2MG	190
see ERTACZO CRE 2%	136	sirolimus oral soln 1 mg/ml	170
sertraline hcl oral concentrate for solution 20 mg/ml	67	sirolimus tab 0.5 mg	170
sertraline hcl tab 100 mg	67	sirolimus tab 1 mg	170
sertraline hcl tab 25 mg	67	sirolimus tab 2 mg	170
sertraline hcl tab 50 mg	67	SIRTURO TAB 100MG	89
Setlakin		SIRTURO TAB 20MG	89
see levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	122	sitagliptin phosphate	
sevelamer carbonate packet 0.8 gm	154	see JANUVIA TAB 100MG	72
sevelamer carbonate packet 2.4 gm	154	see JANUVIA TAB 25MG	72
sevelamer carbonate tab 800 mg	154	see JANUVIA TAB 50MG	72
sevelamer hcl tab 400 mg	154	sitagliptin-metformin hcl	
sevelamer hcl tab 800 mg	154	see JANUMET TAB 50-1000	70
SFROWASA ENE 4GM	153	see JANUMET TAB 50-500MG	70
Sharobel		see JANUMET XR TAB 100-1000	70
see norethindrone tab 0.35 mg	129	see JANUMET XR TAB 50-1000	70
short ragweed pollen allergen extract		see JANUMET XR TAB 50-500MG	70
see RAGWITEK SUB	24	SITAVIG TAB 50MG	110
SHUR-SEAL GEL 2%	207	SIVEXTRO TAB 200MG	52
SIKLOS TAB 1000MG	157	SKLICE LOT 0.5%	143
SIKLOS TAB 100MG	156	Sm Aspirin Adult Low Stre	
sildenafil citrate for suspension 10 mg/ml	117	see aspirin chew tab 81 mg	31
sildenafil citrate tab 20 mg	117	see aspirin tab delayed release 81 mg	38
silodosin cap 4 mg	155	Sm Aspirin Ec Low Strengt	
silodosin cap 8 mg	155	see aspirin tab delayed release 81 mg	38
silver sulfadiazine cream 1%	138	Sm Aspirin Low Dose	
SIMBRINZA SUS 1-0.2%	181	see aspirin chew tab 81 mg	31
Simliya		Sm Childrens Aspirin	
		see aspirin chew tab 81 mg	31
		Sm Folic Acid	
		see folic acid tab 400 mcg	157

Sm Nicotine	
see nicotine polacrilex gum 4 mg	
.....	193
see nicotine polacrilex lozenge 2 mg	
.....	193
Sm Nicotine Polacrilex	
see nicotine polacrilex gum 2 mg	
.....	191
see nicotine polacrilex gum 4 mg	
.....	193
see nicotine polacrilex lozenge 4 mg	
.....	194
Sm Nicotine Transdermal S	
see nicotine td patch 24hr 14 mg/24hr	
.....	195
see nicotine td patch 24hr 21 mg/24hr	
.....	195
see nicotine td patch 24hr 7 mg/24hr	
.....	195
sodium chloride (inhalant)	
see HYPERSAL NEB 3.5%	132
see NEBUSAL NEB 6%.....	132
sodium chloride soln nebu 0.9%	132
sodium chloride soln nebu 10%	132
sodium chloride soln nebu 3% ..	132
sodium chloride soln nebu 7% ..	132
sodium citrate & citric acid	
see ORACIT SOL.....	154
sodium fluoride	
see FLUORABON DRO.....	166
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	
.....	167
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	
.....	166, 167
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	
.....	167
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	
.....	167
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)	
.....	167
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	
.....	167
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	
.....	167
sodium fluoride tab 1 mg f (from 2.2 mg naf)	
.....	167
sodium oxybate	
see XYREM SOL 500MG/ML.....	187
sodium phenylbutyrate oral powder 3 gm/teaspoonful	
.....	148
sodium phenylbutyrate tab 500 mg	
.....	148
sodium picosulfate-magnesium oxide-anhydrous citric acid	
see CLENPIQ SOL.....	160
sodium polystyrene sulfonate oral susp 15 gm/60ml	
.....	170
sodium polystyrene sulfonate powder	
.....	170
sodium polystyrene sulfonate rectal susp 30 gm/120ml	
.....	170
SODIUM SULFA LIQ 10% WASH.....	138
sodium sulfate-potassium sulfate-magnesium sulfate	
see SUPREP BOWEL SOL PREP KIT	
.....	161
sodium thiosulfate-salicylic acid	
see EXODERM LOT 25-1%	136
sodium zirconium cyclosilicate	
see LOKELMA PAK 10GM	170
see LOKELMA PAK 5GM	170
sofosbuvir	
see SOVALDI PAK 150MG	110
see SOVALDI PAK 200MG	110
see SOVALDI TAB 200MG	110
see SOVALDI TAB 400MG	110
sofosbuvir-velpatasvir	
see EPCLUSA TAB 400-100	109
sofosbuvir-velpatasvir-voxilaprevir	
see VOSEVI TAB.....	110
solifenacin succinate tab 10 mg	206
solifenacin succinate tab 5 mg ..	206
SOLIQUA INJ 100/33	70
solriamfetol hcl	
see SUNOSI TAB 150MG	18
see SUNOSI TAB 75MG	18
SOLTAMOX SOL 10MG/5ML	90
sonidegib phosphate	
see ODOMZO CAP 200MG.....	90
SOOLANTRA CRE 1%.....	143
sorafenib tosylate	
see NEXAVAR TAB 200MG	95
Sorine	

see **sotalol hcl tab 120 mg** 112
 see **sotalol hcl tab 160 mg** 112
 see **sotalol hcl tab 240 mg** 112
 see **sotalol hcl tab 80 mg** 112
sotalol hcl
 see SOTYLIZE SOL 5MG/ML 112
sotalol hcl (afib/afl) tab 120 mg 112
sotalol hcl (afib/afl) tab 160 mg 112
sotalol hcl (afib/afl) tab 80 mg . 112
sotalol hcl tab 120 mg 112
sotalol hcl tab 160 mg 112
sotalol hcl tab 240 mg 112
sotalol hcl tab 80 mg 112
 SOTYLIZE SOL 5MG/ML 112
 SOVALDI PAK 150MG 110
 SOVALDI PAK 200MG 110
 SOVALDI TAB 200MG 110
 SOVALDI TAB 400MG 110
spacer/aerosol-holding chamber
supplies - masks
 see FLEXICHAMBER MIS MASK LRG
 164
 see FLEXICHAMBER MIS MASK SM
 164
spacer/aerosol-holding chambers
 see AERCHMBR PLS MIS FLOW-VU
 162
 see AERCHMBR PLS MIS LRG MASK
 162
 see AERCHMBR PLS MIS MED MASK
 163
 see AERCHMBR PLS MIS SM MASK
 163
 see AERCHMBR Z- MIS STAT PLS. 163
 see AEROCHAMBER MIS CHAMBER
 163
 see AEROCHAMBER MIS FLOSIGNA
 163
 see AEROCHAMBER MIS MV 163
 see AEROCHAMBER MIS PLUS 163
 see AEROVENT MIS PLUS 163
 see BREATHE EASE MIS LG MASK 163
 see BREATHE EASE MIS MED MASK
 163
 see BREATHE EASE MIS SM MASK 163
 see BREATHERITE MIS 163
 see BREATHERITE MIS LG MASK . 163

see BREATHERITE MIS MED MASK
 163
 see BREATHERITE MIS SM MASK. 163
 see BREATHERITE MIS SPACER ... 163
 see BREATHERITE MIS W/MASK .. 163
 see COMPACT SPAC MIS CHAMBER
 163
 see COMPACT SPAC MIS LG MASK
 163
 see COMPACT SPAC MIS MD MASK
 163
 see COMPACT SPAC MIS SM MASK
 163
 see EASIVENT MIS 163
 see EASIVENT MIS MASK LG 164
 see EASIVENT MIS MASK MED 164
 see EASIVENT MIS MASK SM 164
 see FLEXICHAMBER MIS 164
 see HOLD CHAMBER MIS ADLT LG
 164
 see HOLD CHAMBER MIS MEDIUM 164
 see HOLD CHAMBER MIS SMALL.. 164
 see INSPIRACHAMB MIS LARGE .. 164
 see INSPIRACHAMB MIS MEDIUM 164
 see INSPIRACHAMB MIS MOUTHPC
 164
 see INSPIRACHAMB MIS SMALL .. 164
 see INSPIREASE MIS DD SYST 164
 see LITEAIRE MIS 164
 see MICROCHAMBER MIS 164
 see MICROSPACER MIS 164
 see OPTICHAMBER MIS ADV LRG 164
 see OPTICHAMBER MIS ADV MED 164
 see OPTICHAMBER MIS ADV SM .. 164
 see OPTICHAMBER MIS DIA LG ... 164
 see OPTICHAMBER MIS DIA MD .. 165
 see OPTICHAMBER MIS DIA SM... 165
 see OPTICHAMBER MIS DIAMOND 165
 see OPTIHALER MIS 165
 see POCKET CHAMB MIS 165
 see POCKET SPACE MIS 165
 see RITEFLO MIS 165
 see VALVD HOLDNG MIS CHAMBER
 165
 see VORTEX VALVE MIS CHAMBER
 165
 see WATCHHALER MIS 165

spinosad susp 0.9%	143	see DIACOMIT CAP 500MG	61
SPIRIVA AER 1.25MCG.....	56	see DIACOMIT PAK 250MG	61
SPIRIVA CAP HANDIHLR.....	56	see DIACOMIT PAK 500MG	61
SPIRIVA SPR 2.5MCG.....	56	STIVARGA TAB 40MG	96
spironolactone &		STRIVERDI AER 2.5MCG	58
hydrochlorothiazide		SUBSYS SPR 100MCG	44
see ALDACTAZIDE TAB 50/50	145	SUBSYS SPR 1200MCG	44
spironolactone &		SUBSYS SPR 1600MCG	44
hydrochlorothiazide tab 25-25		SUBSYS SPR 200MCG	44
mg	145	SUBSYS SPR 400MCG	44
spironolactone tab 100 mg	146	SUBSYS SPR 600MCG	44
spironolactone tab 25 mg	146	SUBSYS SPR 800MCG	44
spironolactone tab 50 mg	146	Subvenite	
Sprintec 28		see lamotrigine tab 100 mg	62
see norgestimate & ethinyl		see lamotrigine tab 150 mg	62
estradiol tab 0.25 mg-35 mcg		see lamotrigine tab 200 mg	62
.....	127	see lamotrigine tab 25 mg	61
SPRYCEL TAB 100MG	96	Subvenite Starter Kit/blu	
SPRYCEL TAB 140MG	96	see lamotrigine tab 35 x 25 mg	
SPRYCEL TAB 20MG.....	96	starter kit	62
SPRYCEL TAB 50MG.....	96	Subvenite Starter Kit/gre	
SPRYCEL TAB 70MG.....	96	see lamotrigine tab 84 x 25 mg &	
SPRYCEL TAB 80MG.....	96	14 x 100 mg starter kit	62
Sps		Subvenite Starter Kit/ora	
see sodium polystyrene sulfonate		see lamotrigine tab 25 mg (42) &	
oral susp 15 gm/60ml	170	100 mg (7) starter kit	62
Sr Nicotine Gum		succimer	
see nicotine polacrilex gum 2 mg		see CHEMET CAP 100MG	74
.....	192	SUCRAID SOL 8500/ML.....	144
Sronyx		sucralfate susp 1 gm/10ml	203
see levonorgestrel & ethinyl		sucralfate tab 1 gm	203
estradiol tab 0.1 mg-20 mcg	122	sucroferic oxyhydroxide	
Ssd		see VELPHORO CHW 500MG	154
see silver sulfadiazine cream 1%		sulconazole nitrate	
.....	138	see EXELDERM SOL 1%.....	136
St Joseph Aspirin		sulconazole nitrate cream 1% ...	137
see aspirin tab delayed release 81		SULCONAZOLE SOL 1%	137
mg	38	sulfacetamide sodium in bakuchiol	
St Joseph Low Dose Aspiri		vehicle	
see aspirin chew tab 81 mg	32	see SODIUM SULFA LIQ 10% WASH	
stavudine cap 15 mg	108	.....	138
stavudine cap 20 mg	108	sulfacetamide sodium lotion 10%	
stavudine cap 30 mg	108	(acne)	134
stavudine cap 40 mg	108	sulfacetamide sodium ophth oint	
STIOLTO AER 2.5-2.5	58	10%	182
stiripentol		sulfacetamide sodium ophth soln	
see DIACOMIT CAP 250MG	61	10%	182

sulfacetamide sodium w/ sulfur cleansing pad 10-4%	134
sulfacetamide sodium w/ sulfur emulsion 10-1%	135
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	183
sulfacetamide sod-prednisolone see BLEPHAMIDE OIN S.O.P.....	183
see BLEPHAMIDE SUS OP	183
SULFADIAZINE TAB 500MG	197
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	51
sulfamethoxazole-trimethoprim tab 400-80 mg	51
sulfamethoxazole-trimethoprim tab 800-160 mg	51
Sulfamez Wash see sulfacetamide sodium w/ sulfur emulsion 10-1%	135
SULFAMYLON CRE 85MG/GM	138
sulfasalazine tab 500 mg	153
sulfasalazine tab delayed release 500 mg	153
Sulfatrim Pediatric see sulfamethoxazole- trimethoprim susp 200-40 mg/5ml	51
sulindac tab 150 mg	26
sulindac tab 200 mg	26
sumatriptan nasal spray 20 mg/act	166
sumatriptan nasal spray 5 mg/act	166
sumatriptan succinate see ONZETRA XSAI MIS 11MG	165
sumatriptan succinate inj 6 mg/0.5ml	166
sumatriptan succinate solution auto-injector 6 mg/0.5ml	166
sumatriptan succinate solution cartridge 4 mg/0.5ml	166
sumatriptan succinate solution cartridge 6 mg/0.5ml	166
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml ..	166
sumatriptan succinate tab 100 mg	166

sumatriptan succinate tab 25 mg	166
sumatriptan succinate tab 50 mg	166
sunitinib malate see SUTENT CAP 12.5MG.....	96
see SUTENT CAP 25MG	96
see SUTENT CAP 37.5MG.....	96
see SUTENT CAP 50MG	96
SUNOSI TAB 150MG	18
SUNOSI TAB 75MG.....	18
SUPRAX CAP 400MG.....	119
SUPRAX CHW 100MG.....	119
SUPRAX CHW 200MG.....	119
SUPRAX SUS 100/5ML	119
SUPRAX SUS 200/5ML	119
SUPRAX SUS 500/5ML	119
SUPREP BOWEL SOL PREP KIT	161
SUTENT CAP 12.5MG	96
SUTENT CAP 25MG.....	96
SUTENT CAP 37.5MG	96
SUTENT CAP 50MG.....	96
suvorexant see BELSOMRA TAB 10MG	160
see BELSOMRA TAB 15MG	160
see BELSOMRA TAB 20MG	160
see BELSOMRA TAB 5MG.....	160
Syeda see drospirenone-ethinyl estradiol tab 3-0.03 mg	121
SYMAX DUOTAB TAB	203
Symax-sr see hyoscyamine sulfate tab er 12hr 0.375 mg	202
SYMBICORT AER 160-4.5	58
SYMBICORT AER 80-4.5.....	58
SYMDEKO TAB 100-150	196
SYMDEKO TAB 50-75MG	196
SYMFI LO TAB.....	108
SYMFI TAB	108
SYMJEPI INJ 0.15MG	208
SYMJEPI INJ 0.3MG	208
SYMLINPEN 60 INJ 1000MCG.....	70
SYMLNPEN 120 INJ 1000MCG	70
SYMPROIC TAB 0.2MG	154
SYMTUZA TAB.....	108
SYNAREL SOL 2MG/ML.....	147

SYNJARDY TAB.....	70
SYNJARDY TAB 12.5-500.....	71
SYNJARDY TAB 5-1000MG.....	71
SYNJARDY TAB 5-500MG.....	71
SYNJARDY XR TAB.....	71
SYNJARDY XR TAB 10-1000.....	71
SYNJARDY XR TAB 25-1000.....	71
SYNJARDY XR TAB 5-1000MG.....	71
SYNTHROID TAB 100MCG.....	201
SYNTHROID TAB 112MCG.....	201
SYNTHROID TAB 125MCG.....	201
SYNTHROID TAB 137MCG.....	201
SYNTHROID TAB 150MCG.....	201
SYNTHROID TAB 175MCG.....	201
SYNTHROID TAB 200MCG.....	201
SYNTHROID TAB 25MCG.....	201
SYNTHROID TAB 300MCG.....	201
SYNTHROID TAB 50MCG.....	201
SYNTHROID TAB 75MCG.....	201
SYNTHROID TAB 88MCG.....	201

T

TABLOID TAB 40MG.....	89
tacrolimus cap 0.5 mg	170
tacrolimus cap 1 mg	170
tacrolimus cap 5 mg	170
tacrolimus oint 0.03%	142
tacrolimus oint 0.1%	142
tadalafil tab 2.5 mg	116
tadalafil tab 20 mg (pah)	117
tadalafil tab 5 mg	116
tafamidis	
see VYNDAMAX CAP 61MG.....	118
TAFINLAR CAP 50MG.....	96
TAFINLAR CAP 75MG.....	96
tafluprost	
see ZIOPTAN DRO 0.0015%.....	185
TAGRISSE TAB 40MG.....	96
TAGRISSE TAB 80MG.....	96
Take Action	
see levonorgestrel tab 1.5 mg	128
TALICIA CAP.....	204
tamoxifen citrate	
see SOLTAMOX SOL 10MG/5ML.....	90
tamoxifen citrate tab 10 mg (base equivalent)	91
tamoxifen citrate tab 20 mg (base equivalent)	91

tamsulosin hcl cap 0.4 mg	155
tapentadol hcl	
see NUCYNTA ER TAB 100MG.....	43
see NUCYNTA ER TAB 150MG.....	43
see NUCYNTA ER TAB 200MG.....	43
see NUCYNTA ER TAB 250MG.....	43
see NUCYNTA ER TAB 50MG.....	43
see NUCYNTA TAB 100MG.....	43
see NUCYNTA TAB 50MG.....	43
see NUCYNTA TAB 75MG.....	43
TARGRETIN GEL 1%.....	137
Tarina 24 Fe	
see norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	126
Tarina Fe 1/20	
see norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	125
Tarina Fe 1/20 Eq	
see norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	125
TARON-C DHA CAP.....	176
Taron-crystals	
see potassium citrate & citric acid powder pack 3300-1002 mg	154
TARON-PREX CAP.....	176
tasimelteon	
see HETLIOZ CAP 20MG.....	160
tavaborole	
see KERYDIN SOL 5%.....	136
tazarotene	
see TAZORAC CRE 0.05%.....	138
see TAZORAC CRE 0.1%.....	138
see TAZORAC GEL 0.05%.....	138
see TAZORAC GEL 0.1%.....	138
tazarotene (acne)	
see FABIOR AER 0.1%.....	134
tazarotene cream 0.1%	138
TAZORAC CRE 0.05%.....	138
TAZORAC CRE 0.1%.....	138
TAZORAC GEL 0.05%.....	138
TAZORAC GEL 0.1%.....	138
Taztia Xt	

see <i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	113	TEMIXYS TAB 300-300.....	108
see <i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	113	<i>temozolomide cap 100 mg</i>	89
see <i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	113	<i>temozolomide cap 140 mg</i>	89
see <i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	114	<i>temozolomide cap 180 mg</i>	89
see <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	114	<i>temozolomide cap 20 mg</i>	89
TECFIDERA CAP 120MG	190	<i>temozolomide cap 250 mg</i>	89
TECFIDERA CAP 240MG	190	<i>temozolomide cap 5 mg</i>	89
TECFIDERA MIS STARTER.....	190	Tencon	
<i>tedizolid phosphate</i>		see <i>butalbital-acetaminophen tab 50-325 mg</i>	27
see SIVEXTRO TAB 200MG	52	<i>tenofovir alafenamide fumarate</i>	
TEKURNA HCT TAB 150-12.5.....	86	see VEMLIDY TAB 25MG	110
TEKURNA HCT TAB 150-25MG.....	86	<i>tenofovir disoproxil fumarate</i>	
TEKURNA HCT TAB 300-12.5.....	86	see VIREAD POW 40MG/GM.....	109
TEKURNA HCT TAB 300-25MG.....	86	see VIREAD TAB 150MG	109
<i>telmisartan tab 20 mg</i>	82	see VIREAD TAB 200MG	109
<i>telmisartan tab 40 mg</i>	82	see VIREAD TAB 250MG	109
<i>telmisartan tab 80 mg</i>	82	<i>tenofovir disoproxil fumarate tab 300 mg</i>	108
<i>telmisartan-amlodipine tab 40-10 mg</i>	86	<i>terazosin hcl cap 1 mg (base equivalent)</i>	83
<i>telmisartan-amlodipine tab 40-5 mg</i>	86	<i>terazosin hcl cap 10 mg (base equivalent)</i>	83
<i>telmisartan-amlodipine tab 80-10 mg</i>	86	<i>terazosin hcl cap 2 mg (base equivalent)</i>	83
<i>telmisartan-amlodipine tab 80-5 mg</i>	86	<i>terazosin hcl cap 5 mg (base equivalent)</i>	83
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	86	<i>terbinafine hcl tab 250 mg</i>	76
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	86	<i>terbutaline sulfate tab 2.5 mg</i>	58
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	86	<i>terbutaline sulfate tab 5 mg</i>	58
<i>telotristat etiprate</i>		<i>terconazole vaginal cream 0.4%</i>	207
see XERMELO TAB 250MG	154	<i>terconazole vaginal cream 0.8%</i>	207
<i>temazepam cap 15 mg</i>	160	<i>terconazole vaginal suppos 80 mg</i>	207
<i>temazepam cap 22.5 mg</i>	160	<i>teriflunomide</i>	
<i>temazepam cap 30 mg</i>	160	see AUBAGIO TAB 14MG	189
<i>temazepam cap 7.5 mg</i>	160	see AUBAGIO TAB 7MG	189
		<i>testosterone</i>	
		see ANDRODERM DIS 2MG/24HR ..	49
		see ANDRODERM DIS 4MG/24HR ..	49
		see NATESTO GEL 5.5MG	49
		<i>testosterone td gel 10mg/act (2%)</i>	49
		<i>testosterone td gel 12.5 mg/act (1%)</i>	49

testosterone td gel 20.25 mg/1.25gm (1.62%)	50
testosterone td gel 20.25 mg/act (1.62%)	50
testosterone td gel 25 mg/2.5gm (1%)	50
testosterone td gel 40.5 mg/2.5gm (1.62%)	50
testosterone td gel 50 mg/5gm (1%)	50
testosterone td soln 30 mg/act ...	50
tetrabenazine tab 12.5 mg	189
tetrabenazine tab 25 mg	189
tetracycline hcl cap 250 mg	198
tetracycline hcl cap 500 mg	198
TEXACORT SOL 2.5%	141
tezacaftor-ivacaftor	
see SYMDEKO TAB 100-150.....	196
see SYMDEKO TAB 50-75MG.....	196
Tgt Aspirin	
see aspirin chew tab 81 mg	32
see aspirin tab delayed release 81 mg	39
Tgt Aspirin Low Dose	
see aspirin tab delayed release 81 mg	39
Tgt Childrens Aspirin	
see aspirin chew tab 81 mg	32
Tgt Nicotine Gum	
see nicotine polacrilex gum 2 mg	192
see nicotine polacrilex gum 4 mg	193
Tgt Nicotine Polacrilex	
see nicotine polacrilex gum 2 mg	192
see nicotine polacrilex gum 4 mg	193
see nicotine polacrilex lozenge 2 mg	193
see nicotine polacrilex lozenge 4 mg	194
Tgt Nicotine Step One	
see nicotine td patch 24hr 21 mg/24hr	196
Tgt Nicotine Step Three	
see nicotine td patch 24hr 7 mg/24hr	195
Tgt Nicotine Step Two	
see nicotine td patch 24hr 14 mg/24hr	195
thalidomide	
see THALOMID CAP 100MG.....	169
see THALOMID CAP 150MG.....	169
see THALOMID CAP 200MG.....	169
see THALOMID CAP 50MG	169
THALOMID CAP 100MG	169
THALOMID CAP 150MG	169
THALOMID CAP 200MG	169
THALOMID CAP 50MG	169
THEO-24 CAP 100MG CR.....	58
THEO-24 CAP 200MG CR.....	59
THEO-24 CAP 300MG CR.....	59
THEO-24 CAP 400MG ER.....	59
theophylline	
see ELIXOPHYLLIN ELX 80/15ML ...	58
see THEO-24 CAP 100MG CR	58
see THEO-24 CAP 200MG CR	59
see THEO-24 CAP 300MG CR	59
see THEO-24 CAP 400MG ER.....	59
theophylline soln 80 mg/15ml	59
theophylline tab er 12hr 300 mg .	59
theophylline tab er 12hr 450 mg .	59
theophylline tab er 24hr 400 mg .	59
theophylline tab er 24hr 600 mg .	59
thioguanine	
see TABLOID TAB 40MG	89
THIOLA EC TAB 100MG	155
THIOLA EC TAB 300MG	155
THIOLA TAB 100MG.....	155
thioridazine hcl tab 10 mg	104
thioridazine hcl tab 100 mg	104
thioridazine hcl tab 25 mg	104
thioridazine hcl tab 50 mg	104
thiothixene cap 1 mg	104
thiothixene cap 10 mg	104
thiothixene cap 2 mg	104
thiothixene cap 5 mg	104
Thrive	
see nicotine polacrilex gum 2 mg	192
THRIVITE RX TAB 29-1MG	176
thyroid	

see ARMOUR THYRO TAB 180MG .198	
see ARMOUR THYRO TAB 240MG .198	
see ARMOUR THYRO TAB 300MG .198	
see NATURE THROI TAB 162.5MG 200	
see NATURE-THROI TAB 113.75MG	200
.....	200
see NATURE-THROI TAB 130MG ..200	
see NATURE-THROI TAB 146.25MG	201
.....	201
see NATURE-THROI TAB 16.25MG 200	
see NATURE-THROI TAB 195MG ..201	
see NATURE-THROI TAB 260MG ..201	
see NATURE-THROI TAB 32.5MG .200	
see NATURE-THROI TAB 325MG ..201	
see NATURE-THROI TAB 48.75MG 200	
see NATURE-THROI TAB 65MG ....200	
see NATURE-THROI TAB 81.25MG 200	
see NATURE-THROI TAB 97.5MG .200	
see WESTHROID TAB 130MG .....201	
see WESTHROID TAB 195MG .....201	
see WESTHROID TAB 32.5MG .....201	
see WESTHROID TAB 65MG .....201	
see WESTHROID TAB 97.5MG .....201	
see WP THYROID TAB 113.75MG .202	
see WP THYROID TAB 130MG .....202	
see WP THYROID TAB 16.25MG ...201	
see WP THYROID TAB 32.5MG .....202	
see WP THYROID TAB 48.75MG ...202	
see WP THYROID TAB 65MG .....202	
see WP THYROID TAB 81.25MG ...202	
see WP THYROID TAB 97.5MG .....202	
thyroid tab 120 mg (2 grain) .....201	
thyroid tab 15 mg (1/4 grain) ...201	
thyroid tab 30 mg (1/2 grain) ...201	
thyroid tab 60 mg (1 grain) .....201	
thyroid tab 90 mg (1 1/2 grain) 201	
Tiadylt Er	
see diltiazem hcl extended	
release beads cap er 24hr 120	
mg .....113	
see diltiazem hcl extended	
release beads cap er 24hr 180	
mg .....113	
see diltiazem hcl extended	
release beads cap er 24hr 240	
mg .....113	
see diltiazem hcl extended	
release beads cap er 24hr 300	
mg .....114	
see diltiazem hcl extended	
release beads cap er 24hr 360	
mg .....114	
see diltiazem hcl extended	
release beads cap er 24hr 420	
mg .....114	
tiagabine hcl tab 12 mg .....64	
tiagabine hcl tab 16 mg .....64	
tiagabine hcl tab 2 mg .....64	
tiagabine hcl tab 4 mg .....64	
TIBSOVO TAB 250MG .....96	
ticagrelor	
see BRILINTA TAB 60MG .....156	
see BRILINTA TAB 90MG .....156	
Tilia Fe	
see norethindrone ac-ethinyl	
estradiol tab 1-20/1-30/1-35	
mg-mcg .....124	
timolol	
see BETIMOL SOL 0.25% .....180	
see BETIMOL SOL 0.5% .....180	
timolol maleate ophth gel forming	
soln 0.25% .....180	
timolol maleate ophth gel forming	
soln 0.5% .....180	
timolol maleate ophth soln 0.25%	
.....180	
timolol maleate ophth soln 0.5%	
.....180	
timolol maleate ophth soln 0.5%	
(once-daily) .....180	
timolol maleate tab 10 mg .....112	
timolol maleate tab 20 mg .....112	
timolol maleate tab 5 mg .....112	
timothy grass pollen allergen	
extract	
see GRASTEK SUB 2800BAU .....24	
tinidazole tab 250 mg .....51	
tinidazole tab 500 mg .....51	
tiopronin	
see THIOLA EC TAB 100MG .....155	
see THIOLA EC TAB 300MG .....155	
see THIOLA TAB 100MG .....155	
tiotropium bromide monohydrate	

see SPIRIVA AER 1.25MCG	56	tolmetin sodium tab 600 mg	26
see SPIRIVA CAP HANDIHLR	56	tolterodine tartrate cap er 24hr 2	
see SPIRIVA SPR 2.5MCG	56	mg	206
tiotropium bromide-olodaterol hcl		tolterodine tartrate cap er 24hr 4	
see STIOLTO AER 2.5-2.5	58	mg	206
tipranavir		tolterodine tartrate tab 1 mg	206
see APTIVUS CAP 250MG	105	tolterodine tartrate tab 2 mg	206
see APTIVUS SOL	105	tolvaptan	
TIVICAY PD TAB 5MG	108	see JYNARQUE PAK 30-15MG	148
TIVICAY TAB 10MG	108	see JYNARQUE PAK 45-15MG	148
TIVICAY TAB 25MG	108	see JYNARQUE PAK 60-30MG	149
TIVICAY TAB 50MG	108	see JYNARQUE PAK 90-30MG	149
tizanidine hcl cap 2 mg (base		see JYNARQUE TAB 15MG	149
equivalent)	178	see JYNARQUE TAB 30MG	149
tizanidine hcl cap 4 mg (base		see SAMSCA TAB 15MG	149
equivalent)	178	see SAMSCA TAB 30MG	149
tizanidine hcl cap 6 mg (base		tolvaptan tab 30 mg	149
equivalent)	178	topiramate	
tizanidine hcl tab 2 mg (base		see TROKENDI XR CAP 100MG	63
equivalent)	178	see TROKENDI XR CAP 200MG	63
tizanidine hcl tab 4 mg (base		see TROKENDI XR CAP 25MG	63
equivalent)	179	see TROKENDI XR CAP 50MG	63
TOBRADEX OIN 0.3-0.1%	183	topiramate cap er 24hr sprinkle	
TOBRADEX ST SUS 0.3-0.05	183	100 mg	63
tobramycin		topiramate cap er 24hr sprinkle	
see BETHKIS NEB 300/4ML	24	150 mg	63
tobramycin (ophth)		topiramate cap er 24hr sprinkle	
see TOBEX OIN 0.3% OP	182	200 mg	63
tobramycin nebu soln 300 mg/5ml		topiramate cap er 24hr sprinkle 25	
.....	24	mg	63
tobramycin ophth soln 0.3%	182	topiramate cap er 24hr sprinkle 50	
tobramycin-dexamethasone		mg	63
see TOBRADEX OIN 0.3-0.1%	183	topiramate sprinkle cap 15 mg	63
see TOBRADEX ST SUS 0.3-0.05 .	183	topiramate sprinkle cap 25 mg	63
tobramycin-dexamethasone ophth		topiramate tab 100 mg	63
susp 0.3-0.1%	183	topiramate tab 200 mg	63
TOBEX OIN 0.3% OP	182	topiramate tab 25 mg	63
TODAY SPONGE MIS	207	topiramate tab 50 mg	63
tofacitinib citrate		topotecan hcl	
see XELJANZ TAB 10MG	25	see HYCAMTIN CAP 0.25MG	97
see XELJANZ TAB 5MG	25	see HYCAMTIN CAP 1MG	97
see XELJANZ XR TAB 11MG	25	toremifene citrate tab 60 mg (base	
see XELJANZ XR TAB 22MG	25	equivalent)	91
TOLAK CRE 4%	137	toremide tab 10 mg	146
tolbutamide tab 500 mg	74	toremide tab 100 mg	146
tolcapone tab 100 mg	98	toremide tab 20 mg	146
tolmetin sodium cap 400 mg	26	toremide tab 5 mg	146

Tovet	
see clobetasol propionate	
emulsion foam 0.05%	139
TOVIAZ TAB 4MG	206
TOVIAZ TAB 8MG	206
TRACLEER TAB 32MG.....	117
tramadol hcl cap er 24hr biphasic	
release 100 mg	45
tramadol hcl cap er 24hr biphasic	
release 150 mg	45
tramadol hcl cap er 24hr biphasic	
release 200 mg	45
tramadol hcl cap er 24hr biphasic	
release 300 mg	45
tramadol hcl tab 50 mg	45
tramadol hcl tab er 24hr 100 mg .45	
tramadol hcl tab er 24hr 200 mg .45	
tramadol hcl tab er 24hr 300 mg .45	
tramadol hcl tab er 24hr biphasic	
release 100 mg	45
tramadol hcl tab er 24hr biphasic	
release 200 mg	45
tramadol hcl tab er 24hr biphasic	
release 300 mg	45
tramadol-acetaminophen tab 37.5-	
325 mg	48
trametinib dimethyl sulfoxide	
see MEKINIST TAB 0.5MG.....	95
see MEKINIST TAB 2MG	95
trandolapril tab 1 mg	82
trandolapril tab 2 mg	82
trandolapril tab 4 mg	82
trandolapril-verapamil hcl tab er 1-	
240 mg	86
trandolapril-verapamil hcl tab er 2-	
180 mg	87
trandolapril-verapamil hcl tab er 2-	
240 mg	87
trandolapril-verapamil hcl tab er 4-	
240 mg	87
tranexamic acid tab 650 mg	159
tranylcypromine sulfate tab 10 mg	
.....	66
travoprost ophth soln 0.004%	
(benzalkonium free) (bak free)	
.....	185
trazodone hcl tab 100 mg	67
trazodone hcl tab 150 mg	67
trazodone hcl tab 300 mg	67
trazodone hcl tab 50 mg	67
TRECTOR TAB 250MG	89
TRELEGY AER ELLIPTA	58
treprostinil	
see TYVASO REFIL SOL 0.6MG/ML	
.....	116
see TYVASO SOL 0.6MG/ML.....	116
see TYVASO START SOL 0.6MG/ML	
.....	116
treprostinil diolamine	
see ORENITRAM TAB 0.125MG....	116
see ORENITRAM TAB 0.25MG.....	116
see ORENITRAM TAB 1MG	116
see ORENITRAM TAB 2.5MG	116
see ORENITRAM TAB 5MG	116
TRESIBA FLEX INJ 100UNIT.....	73
TRESIBA FLEX INJ 200UNIT.....	73
TRESIBA INJ 100UNIT	73
tretinoin cap 10 mg	97
tretinoin cream 0.025%	135
tretinoin cream 0.05%	135
tretinoin cream 0.1%	135
tretinoin gel 0.01%	135
tretinoin gel 0.025%	135
tretinoin gel 0.05%	135
tretinoin microsphere	
see RETIN-A MICR GEL 0.06%	134
see RETIN-A MICR GEL 0.08%	134
tretinoin microsphere gel 0.04%	
.....	135
tretinoin microsphere gel 0.1% 135	
TREXALL TAB 10MG.....	89
TREXALL TAB 15MG.....	89
TREXALL TAB 5MG	89
TREXALL TAB 7.5MG.....	89
Trezix	
see acetaminophen-caffeine-	
dihydrocodeine cap 320.5-30-	
16 mg	46
Tri Femynor	
see norgestimate-eth estrad tab	
0.18-35/0.215-35/0.25-35 mg-	
mcg	127
triamcinolone acetonide cream	
0.025%	141

triamcinolone acetonide cream	
0.1%	141
triamcinolone acetonide cream	
0.5%	141
triamcinolone acetonide dental	
paste 0.1%	171
triamcinolone acetonide lotion	
0.025%	141
triamcinolone acetonide lotion	
0.1%	141
triamcinolone acetonide oint	
0.025%	141
triamcinolone acetonide oint	
0.05%	141
triamcinolone acetonide oint 0.1%	
.....	141
triamcinolone acetonide oint 0.5%	
.....	141
triamterene & hydrochlorothiazide	
cap 37.5-25 mg	145
triamterene & hydrochlorothiazide	
tab 37.5-25 mg	145
triamterene & hydrochlorothiazide	
tab 75-50 mg	145
triamterene cap 100 mg	146
triamterene cap 50 mg	146
Trianex	
see triamcinolone acetonide oint	
0.05%	141
triazolam tab 0.125 mg	160
triazolam tab 0.25 mg	160
TRICARE PRE CAP 27-1-500	176
TRICARE TAB PRENATAL	176
Triderm	
see triamcinolone acetonide	
cream 0.1%	141
see triamcinolone acetonide	
cream 0.5%	141
trientine hcl cap 250 mg	169
Tri-estarylla	
see norgestimate-eth estrad tab	
0.18-35/0.215-35/0.25-35 mg-	
mcg	127
trifluoperazine hcl tab 1 mg (base	
equivalent)	104
trifluoperazine hcl tab 10 mg (base	
equivalent)	104
trifluoperazine hcl tab 2 mg (base	
equivalent)	104
trifluoperazine hcl tab 5 mg (base	
equivalent)	104
trifluridine ophth soln 1%	182
trifluridine-tipiracil	
see LONSURF TAB 15-6.14	92
see LONSURF TAB 20-8.19	92
trihexyphenidyl hcl oral soln 0.4	
mg/ml	98
trihexyphenidyl hcl tab 2 mg	98
trihexyphenidyl hcl tab 5 mg	98
TRIJARDY XR TAB	71
TRIKAFTA TAB	196
Tri-legest Fe	
see norethindrone ac-ethinyl	
estradiol-fe tab 1-20/1-30/1-35	
mg-mcg	124
Tri-linyah	
see norgestimate-eth estrad tab	
0.18-35/0.215-35/0.25-35 mg-	
mcg	127
Tri-lo-estarylla	
see norgestimate-eth estrad tab	
0.18-25/0.215-25/0.25-25 mg-	
mcg	127
Tri-lo-marzia	
see norgestimate-eth estrad tab	
0.18-25/0.215-25/0.25-25 mg-	
mcg	127
Tri-lo-mili	
see norgestimate-eth estrad tab	
0.18-25/0.215-25/0.25-25 mg-	
mcg	127
Tri-lo-sprintec	
see norgestimate-eth estrad tab	
0.18-25/0.215-25/0.25-25 mg-	
mcg	127
Trilyte	
see peg 3350-kcl-sod bicarb-nacl	
for soln 420 gm	161
trimethobenzamide hcl cap 300 mg	
.....	75
trimethoprim hcl	
see PRIMISOL SOL 50MG/5ML	51
trimethoprim tab 100 mg	51
Tri-mili	

see **norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mcg**..... 128

trimipramine maleate cap 100 mg69

trimipramine maleate cap 25 mg.....69

trimipramine maleate cap 50 mg.....69

TRINATAL RX TAB 1..... 177

Trinate
see **prenatal vit w/ fe fumarate-fa tab 28-1 mg** 175

TRINTELLIX TAB 10MG.....67

TRINTELLIX TAB 20MG.....67

TRINTELLIX TAB 5MG67

Tri-previfem
see **norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mcg**..... 128

Tri-sprintec
see **norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mcg**..... 128

TRI-TABS DHA MIS..... 176

TRIUMEQ TAB 108

TRIVEEN-DUO PAK DHA 177

Trivora-28
see **levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg** 123

Tri-vylibra
see **norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mcg**..... 128

Tri-vylibra Lo
see **norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mcg**..... 127

TROKENDI XR CAP 100MG.....63

TROKENDI XR CAP 200MG.....63

TROKENDI XR CAP 25MG63

TROKENDI XR CAP 50MG63

tropicamide ophth soln 0.5% 180

tropicamide ophth soln 1% 180

trospium chloride cap er 24hr 60 mg 206

trospium chloride tab 20 mg 206

TRULANCE TAB 3MG 152

TRULICITY INJ 0.75/0.5 72

TRULICITY INJ 1.5/0.5..... 72

TRUVADA TAB 100-150..... 108

TRUVADA TAB 133-200..... 108

TRUVADA TAB 167-250..... 108

TRUVADA TAB 200-300..... 109

tucatinib
see TUKYSA TAB 150MG.....96

see TUKYSA TAB 50MG96

TUKYSA TAB 150MG96

TUKYSA TAB 50MG96

Tulana
see **norethindrone tab 0.35 mg** 129

TUSSICAPS CAP 10-8MG..... 132

TUZISTRA XR SUS..... 132

TYBOST TAB 150MG 109

Tydemy
see **drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg** 120

TYKERB TAB 250MG96

TYVASO REFIL SOL 0.6MG/ML 116

TYVASO SOL 0.6MG/ML 116

TYVASO START SOL 0.6MG/ML 116

U

UCERIS AER 2MG/ACT 50

ulipristal acetate
see ELLA TAB 30MG..... 128

ULTRAVATE LOT 0.05% 141

umeclidinium bromide
see INCRUSE ELPT INH 62.5MCG ..55

umeclidinium-vilanterol
see ANORO ELLIPT AER 62.5-25....57

Unithroid
see **levothyroxine sodium tab 100 mcg** 199

see **levothyroxine sodium tab 112 mcg** 199

see **levothyroxine sodium tab 125 mcg** 199

see **levothyroxine sodium tab 137 mcg** 199

see **levothyroxine sodium tab 150 mcg** 200

see **levothyroxine sodium tab 175 mcg** 200

see levothyroxine sodium tab 200 mcg	200	see methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg	205
see levothyroxine sodium tab 25 mcg	198	Uro-mp	
see levothyroxine sodium tab 300 mcg	200	see methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg	205
see levothyroxine sodium tab 50 mcg	198	ursodiol cap 300 mg	152
see levothyroxine sodium tab 75 mcg	198	ursodiol tab 250 mg	152
see levothyroxine sodium tab 88 mcg	199	ursodiol tab 500 mg	152
upadacitinib		Uryl	
see RINVOQ TAB 15MG ER	25	see methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg	205
UPTRAVI TAB 1000MCG	117	Ustell	
UPTRAVI TAB 1200MCG	117	see methenamine-hyosc-meth blue-sod phos-phen sal cap 120 mg	205
UPTRAVI TAB 1400MCG	117	Uticap	
UPTRAVI TAB 1600MCG	117	see methenamine-hyosc-meth blue-sod phos-phen sal cap 120 mg	205
UPTRAVI TAB 200/800	117	Utira-c	
UPTRAVI TAB 200MCG	117	see methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg	204
UPTRAVI TAB 400MCG	117	Utrona-c	
UPTRAVI TAB 600MCG	117	see methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg	204
UPTRAVI TAB 800MCG	117	V	
Uretron D/s		valacyclovir hcl tab 1 gm	110
see methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg	204	valacyclovir hcl tab 500 mg	110
Uribel		valbenazine tosylate	
see methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg	205	see INGREZZA CAP 40-80MG	189
uridine triacetate		see INGREZZA CAP 40MG.....	189
see XURIDEN POW 2GM	148	see INGREZZA CAP 80MG.....	189
uridine triacetate (emergency treatment)		VALCHLOR GEL 0.016%	137
see VISTOGARD PAK 10GM.....	75	valganciclovir hcl for soln 50 mg/ml (base equiv)	109
Urimar-t		valganciclovir hcl tab 450 mg (base equivalent)	109
see methenamine-hyosc-meth blue-sod phos-phen sal tab 120 mg	205	valproate sodium oral soln 250 mg/5ml (base equiv)	65
Urin D/s		valproic acid cap 250 mg	65
see methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg	204	valsartan tab 160 mg	82
Uro-458		valsartan tab 320 mg	82

valsartan tab 40 mg	82	VEMLIDY TAB 25MG	110
valsartan tab 80 mg	82	vemurafenib	
valsartan-hydrochlorothiazide tab		see ZELBORAF TAB 240MG	97
160-12.5 mg	87	VENCLEXTA TAB 100MG	90
valsartan-hydrochlorothiazide tab		VENCLEXTA TAB 10MG	90
160-25 mg	87	VENCLEXTA TAB 50MG	90
valsartan-hydrochlorothiazide tab		VENCLEXTA TAB START PK	90
320-12.5 mg	87	venetoclax	
valsartan-hydrochlorothiazide tab		see VENCLEXTA TAB 100MG	90
320-25 mg	87	see VENCLEXTA TAB 10MG	90
valsartan-hydrochlorothiazide tab		see VENCLEXTA TAB 50MG	90
80-12.5 mg	87	see VENCLEXTA TAB START PK	90
VALVD HOLDNG MIS CHAMBER	165	venlafaxine hcl cap er 24hr 150 mg	
Vanadom		(base equivalent)	68
see carisoprodol tab 350 mg ...	178	venlafaxine hcl cap er 24hr 37.5	
vancomycin hcl cap 125 mg (base		mg (base equivalent)	68
equivalent)	51	venlafaxine hcl cap er 24hr 75 mg	
vancomycin hcl cap 250 mg (base		(base equivalent)	68
equivalent)	51	venlafaxine hcl tab 100 mg (base	
VANCOMYCIN SOL 250/5ML	51	equivalent)	68
Vandazole		venlafaxine hcl tab 25 mg (base	
see metronidazole vaginal gel		equivalent)	68
0.75%	207	venlafaxine hcl tab 37.5 mg (base	
vandetanib		equivalent)	68
see CAPRELSA TAB 100MG	92	venlafaxine hcl tab 50 mg (base	
see CAPRELSA TAB 300MG	92	equivalent)	68
varenicline tartrate		venlafaxine hcl tab 75 mg (base	
see CHANTIX PAK 0.5& 1MG	191	equivalent)	68
see CHANTIX PAK 1MG	191	venlafaxine hcl tab er 24hr 225 mg	
see CHANTIX TAB 0.5MG	191	(base equivalent)	68
see CHANTIX TAB 1MG	191	VENTAVIS SOL 10MCG/ML	116
VARUBI TAB 90MG	76	VENTAVIS SOL 20MCG/ML	116
VASCEPA CAP 0.5GM	78	verapamil hcl cap er 24hr 100 mg	
VASCEPA CAP 1GM	78	.....	115
VCF VAGINAL AER CONTRACP	207	verapamil hcl cap er 24hr 120 mg	
Vcf Vaginal Contraceptive		.....	115
see nonoxynol-9 gel 4%	207	verapamil hcl cap er 24hr 180 mg	
VCF VAGINAL MIS CONTRACP	207	.....	115
VECAMYL TAB 2.5MG	87	verapamil hcl cap er 24hr 200 mg	
Velivet		.....	115
see desogest-ethin est tab 0.1-		verapamil hcl cap er 24hr 240 mg	
0.025/0.125-0.025/0.15-		.....	115
0.025mg-mg	120	verapamil hcl cap er 24hr 300 mg	
VELPHORO CHW 500MG	154	.....	115
VELTASSA POW 16.8GM	171	verapamil hcl cap er 24hr 360 mg	
VELTASSA POW 25.2GM	171	.....	115
VELTASSA POW 8.4GM	170	verapamil hcl tab 120 mg	115

verapamil hcl tab 40 mg	115	VINATE ONE TAB.....	177
verapamil hcl tab 80 mg	115	VIOKACE TAB 10440	144
verapamil hcl tab er 120 mg	115	VIOKACE TAB 20880	144
verapamil hcl tab er 180 mg	115	Viorele	
verapamil hcl tab er 240 mg	115	see desogest-eth estrad & eth	
VERDESO AER 0.05%	142	estrad tab 0.15-0.02/0.01	
VERSACLOZ SUS 50MG/ML.....	103	mg(21/5)	120
VERZENIO TAB 100MG.....	97	VIRACEPT TAB 250MG	109
VERZENIO TAB 150MG.....	97	VIRACEPT TAB 625MG	109
VERZENIO TAB 200MG.....	97	VIREAD POW 40MG/GM	109
VERZENIO TAB 50MG	96	VIREAD TAB 150MG	109
VIBERZI TAB 100MG.....	154	VIREAD TAB 200MG	109
VIBERZI TAB 75MG	153	VIREAD TAB 250MG	109
VIBRAMYCIN SYP 50MG/5ML	198	VIRT-C DHA CAP	177
VICTOZA INJ 18MG/3ML.....	72	VIRT-NATE CAP DHA.....	177
Vienna		Virt-phos 250 Neutral	
see levonorgestrel & ethinyl		see pot phos monobasic w/sod	
estradiol tab 0.1 mg-20 mcg	123	phos di & monobas tab 155-	
vigabatrin powd pack 500 mg	64	852-130mg	167
vigabatrin tab 500 mg	64	VIRT-PN DHA CAP	177
Vigadrone		VIRT-PN PLUS CAP	177
see vigabatrin powd pack 500 mg		Virtussin A/c	
.....	64	see guaifenesin-codeine soln 100-	
VIIBRYD KIT STARTER	67	10 mg/5ml	131
VIIBRYD TAB 10MG	67	Virtussin Ac/alc	
VIIBRYD TAB 20MG	67	see guaifenesin-codeine soln 100-	
VIIBRYD TAB 40MG	67	10 mg/5ml	131
Vilamit Mb		Virtussin Dac	
see methenamine-hyosc-meth		see pseudoephedrine w/ cod-gg	
blue-sod phos-phen sal cap 118		soln 30-10-100 mg/5ml	132
mg	205	vismodegib	
vilazodone hcl		see ERIVEDGE CAP 150MG	90
see VIIBRYD KIT STARTER.....	67	VISTOGARD PAK 10GM	75
see VIIBRYD TAB 10MG.....	67	VITAFOL CAP ULTRA	177
see VIIBRYD TAB 20MG.....	67	VITAFOL-NANO TAB.....	177
see VIIBRYD TAB 40MG.....	67	VITAFOL-OB PAK +DHA	177
Vilevev Mb		VITAFOL-OB TAB 65-1MG.....	177
see methenamine-hyosc-meth		VITAFOL-ONE CAP.....	177
blue-sod phos-phen sal tab 81		VITAMEDMD CAP ONE RX.....	177
mg	205	VITAPEARL CAP.....	177
VIMPAT SOL 10MG/ML	63	VITATRUE MIS	177
VIMPAT TAB 100MG.....	63	VITRAKVI CAP 100MG.....	97
VIMPAT TAB 150MG.....	63	VITRAKVI CAP 25MG	97
VIMPAT TAB 200MG.....	63	VITRAKVI SOL 20MG/ML	97
VIMPAT TAB 50MG	63	VIVA DHA CAP	177
VINATE DHA CAP 27-1.13	177	Volnea	
VINATE II TAB	177		

see **desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)** 120

VOL-PLUS TAB 178

VOL-TAB RX TAB 178

voriconazole for susp 40 mg/ml ..77

voriconazole tab 200 mg77

voriconazole tab 50 mg77

vorinostat
 see ZOLINZA CAP 100MG97

VORTEX VALVE MIS CHAMBER 165

vortioxetine hbr
 see TRINTELLIX TAB 10MG67
 see TRINTELLIX TAB 20MG67
 see TRINTELLIX TAB 5MG67

VOSEVI TAB 110

VOTRIENT TAB 200MG97

VP-HEME OB MIS + DHA 178

VP-PNV-DHA CAP 178

VRAYLAR CAP 1.5-3MG 101

VRAYLAR CAP 1.5MG 101

VRAYLAR CAP 3MG 101

VRAYLAR CAP 4.5MG 101

VRAYLAR CAP 6MG 101

Vtol Lq
 see **butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml**27

VUMERITY CAP 231MG 190

Vyfemla
 see **norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg** 124

Vylibra
 see **norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg** 127

VYNDAMAX CAP 61MG 118

VYVANSE CAP 10MG15

VYVANSE CAP 20MG16

VYVANSE CAP 30MG16

VYVANSE CAP 40MG16

VYVANSE CAP 50MG16

VYVANSE CAP 60MG16

VYVANSE CAP 70MG16

VYVANSE CHW 10MG.....16

VYVANSE CHW 20MG.....16

VYVANSE CHW 30MG.....16

VYVANSE CHW 40MG.....16

VYVANSE CHW 50MG.....16

VYVANSE CHW 60MG.....17

VYZULTA SOL 0.024% 185

W

warfarin sodium tab 1 mg59

warfarin sodium tab 10 mg59

warfarin sodium tab 2 mg59

warfarin sodium tab 2.5 mg59

warfarin sodium tab 3 mg59

warfarin sodium tab 4 mg59

warfarin sodium tab 5 mg59

warfarin sodium tab 6 mg59

warfarin sodium tab 7.5 mg59

WATCHHALER MIS..... 165

Wera

see **norethindrone & ethinyl**

estradiol tab 0.5 mg-35 mcg 124

WESTHROID TAB 130MG..... 201

WESTHROID TAB 195MG..... 201

WESTHROID TAB 32.5MG..... 201

WESTHROID TAB 65MG 201

WESTHROID TAB 97.5MG..... 201

WP THYROID TAB 113.75MG 202

WP THYROID TAB 130MG 202

WP THYROID TAB 16.25MG 201

WP THYROID TAB 32.5MG 202

WP THYROID TAB 48.75MG 202

WP THYROID TAB 65MG..... 202

WP THYROID TAB 81.25MG 202

WP THYROID TAB 97.5MG 202

Wymzya Fe

see **norethindrone & ethinyl**

estradiol-fe chew tab 0.4 mg-35 mcg..... 124

X

XALKORI CAP 200MG97

XALKORI CAP 250MG.....97

XARELTO STAR TAB 15/20MG59

XARELTO TAB 10MG59

XARELTO TAB 15MG59

XARELTO TAB 2.5MG59

XARELTO TAB 20MG59

XATMEP SOL 2.5MG/ML90

XCOPRI PAK 12.5-2564

XCOPRI PAK 150-20064

XCOPRI PAK 50-100MG.....64

XCOPRI TAB 100MG.....	64
XCOPRI TAB 150MG.....	64
XCOPRI TAB 200MG.....	64
XCOPRI TAB 50-200MG	64
XCOPRI TAB 50MG	64
XELJANZ TAB 10MG.....	25
XELJANZ TAB 5MG.....	25
XELJANZ XR TAB 11MG	25
XELJANZ XR TAB 22MG	25
XENICAL CAP 120MG	17
XENLETA TAB 600MG.....	52
XEPI CRE 1%.....	136
XERESE CRE 5-1%	138
XERMELO TAB 250MG	154
XHANCE MIS 93MCG.....	179
XIFAXAN TAB 200MG	51
XIFAXAN TAB 550MG.....	51
XIGDUO XR TAB 10-1000	71
XIGDUO XR TAB 10-500MG	71
XIGDUO XR TAB 2.5-1000	71
XIGDUO XR TAB 5-1000MG	71
XIGDUO XR TAB 5-500MG	71
XIIDRA DRO 5%	182
XPOVIO PAK 100MG	91
XPOVIO PAK 40MG	91
XPOVIO PAK 60MG	91
XPOVIO PAK 80MG	91
XTAMPZA ER CAP 13.5MG	45
XTAMPZA ER CAP 18MG	45
XTAMPZA ER CAP 27MG	45
XTAMPZA ER CAP 36MG	45
XTAMPZA ER CAP 9MG	45
XTANDI CAP 40MG	91
Xulane	
see norelgestromin-ethinyl	
estradiol td ptwk 150-35	
mcg/24hr	128
XULTOPHY INJ 100/3.6	71
XURIDEN POW 2GM.....	148
XYREM SOL 500MG/ML	187

Y

Yl Folic Acid	
see folic acid tab 400 mcg	158
YONSA TAB 125MG.....	91
Yuvafem	
see estradiol vaginal tab 10 mcg	
.....	207

Z

ZACLIR LOT 8%	135
zafirlukast tab 10 mg	56
zafirlukast tab 20 mg	56
zaleplon cap 10 mg	160
zaleplon cap 5 mg	160
zanamivir	
see RELENZA MIS DISKHALE	110
Zarah	
see drospirenone-ethinyl	
estradiol tab 3-0.03 mg	121
ZATEAN-PN CAP DHA.....	178
ZATEAN-PN CAP PLUS.....	178
ZEJULA CAP 100MG.....	97
ZELAPAR TAB 1.25MG.....	100
ZELBORAF TAB 240MG.....	97
Zenatane	
see isotretinoin cap 10 mg	134
see isotretinoin cap 20 mg	134
see isotretinoin cap 30 mg	134
see isotretinoin cap 40 mg	134
ZENPEP CAP 10000UNT.....	145
ZENPEP CAP 15000UNT.....	145
ZENPEP CAP 20000UNT.....	145
ZENPEP CAP 25000	145
ZENPEP CAP 3000UNIT	144
ZENPEP CAP 40000	145
ZENPEP CAP 5000UNIT	144
Zenzedi	
see dextroamphetamine sulfate	
tab 10 mg	15
see dextroamphetamine sulfate	
tab 15 mg	15
see dextroamphetamine sulfate	
tab 2.5 mg	14
see dextroamphetamine sulfate	
tab 20 mg	15
see dextroamphetamine sulfate	
tab 30 mg	15
see dextroamphetamine sulfate	
tab 5 mg	14
see dextroamphetamine sulfate	
tab 7.5 mg	14
zidovudine cap 100 mg	109
zidovudine syrup 10 mg/ml	109
zidovudine tab 300 mg	109
zileuton	

see ZYFLO TAB 600MG56
zileuton tab er 12hr 600 mg56
zinc acetate (oral)
 see GALZIN CAP 25MG 169
 see GALZIN CAP 50MG 169
 ZIOPTAN DRO 0.0015% 185
ziprasidone hcl cap 20 mg 101
ziprasidone hcl cap 40 mg 101
ziprasidone hcl cap 60 mg 101
ziprasidone hcl cap 80 mg 101
 ZIPSOR CAP 25MG26
 ZIRGAN GEL 0.15%.....182
 ZOLINZA CAP 100MG.....97
zolmitriptan
 see ZOMIG SPR 2.5MG 166
 see ZOMIG SPR 5MG..... 166
**zolmitriptan orally disintegrating
 tab 2.5 mg** 166
**zolmitriptan orally disintegrating
 tab 5 mg** 166
zolmitriptan tab 2.5 mg 166
zolmitriptan tab 5 mg 166
zolpidem tartrate
 see EDLUAR SUB 10MG 159
 see EDLUAR SUB 5MG 159
zolpidem tartrate sl tab 1.75 mg 160
zolpidem tartrate sl tab 3.5 mg . 160

zolpidem tartrate tab 10 mg 160
zolpidem tartrate tab 5 mg 160
zolpidem tartrate tab er 12.5 mg
 160
zolpidem tartrate tab er 6.25 mg
 160
 ZOMIG SPR 2.5MG 166
 ZOMIG SPR 5MG 166
zonisamide cap 100 mg64
zonisamide cap 25 mg64
zonisamide cap 50 mg64
 Zovia 1/35e
 see **ethynodiol diacetate & ethinyl
 estradiol tab 1 mg-35 mcg** ... 121
 ZUBSOLV SUB 0.7-0.1849
 ZUBSOLV SUB 1.4-0.3649
 ZUBSOLV SUB 11.4-2.949
 ZUBSOLV SUB 2.9-0.7149
 ZUBSOLV SUB 5.7-1.449
 ZUBSOLV SUB 8.6-2.149
 Zumandimine
 see **drospirenone-ethinyl
 estradiol tab 3-0.03 mg** 121
 ZYCLARA CRE 3.75% 142
 ZYCLARA PUMP CRE 2.5% 142
 ZYCLARA PUMP CRE 3.75% 142
 ZYFLO TAB 600MG56

Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

HPGST ACNE 770-D

AZELEX, RIAX

Coverage will be provided if the member has filled a prescription for a 30 day supply of benzoyl peroxide, clindamycin/benzoyl peroxide, clindamycin phosphate gel 1%, clindamycin topical, dapsone 5%, erythromycin topical, erythromycin/benzoyl peroxide, or sodium sulfacetamide within the past 180 days.

Step Therapy Group

Drug Names

Step Therapy Criteria

HPGST ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBS)-DIRECT RENIN INHIBITORS WITH HCT 824-D

TEKTURNA HCT

Coverage will be provided if the member has filled a prescription of at least two different generic angiotensin converting enzyme (ACE) inhibitors, or angiotensin II receptor antagonists (ARBs), or ACE combination products or ARB combination products (amlodipine/benazepril, benazepril, benazepril HCT, candesartan, candesartan HCTZ, captopril, captopril HCT, enalapril, enalapril HCT, enalaprilat, fosinopril, fosinopril HCT, irbesartan, irbesartan HCT, lisinopril, lisinopril HCT, losartan, losartan HCT, moexipril, moexipril HCT, olmesartan, olmesartan HCTZ, perindopril, quinapril, quinapril HCT, ramipril,trandolapril, telmisartan, telmisartan HCT, trandolapril, trandolapril-verapamil ext-rel, valsartan, valsartan HCT) at least a 30 day supply of each trial drug within the past 365 days

Step Therapy Group

Drug Names

Step Therapy Criteria

HPGST ANTIPSYCHOTICS 478-D

ADASUVE, LATUDA, REXULTI, SAPHRIS, VRAYLAR

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

Step Therapy Group

Drug Names

Step Therapy Criteria

HPGST BENIGN PROSTATIC HYPERPLASIA-ALPHA BLOCKERS 605-D

CARDURA XL

Coverage will be provided if the member has filled a prescription for a 30 day supply of alfuzosin ext-rel, doxazosin, terazosin, tamsulosin, or silodosin within the past 365 days

Step Therapy Group

Drug Names

Step Therapy Criteria

HPGST BISPHOSPHONATES 401-D

BINOSTO, FOSAMAX PLUS D

Coverage will be provided if the member has filled a prescription of a generic bisphosphonate product (at least a 28 day supply within the past 365 days)

Step Therapy Group	HPGST COX2 INHIBITORS / NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS) 830-D
Drug Names	ZIPSOR
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription of at least two different generic COX2 or generic NSAIDS (celecoxib, diclofenac potassium, diclofenac sodium, diclofenac w/ misoprostol, diflunisal, etodolac, fenoprofen calcium, flurbiprofen, ibuprofen, ketoprofen, meclofenamate sodium, mefenamic acid, meloxicam, nabumetone, naproxen, naproxen sodium, oxaprozin, piroxicam, salsalate, sulindac, tolmetin sodium) at least a 30 day supply of each trial drug within the past 365 days
Step Therapy Group	HPGST NASAL STEROIDS 404-D
Drug Names	DYMISTA
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription of a generic nasal steroid (budesonide nasal, flunisolide nasal, fluticasone nasal, mometasone nasal susp) at least a 30 day supply within the past 180 days
Step Therapy Group	HPGST PPI 832-D
Drug Names	DEXILANT, PRILOSEC
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least two different generic proton pump inhibitors (at least a 30 day supply of each drug within the past 180 days)
Step Therapy Group	HPGST PROSTAGL ANALOG 612-D
Drug Names	LUMIGAN, ROCKLATAN, VYZULTA, ZIOPTAN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for generic latanoprost (at least a 30 day supply within the past 365 days)
Step Therapy Group	HPGST SNRIS 614-D
Drug Names	FETZIMA, FETZIMA TITRATION PACK
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription of a generic SNRI (desvenlafaxine succinate, venlafaxine, venlafaxine ER) at least a 30 day supply within the past 365 days
Step Therapy Group	HPGST SSRI 409-D
Drug Names	PEXEVA, TRINTELLIX, VIIBRYD, VIIBRYD STARTER PACK
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	HPGST URINARY ANTISPASMODICS 834-D
Drug Names	GELNIQUE, MYRBETRIQ, TOVIAZ
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least two different generic urinary antispasmodics (oxybutynin, oxybutynin extended release, tolterodine tartrate, tolterodine tartrate SR, trospium, trospium ext-rel) at least a 30 day supply within the past 180 days
Step Therapy Group	OPIOID ER 2219-M
Drug Names	BELBUCA, BUPRENORPHINE, FENTANYL, HYDROMORPHONE HCL ER, METHADONE HCL, METHADONE HYDROCHLORIDE, MORPHINE SULFATE ER, NUCYNTA ER, OXYCODONE HCL ER, OXYCODONE HYDROCHLORIDE E, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL ER, XTAMPZA 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	OPIOID IR COMBO PRODUCTS 1358-E
Drug Names	ACETAMINOPHEN/CAFFEINE/DI, ACETAMINOPHEN/CODEINE, ACETAMINOPHEN/CODEINE PHO, DVORAH, ENDOCET, HYDROCODONE BITARTRATE/AC, HYDROCODONE/ACETAMINOPHEN, HYDROCODONE/IBUPROFEN, LORCET, LORCET HD, LORTAB, OXYCODONE/ACETAMINOPHEN, OXYCODONE/ASPIRIN, 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.



Consider us your personal
healthcare assistant®

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

